



South Carolina Maternal and Child Health

Planning and Partnership Resource Guide

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How to Use This Guide

This [South Carolina Maternal and Child Health Planning and Partnership Resource Guide](#), as developed through the Healthy Mothers, Healthy Babies Assessment, serves as a guide for collaboration and resource sharing by providing key information on partners, activities, and resources among maternal and child health stakeholders across South Carolina.

This [South Carolina Maternal and Child Health Planning and Partnership Resource Guide](#) is organized according to the original Healthy Mothers, Healthy Babies framework of recommendations and strategies. The Five Major Recommendations are as follows:

- A. Improve Access to Systems of Care for Women Before, During and After Pregnancy
- B. Promote Use of Evidence-Based Patient Practices by Health Care Providers and Families
- C. Promote Health Across the Lifespan
- D. Develop Data Systems to Understand and Inform Efforts
- E. Eliminate Disparities and Promote Health Equity

There are three main sources of information in this [South Carolina Maternal and Child Health Planning and Partnership Resource Guide](#) to provide guidance for readers:

1. Within Recommendations A–C, each strategy includes a combination of objectives and reference measures, progress or background, brief description of key partners, accomplishments, and promising practices (as appropriate). This structure provides not only a common goal for partners to work towards, but also insight regarding the leading agencies and organizations that work within each of the original Healthy Mothers, Healthy Babies Recommendations.
2. Recommendations D and E are designed to be embedded within the planning and delivery of all MCH programs and services. Therefore, instead of identifying particular elements as above, these recommendations are discussed in a narrative format identifying 1) Current Activities/ Status, 2) Accomplishments and Strengths, and 3) Future Considerations and Opportunities for Improvement.
3. The [Maternal and Child Health Regional Resource Inventory](#) captures many of the services and programs included in this assessment according to the four South Carolina regions and 46 counties to provide additional support for local collaborations. Note this this inventory is not exhaustive and partners wishing to be included in updated versions of this listing should contact the South Carolina Department of Health and Environmental Control (DHEC) Maternal and Child Health (MCH) Bureau.

Readers may use the [Index of Recommendations and Strategies](#) to further identify the range of partners and activities within each Healthy Mothers, Healthy Babies recommendation and strategy. Readers may use the [Index of Key Partners](#) to explore and enhance their understanding of each particular key partner included in this resource guide. Readers may also use the [List of Abbreviations Used](#) to enhance clarity and understanding.

This version of the [South Carolina Maternal and Child Health Planning and Partnership Resource Guide](#) has interactive links for ease of reading. Readers can click on recommendation or strategy

titles throughout the document to be directed to that particular section. Readers can click also on a key partner or promising practice listed in the [Index of Recommendations and Strategies](#) and be directed to that particular section. Within the [Index of Key Partners](#), readers can also click on the agency or organization name to be directed to the organization's external website.

This [South Carolina Maternal and Child Health Planning and Partnership Resource Guide](#) provides a framework and inventory of potential partners and ongoing activities to improve the health and wellbeing of MCH populations in the state. Partners are encouraged to communicate and explore potential collaboration opportunities. Partners and activities included in this resource guide are not comprehensive and do not represent all MCH services or infant mortality prevention efforts across the state. Additional partners are welcome to contact the S.C. Department of Health and Environmental Control maternal and child health bureau for inclusion in future versions of this assessment.

Acknowledgements

The Healthy Mothers, Healthy Babies Assessment could not have been completed without the contributions of many professionals dedicated to improving the health and wellbeing of South Carolina families. Special thanks to Amanda Terminello, MPH, for meeting with stakeholders and coordinating this assessment. Special thanks also go to Michael G. Smith, DrPH, Blossmeli Leon, MPH, Vinita Leedom, MPH, CIC, and Beth DeSantis, RN, MSN, WHNP, from the South Carolina Department of Health and Environmental Control Maternal and Child Health Bureau for their support.

We also want to thank all of our partners in maternal and child health who agreed to speak with us and provided input to this assessment, including (in alphabetical order):

- Children's Trust of South Carolina
- Choose Well
- Family Connection
- Family Solutions of the Low Country
- Greenville Health Systems
- Greenwood Genetic Center
- March of Dimes, South Carolina Chapter
- Mothers' Milk Bank of South Carolina
- New Morning Foundation
- National Association of Social Workers, South Carolina Chapter
- Nurse-Family Partnership
- PASOs
- Pendleton Place
- South Carolina Breastfeeding Coalition
- South Carolina Campaign to Prevent Teen Pregnancy
- South Carolina Center for Fathers and Families
- South Carolina Coalition Against Domestic Violence and Sexual Assault
- South Carolina Coalition for Healthy Families
- South Carolina Department of Health and Environmental Control
- South Carolina Department of Health and Human Services
- South Carolina First Steps
- South Carolina Head Start Collaboration Office
- South Carolina Institute of Medicine and Public Health
- South Carolina Office of Rural Health
- Tell Them
- United Way of the Midlands
- University of South Carolina Sexual Assault and Violence Intervention and Prevention

Background

[Healthy Mothers, Healthy Babies: South Carolina's Plan to Reduce Infant Mortality and Premature Births](#) was first released in October 2013. [The Healthy Mothers, Healthy Babies Plan](#) outlines the major causes of infant deaths in South Carolina (S.C.) and key priority areas and populations for the targeting of infant mortality prevention efforts. It provides recommendations in five major focus areas, comprised of a total of 34 strategies.

The overall goal of the [Healthy Mothers, Healthy Babies Plan](#) is to promote activities in line with these recommendations and strategies to reduce infant mortality and preterm birth in S.C. In an effort to assess progress toward this goal, the Healthy Mothers, Healthy Babies Assessment began in January 2015. Interviews were conducted with 65 representatives from 27 maternal and child health (MCH) service providers, public and private agencies, and community-based organizations across S.C. The primary purpose of the assessment was to identify current partners and activities, goals and progress, and highlight successes and areas for improvement for MCH services. The assessment hopes to gain and communicate a greater understanding of major partners and ongoing activities, as well as facilitate collaboration among stakeholders. The assessment allows decision makers to better understand strengths, challenges, and gaps in MCH services in S.C.

It is important to note that data collection occurred January - August 2015 and may not accurately represent current activities. Results and findings of the Healthy Mothers, Healthy Babies Assessment are not comprehensive and do not include all activities or partners working in the area of MCH promotion or infant mortality reduction across the state. Partners working in these areas are welcome to contact the S.C. Department of Health and Environmental Control MCH Bureau for inclusion in future version of this assessment.

The Healthy Mothers, Healthy Babies Assessment is intended for use by public health, healthcare, and community decision makers in South Carolina. Findings and recommendations for future action from this assessment can be used to provide recognition and support for outstanding programs and activities, improve programmatic reach and impact on target communities, improve quality of existing services and programs, and provide support for innovative efforts. For more information on the Healthy Mothers, Healthy Babies Assessment, see the [Healthy Mothers, Healthy Babies Assessment Report](#).



Recommendation A: Improve Access to Systems of Care for Women Before, During, and After Pregnancy

A-1: Ensure that all pregnant women and high-risk infants have access to the appropriate level of care through a well-established regional perinatal system



Objective: By December 31, 2017, 90% of very low birth weight infants in S.C. will be delivered at facilities for high-risk deliveries and neonates.

S.C. Baseline (2013): 83.3%

Data Source: Vital Records

Healthy People 2020 Reference: Increase the proportion of very low birth weight infants born at Level III hospitals or subspecialty perinatal centers to 83.7% (MICH-33).



Key Partners:

Hospital designations are defined in regulation and are part of licensing standards in South Carolina. Payers allow for unbundled care reimbursement, which enhances ease of access to transport and provides benefits to hospitals at all risk levels.

DHEC provides systems support for the Regional Perinatal System through contracts with the five regional perinatal centers.

Title V, S.C. State dollars, and supplemental S.C. Medicaid funding provides support for the Regional Perinatal System.

The S.C. Perinatal Association and March of Dimes S.C. Chapter are advocates in support of the Regional Perinatal System.

Children's Trust of S.C., in concert with the four perinatal regions, has made a purposeful and strategic implementation of home visiting programs that are embedded within medical homes through the Healthy Steps and Nurse-Family Partnership models.

Promising Practice: National Infant Mortality Collaborative Improvement and Innovation Network (CollIN) S.C. Regional Perinatal System Work Group

Description: The Infant Mortality CollIN is a national learning collaborative with 14 states joining to share experiences in implementing and maintaining a perinatal regionalization system. Through this learning collaborative, S.C. is learning best practices, as well as being able to share success stories with other states.

Geographic Reach: Statewide.

Barriers/Challenges: Barriers faced include the process of updating hospital licensing regulations as quickly as national best practices change and hospital interest in expanding level of care. Anticipated challenges include aligning newly released maternal levels of care with existing neonatal levels of care in S.C.

Key Players: National Institute for Children’s Health Quality, DHEC, hospital representatives, obstetrician and neonatal physician representatives, and March of Dimes S.C. Chapter.

A-2: Streamline the Medicaid application process

Background: S.C. Department of Health and Human Services (S.C. DHHS), the State Medicaid Agency, is streamlining the Medicaid application process. S.C. DHHS implemented a system called “Express Lane Eligibility” in September 2012 in order to enroll children who are eligible for Medicaid but not enrolled, which has largely increased the coverage rate among children. At the conclusion of 2014, 105,091 children were currently enrolled through express lane eligibility. According to the Kids Count Report issued by the Annie E. Casey Foundation, from 2008 to 2012, the number of uninsured S.C. children under the age of 18 decreased by 34% from 134,000 (13% of the population) to 89,000 (8% of the population)¹. The S.C. Medicaid application was made available online in October 2013 to provide easier access and more timely processing. In November 2014, S.C. DHHS implemented a new system, Healthy Connections ACCESS, to be in compliance with the elements of the Affordable Care Act (ACA) regulations, including revised Medicaid eligibility and income requirements for applications and enrollment. S.C. DHHS has implemented several upgrades and made efforts to increase timeliness of eligibility determinations. There is also a telephone application process for customers who prefer to apply by phone, which may be especially helpful for clients with disabilities, low mobility, low literacy, or low technological capacity. It is important to note that eligibility is determined at point of approval and clients can be seen by their providers before they receive their membership card. However, there is some inconsistency regarding whether providers are willing to see patients without a Medicaid card in-hand. S.C. DHHS has reached out to providers to encourage them to see patients through their Medicaid ID numbers, even if they had not yet received their membership card. Objectives included below reflect an effort by S.C. DHHS to troubleshoot transition issues, streamline the Medicaid application process, and ensure timeliness of clients receiving their Medicaid card in-hand.



Objective: By December 2017, the average time from date application was submitted to card in-hand for all S.C. Medicaid clients will be 22 days or less.

S.C. Baselines:

Before ACA regulations (2012), average time from date application was submitted to card in hand was 25.17 days.

After ACA eligibility changes (2013), average time from date application was submitted to card in hand was 19.62 days.

During ACA-compliant system changes (2014), average time from date application was submitted to card in hand was 23.16 days.

Data Source: S.C. DHHS Records

¹) Kids Count Data Center, Children Without Health Insurance, <http://datacenter.kidscount.org/data/Tables/7249-children-without-health-insurance?loc=42&loct=2#detailed/2/42/false/868,867,133,38,35/any/14292>



Objective: By December 2017, the average time from date application was submitted to card in-hand for all pregnant S.C. Medicaid clients will be 9 days or less.

S.C. Baselines:

Before ACA regulations (2012), average time from date application was submitted to card in hand was 7.97 days.

After ACA eligibility changes (2013), average time from date application was submitted to card in hand was 9 days.

During ACA-compliant system changes (2014), average time from date application was submitted to card in hand was 9.66 days.

Data Source: S.C. DHHS Records



Objective: By December 2017, the average time from date application was submitted to card in-hand for all infant S.C. Medicaid clients will be 11 days or less.

S.C. Baselines:

Before ACA regulations (2012), average time from date application was submitted to card in hand was 10.90 days.

After ACA eligibility changes (2013), average time from date application was submitted to card in hand was 10.98 days.

During ACA-compliant system changes (2014), average time from date application was submitted to card in hand was 11.01 days.

Data Source: S.C. DHHS Records



Key Partners:

S.C. DHHS is the State Medicaid Agency and is responsible for managing the Medicaid application and enrollment process.

DHEC's Preventive Health, Client Services, and Women, Infants, and Children (WIC) Divisions are exploring ways to streamline the Medicaid application process through utilization of an online application system accessible through DHEC clinics.

Promising Practice: S.C. DHHS and S.C. Department of Social Services (S.C. DSS) "No Wrong Door" Pilot Project

Description: S.C. DHHS and S.C. DSS are working together to coordinate lobby operations and provide kiosks in co-located county offices to better assist applicants for Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Medicaid. For many applicants who are employed or are receiving unemployment benefits, the system is able to verify their income via electronic sources to help provide real-time eligibility decisions.

Geographic Reach: Pilot sites have initiated in Anderson and Greenville Counties, with Charleston and additional counties to follow.

Goals/Aims: The “No Wrong Door” initiative aims to streamline benefit application and enrollment processes by allowing clients to apply for multiple benefits in one point of entry. This partnership between S.C. DHHS and S.C. DSS increases clients’ access to public benefits and reduces missed opportunities for enrollment.

Progress: Currently, this initiative is in its infancy phase. Efforts are underway to address information security issues, management issues, navigator assistance, and other logistical concerns.

Key Players: S.C. DHHS and S.C. DSS.

Promising Practice: DHEC Electronic Medicaid Submission/Self-Service Workstations

Description: Self-service workstations will be provided in DHEC clinics to allow for the completion of WIC web-based nutrition education and electronic submission of Medicaid applications. Other services in the workstations may include a geographic-based application for access to healthcare resources and a customer service survey.

Geographic Reach: Phase I sites include clinics in Aiken, Anderson, Beaufort, Charleston, Chesterfield, Darlington, Dillon, Dorchester, Florence, Greenville, Greenwood, Horry, Laurens, Lexington, Oconee, Orangeburg, Pickens, Richland, Spartanburg, Sumter, and York Counties.

Goals/Aims: This initiative will likely result in an increase in the completion of WIC nutrition education courses and a more streamlined process for quicker Medicaid eligibility determinations. Results of the customer service surveys will be analyzed to determine potential quality improvement efforts or potential changes for the clinics.

Progress: Thus far, a standardized workstation including computer, printer, and stand has been selected. Two pilot sites are anticipated to begin implementation in September 2015.

Key Players: DHEC’s Women’s Health, WIC, and Client Services Divisions, as well as Information Technology and Procurement.

A-3: Provide interconception care coordination to women with previous low birth weight and premature deliveries

Progress: Community health workers (see [A-5](#)) and home visiting programs (see [B-11](#)) play a key role in this area and are discussed in more detail elsewhere.



Key Partners:

The S.C. BOI Care Coordination Work Group supports interconception care coordination for all women, specifically through community health worker efforts.

Family Solutions of the Low Country assesses women for risk of low birth weight and premature delivery, educates women on pregnancy spacing, and assists women in developing a personal reproductive life plan.

Children’s Trust of S.C. funds and supports a continuum of home visiting services and partnerships, ranging from prenatal care to age five. Interconception care is a major component of several of these models.

S.C. First Steps Parents as Teachers Parent Educators may make referrals for family planning or discuss use of contraception with families to ensure that decisions are made carefully and in the best interest of the family.



Nurse-Family Partnership home visitors provide interconception health education, guidance, and referrals.

PASOs provides interconception care coordination through the use of community health workers, or promotores.

The March of Dimes S.C. Chapter advocates and supports prevention efforts related to premature deliveries.

DHEC's Division of Oral Health promotes the "Oral Health Care for Pregnant Women" Guidelines to increase knowledge of the link between pregnant women's poor oral health and premature or low birth weight babies. Integration of the importance of oral health education and preventive dental services to reduce the risk for premature or low birth weight babies should be included in interconception care coordination.

Family Connection is available to offer direct service provider training to support interconception care through fatherhood engagement and inclusion of fathers living in and outside the home. Research shows that increased fatherhood engagement is associated with more positive outcomes. Fathers can provide supportive environments for care coordination.

Promising Practice: PASOs Improving Interconception Health for Latina Women (in partnership with March of Dimes S.C. Chapter)

Description: In partnership with local clinics, PASOs identifies Latina patients that could benefit from interconception counseling consisting of one-on-one, personalized health coaching that addresses past birth experiences (inadequate prenatal care, preterm labor, gestational diabetes, birth defects, etc.) or risk factors that could complicate a future pregnancy (hypertension, diabetes, obesity, etc.). In addition to the one-on-one counseling, a community health worker (CHW) provides prevention-based community education through the PASOs curriculum and connects participants with additional resources available to address the social determinants of health. This program utilizes a CHW model, which is used extensively throughout Latin America and is considered a culturally appropriate way of reaching the Latino population. CHWs bring culturally appropriate health information and resources to their peers and help families understand health systems so that they can access the services that they need at the right time, avoiding unnecessary and expensive emergency situations. Since they are a part of the Latino community, these "navigators" are uniquely positioned to reach families in a natural and culturally relevant way. By incorporating CHWs into traditional systems of interconception care, this holistic program addresses a variety of factors influencing birth outcomes, including social determinants of health, in a way that is culturally relevant and very effective with this population.

Geographic Reach: Newberry and Saluda Counties, expansion to Greenwood County in 2016.

Key Players: PASOs, March of Dimes S.C. Chapter, Emmanuel Family Clinic, and Carolina Health Centers

A-4: Improve pregnancy spacing through increased access to long acting reversible contraceptives (LARCs) such as intrauterine devices (IUDs) and the contraceptive implant



Objective: By December 31, 2017, the proportion of pregnancies conceived within 18 months of a previous birth in S.C. will be reduced to 32% or below.

S.C. Baseline (2013): 34.45%

Data Source: DHEC Biostatistics Data

Healthy People 2020 Reference: Reduce the proportion of pregnancies conceived within 18 months of a previous birth to 29.88% (FP-5).



Objective: By December 31, 2017, the Long-Acting Reversible Contraceptive (LARC) usage rate of all female DHEC Preventive Health clients will be increased by 6%.

S.C. Baseline (2014): 6,413

Data Source: DHEC Administrative Data -- PATS (Jan – Oct) & CARES (Nov – Dec)

Other Measures: 8,328 Medicaid clients ages 15-44 received LARCs in 2012, according to S.C. Medicaid claims data.

Healthy People 2020 Reference: Increase the proportion of publicly funded family planning clinics that offer the full range of Food and Drug Administration (FDA) -approved methods of contraception onsite to 67% (FP-3.1).



Key Partners:

All DHEC clinics offer a full range of Food and Drug Administration (FDA)-approved contraception methods. If a LARC cannot be provided same day for any reason, an alternative method is provided until their LARC appointment.

S.C. Medicaid provides coverage for the insertion of LARCs for all eligible clients, including during the immediate postpartum period to promote recommended pregnancy spacing.

The S.C. BOI Care Coordination Work Group is exploring issues related to emergency coverage of LARCs for ineligible and self-pay populations. S.C. BOI, including DHEC and S.C. DHHS are also part of an Association of State and Territorial Health Officials LARC Learning Collaborative.

S.C. First Steps Parents as Teachers Parent Educators may make referrals for family planning or discuss use of contraception with family to ensure that decisions are made carefully and in the best interest of the family.

Nurse-Family Partnership teams collaborate with healthcare providers to troubleshoot barriers to access to LARCs experienced by clients. Healthy Steps, Healthy Families, Parents as Teachers, and Early Head Start evidence-based home visiting models use a curriculum that covers connecting mothers to family planning and the importance of birth spacing.



PASOs provides community education on family planning and helps Latinos navigate available resources to select and obtain an appropriate contraceptive method.

As part of their local health system action plan, Family Solutions of the Low Country (FSLC) partners with obstetric and pediatric providers to increase percentage of women leaving the hospital after delivery with an effective birth control method until she can obtain a LARC. She is educated throughout her pregnancy on pregnancy spacing and LARCs. FSLC keeps track of participants' birth control method at 3, 6, 9, 12, 18 and 24 months postpartum to ensure she is consistent with a contraceptive method. Women identified with poorly controlled chronic diseases receive case management services from perinatal social workers and receive one-on-one counseling.

The New Morning Foundation provides grants to programs that include LARCs as options in the range of contraceptives to women across the state.

Choose Well works in collaboration with health systems and health care providers to make the changes needed to offer and strengthen the full range of contraceptives to women and their partners, including intrauterine devices (IUDs) and implants, as well as condoms for the prevention of sexually transmitted infections. In collaboration with S.C. BOI, Choose Well is authoring a toolkit that will support hospitals that aim to implement the S.C. Medicaid policy on immediate postpartum LARC access. The toolkit will be launched in November 2015.

Tell Them provides issue education to Tell Them members on LARCs. When pertinent legislation arises, Tell Them mobilizes constituent base to advocate for better access to LARCs.

The S.C. Coalition for Healthy Families drafts and promotes legislative initiatives that aim to increase access to LARCs.



Accomplishment: S.C. was the first State in the U.S. to provide Medicaid coverage for immediate postpartum insertion of LARCs in a hospital setting in 2012. The “white bagging” S.C. Medicaid policy that makes this possible is also unique and has been an example for other states across the country.

A-5: Reduce barriers to access to prenatal care through the use of telemedicine in perinatal consultations and the use of community health workers to enhance medical workforce capacity



Objective: By December 31, 2017, there will be at least 200 certified community health workers in S.C. working to reduce the barriers to access to prenatal care and enhance medical workforce capacity.

S.C. Baseline (2014): 70 community health workers are trained and supported by PASOs; 23 certified community health workers are supported by S.C. DHHS; 11 community health workers are supported by Family Solutions of the Low Country.

Data Source: PASOs staff and volunteer records; S.C. DHHS website, Institute for Families and Society data capture; Family Solutions of the Low Country records



Key Partners:

PASOs will provide training and support to 95 community health workers to assist their peers in successfully navigating local resources and services.

Family Solutions of the Low Country (FSLC) supports eleven community health workers to assist women by finding resources and services to receive risk-appropriate prenatal care. FSLC conducts multidisciplinary team meetings with perinatal and obstetric providers. They work to assure women receive care and education, as well as understand provider advice and counseling. FSLC may be asked to locate women who miss a prenatal appointment. They also provide lactation consultation and childbirth education classes.

The S.C. BOI Care Coordination Work Group supports community health worker efforts.

The S.C. Community Health Worker Association and the Health Access at the Right Time (HeART) Committee support and promote the S.C. DHHS community health worker program statewide.

DHEC's Division of Oral Health, in collaboration with the Medical University of S.C. College of Dental Medicine, can provide assistance in integrating oral health into inter-professional telemedicine trainings and practice. Their aim is to increase the number of medical providers that provide oral health education, anticipatory guidance and refer pregnant women for preventive dental care.

Promising Practice: S.C. DHHS Telemedicine Proviso

Description: S.C. DHHS has developed a pilot program that will increase access to prenatal care in four rural counties with a demonstrated lack of obstetrical resources. Family physicians, obstetricians, maternal-fetal-medicine specialists, and other key stakeholders will collaborate in a "shared care" model that will utilize telemedicine technologies to make services available that previously required patients to travel outside of their county of residence to receive care.

Geographic Reach: Allendale, Bamberg, Barnwell, and Hampton counties.

Goals/Aims: This pilot project targets rural counties that lack adequate prenatal care, as there are no primary obstetrical practices or delivering hospitals within the counties of focus. Through the use of telemedicine, these patients can be connected to obstetrical providers as well as Maternal-Fetal-Medicine specialists during scheduled prenatal visits at a participating primary care practice in their county of residence. The expecting mothers will also receive care management services from Family Solutions of the Low Country, which includes a care plan, counseling, pregnancy and infant health education, in-home visits, case management, reproductive health counseling, and more.

Barriers/Challenges: Barriers faced include telemedicine connectivity, ensuring adequate bandwidth to support sufficient telemedicine connection due to rural locations; electronic medical records, difficulty maneuvering differing systems; and ensuring all current referral patterns are maintained. Anticipated challenges include: potential information technology / connectivity issues during initial launch; overcoming initial hesitation to embrace new care delivery method; and physician credentialing and privileging as telemedicine use grows beyond current referral patterns.

Key Players: S.C. DHHS, S.C. Office of Rural Health, Family Solutions of the Low Country (Low Country Healthy Start), Medical University of S.C., University of S.C. School of Medicine, Palmetto Care Connections, and participating primary care and obstetric practices.

Promising Practice: S.C. DHHS Community Health Worker Program

Description: Community Health Workers (CHWs) help Medicaid recipients manage their own health by encouraging participation in health screenings, keeping medical appointments and adhering to medications and/or treatments. CHWs liaise between the clinical practice and the community where they reside. S.C. DHHS CHWs are certified through a training program to provide culturally and linguistically appropriate support, guidance and encouragement for patients, and to help patients receive needed follow-up care through their medical home physician.

Geographic Reach: Pilot project initially involving 14 primary care practices in Anderson, Charleston, Chesterfield, Dillon, Fairfield, Florence, Greenville, Horry, Lee, Richland, Sumter, and Williamsburg Counties.

Goals/Aims: S.C. DHHS CHW Program goals include: 1) Increase the value of partnership between the patient and the physician/medical homes; 2) Decrease emergency room visits and hospitalizations by improving utilization of the medical home; 3) Enhance Medicaid recipients' chronic disease management skills and engagement with primary health care providers; and 4) Reduce costs and improve health outcomes.

Barriers/Challenges: Barriers faced include CHW selection to ensure the appropriate candidate is chosen and strategic targeting to maximize benefit. Anticipated challenges include data capture and evaluation to determine meaningful use, Centers for Medicaid and Medicare Services support for CHW activities, and need for a CHW certification body.

Progress: There were 18 certified CHWs in this program in 2013 and it has grown to include 23 certified CHWs in early 2015.

Key Players: S.C. DHHS, S.C. Community Health Worker Association, and Health Access at the Right Time (HeART) stakeholders.

A-6: Utilize social media, such as text4baby, Facebook, and Twitter to deliver health care messages and promote access to resources

Progress: DHEC utilizes social marketing in various health promotion and disease prevention efforts through the Public Health Outreach Office and social media calendar. Social marketing is also used by DHEC's Division of Tobacco Prevention and Control, Division of Children's Health, and others within the agency. For example, DHEC's Division of Tobacco Prevention and Control previously partnered with the March of Dimes S.C. Chapter to address smoking during pregnancy through a media campaign that included radio and billboard advertising to educate families about free cessation resources, and dissemination of print materials for healthcare providers letting them know about resources to help their patients quit.


Choose Well, a contraceptive access campaign in S.C., is also active on social media, including Facebook, Twitter, YouTube, and Instagram and has a website that guides users to clinics that offer contraceptive services. Tell Them, an advocacy organization to improve reproductive health policy in S.C., leverages their brand's social media channels to promote access to resources and the S.C. Coalition for Healthy Families promotes public health messages by utilizing infographics to deliver content on social media. [Bedsider](#) is an online birth control support network for women ages 18-29 operated by the National Campaign to Prevent Teen and Unplanned Pregnancy and is a valuable resource on health information, preconception health, and unwanted pregnancy prevention for young women.

In 2014 alone, 5,803 individuals in S.C. signed up for [text4baby](#), which is being promoted through various organizations and programs including Nurse-Family Partnership, Healthy Families, Healthy Steps, Early Head Start, Parents as Teachers, and other S.C. First Steps parent educators

and home visitation models, and S.C. Campaign to Prevent Teen Pregnancy. Additionally, upon enrollment, the S.C. Tobacco Quitline (1-800-QUIT-NOW) refers all pregnant participants to the text4baby app, and provides these participants access to online Web Coach®, Text2Quit messaging, and other mobile apps to support smoking cessation.

In March of 2014, the S.C. Campaign to Prevent Teen Pregnancy launched [Not Right Now](#), a highly interactive sexual health website for S.C. teens and their parents that includes a clinic locator feature to help teens find the nearest health department. Since its launch, the site has had more than 27,119 visitors from 38 S.C. counties and has been viewed in all 50 states and the District of Columbia.

