

A pregnant woman with voluminous, curly dark hair is shown in profile, smiling warmly as she gently holds her belly. She is wearing a light-colored, ribbed tank top. The background is a soft-focus outdoor setting with green foliage and a blurred white car.

diabetes *free* SC

DIABETES FREE SC 2024 IMPACT REPORT

ABOUT DIABETES FREE SC

Diabetes Free SC (DFSC) is a long-term, statewide initiative that aims to transform the health of South Carolinians. Our emphasis is on promoting equity and reducing disparities in access and quality of diabetes prevention, education and care.

Our mission is to align actions against diabetes to help South Carolinians live healthier lives.

DFSC supports three strategic directions:

- Improving pregnancy outcomes and the health of women with or at risk for diabetes
- Reducing lifelong risk of diabetes in children
- Reducing diabetes and its complications in adults

Funding for these programs comes primarily from the BlueCross BlueShield of South Carolina Foundation.

SNAPSHOT OF DIABETES IN SOUTH CAROLINA





DFSC was established in January 2020 with an ambitious mission to win the fight against diabetes in our state. Diabetes and its complications develop slowly and silently across a lifespan. South Carolina is one of the most severely affected states. More than half of its adults have either diabetes or prediabetes. Everyone is affected in some way, but the burden is heaviest for Black, Native American and Hispanic communities. Diabetes affects physical, mental and spiritual health.

Defeating diabetes is a generational challenge. It is one that requires new thinking. If we apply established knowledge, improve diabetes education and prevention, and coordinate team-based care, we could stop most of the worst consequences of the disease — and at a relatively low cost.

DFSC supports programs that meet a set of guiding principles. These include an emphasis on team-based care that is responsive to a patient's health as time passes. Another emphasis is on young people. Good metabolic health in early life sets the scene for what comes later and is key to breaking the cycle. Sadly, the fastest increase in diabetes in recent years is among Black teenagers.

Early-life intervention is reflected in our work with pregnant women, with children and in women's health.

Better clinical care is only part of the answer. Our advocacy work seeks to mitigate adverse social determinants of health (SDOH), addressing disparities in education and health care based on race, income, age and geography. DFSC supports improved access to healthy food and the deployment of community health workers knowledgeable about diabetes. A "pyramid of care" ensures that each patient receives appropriate support and that resources are used efficiently.

Only a coordinated, multifaceted effort can defeat diabetes in our state. As DFSC moves into the next five years, it seeks to promote an ever-larger, diverse community, building on momentum and engaging nonclinical community leaders. We hope for, and expect, improved health in South Carolina!

Dr. Timothy J. Lyons
Executive Director, Diabetes Free SC

SUMMARY OF PROGRESS

Since its launch in 2020, DFSC has been a leader in South Carolina's fight against diabetes.

DFSC has teamed up with clinical, community and academic partners to tackle the effects of diabetes in South Carolina. By forging these networks, we have promoted the leveraging of resources and the development of complementary alliances. This teamwork has resulted in strengthened diabetes care, prevention, education and support across the state. As a statewide initiative, DFSC supports programs that have the potential for broad geographic reach.

The successful implementation of the DFSC-supported programs outlined in this impact report has not only addressed the immediate needs of South Carolinians affected by diabetes, but also has built the foundation for long-term solutions that will help future generations live happier, healthier lives.

AREAS OF FOCUS

DFSC has made great strides in advancing its three strategic directions. They were developed in 2020 and continue to guide its work today. These strategic directions help South Carolinians and provide a meaningful way for us to categorize our work.



Improving pregnancy outcomes and the health of women with or at risk for diabetes

DFSC has established Management of Maternal Diabetes (MOMs) programs across the state with clinics in Charleston, Columbia, Greenville and Sumter. MOMs' team-based, coordinated model of care has improved pregnancy outcomes for mothers and their newborns.



Reducing the lifelong risk of diabetes in children

DFSC has partnered with organizations that work with schools and school districts to create a culture of wellness, particularly as it relates to nutrition and physical activity. These efforts support schools and school districts with tools, training and education to ensure that schools are places that support lifelong healthy habits. DFSC also has engaged with a partner that creates opportunities for outdoor physical activity for children and families in every county in the state.



Preventing diabetes and its complications in adults

Because this strategic direction includes so many South Carolinians, DFSC has supported organizations addressing food insecurity on a broad scale. DFSC has invested in community health workers (CHWs) who are helping people with diabetes address their health-related social needs.

We will continue to promote efforts against diabetes by supporting projects that have potential for statewide impact.

IMPROVING PREGNANCY OUTCOMES AND WOMEN'S HEALTH

Connecting Women to Diabetes Care During Pregnancy and Beyond

Research shows a strong link between women's health and the health of children and families. DFSC is addressing women's health and pregnancy outcomes through two initiatives:

