FHC COMMUNICATOR

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FHC Taking Care to Patients; Mobile Clinics Serving North, Ehrhardt

Dionne Gleaton, Reporter of Times and Democrat Newspaper – April 15, 2023

The executive director of one of the largest community health centers in the state says its two mobile clinics are traveling to serve patients in their own neighborhoods.

Family Health Centers, Inc. in Orangeburg has been accredited as a primary care medical home by The Joint Commission. Its service area includes seven satellite sites.

Adult medicine, pediatrics and OB/GYN are among the services provided.

The agency is reaching out within the community with its Family Medical Mobile Units, which are state-of-the-art vehicles equipped with two primary medical exam rooms and lab capabilities.

FHC has a mobile unit stationed from 8 a.m. to 4 p.m. Monday through Friday in North and Ehrhardt. Walk-ins are welcome.

"We look at the parts of our county, in our service area, where there's no health care at all. The health care deficit is so great in these areas. To improve the gaps in care for those people, we must go to mobile units because it's too costly to try to put in construction of a new facility," FHC Chief Executive Officer Leon Brunson Sr. said.

Brunson said the unit in North is funded by an approximately $4.2 million grant from the U.S. Department of Health and Human Services, while FHC is funding the unit in Ehrhardt.

"Everything that we offer at the main site will be offered on that unit. These mobile units are going to be in place until infinity, or until that area grows in population and we can start a regular medical facility in these locations," Brunson said.

The Family Mobile Health Unit team consists of a medical provider, nurse, medical office assistant, financial service representative and a driver.

Services offered through the mobile clinics include primary care for adults and children; optometry; dental; podiatry; behavioral health services; laboratory services; diabetes and hypertension education; immunizations; COVID-19 testing and vaccinations; and access to medication through referrals to the FHC pharmacy.

The mobile units serve everyone, including uninsured and underinsured individuals.

"Everyone has an opportunity to come and receive services from there, anyone. If they're uninsured, underinsured, we're going to see them all. "We turn no one away," Brunson said.

FHC accepts most insurance plans, including Medicare and Medicaid, and implements a sliding fee scale discount plan for underinsured and uninsured patients.

"If you do not have the ability to pay, we will not deny you care. Your life is more important than worrying about a bill. We want to make sure you stay healthy. If you stay healthy, you can always find a job somewhere or another," Brunson said.

The mobile unit in North is located at the Community Center Square at 7904 Salley Road and can be reached by phone at 803-596-9113. The Ehrhardt unit is located next to S&S Disposal at 13321 Broxton Bridge Road and can be reached by phone at 803-747-5963.

Individuals seeking additional information, including making appointments with the FHC, can call 803-531-6970 or 803-531-6900.

FHC Receives $2 Million Grant to Improve Maternal Health in Orangeburg, Bamberg, Calhoun and Dorchester Counties

Family Health Centers, Inc. recently received a two-year, $2 million grant from the U.S. Department of Health and Human Services to improve maternal health care.

The department, acting through the Health Resources and Services Administration, awarded more than $65 million to 35 HRSA-funded health centers to address maternal mortality.

The United States' maternal mortality rate is the highest of any developed nation in the world and more than double the rate of peer countries.

The funds will be used to implement innovative approaches to improve maternal health outcomes and reduce disparities for patients at highest risk.

The Family Health Centers, Inc. is working with the Family Solutions of the Low Country formerly Low Country Healthy Start and the Orangeburg Area Sickle Cell Foundation to create the Maternal Health Coordination Network of the Low Country (MHCNLC).

MHCNLC will employ innovative means to improve maternal health outcomes for high-risk women in Orangeburg, Bamberg, Calhoun, and Dorchester counties.

The three organizations serve women who are at heightened risk for severe maternal morbidity or mortality due to race, socio-economic status, health status, health provider workforce shortages and the distance many patients must travel to obtain timely and adequate prenatal and postpartum care.

The collaboration is designed to identify and extend care to women who are at high risk for severe complications during pregnancy and the postpartum period to improve maternal health outcomes.

Coordinating services between the organizations will avoid duplication of home visiting services in an area where resources are scarce.

Care coordination will increase the number of high-risk women who receive the full spectrum of primary care, behavioral health services and oral health care where indicated.

Providing telehealth services and remote monitoring of chronic conditions will alleviate the transportation barrier for many low-income rural patients and allow them to receive adequate care and intervention to avoid severe complications during pregnancy and the postpartum period.

"Our mission is to improve the health and well-being of our people, which means that we want strong and healthy families, mothers and children," said Leon A. Brunson, Sr., FHC chief executive officer.

He said the funding will, "bolster our perinatal care and serve those in need to increase outcomes for mothers and thereby improve the health of children, particularly among communities of color where unacceptable inequities persist."

The overarching goals of the Maternal Health Coordination Network of the Low Country are:

- Reduce the shortage of culturally competent OB/GYN providers available to the target population in the service area.
- Improve patient safety for pregnant and postpartum women.
- Improve maternal health outcomes among patients served by the program.

"Our mission is to improve the health and well-being of our people, which means that we want strong and healthy families, mothers and children." Leon A. Brunson, Sr., FHC chief executive officer

FHC PARTNERS WITH SC FIRST STEPS, HEALTHY STEPS

The Family Health Centers, Inc. recently was awarded $214,024 in grant funds from SC First Steps, Orangeburg County First Steps to meet the changing needs of young children and families in South Carolina.

The program will be a collaboration between Family Health Centers, Inc., SC First Steps to School Readiness and Orangeburg County First Steps to provide a child development expert in the pediatrician's office at FHC to help support and improve the health and well-being of babies, toddlers, and their families. The child development expert, also called the HealthySteps specialist, collaborates with the medical team to provide universal screenings, successful interventions, referrals, and follow-up to the whole family for all children from birth to 3 years of age.

HealthySteps is a nationwide program that has served more than 350,000 children from birth to 3 years old and has demonstrated positive outcomes for children, their families and the medical practices that serve them. The program is based on scientific research that has demonstrated that a child's brain grows faster and develops more from birth to 3 years old than any other time in life. Studies have shown that when young children and their parents or caregivers' interface with a child development expert, during this critical period of rapid brain development, the child's development, and health -- as well as the family's health -- is significantly improved.

From data reviewed between 2002 and 2008, the South Carolina Autism and developmental disabilities Monitoring Program has recognized a significant increase in the number of children identified to have developmental delays in Orangeburg County.

The HealthySteps program provides behavioral and socio-emotional developmental screenings, addresses family needs and social determinants of health, provides care coordination and systems navigation assistance as well as positive parenting guidance information and many other resources. This service is at no extra cost for the family.

FHC Receives Dental Care Grant for Schools in Bamberg, Calhoun and Orangeburg Counties

A new planning grant was awarded to Family Health Centers, Inc. to expand dental care in rural and underserved schools in Bamberg, Calhoun, and Orangeburg counties.

Family Health Centers, Inc. is one of the eight organizations to receive $65,000 in funding through the Duke Endowment in association with the BlueCross BlueShield of South Carolina Foundation.

FHC will be eligible to apply for a two-year implementation grant from The Duke Endowment this fall. The endowment's school-based oral health expansion grant program is a multi-year initiative designed to expand dental services into rural and underserved schools to ensure that all children receive dental care.

The program's goals are to improve access to dental care for school-aged children, improve meaningful care outcomes for school-aged children and grow programs that have viable business plans that lead to sustainability.

There are approximately 15,000 students enrolled in the public school system in Bamberg, Calhoun, and Orangeburg counties.

According to South Carolina's Department of Health and Human Services, approximately 48% of children within the service area have never seen a dentist.

More than 4.1 million Carolinians, including many children, live in a designated dental professional shortage area. School-based programs provide care to children who might not otherwise have access to oral health professionals. These programs eliminate barriers such as transportation issues and appointment time away from school and work.

