

LOCAL STATE

SECTION B

INSIDE: *Obituaries 4.B, Business 7.B, Weather 12.B*

FRID

Rural health care burdened by poverty

South Carolina one of six Southern states where 70 percent of rural blacks live

BY LYNNE LANGLEY
Of The Post and Courier Staff

Rural blacks gather in South Carolina and the Deep South, where the statistics, including those on health care, look dreary, according to a new nationwide study.

Poverty in these areas is creating a health care burden that will be difficult to solve, the USC study concluded, and its director said the

solution could lie in economic development.

"Things aren't going to get better soon. We are at a critical point in health care in rural areas of the United States," said Dr. Michael Samuels, director of the S.C. Rural Health Research Center at the University of South Carolina's School of Public Health.

Samuels is a lead author of "Minorities in Rural America," the

first report to compile and analyze information on the nation's various rural minorities.

"No one has ever done it," Samuels said of maps that show, county by county nationwide, the percentage of minority residents. "What's interesting is these all turn out to be low-income counties."

South Carolina stands out as one of six states, all in the South, where 70 percent of rural blacks live.

In 12 of the state's 46 counties, blacks make up the majority, and each of the dozen is rural. Allendale's population, for instance, is 71 percent black and Williams-

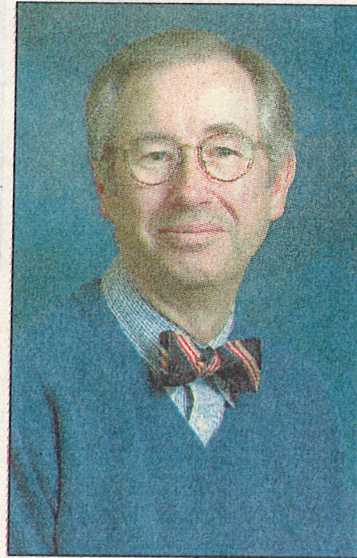
burg more than 66 percent.

With 34 percent of rural blacks being poor, compared with 13 percent of rural whites, this state shoulders what Samuels describes as a tremendous burden in health care costs.

In some counties, Medicaid covers more than half of all health care costs. This state pays about \$1 for every \$3 the federal government provides for the program.

"No question, there is a correlation between poverty and poor health," Samuels said.

See *POVERTY, Page 6B*



Michael Samuels

Cou
hot
tra
4 fi

Offici
tax br

Rural health care burdened by poverty

POVERTY from Page 1B

MINORITIES IN RURAL AMERICA

"The poor cannot afford health care, and communities without resources find it difficult, if not impossible, to attract and retain health care providers."

He pointed to poor access and transportation: The rural poor obtain help late, not as preventive medicine but as emergency care.

The problem is poverty more than rural-versus-urban location or race and ethnicity, Samuels is convinced. "The real issue is economic development. We need to improve job opportunities and education."

Funding for community resource development, such as business assistance, flows principally to metropolitan counties, and that trend will have to change if rural communities and health care are to survive, according to the federally funded report.

In all, 84 percent of counties with a majority black population are critically short of health care professionals, and 70 percent of rural blacks live in counties

▶ About 70 percent of poor, rural blacks live in six Southern states: South Carolina, Alabama, Georgia, Louisiana, Mississippi and North Carolina.

▶ About 73 percent of all poor, rural Hispanics live in five Southwestern states: Arizona, California, Colorado, New Mexico and Texas.

▶ More than 57 percent of all poor, rural Native Americans live in five Western states: Arizona, Montana, New Mexico, Oklahoma and South Dakota.

▶ Among rural residents, 34 percent of blacks are poor, as are 34 percent of Native Americans, 25 percent of Hispanics, 13 percent of whites and 11 percent of Asians/Pacific Islanders.

▶ In urban counties, 27 percent of blacks live in poverty versus nearly 32 percent nationwide.

▶ The total personal income for rural counties with a majority black population was 67 percent of the national value.

ranked as shortage areas.

This first report by the rural health research center, which opened in September 2000, recommends ways that various federal agencies could help.

Samuels, who served as national director for the program, praised community health centers. A community submits a grant application then organizes its own health center, which treats all residents regardless of ability to pay and doesn't refuse service to anyone, Samuels said.

Of 600 such programs nationwide, South Carolina has 17, including Sea Island Medical Center on Johns Island. Two of the best in the country are the Beaufort-Jasper Comprehensive Health Services and Family Health Center in Orangeburg, he said.

The report recommends continuing, if not increasing, money for the centers and for the National Health Service Corps, which places doctors and other health practitioners in rural areas that have shortages.