

COMMISSION ON HIGHER EDUCATION SERVICE LEARNING COMPETITION: NOMINATION FORM

Institution: Wofford College

Title of Project: Public Health

Project Director: Cynthia Fowler, Ph.D. & George Shiflet, Ph.D.

Contact Information for Project Director: FowlerCT@wofford.edu

Establishment Date of Project: Spring 2011

Unit That Administers Project: Wofford's Biology & Sociology departments. The course (Case Studies in Public Health) is cross-listed as both BIO493 and SOC493, and is team-taught by a professor from each discipline.

Total Number of Students Involved:

~ 22 students in each class. Class has been taught four times: $22 \times 4 = 88$.

1. For purposes of this competition, the Commission on Higher Education defines service learning as college student learning at any level and in any situation that is *linked* in a direct, hands-on fashion to the resolution of a problem or concern in a target community outside the institution *and is related* to a college course with some type of reflection activity. How does your project meet the parameters of this definition?

Wofford is located in Spartanburg, South Carolina, where 18% of County residents are uninsured. That is higher than both the state and national averages and equates to more than 50,000 people. Most of Spartanburg's uninsured folks live in poverty. Many of them work more than one job to support themselves and their families, but still cannot make ends meet. All of this means a huge number of our friends and neighbors receive no preventative care and cannot afford to see a doctor, even when they have an immediate, medical need.

Access to affordable, high quality health care is a critical need in Spartanburg County. To learn more, visit <http://www.strategicspartanburg.org/public-health.php>.

AccessHealth Spartanburg (AHS) is a community organization that helps uninsured Spartanburg County residents find the right doctors and pay for consultations, treatments, procedures, and pharmaceuticals. They provide case management, care navigation, and connection to providers of needed medical services for county residents ages 19-64 who live at or below 150% of the Federal Poverty Level.

The program opened doors in October, 2010 and has enrolled nearly 4,000 participants to date. More than 200 physicians volunteer their time to see patients in their own offices. AHS staff complete social determinants assessment during the enrollment process in order to identify barriers to living a healthy lifestyle. Common barriers include: lack of transportation, inadequate or unsafe housing, access to prescription medications, behavioral health issues (mental health and substance abuse), low education attainment, unemployment, and more. AHS staff members connect each client to the resources needed to overcome these barriers and partner with each individual to identify health and life goals. Appointments called “Goal Updates” are scheduled at routine intervals to record progress.

For the past three years, AccessHealth has partnered with Wofford College, as students enrolled in “Case Studies in Public Health” course have been helping AccessHealth with their clients. Students work with AHS staff and clients in a variety of ways. Some assist with general office support-reception, data entry etc. Others prefer to work more closely with the program participants. Goal updates are facilitated in the office and students share any needed follow items with staff. Some students support the program by completing home visits to homebound clients and/or clients who have transportation barriers.

The professors (Fowler and Shiflet) connect their real-life experiences with scientific data by discussing the academics of access to health care, the public health profile of Spartanburg County, health care policies (including insurance), etc. Throughout the semester, the professors devote some class time to discussing students' experiences at AccessHealth and also talk with students informally about their experiences. At the end of the semester, the students complete an evaluation of their community engagement work.

Service-Learning is a well-known High Impact Practice (HIP), which has been shown to garner even greater gains in psycho-social wellbeing, intercultural competence and critical thinking than other High-Impact Practices. This course weaves together civic inquiry (inquiring about the civic dimensions and public consequences of a subject of study) and civic action (developing students' capacity and commitment to participate constructively with diverse others to work collectively to address common problems and improve the quality of people's lives; and developing their ability to analyze systems in order to plan and engage in public action).

