CENTER FOR RURAL AND PRIMARY HEALTHCARE

2023-2024 FUNDED PROGRAMS

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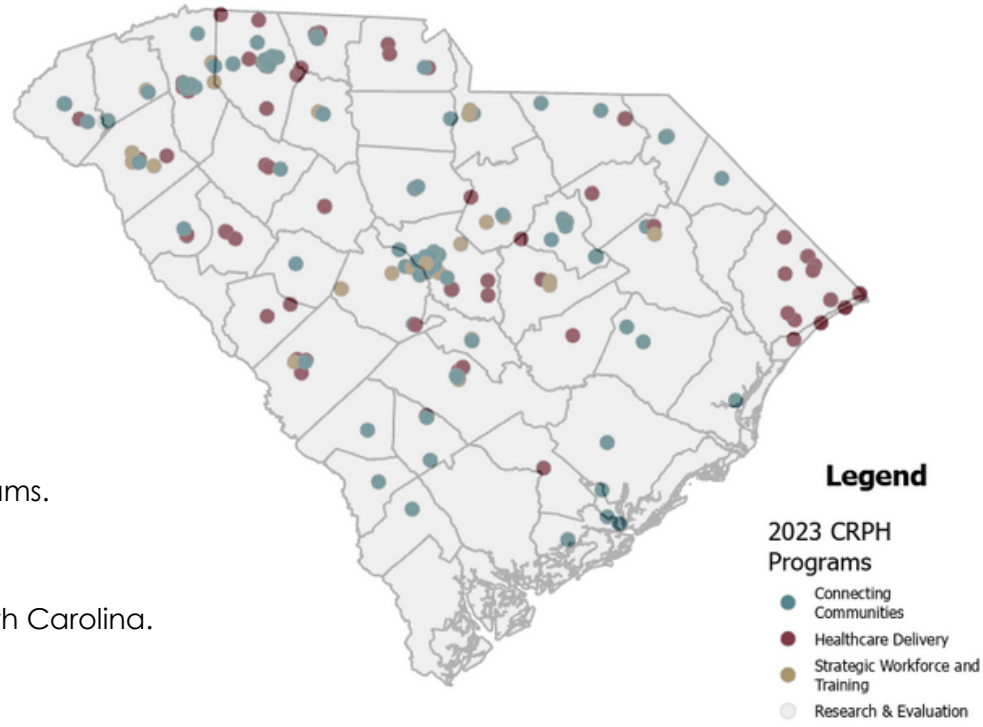
YOUR IMPACT

CRPH ACTIVE FUNDED PROJECT SERVICE LOCATIONS



63
currently funded programs.

241
service locations in South Carolina.

21,688 +
patients served though all CRPH funded programs in 2023.

1,000,000+
miles of travel saved for South Carolina's kids and families in their pursuit of quality specialty pediatric care.

15,658
patients received clinical services closer to home through CRPH funded iCARE and mobile healthcare programs.

1,383
individuals were connected to health care or resources to address their social needs in eight rural library systems across SC.

340
medical students and residents gained rural health experience, increasing the likelihood of them practicing in rural SC upon completion of their training.

2,004
patients served through the Mobile Health Unit Enhancement Program.

1,808
pediatric patients served across nine pediatric subspecialties.

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Focus Area:

CONNECTING COMMUNITIES

LIBRARIES AND HEALTH

Lowcountry

Orangeburg County Library Resource Associate

Organization:
Tri-County Health Network and Orangeburg County Public Library

Summary:
The Library Resource Associate (LRA), a trained social worker, addresses health-related social needs and connects library patrons to comprehensive services, including healthcare.

Why this Matters:
Through the LRA, library patrons are linked to support services to increase access to healthcare by making referrals to local healthcare partners at MUSC Health Orangeburg and a local free medical clinic for the uninsured/underinsured.

Approach:

- Refers library patrons to different community partners and healthcare services.
- In partnership with the Orangeburg-Calhoun Free Medical Clinic, the network assists in providing direct care to community members in their own environments via a contracted nurse practitioner.

Highlights and Impact:
The LRA has greatly increased partnerships with community-based and healthcare organizations. Through case management, community events, and health education, the LRA has had over 1,300 encounters with community members.

Project Lead:
Stephanie Harrison
(hstephan@musc.edu)

LIBRARIES AND HEALTH

Midlands

Library Social Worker- Kershaw County Library

Organization:
Kershaw County Public Library

Summary:
The Kershaw County Library and Community Medical Clinic integrate a social worker to offer case management to individuals in the County to improve health and wellness by connecting community members to healthcare and social services. The social worker offers weekly office hours at all library branches in Kershaw County, including Camden, Elgin, and Bethune.

Why this Matters:
This program connects clients to a primary care provider/medical home, helps clients obtain access to health insurance and/or affordable healthcare, and encourages clients to adopt healthier behaviors through health education and increased access to services.

Approach:

- Provides case management to individuals to connect them with appropriate providers, resources, and services.
- Leverages partnerships with the Community Medical Clinic and Access Kershaw to connect all individuals with affordable primary care.

Highlights and Impact:

- In collaboration with Live Well Kershaw, the KCPL has created and maintained a county resource directory for the library social worker and other county agencies to utilize called 'Where is Care?'
- The library social worker made 75 physical and mental health referrals to healthcare partners and 213 referrals to social service organization/agencies.

Project Lead:
Amy Schofield
(amys@kershawcountylibrary.org)

LIBRARIES AND HEALTH

Upstate

Better Health - Abbeville, SC

Organization:
Abbeville County Library System

Summary:
The Abbeville County Library System closes gaps seen in its community through partnerships and health programming. Through their health hub, they are able to reach those in Abbeville County with health and social care needs.

Why this Matters:
The library has been able to expand its reach to include health programs that provide opportunities for community members to engage in physical activity programs, health education, and receive one-on-one benefits assistance.

Approach:

Through its two Health Advocates, the Abbeville County Public Library focuses on community health improvement and connecting individuals to health and social care services.

Highlights and Impact:

- Abbeville residents have been reached through health events including Community Baby Showers, Mental Health First Aid Trainings, and exercises classes.
- The library held two successful events, in partnership with Healthy Blue of South Carolina, to help residents re-enroll or determine eligibility for Medicaid and distribute free diapers.
- Community members are able to receive free blood pressure and cholesterol screenings at the library through a partnership with Self Regional Health Express Mobile Unit.

Project Lead:
Faith Line
(fline@abbevillecounty.org)

LIBRARIES AND HEALTH

Upstate

Expanding Access to Healthcare in Oconee County

Organization:
Oconee County Library System

Summary:
This project leverages library resources and community partnerships to improve Oconee County's healthcare access. The library provides a base for a community resource assistant to deliver case management and related partnership services, including workforce development and education, assistance with housing and childcare referrals, and working with local healthcare providers for access to care to improve health countywide.

Why this Matters:
Oconee Library System coordinates and establishes resource development to provide patrons opportunities to connect to healthcare, social services, and workforce training to address health disparities, housing needs, and food insecurity.

Approach:

- Uses a community resource assistant and Spanish translator to help assist patrons with their needs.
- Strengthen and expand community partnerships and networks to connect patrons to needed services and agencies.
- Utilizes Bookmobile to increase outreach and service sites for community members to receive health and social support.

Highlights and Impact:

This program has been able to enhance services for Spanish-speaking families in Oconee with the addition of a part-time translator.

Project Lead:
Blair Hinson
(bhinson@oconeesc.com)

LIBRARIES AND HEALTH

Lowcountry

Charleston County Public Library and The Wellness in the South-East Health Network

Organization:

Charleston County Public Library

Summary:

The Wellness in South-East (WISE) Health Network aims to improve the health and well-being of individuals in the rural Lowcountry by increasing access to healthcare and other resources through health education and telehealth. A community health worker (CHW) in the Charleston County Public Library serves as a tele-preceptor for telehealth appointments, offers health education, and connects individuals to health and social services at several rural library branches in Charleston County.

Why this Matters:

This initiative addresses persistent health disparities through a "life course" perspective on health promotion and disease prevention. The project increases access to healthcare, early intervention services, continuity of care, and availability of resources through telehealth.

Approach:

- Connects individuals to healthcare resources and care management in maternal care, chronic illness, infectious disease, and mental health through the CCPL system.
- A CHW provides health education, connects individuals to available community and social services, and serves as a tele-preceptor for direct preventive care through telehealth appointments with MUSC faculty.
- WISE partners with DHEC to provide low-cost referrals for in-person services.

Highlights and Impact:

- The WISE Telehealth Network has reached over 1,250 rural Lowcountry residents through the Community Health Worker.
- A partnership with Access Health Tri-County has allowed the CHW to enroll eligible library patrons who are low-income/uninsured to access primary and specialty care.

Project Lead:

Kathleen Montgomery
(montgomeryk@ccpl.org)

LIBRARIES AND HEALTH

Pee Dee

Lee County Public Library Community Health Hub

Organization:
Foundation for Community Impact and Health Equity

Summary:
Lee County Library has become a community Health Hub to address high-need, underserved residents. With a dedicated space for preventive screenings on mini-mobile vans, a community health worker (CHW) provides resources and referrals to community members. In addition, community members who participate in screenings receive vouchers for fresh produce to be redeemed at the local farmer's market.

Why this Matters:

This project incorporates a CHW to increase access to health and social services for underserved Lee County residents. The CHW provides preventive screenings and connects patients with a CareSouth Carolina primary care provider through telehealth services or with appropriate and identified social services that address relevant social needs impacting health.

Approach:

- Lee County Library has created a HIPPA-compliant health clinic extension site that makes referrals and provides health education and social service resource materials.
- Utilizes a mobile van to provide vaccinations, HIV and Hepatitis C screenings, cancer screenings, and oral health screenings.
- Implements several virtual and in-person workshops on health literacy topics in collaboration with CareSouth Carolina providers and community partners.

Highlights and Impact:

- The Lee County Health Hub served 315 community members in 2023. The Health Hub continues to screen and connect individuals to community resources to address health-related social needs.
- The Health Hub's CHW was able to help several hub members establish a medical home at CareSouth Carolina.

Project Lead:

Quintasha Knox
(qknox@fcihe.org)

LIBRARIES AND HEALTH

Pee Dee

Marion Wright Edelman Community Health Hub

Organization:
Foundation for Community Impact and Health Equity

Summary:

The community Health Hub in Marlboro creates clinical-community linkages to increase the provision of clinical services and connection to social services to mitigate the barriers that impede residents from achieving optimal health outcomes.

Why this Matters:

The community Health Hub hosts bi-monthly health and social service screenings at Marlboro County Library for Marlboro County residents, including COVID outreach and vaccines and an on-site Farmers Market to include fresh produce from a local Marlboro County farmer to increase community awareness and utilization of healthcare resources.

Approach:

- The hub establishes partnerships between Marlboro County Library and local health and social service providers while understanding the importance of clinical and community linkages.
- Cross-trains the library staff to serve as referral liaisons to social service providers within the county.

