CENTER FOR RURAL AND PRIMARY HEALTHCARE

3rd Annual

COLLABORATIVE MEETING

Pastides Alumni Center at the University of South Carolina
Friday, March 10th, 2023

Meet our team

Kevin Bennett, PhD
Director

Michele Stanek, MHS
Associate Director

Megan Weis, Dr.PH, MPH, MCHES
Director of Community Engagement

Patricia Witherspoon, MD
Medical Director

Songyuan Deng, PhD
Research Associate

Samantha Smith
Operations Manager

Alanti Price, MPH
Program Manager

Andrea Mitchell, MPH
Program Manager

Samantha Renaud, MA
Research Project Manager

Brittany Wesley
Business Manager

Samantha Slinkard-Barnum, MPH
Rural Research Coordinator

Alexia Hopkins
Program Coordinator

Our speaker

Elizabeth G. Baxley, MD has been a board-certified Family Physician for 34 years with a career that has spanned rural practice, community-based residency education, and faculty work at three academic medical centers. Her roles have included Residency Director, Director of Faculty Development, Department Chair, and Senior Associate Dean for Academic Affairs. She joined the American Board of Family Medicine (ABFM) in July 2018, after serving on the ABFM Board for five years, including being Board Chair. She currently serves as ABFM's Executive Vice President. Her early career interests focused on maternity care and women's health, and she was an early leader in the development of the ALSO Provider and Instructor Courses. The second half of her career has focused on health system science (HSS): quality improvement, patient safety, inter-professional practice, practice redesign, and population health. She was PI on a $1M grant from the AMA in its Accelerating Change in Medical Education Program from 2013-2018, which led to the development and implementation of a professional development academy for faculty in these competencies and a longitudinal curriculum and Distinction Track in HSS for all medical students at Brody School of Medicine at East Carolina University.

Focus Areas: page

Focus Area: **Connecting Communities**

Lowcountry

Libraries and Health

Collaborating to Address Critical Needs in Calhoun County

Organization:
Calhoun County Public Library

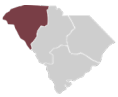
SUMMARY:
The Calhoun County Library hired a full-time social worker to develop a referral system and provide short-term case management to library patrons in Calhoun County.

WHY THIS MATTERS:
The social worker provides access to current, relevant crisis-related information for all of Calhoun County, including crisis response efforts.

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 digital divide in Calhoun County.

HIGHLIGHTS AND IMPACT:
- Developed an outreach plan to bring awareness to resources available with an emphasis on the faith-based community.
- The Calhoun County Library leveraged additional CRPH funding and is partnering with the social work program at South Carolina State University (SCSU) to pilot an internship program in the Calhoun Library and to lay the foundation for an ongoing social work internship program at the Calhoun Library.

Project Lead:
Kristen Simensen
(ksimensen@calhouncountylibrary.org)



Upstate

Libraries and Health

Expanding Access to Healthcare in Union County

Organization:
Union County Public Library

SUMMARY:
The Union County Library System (UCLS) has a full-time licensed social worker to focus on families. The social worker provides case management, counseling, and identifyihigh-need populations and gaps in services to establish partnerships and procedures to address identified needs. In addition, UCLS leverages its partnerships to expand broadband internet and physical library service locations to improve access to healthcare in Union County.

WHY THIS MATTERS:
This project addresses persistent local challenges in Union County by working to increase the number of community members interacting with the library, participating in the workforce, utilizing local healthcare resources, and expanding broadband access.

APPROACH:
UCLS provides access to vocational, training, and higher education programs to allow every student and community member to develop skills for job readiness to support workforce development and healthcare challenges in Union County.

HIGHLIGHTS & IMPACT:
- The establishment of the Union County Public Library community pantry and co-founding Union County FoodShare along with two partner organizations.
- The establishment of micro-library branches at the fire station and detention to increase access to digital and broadband in the county.

Project Lead :
Taylor Atkinson
(tatkinson@unionlibrary.org)

Lowcountry

Libraries and Health

Orangeburg County Library Resource Associate

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

SUMMARY:
A social worker acts as a Library Resource Associate (LRA) to address health-related social needs of patrons and connects them 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 the regional hospital and 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.

PROJECT HIGHLIGHTS & IMPACT:
The Library Resource Associate has greatly increased partnerships within the library and supported community events. The LRA has had over 1200 encounters with library patrons.