It also incorporates several important High Impact Community Engagement Practices (HICEPs):

- *place*—the engagement focuses on understanding and responding to the history, assets, needs, politics, economics, and other facets of the community (i.e., partner, neighborhood, city, polity) where work is occurring

- *humility (co-knowledge)*—the engagement approach affirms that each stakeholder or involved individual (student, faculty member, community partner, elected leader, etc.) brings valuable knowledge and experience to bear for the work (e.g., everybody – not just the people with Ph.D.s – have valuable knowledge and experience).
- *integration*—the engagement is created and carried out in ways that fundamentally build across and break down boundaries (such as curricular and cocurricular; disciplinary; or town/gown) and leverages the contributions of stakeholders to achieve learning and change
- *development*—the engagement is informed by an understanding of appropriate student and organizational (partner and campus) developmental needs and capabilities, which change and progress over time
- *teams*—the engagement involves multiple participants (such as student volunteers, staff members, and faculty) with roles and positions that include multiple levels (i.e., direct service, research, capacity building, project coordination, etc.)
- *reflection*—the engagement involves regular structured and unstructured reflection in oral, written, and innovative formats (such as digital storytelling or blogging)
- *mentors*—the engagement involves dialogue and coaching with peers, partners, staff, and/or faculty that contributes to the analysis and synthesis of learning and experience
- *learning*—the engagement involves collaborative and responsive teaching and learning, as well as a philosophy that promotes continuous learning by all those involved
- *capacity building*—the engagement involves work that can build or enhance the organization, school, or agency over time, its ability to achieve its mission, and its resource base (i.e., training, program evaluation, board development, fundraising)
- *evidence*—the engagement involves integration of evidence-based or proven program models that enhance the organization, school, or agency’s effectiveness and that leverage the institution’s ability to provide relevant research or information to serve community needs
- *impact*—the engagement aims to identify and achieve specific and measurable outcomes, design strategies for evaluation, and find ways to document and show long-term (qualitative and quantitative) impacts.

2. Specifically, which segments of the college/university community does your project involve?

Faculty and students in Biology 493/Sociology 480: Case Studies in Public Health. That’s two faculty members, and 22 students. We are currently in the process of teaching the course for the fourth time. So, over the last four years, about 88 students have taken this course and participated in

significant community engagement with AccessHealth.

3. How many students (specify degree levels to the extent possible) does the project affect?

About 88 students, since 2011.

4. Describe the target community or communities your project serves.

Better health for our most vulnerable citizens equates to better health for the entire community. But, the true focus of the project is the 50,000 uninsured people in Spartanburg County. An even tighter focus would be the 4,000 enrolled clients of AccessHealth, people in our community who are not only uninsured, but also live at or below 150% of the federal poverty line.

5. Describe your project's effectiveness in helping to solve the problems or concerns in the target community.

Students work with AHS staff and clients in a variety of ways. Some assist with general office support- reception, data entry etc. Others prefer to work more closely with the program participants. Goal updates are facilitated in the office and students share any needed follow items with staff. Some students support the program by completing home visits to homebound clients and/or clients who have transportation barriers.

Clients "graduate" from the AHS program when they have either obtained insurance, or their income has risen above the program guidelines. 600 people have graduated the program to date.

Hospital utilization has seen a dramatic impact since the inception and implementation of the ASH program. Charity care at SRHS has dropped from \$116 million in 2009 to \$80 million in 2014.

And, a Return On Investment calculator used by The Duke Endowment reports a return of \$13.08 for every \$1 that funds AHS.

6. Describe the degree to which your project enhances student learning while providing specific examples of the service learning activities the college students engage in. Also explain how the service learning activities reinforce or apply what the students learn in the classroom.

The professors (Fowler and Shiflet) connect the students' real-life experiences with scientific data by discussing the academics of access to health care, the public health profile of Spartanburg County, health care

policies (including insurance), etc. Throughout the semester, the professors devote some class time to discussing students' experiences at AccessHealth and also talk with students informally about their experiences. At the end of the semester, the students complete an evaluation of their community engagement work.

This course encourages students to connect and extend their academic knowledge (facts, theories, etc.) from their own academic study/field/discipline to civic engagement and to their own participation in civic life, politics, government, etc. – in short to their own participation in “the real world.”

As Gallup’s new study, “Life In College Matters For Life After College,” and many other important studies show us, that makes a huge positive difference for their well-being both now and after graduation.