Dental problems and pain impact performance at school and contribute to absenteeism. Research finds that dental pain has a similar, if not greater, impact on children's quality of life than acute asthma.

According to a Duke Endowment publication, school-aged children are particularly affected by poor oral health, and tooth decay is the most common chronic disease among children.

Oral health problems and pain affect performance at school and are the top reasons for school absences in low-resourced communities.

Research also finds that dental pain has a negative effect on a child's quality of life, with studies showing that poor oral health in children is associated with increased shyness, feelings of worthlessness, unhappiness, and reduced friendliness.

FHC and Claflin University RN to BSN Nursing Education and Practice Program

Family Health Centers, Inc. and Claflin University are partnering to increase and strengthen the diversity, education, and training of the nursing workforce. This partnership will provide culturally aligned, quality care in rural and underserved areas where there are health care disparities related to access and delivery of care. The Nursing Education, Practice, Quality and Retention Mobile Health Training Program (NEPQR-MHTP) is designed to recruit students from racially diverse and underprivileged backgrounds, including from rural areas, veterans, etc. to provide them an opportunity to participate in improving the quality of healthcare in the community. The nursing students in this program participate as members of the healthcare team to ensure the social determinants of health for underprivileged patients in the rural community are addressed via innovative strategies, such as telehealth and community outreach programs.

Even though the students in the program are already registered nurses, this program has provided them an opportunity to enhance their education through experiential learning experiences. For example, the program has implemented telehealth initiatives in the community by assisting with distribution of telehealth equipment and providing hypertension and diabetes education via telehealth. Additionally, the nurses have provided patient education on diet, exercise, medication adherence, and disease management among the underserved population in the community. Family Health Centers and Claflin University are proud to introduce you to the graduating members of the first class from this phenomenal program.

FHC and Claflin University RN to BSN Nursing Education and Practice Program – *continued*

Romika Wade has been in nursing for 25 years. Ms. Wade started as an LPN and transitioned to an RN in December 2021. She is currently employed with a level-one trauma hospital in the emergency department. Her goals as a BSN nurse include becoming a better advocate for her patients and a mentor for new nurses.

Heather Woodenschek has worked in healthcare for 23 years and has been a nurse for 2 years. Her specialty is in Emergency Medicine. Ms. Woodesnchek states this program has helped her to better understand how her community functions and what social determinants of health are involved in keeping her community from becoming healthier. Her future as a BSN nurse includes continuing to provide the best possible patient care and continuing her education by pursuing her master's degree and becoming a family nurse practitioner.

Shawnese Mitchell has been a registered nurse for almost 3 years. She is currently working as a nephrology nurse but has also worked as a geriatric and home health nurse. Ms. Mitchell credits her experience at Family Health Centers with helping her gain a better understanding of healthcare needs in the rural communities. Ms. Mitchell would like to continue her educational journey by pursuing her master's and doctorate degree in nursing.

Chanequa Cash has been a registered nurse for 2 years. He is currently working in a medical-surgical unit in an acute care hospital. Ms. Cash states that she is thankful for the opportunity Family Health Centers, Inc. has provided for her. She reports this program enlightened her to the lack of services and health care needs of patients in the rural areas of South Carolina. Ms. Cash hopes to continue her educational journey by pursuing a DNP in women's health.

Shaquille Terry has been a nurse for almost 5 years. His current position is as a registered nurse in the emergency room. During his nursing career, Mr. Terry has been fortunate enough to take on the role of a charge nurse in the emergency care setting. Mr. Terry thanks the Family Health Centers, Inc. for broadening his understanding of community health nursing and enhancing his skills in patient care. Ms. Terry has future aspirations of working in management or leadership to mentor other aspiring nurses.

Tyechia Brunson has been a registered nurse for 3 years. She has assumed a variety of roles in her nursing career but reports her most enjoyable experience was working with senior citizens. Ms. Brunson states this program has increased her awareness of the value of good health and how many individuals, particularly in rural regions, lack access to resources, adequate transportation, and in some cases, health insurance. As a BSN nurse, Ms. Brunson would like to acquire more experience in nursing, transition to care management, and work towards obtaining her PH.D.

Kenisha Brown has been a nurse for 11 years. Her current position is on a stroke/neuroscience unit in an acute care hospital. Ms. Brown reports this program has given her the opportunity to work with underserved individuals, which has increased her awareness of health disparities in the rural communities. She is currently enjoying her nursing career and is considering becoming a physician assistant.

Cherron Jenkins has been a registered nurse for two years. She is currently employed in a neuroscience/stroke unit in an acute care hospital. Ms. Jenkins reports being in this program has taught her how to better assess the social determinants of health and how various health disparities often affect high-risk persons. She notes that the experience gained from this program has better prepared her to advocate for vulnerable populations and those unable to speak for themselves. Ms. Jenkins would like to further her education by becoming a nurse practitioner in an outpatient clinical setting.

Keneysha Cornish a native of Columbia SC by way of Philadelphia, PA, is a nurse of 12 years 7 years, as an LPN and 5 years an RN who specializes in geriatric nursing that currently works as a pioneer of a skilled nursing facility CNA program. Keneysha is extremely grateful for this program at Family Health Center as it has highlighted the importance of patient education in the underserved communities and often neglected rural areas. Keneysha plans to continue her studies and eventually establish healthcare technical schools that will cater to those in the rural and underserved communities.

Family Health Centers, Inc would like to thank all the nurses for their participation in the program and the great outcomes they have helped produce in the community. We sincerely appreciate their diligence and dedication in helping our healthcare team care for the patients in this community.

FHC Implemented New Training Program

The Family Health Centers, Inc has implemented new training program. Under the direction of our new Director of Training, FHC will provide trainings and courses to FHC Staff.

All of Family Health Centers, Inc. training courses take place at the agency's new training center located at 1445 Presidential Drive in Orangeburg, SC. The Family Health Center is dedicated to promoting health and providing quality comprehensive health care to all with courtesy. With the new training program, Family Health Centers, Inc. has overcome obstacles together as a team. We are here to serve the community as needed, so we want to be prepared by receiving the necessary training.

Some of the trainings Family Health Centers, Inc staff has received include Customer Service Training, Accountable Care Organization Training, Infection Control Training, eClinicalWorks Training, also known as ECW training, and Active Shooter Training. Every employee of Family Health Centers, Inc is required to have customer service training. The customer service training is a total of 5 sessions. Our first successful customer service training was instructed by Mrs. Theo Gilbert-Jamison, executive coach of Performance Solutions.

Family Health Centers, Inc has many upcoming training courses to include Indicators, Disinfection, Sterilization training, Guide to Ultrasonic Cleaning training, Sterility Maintenance, and EKG/Vital Signs Training. Sharanda McCauley, FHC's Training Director, coordinates all training. Mrs. McCauley meets regularly with staff and managers from all site locations to solicit input on training activities, to assess and identify training needs of FHC staff, to promote transfer of learning, and to solicit evaluation feedback for use in quality control.

FAMILY HEALTH CENTERS, INC.

UPCOMING TRAINING COURSES INCLUDE:

- Indicators
- Disinfection
- Sterilization Training
- Guide to Ultrasonic Cleaning Training
- Sterility Maintenance
- EKG/Vital Signs Training.

FHC Partners With South Carolina State University Community Health Workers

The Family Health Centers, Inc. has partnered with South Carolina State University to ensure all outreach staff become certified Community Health Workers. South Carolina State University has established a Community Health Worker (CHW) Training Program to recruit, train, and enable the next generation of minority student Community Health Workers (CHWs) to address health disparities and improve health equity in rural South Carolina. These individuals will contribute to diversifying the public health workforce, which is needed to effectively communicate health information to the target population, Black individuals living in rural SC counties.