Furthermore, Children’s Trust of S.C. will oversee a home visiting collaborative and state-wide home visiting website that will include marketing and social media to promote services and support for services. S.C. DHHS also utilizes Facebook and Twitter and the S.C. Hospital Association utilizes a blog and Twitter to communicate health promotion messages and access to resources.

 **Healthy People 2020 Reference:** Increase the proportion of state health departments that report using social marketing in health promotion and disease prevention programs to all 50 state health departments (HC/HIT-13).

Promising Practice: “Las Reinas No Somos Tontas” PASOs Radionovela

Description: “Las Reinas No Somos Tontas” is a radionovela, or radio drama, that shares important health messages in an engaging way through the story of the Reina sisters, Latina immigrants in S.C. Produced and distributed by PASOs, new episodes air during PASOs’ regularly scheduled radio broadcasts in different areas of the state. Radionovelas are a common format in Latin America, and research has shown that entertainment can be a powerful vehicle for distributing information and encouraging behavior change. By incorporating health information in the dramatic plotline of “Las Reinas No Somos Tontas”, listeners are engaged in a unique way and are more likely to tune in to regular broadcasts.

Geographic Reach: Reaches radio listeners in Beaufort, Berkeley, Charleston, Dorchester, Greenville, Hampton, Jasper, Lexington, and Richland Counties.

Progress: Themes of the radionovela to date include preterm labor, breastfeeding, and domestic violence. Listeners can call into the radio station to get additional information and resources from the PASOs community health workers who run the radio programs locally. Episodes began airing in November 2014 and have an estimated audience of 2,500 listeners per program in each area.

Key Players: PASOs.



Recommendation B: Promote Use of Evidence-Based Patient Practices by Healthcare Providers and Families

B-1: Work with all birthing hospitals to sign pledge to stop non-medically indicated inductions and cesarean deliveries prior to 39 weeks

Part A: Non-Medically Indicated Inductions



Objective: By December 31, 2017, the S.C. rate of non-medically indicated inductions prior to 39 weeks gestation will be at or below 2%.

S.C. Baseline (2013): 4.43%

Data Source: Birth certificate data linked with hospital discharge data



Key Partners:

S.C. BOI, including representation from DHEC, S.C. DHHS, March of Dimes S.C. Chapter, and the S.C. Hospital Association; BlueCross BlueShield of S.C.; and other key partners were instrumental in securing the pledge among birthing hospitals to end non-medically indicated inductions prior to 39 weeks gestation and the implementation of the nonpayment policies. Ongoing monitoring via quarterly reports to hospitals continue on this measure.



Accomplishments: In 2011, S.C. BOI successfully worked with all birthing hospitals in S.C. to sign a pledge to end non-medically indicated inductions prior to 39 weeks gestation. S.C. BOI was also successful in establishing a policy of nonpayment for non-medically indicated deliveries prior to 39 weeks gestation by the Medicaid Agency (S.C. DHHS) and BlueCross BlueShield of S.C., which combined account for approximately 85% of births in the state. The rate of early elective inductions at 38- 39 weeks gestation was reduced by half from a 2011 rate of 8.81% to a 2013 rate of 4.43%. Furthermore, 60% of all birthing hospitals have a rate of 0% for early elective inductions between 37 and 38 weeks gestation.¹

Part B: Non-Medically Indicated Cesarean Deliveries



Objective: By December 31, 2017, the rate of non-medically indicated cesarean deliveries at 37 weeks gestation or later will be at or below 20%.

S.C. Baseline (2013): 32.10%

Data Source: Birth certificate data linked with hospital discharge data

Healthy People 2020 Reference:

Reduce cesarean births among low-risk women with no prior cesarean births to 23.9% (MICH-7.1).

Reduce cesarean births among low-risk women giving birth with a prior cesarean birth to 81.7% (MICH-7.2).

1) S.C. Department of Health and Human Services (2012). Non Payment Policy for Deliveries Prior to 39 Weeks: Birth Outcomes Initiative. <https://www.scdhhs.gov/press-release/non-payment-policy-deliveries-prior-39-weeks-birth-outcomes-initiative>



Key Partners:

S.C. BOI, including representation from DHEC, S.C. DHHS and the S.C. Hospital Association, and March of Dimes S.C. Chapter is working on reducing the non-medically indicated cesarean deliveries prior to 39 weeks gestation. Ongoing monitoring via quarterly reports to hospitals continue on this measure.

The S.C. Infant Mortality Collaborative Improvement and Innovation Network (ColIN) Pre and Early Term Birth Prevention Work Group is a collaborative quality improvement effort to reduce pre and early term births, including the reduction of non-medically indicated inductions and cesarean deliveries prior to 39 weeks gestation.

The March of Dimes' 39 weeks campaign highlights the importance of carrying to full term for a healthy pregnancy.

Promising Practices: Supporting Vaginal Birth Initiative

Description: Supporting Vaginal Birth is an initiative of S.C. BOI to reduce non-medically indicated cesarean deliveries and promote positive birth outcomes. In 2012, all birthing hospitals signed a pledge to join this initiative and named physician champions. Many organizations endorse this as a best practice.

Geographic Reach: Statewide.

Goals/Aims: This Initiative aims to reduce the non-medically indicated inductions and cesarean delivery rates in S.C.

Barriers/Challenges: Barriers faced include issues related to data collection and sharing, coding, and documenting the complex circumstances around physician decisions and patient risk factors in a way that is useful for evaluation. Anticipated challenges include continued monitoring and consultation with hospital leaders and physicians.

Key Players: S.C. BOI, S.C. DHHS, S.C. Hospital Association, S.C. birthing hospitals, and March of Dimes S.C. Chapter.

B-2: Promote smoking cessation among pregnant women through the use of evidence-based interventions and the SC Tobacco Quit Line



Outcome Objective: By December 31, 2017, 92% of pregnant women in S.C. will report not smoking during pregnancy.

S.C. Baseline (2013): 88.1%

Data Source: Vital Records

Healthy People 2020 Reference: Increase abstinence from cigarette smoking among pregnant women to 98.6% (MICH-11.3).



Objective: By December 31, 2017, increase by 9% the number of pregnant and postpartum women who register for services with the S.C. Tobacco Quitline to 262 women.

S.C. Baseline (2011): 238 women

Data Source: Quitline Demographics Report



Key Partners:

Administered by DHEC's Division of Tobacco Prevention and Control, the S.C. Tobacco Quitline is a statewide, population-based tobacco cessation treatment service that is evidence-based and supported by the U.S. Public Health Service's *Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008 Update* and the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs, 2014*. The S.C. Tobacco Quitline maintains a robust pregnancy-specific counseling protocol and the C-10 multi-call intervention for pregnant and postpartum tobacco users, as well as promotes these services through mass and social media. Personal Quit Coaches provide up to 10 intensive behavioral counseling sessions along with support materials to enrolled pregnant participants during their pregnancy and postpartum to prevent relapse. These services are available at no cost to the participant and she may re-enroll at any time to get continued free support to maintain abstinence from smoking.

The S.C. BOI Behavioral Health Workgroup specifically addresses high risk behaviors, such as smoking and illegal use of prescription opioid drugs among pregnant women. The S.C. BOI Behavioral Health Workgroup also supports prescription drug monitoring programs and efforts to collect data on tobacco use during pregnancy and improve early identification and treatment of tobacco use during pregnancy. The S.C. BOI Behavioral Health Workgroup also supports the Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool, which provides referrals to the S.C. Tobacco Quitline for smoking cessation.

Smoking before and during pregnancy is identified as the first mission priority of the March of Dimes S.C. Chapter. Their aim is that grantee activity will show an increase in knowledge about the risks of smoking during pregnancy among participants. They also aim to decrease smoking during pregnancy among grantee program participants. Project proposals for funding through the March of Dimes S.C. Chapter are strongly encouraged to address smoking cessation, reduction of health disparities, and/or improving interconception health.

Children's Trust of S.C. targets smoking cessation within home visiting benchmarks and data collection. They will partner with several entities to provide smoking cessation interventions and strategies to families and service providers.

S.C. First Steps Parents as Teachers parent educators work with families and provide referrals to resources and interventions for family members who are ready to quit smoking.

Nurse-Family Partnership home visitors screen, educate, and refer clients on smoking cessation using nursing skills and motivational interviewing, as well as actively make client referrals to the S.C. Tobacco Quitline. Healthy Steps, Healthy Families, Early Head Start, and Parents as Teachers also provide screening for a history of smoking, information about the effects of smoking in the home on children, and referrals to resources regarding quitting smoking.



In July 2010, DHEC enacted the *2As+R Tobacco Cessation Intervention Policy* requiring six clinical areas of the agency to address tobacco use with all clients and make referrals to the S.C. Tobacco Quitline. One of these programs, DHEC's Postpartum Newborn Home Visit Program, includes screening for tobacco use by anyone in the home. Program policy requires that referrals for smoking cessation services be offered to mothers who are using tobacco and who indicate a desire to stop tobacco use.

DHEC's Division of Oral Health, along with the S.C. Oral Health Advisory Council, S.C. Oral Health Coalition, and S.C. Dental Association works very closely with DHEC's Division of Tobacco Prevention and Control Cessation Coordinator/Quitline Manager to increase the number of dental providers that provide a brief tobacco intervention and refer their patients to the S.C. Tobacco Quitline.



Accomplishment: Tobacco Quitline treatment interventions, particularly augmented, pregnancy-tailored counseling (such as the S.C. Tobacco Quitline C-10 program), are recommended by The Community Preventive Services Task Force and the U.S. Preventive Services Task Force, both expert panels that make prevention-oriented, evidence-based recommendations based on scientific reviews. The S.C. Tobacco Quitline is the only statewide evidence-based and population-based tobacco cessation service in S.C. that is available for women who smoke during preconception, pregnancy and postpartum. Between its first launch in 2006 and July 31, 2015, the S.C. Tobacco Quitline has reached over 86,000 South Carolinians – 95% of whom are tobacco users – with support to quit. It has demonstrated success of an overall Quit Rate of 32%, significantly higher than the previous rate of 25% in the prior two years. When DHEC's Division of Tobacco Prevention and Control launched its statewide television advertisement campaign in 2012, overall call volume spiked 60% from the previous year. Since then, media campaigns, such as the fall 2013 campaign with the March of Dimes S.C. Chapter, have demonstrated boosts in call volume, including from pregnant tobacco users.

Promising Practices: Baby and Me, Tobacco Free

Description: "Baby and Me, Tobacco Free", is a for-profit proprietary national program that provides training and technical support to states to implement a voucher-based incentive program for women who smoke during pregnancy. Four smoking cessation sessions are delivered to the participant and she must agree to carbon monoxide monitoring on a periodic basis in order to be eligible to receive vouchers to pay for diapers for 12 months following the delivery of her baby. There is evidence to support the use of incentives, such as vouchers for baby diapers, to encourage women to stop smoking while pregnant and to stay abstinent following delivery. Data from implementation in other states demonstrates a 60% quit rate at 6 months postpartum for women.

Geographic Reach: Cherokee, Laurens, Oconee, and Union Counties.

Goals/Aims: The goal of this program is to encourage pregnant women to quit smoking.

Barriers/Challenges: Anticipated challenges include recruiting participants to agree to come to DHEC WIC clinics for counseling sessions and carbon monoxide monitoring during the prenatal period.

Key Players: DHEC WIC, DHEC Division of Tobacco Prevention and Control, and March of Dimes S.C. Chapter.

B-3: Eliminate preventable harm to mothers and babies through quality care and consistent delivery of evidence-based practices within the healthcare system

Part A: Newborn and Developmental Screenings



Objective: By December 31, 2017, 100% of DHEC newborn screening specimens will be postmarked within 24 hours of collection.

S.C. Baseline: 55.98% in February 2014; 93.11% in January 2015

Data Source: Monthly newborn screening report from DHEC MCH epidemiology



Objective: By December 31, 2017, 5% or less of DHEC newborn screening specimens will take longer than 5 days from collection to receipt at the state laboratory.

S.C. Baseline: 33.75% in February 2014; 9.97% in January 2015

Data Source: Monthly newborn screening report from DHEC MCH epidemiology



Objective: By December 31, 2017, the rate of lost to follow up for DHEC First Sound Program newborn hearing screenings will be reduced by 5%.

S.C. Baseline (2013): 27.86%

Data Source: DHEC Program Data – Birth Exchange Engine



Objective: By December 31, 2017, 98% of newborns in S.C. will be screened for hearing loss no later than age 1 month.

S.C. Baseline (2013): 94.69%

Data Source: DHEC Program Data – Birth Exchange Engine

Healthy People 2020 Reference: Increase the proportion of newborns who are screened for hearing loss no later than age 1 month to 90.2%.

Other Measures: 95% of newborns should be screened for hearing loss annually according to the American Academy of Pediatrics benchmark goal.



Key Partners:

DHEC's Division of Children's Health Newborn Screening provides monthly reports to key stakeholders in each birthing hospital and is currently implementing a quality improvement plan to address barriers to compliance.

DHEC's First Sound Program coordinates with hospitals, audiologists, and Baby Net to ensure that newborns receive timely screenings and referrals to early intervention services. They are also in the process of implementing a quality improvement initiative with hospitals to improve this system and reduce the rate of lost to follow up. First Sound state funds support newborn hearing screening for babies who are not covered under private insurance or S.C. Medicaid.

The Assessment Center at Pendleton Place, in partnership with Greenville Health Systems, conducts developmental screenings for all foster children in Greenville County under age eight.

Promising Practices: Universal Screening

Description: Research studies have shown that autism spectrum disorders and other developmental disabilities can now be detected reliably, with greater validity, and in children as young as 18 months of age. Screening and diagnostic practices in the medical and educational arena lag far behind clinical research, however, with the average patient age at time of diagnosis being 3 to 6 years. Children who participated in a developmental screening program were more likely to be identified with developmental delays, referred to early intervention, and be eligible for early intervention services in a more timely fashion than children who received surveillance alone. Universal screening involves bringing early childhood sectors together who are using developmental screenings for children from birth to five years of age to document the breadth of use in the state, the screening tools being used, screening periodicity, trainers for new staff screeners, and identifying common areas of instruction to be part of all training, among other activities.

Geographic Reach: Statewide.

Barriers/Challenges: Barriers faced include difficulty gaining consistent participation in this meeting of cross-sector professionals; lack of funding to bring training pieces together across sectors for training processes and certifications; and limited reach for making a systems change, particularly with lack of funding. Anticipated challenges include changing leadership in early childhood sector that may cause a lack of momentum; optimizing the impact of the Early Childhood Advisory Council, which could raise the level of concern around universal screening across sectors and support braided funding for training certification; and support of the single point of entry for Part C within Help Me Grow.

Progress: The universal screening work group spent the first year learning the processes now in place for these prominent developmental screening providers. The subcommittee is now defining the current developmental screening training providers, the eligibility of ongoing training, and the agreed upon elements within any training for new developmental screening staff, no matter where they work. The subcommittee is also planning to gather one year of data on the number of developmental screening for children birth to five years of age. The group has also continued the strategy of exploring how Help Me Grow could become the entry point for all Baby Net (part C) referrals.

Key Players: The Early Childhood Comprehensive Systems initiative representatives include the S.C. Chapter of the American Academy of Pediatrics, BabyNet (Part C), Help Me Grow, Early Care and Education at DSS (Child Care), various home visitation models, S.C. Department of Education, Early Learning (Part B), and various (11 count) county First Steps offices.

Part B: Clinical Care



Key Partners:

The S.C. BOI Quality and Patient Safety Work Group explores and supports various evidence-based practices within the healthcare system to eliminate preventable harm to mothers and babies, including: early elective deliveries reduction, primary cesarean reduction, standardization of care to improve patient outcomes and reduce morbidity and mortality, and improved safety measures to reduce maternal and neonatal morbidity and mortality.

As a part of the Regional Perinatal System, standardized outreach education is provided at no cost to all delivering facilities such as: electronic fetal monitoring, neonatal resuscitation and Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support (STABLE).

In July 2014, DHEC's Division of Tobacco Prevention and Control launched a new statewide program focusing on prenatal providers and their patients who smoke. The *S.C. Tobacco Quitline Prenatal Program* provides delivery of evidence-based smoking cessation practices within targeted prenatal healthcare systems that serve patients in



areas of the state with the highest rates of smoking during pregnancy. Systems change specialists work directly with prenatal physicians and other maternity providers to deliver an “Academic Detailing Brief Tobacco Intervention” with these providers within their practice settings. Providers are given training and tools to ask about tobacco use, advise quitting, and refer their patients who smoke to the S.C. Tobacco Quitline. Baseline and outcome evaluation measures are in process.

Promising Practices: SimCOACH

Description: The SimCOACH is S.C.’s first mobile simulation lab. This project provides on-site education and hands-on simulation to obstetric physicians and perinatal nurses on safe prevention of the primary cesarean and management of post-partum hemorrhage. The educational content was based on recommendations in the 2014 American College of Obstetricians and Gynecologists and Society for Fetal and Maternal Medicine consensus statement on safe prevention of primary cesarean delivery. Nursing and Medical continuing education credits are offered for participants.

Geographic Reach: The SimCOACH is planning to visit all birthing hospitals in S.C.

Goals/Aims: This project aims to educate physician and nursing teams on best practices for the safe prevention of primary cesarean deliveries and management of post-partum hemorrhage.

Barriers/Challenges: Barriers faced include logistical issues with providing continuing education credits for sites and the scheduling of maternal-fetal medicine specialists and nurses to provide the education. Although they are committed to the project and are willing to participate, it is an additional burden on their schedules and travel budgets that they did not anticipate. Anticipated challenges include the ability to visit all birthing hospitals in the preferred timeframe.

Progress: In 2014, this project was piloted with five hospitals, with overwhelmingly positive evaluation results. S.C. DHHS has committed \$1.1 million over the next two years to continue this work and ensure that the SimCOACH reaches every birthing hospital in S.C. The SimCOACH has also been able to reach medical and nursing students, which was an unplanned, but welcome opportunity.

Key Players: S.C. DHHS, S.C. BOI, Palmetto Health/University of S.C. School of Medicine Simulation Center, DHEC, S.C. Hospital Association, Perinatal Regionalization Staff, and Blue Cross Blue Shield of S.C.

Promising Practices: Greenville Health System Managing Abstinence in Newborns (MAiN) Program

Description: The MAiN program provides support and education for mothers using chronic anxiety, pain or opioid replacement medication, alcohol, or other drugs during pregnancy. The family-centered program provides coordinated care for newborns that are drug exposed or diagnosed with Neonatal Abstinence Syndrome.

Geographic Reach: The MAiN Program is currently being implemented through Greenville Health System at Greenville Memorial Hospital located in Greenville County.

Goals/Aims: The aim of the MAiN program is to provide multidisciplinary, coordinated care to families with newborns at risk for or diagnosed with neonatal abstinence syndrome, in order to achieve a cost-effective, family-centered experience with the best potential outcomes for mothers with substance abuse dependence and their exposed and/or treated infants. MAiN Goals include: 1) To identify mothers prenatally who are struggling with chronic pain addiction and substance abuse; 2) To educate mothers prenatally on what to expect at delivery and how to minimize the risk to the fetus; 3) Ensure that community wrap around services are in place prior to hospital discharge; 4) To provide cost-effective and family-centered management for substance exposed newborns and decrease length of stay; and 5) To provide case management support to track maternal and infant outcomes.

Barriers/Challenges: One challenge has been the early identification of expectant mothers with prenatal substance use and referrals for treatment.

Accomplishments: As compared to national averages, the MAiN model has resulted in a shorter length of stay, lower hospital costs and low incidence of adverse safety and medical events through an eight year retrospective study for all babies born at Greenville Memorial Hospital and coded for a Neonatal Abstinence Syndrome diagnosis. The program is being piloted in another Upstate hospital.

Key Players: Children’s Hospital of the Greenville Health System, Phoenix Center of Greenville, Help Me Grow S.C., Center for Developmental Services, S.C. DHHS, S.C. BOI.

Part C: Child Wellbeing and Abuse Prevention



Key Partners:

Children’s Trust of S.C. leads a number of child wellbeing and abuse prevention efforts and trainings to promote positive actions or behaviors which, in turn, stops a negative action or behavior. One initiative, *Strengthening Families*, is a framework developed by Center for the Study of Social Policy over the last decade to prevent child abuse and neglect. This approach helps child welfare systems, early education, and other programs work with parents to build protective factors. Protective factors serve as buffers, helping parents who might otherwise be at risk of abusing their children to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Protective factors are the “positives” that strengthen all families, not just those at risk, by focusing on building protective factors helps make sure that families do not feel singled out or judged.

Children’s Trust of S.C. also has the only statewide prevention conference tailored to child-serving organizations and professionals. This event promises that attendees will leave inspired, empowered and better equipped for their important work of keeping S.C.’s children protected from abuse, neglect and unintentional injuries. Designed to focus on the active role all of us play in keeping children safe, the conference will be especially beneficial for the work of home visitors, social workers, case workers, counselors, program administrators, and organization leaders.

DHEC’s Division of Oral Health is currently collaborating with the Medical University of S.C. College of Dental Medicine to update the *Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.)* training and will implement this training among dental and dental hygiene providers and students, school nurses, Head Start staff, and child care coordinators.

The Assessment Center at Pendleton Place is a Greenville County collaborative aimed at improving outcomes for children in foster care. This program improves communication between the S.C. Department of Social Services, foster families, and birth parents with the ultimate goal of reduced repeat maltreatment. The Assessment Center’s collaborative approach is resulting in identification of both child and parent needs, which results in improved child well-being outcomes.

The S.C. Center for Fathers and Families can provide technical assistance and support to ensure inclusion of fathers in parenting and co-parenting classes.

Promising Practices: Adverse Childhood Experiences (ACE)

Description: The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death, as well as poor quality of life in the U.S. In partnership with DHEC, Children’s Trust of S.C. is collecting ACE data through the Behavioral Risk Factor Surveillance Survey (BRFFS). The data collection will provide prevalence data on ACEs in S.C. and, with appropriate sample sizes, will allow for associational analyses with adult health outcomes. Children’s Trust of S.C. received the 2014 data in August of 2015, is currently collecting 2015 data, and will collect again (if approved by DHEC) in 2016.

Geographic Reach: Statewide.

Goals/Aims: The ACE Interface “Train the Master Trainer” Program is designed to support rapid dissemination of accurate information that promotes understanding of how developmental adversity affects health and wellbeing throughout the life course. The materials include education about the ACE Study findings and the biology of adversity, including neuroscience and epigenetics that tell us why ACEs are so powerful. The program then addresses what we can do to promote resilience, recovery, and “Self-Healing Communities.” The ACE Interface “Train the Master Trainer” Program puts accurate science together with a script and visuals and delivers these to a carefully selected cohort of people who become ACE experts.

Barriers/Challenges: Barriers faced include the need for additional education and promotion of the results of the ACE Study, partners being unsure how to use the ACE information as it relates to their work, interest often being greater in the population of partners who work with older children or adults – as opposed to this focus on very young children, few providers who are trained in methods to work on intervention for young children, and ongoing discussion about whether we should focus on adverse childhood experiences if access to treatment is not widely available. Anticipated challenges include training staff across agencies to understand ACEs and be mindful of the importance of ACE and prevention.

Progress: The ACE Interface “Train the Master Trainer” Program has shown to save time and effort because the structure and content of the materials are tried and true. The content of the presentation (including framing of the issues, language, tone, and the order of the information presented) has been continuously improved for over a decade in Washington State. Improvements are informed by adult education, social movement theory, scientific discovery, and audience feedback. The program materials are based on the success in Washington and Dr. Robert Anda’s experience presenting and learning about applications of the science of ACEs for over two decades throughout the world.

Key Players: Children’s Trust of S.C., DHEC, S.C. Department of Mental Health, S.C. Center for Fathers and Families, Federation of Families S.C., Head Start Collaboration Office, Florence-Darlington Technical College, United Way Association of S.C., S.C. DHHS, Family Connection, Children’s Law Center, PASOs, Center for Child and Family Studies, S.C. Department of Education, University of S.C. Upstate, S.C. Program for Infant / Toddler Care, Foster Parent Association, S.C. Coalition Against Domestic Violence and Sexual Assault (SCCADVASA), Department of Juvenile Justice, and Early Childhood Comprehensive Systems.

Promising Practices: Children’s Hospital of the Greenville Health System – Children’s Advocacy Child Abuse Prevention

Description: The Children’s Hospital of the Greenville Health System is committed to reducing the risk of child abuse in the local community and state through community partnerships, collaboration, education, multidisciplinary trainings and innovative programs. The multidisciplinary trainings, prevention programs and a community child abuse coalition are addressing gaps in knowledge and training related to the identification of abuse and neglect and services for children who have been or are at risk of being abused or neglected or are in the foster care system.

Geographic Reach: Greenville County.

Goals/Aims: The Child Abuse Prevention Program aims to reduce child abuse and neglect through advocacy,

awareness, education, coordinated programs and community partnerships. The program goals are: 1) To provide programs that address current trends in child abuse and meet identified needs of the children in S.C.; 2) To provide ongoing multidisciplinary trainings to community agencies and providers that promote the recognition and identification of child abuse and coordination of investigations; 3) To support community agencies, providers and parents with ongoing education and awareness on child abuse and prevention measures; 4) To provide education on the identification and recognition of drug endangered children and the system response; and 5) To identify needs of children in foster care and foster care parents and provide appropriate education and training.

Accomplishments: The Children’s Advocacy Child Abuse Prevention Division is the first child abuse prevention program within a health care system in the state. In 2014, the Greenville Health System Children’s Hospital, in conjunction with several community partners, became the first pilot site for the Drug Endangered Children Alliance in S.C. – the Greenville Alliance for Drug Endangered Children and the first pilot site in S.C. for “The Period of Purple Crying” Program to address abusive head trauma. Children’s Advocacy, in conjunction with other community partners, has sponsored trainings on the recognition of child abuse and neglect, as well as the system response and investigations. Topics covered include: “Mandated Reporting: Your duty as a mandated reporter and what happens when you fail to report”, “Unexpected Child Death: Sudden Infant Death Syndrome, Unsafe Sleep, or Homicide”, “Abusive Head Trauma”, “Munchausen Syndrome By Proxy”, “Recognition and Identification of a Drug Endangered Child”, and “The Journey of a Foster Child”.

Key Players and Organizations: Children’s Hospital of the Greenville Health System, The Greenville County Sheriff’s Office, Greenville County Department of Social Services, Greenville County Coroner’s Office, 13th Circuit Solicitor’s Office, Greenville First Steps, Pendleton Place, and The University of S.C. Children’s Law Center.

Promising Practices: The Assessment Center at Pendleton Place

Description: The Assessment Center housed and led by Pendleton Place is a multi-agency evaluation of families to identify root causes of neglect or abuse and establish recommendations for a plan to improve the well-being of children.

Geographic Reach: Greenville County.

Goals/Aims: In brief, the outcomes of The Assessment Center revolve around two important questions: 1) Are the children and families in our community’s foster care system better off? 2) Is the Greenville County system of foster care improved because of its collaboration with the Assessment Center? The Assessment Center continually strives for formal evidence of success by tracking outcomes around three major goals: 1) An improvement in the continuity of care for children and families involved in the foster care system; 2) Increased family engagement in the process to achieve positive outcomes for children; and 3) A utilization of comprehensive evaluations to identify needs and inform decisions.

Barriers/Challenges: Barriers faced include capacity issues such as having the financial resources to meet the demand and funding to support evaluating program effectiveness and establish evidence-based processes. Other barriers include shared terminology and communication across organizations, as well as data capacity.

Progress: In Fiscal Year 2015, The Assessment Center provided an improved system of care serving 130 families or 137 children and 135 adults whose needs were better identified and met due to an inter-disciplinary approach to foster care services. Ninety comprehensive biopsychosocial reports were made available to the S.C. Department of Social Services prior to the family’s court appearance. Throughout this process of obtaining records, evaluating children and caregivers, facilitating family interactions, bridging gaps between biological and foster parents, and compiling recommendations for social services, The Assessment Center better equips the S.C. Department of Social Services to achieve its mission and goals.

Key Players and Organizations: Pendleton Place for Children and Families, Greenville Health System Children’s Hospital, and Greenville County Department of Social Services, as well as multiple local service providers.

Part D: Intimate Partner and Domestic Violence Prevention



Objective: By December 31, 2017, the S.C. Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) will have conducted at least 75 trainings with a minimum of 4,750 total professional attendees.