Project Lead :
Stephanie Harrison
(scharrison@regmed.com)

Pee Dee

Libraries and Health

Lee County Public Library Community Health Hub

Organization:
Lee County Public Library

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 community health worker (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 determinants of health.

APPROACH:

- Lee County Library has created a HIPPA-compliant health clinic extension site that makes referralsand 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 & IMPACT:

- Expanded partnerships, service offerings and community engagement activities that benefitted over 350 community healthhub members.
- Established and expanded service offerings to Lynchburg, SC while receiving great community buy-in and utilization of the health hub.

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

Midlands

Libraries and Health

Library Social Worker- Kershaw County Library

Organization:
Kershaw County Public Library

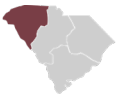
SUMMARY:
The Kershaw County Library and Community Medical Clinic integrates a social worker to offer case management to individuals in the County to improve health and wellness by connecting community members to healthcare and social services. The social worker offers weekly office hours at all library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

WHY THIS MATTERS:
Connect clients to a primary care provider/medical home, help clients obtain access to health insurance and/or affordable healthcare, and encourage 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:
Expanded the resource room within the main branch of the Camden library to provide patrons with access to non-perishable food, essential hygiene materials, and other health educational and patient self-management resources like blood pressure cuffs and scales.

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



Upstate

Libraries and Health

Better Health - Abbeville, SC

Organization:
Abbeville County Library System

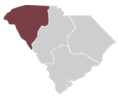
SUMMARY:
The Abbeville County Library System closes gaps seen in its community through partnerships and programming. They offer a wellness program that reaches out to individuals in crisis or potentially heading into a crisis. By adding a Wellness Coordinator to their staff, they reach those in Abbeville County who may be in need.

WHY THIS MATTERS:
By adding a Wellness Coordinator to its staff, the library connects with the community through a new alternate space for learning and creativity located in the library to improve community wellness.

APPROACH:
Create an alternate space where patrons can constructively deal with their emotions, from happiness and contentment to social anxiety and feelings of alienation

HIGHLIGHTS AND IMPACT:
- Held an extremely successful Walk Across America program that had 20 participants who attended educational meetings and kept track of their daily step count to increase their overall exercise.
- Had a 100% graduation rate for an 8-week diabetes education course provided by Clemson Extension.

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



Upstate

Libraries and Health

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 licensed social worker/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 opportunities in healthcare, social services, and workforce training to provide a pathway to improve outcomes in health disparities, housing, food services, and quality of life and provides a remote service using a bookmobile.

APPROACH:
- Uses a licensed social worker/community resource assistant and Spanish translator to help assist patrons with needs
- Strengthen and expand community partnerships and network to connect patrons to needed services and agencies.
- Use bookmobile to increase outreach and service sites for community members to receive health and social support.

HIGHLIGHTS AND IMPACT:
- The program has built relationships with other service providers has helped to know from whom to seek various resources.
- Created an online database with existing resources in Oconee County

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

Pee Dee

Libraries and Health

Marion Wright Edelman Community Health Hub

Organization:
Foundation for Community Impact and Health Equity

SUMMARY:
With a community health worker, the community health hub in Marlboro create 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:
- Understanding the importance of clinical and community linkages, the hub establishes partnerships between Marlboro County Library and health and social service providers.
- Train library staff to provide referrals to social service providers within the county.

HIGHLIGHTS AND IMPACT:
- Library staff members have been trained to be benefit counselors, which has increased their knowledge and broadened their service offerings.
- Developed a community specific screening tool to be utilized in the library setting to assess library patron's specific needs around social determinants of health and facilitate bi-directional linkages to care.

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

Lowcountry

Libraries and Health

Statewide

Charleston County Public Library and the Women in the Southeast Telehealth Network

Organization:
Charleston County Public Library

SUMMARY:
The Women in Southeast (WISE) Telehealth Network aims to improve women's health and well-being by providing preventive care through telehealth at local libraries in the rural Lowcountry. A community health worker in the Charleston County Public Library (CCPL) serves as a tele-preceptor for telehealth appointments, offers health education, and connects women to health and social services.

WHY THIS MATTERS:
This initiative addresses persistent disparities in women's health 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 women to healthcare resources and care management in maternal care, infectious disease, and mental health through the CCPL system.
- A community health worker provides health education, connects women 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 & IMPACT
The WISE Telehealth Network has reached over 560 women in the rural Lowcountry at the Edisto Island Library, McClellanville Library, St. Paul's Hollywood Library, and the Mobile Library.