FHC Outreach, HIV, and Financial Representative Services employees will acquire core competencies for Community Health Workers and the Public Health working environment that follow state, local, and other guidelines to support essential public health services. The first training course will begin in August 2023. The classes will be held at the Family Health Center's Training Center. Family Health Center has a projected number of 32 employees to take the first Community Health Worker course. Once the course is completed, FHC employees will be certified Community Health Workers. Family Health Centers Inc.'s goal is to have a majority, or all staff become Community Health Workers.

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Effectiveness evaluation of a hypertension management program in a Federally Qualified Health Center (FQHC)

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A B S T R A C T

The objective of this study was to examine effectiveness of a Hypertension Management Program (HMP) in a Federally Qualified Health Center (FQHC). From September 2018 through December 2019, we implemented HMP in seven clinics of an FQHC in rural South Carolina. A pre/post evaluation design estimated the association of HMP with hypertension control rates and systolic blood pressure using electronic health record data among 3,941 patients. A chi-square test estimated change in mean control rates in pre- and intervention periods. A multilevel multivariable logistic regression model estimated the incremental impact of HMP on odds of hypertension control. Results showed that 53.4% of patients had controlled hypertension pre-intervention (September 2016-September 2018); 57.3% had controlled hypertension at the end of the observed implementation period (September 2018-December 2019) ($p < 0.01$). Statistically significant increases in hypertension control rates were observed in six of seven clinics ($p < 0.05$). Odds of controlled hypertension were 1.21 times higher during the intervention period compared to pre-intervention ($p < 0.0001$). Findings can inform the replication of HMP in FQHCs and similar health care settings, which play a pivotal role in caring for patients with health and socioeconomic disparities.

1. Introduction

Approximately 108 million American adults have hypertension and 3 out of 4 of these individuals do not have it controlled (Centers for Disease Control and Prevention (CDC), 2017). Hypertension disproportionately impacts Black/African American communities and individuals with low income, those covered by public health insurance, and those with no health insurance (Schober et al., 2011; Centers for Medicare and Medicaid Services, 2016). Evidence suggests that team-based care is an effective way to achieve hypertension control in clinical settings (Centers for Disease Control and Prevention, 2017). An evaluation conducted in 2009 found that a particularly effective model is Kaiser Permanente Colorado's (KPCO) Hypertension Management Program (HMP). Among all patients in the KPCO health system, HMP was found to improve blood pressure control, with clinic-wide control rates of approximately 61% in 2008 rising to 78% in 2010 and 83% in 2012 (Centers for Disease Control and Prevention, 2021). The intervention population at KPCO was predominantly white and insured. Given the disparities in hypertension outcomes in the U.S., evidence beyond the success of KPCO was needed on the implementation, effectiveness, and costs of HMP to support wider adoption of the intervention in other health care settings, particularly those that have fewer resources and serve a population disproportionately burdened by hypertension.

Diagnosing and managing hypertension through medication is a key clinical pathway toward controlling hypertension and improving cardiovascular disease outcomes (Centers for Disease Control and Prevention (CDC), 2017). Reducing average population systolic and diastolic blood pressure (DBP) could substantially reduce the risk of stroke and other adverse cardiovascular disease outcomes (Law et al., 2003; Lewington et al., 2002). Pharmacists can play an important role in supporting patients as they manage chronic disease conditions through medication therapy management in Federally Qualified Health Centers (FQHCs) (Rodis et al., 2019).

Implementation studies have demonstrated that health system delivery changes and adaptations of the Kaiser-originated intervention can be beneficial in safety net settings (Fontil et al., 2018), diverse populations (Shaw et al., 2014), and integrated health care delivery settings (Jaffe et al., 2013). within the Kaiser system. To advance the evidence

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for implementing a hypertension management program to improve hypertension control and address health disparities, from 2017 to 2019 we adapted, implemented, and evaluated the effectiveness of HMP in an FQHC.

2. Methods

2.1. Study design

We used a pre/post design to estimate the association of programmatic activities with clinic- and system-level hypertension control rates and systolic blood pressure (SBP) using electronic health record (EHR) data.

Our Institutional Review Board determined this was not human subjects research and exempted the study from further review.

2.2. Study setting and population

We implemented HMP in seven clinics of an FQHC in rural South Carolina, Family Health Centers, (hereafter, FHC), which is the sole provider of comprehensive primary and preventive health care services in their service area. FHC operates a central site in Orangeburg and six additional satellite sites in Orangeburg, Bamberg, Calhoun, and Dorchester counties. Their patient population is 89% Black/African American, 86% of patients are at or below the 100% Federal Poverty Guideline, and 21% are uninsured. In 2017, FHC's main site served 3,539 patients with a diagnosis of hypertension, and each satellite clinic served 500–800 patients with a diagnosis of hypertension. All seven clinics share a common EHR and were included in the evaluation.

2.3. Description of intervention

HMP uses a team-based, patient-centered approach that relies on contributions of clinical pharmacists to better manage hypertension patients. HMP consists of 10 components: 1) an integrated care team; 2) EHR patient registries and outreach lists; 3) no copayment walk-in blood pressure checks; 4) EHR alerts for blood pressure re-checks; 5) education for nurses and other staff on appropriate blood pressure measurement technique; 6) promoting use of combination medications to treat high blood pressure; 7) hypertension management visits (HMVs); 8) promotion of home blood pressure monitoring; 9) specialty department blood pressure measurements with referral to primary care when needed; and 10) incentives, rewards, and recognition for members of the care team (i.e., pharmacists, providers, nurses, etc.).

FHC implemented all 10 HMP components. Prior to implementing HMP, FHC conducted some elements of components 1, 7, 8, and 10, along with engaging pharmacists to play an active role in hypertension management through intensive coaching of high-risk patients (Table 1). FHC implemented all components of the program and had biweekly technical assistance calls to solve implementation challenges and ensure fidelity to program components throughout the observation period.

Table 1
HMP Components, implementation highlights, and program adaptations.

#	HMP Component	Implementation Highlights
Components Not Yet Implemented at Baseline		
2	Patient Registries and Outreach Lists in the Electronic Health Record (EHR)	Clinical pharmacists conducted outreach to patients with uncontrolled hypertension at their last patient encounter, via phone calls.
3	No-Copayment Walk-in/Scheduled Blood Pressure Checks	Nursing conducted no-copayment blood pressure checks to those who met specified criteria.
4	EHR Alerts for Blood Pressure Re-checks	Information technology (IT) staff programmed an alert to appear in FHC's EHR as soon as the nurse entered an elevated blood pressure reading.
5	Education for Nurses and Other Staff on Blood Pressure Measurement Technique	Nursing staff training was conducted at the start of HMP implementation and included step-by-step instructions for taking, reading, and recording blood pressure, as well as information about factors that affect blood pressure.
6	Promote Use of Combination Medications to Treat High Blood Pressure	FHC created a hypertension medication prescribing protocol based on Seventh Joint National Committee (JNC 7) guidelines.2 This protocol also included procedures for follow-up, labs, referrals, hypertension urgency, and hypertension emergency.
7	Hypertension Management Visits (HMV)	Clinical pharmacists developed and implemented medication management plans during HMVs. While they were not allowed to titrate medications without provider approval, pharmacists met with providers to approve medication titration recommendations.
Components Partially Implemented at Baseline		
1	Integrated Care Team	The Associate Director of Pharmacy, who led the Hypertension Coaching program in place before HMP, moved seamlessly into the HMP program champion role.
8	Promotion of Home Blood Pressure Monitoring	Although home blood pressure monitoring was encouraged prior to HMP implementation, a wrist blood pressure monitor was provided to all HMP patients at no charge during their second HMV with the clinical pharmacist.
10	Incentives, Rewards, and Recognition	FHC rewarded and recognized staff before HMP, but included meeting specified key goals tied to program implementation metrics, such as the number of blood pressure checks conducted while implementing HMP.
Components Already Fully Implemented at Baseline		
9	Specialty Department Blood Pressure Measurements with Referral to Primary Care When Needed	FHC focused on encouraging specialists within FHC to refer patients with uncontrolled blood pressure to primary care.