S.C. Baseline (2014): 31 trainings completed, 1,681 attendees in total

Data Source: SCCADVASA training sign-in and sign-out sheets from each in-person training event and attendance reports from webinars



Key Partners:

The SCCADVASA organizational mission is to end domestic violence and sexual assault in S.C. by influencing public policy, advocating for social change and building capacity of member programs, organizations, and communities across the state. One of the major priorities of SCCADVASA as a means of building capacity is through training for professional groups based on specific needs and current trends within that discipline relating to sexual and intimate partner violence.

Stand-Up Carolina is the bystander accountability initiative of the Office of Sexual Assault and Violence Intervention and Prevention at the University of South Carolina. Stand-Up Carolina strengthens the sense of community, promotes prevention, encourages behavior change, teaches intervention skills, and gives examples of how individuals can be accountable active bystanders within their community. *True Strength* is a program that encourages men to unite and take an active role against sexual assault and sexual violence, while creating a forum for them to share new and innovative ideas about sexual assault and sexual violence. At the core of *True Strength* is the belief that it begins with educating everyone, changing years of misconceptions, and having a willingness to be trailblazers for justice. In particular, *True Strength* aims to drive home the message that men have a significant role to play within the community as relates to the success of the community.

The S.C. Center for Fathers and Families can provide technical assistance and support to ensure inclusion of fathers in healthy relationship classes.

B-4: Strengthen, support, and promote safe sleep efforts in the state by:



Outcome Objective: By December 31, 2017, the percent of combined infant deaths due to Sudden Infant Death Syndrome (SIDS) and unsafe sleep in S.C. will be at or below 7 deaths per 10,000 live births.

S.C. Baseline (2011): 10 deaths per 10,000 live births

Data Source: Vital Records



Objective: By December 31, 2017, 80% of infants in S.C. will be put to sleep on their backs.

S.C. Baseline (2011): 69.20%

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Healthy People 2020 Reference: Increase the proportion of infants who are put to sleep on their backs to 75.9% (MICH-20).

1) Working with non-primary infant caregivers such as child care providers, churches, and baby sitters to assure they practice and promote safe sleep recommendations

Key Partners:



Children's Trust of S.C. works with S.C. DSS to ensure various areas of the agency, such as child care and social workers, are knowledgeable of safe sleep practices. Children's Trust of S.C. also leads the S.C. Safe Sleep coalition, a network of 30 diverse agencies including medical, public health, nonprofit, education and public/private entities that will deliver the safe sleep curriculum across the state.

Children's Trust of S.C. serves as one of the state-lead agencies for safe sleep initiatives and strategically dovetails its home visiting and safe sleep initiatives for data collection, workforce development, and common outcomes. Partnerships and outreach are essential components and key drivers for strong program implementation and advocacy efforts for safe sleep programming.

The S.C. Infant Mortality Collaborative Improvement and Innovation Network (CoIIN) Safe Sleep Work Group is a collaborative quality improvement efforts to promote safe sleep environments. Through participating in this work group, S.C. is learning best practices and sharing success stories with other states.

The S.C. First Steps Parents as Teachers home visiting model includes information and training on safe sleep environment practices and home visitors discuss this issue in the first visits with enrolled families. Safe sleep practices are stressed in professional development in all S.C. First Steps home visiting models among Parents as Teachers parent educators through ongoing training.

Nurse-Family Partnership home visitors provide safe sleep education to clients and partner with local Cribs for Kids programs. Healthy Steps, Healthy Families, Head Start, Early Head Start, and Parents as Teachers home visitation models also provide safe sleep education to families they serve.


The initial training provided for DHEC Postpartum Newborn Home Visit Program nurse home visitors includes training on the most current recommendations from the American Academy of Pediatrics, Consumer Products Safety Commission, and similar organizations to ensure that these home visitors provide to families appropriate education regarding safe sleeping environments. Updated recommendations are provided to staff, as needed, through in-service education.

Family Connection is available to offer direct service provider training to support safe sleep environments through fatherhood engagement. Research shows that increased fatherhood engagement is associated with more positive outcomes. Fathers can be valuable partners in the promotion of safe sleep environments.

2) Standardizing provision of safe sleep education and training for providers, including obstetricians, pediatricians, nursing staff, discharge planners, home visitors, clinic staff, and others

Background: The Safe Sleep Coalition discovered that there is a lack of standardized language and training in S.C. leading to conflicting messages and confusion around safe sleep practices. The need for consistency lead to the development of the S.C. Safe Sleep curriculum based on the

American Academy of Pediatrics recommendations for a diverse group of safe sleep advocates to deliver safe sleep training to any child care giver or parent. In addition, Children’s Trust of S.C. is in the process of drafting an implementation strategy for how to train providers using the curriculum and the best method to evaluate the initiative.

 **Objective:** By December 31, 2017, Children’s Trust of S.C. will train at least 30 professionals in the safe sleep curriculum to deliver the safe sleep education, reaching at least 600 parents, providers and caregivers.

S.C. Baseline (2014): N/A

Data Source: Children’s Trust of S.C. training logs and pre/posttest evaluations

3) Developing strategic alliances and cooperative partnerships to endorse American Academy of Pediatrics (AAP) safe sleep recommendations, promote safe sleep and prenatal smoking cessation (AARP, sororities, civic groups, students, volunteers, Girl Scouts, and others)

Background: The Safe Sleep Coalition has created a network of cross sector partnerships, thereby allowing the coalition to work together to cast a wider net to deliver the safe sleep message. The coalition is working closely with the S.C. Chapter of the American Academy of Pediatrics and the S.C. Nurses Association to provide endorsement to allow more medical professionals to receive formal credit for the safe sleep training, as well as informing the medical community of the need to use consistent messaging regarding safe sleep. Other partnerships include coroners, nonprofit organizations, public health agencies, child abuse prevention agencies, and non-traditional partners such as law enforcement and firefighters that are child passenger safety technicians that assist parents in installing infant car seats. Furthermore, partnerships are in place to encourage prenatal smoking cessation and referral to the S.C. Tobacco Quitline for pregnant women and new mothers (see strategies [B-2](#) and [C-3](#)).

Promising Practices: Upstate Cribs for Kids Program (administered through Children’s Hospital of the Greenville Health System)

Description: The Upstate “Cribs for Kids” Program provides education on safe sleep practices to parents, caregivers, health care providers, educators, home visitors, faith-based communities, first responders, social services, foster parents, coroners, law enforcement, and community members working with infants and families. For those families that do not have a safe place for their infant to sleep and lack resources to obtain one, the program provides a free portable crib to those meeting eligibility requirements.

Geographic Reach: Upstate “Cribs for Kids” referring agencies within Anderson, Greenville, Oconee, and Pickens Counties.

Goals/Aims: The Upstate “Cribs for Kids” Program aims to provide safe sleep education and promotion of safe sleep practices to eliminate preventable sleep-related infant deaths and injuries. Main goals include: 1) To provide standardized safe sleep education and training in accordance with current American Academy of Pediatrics recommendations to parents, caregivers, health care providers, educators, child care providers, home visitors, faith based communities, first responders, social services, foster parents, coroners, law enforcement and community members working with infants and families; and 2) To provide ongoing safe sleep education to health care providers and patients within Greenville Health System hospitals.

Accomplishment: The Upstate “Cribs for Kids” Program has provided Graco Pack ‘n Plays® since 2008 to families in need of a safe place for their infant to sleep and have had no reported sleep related deaths or injuries to those families participating in the program. Many of the advisory board members and staff are National Institute of Child Health and Development National Safe to Sleep Champions. Upstate “Cribs for Kids” was also named a

national best practice by Health Resources and Services Administration MCH Bureau in 2012.

Key Players: Children’s Advocacy Department of Children’s Hospital of the Greenville Health System, Safe Kids Upstate, Upstate Cribs for Kids, Greenville County DSS, Greenville County Coroner’s Office, Greenville Health System Center of Pediatric Medicine, Greenville County Schools District, Greenville First Steps, Nurse-Family Partnership, New Horizons Family Health Services, Oconee DSS, The Parenting Place, and various churches, among others.

B-5: Increase access to and utilization of immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) for pregnant women

Progress: DHEC strongly supports immunizations recommended by the Advisory Committee on Immunization Practices for pregnant women. Eligible pregnant women aged 18 and younger can receive all recommended vaccines through DHEC’s childhood vaccine programs. Pregnant women (as well as any eligible adult) can receive the Tetanus, Diphtheria and Pertussis (Tdap) and influenza vaccines in local health departments through the Adult Vaccine Program. Eligible pregnant women, as well as close household contacts of infants, are encouraged to take advantage of these programs.

During 2015, DHEC offered the Tdap vaccine to birthing hospitals in S.C. through an adult vaccine initiative. This initiative is intended to assist hospitals with cocooning efforts to protect vulnerable infants from pertussis.

Prior to January 1, 2014, immunization providers voluntarily reported immunizations to the S.C. Immunization Registry. Immunization providers were not required to provide administered immunizations to the registry until January 1, 2014. A phase-in schedule is being utilized until January 1, 2017. All administered immunizations in S.C. must be reported beginning January 1, 2017, when the phase-in schedule is complete.

S.C. DHHS provides reimbursement for some recommended immunizations, including the Tdap vaccine, for eligible adults. This coverage is separate from the coverage of vaccines for patients who are eligible for the federal Vaccines for Children Program. Pediatricians often participate in the Vaccines for Children Program, however, obstetric providers often do not, which is a barrier faced for pregnant teens through 18 years of age.



Key Partners:

DHEC’s Immunizations Division receives all reported administered immunizations in the S.C. Immunization Registry.

S.C. Medicaid provides reimbursement for the Tdap vaccine for eligible adults. Tdap coverage for children through 18 years of age is covered through the federal Vaccines for Children program.

Children’s Trust of S.C. promotes prenatal immunizations through the integration of home visiting programs within medical homes.

S.C. First Steps home visitors and Parents as Teachers parent educators work with pregnant women and make sure they are getting the medical care they need throughout pregnancy, including immunizations.



Nurse-Family Partnership home visitors educate clients on the importance of immunizations for adults.

The postpartum assessment conducted by DHEC's Postpartum Newborn Home Visit Program nurse home visitors includes screening for receipt of the Tdap vaccine during pregnancy or after delivery. These nurse home visitors encourage immunizations for infants and caregivers, including the cocooning strategy to prevent pertussis. Nurses have access to DHEC's policies and standing orders on immunizations, which are kept current by DHEC's Immunization Division.

The Assessment Center at Pendleton Place has developed a partnership with the local DHEC clinic and DSS office to provide immunization records, thus streamlining the process of receiving immunization records of children upon entering foster care.

B-6: Expand CenteringPregnancy Programs; this model's outcomes include empowerment and community building, increased patient satisfaction, reduction in preterm birth, and increased breastfeeding rates



Objective: By December 31, 2017, at least 4,000 women who have had CenteringPregnancy prenatal care in S.C. will have at least a 20% reduction in preterm births compared to similar women in traditional individual care.

S.C. Baseline (2014): 10.7% preterm birth rate among CenteringPregnancy participants

Data Source: CenteringPregnancy statewide expansion data



Key Partners:

Greenville Health Systems (GHS) contracts with the Centering Healthcare Institute to provide faculty consultation and site certification visits. GHS holds basic facilitation workshops and consortium meetings on a regular basis to encourage and support CenteringPregnancy certification among S.C. obstetrics practices.

The S.C. BOI Health Disparities Work Group encourages and supports the expansion of CenteringPregnancy in S.C.

S.C. DHHS provided a grant in 2013 for materials, training, and other startup costs to support CenteringPregnancy expansion.

The March of Dimes S.C. Chapter provides funding for CenteringPregnancy, as part of their mission priority to reduce racial disparities in prematurity rates. They aim to increase programs and services for African-American women to decrease risk of preterm birth. Project proposals for funding through the March of Dimes S.C. Chapter are strongly encouraged to address smoking cessation, reduction of health disparities, and/or improving interconception health.

Nurse-Family Partnership and CenteringPregnancy programs collaborate to support positive outcomes for mothers in areas such as Greenville and Greenwood.



Accomplishments: Women who participated in CenteringPregnancy were 47% less likely to have a preterm birth than comparable women in traditional, individual prenatal care. They were also 42% more likely to utilize postpartum family planning services compared to their counterparts in traditional, individual prenatal care. African-American women who participated in CenteringPregnancy had a 36% decrease in the rate of preterm birth compared to a similar population of African-American women in traditional, individual prenatal care.

B-7: Increase utilization of folic acid and/or multivitamins to impact birth defects



Outcome Objective: By December 31, 2017, the rate of all Neural Tube Defects* in S.C. will be reduced to 5.5 per 10,000 live births.

S.C. Baseline (2012): 6.13 per 10,000

Data Source: S.C. Birth Defects Program Data

*Neural Tube Defect conditions collected by the S.C. Birth Defects Program include: anencephaly (2.45 per 10,000 live births), spina bifida (3.15 per 10,000 live birth), and encephalocele (count ≤ 5). Note: The S.C. Birth Defects Program collects data on fetal deaths ≥ 20 weeks gestation.

Healthy People 2020 Reference:

Reduce the occurrence of spina bifida to 30.8 cases of spina bifida per 100,000 live births (MICH-28.1).

Reduce the occurrence of anencephaly to 22.1 cases of anencephaly per 100,000 live births (MICH-28.2).



Objective: By December 31, 2017 the proportion of women delivering a live birth who took multivitamins/folic acid one month prior to pregnancy in S.C. will be increased to 50%.

S.C. Baseline (2012): 42.72%

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Healthy People 2020 Reference:

Increase the proportion of women delivering a live birth who took multivitamins/folic acid prior to pregnancy to 33.1% (MICH-16.2).



Key Partners:

DHEC's Birth Defects Program (SCBDP) is implementing quality improvement efforts, including working with the North Carolina Birth Defects Monitoring Program to effectively exchange data so that S.C. residents giving birth in North Carolina to babies with birth defects may be included in the S.C. data system. The SCBDP is exploring the creation of a data sharing agreement with local agencies including early intervention



systems and PASOs to refer families of babies born with birth defects in a more timely manner to appropriate resources. The SCBDP is also exploring ways to ensure robust surveillance of neural tube defects across the state in conjunction with the Greenwood Genetic Center, so that new mothers who gave birth to a child with a neural tube defect can be reached in a timely manner with folic acid messages.

The Greenwood Genetic Center is working to increase folic acid supplementation through their neural tube defect prevention program. The program includes both public awareness (billboards, newsletters, press releases, lectures, special events) and professional education (newsletters, lectures, conferences). The S.C. Environmental Public Health Tracking Program, SCBDP, and Greenwood Genetic Center collaborated on a communication campaign to post billboards encouraging folic acid intake across the state. Community-wide campaigns to promote the use of folic acid supplements are recommended by the Community Preventive Services Task Force.

S.C. First Steps Parents as Teachers parent educators ensure that all medical recommendations are met, including taking vitamins.

Nurse-Family Partnership home visitors assess and educates clients regarding utilization of folic acid and/or multivitamins during pregnancy.

PASOs works directly with Latino families to provide folic acid supplements and education before and during pregnancy.

The March of Dimes S.C. Chapter advocates for and supports prevention efforts related to premature deliveries and birth defects.

Family Connection is available to offer direct service provider training to support folic acid intake through fatherhood engagement. Research shows that increased fatherhood engagement is associated with more positive outcomes. Fathers can provide support and promote supportive environments for folic acid intake.

B-8: Strengthen, support, and promote breastfeeding efforts in the state by:



Outcome Objective: By December 31, 2017, the proportion of infants who are ever breastfed in S.C. will be increased to 80%.

S.C. Baseline (2013): 70.50%

Data Source: Birth Certificate Data

Healthy People 2020 Reference: Increase the proportion of infants who are ever breastfed to 81.9% (MICH-21.1).

WIC Measure: 55.40% of S.C. WIC infants were ever breastfed in 2014.



Outcome Objective: By December 31, 2017, the proportion of infants who are breastfed at 6 months in S.C. will be increased to 42%.

S.C. Baseline (2011): 37.40%

Data Source: National Immunization Survey

Healthy People 2020 Reference: Increase the proportion of infants who are breastfed at 6 months to 60.6% (MICH-21.1).

WIC Measure: 14.72% of S.C. WIC infants were breastfed at 6 months in 2014.

Promising Practices: Mother's Milk Bank of S.C. (MMBSC)

Description: The Mother's Milk Bank of S.C. (MMBSC) is the first donor human milk bank in S.C. and will provide pasteurized milk to infants for whom mother's milk supply is limited. The milk bank initially will provide milk to all S.C. hospitalized very low birth weight infants. MMBSC is approved as a developing milk bank by the Human Milk Banking Association of North America and is a non-profit milk bank housed at the Medical University of S.C.

S.C. Obesity Action Plan Reference: Develop a system for donation of human breast milk in S.C. by December 2015 (C4.4).

Geographic Reach: Statewide.

Goals/Aims: The MMBSC will provide donor human milk to hospitalized very low birth weight infants (<1,500 grams or 3.3 lbs.) in S.C. during the time when they are most at-risk for a devastating intestinal disease—necrotizing enterocolitis. Research shows that for every 33 very low birth weight infants who receive donor human milk instead of formula, one case of necrotizing enterocolitis is prevented. Many neonatal intensive care units in S.C. currently receive donor milk from other U.S. milk banks. The MMBSC will ensure that all very low birth weight infants in S.C. receive donor milk and, due to the decrease in shipping distance, the cost to the hospitals will be 80% of current cost. It is estimated that, in its first year of operation, 560 very low birth weight infants will receive donor milk from the MMBSC. As the milk bank grows, its mission is to have milk available for all infants in S.C. who would benefit from donor human milk.

Barriers/Challenges: Anticipated challenges include maintaining a steady supply of milk donors, expanding to support the needs of more infants, and financial needs to continue to optimize and expand donor milk production to serve the needs of all infants in S.C.

Progress: The MMBSC has established eleven milk depot sites across the state. The MMBSC has demonstrated that collaborative efforts are successful in overcoming barriers. For example, over \$195,000 was raised through S.C. BOI and the S.C. Children's Hospital Collaborative and other grant funding to cover start-up funds for the cost of the pasteurization machine and the screening of milk donors. Milk donor recruitment was also a barrier that was overcome through the collaboration of S.C. BOI, S.C. Breastfeeding Coalition, and the community milk depots, which helped disseminate information. DHEC, hospitals, and other clinics have all responded to the need to develop more milk depots to ensure availability throughout the state.

Key Players: Mother's Milk Bank of S.C., Medical University of S.C., depot sites including but not limited to: Waccamaw Community Hospital, various DHEC clinics, Palmetto Richland, Roper St. Francis, Parkside Pediatrics, McLeod Regional, and Spartanburg Regional Healthcare System.

1) Increasing access to lactation consultants and peer counselors



Key Partners:

DHEC WIC provides clients with access to breastfeeding education and support, including access to peer counselors and lactation consultants. In 2014, 20,991 WIC mothers had at least one telephone call with a breastfeeding peer counselor.

S.C. DHHS refers mothers enrolled in Medicaid to the WIC program for breastfeeding supplies and support, including access to lactation consultants and peer counselors.

PASOs promotes breastfeeding among Latina mothers via education and support from community health workers.

S.C. First Steps Parents as Teachers parent educators provide education and support for pregnant women about the benefits of breastfeeding.

Nurse-Family Partnership home visitors provide prenatal education on infant feeding, as well as postpartum support for breastfeeding women through agency staff, local WIC office, and/or staff training.

The initial training provided for DHEC's Postpartum Newborn Home Visit Program nurse home visitors includes content on breastfeeding issues. Updated recommendations are provided to staff, as needed, through in-service education. Nurses provide support for breastfeeding and can provide referral information for WIC, hospital, and community-based resources for lactation assistance.

Family Connection is available to offer direct service provider training to support breastfeeding through fatherhood engagement. Research shows that increased fatherhood engagement is associated with more positive outcomes. Fathers can promote and provide supportive environments for breastfeeding.

The National Association of Social Workers, S.C. Chapter will offer training options, as available, to increase social worker awareness of the importance of breastfeeding and the need for Mother-Friendly workspaces.

Promising Practices: PASOs Promoting Breastfeeding Program

Description: PASOs Promoting Breastfeeding is a comprehensive breastfeeding support program for Latina mothers that provides culturally appropriate breastfeeding education in Spanish, one-on-one support and troubleshooting from a trained community health worker. They also provide breastfeeding-focused culturally competence training for medical professionals who would like to build their capacity to support breastfeeding with Latino families.

Geographic Reach: Beaufort, Hampton, Jasper, Lexington, and Richland Counties.

Goals/Aims: This program address three primary areas that can affect a Latina mother's ability to effectively breastfeed: 1) prenatal breastfeeding education, including knowledge of breastfeeding laws and self-advocacy in the workplace; 2) postpartum breastfeeding support, including basic troubleshooting and connection to other breastfeeding resources; and 3) additional training for medical professionals, including cultural myths that may affect breastfeeding. All of these components are provided in Spanish by a Latina community health worker who is able to build a trusting relationship with mothers and deliver services in a culturally appropriate manner. With comprehensive support in a trusting environment, Latina mothers are better able to overcome barriers and meet their breastfeeding goals.

Progress: Since July 2014, 194 Latina mothers have participated in the program in the Midlands and 96 medical professionals have participated in breastfeeding cultural competence trainings. Preliminary data on breastfeeding rate outcomes will be available soon.

Key Players: PASOs and participating local hospitals and clinics.

2) Increasing the number of hospitals working toward Baby-Friendly certification



Objective: By December 31, 2017, 16 S.C. hospitals will be designated as Baby-Friendly and 14 others will be on the path to becoming Baby Friendly.

S.C. Baseline (2014): 7 hospitals designated and 4 others on the path

Data Source: S.C. BOI Baby-Friendly Dashboard

S.C. Obesity Action Plan Reference: Increase the number of hospitals designated as Baby-Friendly to 8 by June 2015 (H3.1).



Objective: By December 31, 2017, the proportion of live births in S.C. that occur in facilities that provide recommended care for lactating mothers and their babies will be increased to 30% or above.

S.C. Baseline (2013): 21.56%

Data Source: DHEC Biostatistics Data

Healthy People 2020 Reference: Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies to 8.1% (MICH-24).



Key Partners:

The S.C. BOI Baby Friendly Work Group raises awareness and encourages facilities to take part in the Baby-Friendly Hospital Initiative to become designated Baby-Friendly.

The S.C. Breastfeeding Coalition provides the 15 hour breastfeeding course to hospitals who are Baby-Friendly, or who are in the process of becoming Baby-Friendly. They also reach out to hospitals and let them know they have access to grant money to help cover the cost of the breastfeeding education.

3) Implementing a S.C. Breastfeeding Strategic Plan to improve breastfeeding rates

Progress: A statewide breastfeeding strategic plan has not been developed at this time. Breastfeeding support is mostly ongoing through the support of community health workers, home visitation programs, WIC coverage of breastfeeding support and supplies, and social media promotion such as via text4baby.

4) Increasing the number of employers designated as Mother-Friendly Workplaces

Progress: Coordinated outreach efforts to employers to become Mother-Friendly have not been identified at this time. There are no measures currently available to determine the exact number of employers that provide lactation support for mothers. However, at least two state agencies, DHEC and S.C. DHHS, provide a lactation lounge for breastfeeding support. DHEC has a supportive breastfeeding policy that gives employees access to a private lactation room as

well as support for work time for lactation. DHEC shared their breastfeeding policy with all sister state agencies in October 2014. The need to make a business case for breastfeeding to encourage private employers and other businesses to support breastfeeding has been identified by maternal and child health and other public health leadership.



Healthy People 2020 Reference: Increase the proportion of employers that have worksite lactation support programs to 38% (MICH-22).

B-9: Conduct pulse oximetry screening for critical congenital heart defects (CCHDs) in all S.C. birthing hospitals



Key Partners:

The American Heart Association initiated the legislation for the Emerson Rose Act. The Emerson Rose Heart Foundation advocated and supplied necessary equipment to conduct pulse oximetry screenings.

March of Dimes S.C. Chapter and S.C. BOI, including representation from DHEC, S.C. DHHS and S.C. Hospital Association, provided data and support for the Emerson Rose Act and drafted legislation.

DHEC's MCH Bureau and Regional Perinatal System worked together to ensure that all S.C. birthing facilities had appropriate pulse oximetry equipment and the American Academy of Pediatrics recommended algorithm for CCHD screening.



Accomplishment: The Emerson Rose Heart Foundation was founded by two S.C. parents who lost their daughter, Emerson Rose, due to a critical congenital heart defect (CCHD). The Foundation was a major contributor to the implementation of CCHD screening by donating pulse oximetry equipment to 13 hospitals in the state. In addition to their financial contributions to hospitals, the Foundation joined forces with State Senator Thomas Alexander in 2013 to develop legislation requiring every newborn in S.C. to be screened for CCHDs before hospital discharge. The Emerson Rose Act was enacted and signed by Governor Nikki Hailey on June 13, 2013. The act requires all birthing facilities licensed by DHEC to perform CCHD screening to newborns at 24 to 48 hours of age, or as late as possible if the infant is discharged before reaching 24 hours of age.

B-10: Provide culturally-appropriate consumer educational materials about 17P, a medication that can prevent premature births in women who have previously had a preterm birth, to this target population

Progress: S.C. Medicaid covers both brand name and compounded 17P, as well as home administration for eligible women. Accurate measures on the utilization of 17P are not available at this time. 17P utilization is being incorporated into Pregnancy Risk Assessment Monitoring System (PRAMS) data collection procedures but is currently unavailable. Though the March of Dimes S.C. Chapter has been active in disseminating consumer educational materials about 17P, additional work is needed to increase both provider and patient awareness of 17P.



Key Partners:

S.C. Medicaid covers brand name and compounded 17P, as well as home administration for eligible women.

The S.C. BOI Care Coordination and Vision team have worked diligently to make 17P available to all at-risk pregnant women with no “hassle factor.”

The March of Dimes S.C. Chapter distributes consumer educational materials about 17P.

B-11: Expand access to evidence-based home visitation programs for pregnant women and infants that focus on risk factors for maternal, infant, and child morbidity and mortality



Objective: By December 31, 2017, Children’s Trust of S.C. will scale and expand *Maternal, Infant and Early Childhood Home Visiting (MIECHV)* program home visiting services to 1,100 new pregnant or parenting, low-income mothers.

S.C. Baseline (2014): 1,400 currently enrolled

Data Source: S.C. MIECHV 2014 DGIS Benchmark Report



Key Partners:

Children’s Trust of S.C. contracts with and funds 17 local implementing agencies to deliver evidence-based home visiting services in 37 of the 46 counties in S.C. through the federal *Maternal, Infant, and Early Childhood Home Visiting Program*. Funded, evidence-based models include Family Check Up, Healthy Families America, Healthy Steps, Nurse-Family Partnership, and Parents as Teachers. Children’s Trust of S.C. also provides workforce and professional development, technical support, continuous quality improvement, and evaluation efforts to support funded and other non-funded home visiting positions and programs throughout the state.

S.C. First Steps funds several models of home visitation programs throughout the state, including the evidence-based Parents as Teachers models that provides comprehensive curriculum and training for women prenatally and up to age five.

Early Childhood Comprehensive Systems, in conjunction with various child advocacy groups including Children’s Trust of S.C., coordinates efforts on preventing and mitigating toxic stress in children.

Family Solutions of the Low Country provides monthly home visiting services and implements the Nurse-Family Partnership program via nurses, licensed social workers, and client navigators using the Resource Mothers model.

DHEC’s Division of Oral Health and the S.C. Oral Health Coalition are pursuing opportunities to expand the integration of oral health messaging into home visitation programs, supported by the successful pilot project in Greenwood County (see [B-12 Promising Practice](#)). DHEC’s Division of Oral Health is also currently working with



PASOs to expand the use of an Oral Health Toolkit specific to the Latino population for integration of oral health prevention, education and referral system through the PASOs home visiting program and through their Early Childhood Initiative.

Family Connection is available to offer direct service provider training to support home visitation through fatherhood engagement. Research shows that increased fatherhood engagement is associated with more positive outcomes. Father participation in home visitation programs can foster positive outcomes and environments.