- Management of Maternal Diabetes Program
- Women's Health Initiative

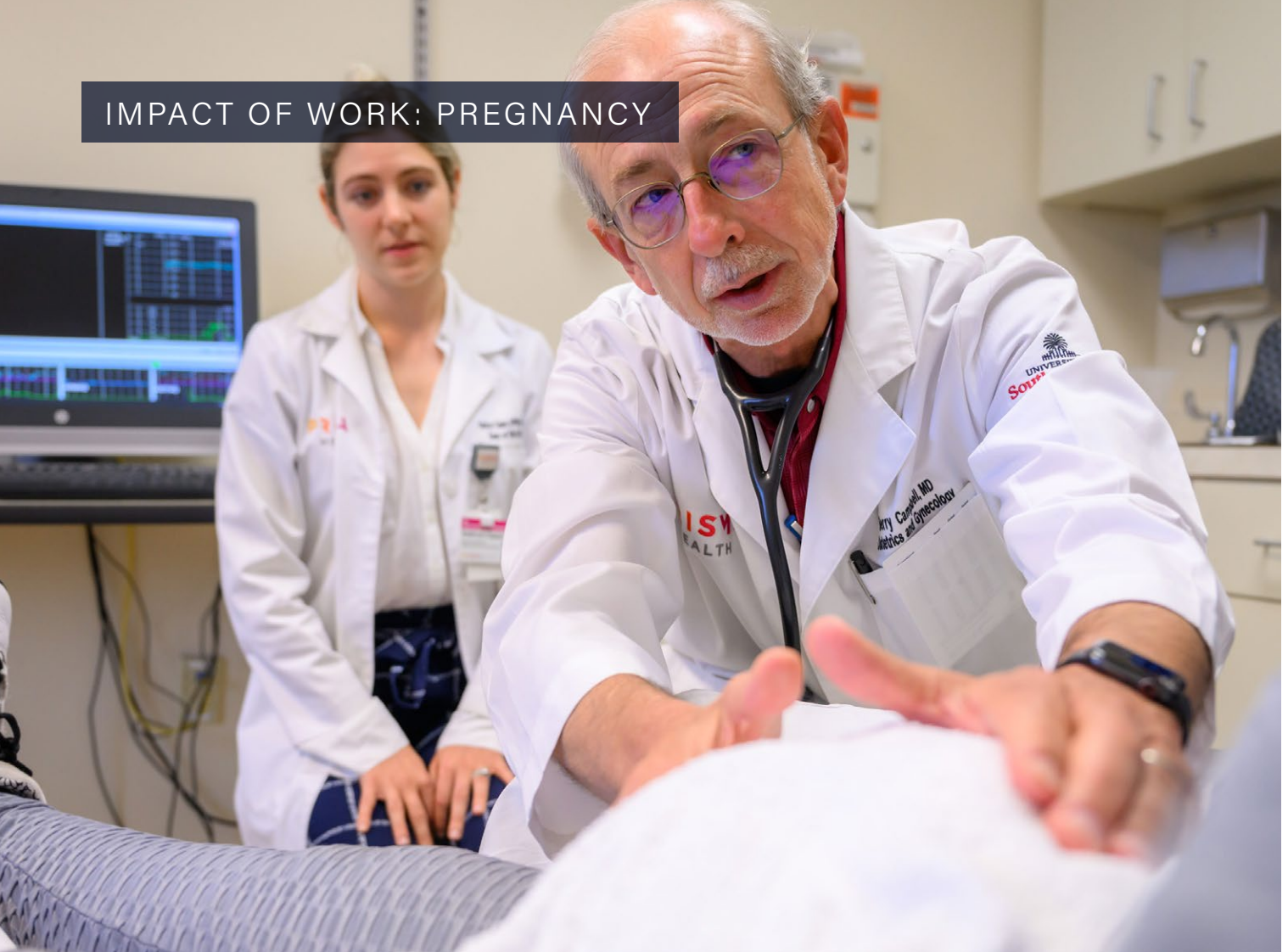
Results of these connected models of care show reduced complications due to diabetes, especially during pregnancy.



Outcomes of the MOMs program were displayed at the American Diabetes Association's 84th Annual Scientific Sessions in June 2024 in Orlando, Florida.

Results show that coordinated, team-based care leads to significant reductions in risks and complications of diabetes in pregnancy. Mothers and babies benefit from:

- Reduced cesarean sections.
- Fewer and shorter admissions of newborns to neonatal intensive care units (NICUs).
- Fewer preterm births.
- Decreased neonatal hypoglycemia (low blood sugar).
- Improved APGAR (infant health) scores.



IMPROVING PREGNANCY OUTCOMES AND THE HEALTH OF WOMEN WITH OR AT RISK FOR DIABETES

A Connected Model of Care for Managing Maternal Diabetes

DFSC launched the Management of Maternal Diabetes (MOMs) program in 2020.

The MOMs model helps women manage their diabetes and navigate the medical system throughout pregnancy. So far, MOMs has provided care and early intervention to around 2,000 women across the state. Many of these women had no access to vital services before MOMs.

More than 30 obstetric practices and 150 providers in South Carolina are referring patients to our MOMs partners:

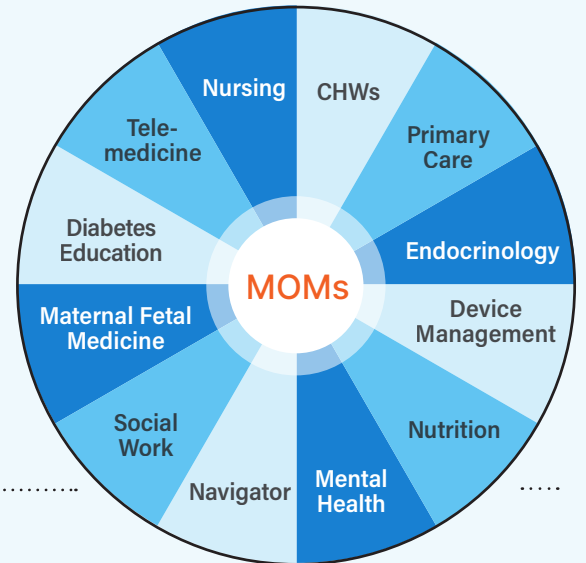
- Medical University of South Carolina (MUSC) Health, Charleston
- Prisma Health Midlands, Columbia and Sumter
- Prisma Health Upstate, Greenville

MOMs is preparing for the long term. It uses data from the program to measure potential impact and cost savings statewide as evidence for sustaining and expanding the model.

