PRISMA HEALTH®

Public Health Initiatives and Community Outreach Programs – FY 2020

A Certificate of Public Advantage Report by
Prisma Health–Midlands

Our purpose:

Inspire health.

Serve with compassion.

Be the difference.

Contents

FY20: An overview

Our commitment

In 1998, what is now Prisma Health–Midlands made a commitment, as part of its Certificate of Public Advantage (COPA), to return to the community 10% of its annual "excess revenues over expenses to fund public health initiatives and community outreach programs." We have faithfully carried out this responsibility and privilege over the 23 years since entering the COPA with the Palmetto State.

Together with like-minded community benefit organizations – our partners – we are striving to improve the overall health of the communities we serve. And together we are making a positive difference.

In 2020, even in the context of the COVID-19 pandemic, our organization remains steadfast in enhancing the physical, emotional and spiritual health of all individuals and communities we serve. To learn more about our 20+ years of community health involvement, we invite you to visit PrismaHealth.org/CommunityHealth.

Our impact

Prisma Health has been a catalyst in efforts to improve the health and well-being of our community. Over the past two decades, our organization has provided more than a million services to residents in our Midlands service area.

Some populations in our service area continue to experience barriers to healthcare access. These barriers may create disparities in life expectancy, access to services and treatments, overall level of medical care, and other important quality outcomes.

We strive to identify these populations, in particular, by partnering with community-based organizations. We also focus on the underserved, uninsured and those using the emergency department (ED) for primary care services. Targeting these populations is made possible by reviewing ED data and by working with uninsured populations, neighborhood associations, faith communities, schools, and other community groups.

In recent years, our focus has expanded to include social determinants of health. Examples are access to affordable housing, healthy food, convenient transportation and needed medication. The pandemic has further highlighted existing disparities and contributed to the isolation of those who are vulnerable and living with chronic illness. By advancing these social issues, our goal is to help South Carolinians become healthy and well – physically, emotionally and spiritually.

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Our performance

Undeniably, 2020 has been a year without precedent in healthcare. As you will see in the following pages, the pandemic has temporarily curtailed some outreach activities that require travel or in-person interaction, which challenged our innovative team to adjust priorities and methods as this public health emergency unfolded. Our mission of enhancing clinical outcomes, healthy behaviors, disease prevention, wellness initiatives and access to care remains unchanged, thanks to programs and services made possible through living our Prisma Health purpose: *Inspire health. Serve with compassion. Be the difference*.

This report details the many programs we offered, the diverse populations we served and the encouraging results that were realized as part of our long-term commitment to improving the health and well-being of our communities. At Prisma Health, we are privileged to serve, and we are dedicated to expanding our efforts and reach in transforming the health of all those who call South Carolina home.

Summary of COPA-related activities for FY20

Budget

Over the past 23 years, our organization has funded more than

$63 MILLION

in public health initiatives and community outreach programs under the COPA.

$2.1 MILLION

was spent in FY20 on these programs.

Impact

In FY20, Prisma Health provided

56,809

community health services to

23,912

adults, families and children living in the Midlands.

(Figures include Prisma Health Tuomey Hospital, Community Health Improvement, Chronic Disease Prevention, Midlands AccessHealth and Midlands Healthy Start.)

Partnerships

Prisma Health funded

$727,138

to Richland, Lexington and Sumter counties through

15

community programs supporting local partnerships for

22,589

services.

(Prisma Health–Midlands' Office of Community Health also collaborates with 62 local community groups; details will follow in this report.)

Chronic Disease Prevention

3,170
total health services provided

967
total people served

42
community partners (faith-based, civic, worksites and schools)

Health education, screening, intervention programs and care coordination are organized and delivered to prevent or delay the onset of these chronic diseases: cancer, diabetes, heart disease and hypertension (high blood pressure).

Cancer prevention

- **429** total cancer screenings
- Abnormal findings:
  31 breast
  17 cervical
  8 prostate

Heart screenings

- **245** total lipid screenings
- **141** abnormal findings

Hypertension management

- **649** total blood pressure screenings
- **274** abnormal findings

Hypertension Program (Check. Change. Control.®)

- **28** participants
- **-6.1** mmHg for systolic blood pressure
- **-6.7** mmHg for diastolic blood pressure

At the end of the hypertension management program:

- **17%** of patients lowered their blood pressure enough to be categorized as having normal values
- **40%** of patients with elevated blood pressure values saw their values in a lower category

QuitWell

Prisma Health's tobacco cessation program, QuitWell, is offered through our Business Health Solutions department. Based on the Freshstart program of the American Cancer Society, QuitWell consists of a series of small, in-person classes. Topics include nicotine replacement therapy (NRT), planning a quit date, finding support, uncovering triggers and planning ahead for future stressors. The combination of education, discussions and learning about NRT is proven to help smokers quit.