Accomplishment: Since inception of the US Department of Health and Human Services Health Resources and Services Administration's *Maternal, Infant and Early Childhood Home Visiting (MIECHV)* program, Children's Trust of S.C. has secured more than \$22 million in funding that will secure programming through September, 2017. The program has reached over 4,000 families and children and serves 37 of S.C.'s 46 counties. The program is designed to support a continuum of home-visiting and partnering agencies through service provision and infrastructure building. In 2013, S.C. met all six of the federally-mandated benchmarks, while making improvements in 88% of the constructs.

Promising Practices: Children's Trust of S.C. Infrastructure Building and Service Provision

Description: Children's Trust of S.C. is the lead agency for the US Department of Health and Human Services Health Resources and Services Administration's *Maternal, Infant and Early Childhood Home Visiting (MIECHV)* program (CDFA: 93.505). Appointed by the Governor's office at inception in 2010, the program is commissioned to allow for effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services through home visiting programs. Overall, the initiatives will enhance and improve activities administered under Title V MCH Block Grant, improve coordination of services in at-risk communities, and identify and provide comprehensive services that improve family outcomes in these communities.

Geographic Reach: Statewide.

Goals/Aims: Main program goals include: 1) Expand the capacity of existing home visiting programs to meet existing demand for these services within a given implementation site; 2) Expand the capacity of existing home visiting programs to provide these services in high need counties without existing MIECHV home visiting programs; 3) Expand the use of MIECHV home visiting programs embedded in the primary care practice setting; and 4) Expand the competencies of home visiting program staff in working with special populations receiving home visiting services.

Barriers/Challenges: Barriers faced include: 1) Lack of a coordinated, centralized intake and referral system across various home visiting models and geographic areas; 2) Lack of coordinated system of workforce development efforts across various home visiting models and funders; and 3) Lack of coordinated funding and sustainability efforts to support current and future home visiting efforts.

Key Players: DHEC; S.C. DSS; S.C. Head Start; S.C. First Steps; S.C. State Advisory Council on Early Childhood Education and Care; S.C. DHHS; Family Connection; March of Dimes S.C. Chapter; PASOs; S.C. Department of Education; Revenue and Fiscal Affairs Office (RFA); University of S.C. Rural Health Research Center.

Promising Practices: Universal Staffing – Collaborative Organization of Services for Youth (COSY)

Description: Several counties have multiple parenting home visitation models with time-restricted entry into service and often similar scope of service. Universal staffing efforts aim to bring intentional and formal understanding among all home visiting programs so that each county has programs that develop a process that reflects the best fit for each referral and assures for maximum enrollment in all programs. This process should also inform expansion of existing or new home visitation programs or efforts in the county. Beaufort County's Collaborative Organization of Services for Youth (COSY) has implemented a universal staffing protocol that has widespread community support. This is the only known universal staffing collaborative currently operating in the state.

Geographic Reach: Beaufort County.

Goals/Aims: This collaborative focuses on building relationships among home visitation providers to prevent competitive processes and to assure that children and families are placed according to needs. It also serves as a method of predicting where referrals should be intentionally routed among different programs. All current county home visiting assets should inform next steps in planning for program additions or growth in existing services.

Barriers/Challenges: Barriers faced include lack of alignment of planning across key funders for home visitation and the presence of start and stop issues around bringing home visitors together. Anticipated challenges include getting current state, private, and federal home visitation funding aligned in their planning efforts to grow programs and/or fund new services.

Key Players: Children's Trust of S.C., Nurse-Family Partnership, Parents as Teachers, Healthy Steps, Early Head Start, Healthy Families, Early Steps to Child Success, Parent Child Home Program, DHEC, Guardian Ad Litem, S.C. DSS, Continuum of Care, Coastal Empire Community Mental Health Center, Beaufort County Alcohol and Drug Abuse Department, Beaufort County Community Services, S.C. Department of Vocational Rehabilitation, Beaufort County DSS, Beaufort County School District, and Beaufort County Disabilities and Special Needs Department.

Promising Practices: Pay for Success

Description: Pay for Success is an innovative model implementing a public/private financial structure to expand the Nurse-Family Partnership evidence-based home visiting program to improve MCH outcomes in S.C. If through rigorous evaluation the program has been shown to result in significant public cost savings, investors of implementing agencies who meet required benchmarks will share these cost savings through dividends or bonus payments. Funding will be blended through Medicaid reimbursement from S.C. DHHS, the Blue Cross Blue Shield Foundation, the Duke Endowment, Children's Trust of S.C., and other private investors.

Geographic Reach: Nurse-Family Partnership currently serves clients in 26 counties, including: Abbeville, Anderson, Barnwell, Berkeley, Charleston, Colleton, Darlington, Dillon, Dorchester, Edgefield, Florence, Georgetown, Greenville, Greenwood, Horry, Lexington, Marlboro, McCormick, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Union and Williamsburg.

Goals/Aims: The goals of the program include: 1) Expanded evidence-based home visiting programs to populations in greatest need, 2) Decreased preterm births, 3) Improved birth spacing, and 4) Decreased child abuse as compared to the general population.

Barriers/Challenges: Barriers faced include: 1) Soliciting public and private financial support, 2) Conducting rigorous program evaluation through a randomized control trial, 3) Receiving adequate referrals, and 4) Client and nurse retention.


Progress: Stakeholders and payor leadership are still in negotiations. If a requested Medicaid waiver is approved by the Centers for Medicare and Medicaid Services, implementation is expected to begin in January 2016.

Key Players: S.C. DHHS, Children's Trust of S.C., Blue Cross Blue Shield Foundation, DHEC, private investors, and contracted evaluator Jameel Poverty Action Lab.

B-12: Promote use of S.C. Oral Health Coalition’s “Oral Health Care for Pregnant Women” guidelines

Background: The S.C. Oral Health Advisory Council provides advisement and guidance to DHEC and the S.C. Oral Health Coalition on the implementation and evaluation of the State Oral Health Plan (SOHP). The Advisory Council is comprised of 10-15 members representing state agencies and community organizations that have a potential impact on policy. They meet quarterly to discuss and oversee the progress of the SOHP. The S.C. Oral Health Coalition is comprised of a diverse group of stakeholders from private practice, public health, health care providers, academia and communities who are familiar with practice issues related to health care. The Coalition presents oral health issues raised in practical settings and the Advisory Council makes recommendations on how these issues could be addressed through policy. DHEC’s Division of Oral Health’s goal is reducing the prevalence of dental diseases and conditions for all South Carolinians achieved through strategic planning implementation and evaluation activities. The SOHP includes objectives related to oral health promotion, disease prevention and control as well as objectives related to specific risk factors. DHEC Division of Oral Health has collaborated with a diverse group of stakeholders to create the plan and it is updated as recommended by DHEC’s Division of Oral Health and Advisory Council. The goals and objectives of the SOHP are aligned with the strategies of the Centers for Disease Control and Prevention cooperative agreement as well as the Healthy People 2020 objectives and DHEC Draft Strategic Plan domains.

The S.C. Oral Health Plan envisions a S.C. where every citizen enjoys optimal oral health as part of total health and well-being and prevention and education are priorities; evidence-based treatment is available, accessible, affordable, timely, and culturally and linguistically competent; responsibility is shared among patients, parents, caregivers, providers, and insurers; and collaboration by government, higher education, and the private sector ensures resources, quality and patient protection. The SOHP has five main priorities: 1) Education and prevention, 2) Dental public health infrastructure, 3) Dental workforce development, 4) Assure access to oral health services, and 5) Policy and advocacy. In an effort to further these priorities, DHEC’s Division of Oral health will provide information resources and trainings to DHEC MCH staff, include integration of oral health messaging and care coordination into DHEC clinical services, focus on training and inter-professional education programs to integrate oral health messaging across the state, and assess efforts via a comprehensive data system.

 **Objective:** By December 31, 2017, the S.C. Oral Health Coalition will provide at least four training opportunities to standardize oral health messaging among DHEC MCH regional staff, such as regional directors, program coordinators, family planning, and WIC coordinators.

Objective: By December 31, 2017 the S.C. Oral Health Coalition will provide at least one integrated oral health training for the home visiting program staff of each of DHEC’s health regions.

S.C. Baseline (2009): First “Oral Health Care for Pregnant Women” Guidelines were developed and published.

Data Source: DHEC Division of Oral Health Database, minutes from the S.C. Oral Health Coalition meetings, and evidence of trainings



Key Partners:

The S.C. Oral Health Advisory Council provides policy guidance for S.C. Oral Health Coalition activities. The S.C. Oral Health Coalition is responsible for implementing the State Oral Health Plan. DHEC's Division of Oral Health is responsible for developing and managing the State Oral Health Plan.

S.C. Medicaid has implemented a new adult dental benefit for adults up to \$750 worth of services each year, including an annual cleaning, X-rays, fillings, oral exams, and pulling of teeth for a \$3.40 copay for Medicaid members.

Children's Trust of S.C. promotes and supports these oral health guidelines and will continue to work with the Coalition to design and implement workforce development efforts and outreach for home visiting programs and models.

Nurse-Family Partnership home visitors educate their clients on the importance of dental care and refer as indicated.

Promising Practice: Integration of Oral Health Messaging in Home Visiting

Description: In 2013-2014 a collaborative pilot project, funded by the DentaQuest 2014 Foundation, was implemented by the University of S.C., Rural Health Research Center in collaboration with DHEC's Division of Oral Health and the Carolina Health Centers in Greenwood County. The mission of this collaborative was to test and implement changes that will result in improvements to children's oral health. Changes were tested and implemented using the Institute for Healthcare Improvement Breakthrough methodology and evidence-based strategies in oral health.

Geographic Reach: Greenwood County.

Goals/Aims: The long-term goal of this project was to implement interventions and practices that demonstrate improvements in the oral health of children birth to three years of age while minimizing staff time and resources needed to successfully implement those interventions. The short-term goals were developed specific to home-visiting staff and the population they served.

Barriers/Challenges: Participating home visitors reported that access to care and dental providers, diet, lack of toothbrushes, time, and paperwork were challenges encountered when helping families meet their child's oral health needs. Participating parents reported that child resistance, diet, items in child's mouth, and parental doubt were challenges faced for caring for their child's mouth.

Accomplishments: During project implementation, home visiting program staff were trained in evidence-based interventions for oral health integration and quality improvement techniques to build skills and capacity to better meet the oral health needs of participating children and their families. The evaluation method used for this project was PhotoVoice and the results were published in a booklet. Participating home visitors reported that materials, pediatric provider list, access to resources, and small town culture worked well for them and their families in meeting their oral health needs. Participating parents reported benefits from home visitors included knowledge improvement, mouth care products, mouth care home behaviors, and provider visits.

Key Players: DHEC Division of Oral Health, DentaQuest, University of S.C. Rural Health Research Center, Carolinas Health Center.

B-13: Develop formal education programs for obstetric providers to become pregnancy medical homes

Progress: Coordinated statewide efforts to implement pregnancy medical home models were not identified. Efforts to improve maternal outcomes are ongoing through various organizations and programs described throughout this plan.



Key Partners:

Family Solutions of the Low Country is implementing a quality improvement plan to increase the number of participants who have a medical home.

The S.C. BOI Quality and Patient Safety Work Group is beginning to explore opportunities for the development of obstetrical medical home model.

DHEC's Division of Oral Health, the S.C. Oral Health Advisory Council, and the S.C. Oral Health Coalition will collaborate with other MCH programs to integrate oral health education into formal education programs for pregnancy medical homes.



Recommendation C: Promote Health across the Lifespan

C-1: Improve access to interconception health care, with a particular focus on women with chronic diseases & adverse pregnancy outcomes

Progress: For women with previous low birth weight and premature deliveries, most efforts focus on 17P progesterone utilization (see B-10). Community health worker (see A-5) and home visiting (see B-11) programs also play a key role in this area and are discussed elsewhere.



Key Partners:

The S.C. BOI Care Coordination Work Group supports interconception care coordination for all women, specifically through community health worker efforts.

S.C. Medicaid covers 17P and home administration for eligible women.

The March of Dimes S.C. Chapter has identified improving interconception health as one of their mission priorities, which guides their grant allocations. They aim to provide interconception health information to women with a previous preterm birth in identified target areas. Project proposals for funding through the March of Dimes S.C. Chapter are strongly encouraged to address smoking cessation, reduction of health disparities, and/or improving interconception health.

Children's Trust of S.C. funds and supports a continuum of home visiting services and partnerships, ranging from prenatal care to age five. Interconception care is a major component of several of these models.

Nurse-Family Partnership home visitors educate and support women in accessing interconception healthcare and in managing chronic diseases.

DHEC's Postpartum Newborn Home Visit Program nurse home visitors provide assistance for making a postpartum visit appointment, if not already made. The timing of the home visit program is such that mothers generally will not have seen a provider for postpartum care prior to the visit.

Family Solutions of the Low Country partners with local health providers to improve the health of women with chronic illnesses and obesity and work with women between pregnancies to ensure subsequent positive pregnancy outcomes.

PASOs provides interconception care coordination through the use of community health workers, or promotores.

Choose Well works with organizations and initiatives throughout the state to raise awareness about the important role that family planning and contraceptive access play in reducing adverse pregnancy outcomes.

DHEC's Division of Oral Health will collaborate to disseminate information about the oral health link in controlling diabetes, reducing the risk for cardiovascular disease, routine



dental exams can detect oral and pharyngeal cancers at early stages and reduce mortality from these cancers when diagnosed and treated early. Chronic diseases are a critical aspect of the mother's health related to oral health and childbirth. The impact of periodontal disease on diabetes, cardiovascular disease, and other chronic diseases is well known. Medical University of South Carolina research has identified improved blood glucose levels and decreased hospitalizations for diabetics with access to periodontal services. These partnerships are critical.

Family Connection is available to offer direct service provider training to support care coordination through fatherhood engagement. Research shows that increased fatherhood engagement is associated with more positive outcomes. Fathers can provide supportive environments for care coordination.

Promising Practice: Family Solutions of the Low Country (FSLC)

Description: Family Solutions of the Low Country (FSLC) is a program home for targeted efforts designed and dedicated to reducing infant death and illness and improving the health of children, women and families. FSLC programs include Low Country Healthy Start, Nurse-Family Partnership, Opportunity Knocks, Tomorrow's Scholars' Leadership Program and Healthy Start Enhanced Case Management. The mission of FSLC is to promote healthy lifestyles through education and social development for rural and underserved families and communities. A team of seasoned managers, social workers, nurses and lay community health workers make up the staff team. FSLC is guided by community and provider action networks made up of community, faith, and business leaders and essential health providers. The active, meaningful work with rural health providers is a hallmark of FSLC. FSLC provides home visiting and supportive counseling and education to assist young women and men in what is required to have and to raise healthy, well-adjusted children. Low Country Healthy Start provides home visiting and educational support to all women at risk for a poor pregnancy outcome in the service area, as does Healthy Start – Enhanced Case Management.

Geographic Reach: Allendale, Bamberg, Barnwell, Hampton, and Orangeburg counties.

Goals/Aims: FSLC aims to reduce low birth weight and very low birth weight births of program participants, as well as reduce the proportion of program participant pregnancies conceived within 18 months of a previous birth. Overall, FLSC aims to improve pregnancy outcomes, child health and development, and improve self-sufficiency of program participants. They seek to ensure that all program participants will have an ongoing source of primary and preventive care services and that first time pregnant mothers less than 28 weeks gestation receive appropriate care and follow up.

Barriers/Challenges: Barriers faced include transportation in rural communities, limited resources, lack of affordable quality childcare, lack of available specialty providers and clinics, lack of birthing hospitals, and limited funding. Anticipated challenges include decreased funding and sustainability.

Progress: From September to January 2015, 194 of 262 (74%) of pregnant FLSC program participants received adequate prenatal care. Furthermore, Low Country Healthy Start has implemented a quality improvement plan. The program is working with the Multidisciplinary Team to increase the number of participants who have a medical home and have completed their postpartum visit post-delivery. From September 2014 through January 2015, 244 pregnant women, 376 postpartum women and 510 infants had a confirmed medical home. Low Country Healthy Start is also working to improve the quality of data collected and use the appropriate screening tools to collect data and monitor performance of the program. The program engages in collaborative quality improvement through monitoring activities conducted by the Community Action Network and the Perinatal Action Network. Through these networks, they work directly with perinatal providers, as well as with men's health, women's health, infant health and social services providers and systems (perinatal, educational, social), and faith, community and business leaders.

Key Players: Family Solutions of the Low Country, S.C. Office of Rural Health, Nurse-Family Partnership, DHEC, S.C. DHHS, S.C. First Steps, private providers, Federally-qualified health centers, faith-based community, social services, mental health partners, Area Health Education Consortium, grassroots, state agencies, hospitals, and family systems.

C-2: Reduce teen birth rates through increased implementation of evidence-based teen pregnancy prevention programs and increased access to long-acting reversible contraceptives (LARCs)



Outcome Objective: By December 31, 2017, the rate of teen births among females aged 15 to 17 years in S.C. will be at or less than 12 per 1,000 females aged 15-17.

S.C. Baseline (2013): 13.9 per 1,000 females aged 15-17

Data Source: Birth Certificate, Fetal Death Report, and Report of Induced Termination of Pregnancy



Outcome Objective: By December 31, 2017, rate of pregnancies among females aged 18 to 19 years in S.C. will be at or less than 68 per 1,000 females aged 18-19.

S.C. Baseline (2013): 69.9 per 1,000 females aged 18-19

Data Source: Birth Certificate, Fetal Death Report, and Report of Induced Termination of Pregnancy

Healthy People 2020 Reference: Reduce pregnancies among adolescent females aged 18 to 19 years to 104.6 pregnancies per 1,000 females aged 15-17 (FP-8.2).



Objective: By December 31, 2017, the LARC usage rate of female DHEC clients ages 15 – 19 will be increased to 7%.

S.C. Baseline (FY 2014): 6.7% or 755 teen LARC users

Data Source: CARES

Other Measures: In 2012, there were 1,539 Medicaid teens ages 15-19 who received LARCs and 6% of Medicaid-enrolled teens ages 15-19 who received contraceptive methods received LARC methods, according to S.C. Medicaid claims data.

The U.S. rate of LARC usage among female Title X clients ages 15-19 in 2013 was 7.1% or 616,148 users. S.C. had the 25th highest rate compared to other states and the District of Columbia¹.

Healthy People 2020 Reference: Increase the proportion of females at risk of unintended pregnancy or their partners who used contraception at most recent sexual intercourse (FP-6).



Key Partners:

The S.C. Campaign to Prevent Teen Pregnancy's mission is to improve the economic well-being of individuals, communities, and the state by preventing teen pregnancy. Through capacity building, communications, and research, the organization builds the capacity of individuals and communities to address teen pregnancy. In 2013-14 the S.C. Campaign to Prevent Teen Pregnancy partnered with 47 agencies in 28 counties reaching 12,584 youth with evidence-based teen pregnancy prevention programs and an additional 5,101 youth with health services.

1) Centers for Disease Control and Prevention. (2015). Morbidity and Mortality Weekly Report Vital Signs: Preventing Teen Pregnancy. <http://www.cdc.gov/vitalsigns/larc/>



All DHEC clinics are teen-friendly and provide reproductive health services to teens. All teens are strongly encouraged to include family/parental participation in their decision to seek family planning services. There are seven clinics designated as teen-only in four counties: Colleton, Berkeley, Charleston, and Spartanburg counties.

S.C. Medicaid provides coverage for the insertion of LARCs for Medicaid enrolled women and teens.

The New Morning Foundation funds evidence-based teen pregnancy prevention programs in local school districts and connects students enrolled in these programs to contraceptive care.

The overall work of Choose Well aims to help strengthen the capacity of health systems and services to offer and provide LARCs to women of all ages, including teens.

Tell Them and the S.C. Coalition for Healthy Families promotes evidence-based curricula and LARCs at the state legislature and local districts.

Children's Trust of S.C. supports a continuum of services and partnerships that include evidenced-based teen pregnancy prevention efforts and reduction of subsequent pregnancies among teens.

S.C. First Steps Parents as Teachers provides a teen curriculum that includes and encourages pregnancy prevention among teens.

Nurse-Family Partnership home visitors assess, educate, and refer clients in topics such as life course development, interconception health, and available birth control methods.

The S.C. BOI Care Coordination Work Group supports teen pregnancy reduction activities.



Accomplishment: *¡Cuidaté!* is an evidence-based, culturally appropriate program for Latino youth ages 12-19 developed in partnership between PASOs and S.C. Campaign to Prevent Teen Pregnancy. This program aims to influence attitudes, behavioral and normative beliefs, and self-efficacy regarding HIV risk-reduction behaviors, specifically abstinence and correct condom use, by incorporating the theme of *¡Cuidate!*—taking care of oneself and one's partner, family and community. *¡Cuidaté!* was implemented with 105 participants from 11 to 19 years of age between April and December 2014 in Greenville, Lexington/Richland, Newberry, and Saluda. As a result of the program, 29.3% of participants said they were "much less likely" and 24.4% said they were "less likely" to have sexual intercourse in the next year. If participants were to have sexual intercourse in the next year, the majority said they were "much more likely" (63.4%) or "more likely" (22%) to use (or ask their partner to use) a condom as a result of the program. As a result of *¡Cuidaté!*, participants were less likely to engage in sexual activity and more likely to use a condom when they did so, reducing their chances of becoming pregnant.

Promising Practice: S.C. Adolescent Reproductive Health Leadership Institute

Description: S.C. Campaign to Prevent Teen Pregnancy is bringing together health centers from across the state in a collaborative learning model based on the Institute for Healthcare Improvement's model for improvement. The adolescent reproductive health leadership institute promotes advancement, quality improvement, and collaboration among member health centers through various learning sessions and engagement activities.

Geographic Reach: Aiken, Darlington, Horry, and Spartanburg counties.

Goals/Aims: The adolescent reproductive health leadership institute aims to increase participating health centers' capacity to implement quality reproductive health services for teens. Furthermore, the goals of the learning collaborative are to increase access to quality reproductive health services for adolescents and increase adolescents' access to LARCs, while minimizing the resources needed to implement these practices in publically funded health centers. The adolescent reproductive health leadership institute aims to engage 30 participating health centers across the state by 2017.

Barriers/Challenges: Barriers faced include identifying health centers that are ready to act and motivated to implement best practices, LARC insertion training for providers in rural communities, and ensuring health centers are aware of the latest S.C. Medicaid LARC reimbursement policies.

Progress: Currently, the first cohort of participating health centers represent Aiken, Darlington, Horry, and Spartanburg counties. These participating health centers have thus far engaged in two formal collaborative learning sessions and various additional collaboration and engagement opportunities.

Key Players: S.C. Campaign to Prevent Teen Pregnancy, Center for Health Services and Policy Research at the Arnold School of Public Health, Blue Cross Blue Shield of S.C. foundation, S.C. DHHS, and publicly funded health centers including DHEC and Federally Qualified Health Centers.

Promising Practice: Parenting Teen Partnership

Description: Parenting Teen Partnership is made possible through a grant, *Community Support for Young Parents*, administered by the U.S. Department of Health and Human Services and the Office of Adolescent Health. The *Community Support for Young Parents* grant is administered at the state level by Children's Trust of S.C. and S.C. Campaign to Prevent Teen Pregnancy. Program partners recruit and enroll expecting and parenting teens into their own programs and coordinate additional supports through other program partners so parents and children improve outcomes relating to educational achievement, sexual health and reduction of repeat pregnancies and parent engagement.

Geographic Reach: Richland County.

Goals/Aims: The goals of *Parenting Teen Partnership* are to: 1) increase educational attainment among pregnant and parenting young parents; 2) reduce the number of repeat teen pregnancies and births among S.C. teens; and 3) Improve parenting skills and ensure children in S.C. are well cared for.

Barriers/Challenges: Large collaborations of organization with varying policies about services and data sharing are always challenging during the early implementation. Concrete supports like child care and transportation often are cited by partners as barriers to service for the target population.

Progress: More than 100 expecting or parenting teens and their children have participated in programs and services supported through Parenting Teen Partnership.

Key Players: Children's Trust of S.C., S.C. Campaign to Prevent Teen Pregnancy, United Way of the Midlands, Choose Well, DHEC, Richland County School District 1 and 2, and School District 5 of Lexington and Richland Counties, The Nurturing Center, Midlands Fatherhood Coalition, Pressley House, Parent University (Brookland Baptist Church), Palmetto Healthy Start, Birthright, Planned Parenthood, LRADAC, Salvation Army, and Early Head Start (Richland County First Steps).

C-3: Increase the number of providers screening pregnant women for smoking, alcohol, and drug use, domestic violence, and depression, and making appropriate referrals



Objective: By December 31, 2017, Screening, Brief Intervention and Referral to Treatment (SBIRT) screening utilization by S.C. Medicaid providers will be increased by 39%.

S.C. Baseline (2014): 7,896 claims for SBIRT screenings were paid

Data Source: S.C. Medicaid claims data

Healthy People 2020 Reference: Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department (SA-9).



Objective: By December 31, 2017, the number of prenatal providers who refer their patients to the S.C. Tobacco Quitline for support to quit will be increased to 30%.

S.C. Baseline (2014): 0

Data Source: Quitline Provider Referral Reports



Key Partners:

The S.C. BOI Behavioral Health Work Group is exploring opportunities to improve early identification and treatment of substance abuse during pregnancy, including improving access and utilization of the current Medicaid Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol, DHEC's statewide Prescription Drug Monitoring Program, and the S.C. Tobacco Quitline, and improving related data collection processes and systems.

DHEC's Division of Tobacco Prevention and Control implements the *S.C. Quitline Prenatal Program* to address smoking during pregnancy for prenatal providers, particularly in targeted geographical areas of highest smoking prevalence during pregnancy, and to promote referrals to the S.C. Tobacco Quitline by prenatal providers. S.C. Medicaid provides reimbursement to obstetric physicians for completing SBIRT screenings for patients.

S.C. Department of Drug, Alcohol, and Other Drug Abuse Services, DHEC, and the Department of Mental Health are state agencies partnered in the SBIRT program and serve as referral resources for women identified for treatment.

DHEC's Division of Oral Health, along with the S.C. Oral Health Advisory Council, S.C. Oral Health Coalition, and S.C. Dental Association work closely with DHEC's Division of Tobacco Prevention and Control Cessation Coordinator/Quitline Manager to increase the number of dental providers that provide a brief tobacco intervention and refer their patients to the Quitline. Consistent and heavy use of alcohol and other drugs can affect the health of the teeth and soft tissues of the mouth, and most of the dental providers can integrate the referral system into their practice.



Children’s Trust of S.C. will continue to support and fund local implementing agencies and providers for home visiting efforts that have a particular investment and focus on quality screening and referrals, in their local communities, while building strong partnerships and collaborations.

S.C. First Steps Parents as Teachers parent educators use family needs assessments to screen families for health and social concerns through the Life Skills Progression Needs Assessment to determine highest areas of needs and to make appropriate referrals.

Nurse-Family Partnership, Parents as Teachers, Early Head Start, Healthy Families and Healthy Steps home visitors screen all enrolled clients for smoking, alcohol and drug use, domestic violence, and depression, and make referrals as needed.

The initial training provided for DHEC Postpartum Newborn Home Visit Program nurse home visitors includes training on postpartum mental health and domestic violence. Updated recommendations are provided to staff, as needed, through in-service education, for example, a recent update provided to staff on shaken baby syndrome. Nurses may discuss these issues with clients during the home visit and provide referral information for community-based resources for each of these threats.

The S.C. Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) organizational mission is to end domestic violence and sexual assault in the state by influencing public policy, advocating for social change and building capacity of member programs, organizations and communities across the state. One of the major priorities of SCCADVASA as a means of building capacity is through training for professional groups based on specific needs and current trends within that discipline relating to sexual and intimate partner violence.

C-4: Increase the number of women who keep the postpartum visit appointments to ensure follow-up for any post-pregnancy health concerns and the opportunity to access a birth control method of their choice



Progress: Current measures to determine the exact number of women who keep their postpartum visit appointments are not available. Related efforts are ongoing and embedded in other programs and organizations that are described throughout this document.

Healthy People 2020 Reference: Increase the proportion of women giving birth who attend a postpartum care visit with a health worker (MICH-19).