Highlights and Impact:

The CHW has had over 150 patron encounters to help individuals access preventative health and primary care services and social services.

Project Lead:
Quintasha Knox
(qknox@fcihe.org)

LIBRARIES AND HEALTH

Lowcountry

Collaborating to Address Critical Needs in Calhoun County

Organization:
Calhoun County Public Library

Summary:

The Calhoun County Library employs a full-time social worker to develop a referral system and provide short-term case management to library patrons in Calhoun County.

Why this Matters:

- The social worker provides access to current, relevant crisis-related information for all of Calhoun County, including crisis response efforts.
- Through programs and partnerships, the social worker connects library patrons to information, resources, and services to improve their health and wellbeing.

Approach:

- Leverages local programs and partnerships with the Calhoun County Library to connect people to vital services.
- Develops a comprehensive library crisis management strategy.
- Prioritizes those without broadband internet access at home to address the digital divide in Calhoun County.

Highlights and Impact:

- Since March 2023, the health liaison has made almost 80 referrals to connect library patrons to social services, including SNAP, vocational rehab, food banks, utility assistance, etc.
- A South Carolina State University social work student is completing an internship at the library, gaining field experience in case management, community engagement, and working with rural communities.

Project Lead:
Melissa McLeod
(mmcleod@calhouncountylibrary.org)

Statewide

Improving Fresh Food Access in Rural South Carolina

Organization:
FoodShare SC

Summary:

This program supports FoodShare SC in increasing the capacity of the community-based organizations that operate FoodShare Hubs in rural counties of South Carolina and continue to develop and grow the reach of their impact in addressing food insecurity.

Why this Matters:

While volunteerism is a vital source of support at the FoodShare hubs, part- or full-time staff offered at rural hubs increases local capacity and ability to achieve its aims in addressing rural food access.

Approach:

This initiative focuses on Orangeburg, Chesterfield, Williamsburg, and Marlboro counties and builds local capacity for hub operations and sustainment.

Highlights and Impact:

In addition to the partnership with CRPH to support staff at the rural FoodShare hubs, FoodShare was awarded a start-up grant from the Blue Cross Blue Shield Foundation to purchase equipment.

Project Lead:
Omme-Salma Rahemtullah
(rahemtuo@uscmed.sc.edu)

Statewide

SC Witness Project Increasing Mental Health Awareness in Rural Communities

Organization:
South Carolina Witness Project

Summary:

The South Carolina Witness Project aims to create safe spaces and provide local mental health resources to decrease the stigma surrounding mental illness and connect rural individuals to mental health support.

Why this Matters:

This program challenges the stigma surrounding mental illness, specifically amongst rural African Americans, by creating a space where people feel comfortable discussing mental health and providing community resources to receive help.

Approach:

- Trusted community volunteers/leaders are trained to host presentations in their community to increase awareness of mental health as well as available local mental health resources.
- Collaboration between the South Carolina Witness Project and local mental health providers improves community-clinical linkages.
- Partnering with local faith-based organizations, community leaders, community health centers, and county-level mental health departments allows rural residents to receive care where they live, surrounded by local people/entities they trust.

Highlights and Impact:

Twelve community champions from rural areas including Laurens, Cherokee, and Allendale County attended the Adult Mental Health First Aid Training to bring mental health knowledge and raise awareness in their own community.

Project Lead:
Jacqueline Talley
(scwitnessproject1@gmail.com)

Pee Dee

Expanding Access Health Services to Expectant Mothers in Rural Areas

Organization:
McLeod Health

Summary:

This program expands the capability of McLeod Health's Access Health program, allowing it to begin serving expectant mothers in the McLeod Health Cheraw and McLeod Health Clarendon service areas. This initiative is based on the McLeod Family Medicine Rural Residency programs at McLeod Cheraw and Clarendon to serve Chesterfield, Marlboro, Clarendon, and Williamsburg counties.

Why this Matters:

The overall goal of this program is for mothers to receive support from a community health worker (CHW), reduce missed prenatal appointments, and reduce the percentage of babies born at a low birthweight among program participants by half. This project benefits uninsured, vulnerable women experiencing socioeconomic barriers, poor/nonexistent access to prenatal care, and lack of support systems, who are at increased risk for adverse birth outcomes and challenges in early parenthood.

Approach:

- Utilizes a CHW at the McLeod Cheraw and Clarendon Family Medicine offices, which exclusively serve expectant mothers.
- Incorporates Nurse-Family Partnership program to provide home visits to first-time, low-income, or at-risk mothers navigating through pregnancy and the early years of motherhood.
- Partners with available purveyors of community assistance that serve expectant mothers and their children. The most notable is WIC, which provides qualifying mothers with healthy foods, breastfeeding support, and other services.

Highlights and Impact:

- The CHW has assisted thirty-one expectant participants with patient navigation services, health education, and social service referrals for WIC, Healthy Start, car seats, Pack N' Plays, etc.
- The program has seen 25 live births among participants to date.

Project Lead:

Lorene Godbold
(lgodbold@mcleodhealth.org)

Lowcountry

Infant Mental Health Rural Workforce Training & Support Initiative

Organization:

South Carolina Infant Mental Health Association

Summary:

The South Carolina Infant Mental Health Association focuses on delivering comprehensive training and support to strengthen the early childhood workforce in rural areas. The Infant Mental Health Rural Workforce and Training Initiative is structured to serve the central rural areas of SC, specifically focusing on Safe Baby Court-participating families and professionals.

Why this Matters:

Through early and evidence-based interventions, children living in rural areas of SC are off to a better start, avoiding the common negative outcomes of the child welfare system, expulsion from preschool or kindergarten, early trauma, early learning deficits, and more. As a result of this project, there will be an increased rate of early developmental screenings and connections to local resources, and implementation of a safe baby court in Orangeburg County with wraparound behavioral health supports for infants and families involved in child welfare.

Approach:

- Offers a coordinated and comprehensive suite of training and support that is relationship-focused, developmentally sensitive, culturally responsive, trauma-informed, and spans the continuum of promotion, prevention, and treatment.
- Investing in the professional development of those who work with young children and their families will result in a more competent and confident workforce with a more significant impact on the community.
- Brings the four Help Me Grow Network Partners programs to rural/central South Carolina counties to increase developmental screenings and connection to local behavioral and physical health resources such as healthcare, high-quality childcare and education, nutrition, and parent support/training.

Highlights and Impact:

- The program has partnered with Orangeburg County Public Library to provide developmental screenings for children at the library's signature Read, Rattle, and Roll events.
- The Safe Baby Court Coordinator has assisted families in Orangeburg County with social care navigation, including rental assistance, food vouchers, baby supplies, and transportation.

Project Lead:

Kerrie Schnake
(kschnake@scimha.org)

Lowcountry

Piloting the Expansion of a Hospital-based Violence Intervention Program in Rural South Carolina

Organization:
Medical University of South Carolina – Department of Surgery

Summary:
Due to hospital closures in rural Lowcountry, many violent injury patients are treated in Charleston. Unfortunately, hospital-based violence intervention programs are unavailable and inconvenient for rural residents due to travel distance. This project enables MUSC's Turning the Tide Violence Intervention Program to expand to Orangeburg and Hampton Counties to provide wrap-around services for victims of violent injuries.

Why this Matters:
MUSC's Turning the Tide Violence Intervention Program closes the gap in care for rural violent injury patients and decreases violent injury recidivism by providing wrap-around service to patients within their community and/or remotely.

Approach:

- Trained violence intervention client advocates promote protective factors and reduce risk factors to decrease the chance of re-victimization.
- Services are provided from the patient's bedside at the hospital until one-year post-injury remotely and within their own homes/communities.

Highlights and Impact:

- Development of formal processes and protocols to incorporate the program into standard operating procedures.
- Increased capacity-building activities with MUSC Health Orangeburg.

Project Lead: Christa Green
(greechri@musc.edu)

Statewide

Expanding Access to Doulas to Improve Birth Outcomes for Rural Families

Organization:
Institute for Child Success

Summary:
The Institute for Child Success is developing a roadmap to identify rural interest in expanding access to doulas to determine barriers and best practices so that future expansion is most feasible and effective for rural communities in the next few years.

Why this Matters:
Rural communities are disproportionately affected by negative birth outcomes while facing environmental barriers, including lack of care. Health outcomes for mothers and babies can improve from access to doulas, especially community-based doulas for African American mothers.

Approach:

- Partnering with local, state, and national community-based organizations, local universities, steering committees, etc., to gain a thorough perspective of the birthing landscape in rural South Carolina to ensure success in expanding doula services to rural communities in the future.
- This project emphasizes the benefit doulas have on Black mothers and addressing health disparities in birth outcomes.

Highlights and Impact:

- Concluded analysis and report dissemination expected mid-2024
- Currently conducting qualitative interviews

Project Lead:
Megan Carolan
(mcarolan@instituteforchildsuccess.org)

Midlands & Lowcounty

Healthy Learners - Removing Children's Health Barriers to Learning in Rural South Carolina

Organization:
Healthy Learners

Summary:
Healthy Learners removes health barriers so students can focus on learning.

Why this Matters:
Health barriers negatively affect not only physical health but also educational outcomes. Unfortunately, rural residents face many environmental barriers to addressing these health concerns, including lack of insurance, health care, and transportation, which Healthy Learners addresses so that students can solely focus on school.

Approach:

- Screen/refer/serve
  - Students undergo mass health screenings for vision, dental, and hearing issues. Once students are identified as needing services, they're referred to local health care providers and taken to their initial appointment if parents are unable.

Highlights and Impact:

- Worked alongside school nurses to perform vision screenings for all Barnwell Consolidated School District students.
- Four hundred thirty-six miles driven to transport children to doctors' appointments due to parents working and being unable.

Project Lead:
Amy Splittgerber
(asplittgerber@healthylearners.com)

Upstate

FIT2gether - Union

Organization:
Union County School District

Summary:
This youth-led program allows students to identify and address wellness issues within their school to improve health outcomes within their community.

Why this Matters:
FIT2gether – Union empowers students and the community to address health issues that affect their rural community and improve the quality of life for all residents.

Approach:

- Whole Child-centered approach to community wellbeing.
- Underperforming and/or disengaged students are made Change Agents that assess their school's wellness data and design/implement programs, policies, etc., to address student and staff needs.
- Strengthen community partnerships to provide school-based telehealth and in-school mental health providers.

Highlights and Impact:

- Change Agents have agreed to participate and are beginning their assessments to determine focus areas.
- Mental health counselors are serving 50 students from a baseline of zero.