7. Is there academic credit associated with the project (not necessary for submission)? If so, please explain the particulars.

Yes, students receive academic credit (4 hours) for the course, a major component of which is their volunteer work at AccessHealth. The goal for their work at AccessHealth is for them to learn about access to healthcare and the social determinants which impact health through community engagement.

8. If funding is required, how is the project funded and what is the approximate annual budget for the project?

No additional funding is required.

9. Add any other comments you may have about your project. You may also include supplemental information about the project (such as brochures, pictures, etc.).

Attachments:

- Syllabus
- AccessHealth Spartanburg annual report

Please return this form via e-mail by **February 27, 2015**, to:
Trena Houp, Program Manager Academic Affairs South Carolina Commission on
Higher Education 1122 Lady Street, Suite 300 Columbia, SC
29201 803.737.4853 thoup@che.sc.gov



2014 Community Benefit Report

THE ACCESSHEALTH MISSION:

To improve access to healthcare for the uninsured of Spartanburg County through sustainable health system change that will result in better health outcomes and 100% access to effective, efficient, safe, timely, patient-centered, and equitable healthcare.

THE ACCESSHEALTH VISION:

To spark sustainable health system change that results in better health outcomes and 100 percent access to effective, efficient, safe, timely, patient-centered, and equitable healthcare throughout the region.

PARTNERS:

South Carolina DHEC

Mary Black Health System

ReGenesis Health Care

Spartanburg Alcohol and Drug Abuse Commission

Spartanburg Area Department of Mental Health

Spartanburg County Medical Society

Spartanburg Regional Healthcare System

St. Luke's Free Medical Clinic

USC Upstate

Welvista

DONORS:





Dear Friends,

It's my pleasure to share with you the successes we've achieved in Spartanburg County since opening our doors in October 2010. Although many are still struggling in our community, AccessHealth Spartanburg and our partners are making a difference by improving local health outcomes while reducing the costs to the uninsured and our community as a whole.

BREAKING NEW GROUND

The first AccessHealth SC network site to open its doors, AccessHealth Spartanburg has continued to push forward at a robust pace. We have enrolled more than 2,400 people, connecting them to primary and specialty care through the more than 300 volunteer providers who partner with us. Our first report from the SC Office of Research and Statistics showed a significant impact from our work, and the quarterly data continues to reveal a decrease in emergency room use and avoidable inpatient admissions for our program participants.

CULTIVATING PARTNERS

Acting on our belief that improving our community's health outcomes and creating a more sustainable system depends upon collaboration, we brought together people from all corners of the state to share, learn and act. AHS was created with the input of many community stakeholders, and continues to form new partnerships with local organizations that share our focus and complement AHS services.

In the three short years since opening, we've increased our internal capacity, growing our staff from 4 to 13, and have an ever growing number of dedicated, skilled and enthusiastic volunteers and interns from our local colleges. We average more than 100 hours of volunteer service every week- the equivalent of 2.5 full time staff!

FUTURE GROWTH

In 2013 we sought the assistance of an outside consultant to provide a complete program evaluation, and we will continue to develop an updated strategic plan in 2014. A more intense focus on community case management and increased capacity through partnerships are current goals. Community case management, in particular, has been identified as a significant gap in Spartanburg, and addressing it promises to have a profound impact.

Our services and expertise are in high demand, and thanks to strong supporters, we have the capacity to respond. I invite you to read our Community Benefit Report for additional accomplishments and a snapshot of the health of our organization.

Wishing you and yours a happy and healthy 2014!

Best,
Carey J. Rothschild, Director

***"We have enrolled more than
2,400 people,
connecting them to primary
and specialty care
through the more than
300 volunteer providers
who partner with us."***



In 2010, Newsweek reported “If every American went to one of these doctors (Primary Care) regularly, health-care costs might come down as much as 5.6 percent a year, saving \$67 billion, according to one estimate.” Wow, seems like a very bold statement. But when you bring this down to a community level, we are already seeing some incredible savings right here in Spartanburg County through our AccessHealth Spartanburg network. I reported to you in March of this year that the South Carolina Office of Research and Statistics reported that those ~ 1000 patients that had been enrolled in AHS over the past year had already impacted the healthcare system in the following ways:

Hospital Admissions: 31.46% Decrease

Hospital Charges: 41.5% Decrease (\$959,000)

Length of Stay: Decrease from 4.61 days to 3.95 days

CHF: In 2012, we saw a 75% reduction in CHF discharges and a 93.67% reduction in hospital charges.