Project Lead :
Kathleen Montgomery
(montgomeryk@ccpl.org)

FoodShare

Organization:
FoodShare SC

SUMMARY:
Foodshare SC works to improve health outcomes in the state by providing training and technical assistance to non-profits who are replicating the FoodShare model. Additionally, Foodshare SC seeks to improve patients' eating habits with Type 2 diabetes mellitus and other diet related diseases by overcoming three significant hurdles: fresh food access, affordability, and nutrition education.

WHY THIS MATTERS:
Foodshare SC aims to decrease the detrimental health reality of food insecurity in the rural areas of the state.

APPROACH:
FoodShare member hubs are trained on produce procurement and distribution to ensure community needs are met. The primary service offering is the Fresh Food Box and includes 9 to 11 varieties of fresh fruits and vegetables. The boxes also include unique recipes, tips, and nutrition notes to encourage recipients to expand their knowledge, cook new things, and eat healthier.

HIGHLIGHTS AND IMPACT:
- Foodshare is currently providing technical assistance for the Veggie Rx (Produce Prescription Program) to five clinics across the state.
- The program has been replicated in 19 counties throughout South Carolina.

Project Lead:
Beverly Wilson
(Beverly.Wilson@uscmed.sc.edu)

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 AccessHealth program, allowing it to begin serving expectant mothers in the McLeod Health Cheraw and McLeod Health Clarendon service areas. This initiative is based out of the McLeod Family Medicine Rural Residency programs 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) to 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, and women who are at increased risk for adverse birth outcomes and challenges in early parenthood.

APPROACH:
- Utilizes two CHWs 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 healthy foods, breastfeeding support, and other services to qualifying mothers.

Project Lead:
Lorene Godbold
(lgodbold@mcleodheatlh.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 (SCHIMA) 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, with a specific focus 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. 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 suite of training and support that is relationship-focused, developmentally sensitive, culturally responsive, trauma-informed, and spans the continuum of promotion, prevention, and treatment.
- Invests in the professional development of those who work with young children and their families.
- Brings the 4 Help Me Grow Network Partners program to rural/central South Carolina counties to increase developmental screenings and connection to local behavioral and physical health resources.

HIGHLIGHTS AND IMPACT:

- Awarded the Orangeburg County Library with a network partnership grant. As a part of the partnership, during the library's story times, they offer free developmental screening to families.
- The Safe Babies Court in Orangeburg began seeing cases on December 1st, 2022. Three families involved in child welfare have open cases with Safe Babies Courts and are receiving the unique, wraparound services provided by the program. Additionally, SCIMHA has trained dozens of early childhood and family serving professionals in evidence-based infant mental health interventions and several Orangeburg professionals have attended SCIMHA's intensive Foundations in Infant and Early Childhood Certificate Program.

Project Lead:
Kerrie Schnake
(kschnake@scimha.org)

Focus Area: **Strategic Workforce and 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 are facilitated that prepares them for rural health.

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:
Twenty-five rural scholarship recipients have received support for their training equipment packs to be used during their enrollment in the nursing program.

Project Lead:
Shannon Smith
(shansmith@claflin.edu)

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 a continuing medical education (CME) course at the Institute. The training is an in-person course consisting of didactics, hands-on ultrasound scanning, and simulation.

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.

HIGHLIGHTS AND IMPACT:
Rural providers share success stories of how the training has been helpful in their practice, such as utilizing learned skills to detect gallstones in a symptomatic patient.

Project Lead:
Floyd Bell
(floyd.bell@uscmed.sc.edu)

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 purse a MPHs as an incentive for their practice in rural areas.
- Rotations include rural FQHCs and the health department to provide comprehensive training.

HIGHLIGHTS AND IMPACT:
In addition to creating rural-specific rotations, Preventive Medicine Residents are now receiving experience in conducting research specific to rural health issues.

Project Lead:
Mark Humphrey
(mark.humphrey@uscmed.sc.edu)

Midlands

PAIRED for REACH (Rural health Education And Career enHancement)

Organization:
University of South Carolina College of Pharmacy

SUMMARY:
The "PAIRED for REACH" program connects student pharmacists with rural pharmacy practice related didactic, co-curricular, and experiential learning opportunities through a new Rural Curricular Track offered by the College of Pharmacy.