IMPACT OF WORK: PREGNANCY

An Integrated Model of Care

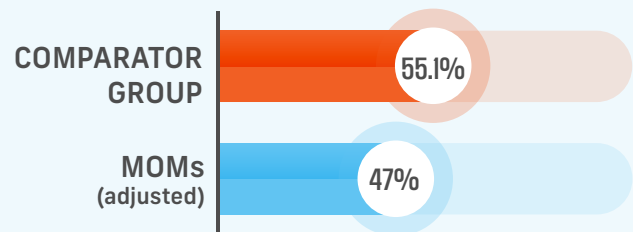
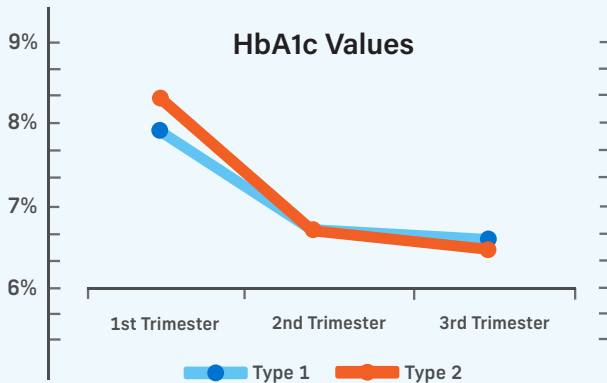
MOMs helps women manage maternal diabetes through a team-based, patient-centered model of care. This model combines specialists and other care providers who work together to meet the complex needs of a high-risk pregnancy. By integrating specialties that focus on diabetes and pregnancy into one team, MOMs prioritizes patients' needs, increases efficiency, and improves outcomes for mothers and their newborns.



THE OUTCOMES ARE CLEAR

Mother's Risk of Complications Lowered

By improving maternal blood sugar control, MOMs reduces the risk of cesarean sections.

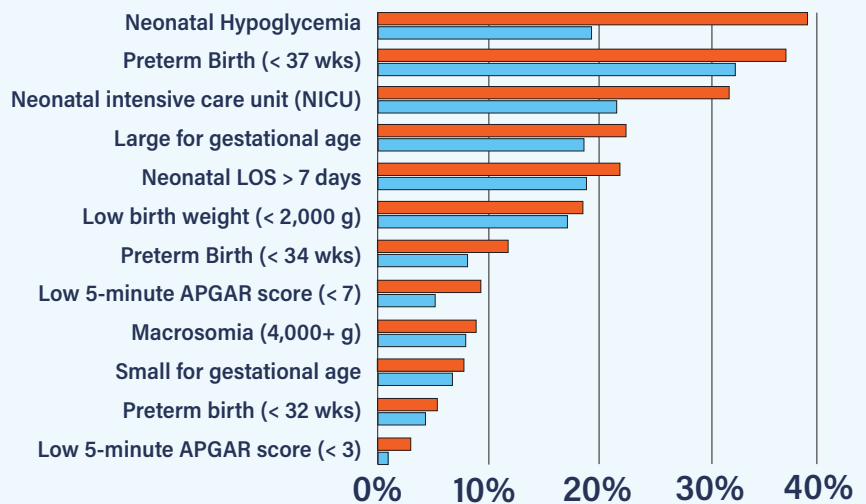


The rate of C-sections is 8 percent lower in MOMs patients as compared to women with diabetes not in MOMs.

Newborns Get a Better Start

By helping women with diabetes control their blood sugar during pregnancy, MOMs decreases the risk of health issues in newborns.

- Comparator Group
- MOMs (adjusted)



Newborns scores of MOMs vs. comparator group



FROM LIFESAVER TO LAUNCH PAD

What started as an emergency room visit became one of the best things to happen to Kianna Moss.

Twenty-seven weeks into her pregnancy, the Spartanburg mother experienced diabetic ketoacidosis, a life-threatening complication of diabetes. It is caused when blood sugar and insulin levels are outside of safe ranges.

That crisis led Moss to the MOMs program at Prisma Health's Greenville location, one of the first MOMs sites launched in partnership with DFSC. Moss credits the program with saving her and her baby girl's life.

"I needed the MOMs program in my life. It gave me the chance to learn to take care of my health properly and get in control of my diabetes," said Moss. "They were partners in my health. They really listened to my concerns."

Since she has Type 2 diabetes, Moss' pregnancy was considered high risk. Some potential maternal complications include gestational hypertension and infant outcomes such as neonatal hypoglycemia. These

risks are preventable or at least reducible by meticulous prenatal care and tight glycemic control, so it's important for women like Moss to have a specialized care team in their corner.

The MOMs program provided Moss with a team of specialists who closely monitored her blood sugar throughout her pregnancy. They were able to identify potential issues before they escalated, adjust her medications and teach her how to manage her diabetes.

MOMs also made Moss' pregnancy easier in a practical way. Expectant mothers often face the burden of working with medical providers and specialists at different locations at numerous appointments. The program offered integrated, patient-centered care at a single location. For example, nurse navigators smoothed the road for Moss by coordinating labs and ultrasounds, while diabetes educators helped her access continuous glucose monitors. A community health worker coordinated resources to address social determinants of health and access to low-cost insulin.

IMPACT OF WORK: PREGNANCY

Moss' care team gave her the information and support she needed to learn more about her diabetes and ways to take care of herself. Notably, Moss learned how to use a continuous glucose monitor to be aware of how food and behaviors affect her blood sugar.

"The MOMs program gave me an understanding of what my health meant and how to make the right choices," said Moss. "Now I know the lifestyle choices that will keep me living healthy."

