

Connecting Patients to Community and Care in Small-Town South Carolina

Tracie Mason has lived in Spartanburg, South Carolina all her life. Despite a recent uptick in growth and development, Spartanburg maintains its close-knit sense of community and rural atmosphere. It is one of the things Mason loves most about Spartanburg, which was named one of the Robert Wood Johnson Foundation's 2015 [Culture of Health](#) communities.

At 14, Mason became pregnant with her first child. After struggling to maintain a job, attend school, and care for her daughter all at once, Mason dropped out of high school in the 11th grade. With determination and help from her family, she received her GED, and began working at a local McDonald's. However, the position did not offer health benefits. Because she was supporting both herself and her daughter, Mason constantly worried about missing work due to illness. A nearby clinic offered urgent care appointments for \$50 a visit; but like many South Carolinians, Mason received little if any preventive care, opting to save her money instead for daycare.

After considering a career in social work, Mason returned to school and completed a degree in information technology. However, she long felt the desire for a career helping others. One day, she came across a job listing for an AccessHealth Spartanburg (AHS) care navigator. The job required a thorough knowledge of Spartanburg-area charities and social support services, strong communication skills, and a passion for helping others. "It just seemed like a fit," she says, and in a few weeks, she was hired.



AT-A-GLANCE

- » **Who:** Tracie Mason
- » **Job:** Care Navigator
- » **Initiative:** [AccessHealth Spartanburg](#)
- » **Population:** Uninsured adults living in Spartanburg County, South Carolina
- » **Key Features:** Intervention using care navigators to perform social determinants of health screening and connect uninsured clients to primary care and other community resources.

NEW FACES OF THE COMPLEX CARE WORKFORCE

In communities across the nation, complex care management teams are deploying "non-traditional" health care workers — including individuals with lived experience or skills that transcend the traditional bounds of health care — to better connect with high-risk patients. The [New Faces of the Complex Care Workforce](#) series showcases how these workers are helping in innovative ways to address the needs of adult Medicaid beneficiaries with complex health and social needs.

Made possible through support from the Robert Wood Johnson Foundation.

Since South Carolina chose not to expand Medicaid under the Affordable Care Act, AHS plays a critical role in caring for many of the state's [approximately one-in-five uninsured residents](#). The organization helps uninsured adults connect to a primary care provider, locate community resources, navigate the health system, and reduce patients' use of emergency care services.

Today, Mason works tirelessly to maintain a caseload of approximately 70-80 clients. Though AHS' most medically and socially complex clients are typically served by care navigators who are also registered nurses, Mason still helps her clients navigate serious health, social, and economic challenges. One such client, Carol,* had been laid off from work after developing an acoustic neuroma (a rare condition caused by a growth on the main nerve connecting the inner ear and brain), which had caused her to experience extreme vertigo and nausea. After years in a stable, well-paying job, the woman lost her home and began living in her car. Without access to running water, she admitted to Mason that she was especially embarrassed about her hygiene.

In the weeks that followed, despite having dozens of other clients, Mason says Carol was always in the back of her mind. Through AHS' [Gift-in-Kind program](#), which distributes personal care items to clients, Mason gathered a bag of toiletry items to make Carol's life in her car more bearable. When Mason presented her with the items, Carol broke down and cried. Just that day, she admitted, she had contemplated stealing deodorant from a Dollar General because she was ashamed of how she smelled. "Little things like that, you wouldn't think would make such a difference," says Mason.

The personalized, one-on-one support seems to make a difference for AHS patients: not only are they less frequently hospitalized — but when they are admitted, their stays are often shorter and less costly. As for Mason: "it's just been the best thing ever! I love what we do for our community." Her only regret is that the program did not exist when she was younger. "If there were a program like this back then I definitely would have benefited. Having the resources we know about now, it would've benefited me a lot."

“With this job you have to realize that everybody has issues. Not all of us start on a level playing field.”

- Tracie Mason, Care Navigator,
AccessHealth Spartanburg

Additional Resource

[Case Study | AccessHealth Spartanburg: Wrap-Around Community Support for South Carolina's Most Vulnerable Patients](#) – Provides details about AccessHealth Spartanburg's care navigator program, which connects Spartanburg County's uninsured, adult population to primary care providers and community services. *May 2017*

About the Center for Health Care Strategies

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and community-based organizations to develop innovative programs that better serve people with complex and high-cost health care needs. To learn more, visit www.chcs.org.

Author: Mariel Gingrich, Center for Health Care Strategies.

*Patient's name has been changed to protect their privacy.