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Fiscal Year 2002 was a banner year for the Office of Community Services of Palmetto Health. A continuing effort was made to provide much needed and often the only services of its kind in the Midlands.

Palmetto Health continues to be true to its mission. We are strongly committed to improving the physical, emotional and spiritual health of all individuals and communities we serve.

The overall focus is to provide services to underserved and uninsured populations in Richland, Lexington and Pickens Counties. However, services are provided to anyone in need or just requesting services.

Please keep in mind that there is a lot more information that is needed to analyze quality and that information is provided throughout the entire report.

Traditional and non-traditional strategies are used to recruit citizens throughout the coverage area. Collaboration with organizations and programs are essential to providing the services. Case management and follow-up care is also critical to the overall success of many of our programs. Finally, plans are well underway to improve all of the enclosed services in FY03.

Submitted by:
Vince Ford
Sr. Vice President for Community Services
/jg
# FY01/FY02 Comparison

<table>
<thead>
<tr>
<th>Category</th>
<th>FY 01</th>
<th>FY 02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Screenings</td>
<td>4268</td>
<td>6879</td>
</tr>
<tr>
<td>Diabetes Screenings</td>
<td>1226</td>
<td>1583</td>
</tr>
<tr>
<td>Vision Screenings</td>
<td>136</td>
<td>176</td>
</tr>
<tr>
<td>Women Entering Early Prenatal Care</td>
<td>75.9 Richland County</td>
<td>81.3 Richland County</td>
</tr>
<tr>
<td>Women Entering Early Prenatal Care</td>
<td>84.0 Lexington County</td>
<td>84.4 Lexington County</td>
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<tr>
<td>Teen Pregnancies: Rich/Lex</td>
<td>1293</td>
<td>1219</td>
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<tr>
<td>Childbirth Class Participation</td>
<td>197</td>
<td>283</td>
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<tr>
<td>Teen Talk Participation</td>
<td>168</td>
<td>638</td>
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<td>Children Dental Services</td>
<td>918</td>
<td>855</td>
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<tr>
<td>Adult Dental Services</td>
<td>608</td>
<td>737</td>
</tr>
<tr>
<td>HIV/AIDS Dental Services</td>
<td>726</td>
<td>762</td>
</tr>
<tr>
<td>Parish Nurse for Elderly Patients</td>
<td>579</td>
<td>950</td>
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<tr>
<td>*Homeless Men, Women and Children Services</td>
<td>1457</td>
<td>1232</td>
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<tr>
<td>Richland Care Enrollment</td>
<td>271</td>
<td>2700</td>
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<tr>
<td>Pickens County Free Medical Clinic</td>
<td>10,457</td>
<td>13,180</td>
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<tr>
<td>**Pickens County Free Medical Clinic patients treated by Nurse Practitioner</td>
<td>1690</td>
<td>1380</td>
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<tr>
<td>Partners Health Initiative - Healthwise®</td>
<td>8157</td>
<td>8834</td>
</tr>
<tr>
<td>Call to Nurse Line</td>
<td>2276</td>
<td>680</td>
</tr>
<tr>
<td>English and Spanish Healthwise® Handbooks Distributed**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richland Community Health Care Association, Inc. (**)</td>
<td>25,503</td>
<td>23,775</td>
</tr>
<tr>
<td>Compassionate Care Prescriptions</td>
<td>47,082</td>
<td>49,701</td>
</tr>
<tr>
<td>§ Teen Birth Rate has fallen 26% since 1991</td>
<td></td>
<td></td>
</tr>
<tr>
<td>§ Over 1,200 Pregnancy Tests performed at Palmetto Health OB Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>§ USC Scholarships – Nine Students received: 8 graduated; One is a 2nd year student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>§ Family Connection</td>
<td>67 parents actively participated</td>
<td>146 parents actively participated</td>
</tr>
<tr>
<td></td>
<td>294 home visits</td>
<td>122 home visits</td>
</tr>
<tr>
<td></td>
<td>982 phone calls</td>
<td>986 phone calls</td>
</tr>
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</table>

(*) Less than 12 months

(**) Received less funding from Palmetto Health in FY02
CERTIFICATE OF
PUBLIC ADVANTAGE
SEVEN-YEAR FUNDING PLAN

COMMUNITY HEALTH INITIATIVES OF PALMETTO HEALTH
CERTIFICATE OF PUBLIC ADVANTAGE

The Certificate of Public Advantage (COPA) provides a general foundation for the types of initiatives that Palmetto Health will support.

Over the first seven years, Palmetto Health promised to contribute $17 million or more to community health outreach initiatives in the Midlands and Pickens County. These programs will benefit the community by offering one-of-a-kind services in areas of need and by supporting existing successful community health outreach initiatives.

RICHLAND AND LEXINGTON COUNTY POPULATION INFORMATION

According to 1990 United States Census Bureau data, the total population of Richland County is 307,279 and 15.6 percent live in poverty. There are 75,062 adults in Richland County age 40 and older and 11,709 of these individuals live in poverty. 17,047 children in Richland County under the age of 18 live in poverty. COPA Cancer, Diabetes, Vision and Maternal and Child Health Initiatives target those who are at or below 200 percent of poverty guidelines and/or those who are considered to be medically underserved.

The COPA Cancer Health Initiative targets adults in Richland County who live in poverty, as defined by the United States Census Bureau, those who are at or below 200 percent of poverty and the underserved. In Richland County, 9,129 of 58,520 women age 35-64 live in poverty. These women are eligible for breast cancer screenings if they meet COPA poverty guidelines. There are 100,100 African-American men ages 40-69 in Richland County. These men are the target population for prostate cancer screenings through the COPA Cancer Health Initiative. White men or men of other races are excluded from the screening. Men and women ages 50-69 that meet COPA poverty guidelines will be eligible for colorectal cancer screening.

The COPA Diabetes Initiative targets adults in Richland County ages 30-75 for type 2 diabetes screening and diagnosis. There are 134,795 men and women in Richland County in this age range. The screenings will be performed regardless of income and insurance status.

The Children's Medicaid Dental Initiative, as well as the Adult Dental Initiative provided by the Family Service Center and funded by Palmetto Health through COPA funds addresses the dental needs of children and adults in Richland County whose primary insurance carrier is Medicaid. In Richland County, there are 4,361 cases of HIV and AIDS according to the Department of Health
and Environmental Control. The HIV/AIDS Dental Program provided by The Women's Shelter and funded by Palmetto Health through COPA funds addresses the dental needs of this population.

The Maternal and Child Health Initiative targets indigent and uninsured infants, pregnant women and teens in Richland and Lexington counties. Of the 80,530 females of childbearing age who live in Richland County, 19,260 are medically indigent. In Lexington County, 7,790 of the 49,270 women of childbearing age are medically indigent. (Childbearing age is defined as age 14 - 44 according to the federal family planning guidelines)

In 1998, there were 7,314 live births in Richland and Lexington counties. Trends indicate that 50 percent of these infants are medically indigent (3,857). This translates into 2,113 infants in Richland County and 1,154 in Lexington County.

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**SEVEN-YEAR GOALS**

- To impact individual health status among targeted populations in Richland, *Lexington and Pickens Counties*

- To impact community health among the indigent in Richland, *Lexington and Pickens Counties*

- To provide high quality screening and education to the indigent in Richland, *Lexington and Pickens Counties*

- To foster and promote collaboration among various agencies and organizations within Richland, *Lexington and Pickens Counties*

*Lexington County for Maternal and Child Health Initiative and Teen Health Initiatives

*Pickens County for Teen Health Initiative

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**SPECIFIC SEVEN-YEAR GOALS**

- To screen for type 2 diabetes in 5 percent (6,740) of Richland County residents ages 30 - 74

- To screen for breast cancer in 30 percent (2,378) of low income Richland County females ages 35 - 64 who meet COPA poverty guidelines

- To screen for cervical cancer in 20 percent (3,013) of females ages 18 - 64 who meet COPA poverty guidelines

- To screen for prostate cancer in 20 percent (8,166) of Richland County males between the ages of 40 - 70

- To screen for colorectal cancer in 3 percent (2,116) of low income Richland County men and women ages 50 - 69 who meet COPA poverty guidelines

- To expand Teen Pregnancy Prevention programs to 15 faith based organizations in Richland, Lexington and Pickens Counties

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7
• To increase the percentage of teens receiving teen pregnancy prevention information from 14 percent to 26 percent in Richland, Lexington and Pickens Counties

• To expand Teen Pregnancy Prevention programs from 16 to 23 schools in Richland, Lexington and Pickens Counties

• To increase the percentage of medically indigent pregnant women receiving adequate prenatal care from 71 percent to 85 percent in Richland County

• To increase the percentage of medically indigent pregnant women receiving adequate prenatal care from 81 percent to 90 percent in Lexington County

• To provide access to a pediatric medical home and immunizations to 15 percent of medically indigent infants under age one in Richland and Lexington counties

• To provide support for the provision of dental care services to Medicaid children and adults in Richland County through funding

• To provide support for the provision of dental care to HIV positive and AIDS adults in Richland County by providing funding

• To provide vision screening to 20 percent (1,346) of low income uninsured children ages 5 to 18 in Richland County

• To increase access to primary care services to persons in Richland County by requiring those screened to select a medical home if they do not have one

• To provide educational and community-based programs to residents of Richland County

• To provide educational funding for minority students pursuing masters degrees’ in Health Administration at the University of South Carolina

**HEALTHY PEOPLE 2010 AND COPA-FUNDED INITIATIVES**

The Healthy People 2010 objectives will be used to influence program design for all COPA-funded initiatives. All initiatives must address Healthy People 2010 objectives and seek to improve health status based on those objectives. COPA funded initiatives will target the following Healthy People 2010 objectives:

**ACCESS TO QUALITY HEALTH SERVICES**

**Healthy People 2010 Goal:** Improve access to comprehensive, high-quality health care services.

**CANCER**

**Healthy People 2010 Goal:** Reduce the number of new cancer cases as well as the illness caused by cancer.
DIABETES

Healthy People 2010 Goal: Through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.

MATERNAL AND CHILD HEALTH

Healthy People 2010 Goal: Improve health and well being of women, infants, children and families.

EDUCATIONAL AND COMMUNITY-BASED PROGRAMS

Healthy People 2010 Goal: Increase the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.

ORAL HEALTH

Healthy People 2010 Goal: Prevent and control oral diseases and conditions and improve access to related services.

PUBLIC HEALTH INFRASTRUCTURE

Healthy People 2010 Goal: Ensure that health agencies have the infrastructure to provide essential public health services effectively.

VISION

Healthy People 2010 Goal: Improve visual health through prevention, early detection and treatment.

COORDINATION OF SERVICES AND FOLLOW-UP CARE

Palmetto Health will make every effort to link patients with all screening activities supported by the Office of Community Services. Patients will be informed of all community outreach programs offered by the Office of Community Services.

All individuals who present abnormalities during COPA Cancer screening events are referred for further evaluation with a medical provider. Individuals who do not have a primary physician and are without insurance are given a list of providers from which to choose a medical home. These are providers who will provide further medical evaluations regardless of income or insurance status. Once the evaluation has been completed, the social worker for the cancer initiative will follow up to determine the outcome of the visit. COPA dollars are earmarked for screening and for diagnostic follow-up. Once a cancer diagnosis is determined, individuals with no insurance can see a financial
counselor to determine their eligibility for other funding services (i.e. Richland County funds). They are linked with appropriate providers for their cancer treatment.

For those patients who test positive on a plasma glucose blood test, every effort will be made to encourage follow-up visits with a physician to diagnose diabetes. The COPA Diabetes Initiative will refer the patient to his/her primary care physician for the appropriate diagnostic test or refer the patient to a facility that is accepting new patients regardless of their ability to pay. Transportation to and from the diagnosis appointment also can be provided to patients for whom transportation is necessary. The social worker for the COPA Diabetes Initiative will follow up with the patient to determine the outcome of the visit. In addition to these services, patients who are diagnosed may be eligible to attend diabetes education classes free of charge.

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**MONITORING**

All final decisions will receive a recommendation from the Community Health Committee with final approval from the Palmetto Health Board. Each initiative is responsible for submitting monthly reports to each of these boards and the Department of Health and Environmental Control. In addition to the monthly reports, a year-end report is required from each initiative.
<table>
<thead>
<tr>
<th><strong>GLOSSARY OF TERMS</strong></th>
</tr>
</thead>
</table>

**Low Income:** Individuals who are at or below 200 percent of poverty

**Medically Underserved:** Persons of minority races and/or low socioeconomic class who typically do not receive medical services
EXECUTIVE SUMMARY

The Cancer Health Initiative has completed its fifth year of providing services to the community. The services are provided at several screening locations. Through the use of clinics, health fairs, schools and churches, screenings are made available to the targeted population. This includes residents of Richland, Lexington, Pickens and Fairfield counties that are underinsured or who have no insurance. Due to South Carolina having one of the highest mortality rates, an exception was made by DHEC to provide prostate cancer screenings to the general public. Smoking cessation classes are provided to the general public.

Cancer is the second leading cause of death for South Carolinians mirroring national statistics. South Carolina ranks among the top 30 states in mortality rates for the cancers that have been outlined in the Certificate of Public Advantage. Richland County reflects these same statistics. The Cancer Health Initiative addresses the following five cancers: breast, cervical, lung, prostate and cervical.

The Cancer Health Initiative has screened 4,732 participants for services and has performed 6,879 screenings. Twenty-five cancers were found and seven cervical dysplasias were noted. The colorectal cancer program has undergone changes. Due to a reduction in funds, colonoscopy screenings no longer will be performed in the next fiscal year. Age appropriate patients will receive a fecal occult, and if they are over the age of 50, they will receive a referral to their primary health care provider of their choice to be evaluated for colorectal cancer screenings.

