South Carolina Maternal Health Innovation Collaborative

Maternal Health Task Force Quarterly Meeting

Tuesday, June 172025
10 am to 3 pm
The Graduate by Hilton Hotels

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH DPH

Institute for Families in Society at the University of South Carolina

SCMHIC LEADERSHIP TEAM

South Carolina Department of Public Health (SCDPH)

KRISTEN SHEALY, MSPH
Principal Investigator

LADREA S. WILLIAMS, DrPH, MS
Grant Manager

NICHOLAS RESCINITI, PhD, MPH, CPH
Senior Epidemiologist

Core Implementation and Evaluation Partner: University of South Carolina Institute for Families in Society

ANA LÓPEZ – DE FEDE, PhD
Co-Principal Investigator
Distinguished Research Professor Emerita

SARAH GAREAU, DrPH, MEd, MCHES
Co-Principal Investigator
Assistant Professor

Agenda

Presentation
- *Institute of Medicine and Public Health*
- *Increasing Access to Care in Rural SC*

Icebreaker

Presentations
- *SC Department of Health and Human Services*
- *Transforming Maternal Health Model*
- *SC Department of Public Health*
- *Title V Five Year Needs Assessment Overview*

Data Sharing
- Institute for Families in Society
- *Service Delivery Language Maps*

Lunch Break

Breakout Sessions
- *Workgroup Meetings*

Report Out

Next Steps/Adjourn

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH DPH

Institute for Families in Society at the University of South Carolina

Institute for Medicine & Public Health

Increasing Access to Care in Rural SC

South Carolina Institute of Medicine & Public Health

Improving Maternal and Infant Health: Increasing Access to Care in Rural South Carolina

Brie Hunt
Senior Director, Policy Initiatives
6/17/25

Link to report: https://imph.org/imph-releases-action-plan-to-improve-health-outcomes-for-moms-and-babies-in-rural-sc/

About IMPH

www.imph.org

@SC_IMPH

@SC.IMPH

@South Carolina Institute of Medicine and Public Health

Our Mission

Our mission is to collectively inform policy to improve health and health care.

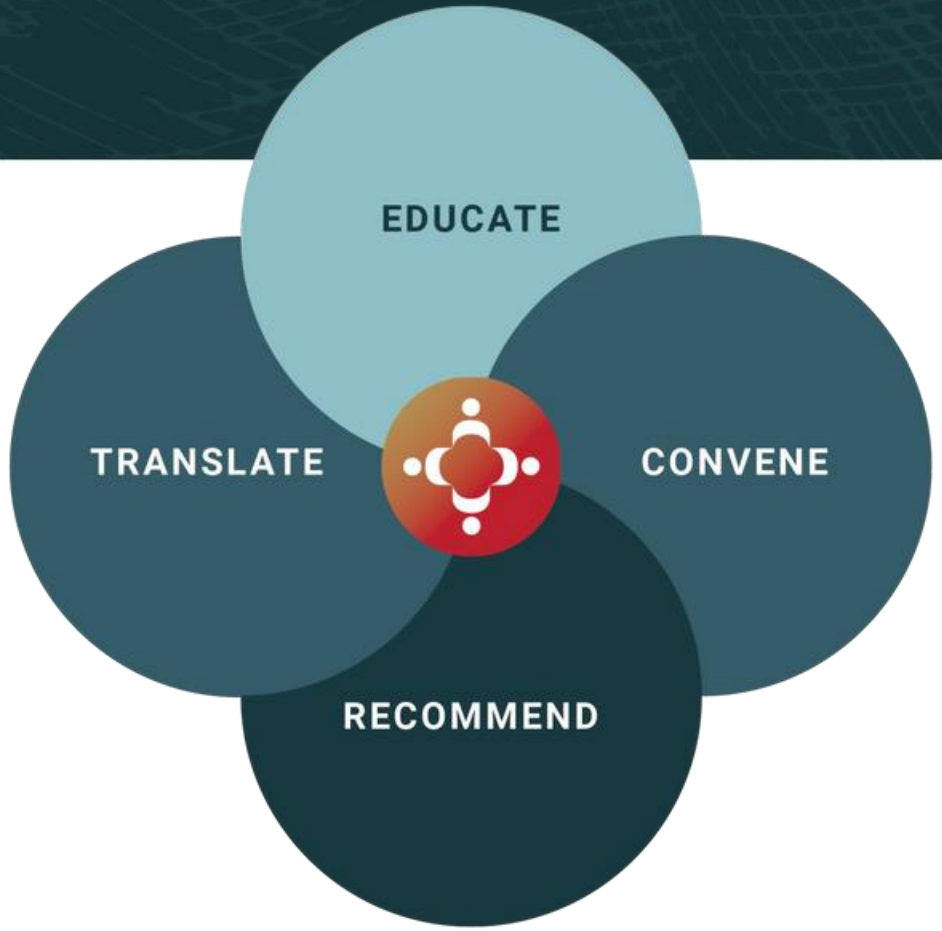
We serve as an independent, nonprofit organization working to collectively inform policy to improve health and health care in South Carolina. IMPH provides nonpartisan, evidence-based information to guide policymakers in making impactful health policy decisions.

We strive to be the leading and trusted nonpartisan resource for evidence-based information on South Carolina's most critical population health issues.

IMPH Overview

IMPH serves as a nonpartisan resource for policymakers. We simplify complex public health data and provide recommendations for action so decision-makers can make informed health policy decisions. IMPH highlights key health policy issues, conducts research, develops policy papers, and facilitates taskforces.

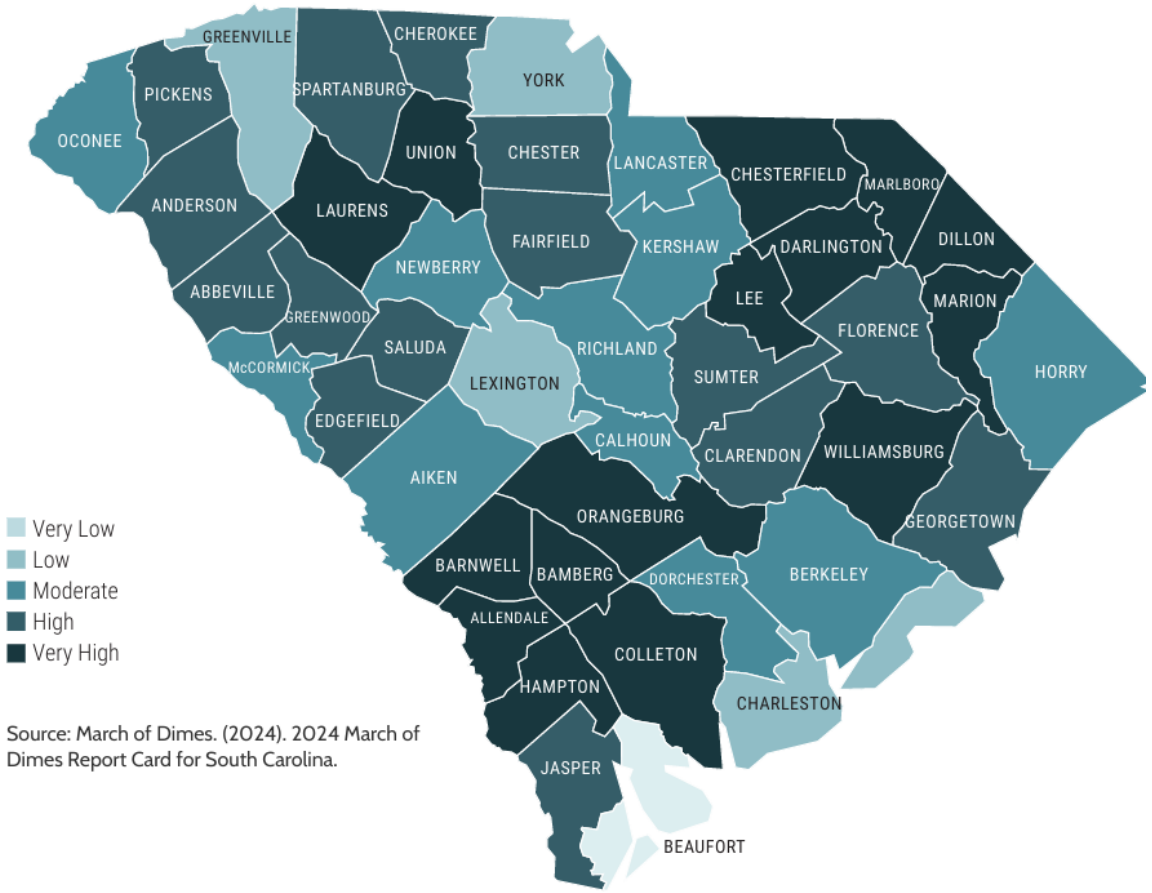
We convene academic, governmental and community-based stakeholders around important health policy issues. IMPH publishes policy briefs, analyses and reports based on in-depth research, collaboration and consensus driven taskforce recommendations.



