Legend Of Urban, Rural, and Very Rural Definitions

The following definition of urban, rural, and very rural is based on the size of the largest town in that county.

**URBAN**
- Counties with largest town 25,000 or greater.
  - Aiken
  - Anderson
  - Beaufort
  - Berkeley
  - Charleston
  - Dorchester
  - Florence
  - Greenville
  - Horry
  - Lexington*
  - Pickens*
  - Richland
  - Spartanburg
  - Sumter
  - York

**RURAL**
- Counties with largest town less than 25,000
  - Abbeville
  - Allendale
  - Bamberg
  - Barnwell
  - Calhoun
  - Cherokee
  - Chester
  - Chesterfield
  - Clarendon
  - Colleton
  - Darlington
  - Dillon
  - Edgefield
  - Fairfield
  - Georgetown
  - Greenwood
  - Hampton
  - Jasper
  - Kershaw
  - Lancaster
  - Laurens
  - Lee
  - Marion
  - Marlboro
  - McCormick
  - Newberry
  - Oconee
  - Orangeburg
  - Saluda
  - Union
  - Williamsburg

**VERY RURAL**
- Counties with largest town less than 10,000
  - Abbeville
  - Allendale
  - Bamberg
  - Barnwell
  - Calhoun
  - Chester
  - Chesterfield
  - Clarendon
  - Colleton
  - Darlington
  - Dillon
  - Edgefield
  - Fairfield
  - Hampton
  - Jasper
  - Kershaw
  - Lancaster
  - Lee
  - Marion
  - McCormick
  - Oconee
  - Saluda
  - Williamsburg

*Lexington and Pickens counties are considered urban since they are bedroom communities to major metropolitan areas.
South Carolina's Rural Population

South Carolina is still a largely rural state; thus, issues of health care must consider the impact of policy decisions on rural areas and rural residents. Rural areas have a larger proportion of African American residents and thus, the issue of racial disparities in health and healthcare are directly related to improving health in rural areas. The following information is based on the official population estimates of the Bureau of the Census for the year 1999 (which are derived from the 1990 Census):

RURAL SOUTH CAROLINA:
• 29% of South Carolina's population is rural.
• 59% of South Carolina's rural population is Caucasian.
• 40% of South Carolina's rural population is African American.

VERY RURAL SOUTH CAROLINA:

• 18% of South Carolina's population is very rural.
• 58% of South Carolina's very rural population is Caucasian.
• 42% of South Carolina's very rural population is African American.

URBAN SOUTH CAROLINA:

• 71% of South Carolina's population is urban.
• 74% of South Carolina's urban population is Caucasian.
• 26% of South Carolina's urban population is African American.

Maternal and Infant Health

Maternal and infant health are important indicators of the overall health of the area. High infant mortality rates tend to be indicators of overall poor health for an area. Assuring that women in rural areas receive adequate prenatal care to insure positive birth outcomes is an important policy issue.

The following information regarding births and maternal health are based on data from the 1999 birth certificate files (except where noted):

• The rural birth rate is 32.6/1,000 female population aged 15-44.
• The very rural birth rate is 51.4/1,000 female population aged 15-44.
• Every day in rural South Carolina 5 babies are born weighing less than 5 pounds.
• Every day in rural South Carolina 4 women are not receiving adequate prenatal care.
• Every day in rural South Carolina 9 babies are born to teenage mothers.
• Teens in the very rural areas are 33% more likely to give birth than are teens in urban areas.
• Rural residents aged 19-44 are 21% more likely to be hospitalized during their prenatal period (based on 1999 inpatient hospitalization data).

The following information regarding infant mortality is based on 1997 vital statistics data:

• The rural infant mortality rate is 9.7/1,000 population  
  (this compares to a national infant mortality rate of 7.2/1,000 population -NCHS 1997).
• In 1997, 142 babies in rural South Carolina died before the age of 1.
• In rural South Carolina, African American infants are twice as likely to die before the age of 1 than are Caucasian infants.
In the very rural areas African American infants are more than 2.5 times more likely to die before the age of 1 than are Caucasian infants.

