



2024

SPARTANBURG COUNTY

Community Health Needs Assessment

LETTER FROM COALITION MANAGER

Dear Spartanburg Community,

The Live Healthy Spartanburg Coalition is proud to share the 2024 Community Health Needs Assessment (CHNA) for Spartanburg County. This year, we focused on truly understanding the needs and gaps in our community by listening directly to residents and key partners. Through town halls, facilitated conversations, and surveys, we gathered 1,428 responses over 60 days—capturing valuable insights beyond what data alone can show. Residents shared their experiences with healthcare access, mental and behavioral health, chronic conditions, and family resilience.

The CHNA highlights significant barriers in these areas but also reflects the strength and voices of our community. We encourage you to use this report as a guide for the next three years, working together toward a healthier and more equitable Spartanburg County. Interested in getting more involved? Reach out to the Live Healthy Spartanburg Coalition to join a committee, get more information, or share how you live healthy—and why it matters to you.

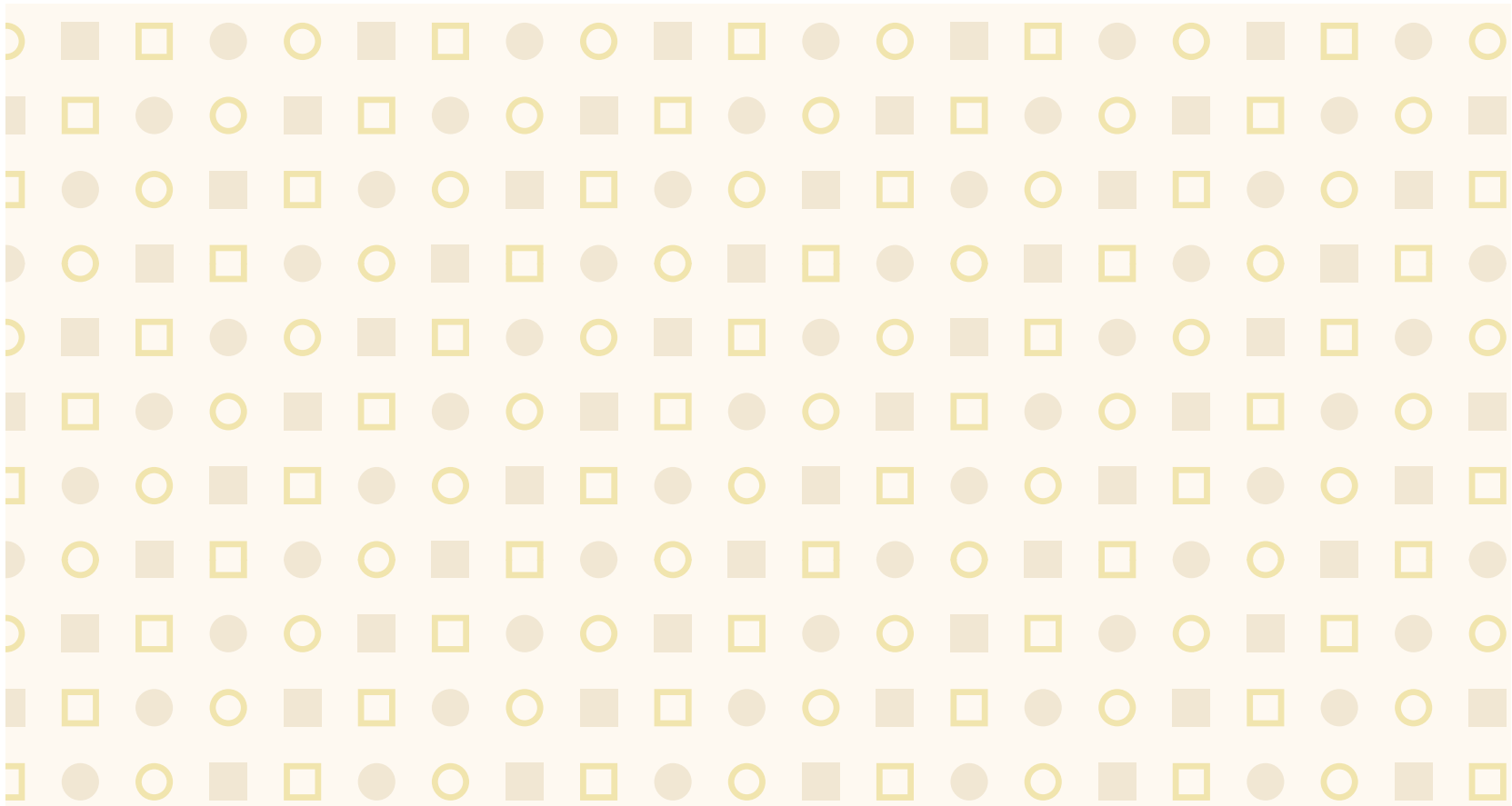
Let’s keep building a healthier Spartanburg—together.

Warm regards,



JaLisa Jordan, DrPH, MPH

Coalition Manager
Live Healthy Spartanburg Coalition



ACKNOWLEDGMENT OF PARTNERS

We are deeply grateful to our Live Healthy Spartanburg partners for their steadfast commitment and the many ways they support this work—through funding, strategic guidance, data sharing, committee leadership, and hands-on involvement. Your dedication not only strengthens the Community Health Needs Assessment process but also drives real change in our community. The daily efforts of your organizations to advance health and well-being are the backbone of this collective impact. Thank you for your leadership, collaboration, and unwavering commitment to a healthier Spartanburg.

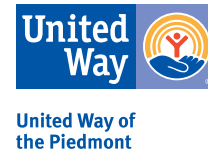


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INTRODUCTION

The **2024 Spartanburg County Community Health Needs Assessment (CHNA)** represents a collaborative effort led by **Live Healthy Spartanburg**, the county's health coalition, to gain a comprehensive understanding of the community's health needs, priorities, and opportunities for improvement. This report serves as a foundational tool for understanding the complex factors that influence community health and guides collective action to address them.

CHNAs are essential for fostering healthier communities. They help healthcare systems, public health agencies, and community partners identify health disparities, address social determinants of health, and allocate resources effectively. By combining both **quantitative data**—such as health statistics, demographic trends, and social determinants of health—with **qualitative data** capturing the lived experiences of community members, the CHNA provides a holistic view of the health landscape in Spartanburg County.

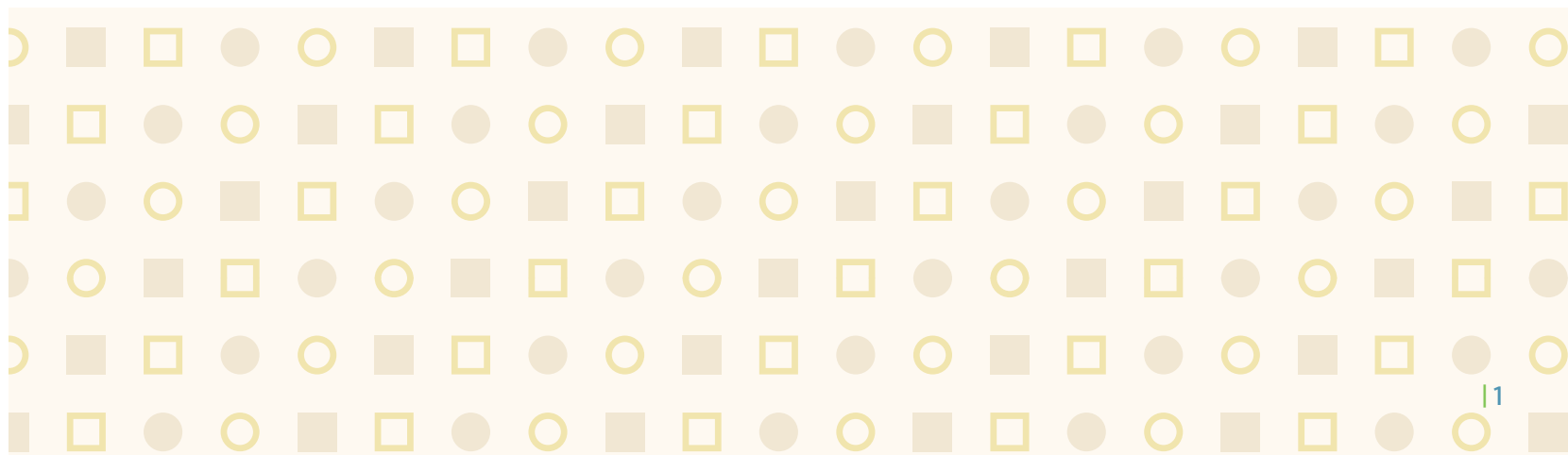
A unique element of this CHNA was the inclusion of **Town Hall Conversations** with Spartanburg County residents, developed in partnership with **Wellville National partners** and **Wofford College professor of philosophy, Dr. Christine Dinkins**. Facilitators used open-ended questions like “What does health mean to you?” and “What aspects of Spartanburg make you proud?” to foster organic discussions that reflected the voices and values of the community. These conversations were transcribed for analysis, with participant

identities deidentified to encourage open dialogue. Key quotes from these sessions—highlighted throughout the report with **lightbulb icons**—offer community insights that are as significant as statistical findings in shaping future strategies.

To better understand health disparities and inform targeted interventions, data has been disaggregated by **race/ethnicity, age, gender, and geographic location** whenever possible. This approach identifies populations that may face disproportionate health challenges and ensures that strategies are equitable and inclusive. Local data is also benchmarked against **statewide, regional, and national indicators** to contextualize Spartanburg County's health outcomes and highlight areas for improvement.

The CHNA is more than a data collection process—it is a catalyst for action. The next critical step is the development of the **Community Health Improvement Plan (CHIP)**, a three-year strategic plan that outlines actionable strategies to improve health and well-being in Spartanburg County. The CHIP will focus on evidence-based practices, community-driven solutions, and cross-sector collaboration to create lasting, positive change.

We invite all community members and partners to join us in this ongoing journey toward a healthier Spartanburg. Together, we can turn data into action and build a stronger, more vibrant community for all.



TIMELINE OF CHNA PROCESS



WHO WE ARE: LIVE HEALTHY SPARTANBURG

• WHO

Live Healthy Spartanburg is a countywide health coalition made up of multi-sector partners—including healthcare providers, public health agencies, nonprofits, schools, faith-based organizations, businesses, and grassroots community members—working with the mission to achieve health equity and improve health outcomes for all Spartanburg County residents.

• WHAT

We serve as a unifying force for collective action, aligning community partners to identify health needs, reduce disparities, and implement strategies that promote equity and improve quality of life. Our work is guided by community voice, data-driven insights, and a commitment to long-term impact.

• WHERE

Our efforts are rooted in Spartanburg County, with a focus on ensuring that every neighborhood—whether urban, suburban, or rural—has access to the resources and opportunities needed to thrive. We align our work with Live Healthy South Carolina to strengthen our local strategies with statewide goals.

• WHY

Because where people live, work, and play directly impacts their health. We believe that everyone deserves the opportunity to live a healthy life, and that achieving this requires intentional collaboration, community engagement, and equity at the core of every effort.

• HOW

Through data, partnerships, and action. We lead the **Community Health Needs Assessment (CHNA)** every three years to identify local health priorities and use those findings to develop the **Community Health Improvement Plan (CHIP)**—our strategic roadmap designed to address the key health priorities identified in the assessment.

**“Health is a state of complete
physical, mental, and social
well-being and not merely the
absence of disease or infirmity.”**

WORLD HEALTH ORGANIZATION

BACKGROUND

A collaborative, community-wide approach to completing a Community Health Needs Assessment can increase the likelihood of well-targeted initiatives that address the needs of communities and improve the health of residents.

Community engagement is essential at each stage of the community health improvement process including planning, needs assessment, identifying priorities, and gathering evidence on possible interventions, investment, and evaluation. The

following needs assessment is an important tool in this cycle that prompts data-informed interventions.

Spartanburg County is a community that encompasses both a significant enough area to allow for population-wide interventions and measurable results that may include a targeted focus to address disparities among subpopulations. Thus, the confluence of qualitative and quantitative data in this report should inform and guide any health and well-being interventions going forward.

DATA ANALYSIS

Almost all of the quantitative data for this assessment are reported at the county-level in the aggregate. Deep analysis of race-based inequities for most of these data can be accessed through the Spartanburg County Race Equity Index via Strategic Spartanburg.¹ Because Spartanburg County's population is sufficiently large, most data are reported in single-year estimates; however, some data that are more granular are reported in five-year average estimates for greater accuracy.

The primary factors that influence well-being have been included insofar as data exist or can be generated for them. Data are collected from recognized, valid, and reliable sources such as the U.S. Census, the SC Department of Health and Environmental Control (now the SC Department of Public Health and the SC Department of Environmental Services), the SC Department of Education, and the Children's Trust of SC.

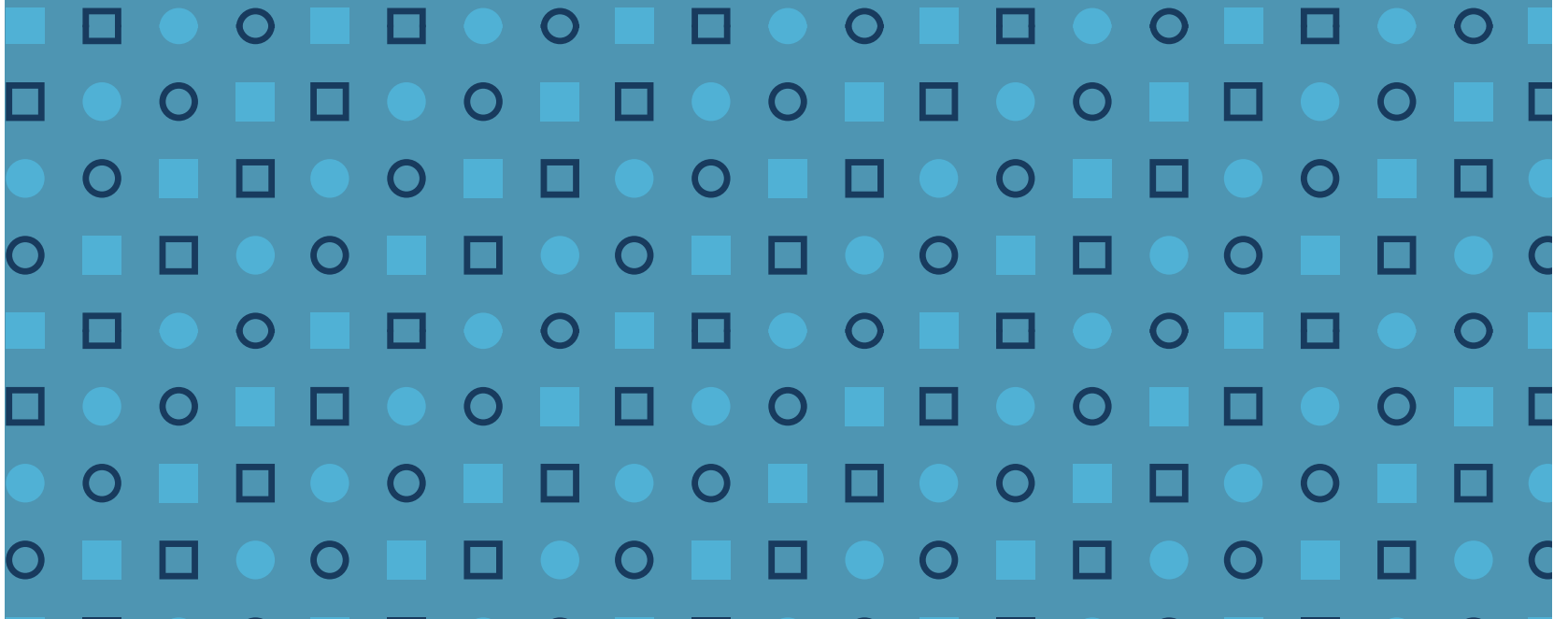
Clearly, it is insufficient to provide a few data points when describing indicators of population health and well-being; therefore, multiple measures are reported, and context is provided through longitudinal (trend) measures and state-level comparisons for many measures where helpful and possible. Spartanburg County data are also compared with Anderson County data, since **Anderson County is the in-state peer county** for Spartanburg County.

In addition to quantitative data, have been analyzed for key themes and notable observations. Survey data and data elicited from community conversations have been analyzed together to uncover themes, consistencies and contradictions. Because the numbers don't tell the whole story, the words of Spartanburg County residents help better identify and describe challenges to well-being and health-related needs in Spartanburg County, as well as a number of assets and protective factors.

1 - <https://www.strategicspartanburg.org>



Demographics & Demographic Shifts



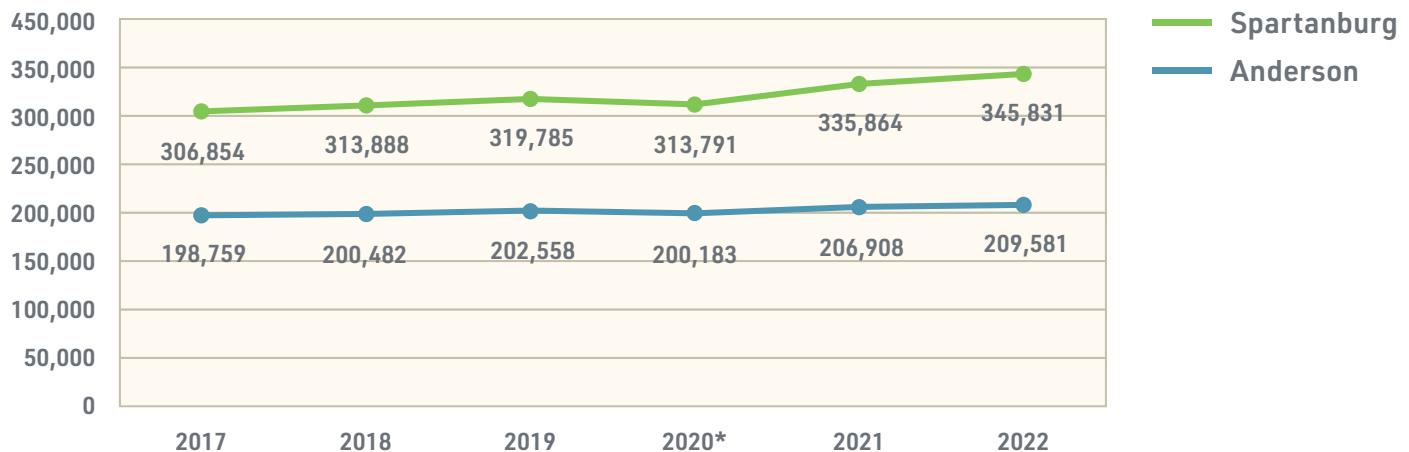
RESIDENT NUMBERS

Since 2017, the number of residents in Spartanburg County has shown steady year-over-year growth. The trend in population growth for Anderson County has been much flatter. Since 2017, the population

of South Carolina grew by 5.1%, and the population of Spartanburg County grew by 12.7%. Multiple counties in the state have experienced population growth exceeding 10% since 2010.

Population, Spartanburg & Anderson Counties

Source: U.S. Census DP05



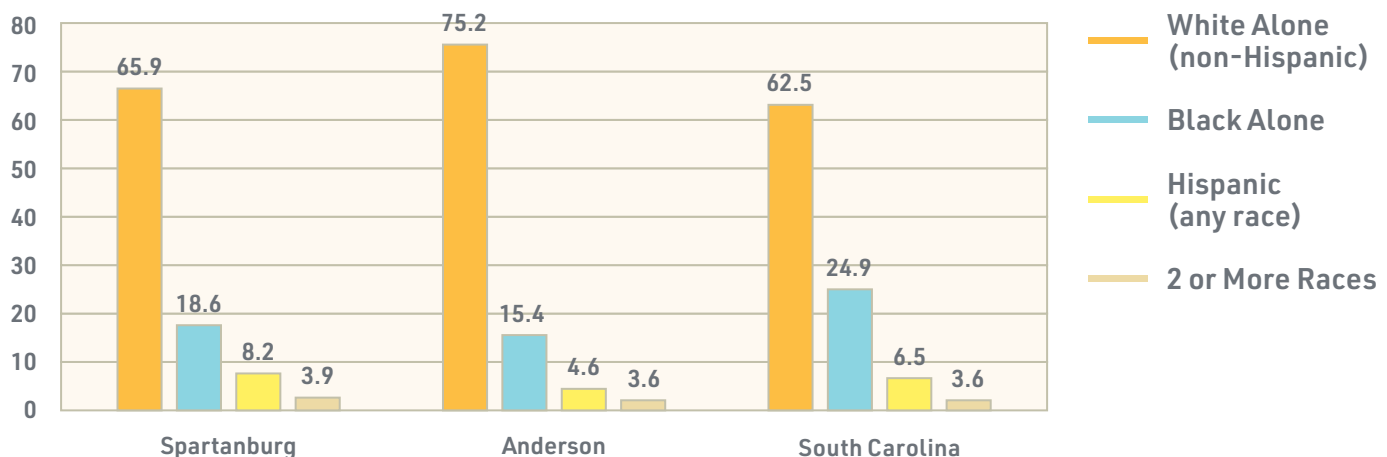
RESIDENTS BY RACE & ETHNICITY

Compared to the state average, Spartanburg County is less diverse, in terms of Black and White residents but has a higher percentage of Hispanic (of any

race) residents. Anderson County is less diverse than Spartanburg County.

Percent Residents by Race and Hispanic Ethnicity Spartanburg & Anderson Counties and S.C. 2022

Source: U.S. Census DP05



“Spartanburg is growing. Having lived here my entire life, I’ve seen significant changes in the past few years due to the influx of people moving here.”





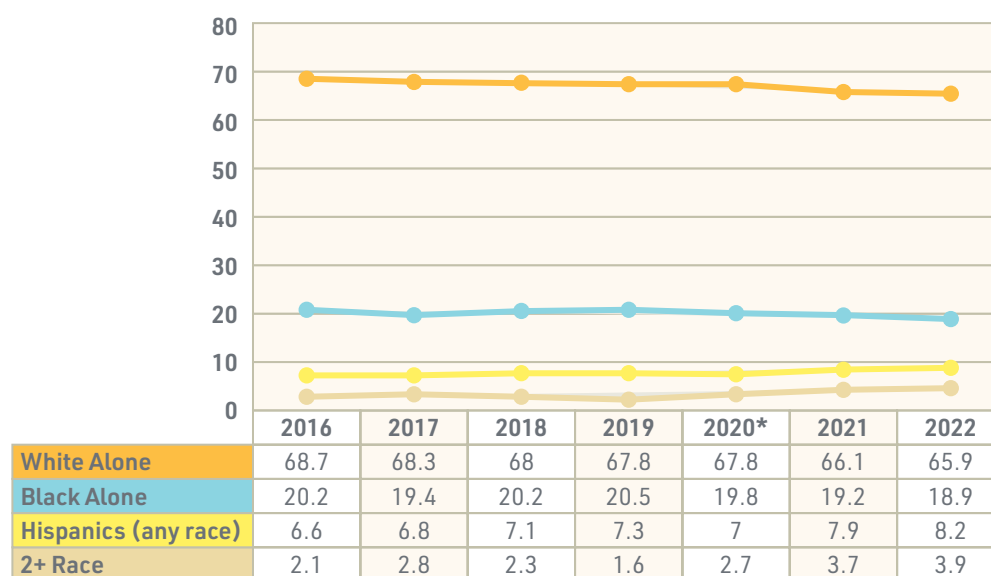
RESIDENTS BY RACE & ETHNICITY (CONTINUED)

The U.S. has been undergoing a profound demographic transformation since 1980, when 89% of the population was White. By 2020, People of Color comprised 42% of the population and by 2045 will comprise the majority of U.S. residents. In fact, already more than half of all children under age five

are of color. Demographic shifts are occurring more slowly in Spartanburg County although the White and Black populations have declined relatively, and the mixed race and Hispanic populations have increased, mirroring national trends.

Percent Residents by Race and Hispanic Ethnicity Spartanburg County

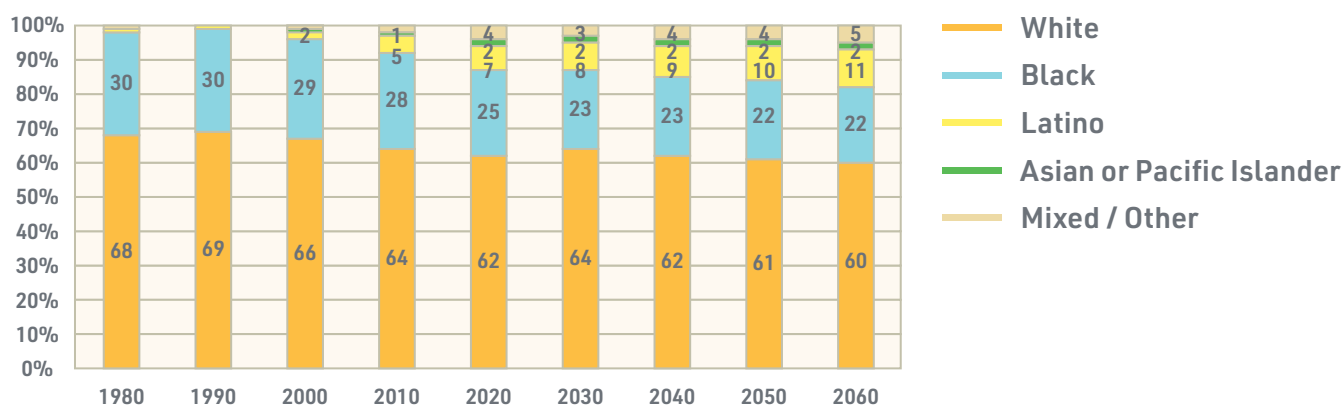
Source: U.S. Census DP05

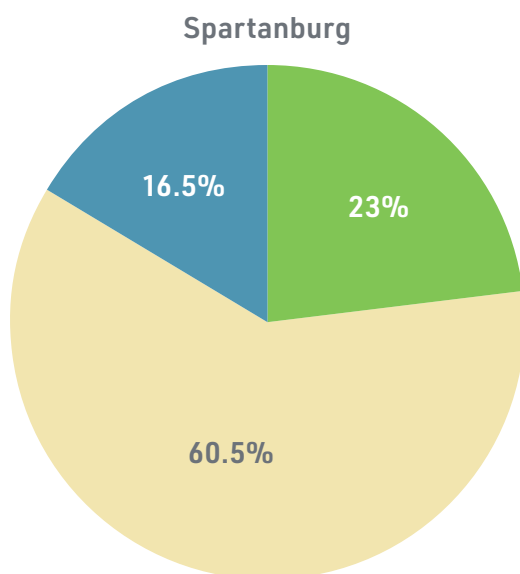


Racial and ethnic diversity has also grown at slower rates in South Carolina compared to the nation, and this trend is expected to continue.

Percent Residents by Race / Ethnicity, South Carolina

Source: U.S. Census DP05





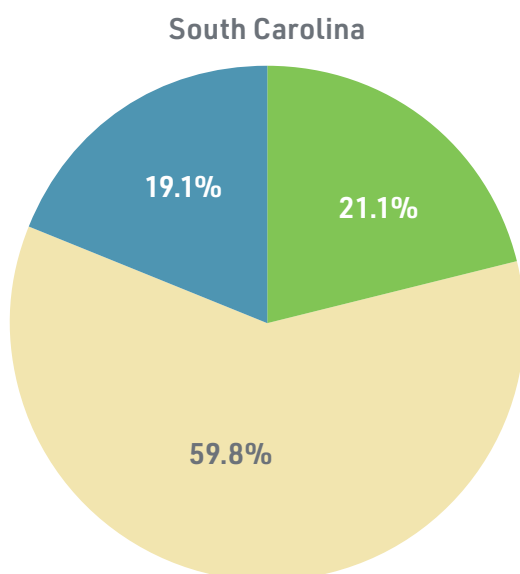
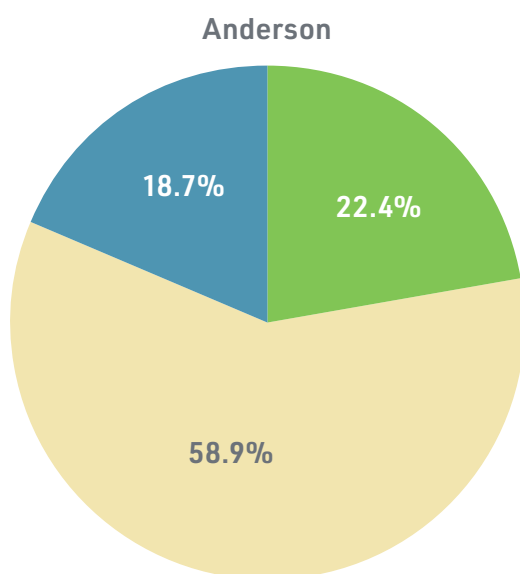
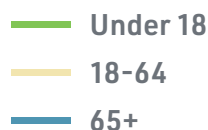
RESIDENTS BY AGE

The population in Spartanburg County is notably younger than the state average by age category.

The current median age in Spartanburg County 37.9 years, younger than the state average (40.5) and the median age in Anderson County (41.0).

Percentage Residents by General Age Categories, Spartanburg and Anderson Counties and S.C. 2022

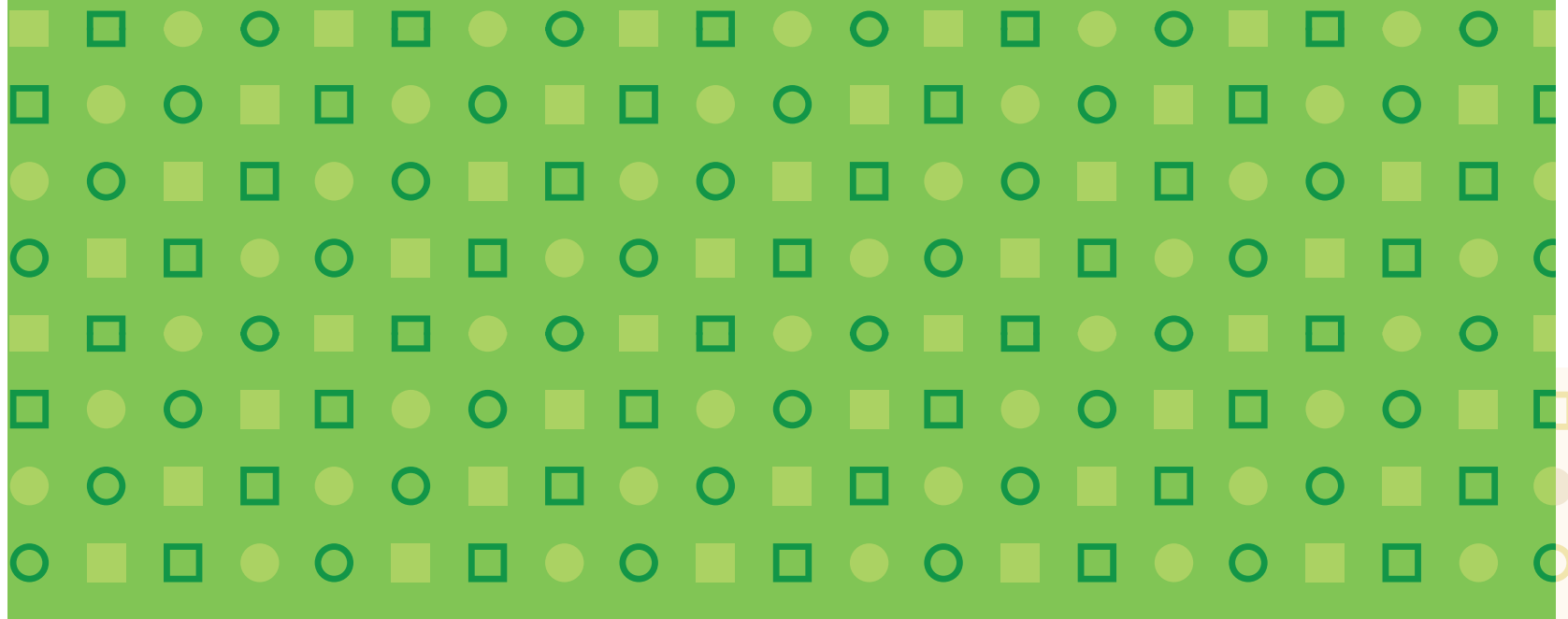
Source: U.S. Census DP05



It is important to include multiple measures when considering the health of a population – self-reported qualitative measures and objective quantitative health outcome and health predictor measures. Self-reported health status is a widely used general measure of health-related quality of life (HRQoL) in a population, reflecting the experience of people living with various health conditions. In addition, it is important to measure how long and how well people live. For example, places where residents report poorer health are likely to have higher unemployment and poverty, and lower education and income. Self-reported health status and objective health outcome data differ by race and ethnicity.



Health Outcomes & Health Factors



OVERALL HEALTH OUTCOMES & HEALTH FACTORS

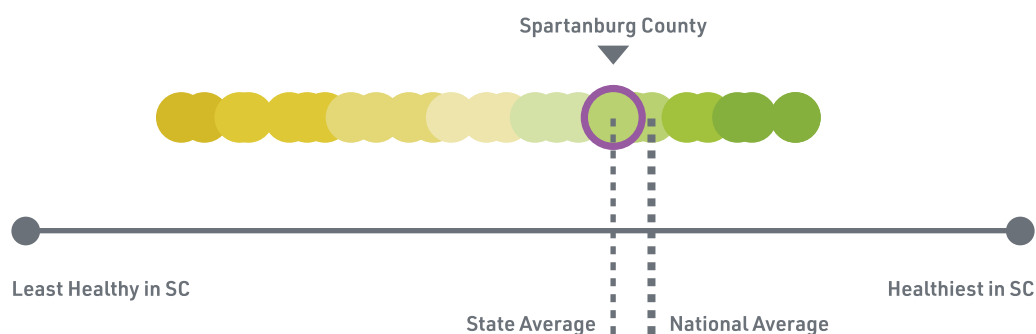
• Health Outcomes

Health outcomes include length of life / premature death and various quality of life measures. Spartanburg County fares about the same as the

average county in South Carolina and about the same as the average county in the nation in 2024 for health outcomes.

Within-State Overall Health Ranking for Health Outcomes (2024) Spartanburg County

Source: County Health Rankings and Roadmaps



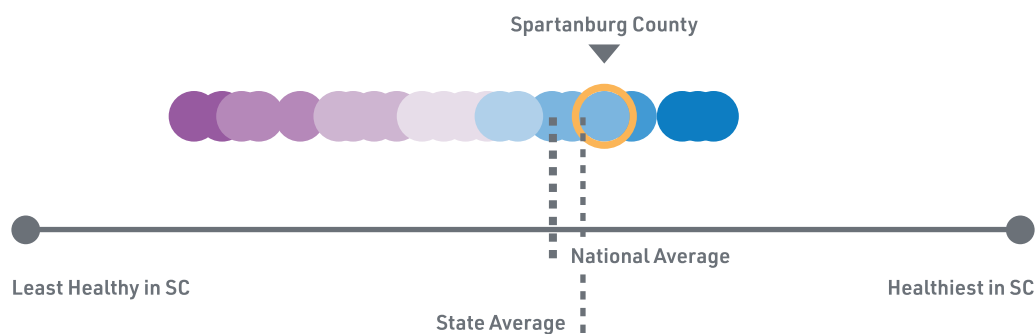
• Health Factors

Health factors include various health behaviors, clinical care factors, social and economic factors, and measures of the physical environment. Spartanburg County fares about the same as the

average county in South Carolina and about the same as the average county in the nation in 2024 for health factors.

Within-State Overall Health Ranking for Health Factors (2024)Spartanburg County

Source: County Health Rankings and Roadmaps



PHYSICAL HEALTH

17%

of adults in Spartanburg County report that they are in poor or fair health.

17%

of adults in in-state peer county, Anderson, report they are in poor or fair health.

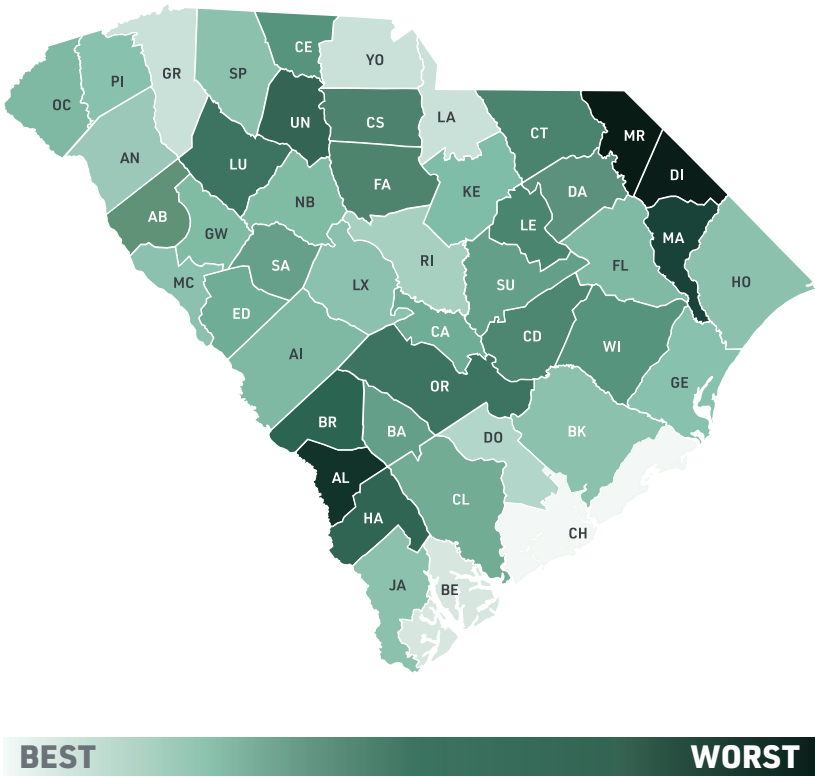
16%

of adults in South Carolina and 14% in the U.S. report that they are in poor or fair health.

Physically Unhealthy Days

Poor Physical Health Days measures the average number of physically unhealthy days reported in the past 30 days. This measure is based on responses to the Behavioral Risk Factor Surveillance System (BRFSS) question: "Now thinking about your physical health, which includes physical illness and injury, for

how many days during the past 30 days was your physical health not good?" Currently,² residents of Spartanburg County report 3.9 physically unhealthy days in the past 30 days (age adjusted). This is higher than the South Carolina average of 3.8 days and the U.S. average of 3.3 days.



Source: County Health Rankings

2 - County Health Rankings, 2024 (using 2021 data)

BEHAVIORAL HEALTH

5.6 DAYS

residents of Spartanburg County reported as mentally unhealthy;

5.4 DAYS

residents of South Carolina reported as mentally unhealthy

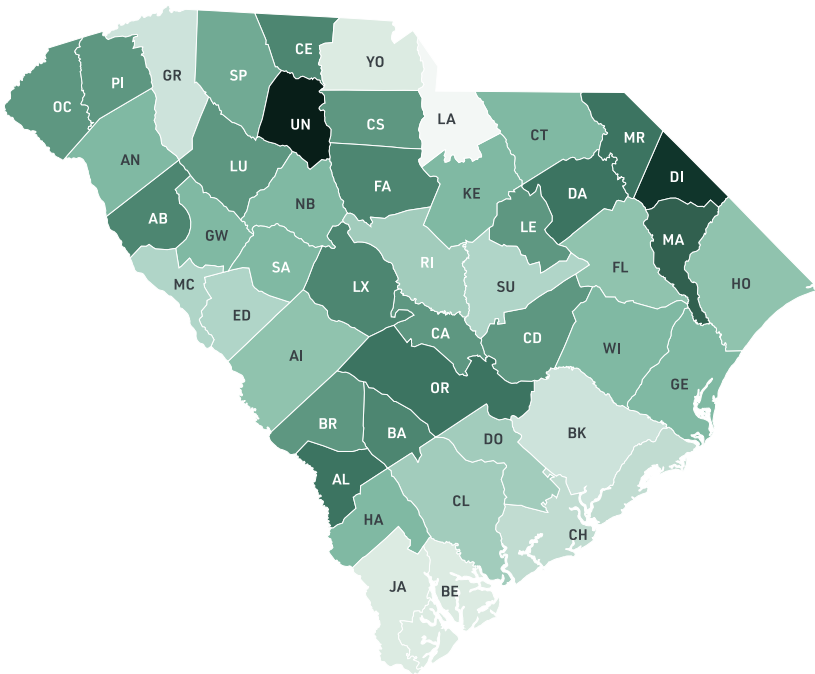
4.8 DAYS

residents of the United States reported as mentally unhealthy.