That’s worth a big WOW! We are really making a big difference right here in our own back yard. But our work has only begun. We already have 88 primary care physicians either seeing patients in their office and/or volunteering at the St Luke’s Free Clinic. We need more! We have 130 specialists involved but typically either overuse some areas or have no care available in others. So we need your help as we continue to care for those ~40,000 of our uninsured neighbors in Spartanburg County. The Affordable Care Act – well we’ve seen that it’s not having the impact we had hoped. Our board has decided to maintain the same income guideline (those at or under 150% of the poverty level) for 2014. My experience with programs like the ACA is that our services will increase, NOT decrease, over the next year!

So please call and sign up to be a participating physician. As one I can honestly say that though the work is hard, it is also very rewarding. Carey Rothschild or any of her wonderful staff are ready and willing to explain the program and help you get started in whatever capacity you want. Please call them at (864) 560-0198.

Sincerely,
Rob McDonald, MD

A Special Thank You to Our VOLUNTEER PROVIDERS:

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Dr. Jennifer Baker	Dr. Kelly Culbertson	Dr. Mark Godenick	Dr. Jan Kneeland	Dr. John Nichols	Dr. Andrew Taber
Dr. Stacy Baker	Dr. Collin Curran	Dr. Robert F. Goodlett	Dr. Peter Kobes	Dr. Kevin Norris	Dr. Michael Tanboling
Dr. Kristin Barbee	Dr. Michael Dale	Dr. Natalya Goryunova	Dr. Rianna Kondaveeti	Dr. Jacquelyn O'Kane	Dr. Benjamin Taylor
Dr. Jennifer Baugh	Dr. Pamela Davenport	Dr. Morgan Goss	Dr. Carol Kooistra	Dr. Kim Orr	Dr. Charles B. Thomas
Dr. James Bearden III	Dr. Wayne Davis	Dr. James Gragg	Dr. Ari Kramer	Dr. Richard Orr	Dr. Jenna Titcombe
Dr. Ashley Benson	Dr. Dean Davis	Dr. Theodore Grieshop	Dr. Walter Kucaba	Dr. Michael Orseck	Dr. Aaron Toler
Dr. Jeff Berry	Dr. Margaret Davis	Dr. Ratika Gunturi	Dr. Fran Kunda	Dr. Julie Park	Dr. Kimberly Toler
Dr. Crystal Berryman	Dr. Susan Davis	Dr. Brandi Hardin	Dr. Manju Lakra	Dr. Asim Pati	Dr. Aileen Treto
Dr. Christina Bertolami	Dr. Brian Dooley	Dr. Richard Harp	Dr. Matthew Lambert	Dr. Bobby Pereyo	Dr. Ryan Tuttle
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Dr. Lopa Bhansaly	Dr. Luis De La Cruz	Dr. Rifat Hassan	Dr. Paul LePage	Dr. Troy Phillips	Dr. Brintha Vasagar
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Dr. Patricia Bouknight	Dr. Kyran Dowling	Dr. Robert Houston	Dr. Alejandro Lopez	Dr. Joshua Prince	Dr. Nicole Warren
Dr. Charles Bowers	Dr. Loretta Duggan	Dr. Scott Hovis	Dr. Richard Lucarelli	Dr. Richard Reinhardt	Dr. Petra Warren
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Dr. Derek Brenda	Dr. Gordon Early	Dr. Matt Hudson	Dr. Erin Lusher	Dr. Ty Robinson	Dr. Shannon Webb
Dr. Mary Brewton	Dr. Levon Emory Eastin	Dr. Barry Huey	Dr. Robert Macdonald	Dr. David J. Rodak	Dr. Richard Weir
Dr. Kelly Bridges	Dr. Charlotte Ebner	Dr. Telicia Hughes	Dr. Phillip Mahoney	Dr. Raymond Romano	Dr. Thomas Westmoreland
Dr. Kimberly Bridges	Dr. Joseph Edison	Dr. Simon Ifekan-Shango	Dr. Susan Marik	Dr. Timothy Rop	Dr. Larry White
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Dr. Helen Brown	Dr. Thomas Eison	Dr. Samy Iskandar	Dr. Mary McAtee	Dr. Juliette Saad	Dr. Stuart Williams
Dr. Jaime Browning	Dr. Adrienne Ellis	Dr. William James Jr.	Stephanie McCravy NP	Dr. Mayte Sandrin	Dr. Sam Wood
Dr. Robbie Buchler	Dr. Nkechi Emejuaine	Dr. Hugh James	Dr. Robert McDonald	Dr. Claudia Seay	Dr. Auburn Woods
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Dr. Katee Castleman	Dr. John Foster	Dr. Michael G. Justice	Dr. Albert Mossburg	Dr. Farhan Siddiqui	