Data Discovery

MAP 2

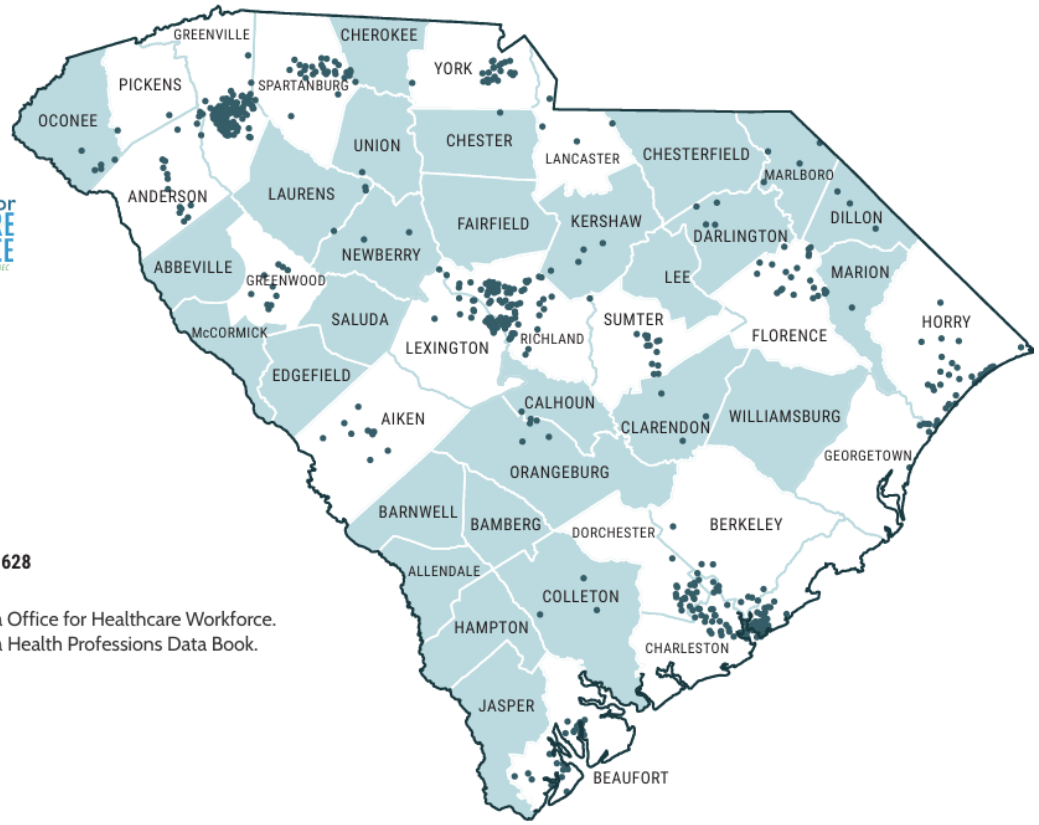
Maternal Vulnerability Index (MVI) by County in South Carolina, 2024[i]



Source: March of Dimes. (2024). 2024 March of Dimes Report Card for South Carolina.

MAP 3

Obstetrician-Gynecologists (OB/GYNs) by Primary Practice Location in South Carolina, 2021



Office for HEALTHCARE WORKFORCE

Rural/Urban Status
(Number of Counties)

- Rural (28)
- Urban (18)

1 Dot = 1 OB/GYN

Total OB/GYNs, 2021 = 628

Source: South Carolina Office for Healthcare Workforce. (2024). South Carolina Health Professions Data Book.

Economic Impact

State-Level

Based on the Commonwealth Fund Analysis of maternal and child costs cited to the right, economists project estimated costs for South Carolina in 2019 as follows:

- Direct Medical Costs: **~ $16 million**
- Decreased Workforce Productivity: **~ $106 million**
- Increased Reliance on Public Assistance: **~ $3.8 million**
- Increased Medicaid costs, reliance on emergency services, increased medical needs of children: **~ $357 million**

Nationally

FIGURE 4

Maternal and Child Costs Due to Maternal Morbidity for US Births, 2019

The average hospital charge for deliveries involving severe maternal morbidity (SMM) is **$109,240** compared to **$35,309** for non-SMM deliveries[2,a,b]

$21.9 Billion

from conception to age 1

$3.8 Billion from maternal outcomes
$18.1 Billion from child outcomes

$32.3 Billion

from conception to age 5

$8.3 Billion from maternal outcomes
$24.0 Billion from child outcomes

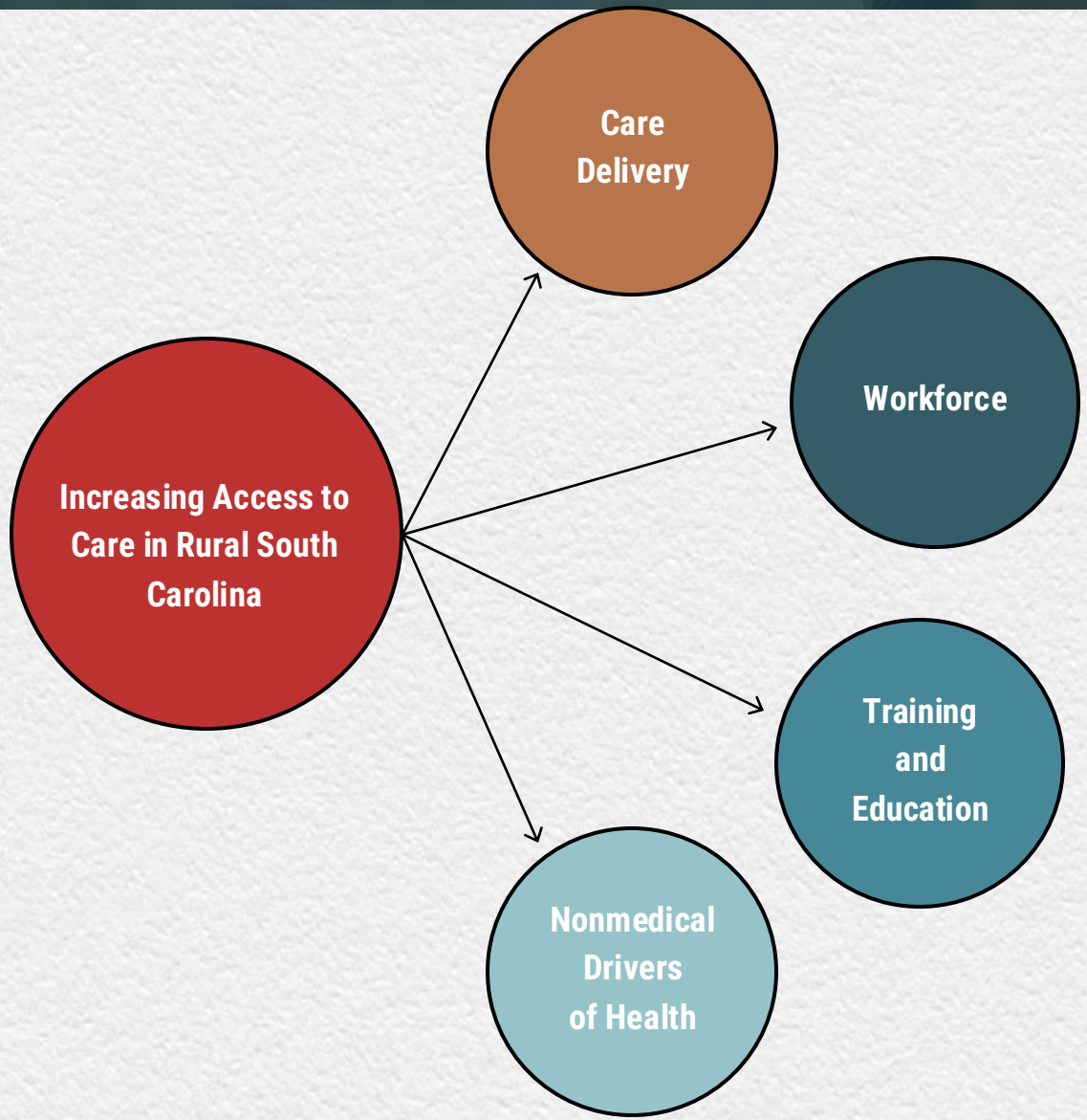
Source: The Commonwealth Fund. (2021). The High Costs of Maternal Morbidity Show Why We Need Greater Investment in Maternal Health.