Project Lead:
Christina Cody
(cody@f2g.org)

Statewide

Improving Health Outcomes and Behaviors Through Expanding YMCA's Chronic Disease Prevention Programs to Rural Communities

Organization:
South Carolina Alliance of YMCAs

Summary:
The SC Alliance of YMCAs' Chronic Disease Prevention and Management Program partners with Rural Health Centers (RHCs) and Federally Qualified Health Centers (FQHCs). The SC Alliance of YMCAs aims to strengthen clinic-community linkages and educate patrons with hypertension, pre-diabetes, and cancer to improve health behaviors and outcomes.

Why this Matters:
Rural populations are disproportionately affected by chronic disease while also facing environmental barriers and high rates of underinsured/uninsured residents. YMCAs' Chronic Disease Prevention and Management Program provides community linkages for rural residents who may not be able to afford or physically access care.

Approach:
- Patrons can attend educational classes remotely via telehealth.
- Increase clinical partnerships.
- Increase clinical and employer reimbursement of program services.

Highlights and Impact:
- Enrolled 301 participants in the YMCA's chronic disease prevention programs.
- Sixty-four percent of participants heard about the program from a healthcare provider.
- Twenty-eight new referral partnerships were established with hospital networks, non-clinical partners, cancer institutes, and FQHCs.

Project Lead: Halie Patterson (halie@scymcas.org)

Statewide

SC Office of Rural Health Community Conversations

Organization:
SC Office of Rural Health

Summary:
The SC Office of Rural Health hosts Community Conversations to decrease the stigma surrounding substance use disorder (SUD), followed by Train the Trainer sessions for community members to lead Community Conversations in their rural communities.

Why this Matters:
The stigma surrounding SUDe perpetuates a lack of recovery options and shame surrounding seeking treatment. Community Conversations aims to provide education and decrease stigma among healthcare providers, communities, and individuals living with SUD to increase treatment capacity and encourage treatment-seeking in rural communities.

Approach:
- Using a curriculum developed through the HRSA RCORP RCOE program, supported by the Health Resources & Services Administration (HRSA) of the US Department of Health & Human Services (HHS), Community Conversations center individuals that SUD has impacted to decrease SUD stigma.
- Community Conversations are followed by Train the Trainer sessions for community members to learn how to continue the conversation with individuals in their communities.

Highlights and Impact:
- Thirty-four participants have attended Community Conversations throughout the state, and 16 participants have completed the Train the Trainer workshops in Fall 2023.
- Set to offer refresher training and new workshops and train-the-trainer sessions in the Spring of 2024.

Project Lead: Jessica Seel (jseel@scorh.net)

Statewide

Community Grant Writing Training with Technical Assistance

Organization:
SC Office of Rural Health

Summary:
Local coalitions and nonprofits engage in impactful initiatives and activities to address the root causes of poor health in South Carolina. The SC Office of Rural Health facilitates leadership development strategies, helps coalitions strengthen their impact, and invests in local projects to help build capacity at the local level to tackle community health issues. This program provides grant writing workshops and technical assistance in rural communities in the Pee Dee, Midlands, Lowcountry, and Upstate regions.

Why this Matters:
Grant writing workshops fill an identified need to build capacity in rural areas to access funding opportunities. The workshops support local coalitions, community leaders, and nonprofits in writing successful grant proposals to expand and sustain their work.

Approach:
- Grant writing workshops are held in rural communities throughout South Carolina, where a subject matter expert instructs on the grant writing process and best practices to write a successful grant proposal and ways to identify potential funders and how to tailor proposals to meet specific needs.
- Workshop attendees will have the opportunity to participate in a grant writing simulation and receive feedback following each regional workshop.

Highlights and Impact:
- Two hundred and five attendees have participated in one of the four regional grant writing workshops hosted in the Pee Dee, Midlands, Lowcountry, and Upstate regions.

Project Lead:

Amanda Hiers
(ahiers@scorh.net)

Focus Area:

STRATEGIC WORKFORCE & TRAINING

Lowcountry

RURAL Nursing (Rallying the Underrepresented to Restore Health Approaches to Living)

Organization:
Claflin University

Summary:

Claflin University RURAL Nursing project is an opportunity for the institution to engage the rural community and facilitate nursing integration into rural nursing. Through scholarships for nursing students from a rural background or who desire to practice rural health nursing, learning experiences that prepare them for rural health are facilitated.

Why this Matters:

The RURAL Nursing program's goal is to improve community health and increase the BSN-prepared workforce serving rural populations. This project will increase the number of underrepresented minority BSN-prepared nurses and family nurse practitioners serving rural populations.

Approach:

- Provide scholarships and learning equipment to underrepresented minority nurses who are working in, or plan to work in, a rural health setting and assist recipients with rural health placement opportunities.
- Scholarship recipients are assisted with rural rotations and job placements.

Highlights and Impact:

- Spring enrollment increased from an average of 15 students to , 37 students enrolled to start in August 2023.
- Twenty-eight students have received financial aid support.
- Twenty student rural placement sites have agreed to host, including Orangeburg, Allendale, Augusta, Colleton, and rural areas of Beaufort.
- Equipment packs were used to prepare students for advanced practice in rural settings.
- Eleven students completed the program in August 2023 and have received primary care job opportunities in rural areas across South Carolina.
- Successfully graduated 11 MSN Family Nurse Practitioners and 25 BSN students.

Project Lead:

Shannon Smith
(shansmith@claflin.edu)

Midlands

PharmD Rural Health Initiative

Organization:

Presbyterian College

Summary:

Presbyterian College of Pharmacy's Rural Health Initiative works to serve rural and underserved populations in Laurens, Newberry, and Greenwood counties. This program also collaborates with other health science programs within Presbyterian College, such as the Physician Assistant and Occupational Therapy programs, to equip future clinicians to deliver quality, compassionate care and further understand the rural health landscape.

Why this Matters:

This program provides professional integration of pharmacy students while increasing access to healthcare services in rural and underserved communities.

Approach:

- Provides interprofessional training and development to address rural health disparities
- Expand access to pharmacist-delivered services to patients to include:
  - Diabetes management
  - Women's healthcare

Highlights and Impact:

Services provided through the PC Community Care Pharmacy and Wellness Center have resulted in improved outcomes for adult patients of the local Good Shepherd Free Medical Clinic

Project Lead:

Presbyterian College School of Pharmacy
(kmshealy@presby.edu)

Midlands

PAIRED with PEEP / ExCEL

Organization:

University of South Carolina - College of Pharmacy

Summary:

The "PAIRED to ExCEL" program provides interactive didactic and experiential opportunities across the pharmacy curriculum specific to rural communities.

Why this Matters:

This program increases the collaboration between pharmacy students and rural community healthcare leaders and encourages pharmacy graduates to pursue careers in rural communities. Additionally, at the end of this project, a rural health track for USC College of Pharmacy will be created.

Approach:

The program creates new partnerships for new externship sites and preceptors. Pharmacy students receive training to increase their leadership, entrepreneurship, and collaboration skills by allowing interactions between students and other pharmacists in rural areas.

Highlights and Impact:

- Eleven students completed year one of the REACH Track, and four students have applied for the 2023-2024 REACH Track.
- Joined a pharmacy Rural Health Consortium with the hope of sharing their work in rural South Carolina with national audiences.

Project Lead:

Whitney Maxwell
(maxwell@cop.sc.edu)

Pee Dee

Tandem Health Rural Pharmacy Residency

Organization:

University of South Carolina - College of Pharmacy

Summary:

The state of South Carolina has a long-standing history of pharmacy training in family medicine, and this residency builds off that model with a focus on rural health.

Why this Matters:

The Rural Pharmacy Residency at Tandem Health supports rural medical education and delivery infrastructure in South Carolina through clinical practice, training, and research. The initiatives are centered around an interprofessional education model that instills early exposure and interest in rural health for residents.

Approach:

- Initiates a team-based healthcare model to improve quality of life and disease outcomes.
- Integrates a rural health clinical pharmacy resident that will improve access to healthcare and can provide medication management of select disease states.
- A clinical pharmacy specialist mentors the resident and conducts programs for rural health clinics and pharmacies.
- The clinical pharmacy specialist and resident pharmacist serve in an educational role to train other health professionals on disease topics.

Highlights and Impact:

- The Tandem Health-USC COP PGY1 Pharmacy Residency Program achieved an 8-year accreditation notice. This is a huge accomplishment for a pharmacy residency program in its infancy.
- Tandem Health-USC COP PGY1 Pharmacy Residency program is the second ambulatory care PGY1 accredited in the state of South Carolina and the first at an FQHC in a rural and medically underserved area.
- Implemented the Southeastern Collaboration of Rural Health Research and Education (SCORE) Network. This longitudinal program focuses on rural health, encouraging pharmacy advancement, networking, collaboration, research, quality initiatives, education, etc.
- The College of Pharmacy continues to conduct research to answer questions related to inequities in rural health utilizing the USC Big Data Health Science Center.

Project Lead:

Reagan Barfield
(REAGANKB@cop.sc.edu)

Upstate

Addressing Health Inequity In South Carolina By Increasing Access to Primary Care

Organization:

Edward Via College of Osteopathic Medicine - Carolinas

Summary:

The Edward Via College of Osteopathic Medicine – Carolinas (VCOM – Carolinas) aims to combat South Carolina's primary care physician shortage by training diverse cohorts and encouraging them to remain in South Carolina to close the preventative medicine gap in rural communities.

Why this Matters:

There is a gap in access to primary care physicians in rural South Carolina and an imminent shortage of providers. This leads to individuals not seeking care and disparities in health outcomes.

Approach:

- Host a weekly mobile health unit to improve access to preventive medicine services, provide public health education, and facilitate the establishment of a medical home for rural residents.
- Through weekly mobile health unit visits, VCOM-Carolinas hopes their students will build a rapport with rural communities to encourage their graduates to remain in South Carolina and fill the preventative medicine service gap.
- Train a diverse cohort of future osteopathic physicians via these mobile units who intend to practice primary care in rural communities in South Carolina.

Highlights and Impact:

- VCOM – Carolinians continue to establish diverse partnerships within the community, including free medical clinics, churches, grocery stores, and nonprofits to address social needs.
- Students, faculty, and staff are being trained to use the new hand-held ultrasound equipment.
- Lab mentor equipment has been received, and training has taken place, leveraging potential funding from other sources to support additional equipment purchases.

Project Lead:

Tammy Whaley
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Statewide

Rural Occupations Workforce Expansion (ROWE): Educating and Training Behavioral Health Students and Providers Across SC

Organization:

University of South Carolina - College of Social Work

Summary:

University of South Carolina College of Social Work aims to educate and train students and community practitioners to work with rural communities to close the mental health and substance treatment gaps.

Why this Matters:

There is a gap in access to mental health services and a shortage of qualified mental health professionals in rural communities in South Carolina. There are also high rates of substance use in rural communities within South Carolina. Due to a lack of access, many residents use emergency departments for treatment. With hospitals closing in rural communities, this exacerbates the healthcare gap to address mental health and substance use.

Approach:

- Educate and train future and established mental health/substance treatment professionals to work with rural health communities to address the shortage of providers.
- Develop continuing education for ROWE graduates to continue supporting their health care delivery.