The program is provided to Prisma Health team members and business health partners. Limited group session sponsorships are offered for low-income community members in Richland, Fairfield, Lexington and Sumter counties. At present, the program is temporarily suspended due to COVID-19.

Diabetes prevention

- **486** total diabetes screenings
- **186** abnormal findings

Diabetes Prevention Program (DPP)

- **211** participants:
- **20%** of patients in the prediabetes range returned to normal values
- **-8.51%** reduction in body mass index (-2.91 kg/m2)
- **-5.5%** average reduction in HbA1c

Health education

Health education programs and support groups:

- **211** people
- **16** sessions

Body mass index (BMI) and body fat analysis:

- **423** assessments
- **345** abnormal results

Diabetes Prevention Program (DPP)

In 2020, Prisma Health's DPP went live in Epic (our electronic medical record), which allows Prisma Health clinicians across the Midlands and Upstate to refer patients electronically. It also offers a single documentation platform, ensuring that clinicians can track progress in the patient's electronic medical record.

While COVID-19 has posed several challenges, the DPP has now received approval from the Centers for Disease Control and Prevention to implement a virtual DPP, with virtual classes beginning November 2020. This will provide options to those who wish to participate and ensure DPP access.

Finally, the DPP is partnering with the American Medical Association to implement new prediabetes quality measures. This partnership will improve screening rates for patients with prediabetes, increase the number of interventions available to them, and ensure that clinicians follow up on any prediabetes blood tests.

Community Health Improvement

Overall snapshot

- **111** Freshmen Focus college participants
- **266** students enrolled in telehealth education programs
- **1,835** students enrolled in telehealth clinical services
- **$7,800** saved in avoidable ED visits* by redirecting Community Connections clients to primary care
- **$12,210** provided in emergency aid to Community Connections families
- **$46,800** saved in avoidable ED visits* by school-based telehealth clinical visits

**calculated through a $1,300 estimated ED charge per visit*

Teen Talk

Prisma Health's Teen Talk program provides access to educational videos via the "Guidebook" smartphone app and Prisma Health's YouTube channel. The videos provide young people with evidence-based information on various topics to include self-image, peer pressure, sexually transmitted diseases (STDs), and drugs and alcohol.

207
views of
Teen Talk
video lessons

Teen Talk is a strategy for teen pregnancy prevention. Teen birth rates across the United States have continued to decline over the past decade. In Richland County, teen birth rates have decreased by 72% and, in South Carolina, by 70% since 1991.

↓70%
decrease in teen birth
rate from peak year 1991

Freshman Focus

Freshmen Focus is a 50-minute session that provides information to first-year college students on healthy relationships, signs and symptoms of STDs, and appropriate use of contraception. The goal of the session is to improve knowledge, attitude and behavior about STDs and unintended pregnancy. Students who participated intend to make better choices and share the knowledge they gained with others as recorded from post-session surveys. Observing COVID-19 infection prevention safety protocols, Freshman Focus was offered in a virtual format for the first time to 111 first-year college students.

Community Health Improvement *(cont'd.)*

As a result of COVID-19, our team of social workers has provided an array of services to the community through case management and care coordination services:

264

people have been served and connected to various community services: housing, transportation, food, medical assistance and more.

Community Connections

Prisma Health partners with the United Way of the Midlands to address social determinants of health in local communities. The partnership also includes a strong relationship with Hyatt Park Elementary School (HPES) to provide case management and care coordination for students and families. Participants receive group and individual counseling, home visits, advocacy, and individual and family support. Services are designed to improve systemic components to core socioeconomic deficiencies.

Financial highlights

- **$7,800** in cost savings were realized by redirecting clients from the ED to their primary care doctor.
- More than **$18,000** in goods and services was provided to families through community-based referrals.
- **$2,505** was provided in emergency financial assistance (utilities, food, transportation, etc.).
- In partnership with UWM's Resilient Richland Initiative, **$10,000** in Food Lion gift cards were distributed to 200 families experiencing reduced work hours or unemployment due to COVID-19.
- Triple P (Positive Parenting Program) training was provided for free to parents of HPES students (**$600** value per person).

