Listening Tour Overview:
South Carolina

United States of Care's (USofCare) mission is to ensure that everyone has access to quality, affordable health care regardless of health status, social need, or income. As part of our mission and commitment to equity, we engage in authentic listening research to lift voices in communities that have historically been ignored. Throughout 2022, our Research and Community Engagement team has worked with various rural communities in South Carolina to learn about their experiences with the healthcare system. People living in Vance, St. Matthews, and Denmark, SC, were engaged on two separate occasions to not only share their experiences and challenges with the health care system (March 2022) but to work together to find potential solutions to those challenges (September 2022).

What we asked

★ What comes to mind when you hear the words "health care?"

★ Fill in the blank: "I wish health care worked like _____"

★ How much of your health and well-being do you think is influenced by where you live?

★ Have you ever decided not to get medical or preventive care, or to delay it? [IF YES]: What is the main reason or reasons you chose not to get medical or preventive care?

★ How much do you trust doctors, hospitals, and others in the health care system in your community to provide the quality of care you need when you need it?

★ How often do you think the health care systems in your community treat people unfairly because of their race or ethnicity?

★ What about other reasons?

★ What have been your experiences with virtual care? What did you like/dislike about it?

★ What are your perspectives or experiences with getting mental health services in your community?

Common Themes

★ Resource desert and its associated issues
★ The challenges of being food insecure
★ Lack of transportation options/services
★ Lack of quality healthcare options
★ Discrimination/bias in health care settings
★ Inability to afford insurance
★ Navigating a confusing health care system
★ High prescription drug costs
★ Avoidance and mistrust of doctors
★ Virtual care likes/dislikes
★ Mental health stigma and its impact
★ Community leaders' visions for communities

Key Findings

As of April 2022, St. Matthews, Vance, and Denmark respectively ranked 35, 24, and 37 out of 46 counties in terms of health outcomes while their respective neighboring counties performed significantly better. In each of the three focus groups, participants discussed multiple issues and various experiences while attempting to navigate the health care landscape:

★ A number of people recounted multiple instances where they experienced bias and discrimination, in health care settings, emphasized the value of being treated with respect by health care professionals, and elevated the lack of access to quality food/grocery options.

★ Access to quality affordable health care regardless of social status, need, or income is not adequate in these parts of rural South Carolina.

★ An increase in the amount and quality of specialists and health care professionals were cited as a critical need, as well as access to mental health resources/services.

Vance
★ Participants described wanting access to providers who do not care what insurance they have.

★ Participants believed that the assistance of patient navigators are necessary to translate between doctor and patient.

St. Matthews
★ Participants stated that persons are unmotivated to see a doctor because of cost.

★ Participants cited that the library should not be the only place for information; everyone should know where to get services.