Highlights and Impact:

- Thirty social work students have been placed in rural organizations.
- One Hundred twenty-eight practitioners attended a continued education unit focused on suicide risk assessment and ethics for youth in rural communities.
- Post-training survey data suggests participants have been influenced to incorporate changes in practice, including the utilization of suicide screening with youth and asking youth more directly about thoughts of suicide.

Project Lead:

Aidyn Iachini
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Statewide

Ultrasound Institute

Organization:
University of South Carolina - School of Medicine

Summary:

Ultrasound Institute helps rural-serving providers learn to use point-of-care ultrasonography (POCUS) through a training program. Participants receive initial training through the Institute's continuing medical education (CME) course.

Why this Matters:

This project increases access to ultrasound training that can be incorporated into practice for rural health providers. Because the training is interactive, the scanning sessions are particularly valuable for those new to ultrasound and provide a solid foundation for subsequent ultrasound training activities.

Approach:

- Offers no-cost "Introduction to POCUS" training program to rural physicians
- Participants receive up to 15.5 hours of CME credit through didactic and hands-on ultrasound scanning to be incorporated into their rural practice.
- Offers ultrasound refresher sessions at the Ultrasound Institute.

Highlights and Impact:

- Eighteen participants completed the POCUS training.
- Six participants indicated continuously completing POCUS scans after CME training.

Project Lead:

Floyd Bell
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Pee Dee

Tuomey Sumter Family Medicine Program

Organization:
Prisma Health - Midlands Graduate Medical Education

Summary:

Through caring for the most vulnerable and underserved communities, Sumter Family Medicine provides a learning environment focusing on the well-being of the faculty, residents, care team members, patients, and families with a humanistic approach supporting professional development.

Why this Matters:

This residency program creates an educational environment where residents grow into highly skilled, compassionate clinicians. Additionally, the program exposes students to rural areas, with a program curriculum related to rural health aiming to create greater retention of program graduates in rural South Carolina practices.

Approach:

- Conducts clinical supervision and training of residents in rural clinics or hospitals.
- Faculty meets to review and develop educational opportunities for residents.

Highlights and Impact:

- Created teaching blocks in both ambulatory and hospital settings to give medical residents what they need to be wise, effective, capable physicians in today's practice environment.
- The residency continues to attract physicians, with four residents entering the 2022 cohort and four will be graduating in 2023.

Project Lead:

Shannon Mewborn
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Midlands

Preventive Medicine Residency

Organization:
Prisma Health - Midlands

Summary:
This residency program provides wrap-around training and a Master of Public Health (MPH) track to Preventive Medicine residents to increase the number of graduates working in underserved communities or settings that serve vulnerable populations within the state of South Carolina.

Why this Matters:
This program provides professional integration of students in rural areas, leading to future career placements in rural, underserved South Carolina. It also trains residents to provide culturally competent care for vulnerable populations.

Approach:

- Residents receive support to pursue an MPH as an incentive for their practice in rural areas.
- Rotations include rural FQHCs and the health department to provide comprehensive training.

Highlights and Impact:

- Several residents conducted research and presented their work at the Preventative Medicine Research Day.
- Residents' work has been used to set best new practices in the field of substance use at HopeHealth and improve telehealth processes for the Prisma Health Psychiatry Department.
- Two residents graduated, and two new residents have been recruited.
    - One resident will continue their training on an Addiction Medicine Fellowship, and the other will work for Concentra Occupational Medicine as a new medical director.
- As of November 2023, this grant has supported the training of six preventive medicine physicians. Four of which are serving underserved communities. One remains in fellowship and plans to also practice in an underserved community.

Project Lead:
Mark Humphrey
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Lowcountry

Medical University of South Carolina Dental Program

Organization:

Medical University of South Carolina, James B. Edwards College of Dental Medicine, Division of Population Oral Health (DPOH)

Summary:

DPOH leverages its existing network of rural dental practices to develop community-based clinical rotations. DPOH provides technical assistance to rural dental practices to assist them in their ability to improve care access to safety-net populations in the community they serve. DPOH provides continuing education and training on oral health interprofessional practice to rural primary care trainees, emphasizing curriculum developed through the Safety Net Dental Practice Certificate Program.

Why this Matters:

This program provides dental students with experience in rural dental clinics and improves their capacity to care for patients with Medicaid by 80% in a rural dental clinic.

Approach:

- Identifies a supervising affiliate faculty member at the clinic to supervise students and residents.
- Provides technical assistance to prepare the dental clinic as a CODA-approved training site.
- Establishes protocols for documenting student and resident performance and competency achievement.
- Develops a framework and business plan for incorporating dental education into each clinic's overall mission.

Highlights and Impact:

- Leveraged $300,000 in CRPH funding to return $3.6 million in federal and philanthropic funding to address rural oral health inequities in South Carolina.
- Poised to offer technical assistance for hygienists and assistance through the ADA's National Community Dental Health Coordination program.
- Technical schools in specific South Carolina areas will have a standardized curriculum for a professional certificate program through the American Dental Association supporting rural providers and communities.

Project Lead:

Amy Martin
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Midlands

CNA to BSN Pathway to Enhance the Healthcare Workforce in Rural South Carolina

Organization:
University of South Carolina - Lancaster

Summary:

This pilot project introduces the Certified Nursing Assistant (CNA) certification within the existing Associate in Science degree and Bachelor of Science in Nursing (BSN) pathway. This certification will enable students to support local community healthcare facilities while also having the option to continue a career pathway to a Bachelor of Science in Nursing on the Lancaster campus.

Why this Matters:

The new CNA program aims to serve as a pathway to the Bachelor of Science in Nursing (BSN) degree as well as a stand-alone option for Associate in Science degree students on our campus. Students who opt out of pursuing a BSN degree after completing an Associate in Science degree will still acquire a marketable skill that directly impacts the healthcare workforce shortage. Like many rural communities across South Carolina, our healthcare facilities are in immediate need of trained professionals. A recent survey of Lancaster healthcare facilities shows that all positions of healthcare providers are at critical levels. The goal of the CNA to BSN Pathway program is to address the rural healthcare shortage in South Carolina.

Approach:

- Hire a nursing faculty member to teach, advise, recruit, and support the CNA certification and the BSN Collaborative Program.
- Students enrolled in the CNA to BSN pathway program will successfully complete all coursework and lab/clinical, pass the certification, and practice as a CNA in the surrounding healthcare facilities.
- Associate in Science degree students who pass the CNA state exam can enter the healthcare workforce. Upon receiving CNA certification, students will actively begin working with USC Lancaster's Career Services for placement into the healthcare workforce.

Highlights and Impact:

- Successfully hired nursing faculty for the CNA to BSN pathway program.
- Connected with MUSC Chester to establish a partnership for the CNA to BSN pathway as a clinical site.

Project Lead:

Courtney Catledge
(catledge@email.sc.edu)

Midlands

Wellbeing of the Workforce: An Innovative Wellness Program for South Carolina School-Based Clinicians

Organization:
Prisma Health - Midlands

Summary:

School-based mental health counselors provide critical and unique behavioral health services to South Carolina communities. With over 1,200 schools in the state, they are an essential part of the workforce efforts in mental health, educating school staff, supporting students, bridging resources, and providing counseling services. The stressors of this role can be unique; this program aims to target the well-being of the staff tasked with the critical role of providing mental health services.

Why this Matters:

School-based counselors experiencing burnout can have lower job productivity and higher turnover. This is detrimental in rural areas that already experience low numbers of counselors.

Approach:

Provide an eight-week virtual wellness program for school-based mental health counselors.

Highlights and Impact:

In addition to working with schools, this program has created a partnership with SC Department of Mental Health, PeachTree Innovations, University Arnold School of Public Health, and Prisma Health.

Project Lead:
Dr. Ashley Jones
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Focus Area:

HEALTHCARE DELIVERY

MOBILE HEALTH ENHANCEMENT PROGRAM

Midlands

Midlands Mobile Health Clinic

Organization:
Prisma Health - Midlands

Summary:

The Midlands Mobile Health Clinic healthcare provides primary and preventive care to historically marginalized communities lacking healthcare access in the Prisma Health-Midland's service areas. This project aims to expand Prisma Health's current reach by adding more locations for the Midlands Mobile Clinic to visit, particularly in the more rural areas in Richland County (Eastover, Hopkins), Sumter County, Lee County, Fairfield County, and eastern Lexington County (Gaston, Pelion).

Why this Matters:

This program improves access to care in communities at risk for poor health outcomes and integrates a care model approach that encompasses both social and medical determinants of health.

Approach:

- Selects additional areas of need as defined by the US Census Bureau and CDC SVI overlayed with Emergency Department patient utilization and gaps in care as identified by Prisma Health's Care Coordination Institute.
- Identifies partnerships via hot spotting data along with community feedback from Prisma Health and community partners.
- Provides social determinants health screening to patients during their visit to the mobile health clinic.
- Provides resource prescriptions to patients during their visit to the mobile health clinic.

Highlights and Impact:

Expanded primary care services by partnering with community organizations and faith-based organizations like the Swansea Senior Center, Mt. Pisgah Baptist Church in Ridgeway, SC, Crossroads Community Center in Eastover, SC, etc. Through this program, establishing trust with the community was vital. Due to the success in building rapport, the mobile unit served hundreds of patients through a community flu shot clinic.

Project Lead:

Valerie Sullivan
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MOBILE HEALTH ENHANCEMENT PROGRAM

Upstate

Closing Healthcare Gaps in a Rural, Multi-cultural via Integrative Mobile Care

Organization:
ReGenesis Health Care

Summary:

ReGenesis Health Care provides accessible, affordable, high-quality, patient-focused primary health in Upstate South Carolina. This initiative offers a broad spectrum of services, from primary care, dental, and behavioral health services to women's health services (pap smear, breast exams, contraceptive/family planning services, behavioral health services, diabetic eye exams, and labs). This mobile unit also outreaches to agricultural sites to serve agricultural and migrant workers, homeless shelters, and public schools.

Why this Matters:

This initiative bridges the transportation gap and proves trustworthy to patients in underserved and multicultural communities. ReGenesis Health Care offers comprehensive medical, dental, and behavioral health services integrated into the community. Qualified professionals, such as the medical directors and chief of staff, work together to plan and implement this integrative mobile care plan.

Approach:

- Holds mobile medical clinics at local agricultural sites.
- Provides mobile dental services to several Upstate SC counties.
- Coordinates outreach and community engagement of mobile health clinics at local homeless shelters.

Highlights and Impact:

- The Agricultural Farm Worker Program provided over 1,200 medical visits to Agricultural workers.
- The mobile unit initiatives have expanded to focus on mental health and providing comprehensive women's health services.

Project Lead:

Melisa Hammett
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MOBILE HEALTH ENHANCEMENT PROGRAM

Midlands

RHS Medical Mobile Outreach Program

Organization:
Rural Health Services, Inc.