Program highlights

- **43** families received in-home case management services.
- **21** kindergarten students were provided group and individual support to address social and emotional skills.
- **2** neighborhood "closets" started in the Latimer Manor community with the support and guidance of Community Connections to help neighbors with face masks, food, clothing, and books and activities for children.
- Community workshops were offered, in partnership with Columbia Housing Authority, to educate families about health and financial literacy as well as stress management.
- Emergency resources (food, transportation, utility, etc.) were provided at the onset of the pandemic for Hyatt Park families.
- Access to telephonic case management was increased as an alternative to home visits at the onset of the pandemic.
- In partnership with Serve and Connect's North Columbia Youth Empowerment Initiative and Senior Resources, Inc., families and seniors were given free meals during the pandemic.
- Families were assisted who could not connect to the Hyatt Park virtual learning platform.

Connect to purpose

A wheelchair-bound patient with multiple chronic health conditions was referred to Prisma Health by an outpatient practice at the hospital. He often missed appointments and did not comply with his diabetes monitoring and lifestyle changes.

A Prisma Health social worker spoke with the patient and discovered he understood how often to check his blood sugar and blood pressure, but he was visually impaired. His glucose monitor was of no use because he could not read the screen. He initially told his doctor he had a friend who could help him with daily chores, which was no longer the case.

The Prisma Health team helped him locate talking glucose monitors and blood pressure cuffs covered by his insurance, and then the team relayed the information to his doctor.

The patient also explained he was not eating well as he did not have funds to purchase food. Food pantries he relied on supplied mostly shelf-stable items that were not good for patients with diabetes or heart disease. The social worker connected him with FoodShare, a program providing low-cost fresh fruits and vegetables, along with diabetes-friendly foods and USDA foods for people who have disabilities.

Last, the patient has relied on family and friends for transportation; he needed several people to carry him down the stairs and transfer him to the car. As a result, it has been difficult for him to get out of his home for appointments. With help from Prisma Health, he was able to get a wheelchair ramp from MedNeed, a community-based organization that provides medical equipment to the uninsured. The patient can now get in and out of his house with ease.

Midlands Healthy Start

171
infants born to MHS participants

0
infant deaths from MHS participants

Midlands Healthy Start (MHS) has been funded by the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA) since 1997. MHS' current fiscal year budget is $1,142,121. The agency serves Richland and Sumter counties in South Carolina.

MHS has an experienced team with well-established policies, procedures and management systems for addressing the needs of underserved women and infants. The target population is pregnant and interconceptional women (predominantly African American as they are at highest risk), infants and fathers.

MHS builds strong, unique relationships with families to bridge gaps in existing health and social service programs. The team consists of a nurse practitioner (NP), social worker, outreach specialists and community health workers, who all work to increase awareness of causes and preventions of maternal deaths and of infant deaths before their first birthday. The team also builds partnerships among families, volunteers, businesses, social services and medical professionals to reduce disparities in infant mortality and adverse perinatal outcomes in the target population.

- **3,804** services were provided to 217 pregnant women, 81 postpartum women and 201 infants during the reporting period.
- **242** people (202 pregnant women, 14 postpartum women, 26 fathers) were newly enrolled.
- **88.98%** of participants were non-Hispanic African American, **6.53%** non-Hispanic white, **1.66%** non-Hispanic other race and 2.86% Hispanic.
- **99.52%** of women received prenatal and/or interconceptional care; **97.08%** of infants received well-baby services.
- **43** playard sets were provided.
- **16** breast pumps were provided.
- **5** car seats were provided.
- **265** women received childbirth education; 2 childbirth classes were held.
- **298** women received breastfeeding education.
- **298** women received safe sleep education.
- An NP was hired in December 2019 to help reduce maternal mortality. The NP received credentialing to provide services in March 2020; **137** high-risk women received services March 1–Sept. 30, 2020.
- **100%** of participants received an assessment of a routine dental check-up and dental infection; 69 women received further education on oral health as they had not received a check-up within the last year, with 4 being referred to a dentist for infection evaluation.
- Before April, 20 community events or group education sessions were held in person with **2,184** in attendance. As a result of COVID-19, all events thereafter were converted to a virtual platform (telephonic/video). As of September, MHS had held **40** virtual community events or group educations with **344** attending.
- To address infant mortality and other health disparities, MHS sponsored a virtual educational symposium: 2020 EMPOWER on Friday, Sept. 25, 9–11 a.m. (Provider Track) and 3–4:30 p.m. (Participant Track). **31** providers and **41** participants attended.