An evaluation of hospital inpatient (IP) and emergency department (ED) utilization compiled by the S.C. Office of Research and Statistics reports that AccessHealth network participants who used hospital services had less costly visits due to shorter inpatient lengths of stay and fewer admissions. In fact, combined ED and IP costs were reduced by **42.42%**, while admissions were reduced by **31.46%**.

Diagnosis-specific data showed additional positive impact from AHS:

- ⊕ Patients with Congestive Heart Failure had a **75%** reduction in admissions and a **93.73%** reduction in costs.
- ⊕ Asthma patients had a **65.52%** reduction in admissions and a **73.56%** reduction in costs.
- ⊕ Diabetes patients had a **41.82%** reduction in admissions and a **30.26%** reduction in costs.

From Our Inception, **October 1, 2010**, to **December 31, 2013**...



17,926
appointments were made.



\$234,608.00
in goods were distributed through
AccessHealth Spartanburg via United Way
of the Piedmont's Gifts In Kind Program.

2,510



eligibility screenings
were performed

1,451



clients were assigned
medical homes

822



clients received
prescription
assistance

420



applications
were processed
through
The Benefit Bank

422



clients were enrolled
in smoking cessation
programs



PATIENT PROFILE: DENISE MANUS

Denise Manus has overcome multiple hurdles in order to get where she is today. Her amazing journey cannot be credited solely to AccessHealth, but to the collaboration of multiple organizations in Spartanburg, a wonderful doctor, and of course, her own extraordinary motivation and willpower to better her life and the lives of those around her.

Denise enrolled in AHS in January of 2011. She says, “AHS was a lifesaving situation for me. I had a work-related knee injury that left me with a terrible limp and terrible pain. They (AHS) got me in to see Dr. Stephen Harley, and he being the angel that he is, gave me a total knee replacement that has forever changed my life.”

Although her medical concerns were relieved, Denise faced many other obstacles. She had been transient, living in hotels, until November of 2011, when she relocated to Miracle Hill Rescue Mission, where she lived for 14 months. Soon afterward, AHS’ licensed social worker and The Upstate Homeless Coalition worked to connect her to a place of her own.

At the age of 51, Denise has enrolled at Spartanburg Community College and plans to graduate in December of 2014.

“(In five years, I see myself) graduated with an associate’s degree, billing and coding certification, in my own home, and working. Being productive. Giving back and helping others.”
- Denise Manus



PATIENT PROFILE: SHEILA PALMER

Sheila Palmer lost her health insurance coverage along with her job several years ago. “I was very frustrated and very sick. Previously I had always had good insurance, but due to being unemployed, I was uninsured. If I’m not sure how I’m going to get my medicine or how I’m going to see a doctor, it creates other barriers.”

One of the biggest barriers for Sheila, and for many AccessHealth clients, is actually getting to the care they need.