**Preventable Hospitalizations**

Preventable hospitalizations, which are also known as ambulatory care sensitive conditions (ACSC), refer to hospitalizations for conditions that should be treatable on an outpatient basis. Thus, these hospitalizations may indicate an inability of certain individuals to access necessary preventive and outpatient care. The study of preventable hospitalizations is limited to individuals under age 65, since the elderly have very different health trajectories than others.

Access to health care refers to the ability of all residents to receive efficient and effective health care. Ensuring equitable access to health care is an important public policy goal for the state of South Carolina. Preventable hospitalizations are one measure of access to health care.

Analyses reveal that rural residents are one such group who are likely to be hospitalized for conditions that should have been treatable on an outpatient basis. Using statewide inpatient hospitalization data for 1999, the following was revealed:

Residents of rural areas are more likely than their urban counterparts to be hospitalized for a condition that should have been treated on an outpatient basis. The following statistics are given for rural residents:

- Overall, rural residents are 26% more likely to be hospitalized for a possibly preventable hospitalization than urban residents.
- Rural children aged 0-5 are 39% more likely to be hospitalized for a possibly preventable hospitalization than urban children.
- Rural children aged 13-18 are 19% more likely to be hospitalized for a possibly preventable hospitalization than urban children.
- Rural adults aged 19-44 are 34% more likely to be hospitalized for a possibly preventable hospitalization than urban adults.
- Rural adults aged 45-64 are 16% more likely to be hospitalized for a possibly preventable hospitalization than urban adults.

Rural children were more likely than urban children to be hospitalized for the following ambulatory care sensitive conditions (ACSC):

- Rural children aged 0-5 in are 86% more likely than urban children to be hospitalized for bacterial pneumonia.
- Children aged 0-5 in the very rural areas are twice as likely as urban children to be hospitalized for bacterial pneumonia.
- Rural children aged 13-18 are 29% more likely than urban children to be hospitalized for asthma.
Rural adults were more likely than urban adults to be hospitalized for the following ambulatory care sensitive conditions (ACSC):

- Rural adults aged 19-44 are 23% more likely to be hospitalized for diabetes than urban adults.
- Rural adults aged 19-44 are 29% more likely to be hospitalized for bacterial pneumonia than urban adults.
- Rural adults aged 19-44 are 29% more likely to be hospitalized for asthma than urban adults.
- Rural adults aged 19-44 are 37% more likely to be hospitalized for kidney and urinary tract infections than urban adults.
- Rural adults aged 45-64 are 16% more likely to be hospitalized for congestive heart failure than urban adults.
- Rural adults aged 45-64 are 18% more likely to be hospitalized for bacterial pneumonia than urban adults.
- Rural adults aged 45-64 are 32% more likely to be hospitalized for diabetes than urban adults.

Health Conditions

Health conditions and deaths are one indicator of equitable health care. Increased deaths in the rural areas and increased likelihood of hospitalization in rural areas may indicate inadequate access to care in the rural areas.

The following information regarding the health of rural South Carolinians is based on data taken from the 1998 death certificate files and from 1999 inpatient hospitalizations.

CANCER

- Everyday in rural South Carolina 7 people die from cancer.
- Every week in rural South Carolina 4 people die from prostate cancer.
- Residents of the very rural areas of South Carolina are 20% more likely than urban residents to die from cancer.
- People in very rural South Carolina are almost 50% more likely to die from prostate cancer than are urban residents.
- African American men in rural South Carolina are nearly twice as likely to die from prostate cancer than are rural Caucasian men.

CARDIOVASCULAR DISEASE

- Overall, very rural residents are 37% more likely than urban residents to die from heart problems.
- Very rural residents of South Carolina are 44% more likely than urban residents to die from a heart attack.
• Very rural South Carolinians are 52% more likely than urban residents to die from congestive heart failure.
• Very rural South Carolinians are 37% more likely than urban residents to die from a stroke.
• Rural African Americans are 12% more likely to die from stroke than rural Caucasians.
• Rural residents are 54% more likely than urban residents to be hospitalized for atherosclerosis (clogged coronary arteries).
• Rural residents are 52% more likely than urban residents to be hospitalized for hypertension.

DIABETES

• Rural African Americans are 57% more likely to die from diabetes than are rural Caucasians.
• Very rural African Americans are 70% more likely to die from diabetes than are very rural Caucasians.