WHY THIS MATTERS:
This program seeks to equip student pharmacists with the knowledge, skills, and abilities to successfully practice in rural communities after graduation, ultimately improving healthcare outcomes in rural South Carolina.

APPROACH:
Pharmacy students receive training and experiences to increase their skills in leadership, entrepreneurship, and collaboration by allowing interactions between students and other pharmacists in rural areas.

HIGHLIGHTS AND IMPACT:
- Received Curriculum Committee Approval for and implemented a new REACH Rural Health PharmD Curricular Track during Fall 2022.
- Enrolled 10 PharmD students into the REACH Rural Health PharmD Curricular Track during Fall 2022.
- Developed a new Rural Health Elective course during Fall 2022 (PHMY 768) that is now being offered in the College of Pharmacy with 11 students currently enrolled.

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 in students.

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.
- The resident is mentored by a clinical pharmacy specialist 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 leadership team has maintained longitudinal rotational experiences for the resident, including but not limited to Diabetes Longitudinal Clinic, Resident Research Series, Leadership Academy, and Community Pharmacy Staffing.
- Provided collaborative didactics and research initiatives within a family medicine medical residency program in a rural area in South Carolina.

Project Lead:
Reagan Barfield
(ReaganKB@cop.sc.edu)

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 clinic or hospital.
- Faculty meets meet 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 in the 2022 cohort and four will be graduating in 2023.

Project Lead:
Shannon Mewborn
(Shannon.Mewborn@prismahealth.org)

Statewide

College of Social Work Workforce Development

Organization:
University of South Carolina College of Social Work

SUMMARY:
The University of South Carolina College of Social Work provides training throughout the state on best practices related to rural interprofessional health services. The program recognizes the importance of building the rural workforce and seeks to improve the retention of health professionals in rural areas by implementing capacity-building strategies and promoting resource acquisition within these areas. In addition to placing social work students in rural health field placement internships, the College of Social Work also develops a series of course modules for health professional classes focusing on rural health practice issues and skills.

WHY THIS MATTERS:
This workforce development program addresses access to and availability of health services by promoting the recruitment and retention of health providers in rural SC. By coordinating and establishing resources, social work students can train in the unique needs of rural residents of SC.

APPROACH:
- Creates training modules on interprofessional rural health practice, workforce retention, and capacity building for community practitioners, telehealth, and trauma-informed care.
- Develops new field placement sites in rural SC and matches 20 field students to rural placements in the fall and spring semesters.

HIGHLIGHTS AND IMPACT:
- At least 20 social work students in the2022-2023 academic year are receiving in-vivo field training in rural health settings.
- Exposed social work students to rural practice in SC and trained them to be social workers through thousands of hours of internship practice in rural settings.

Project Lead:
Teri Browne (brownetm@mailbox.sc.edu)

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 to rural primary care trainees on oral health interprofessional practice, with an emphasis on 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 clinics' overall mission.

HIGHLIGHTS AND IMPACT:

- Leveraged CRPH funding to compete for $1.4 million in new HRSA funding to support a statewide learning collaborative that will improve access to dental care for early childhood populations.
- Poised to offer technical assistance for hygienists and assistance, through the ADA's national Community Dental Health Coordination program.

Project Lead:
Amy Martin
(martinamy@musc.edu)

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 USC 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 serve as a stand-alone option for Associate in Science degree students on our campus. Students who opt out of the pursuit of a BSN degree after completing an Associate in Science degree, will have acquired 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.

APPROACH:
- Hire a nursing faculty member to teach, advise, recruit, and support both 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 successfully pass the CNA state exam can enter 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)

Focus Area: **Healthcare Delivery**

Pee Dee

Mobile Health Unit Enhancement

Accessible Rural Healthcare

Organization: C Williams Rush, LLC

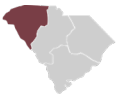
SUMMARY:
The Accessible Rural Healthcare RV mobile operates evenings and weekends to expand healthcare access to the underserved population of Allendale, Bamberg, and Williamsburg counties. Initial services include a health questionnaire, weighing, blood pressure checks, glucose testing, STD screening, 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 increases 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.
- Makes referrals to Hope Health for follow-up appointments for residents that 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)



Upstate

Mobile Health Unit Enhancement

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

Organization: ReGenesis Healthcare

SUMMARY:
ReGenesis Healthcare 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 services, 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 Healthcare 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:
- Implemented blood drawing labs on the mobile unit.
- Made connections with new farms to provide medical services.