Midlands Healthy Start *(cont'd.)*

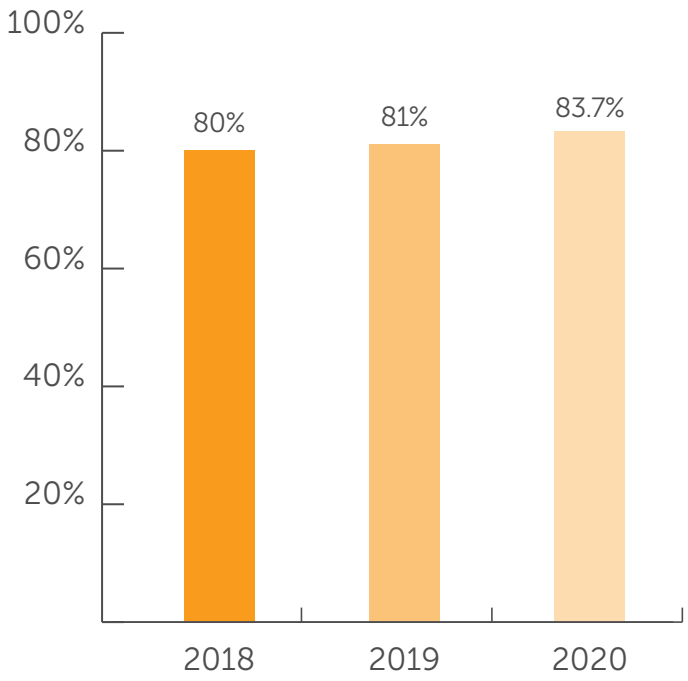
The goal is to provide a healthy start for pregnant women to prevent poor birth outcomes, including low birthweight (LBW) and infant death.

Because early prenatal care improves the chance of having a healthy baby, MHS services consist of education and support through home visits, virtual groups and classes, connection to resources, support service providers (NP, social worker, health workers), and referral to other agencies and providers. Education is based on an evidence-based curriculum addressing nutrition, parenting, safe sleep, stress and depression, preterm labor, kick counts, healthy eating, breastfeeding, spacing pregnancy, maternal warning signs and other topics to guide parents in managing their pregnancy. The goal is to provide a healthy start for pregnant women to prevent poor birth outcomes, including low birthweight (LBW) and infant death.

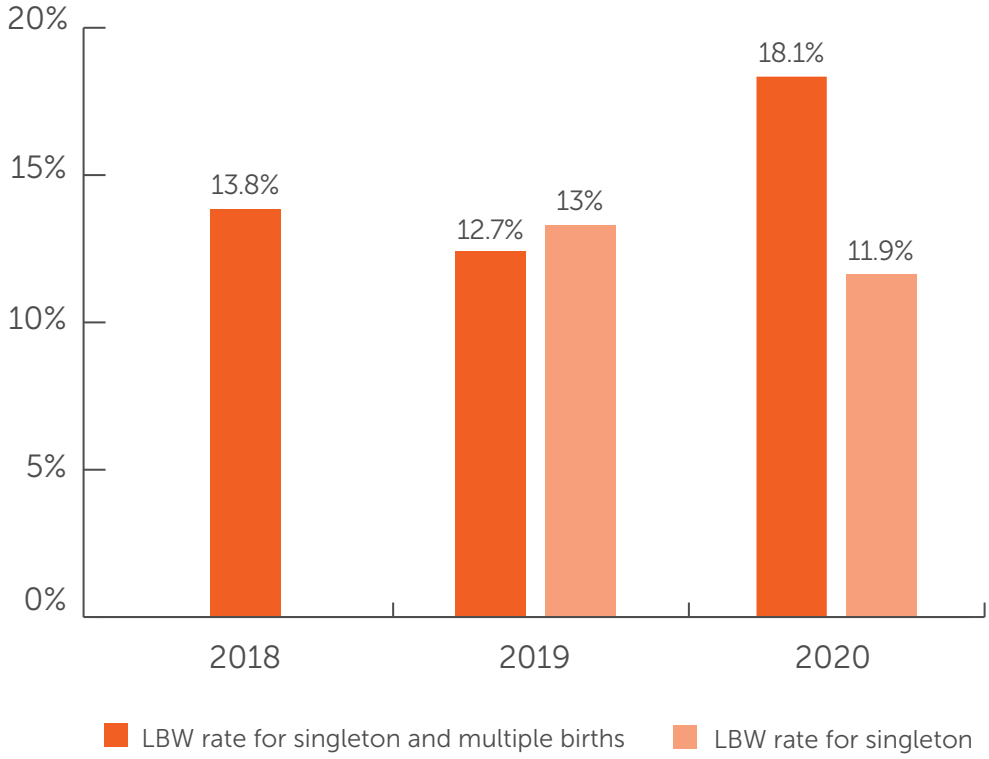
A mother's health status before, during and after pregnancy can impact pregnancy outcomes – obesity, chronic health conditions, stress and depression, short pregnancy spacing, infections, and drug use are risk factors that can cause adverse outcomes. Social determinants of health such as poverty, intimate partner violence and racial disparities also affect pregnancy outcomes. MHS' supportive and knowledgeable team works to address these factors by using a multidisciplinary approach involving community partners. In addition, MHS has established a familial approach by enrolling both mothers and fathers as participants in education programs. This holistic method results in better pregnancy outcomes and further reduces disparities.