Mentally Unhealthy Days

Poor Mental Health Days measures the average number of mentally unhealthy days reported in the past 30 days. This measure is based on responses to the BRFSS question: “Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days

during the past 30 days was your mental health not good?” In Spartanburg County, adults reported that their mental health was not good on 5.6 of the previous 30 days. The state average on this measure is 5.4 mentally unhealthy days, higher than the U.S. average of 4.8 mentally unhealthy days.



BEST WORST

Source: County Health Rankings

“Don’t ever let anybody make you feel like your feelings are bad, like they don’t matter or make sense, because they do.”

What do you need to maintain your mental health day-to-day? What do you need?

“Someone who actually listens other than my mom because she talks over me, yells over me, like I can’t even finish my statement. My aunt listens to me, and I can go to her.”

“I didn’t feel safe in elementary and middle school because I used to get bullied.”





• Adverse Childhood Experiences

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

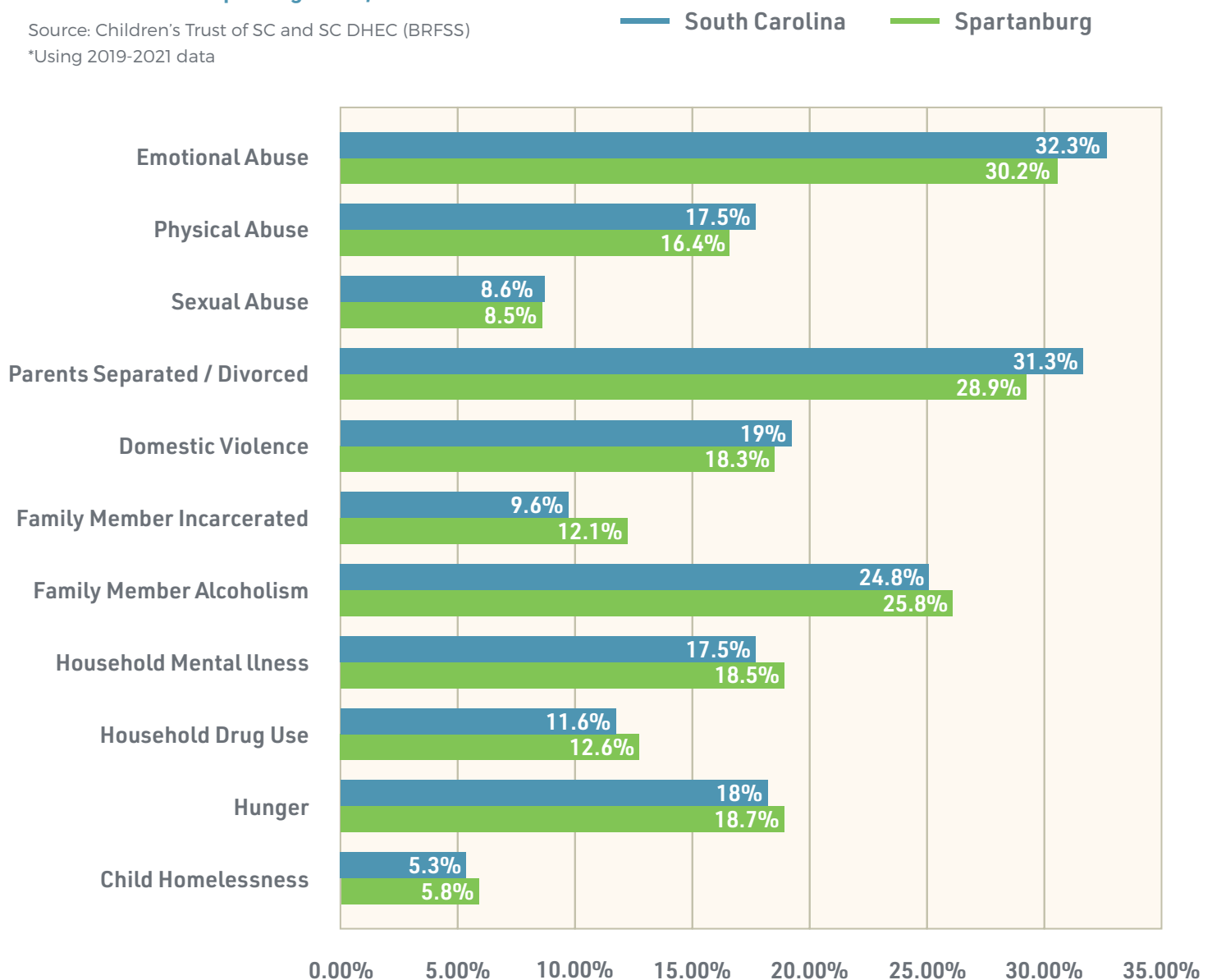
development, which can result in long-term negative health and social outcomes.

The latest data (2019-2021) show that 26.7% of Spartanburg County adults report having experienced at least one ACE, and 5.7% report having experienced at least four ACEs. The following table reports percent of adults who reported experiencing each ACE. Spartanburg County ranks 37th of the 46 counties in South Carolina (1st being best) on this measure. Children of Color experience higher rates of ACEs.

Percent Adults Reporting ACEs, 2024*

Source: Children's Trust of SC and SC DHEC (BRFSS)

*Using 2019-2021 data



• Deaths of Despair

Beginning in 2014, life expectancy in the US began to decrease for the first time since 1979 due to “deaths of despair”, deaths attributed to suicide, drugs or alcohol overdose, and alcoholic liver disease. Mortality associated with these causes has steadily increased and is correlated with poverty. A 2020 study by the American Communities Project³ revealed three major findings regarding deaths of despair:

- **1** On the whole, urban places are faring much better than rural ones in the Deaths of Despair data, but they are not immune. There are notable differences among different kinds of urban communities, particularly the blue-collar Middle Suburbs, where the numbers are high.
 - **2** Deaths of Despair rates do not break down cleanly along white and nonwhite community lines. In particular, communities of color have vastly different experiences with Deaths of Despair. Native American communities have suffered greatly, while communities with large African American populations have not.
 - **3** Traditional economic and educational measures of a “thriving” community are not wholly determinative. Some “struggling” communities have high Deaths of Despair numbers while others have lower ones. The finding suggests other cultural factors play a bigger role.
-

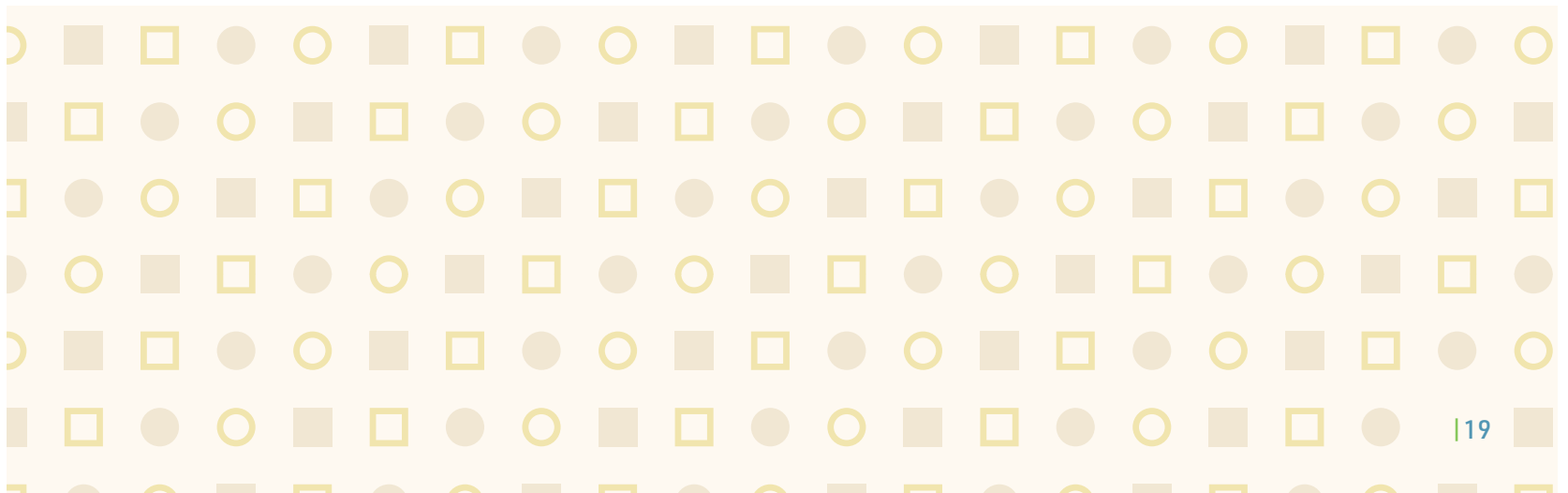
A study by the SC Institute of Medicine and Public Health issued deaths of despair data⁴ from 2014-2018. These aggregated data have not been updated. However, the data show that fatalities from suicide, drug overdoses, and alcohol-related diseases have been rising in the U.S., although there are significant variations across different counties.⁵

The latest publicly available data (2016-2018) show an 18.8 (per 100,000) age adjusted suicide rate in Spartanburg County and an accidental drug overdose rate of 22.0. More substance use fatality death follows in the next section.

3 - American Communities Experience Deaths of Despair at Uneven Rates - American Communities Project

4 - Press Release: IMPH and the South Carolina Behavioral Health Coalition (SCBHC) have jointly released the Behavioral Health 2021 Progress Report + One-pager in honor of Mental Health Awareness Month - IMPH

5 - <https://www.nbcnews.com/health/health-news/death-maps-show-where-despair-killing-americans-n856231>



• Substance Misuse

Substance misuse is the use of alcohol, illegal drugs, and over-the-counter or prescription medications in a way that they are not meant to be used and could be harmful. Substance misuse often leads to addiction, overdose, or death. Opioid misuse is especially concerning since misuse of these strong prescription pain relievers frequently results in dependence, addiction, or overdose.

There were 153 overdose deaths in 2022 in Spartanburg County. Most of these were from prescription drugs (131), mostly opioids (129), and most of these were Fentanyl (105). Spartanburg County ranks 9th highest for opioid misuse among

the state's 46 counties. Opioid deaths increased by 40% from the last period (-2021) to the current period (-2022); however, the dispensing rate for opioid prescriptions decreased during the same period.

Most of the following data are from 2021 and 2022, and some are combined year averages. Ranks are calculated based on county percentages or rates, and are in order of risk for the development of substance use disorders. A county with the rank of "1" represents the highest risk for an indicator, an average of the domain rankings.

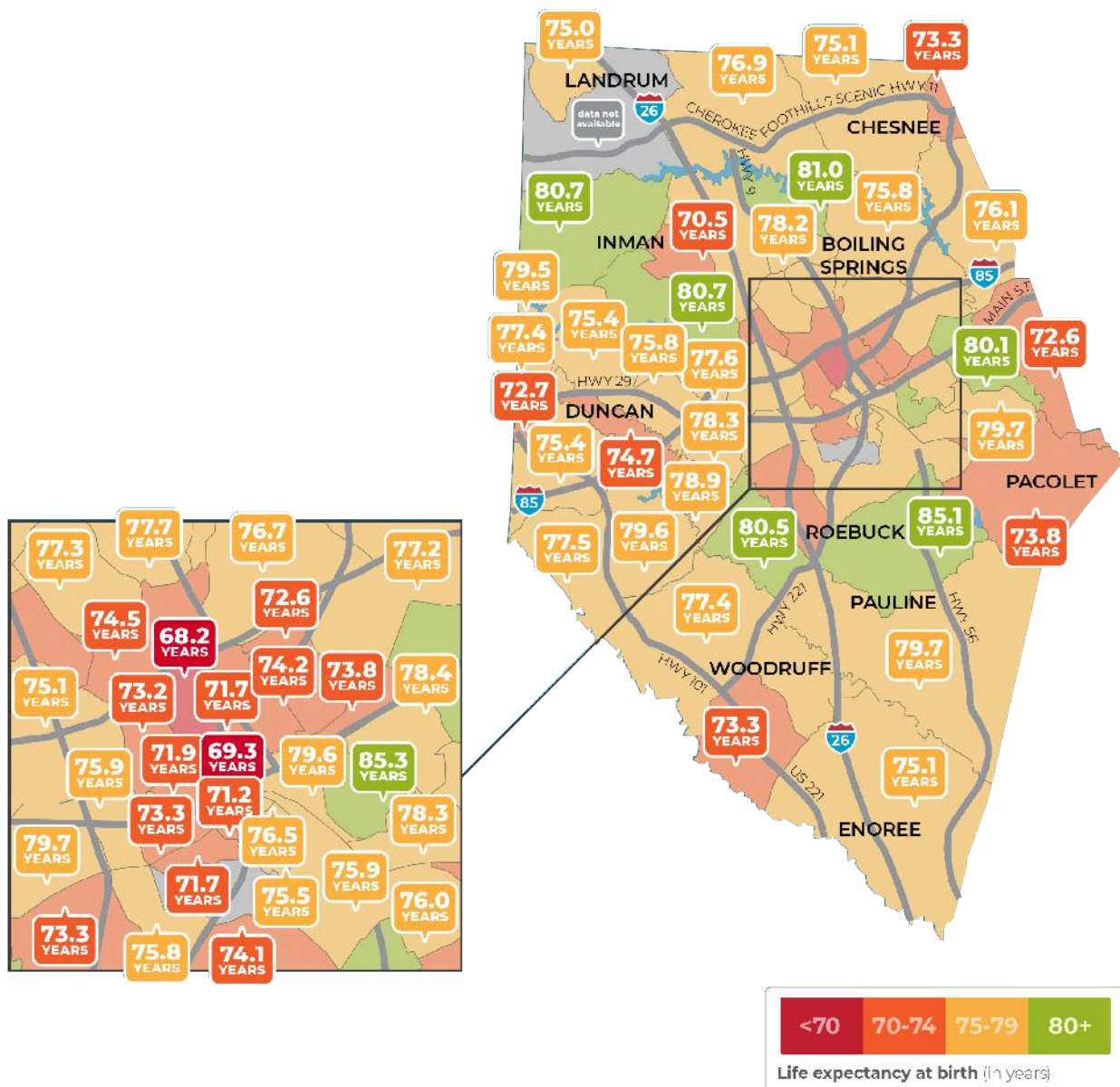
Substance Misuse Indicators: * Spartanburg County				Overall Rank: 15
Alcohol Domain Rank: 30				
	Rank	Current Value	Previous Value	Percent Change
Alcohol Hospitalizations	28	91.87	97.60	-5.87%
Binge Drinking (%)	28	11.54	12.09	-4.57%
DUI Crashes	27	77.22	100.04	-25.81%
Heavy Drinking (5)	3-	6.48	6.08	6.55%
Nicotine Domain Rank: 13				
	Rank	Current Value	Previous Value	Percent Change
Current Cigarette Smoker (%)	15	19.17	19.38	-1.07%
Current Smokeless Tobacco (%)	10	5.51	5.45	1.17%
Nicotine Hospitalizations	21	819.22	907.00	-9.68%
Opioids Domain Rank: 9				
	Rank	Current Value	Previous Value	Percent Change
EMS Naloxone Administrations	14	3.27	2.46	32.80%
Opioid Hospitalizations	20	19.98	18.79	6.35%
Opioid Prescriptions Dispensed	11	708.80	804.15	-11.86%
Opioids Overdose Deaths	15	39.40	28.10	40.21%

*rates unless otherwise noted
Source: DAODAS

LIFE EXPECTANCY & PREMATURE DEATH

In 2018, the National Center for Health Statistics and the Robert Wood Johnson Foundation released first-of-its-kind neighborhood-level data on life expectancy at birth,⁶ demonstrating extreme variation even at the census tract, or neighborhood level. These data show that life expectancy in 2020 is 75.5 years for Spartanburg County, slightly lower than the S.C. state average of 76.4 years and the national average of 77.5 years.⁷

As in other geographies, residents of Spartanburg County have different opportunities for long life according to where they live. The latest data show that the range (highest minus lowest) in life expectancy by census tract in Spartanburg County is 17.1 years; the lowest life expectancy is 68.2 years and the highest is 85.3 years – both in census tracts within the City of Spartanburg. This is an extremely wide range.



Source: SC DHEC / Usaleep / Live Healthy SC

6 - Centers for Disease Control and Prevention, National Center for Health Statistics. USALEEP. NVSS - United States Small-Area Life Expectancy

7 - Robert Wood Johnson Foundation. Life Expectancy by ZIP Code: Where You Live Affects How Long You Live - RWJF

INFANT MORTALITY

Infant mortality is a good measure of population health since it reflects the economic and social conditions that impact health in a community. The United States has the highest maternal and infant mortality rates among comparable developed countries. The current (2022) infant mortality rate in the United States is 5.6 deaths per 1,000 live births.⁸ South Carolina is among the states in the US with the highest infant mortality rates, 6.5 per 1,000 live births in 2020, constituting 370 infant deaths in that year.

Because numbers of child deaths within the first year of life are relatively low, especially for sparsely populated geographies, multiple year averages are often used to measure infant mortality. For the combined 2017-2019 period, an average of 22 babies per year died in their first year of life in Spartanburg County, equating to an infant mortality rate of 5.5 per 1,000 live births. This is lower than the state

average of 6.9 per 1,000 live births. Peer county Anderson has the same infant mortality rate as Spartanburg County for this period on this measure.

It should be noted that there is a significant racial inequity in this measure.⁹ Black infants in the U.S. are more than twice as likely to die as White infants – 10.8 per 1,000 Black babies, compared to 4.6 per 1,000 White babies. This racial inequity is wider than in 1,850 and in one year constitutes 4,000 inequitable deaths of Black babies. Education and income do not mitigate this inequity – a Black woman with an advanced degree is more likely to lose her baby in its first year of life than a White woman with less than an eighth-grade education. Note the huge disparity between Black infant mortality and White infant mortality in both Spartanburg and Anderson Counties and the state average.

Infant Mortality Rate,* Spartanburg and Anderson Counties and South Carolina							
		2015	2016	2017	2018	2017-2019**	2020
Spartanburg County	Total	5.9	5.4	6.3	4.4	5.5	5.8
	White	5.6	4.4	5.0	3.8	3.7	6.4
	Black	6.7	8.4	10.0	6.1	10.5	4.0
Anderson County	Total	10.2	6.5	6.1	6.6	5.5	6.5
	White	7.8	5.4	6.7	5.5	4.1	4.2
	Black	20.0	10.5	4.0	11.6	10.5	14.6
South Carolina	Total	7.0	7.0	6.5	7.2	6.9	6.5
	White	4.8	5.2	4.8	5.0	4.3	4.3
	Black	11.1	10.6	9.7	11.4	11.8	10.8

*per 1,000 live births

**five-year average

Source: SC DHEC and Kids Count Data Center

8 - CDC: <https://www.cdc.gov/nchs/data/vsrr/vsrr033.pdf>

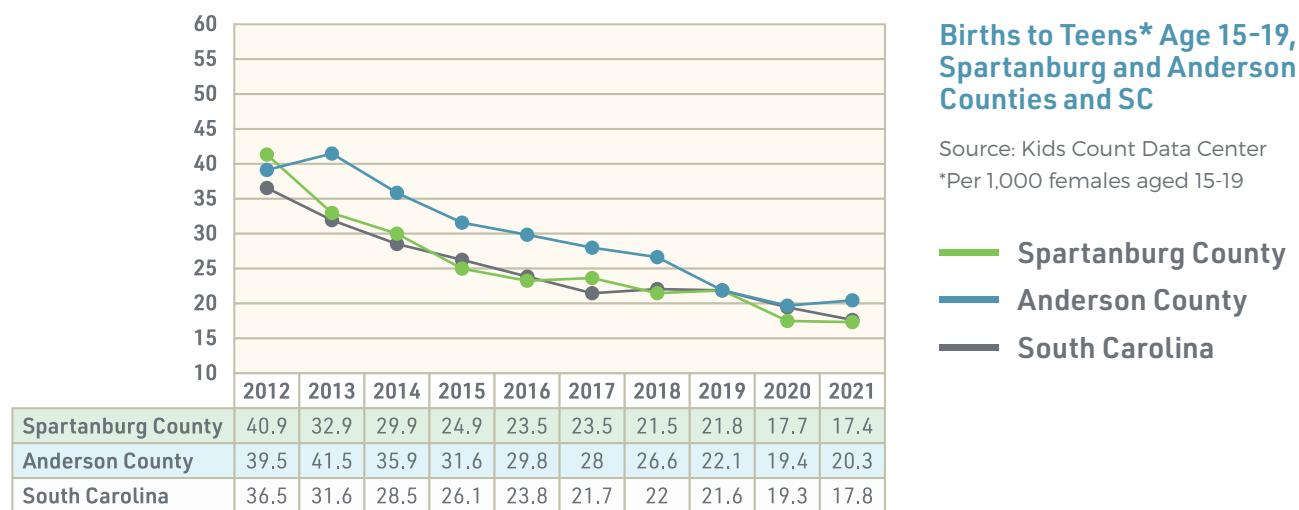
9 - US Department of Health and Human Services, Office of Minority Health: <https://minorityhealth.hhs.gov/infant-mortality-and-african-americans>

TEEN CHILDBEARING

Births to teens have substantial implications for educational and socioeconomic outcomes for the teen mother. Parenthood is the leading reason that teen girls drop out of school. Only 51% of young women who become mothers as teens get their high school degree by the age of 22 compared to 89% of young women who were not teen parents. Additionally, children of teen mothers are less prepared to enter the school system and score lower on measures of school readiness, and are less likely to complete high school.¹⁰ Because many teen mothers live in poverty, they often rely on public assistance for many years, including assistance

programs for food, medical care and childcare. In addition, daughters of teen mothers are more likely to become teen mothers themselves, creating cyclical poverty over generations.

Teen childbearing has decreased substantially in South Carolina, mirroring the national trend. Historically, Anderson County has had higher teen childbearing rates compared to the state average. Spartanburg County's rate has been near the state average for several years. Currently, the teen childbearing rates in both counties are at about the state average.



Disaggregated data show that, across South Carolina, there is significant inequity in teen childbearing by race and ethnicity with Black and Hispanic teens having generally higher rates compared to White teens. Older teens also have higher birth rates compared to younger teens.

Spartanburg County has the 35th highest teen birth rate among the state's 46 counties (2020). Mothers age 15-19 gave birth to 186 babies in Spartanburg County in 2020. Peer county, Anderson, fares worse on this measure with the 30th highest teen birth rate.

Teen Births by Age Group, Spartanburg and Anderson (peer) Counties, 2020							
	County Rank*	Ages 15-19		Ages 15-17A		ges 18-19	
		Number	Rate	Number	Rate	Number	Rate
Spartanburg	35	186	17.7	45	7.1	141	33.5
Anderson	30	123	19.4	26	6.8	97	38.2
South Carolina		3,069	19.3	748	7.8	2,321	36.4

*1 is highest teen birth rate, and 46 is lowest
Source: Fact Forward

10 - The High Costs of Teen Pregnancy | Fact Forward

Spartanburg County Teen Birth Data, 2020

Source: Fact Forward

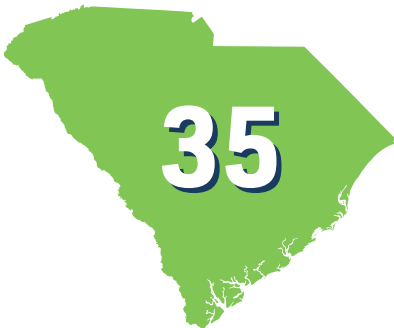
2020 Teen Birth Rate

TEEN BIRTH RATE
AGE 15-19



2019 RATE = 21.8

COUNTY
RANKING



2019 RATE = 32

DECREASE
SINCE 1991

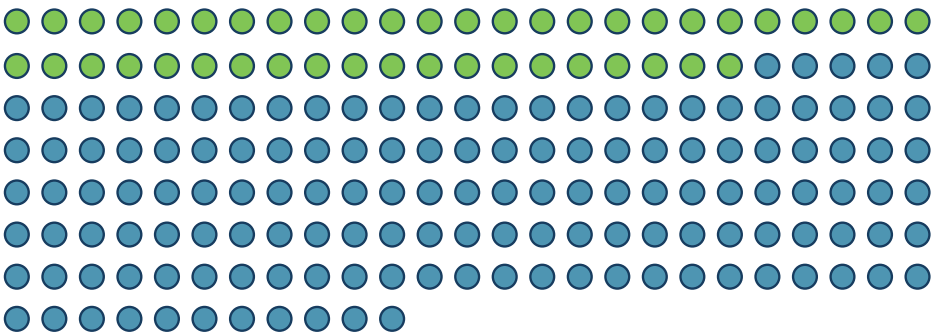


2020 Teen Birth Numbers

45 BIRTHS TO
15-17 YEAR
OLDS

141 BIRTHS TO
18-19 YEAR
OLDS

186 TOTAL BIRTHS
15-19 YEAR
OLDS



Total number of births to South
Carolina Teens (ages 15-19) = 3,069
(rates 19.3 per 1,000)

In South Carolina

36% of high school
students have
ever had sex

49% of sexually active
high schoolers
used a condom last
sexual encounter

OUTCOMES OF SPECIFIC INTEREST

• Cancer

Overall cancer incidence rates (newly occurring cancer diagnoses) for Spartanburg County are high compared to other counties within South Carolina. Spartanburg County has the 15th highest rate among the state's 46 counties for overall cancer incidence and the 12th highest rate for females. Rates by race and sex are reported for Spartanburg County, compared to the state average, in the following table. The latest cancer data is from combined years 2015 – 2019.

Cancer Incidence by Sex and Race, Spartanburg County and South Carolina 2015-2019				
	SC	Spartanburg County		
	5-Year Rate*	5-Year Rate*	Annual Average Number of New Cases	Rank within SC
All	444	460	1,717	15
Male	494	515	892	18
Female	407	420	824	12
White	445	467	1,400	14
Black	433	442	290	22

*Per 100,000 population, age adjusted, 2015-2019
Source: SC Cancer Registry / SC DHEC

In terms of deaths attributable to cancer, or overall cancer mortality, Spartanburg County ranks 24th highest among the state's 46 counties. Thus, Spartanburg County fares better for cancer mortality than it does for cancer incidence. Mortality rates by race and sex are reported for Spartanburg County, compared to the state average, in the following table.

Cancer Mortality by Sex and Race, Spartanburg County and South Carolina 2015-2019				
	SC	Spartanburg County		
	5-Year Rate*	5-Year Rate*	Annual Average Number of Lives Lost to Cancer	Rank within SC
All	161	170	633	24
Male	198	208	342	26
Female	134	142	292	19
White	157	169	513	21
Black	181	181	113	27

*Per 100,000 population, age adjusted, 2015-2019
Source: SC Cancer Registry / SC DHEC

• Of Note:

- 50% of cancers in Spartanburg County are diagnosed in the early stage, compared to 48% in the state on average.
- Among Spartanburg County women, breast cancer is the most commonly diagnosed cancer, and among men, prostate cancer is the most commonly diagnosed cancer.
- For both sexes combined, lung cancer is the most commonly diagnosed cancer in Spartanburg County and the leading cause of cancer death from 2015-2019. During this period, there was an annual average of 259 new lung cancer cases diagnosed and 177 lung cancer deaths.
- Colorectal cancer is the fourth most commonly diagnosed cancer and the second leading cause of cancer death in Spartanburg County from 2015-2019. For this period, there was an annual average of 131 new colorectal cancer cases diagnosed and 49 colorectal cancer deaths.

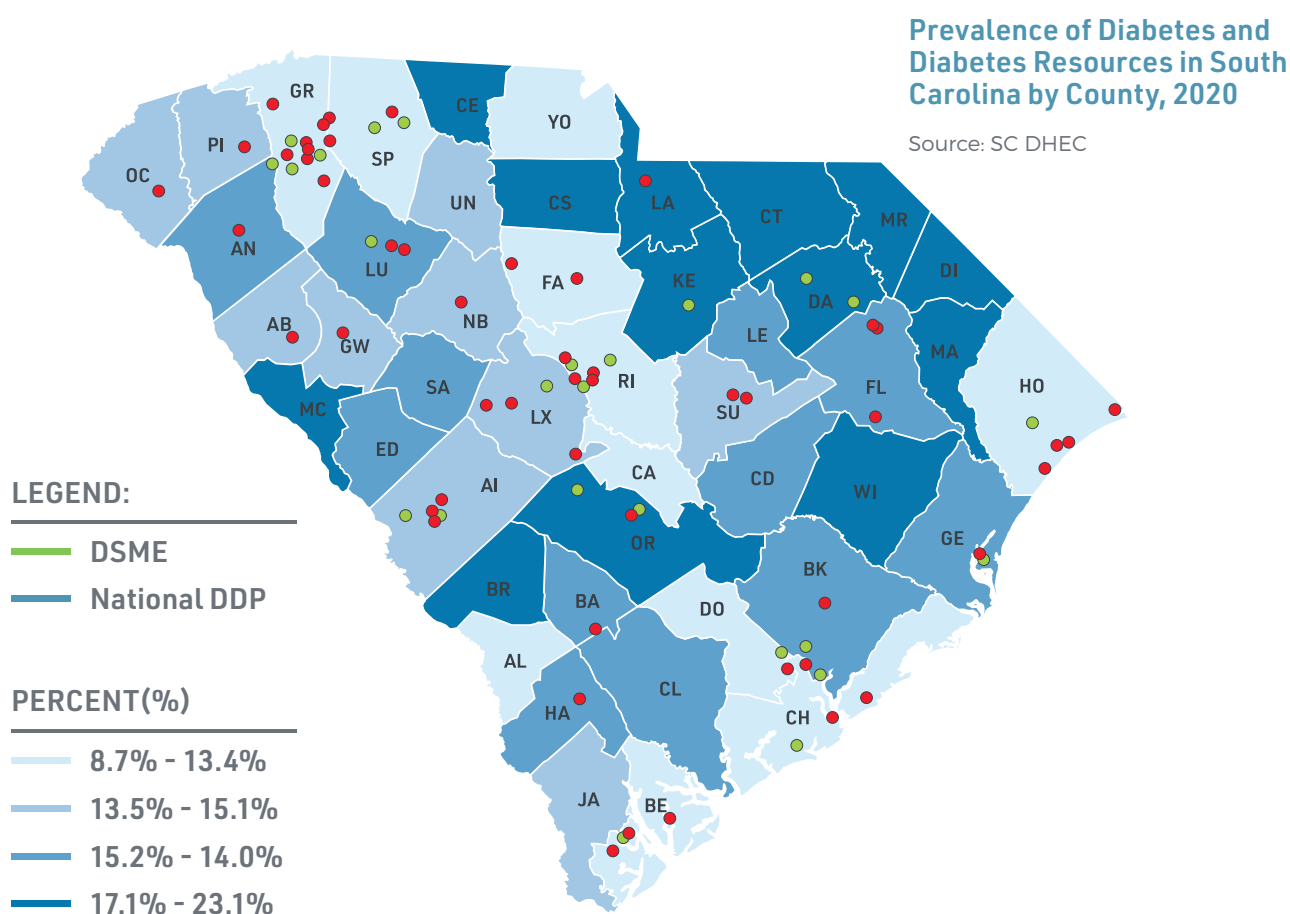
OUTCOMES OF SPECIFIC INTEREST (CONTINUED)

• Diabetes

South Carolina had the sixth highest prevalence of diabetes among adults in the nation in 2020, with one in seven adult residents diagnosed as diabetic.¹¹ Diabetes is the 8th leading cause of death in the state, constituting more than five deaths each day. Diabetes mortality rates for African American residents is more than twice that of White residents.

The latest available data for Spartanburg County (2021) show that 12% of adults are living with a

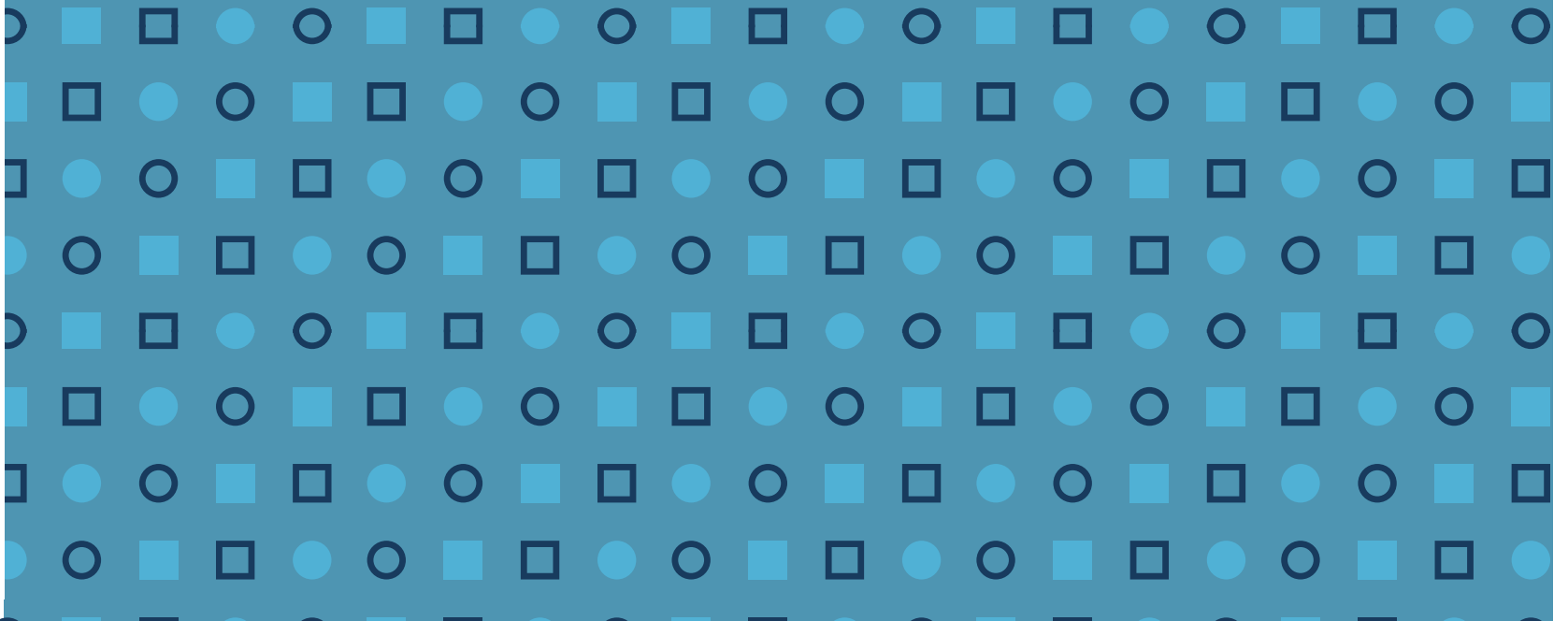
diagnosis of diabetes, equal to the state average but slightly higher than the US average of 10%. The following county map shows that Spartanburg County was among the SC counties with lowest prevalence of diabetes in 2020 (five-year average). As of 2020 there were several diabetes self-management education support (DSMES) and diabetes prevention programs (DPP) in Spartanburg County.



¹¹ - SC DHEC: Diabetes Impact in South Carolina. Diabetes Impact In South Carolina (scdhec.gov)



Health Behaviors

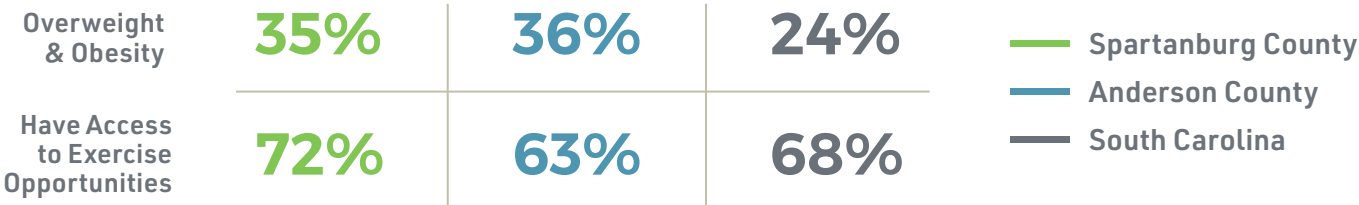


PREDICTORS OF CHRONIC DISEASE

Smoking, obesity, and physical inactivity are the primary predictors of chronic disease.

Predictors of Chronic Disease, Spartanburg and Anderson Counties with State and National Comparisons, 2024*				
	Spartanburg County	Anderson County	SC	U.S.
Adult Smoking	18%	19%	16%	15%
Adult Obesity	35%	36%	36%	34%
Physical inactivity	25%	27%	24%	23%

Source: County Health Rankings
 *years of data used: 2021

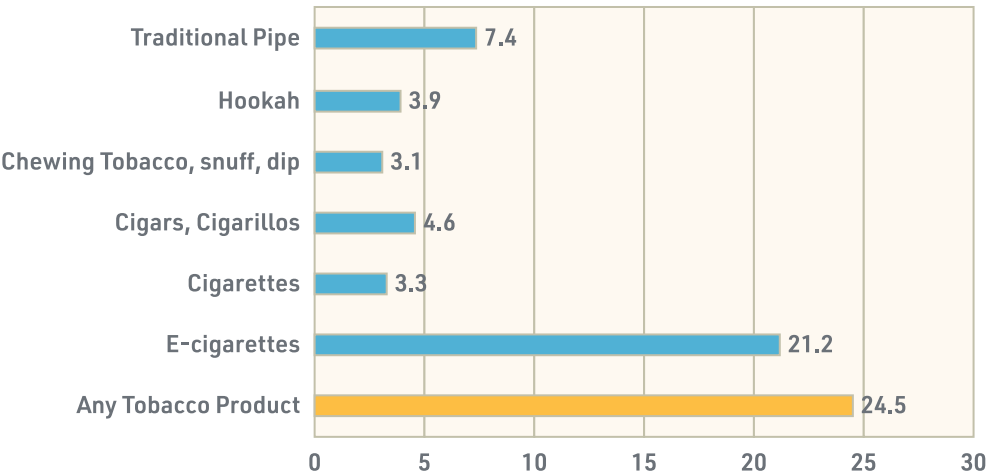


Smoking and Other Tobacco Use

Each year approximately 480,000 premature deaths in the U.S. can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. The adult smoking rate in Spartanburg County (18%) is higher than the state average (16%) and the U.S. average (15%). It is slightly lower than the smoking rate in Anderson County (19%).

Results of the 2021 South Carolina Youth Tobacco Survey¹² show that 24.5% of SC high school students

reported current (past 30 days) use of any kind of commercial tobacco product, which is higher than the national rate of 13.4%. E-cigarettes/vapes were the most commonly used tobacco product, followed by pipes, cigars, hookah, and smokeless tobacco products like chew, dip, and snuff. Especially concerning is that 21.2% of SC high school students reported e-cigarette / vape use, which is higher than the national rate of 14.1%. Nicotine in any form is harmful to developing adolescent brains, and vaping more than triples the odds of combustible tobacco product use among teens.



Percentage of S.C. High School Youth Currently Using Tobacco

Source: SCDHEC,2021

12 - CR-012573.pdf (scdhec.gov)

- **Overweight / Obesity**

Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems (such as asthma), osteoarthritis, and poor

health status. The adult obesity rate in Spartanburg County (35%) is slightly lower than the state average and the Anderson County average (both 36%) but slightly higher than the US average (34%).