Summary:

Rural Health Services (RHS) is a primary care facility that provides uninterrupted service as a federally qualified health center. Through the RHS Medical Mobile Outreach Program, RHS collaborates with the Aiken Center and Aiken County Agency for Drugs, Alcohol, and Other Drugs to increase access to Medication Assistance Treatment (MAT) and primary healthcare to populations struggling with misuse of opioids and other drugs.

Why this Matters:

The Mobile Health Unit Enhancement Program provides screening, prevention, testing, treatment, and recovery services to people experiencing homelessness and other at-risk populations in the top three hot spots of Aiken County, as reported by the South Carolina Alcohol and Other Drug Abuse Services. The project works to decrease the incidence of drug overdose of opioids and increase physical and mental health by providing comprehensive and preventative healthcare and behavioral services in collaboration with Aiken Barnwell Mental Health Center, additionally improving early diagnosis and access to treatment of HIV/AIDS and other STIs.

Approach:

- The Mobile Medical Outreach Unit targets "heat spots" identified by spikes in overdoses in Aiken County.
- The project team performs intake, counseling, and case management services at targeted sites. The Medical Team assesses patients for MAT induction and prescribes medication as warranted at no cost.
- After MAT is initiated, clients can be seen weekly for the first month and monthly after that at the exact location via the mobile medical team. Counseling and case management will be provided by Aiken Center outreach as necessary.

Highlights and Impact:

Established community partnerships that allowed the mobile unit to provide services in areas of Aiken County with the highest rates of fatal and non-fatal overdoses.

Project Lead:
Carolyn Emanuel McClain
(cmcclain@ruralhs.org)

MOBILE HEALTH ENHANCEMENT PROGRAM

Upstate

Improving Rural Healthcare Access

Organization:
Self Regional Healthcare

Summary:

Self Regional Healthcare's Health Express, a 42-foot mobile health unit, takes medical care to those in underserved areas that lack access to providers or transportation resources while addressing the individuals' social determinants. It is staffed with community health educators and other disciplines (as activities call for) to provide community members with preventative screenings and health education.

Why this Matters:

This program makes healthcare more accessible to those affected by SDOH and seeks to reduce the incidence of serious medical problems that result from uncared-for medical conditions.

Approach:

- Develop a robust mobile health clinical team to meet the needs of underserved patients within the 7-county service area.
- Decrease non-emergent ER utilization.
- Implement My Health Confidence Tool to increase patient engagement and understanding of their health conditions.

Highlights and Impact:

- Established a partnership with a local free clinic in Saluda and started providing monthly services to residents in the county.
- During a clinic, a number of individuals with undiagnosed Hep C were discovered. With new partnerships, treatment and follow up for patients were established with the local FQHC.

Project Lead: Cyndi New
(cyndi.new@selfregional.org)

MOBILE HEALTH ENHANCEMENT PROGRAM

Upstate

Mobile Chronic Care Services

Organization:
Abbeville Area Healthcare Center

Summary:

Mobile Chronic Care Services meets the needs of its patients by ensuring the patient and caregiver have one-on-one time each month to discuss health status and updates as outlined in the patient care plan. Additionally, this project addresses the lack of chronic disease management in rural areas.

Why this Matters:

As Abbeville ranks as one of the poorest regions in South Carolina, they approach the population with chronic disease management at their mobile clinic with access to blood pressure, blood sugar checks, digital literacy assistance, COVID-19 testing/vaccines, and food boxes.

Approach:

- Designates chronic care nurses and community health staff to create care plans for each patient identified through the mobile clinic program.
- Increase digital literacy and communication for our chronic patient population
- Provides fresh produce boxes at the mobile clinics.

Highlights and Impact:

Through the Mobile Health Unit Enhancement Program, patients are given diabetic eye exams, which has led to a partnership with a neighboring eye clinic to read the images. This allows the treatment of patients in one appointment without the barrier of travel and transportation.

Project Lead:
Amanda R. Morgan
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MOBILE HEALTH ENHANCEMENT PROGRAM

Pee Dee

Accessible Rural Healthcare

Organization:
C Williams Rush, LLC

Summary:
The Accessible Rural Healthcare RV mobile operates evenings and weekends to expand healthcare access to the underserved population of Allendale, Bamberg, and Williamsburg counties. Initial services include a health questionnaire, weight, blood pressure checks, glucose testing, STD screening, flu shots, COVID testing, vaccinations, boosters, physical exams, blood screening panels, addressing chronic diseases, and making referrals.

Why this Matters:
The Accessible Rural Healthcare mobile unit is expanding its capacity to provide quality and convenient health services. While reducing barriers to quality healthcare and increasing outreach to counties identified with unfilled medical needs in rural and underserved communities.

Approach:

- The mobile unit operates after work hours and on weekends for underserved citizens.
- The unit makes referrals to Hope Health for follow-up appointments for residents who live in Williamsburg County. Refer patients in Allendale and Bamberg Counties to Family Health Centers in Denmark, SC.

Highlights and Impact:

The mobile unit has provided numerous screenings, vaccinations, and boosters throughout Allendale, Bamberg, and Williamsburg counties.

Project Lead: Cassandra W. Rush
(cassandra.w.rush@aol.com)

MOBILE HEALTH ENHANCEMENT PROGRAM

Upstate

Midlands Public Health Region WIC Services on Wheels

Organization:
SC Department of Health and Environmental Control (Midlands PH Region)

Summary:
Women, Infants, and Children Services on Wheels (WIC SOW) prioritize increasing their participation by meeting the people where they are and providing WIC certifications via a mobile van clinic. This initiative ensures that low-income women, infants, and children are provided nutritious foods, nutrition education, counseling, screening, and referrals to other services. With resources provided by the Mobile Health Enhancement Program, WIC SOW is expanding the accessibility and availability of its services by adding a waiting area and two new sites in Aiken County and Catawba Indian Nation.

Why this Matters:
This program increases the accessibility and availability of WIC services in rural/underserved areas by providing mobile services. This is important to expand health literacy to provide education regarding nutrition and maternal-child health.

Approach:

Implements WIC SOW services in Aiken County and Catawba Indian Nation.

Highlights and Impact:

- Established a partnership with the Williston Headstart Program in Williston, SC.
- There has been an increase in patients at the Catawba Indian Nation WIC site since the program's inception.
- Increased the availability of services to reach women where they are.

Project Lead: Betty Washington
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MOBILE HEALTH ENHANCEMENT PROGRAM

Upstate

Mobile STD Assessment and Information Center- Rural Intervention

Organization:
SC Department of Health and Environmental Control (Upstate PH Region)

Summary:

MOSAIC focuses its efforts across eight Upstate counties: Greenville, Anderson, Spartanburg, Greenwood, Pickens, Union, Laurens, and Cherokee. The initiative is centered around surveillance and prevention of sexually transmitted infections. The Upstate Region partnered with the Edward Via College of Osteopathic Medicine (VCOM) to use its mobile health unit to address sexually transmitted infections in the Upstate Region. This mobile unit offers syphilis, HIV, gonorrhea, and chlamydia testing and treatment.

Why this Matters:

The number of infectious Syphilis cases (primary and secondary) has increased within the Upstate Region. Rural communities have little to no public transportation, and citizens in rural communities often find getting to medical appointments difficult due to no personal or public transport. This grant will allow the region to serve patients within the rural communities and hard-to-reach populations.

Approach:

- Newly diagnosed cases of syphilis are treated within three days of notification of a positive lab result.
- Patients who are tested receive their test results and/or risk reduction counseling within seven days of notification of lab results.
- Newly diagnosed cases of HIV are linked to the SC DHEC's STD/HIV Social Worker within 14 days of notification of a positive lab result.
- The program fosters learning for VCOM students through experiential learning opportunities in screening, treating, and aiding in preventing STIs among the rural and underserved populations of Upstate South Carolina.

Highlights and Impact:

For the first time, the state and region were able to provide STD services outside the walls of the health department.

Project Lead:
Kandi Fredere
(frederkc@dhec.sc.gov)

MOBILE HEALTH ENHANCEMENT PROGRAM

Pee Dee

Mobile Community Health Services Project

Organization:
Little River Medical Center

Summary:
This project utilizes a mobile medical clinic to provide access to affordable care, help reduce the need for transportation, and directly address some of the needs of low-income residents. The goal is to strengthen the health of our rural communities by providing consistent access to quality healthcare to underserved residents of Horry County.

Why this Matters:
The clinic provides well visits for pediatric and adult patients, as well as treatment for chronic conditions such as diabetes, hypertension, and high cholesterol. In addition, behavioral health services are offered through.

Approach:

- Link patients newly diagnosed with HIV to the SC DHEC's STD/HIV Social Worker.
- Provide diabetic patients 5 with HbA1C testing to provide a reliable measure of hyperglycemia and educate them on the associated long-term risks of diabetes.
- Distribute and collect Fecal Occult Blood Tests to patients aged 50-75 to help identify cancer as early as possible to reduce the number of colon cancer deaths.

Highlights and Impact:

- Secured a new location at a recovery ranch where they are providing general medical services, as well as medication-assisted treatment for opioid use disorder
- Secured an additional location that will serve migrant and seasonal farmworkers during the growing season
- Expanded mobile unit service to now travel to patients and into the community with the mobile team to provide care in the comfort of their home without worry of transportation

Project Lead:

Karen Cagle
(kcagle@lrmcenter.com)

MOBILE HEALTH ENHANCEMENT PROGRAM

Lowcountry

Expanding Women's Healthcare in Rural South Carolina

Organization:
Regional Medical Center of Orangeburg and Calhoun Counties

Summary:

MUSC Health Orangeburg (formerly the Regional Medical Center of Orangeburg) serves the rural and medically underserved areas encompassing Orangeburg, Calhoun, Bamberg, and Barnwell counties in South Carolina. Their mobile services provide digital mammography throughout the region. This initiative is centered around women's healthcare and offers comprehensive tests such as pap smears and mammograms, one-on-one education about breast health, referrals for screenings, and patient tracking. This program aims to increase the number of consistent mobile unit locations throughout the region, the number of mammograms, and the number of Best Chance Network providers.

Why this Matters:

This project serves to improve breast health, reduce cancer rates, and increase the number of mammograms screened per month among women facing transportation and cost barriers in Orangeburg, Calhoun, Bamberg, and Barnwell counties.

Approach:

- Increase the number of consistent mobile unit locations throughout the region.
- Increase the number of mammograms performed.
- Expand partnership with Best Chance Network (BCN) to further increase the number of BCN providers in the RMC service area.

Highlights and Impact:

- Established Best Chance Network Provider Access for Facility for five years, which allows the unit to provide free mammograms for patients that meet certain criteria.
- Partnered with Congressman Clyburn and governmental offices in the region to provide annual events with mammogram access to community.
- Added 14 sites, including districts, industry, and government offices, for annual or bi-annual visits.