Key Partners:

S.C. Medicaid provides coverage for the insertion of Long-Acting Reversible Contraceptives (LARCs) during the immediate postpartum period and covers one postnatal visit within six weeks of delivery.

The S.C. BOI Care Coordination Work Group supports community health worker efforts, which encourage women to attend their postpartum visit and provide health information and access to resources.



Children’s Trust of S.C. has made a purposeful, strategic implementation of home visiting programs that are embedded within medical homes, through the Healthy Steps and Nurse-Family Partnership models. This family-centered method of home visiting delivery allows mothers and women to effectively partner with health care providers for self-care.

S.C. First Steps Parents as Teachers parent educators continue to focus and encourage all moms to address any health concerns, visit a health care provider, and access birth control if the parent desires.

Nurse-Family Partnership home visitors encourage attendance at postpartum appointments and collaborate with providers to support a plan of care.

DHEC Postpartum Newborn Home Visit Program nurse home visitors provide assistance for making a postpartum visit appointment, if not already made. The timing of the home visit program is such that mothers generally will not have seen a provider for postpartum care prior to the visit. Maternal plans for spacing of future pregnancies are assessed during the postpartum newborn home visit.

PASOs community health workers or promotores help postpartum women overcome barriers to attending their postpartum visit and educate new mothers on the importance of the postpartum visit, encouraging them to attend.

Family Connection is available to offer direct service provider training to support attending postpartum visit through fatherhood engagement. Research shows that increased fatherhood engagement is associated with more positive outcomes. Fathers can provide encouragement and supportive environments for attending postpartum visits.



Recommendation D: Develop Data Systems to Understand and Inform Efforts

Strategies Included:

- D-1: Use data to identify counties and neighborhoods at highest risk of poor birth outcomes and implement priority interventions in those areas
- D-2: Conduct a thorough assessment of existing data systems to determine strengths that currently exist and which data systems may need to be developed and/or improved
- D-3: Create formal data-sharing partnerships to facilitate timely and ongoing data analysis and linkages
- D-4: Partner with vital statistics to devise and implement strategies to improve data quality from birth and death certificates, as well as surveys such as the Pregnancy Risk Assessment Monitoring System and the Behavioral Risk Factor Surveillance System
- D-5: Work with Community Health and Chronic Disease Prevention partners to collaborate closely on projects around topics in the intersection of chronic disease and maternal and child health
- D-6: Explore opportunities to expand data analysis capacity through partnerships and collaborations with other researchers such as graduate students, university faculty and staff, and fellows

Current Activities

In a resource-limited environment, it is vital to ensure that programs and services are data-driven and targeted to populations in greatest need to make the maximum public health impact, as mentioned in strategy D-1. In order to effectively use data for these purposes, there must be a high-functioning data system available. There are two aspects to data systems and both are essential to producing information and statistics that can be used to guide and evaluate public health interventions, programs, and systems. The first aspect of a data system is raw data. Raw data are in the form of large tables with thousands, sometimes millions, of records where each record can represent one person, school, household, county, or disease. The second aspect of a data system is appropriate data analysis. Data analysis is the systematic summarization of raw data for the purposes of information, education, and decision making. Data analysis can range from calculating frequencies and percentages, to conducting statistical tests to make inferences about risk factors and outcomes, to complex causal regression modelling to assess the causes of outcomes, while considering potential confounding factors. There are several valuable sources of raw data and subsequent data analyses for MCH populations and outcomes that are available in S.C. to help guide interventions.

Some of these data sources include: vital records data, including birth certificate, death certificate, reportable fetal deaths, and induced terminations of pregnancy; billing data, including S.C. Medicaid data, State Health Plan data, inpatient hospital discharge data, emergency department data, and ambulatory care data; registry data, including DHEC's S.C. Birth Defects

Program (SCBDP), Muscular Dystrophy Surveillance Tracking and Research Network (MD STARnet), and the First Sound Newborn Hearing Screening Program; and survey data, including the Pregnancy Risk Assessment Monitoring System (PRAMS), the Behavioral Risk Factor Surveillance System (BRFSS), the Child Health Assessment Survey (CHAS), the National Survey for Children's Health (NSCH), the National Survey for Children with Special Health Care Needs (NSCSHCN), and the National Immunization Survey (NIS). The vital records and registry data mentioned above are collected and housed at DHEC, the billing data is collected by multiple agencies and organizations, and the survey data are collected and housed by DHEC (PRAMS, BRFSS, and CHAS) or by national agencies (NSCH, NSCSHCN, NIS). S.C. is fortunate to have a single data repository in the Health and Demographics Section of the Revenue and Fiscal Affairs (RFA) Office (formerly the Office of Research and Statistics). Two primary functions of RFA are to house and manage these large sets of raw data and to link data from these sources as needed and appropriate. This puts S.C. in a unique position with tremendous resources with respect to raw data (strategies D-2 and D-3).

These raw data resources would be useless without effective data analysis. Currently, DHEC's MCH Bureau has the epidemiological capacity to generate and communicate data analysis results regarding MCH populations and health outcomes. For example, many of the objective baselines included in this assessment were provided by the MCH Bureau. DHEC MCH data systems are also linked with vital records, which provides more comprehensive and accurate data, as mentioned in strategy D-4. The original [Healthy Mothers, Healthy Babies Plan](#) published in 2013 provided data analyses on infant mortality, preterm birth and related risk factors, including disparities across different populations and geographically across the state. This plan utilized prevalence data, incidence data, and geographic information systems (GIS) mapping of data to provide a more comprehensive understanding of MCH in S.C., as mentioned in strategy D-1.

DHEC's MCH Bureau is also responsible for managing the Title V Block Grant. One aspect of the requirements of this block grant is to conduct a needs assessment every five years to guide priority areas. A comprehensive needs assessment was conducted in 2014-2015 and utilized a mixed methods approach, combining quantitative data with qualitative data from key informant interviews, focus groups, and surveys. This needs assessment process is a good example of strategy D-1 in action, utilizing data to identify populations in greatest need and target resources and interventions in those areas.

The S.C. BOI Data Workgroup is another major source of MCH data analyses. Other S.C. BOI workgroups are able to submit data analysis requests to this workgroup to provide guidance for their activities. The S.C. BOI Data workgroup is comprised of representatives from DHEC, S.C. DHHS, RFA, and the S.C. Hospital Association, which allows for more comprehensive data management. The S.C. BOI Data workgroup has provided data for the Health Disparities White Paper and S.C. BOI Annual Report, both of which help guide S.C. BOI activities. The S.C. BOI data workgroup provides background data to guide S.C. BOI activities, which provides another example of strategy D-1.

Service providers, public health agencies, and community organizations are strongly encouraged to utilize existing data and data analyses to guide their programs and activities as discussed in strategy D-1, demonstration of which is often included in grant requirements. For example, an evidence-base and the demonstration of ability to fulfill an unmet need are embedded in the priority determination criteria for March of Dimes S.C. Chapter funding. In addition, S.C. First Steps local partnerships conduct county needs assessments that are communicated to the state office to help determine where the greatest needs are in the community and guide allocation of

resources and support.

Furthermore, KIDS COUNT is a project of the Annie E. Casey Foundation that was started in 1990 to examine child well-being from a state and national perspective. The child well-being data cuts across four broad domains (economic, education, health, and family and community), is reliably captured each year, and is comparable from state-to-state. As the KIDS COUNT grantee for S.C., Children's Trust of S.C. disseminates the child well-being data and looks to form partnerships to address specific areas. For example, Children's Trust of S.C. has funded work in specific counties to reduce the number of teen births, reduce repeat pregnancies and increase the educational attainment of teen parents. Children's Trust of S.C. also takes the KIDS COUNT work one step further by reproducing the data at the county-level and disseminating county-level child well-being profiles. The county-level data is produced in partnership with RFA.

In addition, Children's Trust of S.C. is leading the development of the S.C. Opportunity Index with the State Data Team. The goal of the S.C. Opportunity Index project is to provide a concrete definition of opportunity and an empirical examination of opportunities for all children in S.C. Opportunities for success are not equally distributed across gender, racial, ethnic groups; geographies; or income levels. In order for all of S.C.'s children to have access to opportunities for success, opportunity must be measured and tracked. Children's Trust of S.C. and the State Data Team have defined opportunity, identified opportunity domains, and compiled opportunity indicators. Children's Trust of S.C. and RFA staff are reviewing the indicators for feasibility and accessibility. Next steps include finalizing the opportunity indicators, outlining the analytic procedures for creating an index score, outlining a process for data storage and dissemination, and establishing data-use partnerships for state and local projects to improve opportunity.



Accomplishments & Strengths

Perhaps the greatest strengths in the existing data systems is the ability to share data across different agencies and data systems, including linkage with vital records data and DHEC/ S.C. DHHS Medicaid data request procedures. Being able to share data across different organizations and systems improves data quality and enhances our understanding of MCH health outcomes, as mentioned in strategies D-3 and D-4.

From 2012-2014 the S.C. Campaign to Prevent Teen Pregnancy partnered with leaders from DHEC, S.C. DHHS, S.C. Department of Education, S.C. Department of Social Services, the Children's Trust of S.C. and others to develop a Road Map for accelerating progress in reducing teen pregnancies in S.C. Teen birth data was analyzed to identify a set of counties that had teen birth rates and teen births that were above the state averages. The seven counties that emerged from this analysis were identified as "high volume" counties. Additional indicators such as poverty levels, school dropout rates and infant mortality were used to create an index that measured a county's capacity and ability to "absorb" a teen birth. Based on the overall score counties were identified as either having a high, moderate or low burden level. Ten counties were considered "high burden". This analysis is currently being used by regional and state foundations to target resources in counties with greatest need and by the S.C. Campaign to Prevent Teen Pregnancy as it develops grant applications for federal funding opportunities. The S.C. Campaign to Prevent Teen Pregnancy is committed to increased outreach and engagement with leaders from multiple sectors in these counties to increase youth access to evidence-based teen pregnancy prevention programs and quality reproductive health services.

Additionally, DHEC's Division of Oral Health uses a county score to identify high need areas within the state. By doing so, DHEC's Division of Oral Health maintains demographic and epidemiologic profiles of the population to better serve those in high need and to implement strategies and activities specific to the population identified. The most recent county analysis to identify the need for dental care in the state was completed in February 2015. Two counties within each health region have been identified "high need" based on multiple criteria. The selection criteria used to formulate a final county score included overall birthrate, Medicaid-eligible birthrate, infant mortality, Health Professions Shortage Area designation priority scoring, statewide Emergency Department dental utilization, annual child visits to a dentist, access to Federally Qualified Health Centers, dental workforce accepting Medicaid reimbursement, availability and types of school clinics, and fluoride utilization. These are associated contributing factors significant to the problem of unmet oral health needs and the barriers to access care for the MCH population. DHEC's Division of Oral Health utilizes the oral health surveillance system which includes Pregnancy Risk Assessment Monitoring System (PRAMS), Child Health Assessment Survey (CHAS), Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBS), and Youth Tobacco Survey (YTS) data to assist in the assessment of risk factors. Special requests can be made with RFA to provide de-identified information linked with Medicaid data that is stored in the oral health database. It is also important to emphasize the importance of data sharing agreements, without which there is virtually no mechanism to measure progress on the objectives related to oral health of pregnant women and babies.

Moreover, the South Carolina Birth Defects Program is able to share data related to neural-tube defects with the Greenwood Genetic Center and has other data sharing agreements such as with bordering states including North Carolina. These innovative partnerships are another example of activities implemented according to strategy D-3.

Within the context of the Title V Block Grant needs assessment, the S.C. MCH Needs Assessment Advisory Council is comprised of diverse representatives of organizations and agencies throughout the state, including public, private, and community-based organizations. DHEC's Bureau of Community Health and Chronic Disease Prevention is represented on the advisory council and provides meaningful contributions to decision-making and issues to consider. This ensures that community health considerations are taken into account throughout the needs assessment process and ultimately allocation of resources, as discussed in strategy D-5.

In regards to strategy D-6 which relates to opportunities to expand data analysis capacity, DHEC's MCH Bureau has developed partnerships to work with graduate students and faculty as it relates to the agency's Children with Special Health Care Needs Program, children's health, infant mortality, oral health, breastfeeding, and critical congenital heart defects data analysis. The Title V Block Grant needs assessment qualitative data collection was conducted by the University of S.C.'s Center for Health Services and Policy Research at the Arnold School of Public Health. Furthermore, DHEC's MCH Bureau has active data collection and data analysis collaborations with faculty in the University of South Carolina Arnold School Of Public Health, School of Medicine, and Rural Health Research Center, as well as the Medical University of South Carolina. Choose Well also has a tradition of working with graduate students and university faculty and staff, offering unique opportunities for work and research experience. The relationship is mutually beneficial as Choose Well's approaches are strengthened by the experience and findings of faculty and students.

Future Considerations & Opportunities for Improvement

Future considerations and innovative practices that are being implemented include enhanced data sharing to improve quality of birth defects data. The South Carolina Birth Defects Program (SCBDP) is exploring partnership opportunities with early intervention providers that receive referrals for infants born with certain birth defects. These data sharing agreements aim to improve quality of existing data and the timeliness of the referral process to better provide services for children in need, as mentioned in strategy D-3. The SCBDP is also exploring partnerships with Greenwood Genetic Center and PASOs to enhance outreach to Hispanic women, who experience disproportionate higher rates of neural-tube defects. The SCBDP also works with a graduate assistant for epidemiological support in data analysis as it relates to birth defects through the University of South Carolina, as mentioned in strategy D-6.

Opportunities for improvement within the context of DHEC data systems may include: improvements to the client record and encounter system, immunization registry, linkage of the newborn screening system with birth certificate data, a follow-up database for newborn screening to measure repeat/diagnostic testing for screen positive infants, and a greater understanding of 17P progesterone utilization. An improved immunization registry will provide a greater understanding of immunization coverage levels in the state, as well as guide future interventions to target populations in need. Linking newborn screening data to birth certificate data and utilization of a follow-up database will improve the quality of newborn screening data and provide a greater understanding of the needs of the program, as discussed in strategy D-4. Formal data-sharing partnerships, as described in strategy D-3, could be used in these instances to improve data quality and accuracy, but updated technology may be needed to assure ongoing and routine linkages.

Another opportunity for improvement may be a well-accepted definition and classification system for community health workers. Community health workers are a valuable public health team asset to improve the health of populations that often experience health disparities and decreased access to healthcare services. Having a central database and reporting measures will likely improve our understanding of the reach and impact of community health workers in S.C. It will also help illustrate if the data system works effectively, if terms are clearly defined, and resources are provided to make data collection and reporting possible in a timely manner. Receiving data and information back in a timely manner to impact policy and process are essential components of informing and improving practice and policy. PASOs, Family Solutions of the Low Country, S.C. BOI, and S.C. DHHS are instrumental key partners in this area.

Future considerations should examine how organizations utilize raw data and data analyses to guide their programs and activity and the extent to which existing data systems are utilized by differing agencies, as discussed in strategy D-1. Moreover, there is opportunity for improved collaborative efforts in the areas of preconception and interconception health as it relates to topics in the intersection of chronic disease and MCH, especially in regards to obesity, as discussed in strategy D-5. A more thorough assessment of existing data systems as mentioned in strategy D-2 may provide greater insight into gaps and opportunities for future improvement.



Recommendation E: Eliminate Disparities and Promote Health Equity

Strategies Included:

E-1: Ensure health care services are provided in a manner compatible with the cultural beliefs, practices, and preferred language of the consumer

E-2: Collaborate with community-based organizations such as Healthy Start and PASOs to implement culturally appropriate best and promising practices in targeted counties with greatest numbers and rates

E-3: Implement programs with an evidence base for the population served

E-4: Prepare and maintain current demographic, cultural, and epidemiologic profiles to accurately plan and implement services that respond to the cultural and linguistic characteristics of the population

E-5: Offer technical assistance and training to providers at all levels to improve the quality of care for high-risk pregnant women and the level of cultural competence in health care delivery

Current Status

Maternal and child health (MCH) outcomes do not affect everyone equally. There are disparities in outcomes across different populations, and especially according to race/ethnicity and geography. There are several different sources of data that provide information on health outcomes within a health disparities lens, as discussed in strategy E-4 and under Recommendation D related to data systems. Some examples of these data sources include: S.C. BOI health disparities white paper, the [Healthy Mothers, Healthy Babies Plan](#), and S.C. Community Assessment Network (SCAN) data, all of which were used to provide the information below.

It is important to note that achieving health equity is greater than simply an absence of disparities in health outcomes according to race/ethnicity or geography. Health equity can only be reached when the social determinants of health are addressed and equity is achieved in policy and systems that influence society and community contexts. Nonetheless, disparities in health outcomes provide a framework for understanding health equity and meaningful contributions can be made in efforts to reduce these disparate rates.

Maternal race is the characteristic most strongly associated with low birth weight.¹ The rates of low birth weight among African- American/Black women (14.3%) was almost twice that of the rate of low birth weight among White women (7.5%) in S.C. in 2013. The rate of infant mortality among African-American/Black women (10 per 1,000 live births) was also almost twice that of the rate among White women (5.5 per 1,000 live births). Preterm births at less than 37 weeks gestation also occurred in greater rates among African- American/Black women (14.2%) as compared to White women (9.7%).²

1) South Carolina Birth Outcomes Initiative, Reduction in Health Disparities Work Group, White Paper, April 2012

2) South Carolina Department of Health and Environmental Control, South Carolina Community Assessment Network (SCAN) <http://scangis.dhec.sc.gov/scan/CommunityProfile/output.aspx>

There are also racial and ethnic disparities within smoking during pregnancy, breastfeeding rates, and teen birth rates. The rate of smoking during pregnancy in S.C. among White women (129.1 per 1,000 live births) was almost twice greater than that of smoking during pregnancy among African-American/Black women (72.0 per 1,000 live births) in 2013.³ African-American/Black women had the lowest rates of breastfeeding initiation and duration, as compared to Hispanic women who had the highest rates of breastfeeding initiation. Greater teen birth rates are associated with more rural counties, low birth weight, lower academic achievement, and higher rates of poverty. The highest teen birth rates were found among African-American/Black and Hispanic women.²

Rural counties in S.C. also face a disproportionate share of adverse MCH outcomes. Rural counties including Cherokee, Darlington, Florence, Orangeburg, and Sumter have the highest rates and numbers of low birth weight. Nine rural counties in particular consistently are above the S.C. median and have higher rates of infant death. Together, Cherokee, Chesterfield, Darlington, Florence, Georgetown, Greenwood, Horry, Marion, and Orangeburg represented 17.4% of live births, but 24.9% of infant deaths in 2013. The three most populous counties in S.C. also have the highest numbers of infant deaths, which are Greenville, Richland, and Charleston.³

Chronic health conditions, poverty, low socioeconomic status, lower educational achievement, and lack of access to prenatal care also play an important role in MCH outcomes. Lower educational attainment is associated with higher rates of low birth weight and less access to adequate prenatal care. Hispanics had the highest rates of inadequate prenatal care, compared to Non-Hispanic White women who had the highest rates of adequate prenatal care. Proximity to medical providers and health insurance coverage play an important role in access to prenatal care, which likely are barriers in rural counties and in areas with greater rates of poverty.²

3) Healthy Mothers, Healthy Babies: South Carolina's Plan to Reduce Infant Mortality and Premature Births, <http://www.scdhec.gov/library/CR-010842.pdf>

Accomplishments & Strengths

In order to address health disparities and promote health equity, it is important to ensure that healthcare services are provided in a manner compatible with the cultural beliefs, practices, and preferred language of the consumer, as discussed in strategy E-1. Perhaps the greatest strength in this area is the utilization of partnerships and multidisciplinary teams addressing the social determinants of health, as discussed in strategy E-2. One such example is S.C. BOI, which has been consistently highlighted throughout this assessment. S.C. BOI health disparities work group is not only a workgroup in its own right with its own goals and activities, but also strives to be embedded in the activities of the other workgroups to ensure that all of S.C. BOI is guided by the desire to reduce health disparities.

There are other examples of partnerships and innovative practices that align with strategy E-1 and E-2 included throughout this assessment that are likely to have an impact on health disparities. PASOs, for example, is a community-based organization that provides outreach to the Hispanic and Latino communities and technical assistance for organizations and agencies in this area, as discussed in strategy E-5. Community health workers and home visitation programs are able to address health disparities by meeting patients where they are, addressing the social determinants of health, and providing services in a culturally appropriate manner. CenteringPregnancy has also been shown to have a positive impact on birth outcomes. For example, African-American women

who participated in CenteringPregnancy had a preterm birth rate of 10.3% compared to a similar population of African-American women in traditional individual prenatal care who had a preterm birth rate of 16.1%; which represents a 36% decrease in the rate of preterm birth among this population⁴. These promising practices are also solid examples of strategy E-3 as they have been shown to have an evidence base for the population served.

DHEC's Office of Minority Health is another key player in addressing health disparities, mainly through providing technical support and facilitating collaboration, as discussed in strategy E-5. The efforts of DHEC's Office of Minority Health are guided by the National Partnership for Action to End Health Disparities, which is a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities and moving the nation toward achieving health equity. The National Stakeholder Strategy for Achieving Health Equity is a key component of this initiative and provides an overarching roadmap for eliminating health disparities through cooperative and strategic actions. It calls for five overarching goals, each of which has four associated strategies, all of which revolve around four crosscutting fundamental principles: community engagement, partnerships, cultural and linguistic competency, and non-discrimination. The five main goals are: 1) Increase awareness, 2) Strengthen and broaden leadership, 3) Health system and life experience, 4) Cultural and linguistic competency, and 5) Data, research, and evaluation. Through their participation with this national framework and strategy, DHEC's Office of Minority Health is in the process of conducting an internal agency-wide assessment of how DHEC aligns with these goals and strategies and hopes to identify gaps or opportunities for improvement.

DHEC's Office of Minority Health is also responsible for the agency's Language Assistance Program, which provides telephone interpretation services to clients and document translation for all agency documents that are published or created for communication to the general public. DHEC's Office of Minority Health is also responsible for qualifying the agency's bilingual workers, qualified interpreters, and readers. These are ongoing efforts to more effectively and efficiently reach all clients and provide quality care.

Family Solutions of the Low Country (FSLC) has a strong team which has been working in Allendale, Bamberg, Barnwell, Hampton, and Orangeburg counties for almost twenty years. Barnwell County became a part of the service area in 2014. Low Country Health Start, a program of FSLC, is targeted exclusively on eliminating disparities in perinatal health and has had very good success in improving perinatal outcomes with the women who receive services through the program.

Another strategy to reducing health disparities and achieving health equity in health outcomes is standardization of care, which has been shown to have an impact as discussed in strategy E-3. Perinatal regionalization aims to ensure risk-appropriate care and optimal outcomes for all mothers and babies. Perinatal regionalization can provide quality care for at-risk populations, especially those who may lack access to prenatal care and in rural counties where prenatal care is lacking or insufficient. The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine have proposed and supported clearly-defined maternal levels of care to distinguish facilities with differing abilities to manage risk. Providing a coordinated effort to identify appropriate facilities and transport can help ensure that patients are able to deliver in a risk-appropriate facility, providing the best evidence for optimal health outcomes.

4) Pickelsimer et. al (2012). The effect of CenteringPregnancy group prenatal care on preterm birth in a low-income population. AJOG 206 (415) e1-7.



Future Considerations & Opportunities for Improvement

There is much opportunity for improvement to eliminate health disparities and achieve health equity in South Carolina in regards to MCH outcomes. There have been several challenges and barriers faced and discussed throughout this assessment that likely play a key role.

Perhaps one of the greatest barriers to health equity is the lack of access to resources and healthcare services. Both this assessment and the Title V Block Grant Needs Assessment independently found that increased access to healthcare for all is a gap in MCH services in S.C. Access has been traditionally understood in five major domains: affordability, availability, accessibility, accommodation, and acceptability. It is important to understand access in regards to its many domains, each of which has proven to be a barrier in this context. In regards to affordability, there can be several barriers. For example, it is estimated that 20% of the population of S.C. was uninsured in 2013². Lower socioeconomic status is often a barrier to affordability with services such as transportation or child care. Many of the more rural counties lack adequate prenatal providers and resources, which may not be available or accessible to county residents. Once again, issues related to transportation and child care likely can be major barriers. Cultural and linguistic differences between MCH populations and providers are likely major barriers to accommodation and acceptability of services, as mentioned in strategy E-1.

Other barriers to health equity that have been identified through this assessment include the need for improved care coordination and expanded interventions that target the social determinants of health. Improved care coordination and client navigation has been found to be a strong gap and need through both this assessment and the Title V Needs Assessment conducted by DHEC's MCH Bureau and aligns with strategy E-2. Community health workers and home visitation programs are likely to impact this area, but more is needed to bridge this gap. Additional potential strategies may include: utilization of social workers; resource or healthcare navigators; innovative partnerships with medical and clinical providers; medical home model implementation; standardization and coordination of eligibility for programs and services; and improved multidisciplinary collaboration and communication. Similarly, although many of the

programs and services discussed throughout this assessment impact the social determinants of health, more effort is needed to collaborate with private organizations and partners outside the realm of traditional healthcare partners. In order to truly impact social determinants of health, interventions must be a deliberate multidimensional partnership that impacts economic stability, neighborhood and the built environment, health and health care, social and community context, and education. Partnerships across these different domains have historically been difficult to establish and sustain. Social determinants of health have been identified as a need both throughout this assessment, as well as by the Title V Block Grant Needs Assessment process.


Another barrier to consider is the expansion of current programs and promising practices and increased partnership as discussed in strategy E-2. For example, PASOs and Family Solutions of the Low Country provide invaluable resources in their communities but are currently not available in every county throughout the state. It is important to expand evidence-based programs in counties of greatest need, as identified in strategy E-3.


Other gaps and opportunities for improvement include the availability of services and resources in non-English languages and engagement of men and additional family members. Specifically, there is an identified lack of translation services, Spanish-speaking providers, and resources available in Spanish in S.C. Fathers and other family members, such as grandparents and aunts/uncles often play an important role in the life of the child. It is important to consider cultural differences in family structures and relationship dynamics, as well as gender differences in understanding, preferences, and communication styles. More work is needed in this area of engaging men and other family members and ensure that gender differences and varying communication styles are included in cultural competence promotion. Several fatherhood programs, including Family Connection and S.C. Center for Fathers and Families, can provide support in this area.