Cancer

<table>
<thead>
<tr>
<th>Program</th>
<th>Overall Population</th>
<th>* Target Population</th>
<th>Goal to Reach Through Year 7</th>
<th>Accomplishments Through Year 5 and % of goal reached</th>
<th>Target for Year 5</th>
<th>Target for Year 6 (# and %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>58,520</td>
<td>9,129</td>
<td>2,378 30%</td>
<td>1,378 57%</td>
<td>611</td>
<td>675 28%</td>
</tr>
<tr>
<td>Cervical</td>
<td>100,100</td>
<td>15,156</td>
<td>3,031 20%</td>
<td>2,018 67%</td>
<td>873</td>
<td>900 29%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>735,000</td>
<td>70,550</td>
<td>705 1%</td>
<td>482 68%</td>
<td>100</td>
<td>0 0</td>
</tr>
<tr>
<td>Lung</td>
<td>235,510</td>
<td>235,510</td>
<td>2,355 1%</td>
<td>1,146 49%</td>
<td>652</td>
<td>500 21%</td>
</tr>
<tr>
<td>Prostate</td>
<td>88,142</td>
<td>40,830</td>
<td>8,166 20%</td>
<td>5,437 67%</td>
<td>2,496</td>
<td>2,000 24%</td>
</tr>
</tbody>
</table>

*Target Population = Population in Need
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I. THE BURDEN OF CANCER

A. United States

Cancer is the second leading cause of death in the United States where one out of every four deaths is from cancer. The American Cancer Society estimates that in 2002, there will be 1,284,000 new cases of cancer with an estimated 555,500 deaths. This accounts for more than 1,500 people a day. Nearly 80 percent of all cancers are diagnosed in people age 55 and older. The five-year cancer survival rate for all cancer combined is 62 percent. Rates of new cancer deaths has been on the decline by 0.8 percent between 1990-1997. The greatest decline was seen in men.

Disparities

African-Americans account for the highest racial/ethnic group to develop cancer. According to the American Cancer Society's Facts and Figures 2001 Report, African Americans with cancer have shorter survival rates than Whites at all stages of diagnosis. In addition, African-Americans are 33 percent more likely to die of cancer. The top four cancers (prostate, breast, lung and colorectal) are responsible for over 1/2 of all new cancer cases and are the leading cause of death for racial/ethnic groups.

B. South Carolina

South Carolina reflects national statistics in that cancer is the second leading cause of death. South Carolina ranks 18th in the United States in overall cancer mortality rates with lung cancer being the common cause of death. According to the South Carolina Cancer Facts and Figures 2001-2002, men are 70 percent more likely to die of cancer than women. South Carolina will account for 18,800 new cancer cases and 8,200 cancer deaths.

Disparities

Between 1996-1998, African-American women were 1.6 times as likely to die of breast cancer than any other racial/ethnic group. While White women are diagnosed with breast cancer more than African American women and other women, they are not as likely to die from this disease. Prostate cancer mortality rates for African American men is 33 percent higher than for any other racial/ethnic groups.

II. THE COSTS OF CANCER TREATMENT

The National Institutes of Health estimates the cost of cancer care in the year 2001 to be $156.7 billion. The breakdown of this amount is as follows: $56.4 billion for direct medical costs (total of all health expenditures); $15.6 billion for indirect morbidity costs (cost of lost productivity due to illness); and $84.7 billion for indirect mortality costs (cost of lost productivity due to premature death). Insurance status and barriers to health care may affect the costs of treating cancer.
In South Carolina, the overall cost of cancer care is estimated to be $2.6 billion; $869 million for direct medical costs (total of all health expenditures), $217 million for indirect morbidity costs (cost of lost productivity due to illness), and $1.5 billion for indirect mortality costs (cost of lost productivity due to premature death).

### III. THE BENEFITS OF SCREENING AND PREVENTION

#### A. Breast Cancer

Breast cancer is the most commonly diagnosed cancer in women accounting for 31 percent of all female cancers. An estimated 2,685 cases are expected to be diagnosed in South Carolina in 2002. South Carolina ranks 23rd in the nation in breast cancer mortality with an estimated 580 women expected to die this year.

Incidence rates for breast cancer have increased considerably over the past 25 years. This increase is due to increased detection of ductal carcinoma in situ (DCIS) with mammography screening. Most cases of DCIS are only detected through a mammography screening.

The decline in breast cancer mortality rates has been attributed to both improvements in breast cancer treatments and the benefits of mammography screening. As more cancers are diagnosed in the early stages of disease, deaths should continue to decline as well as survival rates increasing. Eighty-five out of every 100 women diagnosed with breast cancer will survive at least five years.

Risk factors for breast cancer are:

- Age
- Gender
- Family history
- Age at first birth (over the age of 30)
- Early menarche
- Late menopause

The American Cancer Society recommends that all women 40 and older should have an annual mammogram and clinical breast exam. Women between the ages of 20 and 39 should receive a clinical breast exam every three years. All women 20 and older should perform a monthly self-breast examination. The goal of breast screening examinations is to detect breast cancer early. Mammography screenings on a regular basis significantly reduce breast cancer deaths.

#### B. Cervical Cancer Prevention

Cervical cancer is the ninth most commonly diagnosed cancer among white women and the fifth most commonly diagnosed cancer in blacks and other women in South Carolina. An estimated 210 cases are expected to be diagnosed in 2002, according to the South Carolina Cancer Facts and Figures 2001-2002. South Carolina ranks eighth in the nation in cervical cancer mortality with an estimated 80 women to die of cervical cancer. Blacks and other women have a 170 percent higher mortality than white women.
In South Carolina, most women are diagnosed in the early stage of the disease. Survival rates are nearly 100 percent when diagnosed early.

Risk factors for cervical cancer are as follows:

- **Age**
- **Race**
- **Lifestyle**
  - First sexual intercourse at an early age
  - Multiple sexual partners or partners who have had multiple sexual partners
  - Cigarette smoking
  - Low socioeconomic status
- **Infection**
  - The Human Papilloma Virus (HPV) has been associated with pre-invasive and invasive cervical cancer. HPV is passed from men to women during sexual intercourse.

Cervical cancer can be found early through annual pelvic examinations and pap smears. The pap smear is considered the most effective screening available for the detection of pre-invasive and invasive lesions. According to the Behavioral Risk Factor Surveillance System (BRFSS), 94 percent of South Carolina women reported having a pap smear. The American Cancer Society's *Facts and Figures 2002* reports that despite these recognized benefits, 60–80 percent of American women with newly diagnosed cervical cancer have not had a pap smear in five years. In particular, elderly black women and low-income women are less likely to have regular pap smears.

The American Cancer Society recommends that all women who have reached the age of 18, or who have been sexually active, have a pap smear every year. After three or more normal exams, the pap smear may be performed less frequently at her doctor's discretion.

**C. Colorectal Cancer Prevention**

Colorectal cancer is the second leading cause of cancer death in the nation and South Carolina. Colorectal is the fourth most commonly diagnosed cancer in South Carolina. An estimated 1,960 cases are expected to be diagnosed in 2002 in South Carolina with 705 expected to die of colorectal cancer. South Carolina ranks 25th in the nation in colorectal cancer deaths.

The American Cancer Society's *Facts and Figures 2001-2002* reports that early detection and removal of precancerous polyps can greatly reduce the risk of developing or dying from invasive colorectal cancer. The majority of colorectal cancers (56.7 percent) are diagnosed in the later stages with 90 percent occurring in adults over the age of 50. Survival rates are best when the disease is detected early. The one-and-five year survival rates for patients with colorectal cancer are 81 percent and 61 percent respectively for all races. If detected early, the five-year survival rate is 90 percent. However, only 37 percent of colorectal cancers are found at this stage.

Risk factors for colon cancer are:

- **Age**
- **Family history**
- **Personal history of polyps in the colon**
- **Inflammatory bowel**
- **Diet low in fiber and high in fat**
• Cigarette smoking

The American Cancer Society recommends nutritional modifications and physical activity as being relevant to colorectal cancer prevention. It is recommended that adults age 50 and older have a fecal occult blood test every year and either a flexible sigmoidoscopy every five years, a colonoscopy every 10 years or a double contrast barium enema every five-10 years. In addition, a digital rectal examination should be done at the same time as a sigmoidoscopy, colonoscopy or double contrast barium enema. People at moderate or high risk for colorectal cancer should talk with their doctor about a different screening schedule.

D. Lung Cancer Prevention

Lung cancer is the leading cause of cancer death among men and women in the United States and South Carolina. An estimated 169,400 new cases of lung cancer are expected to be diagnosed in 2002, accounting for 13 percent of all cancer diagnoses. There will be 154,900 deaths this year, which will account for 28 percent of all deaths. Since 1987, more women have died from lung cancer than breast cancer. South Carolina ranks 21st in the nation in lung cancer mortality. Survival rates for lung cancer has increased from 34 percent in 1975 to 41 percent in 1997, largely due to surgical techniques.

Healthy People 2010 reports that cigarette smoking is the most important risk factor for lung cancer, accounting for 68 to 78 percent of lung cancer deaths among females and 88 to 91 percent of lung cancer deaths among males. Other risk factors include occupational exposures (e.g. radon, asbestos) and indoor and outdoor air pollution. The best defense against lung cancer is for individuals not to smoke. The U.S. Department of Health and Human Services reports that 10 years of abstinence from smoking decreases the risk of lung cancer to 30 – 50 percent of that of continuing smokers.

E. Prostate Cancer Prevention

Prostate cancer is the most commonly diagnosed cancer in men, second to lung cancer. An estimated 2,905 are expected to be diagnosed in South Carolina men in 2002 with an expected mortality rate of 495 men. For African-American men, the odds of getting prostate cancer are one in 8, compared to one in 6.25 for all U.S. men. Mortality rates are twice as high in African-American men than white men. South Carolina ranks third in the nation in prostate cancer deaths.

Between 1992-1998, prostate incidence rates increased dramatically due to earlier diagnosis in asymptomatic men using prostate specific antigen blood tests. Rates have declined and leveled off especially in the elderly.

Given the fact that prostate cancer is a slow-growing cancer, the majority of prostate cancers are found in the early stage. The five-year survival rate is 100 percent. Over the past 20 years survival rates for all stages has increased from 67 percent to 96 percent; 10-year survival rate is 75 percent and 15-year survival rate is 54 percent.

Risk factors are:

• Cigarette smoking
• Diet high in fat
• Family history of prostate cancer
- Age (90 percent of prostate cancer diagnosed in men over the age of 65)
- Race (70 percent more often diagnosed in African-American men than white men)

Two tests that are widely used to detect prostate cancer are the digital rectal examination (DRE) and the prostate specific antigen blood (PSA) test. The South Carolina Cancer Facts and Figures 2001-2002 began collecting its first data on prostate cancer screening in 2001; 79.7 percent of males age 50 and older reported that they have had a PSA.

Despite the high mortality rate of prostate cancer among African-American men, efforts aimed at reducing deaths through screening and early detection remain controversial because of the uncertain and potential risks of screening, diagnosis and treatment.

The American Cancer Society recommends that men over the age of 50 discuss the need for regular PSA testing and DREs with their health care provider. Men in high risk groups (e.g. African-American males) may want to consider beginning PSA testing and getting a DRE before they reach the age of 50.

V. PROGRAMS

The Institutional Review Board at Palmetto Health Richland has approved all screenings. Participants are required to sign a consent form and have a primary health care provider. If they do not have a primary health care provider, they must select one from a list prior to services being rendered.

Patients with an abnormal finding receive a telephone call and/or a letter from the nurse practitioner. All patients who have no insurance and have an abnormal finding are referred for services. The evaluative services are paid for through the Cancer Health Initiative. Patients receive an appointment letter that states the Initiative will pay for the services. Arrangements have been made with the provider prior to the patient’s visit to ensure the patient is not billed for the service. The Cancer Initiative uses numerous providers to ensure patients have access to medical care.

Clinics

In order to serve the targeted population, Palmetto Health subleases office space at the following locations: 4100 North Main Street and Columbia Free Medical Clinic. There were 2,525 appointments scheduled. There were 1,144 (45 percent) clinic appointments that were kept. (See Appendix)

A. Breast/Cervical Cancer

Screenings for breast and cervical are performed by a nurse practitioner. These screenings include clinical breast exam, pelvic exam and or a pap smear. Abnormal findings are referred to the gynecology or breast clinic located at Palmetto Health Richland for further evaluation. Mammograms are scheduled for age appropriate participants through the South Carolina Comprehensive Breast Center at either Palmetto Health Richland or Palmetto Health Baptist.

YWCA

The Cancer Health Initiative contracted with the YWCA to recruit low-income women for the breast and cervical cancer screening program. Through this agreement, the YWCA has been able to
promote education and awareness regarding breast and cervical cancer to women within the targeted zip codes. Mailings to age appropriate women have been successful in their recruitment of the uninsured and underinsured women. They have recruited 253 women this year for screening.

**Women's Health Day**

In collaboration with Richland Primary Health Care, Palmetto Health hosted a women's health day. This event consisted of free health screenings including clinical breast exams, pelvic exams, and pap smears. Forty-eight women were screened for services.

**B. Colorectal Cancer**

All patients 50 and older are offered a free colonoscopy through one of the area gastroenterologists. Fecal occult testing is done on men and women age 40 and older. The Cancer Initiative participated in the second annual Colorectal Cancer Awareness Walk.

**C. Prostate Cancer**

**Community Screenings**

Prostate Cancer screenings are offered through community screenings and established health fairs as well as through our clinics.

**Harambe’**

Benedict College has an annual African-American Heritage Celebration Month called Harambe’. Through this event we are able to screen men who would not ordinarily come to churches or our established clinics. One hundred men were screened.

**Real Men Checkin' It Out**

The hugely successful faith-based program is in its third year of funding. This program provides a grant primarily to African-American churches to provide education, awareness and recruitment of men for prostate cancer screenings. Thirty-five churches were given a stipend of up to $1,600 to recruit at least 40 men. Through this effort, more than 1,200 men were screened.