In sum, MHS uses a "village approach" to support families and create a collaborative atmosphere. Maternal and infant outcomes are improved by prenatal care that begins early, is risk-appropriate, ongoing and comprehensive. MHS works to reach participants in early stages of pregnancy and connects them with the health and social services they need.

MHS participants initiating prenatal care in the first trimester, 2018–2020



Percent of low-birth weight infants to MHS participants, 2018–2020



In FY20, 10 sets of twins were born; 13 of 20 (65%) were LBW.

In FY19, one set of non-LBW twins was born.

Data for FY18 singleton is not available.

Midlands AccessHealth

$1,824,762
total value of services provided

1,255
(impacted by COVID-19) active participants

2,003
first-time enrollees

↓ 31.3%
reduction in overall ED visits for participants

Midlands AccessHealth partners with 20 medical home providers in Fairfield, Lexington, Richland and Sumter counties. This initiative helps improve access to care and health outcomes for low-income (below 100% of the federal poverty level), uninsured residents.

Since its inception in 2001, Midlands AccessHealth has provided healthcare services to **39,895** residents of Richland County and expanded to cover Lexington and Fairfield counties in May 2015 and Sumter County in 2016.

Midlands AccessHealth is advised by a coalition of community organizations including:

- Columbia Area Mental Health Center
- Eau Claire Cooperative Health Centers, Inc.
- Prisma Health Medical Group
- Palmetto Public Health District
- Prisma Health
- Providence Health
- Richland County School Districts One and Two
- SC Department of Health and Human Services
- The Cooperative Ministry
- The Free Medical Clinic
- The Good Samaritan Clinic
- United Way of the Midlands
- University of South Carolina School of Medicine in Columbia
- Welvista

Specialty services

- 52 Endocrinology
- 167 Pulmonology
- 249 Orthopedics
- 64 Podiatry
- 6 Cardiac surgery
- 143 Cardiology
- 162 Ear, nose, throat
- 232 Ophthalmology
- 27 SC Eye Care Initiative
- 176 Gastroenterology
- 84 Nephrology
- 84 Neurology
- 28 Neurosurgery
- 6 Mental health
- 5 Infectious disease
- 50 Rheumatology
- 153 Surgery
- 79 OB/GYN
- 95 Urology

2,097
total referrals for specialty services

$194,839
paid for specialty services

School-based telehealth

The program aims to help students feel better quicker, reduce time away from school, eliminate transportation barriers and reduce work time missed for parents.

Prisma Health's school-based telehealth clinical program allows students to receive primary care in their school. The program aims to help students feel better quicker, reduce time away from school, eliminate transportation barriers and reduce work time missed for parents.

This program started in 2018, with 14 elementary schools, two middle schools and one high school in each district for Lexington One, Richland One and Sumter. It is embedded within the schools so that students can be evaluated by a nurse practitioner (NP) for non-emergency issues, with prescriptions filled at the parents' preferred pharmacy. Medicaid and commercial insurance, if applicable, are filed for the patient. If students are uninsured, fees will be waived by Prisma Health.

Clinical

- **1,835** clinical participants enrolled from three school districts: Richland County School District One, Sumter County School District and Lexington County School District 1 (Pelion area schools), with 379 new enrollees in FY20
- Added the Early Childhood Learning Center in Lexington County School District 4 in Swansea in FY20 (program not yet active)
- **36** clinical visits included acute conjunctivitis, sinusitis, ear infections, skin rash and seasonal allergies
- Estimated **$1,300** savings per visit for families due to cost avoidance to an ED, accounting for a **$46,800** total estimated savings for all FY20 telehealth visits
- **$7,439** in telehealth revenue from Medicaid and commercial insurance
- **51%** improved seat time for students using clinical telehealth services (calculated as potential hours of school missed if the child left school)
- Total outpatient care time decreased by **73%** (calculated by average 121-minute outpatient care time versus 32.5-minute school telehealth care time)
- Total ED decreased by **80%** (calculated by average 164-minute emergency care time versus 32.5-minute school telehealth care time)

Education

- **266** enrolled students
- **12** educational sessions completed
- Enrolled students increased physical activity by at least **10** minutes a week

Prisma Health's school-based telehealth education program provides students with relevant, interactive content to support improved behaviors and overall knowledge of nutrition and physical activity. The "Eat Well, Keep Moving" curriculum, which focuses on obesity prevention and reduction, spans 16 weeks in after-school programming.