Source[2]: Presenter, S. Gareau, DrPH, MEd, MCHES (2024, October 30). Maternal Health Data Landscape (Data from CY 2023). Verbal and Powerpoint Presentation. Presented at the South Carolina Birth Outcomes Initiative Symposium, in Columbia, SC. https://img1.scdhhs.gov/presentations/SC%20Maternal%20Health%20Health%20Data%20 Snapshot%20%20SCBO.pdf.

[a]Severe maternal morbidity is one or more unexpected outcomes of labor and delivery that result in significant short or long-term consequences to a woman's health, according to the US Centers for Disease Control and Prevention.

[b]These calculations use medical charges data, a commonly utilized way to calculate health costs in the literature

Recommendations



Care Delivery #1

Ensure all women in South Carolina's rural communities have access to affordable and convenient prenatal and postpartum care by 1) providing **mobile care** to moms and infants in rural South Carolina, 2) leveraging advances in telehealth through **mass adoption of remote monitoring equipment**, and 3) expanding and supporting successful **group prenatal education and care models**.

Care Delivery #2

Establish **state-sanctioned and funded maternal care facilities** to provide access to birthing services within 60 miles of each pregnant woman's home or workplace. Along with existing health care services, **fully develop a hub-and-spoke model** to better connect rural community-based prenatal, postpartum, and infant providers with hospital-based providers.

- Crosswalk Maternal Health Landscape Analysis, 2024 South Carolina SHIP, and Local CHNAs
- South Carolina-Specific Economic Impact Study
- Analysis of Commuting Patterns and Realized Access
- Establish Closed-Loop Referral Systems

Care Delivery #3

Encourage **medical providers who traditionally take care of infants** (pediatricians, family medicine physicians, etc.) to participate in a pilot program to evaluate the health outcomes and cost savings associated with **educating and screening postpartum moms for health conditions**. Explore billing for dyadic services to better address the health needs of moms and babies.

- Statewide Assessment of Programs
- Robust Evaluation of Outcomes and Fiscal Impact
- Planning and Implementation of Pilot Program
- Enhance Provider Awareness of and Infrastructure for Reimbursement of Dyadic Service Provision

Care Delivery #4

The South Carolina Department of Public Health will explore the demand for and ability of **local health departments to offer physical space for a partner medical entity to offer prenatal services**, prioritizing high-need counties.

- Crosswalk Maternal Health Landscape Analysis, 2024 South Carolina SHIP, and Local CHNAs
- Statewide Assessment of Demand for Local Health Department Prenatal Care Service Provision
- Expand Local Partnerships
- Identify Sustainable Staffing and Financing Models

Workforce #1

Expand and empower essential members of the prenatal and postpartum workforce who provide care to moms and infants in rural areas of South Carolina and promote more **team-based care**. This includes **adequate pay**, ensuring rural providers are paid equally to their urban counterparts, and **subsidizing malpractice insurance for rural providers**.

- Assess Roles and Compensation for Providers Across the Prenatal and Postpartum Workforce
- Examine Pay Parity for Rural Health Workers
- Explore Funding for Competitive Pay in Rural Health Centers, FQHCs, and Local Practices
- Subsidize Malpractice Insurance for Rural Providers

Workforce #2

Utilize a framework like the Center for Community Health Alignment's (CCHA) model to establish a similar **organization and governance board for community doulas and peer support specialists**.

- Action Planning for the Development of an Organization and Governance Board for CHWs and Peer Support Specialists
- Examine Role Expectations for CHWs and Peer Support Specialists
- Identify Training Infrastructure Specific to Maternal and Infant Health
- Support and Expand Dual Certification Programs

Workforce #3

To increase the accuracy and availability of workforce data on maternal care providers in rural areas of the state, the South Carolina Revenue and Fiscal Affairs Office will work with the South Carolina Board of Nursing and the South Carolina Board of Medical Examiners to **ask the following questions on licensure applications and renewals:**

- Do you deliver babies as a routine part of your practice? (yes/no)
- Do you provide prenatal care as a routine part of your practice? (yes/no)

South Carolina Revenue and Fiscal Affairs Office will Oversee Data Collection and Management

The South Carolina Area Health Education Consortium's (AHEC) Office for Healthcare Workforce will Provide Updates on Distribution of Providers who Deliver Babies and Provide Prenatal Care Across the State

Workforce #4

Enhance collaborative care by **removing financial barriers for Advanced Practice Registered Nurses (APRNs)** supporting their full scope of practice.

Explore Mechanisms to Subsidize Fees for Collaborative Practice Agreements

Implement Subsidies to Reduce Financial Burden on APRNS for Collaborative Maintenance Agreements

Support and Expand Dual Certification Programs

Training and Education #1

Increase the support available to rural pregnant and postpartum women who are experiencing or have a history of substance use disorders, mental health issues, trauma, and/or intimate partner violence by **implementing evidence-based or evidence-informed training** like Mom's IMPACTT (IMProving Access to Maternal Mental Health and Substance Use Disorder Care Through Telemedicine and Tele-Mentoring) or Postpartum Support International (PSI), broadly within the prenatal and postpartum workforce.

- Invest in Behavioral Health Education and Tools for All Members of the Prenatal and Postpartum Workforce
- Invest in Evidence-Informed Training for Rural Communities
- Incentivize Provider Uptake of Training Opportunities
- Equip Providers with the Skills Needed to Screen, Educate, and Refer Prenatal and Postpartum Women with Behavioral Health Care Needs

Training and Education #2

Increase literacy of maternal and infant health among parents and **families in rural areas of South Carolina** to expand knowledge and awareness of resources available to meet prenatal, postpartum, and infant needs.

- Seek Community-Based Opportunities to Increase Health Literacy in Rural Communities
- Disseminate Accessible and Appropriate Resources
- Support and Expand Local Efforts Through Clinics, Faith-Based Organizations, and Community-Based Organizations

Nonmedical Drivers of Health #1

Implement **transportation models** that work for high-risk and high-need moms and babies and **replicate them in rural areas across the state**. Address transportation challenges that create barriers for rural prenatal and postpartum moms and their babies who need care, which may result in limited utilization of community-based referral networks and faith-based health organizations.