**Men's Health Days**

In conjunction with Richland Primary Health Care Association, Palmetto Health sponsors Men's Health days. This was done in the month of June and was comprised of both an educational and screening component. An educational breakfast was held on Saturday to discuss men’s health issues. The education health panel consisted of area health care providers who discussed the need for early detection and disease prevention. The screening was held on another date and was open to the entire community throughout the entire day. Through this effort, more than 100 men were screened and educated.

**HealthWorks**

Through an agreement with Palmetto Health's employee screening department, screenings were targeted toward the uninsured and underinsured worker. Agencies such as the Department of
Transportation and the Department of Mental Health, hosted these events. Over 400 hundred men were screened this year for services.

D. Lung Cancer Prevention

Early detection of lung cancer is difficult because there is no available screening test and symptoms often do not appear until the advanced stages of the disease. In South Carolina from 1996-1998, 68.6 percent of lung cancer was diagnosed in the later stages. Studies have shown that 87 percent of lung cancers are associated with smoking. Smoking cessation is determined to be the most preventable and modifiable behavior for lung cancer. Lung cancer death rates could decrease if people were to stop smoking.

Morbidity and Mortality Weekly Report 2002 reports that 23.3 percent of adults were current smokers, down from 25 percent in 1993. Preliminary reports states a decline to 22.8 percent. Healthy People 2010’s objective is to reduce the prevalence of cigarette smokers to ≤ 12 percent. In 2000, an estimated 70 percent of smokers said they wanted to quit, 41 percent had tried to quit.

Smoking Cessation Classes

The Cancer Health Initiative, in conjunction with the USC Department of Family and Preventive Medicine, offers free smoking cessation classes to address this issue. The comprehensive smoking cessation program combines motivational behavioral counseling with medical consultation and provides nicotine replacement therapy for each participant. The appeal of this program has grown and six sessions are offered monthly.

University of South Carolina Students

The MMWR reports that during 1993-2000, substantial decreases in current smoking prevalence for all age groups, except for those age 18-24, and an increase in prevalence among 20-24 year-olds with ≥ 13 years of education. With this thought in mind, smoking cessation classes are offered once a month to students on USC campus.

VI. CANCER SCREENING PROTOCOLS

Breast Cancer

- All women 18 years of age and older should receive an annual clinical breast exam and are instructed on how to perform monthly self-breast exam.

- All women between the ages of 35-40 receive a baseline mammogram.

- All women 40 and older receive an annual mammogram and women with a strong family history of breast cancer should talk with their health care provider about when to start screenings.

- All abnormal mammograms/clinical breast exams are referred to the Breast Clinic or primary health care provider for further evaluation.

Cervical Cancer
▪ Every woman should have an annual pap smear done as soon as she becomes sexually active or turns 18 years old.

▪ All abnormal pap smears/pelvic exams are referred to the Gynecology Clinic or primary health care provider for evaluation.

**Colorectal Cancer**

▪ Men and women 40 and older receive a routine fecal occult blood

▪ For positive fecal occult blood test, refer to a physician for evaluation.

▪ Screening colonoscopy for persons 50 and older every 10 years

**Prostate Cancer**

▪ Annual Prostate Specific Antigen test should be provided as follows: African-American men and other high-risk groups may begin testing at age 40 and older and Caucasian men 50 and older.

▪ Based on the age of the patients, values have been determined and are followed. These values are through the American Urological Association.

▪ All abnormal PSAs will be referred to an urologist or patient's primary health care provider.
VII. CANCER SCREENING OUTCOMES

Cancer Screening Outcomes

<table>
<thead>
<tr>
<th>Screening Test</th>
<th>FY 98 Cancer Outcomes</th>
<th>FY 98</th>
<th>FY 99 Cancer Outcomes</th>
<th>FY 99</th>
<th>FY 00 Cancer Outcomes</th>
<th>FY 00</th>
<th>FY 01 Cancer Outcomes</th>
<th>FY 01</th>
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<td>0</td>
<td>342</td>
<td>0</td>
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<td>9 Breast Cancers</td>
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<td>*</td>
<td>352</td>
<td>*</td>
<td>611</td>
<td>*</td>
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<tr>
<td>Pelvic Exams</td>
<td>0</td>
<td>0</td>
<td>213</td>
<td>0</td>
<td>344</td>
<td>0</td>
<td>676</td>
<td>0</td>
<td>890</td>
<td>0</td>
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<td>Pap Smears</td>
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<td>213</td>
<td>0</td>
<td>362</td>
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<td>636</td>
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<td>873</td>
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<td>2 Colon cancers</td>
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<tr>
<td>Colonoscopy</td>
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<td>0</td>
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<td>4</td>
<td>None</td>
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<td>100</td>
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<td>Digital Rectal Exam</td>
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<td>Prostate Specific Test</td>
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<td>1,517</td>
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<td>Grand Totals</td>
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<td>2,657</td>
<td>9</td>
<td>4,268</td>
<td>19</td>
<td>6,879</td>
<td>25</td>
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</table>

* Breast Cancers detected by an abnormal mammogram/clinical breast exam are noted under clinical breast exam outcomes.
B. Smoking Cessation Program Outcomes

This report covers initial and end-of-treatment assessments of smokers admitted to our program from October 2001 – September 2002. Four-hundred seven smokers completed the program (completed both baseline and end-of-treatment questionnaires).

Up to five groups were conducted monthly with each group enrolling as many as 15 people. Six classes were conducted for approximately 90 minutes for each group.

In February 2001 videotape was created and the facilitator’s guide was upgraded by Dr. Michels to better standardize facilitator input for all classes and enhance the psychological portion of the intervention. No content was deleted from previous interventions. A final draft was completed early March.

The first two classes remained essentially the same. A new third class was initiated involving small group discussions of key aspects of the motivational intervention. This was considered necessary to promote more processing of information about smoking.

The fourth class, the beginning of abstinence, remained essentially the same and involved teaching standard behavior modification as recommended by the American Lung Association and modified by our literature reviews and by clinical experience. The fifth class combined self-efficacy, smoking refusal skills and social support.

The final class summarized main points previously stressed, introduced cognitive therapy as a coping strategy for stress, and taught relapse prevention. Emphasis was placed on attending the maintenance class continuing to meet weekly on Thursdays at 6 Richland Medical Park and run by Dr. Michels.

Demographics

Average Age: Approximately 44-47 years old

Gender: Female = 66%   Male = 34%

Race: White = 71%    Black = 23%   Other = 6%

Marital Status:  Married = 46%  Single = 25%
                Divorced = 21%  Widowed = 6%

Education: Less than High School = 9%  High School = 23%
            Some College = 38%  College Graduate/Post = 27%

Smoking History

Smoke Every Day =  95%   Smoke Some Days = 5%

# Cigarettes Smoked Per Day:
<10 = 14%    11-20 = 47%    21-30 = 21%    31+ = 13%
Average Age When Began Smoking = 17 years old (Standard Deviation = 4.5 years)

Average # of Years Smoking = 27 years (Standard Deviation = 13.7 years)

Tried to Quit Before = 87%

Medication Use

About 86 percent of these smokers visited Dr. Ewing, Director of the Preventive Medicine program, for medical check-up and prescription of either Zyban and/or a form of nicotine replacement therapy. Of these, 55 percent received Zyban, and about 44 percent received nicotine patch, nicotine gum, and/or combination therapy.

Motivation to Quit (Based on first six months data)

At the beginning of treatment, four smokers signified sufficient motivation to quit smoking, while 182 did not. By the end of treatment, 117 smokers signified sufficient motivation to quit smoking, while 42 did not. It continues to be clear from the second six months of results that smokers significantly enhanced their motivation to quit smoking.

Changes in Smoking Relevant Beliefs (Based on the first six months data)

The classes and the interface with Dr. Ewing significantly altered smokers’ beliefs from before treatment to after treatment as follows:

- Damaging effects of smoking to health—More (p< .0003)
- Likelihood of smoker suffering bad health effects from smoking—Yes (p< .0008)
- Gain Weight when quit smoking --- No (p< .0012)
- Smoke for many years means the damage is already done—No (p< .0001)

Self-confidence to Quit Smoking (Based on the first six months data)

It continues to be clear from the second six months of results that smokers significantly enhanced their self-confidence in their ability to quit smoking. All risky situations that were measured showed significant improvement (p< .0001) in smokers’ confidence that they would not smoke in these situations when assessed at the end of the six classes compared to before the classes began.

Smoking Status at the End of Treatment

- Abstinent = 79%
- Smoking Less than 10 Cigarettes per day = 19%
- Change in the # of Cigarettes Smoked Per Day: Pre-Treatment = 21.6 (S.D. = 11.80) 
  Post-Treatment = 1.01 (S.D. = 3.14)
Attrition Rate

While these data continue to be encouraging, the project’s attrition rate remains a concern. Of the 898 smokers who originally signed up to attend, there were 237 (29 percent) “no shows” (smokers who originally signed up to attend the classes and receive the medicine, but did neither). Of the remaining 661 who initially began the program, 407 (62 percent) completed the classes. This resulted in a 31 percent attrition rate for those who began the program despite program flexibility (the same class material was offered on different days and at different times should a smoker be unable to attend any given session).

C. Case Management Outcomes/ Cancer Outcomes

All patients with an abnormal test result are referred to social work case management for follow-up. Each patient receives a telephone call and/or a letter from the nurse practitioner regarding their abnormal test and their need for additional follow-up. The case is then referred to the social worker. The social work case manager follows the patients to ensure that they keep their follow-up evaluation appointment and to determine the outcome of the visit.

The social work case management system received 429 referrals. Nine cases were not related to an abnormal cancer screening. Forty-three patients were lost to follow-up.

Breast and Cervical Cancer Referrals

There were 264 referrals for case management of breast and cervical abnormalities. Of the 264 referrals, 52 percent were due to breast abnormalities and 48 percent were due to cervical abnormalities. Nine breast cancers were found and seven severe high-grade dysplasias were noted. There were 203 cases closed this year for case management. There are 61 referral outcomes that are pending for this year.

Prostate and Colorectal Cancer Referrals

There were 156 referrals for prostate and colorectal screening abnormalities. Of the referrals, 98 percent of the referrals were prostate abnormalities and 2 percent were for colorectal abnormalities. There were 98 cases closed to screening follow-up. Fourteen prostate cancers have been detected. There are 58 cases that are pending for this year.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number found on Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer</td>
<td>9</td>
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<tr>
<td>Cervical Dysplasias</td>
<td>7</td>
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<tr>
<td>Colorectal Cancer</td>
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<tr>
<td>Prostate Cancer</td>
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</table>
### VIII. CANCER HEALTH INITIATIVE FY 2003 SCREENING GOALS

<table>
<thead>
<tr>
<th>Program/Screening</th>
<th>2002 Goals</th>
<th>Actual Screened</th>
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<tr>
<td>Smoking Cessation Program</td>
<td>650</td>
<td>629</td>
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<tr>
<td>Mammograms</td>
<td>600</td>
<td>611</td>
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<tr>
<td>Pap Test</td>
<td>750</td>
<td>873</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>150</td>
<td>100</td>
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<tr>
<td>PSA Tests</td>
<td>1800</td>
<td>2440</td>
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<th>Program/Screening</th>
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<td>Colonoscopy</td>
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</tr>
<tr>
<td>PSA Tests</td>
<td>2000</td>
</tr>
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</table>
The Cancer Health Initiative has been as successful as the partnerships that have been established throughout the community as well as through our own hospital. Listed below are organizations and departments that have been involved with the program.

<table>
<thead>
<tr>
<th>Hospital Departments</th>
<th>Community Organizations</th>
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<tbody>
<tr>
<td>Palmetto Health Richland Breast Clinic</td>
<td>Dr. Albert Humphrey</td>
</tr>
<tr>
<td>Palmetto Health Richland Gyn Clinic</td>
<td>Richland Primary Health Care Association</td>
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<tr>
<td>Palmetto Health Richland Family Practice</td>
<td>Eau Claire Family Practice</td>
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<tr>
<td>Palmetto Health Richland GI Lab</td>
<td>Parish Nurse Program</td>
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<td>Palmetto Health Richland Internal Medicine Clinic</td>
<td>Office of Minority Health</td>
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<td>Palmetto Health Richland Laboratory</td>
<td>Best Chance Network</td>
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<td>American Cancer Society</td>
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<td>Palmetto Health Public Relations</td>
<td>South Carolina Cancer Center</td>
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<td>Care Call/ Physician Referral Department</td>
<td>Benedict College</td>
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<td>Palmetto Health Richland Print Shop</td>
<td>City of Columbia Mayor's Task Force</td>
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<tr>
<td>Palmetto Health Grants and Research Administration</td>
<td>Radio Stations: WWDM, WFMV SUNY100, WTGH, KISSFM</td>
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<tr>
<td>SCCC Trumpeter Campaign</td>
<td>State Newspaper</td>
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<td>Abundant Living Program (Easley)</td>
<td>Francis Burns United Methodist Church</td>
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<tr>
<td>Palmetto Health Baptist Mobile Mammography Unit</td>
<td>BibleWay Church of Atlas Road</td>
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<tr>
<td>South Carolina Comprehensive Breast Center</td>
<td>John P. Thomas Elementary School</td>
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<tr>
<td></td>
<td>Allen University</td>
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<tr>
<td></td>
<td>Sunrise Enterprise</td>
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<td></td>
<td>National Black Leadership Initiative for Cancer</td>
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<td></td>
<td>Department of Health and Environmental Control</td>
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<td>Central Baptist Church</td>
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<td></td>
<td>Friendship Baptist Church</td>
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<td>Black Pages/ Black Expo</td>
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<td>STAR News</td>
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<td>Carolina Panorama Newspaper</td>
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<td>Roosevelt Village Community Center</td>
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<td>Brookland Baptist Church</td>
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<td>Wesley United Methodist Church</td>
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<td></td>
<td>Free Medical Clinic</td>
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<td>Shoal Creek Baptist Church</td>
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<td></td>
<td>YWCA</td>
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<td>Senior Centers</td>
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Council on Aging
Northminster Presbyterian Church
Richland County Health Department
Lexington County Health Department
Oliver Gospel Mission
Salvation Army
Greater St. Luke Baptist Church
Women's Cancer Coalition
First Nazareth Baptist Church
Waverly Neighborhood Association
First Northeast Baptist Church
New Hope Baptist
Refuge Church of Christ
Jesus is Lord Ministries
Mt. Pisgah A.M.E. Church
Reid Chapel
Chappelle Memorial A.M.E. Church
Trinity Baptist Church
Mt. Nebo Baptist Church
University of South Carolina
Family Worship Center
X. APPENDICES