When asked what advice she'd give to other mothers with diabetes, Moss said they should take care of their health — for their babies and for themselves.

"Without the MOMs program, my child wouldn't be here, and I might not be either," she reflected.

Today, Moss' baby girl is healthy and happy, and so is this grateful MOMs patient.



Telehealth and Technology Support Healthy Moms and Babies



Telehealth services connect MOMs patients with their care teams remotely. Patients can reach their MOMs team via phone, video, health portal, text and email. Because telehealth gives patients more options in terms of scheduling

visits, they can attend checkups in a way that fits their daily lives.

At MUSC in Charleston, the MOMs telehealth program connects patients around the state who may be delivering at other hospitals. More convenience, greater availability and decreased wait times make it possible for patients to have more contact with providers. That makes

patients more likely to meet their goals and stick with new routines.

Remote patient monitoring helps providers react faster when they spot a problem. When a provider discovers an issue, he or she can adjust a patient's medication or recommend an action before a visit to the emergency room is necessary.

Frequent monitoring and heightened responsiveness also help the baby. Controlling blood sugar throughout pregnancy reduces the risk of fetal abnormality and increases the odds that a child will be born with fewer health issues.

"IMPROVING OUTCOMES FOR MOTHERS AND BABIES IS THE GOAL WE'VE BEEN WORKING TOWARD SINCE THE BEGINNING. WE'RE SEEING THOSE RESULTS IN THE DATA AS WE REDEFINE THE WAY WE ARE CARING FOR THESE WOMEN AND THEIR UNIQUE NEEDS. THE MOMS PROGRAM HAS SET UP A MODEL OF CARE THAT PROACTIVELY ADDRESSES AVOIDABLE RISKS. IT'S ALSO TACKLING THE HURDLES OF RESPONSIVENESS AND AVAILABLE EXPERTISE."

— Maegan Manson, nurse practitioner and diabetes educator, MOMs program at MUSC Charleston

IMPACT OF WORK: PREGNANCY

THE EXPERIENCE OF A LIFETIME

Samantha “Sam” Figueroa was diagnosed with Type 1 diabetes when she was 16. She knew she needed to find an endocrinologist when she moved to South Carolina. After living with diabetes and its complications for 10 years, she knew her pregnancy was considered high risk — for her and her baby.



Nine months of pregnancy could have been filled with worry and fear. Instead, she felt secure. She enrolled early in the MOMs program in Sumter. Right away, Figueroa knew she had found the right care.

“After years of telling and retelling my diabetes and health issues every time I saw another provider, it was a relief to have a single care team with all the specialists I needed, all on the same page,” said Figueroa. “Whenever an issue came up, the MOMs team quickly found solutions.”

The MOMs model of care proved to be lifesaving when, through close monitoring, doctors caught a heart complication that could have been fatal. Later, Figueroa’s care team worked together again when they healed a diabetes-related foot wound. And, when she unexpectedly lost her vision and could not drive, MOMs ensured she could get all the treatment she needed in one place.

“It’s a lot more difficult to manage diabetes in pregnancy. I can’t imagine someone having to learn about diabetes for the first time when they become pregnant without the MOMs program,” Figueroa reflected.

Makala Smith, a registered dietitian nutritionist and grant program manager at Prisma Health, has seen firsthand how MOMs helps women like Figueroa regain control of their health.

“Expectant moms with diabetes have very serious risks, and the stakes are high,” said Smith. “So often people don’t know

how dangerous diabetes is. When they come to the MOMs program, they learn about diabetes and their health. They get support to control it and see the importance of making those changes for their health and that of their baby.”

In addition to coordinating her medical care, the MOMs team helped Figueroa navigate the medical system. They assisted her with understanding her insurance and expedited prior authorizations. They also made sure her holistic needs were met by connecting her to resources such as FoodShare South Carolina.

“Getting fresh fruit and veggie boxes took away the worry of how I would get food for my husband and me during a really difficult time,” said Figueroa. “That it was healthy, nutritious food that I could pick up at my appointment was even better!”

As Figueroa’s due date approached, MOMs made sure she was set up for success after giving birth. Her care team programmed her insulin pump to be ready for the kind of changes her body would go through after delivery.

Support Delivered to MOMs Patients	TOTAL
Total Patients Receiving Support	2,391
SDOH SUPPORTS	
Fresh product boxes	3,299
Snack bags	5,884
Hygiene or food pantry bags	997
Transportation assistance	505
DIABETES TECHNOLOGY & SUPPLIES	
Continuous glucose monitors (CGMs)	4,320
Average glucose log reviews per week (remote patient monitoring)	202
DIABETES CARE	
Diabetes education sessions	14,252
Enrollment in Women’s Health Initiative diabetes programs	482
DIABETES EYE CARE	
Retinal screenings	382
Sight saves	23
MENTAL HEALTH SCREENINGS	3,200

Managing diabetes on your own isn’t easy. Serious complications arise when it’s not in control. During pregnancy, a woman’s risk of experiencing diabetes-related complications is higher because insulin and blood sugar levels can change drastically and suddenly. Prompt care, close monitoring and ongoing support are critical to keeping women safe from life-threatening situations.



IMPACT OF WORK: PREGNANCY AND WOMEN

THE POSTPARTUM PERIOD IS ONE OF THE MOST DIFFICULT TIMES TO MANAGE DIABETES AND COPE WITH STRESS. FOR WOMEN WITH DIABETES, THE TIME AFTER DELIVERY BRINGS RAPID CHANGES THAT NEED CAREFUL MONITORING AND MEDICATION MANAGEMENT.

Continuing Care Through the Women's Health Initiative

After giving birth to a baby girl, Figueroa continued diabetes management and wraparound care with the DFSC Women's Health Initiative program offered by Prisma Health Midlands as Women in Control of Diabetes (WICO).