Appendix A: Index of Recommendations and Strategies

Recommendation A: Improve Access to Systems of Care for Women Before, During, and After Pregnancy


Strategy	 Key Partners	Promising Practices
A-1: Ensure that all pregnant women and high-risk infants have access to the appropriate level of care through a well-established regional perinatal system	Regional Perinatal System DHEC S.C. DHHS S.C. Perinatal Association March of Dimes S.C. Chapter Children’s Trust of S.C.	National Infant Mortality Collaborative Improvement and Innovation Network (CoIIN) S.C. Regional Perinatal System Work Group
A-2: Streamline the Medicaid application process	S.C. DHHS DHEC	S.C. DHHS and S.C. Department of Social Services (S.C. DSS) “No Wrong Door” Pilot Project DHEC Electronic Medicaid Submission/ Self-Service Workstations
A-3: Provide interconception care coordination to women with previous low birth weight and premature deliveries	S.C. BOI Family Solutions of the Low Country Children’s Trust of S.C. S.C. First Steps Nurse-Family Partnership PASOs March of Dimes S.C. Chapter DHEC Division of Oral Health Family Connection	PASOs Improving Interconception Health for Latina Women (in partnership with March of Dimes S.C. Chapter)


Strategy	 Key Partners	Promising Practices
A-4: Improve pregnancy spacing through increased access to long acting reversible contraceptives (LARCs) such as intrauterine devices (IUDs) and the contraceptive implant	DHEC S.C. DHHS S.C. BOI S.C. First Steps Nurse Family Partnership, Healthy Steps, Healthy Families, Parents as Teachers, and Early Head Start (Home Visiting) PASOs Family Solutions of the Low Country New Morning Foundation Choose Well Tell Them S.C. Coalition for Healthy Families	Accomplishment: S.C. was the first State in the U.S. to provide Medicaid coverage for immediate postpartum insertion of LARCs in a hospital setting in 2012.
A-5: Reduce barriers to access to prenatal care through the use of telemedicine in perinatal consultations and the use of community health workers to enhance medical workforce capacity	PASOs Family Solutions of the Low Country S.C. BOI S.C. Community Health Worker Association Health Access at the Right Time (HeART) S.C. DHHS DHEC Division of Oral Health	S.C. DHHS Telemedicine Proviso S.C. DHHS Community Health Worker Program
A-6: Utilize social media, such as text4baby, Facebook, and Twitter to deliver health care messages and promote access to resources	DHEC March of Dimes S.C. Chapter Choose Well Tell Them S.C. Coalition for Healthy Families S.C. First Steps Nurse-Family Partnership, Healthy Families, Healthy Steps, Early Head Start, and Parents as Teachers (Home Visiting) S.C. Campaign to Prevent Teen Pregnancy Children’s Trust of S.C. PASOs	“Las Reinas No Somos Tontas” PASOs Radionovela

Recommendation B: Promote Use of Evidence-Based Patient Practices by Healthcare Providers and Families


Strategy	 Key Partners	Promising Practices
<p>B-1: Work with all birthing hospitals to sign pledge to stop non-medically indicated inductions and cesarean deliveries prior to 39 weeks</p> <p>Part A: Non-Medically Indicated Inductions</p>	<p>S.C. BOI S.C. DHHS</p>	<p><u>Accomplishment:</u> In 2011, S.C. BOI successfully worked with all birthing hospitals in S.C. to sign a pledge to end non-medically indicated inductions prior to 39 weeks gestation.</p>
<p>Part B: Non-Medically Indicated Cesarean Deliveries</p>	<p>S.C. BOI S.C. Hospital Association S.C. Infant Mortality Collaborative Improvement and Innovation Network (CollIN) Pre and Early Term Birth Prevention Work Group March of Dimes</p>	<p>Supporting Vaginal Birth Initiative</p>
<p>B-2: Promote smoking cessation among pregnant women through the use of evidence-based interventions and the SC Tobacco Quit Line</p>	<p>DHEC Division of Tobacco Prevention and Control S.C. BOI March of Dimes S.C. Chapter Children’s Trust of S.C. S.C. First Steps Nurse-Family Partnership, Healthy Steps, Healthy Families, Early Head Start, Parents as Teachers, and SC DHEC Postpartum Newborn Home Visit Program (Home Visiting) DHEC Division of Oral Health, S.C. Oral Health Advisory Council, S.C. Oral Health Coalition, and S.C. Dental Association</p>	<p><u>Accomplishment:</u> Tobacco Quitline Baby and Me, Tobacco Free</p>
<p>B-3: Eliminate preventable harm to mothers and babies through quality care and consistent delivery of evidence-based practices within the health care system</p> <p>Part A: Newborn and Developmental Screenings</p>	<p>DHEC MCH Bureau Pendleton Place Early Childhood Comprehensive Systems</p>	<p>Universal Screening</p>


Strategy	 Key Partners	Promising Practices
Part B: Clinical Care	S.C. BOI Regional Perinatal System DHEC S.C. DHHS University of South Carolina School of Medicine Simulation Center Greenville Health System	SimCOACH Greenville Health System Managing Abstinence in Newborns (MAiN) Program
Part C: Child Wellbeing and Abuse Prevention	Children’s Trust of S.C. DHEC MCH Bureau Pendleton Place S.C. Center for Fathers and Families Early Childhood Comprehensive Systems United Way Association of S.C. S.C. DHHS Family Connection PASOs S.C. Association Against Domestic Violence and Sexual Assault (SSCADVASA) Greenville Health System	Adverse Childhood Experiences (ACE) Children’s Hospital of the Greenville Health System – Children’s Advocacy Child Abuse Prevention The Assessment Center at Pendleton Place
Part D: Intimate Partner and Domestic Violence Prevention	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) University of S.C. Office of Sexual Assault and Violence Intervention and Prevention S.C. Center for Fathers and Families	
B-4: Strengthen, support, and promote safe sleep efforts in the state by: 1) working with non-primary infant caregivers such as child care providers, churches, and baby sitters to assure they practice and promote safe sleep recommendations 2) standardizing provisions of safe sleep education and training for providers, including obstetricians, pediatricians, nursing staff, discharge planners, home visitors, clinic staff, and others 3) Developing strategic alliances and cooperative partnerships to endorse American Academy of Pediatrics recommendations, promote safe sleep and prenatal smoking cessation (AARP, sororities, civic groups, students, volunteers, Girl Scouts, and others)	Children’s Trust of S.C. Safe Sleep Coalition S.C. Infant Mortality Collaborative Improvement and Innovation Network (CoIIN) Safe Sleep Work Group S.C. First Steps Nurse-Family Partnership, Healthy Steps, Healthy Families, Head Start, Early Head Start, Parents as Teachers, DHEC Postpartum Newborn Home Visit Program (Home Visiting) Family Connection Greenville Health System	Upstate “Cribs for Kids” Program

Strategy	 Key Partners	Promising Practices
B-5: Increase access to and utilization of immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) for pregnant women	DHEC Immunizations Division S.C. DHHS Children’s Trust of S.C. S.C. First Steps Nurse-Family Partnership, DHEC Postpartum Newborn Home Visit Program (Home Visiting) Pendleton Place	
B-6: Expand CenteringPregnancy Programs; this model’s outcomes include empowerment and community building, increased patient satisfaction, reduction in preterm birth, and increased breastfeeding rates	Greenville Health System S.C. BOI S.C. DHHS March of Dimes S.C. Chapter Nurse-Family Partnership	Accomplishments: Women who participated in CenteringPregnancy were 47% less likely to have a preterm birth than comparable women in traditional, individual prenatal care.
B-7: Increase utilization of folic acid and/or multivitamins to impact birth defects	DHEC MCH Bureau Greenwood Genetic Center S.C. First Steps Nurse-Family Partnership PASOs March of Dimes S.C. Chapter Family Connection	
B-8: Strengthen, support, and promote breastfeeding efforts in the state by: 1) Increasing access to lactation consultants and peer counselors 2) Increasing the number of hospitals working toward Baby-Friendly certification 3) Implementing a S.C. Breastfeeding Strategic Plan to improve breastfeeding rates 4) Increasing the number of employers designated as Mother-Friendly Workplaces	Mother’s Milk Bank of South Carolina DHEC MCH Bureau S.C. DHHS PASOs S.C. First Steps Nurse-Family Partnership, DHEC Postpartum Newborn Home Visiting Program (Home Visiting) Family Connection National Association of Social Workers, S.C. Chapter S.C. BOI S.C. Breastfeeding Coalition S.C. Obesity Action Plan (Scale Down) [reference measure only]	Mother’s Milk Bank of S.C. (MMBSC) PASOs Promoting Breastfeeding Program
B-9: Conduct pulse oximetry screening for critical congenital heart defects (CCHDs) in all S.C. birthing hospitals	American Heart Association March of Dimes S.C. Chapter S.C. BOI DHEC MCH Bureau Regional Perinatal System	Accomplishment: The Emerson Rose Act requires all birthing facilities to perform CCHD screening on newborns.

Strategy	 Key Partners	Promising Practices
B-10: Provide culturally-appropriate consumer educational materials about 17P, a medication that can prevent premature births in women who have previously had a preterm birth, to this target population	S.C. DHHS S.C. BOI March of Dimes S.C. Chapter	
B-11: Expand access to evidence-based home visitation programs for pregnant women and infants that focus on risk factors for maternal, infant, and child morbidity and mortality	Children’s Trust of S.C. S.C. First Steps Early Childhood Comprehensive Systems Children’s Trust of S.C. Family Check Up, Healthy Families America, Healthy Steps, Nurse-Family Partnership, Parents as Teachers, Early Steps to School Success, Parent Child Home Program, Head Start, and Early Head Start (Home Visiting) Family Solutions of the Low Country DHEC MCH Bureau S.C. DHHS Family Connection March of Dimes S.C. Chapter PASOs	<p>Accomplishments: Health Resources and Services Administration’s Maternal, Infant and Early Childhood Home Visiting (MIECHV) program</p> <p>Children’s Trust of S.C. Infrastructure Building and Service Provision</p> <p>Universal Staffing – Collaborative Organization of Services for Youth (COSY)</p> <p>Pay for Success</p>
B-12: Promote use of S.C. Oral Health Coalition’s “Oral Health Care for Pregnant Women” guidelines	DHEC Division of Oral Health S.C. Oral Health Coalition S.C. Oral Health Advisory Council S.C. DHHS Children’s Trust of S.C. Nurse-Family Partnership	Integration of Oral Health Messaging in Home Visiting
B-13: Develop formal education programs for OB providers to become pregnancy medical homes	Family Solutions of the Low Country S.C. BOI DHEC Division of Oral Health S.C. Oral Health Advisory Council S.C. Oral Health Coalition	

Recommendation C: Promote Health across the Lifespan

Strategy	 Key Partners	Promising Practices
<p>C-1: Improve access to interconception health care, with a particular focus on women with chronic diseases & adverse pregnancy outcomes</p>	<p>S.C. BOI S.C. DHHS March of Dimes Children’s Trust of S.C. Nurse-Family Partnership, DHEC Postpartum Newborn Home Visiting Program (Home Visiting) Family Solutions of the Low Country S.C. Office of Rural Health PASOs Choose Well DHEC Division of Oral Health Family Connection S.C. First Steps</p>	<p>Family Solutions of the Low Country (FSLC)</p>
<p>C-2: Reduce teen birth rates through increased implementation of evidence-based teen pregnancy prevention programs and increased access to long-acting reversible contraceptives (LARCs)</p>	<p>S.C. Campaign to Prevent Teen Pregnancy DHEC S.C. DHHS New Morning Foundation Choose Well Tell Them S.C. Coalition for Healthy Families Children’s Trust of S.C. S.C. First Steps Nurse-Family Partnership S.C. BOI United Way of the Midlands PASOs</p>	<p><u>Accomplishment:</u> ¡Cuidaté! is an evidence-based, culturally appropriate program for Latino youth ages 12-19 developed in partnership between PASOs and S.C. Campaign to Prevent Teen Pregnancy.</p> <p>S.C. Adolescent Reproductive Health Leadership Institute</p> <p>Parenting Teen Partnership</p>
<p>C-3: Increase the number of providers screening pregnant women for smoking, alcohol, and drug use, domestic violence, and depression, and making appropriate referrals</p>	<p>S.C. BOI DHEC S.C. DHHS Children’s Trust of S.C. S.C. First Steps Nurse-Family Partnership, Parents as Teachers, Early Head Start, Healthy Families, Healthy Steps, and DHEC Postpartum Newborn Home Visiting Program (Home Visiting) S.C. Coalition Against Domestic Violence and Sexual Assault (SCCADVASA)</p>	

Strategy	 Key Partners	Promising Practices
C-4: Increase the number of women who keep the postpartum visit appointments to ensure follow-up for any post-pregnancy health concerns and the opportunity to access a birth control method of their choice	S.C. DHHS S.C. BOI Children’s Trust of S.C. S.C. First Steps Nurse-Family Partnership, DHEC Postpartum Newborn Home Visit Program (Home Visiting) PASOs Family Connection	

Recommendation D: Develop Data Systems to Understand and Inform Efforts

Categories	Key Partners
Current Activities	DHEC MC Bureau S.C. DHHS S.C. BOI March of Dimes S.C. Chapter S.C. First Steps Children’s Trust of S.C.
Accomplishments & Strengths	DHEC S.C. DHHS S.C. Campaign to Prevent Teen Pregnancy Greenwood Genetic Center Choose Well
Future Considerations & Opportunities for Improvement	DHEC Greenwood Genetic Center PASOs S.C. BOI Family Solutions of the Low Country S.C. DHHS

Recommendation E: Eliminate Disparities and Promote Health Equity

Strategies	Key Partners
Accomplishments & Strengths	S.C. BOI PASOs CenteringPregnancy DHEC Office of Minority Health Family Solutions of the Low Country Regional Perinatal System
Future Considerations & Opportunities for Improvement	DHEC PASOs Family Solutions of the Low Country S.C. Center for Fathers and Families Family Connection

Appendix B: Index of Key Partners

Agency / Organization Name	Recommendation and Strategy
Birth Outcomes Initiative (S.C. BOI)	A-3; A-4; A-5; B-1; B-2; B-3 Part B; B-6; B-8; B-9; B-10; B-13; C-1; C-2; C-3; C-4; D-Current Activities; D-Future Considerations & Opportunities; E-Accomplishments & Strengths
Children’s Trust of S.C.	A-1; A-3; A-6; B-2; B-3 Part C; B-4; B-5; B-11; B-12; C-1; C-2; C-3; C-4; D-Current Activities
Choose Well	A-4; A-6; C-1; C-2; D-Accomplishments & Strengths
Family Connection	A-3; B-3 Part C; B-4; B-7; B-8; B-11; C-1; C-4; E-Future Considerations & Opportunities for Improvement
Family Solutions of the Low Country (FSLC)	A-3; A-4; A-5; B-11; B-13; C-1; D-Future Considerations & Opportunities for Improvement; E-Accomplishments & Strengths; E-Future Considerations & Opportunities for Improvement
Greenville Health Systems (GHS)	B-3 Part B; B-3 Part C; B-4; B-6
Greenwood Genetic Center (GGC)	B-7; D-Accomplishments & Strengths; D-Future Considerations & Opportunities for Improvement
March of Dimes, S.C. Chapter	A-1; A-3; A-6; B-1 Part B; B-2; B-6; B-7; B-9; B-10; B-11; C-1; D-Current Activities
Mother’s Milk Bank of S.C. (MMBSC)	B-8
New Morning Foundation	A-4; C-2
National Association of Social Workers, SC Chapter	B-8
Nurse-Family Partnership	A-3; A-4; A-6; B-2; B-4; B-5; B-6; B-7; B-8; B-11; B-12; C-1; C-2; C-3; C-4
PASOs	A-3; A-4; A-5; A-6; B-3 Part C; B-7; B-8; B-11; C-1; C-2; C-4; D-Future Considerations & Opportunities for Improvement; E-Accomplishments & Strengths; E-Future Considerations & Opportunities for Improvement
Pendleton Place	B-3 Part A; B-3 Part C; B-5
S.C. Breastfeeding Coalition	B-8
S.C. Obesity Action Plan (SCale Down)	B-8 [reference measure only]
S.C. Campaign to Prevent Teen Pregnancy	A-6; C-2; D-Accomplishments & Strengths
S.C. Center for Fathers and Families	B-3 Part C; B-3 Part D; E-Future Considerations & Opportunities for Improvement
S.C. Coalition Against Domestic Violence and Sexual Assault (SCCADVASA)	B-3 Part C; B-3 Part D; C-3
S.C. Coalition for Healthy Families	A-4; A-6; C-2
S.C. Department of Health and Environmental Control (DHEC) Division of Immunizations Division of Tobacco Prevention and Control Office of Minority Health Bureau of MCH	A-1; A-2; A-3; A-4; A-5; A-6; B-2; B-3 Part A; B-3 Part B; B-3 Part C; B-5; B-7; B-8; B-9; B-11; B-12; B-13; C-1; C-2; C-3; D-Current Activities; D-Accomplishments & Strengths; D-Future Considerations & Opportunities for Improvement; E- Accomplishments & Strengths; E- Future Considerations & Opportunities for Improvement

Agency / Organization Name	Recommendation and Strategy
S.C. Department of Health and Human Services (S.C. DHHS) – S.C. Medicaid Agency	A-1; A-2; A-4; A-5; A-6; B-1 Part A; B-3 Part B; B-3 Part C; B-5; B-6; B-8; B-10; B-11; B-12; C-1; C-2; C-3; C-4; D-Current Activities; D-Accomplishments & Strengths; D-Future Considerations and Opportunities for Improvement
S.C. First Steps	A-3; A-4; A-6; B-2; B-4; B-5; B-7; B-8; B-11; C-1; C-2; C-3; C-4; D-Current Activities
Tell Them	A-4; A-6; C-2
United Way Association of South Carolina	B-3 Part C
United Way of the Midlands	C-2
University of S.C. Office of Sexual Assault and Violence Intervention and Prevention	B-3 Part D

Appendix C: List of Abbreviations Used

17P – 17 Alpha-hydroxyprogesterone caproate (progesterone injection)

ACA – Affordable Care Act

ACE – Adverse Childhood Experiences

BOI – S.C. Birth Outcomes Initiative

CCHD – Critical Congenital Heart Defect

CHW – Community Health Worker

CoIIN – Collaborative Improvement and Innovation Network

DHEC – S.C. Department of Health and Environmental Control

DHHS – S.C. Department of Health and Human Services

DSS – S.C. Department of Social Services

FLSC – Family Solutions of the Low Country

IUD – Intrauterine Device

LARC – Long-Acting Reversible Contraceptive

MAiN – Managing Abstinence in Newborns

MCH – Maternal and Child Health

MIECHV – Maternal, Infant, and Early Childhood Home Visiting Program

MMBSC – Mothers Milk Bank of S.C.

CCHD – Critical Congenital Heart Defect

PASOs – Perinatal Awareness for Successful Outcomes

SBIRT – Screening, Brief Intervention, and Referral to Treatment Tool

S.C. - South Carolina

SCCADVASA – S.C. Coalition Against Domestic Violence and Sexual Assault

SOHP – S.C. State Oral Health Plan

RFA – Revenue and Fiscal Affairs Office

Tdap – Tetanus, Diphtheria and Pertussis

WIC – Women, Infants, and Children Program

Appendix D: S.C. MCH Regional Resource Inventory

Region: Lowcountry

Agency / Organization	Program / Site	Brief Description	Website
County: Allendale			
Allendale County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Cumbee Center to Assist Abused Persons	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence and Sexual Assault Services	http://www.cumbeecenter.org/
Family Solutions of the Low Country (Grantee: SC Office of Rural Health)	Low Country Healthy Start, Nurse-Family Partnership, Opportunity Knocks, Tomorrow's Scholar's Leadership Program, and Healthy Start Enhanced Case Management	Mission is to promote healthy lifestyles through education and social development for rural and underserved families and communities	http://scorh.net/our-services/low-country-healthy-start/
Low Country Health Care System (Barnwell Pediatrics)	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Orangeburg, Calhoun, Allendale, Bamberg (OCAB) Community Action Agency (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.ocabcaa.org/
SC Department of Health and Human Services	Telemedicine Pilot Site	Telemedicine	https://www.scdhhs.gov/
County: Bamberg			
Bamberg School District One	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
CASA / Family Systems	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence and Sexual Assault Services	http://casafamilysystems.com/
Family Health Centers, Inc. (Eau Claire Cooperative Health Services, Inc.)	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.ecchc.org/

Agency / Organization	Program / Site	Brief Description	Website
Family Solutions of the Low Country (Grantee: SC Office of Rural Health)	Low Country Healthy Start, Nurse-Family Partnership, Opportunity Knocks, Tomorrow's Scholar's Leadership Program, and Healthy Start Enhanced Case Management	Mission is to promote healthy lifestyles through education and social development for rural and underserved families and communities.	http://scorh.net/our-services/low-country-healthy-start/
National Alliance on Mental Illness (NAMI) of COB Counties	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=031b3a1a-c57d-4545-9a3a-e0a115b612e8
Orangeburg, Calhoun, Allendale, Bamberg (OCAB) Community Action Agency (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://healthysteps.org/about/healthy-steps-sites/
SC Department of Health and Human Services	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://healthysteps.org/about/healthy-steps-sites/
The Regional Medical Center	Telemedicine Pilot Site	Telemedicine	https://www.scdhhs.gov/
	Safe Kids Orangeburg, Bamberg, and Calhoun Counties	Train child passenger safety technicians and advocate for effective laws and policies that will work to keep children safe	http://www.schildren.org/about-us/programs/safe_kids_south_carolina/
County: Beaufort			
All Children's Pediatrics	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Beaufort / Jasper Early Head Start	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.benefits.gov/benefits/benefit-details/1938
Beaufort / Jasper Head Start	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
Beaufort / Jasper / Hampton Comprehensive	Federally Qualified Health Center (FOHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.bjhchs.org/
Beaufort County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Beaufort County School District	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/

Agency / Organization	Program / Site	Brief Description	Website
Beaufort Memorial Hospital	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://www.bmhsc.org/
Citizens Opposed to Domestic Abuse	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence Services	http://codalowcountry.org/
Collaborative Organization of Services for Youth (COSY)	Universal Staffing Protocol	Universal staffing protocol among various parenting home visitation models	http://www.helpalowcountryfamily.org/
Hilton Head Hospital	Level I Hospital with Perinatal Services	Provides services for normal uncomplicated pregnancies	https://www.hiltonheadregional.com/
Hope Haven of the Lowcountry: Children's Advocacy and Rape Crisis Center	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Sexual Assault Services	http://hopehavenlc.org/
National Alliance on Mental Illness (NAMI) - Beaufort County	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	http://www.namibeaufortcounty.org/
PASOs	Breastfeeding Support Program	Along with "Pasitos Adelante" childhood obesity prevention program	http://www.scpasos.org/
	Radionovela	Spanish radio drama stories share important health messages in an engaging way	http://www.scpasos.org/
	Resource Navigation and Improved Access to Care / Promotores	Community Health Workers	http://www.scpasos.org/
SC DHEC Beaufort County Health Department	Mother's Milk Bank of SC Depot Site	Provides human milk for hospitalized very low birth weight infants	http://www.scmilkbank.org/
SC DHEC Bluffton Health Department	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
County: Berkeley			
After Hours Clinic, Medical University of SC / Medical University Hospital Authority	Mother's Milk Bank of SC Depot Site	Provides human milk for hospitalized very low birth weight infants	http://www.scmilkbank.org/

Agency / Organization	Program / Site	Brief Description	Website
Berkeley County First Steps / Berkeley County School District	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Berkeley County School District	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
Franklin C. Fetter, Inc.	Federally Qualified Health Center (FOHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	https://fetterhealthcare.org/
Medical University of South Carolina	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
My Sister's House	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence Services	http://mysistershouse.org/
PASOs	Radionovela	Spanish radio drama stories share important health messages in an engaging way	http://www.scpasos.org/
People Against Rape	Resource Navigation and Improved Access to Care / Promotores	Community Health Workers	http://www.scpasos.org/
SC DHEC Goose Creek Clinic	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Sexual Assault Services	http://www.peopleagainstrape.org/
	Mother's Milk Bank of SC Depot Site	Provides human milk for hospitalized very low birth weight infants	http://www.scmilkbank.org/
	The Point - Teen Clinic	Confidential, safe and friendly family planning clinics for teens	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
SC DHEC Low Country	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
County: Calhoun			
Calhoun County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
CASA / Family Systems	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence and Sexual Assault Services	http://casafamilysystems.com/

Agency / Organization	Program / Site	Brief Description	Website
Eau Claire Cooperative Health Centers	Healthy Steps	Evidence-Based Home Visiting	http://www.ecchc.org/
Family Health Centers, Inc. (Eau Claire Cooperative Health Services, Inc.)	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.ecchc.org/
National Alliance on Mental Illness (NAMI) of COB Counties	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=031b3a1a-c57d-4545-9a3a-e0a115b612e8
Orangeburg, Calhoun, Allendale, Bamberg (OCAB) Community Action Agency (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.ocabcaa.org/
The Regional Medical Center	Safe Kids Orangeburg, Bamberg, and Calhoun Counties	Train child passenger safety technicians and advocate for effective laws and policies that will work to keep children safe	http://www.scchildren.org/about-us/programs/safe_kids_south_carolina/
County: Charleston			
Bon Secours - St. Francis Xavier Hospital	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://www.rsfh.com/st-francis-hospital/
Charleston County First Steps	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://scfirststeps.com/
	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Charleston County School District	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.benefits.gov/benefits/benefit-details/1938

Agency / Organization	Program / Site	Brief Description	Website
Greenwood Genetic Center	Greenwood Genetic Center - Charleston	Mission is to provide clinical genetic services, diagnostic laboratory testing, educational programs, and resources and research in the field of medical genetics	http://www.ggc.org/
East Cooper Regional Hospital	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	https://www.eastcoopermedctr.com/
Franklin C. Fetter, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	https://fetterhealthcare.org/
Medical University of South Carolina - Children's Care Clinic, North Charleston	SC Department of Health and Human Services Community Health Worker Program	Community Health Workers	https://www.scdhhs.gov/
Medical University of South Carolina	Level III Regional Perinatal Center	Provides all aspects of perinatal care, including intensive care and a range of continuously available subspecialty consultation	http://academicdepartments.musc.edu/musc/
	Baby Friendly Hospital	Provides recommended care for lactating mothers and their babies	http://academicdepartments.musc.edu/musc/
	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Medical University of South Carolina - Children's Hospital	Safe Kids Trident Area	Train child passenger safety technicians and advocate for effective laws and policies that will work to keep children safe	http://www.scchildren.org/about-us/programs/safe_kids_south_carolina/
Medical University of South Carolina - Women's Health	CenteringPregnancy	Group prenatal care with demonstrated positive outcomes	http://academicdepartments.musc.edu/musc/
My Sister's House	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence Services	http://mysistershouse.org/
National Alliance on Mental Illness (NAMI) - Charleston Area	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=d2b45fce-8495-4db6-9d0c-2fe57c680433

Agency / Organization	Program / Site	Brief Description	Website
PASOs	Radionovela	Spanish radio drama stories share important health messages in an engaging way	http://www.scpasos.org/
People Against Rape	Resource Navigation and Improved Access to Care / Promotores	Community Health Workers	http://www.scpasos.org/
Roper St. Francis - Mt. Pleasant	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Sexual Assault Services	http://www.peopleagainstrape.org/
Roper St. Francis - Mt. Pleasant	Level I Hospital with Perinatal Services	Provide services for normal uncomplicated pregnancies	https://www.rsfh.com/
Roper St. Francis - West Ashley	Baby Friendly Hospital	Provides recommended care for lactating mothers and their babies	https://www.rsfh.com/
SC Center for Fathers and Families	Mother's Milk Bank of SC Depot Site (in process)	Provides human milk for hospitalized very low birth weight infants	http://www.scmilkbank.org/
SC Center for Fathers and Families	Mother's Milk Bank of SC Depot Site (in process)	Provides human milk for hospitalized very low birth weight infants	http://www.scmilkbank.org/
SC Department of Health and Human Services / SC Department of Social Services	Father to Father	Provides services to Fathers	http://www.scfathersandfamilies.com/programs/father_to_father_project/
SC DHEC John's Island	No Wrong Door Pilot Program	Pilot project designed to streamline benefit application and enrollment processes	https://www.scdhhs.gov/
SC DHEC Low Country	The Point - Teen Clinic	Confidential, safe and friendly family planning clinics for teens	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
SC DHEC Northwoods	Nurse-Family Partnership	Evidence-based home visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
SC DHEC Northwoods / Chicora (pending)	The Point - Teen Clinic	Confidential, safe and friendly family planning clinics for teens	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
SC DHEC Northwoods / Chicora (pending)	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/

Agency / Organization	Program / Site	Brief Description	Website
Trident Hospital	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://tridenthealthsystem.com/
County: Colleton			
Citizens Opposed to Domestic Abuse	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence Services	http://codalowcountry.org/
Colleton Hospital	Level II Hospital with Perinatal Services	Provides services for normal uncomplicated pregnancies	http://colletonmedical.com/
Colleton County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Colleton Medical Center	Safe Kids Lowcountry	Train child passenger safety technicians and advocate for effective laws and policies that will work to keep children safe	http://www.schildren.org/about-us/programs/safe_kids_south_carolina/
Franklin C. Fetter, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	https://fetterhealthcare.org/
Hope Haven of the Lowcountry: Children's Advocacy and Rape Crisis Center	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Sexual Assault Services	http://www.hopehavenlc.org/
Low Country Community Action Agency, Inc. (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.lowcountrycaa.org/
SC DHEC Colleton County	The Point - Teen Clinic	Confidential, safe and friendly family planning clinics for teens	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
SC DHEC Low Country	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
County: Dorchester			
Berkeley County School District	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
Dorchester County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
	Parent-Child Home Program	Promising Home Visiting Model	http://scfirststeps.com/