2.4. Data collection

We created an analytic dataset using EHR encounter data provided by FHC, which included all encounters for eligible patients observed during the pre-intervention and intervention periods. We used EHR data collected from September 1, 2016, to September 4, 2018 (pre-intervention period), and from September 5, 2018, to December 31, 2019 (intervention period). Data included patients who had 1) three or more visits to FHC; 2) at least one visit in both the pre-intervention and intervention periods; 3) were aged 18 to 85 years old with a diagnosis of hypertension in the pre-period; and 4) had no diagnosis of end-stage renal disease, transplant, or pregnancy.

Data variables included patient demographics, insurance information, blood pressure measurements and vital statistics, comorbidity flags for patients with diagnoses codes for three categories of conditions or risk factors (diabetes, smoking, and kidney disease), clinic location, provider at each encounter, and HMV information. We cleaned data errors and created variables to measure time (the number of days since the first date observed in the data), and encounters that occurred in the adult extended unit which provides urgent care services. Cleaning involved removing encounters with invalid hypertension readings, persons without encounters in both time periods, and persons with<3 total encounters. This reduced the evaluation sample size from 4,811 prior to cleaning to 3,941 after. Based on the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC7) (Chobanian et al., 2003) and the

hypertension control threshold used at FHC, we estimated hypertension control at each encounter based on SBP and diastolic blood pressure (DBP) below 140/90 mmHg.

2.5. Measures & statistical analysis

We estimated the impact of HMP on hypertension control rates, using the dataset of persons with encounters in both periods. We compared unadjusted control rates, overall and by clinic, using a dataset that included only the last observed hypertension value in each month for each patient. We estimated mean control rates in the pre-intervention and intervention periods and assessed the statistical significance using $\chi 2$ tests. Using the same data, we estimated the incremental impact of HMP on the odds of hypertension control. We used a multilevel, multivariable logistic regression and controlled for the following variables: patient-level random intercept term; the lag of hypertension control (hypertension control observed at the prior patient encounter); time trends; clinic location; month of the year; age, race, and sex; patient zip code; diagnosis of diabetes, smoking, or kidney disease; patient body mass index (BMI); whether the encounter occurred in FHC's specialty adult extended unit; and absence of recorded health insurance.

Variables measuring HMP consisted of 1) an HMP time period flag that was equal to 1 for all encounters during the HMP time period and 0 during the pre-period; 2) duration of HMP in months measured as the number of days between the encounter in which BP was measured and the start of HMP divided by 30; and 3) a flag for those who had received a HMV that was equal to 1 after the HMV occurred and 0 otherwise. We selected final variables for inclusion based on the Akaike Information Criteria and the Bayesian Information Criteria, as well as qualitative choices between equivalent variables to increase result interpretability. The final model estimated patient control rate in time t as a function of a patient random intercept, the HMP flag, lag of hypertension control, clinic location, and other covariates (race, male, month, adult extended unit encounter, BMI, no insurance, kidney diagnosis). We estimated the model using SAS 9.4 (Cary, NC) using the Glimmix procedure. We specified a second model that dropped the overall HMP flag and replaced it with the interaction of HMP and clinic location to estimate the incremental impact of HMP at each location.

We also specified a linear model of the continuous outcome of SBP using the SAS mixed procedure with a similar estimation strategy. We estimated a simplified model to illustrate the program effect of HMP. The simplified model specified patient SBP as a function of a variable marking observations that occurred after an HMP clinical pharmacy visit had occurred and the interaction of the HMP period flag and the clinic location. The model controlled for whether the patient had ever received an HMP visit, the location effect across the two time periods, the measured SBP at the last clinic visit, demographic factors of age, sex, and race, patient BMI, the month in which the blood pressure reading was taken, whether a patient was uninsured, whether the measure was taken in an extended adult unit, whether a patient had received a chronic kidney diagnosis, and a patient level random effect.

3. Results

As displayed in Table 2, 3,941 patients met the eligibility criteria for inclusion in the analysis. The individuals in the sample were 64.7% female, 89.4% Black, with a mean age of 60.8 years; 41.8% had a diagnosis of diabetes.

Across FHC, 53.4% of patients had controlled hypertension in months observed during the pre-intervention period, and 57.3% had controlled hypertension in the months after the intervention was implemented ($p < 0.01$), based on last observed hypertension value in each month for each patient. Statistically significant increases in hypertension control rates were observed in six of the seven clinics ($p < 0.05$). Using this measure, hypertension control rates also increased in the additional clinic (clinic F) but this increase was not statistically significant at the 5% level (Table 3).

Table 2
Demographics of patients included in analysis at first encounter.

Patient characteristics	
Count of Patients	3,941
Age (Mean)	60.8
Sex, % (n)	
Male	35.3% (1,391)
Female	64.7% (2,550)
Race, % (n)	
Black/African American	89.4% (3,523)
Other	2.8% (111)
White	7.8% (307)
Location, % (n)	
Clinic A	6.72% (265)
Clinic B	8.93% (352)
Clinic C	10.07% (397)
Clinic D	52.02% (2050)
Clinic E	6.98% (275)
Clinic F	5.96% (235)
Clinic G	9.31% (367)
Comorbidities, % (n)	
Obesity	22.1% (871)
Diabetes	41.8% (1,647)
Smoking	6.8% (268)
Kidney Disease	6.6% (260)

Proportionally, fewer patients attending pharmacist-led HMV had controlled hypertension. Among patients who attended at least one pharmacist-led HMV (i.e., Component 7 of the intervention), 28.7% of patient encounters had controlled hypertension during the pre-intervention period and 33.0% had controlled hypertension after the intervention was implemented ($p < 0.05$). By contrast, among patients who did not attend an HMV, 54.6% of patient encounters had controlled hypertension during the pre-intervention period and 59.4% had controlled hypertension after the intervention was implemented ($p < 0.01$) (data not shown).

Using a multilevel multivariable logistic regression model across all clinic locations (not allowing effect to vary by clinic location) controlling for differences in effect by location, we found that the odds of controlled hypertension were 1.21 times higher during the intervention period than during the pre-intervention period ($p < 0.0001$) (data not shown).

The HMP period variable and the After HMP Visits (AHMPV) flag were significantly associated with reductions in SBP across all clinics (Type III F-test $p < 0.0001$ for both), with the effect of HMP varying statistically by clinic, and no observed statistical differences in AHMPV by clinic (see Table 4). Across all clinics, visits that occurred after an initial HMV were associated with a 3.93 mmHg point lower SBP (95% C. I. −5.5 to −2.3). Beyond the effect of HMV, the HMP period was associated with statistically lower SBP in four clinics, and reductions in SBP at two additional clinics, but this effect was not statistically significant ($p < 0.05$). The intervention was associated with a slight increase in SBP at one clinic, but this effect was not significant ($p < 0.05$).

Table 3
Pre/post intervention hypertension control rates at FHC.

Control Rate by Location (LAST OF MONTH)	Before HMP (%)	After HMP (%)	p
All Clinics	53.4	57.3	<0.001
Clinic A	38.0	49.0	<0.001
Clinic B	43.8	49.6	<0.001
Clinic C	46.4	51.1	<0.01
Clinic D	57.5	59.9	<0.001
Clinic E	53.3	65.3	<0.0001
Clinic F	47.0	50.5	0.15
Clinic G	58.0	62.9	<0.01

Note. HMP = Hypertension Management Program.

Table 4
Fixed effects for intervention by location for SBP.