A. Call Center Volume

B. Marketing Demographics

C. Class Registration

D. Customer Service Satisfaction Survey
Appendix A

Call Center Call Volume

<table>
<thead>
<tr>
<th></th>
<th>1st Quarter</th>
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<th>3rd Quarter</th>
<th>4th Quarter</th>
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<td>Total Calls by Quarter</td>
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Total Cancer Call Volume for FY 2002: 10,034
## Cancer Initiative
### Marketing Demographics
### FY 2002

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<td>Other</td>
<td>131</td>
<td>179</td>
<td>135</td>
<td>84</td>
</tr>
<tr>
<td>Parish Nurse</td>
<td>3</td>
<td>2</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Radio</td>
<td>9</td>
<td>24</td>
<td>45</td>
<td>51</td>
</tr>
<tr>
<td>Real Men Checkin’ it Out</td>
<td></td>
<td>2</td>
<td>239</td>
<td>409</td>
</tr>
<tr>
<td>Repeat Caller</td>
<td>223</td>
<td>280</td>
<td>234</td>
<td>176</td>
</tr>
<tr>
<td>Television</td>
<td>29</td>
<td>46</td>
<td>83</td>
<td>173</td>
</tr>
<tr>
<td>Yellow Pages</td>
<td>9</td>
<td>11</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>YWCA</td>
<td>131</td>
<td>180</td>
<td>153</td>
<td>203</td>
</tr>
<tr>
<td>Total Calls</td>
<td>1043</td>
<td>1456</td>
<td>2186</td>
<td>1987</td>
</tr>
</tbody>
</table>
Class Registration

<table>
<thead>
<tr>
<th></th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2002</td>
<td>431</td>
<td>630</td>
<td>727</td>
<td>737</td>
</tr>
</tbody>
</table>

Total Class Registration for FY 2002: 2525
- You all are all doing a great job!
- Stay on track with what you are now doing.
- Make known by mail of the upcoming events.
- Thank you. What a wonderful service. Many women do not know how to protect themselves from yeast infections, STDs, nor how to express their needs to their mate. Please have a talk or film on this subject. Distribute condoms.
- There's nothing (that) needs changing in my opinion. The program is working just fine.
- Keep doing what you're doing.
- All went very well.
- Don't know enough to make suggestions.
- Is it possible to get a Saturday morning dr. appointment for high blood pressure/sugar? Can you recommend health services if your office doesn't make w/e appointments?
- The nurse, Sandra Randolph was very helpful and knowledgeable. The only request I have is that there be financial aid with medication. Thank you for caring.
- I think the program is really a good one. Thanks so much for having me as a patient.
- Keep up the good work! I'm impressed!
- It was great visit but I had to wait a long time.
- Everything was great. I really was satisfied and looking forward for my next screening. Thank you!
- Maybe more staff. The ladies that were at the doctor's office were so good and friendly! Thank you!
- Nothing! Everything was perfect!
- Nothing. I had a great experience and everyone treated me like their best friend.
- Nothing. Just keep up the good work.
- I had a hard time finding you and I had to wait two hours for my appointment. Other than that, everything was great.
- Everyone was very nice. Keep up the good work. God bless.
- Nothing! I thank you for your important work. Without you, many women would suffer
needlessly! Note: This was held at Benedict College.

♦ The appointments - making the appointments, takes longer to get information. At times, are not clear I need to see GYN.

♦ Nothing. However, I encourage you all to continue with the screening. Hopefully, being educated will save a life.

♦ I can't think of anything. Can you? (smile)

♦ Refer patients to doctors that can provide help to persons without insurance please.

♦ Supply contraceptives "female condoms" and/or male condoms up front in a bowl or box. Thanks.

♦ Nothing differently - Everyone were so nice and polite. I thank God for people like ya!!

♦ I like the way it was done.

♦ Everything seemed to be in order.

♦ You don't need to change anything. Everything was, and is still very good.

♦ The job, the screening, all went well. Don't change nothing. Thanks much.

♦ I was satisfied and do appreciate this exam.

♦ Really nothing. You are providing a wonderful service to the community.

♦ Nothing. Everything was great. My mother always said, "If it's not broke, don't fix it."

♦ Nothing. You were very helpful.

♦ Contact me to make appt. for one year from now exam, if possible. Thanx!

♦ Not anything at this time. Just improve on the present system. Thank you.

♦ I feel everything was very efficiently done. I will recommend or tell a friend.

♦ Nothing. This was done through my church.

♦ Nothing-Sandra did a great job and I felt at ease with her. Thank you.

♦ Have more frequent screenings available.

♦ Nothing. I had a good check up and was very pleased with the staff.
♦ When I went in, I didn't know what to do, where to go, or anything. I had to ask to find out everything. It need(s) to be a place closer to West Columbia/Cayce area for these cancer screening services.

♦ Explain that the Breast Clinic only gets you a referral on prescription for the mammogram. It is not done that day.

♦ There's nothing that needs to be except that there's a need to have more screenings done in the neighborhoods.

♦ Nothing - service was excellent, courteous, and professional.

♦ You are very greatly in need!

♦ Very good program. I appreciate the services and professionalism of the staff.

♦ My visit was prompt and very professional.

♦ Just keep on doing what you are doing, helping people that need your help.

♦ I have had my mammogram cancelled twice and haven’t received an appointment.

♦ You do a fine job already. I was surprised and relieved at how nicely I was treated.
DIABETES SCREENING INITIATIVE FY 2002 REPORT

DO YOU HAVE IT?
EXECUTIVE SUMMARY

A total of 15.7 million people in the United States are diabetic (5.9 percent of the population). Diabetes is the seventh leading cause of death in the United States and the sixth leading cause of death in South Carolina. Approximately 300,000 people in South Carolina have diabetes and almost half of those are unaware that they have the disease. The prevalence of diabetes in the non-white population is almost double of that of the white population. Annually, diabetes accounts for $98 billion in direct and indirect costs in the United States, more than heart disease, cancer or AIDS. In South Carolina, diabetes accounts for about $850 million direct and indirect costs annually.

The disease seriously diminishes the quality of life for diabetics. Studies have found death rates to be twice as high among middle-aged people with diabetes as among middle-aged people without diabetes. There are also several complications associated with diabetes. Heart disease is the leading cause of diabetes-related deaths. Adults with diabetes have heart disease death rates about two to four times as high as that of adults without diabetes. The risk of stroke is two to four times higher in people with diabetes. High blood pressure is also a complication of diabetes; an estimated 60 percent to 65 percent of people with diabetes have high blood pressure. Diabetes is the leading cause of new blindness in adults 20 to 74 years old, and diabetic retinopathy causes from 12,000 to 24,000 new cases of blindness each year. Other complications of diabetes include kidney disease, nervous system disease, amputations, dental disease, diabetic ketoacidosis and hypersmolar nonketotic coma.

Early screening to diagnose diabetes could have a positive impact on the total cost of diabetes and may prevent later diabetes complications.

The Diabetes Screening Initiative was born out of the need for a comprehensive screening initiative to detect and diagnose diabetes at an early stage of development. While there are a multitude of programs that provide education and other services to diabetics, there are few that offer community screening on an ongoing basis. This initiative centers on providing free diabetes screenings to those who are considered to be high risk for developing type 2 diabetes.

This year, 1,575 adults participated in diabetes screening through this initiative. Thirty of these participants have been diagnosed as diabetic. A total of 940 men (77 percent) and 286 women (23 percent) were screened for type 2 diabetes. In FY 2003, our goal is to screen 1800 new patients for type 2 diabetes.

The following table charts the progress of the Diabetes Screening Initiative:

<table>
<thead>
<tr>
<th>Overall Population</th>
<th>Target Population</th>
<th>7-Year Goal</th>
<th>All Fiscal Years</th>
<th>FY 2001</th>
<th>FY 2002</th>
<th>FY 2003 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richland County adults 18+ = 216,951</td>
<td>Adults ages 30-75 = 134,795</td>
<td>5% (6,740)</td>
<td>3,751</td>
<td>1226</td>
<td>1575</td>
<td>1800</td>
</tr>
</tbody>
</table>
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V. Collaborative Efforts  

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I. THE BURDEN OF DIABETES

Type 2 diabetes sufferers have a diminished quality of life, and studies have found death rates to be twice as high among middle-aged people with diabetes as among middle-aged people without diabetes. According to the Centers for Disease Control and Prevention (CDC), there are also several complications associated with diabetes. Heart disease is the leading cause of diabetes-related deaths. Adults with diabetes have heart disease death rates about 2 to 4 times as high as that of adults without diabetes. The risk of stroke is 2 to 4 times higher in people with diabetes. High blood pressure is also a complication of diabetes; an estimated 60 to 65 percent of people with diabetes have high blood pressure. Diabetes is the leading cause of new blindness in adults 20 to 74 years old, and diabetic retinopathy causes from 12,000 to 24,000 new cases of blindness each year. Other complications of diabetes include kidney disease, nervous system disease, amputations, dental disease, diabetic ketoacidosis and hypersmolar nonketotic coma.

A. United States

A total of 15.7 million people in the United States are diabetic, 5.9 percent of the population. Diabetes is the seventh leading cause of death in the United States. Annually, diabetes accounts for $98 billion in direct and indirect costs in the United States, more than heart disease, cancer or AIDS.

B. South Carolina

Diabetes is the sixth leading cause of death in South Carolina and has contributed to many more deaths. According to the South Carolina Department of Health and Environmental Control (SCDHEC), approximately 300,000 people in South Carolina have diabetes and almost half of those are unaware that they have the disease. The prevalence of diabetes in the non-white population is almost double of that of the white population. In South Carolina, diabetes accounts for about $850 million direct and indirect costs annually.

C. Richland County

In 1998, there were about 15,482 adults age 18 and older living in Richland County who had been told by a physician that they are diabetic. In 2000, there were 545 hospital discharges with diabetes as the primary diagnosis. The total charge for inpatient stays for diabetics was $5,201,662. Year 2000 emergency room discharge data shows that there were 1,133 ER visits with diabetes as the primary diagnosis. Emergency room charges for diabetes as the primary diagnosis was $2,111,782. Total charges for diabetes as a primary diagnosis for inpatient and emergency room care in 2000 was $7,313,444.

Early screening to diagnose type 2 diabetes, the most prevalent form, could have a positive impact on reducing direct and indirect costs of diabetes and may prevent later diabetes-related complications.

II. THE INITIATIVE

A. Screening Initiative Design

The Diabetes Screening Initiative was developed to provide diabetes screening to residents of Richland County who are at high risk for developing type 2 diabetes. The Diabetes Screening Initiative is a community-based screening initiative. Screenings are held in churches, at community
events, health fairs and at stationary clinic sites throughout the community. The purpose of the initiative is to screen for type 2 diabetes in adults ages 30 to 74 that are considered to be at “high-risk” for developing type 2 diabetes. There are no income eligibility requirements for this screening initiative and all screening tests are performed free of charge. The tool used to determine whether or not an adult is “high-risk” is the American Diabetes Association (ADA) “Take the Test, Know the Score” risk factor assessment. The screening test used is the plasma glucose test. This test is a venous blood sample and is drawn by a licensed professional. All patients with values that are considered “positive” are referred to a primary care physician for a fasting plasma glucose test to definitively diagnose diabetes. For this initiative, a patient is not classified as a diagnosed diabetic until the second test is performed.

A unique component of this screening initiative is the level of follow-up provided to the patient. Patients whose test results are considered “normal” receive a letter from a nurse practitioner stating that the test performed yielded normal results. Patients who require further follow-up testing because of an abnormal test result receive a call from the nurse practitioner to discuss the significance of the test results. The nurse practitioner also encourages the patient to schedule an appointment with the primary care physician in order to have a fasting plasma glucose test to diagnose diabetes. In addition to the call from the nurse practitioner, the patient receives a letter in the mail stating that the plasma glucose test results were abnormal. In this letter, the patient is once again encouraged to schedule an appointment with the primary care physician. Test results for patients with abnormal results are forwarded to the primary care physician, and the patient is referred to a social work case manager for further follow-up. Next, the social work case manager contacts the patient and/or the primary care physician to determine whether or not diabetes has been diagnosed.

All patients diagnosed as diabetic receive a packet of information from Palmetto Health that includes information on diabetes care, a cookbook and a guide to foot care. Patients who are not diagnosed as diabetic are put into a yearly reminder queue and sent annual reminder letters for diabetes screening.

B. Community Screenings

In FY 2002, diabetes screenings were offered at various sites throughout the community. Benedict College holds Harambe’, an annual African-American Heritage Celebration. At this event, we were able to screen men and women who traditionally do not surface at churches or clinics. In addition to Harambe’, we offer screenings at Black Expo. Once again, we hope to capture a non-traditional audience. We have come to be a major part of these events and the attendees associate our screenings with the event. We have screened hundreds of men and women at these events.

We also developed creative partnerships within the community. We were able to provide diabetes screening at area locations including Bi-Lo, Piggly Wiggly, Harvest Hope Food Bank, bus stations, Doctor’s Care Centers and the Cooperative Ministry. We were able to screen hundreds of men and women for diabetes as a result of these partnerships.

The more traditional methods of screening include our subleased office space at 4100 North Main Street and the Free Medical Clinic. We also maintain a positive relationship with area churches and schools. In addition, we continue to partner with Richland Community Health Care Association to co-sponsor Men and Women’s Health Days. A breakfast is held for Men’s Health Day that includes a panel of physicians for a question and answer session regarding diabetes, prostate cancer and other health topics.
We also provided diabetes screening at Richland Fashion Mall, Gospel Fest, the Capitol Senior Center, the Housing Authority Senior High Rises and various health fairs throughout Richland County.

