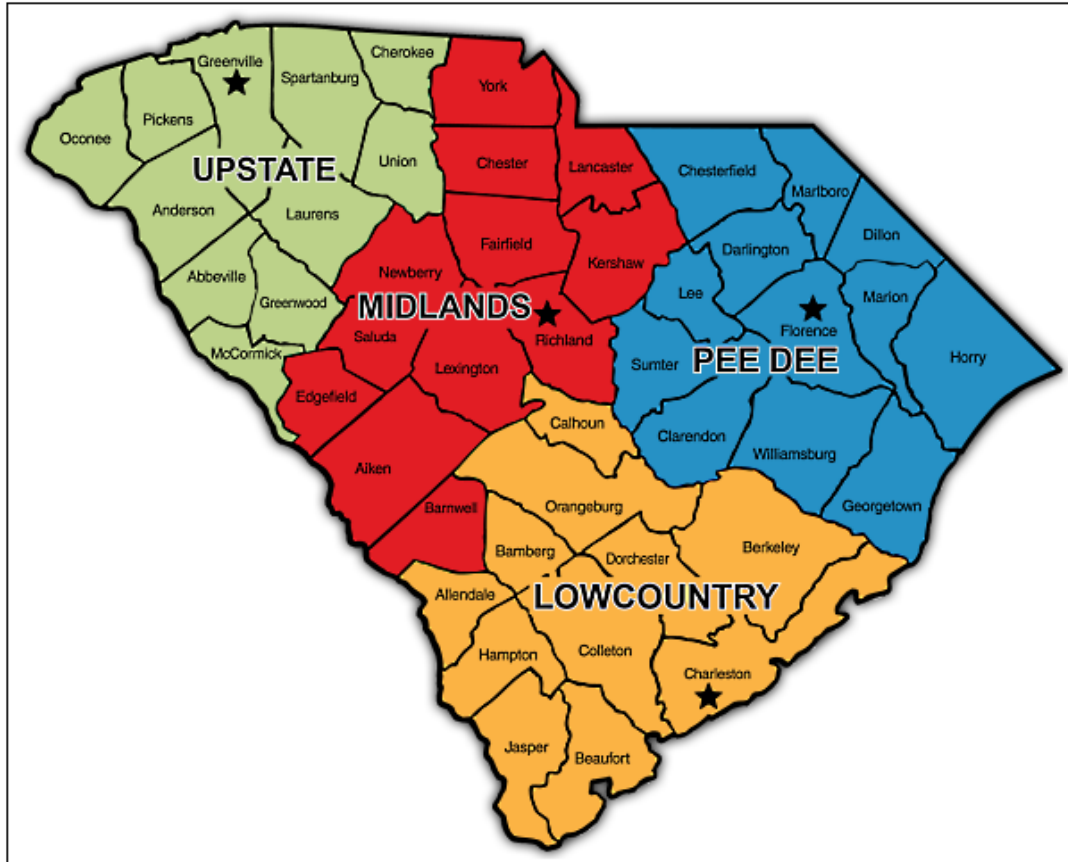


Leveraging Community Resources

Libbi Myers, RN BSN MHA- VP of Quality

Patricia Crosby, RN BSN- Director of Labor and Delivery

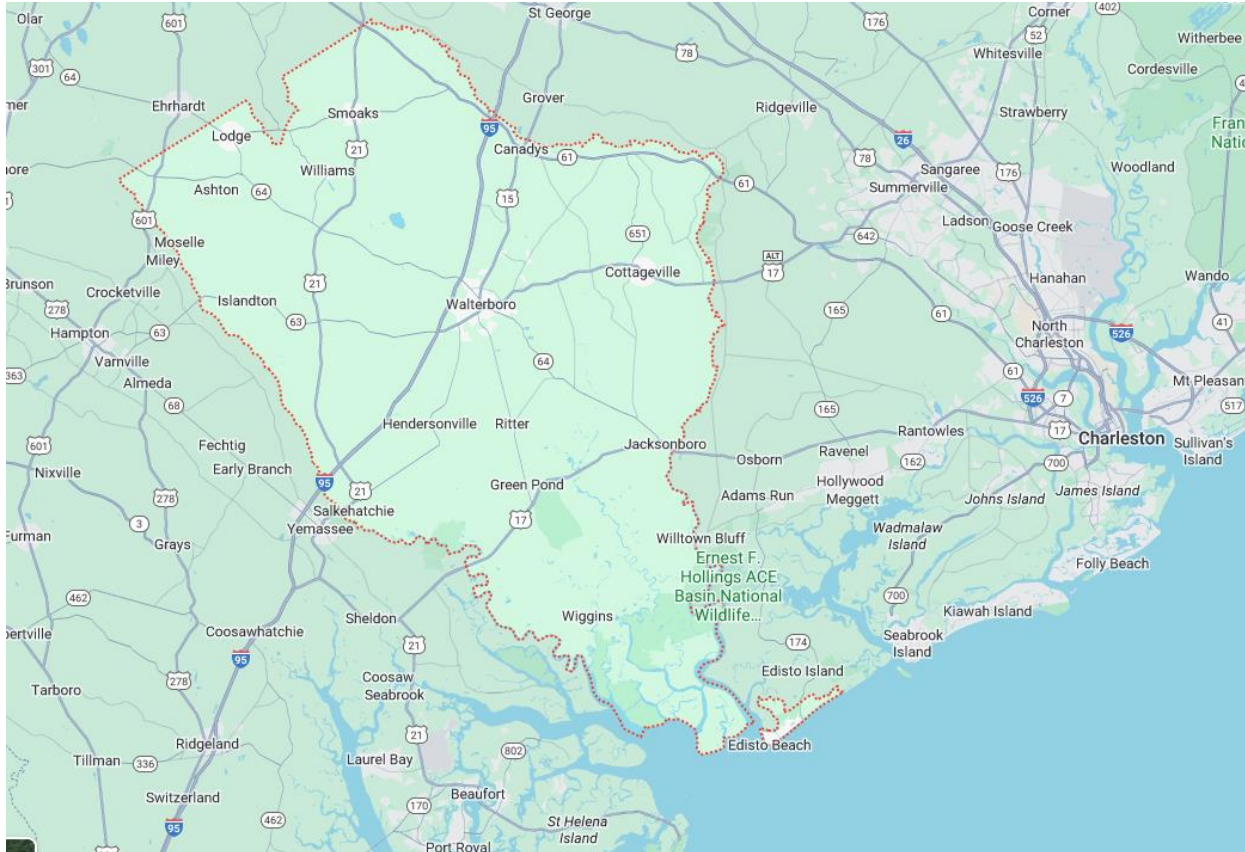
Colleton Medical Center (CMC)



Counties we care for at CMC:

- Colleton
- Hampton
- Beaufort
- Dorchester
- Allendale
- Jasper
- Bamberg
- Barnwell
- Orangeburg

Community & Market Dynamics



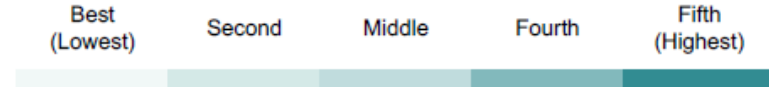
Colleton County

- **Population > 38,000**
- **1,133 square miles (5th largest county in SC)**
- **I-95 brings traffic and trouble**
- **CMC is the 2nd largest employer**
- **Median household income is \$29,733**

Live Healthy SC

Colleton County “By the Numbers”

Colleton County



MEASURE	UPDATED	TIMEFRAME	COUNTY	SC	US
Adult Obesity	2023	2020	40%	37%	32%
Adult Smoking	2023	2020	22%	19%	16%
Diabetes Prevalence	2023	2020	13%	12%	9%
Drug Overdose Deaths	2023	2018-2020	25	26	23
Frequent Mental Distress	2023	2020	17%	16%	14%
Infant Mortality	2023	2014-2020	9.1	6.8	5.7
Low Birthweight	2023	2014-2020	12%	10%	8%
Poor Mental Health Days	2023	2020	5.0	4.9	4.4
Suicides (per 100,000)	2023	2016-2020	19.0	16.0	13.8
Uninsured	2023	2020	15%	13%	10%