Agency / Organization	Program / Site	Brief Description	Website
Family Health Centers, Inc. (Eau Claire Cooperative Health Services, Inc.)	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.ecchc.org/
Franklin C. Fetter, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	https://fetterhealthcare.org/
My Sister's House	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence Services	http://mysistershouse.org/
PASOs	Radionovela	Spanish radio drama stories share important health messages in an engaging way	http://www.scpasos.org/
People Against Rape	Resource Navigation and Improved Access to Care / Promotores	Community Health Workers	http://www.scpasos.org/
People Against Rape	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Sexual Assault Services	http://www.peopleagainstrape.org/
Summerville Medical Hospital	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://tridenthealthsystem.com/about/summerville-medical-center/
SC DHEC Low Country	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
SC DHEC Summerville Clinic	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
County: Hampton			
All Children's Pediatrics	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Beaufort / Jasper / Hampton Comprehensive	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.bjhchs.org/

Agency / Organization	Program / Site	Brief Description	Website
Citizens Opposed to Domestic Abuse	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence Services	http://codalowcountry.org/
Family Solutions of the Low Country (Grantee: SC Office of Rural Health)	Low Country Healthy Start, Nurse-Family Partnership, Opportunity Knocks, Tomorrow's Scholar's Leadership Program, and Healthy Start Enhanced Case Management	Mission is to promote healthy lifestyles through education and social development for rural and underserved families and communities	http://scorh.net/our-services/low-country-healthy-start/
Hampton County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Hope Haven of the Lowcountry: Children's Advocacy and Rape Crisis Center	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Sexual Assault Services	http://hopehavenlc.org/
Low Country Community Action Agency, Inc. (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.lowcountrycaa.org/
PASOs	Breastfeeding Support Program	Along with "Pasitos Adelante" childhood obesity prevention program	http://www.scpasos.org/
	Radionovela	Spanish radio drama stories share important health messages in an engaging way	http://www.scpasos.org/
	Resource Navigation and Improved Access to Care / Promotores	Community Health Workers	http://www.scpasos.org/
SC Department of Health and Human Services	Telemedicine Pilot Site	Telemedicine	https://www.scdhhs.gov/
County: Jasper			
All Children's Pediatrics	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Beaufort / Jasper Head Start	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
Beaufort / Jasper Early Head Start	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.benefits.gov/benefits/benefit-details/1938

Agency / Organization	Program / Site	Brief Description	Website
Beaufort / Jasper / Hampton Comprehensive	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.bjhchs.org/
Citizens Opposed to Domestic Abuse	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence Services	http://codalowcountry.org/
Coastal Carolina Hospital	Level I Hospital with Perinatal Services	Provides services for normal uncomplicated pregnancies	https://www.coastalhospital.com/
Hope Haven of the Lowcountry: Children's Advocacy and Rape Crisis Center	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Sexual Assault Services	http://hopehavenlc.org/
Jasper County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
PASOs	Breastfeeding Support Program	Along with "Pasitos Adelante" childhood obesity prevention program	http://www.scpasos.org/
	Radionovela	Spanish radio drama stories share important health messages in an engaging way	http://www.scpasos.org/
	Resource Navigation and Improved Access to Care / Promotores	Community Health Workers	http://www.scpasos.org/
County: Orangeburg			
CASA / Family Systems	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence and Sexual Assault Services	http://casafamilysystems.com/
Family Health Centers, Inc. (Eau Claire Cooperative Health Services, Inc.)	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.ecchc.org/
Family Solutions of the Low Country (Grantee: SC Office of Rural Health)	Low Country Healthy Start, Nurse-Family Partnership, Opportunity Knocks, Tomorrow's Scholar's Leadership Program, and Healthy Start Enhanced Case Management	Mission is to promote healthy lifestyles through education and social development for rural and underserved families and communities	http://scorh.net/our-services/low-country-healthy-start/

Agency / Organization	Program / Site	Brief Description	Website
National Alliance on Mental Illness (NAMI) of COB Counties	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=031b3a1a-c57d-4545-9a3a-e0a115b612e8
Orangeburg County First Steps	Early Steps to School Success	Promising Home Visiting Model	http://scfirststeps.com/
Orangeburg, Calhoun, Allendale, Bamberg (OCAB) Community Action Agency (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.ocabcaa.org/
SC DHEC Orangeburg	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
The Regional Medical Center - Orangeburg	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	https://www.trmchealth.org/
	Safe Kids Orangeburg, Bamberg, and Calhoun Counties	Train child passenger safety technicians and advocate for effective laws and policies that will work to keep children safe	http://www.scchildren.org/about-us/programs/safe_kids_south_carolina/

Region: Midlands

Agency / Organization	Program / Site	Brief Description	Website
County: Aiken			
Aiken / Barnwell Head Start	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
Aiken County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Aiken Regional Hospital	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://www.aikenregional.com/
Children's Place, Inc.	Family Check Up	Evidence-Based Home Visiting	http://www.scchildren.org/

Agency / Organization	Program / Site	Brief Description	Website
Cumbee Center to Assist Abused Persons	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence and Sexual Assault Services	http://www.cumbeecenter.org/
Margaret J. Weston Medical Center	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://freeclinicdirectory.org/detail/margaret_j_weston_health_center8_clearwater_sc.html
National Alliance on Mental Illness (NAMI) - Aiken	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=f1956b17-935b-4a20-9168-4430dcaabeb8
Rural Health Services (Federally Qualified Health Center)	SC Adolescent Reproductive Health Leadership Institute	Collaborative learning model to promote participating health centers' capacity to implement quality reproductive health services for teens	http://www.ruralhs.org
SC Center for Fathers and Families	Midlands Fatherhood Coalition	Provides services to Fathers	http://www.scfathersandfamilies.com/programs/midlands_fatherhood_coalition
SC DHEC Aiken	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo
Tri Developemtn Center of Aiken County	Safe Kids Aiken	Train child passenger safety technicians and advocate for effective laws and policies that will work to keep children safe	http://www.scchildren.org/about_us/programs/safe_kids_south_carolina
County: Barnwell			
Aiken / Barnwell Head Start	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
Barnwell School District 19	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com
	Early Steps to School Success	Promising Home Visiting Model	http://scfirststeps.com
Children's Place, Inc.	Family Check Up	Evidence-Based Home Visiting	http://www.scchildren.org

Agency / Organization	Program / Site	Brief Description	Website
Cumbee Center to Assist Abused Persons	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence and Sexual Assault Services	http://www.cumbeecenter.org
Family Solutions of the Low Country (Grantee: SC Office of Rural Health)	Low Country Healthy Start, Nurse-Family Partnership, Opportunity Knocks, Tomorrow's Scholar's Leadership Program, and Healthy Start Enhanced Case Management	Mission is to promote healthy lifestyles through education and social development for rural and underserved families and communities	http://scorh.net/our-services/low-country-healthy-start/
Low Country Health Care System - Barnwell Pediatrics	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
SC Department of Health and Human Services	Telemedicine Pilot Site	Telemedicine	https://www.scdhhs.gov/
County: Chester			
Carolina Community Action Agency, Inc. (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	www.carolinacommunityactions.org/
Chester County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Eau Claire Cooperative Health Centers	Healthy Steps	Evidence-Based Home Visiting	http://www.ecchc.org/
Palmetto Citizens Against Sexual Assault	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Sexual Assault Services	http://www.sccadvasa.org/about/member-programs/
Safe Passage, Inc.	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://safepassagesc.org/Library1004-1/
County: Edgefield			
Carolina Health Centers, Inc.	Nurse-Family Partnership, Healthy Families America, Parents as Teachers, and Healthy Steps	Evidence-Based Home Visiting	http://scfirststeps.com/

Agency / Organization	Program / Site	Brief Description	Website
Cornerstone - Abbeville, Edgefield, Greenwood, McCormick	Behavioral Health Services	Provides detoxification, treatment, and transitional housing for behavioral health issues	http://www.cornerstonecares.org/
Cumbee Center to Assist Abused Persons	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Sexual Assault Services	http://www.cumbeecenter.org/
Greenwood, Laurens, Edgefield, Abbeville, McCormick, and Saluda Human resources Commission (GLEAMNS)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.benefits.gov/benefits/benefit-details/1938
Meg's House	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://megshouse.org/
PASOs	Resource Navigation and Improved Access to Care / Promotores	Community Health Workers	http://www.scpasos.org/
County: Fairfield			
Eau Claire Cooperative Health Centers	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.ecchc.org/
Fairfield County First Steps	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Fairfield Medical Associates - Fairfield	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Greenwood, Laurens, Edgefield, Abbeville, McCormick, and Saluda Human resources Commission (GLEAMNS)	SC Department of Health and Human Services Community Health Worker Program	Community Health Workers	https://www.scdhhs.gov/
	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938

Agency / Organization	Program / Site	Brief Description	Website
Palmetto Citizens Against Sexual Assault	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Sexual Assault Services	http://www.sccadvasa.org/about/member-programs/
SC Center for Fathers and Families	Midlands Fatherhood Coalition	Provides services to Fathers	http://www.scfathersandfamilies.com/programs/midlands_fatherhood_coalition/
Sistercare	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://sistercare.org/
County: Kershaw			
Eau Claire Cooperative Health Centers	Healthy Steps	Evidence-Based Home Visiting	http://www.ecchc.org/
Camden Fire Department	Safe Kids Kershaw	Train child passenger safety technicians and advocate for effective laws and policies that will work to keep children safe	http://www.scchildren.org/about_us/programs/safe_kids_south_carolina/
Family Resource Center	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Sexual Assault Services	http://thefamilyresourcecenter.org/
Kershaw County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Kershaw County Hospital	Level I Hospital with Perinatal Services	Provides services for normal uncomplicated pregnancies	http://www.kershawhealth.org/
National Alliance on Mental Illness (NAMI) Kershaw County	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=3adca7e9-24b6-4231-a5cc-c56a9fb11d66
Sistercare	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://sistercare.org/

Agency / Organization	Program / Site	Brief Description	Website
Wateree Community Action Agency, Inc. (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	https://www.wcai.org/
	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	https://www.wcai.org/
County: Lancaster			
Lancaster Early Head Start	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.benefits.gov/benefits/benefit-details/1938
Lancaster Head Start	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
Palmetto Citizens Against Sexual Assault	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Sexual Assault Services	http://www.sccadvasa.org/about/member-programs/
Safe Passage, Inc.	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://safepassagesc.org/Library1004-1/
SC Center for Fathers and Families	Lancaster Fatherhood Project	Provides services to Fathers	http://www.scfathersandfamilies.com/programs/lancaster_fatherhood_project/
Springs Memorial	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://www.springsmemorial.com/Springs-Memorial-Hospital/home.aspx
The Children's Council	March of Dimes Grantee, Reducing Disparities	Implementation of the "Baby Basics" program with pregnant women ages 15-23, with an emphasis on ages 15-19	http://www.marchofdimes.org/southcarolina/
County: Lexington			
Children's Hospital Outpatient Center at Palmetto Health	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/

Agency / Organization	Program / Site	Brief Description	Website
Eau Claire Cooperative Health Centers	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.ecchc.org/
Greenwood, Laurens, Edgefield, Abbeville, McCormick, and Saluda Human resources Commission (GLEAMINS)	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Lexington County School Districts (all five)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
Lexington Medical Center	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Lexington Women's Care	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://www.lexmed.com/
Lexington Women's Care	CenteringPregnancy	Group prenatal care with demonstrated positive outcomes	http://centeringhealthcare.org/pages/centering-model/pregnancy-overview.php
National Alliance on Mental Illness (NAMI) - Batesburg / Leesville	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Printable?state=SC
PASOs	Radionovela	Spanish radio drama stories share important health messages in an engaging way	http://www.scpasos.org/
	Breastfeeding Support Program	Promotes breastfeeding among Latina women	http://www.scpasos.org/
	Resource Navigation and Improved Access to Care / Promotores	Community Health Workers	http://www.scpasos.org/
SC Center for Fathers and Families	Midlands Fatherhood Coalition	Provides services to Fathers	http://www.scfathersandfamilies.com/programs/midlands_fatherhood_coalition/

Agency / Organization	Program / Site	Brief Description	Website
SC DHEC Lexington	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
SC DHEC Midlands	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
Sexual Trauma Services of the Midlands	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Sexual Assault Services	https://www.stsm.org/
Sistercare	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://sistercare.org/
Vital Connections of the Midlands	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.benefits.gov/benefits/benefit-details/1938
County: Newberry			
Eau Claire Cooperative Health Centers	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.ecchc.org/
	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Greenwood, Laurens, Edgefield, Abbeville, McCormick, and Saluda Human resources Commission (GLEAMNS)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
Newberry County Hospital	Level I Hospital with Perinatal Services	Provides services for normal uncomplicated pregnancies	http://www.newberryhospital.org/
Newberry County Schools	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
PASOs	Resource Navigation and Improved Access to Care / Promotores	Community Health Workers	http://www.scpasos.org/

Agency / Organization	Program / Site	Brief Description	Website
PASOs / March of Dimes	Improving Interconception Health for Latina Women	Interconception counseling, personalized health coaching, and community prevention-based education	http://www.scpasos.org/
Sexual Trauma Services of the Midlands	SC Coalition Against Domestic Violence and Sexual Assault (SCCADV/ASA) Membership Organization	Sexual Assault Services	https://www.stsm.org/
Sistercare	SC Coalition Against Domestic Violence and Sexual Assault (SCCADV/ASA) Membership Organization	Domestic Violence Services	http://sistercare.org/
County: Richland			
Carolina Pediatrics and Adolescent Care - Columbia	SC Department of Health and Human Services Community Health Worker Program	Community Health Workers	https://www.scdhhs.gov/
Children's Hospital Outpatient Center at Palmetto Health	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Children's Trust of SC / SC Campaign to Prevent Teen Pregnancy	Parenting Teen Partnership Program	Increases educational attainment and improves parenting skills among pregnant and parenting young adults	http://www.scchildren.org/
Eau Claire Cooperative Health Centers	Federally Qualified Health Center (FOHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.ecchc.org/
Greenwood Genetic Center	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Greenwood Genetic Center	Greenwood Genetic Center - Columbia	Mission is to provide clinical genetic services, diagnostic laboratory testing, educational programs, and resources and research in the field of medical genetics	http://www.ggc.org/
Greenwood, Laurens, Edgefield, Abbeville, McCormick, and Saluda Human resources Commission (GLEAMINS)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938

Agency / Organization	Program / Site	Brief Description	Website
National Alliance on Mental Illness (NAMI) Mid-Carolina	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	http://www.namimidcarolina.org/
Palmetto Health Baptist - Parkridge	Level I Hospital with Perinatal Services	Provides services for normal uncomplicated pregnancies	https://www.palmettohealth.org/locations-directions/hospitals/palmetto-health-baptist
Palmetto Health Children's Hospital	Safe Kids Midlands	Train child passenger safety technicians and advocate for effective laws and policies that will work to keep children safe	http://www.scchildren.org/about_us/programs/safe_kids_south_carolina/
Palmetto Health Richland	Level III Regional Perinatal Center	Provides all aspects of perinatal care, including intensive care and a range of continuously available subspecialty consultation	https://www.palmettohealth.org/locations-directions/hospitals/palmetto-health-baptist
	Baby Friendly Hospital	Provides recommended care for lactating mothers and their babies	https://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative
	Mother's Milk Bank of SC Milk Depot	Provides human milk for hospitalized very low birth weight infants	http://www.scmilkbank.org/
PASOs	Radionovela	Spanish radio drama stories share important health messages in an engaging way	http://www.scpasos.org/
	Breastfeeding Support Program	Promotes breastfeeding among Latina women	http://www.scpasos.org/
	Resource Navigation and Improved Access to Care / Promotores	Community Health Workers	http://www.scpasos.org/
Richland County First Steps	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://scfirststeps.com/
SC Center for Fathers and Families	Midlands Fatherhood Coalition	Provides services to Fathers	http://www.scfathersandfamilies.com/programs/midlands_fatherhood_coalition/

Agency / Organization	Program / Site	Brief Description	Website
SC DHEC Midlands	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
SC DHEC Richland County	Mother's Milk Bank of SC Milk Depot	Provides human milk for hospitalized very low birth weight infants	http://www.scmilkbank.org/
School District 5 of Lexington - Richland / Richland County First Steps	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
Sexual Trauma Services of the Midlands	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Sistercare	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Sexual Assault Services	https://www.stsm.org/
University Specialty Clinics, Columbia	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://sistercare.org/
Carolina Health Centers, Inc.	CenteringPregnancy	Group prenatal care with demonstrated positive outcomes	http://centeringhealthcare.org/pages/centering-model/pregnancy-overview.php
Cumbee Center to Assist Abused Persons	SC Department of Health and Human Services Community Health Worker Program	Community Health Workers	http://specialtyclinics.med.sc.edu/
County: Saluda			
First Steps of Saluda County	Nurse-Family Partnership, Healthy Families America, Parents as Teachers, and Healthy Steps	Evidence-Based Home Visiting	http://scfirststeps.com/
Cumbee Center to Assist Abused Persons	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Sexual Assault Services	http://www.cumbeecenter.org/
First Steps of Saluda County	Triple P	Evidence-Based Parenting Model	http://scfirststeps.com/

Agency / Organization	Program / Site	Brief Description	Website
Greenwood, Laurens, Edgefield, Abbeville, McCormick, and Saluda Human resources Commission (GLEAMINS)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
Laurens County Safe Home	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.benefits.gov/benefits/benefit-details/1938
Laurens County Safe Home	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://thesafehome.org/
National Alliance on Mental Illness (NAMI) - Batesburg / Leesville	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Printable?state=SC
PASOs / March of Dimes	Improving Interconception Health for Latina Women	Interconception counseling, personalized health coaching, and community prevention-based education	http://www.scpasos.org/
County: York			
Carolina Community Action Agency, Inc. (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	www.carolinacommunityactions.org/
Indian Services Welfare Act (ISWA) Development Corporation	Catawba Indian Nation Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
National Alliance on Mental Illness (NAMI) - Piedmont Tri-County	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=52d5f7fa-9d2b-452d-8574-bf530e2eec15
North Central Family Medical Center	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.ncfmc.net/

Agency / Organization	Program / Site	Brief Description	Website
Piedmont Medical Center	Safe Kids York	Train child passenger safety technicians and advocate for effective laws and policies that will work to keep children safe	http://www.sccchildren.org/about_us/programs/safe_kids_south_carolina/
	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	https://www.piedmontmedicalcenter.com/
Safe Passage, Inc.	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence and Sexual Assault Services	http://safepassagesc.org/Library1004-1/
SC DHEC Rock Hill	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
York County School Districts (4)	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/

Region: Pee Dee

Agency / Organization	Program / Site	Brief Description	Website
County: Chesterfield			
CareSouth Carolina, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.scphca.org/
CareSouth - Cheraw	SC Department of Health and Human Services Community Health Worker Program	Community Health Workers	https://www.scdhhs.gov/
Chesterfield / Marlboro Head Start	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
Chesterfield County First Steps	Incredible Years	Evidence-Based Parenting Model	http://scfirststeps.com/
Clarendon Memorial Hospital	Level I Hospital with Perinatal Services	Provides services for normal uncomplicated pregnancies	http://www.clarendonhealth.com/

Agency / Organization	Program / Site	Brief Description	Website
McLeod - Cheraw Hospital	Level I Hospital with Perinatal Services	Provides services for normal uncomplicated pregnancies	http://www.mcleodhealth.org/latest-news/mrmmc/mcleod-health-cheraw.html
National Alliance on Mental Illness (NAMI) - CMD	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=49873d0e-2437-411d-888b-e3437ef4a150
Pee Dee Coalition Against Domestic and Sexual Assault	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence and Sexual Assault Services	http://peedeecoalition.org/
Sandhills Medical Foundation, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://sandhillsmmedical.org/
SC DHEC Chesterfield	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
County: Clarendon			
Clarendon County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Clarendon County School District 2	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Palmetto Women's Health - Manning	CenteringPregnancy	Group prenatal care with demonstrated positive outcomes	http://www.palmettowomenshealthsc.com/
PASOs	Resource Navigation and Improved Access to Care / Promotores	Community Health Workers	http://www.scpasos.org/
Pee Dee Coalition Against Domestic and Sexual Assault	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Sexual Assault Services	http://peedeecoalition.org/

Agency / Organization	Program / Site	Brief Description	Website
Wateree Community Action Agency, Inc. (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	https://www.wcai.org/
	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	https://www.wcai.org/
YWCA of the Upper Lowlands	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence Services	http://www.sccadvasa.org/about/member-programs/
County: Darlington			
CareSouth Carolina, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.scphca.org/
	SC Adolescent Reproductive Health Leadership Institute	Collaborative learning model to promote participating health centers' capacity to implement quality reproductive health services for teens	http://www.teenpregnancysc.org/
Carolina Pines Hospital	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://www.cprmc.com/
Darlington County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Darlington County Head Start	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
McLeod Health	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
National Alliance on Mental Illness (NAMI) of Pee Dee	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	http://www.nami.org/Local-NAMI/Details?state=SC&local=31f79297-b7c9-4efc-a6f7-ebc326ad5e4f
Pee Dee Coalition Against Domestic and Sexual Assault	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence and Sexual Assault Services	http://peedeecoalition.org/

Agency / Organization	Program / Site	Brief Description	Website
SC DHEC Hartsville Clinic	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
County: Dillon			
CareSouth Carolina, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.scpbca.org/
Dillon County First Steps	SC Department of Health and Human Services Community Health Worker Program	Community Health Workers	https://www.scdhhs.gov/
McLeod - Dillon Hospital	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
McLeod Health	Level I Hospital with Perinatal Services	Provides services for normal uncomplicated pregnancies	http://www.mcleodhealth.org/
National Alliance on Mental Illness (NAMI) - CMD	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
Pee Dee Coalition Against Domestic and Sexual Assault	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=49873d0e-2437-411d-888b-e3437ef4a150
Pee Dee Community Action Agency, Inc. (CAA)	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence and Sexual Assault Services	http://peedeecoalition.org/
SC DHEC Dillon County	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.peedeecap.org/
County: Florence	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
Florence County School District 1 Parent Center	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
	Parent-Child Home Program	Promising Home Visiting Model	http://scfirststeps.com/

Agency / Organization	Program / Site	Brief Description	Website
Greenwood Genetic Center	Greenwood Genetic Center - Florence	Mission is to provide clinical genetic services, diagnostic laboratory testing, educational programs, and resources and research in the field of medical genetics	http://www.ggc.org/
Health Care Partners of South Carolina, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.scpcha.org/health-centers/health-center-list.aspx
Hope Health, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	https://www.hope-health.org/about-us/community-health-center.aspx
McLeod Health	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
McLeod Regional Medical Center	Safe Kids Pee Dee / Coastal	Train child passenger safety technicians and advocate for effective laws and policies that will work to keep children safe	http://www.scchildren.org/about_us/programs/safe_kids_south_carolina/
	Level III Regional Perinatal Center	Provides all aspects of perinatal care, including intensive care and a range of continuously available subspecialty consultation	http://www.mcleodhealth.org/
National Alliance on Mental Illness (NAMI) of Pee Dee	Mother's Milk Bank of SC Milk Depot	Provides human milk for hospitalized very low birth weight infants	http://www.scmilkbank.org/
	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	http://www.nami.org/Local-NAMI/Details?state=SC&local=31f79297-b7c9-4efc-a6f7-ebc326ad5e4f
Palmetto Primary Care Physicians - Lake City	SC Department of Health and Human Services Community Health Worker Program	Community Health Workers	https://www.scdhhs.gov/
Pee Dee Coalition Against Domestic and Sexual Assault	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence and Sexual Assault Services	http://peedeecoalition.org/

Agency / Organization	Program / Site	Brief Description	Website
Pee Dee Community Action Agency, Inc. (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.peedeecap.org/
SC DHEC Florence	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.peedeecap.org/
Women's Center of Carolina Hospital System	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
Women's Center of Carolina Hospital System	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://www.carolinashospital.com/carolinas-hospital-system/womenshealth.aspx
County: Georgetown			
Carolina OB / GYN - Georgetown	CenteringPregnancy	Group prenatal care with demonstrated positive outcomes	https://carolinaobgyn.com/
Family Justice Center	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence Services	http://www.fcgeorgetown.org/
Georgetown Memorial Hospital	Baby Friendly Hospital	Provides recommended care for lactating mothers and their babies	http://www.tidelandshealth.org/
Georgetown Pediatric Center	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Little River Medical Center	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Rape Crisis Center	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Sexual Assault Services	http://victimtosurvivor.org/
SC Center for Fathers and Families	A Father's Place	Provides services to Fathers	http://www.scfathersandfamilies.com/programs/a_fathers_place/
SC DHEC Pee Dee	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina

Agency / Organization	Program / Site	Brief Description	Website
Tidelands Georgetown Memorial Hospital	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://www.tidelandshealth.org/
Waccamaw Community Hospital - Murrells Inlet	Baby Friendly Hospital	Provides recommended care for lactating mothers and their babies	https://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative
	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://www.tidelandshealth.org/locations/profile/?id=4
	Baby Friendly Hospital	Provides recommended care for lactating mothers and their babies	https://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative
Waccamaw Economic Opportunity Council, Inc. (EOC)	Mother's Milk Bank of SC Milk Depot	Provides human milk for hospitalized very low birth weight infants	http://www.scmilkbank.org/
	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.weoc.org/
County: Horry			
Carolina OB / GYN - Murrell's Inlet	CenteringPregnancy	Group prenatal care with demonstrated positive outcomes	https://carolinaobgyn.com/
Coastal Carolina OB / GYN - Conway	CenteringPregnancy	Group prenatal care with demonstrated positive outcomes	http://www.coastalcarolinaobgyn.com/
Conway Hospital	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	www.conwaymedicalcenter.com/
Family Justice Center	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence Services	http://www.fjcgeorgetown.org/
Grand Strand Hospital	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://grandstrandmed.com/
Health Care Partners of South Carolina, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.scpchca.org/health-centers/find-a-health-center/health-care-partners.aspx

Agency / Organization	Program / Site	Brief Description	Website
Horry County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Little River Medical Center, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.lrmcenter.com/
	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
	SC Adolescent Reproductive Health Leadership Institute	Collaborative learning model to promote participating health centers' capacity to implement quality reproductive health services for teens	http://www.teenpregnancysc.org/
Little River Medical Center - Myrtle Beach, Southstrand, Little River, & Loris	SC Department of Health and Human Services Community Health Worker Program	Community Health Workers	http://www.lrmcenter.com/
McLeod Loris Community Hospital	Level I Hospital with Perinatal Services	Provide services for normal uncomplicated pregnancies	http://www.mcleodhealth.org/
National Alliance on Mental Illness (NAMI) - Grandstrand	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=a0637b16-0de1-4858-b9b3-8b8d1d32e687
Rape Crisis Center	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Sexual Assault Services	http://victimtosurvivor.org/
SC Center for Fathers and Families	A Father's Place	Provides services to Fathers	http://www.scfathersandfamilies.com/programs/a_fathers_place/
SC DHEC Conway Clinic	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
SC DHEC Myrtle Beach Clinic	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
SC DHEC Pee Dee	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
Waccamaw Economic Opportunity Council, Inc. (EOC)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.weoc.org/

Agency / Organization	Program / Site	Brief Description	Website
County: Lee			
CareSouth Carolina, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.scphca.org/
CareSouth Bishopville - Lakeview	SC Department of Health and Human Services Community Health Worker Program	Community Health Workers	http://www.caresouth-carolina.com/
Family Resource Center	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Sexual Assault Services	http://thefamilyresourcecenter.org/
Lee County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Wateree Community Action Agency, Inc. (CAA)	Early Steps to School Success	Promising Home Visiting Model	http://scfirststeps.com/
	Head Start	Comprehensive school readiness program for children ages 3 - 4	https://www.wcai.org/
	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	https://www.wcai.org/
YWCA of the Upper Lowlands	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence Services	http://www.sccadvasa.org/about/member-programs/
County: Marion			
Carolinas Hospital System - Marion County	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://www.carolinashospitalmarion.com/Carolinas-Hospital-System-Marion/home.aspx
Health Care Partners of South Carolina, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.scphca.org/health-centers/health-center-list.aspx
Pee Dee Coalition Against Domestic and Sexual Assault	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence and Sexual Assault Services	http://peedeecoalition.org/