COVID-19 transition plans

Due to the COVID-19 virus and the closing of schools, both the education and clinical programs were suspended in March. Consequently, post-program evaluation and analysis were not provided. Prisma Health and school district teams began planning during April–September to adapt both programs for the new, evolving educational environments resulting from the pandemic.

An education program expanded to include all 3rd–5th graders at Gadsden, Hopkins, Horrell Hill and Webber Elementary schools in Richland County School District One and to 2nd–5th graders at Manchester Elementary in Sumter County. The program includes pre-recorded videos using the physical activity curriculum, along with evaluation links and GoNoodle activities. GoNoodle is an interactive physical activity tool for kids and parents. It engages 14 million kids a month in U.S. public elementary schools with movement and mindfulness videos created by child development experts.

The clinical program will transition to new equipment, Tyto Clinic, to use school-based telehealth clinical teams across Prisma Health. An additional pre-K school in Lexington County School District 4, the Early Childhood Learning Center in Swansea, plans to use telehealth services in spring 2021.

Community partnerships

Prisma Health provides funding to 15 organizations in the Midlands. Organizations report on patients and services provided, value of services, referrals and reduction of avoidable costs for healthcare services.

- **22,589** people served through community partners
- **212** connections made to Prisma Health primary care providers
- **176** connections made to Prisma Health specialty services and community partners

Prisma Health Ambulatory Care Transition Team (ACTT) and Columbia Housing Authority

- **466** services provided to 347 patients
- **26** patients reported improved blood pressure readings
- **841** hours of nursing and clinical support care
- **10** connections made to permanent medical home providers
- **39** connections made to community partners and Prisma Health specialty services
- Historically, as a result of ACTT services, this program previously showed a decrease in ED visits

Fact Forward

(formerly SC Campaign to Prevent Teen Pregnancy)

- **517** people served
- **23** training events held

Teen pregnancy rates, ages 15–19, in 2019 (the most recent data reported):

- Since 1991, there has been a **70%** decline in the state's teen birth rate
- South Carolina: 3,425 births (21.6 per 1,000), a **1.6%** decrease from 2018 teen pregnancy rates
- Richland County: **212** births (15.4 per 1,000)
- Lexington County: **169** births (18.7 per 1,000)
- Sumter County: **104** births (31.6 per 1,000)

Family Connections: Project Breathe Easy

- **283** asthma services provided to 156 participants
- **65.6%** average monthly reduction in ED asthma-related visits (self-reported)
- Asthma is a frequent reason why children are admitted to the ED

FoodShare

- **5,345** people served
- **13,270** healthy food boxes provided, estimated value $530,800
- **59** referrals to a Prisma Health medical home provider
- **31** referrals to a Prisma Health specialty clinic
- **101** referrals to Prisma Health community partners

Good Samaritan Clinic

(primary care services targeting the Hispanic population)

- **1,421** medical consultations
- **1,192** services provided to 900 patients
- **$90,720** estimated value for cost of care
- **71** referrals to Prisma Health specialty clinics
- **257** screenings for social determinant needs

Sickle cell support

- **809** services provided to 388 participants case managed by James R. Clark Memorial Sickle Cell Foundation
- **15** patients connected to a permanent medical home
- **24** referrals for social determinant of health needs
- **$64,720** approximate value of case management services provided
- **$847,000** avoidable ED charges (according to the foundation)
- Patients with sickle cell are high medical users; therefore, the goal is to reduce ED visits

MedNeed of SC

(durable medical equipment)

- **771** people served
- **1,381** medical items supplied
- **$48,767** value of items provided to patients
- **$516,000** estimated avoidable ED costs due to falls prevention safety items provided to patients (calculated by an average ED per patient cost of $800)

Mental Illness Recovery Center, Inc. (MIRCI)

- **36,850** services provided to 1,800 participants
- **$1.2** million approximate value of case management services
- **$6.8** million avoidable mental health-related hospital charges for MIRCI clients

Most recent data (from 2018 SC Revenue and Fiscal Affairs):

- **75%** decrease in hospitalizations
- **49%** ED use reduction for MIRCI clients
- **65%** decline in ED visits where mental illness/substance abuse was the primary reason
- **85%** drop in specialty psychiatric hospitalizations

PASOs Midlands

(primary care services for the Hispanic community)