Project Lead:
Melisa Hammett
(mhammett@myrhc.org)

Midlands

Mobile Health Unit Enhancement

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:

Through 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 3 hot spots of Aiken County as reported by 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 new partnerships with local community leaders to market the program and increased utilization of services among patients.

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

Lowcountry

Mobile Health Unit Enhancement

Expanding Women's Healthcare in Rural South Carolina

Organization:
Regional Medical Center of Orangeburg and Calhoun Counties

SUMMARY:

The Regional Medical Center of Orangeburg and Calhoun Counties (RMC) serves the rural and medically underserved area encompassing Orangeburg, Calhoun, Bamberg, and Barnwell counties in South Carolina. RMC's Mobile Services provide digital mammography throughout the region. This initiative is centered around women's healthcare and offers comprehensive tests such as pap smears, 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 the 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 5 years which allows us 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 an additional 14 sites, including districts, industry, government offices, for annual or bi-annual visits.

Project Lead:
Phillip Ford
(pjford@regmed.com)

Midlands

Mobile Health Unit Enhancement

Midlands Public Health Region WIC Services on Wheels

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

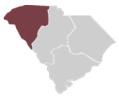
SUMMARY:
Women, Infants, and Children Services on Wheels (WIC SOW) make it their priority to increase their participation by meeting the people where they are and providing WIC certifications via a mobile van clinic. This initiative ensures that low-income women, infants, and children are provided nutritious 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 accessibility and availability of WIC services in rural/underserved areas by providing mobile services.

APPROACH:
Implements WIC SOW services in Aiken County and Catawba Indian Nation

HIGHLIGHTS AND IMPACT:
- Established a partership 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.

Project Lead:
Stephanie Morris
(morrissj@dhec.sc.gov)



Upstate

Mobile Health Unit Enhancement

MOSAIC: 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. The Upstate Region has 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/or treatment.

WHY THIS MATTERS:

This mobile unit will serve the residents of rural counties within the Upstate Region. 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 program 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 3 days of notification of a positive lab result.
- Patients who are tested receive their test results and/or risk reduction counseling within 7 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:

- Learned the importance of offering combined services and offering a variety of services. For example, COVID and STD clinics being offered together.
- Development and collaboration with local partners throughout our 11-county region have helped to reach the targeted population.

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

Midlands

Mobile Health Unit Enhancement

Midlands Mobile Health Clinic

Organization:
PRISMA Health (Midlands)

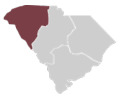
SUMMARY:
The Midlands Mobile Health Clinic healthcare provides primary and preventive care to historically marginalized communities lacking healthcare access in the Prisma Health- Midlands service areas. This project aims to expand Prisma Health's current reach by adding more locations for the Midlands 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 as well as 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 Social Vulnerability Index 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:
- Offered community flu clinic in Lower Richland and Sumter areas & administered 374 flu vaccines in these rural areas
- Increase in urgent care visits.
- Nurse practitioners develop a rapport with the community by engaging with community members onsite to tell them more about their expertise and our available services.

Project Lead:
Valerie Sullivan
(Valerie.sullivan@prismahealth.org)



Upstate

Mobile Health Unit Enhancement

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 will make healthcare more accessible to those affected by the SDOH, reduce Self Regional Healthcare's emergency room visits for non-emergent needs, reduce the incidence of serious medical problems that result from uncared-for medical conditions, and utilize education to improve overall health habits and the continuum of care.

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.
- Utilize Community Health Workers to assist with SDOH needs of patients.

HIGHLIGHTS AND IMPACT:
- Established a partnership with a local free clinic in Saluda and are providing monthly services to residents in the county.
- Implemented weekly mobile services at recovery home that has provided continuity of medical care to those recovering from SUD.
- Started weekly mobile clinic in Edgefield County through engaging with local government.
- Learned to cross-train staff to optimize mobile unit operations.