Location	Estimate (mmHg)	CI Low	CI High	*P*
After HMV across All Clinics	−3.93	−5.53	−2.34	<0.0001
Additional Impact of HMP Period in Each Clinic				
Clinic A	−4.07	−5.48	−2.66	<0.0001
Clinic B	−1.18	−2.31	−0.05	0.0416
Clinic C	−2.56	−3.73	−1.40	<0.0001
Clinic D	0.12	−0.36	0.61	0.6182
Clinic E	−4.30	−5.57	−3.03	<0.0001
Clinic F	−0.91	−2.74	0.92	0.331
Clinic G	−0.77	−2.00	0.46	0.2186

Note. SBP = systolic blood pressure; HMV = hypertension management visit; HMP = Hypertension Management Program; CI = confidence interval.

4. Discussion

An initial effectiveness evaluation of the KPCO's Hypertension Management Program demonstrated improvements in practice-level hypertension control rates from 61% to 83% in a four-year period from 2008 to 2012 (Centers for Disease Control and Prevention, 2021). A more recent study showed the effectiveness of replicating Kaiser's hypertension management model in urban safety net health care systems (Fontil et al., 2018). To our knowledge, this is the first study to evaluate the effectiveness of this HMP model in an FQHC. FHC implemented the HMP for 15 months from September 2018 through December 2019. Across all clinics at FHC, encounter-level hypertension control improved from 53.4% at baseline to 57.3% ($p < 0.001$) at the end of the observed implementation period. While absolute improvements in hypertension control varied across clinic sites, six of the seven clinics demonstrated statistically significant improvements in hypertension control among their patient encounters. Clinics A and E demonstrated the greatest change in SBP (−4.07 $p < 0.0001$ and −4.30 $p < 0.0001$ respectively). While these clinics were averaged sized serving a rural population that was demographically similar to the overall clinic system, key implementation staff were officed in clinics A and E which may suggest greater intensity of implementation. Overall, the odds of a patient having their blood pressure controlled at a patient encounter was more than 20% higher during the intervention period compared to pre-intervention (OR: 1.21, CI: 1.15 to 1.28, $p < 0.0001$). Notably, the intervention period for the present study was 15 months which is shorter than the observation periods for other studies (Fontil et al., 2018).

While FHC's implementation of HMP was comprehensive and included 10 program components, their program included a key adaptation that focused on the intensive engagement of clinical pharmacists in managing patient hypertension through hypertension management visits (HMVs). Patients that were referred to participate in pharmacist-led HMVs tended to have more uncontrolled hypertension, but still saw significant improvements in hypertension control across patient encounters—from 28.7% pre-intervention to 33.0% after the intervention was implemented ($p < 0.05$). This finding supports the hypothesis that focused hypertension management visits led by clinical pharmacists may realize improvements in hypertension control among patients with the greatest needs.

Nearly half (48%) of adults have at least one type of cardiovascular disease (CVD), including coronary heart disease, heart failure, stroke, and hypertension (defined as ≥ 130/≥80 mm Hg) based on NHANES data 2013–2016 (Virani et al., 2020). These conditions disproportionately affect Black/African American communities and populations with low income, those covered by public insurance, and those with no insurance (Schober et al., 2011; Centers for Medicare and Medicaid Services, 2016), FQHCs are a promising practice site for focusing on hypertension control efforts because they specifically provide care to populations and locations that may have limited health care access. They are also often the primary health care access point for the populations they serve and play a critical role in treating and managing chronic conditions and their related sequalae. Pharmacists play an important role in a team approach to managing chronic conditions through medication management in FQHCs (Rodis et al., 2019). This evaluation provides evidence for the effectiveness of this approach in an FQHC system that serves Black/African American patients (89%) with high rates of comorbidity (42% diagnosed with diabetes), and in a geographic region that has some of the highest rates of hypertension diagnosis (Centers for Disease Control and Prevention, 2020), hypertension-related mortality (Centers for Disease Control and Prevention. National Center for Health Statistics, 2020), poverty (Centers for Disease Control and Prevention, 2015), and lack of health insurance (Centers for Disease Control and Prevention, 2020) in the nation. Implementing HMP at FQHCs has the potential to address disparities in health outcomes among groups experiencing a disproportionate impact of CVD.

There are a few limitations to consider when interpreting the results of this evaluation. First, we were only able to analyze hypertension values recorded during clinical encounters. This limitation likely resulted in a lower observed impact of HMP than if we had measured self-measured blood pressure taken by patients using their at home blood pressure devices because the act of clinical measurement in a health care setting may result in elevated blood pressure among some patients (Franklin et al., 2013). Second, we based our estimates on the last observed hypertension measurement in each month. Measurements taken at other times may be different than those measured on the last appointment of the month, although initial analyses using all encounters in each month yielded similar results to those shown here. Third, because of lack of data on unmeasured characteristics such as sodium intake, our modeling approach used patient-level random effects to control for unmeasured patient characteristics but including fixed effects for specific patient level characteristics or behaviors related to hypertension, especially on or near the encounter date could have provided more precision. Additionally, the evaluation did not track prescriptions of antihypertensive medications or medication adherence at the patient level which limits insight into attribution of that program component toward outcomes. While each site implemented all components of the program with fidelity and were supported with ongoing technical assistance, there may have been nuanced variation in the day-to-day operations of the program at the clinic site that was not observed. Finally, the pre-post design of the study prevents us from determining causality. We are able to conclude that hypertension control and SBP improved during the HMP time period and that this improvement was statistically significant, but our design prevents us from concluding that this improvement was caused by HMP. However, our model controlled for time, unmeasured patient characteristics, and patient-related serial correlation in addition to other confounding variables. The fact that we continued to observe an effect of HMP after controlling for these variables suggests causality.

5. Conclusions

5.1. Next steps in disseminating and building evidence for the approach

The pharmacist-led hypertension management visits were an important program component for addressing patients with uncontrolled hypertension. Future replications of this model should consider the need for high levels of pharmacist engagement, and availability of staff and financial resources in high-burden settings.

5.2. Potential for translating this model to other disease areas

Given that HMP aims to improve health outcomes by advancing health care delivery through multiple patient-focused program components and clinic-level systems interventions, this approach may not be restricted to improving hypertension outcomes alone. Future work could

explore the viability of this model to be adapted, translated, or integrated into other chronic disease areas that require comparable ongoing management and patient care. Further examination may consider identifying factors that facilitate greatest improvements in blood pressure control within a clinic setting to support dissemination.

5.3. Leveraging lessons learned to address health disparities through clinical care

Findings from this evaluation can inform the expansion and replication of this hypertension management model in FQHC and similar health care settings, which play a pivotal role in caring for patients that bear a disproportionate risk of adverse hypertension and CVD outcomes and socioeconomic disparities. Translating effective interventions from higher capacity health systems like Kaiser Permanente to those that have higher resource constraints is a critical step toward leveling the playing field of health care in the United States. Future implementation research studies should investigate the remaining obstacle of program coverage and acceptability among patients in FQHCs.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors do not have permission to share data.

Acknowledgements

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CLINICAL STAFF RECOGNITION

Barbara Green

Barbara Green, MOA in Podiatry, was recognized by the Director of Nursing for her awesome attitude during the recent Joint Commission visits. Mrs. Green has been with the organization since 1994 and was very instrumental in ensuring that her coworkers were trained in the use of the autoclave. Mrs. Green is always eager to assist in any capacity that she can and goes above and beyond to help those around her.

Tyyonia Govan-Davis

Tyyonia Govan-Davis, MOA at the St. Matthews location, was recognized by her provider, Ms. Hope Gibson, AG-NP, for the outstanding work ethic and positive attitude that she brings to the Adult Medicine team. Mrs. Govan has been with the organization since 2021 and displays an exceptional attitude with patients and coworkers.

FAMILY HEALTH CENTERS, INC.

WELCOMES NEW PROVIDERS AND STAFF MEMBERS

Toni Amick has joined FHC as a Substance Abuse Counselor. She will also be providing behavioral health services to the populations served by Family Health Services. She has been a Licensed Professional Counselor since 2011 and a Licensed Addiction Counselor since 2018. Toni also holds a certification in dialectical behavioral therapy.