> "You have a lot of elected officials, like me, who may understand the problems and may be able to see the problems, but politically speaking, for themselves personally, it doesn't benefit them to come up with a solution or to do what it takes to solve the problems. I think this is so because it would be detrimental to their own opportunities. Due to the perception of the public, that government is not good stewards of anything, so that it's going to be a waste. And so therefore, we don't need to spend more money to try to implement new programs, because it's going to be corrupt, or it's going to be this, that or the other. And so, it is a constant struggle."
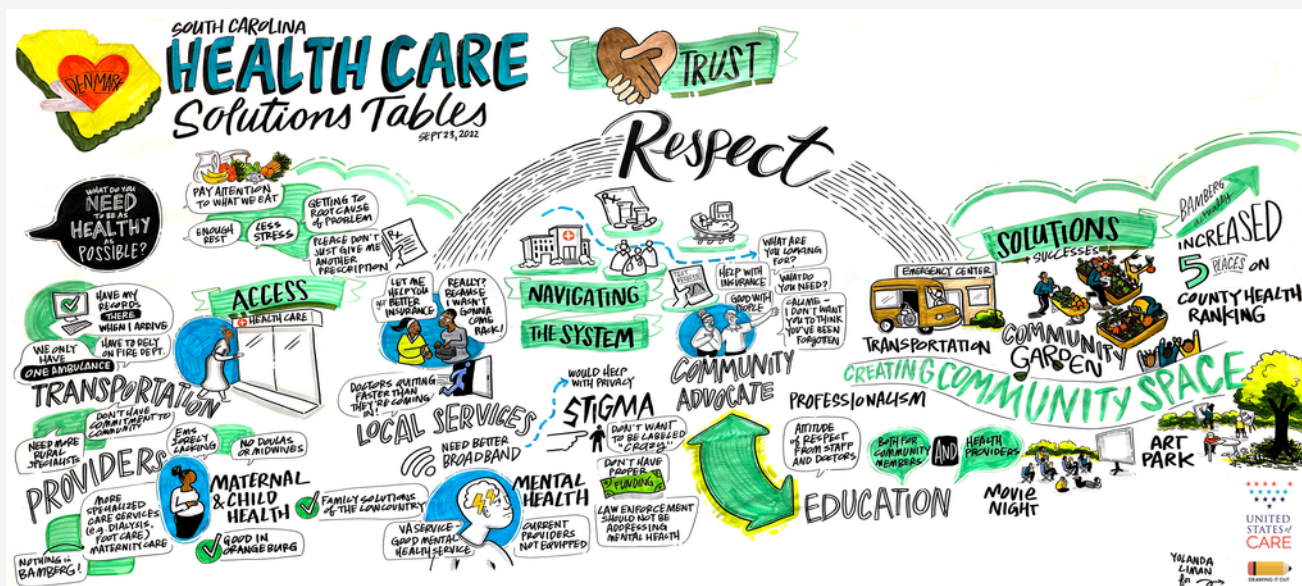> - St. Matthews, Elected Official

Denmark
★ Participants expressed that there is only one ambulance available and the community must rely on the fire department.

★ Participants cited internet connectivity and broadband issues that limit their use of telehealth.

★ Participants expressed wanting better transportation to and from health visits.

> "There is a lack professionalism on the job, you know, a lot of people don't engage in mental health for assistance because the lack of professionalism and people want to talk about it, you know if you go to the doctor, they in there discussing your personal issues, now we're going to talk about people so that you can discuss the people working they're discussing patient information.
> - Denmark, Elected Official

Health Care Solution Table from Denmark, SC

What are Solutions Tables?

Taking what we learned from our community conversations in March, we made an intentional effort to reengage with these rural communities to talk about potential solutions that meet their specific communities needs. **One unique aspect of these Solutions Tables was the invitation and inclusion of local and area elected officials and other health care stakeholders within these communities to take part in and listen to the solutions generated from community members.** These types of community conversations continue to help us understand how the health care system is working or not working for differing communities, as well as how to create long-lasting policy solutions for each community's specific needs.

"I went to a doctor one time, and he refused to see me because I hadn't paid my copay. So, because I didn't have my copayment, he said was he couldn't see me. I told the staff I was broke. I was poor. I didn't have the copay. So, I didn't see the doctor, but they still charged me for that visit."

- Vance Focus Group Participant

"First of all, we don't have a maternity doctor around here. You either gotta go to Bamberg or Orangeburg and Bamberg I don't think they even deliver babies anymore. So if your're pregnant and need to see a doctor, you can either go to Orangeburg or you go Goldsboro or you can go to Columbia those are the four is nothing in Bamberg county to help you."

- St. Matthews Focus Group Participant

"In South Carolina in general, I think that people treat law enforcement, like they're supposed to deal with everything; there's no infrastructure when it comes to mental health."