"Getting care after my pregnancy was just as important as during it," she said.

Between caring for a new baby and managing diabetes, it is easy for new mothers to become overwhelmed. Fluctuating blood sugar levels can drain energy, cause mood swings and make it hard to focus.

WICO gave Figueroa strategies for coping with these challenges.

"The WICO program got me back on track with the mood swings, new parent stress and new medications that followed the arrival of our baby girl, Olivia," she said. "My support team carried me through the mental strain of this time."

Two and a half years after starting the program, Figueroa is getting ready for a big move to another part of the country with her husband and toddler.

"This program gave me the best health care experience in my life," said Figueroa. "I'm empowered and educated in my diabetes far more than when I started. I did it!"

IMPACT OF WORK: WOMEN

WOMEN'S HEALTH INITIATIVE

The Women's Health Initiative (WHI) aims to promote wellness among women with or at risk for diabetes. It emphasizes preparing for pregnancy and postpartum care.

Five funded programs across the state empower women with diabetes to take control of their health, have healthier pregnancies and children, and be agents of positive change for themselves and their communities:

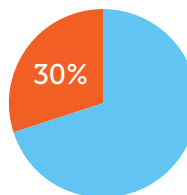
- **Clemson Rural Health** — Orangeburg, ManageTogether
- **MUSC** — Charleston, Women Against Diabetes Through Empowerment (WADE)
- **Prisma Health Midlands** — Columbia, Sumter, Women in Control of Diabetes (WICO)
- **Prisma Health Upstate** — Greenville, Wellness and Empowerment for All Women (WOW)
- **Rural Health Services** — Aiken, Women's Diabetes Program



Each center has established processes, developed programs and collected metrics. WHI is making strides to improve health and instill hope for a significantly unwell population.



Since its start in 2022, WHI has enrolled more than **1,370 women**, with **328 graduates**.



Approximately **30 percent** have used both **MOMs and WHI programs** for improved management of diabetes before and after delivery.

Clinician's Point of View

"THE WHI PROGRAM HAS HELPED ME IMPROVE WOMEN'S HEALTH RELATED TO DIABETES BY PROVIDING THEM PRIMARY CARE IN THE POSTPARTUM PERIOD AND BEYOND. WE HAVE DEVELOPED A STREAMLINED COLLABORATIVE PROCESS WITH OUR OBSTETRIC COLLEAGUES FOR SMOOTH TRANSITION OF CARE AND ONGOING COMMUNICATION, ESPECIALLY TO MANAGE WOMEN WITH COMPLEX, UNCONTROLLED DIABETES."

— Dr. Meenu Jindal, Prisma Health Upstate, WOW

IMPACT OF WORK: WOMEN

Managing Diabetes Risk Together*

This year, 163 women joined the Clemson Rural Health's ManageTogether program, which offers the WHI program to women in Orangeburg County and the surrounding region. Those who've graduated from the 12-month program have seen their A1c levels drop by an average of almost 25 percent. These are not just numbers, but real women who have taken charge of their health.

Ms. Disher, a retiree living in Orangeburg County, saw this program as a way to make sure she remains independent and active as she gets older.

After taking advantage of everything the program had to offer, she was able to adjust her lifestyle and dramatically improve her A1c and blood pressure.

Whether it is reusing a recipe from the cooking demonstrations, reading a nutritional label correctly or being conscious of her portions, she feels confident to put what she has learned into practice for the rest of her life. Now she is able to take advantage of the extra energy her new lifestyle has afforded her.

Disher's advice? "Try it. You'll like it. You will be in control, and the results will follow."

*This article is adapted with permission from the Clemson Rural Health 2024 Impact Report.

"IT'S IMPORTANT FOR PEOPLE TO KNOW THAT BEHAVIORS ARE CRITICAL TO SUCCESS IN MANAGING DIABETES. TAKING A PILL CAN'T UNDO POOR NUTRITION, EATING PROCESSED CONVENIENCE FOODS OR LACK OF EXERCISE. WE HELP WOMEN UNDERSTAND ALL THE FACTORS AND THEN FIND WAYS FOR THEM TO WORK THOSE CHANGES INTO THEIR LIVES."

— Montrese Edwards, registered nurse,
Rural Health Services

"THE ABILITY TO ADDRESS BOTH THE MEDICAL AND SOCIOECONOMIC NEEDS OF WOMEN WITH DIABETES THROUGH TEAM-BASED CARE HAS HAD AMAZING IMPACTS ON BOTH QUANTITATIVE AND QUALITATIVE METRICS FOR THESE PATIENTS. THIS PROGRAM HAS BEEN ABLE TO IDENTIFY AND ADDRESS A LONG-UNDERSERVED PATIENT DEMOGRAPHIC."

— Dr. Joel Amidon, Prisma Health Upstate, WOW



CONNECTING THE NEXT GENERATION TO HEALTHY HABITS

Reducing Lifelong Risk of Diabetes in Children

Learning healthy habits young can jump-start a healthy life. Helping kids and families bring physical activity and nutritious foods into their daily routines reduces the risk of diabetes.

DFSC is making strides in early intervention and increased access through the following initiatives:

- School-based wellness
- Safe outdoor spaces to be active
- Nutrition education and produce access

Studies have long shown that regular physical activity has many health benefits and prevents chronic diseases such as Type 2 diabetes. **Yet only 21 percent of U.S. children and youth ages 6 to 17 meet the recommended guidelines of 60 minutes of physical activity every day**, with a significant drop in physical activity levels as age increases.*

A healthy diet is essential for preventing Type 2 diabetes. More than 197,000 children in South Carolina, 17.7 percent of all children in the state, experienced food insecurity in 2022, making access to nutritious foods even more difficult.