- **Physical Inactivity**

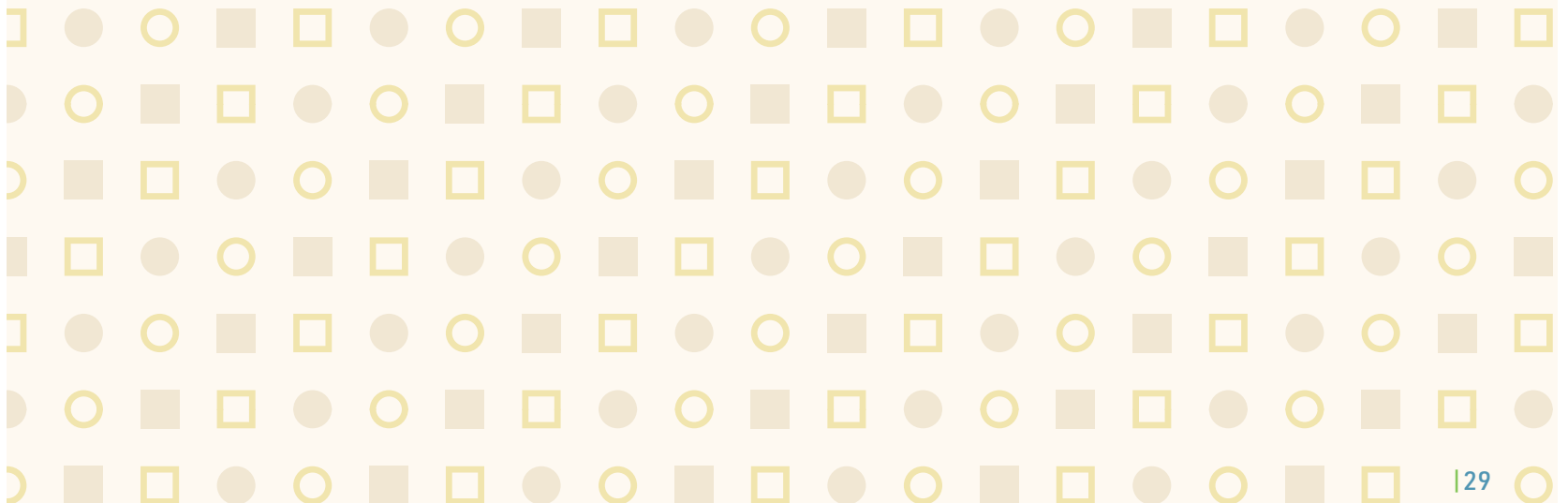
Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Inactivity causes 11% of premature mortality in the United States. Physical activity improves sleep, cognitive ability, and bone and musculoskeletal health, as well as reduces risks of dementia. Physical inactivity is not only associated with individual behavior but also community conditions such as expenditures on recreational activities, access to infrastructure, and poverty. The physical inactivity rate reported by adults in Spartanburg County (25%) is slightly higher than the state (24%) and US (23%) averages but lower than the rate in Anderson County (27%).

A related measure, Access to Exercise Opportunities, measures the percentage of individuals in a county who live reasonably close to a location for physical

activity. Locations for physical activity are defined as parks or recreational facilities. Individuals are considered to have adequate access to exercise opportunities if they:

- **reside in a census block that is within a half mile of a park, or**
- **reside in a census block that is within one mile of a recreational facility in an urban area, or**
- **reside in a census block that is within three miles of a recreational facility in a rural area.**

In Spartanburg County, 72% of the population has access to exercise opportunities by this definition. In Anderson County, 63% of residents have access. On average in South Carolina, 68% of residents have access to exercise opportunities; however, 84% of U.S. residents on average have access to exercise opportunities.



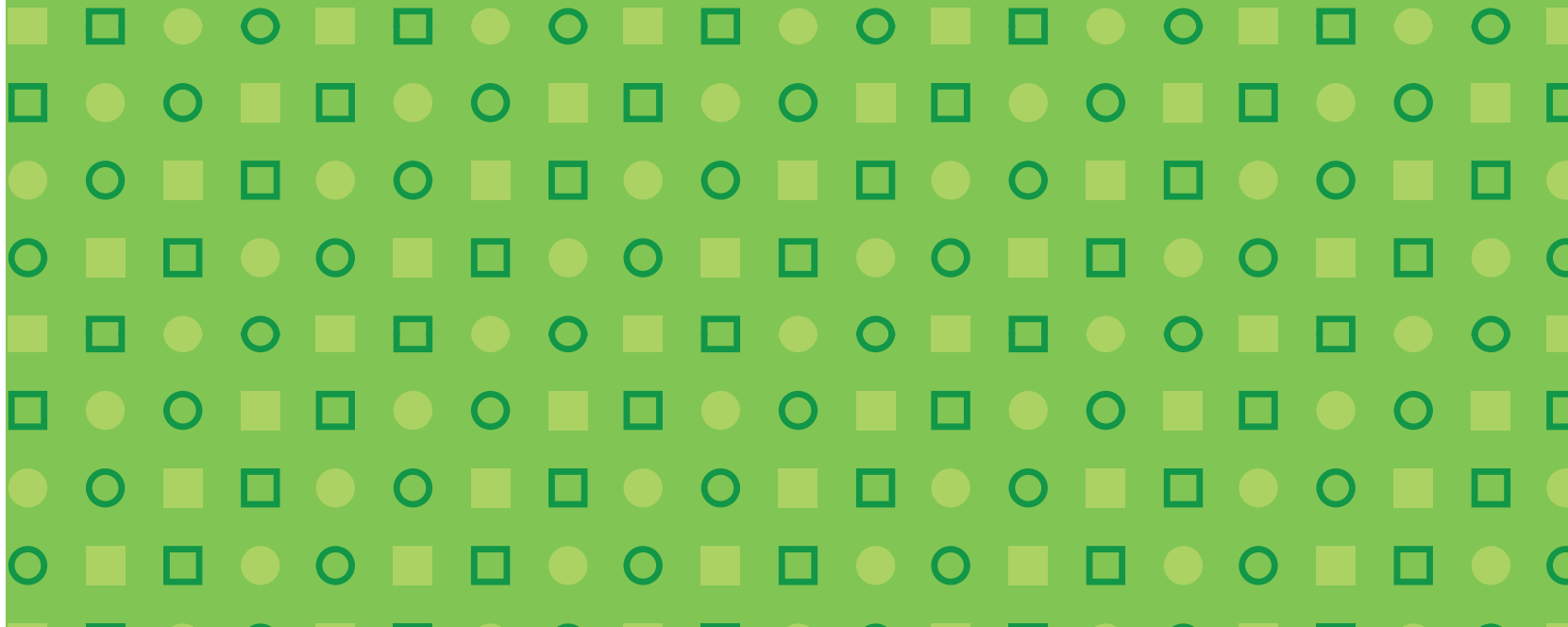
“As a community, we often talk about childhood obesity, but we can’t expect change without the right support. If families can’t access programs or accommodations to help their children, how can we address these health disparities?”







Clinical Care



ACCESS TO CARE

There are many barriers to accessing needed health care. If people are unable to receive preventive care or if care is delayed, health outcomes are worse.

• Health Insurance

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

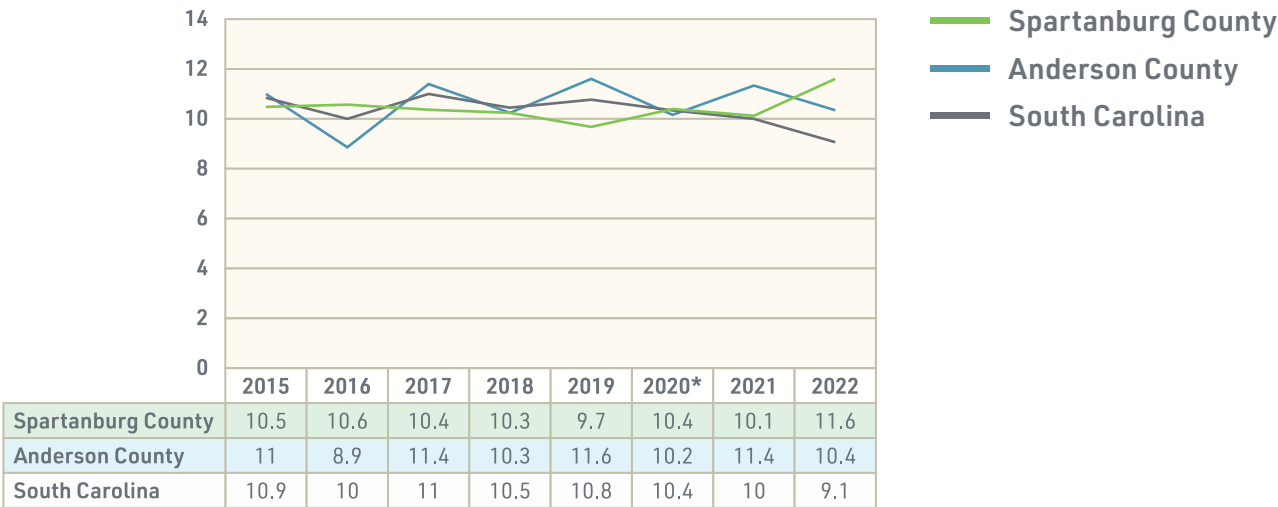
Poor health conditions often needlessly develop when preventive care is absent. Delayed care often results in serious illness and costly treatment.

illnesses, resulting in higher costs and lost worker productivity.

The following graph shows the uninsured rate (for any type of health insurance, public or private) has decreased slightly since 2015 statewide but has increased slightly for Spartanburg County. Annual uninsured rates show very little variation. In 2022, an estimated 39,631 residents of Spartanburg County had no health insurance. Almost 513,000 residents of the state have no health insurance.

Percent Residents without Health Insurance, Spartanburg County and SC

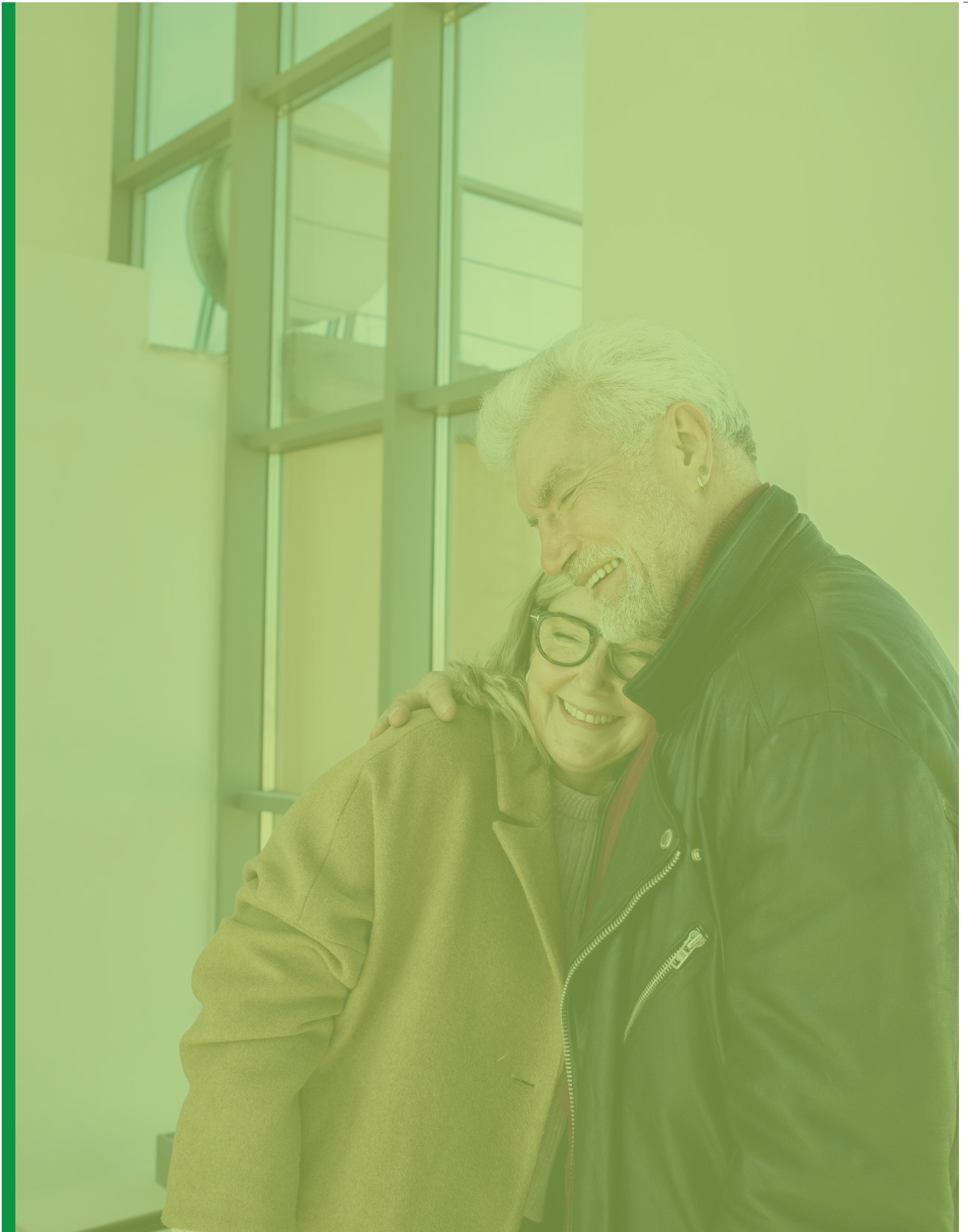
Source: U.S. Census S2701



“If we are not healthy, we have nothing and can’t do the things we came to this country for. I used to work in a factory and had medical insurance. Now that I’m not working, I have no insurance. Without it, getting help is difficult unless it’s an emergency – and even then, it’s incredibly expensive.”

“I have been unemployed since May, and I now have insurance through the Marketplace. For my husband to add me to his insurance was going to triple the cost. Having a medical home at ReGenesis allowed me to get my prescriptions and have a community health worker to help me navigate the system until my insurance came through.”





ACCESS TO CARE (CONTINUED)

• Population to Providers

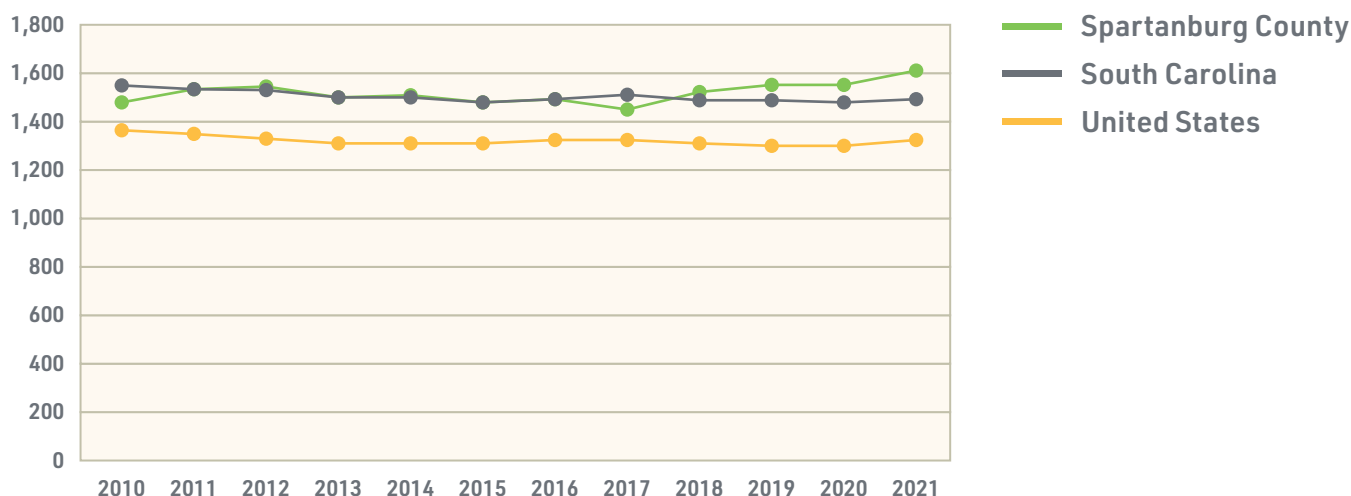
■ Primary Care Physicians

Currently (2021) in Spartanburg County, there are 208 primary care physicians, constituting a ratio of 1,610 residents for every one primary care physician. Historically, Spartanburg County has been about equal to the state average on this measure but in recent years has fared worse than the state average,

with more residents being served by fewer primary care physicians. Currently, Spartanburg ranks 12th of the state's 46 counties (1st being best). The following graph demonstrates the trend in this measure over time.

Population to Primary Care Physicians, Spartanburg County, SC and US

Source: County Health Rankings



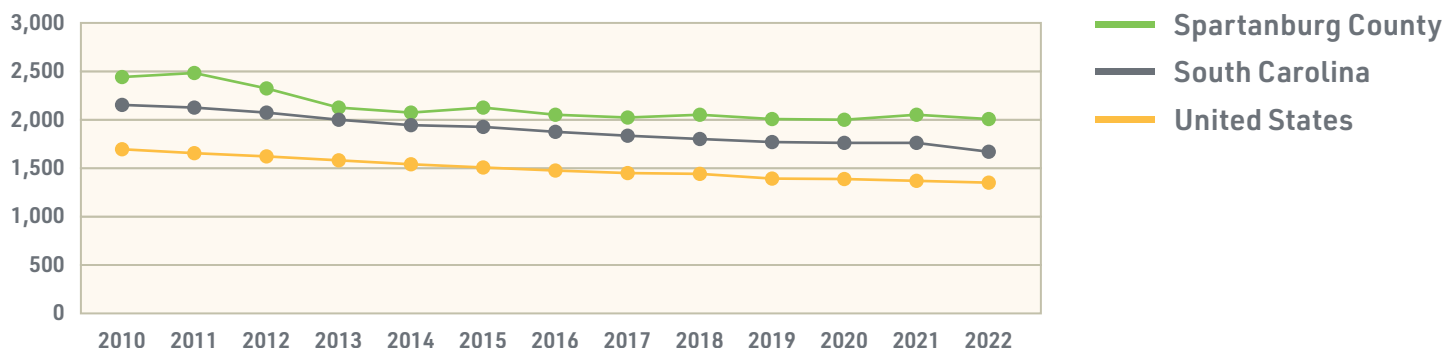
■ Dentists

Currently (2023), Spartanburg County has 170 registered dentists, equating to one provider for every 2,030 residents. This ranks the county 15th of the state's 46 counties. Historically, Spartanburg

County has fared worse than the state and the US averages for dentists per population, but the county is improving on this measure.

Population to Dentists, Spartanburg County, SC and US

Source: County Health Rankings



■ Mental Health Providers

In South Carolina on average (2023), there is one mental health provider for every 460 residents. Spartanburg County fares worse on this measure with 478 providers, equating to one provider for

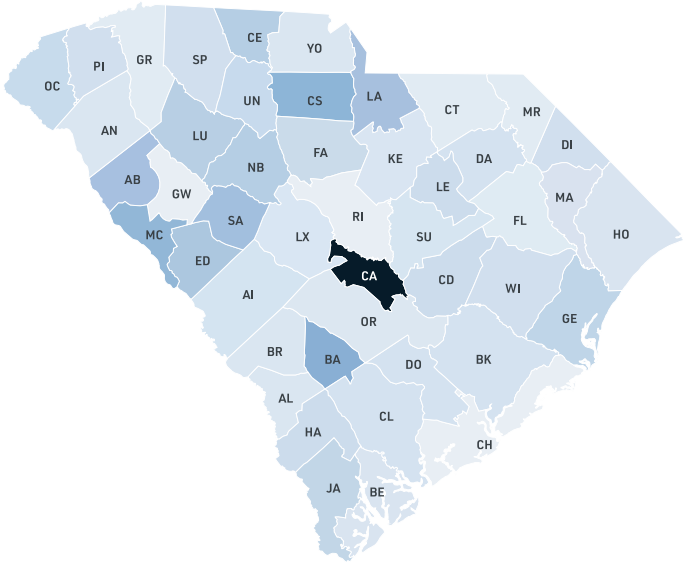
every 720 residents. Spartanburg County ranks at about the middle of the state’s 46 counties on this measure.

Mental Health Providers to Population Map, SC

BEST

WORST

Source: County Health Rankings



EMERGENCY DEPARTMENT USE

Available data for this metric are limited. In South Carolina Fiscal Year 2023 (October 2022-September 2023), Emergency Department visits (excluding admissions to inpatient) for all ages, all conditions by Spartanburg County residents totaled \$797,639,986. Although these visits did not result

in admission to inpatient treatment, it is unclear how many of these visits could have been treated in alternate, and less expensive, settings such as a primary care provider office or an urgent care facility. More data would address this question and add to our understanding of this metric.

Emergency Department Use,* Spartanburg County, Fiscal Year 2023			
Payor	Number of Visits	Total Charges	Average Charge
Commercial Insurance	38,071	\$210,229,775	\$4,493
Medicaid	34,810	\$131,922,089	\$3,034
Medicare	35,298	\$287,519,408	\$6,742
Self-Pay / Indigent	32,494	\$167,967,864	\$4,108
Total	140,674	\$797,639,986	\$4,476

*Excluding visits that resulted in admission to inpatient treatment
Source: SC Department of Revenue and Fiscal Affairs

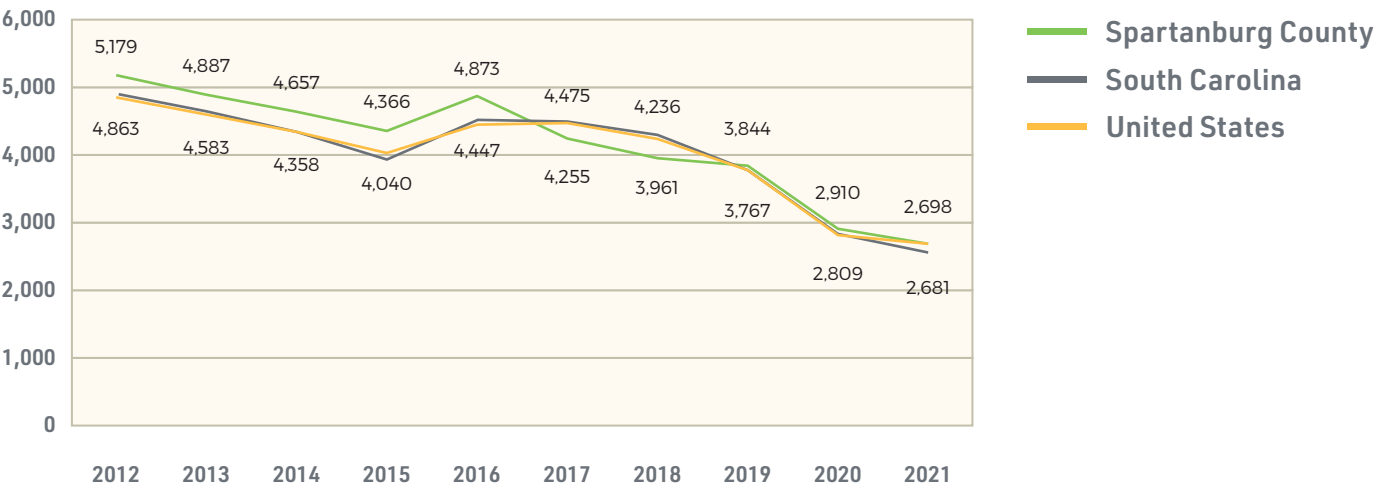
PREVENTABLE HOSPITAL STAYS

Available data for this metric are limited. However, the latest (2021) data show that in Spartanburg County, 2,698 hospital stays per 100,000 people enrolled in Medicare might have been prevented by outpatient treatment. Spartanburg County has been

at about the state and national average in recent years. This constitutes significant improvement on this measure, reversing historic trends compared to the state and national averages.

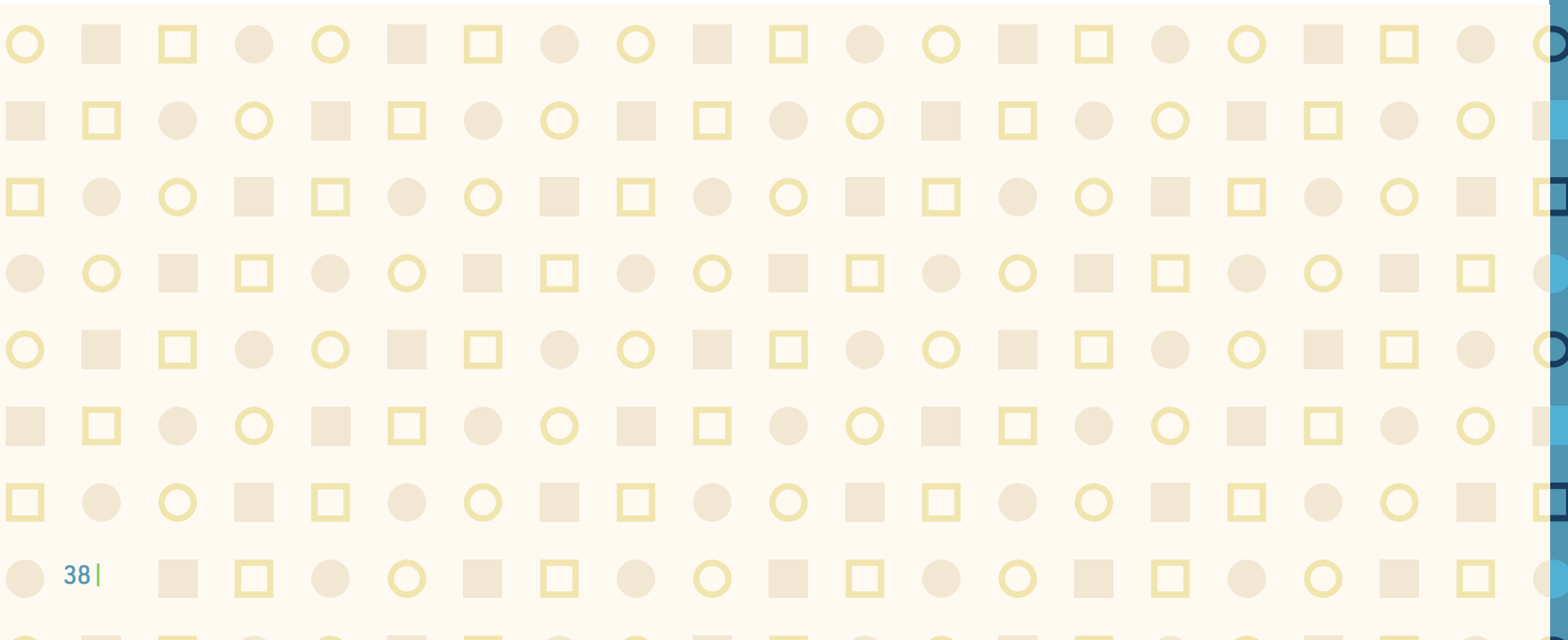
Rate of Preventable Hospital Stays,* Spartanburg County, SC, and US

*Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees Source: County Health Rankings



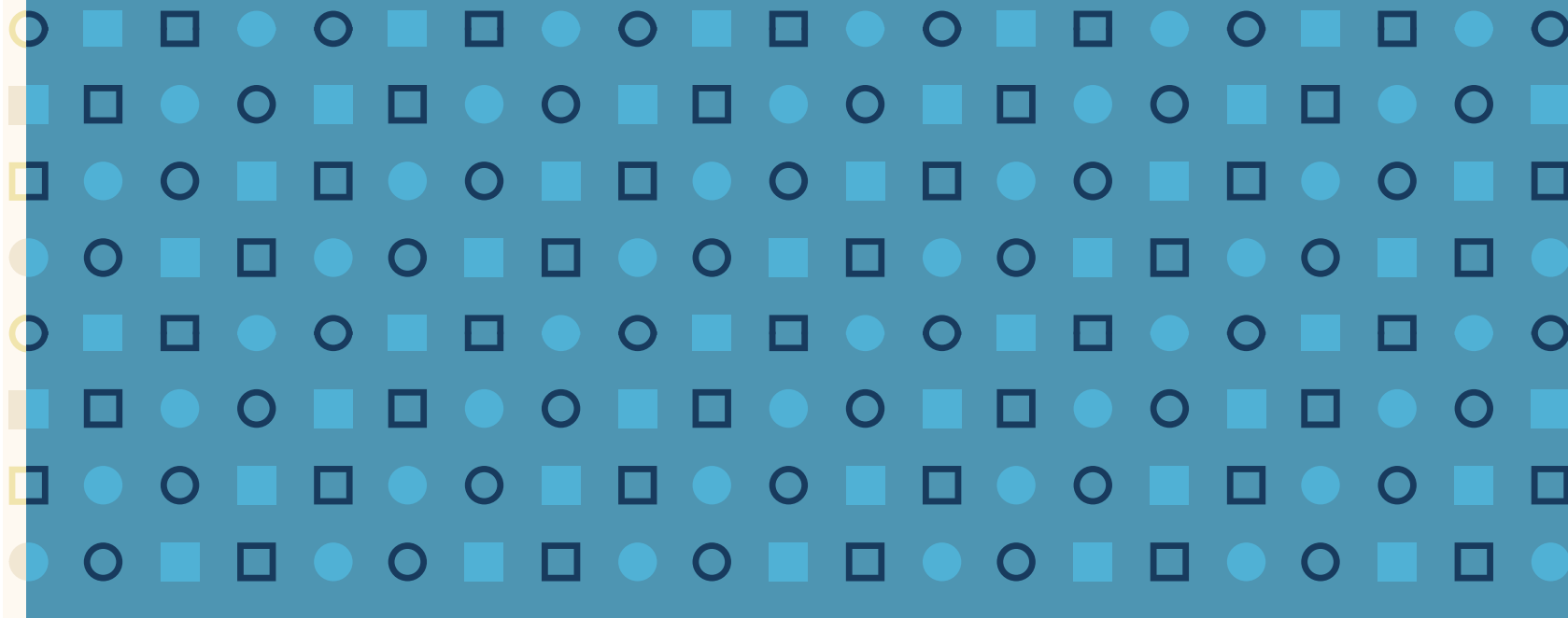
There is a significant race-based disparity in this measure in Spartanburg County, with Black residents having much higher rates of preventable

hospital stays (3,653 per 100,000) compared to White residents (2,584 per 100,000).





Social, Economic Influencers, & Predictors



INCOME & EARNINGS

Income and income inequality impact almost every measurable area of well-being. Income is a major factor in managing quality of life, as it serves as a means to access health care, education, housing, and more. People who lack monetary resources lack opportunity. Income inequality is the disparity in how income is distributed among individuals, groups, populations, social classes, or countries. Communities with greater income inequality experience a loss of social connectedness, as well as decreases in trust, social support, and sense of community for all residents.

Several measures must be considered to obtain a full picture of income in any geography. Although a

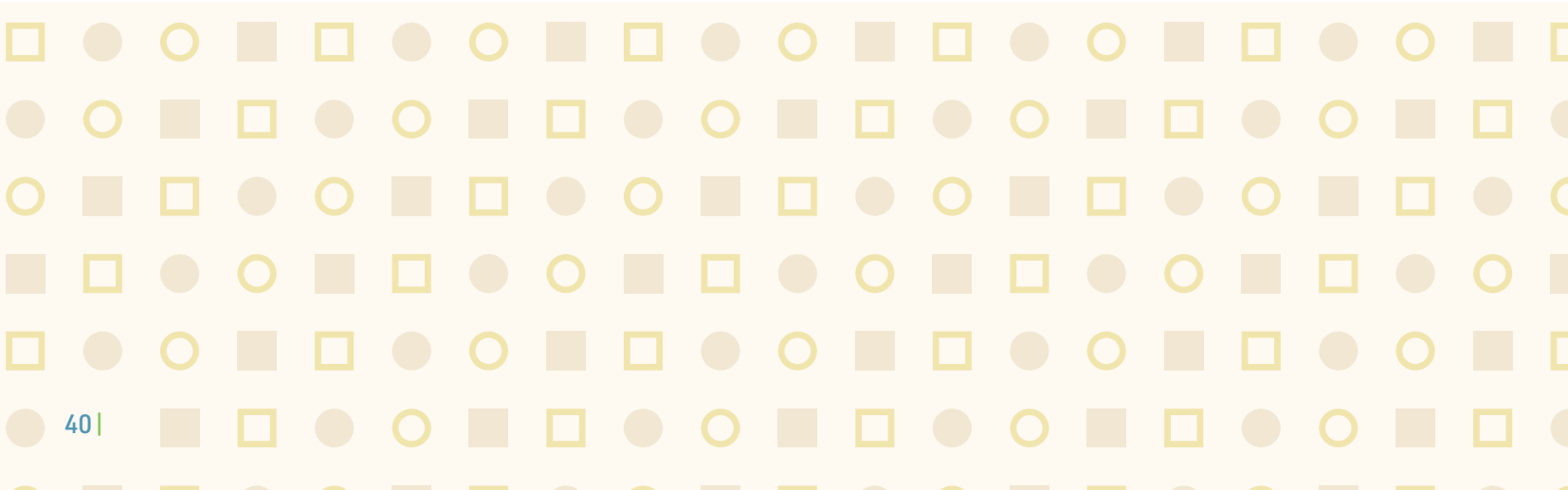
mean (the simple statistical average) is often used to describe income, a median is considered a better descriptor since it controls for outlier data (the very rich or the very poor). Median income is the amount which divides the income distribution into two equal groups, half having incomes above the median and half having incomes below the median.

Income in Spartanburg County is lower across all measures in 2022 compared to the state average. Increases in income from 2018 to 2022 are also smaller in Spartanburg County, compared to the state average (except for mean family income which is about the same).

Select Income Measures, Spartanburg County and South Carolina 2018 and 2022			
	2018	2022	Percent Increase 2018 to 2022
Per Capita Income (mean)	\$26,441	\$32,272	22%
<i>* SC state average</i>	\$28,957	\$36,675	26.7%
Median Household Income	\$53,581	\$57,755	7.8%
<i>* SC state average</i>	\$52,306	\$64,115	22.6%
Median Family Income	\$65,817	\$68,276	3.7%
<i>* SC state average</i>	\$65,742	\$79,886	21.5%
Mean Family Income	\$77,370	\$94,825	22.6%
<i>* SC state average</i>	\$86,121	\$105,495	22.5%

Source: US Census, S1901, S1902

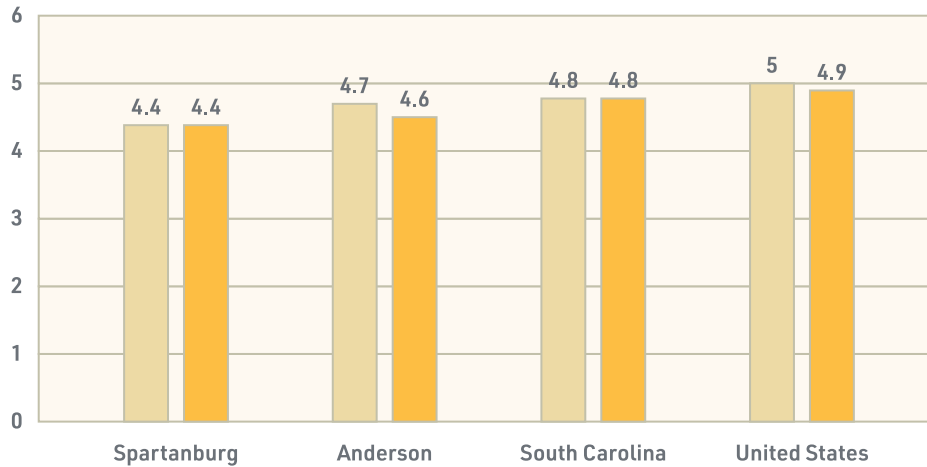
In most geographies across the country, as in Spartanburg County, White residents have significantly higher incomes compared to People of Color.



• Income Inequality

Income inequality is measured as the ratio of household income at the 80th percentile to income at the 20th percentile. Five-year average data show that in 2018-2022, Spartanburg County households with higher incomes had income 4.4 times that of

households with lower incomes. This is the same as in 2018, and constitutes lower inequality compared to Anderson County and the state and national averages.



Income Inequality (Ratio), 2018 and 2024

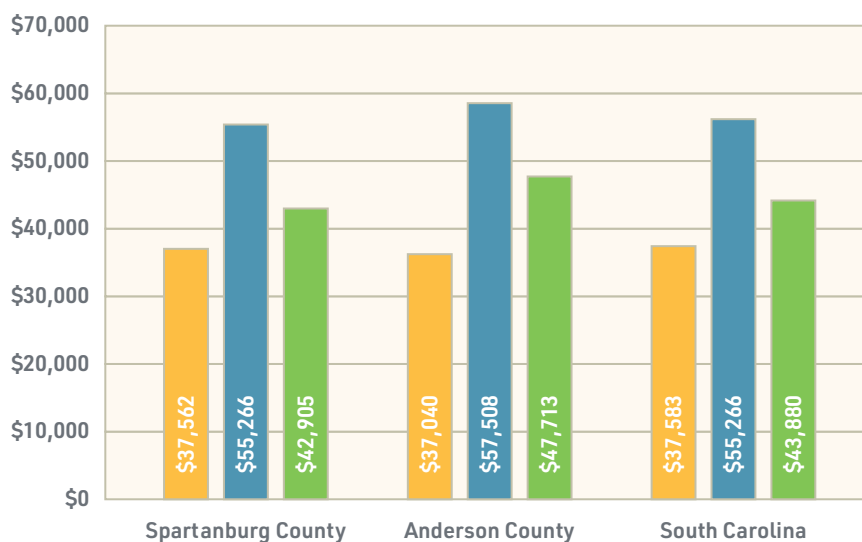
Source: County Health Rankings
*2012-2016 data **2018-2022 data

2018*
2024**

• Earnings

Many people work full-time but still live below the Federal Poverty Level (FPL). These “working poor” are often low wage workers and may have low education, have backgrounds that preclude them from better employment opportunities or otherwise lack access to different jobs.

Overall median earnings for workers age 16+ in Spartanburg and Anderson Counties are about the same as the state average. Wages for full-time male and full-time female workers in Spartanburg County are slightly less than the state averages. Wages are higher in Anderson County than in Spartanburg County. When disaggregated by gender, there is a clear disparity in earnings among female and male workers.



Median Earnings by Gender for Full-Time Workers age 16+, 2022 (5-year average estimates) Spartanburg and Anderson Counties and SC

Source: U.S. Census B20017
*total = for part time and full time workers

Total**
Male (full time year-round)
Female (full time year-round)

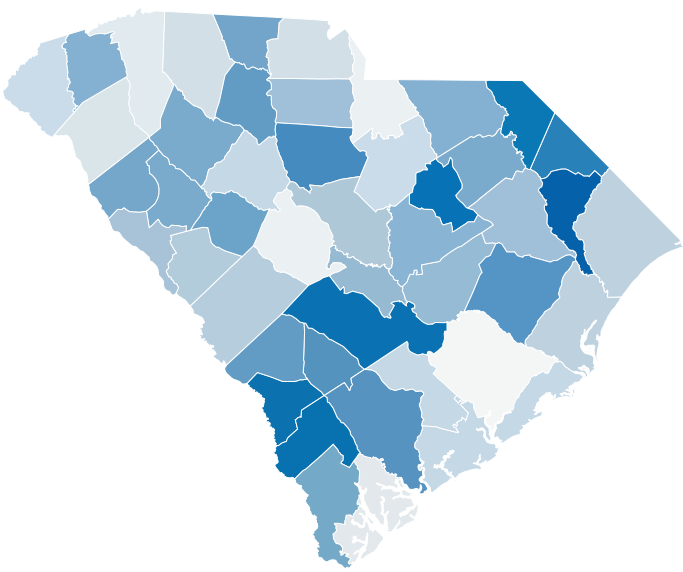
• ALICE Households

United Ways across the country use the ALICE measure to quantify and understand the challenges facing **Asset Limited, Income Constrained, Employed** (ALICE) residents in their communities. These are people whose earnings are higher than Federal Poverty Level, but not enough to afford the basics where they live. ALICE households are routinely forced to make choices, such as deciding between quality child care or paying the rent.

In Spartanburg County, 14% of households live in poverty. An additional 32% are ALICE households. The remaining 53% of households are above FPL and ALICE thresholds.

The South Carolina county map to the left shows percentage of households that are below the ALICE threshold (poverty-level and ALICE households combined). The darker the blue, the higher the percentage.