III. SCREENING OUTCOMES

The total number of adults screened was 1,575. Of those screened, 471 cases were referred for case management. Thirty (30) patients were diagnosed as diabetic as a result of our efforts.

A total of 1,038 men and 534 women were screened for diabetes (Figure 1). Of those, 1,099 were Black, 410 were White, 6 were Asian-Pacific Islander, 11 were Hispanic, 4 were Native American, 13 listed themselves as other and 30 did not respond. (Figure 2).

The average age of the participants was 52. Of those screened, 67 percent were from Richland County and 19 percent were from Lexington County (Figure 3). The remaining 18 percent were from Fairfield, Sumter and Kershaw counties.

Of those who qualified to participate in the screening because of their high-risk status, 95 percent reported experiencing at least one of the symptoms of diabetes. Those who did not report symptoms were screened because they were at high-risk for developing diabetes according to the ADA test. Of those screened, 96 percent were at high risk for developing type 2 diabetes.

![Gender of Diabetes Screening Participants](Figure 1)
Race of Participants

(Figure 2)

- Black: 70%
- White: 26%
- Other: 4%

Home Counties of Diabetes Screening Participants

(Figure 3)

- Richland: 1046
- Lexington: 297
- Other: 229
IV. CASE MANAGEMENT OUTCOMES

All patients who are found to have test results that show an abnormally high blood sugar are referred to a social work case manager for follow-up. Before the case is referred, the patient's lab results and medical history are reviewed by a nurse practitioner to determine which cases require further follow-up. Each patient with abnormal blood sugar values receives a phone call and a letter from the nurse practitioner. The patients with abnormal high blood sugars are then referred to the social worker. The social worker follows the patient to ensure that appointments are kept and to determine the outcome of subsequent doctor's appointments.

Of those screened, 471 cases were referred to the social worker for follow-up. Of those cases, 30 were eventually found to be diabetic.

V. COLLABORATIVE EFFORTS

The Diabetes Screening Initiative has had success in creating effective community partnerships. The following table lists organizations and hospital departments with which we have collaborated:

<table>
<thead>
<tr>
<th>Palmetto Health Departments</th>
<th>Community Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palmetto Health Richland Family Practice</td>
<td>Benedict College</td>
</tr>
<tr>
<td>Palmetto Health Richland Laboratory</td>
<td>The Free Medical Clinic</td>
</tr>
<tr>
<td>Palmetto Health Public Relations</td>
<td>Richland Community Health Care Association</td>
</tr>
<tr>
<td>Palmetto Health Call Center</td>
<td>Black Expo</td>
</tr>
<tr>
<td>Palmetto Health Diabetes Education</td>
<td>Bi-Lo</td>
</tr>
<tr>
<td>Palmetto Health Baptist Community Health Improvement</td>
<td>Piggly Wiggly</td>
</tr>
<tr>
<td></td>
<td>Harvest Hope Food Bank</td>
</tr>
<tr>
<td></td>
<td>Cooperative Ministry</td>
</tr>
<tr>
<td></td>
<td>Central Midlands Regional Transit Authority</td>
</tr>
<tr>
<td></td>
<td>Diabetes Today Advisory Council</td>
</tr>
<tr>
<td></td>
<td>Doctor's Care</td>
</tr>
<tr>
<td></td>
<td>Eau Claire Renaissance Fair</td>
</tr>
<tr>
<td></td>
<td>WTGH-Gospel Fest</td>
</tr>
<tr>
<td></td>
<td>Richland School District One</td>
</tr>
</tbody>
</table>
VI. MARKETING DEMOGRAPHICS

Various methods were employed in order to get the word out to the community regarding diabetes screenings. The most successful marketing strategy was spreading the word through church. The following table provides information regarding marketing demographics:

<table>
<thead>
<tr>
<th>Method</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newspaper Ad</td>
<td>35</td>
</tr>
<tr>
<td>Best Chance Network</td>
<td>3</td>
</tr>
<tr>
<td>Church</td>
<td>375</td>
</tr>
<tr>
<td>Community Event</td>
<td>99</td>
</tr>
<tr>
<td>Direct Mail</td>
<td>67</td>
</tr>
<tr>
<td>Physical/Physician’s Office</td>
<td>14</td>
</tr>
<tr>
<td>Friend/Family/Co-worker</td>
<td>113</td>
</tr>
<tr>
<td>Flyer/Poster</td>
<td>65</td>
</tr>
<tr>
<td>GYN Clinic</td>
<td>6</td>
</tr>
<tr>
<td>Health Department</td>
<td>33</td>
</tr>
<tr>
<td>Hope for Kids</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>134</td>
</tr>
<tr>
<td>Parish Nurse</td>
<td>11</td>
</tr>
<tr>
<td>Radio</td>
<td>51</td>
</tr>
<tr>
<td>Real Men Checkin’ It Out</td>
<td>147</td>
</tr>
<tr>
<td>Television</td>
<td>78</td>
</tr>
<tr>
<td>YWCA</td>
<td>4</td>
</tr>
<tr>
<td>No Response</td>
<td>276</td>
</tr>
<tr>
<td>Total</td>
<td>1513</td>
</tr>
</tbody>
</table>
VII. FY 2003 GOALS

FY 2002 was a very successful year for the Diabetes Screening Initiative. In FY 2003 we hope to screen 1,800 men and women for type 2 diabetes.

![Type 2 Diabetes Screening Per Fiscal Year](chart.png)
A. Satisfaction Survey Data
Patient satisfaction surveys were mailed to screening participants along with their test results; a postage paid envelope was included for the patient to return the satisfaction survey. Of the surveys mailed, 302 participants returned the surveys and all answered that they would tell friends and family members about the program. The following chart provides more information:

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>TRUE</th>
<th>SOMEWHAT TRUE</th>
<th>SOMEWHAT FALSE</th>
<th>FALSE</th>
<th>NO RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will tell my friends and family about this screening program</td>
<td>302</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My questions about the screening were answered</td>
<td>290</td>
<td>6</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>The people who did the screening knew what they were doing</td>
<td>302</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was treated with respect</td>
<td>302</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I spent too much time waiting to be screened.</td>
<td>3</td>
<td></td>
<td>293</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>It was easy to reach someone for questions about my screening</td>
<td>294</td>
<td>2</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The facility was clean</td>
<td>302</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The staff was friendly</td>
<td>302</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would attend another event held by this organization</td>
<td>302</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
COPA MATERNAL AND CHILD INITIATIVE FY 2002 REPORT

TEENS, IT’S TIME TO MAKE GOOD CHOICES.

Enjoy your youth, meet new friends, join school activities, see new places and plan a bright future!
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A) Program Outcomes

B) Program Goals
I. THE BURDEN OF INADEQUATE PRENATAL CARE

Palmetto Health believes that intervening with pregnant women in the early stages of pregnancy by encouraging regular and consistent prenatal care and linking mothers and infants to health and social services will improve the overall health of newborns in Richland and Lexington Counties. Palmetto Health’s Maternal and Child Health Program, Bright Futures, targets medically indigent expectant mothers and infants in Richland and Lexington Counties. Bright Futures also targets all teens in Richland and Lexington Counties through a youth development approach to reduce and prevent teen pregnancy.

A. United States

According to Healthy People 2010 Objectives, nearly 75 percent of women in the United States receive adequate prenatal care. The older the woman, the more likely she will receive prenatal care. The number pregnant females who obtained prenatal care during the first trimester has increased since 1990 from 75.8 percent to 83.4 percent.

B. South Carolina

In South Carolina, the number of women entering prenatal care in the first trimester has slightly decreased from 80.2 percent in 1998 to 79.2 percent in 2000. The Healthy People 2010 objective is for 90 percent of women to enter prenatal care during the first trimester and receive adequate prenatal care.

C. Richland and Lexington Counties

In Richland and Lexington Counties, the percentage of women entering early prenatal care increased. Richland County increased from 75.9 percent in 1998 to 81.3 percent in 2000. Lexington County showed increases from 84 percent in 1998 to 84.4 percent in 2000. These incremental increases seem to demonstrate positive changes in the number of women entering into prenatal care early during the pregnancy stage in Richland and Lexington Counties. Palmetto Health through its Bright Futures’ Program, seeks to remove barriers to care and increase awareness of the importance of early and continuous prenatal care.

Percent of Early Prenatal Care:
Richland and Lexington Counties

*Latest DHEC Report – March 2002
D. Benefits of Early and Adequate Prenatal Care

For every dollar spent on providing adequate prenatal care, $3.38 could be avoided in medical costs for low birth weight babies (DHEC). Although the causes for some low birth weight babies are unknown, there are known factors associated with LBW babies. Factors include intra-uterine growth retardation, low pre-pregnancy weight, cigarette smoking and substance abuse.

The birth of an infant weighing less than 2500 grams (low birth weight) results in health expenditures in excess of that of a normal delivery. The average cost of a baby delivered after a healthy pregnancy is $1,900; however, the average cost for low birth weight babies is $6,200. Low birth weight babies may have an additional diagnosis such as fetal alcohol syndrome as result of substance abuse. Over $500 million per year is spent on infants who are exposed to cocaine in utero (Healthy People 2010). Infants who have cocaine exposure and fetal alcohol syndrome have an increased risk of development delays and long-term disabilities.

Early and adequate prenatal care significantly impacts the chances of having a healthy baby. Prenatal visits offer the opportunity to educate the expectant mother regarding nutrition and the dangers of substance abuse during pregnancy. Prenatal care helps prevent poor birth outcomes, such as low birth weight babies and infant death.

There are several causes of infant death prior to the first birthday. Casual factors include disorders related to short pregnancy/premature birth and low birth weight, sudden infant death and respiratory distress syndrome. Maternal age is also a risk factor. Infant mortality rates are highest among infants born to teens. Teen pregnancy prevention is vital to help reduce infant mortality.

II. THE BURDEN OF TEEN PREGNANCY

A. United States

The teen birth rate has fallen 26 percent since 1991. All 50 states have seen a decline in teen birth rates. Birth rates from African-Americans have shown a 37 percent decline nationally. Although there has been a reduction in birth rates among teens, teen pregnancy is still a public health concern. The United States has one of the highest teen pregnancy rates among western nations. U.S. teen birthrates are four times higher than Germany, and six times higher than France. Teen pregnancy cost the United States at least $7 billion annually.

B. South Carolina

In 2000, 10,732 girls ages 10 – 19 became pregnant, a reduction of 173 from the previous year. According to Mr. Darell Parker of Winthrop University’s Center on Economic Development, each birth cost the state of South Carolina $93,696 in lost economic activity (SC Prevent Teen Pregnancy). There were more than 10,000 teen births in South Carolina.
C. Richland and Lexington Counties

In 2000, Richland and Lexington counties reported 1,219 estimated pregnancies among teens ages 19 and under compared to 1,293 pregnancies in 1998.

Teen pregnancy is a public health issue that crosses socioeconomic levels. Its impact can be felt several years subsequent to the birth of the baby. Infants born to teen mothers are 36 percent more likely to live at or below the poverty level. They are also at increased risk to experience exposure to violence and drug usage, and even more likely to drop out of school. These infants begin life facing challenges toward a bright future.

Due to their still developing bodies and common poor diet, teens are more likely to have premature births and low birth weight infants. In addition to physical factors, there are psychosocial factors that contribute to teen pregnancy and poor birth outcomes. It is not uncommon for a teen who suspects that she is pregnant to procrastinate seeking care. Even after the confirmation of a positive pregnancy test, teens frequently hesitate or do not seek care. Denial and fear are among the reasons pregnant teens do not seek care. Less than one-third of teen mothers will ever complete high school. Palmetto Health believes that preventing teen pregnancy is critical to improving birth outcomes.
III. THE BURDEN OF INFANT MORTALITY AND LOW BIRTH WEIGHT INFANTS

A. United States

The Healthy People 2000 objective for infant mortality is 7.0 percent (7 deaths per 1000 births). The overall infant mortality rate of the United States is currently 7.2 percent.

B. South Carolina

South Carolina has not yet reached this goal, but efforts are in place to reduce infant mortality. According to 2000 data, there were 55,964 live births in South Carolina. Infant mortality rates continue to increase in South Carolina. The three-year infant mortality rate has decreased slightly from 9.8 deaths per 1,000 births in 1999 to 9.5 in 2000.

C. Richland and Lexington Counties

In Richland County, there were 4,460 live births, and 2,999 live births in Lexington. (DHEC) The three-year infant mortality rate for Richland County has increased from 8.8 deaths per 1,000 births to 10.2. In Lexington County the rates increased from 6.8 to 8. The infant mortality rate continues to be highest among African-Americans and other minorities throughout the state. There were 15.1 deaths per 1,000 births during the 1998-2000 three-year period. Through services delivered by Bright Futures, Palmetto Health seeks to help lower the infant mortality rates in Richland and Lexington Counties.

![Infant Mortality Rates in Richland and Lexington Counties *](chart)

<table>
<thead>
<tr>
<th></th>
<th>Richland</th>
<th>Lexington</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>8.8</td>
<td>6.8</td>
</tr>
<tr>
<td>2000</td>
<td>10.2</td>
<td>8</td>
</tr>
</tbody>
</table>

*Latest DHEC Report - March 2002
D. Low Birth Weight (LBW)

Healthy People 2010 (Objective 16-10) addresses reduction of the incidence of low birth weight infants. The 2010 target is 5.0. Nationally, 7.6 percent of infants born in 1998 were considered low birth weight babies (less that 2,500 gms/5.5 pounds). The rate of low birth weight babies among African Americans and other minorities declined slightly in the 1990s, but still remains twice as high as that of whites.

In South Carolina, the incidence of newborns with low birth weight increased from 9.6 percent in 1998 to 9.67 percent in 2000. However, in Lexington County, the percent of LBW infants decreased from 8.12 percent in 1999 to 7.24 percent in 2000. Richland County rates also decreased slightly from 10.98 percent in 1999 to 10.94 percent in 2000.