“Transportation. That was another big thing I struggled with. I didn’t have a car sometimes to go to an appointment, or I’d have to beg someone to take me. Through AccessHealth, there is transportation, and they pick you up and bring you back! We take for granted those small things.”

In addition to getting to her appointments, Sheila was thrilled to be connected to caring physicians. “They (the doctors I have been able to see through AHS) don’t stick their tongues out at us. They don’t make us feel uncomfortable like we are ‘coming through the free clinic’ or any different from their other patients. They don’t even make mention of it.”

“Without AccessHealth, I would be dead...bottom line, with an exclamation point. I’m serious. At this point, I have no money to pay for my co-pay. I guess I’d be going to the emergency room, and that’s not a primary care place to go.”

“Without AccessHealth, I would be dead...bottom line, with an exclamation point! I’m serious. At this point, I have no money to pay for my co-pay. I guess I’d be going to the emergency room, and that’s not a primary care place to go.”

PATIENT QUOTES

"I now have a primary care physician, who is awesome and listens to the patients. I now get assistance with food and transportation for my appointments. I don't know where I would be or how I would have survived all of these health problems without your assistance."

**SHANEKA
C.**

"This program has helped me a lot. I keep up with my doctor visits. I have a ride there and back, and they're helping me get my glasses and I'm getting my diabetes under control. If it wasn't for Access Health I wouldn't know what I'd do."

**MELISSA
O.**

"You have helped me get my health together. By helping with my health you have given me another chance at life, and have not only helped me physically but emotionally as well. My health has improved so much and I thank you all for helping me get well. The quality of service has just been so great. Everyone is so nice!"

GLORIA J.

"You all make an individual feel as though they have been placed in great hands instead of falling through the cracks."

**RANDY
C.**

**CHARITY
S.**

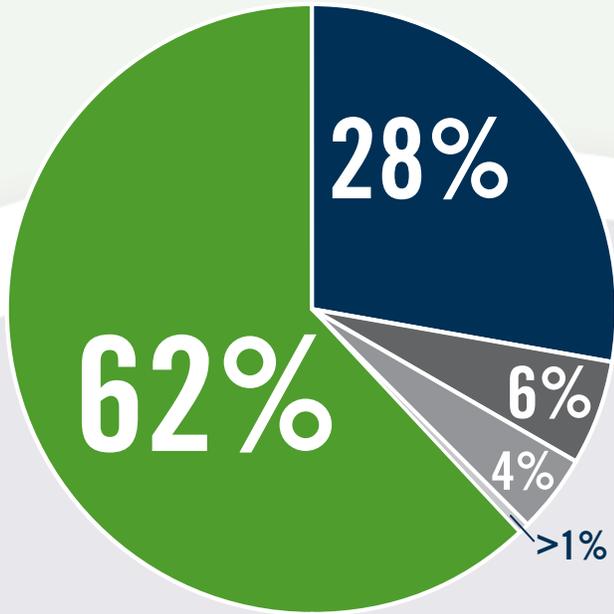
"I am so thankful for AccessHealth. I feel that I am able to receive the best medical help possible because of you. Before I had no idea that I had diabetes and after seeing a doctor I was able to get help."

