

SC Center for Rural and Primary Healthcare From evidence to impact.

January 28, 2025

Key Presenters





Dr. Gerald Harmon

Interim Dean, USC School of Medicine Columbia,

Director, CRPH

Dr. Kevin Bennett

SC Center for Rural and Primary Healthcare

- USC School of Medicine Columbia Center of Excellence since 2017
 - Demonstrated commitment to partnerships across the state.
 - Center program and initiatives are serving as national models to improve rural health.





CONNECTING

RESEARCH & **EVALUATION**

STRATEGIC WORKFORCE & **TRAINING**

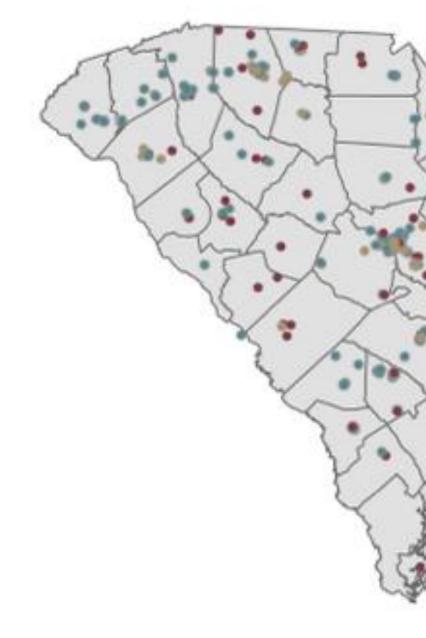
2025-2026 Budget Request

- Request level funding for 2025-2026 for main proviso
- Rural Health Initiative Proviso
 - Maintain language as passed in 2024.
 - Continue the dedicated funding for our Center, programs, and communities.



CRPH 2024 Impact

- 19,691+ patients served through all CRPH programs in 2024.
- 1,200,000+ miles of travel saved for South Carolina's kids and families in pursuing quality specialty pediatric care.
- 72 actively funded programs.
- 241 service locations in 44 counties in South Carolina.



2024 CRPH Locations

- Healthcare Delivery
- Connecting Communities
- Strategic Workforce and Training
- Research & Evaluation

iCARE/Delivery Systems

We remain dedicated to improving access to care and supporting clinical organizations in rural communities through various efforts like our iCARE program.

- Over 8,600 patients received clinical services in their home communities.
- 1,338 patients were served across nine pediatric subspecialties.
- 438 patients accessed mental health appointments.
- 2,086 women benefited from the Midwifery Outreach Program.

Key Programs:

- Prisma Health Pediatric Subspecialties satellite clinics in communities.
- Emanuel Family Practice expanded prenatal care for underserved.
- MUSC expanded prenatal care in Orangeburg area via Family Medicine.

munities. erved. ly Medicine.



What's next:

iCARE will continue to increase rural access to services, particularly for maternity care and behavioral/ mental health care.

Workforce and Education

At the CRPH, we identified gaps in training and workforce development to ensure that rural communities had access to high-quality providers.

- 1,113 professionals received additional training to better serve rural communities.
- 175 students were placed in rural healthcare systems.
- 41 scholarships were awarded to support the next generation of rural healthcare leaders.

Key Programs:

- University of South Carolina-Lancaster CNA and BSN training programs.
- Claflin University BSN scholarship program.
- HBCU Discovery Four HBCUs to train students and improve campus health and community outreach.



What's next:

CRPH will continue to work to expand training opportunities, including BSN-RN, EMT, and other providers, to expand access to care.

Connecting Communities

CRPH leveraged community partnerships to connect individuals facing barriers to traditional healthcare with needed support.

- 3,168 rural residents received facilitated healthcare access.
- Over 6,200 miles of travel to appointments were saved for families.
- 1,210 people were engaged through screenings, service referrals, health education, and healthy food initiatives.

Key Programs:

- Fairfield Medical Associates Rural community paramedicine program.
- Healthy Learners removing health barriers to learning for students.
- FIT2gether Union Providing services for children in schools, including mental health support.



What's next:

CRPH will continue to support and develop community-based access to healthcare and health-supportive services outside of traditional clinical settings.

ogram. nts. Iding mental

Collaborative Health Communities

Collaborative Health Communities (CHC) is a rural-focused, community-led model adapted from a proven model of care, Accountable Health Communities. It addresses health-related social needs and coordinates care by linking clinical and community systems.

We have established two CHC communities:

Healthy Beginnings - Lakelands region

- Focusing on birth outcomes pre- to through post-natal.
- They have begun enrolling patients and delivering care through its network.