**Percentage of Low Birth Weight Babies in Richland and Lexington Counties**

<table>
<thead>
<tr>
<th></th>
<th>Richland</th>
<th>Lexington</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>10.98</td>
<td>8.12</td>
</tr>
<tr>
<td>2000</td>
<td>10.94</td>
<td>7.24</td>
</tr>
</tbody>
</table>

*Latest DHEC Report - March 2002
IV. PRENATAL AND WELL-CHILD PROGRAMS

Palmetto Health has put into place an infrastructure through the Maternal and Child Health Program (MCH) to help increase the chances of healthy birth outcomes. Expectant mothers are encouraged to enter the program as soon as possible during their first trimester.

Women and teens can enroll into the Bright Futures Program from the beginning of pregnancy until the child’s first year of life. Referrals are made to neighboring agencies if additional follow-up services are needed beyond age two.

A. Pregnancy Tests

Woman and teens who suspect that they are pregnant are encouraged to call Bright Futures enrollment line to receive a referral for a free pregnancy test (Richland or Lexington County Health Department, Palmetto Richland’s OB/Teen Clinic). A total of 1,200 pregnancy tests were performed at Palmetto Health Richland’s OB and Teen Clinics during FY 2002, as compared to 1,218 in FY 2001.

B. Physician Referrals

Pregnant women/teens are referred to an obstetrician that accepts Medicaid. Uninsured patients are referred to Palmetto Health Richland’s OB and Teen Clinics. These patients receive an appointment while on the phone in an effort to expedite entry into care during the first trimester. The appointment is usually within seven days of the phone call. Patients are encouraged to apply for Medicaid though Richland or Lexington County Department of Social Services or a DSS out-stationed Medicaid staff. Referrals are also made by many of Palmetto Health’s obstetricians to enroll their patients into the program. More than 78 physician referrals were made during FY 2002, as compared to 323 in FY 2001.

C. Social Work Case Management

Palmetto Health’s Maternal and Child Health social workers provide follow up and support services to each participant enrolled in the program. Services begin at the time of enrollment until the infant’s first birthday. These services include appointment reminders, follow-up after each prenatal and well-child appointment, transportation arrangements if needed and referrals to community resources.

During the participant’s third trimester, social workers help locate a pediatric medical home. All infants are followed until their first birthday to encourage mothers to keep well-child visits.

D. Prenatal, Childbirth and Newborn Care Classes

Healthy People 2010 objective 16-7 addresses increasing the number of pregnant women who attend a series of prepared childbirth classes. The Maternal and Child Health Initiative seeks to increase patient education regarding the importance of prenatal care and the childbirth process by offering a series of free prenatal classes. During year five, prenatal classes included labor and delivery sessions and infant CPR. The topics covered are as follows:

- What to Expect During Pregnancy
- Labor and Delivery Part One
Round-trip transportation to classes is provided if needed. Women and teens are encouraged to bring the expectant father and/or support person with them to the classes. Care Call staff (Palmetto Health’s call center) enrolls the participants in the classes, sends a follow up letter and calls to remind participants about the class.

Class Participation Results

<table>
<thead>
<tr>
<th>Statistics</th>
<th>FY 2001</th>
<th>FY 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRENATAL CLASSES OFFERED</strong></td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>Total participants who attended the classes</td>
<td>197</td>
<td>283</td>
</tr>
<tr>
<td>Males (expectant fathers) who attended the classes</td>
<td>36</td>
<td>43</td>
</tr>
<tr>
<td>Females and expectant mothers who attended the classes</td>
<td>161</td>
<td>240</td>
</tr>
</tbody>
</table>

Customer Satisfaction Results

At the end of the three-class series, class participants completed a class evaluation form. This information is used for future program planning and continuous quality improvement. The following results are based on MCH childbirth class participant surveys received for October 1, 2001 through September 30, 2002.

**Question 1: The most helpful information from the classes were:**
- “By this being my first (child), everything was helpful.”
- “Breast feeding, afterbirth, child care and car seats.”
- “Taking care of a circumcision since all I have are boys.”
- “Everything was helpful”
- “What symptoms to look for to alert the doctor and what is normal.”
- “The soap that is best for the babies.”
- “How good you should take care of your baby.”
- “All the information provided was helpful.”
- “Everything in reference to a newborn was helpful.”
- “Breast care and breast feeding.”
- “Videos”
- “How to look for warning signs and how to care for a baby.”
- “Bathing and meeting baby’s needs (feeding, changing clothing) and planning for financial needs.”
- “All of the information learned in the class.”

**Question 2: The least helpful information from the classes were:**
- “Everything was informative and helpful.”
- “Try to shorten the classes, they are a little too long.”
- “I would have liked to go deeper into Lamaze and relaxation techniques.”
- “Holding a baby. I have plenty of experience doing that since I have three.”
- “How to change a baby’s diaper.”
- “Breast feeding your baby.”
Question 3: On a scale of 1-5, please respond to the following.

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Somewhat Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Videos Shown</td>
<td>0</td>
<td>1.6%</td>
<td>11.1%</td>
<td>14.3%</td>
<td>73%</td>
</tr>
<tr>
<td>Brochures</td>
<td>0</td>
<td>1.6%</td>
<td>1.6%</td>
<td>19%</td>
<td>77.8%</td>
</tr>
<tr>
<td>Information Presented</td>
<td>0</td>
<td>0</td>
<td>1.5%</td>
<td>12.3%</td>
<td>86.2%</td>
</tr>
<tr>
<td>Meeting Site</td>
<td>0</td>
<td>0</td>
<td>4.9%</td>
<td>14.8%</td>
<td>80.3%</td>
</tr>
<tr>
<td>Instructor’s Knowledge</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
</tbody>
</table>

Question 4: What other classes would you like to have offered?
- Family counseling class with dad and mom
- Breast feeding and seeing pumps
- Lamaze
- Class just for men learning to deal with their feelings
- Lamaze, prenatal aerobics and nutrition
- Breathing classes
- None
- Breast feeding

Question 5: What rewards or gifts would you be interested in receiving?
- Baby care items and coupons
- Clothing and coupons
- Outfits and socks
- Car seats, bottles, bibs, pampers and blankets
- Pampers, samples of formula, bibs, etc.
- Diapers
- Information that will help keep the baby strong and healthy
- Any or none, class is good with or without rewards

Question 6: Would you tell a friend about these classes?
Yes = 100%

Childbirth Class Participation FY 2001 and FY 2002

2001: 197
2002: 283

60
V. TEEN PREGNANCY PREVENTION PROGRAM

Nationally, teen pregnancies are declining, but much needs to be done to increase those successes and continue the downward trend. Palmetto Health contracted with two outside providers to conduct teen focus groups in Richland and Lexington counties during year three. These groups consisted of teens and their parents from Richland and Lexington counties. Ten focus groups were held. The recommendations from the focus groups are below:

- Sponsor programs that uniquely advocate abstinence to young people in schools and community settings.
- Keep teens active in positive activities.

Based on the above recommendations the Teen Talk program was implemented. The program is currently in 16 high schools in Richland, Lexington and Pickens counties.

A. High School Teen Talk Sessions

Teen Talk sessions are group discussions held during high school and middle school lunch hours. An abstinence–based youth development curriculum is used during each session. The curriculum allows open discussion of youth-related topics in an informal setting. MCH staff facilitate sessions. Free lunch is provided. Topics include:

- Self–Esteem
- Decision–Making Skills
- Communication Skills
- Media Influences
- Diseases and Myths
- Responsibility and Accountability

The curriculum includes a combination of group discussions, role-playing and videos to allow teens to express themselves and their concerns in a safe and confidential setting. An abstinence–based youth development approach is used. Palmetto Health staff has assured the school districts that strict adherence to the districts’ “health education” guidelines will be followed. Therefore, contraception and alternative lifestyles are not discussed.

Teen pregnancy prevention activities are also provided during the summer to community organizations. In addition, students receive printed health information during each Teen Talk session.
## Participating Schools

<table>
<thead>
<tr>
<th>High School</th>
<th>County School District</th>
<th>Number of Participants FY 2001</th>
<th>Number of Participants FY 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.C. Flora High School</td>
<td>Richland District 1</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Airport High School</td>
<td>Lexington District 2</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Blythewood Academy</td>
<td>Richland District 2</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Brookland-Cayce High School</td>
<td>Lexington District 2</td>
<td>32</td>
<td>27</td>
</tr>
<tr>
<td>CA Johnson High School</td>
<td>Richland District 1</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>C.R. Neal Learning Center</td>
<td>Richland District 1</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td>Daniel High School</td>
<td>Pickens School District</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Easley High School</td>
<td>Pickens School District</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Eau Claire High School</td>
<td>Richland District 1</td>
<td>45</td>
<td>48</td>
</tr>
<tr>
<td>Five Points School</td>
<td>Richland District 1</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Irmo High School</td>
<td>Lexington District 5</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Keenan High School</td>
<td>Richland District 1</td>
<td>30</td>
<td>73</td>
</tr>
<tr>
<td>Lakeview Education Center</td>
<td>Lexington District 2</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Liberty High School</td>
<td>Pickens School District</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Lower Richland High School</td>
<td>Richland District 1</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Richland Northeast High School</td>
<td>Richland District 2</td>
<td>20</td>
<td>24</td>
</tr>
</tbody>
</table>

**Total Number of Participants:** 168 336

## Organizations Participating in Teen Talk Sessions

<table>
<thead>
<tr>
<th>Organization</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ben Arnold Park</td>
<td>25</td>
</tr>
<tr>
<td>Big Brother/Big Sister of Fairfield County</td>
<td>22</td>
</tr>
<tr>
<td>Clemson University Summer Science Camp</td>
<td>108</td>
</tr>
<tr>
<td>Eastover Park</td>
<td>17</td>
</tr>
<tr>
<td>Gethsemaine Association</td>
<td>30</td>
</tr>
<tr>
<td>Hopkins Park</td>
<td>25</td>
</tr>
<tr>
<td>Meadowlake Park</td>
<td>10</td>
</tr>
<tr>
<td>Mount Nebo Baptist Church</td>
<td>16</td>
</tr>
<tr>
<td>Village of Hope</td>
<td>15</td>
</tr>
<tr>
<td>YWCA</td>
<td>34</td>
</tr>
</tbody>
</table>

**Total Number of Participants:** 302
B. Teen Health Information Line

The Teen Health Information Line provides automated information on teen-related topics. Teens may access this line statewide. The following graph depicts the number of teen line calls per month. Beginning January 2003, Palmetto Health’s Teen Health Initiative will move to a teen web site. The site will primarily feature teen health-related topics as well as an ask-an-expert forum.
C. Teen Talk Newsletters

Each month Palmetto Health publishes a newsletter with information that benefits teens. Approximately 3,500 newsletters are distributed to teens in Richland, Lexington and Pickens counties.

D. Zero Teen Pregnancy Grants

In 1999, Palmetto Health launched a major teen pregnancy prevention project. A request for proposal was sent out to more than 400 organizations encouraging them to apply for a $100,000 grant. A committee executed the selection process with representatives from the following organizations:

- SC Department of Health and Environmental Control
- SC Department of Health and Human Services
- SC Prevent Teen Pregnancy
- Richland County School District Two
- Maternal and Child Health Consultant

In December 2000, Palmetto Health announced two major Teen Pregnancy Prevention grant awards. Two $100,000 grants were awarded. The Columbia Urban League and Benedict College were awarded $100,000 for their Teen Power program. The goal of this grant is to significantly reduce teen pregnancy in the 29204 zip code area of Richland County (Attachment A). The Eau Claire Youth Health Initiative also was awarded $100,000 to reduce teen pregnancy in the 29203 area of Richland County. This project is a collaborative effort between Eau Claire High School and Eau Claire Community Council (Attachment B).

In November 2001, Dr. Suzan Boyd (USC School of Public Health) and Dr. Mary Prince were contracted to evaluate the progress of the projects. A full report was provided to Palmetto Health (Attachment C).

VI. MATERNAL CHILD HEALTH OUTCOMES AND GOALS

A. Program Outcomes

As of September 30, 2002, there were 967 participants registered with the Maternal and Child Health program. Social work case management and resource mother services were provided to 305 participants. The remaining 662 participants received follow-up services including childbirth classes, referral services and transportation services as needed.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of mothers and infants</td>
<td>967</td>
</tr>
<tr>
<td>registered in the program for</td>
<td></td>
</tr>
<tr>
<td>FY 2002</td>
<td></td>
</tr>
<tr>
<td>Number of pregnant women/teens</td>
<td>305</td>
</tr>
<tr>
<td>receiving case management</td>
<td></td>
</tr>
<tr>
<td>services</td>
<td></td>
</tr>
<tr>
<td>Percentage of mothers</td>
<td></td>
</tr>
<tr>
<td>receiving adequate prenatal</td>
<td></td>
</tr>
<tr>
<td>care</td>
<td></td>
</tr>
<tr>
<td>during pregnancy</td>
<td>67.2%</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Number of infants receiving case management services</td>
<td>234</td>
</tr>
<tr>
<td>Percentage of early periodonic screening diagnostic test compliance among Maternal and Child Health enrollees</td>
<td>90.2%</td>
</tr>
<tr>
<td>Percentage of enrolled infants with a medical home</td>
<td>100%</td>
</tr>
<tr>
<td>Number of pregnancy tests performed</td>
<td>1,200</td>
</tr>
<tr>
<td>Number of women seen in the OB Clinic–Palmetto Health Richland</td>
<td>2,310</td>
</tr>
<tr>
<td>Number of teens seen in the Teen Clinic– Palmetto Health Richland</td>
<td>1,182</td>
</tr>
<tr>
<td>Number of appointments made at the OB Clinic– Palmetto Health Richland</td>
<td>8,500</td>
</tr>
<tr>
<td>Percentage of appointments kept at the OB Clinic – Palmetto Health Richland</td>
<td>45%</td>
</tr>
</tbody>
</table>

B. Program Goals

- Continue collaborative relationship with Palmetto Healthy Start Program
- Award 15 $1,000 Teen Pregnancy Prevention Grants to faith-based organizations in Richland, Lexington and Pickens Counties
- Continue to expand Teen Talk program to area high schools, middle schools and community organization.
- Develop a comprehensive program to increase peer mentoring among teens
- Develop a teen website to address teen topics
EXECUTIVE SUMMARY

In fiscal year 2002, Palmetto Health Community Services’ Vision Initiative program embarked on what has turned out to be a very compelling year. The program sought to expand services to the increasing vision health needs of the low-income uninsured children of Richland County. The initiative vowed some years ago to provide services to 20 percent of the low income uninsured children of Richland County.