Project Lead:

Stephanie Harrison
(hstephan@musc.edu)

MOBILE HEALTH ENHANCEMENT PROGRAM

Upstate

Establishing an Integrated Model for Rural Mental Health Services

Organization:
Clemson University

Summary:
Clemson Rural Health and Clemson University's College of Education collaborated to increase access to mental healthcare in four rural counties. Through this partnership, a Clemson Rural Health social worker serves as a preceptor for College of Education counseling students. Students are embedded with rural clinicians on mobile health units to increase access to mental health services and the number of future mental health professionals with experience in rural mental healthcare.

Why this Matters:
This project serves to improve breast health, reduce cancer rates, and increase the number of mammograms screened per month among women facing transportation and cost barriers in Orangeburg, Calhoun, Bamberg, and Barnwell counties.

Approach:

- Create referral systems with agencies in Abbeville, Cherokee, Laurens, and Oconee counties to refer patients to Clemson Rural Health for mental health treatment.
- Provides screening, case management, assessment, and psychotherapy to patients with mental health conditions.
- Forms ongoing partnerships with local agencies (clinics, churches, libraries) to help rural patients access telehealth services if patients do not have internet access.

Highlights and Impact:

- Started providing mobile psychotherapy in Abbeville, Cherokee, and Laurens counties.
- 40% improvement in clinical assessment tool scores used to assess a patient's anxiety and depression.

Project Lead:
Kristie Boswell
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RURAL INNOVATIONS

Upstate

A Novel approach for Rural Interdisciplinary Care Coordination of Uninsured South Carolinians with Opioid Use Disorder and/or Co-occurring Hepatitis-c Virus

Organization:
Clemson University

Summary:
Clemson Rural Health utilizes mobile health units to provide care to rural and uninsured individuals with opioid use disorder (OUD) and/or hepatitis C (HCV) in the Upstate and Midland regions of South Carolina.

Why this Matters:

- About 743,000 people are living in rural SC communities and many lack access to comprehensive primary and specialty care - such as medication-assisted treatment (MAT) for opioid use disorder (OUD) or infectious disease specialists for the treatment of HCV. Despite safe, effective treatment options that can cure more than 95% of people infected, there continues to be an increasing prevalence of liver cancer and premature death in SC associated with an increase in HCV. OUD and overdose deaths are responsible for 800 deaths in SC. Using an interdisciplinary care coordination team, Clemson Rural Health combines the office-based opioid treatment (OBOT) and HCV programs with additional support for the uninsured to navigate the barriers associated with seeking treatment for OUD and/or HCV.
- This program expands current services and partnerships to increase access to care, identify and strengthen community partner linkages, build clinician skills, and develop a model of interdisciplinary care that could be replicated in other rural areas in SC and beyond.

Approach:

- Teams connect patients diagnosed with HCV to treatment and facilitate treatment initiation.
- Screens uninsured patients enrolled in the mobile clinic services for OUD and HCV over 12 months.

Highlights and Impact:

- Expanded relationships with local detention centers and initiated treatment for hepatitis C for incarcerated individuals. This work first began with the Oconee Detention Center and has expanded to Anderson, Cherokee, Pickens, and Union County Detention Centers.
- APRN is now a certified HIV specialist, which will eliminate barriers to prescribing HCV medications to high-need patients.

Project Lead:

Caitlin Kickham
(caitli8@clemson.edu)

RURAL INNOVATIONS

Midlands

SC Clinical Pharmacist Sustainability Project

Organization:
Fairfield Medical Associates

Summary:

This program seeks to onboard a pharmacist at Fairfield Medical Associates, a designated rural health clinic, to replicate the patient-centered outcomes and financial sustainability of the evidence-based clinical pharmacist model implemented by a small rural health clinic in Bamberg, SC.

Why this Matters:
Research has shown achieving better health outcomes necessitates coordination among providers to help manage these factors. The project will serve the patients of Fairfield Medical Associates located in Fairfield County, which is a Medically Underserved Area, a Primary Care Health Professional Shortage Area, and a Persistent Poverty County (USDA-ERS). The clinical pharmacists' initial focus will concentrate on Fairfield Medical Associates' Medicare population with diabetes and at least one other chronic condition. The goal is to improve patient outcomes and increase access to care while conducting additional revenue and patient-and-practice-focused activities for sustainability.

Project Lead:
Elizabeth Mann
(liz.mann@fairfieldmedical.org)

Approach:

- The clinical pharmacist receives certification through the SC Pharmacy Association's Integrating Pharmacists into Primary Care training program. The curriculum for this program combines clinical and business concepts essential to providing high-quality, sustainable services as part of an interdisciplinary team.
- The clinical pharmacist identifies the patient population with a high burden of chronic illness through customized EHR reports.
- Assesses patient medication adherence for further counseling and sends message campaigns promoting healthy behaviors and reminders for needed wellness services.

Highlights and Impact:

- The Clinical Pharmacists obtained National Diabetes Prevention Program certifications, which will allow for a greater focus on diabetic and pre-diabetic patients.
- Clinical Pharmacists have completed over 900 Chronic Care Management visits, almost 200 medication management visits, and almost 100 annual wellness visits.
- The program has increased the proportion of patients who have control of their diabetes at less than 7% HbA1c and lowered the rate of in
- Worked with patients to lower A1C by educating them about their medications and providing lifestyle coaching. The pharmacist also has assisted with prior authorizations and patient assistance for medications and continious glucose monitoring.

RURAL INNOVATIONS

Pee Dee

Postgraduate Residency Program in Community-based Pharmacy

Organization:
Hope Health

Summary:
This initiative is working in a post-graduate clinical pharmacy residency program to help develop and train clinical pharmacists in the Pee Dee region. Residents will directly benefit from working within a framework that prioritizes patient-centered care within an integrated care model. Services will include medication management, chronic disease state management, drug information consultations, and education.

Why this Matters:
There are limited opportunities for PharmD residents to complete training within a community-based pharmacy model. This program also meets the pharmaceutical needs of patients in neighboring, underserved rural areas such as Kingstree, Manning, and Greeleyville. Residents would be able to receive services such as medication management, chronic disease state management, drug information consultations, and education.

Approach:
- Hope Health formalized partnerships with pharmacy schools within the state to serve as pharmacy residency sites
- Hope Health works with Tandem Health Residency Program to share best practices of the rural pharmacy residency model.

Highlights and Impact:
- Recruitment for the 2024-2025 residency has begun.
- Seven rotation sites have been finalized and confirmed with preceptors.

Project Lead: Katy Lambert (klambert@hope-health.org)

RURAL INNOVATIONS

Midlands

Expansion of eVisits to Ensure Statewide Access to Genetics Care for BabyNet-eligible Patients

Organization:
Greenwood Genetic Center

Summary:
This program uses telehealth to improve access to genetic care for children up to three years old with developmental delays across South Carolina. This age range is important because identifying a genetic diagnosis early in this patient population allows optimal therapies, management, and support for patients and their families.

Why this Matters:
There is an increasing demand for clinical genetics services but an insufficient workforce and inefficient workflow to meet the demand. Non-genetics providers are not able to help meet the demand as most do not feel comfortable ordering and interpreting genetic testing on their own. As a result, patients and families face long wait times to receive answers about potential genetic diagnoses.

Approach:
Utilizes eVisits to evaluate new referrals for BabyNet-eligible patients. As eVisits are asynchronous, patients can be evaluated within one week of referral rather than the average wait time for a genetics evaluation of 5-6 months. In addition, none of the services will require the family to travel or take time off of work or school.

Highlights and Impact:
- Within the first few months of the program, the number of eVisits increased significantly.
- All eVisits were completed within a short time frame from receiving the initial referral which resulted in families learning of their child's results in a timely manner.

Project Lead: Michael Lyons (mlyons@ggc.org)

iCARE

Midlands

Rural Maternal Care for Better Neonatal & Obstetric Outcomes

Organization:

Emmanuel Family Clinic- Saluda

Summary:

This initiative is an extension of the practice's obstetric program, created to help the overall health and well-being of the underserved population of Saluda, SC. It is targeted toward infant and maternal health. The goal is to reduce maternal and infant morbidity and mortality rates by providing affordable access to healthcare and education.

Why this Matters:

Emmanuel Family Clinic created the Global Obstetric Program in 2005 for uninsured patients who have difficulty affording obstetric care. The program has successfully helped women afford and receive prenatal care and is now expanding its reach to serve additional counties. In doing so, more women will receive early access to prenatal care; obstetric patients can receive education to decrease the risk of infant death and prenatal complications.

Approach:

- Provides comprehensive prenatal care, with delivery of the newborn, and post-partum care.
- Provides newborn infant assessment and education.
- Provides educational classes on nutrition for obstetric and post-partum patients, nutrition and exercise for childbearing-age adult females, and prevention of substance abuse approximately every 6-8 weeks.

Highlights and Impact:

- As a family practice offering obstetrics, Emmanuel Family Clinic served almost 100 pregnant women in 2023.
- Hosted community events where attendees received diapers, baby wipes, bottles of water, baby washcloths, diaper bags, school supplies, and breast pumps.
- Developed a partnership with the new migrant Cooperative School, serving as their medical coordinator to outreach and serve the Hispanic population.
- To support the family unit, Emmanuel Family Clinic has added Reach Out and Read to the practice. This program gives us the opportunity to introduce and encourage family education.

Project Lead:

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iCARE

Pee Dee

Integration of Prenatal Care into the McLeod Family Medicine

Organization:
McLeod Health

Summary:
McLeod Family Medicine Rural Residency is establishing a prenatal care clinic at its rural residency site in Cheraw, SC. Residents will receive hands-on training on providing prenatal care in a rural community while providing access to services in an area with significantly fewer options for prenatal care than their urban counterparts.

Why this Matters:
Integrating prenatal care into the primary care setting offers an extremely promising solution to improve access to prenatal care in rural, low-income communities that have experienced hospital closures, the shuttering of Labor and Delivery Units, and the departure of obstetricians. Educating primary care residents to provide prenatal care in their future rural family practices will prove a vital tool in addressing this issue.

Approach:
- Family Medicine Residents, with preceptors, provide comprehensive prenatal care.
- Expand access to prenatal care by providing a bilingual social worker to diminish language barriers while addressing social determinants of health.
- Provide rural experiential learning and patient-specific training on prenatal care to family medicine residents.

Highlights and Impact:
- Partnered with McLeod Cheraw Hospital to perform ultrasounds.
- Two physicians work together to ensure the Cheraw prenatal clinic operates weekly.
- Training has taken place for residents and the preceptor to handle obstetric emergencies.

Project Lead:
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Initiative for Family Medicine Centered Maternity Care in Edgefield County, SC

Organization:

Self Regional Healthcare Family Medicine Residency Program

Summary:

Self-Regional Healthcare Family Residency Program is establishing a prenatal clinic at the Edgefield Medical Clinic to provide quality prenatal care for Edgefield County residents, especially those who live in poverty and have trouble traveling for prenatal care. This clinic includes physician-led prenatal care, including ultrasound, non-stressing testing, high-risk pregnancy consultation, and post-partum contraception.