Pee Dee Region

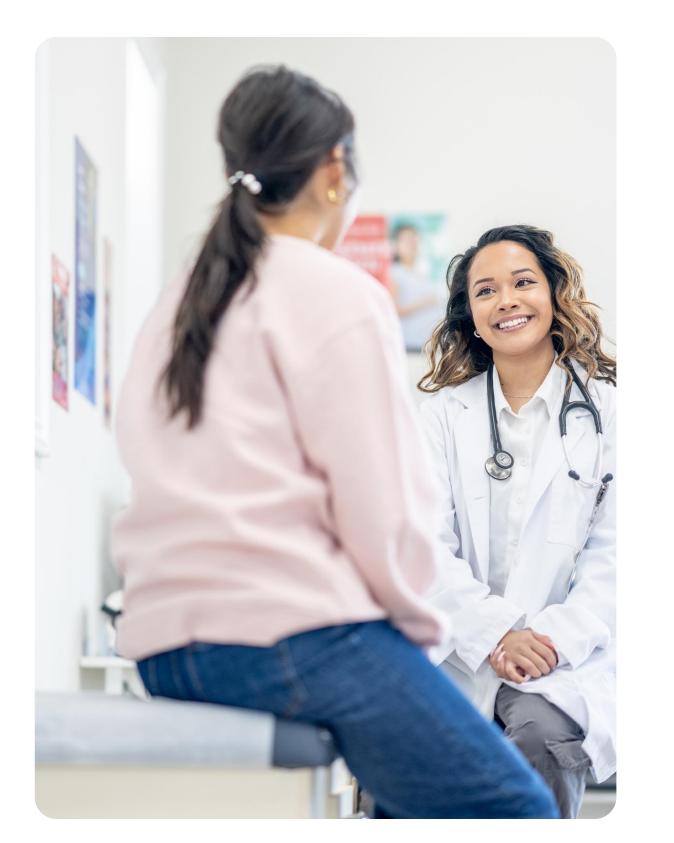
- Focusing on chronic conditions.
- Organizing care with FQHCs in two sub-regions.



What's next:

Continued implementation of these programs will impact more of the population served, with outcomes being tracked to provide this improved care delivery model.

In Conclusion



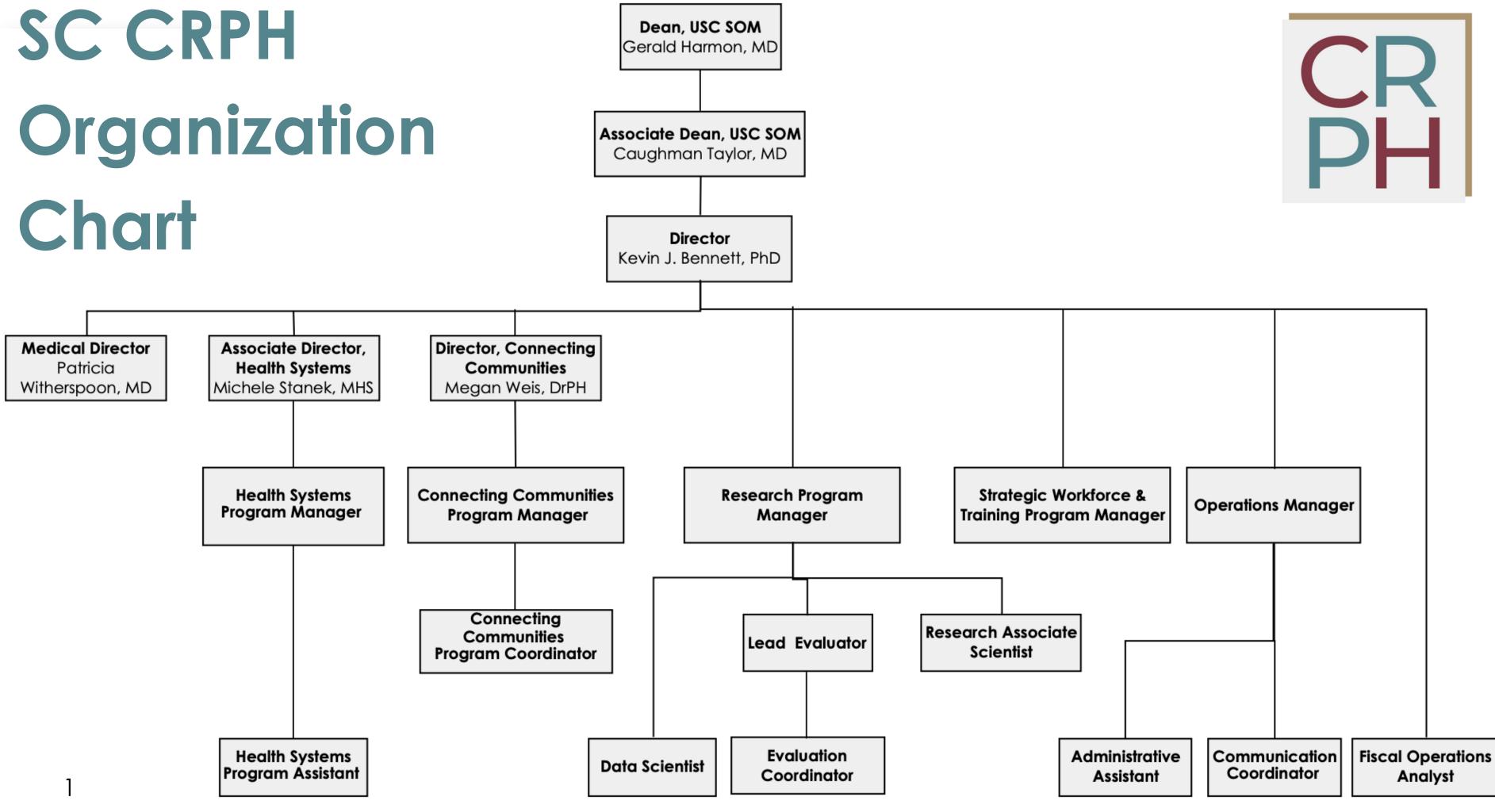
Enhance Access and Impact

• Continue to expand access to high-quality care, including maternal-child and behavioral healthcare, and adopt evidence-based models to reduce disparities and improve outcomes in rural communities.

Strengthen Workforce and Community Engagement

• Continue to broaden education programs to meet rural workforce demands and build sustainable, community-engaged programs that foster long-term positive impacts.

Base Level Funding for 2025-2026





Thank you!

Connect With Us:



www.scruralhealth.org



SCRuralHealthcare@uscmed.sc.edu