Project Lead:
Cyndi New (30yndi.new@selfregional.org)

Pee Dee

Mobile Health Unit Enhancement

Mobile Community Health Services Project

Organization:
Little River Medical Center

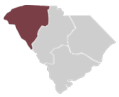
SUMMARY:
This project utilizes a mobile medical clinic to provide access to affordable care, help reduce the need for transportation, and directly address some of the needs of our low-income residents. It does this by strengthening the health of our rural communities by providing consistent access to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

WHY THIS MATTERS:
The clinic provides well visits for pediatric and adult patients, telehealth as a means for offering behavioral health, treatment for chronic conditions such as diabetes, hypertension, and high cholesterol, and increased screening for chronic conditions (colorectal cancer, HIV, & STIs).

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 educates them on the associated long-term risks of diabetes.
- Distribute and collect Fecal Occult Blood Tests to patients age
- 50-75 to help identify cancer as early as possible to reduce the number of colon cancer deaths.

HIGHLIGHTS AND IMPACT:
- Secured new locations for which services are now being delivered.
- Optimizing patient time and workflow
- Upfitted one of the existing mobile units that will travel to patient's homes and into the community with the mobile team.

Project Lead:
Karen Cagle
(kcagle@lrmcenter.com)



Upstate

Mobile Health Unit Enhancement

Mobile Chronic Care Services (MCCS)

Organization:
Abbeville Area Healthcare Center

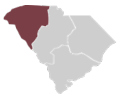
SUMMARY:
Mobile Chronic Care Services meets the needs of its patients by ensuring the patient and caregiver have one-on-one time each month to discuss health status and updates as outlined in the patient care plan. Additionally, this project addresses the lack of chronic disease management in rural areas.

WHY THIS MATTERS
As Abbeville ranks as one of the poorest regions in South Carolina, they approach the population with chronic disease management at our 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 :
- Increased mobile chronic care management program in which patients are now being managed for diabetes, hypertension, and COPD.
- 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
(amorgan@abbevilleareamc.com)



Upstate

Mobile Health Unit Enhancement

Establishing an Integrated Model for Rural Mental Health Services

Organization:
Clemson University

SUMMARY

To address this mental healthcare service shortage, a new partnership was established within the University, between Clemson Rural Health and Clemson University's College of Education to increase access to mental healthcare in four rural counties: Oconee, Cherokee, Laurens, and Abbeville. Through this partnership, a Clemson Rural Health social worker served as a preceptor for College of Education counseling students by embedding these students with rural clinicians on mobile health units to 1) increase access to mental health services and 2) increase the number of future mental health professionals with experience in rural mental healthcare.

WHY THIS MATTERS

Through intercollegiate collaboration, Clemson Rural Health and the College of Education increased access to mental health care for rural and uninsured populations, aided in building the pool of clinical mental health counselors with rural health-focused integrative care training in South Carolina, and increased interdisciplinary care offered via mobile health units with the addition of tele-mental health services.

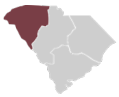
APPROACH:

- Created referral systems with agencies in Abbeville, Cherokee, Laurens, and Oconee counties to refer patients to Clemson Rural Health for mental health treatment.
- Provided screening, case management, assessment, psychotherapy to patients with mental health conditions.
- Formed ongoing partnerships with local agencies (clinics, churches, libraries) to help rural patients access telehealth services if patients do not have internet access.
- Provided supervised rural health training and supervision for clinical mental health counselor students.
- Developed a mental health needs assessment for each county to thoroughly assess each counties' mental health needs.

HIGHLIGHTS AND IMPACT:

- Started providing mobile psychotherapy in Abbeville, Cherokee, and Laurens counties.
- Started providing tele psychotherapy in target counties.
- Expanded partnerships with current partners by adding on mental health services.
- Hosted five Clinical Mental Health Counselor (CMHC) students for one day experience on mobile heath units in rural communities.
- Provided tuition assistance for two CMHC students for a year.
- Provided experience for two CMHC students to work on mobile health units in rural communities during the past year.
- Served as preceptor site for two CMHC students to complete their required counseling hours for their degree.
- Provided effective mental health counseling evident through patient reports and improvements in depression and anxiety screeners.

Project Lead:
Kristie Boswell
(khirt@clemson.edu)



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.
- 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:

- Helped patients who lacked capacity to initiate treatment begin and complete treatment for HCV.
- Working with local detention centers to offer screening and helping the incarcerated receive prescription assistance.

Project Lead:
Caitlin Kickham
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Midlands

Pilot of a Community Pharmacy- Provided Maternal Health Services Program, AM

Organization:
USC College of Pharmacy- Community Pharmacy Maternal Health Program

SUMMARY:
This pilot project will develop and implement a maternal health training program and toolkit to increase pharmacists, student pharmacists, and technicians' capacity to improve maternal health outcomes in rural communities across South Carolina.