Percentage Below ALICE Threshold



Source: United for Alice

POVERTY

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

Federal Poverty Level 2023 and 2024		
Family Size	2023 Income	2024 Income
Individual	\$14,580	\$15,060
Family of 2	\$19,720	\$20,440
Family of 3	\$24,860	\$25,820
Family of 4	\$30,000	\$31,200
Family of 5	\$35,140	\$36,580
Family of 6	\$40,280	\$41,960
Family of 7	\$45,420	\$47,340
Family of 8	\$50,560	\$52,720
Family of 9+	Add \$5,140 for each extra person	Add \$5,380 for each extra person

• Population Poverty

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

Depending on the program, individuals may qualify for assistance, such as Temporary Assistance to Needy Families (TANF), public housing, food stamps, and Medicaid, at multiples of poverty such as 140%, 150% or 200%.

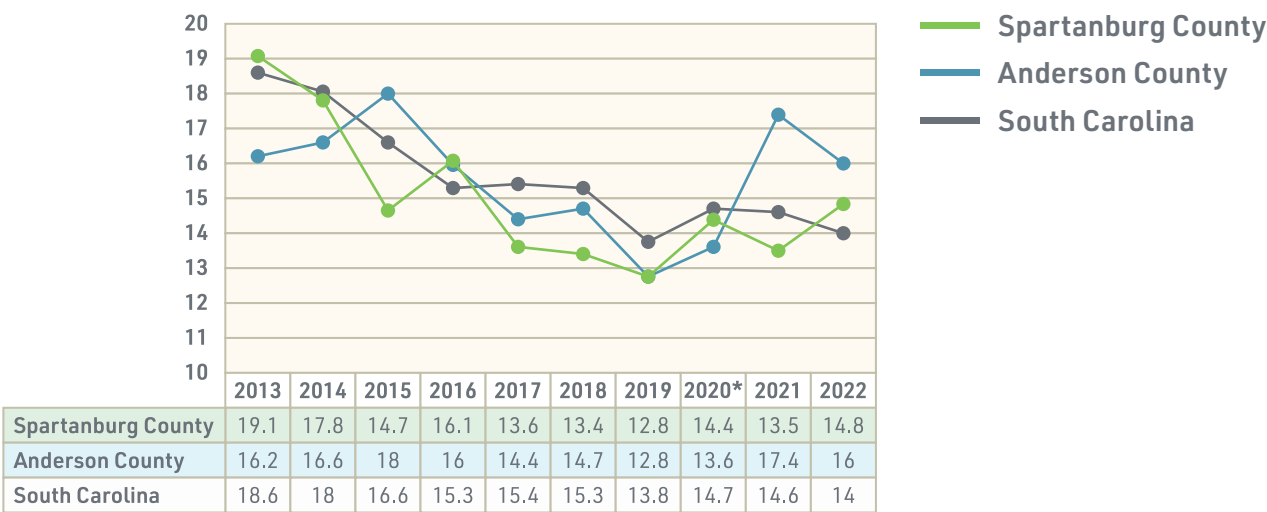
In South Carolina and across the country generally, children have higher poverty rates than adults, and older adults have lower poverty rates (thanks in large part to Social Security benefits). Generally,

Black residents have twice the poverty rate of White residents, and poverty among Hispanic residents is often even higher. Educational attainment is tied closely to poverty rates – the higher the education (on average), the higher the income.

The overall poverty rate in Spartanburg County has improved since 2013; however, the rate has risen somewhat since 2019. This is the general pattern across the state on average. At this point (2022), all-resident poverty in Spartanburg County is 14.8%, slightly higher than the state average of 14%. Currently (2022), 49,977 residents of Spartanburg County live below the Federal Poverty Level.

Percent All Residents Living Below Federal Poverty Level, Spartanburg and Anderson Counties and SC

Source: U.S. Census S1701
*5-year average



“We’ve always had people who knew about the resources, or people trusted enough to call for help. We didn’t need someone to show us the way – we learned to navigate the system and bring resources to the community ourselves.”



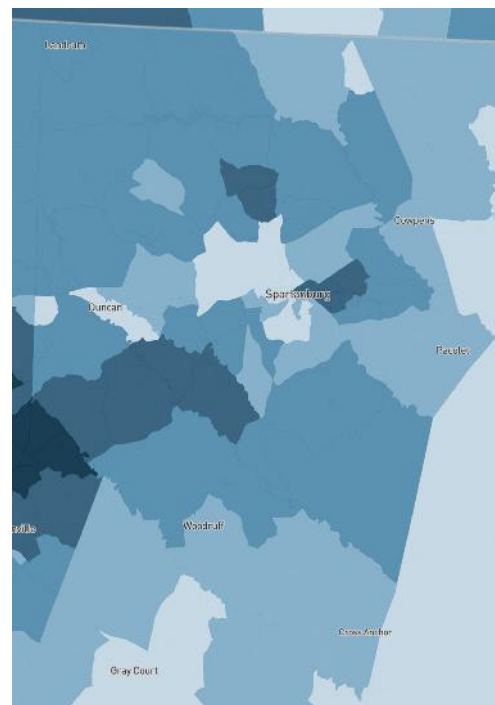
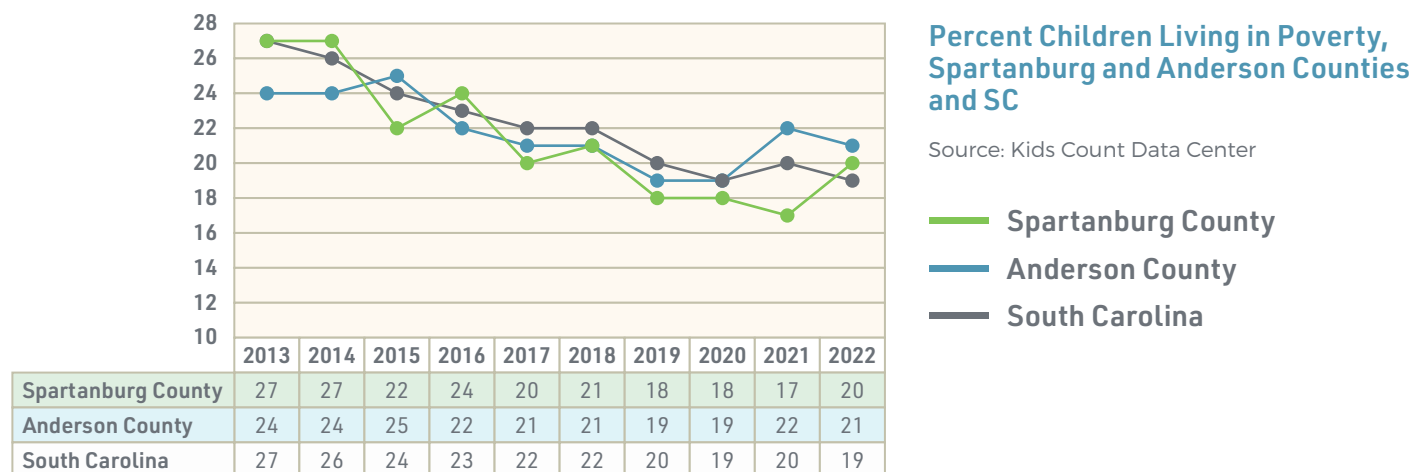


• Child Poverty

Children, especially, are vulnerable to the effects of poverty. Children who live in poverty often experience chronic, toxic stress that disrupts the architecture of the developing brain, resulting in lifelong difficulties in learning, memory, self-regulation, and poor health outcomes in adulthood. Children in poverty are much more likely to experience exposure to violence, chronic neglect,

and the accumulated and synergistic burdens of economic hardship, or “deprivation amplification”. Black and Hispanic children are significantly more likely to live in poverty, compared to White children.

Spartanburg County has child poverty rates that have historically varied around the state average. Currently (2022), 15,603 children in Spartanburg County live below the Federal Poverty Level.



ECONOMIC OPPORTUNITY

Where a child grows up in the US has a major impact on his or her financial future. There is wide variation among the nation's cities and counties in intergenerational mobility: some areas provide significantly more opportunity for children to move out of poverty, and other areas offer children few opportunities for escape. Moreover, economic mobility has significant relevance for communities of color since they tend to have the lowest income and fewest opportunities to move up on the economic ladder. Research¹³ shows that communities with high levels of upward mobility tend to have five characteristics:

- **lower levels of residential segregation by race**
- **a larger middle class (lower levels of income inequality)**
- **stronger families and more two-parent households**
- **greater social capital**
- **higher quality public schools**

The latest data for Spartanburg County (2021) show that 14 of the county's census tracts are rated "very low" for child opportunity.

EDUCATION

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

supports critical thinking, skill development, and life-long knowledge acquisition.

The Children's Trust of South Carolina ranks Spartanburg County 12th among the state's 46 counties for education in 2022.¹⁴

• Education Attainment

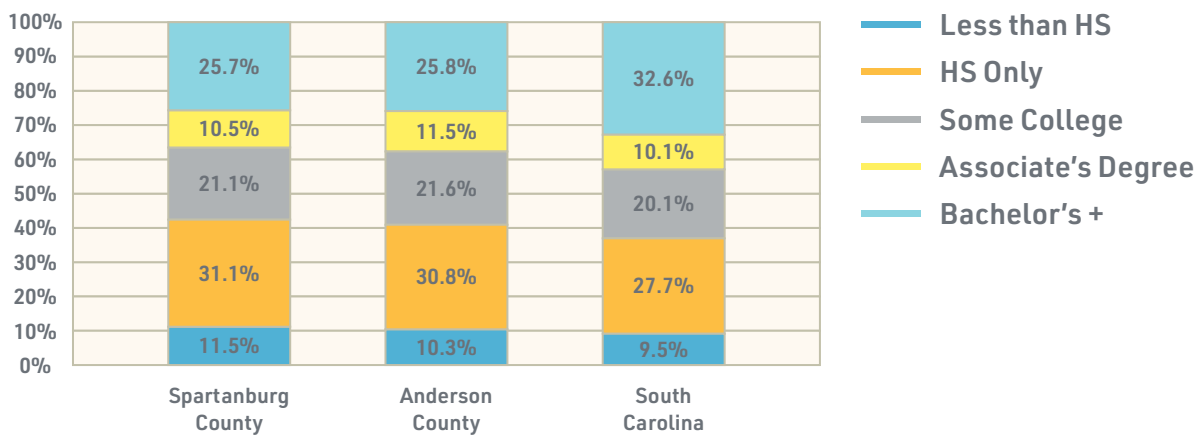
The future demands higher education attainment of the local workforce if our cities and counties are to be economically competitive. In 2023, median earnings of those with a bachelor's degree were 66 percent higher than the earnings of high school graduates with no college. Those with an associate degree were 12 percent higher (although 28% of workers with an associate degree earn more than half of workers with a bachelor's). By 2031, 66 percent of good jobs will require a bachelor's

degree or higher.¹⁵ Adults with higher educational attainment live healthier and longer lives compared with their less educated peers.

Compared to the state average, Spartanburg County has a lower percentage of adult residents with a Bachelor's degree. Education attainment is very similar in Spartanburg and Anderson Counties. Both counties fare worse than the state average on this metric.

Levels of Education Attainment, Population age 25+ 2022 (5-year average estimates)

Source: U.S. Census S1501



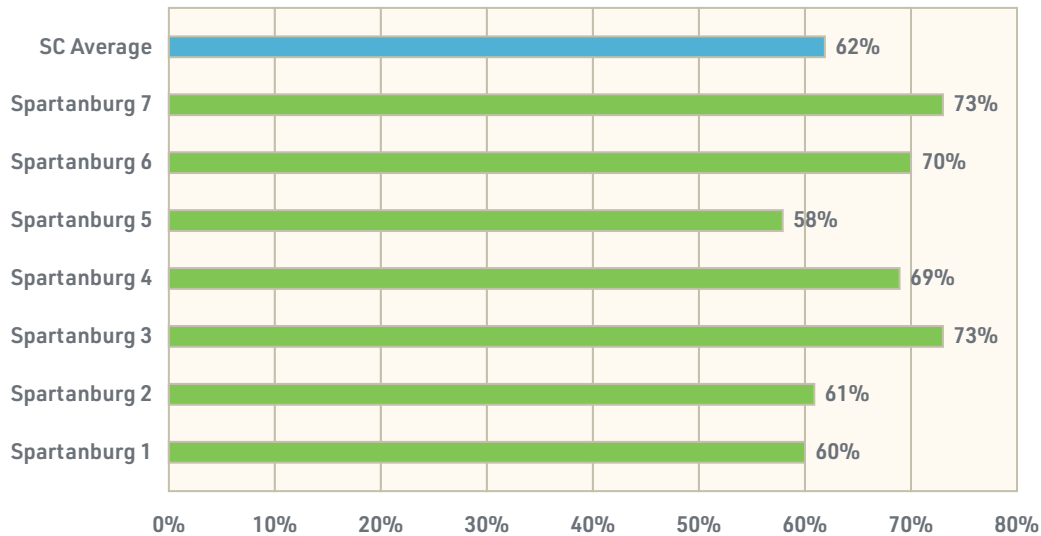
14 - 2022 South Carolina Child Well-Being Data Profile Spartanburg County (scchildren.org)

15 - Informedsc

• Students in Poverty

There is a marked achievement gap between children in poverty and children who are not in poverty. Children from low-income households typically enter school behind their peers and never catch up. They often attend high-poverty schools that have a higher number of less experienced teachers.

The percent of students in poverty is high in Spartanburg County, ranging from 58% to 73% by district. Student poverty is higher than the state average in four of the seven districts. Trend data by district can be found at the SC DOE or at Informedsc.



Percent Students in Poverty, 2023, by District

Source: Informedsc

• School Readiness

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

Children's School Readiness is affected by the early care and learning experiences they receive. Research in brain development emphasizes that early learning (especially from birth to five) directly influences a child's ability to succeed in school. These studies have contributed to a growing awareness of the importance of quality early education, pre-kindergarten, and K-4 experiences as predictors of school readiness. Communities do well when they ensure that children have widespread

access to these programs, and especially programs like Head Start, targeted to children most at risk. Children's readiness for successful transition into kindergarten is best viewed as a community responsibility.

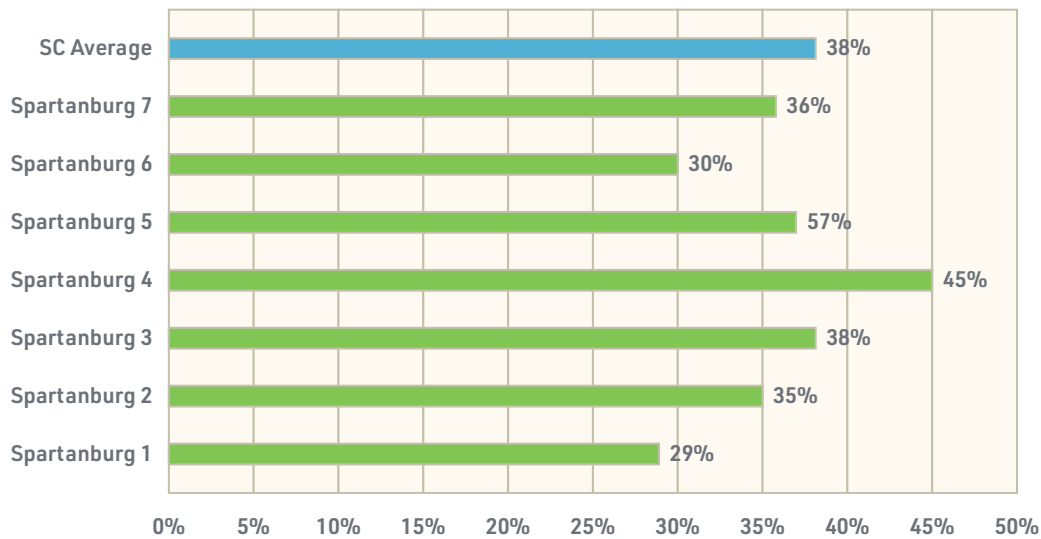
The Kindergarten Readiness Assessment, administered to all kindergarten students, measures school readiness overall and on four sub metrics. Although the trend is variable, sometimes in the extreme, currently (2023), kindergarteners in Spartanburg County demonstrate overall readiness to learn, in terms of foundational skills and behaviors that prepare them for instruction, ranging from 29% to 45% across districts. Only one district exceeds the state average on this measure, and one meets the state average. This is significantly lower than the state average of 38%. Trend data by district can be found at the SC DOE or at Informedsc.

“Free college tuition has been a godsend for students who otherwise wouldn’t have had the opportunity to earn a degree – whether in higher education, esthetics, or cosmetology. This has opened doors for entire families.”





• School Readiness (Continued)



Percent Kindergarten Students Demonstrating Overall School Readiness,* 2023, by District

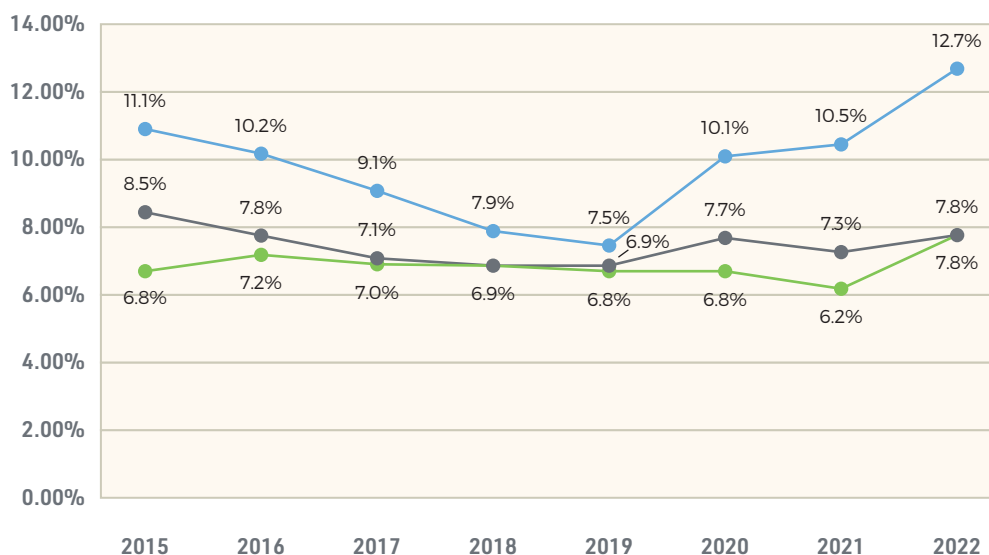
*As measured by the Kindergarten Readiness Assessment
Source: Informedsc

Data are also available for kindergarten readiness sub-metrics, in 2023, by school district for Spartanburg County.

• Disconnected Youth / Chronic Absenteeism

This metric is the percentage of teens and young adults ages 16-19 who are neither working nor in school. Students who are chronically absent suffer academically and are more likely to not graduate from high school. Students in poverty are four

more times likely to be chronically absent. Chronic absenteeism has increased over the last three years across the state. In 2022 in Spartanburg County and across SC, 8% of youth were “disconnected.” The rate in Anderson County is historically markedly higher.



Percent Kindergarten Students Demonstrating Overall School Readiness,* 2023, by District

Source: Informedsc

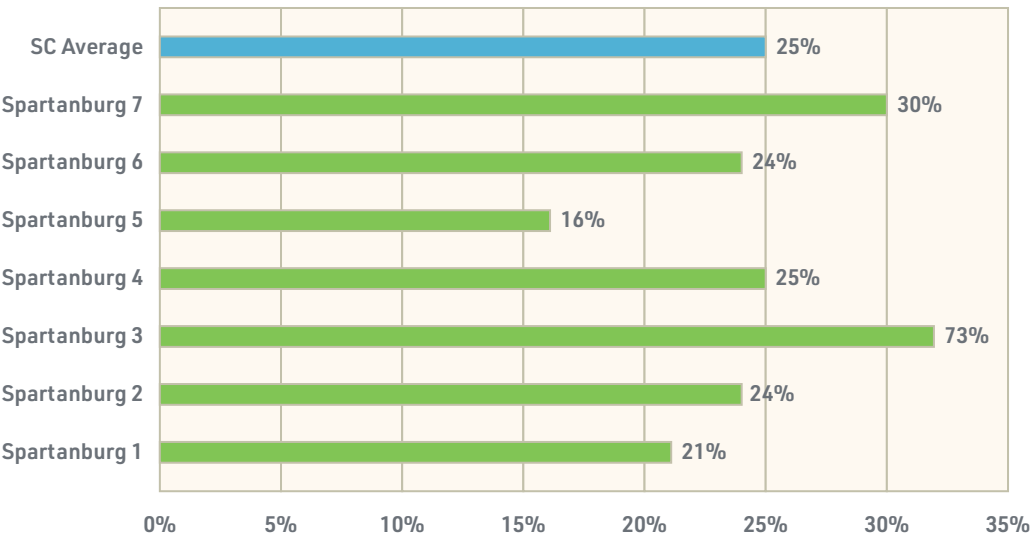
*As measured by the Kindergarten Readiness Assessment

— Spartanburg County
— Anderson County
— South Carolina

In two of the seven Spartanburg County school districts, chronic absenteeism is higher than the state average in 2023.

Percent Students Chronically Absent, 2023, by District

Source: Informedsc



• Academic Progress

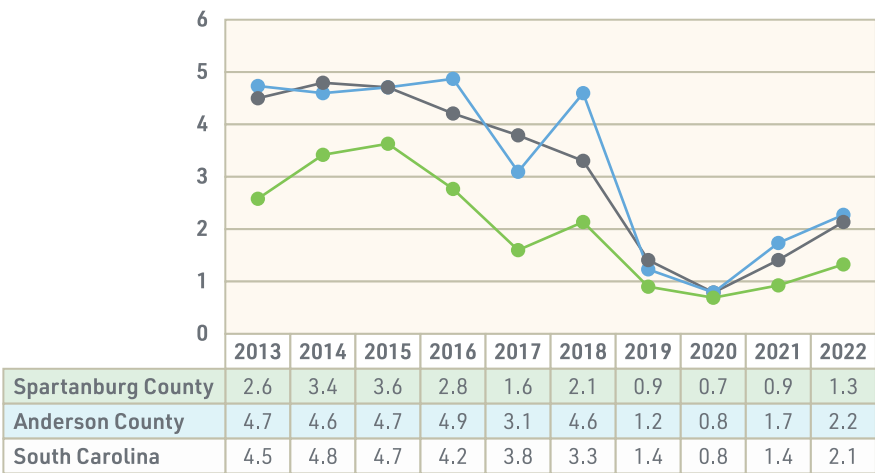
The impact of early skills (academic and social) has immense impact on future academic success. Thus, success in the early grades is predictive of high school graduation and continuation to post-secondary education.

Data in the following graphic show the percentage of students designated as “not passing” their grade

and required to repeat that grade. Spartanburg County’s performance on this metric has improved in the past 10 years and is generally better than the state average and the Anderson County average. Currently, 1.3% of children are failing the early grades in Spartanburg County. District-level data, including trend data, can be found at the SC DOE or at Informedsc.

Percent of Children Failing Grades 1, 2, or 3, Spartanburg and Anderson Counties and S.C.

Source: SC DOE / SC Kids Count



• Academic Progress (Continued)

The impacts of early grade failure are most significantly felt by Black and Latino children, children experiencing poverty, multilingual learners, and children with learning disabilities.¹⁶

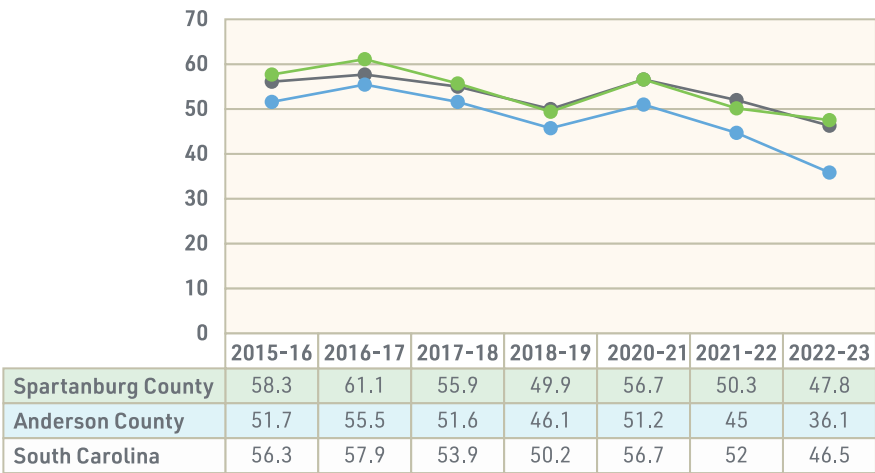
The SC Ready assessments for English Language Arts (reading and writing) and Mathematics are administered in grades 3,4,5,6,7, and 8. Academic performance in the elementary and middle school years is predictive of ongoing achievement,

graduation from high school, and enrollment in post-secondary education.

In the aggregate, Spartanburg County third graders fare about as well as third graders on average in South Carolina for reading proficiency. Anderson County third graders fare better on this measure. Currently, 48% of Spartanburg County third graders test below the state standards in reading compared to 36% in Anderson and 47% in the state on average.

Percent of 3rd Graders Testing Below State Standards in Reading, Spartanburg and Anderson Counties and S.C.

Source: Kids Count Data Center



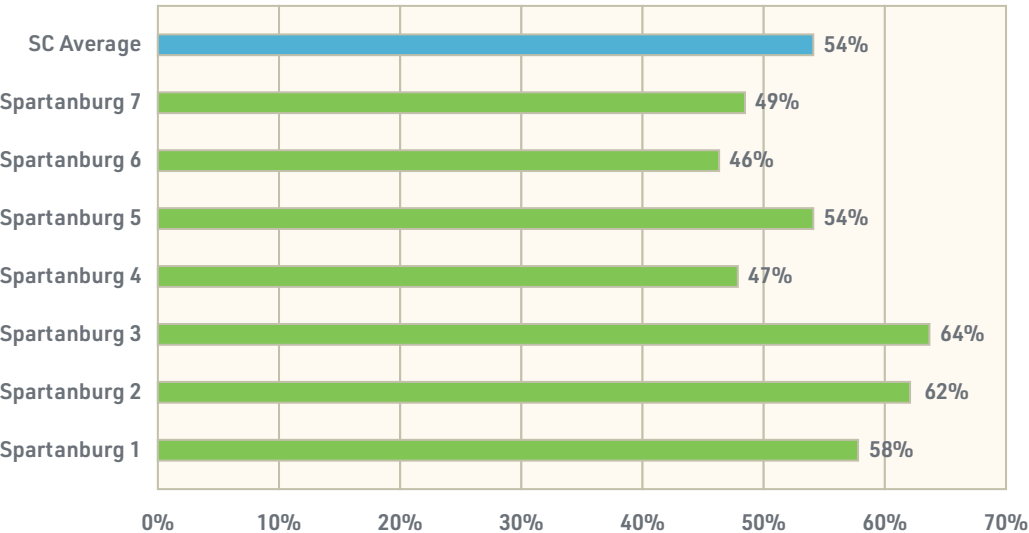
For students who do not read at grade level, up to half of the printed fourth-grade curriculum is incomprehensible. Three-quarters of students who are poor readers in third grade will remain poor readers in high school. These students tend to have more behavioral and social problems in subsequent grades and high rates of grade retention. Students who can't read proficiently by third grade are four

times more likely to drop out of school. By district in 2023, as measured by the SC READY assessment, three districts exceeded the state average and one met the state average for percent of third graders who meet or exceed standards for reading. Further district-level data, including trend data, can be found at the SC DOE or at Informedsc.

16 - <https://www.newamerica.org/education-policy/articles/making-the-early-grades-matter/>

Percent Third Grade Students Meeting or Exceeding Standards for Reading, 2023, by District

Source: Informedsc

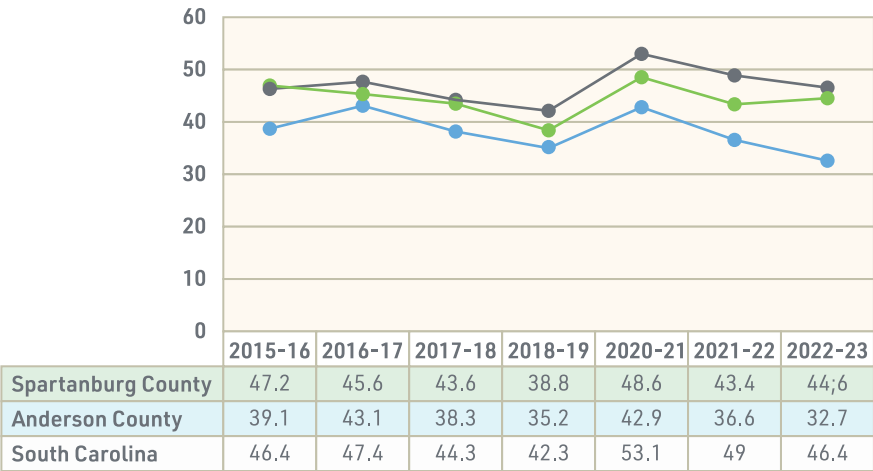


Third-grade math proficiency is a strong predictor of ongoing proficiency and school success, including high school graduation. Poor performance over time limits a student’s access to advanced math and science courses such as calculus and physics.

In the aggregate, Spartanburg County third graders have generally performed better than the state average on state math standards. Anderson County third graders perform better.

Percent of 3rd Graders Testing Below State Standards in Math, Spartanburg and Anderson Counties and S.C.

Source: SC DOE / SC Kids Count



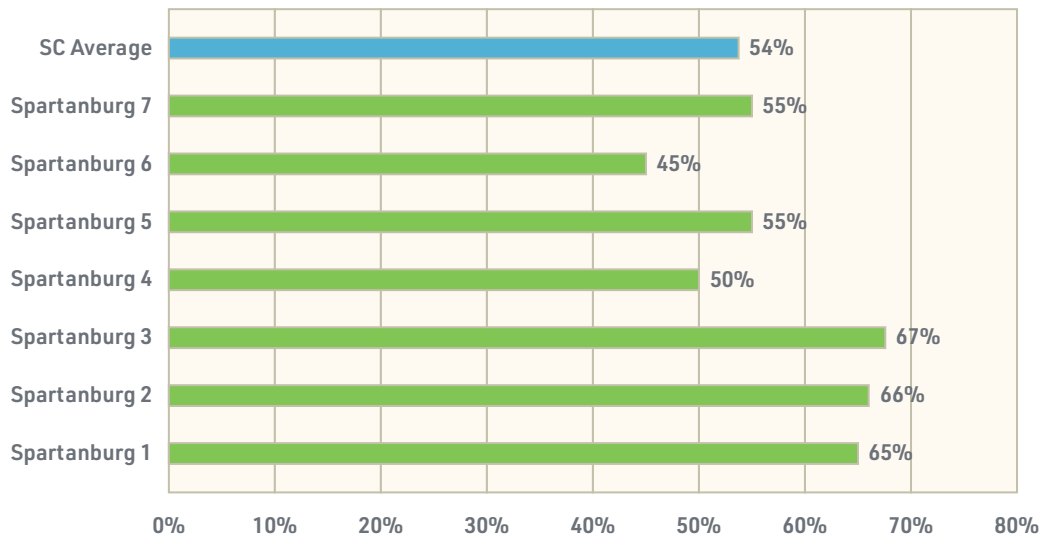
By district in 2023, as measured by the SC READY assessment, five districts exceeded the state for percent of third graders who meet or exceed

standards for math. Further district-level data, including trend data, can be found at the SC DOE or at Informedsc.

- **Academic Progress** *(Continued)*

Percent Third Grade Students Meeting or Exceeding Standards for Math, 2023, by District

Source: Informedsc



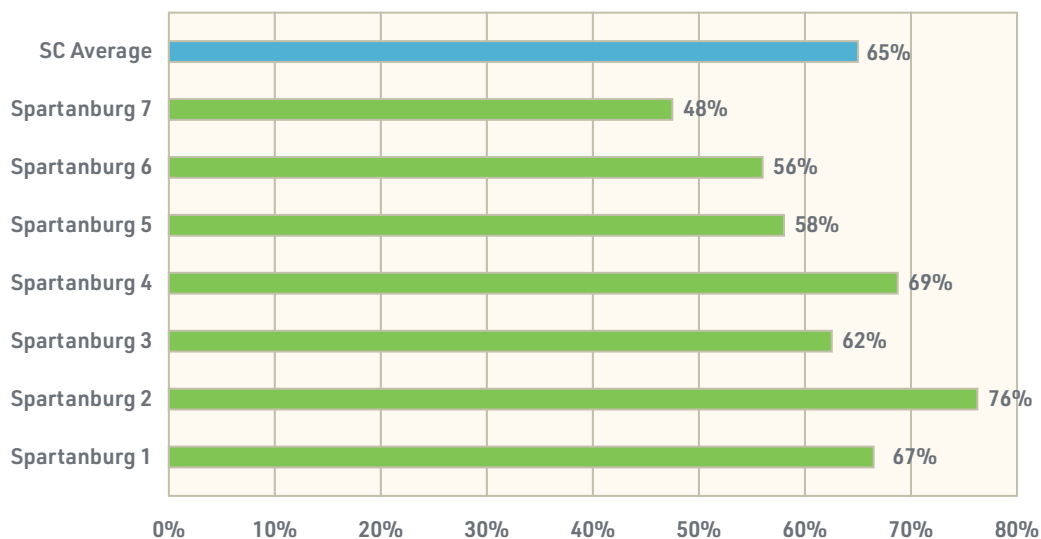
- **College or Career Readiness**

A large and increasing number of jobs with high wages require some form of post-secondary education. Among institutions of higher education and the business community, a high school diploma alone does signify readiness for post-secondary success.¹⁷

In Spartanburg County currently (2023), three districts exceed the state average for percent of the on-time graduating students for college or career readiness. There is wide variation in college or career readiness by district, ranging from 48% ready to 76% ready.

Percent High School Graduation Cohort College or Career Ready, 2023, by District

Source: Informedsc



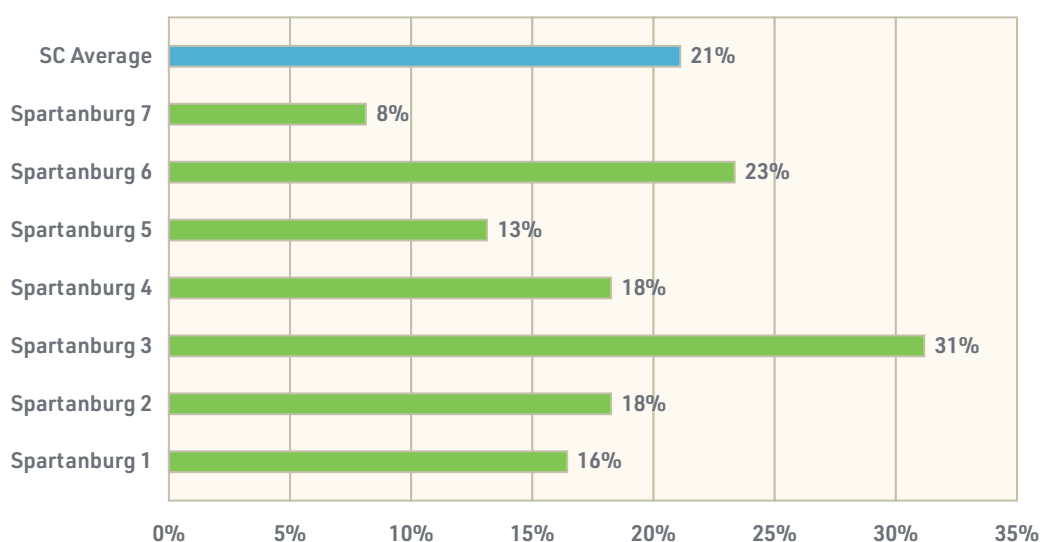
¹⁷ - InformedSC

Although the impact is small, students who earn industry credentials through work-based learning during high school tend to have higher employment rates, more income, and higher rates of college enrollment and persistence. More research is needed to understand which industry credentials provide the most value for students.¹⁶

In Spartanburg County currently (2023), two districts exceed the state average for percent of students with a industry credential / work-based learning. There is wide variation in this measure by district, ranging from 8% ready to 31%.

Percent Students with Industry Credential / Work-Based Learning, 2023, by District

Source: Informedsc



Although some colleges and universities are test-optional or test-blind, college admissions experts encourage students to take the ACT or SAT at least once. Even if not required, these test scores can help validate other parts of an application such as the high school transcript. Additionally, many college scholarships have an ACT or SAT test score minimum requirement.¹⁶ ACT and SAT data by Spartanburg District can be found at SC DOE or Informedsc.

Earning college credit in high school increases chances for admission at more selective colleges, saves on college costs and enables students to earn a degree faster. However, students of color are underrepresented in these courses, and colleges differ on the types of college credit they accept.¹⁶ College credit data by Spartanburg District can be found at SC DOE or Informedsc.

¹⁶ - <https://www.newamerica.org/education-policy/articles/making-the-early-grades-matter/>

“There’s \$100 million for this community alone, and I’m proud that we played a part in that. At one time, all three of the top funders in the United States sat in the Bethlehem Center, right over there in Highland.”





EMPLOYMENT

Employment provides opportunities for economic, physical, and mental well-being for individuals. Communities characterized by a thriving workforce, good and equitable jobs, and an

“ideal” unemployment rate, tend to have higher education attainment, more social cohesion, greater democratic participation, and longer life expectancy.

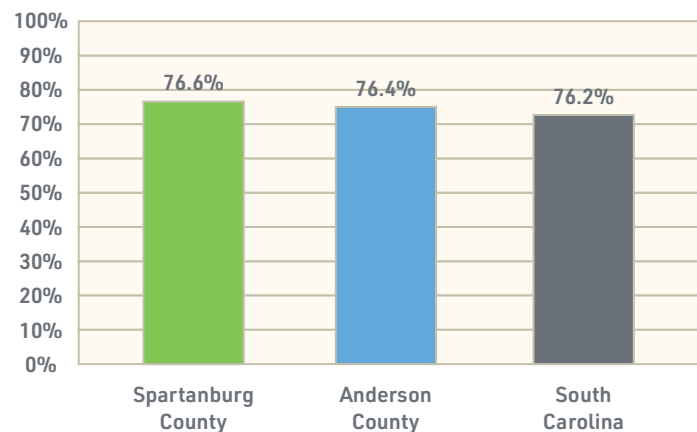
• Labor Force Participation

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

The percentage of residents of Spartanburg County aged 20-64 who are working or looking for work is close to 77%, essentially the state average, as is the labor force participation rate in Anderson County.

Labor Force Participation Rate, Age 20-64, Spartanburg and Anderson Counties and S.C., 2022 (5-year average estimates)

Source: U.S. Census S2301



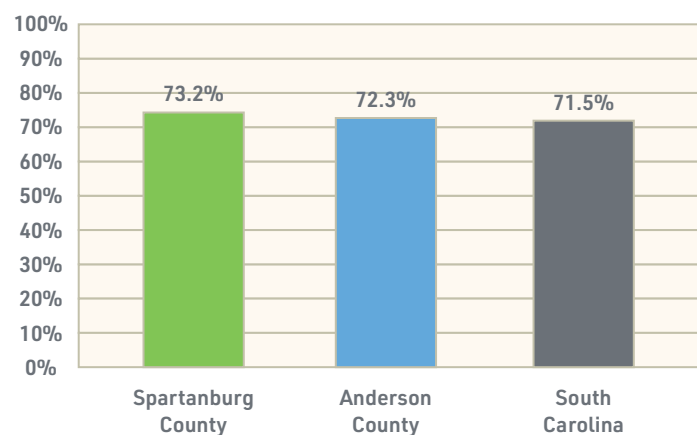
• Employment Rate

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

Of residents aged 20-64, 73% in Spartanburg County are working for pay, slightly higher than the state average and Anderson County’s average of 72%.

Employment Rate, Age 20-64, Spartanburg and Anderson Counties and S.C., 2022 (5-year average estimates)

Source: U.S. Census S2301



• Labor Force Unemployment Rate

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

In Spartanburg County, 4% of the labor force is unemployed. In Anderson County and across the state, approximately 5% of the labor force is unemployed. These percentages are well within the “healthy” range of 4% to 6% unemployment.