- **1,622** services provided to 1,123 participants
- **16** referrals to Prisma Health medical homes
- **17** referrals to Prisma Health specialty clinics
- **265** screenings for social determinant of health needs
- **111** referrals to supporting local agencies
- **$20,800** estimated avoidable hospital charges for PASOs participants (calculated by using number of patients diverted to medical homes versus ED use)

Sexual Trauma Services of the Midlands (STSM)

- **17,061** services provided to 6,695 patients
- **11,071** mental health services provided
- **26** referrals for social determinant of health needs
- **277** Prisma Health ED patients received trauma support services valued at $3.1 million
- **$8,136,000** amount of avoidable hospital charges for STSM patients (such as mental health services and case management support)

SC HIV/AIDS Council

- **631** STD-related tests provided
- **98** HIV/AIDS screenings
- **168** people served
- **$11,820** estimated value of services provided
- **121** referrals to Prisma Health community partners
- In 2018 (most recent data), there were **74** HIV/AIDS cases in Richland County (376 for South Carolina)

The Cooperative Ministry (Insurance Premium Assistance Program)

- Prisma Health provides annual funding to assist patients with insurance premiums through the Affordable Care Act (Silver Plan)
- **196** enrollments into the Insurance Premium Assistance Program
- Insurance Premium Assistance Program supports residents earning 100–200% of the federal poverty level ($25,520 for a single-person household in 2020)

United Way/WellPartners: adult and pediatric dental clinic

(Richland, Lexington, Sumter counties)

- **3,223** patients served
- **$2.2** million total value of services to uninsured patients
- **1,237** cleanings
- **2,225** fillings
- **2,033** extractions
- WellPartners Dental Clinic serves adults and children in Richland, Lexington and Sumter counties living under 200% of the federal poverty level with no dental insurance
- Historically, the program has shown a decrease in ED visits

United Way/WellPartners: comprehensive vision

- **1,004** adults served
- **$35,139** value of glasses provided
- **$155,020** value of services for patients without vision insurance
- **$84,817** approximate cost of care by optometrists and technicians
- **$381,487** of avoidable ED costs for eye-related services
- WellPartners Eye Care Clinic serves adults in Richland, Lexington and Sumter counties living under 200% of the federal poverty level with no vision insurance



Impacting lives

Community COVID-19 screenings

Midlands (not including Sumter) – **14,042** tests provided
Results:

- Positive 1,443
- Negative 12,576
- Inconclusive 23

Sumter – **560** tests provided
Results:

- Positive 44
- Negative 516

WellFest 2020: A heart health event

Planned for March 14, 2020, but canceled March 11 due to COVID-19; 1,091 registered attendees (as of March 6, 2020)

Free heart health screenings

Preceding the anticipated WellFest, a series of community screening events were held. Screenings consisted of lipid panel, glucose, body mass index, blood pressure, waist circumference and body fat analysis.

- **204** heart health screenings
- **79%** report being insured, **21%** report being uninsured
- **7%** report having no primary care physician
- **14%** of patients have above-normal screening levels
- **173** type 2 diabetes screening tests

WellFest 2021 is being planned for a virtual environment this spring. Primary care referrals, part of the WellFest event through "Ask-a-Doc," will be included.

Free flu shots

To help stop the spread of the flu, Prisma Health Office of Community Health provided **2,849** flu shots to children and adults in the Midlands during FY20 – an increase from 2,311 in FY19. Prisma Health launched the free flu shot initiative in October 2017 (FY18) and provided 579 vaccines. Since inception, Prisma Health has dispensed 5,739 free flu vaccines in the Midlands. Prisma Health will continue free flu shots in FY21 and will provide updates at PrismaHealth.org/FreeFluShots.

Prisma Health–Midlands Mobile Health Unit

The Community Health Mobile Health Unit was funded in part by prize winnings from the American Hospital Association Foster G. McGaw award. Prisma Health–Midlands was named the Foster G. McGaw Award winner for excellence in community health in 2014 and awarded $100,000; it was a finalist in 2011 and 2012 and received $10,000. These monies helped pay for the unit.

The Office of Community Health unveiled its new Mobile Health Unit in January 2020. The fully equipped mobile clinic offers free health-related services, including screenings for blood pressure, blood sugar and cholesterol. Flu shots, social support referrals and health education also are provided. In addition, the unit visits targeted areas as a referral resource to help families in underserved neighborhoods connect with services they may need, such as food banks, nutrition assistance programs, Medicaid, mental health services and employment resources.

Between January–September 2020, the mobile unit logged:

- **331** people served through health screenings and social services
- **59** physician visits (Pediatric Mobile Cystic Fibrosis Clinic home visits)

The mobile unit delivers health-related services to children and adults. Tours and educational resources also are offered when available. Future services will include limited primary and specialty care.