Why this Matters:

The addition of a prenatal clinic provides Edgefield County with consistent local physician-led prenatal care and more accessible prenatal care options. In addition, this opportunity provides family medicine resident physicians and rotating medical students with rural obstetric/ prenatal care experience.

Approach:

- Offers weekly full-scope prenatal clinic at the Edgefield Medical Clinic to help improve access to quality prenatal care.
- Exposes family medicine residents to a rural obstetric experience and demonstrates that rural OB care can be done well and safely will encourage them to consider this care in their future practice.
- Currently developing an OB Centering program, group prenatal visits, in English and Spanish.

Highlights and Impact:

Since the clinic has opened, services have included initial obstetrical visits, contraceptive care, and fetal non stress tests.

Project Lead: Robert Tiller (rtiller@selfregional.org)

Evaluations and Outcomes of Behavioral Health Initiatives in SC Across the Care Continuum and its Impact on Rural Counties

Organization:

Prisma Health - Midlands

Summary:

Evaluations and Outcomes of Behavioral Health Initiatives in SC focuses on evaluating existing rural behavioral health programs to elucidate best practices in rural areas.

Why this Matters:

As mental health needs intensify in the aftermath of the COVID-19 pandemic, this project develops effective solutions by creating a toolkit to be disseminated across providers in the state while being a value add to meet the mental health needs of our citizens through digital care.

Approach:

The project team evaluates programs across the care continuum, including emergency medical services, the emergency department, and crisis stabilization units. Ambulatory programs are also a part of the assessment, including intensive outpatient care, community telepsychiatry, and collaborative care.

Highlights and Impact:

Currently working with Emergency Department Telepsychiatry Program leadership to expand the analysis of this program and further subset data for deeper analysis.

Project Lead:

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iCARE

Pee Dee

The McLeod Family Medicine and USC Behavioral Health Collaborative Care Initiative- Rural Expansion

Organization:

McLeod Health - Family Medicine Center

Summary:

The McLeod Family Medicine and USC Behavioral Health Collaborative Care Initiative serves primary care patients of the McLeod Family Medicine Center sites in Cheraw and Clarendon needing behavioral health treatment. The goal is to establish integrated behavioral health services through the collaborative care model at rural primary care practices and to support and expand the newly founded integrated program at the Family Medicine Center Residency Program in Florence, SC, by adding a position for a behavioral health case worker.

Why this Matters:

Nearly one in five Chesterfield and Marlboro County residents report experiencing 14 or more poor mental health days per month. The two counties are tied for the second worst rate in the state on this bleak measure, dubbed "frequent mental distress" by the CDC. Given the service area's high rates of mental illness and its dire shortage of behavioral health providers (particularly those that offer services to low-income patients), it is crucial that McLeod Family Medicine provides mental health services to its patients.

Approach:

- Incorporates a Behavioral Healthcare Manager to serve patients in Cheraw and Clarendon's Primary Care offices.
- Implements full Collaborative Care (CC) model at both Cheraw and Clarendon sites with a depression screening policy to ensure patients are screened at an appropriate and predictable frequency.
- Provides training to all McLeod resident physicians (core and rural tracks) in medical management of behavioral health problems, psychosocial management of behavioral health problems, and utilization of interdisciplinary teams.

Highlights and Impact:

- Provided internal and collocated behavioral health services to the patients of the Family Medicine Center, allowing for a team-based model of care and a medical-home experience for patients.
- Originally focusing on adults, the program now extends behavioral health treatment options to children and adolescents.

Project Lead:

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iCARE

Upstate

Upstate Pediatric Subspecialty

Organization:
Prisma Health - Upstate

Summary:

The Upstate Pediatric Subspecialty program aims to improve care and access through the provision of pediatric specialty services in rural counties in Anderson, Laurens, and Oconee counties.

Why this Matters:

Through the establishment of weekly clinics, this program looks to provide accessible, high-quality pediatric specialty care, with less drive time for the patients and better use of healthcare dollars by decreasing transportation costs and compliance with medical treatment.

Approach:

Staff a clinic weekly to provide pediatric cardiology, pediatric forensics, and child and adolescent psychiatry services.

Highlights and Impact:

- Adolescent forensics - The specialized pediatric child abuse team provides evaluation, treatment, and consultation services for the following: physical abuse, sexual abuse, neglect, domestic violence, drug-exposed children, and medical child abuse. In addition, they treat children who have been placed in emergency protective custody.
- Pediatric cardiology – Offers inpatient and outpatient consultations and echocardiography to detect murmurs and other abnormalities. Provide non-invasive diagnostic procedures and treat conditions such as chest pain, syncope, palpitations, murmurs, congenital heart diseases, and acquired heart diseases.
- Psychiatry - Offers structured therapies, psychological testing, diagnostic consultation, and medication management for several mental health concerns. This includes neurodevelopmental disorders, depression, bipolar disorder (manic-depressive illness), anxiety, obsessive-compulsive disorder, trauma-related disorders, autism, and Personality disorders.

Project Lead:

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iCARE

Pee Dee

Midwifery Outreach in Rural Communities

Organization:
Carolina Pines Regional Medical Center

Summary:
This initiative supports a laborist model of obstetric care in which there is continuous, 24-hour coverage of the labor and delivery unit at a rural hospital.

Why this Matters:
In an area with a shortage of obstetricians, utilizing midwives allows for sustainable integrated obstetric teams that improve access to care in rural and underserved communities.

Approach:
Four midwives were placed in a newly organized service – the Midwife Laborist Program at Carolina Pines Regional Medical Center and Carolina Pines Medical Group – Women's Care.

Highlights and Impact:
- In the first nine months, the program served 247 women who entered prenatal care during their first trimester.
- The program also actively screens women for social determinants of health, including interpersonal violence.

Project Lead:
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iCARE

Statewide

Prisma Health - Pediatrics Outreach Clinics

Organization:
Prisma Health - Midlands - Department of Pediatrics

Summary:
The Prisma – Midlands Pediatric Outreach program aims to improve access to pediatric specialty care across the state of South Carolina.

Why this Matters:
Through the establishment of weekly clinics, this program looks to provide accessible, high-quality pediatric specialty care with less drive time for the patients.

Approach:
- Weekly clinics are held in Aiken, Florence, Orangeburg, Sumter, Lancaster, and York counties.
- Specialty services include pediatric cardiology, gastroenterology, pulmonology, neurology, child abuse, and child development.

Highlights and Impact:
Due to the growth of the Pediatric outreach clinics, Prisma Health Pediatrics has served 957 patients in their communities for pediatric services and specialties. This has allowed pediatric patients to receive high-quality care closer to home. The program has also recently expanded to provide Pediatric Gastroenterology in Orangeburg in December, allowing patients who live in the surrounding community to receive specialized Pediatric gastroenterology care without driving to Columbia.

Project Lead:
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iCARE

Lowcountry

Telehealth Program for Bamberg Family Practice

Organization:

Bamberg Family Practice

Summary:

In an effort to extend primary care services throughout the local community of Bamberg, SC, this program allows one full-time provider who focuses solely on providing services through telehealth.

Why this Matters:

A full-time telehealth nurse practitioner allows timely and cost-effective care to be delivered to patients who face barriers such as transportation issues or taking time off from work.

Approach:

- Expand telehealth services to five days a week.
- The provider also helps identify patients in need of digital literacy training along with a digital device and assistance in obtaining internet services through Palmetto Care Connections' Digital Literacy Program.
- Through the program, Palmetto Care Connections staff train senior citizens and low-income families on how to conduct telehealth visits.

Highlights and Impact:

The practice identified the need for new mothers in the area who needed support with lactation. Unfortunately, there are no local resources in the community. The nurse practitioner is now trained as a lactation consultant. With the additional telehealth services, she can establish a relationship with patients, collaborate with the PCP when needed, and offer lactation telehealth visits for patients in need.

Project Lead:

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iCARE

Midlands

Innovative Technology to Deliver Comprehensive, Affordable Healthcare and Research Excellence

Organization:

Prisma Health- Midlands

Summary:

The Telepsychiatry program provides psychiatric consultation services in rural health practices in South Carolina via telehealth.

Why this Matters:

With high demand and lack of access to care for the mental health population in rural South Carolina, providing innovative services has shown to be a viable solution to this problem. This initiative improves access to psychiatric services in rural areas, incorporates new technologies into rural health practices, enables collaborations that target rural health issues, and provides medical students and residents from the University of South Carolina School of Medicine with rural experiential learning opportunities.

Approach:

Provides psychiatric medication management and psychotherapy across eight different sites, including CareSouth- Carolina and the John A Martin Primary Healthcare Center. Services offered include child and adolescent, adult, and geriatric telepsychiatry to rural residents.

Highlights and Impact:

Has served over 13,000 patients in rural SC since 2017.

Project Lead:

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iCARE

Lowcountry

Expansion of Services Serving Rural Dorchester and Colleton Counties

Organization:
Edisto Indian Free Clinic

Summary:

The Edisto Indian Free Clinic has served rural Dorchester and Colleton counties since 2002. The clinic is unique in that it serves a large percentage of American Indians. Individuals and families living in poverty in the community face many barriers, including access to medical care, lack of health insurance, and lack of transportation. The clinic addresses these issues by providing free medical care.

Why this Matters:

For the majority of the residents in this community, the next closest healthcare provider is at least 30 minutes away. In addition, many of the children residing in the target zip codes live in low-income communities.

Approach:

- Hire a Psychiatric Nurse Practitioner to work one full day per week to provide mental health screenings and services to indigent clients in the community.
- Expand clinic hours and service children under age 18, with an emphasis on those under age 5. The clinic also invested in the appropriate resources to provide adolescent vaccinations.

Highlights and Impact:

- Recently became a National Health Service Corp site. This means they can provide more access by recruiting providers to serve in underserved areas.
- Adding a mental health provider has been huge for the patients, many of whom are unhoused or cannot afford care. This program has allowed them to provide counseling, medication management, and education to help them control their disorder.

Project Lead:
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iCARE

Lowcountry

COPD Management in Rural South Carolina

Organization:
Medical University of South Carolina (MUSC)

Summary:

Chronic obstructive pulmonary disease (COPD) is a prevalent chronic respiratory disease. It is currently the fourth leading cause of death and the fourth main cause of disability in the United States. Limited access to smoking cessation resources, specialized respiratory care, and equipment is an additional barrier for patients with COPD who live in rural areas. This initiative expands access to specialized care for COPD in rural areas with a provider specialized in respiratory disease management.

Why this Matters:

This program provides chronic disease management in rural areas, which is important as these communities have a growing aging population with multiple care needs who may have difficulties traveling to their provider.