The program’s goals and objectives include strengthening the many relationships developed throughout the community. These relationships help to increase the referrals of patients into the program. The program increased patient show rates from 63 percent in fiscal year 2001 to 89 percent for the fiscal year 2002. The number of patients examined was 176.

The initiative also increased annual exam visits. Twenty percent of patients in 2001 were return patients seen for an annual exam; whereas in 2002, 35 percent of patients were return annual exams patients. The program was able to reach this goal several ways. First, we worked very closely with the school nurses to monitor the rate in which the child was seen by the schools nurses for their preliminary vision screening and monitored the rate in which they are referred to our initiative for follow-up. We found more than 5,000 children in Richland County were in need of vision screenings during 2001 school year. As these numbers relate to the vision program, we have only seen a fraction of the children – about three to five percent. Secondly, we developed a plan to appeal to more individuals in the county’s outlying and rural areas. We also participated in many more community and health fair events.

The following table charts the progress of the Vision Initiative:

<table>
<thead>
<tr>
<th>Overall Population</th>
<th>Target Population</th>
<th>7-Year Goal</th>
<th>All Fiscal Years</th>
<th>FY 2001</th>
<th>FY 2002</th>
<th>FY 2003 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richland County</td>
<td>Children ages 5-18</td>
<td>20% (1,346)</td>
<td>599</td>
<td>136</td>
<td>176</td>
<td>375</td>
</tr>
<tr>
<td>children ages 5-18</td>
<td>at or below 200%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>of poverty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>without health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>insurance = 6,728</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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II. Program Infrastructure
III. Program Outcomes
IV. Highlights and Successes
V. Fiscal Year 2003 Goals and Objectives
I. VISION HEALTH FOR CHILDREN

Palmetto Health’s Vision Initiative focuses on the immediate need to improve on the vision health of the children in Richland County. The initiative teaches both parent and child the importance of proper eye care. Proper eyecare means regular eye examinations. Regular eye examinations allow a child’s eye care doctor to detect and treat any visual problems at the earliest possible opportunity.

Many studies by the American Optometric Association (AOA) show that early detection of vision problems greatly increases the chances of successful rehabilitation. Vision correction is most effective if caught at an early stage. As with adults, children’s eyes should be examined every two years – or more frequently if there is an eye or vision problem or a family history of eye disease. School children use their eyes more frequently than adults to read and perform other school activities, so it’s extremely critical for them to have regular eye exams.

Parents and teachers often have difficulty recognizing some vision problems in children because young children don’t necessarily know how or what they’re suppose to be seeing. Therefore, it’s unlikely they will clearly describe vision problems. A child who has never known normal vision or depth perception doesn’t know what he or she is missing. Testing of eyes by the school nurse will only give a preliminary screening of your child’s visual ability. Also, it is important to remember that an eye screening typically offered at school only test distance. Screenings will not detect all vision problems. A child can have problems with far-sightedness, eye coordination and focusing and still have 20/20 distance vision.

All children should have their eyes examined by a trained eye care professional such as an optometrist or an ophthalmologist, preferably trained in pediatric eye care. Professionally trained eye care professionals can offer more insight about your child’s visual needs than a regular pediatrician can.

Studies performed by America’s Healthy Children 2000, US Department of Health and Human Services and the National Eye Institute (NEI), inform us that more than 12.1 million school-age children, or one in four children, have some form of vision impairment or low vision. Most of these problems can be easily corrected, but parents must be aware and followup when necessary.

The Vision Initiative focuses on some of the same concerns as the NEI, Healthy People 2010/Vision and the US Department of Health and Human Services. The above organizations focus on educating parents and the community on the importance of vision health and its impact on child development. Palmetto Health’s Vision Initiative also focuses on the notion that early intervention methods such as following the recommended schedule for vision exams for children leads to prevention of childhood developmental problems later in life.

Most American children get their first full vision examination when they start school and are old enough to read an eye chart. Sadly, that is usually too late for effective treatment for many serious eye disorders. The sooner a problem is detected, the easier it is to treat – or even cure. Early detection of vision problems is critical, since as much as 80 percent of all learning in a child’s first 12 years is obtained through vision. It is strongly urged that parents include an appointment for their child’s vision exams on their back-to-school checklist annually. This practice helps parents to develop a regiment toward eye care for their child.

Palmetto Health’s Vision Initiative believes that educating parents, children and the community about vision care dispels myths about vision. By giving parents a chance to ask questions at the time
of their child’s exam, they are educated about why their child may or may not need glasses and how to observe their child for signs of potential vision problems. Examples of potential vision problems are listed below:

**Behavior:**

- Any tendency to squint, move very close to the TV or computer or hold books too close to the face (around 14-15 inches is normal; 10-12 inches may indicate cause for concern)
- Closes or covers one eye, favoring the other eye
- Rubs eyes excessively
- Blinks more than usual
- Use of fingers to trace lines in a book
- Short attention span while reading
- Murmuring or silent moving of lips while reading
- Homework takes hours and hours when it shouldn’t
- Good in subjects such as math or science but not in subjects that require a large amount of reading such history or English
- Seems to read well but has spotty understanding; whereas if material is read aloud child has excellent recall

**Appearance:**

- Crossed eyes
- Red-rimmed eyelids
- Inflamed eyes or crustover
- Recurring eye infections
- Watery eyes

**Complaints:**

- Eyes itch or burn
- Dizziness, headaches or nausea after working close-up
- Blurry vision, either close or far away
• Difficulty switching focus from far to near

• Frustrated and mad when trying to read or do homework

While all children should receive routine eye exams, children at higher risk for eye problems include those who:

• Were born prematurely

• Have a family history of eye problems such as childhood cataract, amblyopia (lazy eye), misaligned eyes or eye tumors

• Have parents with health problems such as diabetes

• Have had eye injuries (complications of eye injuries may not appear until later, such as glaucoma or cataracts)

• Large amounts of time spent in smoke or chemically-filled areas

Despite evidence that good vision helps children learn effectively, a nationwide survey reveals that twice as many parents consider a dental exam (20 percent) as the number one annual priority for their child as opposed to an annual eye exam (9 percent). Interestingly, having their children’s eyes examined is only slightly ahead of back-to-school shopping (7 percent) as a priority for parents.

The vision initiative also educates parents and children about eye safety, nutrition and general health effects on vision health. The NEI and Healthy People 2010/Vision as well as our vision health initiative also focuses on disparities to children’s vision health. The disparities to a child’s vision health include low-income households, uninsured households, education and language barriers and access to vision facilities.

Children need to feel well, see well, and hear well in order to do well in school. Yet uninsured, low-income, rural, urban, and minority children are far less likely to receive medical, visual and dental care when they need it. These children are:

• More than four times as likely to have unmet medical needs;

• Three times as likely to have an unmet dental needs;

• More than three times as likely to go without prescription medication, and;

• Almost twice as likely to have an unmet need for vision care.

The Vision Initiative’s focus on rehabilitation ranges from teaching parents to help their children care for their glasses, to using the corrective measures to get children to see better. All of these issues were addressed by the Vision Initiative in FY 2002 to improve the vision health of children in Richland County. When offering free vision health services in the communities and throughout the county, the Vision Initiative helps ensure that every child it serves has equal access to vision care and a successful passage to adulthood.
II. PROGRAM INFRASTRUCTURE

The Vision Initiative is a community-based vision exam program for children. School-age children are examined in the Columbia Housing Authority Health Centers in Latimer Manor and Gonzales Gardens and in the community centers of Saxon Homes (Cecil Tillis Building), Eastover (Lower Richland Family Life Center or Eastover Recreation Center) and Archie Drive (Northeast).

Richland School District One, Two and Lexington/Richland School District Five nurses refer most of the children examined in the program. Other referrals come from parents/relatives, physician’s offices and child welfare agencies. These students have participated in vision screenings and need further follow-up with an optometrist. A volunteer licensed optometrist performs a free comprehensive eye exam for participants of the vision program. If glasses are required, the students may receive up to two pairs per year. Students are re-examined after one year or earlier if the optometrist deems it necessary.

Once the Ophthalmic Lab has filled each child’s prescription, each pair of eyeglasses is dispensed and delivered by the staff vision advocate to the school nurses for fitting. The vision advocate also maintains patient records, educates the community about the vision program, handles programmatic processes, assists with examinations and assists the optometrist in educating parents about good vision health for their children. The program also funds replacement glasses for students with Medicaid.

III. OUTCOMES

The Vision Initiative saw an increase in its client base as compared to FY 2001. A total of 307 children were scheduled for appointments and 275 kept their appointment an 89 percent show rate. Of those who kept their appointment, 176 patients were examined. Of those examined, 129 (73 percent) needed glasses. In addition, 86 of the children who had either lost or broken their glasses received replacements. More than 80 percent of the children were from Richland School District One, 15 percent came from Richland School District Two and the other 5 percent were from Lexington/Richland District 5. Thirty-five percent of the patients examined were repeat patients.
FY 2002 was a year of improvements, enhancement and development for the Vision Initiative. The Vision Initiative also had successes. In 2002, there was an increase in recurrent clients for annual vision exams, and show rates improved dramatically. One parent not only brought her children back for their annual vision exam, she also recommended her niece who had never had a vision exam. We monitored many individuals and their problems. The physician and staff vision advocate continued its promise to educate the children as well as parents about their eye exam visit.

Through careful research and monitoring, we realize that we have had a family of participants who have received services from our program since the beginning of the program’s existence. These particular participants have returned for every annual examination. The participants and the program have grown and developed together, helping each other meet our goals. Many of the participants seen through our program have already started exhibiting an overwhelming improvement in behavior as well as an improvement in grades and self-confidence. In addition, all of our participants are from low-income households, which is a significant deterrent in many ways. Many of the families are uninsured and have limited access to a vision exam facility. The initiative has implemented a plan to improve and ensure that all past and present participants receive timely notices of annual and all other appointments, thus propelling both the program and the patient to a higher standard.

The Vision Initiative also saw a 40 percent increase in the number of replacement glasses provided to children who either lost or broke their glasses (including Medicaid replacements). The program also
saw an increase of 75 percent in appointment calls. The appointment calls are received through the hospital’s call center, CareCall. CareCall tracks the number of vision appointment inquiries and the avenues in which they derive. The data provided by CareCall revealed the following: 85 percent of the participants learned about the vision initiative’s services through school nurse referrals; 10 percent learned through parent/guardian referrals; the other five percent learned about our services through flyers and word of mouth from people in the community.

V. FY 2003 GOALS

In FY 2003, our goal is to examine 375 children. We also plan to expand our services to include more of Richland County, increase the number of organizations with which we collaborate and promote the program through print media and the radio.

We also plan to obtain one new clinic site and partner with the Wal-Mart Vision Centers to provide comprehensive eye exams. Program expansion is a priority this fiscal year. In addition to partnering with the Wal-Mart Vision Centers, we hope to hire an optometrist and expand our efforts in the Lower Richland area.
A. Satisfaction Survey Data
Patient Satisfaction

Patient satisfaction surveys were mailed to screening participants along with their test results; a postage paid envelope was included for the patient to return the satisfaction survey. One hundred twelve patients returned the satisfaction survey. Answers to the survey questions are below:

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage of Respondents Answered True</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will tell my friends and family about this screening.</td>
<td>100%</td>
</tr>
<tr>
<td>I was treated with respect.</td>
<td>100%</td>
</tr>
<tr>
<td>The facility was clean.</td>
<td>100%</td>
</tr>
<tr>
<td>My questions about the screening were answered.</td>
<td>100%</td>
</tr>
<tr>
<td>I spent too much time waiting to be screened.</td>
<td>100%</td>
</tr>
<tr>
<td>The staff was friendly.</td>
<td>100%</td>
</tr>
<tr>
<td>The people who did the screenings knew what they were doing.</td>
<td>100%</td>
</tr>
<tr>
<td>It was easy for me to reach someone about the screening.</td>
<td>100%</td>
</tr>
<tr>
<td>I would attend another event held by this organization.</td>
<td>100%</td>
</tr>
<tr>
<td>I received my glasses in a timely manner.</td>
<td>100%</td>
</tr>
</tbody>
</table>
COMMUNITY PARTNERSHIP INITIATIVES FY 2002

INITIATIVES DESIGNED TO ENHANCE COMMUNITY HEALTH

FREE HEALTH SCREENINGS

Mammograms, Prostate Blood Tests
Pap Smears, Diabetes and More

296-2273
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<th>Section</th>
<th>Program/Initiative</th>
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<td>II.</td>
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<td>III.</td>
<td>Women’s Shelter HIV/AIDS Dental Program</td>
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<td>University of South Carolina Master’s Degree in Health Administration Scholarship</td>
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<td>V.</td>
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<td>Palmetto Health Richland Compassionate Care Prescription Program</td>
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<td>IX.</td>
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<td>X.</td>
<td>Pickens County Free Medical Clinic</td>
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<td>XI.</td>
<td>Family Connection of South Carolina</td>
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<tr>
<td>XII.</td>
<td>Richland Community Healthcare Association</td>
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</tbody>
</table>
COMMUNITY PARTNERSHIP INITIATIVES FY 2002
INITIATIVES DESIGNED TO ENHANCE COMMUNITY HEALTH

I. BACKGROUND

In the spirit of collaboration, Palmetto Health has funded several outstanding existing community initiatives designed to improve community health. The initiatives that are selected for funding are approved by the Community Outreach Advisory Task Force, Community Health Committee and Palmetto Health Board. The following pages provide information and outcomes for Community Partnership Initiatives funded with COPA dollars.