Replicate Successful Transportation Programs for Use in Rural Communities

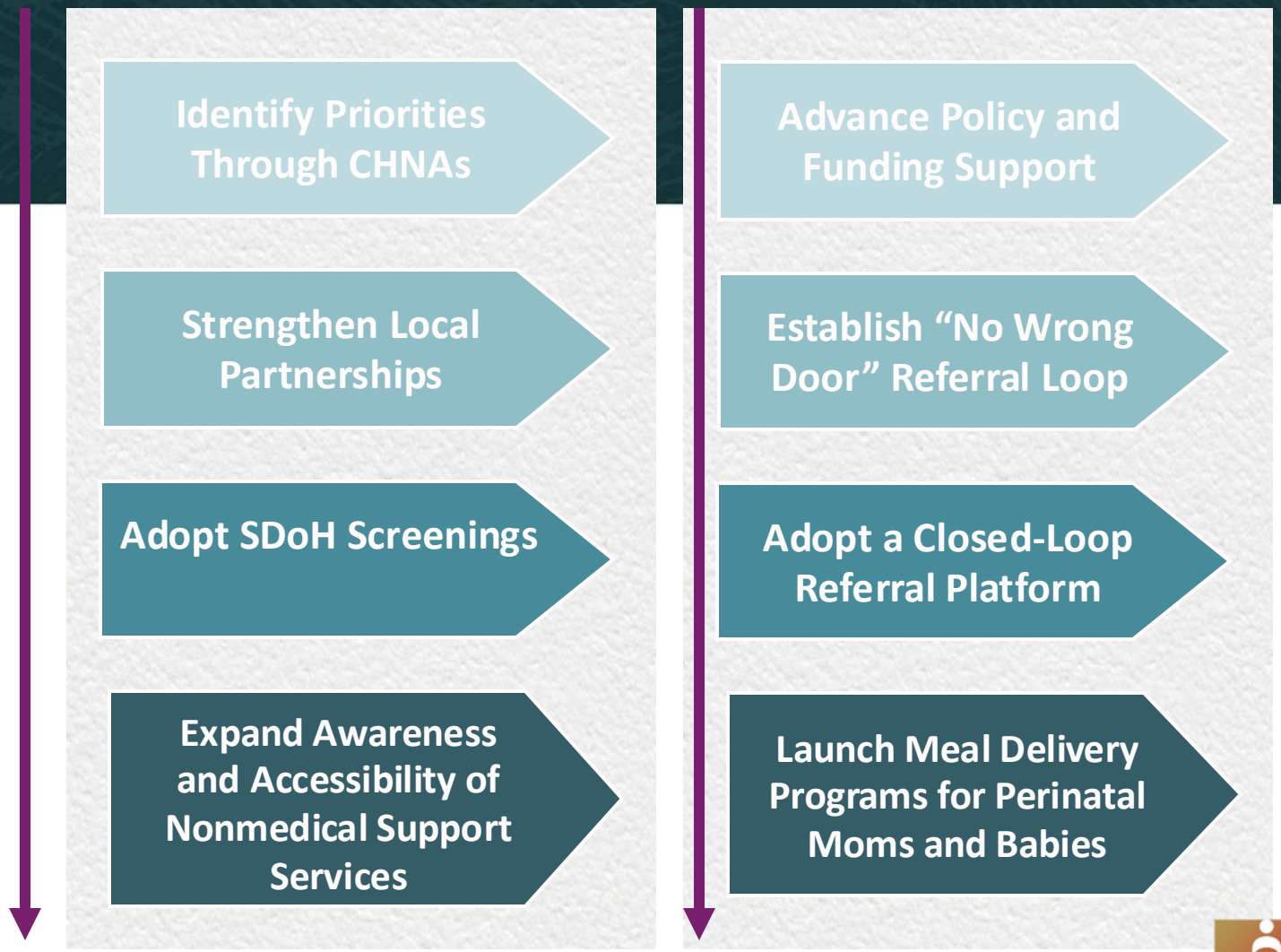
Timeline

Year 1	Document successful transportation models currently used in rural South Carolina communities.
Years 2-3	Invest in a pilot program that expands successful programs, such as the model used by the Pee Dee Regional Transportation Authority (PDRTA), to connect the South Carolina counties without obstetrics care to the nearest locations for prenatal, birthing, and postpartum services.
Years 4-10	Evaluate the impact of pilot programs and increase state investment if the results are successful.

Nonmedical Drivers of Health #2

Leverage the South Carolina Roadmap initiative, “a collaborative effort to understand and address social drivers of health in South Carolina” to address the nonmedical needs of perinatal women and babies in rural areas.

SC Roadmap | Helping health happen for all



South Carolina Institute of Medicine & Public Health

For more information and to sign up for our newsletter:

Thank You!

Brie Hunt

Contact Information:

brie@imph.org

202-997-7577

www.imph.org

Icebreaker

Maternal Health BINGO

Maternal Health BINGO

Instructions

1. Each person receives a blank 5x5 BINGO card with the center marked 'FREE SPACE'.

2. Take 7 minutes to fill each square with something true about your role, experience, or perspective.

3. Once the timer starts, mingle with others and find someone who fits each square. When you do, have them write their first name in that box.

4. The goal is to get BINGO — 5 in a row (vertical, horizontal, or diagonal).

5. First 3 people to get BINGO and shout it out win!

Sample Squares

I work in maternal mental health.

I live in a rural community.

I've implemented a home visiting program.

I'm a parent with lived experience.

I speak Spanish at work.

Transforming Maternal Health (TMaH Grant)

SC Dept. of Health & Human Services

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Transforming Maternal Health

Tangee Summers, DrPH, MPH
TMaH Project Director, SCDHHS

Kristine Hobbs
Director of Community Initiatives, SCDHHS

Transforming Maternal Health (TMaH)

- This Transforming Maternal Health (TMaH) is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $17 million with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Transforming Maternal Health (TMaH)

- TMaH is the newest Centers for Medicare & Medicaid Services (CMS) model designed to focus exclusively on improving maternal health care for women enrolled in Medicaid and the Children's Health Insurance Program (CHIP).
- The model will support participating state Medicaid agencies in the development of a whole-person approach to pregnancy, childbirth and postpartum care that addresses the physical, mental health and social needs experienced during pregnancy.

TMaH *(cont.)*

- TMaH will test whether targeted technical assistance, coupled with payment and delivery system reform, can drive a whole-person care delivery approach to pregnancy, childbirth and postpartum care while reducing Medicaid and CHIP program expenditures.
  - This model will create the opportunity to re-design comprehensive service delivery system for the perinatal healthcare in South Carolina while creating a sustainable value-based payment model.
  - This is a 10-year voluntary service delivery and payment model designed to improve maternal health care for people enrolled in Medicaid and CHIP.

TMaH Goals

- The goals for the TMaH model include the following:
  - Reduced rates of low-risk C-sections
  - Reduced incidence of severe maternal morbidity
  - Reduced rates of low birthweight infants
  - Improved experience of perinatal care
  - Reduced Medicaid and CHIP program expenditures for maternity and infant care

Value-based Model

- System of financial incentives that promote value-based care by holding providers accountable for improving patient outcomes while also giving them greater flexibility to deliver the right care at the right time.
- Value-based payment will transition from the status quo payments (fee-for-service, obstetric global payments and facility fees) to a payment plan that will reduce unnecessary Medicaid and CHIP expenditures.
- By the end of model year five, State Medicaid Agencies (SMA) will transition from the current payment methodology in each state to a value-based payment model.

TMaH Pillars

- The TMaH model is organized into three pillars, with required and optional elements, designed to address the key issue areas that affect maternal health outcomes.
- Three pillars:
  - Access, infrastructure and workforce
  - Quality improvement and patient Safety
  - Whole-person care delivery

Pillar 1: Access, Infrastructure and Workforce

- Required elements:
  - Increase access to the midwifery workforce
  - Increase access to birth centers
  - Cover doula services
  - Improve data infrastructure
  - Develop payment model
- Optional elements
  - Cover perinatal community health workers
  - Create regional partnerships in rural areas

Pillar 2: Quality Improvement and Safety

- Required elements
  - Support implementation of AIM patient safety bundles
  - Support “Birthing Friends” hospital designation
- Optional elements
  - Promote shared decision-making

Pillar 3: Whole Person Care Delivery

- Required elements
  - Increase risk assessments, screenings, referrals and follow-up for perinatal depression, anxiety, tobacco use, substance use disorder and health-related social needs
  - Increase home monitoring of diabetes and hypertension
- Optional elements
  - Increase use of home visits, mobile clinics and telehealth
  - Expand oral health care

TMaH Structural Overview

Pre-Implementation Period
(MODEL YEARS 1-3)
January 2025 - December 2027

Combines technical and financial support to SMAs and their partners to advance the TMaH delivery and payment model. All SMAs will:

- Identify managed care plans if applicable, maternal health providers and supports, and community-based organizations (CBOs) to receive TA and infrastructure funds from TMaH, which will begin in Model Year 3.
- Receive TA as needed for required model elements and state-specific assistance for any optional elements they choose.
- Be required to submit quarterly reports that detail progress on model implementation and specific operational activities.