Agency / Organization	Program / Site	Brief Description	Website
Pee Dee Community Action Agency, Inc. (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.peedeecap.org/
	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.peedeecap.org/
County: Marlboro			
CareSouth Carolina, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.scpca.org/
Chesterfield / Marlboro Head Start	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.benefits.gov/benefits/benefit-details/1938
Marlboro County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Marlboro County School District	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
McLeod Health	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
National Alliance on Mental Illness (NAMI) - CMD	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=49873d0e-2437-411d-888b-e3437ef4a150
Pee Dee Coalition Against Domestic and Sexual Assault	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence and Sexual Assault Services	http://peedeecoalition.org/
SC Center for Fathers and Families	A Father's Place	Provides services to Fathers	http://www.scfathersandfamilies.com/programs/a_fathers_place/
County: Sumter			
Colonial Family Practice - Sumter	SC Department of Health and Human Services Community Health Worker Program	Community Health Workers	http://www.colonialfamilypractice.com/ContactUs.aspx
Eau Claire Cooperative Health Centers	Healthy Steps	Evidence-Based Home Visiting	http://www.ecchc.org/

Agency / Organization	Program / Site	Brief Description	Website
National Alliance on Mental Illness (NAMI) - Sumter Area	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=c5cf971d-b6f2-4f6c-971c-aff14c4d663b
PASOs	Resource Navigation and Improved Access to Care / Promotores	Community Health Workers	http://www.scpasos.org/
SC DHEC Sumter County Health Department	Mother's Milk Bank of SC Milk Depot	Provides human milk for hospitalized very low birth weight infants	http://www.scmilkbank.org/
Sexual Trauma Services of the Midlands	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
Sumter County School District	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Sexual Assault Services	https://www.stsm.org/
Sumter County School District	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.benefits.gov/benefits/benefit-details/1938
Sumter County School District 2	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Sumter Family Health Center, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.sumterfhc.com/
Sumter OB / GYN	CenteringPregnancy	Group prenatal care with demonstrated positive outcomes	www.sumterobgyn.com/
Tuomey Healthcare System	Safe Kids Sumter	Train child passenger safety technicians and advocate for effective laws and policies that will work to keep children safe	http://www.scchildren.org/about-us/programs/safe-kids-south-carolina/
Tuomey Hospital	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://www.tuomey.com/
Wateree Community Action Agency, Inc. (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	https://www.wcai.org/

Agency / Organization	Program / Site	Brief Description	Website
YWCA of the Upper Lowlands	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence Services	http://www.sccadvasa.org/about/member-programs/
County: Williamsburg			
Georgetown Pediatric Center	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Palmetto Primary Care Physicians - Kingstree	SC Department of Health and Human Services Community Health Worker Program	Community Health Workers	http://www.palmettoprimarycare.com/Pages/default.aspx
PASOs	Resource Navigation and Improved Access to Care / Promotores	Community Health Workers	http://www.scpasos.org/
Pee Dee Coalition Against Domestic and Sexual Assault	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Domestic Violence and Sexual Assault Services	http://peedeecoalition.org/
SC DHEC Pee Dee	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
Waccamaw Economic Opportunity Council, Inc. (EOC)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.weoc.org/
	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.weoc.org/
Williamsburg County First Steps	Parent-Child Home Program	Promising Home Visiting Model	http://scfirststeps.com/

Region: Upstate

Agency / Organization	Program / Site	Brief Description	Website
County: Abbeville			
Abbeville County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Beyond Abuse	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Sexual Assault Services	http://sexualtraumacenter.org/

Agency / Organization	Program / Site	Brief Description	Website
Carolina Health Centers, Inc.	Nurse-Family Partnership, Healthy Families America, Parents as Teachers, and Healthy Steps	Evidence-Based Home Visiting	https://www.carolinahealthcenters.org/
Cornerstone - Abbeville, Edgefield, Greenwood, McCormick	Behavioral Health Services	Provides detoxification, treatment, and transitional housing for behavioral health issues	http://www.cornerstonecares.org/
Cass Elias McCarter	Guardian Ad Litem Program	Provides volunteer advocates for the best interest of children in family court proceedings	http://scgal.org/greenwood/index.html
Greenwood, Laurens, Edgefield, Abbeville, McCormick, Newberry, and Saluda Human Resources Commission (GLEAMNS)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.glearnshrc.org/about.htm
Laurens County Safe Home	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://thesafehome.org/
South Carolina Works - Abbeville County	Workforce Center	Provides workforce and employment services	http://www.us1stops.com/abbeville.html
County: Anderson			
Anderson - Oconee - Pickens Mental Health Center	Community Mental Health Center	Provides case management, outreach, outpatient treatment, and other mental health services	http://www.aopmentalhealth.org/
Anderson - Oconee Behavioral Health Services	Behavioral Health Services	Provides behavioral health services, including assessment, education, and counseling	http://www.aobhs.org/
Anderson County School District 5	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Anderson Free Clinic	Health Clinic	Health center provides medical, dental, and pharmaceutical services to uninsured or low-income populations	http://andersonfreeclinic.org/
Anderson Soup Kitchen	Emergency Soup Kitchen	Serves a hot lunch to anyone in need	http://www.sciway.net/org/anderson-sc-homeless-resources.html

Agency / Organization	Program / Site	Brief Description	Website
Anderson Sunshine House	Emergency Family Shelter	Provides emergency shelter for families with minor children	http://www.shelterlistings.org/details/22538/
Anmed Health	Baby Friendly Hospital	Provides recommended care for lactating mothers and their babies	https://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative
Anmed Health - Anderson / Williamston	SC Department of Health and Human Services Community Health Worker Program	Community Health Workers	http://www.anmedhealth.org/
Anmed Health - Family Medicine Residency	CenteringPregnancy	Group prenatal care with demonstrated positive outcomes	http://centeringhealthcare.org/pages/centering-model/pregnancy-overview.php
Anmed Health, North Campus	Safe Kids Anderson	Train child passenger safety technicians and advocate for effective laws and policies that will work to keep children safe	http://www.scchildren.org/about_us/programs/safe_kids_south_carolina/
AnMed Women's and Children's Hospital	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://www.anmedhealth.org/services/womens-care.aspx
Calvary Home for Children	Shelter for Foster Children	Provides a home for foster children and services to keep siblings together	http://calvaryhome.org/
Cass Elias McCarter	Guardian Ad Litem Program	Provides volunteer advocates for the best interest of children in family court proceedings	http://scgal.org/anderson/index.html
Center for Pediatric Medicine - Children's Hospital of Greenville Health System Children	Healthy Steps	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Deborah's House	Transitional Housing Program	Provides transitional housing for women who have been released from a rehabilitation program or prison	http://www.shelterlistings.org/city/anderson-sc.html
Foothills Alliance	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization; Child Advocacy Organization	Sexual Assault Services	http://www.foothillsalliance.org/

Agency / Organization	Program / Site	Brief Description	Website
Greenville Health System	Upstate Cribs for Kids Program	Safe Sleep Education Program	http://safekidsupstate.org/programs/home/upstate-cribs-for-kids/
National Alliance on Mental Illness (NAMI) - Anderson / Oconee / Pickens	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=b790597f-4cea-466b-abd0-caf38ed1f635
Safe Harbor	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://safeharborsc.org/
SC Department of Employment and Workforce - Anderson	Workforce Center	Provides workforce and employment services	http://www.sces.org/
SC Department of Health and Human Services / SC Department of Social Services	No Wrong Door Pilot Program	Pilot project designed to streamline benefit application and enrollment processes	https://www.scdhhs.gov/
SC DHEC Anderson	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
Sunbelt Human Advancement Resources, Inc. (SHARE)	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
Sunbelt Human Advancement Resources, Inc. (SHARE)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.sharesc.org/
Sunbelt Human Advancement Resources, Inc. (SHARE)	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.sharesc.org/
TriCounty Technical College	Connect to College	Provides high school diploma courses and college credit for adolescents	http://www.tctc.edu/Academics/Explore_Special_Programs/Connect_to_College.xml
County: Cherokee			
Cherokee County School District	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Gaffney Medical Center	Level I Hospital with Perinatal Services	Provides services for normal uncomplicated pregnancies	https://www.novanthealth.org/

Agency / Organization	Program / Site	Brief Description	Website
National Alliance on Mental Illness (NAMI) - Spartanburg AMI	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	http://www.namispartanburgsc.org/
Piedmont Community Action Agency, Inc. (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.pcasp.org/directory0.aspx
Piedmont Community Action Agency, Inc. (CAA)	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.pcasp.org/directory0.aspx
ReGenesis Community Health Center, Inc.	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.scphca.org/health-centers/find-a-health-center/regenesis.aspx
SAFE Homes - Rape Crisis Coalition	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence and Sexual Assault Services	http://shrcc.org/
SC DHEC Cherokee County Health Department	Baby and Me Tobacco Free	Voucher-based incentive program for women who smoke during pregnancy	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
South Carolina Works - Upstate	Workforce Center	Provides workforce and employment services	http://scworksupstate.com/
County: Greenville			
Greenwood Genetic Center	Greenwood Genetic Center - Greenville	Mission is to provide clinical genetic services, diagnostic laboratory testing, educational programs, and resources and research in the field of medical genetics	http://www.ggc.org/
A Child's Haven	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Cass Elias McCarter	Guardian Ad Litem Program	Provides volunteer advocates for the best interest of children in family court proceedings	http://scgal.org/greenville/
Children's Hospital of Greenville Health System - Center for Pediatric Medicine	Healthy Steps CenteringParenting	Evidence-Based Home Visiting Group well-child visits with demonstrated positive outcomes	http://healthysteps.org/about/healthy-steps-sites/ http://www.ghschildrens.org/center-for-pediatric-medicine.php

Agency / Organization	Program / Site	Brief Description	Website
Greenville Health System - Greer Memorial Hospital	Level I Hospital with Perinatal Services	Provide services for normal uncomplicated pregnancies	http://www.ghs.org/locations/greer/greermemorial#.Vfndk99VhBc
Greenville Health System	Pediatric Palliative Care Program	Specialized medical care for people with serious illnesses that focuses on reducing symptoms, pain and stress--whatever the diagnosis	http://www.ghs.org/healthcareservices/medicine/palliativecare#.VIEPCX6rSUK
	Center for Developmental Services	Provide a comprehensive, seamless and efficient delivery system of developmental services for Greenville County.	http://www.ghschildrens.org/developmental-services.php
	Kidnetics	Pediatric Therapies	http://www.ghschildrens.org/kidnetics.php
	CenteringPregnancy	Group prenatal care with demonstrated positive outcomes	https://www.ghs.org/healthcareservices/primary-care/ob-gyn/ob-gyn-center/centering/
	Level III Regional Perinatal Center (Greenville Memorial)	Provides all aspects of perinatal care, including intensive care and a range of continuously available subspecialty consultation	https://www.ghs.org/
	SC Department of Health and Human Services Community Health Worker Program	Community Health Workers	https://www.scdhhs.gov/
	Upstate Cribs for Kids Program	Safe Sleep Education Program	http://safekidsupstate.org/programs/home/upstate-cribs-for-kids/
	Safe Kids Upstate	Children's Advocacy	http://safekidsupstate.org/
	Period of Purple Crying Program (Evidence-Based)	Child Abuse Prevention	https://www.ghs.org/
	Greenville Alliance for Drug Endangered Children	Child Abuse Prevention (part of national and state program)	http://www.nationaldec.org/training/training.html
	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
	Forensic Pediatric Division	Child Abuse Prevention	http://www.ghschildrens.org/specialists.php

Agency / Organization	Program / Site	Brief Description	Website
Greenville Health System (cont.)	Children's Hospital Neonatal Intensive Care Unit (NICU) Family Support	The Level III Neonatal Intensive Care Unit (NICU) at Greenville Memorial Hospital offers the region's largest, most advanced level of specialty care for premature or critically ill infants	http://www.ghschildrens.org/bryan-neonatal-intensive-care-unit.php
Greenville Memorial Hospital	Baby Friendly Hospital	Provides recommended care for lactating mothers and their babies	https://www.ghs.org/
Greenville Mental Health Center	Mental Health Services and Advocacy	Mission is to improve the lives of the mentally ill and their families by the provision of mental health care in our community	http://www.greenvillementalhealth.org/
Julie Valentine Center	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Sexual Assault Services	http://julievalentinecenter.org/
Little Steps	Teen Parenting Program	Provides a non-judgmental environment of encouragement and accountability for teen and young parents	http://www.littlestepssc.org/Index.html
National Alliance on Mental Illness (NAMI) - Greenville	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=07066c35-adf0-4184-9030-88c59174efd5
New Horizon Family Health Services	Federally Qualified Health Center (FQHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.scphca.org/health-centers/find-a-health-center/new-horizon.aspx
Parkside Pediatrics	Mother's Milk Bank of SC Milk Depot	Provides human milk for hospitalized very low birth weight infants	http://www.parksidepediatrics.com/
PASOs	Radionovela	Spanish radio drama stories share important health messages in an engaging way	http://www.scpasos.org/
	Resource Navigation and Improved Access to Care / Promotores	Community Health Workers	http://www.scpasos.org/
Pendleton Place	Child Wellbeing Program	Mission is to keep children safe and support families in crisis through prevention, assessment, and intervention	http://www.pendletonplace.org/

Agency / Organization	Program / Site	Brief Description	Website
Safe Harbor	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://safeharborsc.org/
SC Center for Fathers and Families	Upstate Fatherhood Coalition	Services to Fathers	http://www.scfathersandfamilies.com/programs/upstate_fatherhood_coalition/
SC Department of Health and Human Services / SC Department of Social Services	No Wrong Door Pilot Program	Pilot project designed to streamline benefit application and enrollment processes	https://www.scdhhs.gov/
SC DHEC Greenville	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
South Carolina Works - Upstate	Workforce Center	Provides workforce and employment services	http://scworksupstate.com/
St. Francis Eastside Hospital	Baby Friendly Hospital	Provides recommended care for lactating mothers and their babies	http://www.stfrancishealth.org/
Sunbelt Human Advancement Resources, Inc. (SHARE)	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://www.stfrancishealth.org/
	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.sharesc.org/
	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.sharesc.org/
Ten at the Top	Multidisciplinary Collaborative	Mission is to foster trust and collaboration through partnerships and cooperation that impacts the economic vitality and quality of life across the Upstate	http://www.tenatthetop.org/
The Parenting Place - Pickens	Family Check Up and Healthy Families America	Evidence-Based Home Visiting	http://scfirststeps.com/
United Housing Connections	Homeless Coalition	Mission is to connecting people and housing solutions to eliminate homelessness	http://unitedhousingconnections.org/
County: Greenwood			

Agency / Organization	Program / Site	Brief Description	Website
Beyond Abuse	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Sexual Assault Services	http://sexualtraumacenter.org/
Carolina Health Centers, Inc.	Nurse-Family Partnership, Healthy Families America, Parents as Teachers, and Healthy Steps	Evidence-Based Home Visiting	http://scfirststeps.com/
Cornerstone - Abbeville, Edgefield, Greenwood, McCormick	Integration of Oral Health Messaging in Home Visiting	Pilot Project integrating oral health messaging in home visiting	https://www.carolinahealthcenters.org/
Greenwood County First Steps	Behavioral Health Services	Provides detoxification, treatment, and transitional housing for behavioral health issues	http://www.cornerstonecares.org/
Greenwood Genetic Center	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Greenwood, Laurens, Edgefield, Abbeville, McCormick, Newberry, and Saluda Human Resources Commission (GLEAMNS)	Greenwood Genetic Center - Greenwood	Mission is to provide clinical genetic services, diagnostic laboratory testing, educational programs, and resources and research in the field of medical genetics	http://www.ggc.org/
Cass Elias McCarter	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.glearnshrc.org/about.htm
Meg's House	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.glearnshrc.org/about.htm
Montgomery Center for Family Medicine	Guardian Ad Litem Program - Greenwood / Abbeville	Provides volunteer advocates for the best interest of children in family court proceedings	http://scgal.org/greenwood/index.html
SC DHEC Greenwood	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://megshouse.org/
SC DHEC Greenwood	CenteringPregnancy	Group prenatal care with demonstrated positive outcomes	http://selfresidency.org/
SC DHEC Greenwood	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/

Agency / Organization	Program / Site	Brief Description	Website
Self Regional Healthcare	Safe Kids Lakelands	Train child passenger safety technicians and advocate for effective laws and policies that will work to keep children safe	http://www.schildren.org/about_us/programs/safe_kids_south_carolina/
South Carolina Works - Upstate	Level III Hospital with Perinatal Services	Provides all aspects of perinatal care, including intensive care and a range of continuously available subspecialty consultation	http://www.selfregional.org/
South Carolina Works - Upstate	Workforce Center	Provides workforce and employment services	http://scworksupstate.com/
County: Laurens			
Beyond Abuse	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Member Organization	Sexual Assault Services	http://sexualtraumacenter.org/
Carolina Health Centers, Inc.	Nurse-Family Partnership, Healthy Families America, Parents as Teachers, and Healthy Steps	Evidence-Based Home Visiting	http://scfirststeps.com/
Carolina Women's Health Centers, Inc. - Clinton	CenteringPregnancy	Group prenatal care with demonstrated positive outcomes	https://www.carolinahealthcenters.org/
Greenwood, Laurens, Edgefield, Abbeville, McCormick, Newberry, and Saluda Human Resources Commission (GLEAMNS)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.gleamnshrc.org/about.htm
Cass Elias McCarter	Guardian Ad Litem Program	Provides volunteer advocates for the best interest of children in family court proceedings	http://scgal.org/laurens/index.html
Greenville Health System - Laurens County Hospital	Level I Hospital with Perinatal Services	Provide services for normal uncomplicated pregnancies	http://www.ghs.org/locations/laurens#.VfnYLt9VhBc
Laurens County Safe Home	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://thesafehome.org/

Agency / Organization	Program / Site	Brief Description	Website
Laurens County School District 55 / Laurens County First Steps	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
National Alliance on Mental Illness (NAMI) Laurens County	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=36657255-8fcc-4b4b-a266-c0876a2b4eb0
SC DHEC Laurens County	Baby and Me Tobacco Free	Voucher-based incentive program for women who smoke during pregnancy	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
County: McCormick			
Carolina Health Centers, Inc.	Nurse-Family Partnership, Healthy Families America, Parents as Teachers, and Healthy Steps	Evidence-Based Home Visiting	http://scfirststeps.com/
Cornerstone - Abbeville, Edgefield, Greenwood, McCormick	Behavioral Health Services	Provides detoxification, treatment, and transitional housing for behavioral health issues	http://www.cornerstonecares.org/
Cumbie Center to Assist Abused Persons	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Sexual Assault Services	http://www.cumbiecenter.org/
Greenwood, Laurens, Edgefield, Abbeville, McCormick, Newberry, and Saluda Human Resources Commission (GLEAMNS)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.gleamnshrc.org/about.htm
McCormick County School District 01	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Meg's House	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://megshouse.org/

Agency / Organization	Program / Site	Brief Description	Website
County: Oconee Anderson - Oconee - Pickens Mental Health Center	Community Mental Health Center	Provides case management, outreach, outpatient treatment, and other mental health services	http://www.aopmentalhealth.org/
Anderson - Oconee Behavioral Health Services	Behavioral Health Services	Provides behavioral health services, including assessment, education, and counseling	http://www.aobhs.org/
Foothills Alliance	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization; Child Advocacy Organization	Sexual Assault Services	http://www.foothillsalliance.org/
Greenville Health System	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
Cass Elias McCarter	Upstate Cribs for Kids Program	Safe Sleep Education Program	http://safekidsupstate.org/programs/home/upstate-cribs-for-kids/
Heath's Haven	Guardian ad Litem Program	Provides volunteer advocates for the best interest of children in family court proceedings	http://scgal.org/oconee/index.html
Greenville Health System - Oconee Memorial Hospital	Family Support and Life Skills Training	Provides parent education and family life skills education	http://www.heathshaven.com/
National Alliance on Mental Illness (NAMI) - Anderson / Oconee / Pickens	Level I Hospital with Perinatal Services Mental Health Support and Advocacy	Provides services for normal uncomplicated pregnancies The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	http://www.ghs.org/locations/oconee-medical-campus#.VfnZAN9VhBc https://www.nami.org/Local-NAMI/Details?state=SC&local=b790597f-4cea-466b-abd0-caf38ed1f635
SC DHEC Oconee	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
SC DHEC Seneca Health Department	Baby and Me Tobacco Free	Voucher-based incentive program for women who smoke during pregnancy	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/

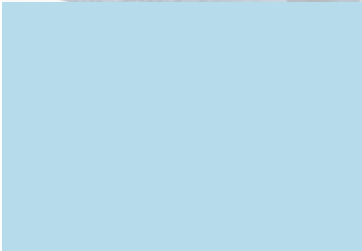
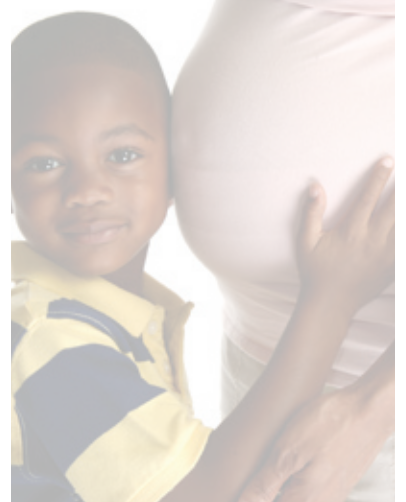
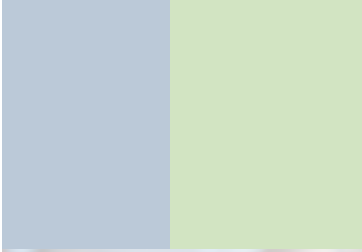
Agency / Organization	Program / Site	Brief Description	Website
Sunbelt Human Advancement Resources, Inc. (SHARE)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.sharesc.org/
TriCounty Technical College	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.sharesc.org/
The Parenting Place - Pickens	Connect to College	Provides high school diploma courses and college credit for adolescents	http://www.tctc.edu/Academics/Explore_Special_Programs/Connect_to_College.xml
A Child's Haven	Family Check Up	Evidence-Based Home Visiting	http://scfirststeps.com/
Anderson - Oconee - Pickens Mental Health Center	Community Mental Health Center	Evidence-Based Home Visiting	http://scfirststeps.com/
Baptist Easley Hospital	Level II Hospital with Perinatal Services	Provides case management, outreach, outpatient treatment, and other mental health services	http://www.aopmentalhealth.org/
Behavioral Health Services of Pickens County	Behavioral Health Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	https://www.baptisteasley.org/
Center for Pediatric Medicine - Children's Hospital of Greenville Health System	Healthy Steps	Provides outpatient treatment, referrals, and services for behavioral health issues	http://bhspickens.com/
Greenville Health System	Nurse-Family Partnership	Evidence-Based Home Visiting	http://healthysteps.org/about/healthy-steps-sites/
Cass Elias McCarter	Guardian ad Litem Program	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
Mountainview OB / Gyn - Baptist Easley	CenteringPregnancy	Provides volunteer advocates for the best interest of children in family court proceedings	http://scgal.org/pickens/
National Alliance on Mental Illness (NAMI) - Anderson / Oconee / Pickens	Mental Health Support and Advocacy	Group prenatal care with demonstrated positive outcomes	http://mountainviewob-gyn.com/about-us/
		The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	https://www.nami.org/Local-NAMI/Details?state=SC&local=b790597f-4cea-466b-abd0-caf38ed1f635

Agency / Organization	Program / Site	Brief Description	Website
Pickens County School District	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/
Safe Harbor	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://safeharborsc.org/
SC DHEC Pickens	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
Sunbelt Human Advancement Resources, Inc. (SHARE)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.sharesc.org/
	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.sharesc.org/
TriCounty Technical College	Connect to College	Provides high school diploma courses and college credit for adolescents	http://www.tctc.edu/Academics/Explore_Special_Programs/Connect_to_College.xml
The Parenting Place - Pickens	Family Check Up and Healthy Families America	Evidence-Based Home Visiting	http://www.tppupstate.org/
County: Spartanburg			
Birth Matters	Doula Program, March of Dimes Grantee	Community-based doula program providing in-home education and support to underserved pregnant women	http://birth-matters.org/
National Alliance on Mental Health (NAMI) - Spartanburg AMI	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	http://www.namispartanburgsc.org/
Mary Black Hospital	Level II Hospital with Perinatal Services	Provides services for both normal and selected high-risk obstetrical and neonatal patients	http://www.maryblackhealthsystem.com/Mary-Black-Health-System/home.aspx
McLeod Health	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina

Agency / Organization	Program / Site	Brief Description	Website
Piedmont Community Action Agency, Inc. (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	http://www.pcasp.org/directory0.aspx
ReGenesis Community Health Center, Inc.	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://www.pcasp.org/directory0.aspx
SAFE Homes - Rape Crisis Coalition	Federally Qualified Health Center (FOHC)	Comprehensive health center serving underserved area or population on a sliding fee scale	http://www.scphca.org/health-centers/find-a-health-center/regenesis.aspx
SC Center for Fathers and Families	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence and Sexual Assault Services	http://shrcc.org/
SC DHEC Point Teen Clinic at Tobias	Upstate Fatherhood Coalition	Provides services to Fathers	http://www.scfathersandfamilies.com/programs/upstate_fatherhood_coalition/
SC DHEC Spartanburg County	The Point - Teen Clinic	Confidential, safe and friendly family planning clinics for teens	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
SC DHEC The Point at Spartanburg Main	Mother's Milk Bank of SC Milk Depot	Provides human milk for hospitalized very low birth weight infants	http://www.scmilkbank.org/
South Carolina Works - Upstate	Electronic Medicaid Application Submission Pilot Site	Self-Service workstations to allow for electronic submission of Medicaid applications	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
Spartanburg County First Steps	SC Adolescent Reproductive Health Leadership Institute	Collaborative learning model to promote participating health centers' capacity to implement quality reproductive health services for teens	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
Spartanburg County School District 2 / 3	Workforce Center	Provides workforce and employment services	http://scworksupstate.com/
	Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	http://scfirststeps.com/
	Parents as Teachers	Evidence-Based Home Visiting	http://scfirststeps.com/

Agency / Organization	Program / Site	Brief Description	Website	
Spartanburg Family Medicine	SC Department of Health and Human Services Community Health Worker Program	Community Health Workers	https://www.scdhhs.gov/	
Spartanburg Regional Healthcare System	Mother's Milk Bank of SC Milk Depot	Provides human milk for hospitalized very low birth weight infants	http://www.scmilkbank.org/	
	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina	
	Safe Kids Spartanburg	Train child passenger safety technicians and advocate for effective laws and policies that will work to keep children safe	http://www.scchildren.org/about_us/programs/safe_kids_south_carolina/	
County: Union	Level III Regional Perinatal Center	Provides all aspects of perinatal care, including intensive care and a range of continuously available subspecialty consultation	http://www.spartanburgregional.com/	
	Carolina Community Action Agency, Inc. (CAA)	Head Start	Comprehensive school readiness program for children ages 3 - 4	www.carolinacommunityactions.org/
		Early Head Start	Comprehensive school readiness program for pregnant women, infants, and toddlers up to age 3	www.carolinacommunityactions.org/
	McLeod Health	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
National Alliance on Mental Illness (NAMI) - Spartanburg AMI	Mental Health Support and Advocacy	The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness	http://www.namispartanburgsc.org/	
SAFE Homes - Rape Crisis Coalition	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Domestic Violence Services	http://shrcc.org/	

Agency / Organization	Program / Site	Brief Description	Website
Safe Passage, Inc.	SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Membership Organization	Sexual Assault Services	http://safepassagesc.org/Library1004-1/
SC DHEC Union County Health Department	Baby and Me Tobacco Free	Voucher-based incentive program for women who smoke during pregnancy	http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/
South Carolina Works - Upstate	Workforce Center	Provides workforce and employment services	http://scworksupstate.com/
Spartanburg Regional Medical Center	Nurse-Family Partnership	Evidence-Based Home Visiting	http://www.nursefamilypartnership.org/locations/South-Carolina
Union County First Steps	Early Steps to School Success	Promising Home Visiting Model	http://scfirststeps.com/



For questions or more information about the Healthy Mothers, Health Babies Assessment, please contact DHEC at info@dhec.sc.gov.