HOUSING

Housing is the single largest expense for households. Housing has been shown to be as important as education and labor force readiness to economic mobility, especially as it addresses issues of concentrated poverty. Housing conditions impact the well-being of the homes’ occupants as well as the well-being of the surrounding neighborhood.

• Homeownership

Homeowners fare markedly better than renters in terms of proportion of income spent on housing costs. Homeowners spend a much lower proportion of income on housing costs, even at lower levels of income. For both owners and renters, the higher the income, the proportionately less is spent on housing costs.

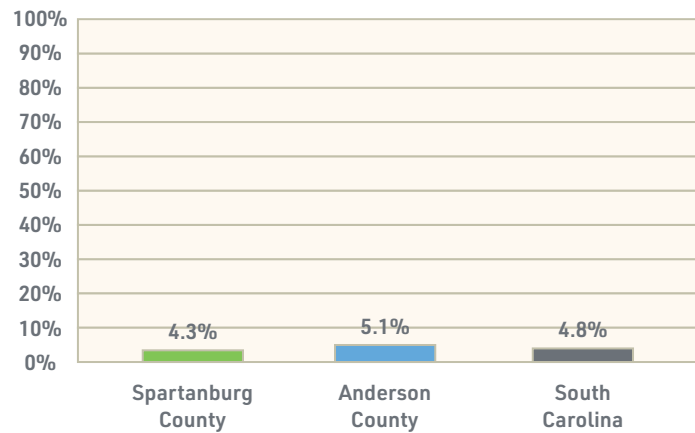
High housing costs put undue stress on household budgets and leave few resources for other expenses, savings, long-term investments, financial cushions for emergencies, and transgenerational wealth-building.

The homeownership rate in Spartanburg County trends higher than the state average, although in 2022 it dropped to the state average. Anderson County has a markedly higher homeownership rate.

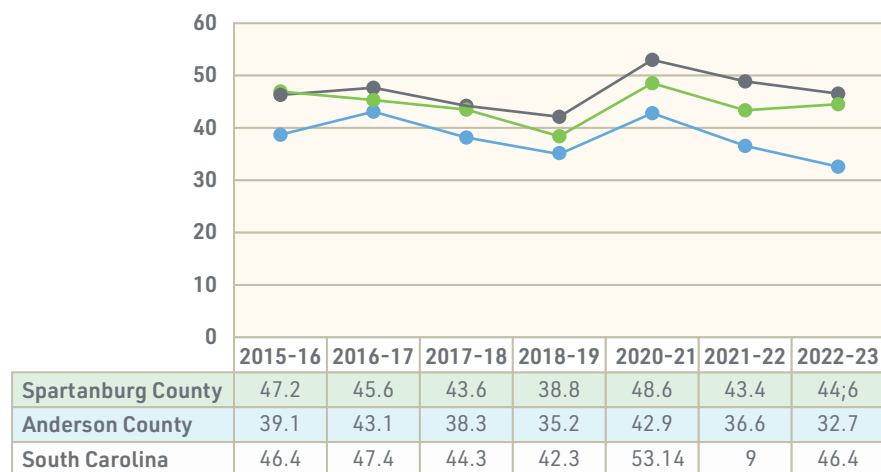
In South Carolina and across the U.S., there is a significant racial inequity in home ownership, with Whites significantly more likely to be homeowners compared to People of Color. Further, People of

Employment Rate, Age 20-64, Spartanburg and Anderson Counties and S.C., 2022 (5-year average estimates)

Source: U.S. Census S2301



Housing stock, affordability, and quality seem to be equally important considerations. Homeownership can be an important means of achieving residential stability and has been shown to be related to improved psychological health and greater participation in social and political activities.



Color are disproportionately low income, and low-income people spend disproportionately more on housing costs.

“Families are living in hotels or their cars because we lack truly affordable housing. What we call ‘affordable’ isn’t really affordable for families anymore. As our community grows, we need more housing options that people can actually afford. There are so many places to live, yet people can’t afford them. My sister and I live together because we can’t afford to live on our own.”





HOUSING (CONTINUED)

Affordability

According to the U.S. Department of Housing and Urban Development (HUD), the generally accepted definition of affordable housing is that for which the occupants are paying no more than 30% of gross income for housing costs, including utilities. In South Carolina, 27% of residents are “cost burdened” - not in affordable housing situations, spending 30% or more of their income on housing costs. Spartanburg County residents fare better, currently at 25% of residents not in affordable

housing situations. Trend data show that housing affordability is improving somewhat in the state on average, but the trend is uncertain in Spartanburg County.

Clearly, as demonstrated by the data in the following table, renters are much more likely to experience high housing cost burden, compared to home owners. According to the most recent federal data, nearly a quarter of S.C. renter households spend more than half their income on housing.¹⁸

Percent of Housing Units Where Householders Spend at Least 30% of Income on Housing							
Spartanburg County		2013-17	2014-18	2015-19	2016-20	2017-21	2018-22
	Rest	48.1	46.2	45.8	46.5	48.0	48.2
	Own	18.3	17.5	16.5	17.2	16.6	17.3
	Total	26.3	25.6	24.5	25.0	24.5	25.0
S.C.	Rent	50.5	49.8	49.1	49.4	50.0	50.3
	Own	21.4	20.7	19.8	19.3	19.0	19.0
	Total	29.0	29.1	28.1	27.6	27.5	27.4

Source: Kids Count Data Center

Severe Housing Problems

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

average is 17%. Spartanburg County fares slightly better than the state average on this measure at 13% but fares slightly worse than Anderson County (peer).

Low income and minority households experience a greater burden of severe housing problems.

Percent of Residents Experiencing Severe Housing Problems, 2024*				
	Severe Housing Problems Overall**	High Cost Burden	Overcrowding	Inadequate Facilities
Spartanburg	13%	11%	3%	1%
Anderson	12%	9%	3%	1%
SC	14%	Unavailable	12%	2%
US	17%			

*Using 2016-2020 data

Source: County Health Rankings

**Ranges in South Carolina counties from 6% to 19%

18 - SC Housing Needs Assessment, 2021 Update <https://www.schomeless.org/media/1183/sc-needs-assessment-report.pdf>

- **Homelessness**

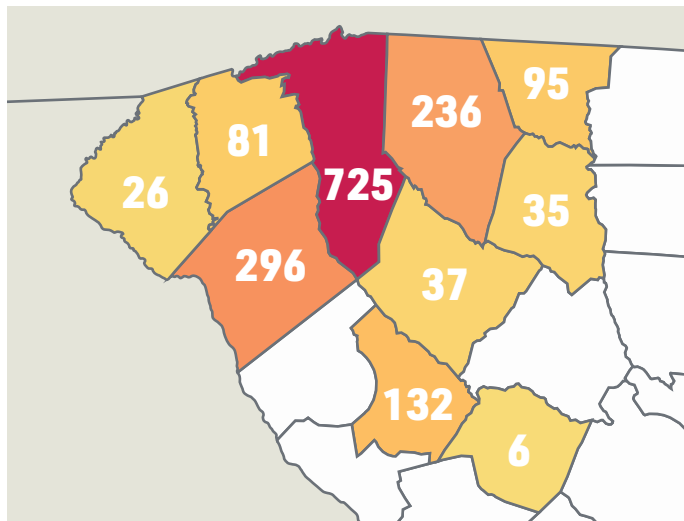
County-level homeless data are difficult to access. South Carolina is divided into four Continuums of Care, regional planning bodies that coordinate and support delivery of housing services across several counties to individuals experiencing homelessness. Spartanburg County is within the Upstate Continuum of Care which includes twelve other Upstate counties. SC Housing reports that, across South Carolina, an increasing number of individuals and families are struggling to meet their basic need for shelter.¹⁹ The increasing cost of housing, along with decreasing federal, state, and local assistance dollars is resulting in increased housing instability across the state. In fact, in South Carolina, the number of people requesting assistance from

providers utilizing the Homeless Management Information System (HMIS) increased 18% in FY21 over FY20.²⁰

Homelessness is quantified in a number of ways. One of the primary counts is the annual Point in Time (PIT) count, conducted on a single night in January each year. Although the PIT count provides some estimation of homelessness, it is regarded as a significant undercount of the homeless population since it does not account for many sheltered homeless who may be living in a motel or with friends, or youth who tend to be more mobile and harder to identify as homeless. In January of 2024, the PIT count showed 236 homeless residents in Spartanburg County.²¹

2024 Upstate CoC PIT Count Dashboard

Source: SC Upstate Continuum of Care



Homelessness is the condition of people lacking "a fixed, regular, and adequate nighttime residence" as defined by the federal McKinney-Vento Homeless Assistance Act²² which requires schools to assess homelessness among their students. School data show that there were 979 homeless students in Spartanburg County schools in 2023, by district as follows.

- **Spartanburg School District 1: 1**
- **Spartanburg School District 2: 53**
- **Spartanburg School District 3: 598**
- **Spartanburg School District 4: 73**
- **Spartanburg School District 5: 24**
- **Spartanburg School District 6: 215**
- **Spartanburg School District 7: 15**

19 - <https://www.schomeless.org/media/1183/sc-needs-assessment-report.pdf>

20 - <https://www.schomeless.org/media/1209/2022-state-of-homelessness-report-draft-final-211-demo-change-1423.pdf>

21 - <https://www.upstatecoc.org/upstatecoc2024pithicdashboard>

22 - <https://nche.ed.gov/legislation/mckinney-vento/>

TRANSPORTATION

Most people rely on transportation, private or public, to move between their homes, workplaces, schools, and other places they need to go on a daily basis. Transportation connects people to their communities. The connections between transportation are varied and well documented.²³ Research has shown that limited access to transportation creates health inequities, as well as decreased access to education, health care, healthy food, employment, and opportunities for recreational activities. In rural areas, transportation is an especially critical issue, not only because there is farther to travel to access necessities and amenities, but also because there are few alternate modes of transportation such as public transport, taxis, private car companies, or rideshare.

Currently in Spartanburg County, there are 125,394 households. Of those, 5,705 have no vehicles available. Spartanburg County fares better than the state average on this metric, but peer county Anderson fares worse.

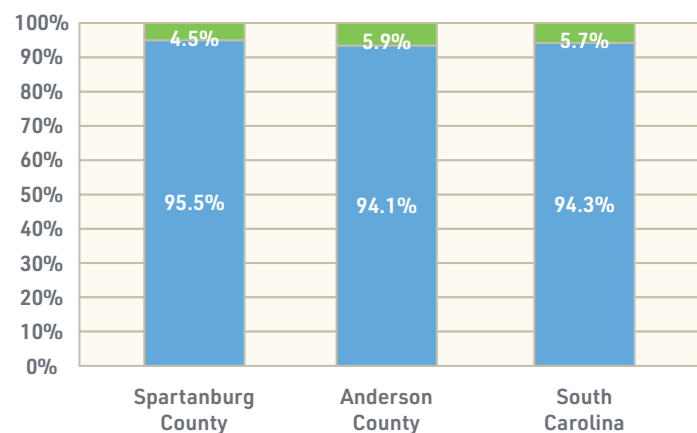
COMMUNITY CONNECTION

Minimal social contact with others and limited involvement in community life are associated with increased morbidity and early mortality. As documented in the U.S. Surgeon General's Advisory on the Healing Effects of Local Connection and Community (2023),²⁴ loneliness and lack of community connection harms both individual and social health. It is associated with a greater risk of cardiovascular disease, dementia, stroke, depression,

Percent Households by Vehicle Availability, 2022 (5-year estimates)

Source: US Census B08201

— Vehicle Available
— Vehicle Not Available



anxiety, and premature death. The report states that “the impact of being socially disconnected is similar to that caused by smoking up to 15 cigarettes a day....and even greater than that associated with obesity and physical inactivity. And the harmful consequences of a society that lacks social connection can be felt in our schools, workplaces, and civic organizations, where performance, productivity, and engagement are diminished.”

23 - <https://highways.dot.gov/public-roads/mayjune-2013/how-does-transportation-affect-public-health>

24 - <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>

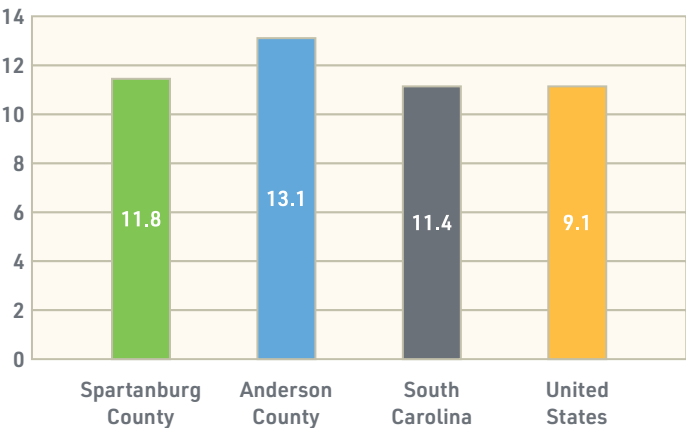
• Social Associations

There is not currently a reliable, national source of data for measuring social or community support at the local level. Thus, this measure, the number of membership associations per 10,000 population, is a proxy or approximation. Membership organizations in this measure include civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Findings should be interpreted with caution since this measure does not account for important social connections offered via family support structures, informal networks, or community service organizations. Nor does it account for perceived support.

Spartanburg County fares fairly well on this measure as demonstrated in the following table with rates slightly above the state average and significantly above the national average. There are 395 of these social associations in Spartanburg County for a rate of 11.8 per 10,000 residents. Anderson County has a higher rate.

Social Associations per 10,000 Residents, 2024*

*2021 data
Source: County Health Rankings



• Internet Access

Internet access is increasingly recognized as a “super determinant” of health. It plays a role in health care and influences more traditionally recognized social determinants of health such as community connectedness, education, employment, and access to healthcare and other necessities and amenities. The difference between those who have access to and can afford reliable broadband service and those who do not / cannot, is called the “digital divide”. Internet access has become an

essential component of daily life, and the digital divide between healthcare providers and patients is known as the broadband health gap.²⁵ Internet access is lower in rural and low-income households and among older people and People of Color.

In Spartanburg County, 14% of households lack an Internet subscription of any kind, and 8% lack a computing device of any kind. This places Spartanburg at about the state average on this metric, about the same as peer county, Anderson.

Percent Households with Computing Devices and Internet Access, 2011 (5-year average estimates)				
	With one or more types of computing devices*	Without any computing devices	With Broadband of any type**	Without Internet subscription
Spartanburg	91.9	8.1	85.4	14.4
Anderson	92.6	7.4	85.7	14.3
SC	92.7	7.3	85.0	14.8

Source: US Census S2801 *Desktop, laptop, smart phone, tablet ** Excludes dial-up subscriptions

25 - <https://www.fcc.gov/health/SDOH>

“Ms. Wanda Cheeks makes our community feel connected and welcome. If you don’t know her, you should. I’ve known her since I was knee-high. She used to come by every week and pass out pizzas at Robert Smalls. She makes sure our community’s needs are met and goes out of her way to help.”





SOCIAL VULNERABILITY INDEX

The CDC’s Social Vulnerability Index (SVI),²⁶ is a geospatial tool that measures a community’s capacity to prepare for and respond to hazardous events ranging from natural disasters and disease outbreaks to human-caused threats, such as toxic chemical spills. The 2022 SVI determines vulnerability at the census tract level, based on 4 themes and 16 factors as illustrated in the following graphic, by assigning an overall SVI score ranging from 0 (lowest vulnerability) to 1 (most vulnerable), as well as scores for each of the themes.

Overall Vulnerability	Socioeconomic Status	Below 150% Poverty
		Unemployed
		Housing Cost Burden
		No High School Diploma
		No Health Insurance
	Household Characteristics	Aged 65 & Older
		Aged 17 & Younger
		Civilian with a Disability
		Single-Parent Households
		English Language Proficiency
	Racial & Ethnic Minority Status	Hispanic or Latino (of any race)
		Black or African American, Not Hispanic or Latino
		Asian, Not Hispanic or Latino
		American Indian or Alaska Native, Not Hispanic or Latino
		Native Hawaiian or Pacific Islander, Not Hispanic or Latino
	Housing Type & Transportation	Two or More Races, Not Hispanic or Latino
		Other Races, Not Hispanic or Latino
		Multi-Unit Structures
		Mobile Homes
		Crowding
		No Vehicle
		Group Quarters

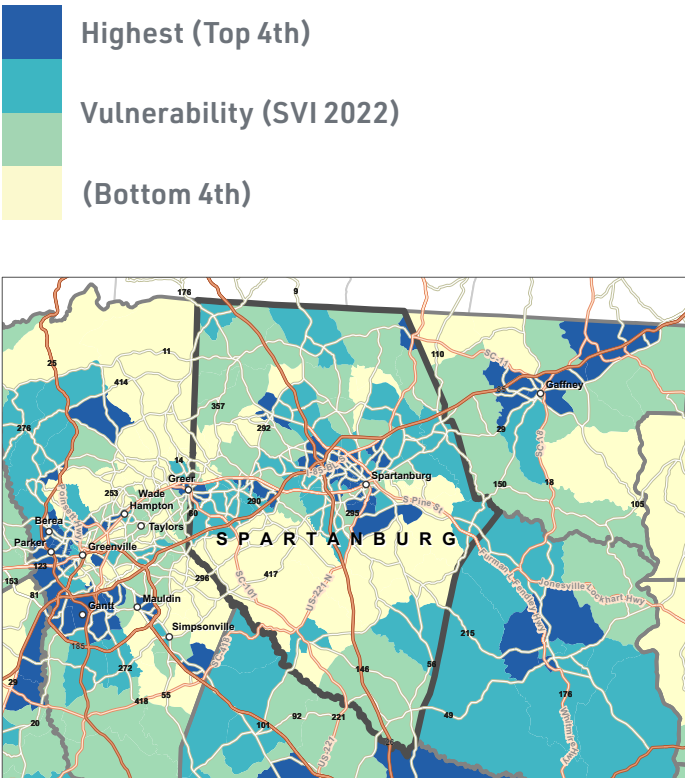
Environmental factors form the physical context for personal and community health and well-being. Where people live, work, play, learn, and interact can provide or inhibit opportunities to thrive. Environmental conditions often contribute to

Social Vulnerability maps for each of the four themes can also be accessed at the census tract level for Spartanburg County.²⁷

Spartanburg County’s SVI score is 0.7486, within the medium to high level of social vulnerability. Peer county, Anderson’s SVI score is 0.6303, also within the medium to high level of social vulnerability.

2022 Overall Social Vulnerability, Spartanburg County by Census Tract

Source: Centers for Disease Control



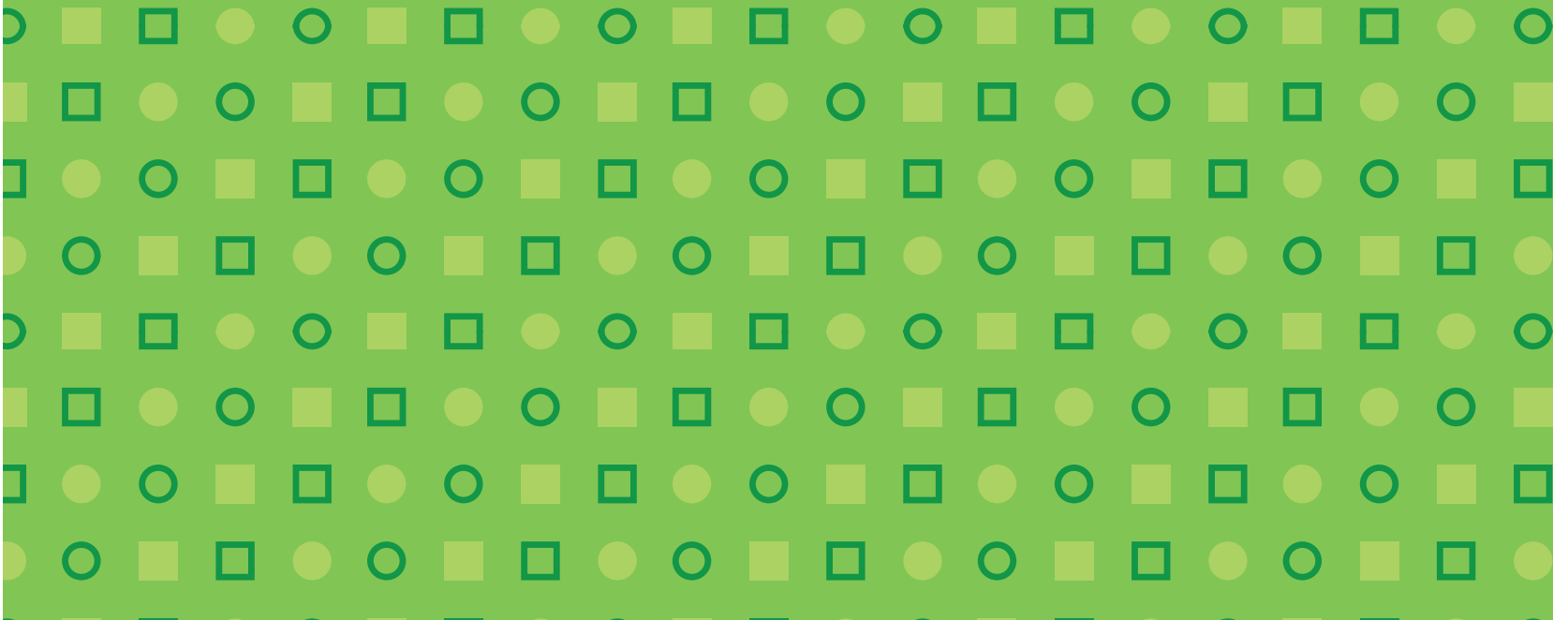
vulnerability amplification: the poorest individuals are more likely to live in vulnerable areas, and the gap between the resourced and the under-resourced is exacerbated by the interactions between individual hardship and area deprivation.

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

27 - [SouthCarolina2022_Spartanburg County.pdf](#) (cdc.gov)



Environmental Influencers & Predictors



FOOD SYSTEMS / FOOD ENVIRONMENT – ACCESS TO FRESH & HEALTHY FOOD

• Farmers Markets

According to the SC Department of Agriculture, there are five official Farmer's Markets in Spartanburg County.²⁸

• Food Environment Index

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

• Limited access to healthy foods:

the percentage of the population that is low income and does not live close to a grocery store.

• Food insecurity:

the percentage of the population that did not have access to a reliable source of food during the past year.

County Health Rankings assigns a Food Environment Index rating of 7.4 to Spartanburg County. This is higher (better) than the state average of 6.7, but slightly lower (worse) than Anderson County's rating of 7.5.

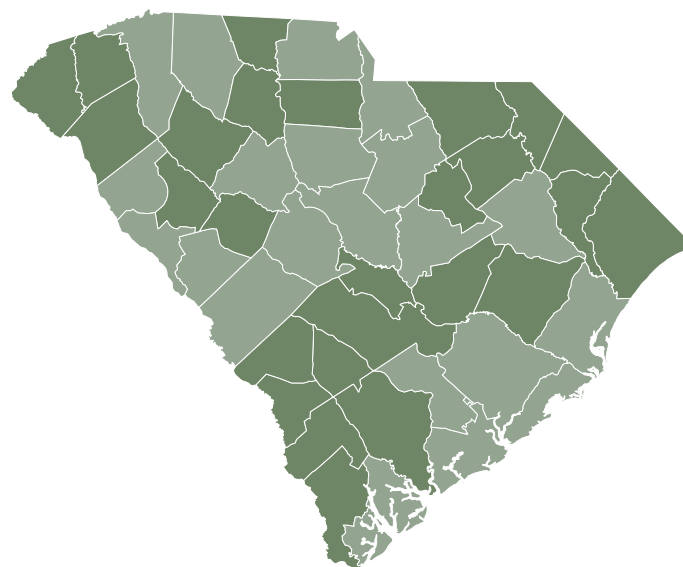
■ Food Insecurity

Certain communities, particularly lower-income or minority communities, often lack supermarkets or other sources of healthy and affordable foods. According to 2022 data from Feeding America,²⁹ 678,710 residents of South Carolina (12.8%) are food insecure, lacking access or resources to purchase enough food for active, healthy life for all household members. In Spartanburg County, 12.9% of residents, or 42,640 individuals, are food insecure. The following food insecurity map for South Carolina shows that Spartanburg County is among the state's counties where food insecurity is lowest.

Overall Food Insecurity Map, S.C. 2022

Source: Feeding America

0-13.0%	13.1-26%	26.1-39.0%	39.1-52.0%	52.1-65.0%
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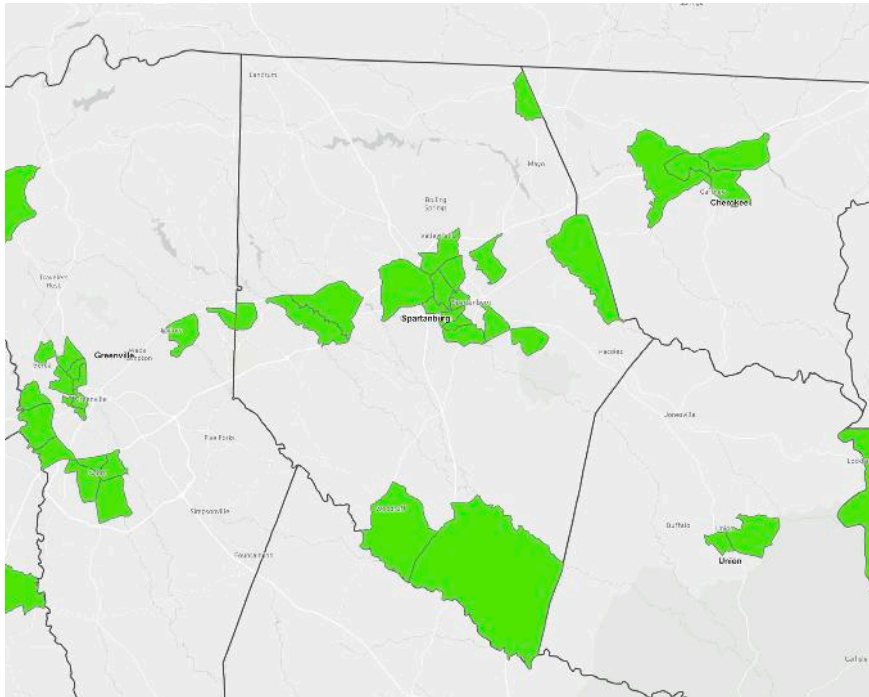
28 - <https://agriculture.sc.gov/where-to-buy-local/community-based-farmers-markets/>

29 - *Hunger & Poverty in South Carolina | Map the Meal Gap* (feedingamerica.org)

■ Food Deserts

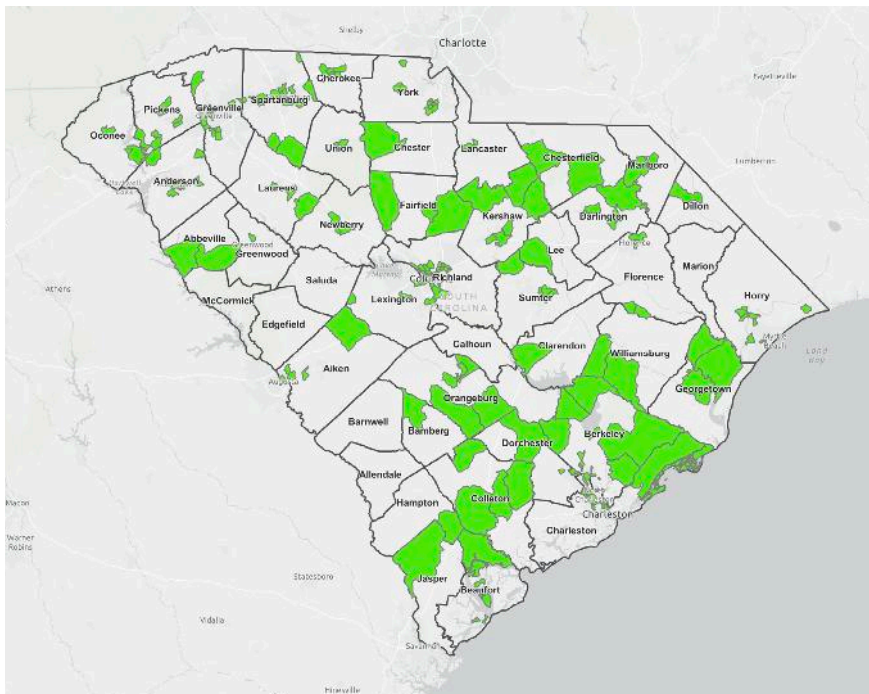
Food deserts, a component measure of food insecurity, is defined as at least 500 people and / or at least 33% of a census tract's population residing more than a mile from a supermarket or large grocery store (more than 10 miles for rural census

tracts). Seventeen census tracts within Spartanburg County (10 within the City of Spartanburg) are classified as food deserts, reflecting conditions in many of the state's counties, as indicated in the following maps.³⁰



Spartanburg County Food Desert Map

Source: SC DHEC



South Carolina Food Desert Map

Source: SC DHEC

“I live in Robert Smalls, and the best place I can get fresh food is QT. We have a restaurant, but no actual grocery store. Back in the day, we had BI-LO. Now, I live in a food desert and have to go to the Westside to get what I need. Transportation seems to be at the center of everything.”





CRIME

Crime derives from and predicts other factors of well-being. There are complex links between crime, the social and built environments, physical

and mental health, education, and neighborhood characteristics.

Violent Crimes

Violent crimes involve the element of personal confrontation between the victim and the offender and include murder, sexual battery, robbery, and aggravated assault. South Carolina’s violent crime rate decreased by 2.6% between 2021 and 2022 for the second year in a row. The following graphs show violent crimes by category, including counts, rates per 10,000 population and clearance rates (the percentage of crimes reported that are cleared by arrest or other means) for all South Carolina Counties.³¹

The state’s 2022 murder rate is 0.97 per 10,000 population. From 2021 to 2022, the murder rate decreased by 11.9%, and the overall number of murders decreased by 10.3%. The current murder rate in Spartanburg County is 0.78, lower than the state average but higher than Anderson County’s rate of 0.43. There were 27 murders in Spartanburg County in 2022, placing Spartanburg County in the second quintile (next to the lowest group of 20%) for South Carolina counties.

Murder Counts, Rates and Clearances by S.C. County, 2022 Source: SC State Law Enforcement Division

County	Number	Clearance
Abbeville	4	75%
Aiken	25	36%
Allendale	2	0%
Anderson	9	56%
Bamberg	3	33%
Barnwell	7	43%
Beaufort	9	33%
Berkeley	15	87%
Calhoun	0	N/A
Charleston	48	54%
Cherokee	3	33%
Chester	6	33%
Chesterfield	4	100%
Clarendon	3	67%
Colleton	11	64%
Darlington	9	67%

County	Number	Clearance
Dillon	13	85%
Dorchester	7	86%
Edgefield	2	50%
Fairfield	3	100%
Florence	41	56%
Georgetown	8	75%
Greenville	28	96%
Greenwood	8	100%
Hampton	5	N/A
Horry	28	80%
Jasper	2	50%
Kershaw	7	100%
Lancaster	6	50%
Laurens	3	67%
Lee	6	50%
Lexington	18	50%

County	Number	Clearance
McCormick	1	100%
Marion	8	75%
Marlboro	8	75%
Newberry	6	50%
Oconee	4	75%
Orangeburg	31	42%
Pickens	4	100%
Richland	46	65%
Saluda	2	50%
Spartanburg	27	22%
Sumter	14	64%
Union	1	0%
Williamsburg	4	0%
York	15	80%

31 - All crime data for 2020 provided by SC SLED in the Crime in South Carolina Annual Report. <https://www.sled.sc.gov/forms/statistics/2020%20Crime%20in%20South%20Carolina.pdf>

South Carolina's sexual battery rate has decreased in recent years and is currently at 4.49 per 10,000 residents. The current sexual battery rate in Spartanburg County is 4.68, higher than the state average but lower than Anderson County's rate of

4.77. There were 162 reported cases of sexual battery in Spartanburg County in 2022, placing Spartanburg County in the third quintile (middle of five groups of 20%) for South Carolina counties.

Sexual Battery Counts, Rates and Clearances by S.C. County, 2022 Source: SC State Law Enforcement Division

County	Number	Clearance
Abbeville	14	39%
Aiken	74	43%
Allendale	4	31%
Anderson	100	14%
Bamberg	8	17%
Barnwell	10	56%
Beaufort	60	36%
Berkeley	96	29%
Calhoun	6	24%
Charleston	177	50%
Cherokee	22	13%
Chester	16	19%
Chesterfield	21	71%
Clarendon	21	38%
Colleton	7	5%
Darlington	31	35%

County	Number	Clearance
Dillon	13	20%
Dorchester	64	33%
Edgefield	3	41%
Fairfield	6	30%
Florence		14%
Georgetown	26	0%
Greenville	296	41%
Greenwood	51	39%
Hampton	7	43%
Horry	255	31%
Jasper	14	14%
Kershaw	35	17%
Lancaster	80	56%
Laurens	36	36%
Lee	7	29%
Lexington	100	24%

County	Number	Clearance
McCormick	2	50%
Marion	8	13%
Marlboro	16	19%
Newberry	14	71%
Oconee	45	38%
Orangeburg	21	5%
Pickens	51	35%
Richland	152	20%
Saluda	12	33%
Spartanburg	162	41%
Sumter	30	30%
Union	14	14%
Williamsburg	10	0%
York	82	41%

The robbery rate in South Carolina decreased by 18% from 2021 to 2022 and is currently at 4.19 per 10,000 residents. The current robbery rate in Spartanburg County is 3.3, lower than the state average but higher than Anderson County's

rate of 2.67. There were 114 reported robberies in Spartanburg County in 2022, placing Spartanburg County in the second quintile (next to the lowest group of 20%) for South Carolina counties.

Robbery Counts, Rates and Clearances by S.C. County, 2022 Source: SC State Law Enforcement Division

County	Number	Clearance
Abbeville	4	50%
Aiken	52	38%
Allendale	2	0%
Anderson	56	38%
Bamberg	16	13%
Barnwell	8	25%
Beaufort	55	38%
Berkeley	64	30%
Calhoun	4	50%
Charleston	343	25%
Cherokee	14	29%
Chester	9	11%
Chesterfield	16	25%
Clarendon	12	25%
Colleton	16	13%
Darlington	52	42%

County	Number	Clearance
Dillon	18	39%
Dorchester	50	34%
Edgefield	3	67%
Fairfield	2	50%
Florence	103	22%
Georgetown	17	41%
Greenville	252	53%
Greenwood	27	44%
Hampton	9	11%
Horry	150	31%
Jasper	16	31%
Kershaw	5	0%
Lancaster	30	57%
Laurens	21	52%
Lee	5	20%
Lexington	110	34%

County	Number	Clearance
McCormick	0	N/A
Marion	16	25%
Marlboro	10	10%
Newberry	5	80%
Oconee	12	33%
Orangeburg	79	32%
Pickens	19	21%
Richland	280	19%
Saluda	1	100%
Spartanburg	114	30%
Sumter	50	42%
Union	14	36%
Williamsburg	11	0%
York	61	46%

There has been an upward trend in aggravated assaults across South Carolina, and the current aggravated assault rate in SC is 42.25 per 10,000 residents. The current aggravated assault rate in Spartanburg County is 42.91, slightly higher than the state average and higher than Anderson County's

rate of 38.41. There were 1,484 reported aggravated assaults in Spartanburg County in 2022, placing Spartanburg County in the second quintile (next to the lowest group of 20%) for South Carolina counties.

Aggravated Assault Counts, Rates and Clearances by S.C. County, 2022 Source: SC State Law Enforcement Division

County	Number	Clearance
Abbeville	102	69%
Aiken	459	42%
Allendale	45	24%
Anderson	805	55%
Bamberg	87	37%
Barnwell	128	51%
Beaufort	596	34%
Berkeley	688	50%
Calhoun	40	65%
Charleston	1,571	43%
Cherokee	166	48%
Chester	247	32%
Chesterfield	289	52%
Clarendon	149	27%
Colleton	223	41%
Darlington	564	38%

County	Number	Clearance
Dillon	422	49%
Dorchester	308	54%
Edgefield	14	50%
Fairfield	195	60%
Florence	1,071	35%
Georgetown	318	62%
Greenville	1,928	68%
Greenwood	245	47%
Hampton	138	17%
Horry	1,253	54%
Jasper	141	54%
Kershaw	278	39%
Lancaster	313	70%
Laurens	329	63%
Lee	95	14%
Lexington	1,008	55%

County	Number	Clearance
McCormick	10	50%
Marion	213	35%
Marlboro	226	46%
Newberry	139	71%
Oconee	228	62%
Orangeburg	1,046	26%
Pickens	269	75%
Richland	2,552	41%
Saluda	38	58%
Spartanburg	1,484	51%
Sumter	839	39%
Union	133	23%
Williamsburg	211	12%
York	715	57%

• Property Crimes

Property crimes include the offenses of breaking and entering, motor vehicle theft, larceny, and arson. South Carolina's property crime rate decreased in 2022 for the eleventh consecutive year and is currently 245.63 per 10,000 residents.

The breaking and entering rate in South Carolina decreased by 6.6% from 2021 to 2022, constituting the eleventh straight yearly decrease. The current

breaking and entering rate is 35.36 per 10,000 residents. The current breaking and entering rate in Spartanburg County is 35.83, lower than the state average and lower than Anderson County's rate of 43.8. There were 1,239 reports of breaking and entering in Spartanburg County in 2022, placing Spartanburg County in the second quintile (next to the lowest of five groups of 20%) for South Carolina counties.

Breaking and Entering Counts, Rates and Clearances by S.C. County, 2022

Source: SC State Law Enforcement Division

County	Number	Clearance
Abbeville	102	23%
Aiken	586	16%
Allendale	32	31%
Anderson	918	18%
Bamberg	66	6%
Barnwell	118	51%
Beaufort	366	12%
Berkeley	564	16%
Calhoun	65	26%
Charleston	1,073	22%
Cherokee	269	13%
Chester	136	16%
Chesterfield	236	18%
Clarendon	197	7%
Colleton	164	16%
Darlington	531	15%

County	Number	Clearance
Dillon	236	24%
Dorchester	266	14%
Edgefield	40	25%
Fairfield	98	27%
Florence	704	13%
Georgetown	218	16%
Greenville	1,725	22%
Greenwood	352	16%
Hampton	84	7%
Horry	919	24%
Jasper	101	17%
Kershaw	258	8%
Lancaster	300	49%
Laurens	370	23%
Lee	85	13%
Lexington	1,137	15%

County	Number	Clearance
McCormick	9	11%
Marion	207	11%
Marlboro	160	12%
Newberry	109	57%
Oconee	347	25%
Orangeburg	701	10%
Pickens	298	24%
Richland	1,730	13%
Saluda	24	38%
Spartanburg	1,139	22%
Sumter	488	11%
Union	133	13%
Williamsburg	141	8%
York	680	31%

The state's motor vehicle theft rate decreased by 10.3% from 2021 to 2022. Across South Carolina, the current motor vehicle theft rate is 27.32 per 10,000 residents. The current motor vehicle theft rate in Spartanburg County is 23.16, lower than the state

average and lower than Anderson County's rate of 35.07. There were 801 reports of motor vehicle theft in Spartanburg County in 2022, placing Spartanburg County in the third quintile (middle of five groups of 20%) for South Carolina counties.