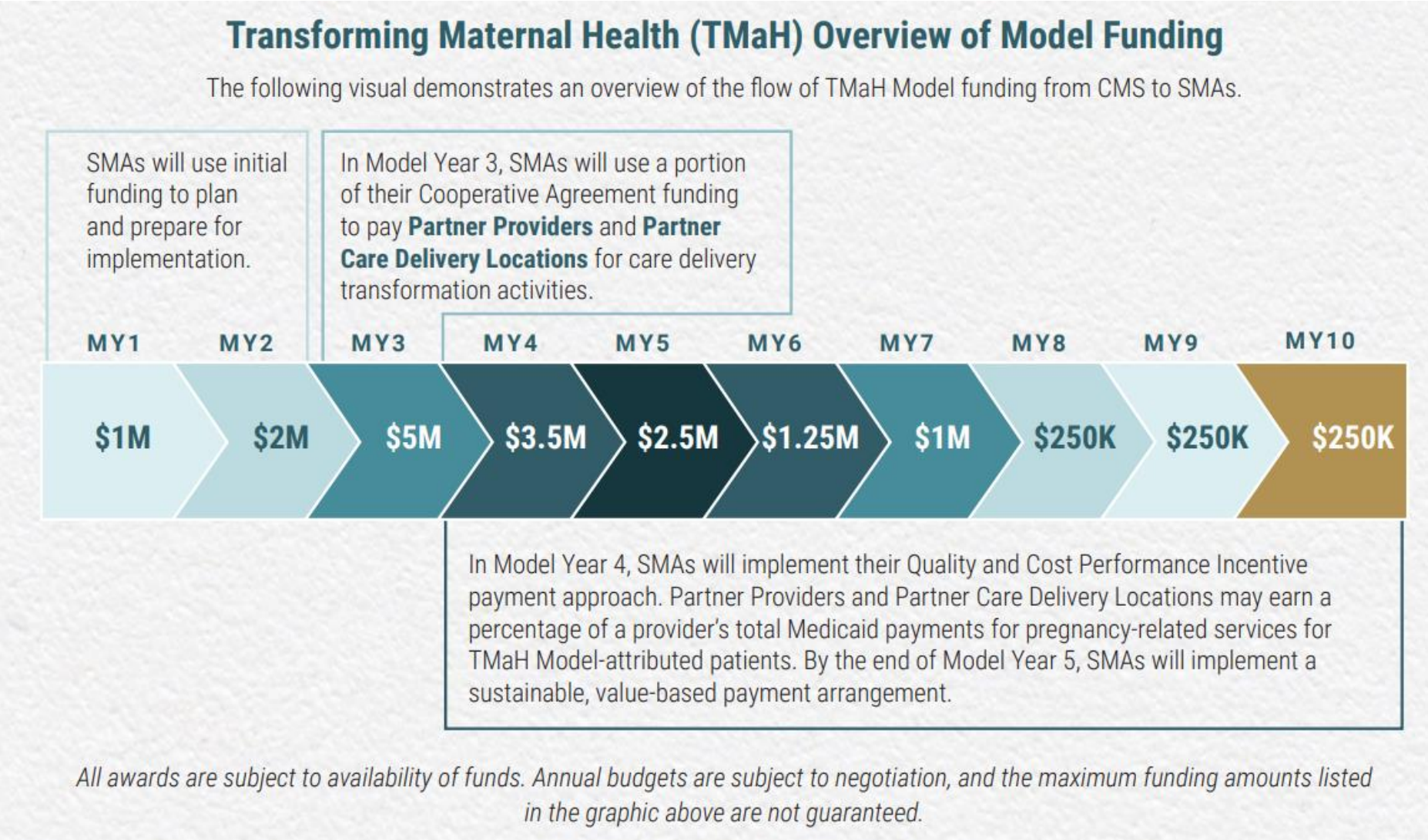
Implementation Period
(MODEL YEARS 4-10)
January 2028 - December 2034

Builds on the TA to SMAs, managed care plans, providers and COBs during the Pre-Implementation Period to achieve the key payment reforms and interventions they developed in state-specific value-based alternative payment models.

- SMAs may implement aspects of the model regionally or statewide.
- In Model Year 4, providers will receive incentive payments for reaching select quality and patient safety benchmarks.
- Beginning in Model Year 5, SMAs will begin to implement the value-based alternative payment model.

Source: The South Carolina Department of Health and Human Services. (2025). TMaH Model Timeline.

TMaH Model Funding Overview



TMaH Planning and Steering Committee

- Planning and steering committee will be established to bring together a variety of stakeholders who play a vital role in TMaH activities.
- Committee members will share information, communicate the statue of projects and promote activities through their state agency, organization, business relationship and/or community partners and resources.
- Committee members will be key to providing information on access, infrastructure and workforce, quality improvement and patient safety and whole-person care.
- Committee will be kept informed of the milestones, successes, barriers and communication with CMS.

TMaH Planning and Steering Committee *(cont.)*

- The South Carolina Department of Health and Human Services (SCDHHS) envisions the planning and steering committee will contain at a minimum the following:

  - SCDHHS subject matter experts
  - SCDHHS Bureau of Quality staff
  - Perinatal community health worker
  - Medicaid members with lived experience
  - Community health worker doula organization
  - A doula steering committee representative
  - Midwifery state representative
  - TMaH medical consultant
  - A birthing center representative
  - A maternal health academic body representative
  - South Carolina Primary Health Care Association
  - The South Carolina Telehealth Alliance
  - Medical University of South Carolina
  - Department of Mental Health
  - Department of Public Health
  - Managed care plan leadership
  - Academic institution training the next generation of maternal care providers

Quality Measures

- The following quality measures concepts will be used to determine performance incentive payments in model year four.
  - Low-risk cesarean delivery
  - Maternal depression screening and follow-up
  - Severe obstetric complications
  - Timeliness of prenatal and postpartum care
- These measures will be finalized by the end of model year three.


SOUTH CAROLINA
ANIMIS OPIBUSQUE PARATI
DUM SPIRO SPERO
SPES
QUIS SEPARABIT
MELIOREM LAPSA LOCAVIT
1776

Title V Five-Year Needs Assessment Overview

SC Dept. of Public Health

Title V MCH Services Block Grant

- Federal program that provides funding to states to improve the health and well-being of mothers, children, and their families
- Operates as a federal-state partnership that has been in place since 1935
- States receive funds to address their specific needs and priorities
- Population health domains
  - Women/Maternal
  - Perinatal/Infant
  - Child
  - Adolescent
  - CYSHCN

Comprehensive 5-Year MCH Needs Assessment

Systematic process to acquire an accurate picture of the strengths and weaknesses of a state's public health system

Essential in identifying the most appropriate programs and policies to promote the health of women, children, adolescents and their families

Population-based & community-focused and serve as a fundamental element of any program planning activity

Information will be used to:

- Determine priority goals
- Develop an action plan
- Inform allocation of funds and resources

State MCH Block Grant Needs Assessment Conceptual Framework

<u>Nine Steps developed by HRSA:</u>

Engage Stakeholders → Advisory Council

Assess Needs, Identify Outcomes

Examine Strengths and Capacity

} Quantitative & Qualitative Data Collection and Analysis

Select Priorities

Set Performance Objectives

Develop Action Plan

} We are here!

Receive Funding and Allocate Resources

Monitor Progress

Report Back to Stakeholders

State MCH Block Grant Needs Assessment Conceptual Framework

<u>Nine Steps developed by HRSA:</u>

Engage Stakeholders → Advisory Council

Assess Needs, Identify Outcomes

Examine Strengths and Capacity

} Quantitative & **Qualitative Data Collection and Analysis**

Select Priorities

Set Performance Objectives

Develop Action Plan

} We are here!

Receive Funding and Allocate Resources

Monitor Progress

Report Back to Stakeholders

Qualitative Data Collection

Goal of qualitative data collection to ID community needs and desired outcomes of specific MCH populations, as well as existing capacity of programs across SC to address areas of need

CARE
CENTER for APPLIED RESEARCH & EVALUATION

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH
DPH

Key Informant Interviews

- In-depth interviews with 28 individuals representing community & nonprofits, state agencies, school personnel, and healthcare providers asked about greatest needs of the MCH populations, resources/services available and how accessible, strengths, trends

Community Listening Sessions

- 6 sessions with women and mothers (English & Spanish), teenagers, parents of CYSHCN (English & Spanish), and fathers
- Key themes around needs/barriers/challenges emerged and were then prioritized

Public Concerns Survey—215 participants completed the online community concerns survey (English & Spanish)

- Public health professionals (33.0%), parents, guardians, and grandparents (32.1%), healthcare providers (11.6%); an additional 13.5% selected “Other” which included roles such as educators, Community Health Workers (CHWs) and non-profit organization representatives; and 9.8% identified as a community member
- 36.3% identified as White, 28.4% as Black or African American; smaller percentages identified as Hispanic/Latino (1.4%), Asian (0.9%), more than one race (2.3%), or "Other" (2.8%). (Notably, 27.9% of respondents did not provide race information.)
- Rated the perceived level of improvement needed for a range of issues for each domain using the following 4-point scale: needs no improvement, needs some improvement, needs a lot of improvement, not sure/ no opinion. Additionally, participants were asked to select the top five (5) priority issues among those they rated as needs a lot of improvement.