HEALTHY PEOPLE 2010 OBJECTIVES

The Healthy People 2010 Objectives will be used to influence funding decisions. All initiatives must address Healthy People 2010 Objectives and seek to improve health status based on those objectives. Community Partnership Initiatives will target the following Healthy People 2010 objectives:

ACCESS TO QUALITY HEALTH SERVICES

Healthy People 2010 Goal: Improve access to comprehensive, high-quality health care services.

EDUCATIONAL AND COMMUNITY-BASED PROGRAMS

Healthy People 2010 Goal: Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.

ORAL HEALTH

Healthy People 2010 Goal: Prevent and control oral diseases and conditions and improve access to related services.

PUBLIC HEALTH INFRASTRUCTURE

Healthy People 2010 Goal: Ensure that health agencies have the infrastructure to provide essential public health services effectively.

VISION

Healthy People 2010 Goal: Improve visual health through prevention, early detection and treatment.
II. FAMILY SERVICE CENTER MEDICAID DENTAL PROGRAM

A partnership with Family Service Center provides dental services to Medicaid-eligible and ineligible children at the Children’s Dental Clinic. These children often have difficulties finding a dentist who will accept new Medicaid patients. A part-time dentist spends two days per week at the clinic addressing the dental needs of children. Children receive services including cleanings, X-rays, sealants, fluoride and fillings. This program was designed by a team of professionals, including dentists, from Family Service Center, DHEC, the Women’s Shelter and Palmetto Health. Palmetto Health provided funding to the Family Service Center in the amount of $120,000.

The program provided services to 855 Medicaid eligible children in Richland County. Of those appointments kept, 376 were for new patients.

A partnership with Family Service Center also provides dental services to uninsured or underinsured adults once a week at the Children’s Dental Clinic. A part-time dentist spends one day per week at the clinic addressing the dental needs of adults. The adult program is one of the first of its kind in the county. Restorative care is the focus for many of the adult participants. Preventive care, tooth extractions, partial dentures and emergency treatment also are provided. This program was designed by a team of professionals, including dentists, from Family Service Center, DHEC, the Women’s Shelter and Palmetto Health. Some of the funds given to Family Service Center for the Children’s Program were allocated for adult care.

The number of adults receiving services such as fillings, cleanings, tooth extractions, partial dentures and emergency treatment totaled 737. Appointments for new patients totaled 328.

The Family Service Center Dental Clinic has provided services to a total of 1,592 patients. All services are provided to patients at no cost.

<table>
<thead>
<tr>
<th></th>
<th>FY 2001</th>
<th>FY 2002</th>
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</thead>
<tbody>
<tr>
<td>Medicaid Children Served</td>
<td>918</td>
<td>855</td>
</tr>
<tr>
<td>Low-income Medicaid Eligible Adults Served</td>
<td>608</td>
<td>737</td>
</tr>
</tbody>
</table>
III. THE WOMEN’S SHELTER HIV/AIDS DENTAL PROGRAM

A partnership with the Women’s Shelter provided funds in the amount of $100,000 for dental services for HIV/AIDS patients at the Women's Shelter Oral Health Clinic. Patients served by this program cannot afford to access dental care. This program is unique in South Carolina and provides HIV/AIDS patients with a source of dental care. This program was designed by a team of professionals, including dentists, from Family Service Center, DHEC, the Women's Shelter and Palmetto Health.

Patients receive preventive and restorative care from a staff of professionals including a dentist, dental assistant and dental hygienist. All services are free of charge to the patient.

The total number of patients seen in FY 2002 was 208 for a combined total of 762 appointments. The Women's Shelter Oral Health Clinic performed 194 dental procedures on men and women ranging in age from 20 to 54. All patients were from Richland County and 461 (60 percent) of the patient visits were made by men. Of the 762 patient visits, 656 (86 percent) were made by African-Americans.

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<thead>
<tr>
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<th>FY 2001</th>
<th>FY 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS Adults Served</td>
<td>726</td>
<td>762</td>
</tr>
</tbody>
</table>
IV. UNIVERSITY OF SOUTH CAROLINA SCHOLARSHIP

The Palmetto Health Scholarship is awarded to outstanding minority students who wish to obtain master’s degrees in Health Administration. The award has been provided in order to increase minority involvement in the health administration field in accordance with section 5.4 of the COPA document. Students are selected based on academic and personal leadership criteria. The students are chosen by a planning committee comprised of the following people:

- Dr. Harris Pastides, Dean of the School of Public Health, University of South Carolina
- Dr. Saundra Glover, University of South Carolina
- Dr. Lonnie Randolph, Community Outreach Advisory Task Force
- Vince Ford, Senior Vice President for Community Services Palmetto Health
- Tiffany Sullivan, Director of COPA Programs, Palmetto Health

To date, nine students have received the Palmetto Health scholarship award. Eight students have received MHA degrees and one student is in the second year of the MHA program. All of the students have been placed within Palmetto Health departments as graduate assistants to experience in the hospital environment. The students provide constant feedback on their assistantships via monthly reports. To date, three students have received permanent employment with Palmetto Health.
V. PARISH NURSE PROGRAM

Palmetto Health continues to fund the Parish Nurse Program in the amount of $50,000. These funds are used to pay the salary for a parish nurse who works with the elderly in Columbia Housing Authority sites. Funds from the previous fiscal year were used for salary for a parish nurse who works with the homeless population in Richland County. Columbia Housing Authority and St. Peters Catholic Church match the funds for the parish nurses. Residents who receive little or no care will benefit from the services provided by the parish nurse.

Elderly residents within Columbia Senior Housing receive services such as home visits, screening and monitoring for blood pressure or diabetes, health histories, flu shots and help with Lifeline and Silver Card applications as well as monitoring of chronic illnesses. A total of 950 elderly patients and 35 employees received services through the parish nurse stationed within the City of Columbia Senior Housing sites in FY 2002. The patients were all senior citizens and the majority were African-American.

Patients at the Oliver Gospel Mission and The Salvation Army received services such as blood pressure screening and monitoring, counseling, primary care and social work referrals, and health education. A total of 1,232 homeless men and women received services through the Parish Nurse in FY 2002. The patient population was heavily male and African-American.

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<thead>
<tr>
<th></th>
<th>FY 2001</th>
<th>FY 2002</th>
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<tbody>
<tr>
<td>Elderly Patients Served</td>
<td>579</td>
<td>950</td>
</tr>
<tr>
<td>Homeless Patients Served</td>
<td>1457</td>
<td>1232</td>
</tr>
</tbody>
</table>
VI. PALMETTO HEALTH RICHLAND COMPASSIONATE CARE PRESCRIPTION PROGRAM

This program provides charity care to uninsured or underinsured patients who qualify for the South Carolina Medically Indigent Assistance Program (MIAP) and whose gross annual family income is below 200 percent of the Federal Poverty Guidelines. Patients eligible for this program may receive formulary medications from the Palmetto Health Richland Pharmacy. Eligible patients’ prescriptions are filled at no charge when free medication is available. If free medication is not available, the prescription is filled from the pharmacy’s inventory and the patient is requested to pay 10 percent of the price of the prescription, with an $8 minimum payment per prescription. Palmetto Health funded this program in the amount of $450,000.

A total of 49,701 prescriptions were filled for patients in FY 2002. Of these prescriptions, 12,101 (24 percent) were filled by pharmaceutical company-sponsored programs.

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<th>FY 2001</th>
<th>FY 2002</th>
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<tbody>
<tr>
<td>Prescriptions Filled</td>
<td>47,082</td>
<td>49,701</td>
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</table>
Palmetto Health Baptist has built a positive relationship with the Columbia Housing Authority through a community health improvement initiative, which began in 1994. Since then, the initiative has grown to include the delivery of health care services in Gonzales Garden and Oak Read communities. COPA funds were allocated to provide similar health centers in Hendley Homes (now closed) and Latimer Manor. Currently, COPA funds are utilized to support all of the Health Centers. These centers provide medical homes for the residents in the community. Specific services provided in the health centers include, but are not limited to:

- Full service clinical services by a family nurse practitioner medically precepted by a physician
- Clinical nurse specialist
- Registered nurse educator services
- Medical social worker services
- Case management
- Counseling and support groups
- Support from in-hospital departments to meet patient’s needs.

A total of 4,098 patients were seen in the housing authority clinics. Of these patients, 2,468 had no mechanism for payment. In addition, 1,553 received medication through the centers.
Richland Care received $50,000 in COPA funds to implement a coordinated health care delivery system to improve access, continuity of care and health status of low-income, uninsured residents of Richland County. This program enables Richland County health and social service providers, consumers and public officials to plan, develop and implement a health care delivery system for uninsured persons. Richland Care hopes to improve access to care and health outcomes for uninsured residents in Richland County by providing linking participants to a primary medical home, access to inpatient hospital and subspecialty care and pharmaceutical services with referrals to mental health and substance abuse services when needed.

In FY 2002, 2,700 patients were enrolled in Richland Care, 2,352 (87 percent) of those enrollees were active. Patients’ ages ranged from one to 85.

In addition to linking patients with health care services, Richland Care provides a Healthwise Handbook® to each enrollee and provides a Nursewise call line for patients.

<table>
<thead>
<tr>
<th></th>
<th>FY 2001</th>
<th>FY 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richland Care Enrollment</td>
<td>271</td>
<td>2700</td>
</tr>
</tbody>
</table>
Palmetto Health has formed a partnership with the Partners Health Initiative (PHI) in Pickens County to distribute the Healthwise® health information book to low-income residents of Pickens County and to provide partial funding for the Nursewise® health information telephone access line. Often, patients visit the emergency room when there is no true emergency. The Healthwise® book provides health and injury information and educates consumers about when it is appropriate to go to the emergency room. County residents also can call the Nursewise® telephone line to ask questions regarding illness and injury. A Partners Health Initiative report shows that $21 million was saved in 18 months through reductions in unnecessary doctor and ER visits. Of those surveyed, 23 percent saved an unnecessary visit to the doctor, 13 percent saved an unnecessary visit to the ER and 16 percent of sponsoring organization employees said they saved a sick day from work. The Nursewise telephone line received 8,834 calls from Pickens County and 680 Healthwise Handbooks were distributed in Pickens County.

The Partners Health Initiative received $53,746 to support this project in FY 2002.

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<thead>
<tr>
<th></th>
<th>FY 2001</th>
<th>FY 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls to Nursewise Line</td>
<td>8157</td>
<td>8834</td>
</tr>
<tr>
<td>Handbooks Distributed</td>
<td>2276</td>
<td>680</td>
</tr>
</tbody>
</table>
X. PICKENS COUNTY FREE MEDICAL CLINIC

Funding was provided to the Pickens County Free Medical Clinic to hire additional staff for expansion and to purchase pharmaceuticals and other supplies for the clinic. The clinic received $125,000 from Palmetto Health.

The Pickens County Free Medical Clinic serves indigent, uninsured individuals in Pickens County. Services include pharmacy, primary care and gynecology. The physician treated 1,330 patients in FY 2002 and 13,180 prescriptions were filled in the pharmacy.

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<thead>
<tr>
<th></th>
<th>FY 2001</th>
<th>FY 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients Encounters</td>
<td>1690</td>
<td>1330</td>
</tr>
<tr>
<td>Prescriptions Filled</td>
<td>10,457</td>
<td>13,180</td>
</tr>
</tbody>
</table>
Family Connection of South Carolina has received $10,000 from Palmetto Health for the expansion of Project Breathe Easy. Project Breathe Easy is an asthma education program for parents of asthmatic children. Parents may also receive physician and social services referrals. Parents and other family members are educated regarding asthma and the steps that can be taken to prevent serious asthma attacks. Project Breathe Easy serves Richland and Lexington Counties.

During the course of the program, there has been a reduction in asthma-related ER visits. Caregivers have missed less work, and the families have reduced their overall medical costs by utilizing their primary medical home for non-emergent care instead of the emergency room.

In FY 2002, 146 parents actively participated in the program. Case managers conducted 122 home visits and made 986 telephone contacts.

<table>
<thead>
<tr>
<th></th>
<th>FY 2001</th>
<th>FY 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled</td>
<td>67</td>
<td>146</td>
</tr>
<tr>
<td>Home Visits</td>
<td>294</td>
<td>122</td>
</tr>
<tr>
<td>Telephone Contacts</td>
<td>982</td>
<td>986</td>
</tr>
</tbody>
</table>
XII. RICHLAND COMMUNITY HEALTH CARE ASSOCIATION

Richland Community Health Care Association (RCHCA) provides primary care services to low-income, uninsured and underinsured patients in the community. RCHCA operates three primary care health centers located in Columbia, Eastover and Winnsboro. Palmetto Health provided $200,000 to Richland Community Health Care Association to assist with this endeavor.

In FY 2002, a total of 23,775 appointments were kept at the health centers. Patients are seen for conditions such as alcohol and drug dependence, gynecological conditions, asthma, diabetes and many more.

<table>
<thead>
<tr>
<th></th>
<th>FY 2001</th>
<th>FY 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Encounters</td>
<td>25,503</td>
<td>23,775</td>
</tr>
</tbody>
</table>
APPENDICES

A. Teen Power Grant

B. Eau Claire Youth Health Initiative

C. Zero Teen Pregnancy Grants

D. Family Service Center Medicaid Dental Program

E. The Women’s Shelter HIV/AIDS Dental Program

F. The University of South Carolina Scholarships

G. Parish Nurse Program

H. Palmetto Health Compassionate Care Prescription Program

I. Community Health Improvement Health Centers

J. Richland Care

K. Partners Health Initiative

L. Pickens County Free Medical Clinic

M. Family Connection of South Carolina

N. Richland Community Health Care Association