HealthierSC.org

SC improved in 30 Health Indicators in 2015 *America’s Health Rankings*

Infant mortality, premature death, preventable hospitalizations, diabetes, heart disease, high school graduation, lack of health insurance, occupational fatalities, drug deaths, excessive drinking, child immunization, physical inactivity, smoking, income, teen birth rate, primary care physicians, cancer deaths, salmonella, chlamydia, violent crime, disparity in health status by education, unemployment, underemployment, air pollution, pertussis....

In the 2015 *Commonwealth Fund Health Systems Dashboard*, our state improved or stayed the same in 35 of the 36 core indicators.

we need to focus now on accelerating the pace of improvement

Inequities are weighing us down...

...so Alliance Members and Partners are working together to fix it...

Join us!

New in 2016

• Child Health Outcomes Initiative
  • Community infrastructure-building grants
  • Enhanced disparity focus by Birth Outcomes Initiative
  • Expanded HeART committee role to coordinate access to care efforts
  • 1st SC Population Health Summit in May 2016

New coalition alignment in 2016

• PART Care Transitions: Hospital-specific Readmission Disparity Dashboard.
• Health Equity Team: Webinar series on reducing health inequities.
• PCMH Alliance: Alliance Partner on the ground to improve primary care outcomes.
• State Technical Assistance Providers: Testing coordinated strategy for supporting community health improvement.

Continued support in 2016

Starting an Outpatient Behavioral Health Crisis Stabilization Network.

Increasing number of community-based providers who serve as preceptors.

Establishing at least one Prescription drug drop-box in every SC county.
# Healthy Babies

## The 2014 Wins

(All numbers are compared to 2010)

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>58</td>
<td>Fewer Baby deaths</td>
</tr>
<tr>
<td>12%</td>
<td>Reduction in Infant Mortality Rate. Met 2020 Alliance Goal.</td>
</tr>
<tr>
<td>338</td>
<td>Fewer Babies born with Low-Birthweight</td>
</tr>
<tr>
<td>5%</td>
<td>Reduction in Low-Birthweight Rate</td>
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</tbody>
</table>

## The 2020 Challenge

(All numbers are based on 2014 statistics)

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>103</td>
<td>African American babies would be alive</td>
</tr>
<tr>
<td>1139</td>
<td>low-income babies would have been born at a normal weight</td>
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No time to lose. Close the gap. Target Zero.

## Join the Birth Outcomes Initiative

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@HealthierSC HealthierSC.org
# Healthy Children

## The 2014 Wins

(Compared with 2013)

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<th>Number</th>
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<tbody>
<tr>
<td>17</td>
<td>Position improvement in America’s Health Rankings for Childhood Immunizations</td>
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<tr>
<td>7.1%</td>
<td>Improvement in Asthma Medication Ratio</td>
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<tr>
<td>2,372</td>
<td>Fewer Pediatric ED visits due to Primary Care Preventable Conditions.</td>
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</table>

## The 2020 Challenge

(All numbers are based on 2014 statistics)

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<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>62,358</td>
<td>(47%) Low-income 3-6 year olds did not have their annual well-child checkup to ensure they are having a healthy development.</td>
</tr>
<tr>
<td>9,747</td>
<td>(29%) Low-income third graders did not reach the reading development they should have at this age.</td>
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## No time to lose. Close the gaps.

### Join the Child Health Outcomes Initiative

(Coming up in 2016)

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### Join the SC Asthma Alliance

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The 2014 Wins
People with existing behavioral health conditions spent
4,272
fewer days hospitalized due to primary care preventable conditions.

We consolidated in a public, online map, all statewide drop-boxes for prescription drugs.

The 2020 Challenge
(All numbers are based on 2014 statistics)

30%
Of adults with income below $15,000 spent more than 8 days last month feeling mentally unwell

516
Adults died last year due to a prescription drug overdose.

59.5%
People with low-income who were prescribed antidepressants, did not take the medication during the acute phase.

No time to lose. Close the gaps.

Help fund/establish/use one prescription drug drop-box per county; Medication Assisted Treatment. And use SCRIPTs.

Help fund/establish expanded outpatient access, Mobile Crisis Units, and Crisis Stabilization Units.

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HealthierSC.org
Healthy Bodies
Access to Care

The 2014 Wins
(Compared with 2012)

12% Reduction in proportion of people who needed a doctor but couldn’t see one due to cost. Met 2020 Alliance Goal.

136,624 Fewer uninsured

4,276 Fewer hospitalizations due to Primary Care Preventable Conditions.

The 2020 Challenge
(All numbers are based on 2014 statistics)

Had we closed the racial gap in primary care access and utilization we would have had

41,487 fewer ED visits due to primary care preventable conditions among African American patients.

Because we have not closed geographic gaps in availability of primary care

100% of our counties are or have primary care shortage areas.

No time to lose. Close the gaps. Target Zero.

Join the HeART Committee
Support community-based provider training
Join PCMH Alliance

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HealthierSC.org
Healthy Bodies
Chronic Disease Prevention

The 2020 Challenge

2 out of 3 South Carolina adults are overweight or obese.

The economic cost of obesity in South Carolina is estimated to be $8.5 billion per year and growing.

More than 30% of South Carolina high school students are overweight or obese.

1 in 3 low-income children ages 2 – 5 years old are overweight or obese in South Carolina.

No time to lose. Close the gaps.

Join SCaleDown

@HealthierSC

ALLIANCE FOR A HEALTHIER SOUTH CAROLINA

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we are organizing to make a difference for ALL

34
Organizations launched a Call to Action for Health Equity in South Carolina

7
Case studies about SC organizations and coalitions that are leading the way in health equity were published

5
Metrics and targets related to infrastructure building were identified

61
Hospital Readmission Disparity Dashboards were produced

5
High-priority learning labs were selected for 2016

every decision we make is an opportunity to break inequity cycles

The two step approach to break the cycle

1: Stratify data by race, ethnicity, income and zip-code identify what populations to target.

2: Maximize the potential of diversity in your organization to develop culturally humble solutions WITH the community.

Allocate funds and resources to implement the Call to Action in your Organization/Community

Join the Health Equity Team

@HealthierSC

HealthierSC.org