Advisory Council Recommendations and Prioritization

- Assessed data and made recommendations on key priorities by domain

Qualitative Data Analysis Results

Women/Maternal

CENTER for APPLIED RESEARCH & EVALUATION

NEEDS AND CONCERNS

- Maternal mental health (especially post-partum)
- Providers listening to women
- Access to care including maternity care deserts, reproductive health
- Maternal mortality rising especially among Black/African American women
- Pre-conception health to ensure chronic diseases managed & women are in good state of health
- Medical model for women's healthcare including high C-section rates
- More integrative and culturally competent care
- Social determinants: jobs, health insurance, childcare
- Workforce issues
- Access to health services & preventative health

STRENGTHS AND ASSETS

- Home visiting programs
- Local programs (Family Solutions Family Resource Center, Dazz)
- WIC
- Doula care
- Collaboratives and consortia (BOI, SC Home Visiting Consortium, etc.)
- Maternal health workforce (OBGYNs, nurses, mental health providers, social workers, midwives, doulas, community health workers)
- Regional Perinatal Centers
- Pregnancy Crisis Centers
- March of Dimes
- The Period Project
- Telehealth programs (Mom's IMPACTT)

Qualitative Data Analysis Results

Perinatal/Infant

CENTER for APPLIED RESEARCH & EVALUATION

NEEDS AND CONCERNS

- Infant mortality rising
- Mental Health including post-partum and infant
- Access to Care
- Pre-conception health to ensure chronic diseases managed & women are in good state of health
- Providers listening to women
- Breastfeeding supports
- Safe sleep
- Residential care for moms with substance use disorders

STRENGTHS AND ASSETS

- Home visiting programs
- BabyNet
- First Steps
- WIC
- Local family support programs and diaper banks
- SCIMHA, Help Me Grow
- Collaboratives and consortia (BOI, SC Home Visiting Consortium, etc.)
- Medicaid

Qualitative Data Analysis Results

Cross-Cutting

CARE
CENTER for APPLIED RESEARCH & EVALUATION

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH
DPH

NEEDS AND CONCERNS

- Lack of transportation
- Food insecurity
- Housing and homelessness
- Access to health care including insurance
- Access to quality, affordable childcare
- Education and health literacy
- Immigration status and language barriers
- Intimate partner violence/domestic violence
- Poverty and economic stability
- Lack of social support
- Judicial system supports and services
- Lack of mental health resources

STRENGTHS AND ASSETS

- SC Telehealth / Telehealth Alliance
- Healthcare: Hospitals, Federally Qualified Health Centers and Free Clinics
- Community Health Workers
- Mental health (Providers, Suicide Hotline, FAVOR Upstate, The Family Center)
- AccessHealth
- Libraries
- Food banks
- Project ECHO
- Homeless No More
- Rental and utility assistance
- SC Center for Fathers and Families, A Father's Place, Drug Court

Title V MCH State Action Plan: DRAFT Priority Needs

Women/Maternal Health
Improve utilization of healthcare visits to promote health before, during, and after pregnancy

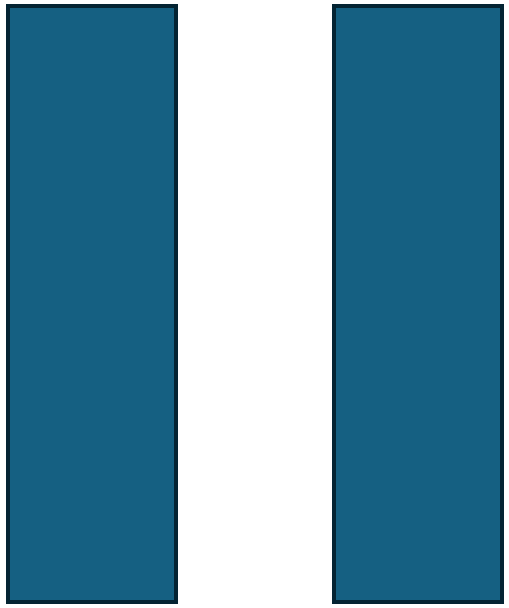
Perinatal/Infant Health
Strengthen implementation of evidence-based practices that keep infants safe, health, and prevent mortality

Cross-Cutting
Develop new and strengthen current partnerships with external organizations to improve systems of care and social supports within communities across Title V population health domains

Title V MCH State Action Plan: Next Steps

- Finalize Strategies with Activities and Measures
- Advisory Council Meeting next week
- 2026-2030 SC State Action Plan due to HRSA late July

Break



Data Sharing: Language in SC

Institute for Families in Society

Institute for Families in Society
at the
University of South Carolina

Mapping Maternal Health Service Delivery Needs: Language Translation and Interpretation

Presented by: Ana López- De Fede, PhD

Distinguished Research Professor Emerita

Associate Director, Institute for Families in Society

South Carolina Maternal Health Innovation Collaborative (SCMHIC) Taskforce Meeting

June 17, 2025

Acknowledgments

We would like to thank the following team members at IFS for their contribution to this work:

- Nathaniel Bell, PhD; Associate Professor and Director of Research and Evaluation
- Angela Kneece, BS; GIS Manager I
- Camryn Nguyen, BS; GIS Analyst/Cartographer
- Sarah Gareau, DrPH; Sr. Research Associate
- Chloe Rodriguez Ramos, MPH; Translation and Implementation Products Coordinator

This work was performed under contract with the South Carolina Department of Public Health through the South Carolina Maternal Health Innovation Grant.

SUGGESTED CITATION:

López-De Fede, A., Bell, N., Kneece, A., Nguyen, C., Gareau, S. & Rodriguez Ramos, C. (2025, June). *Mapping Maternal Health Service Delivery Needs: Language Translation and Interpretation*. Institute for Families in Society, University of South Carolina, Columbia, SC.