Ms. Amick has a Master of Arts in Professional Counseling from South University in Columbia, South Carolina, her Bachelor of Arts in Interdisciplinary Studies from the University of South Carolina in Columbia, South Carolina, and her associate in public service from Midlands Technical College from Columbia, South Carolina.

She has worked previously in state agencies such as SC Department of Vocational Rehabilitation assisting people with mental health and physical disabilities, find gainful and suitable employment. Also, she worked at the Department of Mental Health and helped to launch the Crisis Stabilization Unit at Broad River Correctional Institution in South Carolina. In addition, she worked for a county Alcohol and Drug Commission at a private practice. In her spare time, Ms. Amick enjoys traveling and spending time with her family.

Mr. Yaw Boateng, Nutritionist, is a native of Ghana and is currently residing in Sumter, SC. Mr. Boateng, obtained his bachelor's and master's degrees in Food and Nutritional Sciences from Tuskegee University in Tuskegee, Alabama. He also holds a Master of Public Health degree from the University of Alabama at Birmingham, Alabama. He is a Registered and Licensed Dietitian, and a Certified Diabetes Care and Education Specialist.

Mr. Boateng worked for SC Department of Health and Environmental Control for several years in different capacities as a District Nutritionist, Nutrition Consultant for the Maternal and Child Health Division, Coordinator for the Diabetes Prevention and Control and the Wisewoman Programs. He established his private practice as a Nutrition and Diabetes Educator at the Carolina Diabetes and Kidney Center in Sumter for several years. Mr. Boateng worked for Fresenius Medical Care, NA as a Renal Dietitian for more than seven years. He joined the Medix Company as a travelling Clinical Dietitian and was assigned to Prisma Health Tuomey for 3 months.

Mr. Boateng joins the Family Health Center family with joy and enthusiasm. His professional interest has been chronic disease prevention, control, and management through the modification of nutrients or whole food intake. He is also a missionary and a member of the Church of Christ. Yaw and his wife, Agartha, live in their empty nest located in Sumter, SC, with the children all grown and gone now.

Dr Whitney G. Brown has joined FHC as a pharmacist at the Orangeburg Family Health Center Pharmacy. Dr. Brown is a native of the metro Atlanta area and has been practicing in South Carolina for the past 3 1/2 years. She graduated in 2011 from Wingate University School of Pharmacy in Wingate, North Carolina. She currently resides in Columbia with her husband and children. During her free time, she enjoys listening to music, reading, spending time with friends and family as well as traveling.

Kelsey Charley, a native of St. Matthews, SC, joined FHC as a Family Nurse Practitioner at the Norfield satellite location. Ms. Charley is board certified by the American Nurses Credentialing Center. She began her nursing career in 2013 after receiving her Bachelor of Science in Nursing from the University of South Carolina- Aiken. She completed her Master of Science in Nursing-FNP degree from Chamberlain University in 2020. She resides in West Columbia, SC, is the mother of a 7-year-old daughter and 1 year-old son. She enjoys spending time with family and friends. She is excited to get acclimated in her new role and make a positive impact on the community for FHC.

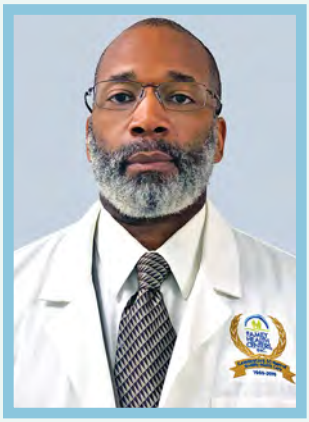
Daysha Cooper has joined FHC as an HIV Nurse Practitioner and serves as a provider for Adult Medicine and Pediatrics Walk-In. She received her Master of Science in Nursing-Family Nurse Practitioner degree from the University of Cincinnati and her Bachelor of Science in Nursing degree from the University of South Carolina- Aiken.

Michelle Evans joins FHC as our Director of Behavioral Health. Ms. Evans lives in Columbia, SC and is a native of Winnsboro, SC. She is a National Board-Certified Counselor since 2009. Additionally, Ms. Evans is a Licensed Professional Counselor-Supervisor in SC and a Licensed Clinical Mental Health Counselor-Supervisor for the state of NC. She has worked with Military Personnel and their families for over 10 years. Ms. Evans has completed and uses Gottman Level 1& 2 training to conduct briefings, presentations, and counseling with couples and families in Relationship Preservation.

Ms. Evans received a bachelor's degree in political science from USC-Spartanburg and a master's degree in counseling from Webster University located in Greenville, SC, and a School Counseling certificate from the University of the Southwest. She has used her talents, gifts, and education to work within law enforcement, special/regular educational programs, group homes, private agencies, nonprofit agencies, and state & local government agencies. In September of 2020, she obtained her 200Hr Yoga Teacher Training Certificate. Michelle volunteers with the American Red Cross-Armed Forces division as a Yoga instructor and Resiliency Workshop Facilitator. Ms. Evans has been recognized as a Speaker/Presenter, EAP Consultant and Mind & Body Coach. She is excited to join the staff at Family Health Center, Inc and looks forward to enhancing and elevating the program to serve the best interests and needs of the patients and respective communities.

In her free time, she enjoys spending time with her daughter, family & friends, the family dog, and traveling with her fiancé.

Dr. Michelle Glover joined FHC as a part-time Podiatrist. Dr. Glover specializes in the diagnosis and treatment of foot and ankle pathology. She is board certified in wound care by the American Professional Wound Care Association and board certified in foot surgery by the American Board of Foot and Ankle Surgery. She is a native of Beaufort, South Carolina and graduated from Coker College where she received a bachelor's degree in biology. Dr. Glover received a Doctorate of Podiatric Medicine degree from Temple University in 2009 and completed a three-year foot and ankle residency at Eisenhower/Womack Army Medical Center in Ft. Gordon, Ga/Ft. Bragg, NC. Dr. Glover served seven years active duty in the United States Army as a podiatrist and was truly honored to treat our soldiers and their families. She coauthored an article entitled, "Acinetobacter baumannii Infection Secondary to Partial Amputation: A Case Report" in the Journal of the American Podiatric Medical Association. Dr. Glover is excited about returning to her home state to continue with patient care. She enjoys traveling, playing basketball and spending quality time with her family and is excited to work with Family Health Centers, Inc.



Dr. Vince Johnson joined FHC as a Family Nurse Practitioner on the FHC Family Medical Mobile in North, South Carolina. Dr. Johnson, a native of Florida, now resides in the Lowcountry. Dr. Johnson is board certified by the American Nurses Credentialing Center. He began his nursing career while serving in the United States Navy, and advanced to become a Nurse Practitioner prior to retirement from service after 20 years. Dr. Johnson received his bachelor's degree in nursing from Hampton University. He went on to receive his master's degree from Georgetown University. He is certified to diagnose and treat patients from infants to geriatrics. He enjoys spending time and traveling with family and friends, as well as watching sports. He's a native of Florida and is excited to work with Family Health Centers, Inc.

Leocadie Mougang joined FHC as a family nurse practitioner/hypertension educator. She graduated with a bachelor's degree in nursing from South Carolina State University and a master's degree in nursing from Walden University. She is an APRN with an MSN and more than nine years of progressively intense education and practical experience in complex nursing and leadership roles requiring direction, oversight, problem-solving, and diagnostic skills.

Ms. Mougang is an energetic, creative, personable, and hardworking clinical professional. She values team-based healthcare and believes that each discipline uniquely contributes to best practices. At heart, she is an advanced nursing professional with a passion for providing excellent healthcare for individuals across the lifespan.