Colleton Medical Center's Labor & Delivery Unit

Total # of delivers in 2023 = **285**

C-Sections: 22.46 %

NTSV C-Sections: 6.58 %

2021- Unit of Distinction (HCA)

2023- Designated Blue Distinction Center for
Maternity Care



Case Study: Maternal Care & Health Equity

White Female, 23 years old- G1 P0

3/24/24- Patient's first office visit at 15 weeks pregnant.
Uninsured but Medicaid should be active 4/1/24.
Reports daily heroin and meth abuse. 18 lb weight gain.

4/1/24- No show for appointment.



Case Study: Maternal Care & Health Equity

White Female, 23 years old- G1 P0

7/10/24- Prenatal visit at 31 weeks pregnant. Patient states she is missing appointments due to lack of transportation. She is also currently living in a homeless shelter. Office provided Medicaid transport information. 15 lb. weight gain.

7/31/24- 34 weeks pregnant. HCV + reported to DHEC. 5 lb. weight loss. Patients states she does not have access to much food. Educated on the importance of a health weight.

Case Study: Maternal Care & Health Equity

8/24/24-

Presented to the hospital in active labor and delivered a baby boy...

- Upon admission, patient told staff she did not have transportation and that was the reason she had missed her appointments and not followed up
- Had not followed up for the +HCV infection
- Had not utilized the resources provided for substance abuse. Patient stated she wanted a place where she could go and stay but didn't have a way to get there.



Case Study: Maternal Care & Health Equity

8/24/24-

- 5 lb weight loss upon admission
- Admitted to daily use of fentanyl
- Hospital involved Case Management and DSS
- Infant was transferred to a higher level of care due to withdrawals
- Mom and baby were separated
- Patient was discharged a few hours after delivery



9/30/24- Baby was still at Charleston hospital and Mom was not able to get transport. DSS has taken custody with limited contact to Mom.

South Carolina Quality Achievement Program (SC QAP)

Maternal Care Data:

- 1. Decrease percentage of Medicaid enrollees with elective vaginal deliveries or elective cesarean sections at > 37 weeks and < 39 weeks of gestation completed.**
- 2. Decrease preterm birth rates.**
- 3. Decrease percentage of enrollees with live births that weighed less than 2,500 grams.**