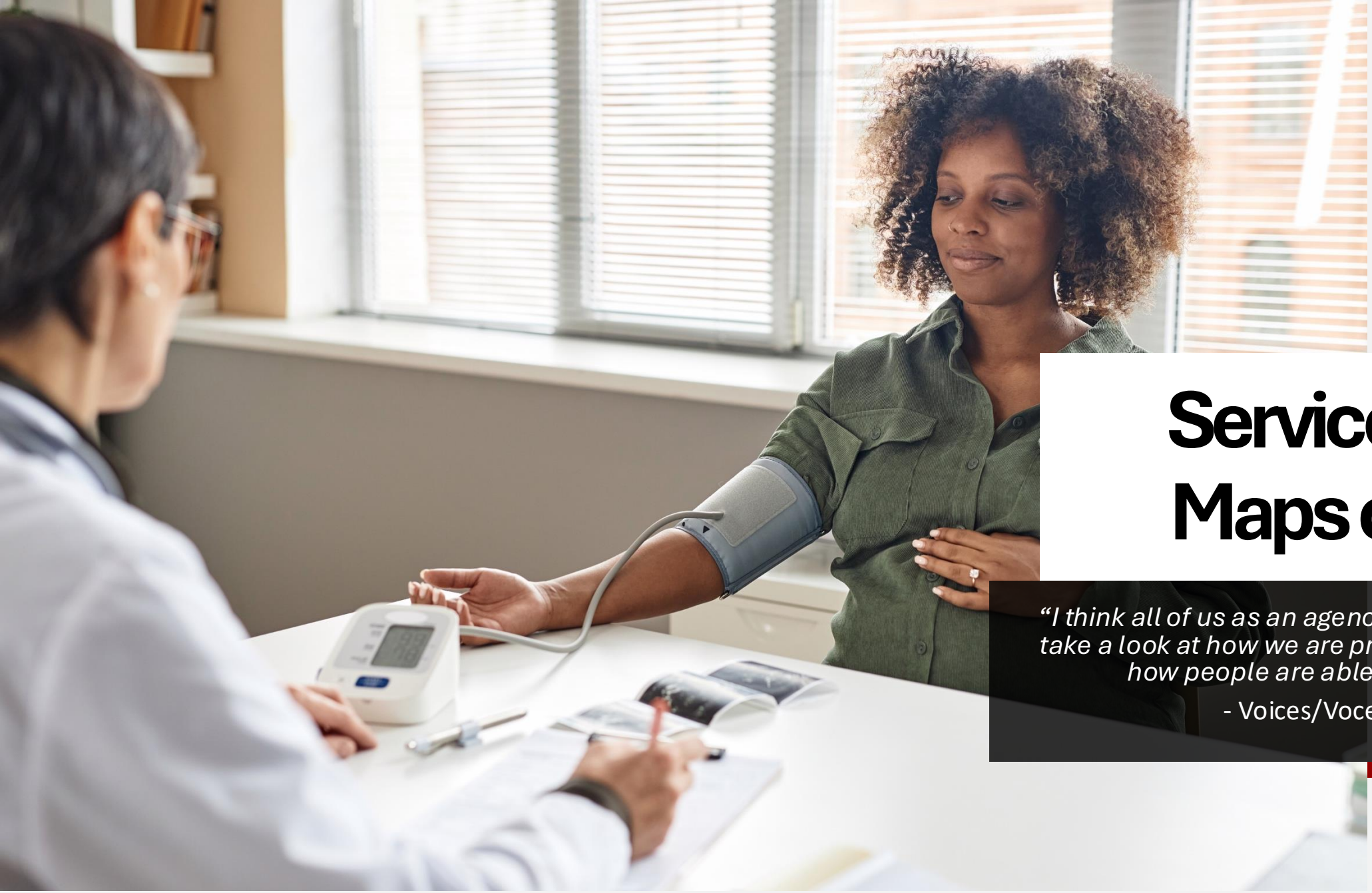
Service Delivery Maps of Interest

- **Map 1:** Second-most Common Language Spoken at Home
- **Map 2:** Poverty Rates Among Spanish Speaking Population
- **Map 3:** Poverty Rates All Non-English-Speaking Population

Potential Implications

- Key Takeaways
- Service Delivery Workgroup Next Steps

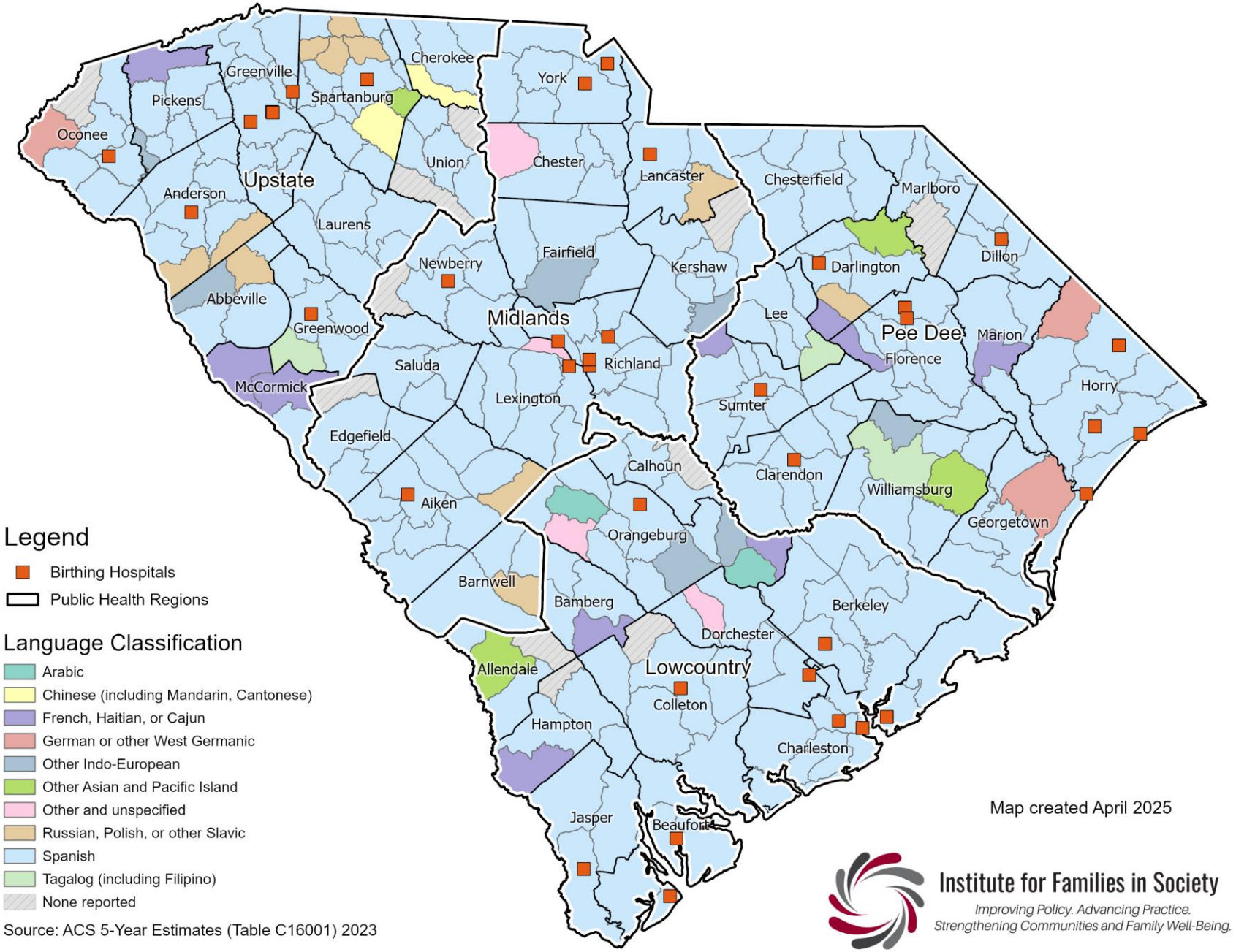
Contents



Service Delivery Maps of Interest

"I think all of us as an agency or as agencies need to take a look at how we are providing our services and how people are able to access our services."