*Source: 2017 – 2020 National Health and Nutrition Examination Survey.

School Wellness

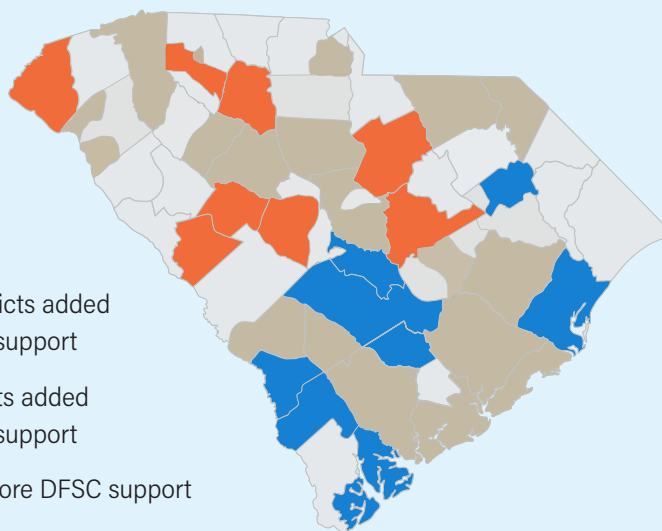
Children spend more time in school than any other place outside of home. DFSC grant partners are establishing school-based wellness programs and districtwide change.

DFSC supports two organizations that are bringing change through policy, systems and environments:

- Alliance for a Healthier Generation (AHG)
- MUSC Boeing Center for Children's Wellness (BCCW)



The goal of these organizations is to reduce the risk of diabetes and other chronic diseases through physical activity and healthy eating. They work with districts across the state to support schools in creating healthy learning environments.



353 schools



across 21 districts

worked toward healthier environments for



189,713 students.



KEEPING KIDS MOVING TOWARD A HEALTHY FUTURE: AMERICA'S HEALTHIEST SCHOOL

Alliance for a Healthier Generation

Wellness initiatives lead to active and motivated kids, engaged teachers, and a culture of wellness.

For Buffalo Elementary School in Union County School District, wellness initiatives have become part of its identity. In 2024, it was named an America's Healthiest School for School Health Services and Promotion of Physical Activity by Alliance for a Healthier Generation.

"Wellness is not just an add-on for us," explained Buffalo Elementary School Principal Stacy McAbee. "It's deeply embedded in our culture and community. Our staff and students recognize the importance of physical activity, mindfulness and overall well-being."

There are more than two dozen ways that Buffalo Elementary has embraced wellness. Some of them include:

- Physical activity rewards and incentives for achieving academic and behavioral goals.
- A teacher-led walking club for students.
- Wellness team collaboration with the School Improvement Council.
- A cafeteria staff that encourages students to choose fruit and allows them to return for extra.
- Walking breaks during the school day.
- A Clemson Extension School Gardening for SC Educators school garden kit.

The school is working to connect its campus to a nearby sports complex. It would be part of active transportation routes for staff and students.

"Our morning walking club, active rewards like game days and extra recess, and an amazing garden for teaching healthy eating are all part of the commitment," said McAbee. "We're also examining the root causes of problems and ways to address the underlying issues. Communicating with families and supporting positive habits at home are essential in this process and where it connects."

The Alliance for a Healthier Generation (AHG) works with more than 1,000 schools across South Carolina. Ninety-one schools across the state received AHG's 2024 America's Healthiest Schools award in recognition of their efforts.



IMPACT OF WORK: CHILDREN



GOOD FOOD AND GOOD FUN: THE FARM AT FLORENCE 1 SCHOOLS

MUSC Boeing Center for Children's Wellness

The Farm at Florence 1 Schools (FIS) affects the lives of students and school staff by empowering participants to make educated and informed food choices in a fun and engaging way. The expanded farm-to-school program immerses students in hands-on field study experiences where they participate in cooking demonstrations, gardening and taste test lessons.

"Students are given an amazing opportunity to learn essential building blocks for healthy living and have an adventure while doing it! It is a shining example of innovation in education and one that supports whole-child health," said Dr. Kathleen Head, associate medical director at the Boeing Center for Children's Wellness (BCCW).

Jeff Murrie, program coordinator of the farm-to-school program, identifies the value of providing the district with a road map that guides FIS toward universal wellness. "We are more focused and attentive to the importance of both the mental and physical wellness of our students, staff and community," said Murrie. "Even more, our partnership with the MUSC Boeing Center enabled the schools to work together to unite other shareholders in our community."

The MUSC BCCW supports the implementation of a universal wellness initiative in school districts across the state. It aims to improve nutrition, increase physical activity, and enhance social and emotional wellness for students and staff.



On Track for Supporting Healthier Kids

The Kids in Parks TRACK Trail program is on the right path to be in every county of South Carolina within the next two years.