Ms. Mougang's expertise lies in providing exceptional patient service and compassionate care within various environments such as gerontology at long-term care facilities. "I excel at diagnosing and treating diverse conditions, illness prevention, and educating patients and family members to ensure optimal ongoing care".

Jazmin Townes joined FHC as a Midwife in the OB/GYN department. She is native of the island of St. Thomas in the US Virgin Islands. She obtained her Bachelor of Nursing degree from Frontier Nursing University. She received a Master of Nursing Degree in Midwifery. Her goal is to continue to be an advocate for women and provide compassionate care.

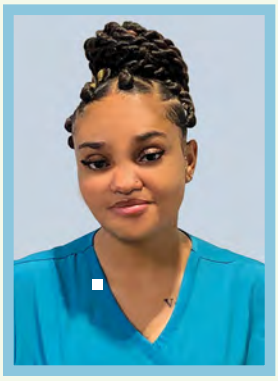
For 10 years she enjoyed working in several different states as a registered nurse with the last 7 years having worked in Labor and Delivery. She enjoys coaching, advocating, and assisting pregnant mothers with their birth experience.

Becoming a certified nurse midwife has been a dream of Ms. Townes since the age of 10 as she follows in the footsteps of her grandmother and great grandmother.

Paige Waymer has joined FHC as the Laboratory Supervisor at the Orangeburg site. Ms. Waymer graduated from Claflin University with a master's in bio technology with a concentration in Forensic Science where she completed a research thesis on Insitu PCR on DNA fingerprinting. Ms. Waymer returned to Carolinas College of Health Sciences to receive a certification as a Histotechnologist. Ms. Waymer owns and manages 912 Catering Company, enjoys traveling, watching Dateline, and listening to hip hop jazz.

MarQuetta Wilson joined the FHC Dental Department as Dental Assistant on the Dental Mobile Unit. She graduated from Fortis College in Columbia, SC. She enjoys spending time with her family and friends. She is happy to be a part of the FHC family and is looking forward to learning and working for this organization.

FAMILY HEALTH CENTERS, INC.
WELCOMES NEW STAFF MEMBERS



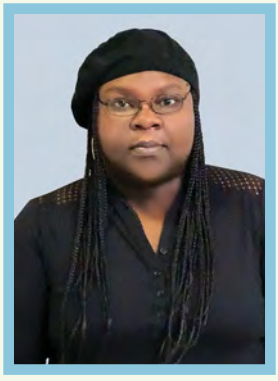
Jada Ashley joined the Family Health Centers as a medical office assistant. Ms. Ashley is from Denmark, South Carolina. She is a proud graduate of Claflin University with a bachelor's degree in sociology with a minor in psychology. In addition, she is a certified nursing assistant, certified medication technician, and certified phlebotomist. Ms. Ashley is a proud member of Zeta Phi Beta Sorority, Incorporated and Order of the Eastern Stars. In her spare time, she spends her time watching television. She is enthusiastic to be a part of FHC team.

Kinashia Beard joined FHC as a scheduler. She graduated from Orangeburg-Wilkinson High School in 2019 and is currently enrolled in a dental assistant program. She has a passion for volunteering and has participated in several community programs including the Special Olympics, Breast Cancer Awareness Walk, Teen Pregnancy Prevention, and HIV/AIDS Prevention programs. In her free time, Ms. Beard enjoys traveling with friends and family and visiting the beach.

Bre'Anna Brown has joined FHC as a Financial Service Representative for our OB/GYN department. Ms. Brown is a native of Orangeburg, SC, and is a recent graduate of Orangeburg-Wilkson High School. Currently, she is enrolled at Orangeburg Calhoun Technical College and pursuing a degree in social work and plans to continue her education at Claflin University after graduation. Outside of her studies, she enjoys shopping, painting, and spending time with loved ones.

Tammy Busby, a native of Orangeburg, SC and has joined FHC as an LPN for the Adult Medicine Walk-in. Ms. Busby has been a nurse for 11 years. She graduated from Orangeburg-Calhoun Technical College with an associate degree in Licensed Practical Nursing. She also attended South Carolina State University. Ms. Busby currently lives in Orangeburg, is married with two sons and two grandchildren and she enjoys reading, listening to music, and making people laugh.

Ivory Canty joined FHC as the Lead Navigator in the HIV Services Department. He is a native from Rimini, SC and resides in Sumter, SC. He received his bachelor's degree from Claflin University and a Master of Science Degree from Troy State University in Human Resources Management and a Master of Arts Degree from South Carolina State University in Rehabilitation Counseling. He began his professional career at the Department of Social Service as an investigator of child abuse and neglect. After leaving DSS, he worked for Vocational Rehabilitation as a Counselor and later became the County Director for the Agency. After retiring from State Government with over 30 years of experience, he worked as a manager of a pharmaceutical company in West Columbia, SC. He served on the Executive Board of Hope Health in Manning, SC. Mr. Canty is a member of Alpha Phi Alpha Fraternity, Incorporated. He enjoys traveling and spending time with family and friends.



Fallon Carson joined Family Health Centers, as an LPN for the Denmark satellite location. Mrs. Carson earned her Diploma in Applied Science from Denmark Technical College. Mrs. Carson gained years of experience in the healthcare industry as a Patient Care Tech. Mrs. Carson enjoys spending time with her husband, family, friends shopping and traveling. She is excited to be a part of the FHC family and is looking forward to providing superior patient care.

Hope Harrison is a native of Orangeburg, SC and joined FHC as a Transportation Driver/Scheduler. Ms. Harrison graduated from Denmark Technical College. She has a certificate in health science. Her goal is to become a certified nursing assistant. In her spare time, she loves bowling and spending time with her family and friends. She is incredibly happy to work for FHC by helping patients to transport them to their medical appointment at FHC.

Ms. Tina Huggins joined FHC as a Medical Office Assistant. She is a native of Brooklyn, New York and now resides in Elloree, SC. She graduated from Calhoun County High School in St. Matthews. After obtaining her dental assistant certification, Ms. Tina decided to pursue her career as a Medical Office Assistant, and she is excited to be part of the Podiatry team at the Family Health Centers, Inc.

Alicia Haynes, a native of Orangeburg, SC has joined the staff as an LPN for Adult Medicine Walk-in Orangeburg. Ms. Haynes earned her Diploma in Applied Science from Denmark Technical College. She is the mother of five children and has a certification in CNA. She is happy to be part of Family Health Centers and is looking forward to learning and working for this organization.

Evelyn Johnson is a native of Blackville, SC and joined FHC as a Financial Service Representative for the OB-GYN department. Ms. Johnson graduated from South Carolina State University with a Bachelor of Science in Sociology. Ms. Johnson is passion about serving the community. She enjoys singing, traveling, and spending quality time with her loved ones. She is thrilled to be an employee for FHC.

Sharise Holman joined FHC as a Patient Service Representative. She is also currently a pharmacy tech who is very passionate about this community. "I feel strongly about public health and others staying safe and healthy". Health should be one's main priority. In the future, she has plans to further her education in the health field. Ms. Holman wants to become even more knowledgeable when it comes to helping others. She finds joy in teaching other things they may not fully understand when it comes to health and or medications. She feels you can never learn enough and every day you should learn something new.

Shakerria Johnson, a native of Denmark, SC has joined the staff as an LPN for the Denmark Medical Center location. Ms. Johnson earned her Diploma in Applied Science from Denmark Technical College. She is the mother of a 7-year-old daughter and enjoys helping others and giving back to the community. She is excited about joining Family Health Centers.