- Voices/Voces MCH Leader Participant

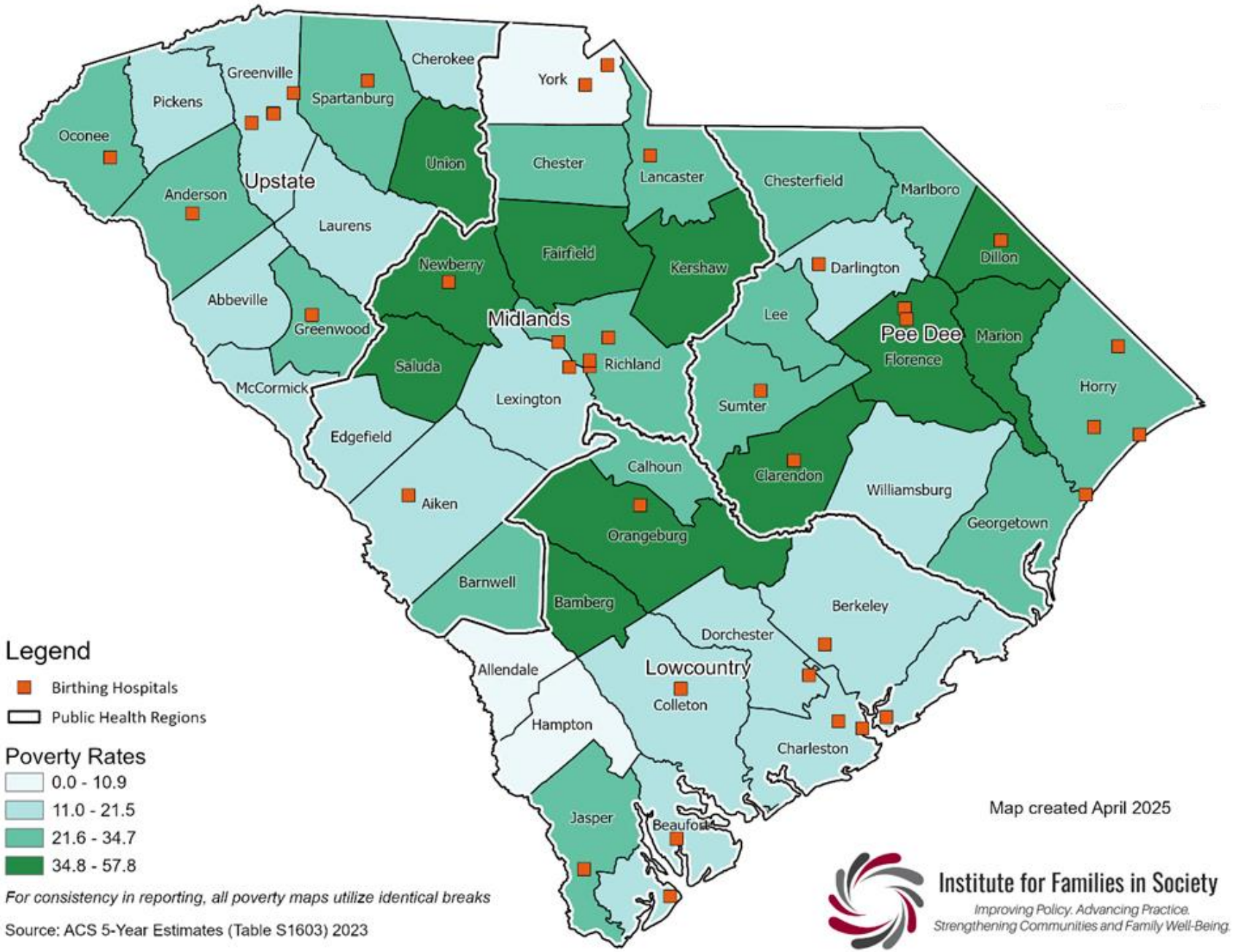


MAP 1: SECOND-MOST COMMON LANGUAGE SPOKEN AT HOME, BY COUNTY SUBDIVISION

Approximately 439,224 persons spoke a language other than English at home in South Carolina in 2023, based on the most recent American Community Survey (ACS) 5-year data cycle estimates.

This represents a **31% increase** in the percentage of non-English-speaking persons across the state since 2016.

Statewide, Spanish is the second most popular language spoken at home in all 46 counties. However, within counties, non-Spanish languages are the predominant language spoken at home in 15% of all County Subdivisions (e.g., Russian with large pockets in seven counties and other languages spoken in 65 of the state's 299 county subdivisions).

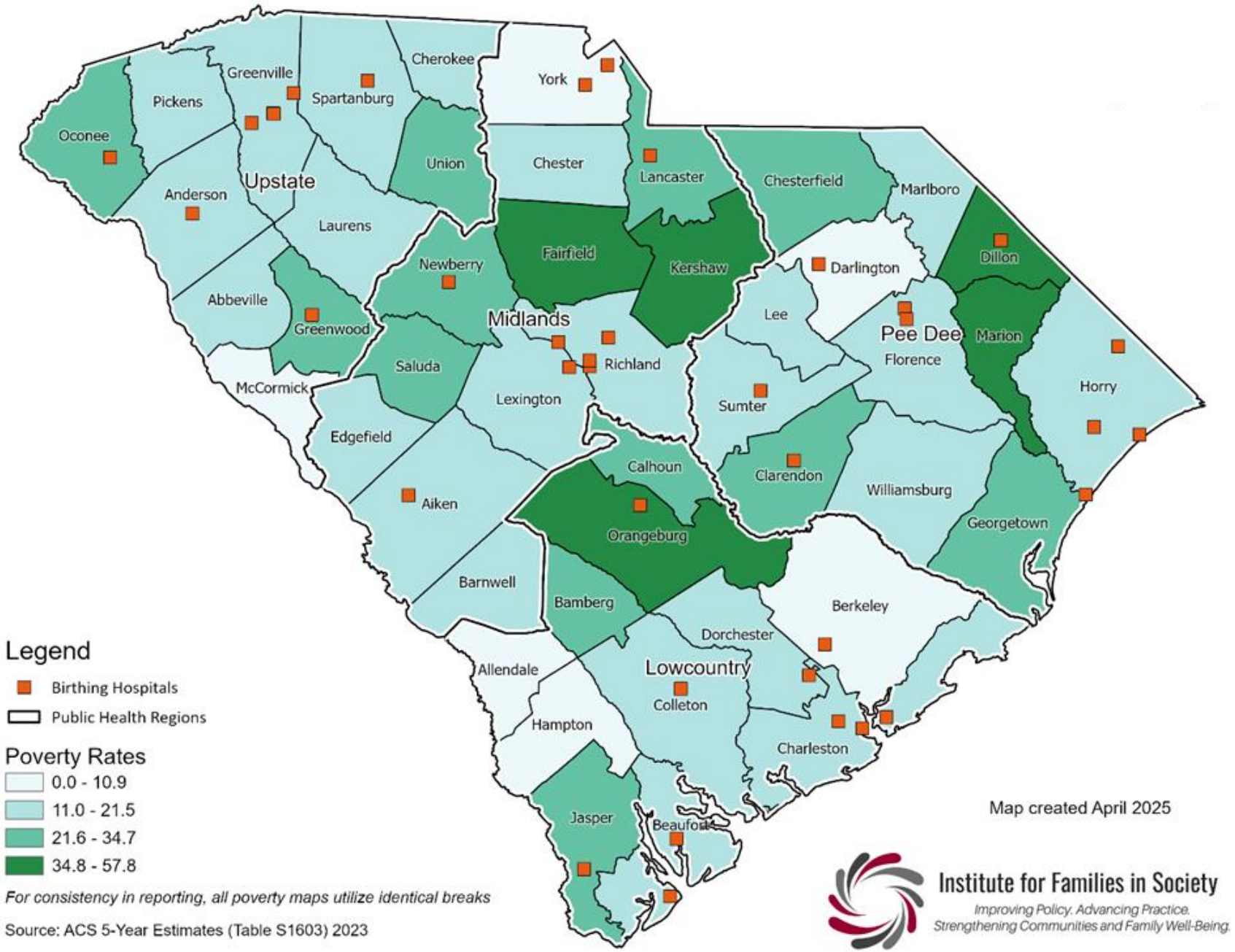


MAP 2: POVERTY RATES AMONG SPANISH SPEAKING POPULATION, BY COUNTY

In 2023, South Carolina's poverty rate was 17.7%, with rates ranging from 8.9% in York County to 29.2% in Dillon County. In contrast, the poverty rate among Spanish-speaking households averaged 25.9%, nearly **50% higher than the state average**.

In Marion County, this rate is nearly 60%. Additionally, poverty rates among Spanish-speaking households exceed 40% in Orangeburg, Newberry, Kershaw, Dillon, Clarendon, and Bamberg counties.

At least one in three Spanish-speaking households in Union, Saluda, Fairfield, Florence, and Marion counties live in poverty.



MAP 3: POVERTY RATES ALL NON-ENGLISH-SPEAKING POPULATION, BY COUNTY

In looking at poverty rates across all non-English speaking households, five of these 11 counties continue to see high poverty rates relative to the state average, including: Fairfield, Kershaw, Dillion, Marion, and Orangeburg.

Poverty rates in non-English speaking households in Fairfield and Kershaw counties are nearly **four times higher than the state average**, whereas poverty rates among similar language demographics in Dillion, Marion, and Orangeburg are at least twice as high.

Potential Implications

"Access has everything to do with can you take time off from your work or your family obligations? Do you have transportation? At this point, do you have connection to internet, do you have a device? Like, there's so many layers of things where you could see the inequities start happening more and more."

- Voices/Voces MCH Leader Participant

Key Takeaways

- Spanish is the second most common language spoken in SC (dialects need to be considered), but languages like Russian are prevalent in 15% of county subdivisions.
- High poverty among non-English speakers increases the risk of fluctuations in Medicaid eligibility, negatively impacting access to consistent care.
- The data further supports the need for tailored services for community members with complex health and social needs.

Implications for Workforce Development

Information Packets Reflect Culture and Language

Respectful Care

Contact

Ana López-De Fede, PhD
Distinguished Research Professor Emerita, and Associate Director
USC Institute for Families in Society
adefede@mailbox.sc.edu

Institute for Families in Society
at the
University of South Carolina

Lunch & Networking

Institute for Families in Society
at the
University of South Carolina

Breakout Sessions: Workgroups

Data Collection, Analysis, & Distribution

Service Delivery

Workforce Development

Empowerment & Literacy

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH DPH

Institute for Families in Society at the University of South Carolina

Next Steps

- Post Meeting Survey

- Next Meetings
  - Workgroups
    - August 2025

  - MHTF
    - September 2025
- Collaboration Platform Coming Soon!

https://redcap.link/scmhic4

Institute for Families in Society at the University of South Carolina

THANK YOU!

KRISTEN SHEALY

SHEALYKH@DPH.SC.GOV

LADREA WILLIAMS-BRIGGS

WILLIALS@DPH.SC.GOV

ANA LÓPEZ - DE FEDE

ADEFEDE@MAILBOX.SC.EDU

SARAH GAREAU

GAREAU@MAILBOX.SC.EDU