“This year, the Kids in Parks team has facilitated community connectivity, developed partnerships, as well as increased awareness and access to outdoor recreation. We’ve been able to open more than 20 new TRACK Trails across the state and, ultimately, get thousands of kids and families outside and moving together.” — Teddi Garrick, South Carolina program manager, Kids in Parks



Connecting to Good Nutrition

“The funding from Diabetes Free SC has allowed us to provide fresh produce and recipe options to families involved in Charleston County’s HeadStart program. Providing fresh, local produce to families offers an opportunity for children and parents to learn healthy eating habits and to love fresh fruits and vegetables.” — Benton Montgomery, director, GrowFood Carolina



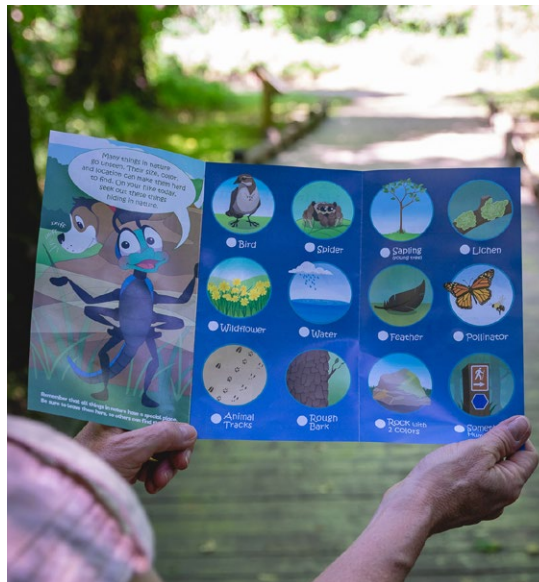
Activity



Nutrition



Healthier Kids



IMPACT OF WORK: ADULTS

PREVENTING DIABETES AND ITS COMPLICATION IN ADULTS

South Carolina has the sixth-highest rate of diabetes among adults in the nation. The population of diagnosed adults with diabetes, those living with it undiagnosed and those with prediabetes **makes up more than half of adults living in the state.***

Untreated and undetected diabetes in adults can bring serious complications. These include blindness, amputations, heart disease, kidney failure and death.

DFSC initiatives to prevent diabetes and its complications rely on partners. Current projects include:

- Community health workers (CHWs) at Federally Qualified Health Centers (FQHCs)
- Produce prescription and food access
- Surgical interventions

*Source: "The Burden of Diabetes in South Carolina," Centers for Disease Control and Prevention 2023 Fact Sheet.

COMMUNITY CONNECTIONS IN THE FIGHT AGAINST DIABETES

FQHCs: The Hub of Health for Our Communities

From June 2021 – June 2024, five FQHCs were each funded to support two diabetes-specific CHWs.

Five FQHCs are participating in the program:

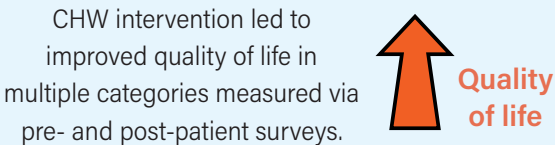
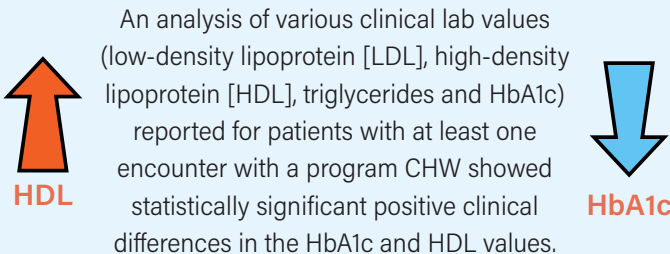
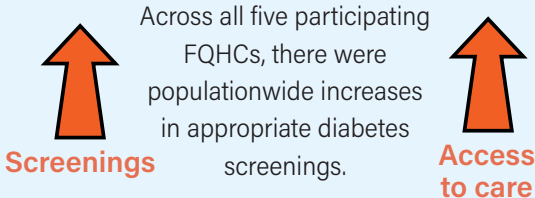
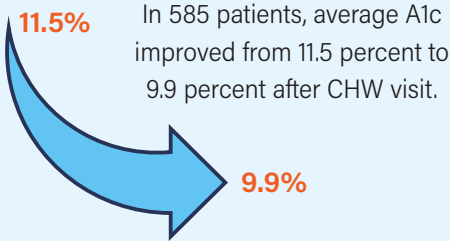
- Affinity Health Center (York County)
- Beaufort-Jasper-Hampton Comprehensive Health Services
- CareSouth Carolina Inc. (Dillon and Lee counties)

- HopeHealth Inc. (Florence County)
- Tandem Health (Sumter County)

The Center for Community Health Alignment was awarded a grant during that same period to provide technical assistance to the five participating centers and to conduct the overall program evaluation across all five FQHCs.



Overall, the evaluation showed positive results.



MEETING PATIENTS WHERE THEY ARE

Beaufort-Jasper-Hampton Comprehensive Health Services Inc.

A diabetes diagnosis can put a lot on a patient who is already trying to juggle life's busyness. Adding routines such as blood glucose checks, meal planning and exercise can seem impossible.

That's where Ines Figueroa and the CHWs at Beaufort-Jasper-Hampton Comprehensive Health Services (BJHCHS) step in. They look at the real-life challenges that prevent someone from taking steps to manage diabetes. And they find real-life solutions to overcome them.

"Patients diagnosed with diabetes have a lot they need to do for themselves in treating the disease," said Figueroa. "They may be told they need to test their blood but don't know how they will do that while they are at work. Or they may know they need to lower their A1c but need a plan to make that happen."

The CHW provides ideas and tools to help patients find ways to get over the hurdles, such as suggesting a small accessory bag to hold testing supplies to keep them at hand throughout the workday. He or she may connect them to appointments for their vision screenings or explain how they can help themselves while helping their families by cooking differently.

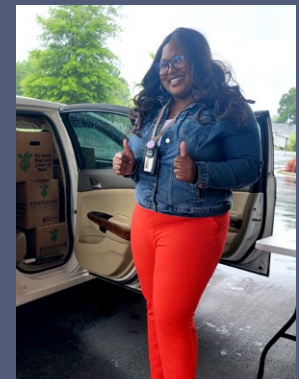
"My role as a health coach is to build confidence in patients so they can take care of themselves. I like to say I help give them wings to fly!" said Figueroa.