- Denmark Focus Group Participant

What We Found

Health Care Solution Table from Vance, SC

Vance
★ Participants described not being heard by providers and feeling that their voices are left in the dark.
★ Desire for their local government to offer more services and resources, and a need for more health centers and hospitals.
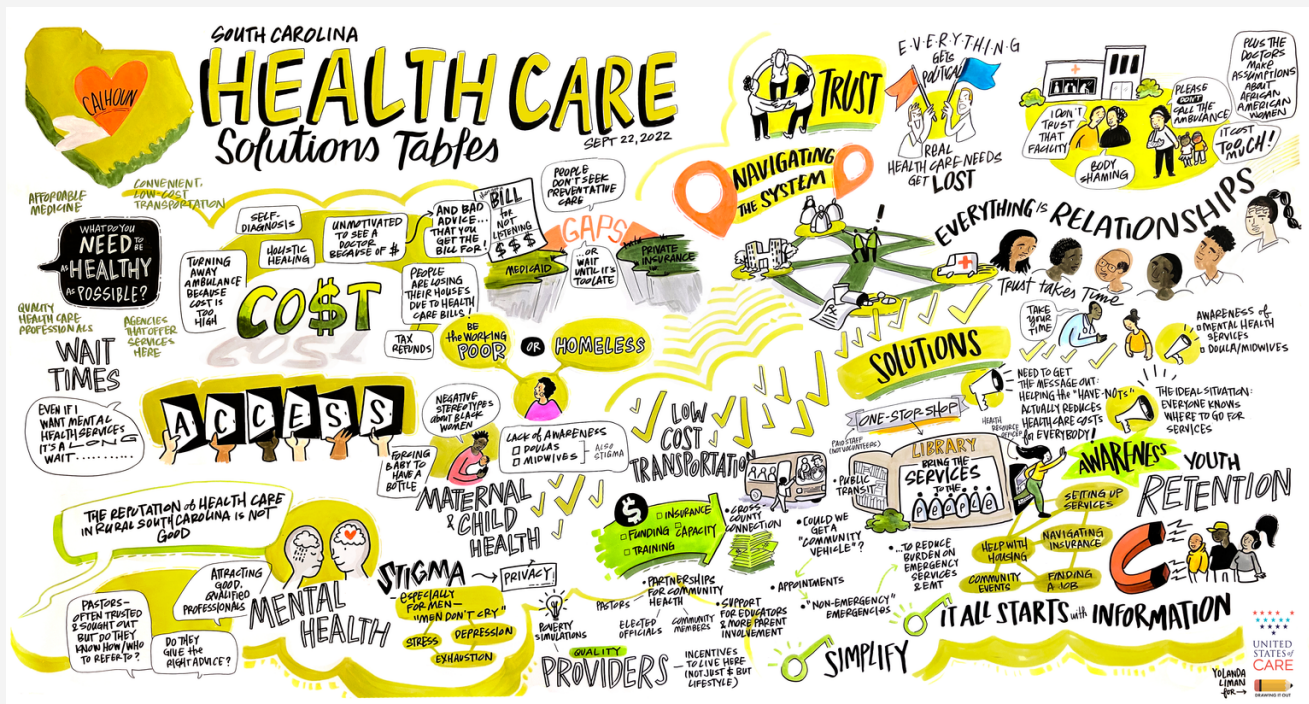
St. Matthews
★ Participants cited a need for a community vehicle for transportation to take people to and from appointments as well as low-cost transportation.
★ Necessary investment in the development of Partnerships to increase and supplement service offerings.

Denmark
★ Participants cited a need for more specialized care services.
★ Expressed the need for more community cooperation (e.g., community gardens, art parks, movie nights, etc.).
★ Participants requested an increase in community advocates and education.

Suggested solutions consistent across all three counties included:

★ Increase number of specialists
★ Build/open more health centers and hospitals
★ Retain physicians
★ Encourage young adults to return to area after college
★ Local government to offer more services and resources
★ Increase awareness of mental health services
★ Develop partnerships and relationships for community health
★ Increase community advocates
★ Increase health education
  Solve transportation issues

What Is Still Needed

These solutions based conversations offered opportunities for USofCare to develop community partnerships and engage with people living in rural communities who have unique perspectives and experiences with the health care system. Intentionally creating space to talk about potential solutions that meet communities specific needs is an approach that can allow for ideas to be generated and the creation of long-lasting policy solutions that are sustainable. We must continue these conversations and use a people-centered policy design approach, if we truly want to accomplish health care access and equity for everyone.

Health Care Solution Table from Calhoun, SC

★ "I can't even get an appointment with a primary doctor because my primary doctor is away right now. And it's hard to find a primary care doctor."

   - Vance Focus Group Participant

★ "Seniors sometimes walk three miles to the closest health facility."

   - St. Matthews Focus Group Participant

★ "People don't teach you about health insurance, then all of a sudden you're 26 and don't have it."

   - Denmark Focus Group Participant

★ "Assumptions are made because of my sex, my race, and now my age."

   - Vance Focus Group Participant