WHY THIS MATTERS:
Currently, there are no tools sufficient to support pharmacists providing maternal health services in rural South Carolina or guide the implementation of these services in community pharmacies. In addition, the traditional model of advanced or certificate training programs, which includes a home-study and live, in-person session, is not ideal for those practicing in rural areas due to travel time and expenses. By creating an online, self-paced, engaging program that also includes an actionable toolkit, pharmacists and technicians will be prepared to provide comprehensive services in their rural communities.

APPROACH:
- Currently surveying SC licensed pharmacists and technicians who practice in a rural community pharmacy regarding barriers and facilitators to community pharmacy provided maternal health services.
- Build the Community Pharmacy Maternal Health training program on an eLearning platform.
- Pilot the Community Pharmacy-Provided Maternal Health Services Training and Implementation Toolkit Program in 5 rural community pharmacies.

HIGHLIGHTS AND IMPACT:
Piloted an eLearning management platform; initial survey data suggests the greatest perceived need is for community pharmacy provided prenatal and contraception services, however, survey respondents are least confident in their ability to provide postnatal as well as preconception services; and early-stage discussions with rural community pharmacists on interest in implementing the program.

Project Lead:
Patty H. Fabel
(fabelp@kennedycenter.sc.edu)

Midlands

SC Clinical Pharmacist Sustainability Project

Organization:
Fairfield Medical Associates

SUMMARY:

This pilot seeks to onboard a pharmacist at Fairfield Medical Associates (FMA), 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 FMA 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 a focus on 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.

APPROACH:

- The clinical pharmacist receives certification through the SC Pharmacy Association's, Integrating Pharmacists into Primary Care training program, combining 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 messages campaigns that promote healthy behaviors and provide reminders for needed wellness services.

HIGHLIGHTS AND IMPACT:

- Began performing Annual Wellness Visitss in October and started working on patients at high risk for non-adherence.
- Taught diabetic patients how to administer their injections and educated patients on how to use the features of their new CGM devices.
- Worked with patients to lower A1C by educating them about their medications and providing lifestyle coaching and assisted with prior authorizations and patient assistance for medications and CGM.
- Began dispensing Paxlovid and following up patients to monitor their symptoms.

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

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 rate by providing affordable access to healthcare and education.

WHY THIS MATTERS:
Emmanuel Family Clinic Saluda created the Global Obstetric Program in 2005 for uninsured patients of low socioeconomic status who have difficulty affording obstetric care. The program has successfully helped women to afford and receive prenatal care and is now expanding its reach to serve additional counties through the Miracle of Life program. In doing so, more women will receive early access to prenatal care; obstetric patients can receive additional 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 for parents.
- 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:
- Working with programs like Best Chance Network and Choose Well, the project team has been able to offer no cost physical exams and contraceptives.
- Increased number of patients receiving appropriate obstetric patients at clinic has been seen already in the first 3 months of the program.

Project Lead:
Debra Cleveland
(dcleveland@efcsaluda.com)

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 preceptor, provide comprehensive prenatal care.
- Expands access to prenatal care by providing a bilingual h socialsocial worker to diminish language barriers while addressing social determinants of health.
- Provides rural experiential learning and patient-specific training on prenatal care to family medicine residents.

HIGHLIGHTS AND IMPACT:
- Two physicians work together to ensure the Cheraw prenatal clinic operates on a weekly basis.
- Identified additional staff to see patients when prenatal clinic is not open.

Project Lead:
Allan Macdonald
(amacdonald@mcleodhealth.org)

Midlands

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 for 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 both English and Spanish.

HIGHLIGHTS AND IMPACT:
Obstetric and Family Medicine physicians who will be providing care at the clinic have gone through the credentialing process at Edgefield County Hospital.

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

Pee Dee

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

Organization:
McLeod Health Family Medicine Center

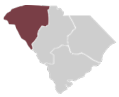
SUMMARY:
The McLeod Family Medicine and USC Behavioral Health Collaborative Care Initiative serves primary care patients of the McLeod Family Medicine Center sites in Cheraw and Clarendon needing behavioral health treatment. The goal is to establish integrated behavioral health services through the collaborative 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.