Motor Vehicle Theft Counts, Rates and Clearances by S.C. County, 2022

Source: SC State Law Enforcement Division

County	Number	Clearance
Abbeville	36	25%
Aiken	470	16%
Allendale	15	20%
Anderson	735	20%
Bamberg	26	12%
Barnwell	74	32%
Beaufort	256	14%
Berkeley	555	2%
Calhoun	68	35%
Charleston	1,775	8%
Cherokee	173	16%
Chester	73	15%
Chesterfield	119	16%
Clarendon	73	5%
Colleton	139	15%
Darlington	291	15%

County	Number	Clearance
Dillon	111	32%
Dorchester	415	10%
Edgefield	24	17%
Fairfield	53	30%
Florence	438	13%
Georgetown	158	22%
Greenville	1,391	21%
Greenwood	64	34%
Hampton	54	7%
Horry	913	19%
Jasper	94	21%
Kershaw	129	11%
Lancaster	110	41%
Laurens	249	30%
Lee	63	8%
Lexington	966	11%

County	Number	Clearance
McCormick	8	25%
Marion	79	14%
Marlboro	64	9%
Newberry	43	60%
Oconee	194	34%
Orangeburg	354	7%
Pickens	277	23%
Richland	1,503	7%
Saluda	18	22%
Spartanburg	801	15%
Sumter	356	12%
Union	82	12%
Williamsburg	88	8%
York	456	28%

Larceny, the unlawful taking of property from the possession of another, is at a 10-year low in South Carolina. The state's larceny rate decreased by 4.7% from 2021 to 2022. Across South Carolina, the current larceny rate is 181.67 per 10,000 residents. The current larceny rate in Spartanburg County is

148.71, lower than the state average and lower than Anderson County's rate of 221.54. There were 5,143 reports of larceny in Spartanburg County in 2022, placing Spartanburg County in the third quintile (middle group of 20%) for South Carolina counties.

Motor Vehicle Theft Counts, Rates and Clearances by S.C. County, 2022

Source: SC State Law Enforcement Division

County	Number	Clearance
Abbeville	250	22%
Aiken	2,919	19%
Allendale	92	14%
Anderson	4,639	16%
Bamberg	217	16%
Barnwell	401	26%
Beaufort	2,176	12%
Berkeley	3,037	12%
Calhoun	268	21%
Charleston	8,996	11%
Cherokee	959	14%
Chester	482	13%
Chesterfield	853	17%
Clarendon	660	12%
Colleton	845	19%
Darlington	1,740	22%

County	Number	Clearance
Dillon	794	38%
Dorchester	2,222	21%
Edgefield	116	11%
Fairfield	284	26%
Florence	3,911	16%
Georgetown	1,021	21%
Greenville	9,432	23%
Greenwood	1,480	20%
Hampton	266	6%
Horry	7,819	22%
Jasper	591	17%
Kershaw	1,112	17%
Lancaster	1,572	32%
Laurens	1,346	27%
Lee	262	3%
Lexington	5,880	17%

County	Number	Clearance
McCormick	56	13%
Marion	684	16%
Marlboro	545	4%
Newberry	517	52%
Oconee	1,361	27%
Orangeburg	2,093	8%
Pickens	1,878	21%
Richland	9,383	10%
Saluda	111	23%
Spartanburg	5,143	17%
Sumter	2,120	20%
Union	724	9%
Williamsburg	490	9%
York	4,222	23%

South Carolina's arson rate decreased by 9.4% from 2021 to 2022 and is currently at 1.28 per 10,000 residents. The current arson rate in Spartanburg County is 1.45, higher than the state average but lower than Anderson County's rate of 1.72. There

were 50 reports of arson in Spartanburg County in 2022, placing Spartanburg County in the third quintile (middle group of 20%) for South Carolina counties.

Arson Counts, Rates and Clearances by S.C. County, 2022

Source: SC State Law Enforcement Division

County	Number	Clearance
Abbeville	5	20%
Aiken	16	44%
Allendale	0	0%
Anderson	36	31%
Bamberg	1	0%
Barnwell	5	40%
Beaufort	14	21%
Berkeley	17	41%
Calhoun	3	67%
Charleston	41	27%
Cherokee	10	0%
Chester	1	100%
Chesterfield	9	33%
Clarendon	8	0%
Colleton	8	25%
Darlington	11	27%

County	Number	Clearance
Dillon	12	58%
Dorchester	14	38%
Edgefield	5	20%
Fairfield	1	100%
Florence	31	23%
Georgetown	12	42%
Greenville	51	53%
Greenwood	10	10%
Hampton	3	0%
Horry	41	27%
Jasper	7	29%
Kershaw	17	12%
Lancaster	13	54%
Laurens	13	46%
Lee	4	75%
Lexington	26	38%

County	Number	Clearance
McCormick	1	0%
Marion	7	14%
Marlboro	7	71%
Newberry	5	80%
Oconee	15	27%
Orangeburg	22	41%
Pickens	16	561%
Richland		16%
Saluda	4	0%
Spartanburg	50	36%
Sumter	16	50%
Union	5	0%
Williamsburg	4	0%
York	35	31%

- **Child Maltreatment**

Child maltreatment is abuse and neglect that occurs to children under 18 years of age. It includes all types of physical, emotional, and sexual abuse in addition to all forms of neglect, negligence, and exploitation of children. In the latest reported year, 15,980 children in South Carolina were in founded investigations of child abuse and neglect;³² that is, the determination following an investigation by a child protection worker is that, based on available

information, it is more likely than not that child abuse or neglect did occur.

Compared to the state average, Spartanburg County has a lower rate per 1,000 children of founded investigations for child abuse and neglect. Spartanburg County's rate is also lower than Anderson County's rate. Among the state's 46 counties, Spartanburg ranks 15th and Anderson ranks 18th for child maltreatment (lower is better).

County Rates of Child Maltreatment 2022-2023, Spartanburg and Anderson Counties and S.C.			
	Spartanburg	Anderson	South Carolina
Intakes per 100 families	12.4	17.2	13.3
Children in founded investigations per 1,000	11.2	14.4	13.0
Abuse (all types) per 1,000	4.3	3.3	3.1
Neglect (all types) per 1,000	4.9	7.0	7.9
County rank of 46 SC Counties	15	18	

Source: Children's Trust of SC

For more detailed 2022-2023 data regarding child maltreatment in Spartanburg County, see the following table, provided by the Children's Trust of South Carolina.

RANK
15=

2022-2023 South Carolina Child Maltreatment Data Profile

Spartanburg County

Children Under 18 Years of Age (2022)

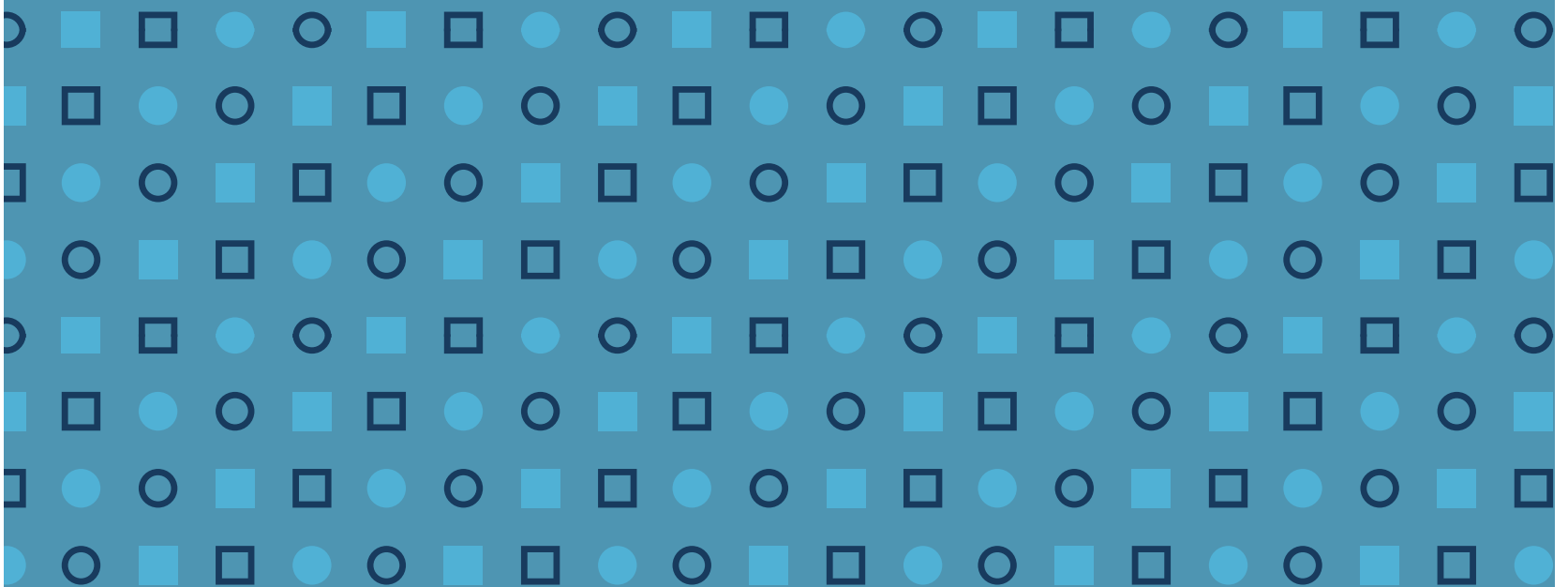
- Spartanburg County: 79,662
- South Carolina: 1,122,689



Source: Children's Trust of SC



Community Survey



SAMPLE FRAME

Based on the current population of Spartanburg County, a response number of 384 constitutes a valid sample for the community survey. The response rate on this survey exceeded statistical requirements, with a total of 1,428 responses. Characteristic of most surveys when disaggregated by demographic, respondents are not exactly representative of the overall population in Spartanburg County. Representation reasonably

reflects population demographics on this survey except by sex, with almost 86% of respondents being female, and by education attainment, with respondents having higher levels of education compared to the general population. These data should be taken together with community interview data for a comprehensive qualitative picture of needs and assets in Spartanburg County.

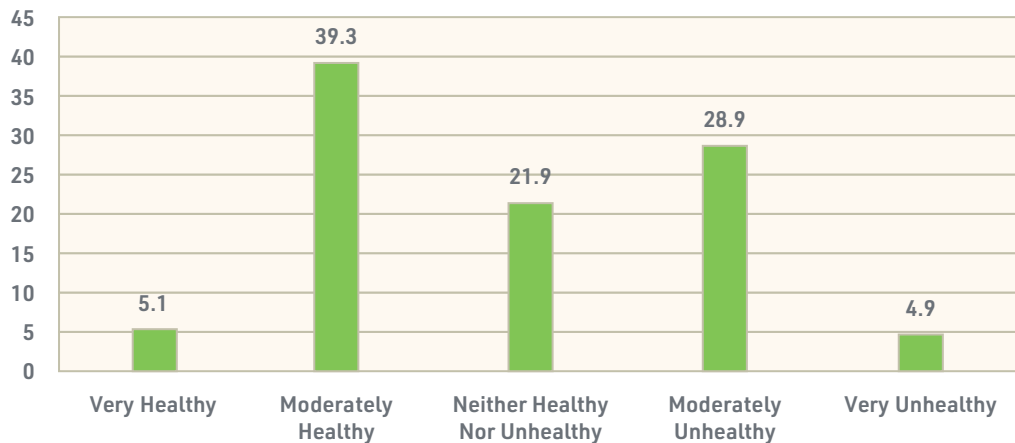
SAMPLE FRAME FOR SPARTANBURG COUNTY					
Demographic	County Population			Survey Respondents	
	Total #	Total %		Total #	Total %
Sex / Gender					
Female	176,850	51.1		1,058	85.5
Male	168,981	48.9		170	13.7
Non-binary / other				9	0.7
Age					
Under 18					
Age 18-24	32,378	9.4		39	3.1
Age 25-34	47,796	13.8		177	14.3
Age 35-44	44,276	12.8		277	22.3
Age 45-54	41,494	12.0		243	19.6
Age 55-64	43,077	12.5		259	20.9
Age 65-74	34,138	9.9		145	11.7
Age 75 or above	23,010	6.7		101	8.1
Gross Annual Family Income					
Under \$15,000		3.0		85	7.1
\$15,000 - \$24,999		5.0		87	7.3
\$25,000 - \$34,999		8.2		89	7.4
\$35,000 - \$49,999		14.8		169	14.1
\$50,000 - \$74,999		19.6		206	17.2
\$75,000 - \$99,999		13.7		180	15.0
\$100,000 - \$149,999		16.9		223	18.6
\$150,000 - \$199,999		8.5		92	7.7
\$200,000 or above		7.2		73	6.1
Education Attainment					
Less than high school	26,928	11.5		7	2.2
High school graduate	72,681	31.1		23	11.3
Some college	49,403	21.1		11	16.4
Associate's degree or certificate	24,641	10.5		5	18.2
Bachelor's degree	35,661	15.3		8	26.3
Advanced degree	24,427	10.5		5	25.6
Race / Hispanic Ethnicity					
African American / Black	65,008	18.8		273	22.1
Caucasian / White	231,630	67.0		843	68.2
Mixed Race	31,274	9.0		37	3.0
Native American / American Indian	1,755	0.5		10	0.8
Asian	8,585	2.5		19	1.5
Other	27,046	7.8		54	4.4
Hispanic / Latino	28,294	8.2		109	8.8

HEALTH STATUS - COMMUNITY SURVEY RESULTS

• Overall Community Health

More respondents rate the overall health of their communities as healthy (44%), as opposed to unhealthy (34%).

Percent of Respondents, Perceived Health of Community



• Personal Health Status

76% of respondents report that their general health is “good” or “very good”.

Percent of Respondents by General Health Status



“To me, health means mental wellness. I find healing in being outside, in green spaces. Health also includes spiritual and emotional well-being, and we have plenty of churches here.”





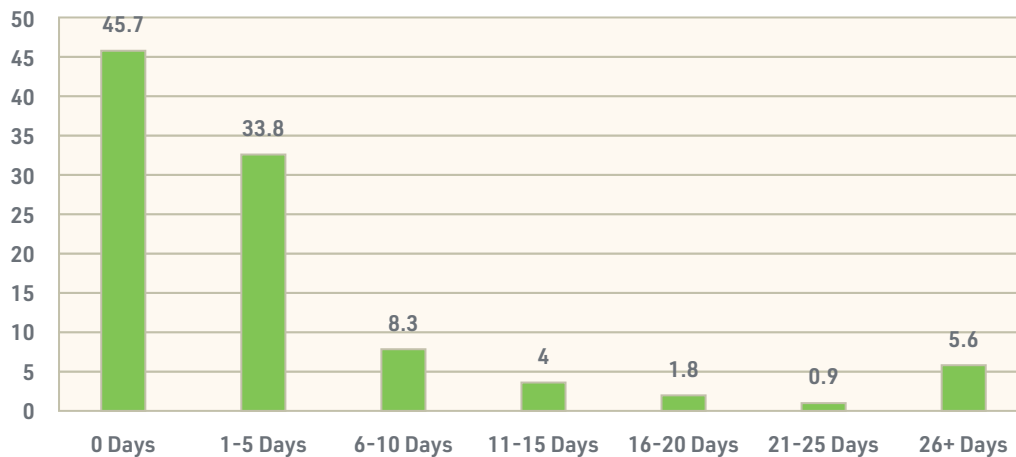
HEALTH STATUS - COMMUNITY SURVEY RESULTS (CONTINUED)

• Poor Physical Health Days

Fewer than half of respondents (46%) reported zero poor physical health days in the past 30 days, and 61 respondents (4.4%) reported poor physical health every day for the past 30 days. Responses skewed

heavily toward good physical health. Still, 21% of respondents reported six or more poor physical health days in the last 30 days.

Percent Respondents by Number of Poor Physical Health Days in Last 30 Days

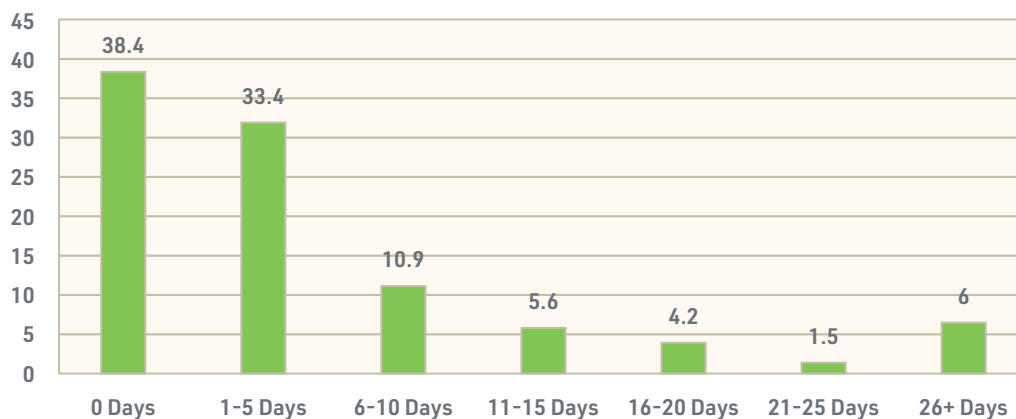


• Poor Physical Health Days

Just over one-third of respondents (38%) reported zero poor mental health days in the past 30 days, and 62 respondents (5%) reported poor mental health every day for the past 30 days. Responses

skewed toward good mental health. Still, 28% of respondents reported six or more poor mental health days in the last 30 days.

Percent Respondents by Number of Poor Mental Health Days in Last 30 Days

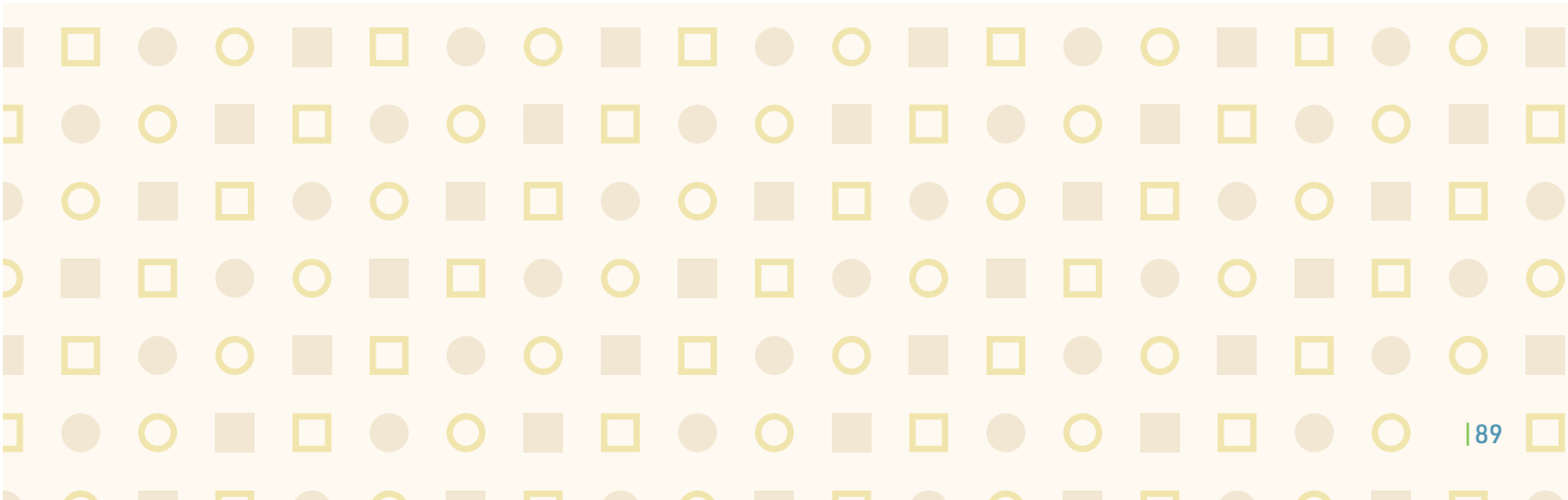
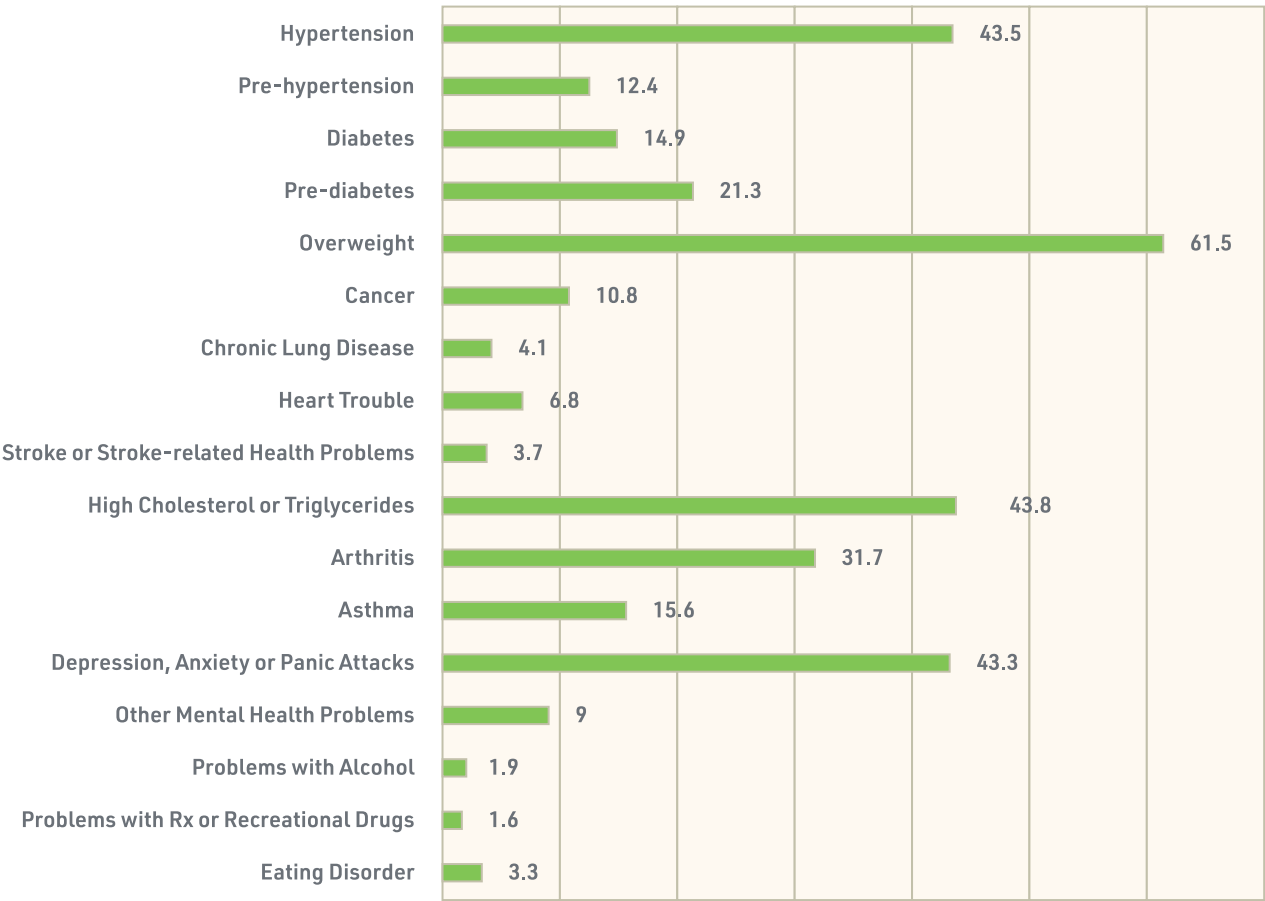


• Health Conditions

Overweight is the most commonly diagnosed health condition (of the listed options) among respondents (62%), followed by high cholesterol / triglycerides (44%), hypertension (44%), and depression, anxiety or panic attacks (43%). In

total, 59% of respondents reported having been diagnosed with a behavioral health condition (including eating disorder, substance misuse, and mental health condition).

Percent Respondents with Health Conditions Diagnosed by a Doctor



“Northside has the butterfly trail, and I walk it sometimes... I see it underutilized, but I can envision a time when we really see it being utilized like the Rail Trail and other amenities here in Spartanburg... it’s great to have it in the community.”

“I feel like people don’t stress mental health as much as they should, especially in younger people, and especially in this day and age. Social media really impacts us.”





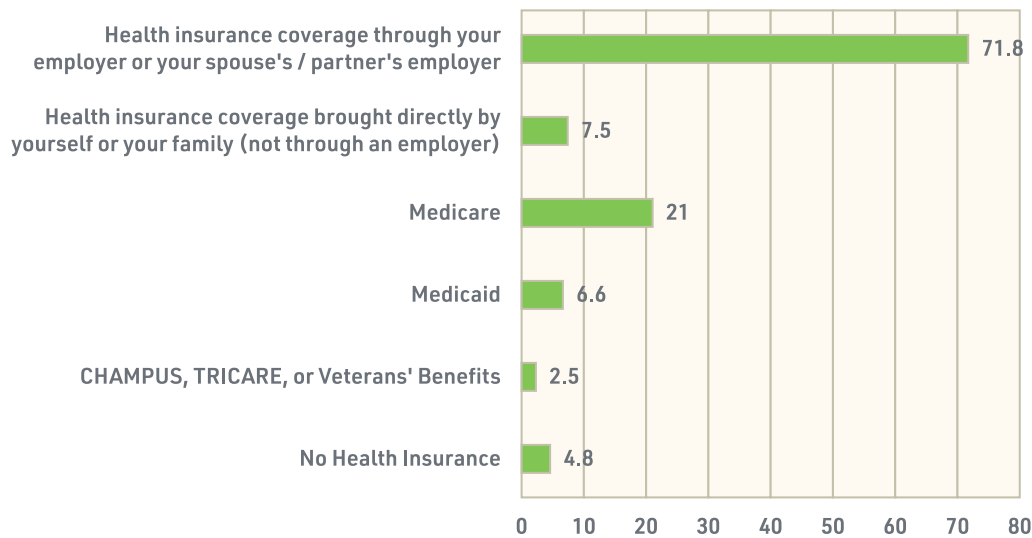
ACCESS TO CARE / CARE SEEKING COMMUNITY SURVEY RESULTS (CONTINUED)

• Health Insurance Coverage

Most respondents (79.3%) are covered by private, employer-based, or self-purchased health insurance. Just over 24% are covered by public insurance,

and 5% have no health insurance. Note that these figures exceed 100%, likely due to some respondents reporting multiple sources of coverage.

Health Insurance Coverage

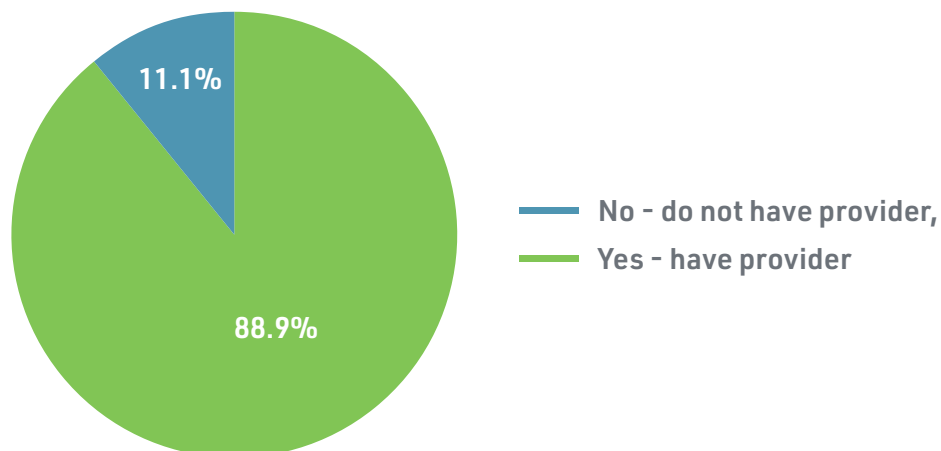


• Care Provision

■ Primary Care

Most respondents have a primary care provider (doctor, nurse practitioner, etc.), but just over 11% do not. 34% of respondents to the Spanish language survey report not having a primary care provider.

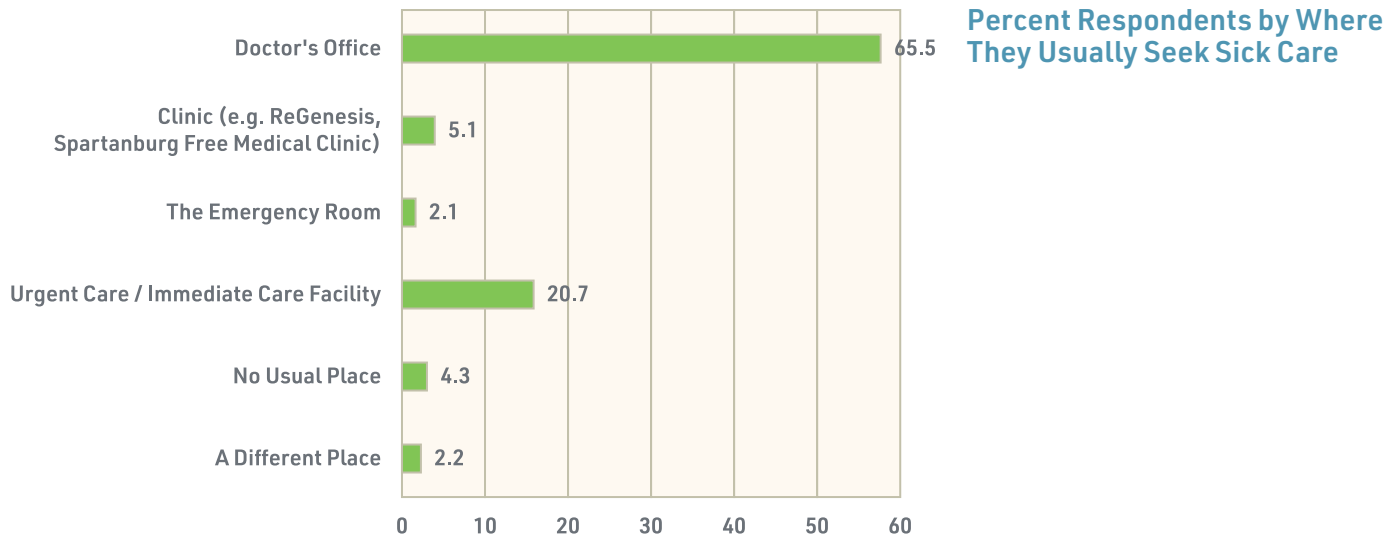
Percentage of Respondents With PCPs



■ Sick Care

Most respondents (66%) usually receive medical care, when they are sick and need help, at a doctor's office. However, a significant portion (21%) usually

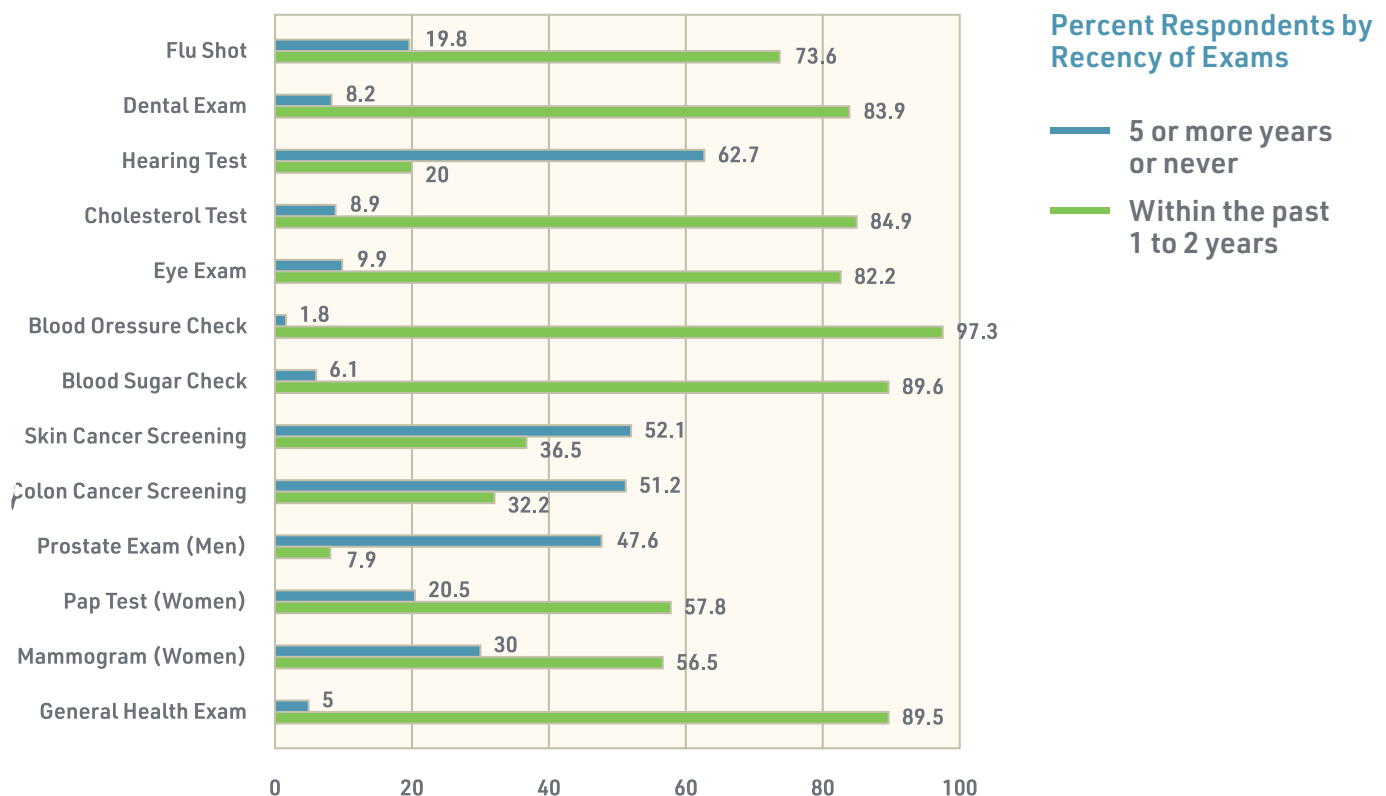
receive care at an urgent care / immediate care facility.



● Preventive Health Services/ Screening

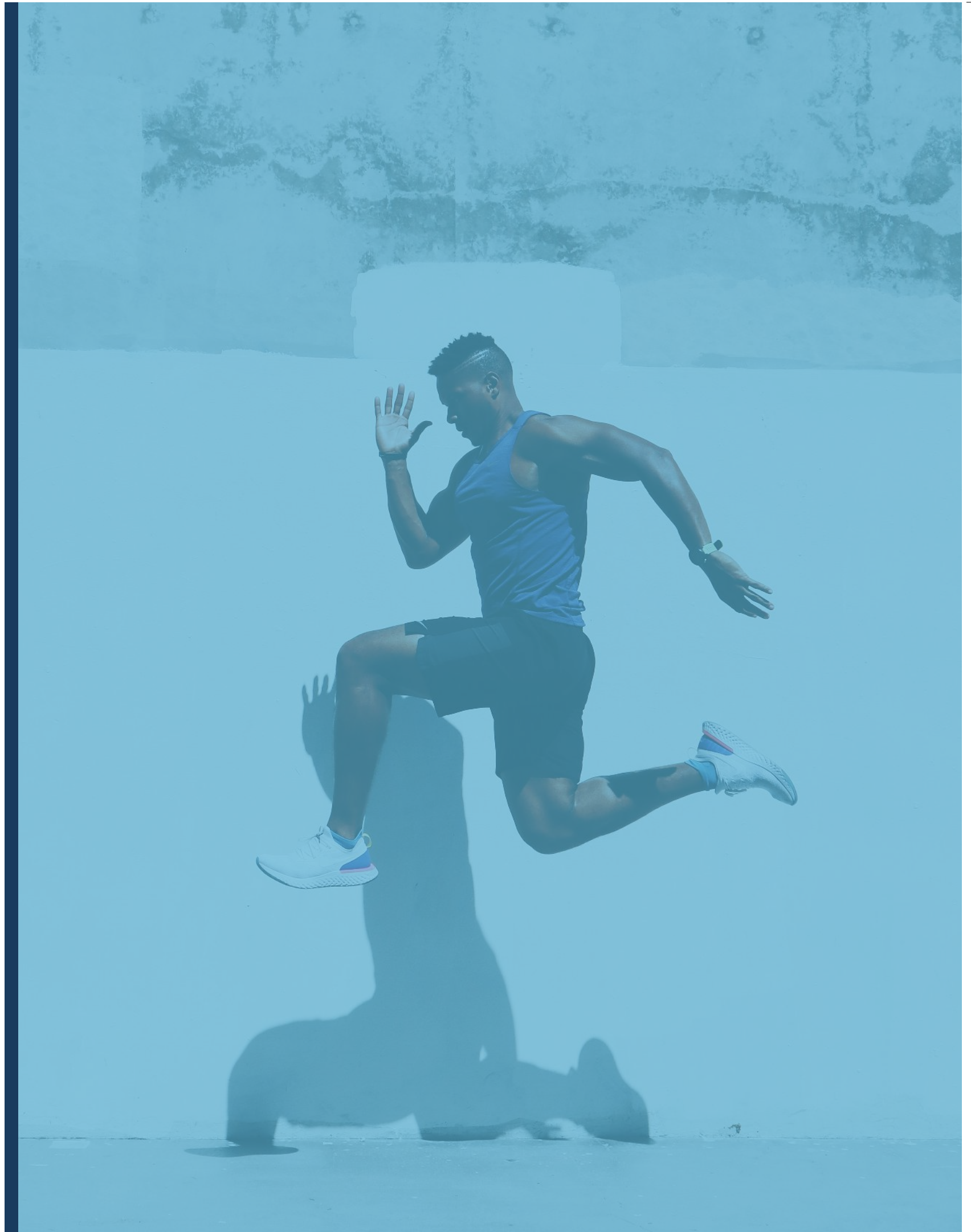
Very high percentages of respondents have received blood pressure checks (97%), blood sugar checks (90%), and general health exams (90%), within the last two years. High percentages of respondents

have also received cholesterol tests (85%), dental exams (84%), and eye exams (82%), within the past two years.



“Health should be focused on not just your physical body but the whole of who you are. You need to be emotionally, physically, and spiritually healthy. All of that comes together to make our quality of life better. And if that’s better, then we can help others who need help.”



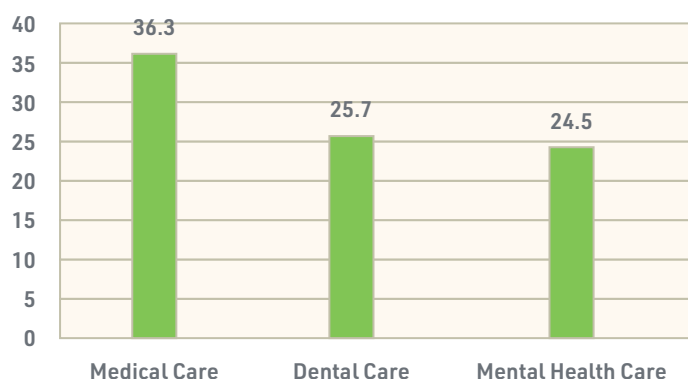


ACCESS TO CARE / CARE SEEKING COMMUNITY SURVEY RESULTS (CONTINUED)

• Delay of Care

Significant numbers / percentages of respondents reported that there was a time in the past 12 months when they thought they needed help

from a professional for medical, dental, and mental health issues, but they did not seek help or delayed seeking help.

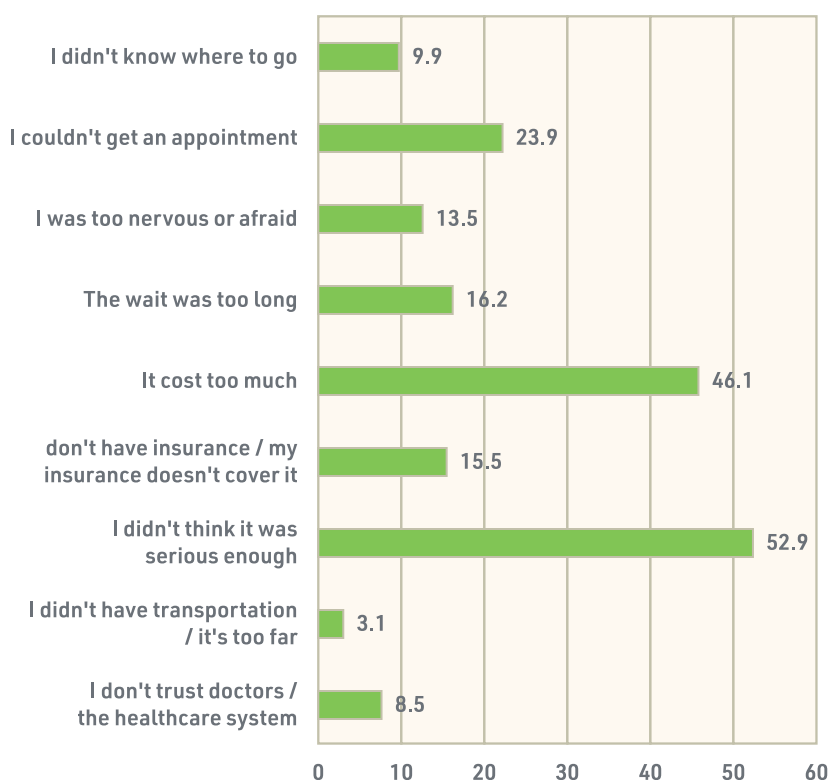


Percent Respondents Who Did not Get or Delayed Getting Care, by Type of Care

• Medical Care

Of the 36% of respondents who reported delaying or not seeking medical care that they thought they needed, the two primary reasons for this were not thinking the problem was serious enough (53%) and

cost (46%). Note, a clearer picture of cost concerns is the combined “cost too much” and “I don’t have insurance”, totaling 62%.