AccessHealth Financials

For the Three Years Ending December 31, 2013

REVENUES

Total Revenue: \$1,367,829.00



THE DUKE ENDOWMENT

\$994,896.00

SRHS FOUNDATION EMPLOYEE CAMPAIGN

\$440,000.00

SRHS FOUNDATION

\$89,769.00

MISC. GRANT REVENUE

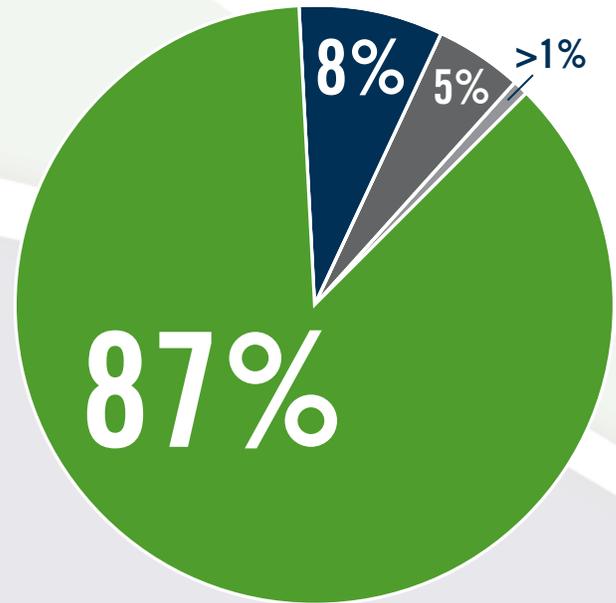
\$68,837.00

PHARMACY REVENUE

\$805.00

EXPENSES

Total Operating Expense: \$1,253,614.00



PROGRAMS & SERVICES

\$1,087,107.00

MANAGEMENT & GENERAL

\$99,835.00

FUNDRAISING

\$56,806.00

OTHER

\$9,866.00

FUNDRAISING: DERBY DAYS

Derby Day is AccessHealth Spartanburg's annual fundraiser and appreciation event for our physicians, donors and partners. And, let's be honest here: it's also a lot of fun! In just three years, Derby Day has become a can't-miss event because there simply is no other event quite like it. Held annually on the day of the Kentucky Derby, Derby Day features live music from some of our community's most treasured musicians, a Derby Hat contest complete with prizes for the winners, excellent Derby fare to please your palette. And, of course, the Kentucky Derby itself is shown, and, yes, there are (mostly) friendly (and legal!) opportunities for Derby Day guests to pick the Derby winners. Derby Day: It's fun, it's competitive, and it's for a great cause.

Don't miss the fun- Mark your calendars for the 1st Saturday evening of May each year!

Thank You to Our **PRESENTING SPONSORS:**



Spartanburg Regional



Spartanburg Regional

FOUNDATION

SCHOOL AND COMMUNITY VOLUNTEERS:

Anjum Alimohamed
Tasha Allen
Lydia Arthur
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Ayres Renfrow
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Amanda Smith
Caitlin Smith
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Samantha Sorrow
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Lorena Vega
Lauren Walker
Detra Washington
Heather Watts
Laura Westheimer
Shianna Whitner
Yvette Williams
Clark Wise
Hope Wolfe
Audrea Wright
Erika Wright
Morgan Wrightson
Coua Xiong

STAFF MEMBERS:

Carey Rothschild.....	Director
Corlis Childs, RN, BSN.....	Care Navigator
Lisa Caldwell-Salters, MSW.....	Care Navigator
Loree Bishop.....	Administrative Assistant
Susan Overlees.....	AccessHealth Specialist
Alba Marin.....	Eligibility Specialist
Pamela Shinta.....	Eligibility Specialist
Bonnie Carpenter.....	Community Case Worker (HOPS)
Coua Xiong.....	Community Case Worker (HOPS)
Jennifer Hipp, RN, BSN.....	Community Case Manager (HOPS)
Lisa Howard, RN, BSN.....	Community Case Manager (HOPS)
Tamika Murphy, RN.....	Community Case Manager (HOPS)
Julia Turner, MSW.....	Community Case Manager (HOPS)

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Case Studies in Public Health BIO 493/SOC 493

"Health care is vital to all of us some of the time, but public health is vital to all of us all of the time,"

C. Everett Koop, Surgeon General

Public health accomplishes its missions through interdisciplinary approaches to improve the physical, mental and environmental health of communities. The incredible scientific advancements in our understanding of disease and our own genetic makeup are making possible a fantastic array of new preventatives and treatments. On the other hand, we have fresh microbial, social and environmental challenges that are already straining the healthcare infrastructure. And social, political and cultural factors often turn out to be greater challenges to health than the scientific ones. In this course, we will study the methods of public health. And we will analyze a series of historical or current cases related to public health principles. We'll focus on public health both in the U.S. and in developing countries around the world.