Benita Jones joined FHC as the Outreach Coordinator. She is a native of Martin, SC, and resides in Bamberg, SC. She graduated from the University of South Carolina (Columbia, SC) where she obtained a Bachelor of Arts in English and Social Work. Benita furthered her education at Capella University (Minneapolis, MN) and obtained a Master of Science with Distinction in Counseling and Human Behavior. Ms. Jones is a member of Iota Lambda Zeta (Zeta Phi Beta Sorority, Inc. of Aiken, SC), Rising Star Chapter #284 OES PHA (Barnwell, SC), and the Mt. Sinai Missionary Baptist Church of Martin, SC. She also provides community service and advocacy in the capacity of the Director of Kinship Care services with Kindred Hearts of SC. Benita has a strong passion for helping others and exemplifies this in her daily life. She is the mother of one daughter and enjoys traveling, shopping, participating in community service projects, and spending time with her family and friends.

Ratesha Minus has joined FHC as a Front Service Representative, and a driver for FHC mobile units. She is a graduate of Bowman High School and Remington College. Ms. Minus will be graduating from Claflin University in May of 2024. She enjoys spending time with her family and friends. She is excited about joining FHC and loves helping others with a smile.

Courtney Kelly joined FHC as a Community Health Worker in the HIV Services Department. She graduated from South Carolina State with a bachelor's degree in health and human services. She has over 10 + years of experience in the Healthcare/Public Health field. She's looking forward to serving and educating the people in our community on prevention health while also promoting the company's brand. Her goal at FHC is to break the stigma surrounding HIV while also providing the best prevention health services our company has to offer to the people in our community and surrounding areas. She is excited to join the FHC family.

Belinda Moore joined FHC as the Healthy Steps Specialist. Ms. Moore received her Bachelor of Social Work Degree from South Carolina State University and Master of Social Worker from University of Texas-Arlington. She began her career as a Child Protective Services Specialist with the Texas Department of Family and Protective Services. Ms. Moore has believed in the overall well-being of the people she serves throughout her personal and professional career. She also serves within her church's Health and Welfare Ministry by facilitating Mental Health Support Groups, Community Outreach, and training. She is excited to join the FHC family.

Nikki McDaniel, a native of Orangeburg South Carolina and has joined the FHC staff as an LPN with Pediatrics in St. Matthews. Ms. McDaniel graduated from Orangeburg County School, Orangeburg -Calhoun Technical College where she earned a Diploma in Health Science in Practical Nursing in August 1999. She has 24 years of nursing experience with 17 of these years in Geriatrics in Orangeburg, SC. Her last 7 years of nursing experience has been working for MUSC Ambulatory Care in a few clinical settings. She gained knowledge and hands on experience in Dermatology, Internal Medicine, Telehealth School Based Nursing, and Family Medicine. Ms. Daniels loves serving others in the community.

Kendra Mitchell is a native of Charleston, SC and joined FHC as a Mental Office Assistant for the Podiatry Department. She is a mother of two amazing children and enjoys spending time with my family, traveling, shopping, decorating, and painting. She is looking forward to working and growing at the organization.

Derick Simon joined FHC as Financial Service Representative and a transportation driver for the mobile units. He graduated from Denmark Technical College with a diploma in Applied Science. He also received his commercial driver's license with passenger endorsement. Mr. Simon quoted "Throughout life I have found that it's the servitude in me that brightens the faces of people in our community. Being able to help the community be a healthier place to live!"

Brittany Smith has joined the Family Health Centers, Inc. as Medical Office Assistant. She is a native of Orangeburg, SC. Ms. Smith attended Orangeburg-Calhoun Technical College and graduated in 2016 with a Diploma from the Patient Care Technician Program. She is excited about working at FHC. She loves spending time with her family and friends.

NOTICE OF RELOCATION

Dr. Bismarck Amoah

Ms. Daysha Cooper

Dr. Bismarck Amoah (Internal Medicine) and his clinical team and **Ms. Daysha Cooper**, HIV Nurse Practitioner have relocated to OB/GYN Office of the Family Health Centers, Inc. located at:

3310 Magnolia Street | Orangeburg, SC 29115

Dr. Amoah and Ms. Cooper look forward to welcoming existing and new patients.

YOUR HEALTH IS OUR #1 PRIORITY!

FOR AN APPOINTMENT, CALL:
803-531-6900 or 803-531-6970

HOURS OF OPERATION
Monday through Friday | 8:00 a.m. - 5:00 p.m.
www.myfhc.org

FAMILY HEALTH CENTERS, INC.

WE HAVE MOVED TO A NEW OFFICE!

OUR NEW LOCATION:

Family Health Centers, Inc.
OB/GYN Office

1760 Village Park Drive
Orangeburg, SC 29118

We look forward to welcoming existing and new patients and providing you with excellent comprehensive care.

YOUR HEALTH IS OUR #1 PRIORITY!

FOR AN APPOINTMENT, CALL:
803-531-8990 or 803-531-6900

HOURS OF OPERATION
Monday through Friday | 8:00 a.m. - 5:00 p.m.
www.myfhc.org

FAMILY HEALTH CENTERS, INC.

FAMILY HEALTH CENTERS, INC.

PROVIDING QUALITY HEALTH CARE FOR OVER 50 YEARS

The Family Health Centers, Inc. Adult Medicine and Pediatrics Walk-In offers medical treatment for adults and children. The medical team at Family Health Centers, Inc. is here when you need to be seen for a variety of minor medical conditions and minor injuries that need attention. **Our Adult Medicine and Pediatrics Walk-In is open 6 days a week with extended evening and weekend hours.**

WITH EXPERIENCED PROVIDERS WHO CAN TREAT A LONG LIST OF NON-LIFE-THREATENING INJURIES AND ILLNESSES SUCH AS:

Fever, Flu-like symptoms

Ear infection

Coughs, colds, fever, sore throat

Sprains, strains, back pain

OTHER SERVICES PROVIDED

- Abdominal Pain
- Flu Shots
- Stomach Virus
- Respiratory problems
- Skin rashes
- Sinus infections
- Allergies
- Minor cuts
- Bladder Infection
- Urinary tract infections
- Sports Physicals
- Covid-19 Vaccines and Booster Shots

Adult Medicine and Pediatrics Walk-In

LOCATION:
Family Health Centers, Inc.
3310 Magnolia Street
Orangeburg, SC 29115
(803) 531-6900

HOURS:
Monday – Friday:
9:00 a.m. – 8:00 p.m.
Saturday:
8:00 a.m. – 3:00 p.m.

NO APPOINTMENT REQUIRED

On-Site Pharmacy and Lab Services

www.myfhc.org • 803-531-6900

Family Health Centers, Inc.
3310 Magnolia Street
Orangeburg, SC 29115

FAMILY HEALTH CENTERS CONVENIENT LOCATIONS

Family Health Centers, Inc.
3310 Magnolia Street
Orangeburg, SC 29115
803-531-6900
PHARMACY: 803-531-6940

Denmark Family Health Center
5616 Carolina Highway
Denmark, SC 29042
803-780-7003
PHARMACY: 803-793-4282

Family Health Center at Holly Hill
922 Holly Street
Holly Hill, SC 29059
803-759-3069

Norfield Medical Center
7061 Norway Road
Neeses, SC 29107
803-813-1325
PHARMACY: 803-263-5451

St. George Medical Center
401 Ridge Street
St. George, SC 29477
843-636-6080
PHARMACY: 843-636-9130

St. Matthews Medical Center
558 Chestnut Street
St. Matthews, SC 29135
803-655-4099
PHARMACY: 803-874-1095

Community Medical Center
10278 Old #6 Hwy.
Vance, SC 29163
803-962-6017
PHARMACY: 803-492-8432

Dental Mobile Unit
3310 Magnolia Street
Orangeburg, SC 29115
803-747-1929

Optometry Mobile Unit
3310 Magnolia Street
Orangeburg, SC 29115
803-707-0445

FHC FAMILY MEDICAL MOBILE UNIT LOCATIONS

Town of Ehrhardt
13442 Broxton Bridge Road
Ehrhardt, SC 29081
803-747-5963

Town of North
7904 Salley Road
North, SC 29112
803-596-9113

www.myfhc.org

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