KIDNEY AND URINARY HEALTH

• Residents of very rural areas are 33% more likely than urban residents to be hospitalized for kidney and urinary tract infections.
• Very rural residents are 33% more likely than urban residents to die of kidney and urinary tract problems.

RESPIRATORY HEALTH

• Very rural residents of South Carolina are 24% more likely than urban residents to die from pneumonia.

ACCIDENTS

• Overall, very rural residents are 35% more likely to die from accidents than urban residents.
• Among the young to middle adults (age 25-49), very rural residents are 50% more likely to die from accidents than are urban residents.

Utilization Of Health Services

Improving access to health care in rural areas is an important policy issue in the state of South Carolina and the nation. Utilization of health services is one of the most common measures of assessing access to care.

Utilization of health services is examined by looking at statewide inpatient hospitalizations and statewide emergency room visits. In particular, higher rates of hospitalizations and emergency
room visits, and increased likelihood of receiving services out of county may indicate impaired access to care for rural residents.

**INPATIENT HOSPITALIZATIONS**

An examination of 1999 inpatient hospitalization data reveals that rural residents are not experiencing the same access to care:

- 48% of rural residents (and 55% of very rural residents) who are hospitalized are hospitalized out of county (versus 19% in urban areas).
- Rural children aged 0-5 are 20% more likely to be hospitalized than urban children.
- 48% of rural residents who are hospitalized for obstetrics are hospitalized out of county (versus 16% in urban areas).
- 81% of rural residents (and 89% of very rural residents) who are hospitalized for psychiatric care are hospitalized out of county (versus 33% in urban areas).
- Rural residents fill 33% of all hospital beds.

**EMERGENCY ROOM VISITS**

An examination of 1999 emergency room visit data reveals that rural children and residents of very rural areas may not be receiving equitable access to care:

- Residents of very rural counties are 18% more likely to visit the ER than urban residents.
- Rural children aged 0-5 are 20% more likely than urban children to visit the ER for viral infections.

**Insurance Coverage**

The rural areas are commonly known to have higher rates of uninsured citizens as well as higher proportions of citizens who receive Medicaid or Medicare. Lack of insurance decreases significantly the likelihood of receiving timely and appropriate care. High proportions of Medicaid and Medicare clients affect the reimbursement levels of hospitals and physician practices as well as having implications on individual's likelihood of receiving specialty care.

**UNINSURED**

- Every day in rural South Carolina, 112 people receive medical services or which they cannot pay. Over half (54%) of these uninsured rural residents are non-Caucasian.
- Almost 18% of people from rural areas who visit the ER have no source of insurance (self-pay).

**MEDICAID AND MEDICARE**

- Medicare and Medicaid paid for 55% of rural inpatient hospitalizations in 1999.
• 44% of children in rural South Carolina ages 1-14 are enrolled in Medicaid, Temporary Assistance to Needy Families (TANF), and food stamp programs.
• Medicaid pays for a greater proportion of hospitalizations and ER visits in rural than urban areas.

Health Resources

Health resources include hospitals, advanced practice nurses, physician assistants, and physicians. It is important to the health of rural citizens that an adequate health infrastructure is in place to assure that residents have access to basic medical care.

Hospitals

The following information comes from the Joint Annual Report of Hospitals October 1998 - September 1999:

• Rural hospitals employ 10,416 full time employees.
• Medicare reimbursements make up 47% of hospital revenues in rural hospitals.
• Medicaid reimbursements make up 15% of hospital revenues in rural hospitals.

Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants

This information comes from the 2000 health professions licensure files:

• There are 6 times as many physician assistants in urban SC than in rural SC.
• There are 9 times as many physician assistants in urban SC than in very rural SC.
• There are 4 times as many nurse practitioners in urban SC than in rural SC.
• There are 6 times as many nurse practitioners in urban SC than in very rural SC.
• There are 6 times as many certified nurse midwives in urban counties than in rural counties.

Family Practice Physicians

This information comes from the 2000 physician licensure files:

• Of family practice physicians who completed medical school in 1981 or later, 60% of rural physicians completed either their medical school training or their residency in South Carolina.
• Of family practice physicians who completed medical school in 1981 or later, 63% of physicians in very rural areas completed either their medical school training or residency in South Carolina.
Primary care includes family practice, internal medicine, pediatrics, and obstetrics and gynecology.