BJHCHS is one of five FQHCs that are part of the DFSC-funded effort to prevent diabetes and reduce its risk of complication in adults.



"THE DFSC PROJECT HAS BEEN EFFECTIVE TO PROMOTE AWARENESS OF DIABETES AS WELL AS ADEQUATE EDUCATION TO PLACE IN PEOPLE'S 'TOOLBOX.' THE VEGGIE RX PROGRAM HAS ALSO SERVED AS A PHENOMENAL RESOURCE TO PROVIDE FRESH VEGETABLES AND FRUIT. OUR PATIENTS HAVE LEARNED HEALTHY EATING DOES NOT HAVE TO BE BORING AND LOOK FORWARD TO THEIR BOXES AND LEARNING HOW TO TAKE BETTER CARE OF THEMSELVES."

— Dirvondra Hill, CHW, Affinity Health Center



IMPACT OF WORK: ADULTS



Connecting Adults to Healthy Foods

The connection between poor access to food and diabetes is clear. Adults who don't have regular access to healthy food are two to three times more likely to develop diabetes than those who do.

The fresh produce boxes from FoodShare South Carolina provide healthy foods to those in need. Along with support services, these fresh fruits and vegetables fight hunger and diabetes.

FoodShare South Carolina is at the center of the VeggieRx produce prescription program. FQHC patients who have or are at risk for diabetes take part in a six-month program that teaches lifestyle changes. It also offers nutrition education and cooking classes.



"FOODSHARE HAS BEEN A LIFESAVER FOR ME AS A PARTICIPANT WITH DIABETES, ALLOWING ME TO ACCESS AFFORDABLE FRUITS AND VEGETABLES THAT HAVE HELPED ME BETTER CONTROL MY CONDITION!"

— Olivette Ford

EMPOWERING PATIENTS FOR THEIR SURGICAL JOURNEY

South Carolina Surgical Quality Collaborative Diabetes Initiative

Adults with diabetes have higher risk with surgery. Their complication rates are nearly double. Poorly controlled diabetes may prevent some patients from having surgery due to the high risk.

The South Carolina Surgical Quality Collaborative Diabetes Initiative (SQCDI) helps patients improve their health prior to surgery, lowering their surgical risk. Even more importantly, it helps them to improve their health in a way that will serve them long after they've recovered from surgery.

Surgical patients at MUSC Health University Medical Center in Charleston with diabetes or prediabetes are referred to a specialized clinic to help them train for surgery. The clinic has in-person and telehealth options. It is designed to see patients quickly so they get the most benefit prior to surgery.

"By addressing each patient's unique needs, this approach improves surgical outcomes, reduces complications, and equips individuals with the skills to take control of their health. The result is not just a safer surgery, but a lasting impact on their overall well-being and quality of life," explained Dr. Mark Lockett, surgeon lead of the MUSC Diabetes Presurgical Prehabilitation Program.

Emily Kobus, a nurse practitioner and certified diabetes care and education specialist, has seen significant changes in patients as they prepare for surgery. "Patients are connected quickly to diabetes educators who develop patient self-awareness and teach self-management," said Kobus. "With goal setting and education, patients are motivated to begin incorporating the tools and healthy habits that put them in control of their diagnosis."

Since its start in 2022, 110 patients completed surgery with the prehabilitation program, with more than 300 patients enrolled. The program will expand to include patients at MUSC Health in Orangeburg.

Positive changes with SQCDI:

- Lowered A1c
- Smoking cessation
- Weight loss
- Improved energy
- Increased activity level



**110 patients
completed
rehabilitation
and surgery**



**300+ patients
enrolled**



**Expansion to
Orangeburg**





LEADERSHIP IN STATEWIDE EFFORTS

CONNECTIONS ACROSS THE STATE: ALIGNING ACTIONS AGAINST DIABETES

In addition to funding programs and projects that reach every county, DFSC is influencing actions across the state through our leadership and expertise.

Our collaboration and guidance extend through statewide alliances. The outcome of these broader efforts will drive changes that will improve health care for every resident.

Improving Health for All South Carolinians

DFSC represents and speaks to the impact of diabetes across the state.

This year, DFSC has been active in the development of the State Health Improvement Plan (SHIP), ensuring that diabetes and its impacts are lifted up throughout the plan. We work with these major stakeholders:

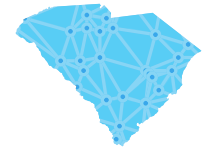


As SHIP transitions from assessment to action, DFSC is engaging in three key work groups to share its expertise:

- Maternal and Infant Mortality
- Health Equity
- Health Behaviors

DFSC Annual Meeting

The DFSC Annual Meeting brings together a broad group of professionals from public health, community-based organizations and health care who are engaged in work that affects people with or at risk for diabetes. This convening of clinical and nonclinical professionals provides a chance for participants to not only learn about the work being supported by DFSC but also to network with colleagues from around the state. More than 150 attendees learn about successful, innovative programs and make connections that ensure we are leveraging resources and forming complementary partnerships in the fight against diabetes.



CONNECTIONS FOR
A DIABETES-FREE SC

Diabetes Initiative of South Carolina

In 2024, DFSC's executive director, Dr. Timothy J. Lyons, was named chair of the Diabetes Initiative of South Carolina's board of directors.

THROUGH PARTNERSHIPS AND PROGRAMS, DFSC WORKS FOR CHANGE THAT WILL DRIVE HEALTH CARE EQUITY AND ACCESS ACROSS THE STATE FOR FUTURE GENERATIONS.





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