Approach:

- In partnership with rural health clinics, patients diagnosed with COPDreceivePulManage devices to monitor symptoms.
- Patients are educated on how to track symptom frequency and intensity and monitor adherence to routine medications.
- A nurse practitioner and a nurse educator trained Certified Pulmonary Disease Educators work with patients to review results and create a COPD action plan.

Highlights and Impact:

The project team conducted focus groups to explore barriers and facilitators to implementing remote spirometry for COPD management. Results were presented at the International Society for Advancement of Respiratory Psychophysiology (ISARP) annual meeting and will be submitted for publication.

Project Lead:
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iCARE

Statewide

IT Assessment and Service for Rural Health Care Providers in South Carolina

Organization:
Palmetto Care Connections

Summary:

Palmetto Care Connections focuses on the small/rural/underserved community healthcare providers who often struggle to find technology staff to manage their IT environments/infrastructure that is required in today's world to help them manage the clinical needs of their patients. Additionally, with unprotected systems, rural providers are often left waiting on computers to catch up, thus causing their patients to experience longer wait times while in the office or for appointments. This could lead patients to visit the ER if they cannot get a timely appointment, which results in unnecessary expenditures on the patient and the health system.

Why this Matters:

By building more efficient and effective network environments for our rural healthcare providers, clinicians can provide a more focused approach to patient care, leading to better health outcomes and improved patient experience.

Approach:

- Site assessments are utilized to determine a healthcare provider's technical needs to improve the overall work function and network infrastructure. This includes a technical assessment of the site's current internet bandwidth capabilities and the requirements needed to incorporate telehealth into the practice and operate it more effectively.
- Workstation and server monitoring will employ an advanced IT monitoring solution that will manage critical and security patches/system updates to ensure systems meet the industry-recommended security HIPAA required settings for the operating system and third-party software solutions such as Adobe, Java, and host of other popular software packages.

Highlights and Impact:

Rural health practices are serviced by a team of experienced IT and Healthcare professionals using the latest technologies and industry best practices. This ensures that rural communities receive the same quality of care in urban settings.

Project Lead:
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iCARE

Statewide

Antimicrobial Stewardship Collaborative of SC (ASC-SC): teleECHO Component

Organization:

Prisma Health - Midlands

Summary:

The Antimicrobial Stewardship Collaborative of South Carolina is a collaborative amongst healthcare providers around the state of South Carolina with the common goal of improving antimicrobial stewardship across South Carolina. This project is a led partnership between the University of South Carolina School of Medicine, Prisma Health- Midlands, the University of South Carolina College of Pharmacy, and the South Carolina Department of Health and Environmental Control.

Why this Matters:

Improving antibiotic prescribing and use is critical to effectively treat infections, protect patients from harm caused by unnecessary antibiotic use, and combat antibiotic resistance. The goal of ASC-SC is to collaborate with rural healthcare facilities around the state to compile a statewide antibiogram. This has implications for healthcare facilities, namely in rural areas, that are too small to generate their own antibiogram. This will improve outcomes and antimicrobial stewardship and help with antimicrobial resistance.

Approach:

- Partners with Prisma Health Telemedicine clinics and other health centers to analyze antimicrobial use in telemedicine visits.
- Develops a stewardship rotation that incorporates teleECHO training for medical and PharmD students and medical residents.
- Core members of ASC-SC travel to rural health hospitals with family medicine programs to provide antimicrobial stewardship didactics and training.

Highlights and Impact:

- As a result of this program, an antimicrobial stewardship rotation for pharmacy students, pharmacy residents, and physicians was created.
- Expanded its scope to include monitoring and improving antimicrobial use in the state and working with rural hospitals to create guidelines for treating infectious diseases.
- The TeleHealth ECHO sessions continue to reach diverse audiences across the state to help improve antibiotic prescribing.

Project Lead:

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Focus Area:

RESEARCH PROGRAMS

Statewide

Healthcare Travel Burdens Survey in South Carolina

Organization:
University of South Carolina - College of Engineering and Computing

Summary:

In 2020, the research team developed and published an index of perceived travel disadvantages related to employment and daily errands based on survey data. This program will conduct a similar but larger-scale study focusing on perceived travel disadvantages of patients in accessing healthcare facilities. This research study will emphasize underrepresented residents living in rural areas of South Carolina. In addition, the results of the survey will be used to create a perception-based index of healthcare travel burden, which can provide a comprehensive view of healthcare accessibility through transportation in South Carolina.

Why this Matters:

This project will improve understanding of travel disadvantages/burdens to access healthcare facilities for primary and specialty care services. This ultimately evaluates a key social determinant of health, transportation, and how that plays a role in rural healthcare. The results of this project will also help transportation and healthcare authorities to evaluate the effectiveness of strategies to enhance healthcare accessibility, particularly for underrepresented populations in rural areas of South Carolina.

Approach:

- Administer surveys to clinics and libraries through in-person visits, phone calls, and placing survey materials in public areas.
- Utilizes GIS analytic tools to visualize and display this travel burden index for the state of South Carolina.
- Use linear and non-linear machine learning methods to explore the relationship between travel burden index and other factors.

Project Lead:

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Upstate

A Data-driven Approach to Identify and Target High-risk Rural Communities via Mobile Health Clinics

Organization:
Clemson University

Summary:

This project will develop a framework to identify and prioritize communities at greatest risk of opioid use disorder (OUD), hepatitis C virus (HCV), and human deficiency virus (HIV). Once the model is developed, it will be piloted public health surveillance and predictive modeling with key community stakeholders to inform mobile health clinic engagement and intervention selection/implementation in underserved communities in real-time.

Why this Matters:

Mobile health clinics (MHC) are an effective and versatile tool for the timely delivery of interventions to underserved communities. MHCs are particularly effective for the delivery of treatments for OUD. However, the inability to effectively identify and prioritize high-risk communities poses daunting challenges for decision-makers and leads to less-than-optimal allocation strategies. The overarching goal of this pilot is to identify high-risk rural communities in SC and work with MHC leaders to deliver OUD, HCV, and HIV screening and care in these communities. Once fully developed and refined, this tool can inform MHCs across the state on where and what populations need services the most.

Approach:

- Establishes data-system feed for substance abuse and infectious disease surveillance.
- Integrates data from individuals utilizing Clemson Rural Health's MHC
- Evaluates the impact of MHC interventions on improving patient health, reduction in hospitalizations and deaths at zip code level, and factors associated with MHC utilization.
- Currently developing modeling framework to predict MHC uptake to predict reduction in opioid, HCV, and HIV-related hospitalization.
- Currently developing a web-based application to display real-time metrics on highest risk community for each outcome, predicted utilization of MHC, and optimal delivery of MHC.

Highlights and Impact:

- Development of modeling framework to evaluate factors associated with MHC utilization.
- Project outcomes were recently published in The Lancet: Rennert, L., Howard, K. A., Kickham, C. M., Gezer, F., Coleman, A., Roth, P., ... & Litwin, A. H. (2024). Implementation of a mobile health clinic framework for Hepatitis C virus screening and treatment: a descriptive study. The Lancet Regional Health–Americas, 29.

Project Lead:

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Statewide

A Two- Pronged Big Data Approach to Critically Analyze Strongyloides Stercoralis Infections Among Rural, Impoverished South Carolina Residents

Organization:

University of South Carolina - School of Medicine

Summary:

Strongyloides Stercoalis is a parasitic roundworm known to persist throughout the rural, impoverished southeastern United States, but high-quality prevalence data is lacking due to the absence of ongoing surveillance. This project aims to elucidate the current prevalence of human Strongyloides infections in South Carolina using two complementary approaches. This early-funded research provides critical pilot data for potential future R01 grant proposals on infectious diseases of poverty.

Why this Matters:

This program ultimately strives for equitable health amongst all communities in South Carolina. If this infection is left untreated, it has irreversible long-term morbidity, including cognitive and growth delays.

Approach:

- To estimate prevalence, the project team will perform active surveillance using Strongyloides serology testing via strategic sampling of a subset of banked serum samples from the ALL-IN COVID-19 study.
- Second, passive surveillance will be conducted via electronic health record query at Prisma Health system for Strongyloides cases.
- Lastly, geospatial statistics will be employed to create an infectious disease forecast model for public health intervention.

Highlights and Impact:

- Over 1400 serum samples have been tested with 78 positive antibodies to Strongyloides
- Electronic health record review has been complete for patients with Strongyloides cases.
- Undergoing IRB review to confirm positive infection in serum sample cases in order to provide treatment.

Project Lead:

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Statewide

The Use of Telemental Health Services Among Foster Children in Rural South Carolina: A Mixed-Methods Study

Organization:
University of South Carolina

Summary:

The use of telemental health (TMH) represents a promising tool to improve access to effective mental health services in rural areas. Since the onset of COVID-19, TMH has been increasingly used to provide mental health services to individuals, including children in foster care. This study focuses on the perspectives of foster parents and mental health providers on TMH, as well as disparities in and factors associated with TMH in rural South Carolina.

Why this Matters:

This program will provide valuable insight into the use and effectiveness of TMH on foster children in rural South Carolina and help shape the future of TMH services for this vulnerable population.

Project Lead:

Yanfeng Xu
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Approach:

- To gain an understanding of the barriers and facilitators to using/providing TMH as perceived by foster parents who raise foster children in rural SC and TMH providers who serve foster children in rural SC during phase 1 of this study.
- To describe the rate of TMH use, examine disparities in using TMH services, and investigate factors associated with the use of TMH among foster children in rural SC from January 2020 to January 2023 during phase 2 of this study.
- To investigate the effectiveness of TMH compared to in-person mental health services on outcomes of foster children with a primary mental health diagnosis in rural SC during phase 2 of this study.
- Of note, given the availability of indicators in the integrated dataset, foster children's outcomes will be operationalized using the following three indicators: the continuity of mental health services, the number of emergency department (ED) and urgent care visits due to mental illness, and placement stability.

Highlights and Impact:

- Gained IRB approval
- Developed interview guides for foster parents and telemental health providers
- Finished flyers for mental health providers and foster parents
- Initiated provider interviews and foster parent recruitment.

Statewide

Understanding Factors Associated with Patient Selection of Obstetrician Providers in Rural South Carolina

Organization:
Clemson University

Summary:

Choosing an obstetrician is an important decision for a patient, impacting the health outcomes of both the mother and the child. Prior to making this decision, patients must consider multiple factors and resources. This study will assess what factors influenced a patient's choice of provider using eight focus groups in each part of the state.

Why this Matters:

This program will provide a better understanding of how and why patients choose their obstetric provider regarding environment, provider, the individual, and cost.

Approach:

- Investigate potential barriers and facilitators that contribute to pregnant patients seeking OB services in rural South Carolina.
- Identify variations in provider preference by region (i.e., Upstate, Low Country, Midlands, and Pee Dee).
- Explore whether insurance type impacts the patient's selection of a care provider.

Project Lead:

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