Special mobile unit services for the COVID-19 response

The mobile unit was repurposed by Prisma Health's Children's Hospital specialty clinics to provide home visits to their most vulnerable pediatric patients who should not come in for visits during the pandemic.

Prisma Health pediatric cardiologist Sri Rao, MD, has used the mobile unit to conduct 16 pediatric cardiology visits in Columbia, Elgin, Newberry, Chester, Irmo, Saluda, Batesburg-Leesville and Winnsboro.

Dr. Rao said, "The most important part of the cardiology support is that we were able to perform advanced diagnostic cardiac ultrasounds in the unit for medically fragile infants with congenital heart disease."

The mobile unit also has been used for children with cystic fibrosis. Fellow pediatric pulmonologist Heather Staples, MD, has made 43 visits to Columbia, Lexington, West Columbia, Chapin, Greenwood, Swansea, St. Matthews,

Impacting lives *(cont'd.)*

Florence, Pamplico, Effingham, Sumter, Lancaster, Charlotte, Fort Mill, Batesburg, Aiken and North Augusta. During these visits, Dr. Staples has seen nearly half of her patients who are at a higher risk of developing lung infections and other serious complications of cystic fibrosis.

"We typically see and check in with our patients every three months," said Dr. Staples. "When the coronavirus hit, we knew some of our most vulnerable patients were unable to come in due to their higher risk of infection. The Mobile Health Unit offered us an option to continue serving our patients and providing quality care in a safe environment. The families are very grateful for this support and we are happy to care for our patients in this safe way."

Visits started in early April. Since that time, Drs. Staples and Rao have been analyzing critical measurements and diagnostics while providing medication and support. Social workers and specialty therapists are also available during mobile visits.

Rise Up Richland Mission: Improve County Health rankings

According to the most recent America's Health Rankings report, the state ranks 42nd in the nation for health disparities; Richland County ranks 11th in the state for overall well-being. The report helps communities understand what influences how healthy residents are and how long they might live; visit https://www.countyhealthrankings.org/app/south-carolina/2020/downloads.

Rise Up Richland was created to explore Richland County's strengths, weaknesses, opportunities, assets and challenges, and to implement strategies addressing both socioeconomic and racial gaps. The goal is to create a community where everyone has a fair and just chance to lead a healthy life. Rise Up Richland has developed an ongoing coalition of Richland County leaders and residents to serve as catalysts for systemic and programmatic change for the community.

According to the county health rankings report, many factors shape our opportunities to be healthy and influence how well and how long people live. These health factors include:

- Health behaviors
- Clinical care
- Social and economic factors
- Community physical environment

Rise Up Richland seeks to address these factors through various strategies and partnerships.

Member organizations of Rise Up Richland include: Richland County leaders and organizations, Prisma Health, Richland County School Districts One and Two, MIRCI, United Way of the Midlands, YMCA of the Midlands, SC Thrive, City of Columbia Police Department, and the state's Department of Health and Environmental Control.

Spotlight on Sumter County

Community–focused impact

Ever since Tuomey Hospital joined Prisma Health, we have extended programs, events, screenings and services through on-the-ground efforts in Sumter County. However, because of the impact of COVID-19, the number of events and attendees was fewer than expected in FY20.

Cancer Support Group
- **6** events
- **135** attendees

Through the Tuomey Foundation's Cancer Boutique:
- **50** cancer patients received assistance (wigs, accessories, scarves, hats, turbans)

Diabetes Management class
- **1** class
- **9** participants

Labor and Delivery class
- **6** classes
- **84** participants

Baby Basics class
- **5** classes
- **35** participants

Safe sleep education
- **1,278** baby books and safe sleep T-shirts

Breastfeeding class
- **5** classes
- **54** participants

Sibling class
- **1** class
- **2** participants

Child Passenger Safety violators' class
- **22** kids/child passenger restraints checked
- **62** adults attended class

Car Seat Safety class for expecting parents
- **82** attended, **59** car seats checked and **44** provided

Bike helmet safety
- **180** helmets provided

Special thanks

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Prisma Health Midlands Foundation

Prisma Health Midlands Foundation, a 501(c)(3) not for-profit organization, engages community partners to enhance healthcare for patients and families served by Prisma Health. Gifts to the Foundation allow Prisma Health to continue to offer an ever increasing array of services targeted to meet specific community needs. Private support is essential to maintain a level of excellence with new programs, services and equipment. To find out more, visit PrismaHealthMidlandsFoundation.org or call 803-434-7275.

PRISMA HEALTH®

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