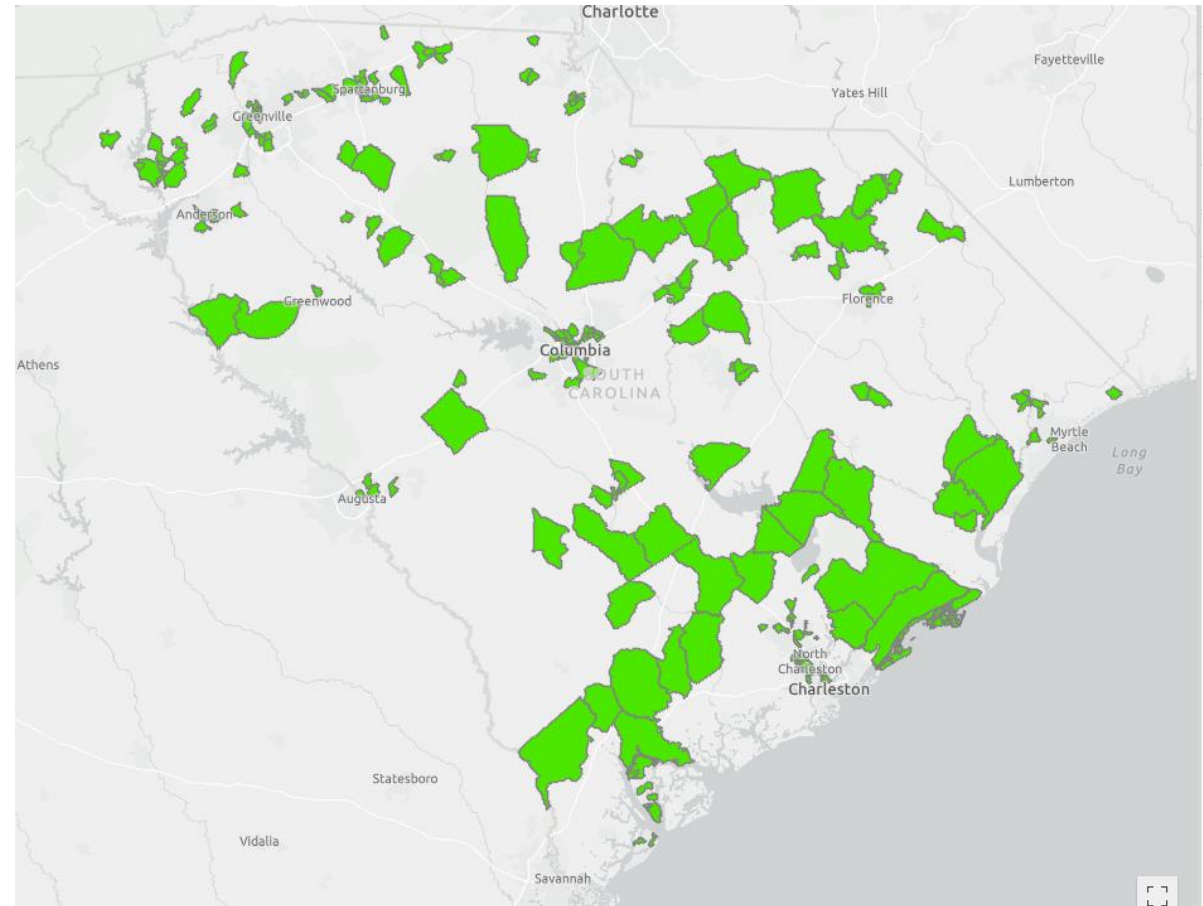


Health Equity: Leveraging Community Resources

Food Disparities



- **Church food pantries**
- **Food desserts in rural areas**
- **Partner with other state-wide programs**



Health Equity: Leveraging Community Resources

Unmet Housing Needs



- **In His Name Colleton- Transitional housing program for men**
- **Woman's home open when funded**
- **I-95 increasing homeless population**
 - **Ex: Access to Mental Health needs ongoing**



Health Equity: Leveraging Community Resources

Unmet Transportation Needs

- Rural limitations around no public transportation systems
- Ride share partnerships?
- Are there unknown existing resources?
- Current resources have time constraints
 - Ex: Must request ride > 48 hours prior to appointment



Maternal Care & Health Equity Gaps

Improving Maternal Care through:

- **Early identification of social determinants of health needs through creation of OB office screening**
- **Providing early access to community resources as part of the prenatal care process**
- **Implementation of Tele- MFM**



Health Equity: Building Community Resources

Challenges to program development:

- Accurate and timely data collection
- Initial summary of community resources was very limited
- Potential community resources have limitations and need support



Health Equity: Building Community Resources

Current “wins” of the program:

- **Strong MD interest in Health Equity resources from our Maternal Care providers**
- **Board of Trustees supports the growth and development of the program**
- **Opportunities to link the Maternal Care Health Equity in SC to existing community programs**



Kahoot!

Leveraging Community Resources

Colleton Medical Center

References:

Medicaid's Role in Maternal Health, MACPAC, <http://www.macpac.gov/wp-content/uploads/2020/06/Chapter-5-Medicaid%E2%80%99s-Role-in-Maternal-Health.pdf> (June 2020)

Infant Mortality and Selected Birth Characteristics, S. C. DEP'T of HEALTH & ENVTL. CONTROL, <https://scdhec.gov/sites/default/files/Libray/CR-012142.pdf> (June 2020)

Food Deserts in South Carolina, South Carolina Community Health Worker Association <https://www.scchwa.org/news/food-deserts-in-south-carolina> (November 2023)

Maternal Health, WORLD HEALTH ORG. https://www.who.int/health-topics/maternalhealth#tab=tab_1