Expected Course Outcomes

1. Become familiar with the principles of public health, and real-world approaches to health problems throughout the world.
2. Become familiar with the methods used by public health investigators.
3. Apply the participants' varied backgrounds and experiences to public health issues.
4. Learn to use electronic information resources and their value in public health.
5. Develop an interdisciplinary approach to problem solving.
6. Develop self-directed learning skills.
7. Develop critical thinking skills.
8. Develop and evaluate solutions to the major problems of health faced today.

Grading

- 20 % Learning Issues
- 20 % Service Learning Internship
- 20 % Writing Assignments
- 40 % Presentations & Participation

Instructors

Dr. Cynthia Fowler Email is the best way to communicate with me (fowlerct@wofford.edu). Please also feel free to contact me at any time by telephone (597-4698) or drop by my office (Old Main 125). You are most likely to find me in my office during office hours, which are from 11:00 until 1:00 on Tuesdays and Thursdays.

Dr. George Shiflet For the most part, I am in my office (RMSC 203C) or in class from early in the morning. I encourage you to seek out help at any time I am not in class. There will be times I will not be available, but I try hard to keep these times to a minimum. My scheduled office hours are: MWF 9:30 - 10:20 am, M 1:00 - 4:00 pm, T 12:30 - 2:30, and W 1:00 - 2:00 pm. If you have things you feel will take some time to discuss, it would be good to schedule an appointment. You may do this by going by the office or calling 4625. You may also email me at shifletgw@wofford.edu.

Meeting Time and Location: MWF 10:30-11:20 in Olin 220

Community Engagement

Students in Public Health will volunteer with one of the following community organizations: Mental Fitness, Arcadia Elementary, PASOs, or Access Health.

Calendar

Week 1

Monday, February 2 Introduction to Public Health (Shiflet and Fowler)

Wednesday, February 4 Introduction to Public Health (Shiflet and Fowler)

Listening Assignment: Radio Lab's "Patient Zero"

Recommended websites: World Health Organization, Partners in Health, Centers for Disease Control and Prevention, National Institutes of Health

Friday, February 6 Guest Speaker Robyn Ferrell from Mental Fitness (confirmed)

Listening Assignment: It Takes More Than a Produce Aisle to Refresh a Food Desert

Reading Assignment: Packed Lunches versus School Lunches

Week 2: Epidemiology

Monday, February 9 Introduction to Epidemiology (Shiflet)

Reading Assignment: Qualitative Research Methods. Emily E. Maney and Robert T. Trotter. In Public Health Research Methods. 2015. Sage Publications. Pp. 443-482. Download the PDF below.

Recommended Website: [RJWF Daily News Digest](#)

Wednesday, February 11 [Epidemiology II](#) (Shiflet)

Thursday, February 12 at 8:00 PM "Unsafe Passage: Treating Vulnerable Migrants in Mexico." Live Webcast from Doctors Without Borders. Register yourself here: <http://unsafe-passage-webcast.eventbrite.com>

Friday, February 13 Guest Speaker Sarah Grace Keaveny on Arcadia Elementary and Workshop to Develop Ideas for an Arcadia Elementary Project (confirmed)

Week 3: Migration and Health

Monday, February 16 1) Case Study #1 Migration and Health and 2) Community Engagement Preparations (especially interviews and IRB)

Reading Assignment: Latina Voices in Childhood Obesity A Pilot Study Using Photovoice in South Carolina. Download the PDF below.

Wednesday, February 18 1) Case Study #1 and 2) Skype at 10:45 AM with Christina Anderson at Coastal Carolina about Human Subjects Research and Institutional Review Boards

Friday, February 20 Guest Speaker, Paola Gutierrez from PASOs

Reading Assignment: Introduction in *Child Migration and Human Rights in a Global Age* by Jacqueline Bhabha. 2014. Princeton Press. Download the PDF below.

Week 4: Childhood Obesity in Latino American Families

Monday, February 23 Case Study #2 - Childhood Obesity

Please read the articles in the folder below from the New York Times and NYT Magazine.

Wednesday, February 25 Case Study #2 - Childhood Obesity Learning Issues

Friday, February 27 Guest Speaker Carey Rothschild from AccessHealth (Confirmed)