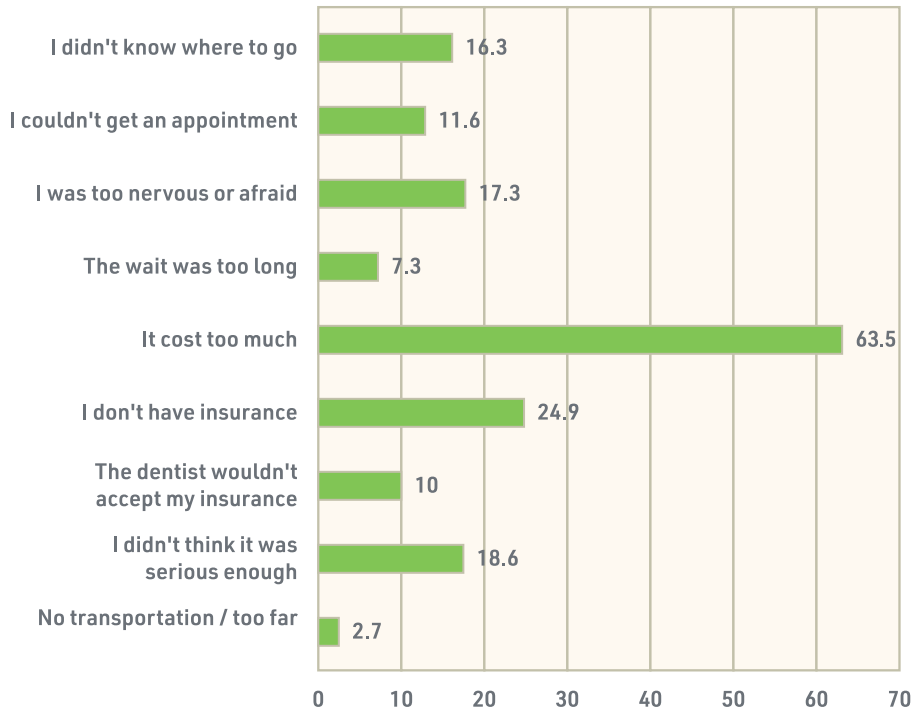


Percent Respondents by Reason Not Seeking Medical Care

• Dental Care

Of the 26% of respondents who reported delaying or not seeking dental care that they thought they needed, cost was, by far, the primary reason for not

getting or delaying dental care. 64% reported that dental care cost too much, and 25% reported that not having insurance were barriers.

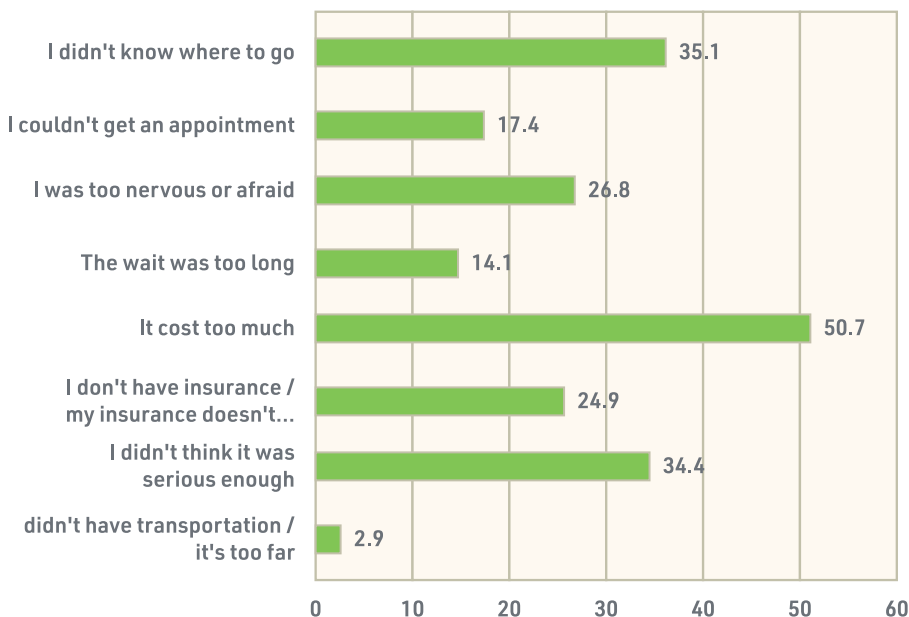


Percent Respondents by Reason Not Seeking Dental Care

• Mental Health Care

Of the 25% of respondents who reported delaying or not seeking mental health care that they thought they needed, 51% (n=140) reported that it cost too much, and an additional 25% didn't seek / delayed help due to lack of insurance coverage. Thus, cost is

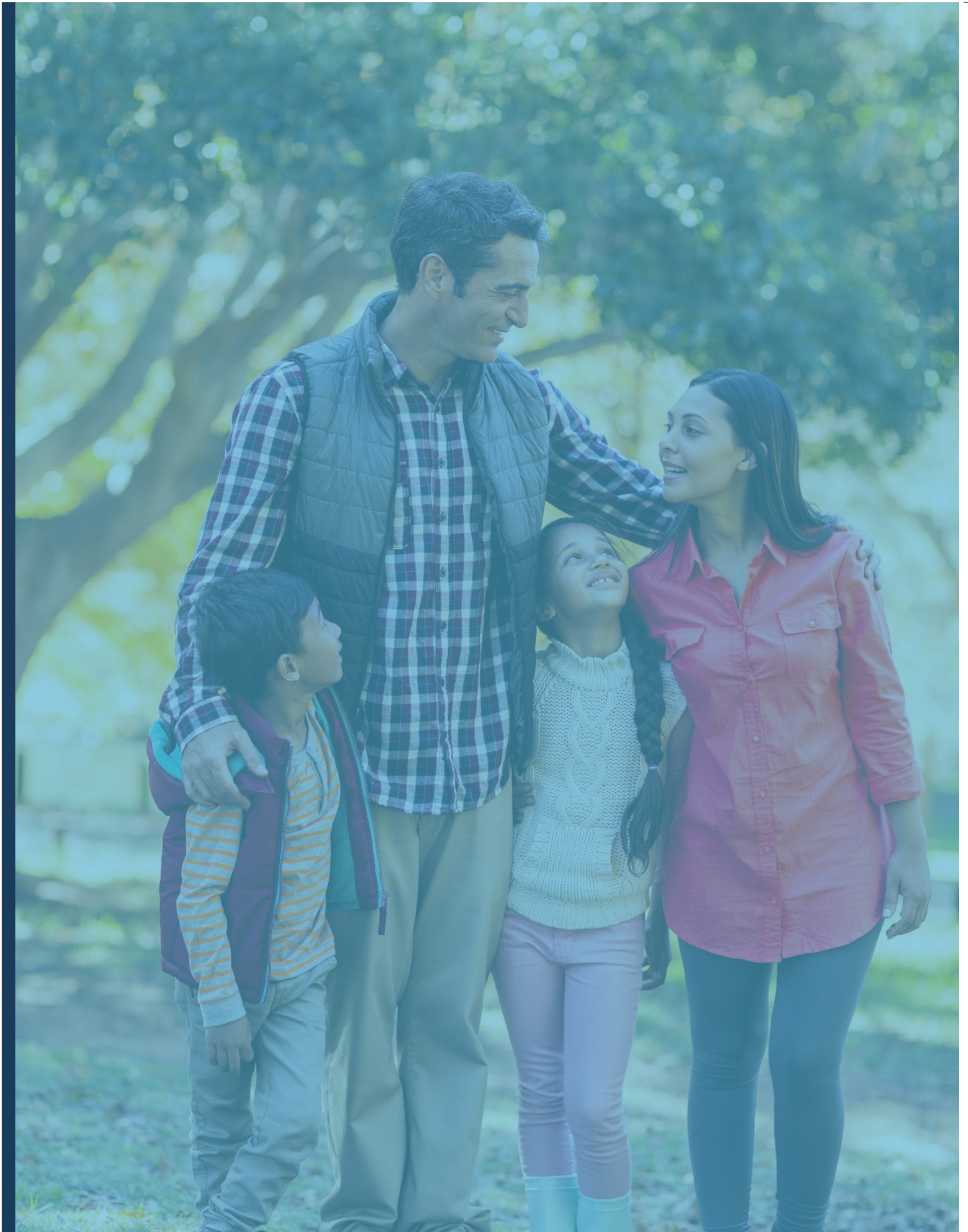
by far the largest barrier to seeking mental health care. Not knowing where to go for help and not believing the problem was serious enough, were also major barriers.



Percent Respondents by Reason Not Seeking Mental Health Care

“Think about our Hispanic community. Many face serious health problems but are afraid to go to the doctor – afraid because they might be undocumented and are worried someone will turn them in.”

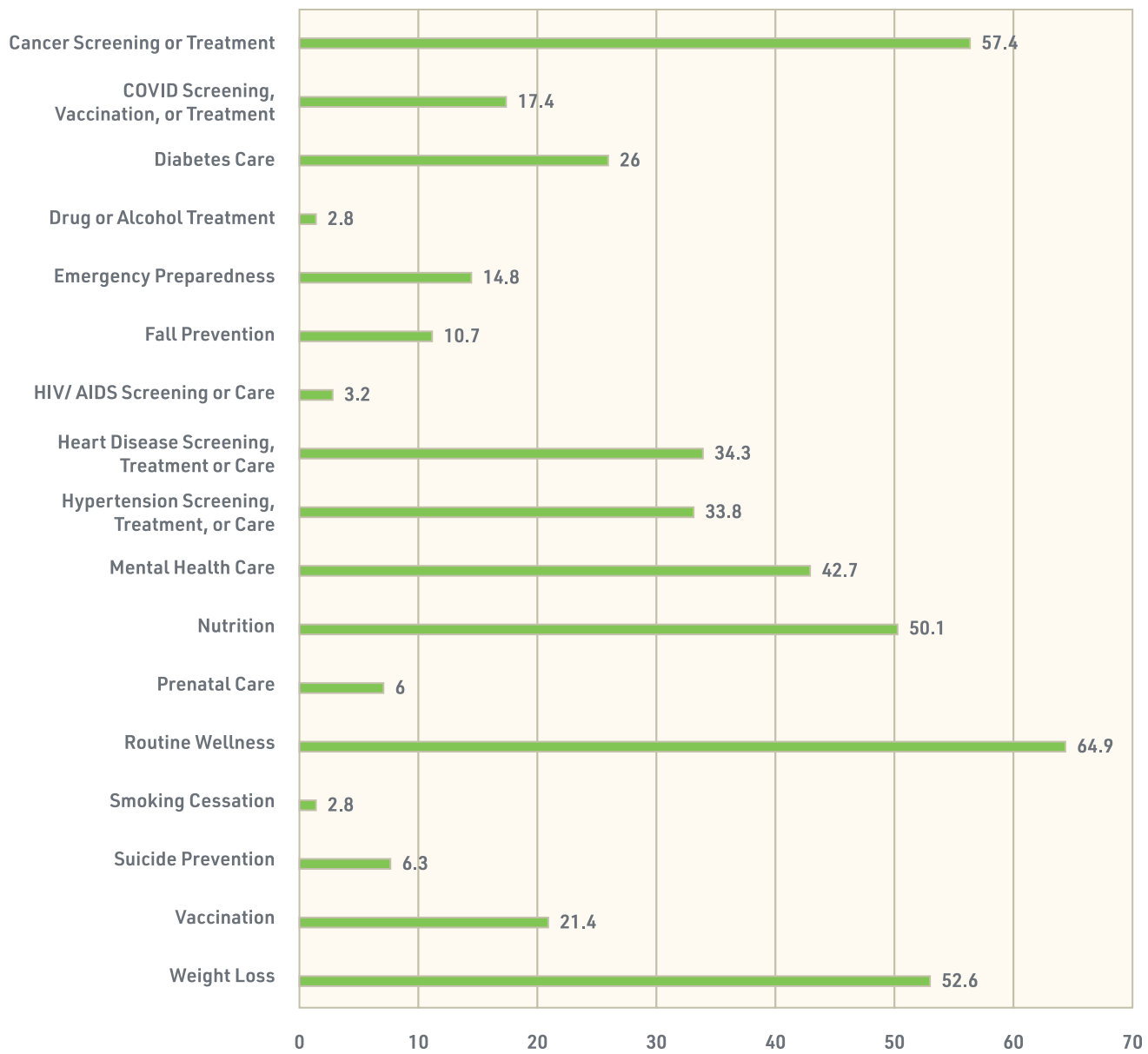




- **Necessary Health Services**

The four most important services respondents identified as necessary to keep them healthy are routine wellness care, cancer screening or treatment, weight loss, and nutrition.

Percent Respondents by Top Four Most Important Services



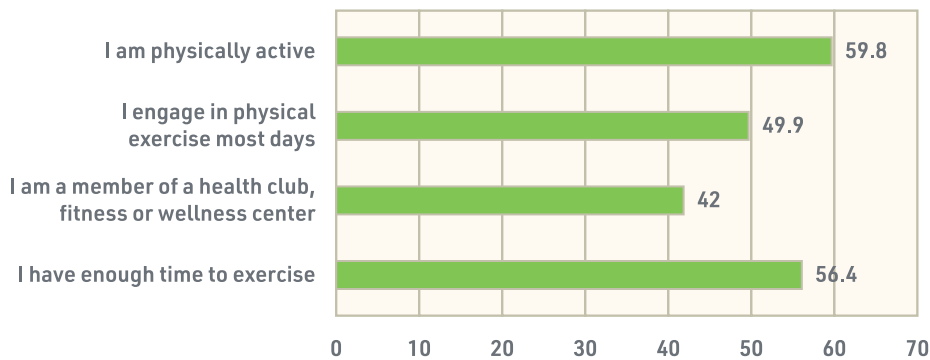
HEALTH BEHAVIORS - COMMUNITY SURVEY RESULTS

• Physical Activity

Regarding physical activity, over half of respondents “agree” or “strongly agree” that they have enough

time for exercise and that they are physically active. Half engage in exercise most days.

Percent of Respondents Engaging in Physical Activity

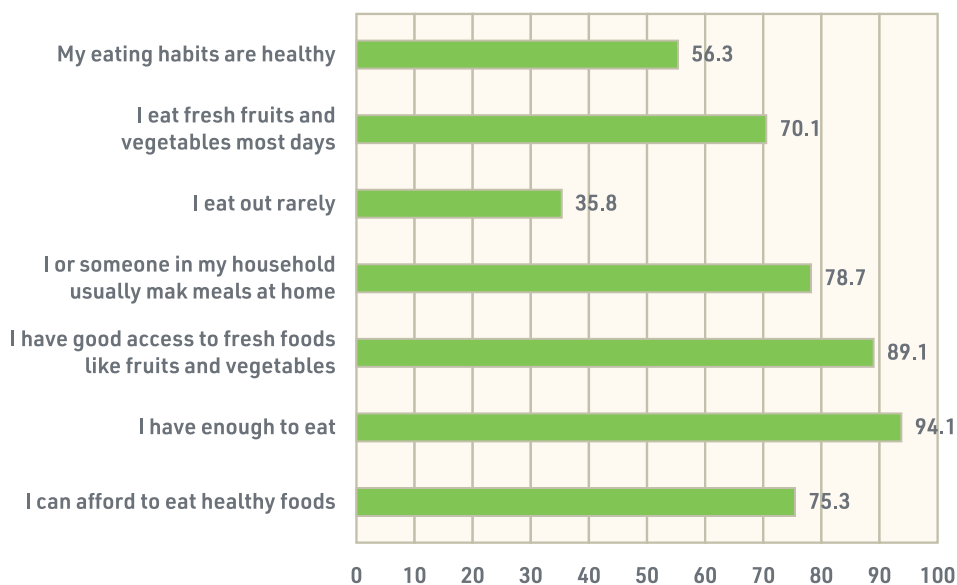


• Eating Habits / Nutrition

Regarding eating habits, the vast majority of respondents “agree” or “strongly agree” that they have enough to eat and have good access to fresh

foods. However, just over half (56%) feel that they have healthy eating habits.

Percent Respondents Agreeing or Strongly Agreeing by Eating Habits



“With two active children during the school year,
we find ourselves in drive-thrus a lot. Finding
the right balance between eating healthy and
managing extracurricular activities is hard.”



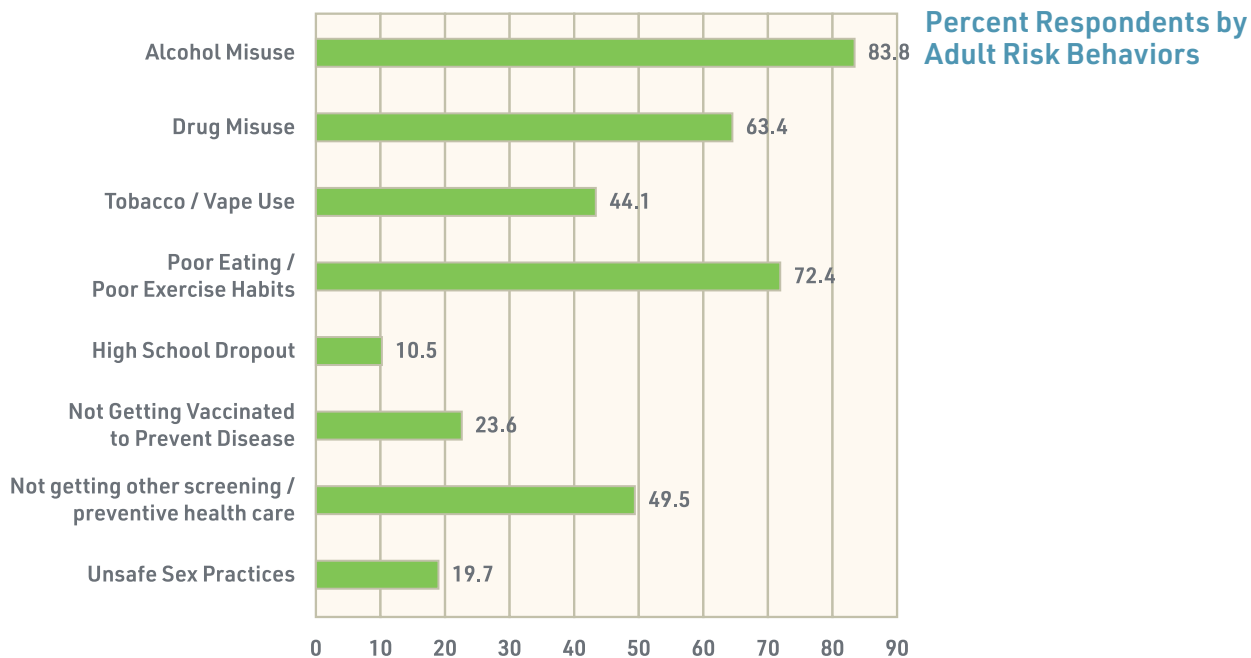


HEALTH BEHAVIORS - COMMUNITY SURVEY RESULTS (CONTINUED)

• Risk Behaviors

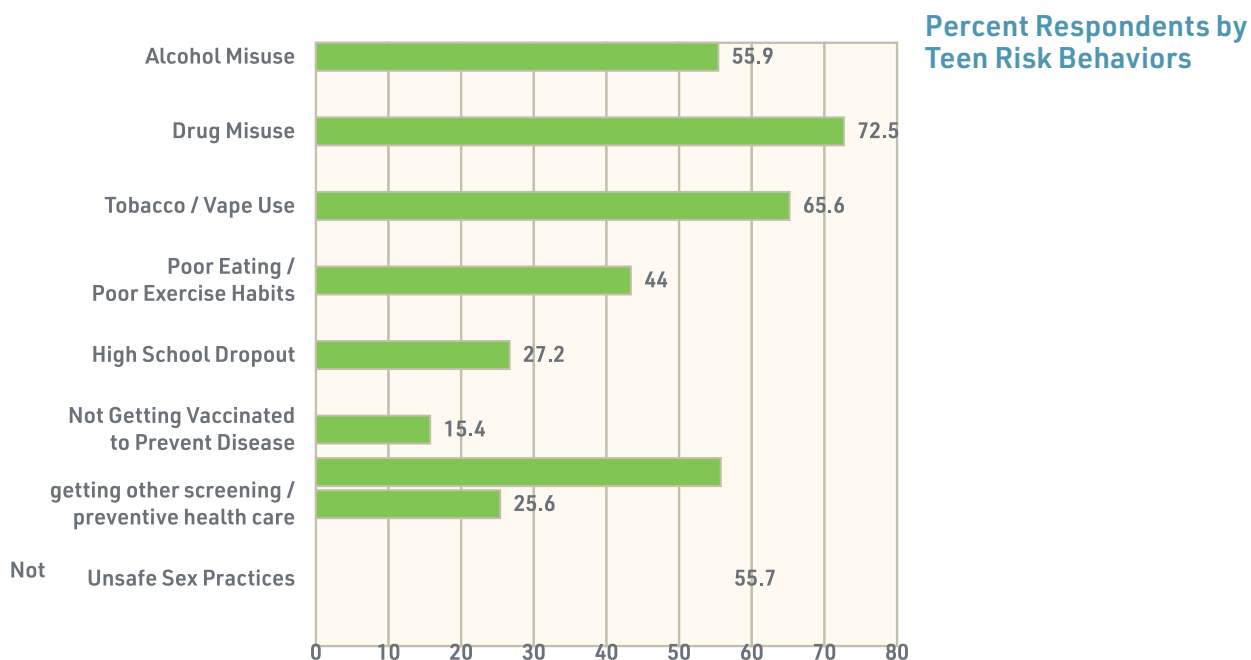
■ Adults

Respondents feel that the top three riskiest behaviors for adults in their communities are alcohol misuse, poor eating / exercise habits, and drug misuse.



■ Teens

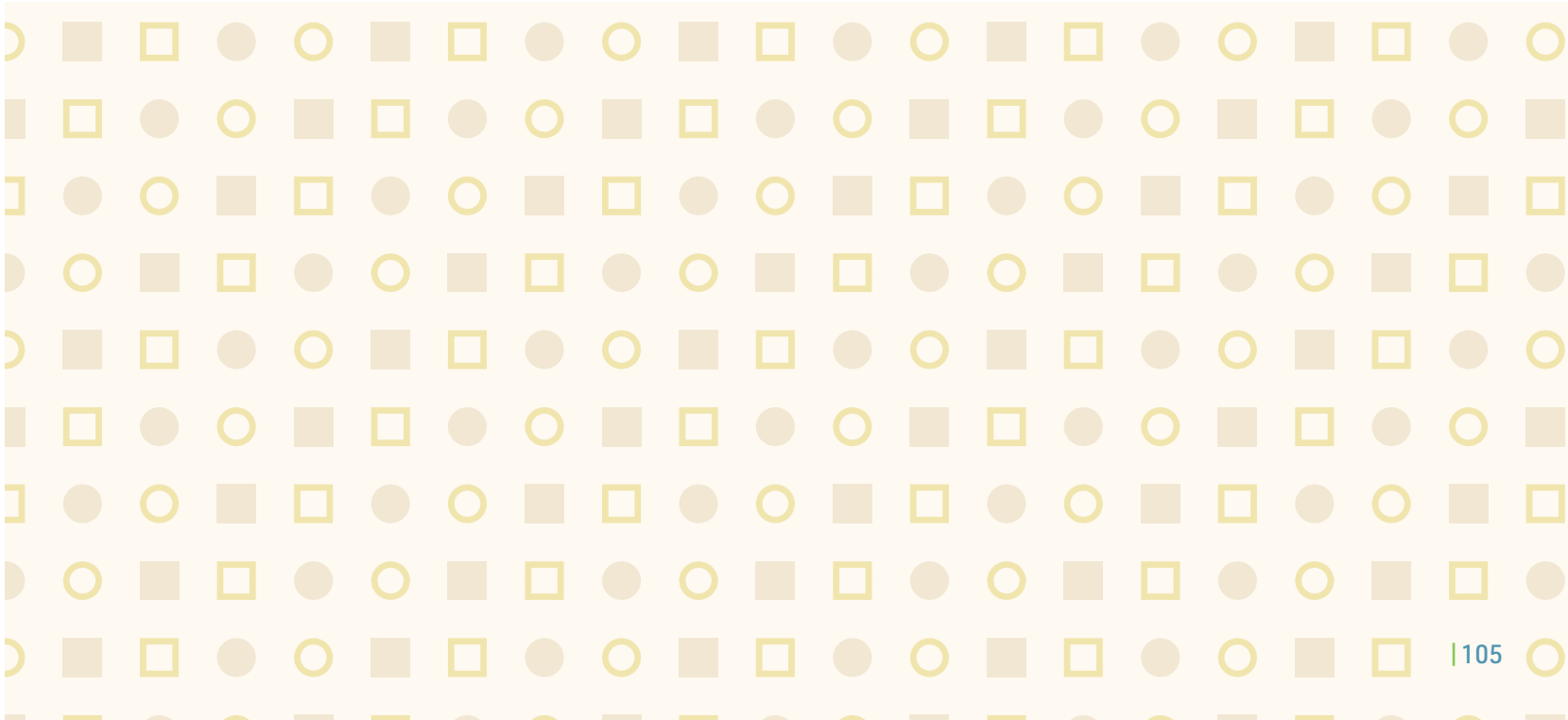
Respondents feel that the top three riskiest behaviors for teens in their communities are drug misuse, tobacco / vape use, and alcohol use and unsafe sex practices.



• Barriers to Health

Respondents identified the following as being barriers to being healthier. Not liking to exercise and being too tired to exercise are the greatest barriers to being healthier, followed by the cost of healthy food and lack of time to devote to being healthy.

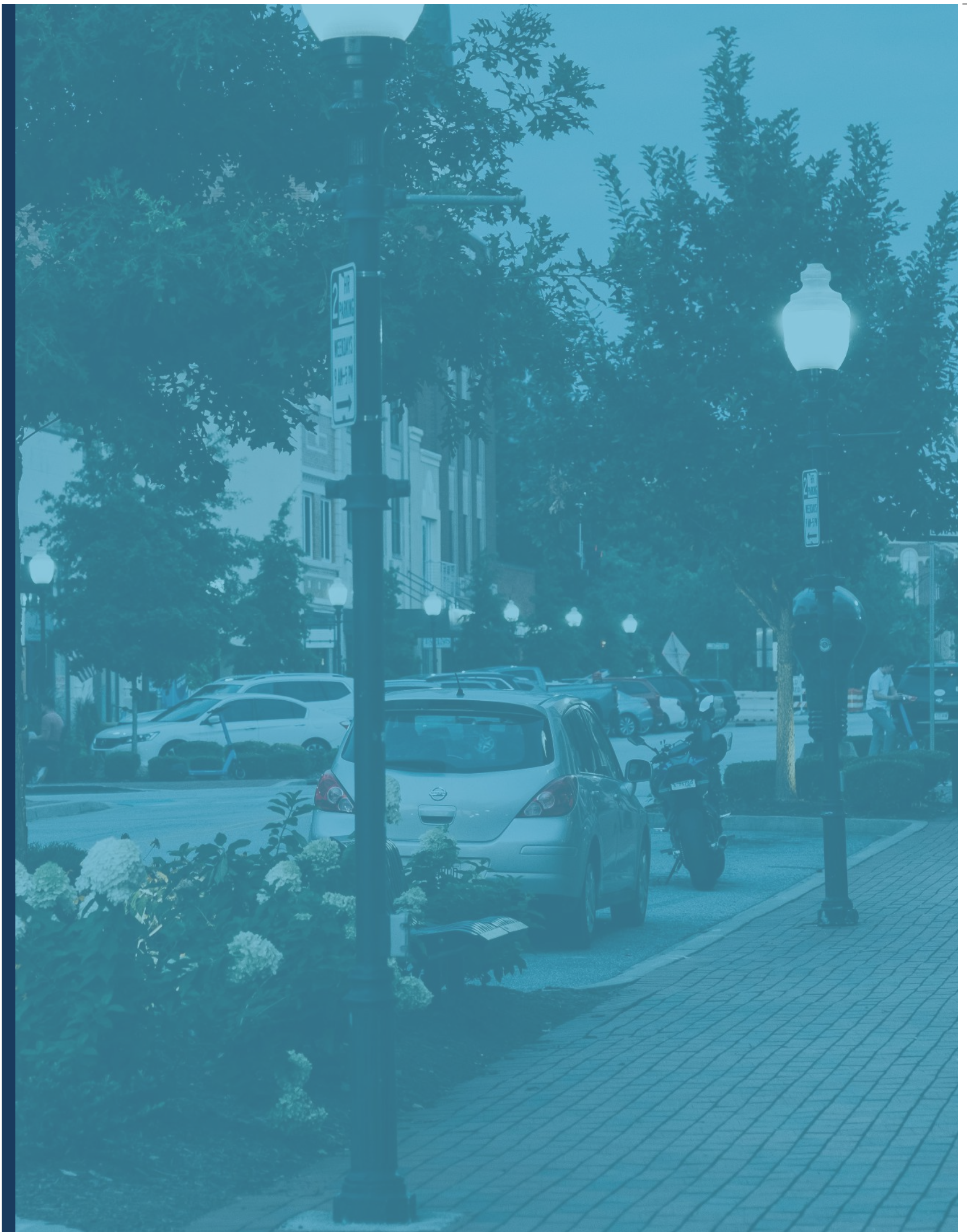
PERCENT OF RESPONDENTS BY BARRIERS TO BEING HEALTHIER			
	Small Problem	Big Problem	Not a Problem
I don't have time to devote to being healthy	38.9	11.2	50.2
Healthy food costs too much	37.1	24.4	38.9
Preventive health care costs too much	29.0	18.8	52.0
I don't have access to fitness opportunities	17.4	6.9	75.7
I don't have access to good grocery stores	8.9	3.6	87.6
Fitness programs, gym memberships, etc. cost too much	30.3	23.7	46.6
There are no/few safe places to exercise in my community	23.9	9.5	66.4
I don't like to exercise	33.7	45.0	50.4
I don't like to eat healthy food	19.3	4.3	76.1
I don't know how to eat healthy	16.3	5.3	78.3
I don't know how to get started	18.9	7.9	72.5
My family is not supportive	12.5	5.0	82.3
I am too tired	38.2	24.9	35.9
I have a physical disability that prevents me from exercise	14.9	6.1	79.4
My mental health is a barrier	18.5	6.2	75.1
Drug or alcohol use is a barrier	2.0	1.5	95.9
Childcare is a barrier	7.2	6.0	85.7
Transportation is a barrier	3.7	3.0	92.8



“When I worked in mental health, children came in all the time, but many couldn’t get there sooner because of issues with transportation.”

“Spartanburg is a quiet community in many ways, but security and surveillance need improvement. Public parks should be safe for everyone, but people openly smoke there. Increased police presence would help ensure a safer environment.”



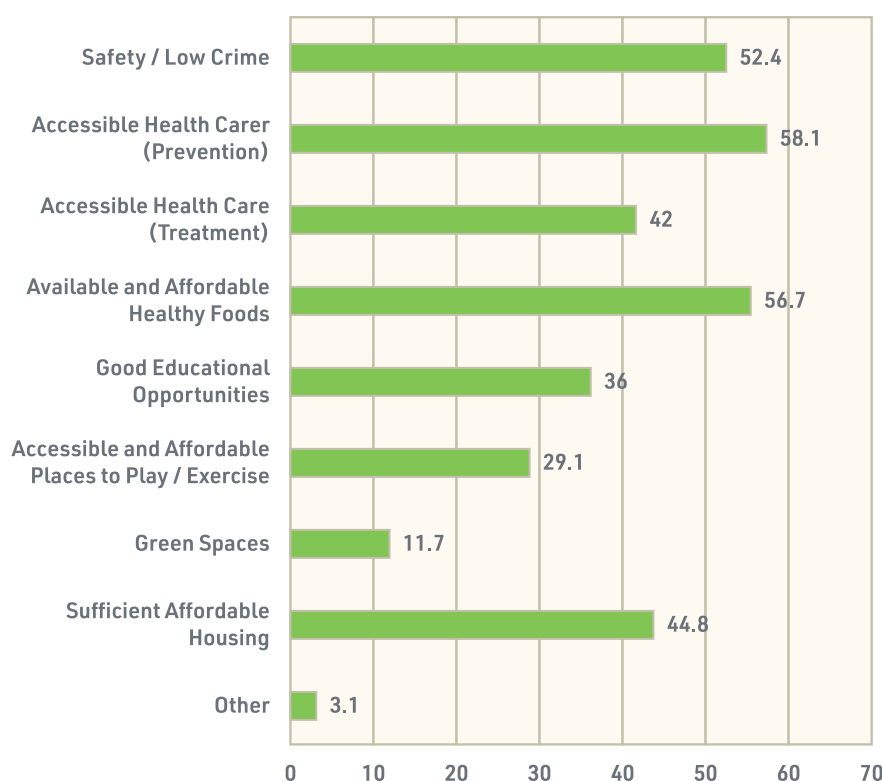


HEALTH-PROMOTING OPPORTUNITIES / SOCIAL DETERMINANTS COMMUNITY SURVEY RESULTS

• Community Conditions that Promote Health

Respondents feel that the top three things a community needs to be healthy are accessible

preventive health care, available and affordable healthy food, and safety / low crime.

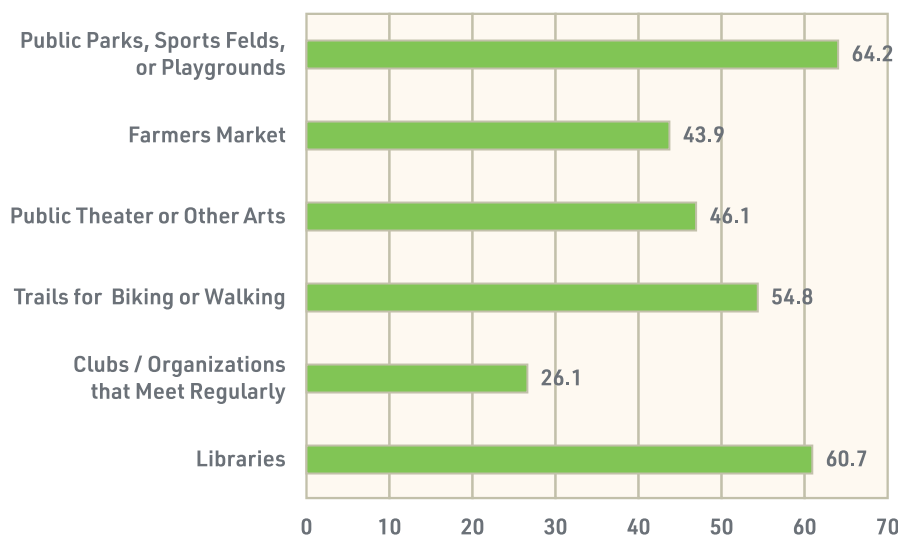


Percent Respondents by Top Three Things a Community Needs to be Healthy

• Community Resources

Regarding community resources that promote health and well-being, over half (55%) of respondents use trails for biking or walking. Even more use public parks, sports fields, or playgrounds

(64%) and libraries (61%). Significant percentages also use public theater/ other arts and farmers markets.



Percent of Respondents that Use Community Resources

94%

of respondents live in
Spartanburg County.

14%

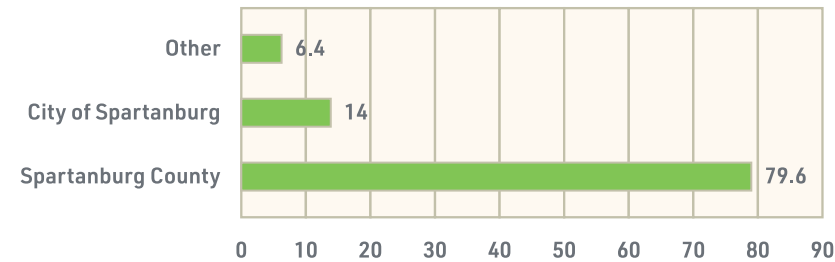
of those living in the city.

69%

of respondents reported
working full time

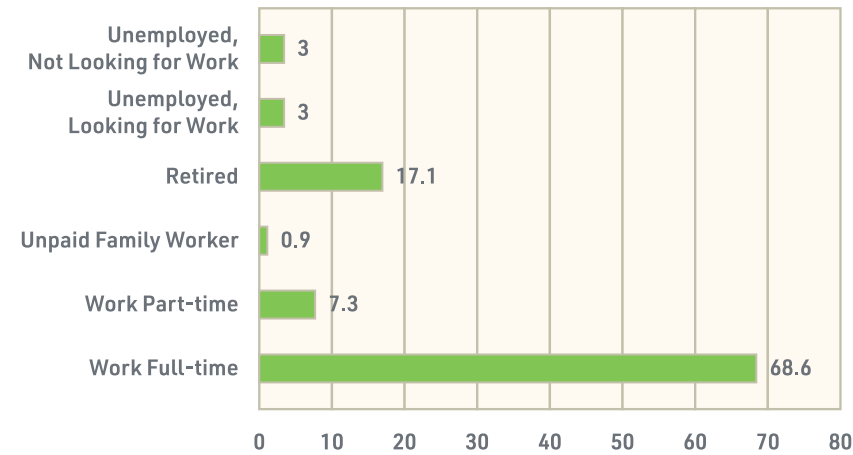
• Place of Residence

94% of respondents live in
Spartanburg County, with
14% of those living in the
City of Spartanburg.



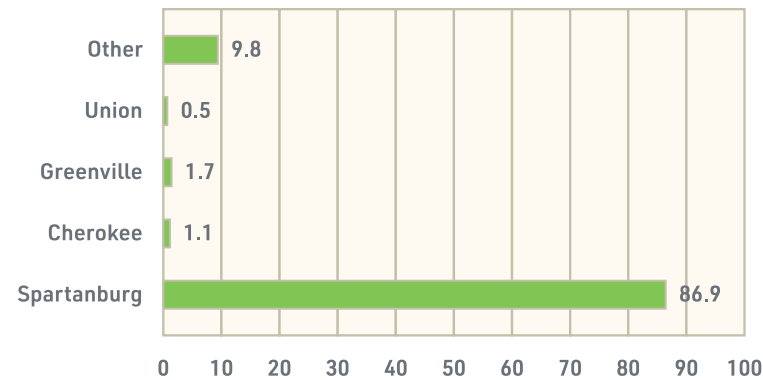
• Employment Status

69% of respondents
work full time. 3% are
unemployed and looking
for work.



• County of Employment

87% of respondents who
work are employed in
Spartanburg County.



“We have access to recreational areas - walking and bike trails, basketball courts and gyms – but they need improvement, especially gym equipment. Most importantly, we need better police surveillance in these areas.”

“I love that we have a great Parks and Recreation system in both the city and the county. However, kids in rural areas don’t have easy access due to lack of transportation. It’s not convenient for parents that may not have transportation.”