Project Lead:
Brittany Rainwater
(brittany.rainwater@mcleodheatlh.org)



Upstate

Upstate Pediatric Subspecialty

Organization:
Prisma Health Upstate

SUMMARY:
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, treats 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:
George Haddad
(George.haddad@prismahealth.org)

Midlands

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

Organization:
University of South Carolina School of Medicine

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:
A broad range of digitally delivered mental and behavioral health programs in South Carolina have been evaluated to include the number of consults, travel miles avoided, and return on investment.

Project Lead:
Meera Narasimhan
(mnarasim@uscmed.sc.edu)

Midlands

Telepsychiatry

Organization:
University of South Carolina and 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 as well as 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.
- Over 1,000,000 miles of travel saved for patients state-wide.

Project Lead:
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Statewide

Prisma Health Pediatrics Outreach Clinics

Organization:
Prisma Health Medical Group Midlands-Department of Pediatrics

SUMMARY:
The Prisma – Midlands Pediatric Outreach program aims to improve access to pediatric specialty care.

WHY DOES THIS MATTER?
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:
- Served over 12,000 patients
- Expanded service areas to include pediatric nephrology in Aiken, pediatric endocrinology in Lancaster, and pediatric sickle cell in Florence.

Project Lead:
Chris Burke
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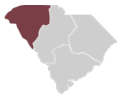

Upstate

Behavioral Health Integration

Organization:
Oconee Pediatrics

SUMMARY:
Oconee Pediatrics is implementing the Starfish Pediatric Integrated Behavioral Health Model. This model allows the practice to address mental health needs by using a behavioral health consultant to help provide their mental health expertise.

WHY THIS MATTERS:
This initiative serves to improve patient outcomes for patients with ADHD, anxiety, trauma, and depression, among other mental health diagnoses. Having a full-time behavioralist integrated into the clinical team boosts access to behavioral health services and improves the patient's experience.

APPROACH:
- Integrates a behavioral health specialist into the clinical team at Oconee Pediatrics to help address a shortage of mental health services and high needs of the pediatric population in the Seneca, SC and surrounding areas.
- Educates patients about the role of the behavioral health specialist and program offerings to overcome stigma.

HIGHLIGHTS AND IMPACT:
- Having a behavioral health provider available allows warm handoffs to address child and adolescent mental health needs on the same day office visit.

Project Lead:
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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, University of South Carolina College of Pharmacy, and South Carolina Department of Health and Environmental Control.

WHY THIS MATTERS:
Improving antimicrobial prescribing and use is critical to effectively treat infections, protect patients from harms caused by unnecessary antibiotic use, and combat the urgent public health threat of antimicrobial resistance.

APPROACH:
- Develops a stewardship rotation that incorporates training for medical and PharmD students and residents.
- Partner with critical access hospitals to improve their stewardship practices through leveraging academic resources/training into those facilities.
- Lecture at family medicine residency programs to provide antimicrobial stewardship didactics and training.

HIGHLIGHTS AND IMPACT :
- Recently received data from hospitals across South Carolina to create a statewide antibiogram. Many rural hospitals in SC do not have individualized hospital-specific antibiograms to guide antibiotic decision-making (due to a lack of resources, funding, knowledge, etc.). This statewide antibiogram will be distributed to rural centers to supply them with a tool to improve antimicrobial use at their specific institution; this has become a yearly endeavor to continuously provide information to providers.
- The TeleHealth ECHO sessions have continued to increase in the number of attendees from all over the state.
- We will be hosting the 8th Annual Statewide Meeting in May 2023. The 2022 meeting brought in >100 attendees.
- Through our partnership with DHEC, a new pharmacist was hired to begin working with long term care facilities to improve stewardship.

Project Lead:
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Focus Area: **Research Programs**

Midlands

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 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 authorities 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 other factors.

Project Lead:
Yuche Chen
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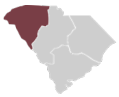

Upstate

A data-driven approach to identify and target high-risk rural communities via mobile health clinics

Organization:
Clemson University and Prisma Health (Upstate)

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:

To help inform MHC utilization and impact on future health outcomes. 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 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 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 Lead:
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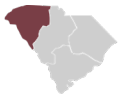
Focus Area: Research Programs



Upstate

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.

Project Lead:
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Notes:

CENTER FOR RURAL AND PRIMARY HEALTHCARE

3rd Annual CRPH Collaborative

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