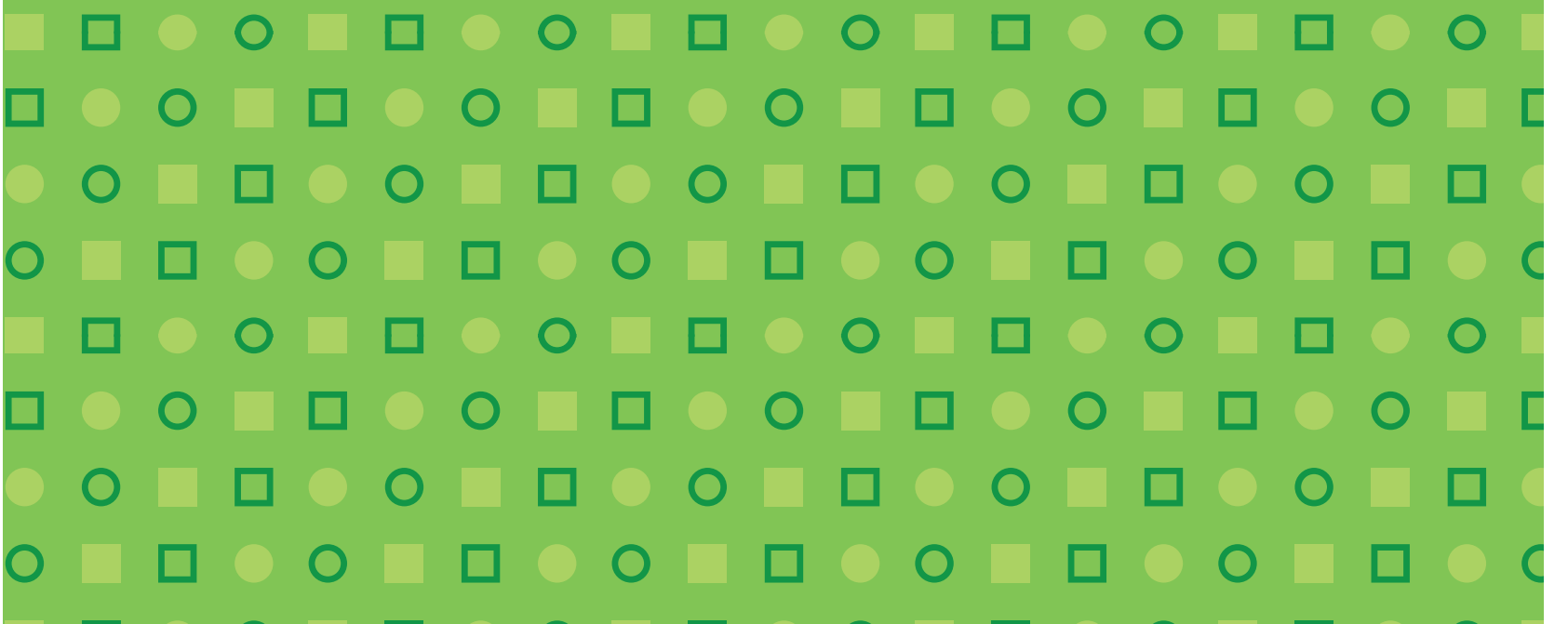
“In Inman we have trails that are accessible for everyone, including children. But in Campobello there are no trails - there’s no place you can really walk or get to a park.”







Appendix



TOWN HALL MEETING QUESTIONS

Discussion (45 minutes)

TOPIC 1

What do you love about your community?

- What do you like most about living in Spartanburg?

In other words, what would you put a high priority on preserving and, briefly, why?
- Can you provide some examples of community features you enjoy today that didn't exist 5 to 10 years ago?

TOPIC 2

What does health mean to you and your family?

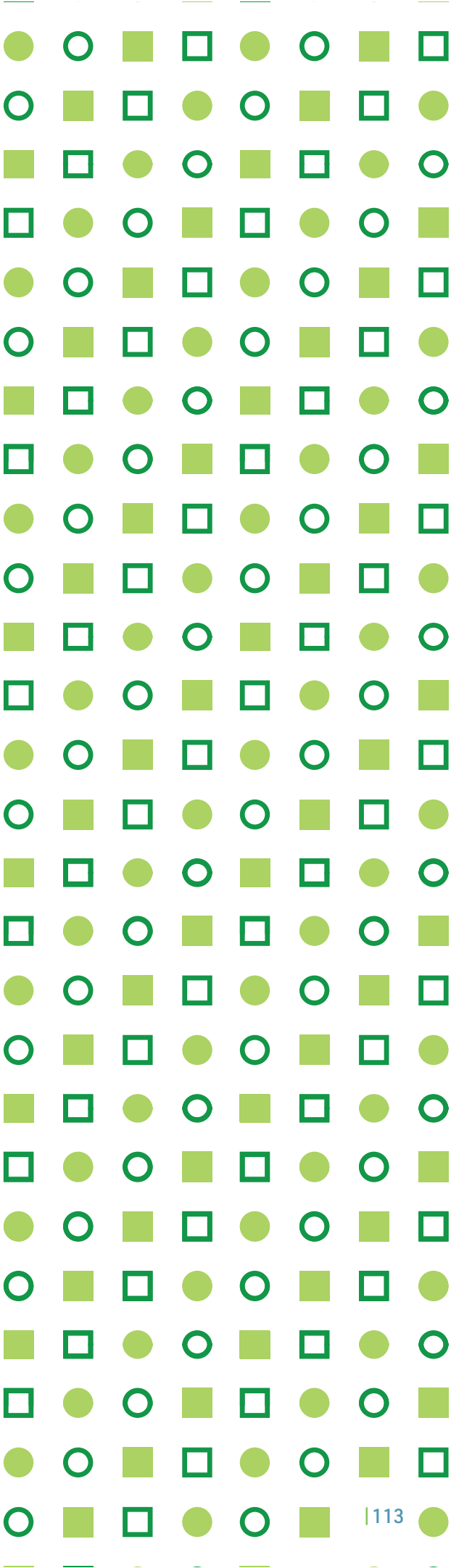
- How would you describe health for you and your family, or community?
- What challenges do you often encounter when trying to live as healthy as possible?

TOPIC 3

What would add to the quality of life in your community?

For the next set of questions, I'm going to ask you to think both about today and the future.

- Do you feel safe being outside at most times of the day? Why/Why not?
- What needs to work better in your community today?
- What resources, including community-based resources and services, will you need in the year?



SURVEY QUESTIONS (ENGLISH)

Spartanburg County Community Health Needs Assessment Survey

First, please answer some questions about your health.

**1. In general, would you say that your health is :
(please pick one)**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

**2. How would you rate the overall health of the
community you live in? (please pick one)**

- ☐ Very healthy
- ☐ Moderately healthy
- ☐ Neither healthy or unhealthy
- ☐ Moderately unhealthy
- ☐ Very unhealthy

**3. Have you ever been told by a doctor or other health care
professional that you had any of the following conditions?**

	No	Yes	Yes, but only during pregnancy
High blood pressure / hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic lung disease (COPD, emphysema, chronic bronchitis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart trouble (heart disease, angina, heart attack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke or stroke-related health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol or triglycerides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression, anxiety or panic attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with prescription or recreational drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating disorder (anorexia, bulimia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Do you have a primary care provider(doctor, nurse practitioner, etc.)? (please pick one)

- ___ Yes
- ___ No

5. What kind of place do you go most of the time when you are sick and need help? (please pick one)

- ___ a doctor’s office
- ___ a clinic (e.g. ReGenesis, Spartanburg Free Medical Clinic)
- ___ the emergency room
- ___ an urgent care / immediate care facility
- ___ no usual place
- ___ a different place: _____

6. When was the last time you had....

	Within the past year	Within the past 2 years	Within the past 5 years	5 or more years ago	Never
a flu shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a dental exam or your teeth cleaned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a hearing test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a cholesterol test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
an eye exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
your blood pressure checked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
your blood sugar checked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
any screening for skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
any screening for colon cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a prostate exam or PSA test (men only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a Pap test (women only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a general health exam / check up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (please indicate a number of days: 0 to 31)

8. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (please indicate a number of days: 0 to 31)

9. During the past 12 months, was there a time when you thought you needed medical care but did not get it or delayed getting it?

☐ Yes (continue to question 10)

☐ No (skip to question 11)

10. Why did you not get, or delay getting, the medical care that you thought you needed? (Mark all that apply)

☐ I didn't know where to go

☐ I couldn't get an appointment

☐ I was too nervous or afraid

☐ The wait was too long

☐ It cost too much

☐ I don't have insurance / my insurance doesn't cover it

☐ I didn't think it was serious enough

☐ I didn't have transportation / it's too far

☐ I don't trust doctors / the healthcare system

☐ Other: _____

11. During the past 12 months, was there a time when you thought you needed dental care but did not get it or delayed getting it?

☐ Yes (continue to question 12)

☐ No (skip to question 13)

12. Why did you not get, or delay getting, the dental care that you thought you needed? (Mark all that apply)

☐ I didn't know where to go

☐ I couldn't get an appointment

☐ I was too nervous or afraid

☐ The wait was too long

☐ It cost too much

☐ I don't have insurance

☐ The dentist wouldn't accept my insurance

☐ I didn't think it was serious enough

☐ I didn't have transportation / it's too far

☐ Other: _____

13. During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about mental health issues but did not go or delayed talking with someone?

☐ Yes (continue to question 14)

☐ No (skip to question 15)

14. Why did you not get, or delay getting, the mental health care that you thought you needed? (Mark all that apply)

- ☐ I didn't know where to go
- ☐ I couldn't get an appointment
- ☐ I was too nervous or afraid
- ☐ The wait was too long
- ☐ It cost too much
- ☐ I don't have insurance
- ☐ The dentist wouldn't accept my insurance
- ☐ I didn't think it was serious enough
- ☐ I didn't have transportation / it's too far
- ☐ Other: _____

15. Do you currently have any of the following types of health insurance? (Mark all that apply)

- ☐ Health insurance coverage through your employer or your spouse's or parent's employer?
- ☐ Health insurance coverage bought directly by yourself or your family (not through an employer)
- ☐ Medicare
- ☐ Medicaid
- ☐ CHAMPUS, TRICARE, or Veterans' benefits
- ☐ Other insurance: please specify _____
- ☐ No health insurance

16. How much do you agree or disagree with these statements regarding your overall eating habits?

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
My eating habits are healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I eat fresh fruits and vegetables most days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I eat out rarely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I or someone in my household usually make meals at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have good access to fresh foods like fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can afford to eat healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. How much do you agree or disagree with these statements regarding your physical activity?

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
I am physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I engage in physical exercise most days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a member of a health club, fitness or wellness center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough time to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Do you use these community resources?

	Yes	No	This resource is Not available
Public parks, sports fields, or playgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farmers market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public theater or other arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trails for biking or walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clubs or organizations that meet regularly (e.g. garden club, book club)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Libraries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. How much of a problem are the following factors for you in terms of preventing you from being more healthy?

	Not a Problem	A small Problem	A big Problem
I don't have time to devote to being healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy food costs too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive health care costs too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have access to fitness opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have access to good grocery stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness programs, gym memberships, etc. cost too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are no / few safe places to exercise in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like to eat healthy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't know how to eat healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't know how to get started	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family is not supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm too tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a physical disability that prevents me from exercising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mental health is a barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug or alcohol use is a barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare is a barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation is a barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____			

20. What types of health services are most important to keep YOU healthy?
(Select your top four)

- ☐ Cancer screening or treatment
- ☐ COVID screening, vaccination, or treatment
- ☐ Diabetes care
- ☐ Drug or alcohol treatment
- ☐ Emergency preparedness
- ☐ Fall prevention
- ☐ HIV / AIDS screening or care
- ☐ Heart Disease screening, treatment, or care
- ☐ Hypertension screening, treatment, or care
- ☐ Mental Health care
- ☐ Nutrition
- ☐ Prenatal care
- ☐ Routine wellness
- ☐ Smoking cessation
- ☐ Suicide prevention
- ☐ Vaccination
- ☐ Weight loss
- ☐ Other: _____

21. In your opinion, what are the riskiest behaviors for adults in your community?
(Select your top three)

- ☐ Alcohol misuse
- ☐ Drug misuse
- ☐ Tobacco / vape use
- ☐ Poor eating / poor exercise habits
- ☐ High school dropout
- ☐ Not getting vaccinated to prevent disease
- ☐ Not getting other screening / preventive health care
- ☐ Unsafe sex practices
- ☐ Other: _____

22. In your opinion, what are the riskiest behaviors for teens in your community?
(Select your top three)

- ☐ Alcohol misuse
- ☐ Drug misuse
- ☐ Tobacco / vape use
- ☐ Poor eating / poor exercise habits
- ☐ High school dropout
- ☐ Not getting vaccinated to prevent disease
- ☐ Not getting other screening / preventive health care
- ☐ Unsafe sex practices
- ☐ Other: _____

**23. In your opinion, what are the top three things a community needs to be healthy?
(Select your top three)**

- ☐ Safety / low crime
- ☐ Accessible health care (prevention)
- ☐ Accessible health care (treatment)
- ☐ Available and affordable healthy foods
- ☐ Good educational opportunities
- ☐ Accessible and affordable places to play / exercise
- ☐ Greenspaces
- ☐ Sufficient affordable housing
- ☐ Other: _____

Now please tell us about yourself.

24. What is your race? (Please pick one)

- ☐ African American / Black
- ☐ Caucasian / White
- ☐ Mixed race
- ☐ Native American / American Indian
- ☐ Asian
- ☐ Other: _____

**25. Is your ethnicity Hispanic, Latino, or Spanish?
(Please pick one)**

- ☐ Yes
- ☐ No

26. What is your sex / gender? Please pick one)

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Other: _____

27. How old are you? (Please pick one)

- ☐ Under age 18
- ☐ Age 18-24
- ☐ Age 25-34
- ☐ Age 35-44
- ☐ Age 45-54
- ☐ Age 55-64
- ☐ Age 65-74
- ☐ Age 75 or above

28. How far did you go in school? (Please pick one)

- ☐ Less than high school
- ☐ High school graduate
- ☐ Some college
- ☐ Associate's degree or certificate
- ☐ Bachelor's degree
- ☐ Advanced degree

29. What is your gross annual family income?
(Please pick one)

- ☐ Under \$15,000
- ☐ \$15,000 to \$24,999
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 or above

30. What is your employment status?
(Please pick one)

- ☐ Work full-time
- ☐ Work part-time
- ☐ Unpaid family worker
- ☐ Retired
- ☐ Unemployed, looking for work
- ☐ Unemployed, not looking for work

31. In what area do you reside? (Please pick one)

- ☐ Spartanburg County
- ☐ City of Spartanburg
- ☐ Other: _____

32. In what county do you work? (Please pick one)

- ☐ Spartanburg
- ☐ Cherokee
- ☐ Greenville
- ☐ Union
- ☐ Other: _____

SURVEY QUESTIONS (SPANISH)

Encuesta de evaluación de las necesidades médicas de la comunidad del condado de Spartanburg

Primero, responda algunas preguntas sobre su salud.

1. En general, ¿cómo calificaría su salud? (elija uno)

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Regular
- ☐ Mala

2. ¿Cómo calificaría la salud general de la comunidad en la que vive? (elija uno)

- ☐ Muy sana
- ☐ Moderadamente sana
- ☐ Ni sana ni poco sana
- ☐ Moderadamente poco sana
- ☐ Muy poco sana

3. ¿Alguna vez un médico u otro profesional de atención médica le ha dicho que tenía alguna de las siguientes condiciones?

	No	Sí	Si, pero solo durante el embarazo
Presión alta/hipertensión	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prehipertensión	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prediabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sobrepeso	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cáncer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enfermedades de los pulmones crónicas (EPOC, enfisema, bronquitis crónica)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problemas cardíacos (enfermedades cardíacas, angina, ataque cardíaco)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Derrame cerebral o problemas médicos relacionados con el derrame cerebral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colesterol o triglicéridos altos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Artritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depresión, ansiedad o ataques de pánico	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otros problemas de salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problemas con el alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problemas con drogas recetadas o recreativas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trastorno de la alimentación (anorexia, bulimia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. ¿Tiene un proveedor de atención primaria (médico, enfermero de práctica avanzada, etc.)? (elija uno)

- ☐ Sí
- ☐ No

5. ¿A qué tipo de lugar va la mayor parte del tiempo cuando está enfermo y necesita ayuda? (elija uno)

- ☐ Consultorio médico
- ☐ Clínica (por ejemplo, ReGenesis, Spartanburg Free Medical Clinic)
- ☐ Sala de emergencias
- ☐ Centro de atención de urgencia/atención inmediata
- ☐ Ningún lugar habitual
- ☐ Otro lugar: _____

6. Cuándo fue la última vez que tuvo...

	En el último año	En los últimos 2 años	En los últimos 5 años	Hace más de 5 años	Nunca
Una vacuna contra la gripe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Un examen dental o una limpieza de dientes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Un examen de audición	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Un examen de colesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Un examen de la vista	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Revisión de la presión	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Revisión del nivel de azúcar en la sangre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Algún examen de detección de cáncer de piel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Algún examen de detección de cáncer de colon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Un examen de próstata o prueba de PSA (solo hombres)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Una prueba de Papanicolaou (solo mujeres)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Una mamografía (solo mujeres)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Un examen/chequeo médico general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Si piensa en su salud física, que incluye enfermedades y lesiones físicas, ¿cuántos días no tuvo buena salud física en los últimos 30 días? (diga un número de días: 0 a 31)

8. Si piensa en su salud mental, que incluye estrés, depresión y problemas emocionales, ¿cuántos días no tuvo buena salud mental en los últimos 30 días? (diga un número de días: 0 a 31)

9. En los últimos 12 meses, ¿hubo algún momento en el que pensó que necesitaba atención médica, pero no la recibió o pospuso recibirla?

☐ Sí (siga a la pregunta 10)

☐ No (pase a la pregunta 11)

10. ¿Por qué no recibió o pospuso recibir la atención médica que pensaba que necesitaba? (Marque todos los que corresponden)

☐ No sabía a dónde ir

☐ No pude conseguir una cita

☐ Estaba demasiado nervioso o asustado

☐ La espera fue demasiado larga

☐ Cuesta demasiado

☐ No tengo seguro/mi seguro no lo cubre

☐ No pensé que fuera lo suficientemente grave

☐ No tenía transporte/está muy lejos

☐ No confío en los médicos ni en el sistema de atención médica

☐ Otro: _____

11. En los últimos 12 meses, ¿hubo algún momento en el que pensó que necesitaba atención dental, pero no la recibió o pospuso recibirla?

☐ Sí (siga a la pregunta 12)

☐ No (pase a la pregunta 13)

12. ¿Por qué no recibió o pospuso la atención dental que pensaba que necesitaba? Marque todos los que corresponden)

☐ No sabía a dónde ir

☐ No pude conseguir una cita

☐ Estaba demasiado nervioso o asustado

☐ La espera fue demasiado larga

☐ Cuesta demasiado

☐ No tengo seguro

☐ El dentista no acepta mi seguro

☐ No pensé que fuera lo suficientemente grave

☐ No tenía transporte/está muy lejos

☐ Other: _____

13. En los últimos 12 meses, ¿hubo algún momento en el que quiso hablar o buscar ayuda de un profesional médico por problemas de salud mental, pero no fue o pospuso la conversación con alguien?

☐ Sí (siga a la pregunta 14)

☐ No (pase a la pregunta 15)

14. ¿Por qué no recibió o pospuso la atención de salud mental que pensaba que necesitaba? (Marque todos los que corresponden)

☐ No sabía a dónde ir

☐ No pude conseguir una cita

☐ Estaba demasiado nervioso o asustado

☐ La espera fue demasiado larga

☐ Cuesta demasiado

☐ No tengo seguro/mi seguro no lo cubre

☐ No pensé que fuera lo suficientemente grave

☐ No tenía transporte/está muy lejos

☐ Otro: _____

15. ¿Tiene actualmente alguno de los siguientes tipos de seguro médico? (Marque todos los que corresponden)

☐ ¿Cobertura de seguro médico por medio de su empleador o del empleador de su cónyuge o de sus padres?

☐ Cobertura de seguro médico adquirida directamente por usted o su familia (no por medio de un empleador)

☐ Medicare

☐ Medicaid

☐ CHAMPUS, TRICARE o beneficios para veteranos

☐ Otro seguro: especifique _____

☐ No tiene seguro médico

16. ¿Qué tan de acuerdo o en desacuerdo está con estas afirmaciones con relación a sus hábitos alimenticios generales?

	Totalmente de acuerdo	De acuerdo	Ni de acuerdo ni en desacuerdo	En desacuerdo	Totalmente en desacuerdo
Mis hábitos alimenticios son saludables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Como frutas y vegetales frescos la mayoría de los días	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rara vez como fuera de casa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yo o alguien de mi grupo familiar generalmente preparamos las comidas en casa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tengo buen acceso a comidas frescas como frutas y vegetales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tengo suficiente para comer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puedo permitirme comer comidas saludables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. ¿Qué tan de acuerdo o en desacuerdo está con estas afirmaciones con relación a su actividad física?

	Totalmente de acuerdo	De acuerdo	Ni de acuerdo ni en desacuerdo	En desacuerdo	Totalmente en desacuerdo
Soy físicamente activo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hago ejercicio la mayoría de los días	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soy miembro de un club de salud, fitness o centro de bienestar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tengo suficiente tiempo para hacer ejercicio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. ¿Usa estos recursos de la comunidad?

	Sí	No	Este recurso no está disponible
Parques, campos deportivos o áreas de juego públicos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mercado de agricultores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teatro público u otras artes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senderos para montar en bicicleta o caminar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clubes u organizaciones que se reúnen con regularidad (por ejemplo, club de jardinería, club de lectura)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bibliotecas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. ¿Qué tanto problema e para usted los siguientes factores en términos de impedirle estar más saludable?

	No es un problema	Un pequeño problema	Un gran problema
No tengo tiempo para dedicarme a estar saludable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La comida sana cuesta demasiado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La atención médica preventiva cuesta demasiado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No tengo acceso a oportunidades de fitness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No tengo acceso a buenos supermercados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Los programas de fitness, las membresías en gimnasios, etc. cuestan demasiado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No hay o hay pocos lugares seguros para hacer ejercicio en mi comunidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No me gusta hacer ejercicio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No me gusta comer comida saludable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No sé comer sano	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No sé cómo empezar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mi familia no me apoya	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Estoy demasiado cansado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tengo una discapacidad física que me impide hacer ejercicio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mi salud mental es un obstáculo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El consumo de drogas o alcohol es un obstáculo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El cuidado infantil es un obstáculo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El transporte es un obstáculo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otro: _____			

20. ¿Qué tipos de servicios médicos son los más importantes para mantenerlo sano? (Seleccione los cuatro más importantes)

- ☐ Exámenes de detección o tratamiento del cáncer
- ☐ Examen, vacunación o tratamiento del COVID
- ☐ Atención de la diabetes
- ☐ Tratamiento de drogas o alcohol
- ☐ Preparación para emergencias
- ☐ Prevención de caídas
- ☐ Examen o atención de VIH/SIDA
- ☐ Examen, tratamiento o atención de enfermedades del corazón
- ☐ Examen, tratamiento o atención de la hipertensión
- ☐ Atención de salud mental
- ☐ Nutrición
- ☐ Atención prenatal
- ☐ Bienestar de rutina
- ☐ Dejar de fumar
- ☐ Prevención del suicidio
- ☐ Vacunación
- ☐ Bajar de peso
- ☐ Otro: _____

21. En su opinión, ¿cuáles son los comportamientos más peligrosos para los adultos en su comunidad? (Seleccione los tres más importantes)

- ☐ Abuso de alcohol
- ☐ Abuso de drogas
- ☐ Consumo de tabaco/vapeo
- ☐ Malos hábitos de alimentación/de ejercicios
- ☐ Deserción de la secundaria
- ☐ No vacunarse para prevenir enfermedades
- ☐ No hacer otros exámenes/atención médica preventiva
- ☐ Prácticas sexuales inseguras
- ☐ Otro: _____

22. En su opinión, ¿cuáles son los comportamientos más peligrosos para los adolescentes en su comunidad? (Seleccione los tres más importantes)

- ☐ Abuso de alcohol
- ☐ Abuso de drogas
- ☐ Consumo de tabaco/vapeo
- ☐ Malos hábitos de alimentación/de ejercicios
- ☐ Deserción de la secundaria
- ☐ No vacunarse para prevenir enfermedades
- ☐ No hacer otros exámenes/atención médica preventiva
- ☐ Prácticas sexuales inseguras
- ☐ Otro: _____

23. En su opinión, ¿cuáles son las tres cosas principales que una comunidad necesita para estar saludable? (Seleccione los tres más importantes)

- ☐ Seguridad/baja criminalidad
- ☐ Atención médica accesible (prevención)
- ☐ Atención médica accesible (tratamiento)
- ☐ Comida saludable disponible y asequible
- ☐ Buenas oportunidades educativas
- ☐ Lugares accesibles y asequibles para jugar/hacer ejercicio
- ☐ Espacios verdes
- ☐ Vivienda asequible suficiente
- ☐ Otro: _____

Ahora, cuéntenos sobre usted.

24. ¿Cuál es su raza? (Elija una)

- ☐ Afroamericana/negra
- ☐ Caucásica/blanca
- ☐ Raza mixta
- ☐ Nativa americana/indio americano
- ☐ Asiática
- ☐ Otro: _____

25. ¿Es su origen étnico hispano, latino o español? (Elija una)

- ☐ Sí
- ☐ No

26. ¿Cuál es su sexo/género? (Elija uno))

- ☐ Femenino
- ☐ Masculino
- ☐ No binario
- ☐ Otro: _____

27. ¿Cuántos años tiene? (Elija una)

- ☐ Menor de 18 años
- ☐ Age 18-24
- ☐ Age 25-34
- ☐ Age 35-44
- ☐ Age 45-54
- ☐ Age 55-64
- ☐ Age 65-74
- ☐ Mayor de 75 años

28. ¿Hasta dónde llegó en la escuela? (Elija una)

- ☐ Menos que un diploma de secundaria
- ☐ Graduado de secundaria
- ☐ Algunos años en la universidad
- ☐ Título o certificado de asociado
- ☐ Licenciatura
- ☐ Grado avanzado

29. ¿Cuáles son sus ingresos familiares brutos anuales? (Elija uno)

- ☐ Menos de \$15,000
- ☐ \$15,000 to \$24,999
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 o más

30. ¿Cuál es su situación laboral? (Elija una)

- ☐ Trabajo a tiempo completo
- ☐ Trabajo a tiempo parcial
- ☐ Trabajador familiar no remunerado
- ☐ Jubilado
- ☐ Desempleado, buscando trabajo
- ☐ Desempleado, no buscando trabajo

31. ¿En qué área vive? (Elija una)

- ☐ Condado de Spartanburg
- ☐ Ciudad de Spartanburg
- ☐ Otro: _____

32. ¿En qué condado trabaja? (Elija uno)

- ☐ Spartanburg
- ☐ Cherokee
- ☐ Greenville
- ☐ Union
- ☐ Otro: _____

SURVEY QUESTIONS (RUSSIAN)

Оценка потребностей жителей сообщества округа Спартанберг в области здравоохранения
Сначала ответьте на несколько вопросов касательно состояния вашего здоровья.

1. Как бы вы оценили свое здоровье в целом? (Выберите один вариант)

- ___ Отличное
- ___ Очень хорошее
- ___ Хорошее
- ___ Удовлетворительное
- ___ Плохое

2. Как бы вы оценили общее состояние здоровья сообщества, в котором проживаете? (Выберите один вариант)

- ___ Очень здоровое
- ___ Умеренно здоровое
- ___ Затрудняюсь ответить
- ___ Умеренно нездоровое
- ___ Очень нездоровое

3. Говорил ли вам когда-нибудь врач или другой медицинский работник, что у вас есть одно из следующих состояний?

	Нет	Да	Да, но только во время беременности
Высокое кровяное давление или гипертония	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Предгипертония	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Диабет	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Преддиабет	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Избыточный вес	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Рак	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Хроническая болезнь легких (хроническая обструктивная болезнь легких (ХОБЛ), эмфизема легких, хронический бронхит)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Проблемы с сердцем (болезни сердечно-сосудистой системы, стенокардия, инфаркт)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Инсульт или проблемы со здоровьем, вызванные инсультом	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Повышенный уровень холестерина или триглицеридов	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Артрит	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Астма	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Депрессия, тревожность или панические атаки	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Другие проблемы с психическим здоровьем	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Проблемы с алкоголем	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Проблемы с рецептурными или рекреационными препаратами	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Расстройство пищевого поведения (анорексия, булимия)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. У вас есть основной поставщик медицинских услуг (врач, медсестра и т. д.)? (Выберите один вариант)

- ___ Да
- ___ Нет

5. Куда вы чаще всего обращаетесь, если заболели или вам нужна помощь? (Выберите один вариант)

- ___ Кабинет врача
- ___ Клиника (например, ReGenesis, Spartanburg Free Medical Clinic)
- ___ Отделение неотложной помощи
- ___ Учреждение экстренной помощи
- ___ Нет определенного места
- ___ Другое: _____

6. Когда вы в последний раз делали нижеперечисленное?

	В течение последнего года	В течение последних двух лет	В течение последних пяти лет	Пять лет назад или более	Никогда
Прививка от гриппа	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Стоматологический осмотр или чистка зубов	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Проверка слуха	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Анализ на холестерин	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Проверка зрения	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Проверка кровяного давления	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Анализ на уровень сахара в крови	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Проверка на наличие рака кожи	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Проверка на наличие рака толстой кишки	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Обследование простаты или анализ ПСА (простат специфический антиген, только для мужчин)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Мазок Папаниколау (только для женщин)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Маммограмма (только для женщин))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Общий медицинский осмотр или обследование	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Подразумевая ваше физическое здоровье, включая физические болезни и травмы, в течение какого времени за последние 30 дней ваше физическое здоровье было не в порядке? (Укажите количество дней от 0 до 31)

8. Подразумевая ваше психическое состояние, включая стресс, депрессию, эмоциональные проблемы, в течение какого времени за последние 30 дней ваше психическое состояние было не в порядке? (Укажите количество дней от 0 до 31)

9. В течение последних 12 месяцев, было ли время, когда вы думали, что нуждаетесь в медицинской помощи, но не получили ее или получили с задержкой?

☐ Да (перейдите к вопросу 10)

☐ Нет (перейдите к вопросу 11)

10. Почему вы не получили необходимую, на ваш взгляд, медицинскую помощь или получили ее с задержкой? (Отметьте все подходящие варианты)

☐ Незнание того, куда пойти

☐ Невозможность записаться на прием

☐ Сильное волнение или страх

☐ Слишком долгое ожидание

☐ Очень высокая цена

☐ Отсутствие страховки или покрытия этих услуг страховкой

☐ Недостаточная, на мой, взгляд, серьезность проблемы

☐ Отсутствие транспорта передвижения или слишком удаленное расположение учреждения

☐ Недоверие врачам или системе здравоохранения

☐ Другое: _____

11. В течение последних 12 месяцев, было ли время, когда вы думали, что нуждаетесь в стоматологических услугах, но не получили их или получили с задержкой?

☐ Да (перейдите к вопросу 12)

☐ Нет (перейдите к вопросу 13)

12. Почему вы не получили необходимые, на ваш взгляд, стоматологические услуги или получили их с задержкой? (Отметьте все подходящие варианты)

☐ Незнание того, куда пойти

☐ Невозможность записаться на прием

☐ Сильное волнение или страх

☐ Слишком долгое ожидание

☐ Очень высокая цена

☐ Отсутствие страховки

☐ Отказ стоматолога принять мою страховку

☐ Недостаточная, на мой взгляд, серьезность проблемы

☐ Отсутствие транспорта передвижения или слишком удаленное расположение учреждения

☐ Другое: _____

13. В течение последних 12 месяцев, было ли время, когда вы хотели поговорить с медицинским работником или обратиться к нему за помощью касательно проблем с психическим здоровьем, но так и не сделали этого или отложили разговор?

☐ Да (перейдите к вопросу 14)

☐ Нет (перейдите к вопросу 15)

14. Почему вы не получили необходимую, на ваш взгляд, психологическую помощь или получили ее с задержкой? (Отметьте все подходящие варианты)

- ___ Незнание того, куда пойти
- ___ Невозможность записаться на прием
- ___ Сильное волнение или страх
- ___ Слишком долгое ожидание
- ___ Очень высокая цена
- ___ Отсутствие страховки или покрытия этих услуг страховкой
- ___ Недостаточная, на мой взгляд, серьезность проблемы
- ___ Отсутствие транспорта передвижения или слишком удаленное расположение учреждения
- ___ Другое: _____

15. В настоящее время имеете ли вы какое-либо из нижеперечисленных типов медицинского страхования? (Отметьте все подходящие варианты)

- ___ Страховой план оформлен через работодателя или вашего супруга (супругу) либо через работодателя вашего родителя
- ___ Страховой план оформлен на вас или вашу семью (не через работодателя)
- ___ Medicare
- ___ Medicaid
- ___ Программы CHAMPUS, TRICARE или пособия для ветеранов
- ___ Другой тип страховки. Укажите: _____
- ___ Отсутствие медицинского страхования

16. Насколько вы согласны или не согласны со следующими утверждениями в отношении ваших общих привычек в питании?

	Полностью соглашаюсь	Соглашаюсь	Затрудняюсь ответить	Не соглашаюсь	Категорически не соглашаюсь
У меня здоровые привычки в питании	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Я часто ем фрукты и овощи	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Я редко ем вне дома	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Обычно я или кто-то из моей семьи готовит еду дома	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
У меня есть возможность покупать свежие продукты, например фрукты и овощи	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
У меня достаточно еды	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Я могу себе позволить питаться правильно	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Насколько вы согласны или не согласны со следующими утверждениями в отношении вашей физической активности?

	Полностью соглашаюсь	Соглашаюсь	Затрудняюсь ответить	Не соглашаюсь	Категорически не соглашаюсь
Я веду физически активный образ жизни	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Я часто занимаюсь физическими упражнениями	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Я являюсь членом оздоровительного центра или посещаю фитнес-клуб	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Мне хватает времени на занятия спортом	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Используете ли вы ресурсы местных сообществ?

	Нет	Да	Эти ресурсы не доступны
Общественные парки, спортивные или игровые площадки	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Фермерский рынок	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Общественный театр или другие культурные учреждения	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Дорожки для велосипедных и пеших прогулок	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Клубы или организации с регулярными встречами (например, клуб садоводов, книжный клуб)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Библиотеки	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. На сколько нижеперечисленные факторы мешают вам быть более здоровым?

	Не мешают	Немного мешают	Очень мешают
Я не могу посвятить время своему здоровью	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Здоровая пища очень дорогая	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Услуги профилактической медицины очень дорогие	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
У меня нет доступа к спортивным учреждениям	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
У меня нет доступа к хорошим продуктовым магазинам	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Фитнес-программы, абонемент в спортзал и т. д. стоят очень дорого	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
В моем сообществе нет безопасных мест для занятия спортом или они вовсе отсутствуют	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Мне не нравится заниматься спортом	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Мне не нравится питаться правильно	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Я не знаю, как питаться правильно	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Я не знаю, с чего начать	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Семья меня не поддерживает	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Я очень устаю	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
У меня есть физический недостаток, из-за которого я не могу заниматься спортом	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Мне мешает состояние моего психического здоровья	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Мне мешает злоупотребление алкоголем или наркотиками	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Уход за ребенком занимает слишком много времени	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Мне мешает отсутствие транспорта	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Другое: _____			

20. Какие типы медицинских услуг являются наиболее важными для поддержания ВАШЕГО здоровья? (Выберите четыре варианта, которые подходят больше всего)

- ☐ Скрининг для выявления онкологических заболеваний или лечение от рака
- ☐ Анализ на COVID-19, вакцинация или лечение
- ☐ Лечение диабета
- ☐ Лечение от наркотической и алкогольной зависимости
- ☐ Обеспечение готовности к чрезвычайным ситуациям
- ☐ Профилактика падений
- ☐ Скрининг на выявление ВИЧ-инфекции или СПИД либо лечение
- ☐ Скрининг на выявление сердечно-сосудистых заболеваний, лечение или уход
- ☐ Скрининг на выявление гипертонии, лечение или уход
- ☐ Психологическая помощь
- ☐ Питание
- ☐ Наблюдение беременности
- ☐ Плановые осмотры
- ☐ Отказ от курения
- ☐ Предотвращение самоубийств
- ☐ Вакцинация
- ☐ Потеря веса
- ☐ Другое: _____

21. Какое поведение, на ваш взгляд, является самым опасным среди взрослых людей в вашем сообществе? (Выберите три варианта, которые подходят больше всего)

- ☐ Злоупотребление алкоголем
- ☐ Злоупотребление наркотиками
- ☐ Употребление табачных изделий или использование вейпа
- ☐ Плохое питание или отсутствие физической активности
- ☐ Отказ от обучения в средней школе
- ☐ Отказ от вакцинации в целях профилактики
- ☐ Отсутствие других обследований или профилактической медицинской помощи
- ☐ Небезопасные половые акты
- ☐ Другое: _____

22. Какое поведение, на ваш взгляд, является самым опасным среди подростков в вашем сообществе? (Выберите три варианта, которые подходят больше всего)

- ☐ Злоупотребление алкоголем
- ☐ Злоупотребление наркотиками
- ☐ Употребление табачных изделий или использование вейпа
- ☐ Плохое питание или отсутствие физической активности
- ☐ Отказ от обучения в средней школе
- ☐ Отказ от вакцинации в целях профилактики
- ☐ Отсутствие других обследований или профилактической медицинской помощи
- ☐ Небезопасные половые акты
- ☐ Другое: _____

23. Какие, на ваш взгляд, три главные вещи необходимы обществу, чтобы быть здоровым? (Выберите три варианта, которые подходят больше всего)

- ☐ Безопасность или низкий уровень преступности
- ☐ Доступная медицинская помощь (для профилактики)
- ☐ Доступная медицинская помощь (для лечения)
- ☐ Доступ к недорогой здоровой пище
- ☐ Хорошие возможности для получения образования
- ☐ Доступ к игровым или спортивным площадкам
- ☐ Зеленые зоны
- ☐ Доступ к недорогому жилью
- ☐ Другое: _____

Предоставьте информацию о себе.

24. Какая ваша расовая принадлежность? (Выберите один вариант)

- ☐ Афроамериканец или представитель темнокожего населения
- ☐ Европеоид или представитель белой расы
- ☐ Представитель смешанной расы
- ☐ Коренной американец или американский индеец
- ☐ Уроженец Азии
- ☐ Другое: _____

25. Вы испаноязычный, выходец из Испании или латиноамериканец? (Выберите один вариант)

- ☐ Да
- ☐ Нет

26. Какова ваша гендерная идентичность? (Выберите один вариант)

- ☐ Женщина
- ☐ Мужчина
- ☐ Небинарный гендер
- ☐ Другое: _____

27. Сколько вам лет? (Выберите один вариант)

- ☐ Младше 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ От 75

28. Какое образование вы получили? (Выберите один вариант)

- ☐ Неоконченное среднее
- ☐ Оконченное среднее
- ☐ Обучение в колледже
- ☐ Младший специалист
- ☐ Бакалавр
- ☐ Ученая степень выше степени бакалавра

**29. Какой доход вашей семьи?
(Выберите один вариант)**

- ☐ Менее 15 000 \$0
- ☐ От 15 000 \$ до 24 999 \$
- ☐ От 25 000 \$ до 34 999 \$
- ☐ От 35 000 \$ до \$49 999 \$
- ☐ От 50 000 \$ до \$74 999 \$
- ☐ От 75 000 \$ до \$99 999 \$
- ☐ От 100 000 \$ до \$149 999 \$
- ☐ От 150 000 \$ до \$199 999 \$
- ☐ От 200 000 \$

**30. Каков ваш статус занятости?
(Выберите один вариант)**

- ☐ Работаю полный рабочий день
- ☐ Работаю неполный рабочий день
- ☐ Безвозмездно работаю на семейном предприятии
- ☐ Пребываю на пенсии
- ☐ Не работаю, ищу работу
- ☐ Не работаю, не ищу работу

31. Где вы проживаете? (Выберите один вариант)

- ☐ Округ Спартанберг
- ☐ Город Спартанберг
- ☐ Другое: _____

**32. В каком округе вы работаете?
(Выберите один вариант)**

- ☐ Спартанберг
- ☐ Чероки
- ☐ Гринвилл
- ☐ Юнион
- ☐ Другое: _____

