ALLIANCE FOR A HEALTHIER SOUTH CAROLINA

Coordinating action on shared goals to improve the health of ALL people in SC
Healthy Babies. Healthy Children. Healthy Bodies. Healthy Minds

April 26, 2016
General Meeting
Agenda

9:30am – Networking Time

10:00am – Welcome and introductions
10:10am – Member updates
10:20am – Follow-up to January 2016 Alliance meeting requests.
11:00am – Christian Soura: DHHS work that impacts Alliance Goals.
11:40am – How can we all work together to increase access to healthcare and support services?
11:55am – Announcements

12:00pm – Networking time
Keeping you updated

- Meeting packages are designed to help you find opportunities to Align efforts to improve health for all in SC.
- It includes updates from Alliance teams, Alliance meeting follow-up, and learning opportunities for you and your staff.
- In the future, it will also include updates of the main coalitions working on Alliance priority areas.

The 7:30am Friday Newsletter is still our main way to keep you updated. If you are not receiving it. You (or your staff) can sign-up for it in our website [HealthierSC.org/connect-share/](http://HealthierSC.org/connect-share/)
Storified meeting summaries

January 26 Meeting Summary
Detailed Meeting Notes

We are making progress in all priority areas, but not fast enough to improve in America's Health Rankings See infographics for all our goals here See Alliance Dashboard here

1. We are making progress in establishing at least one prescription drug drop-box per county. New map is available here.
2. Funding for Charleston Behavioral Health Crisis Stabilization Unit has been secured.
3. AHEC’s preceptor tax incentive bill found sponsor

Director Heigel talked about the state of DHEC and current strategic planning process.

She asked attendees to support DHEC’s budget request.

Policy and Advocacy Team presented their 4-component understanding of Access to Care.

The team is having conversations about strategies to maximize insurance enrollment for the 300,000 people in SC who are eligible for Marketplace subsidies or Medicaid, but are not enrolled yet.

HSSC offered their ARCGIS capacity to health equity team. 5 Health Equity webinars to be sponsored by CCME. Pay for Performance is coming to South Carolina. Population Health Summit will be in May. BluePrint is investing in capacity in Marlboro and Dillon. HeART committee will be evolving into an access coalition.

The Alliance for a Healthier South Carolina is an unprecedented multi-sector coalition of more than 300 individuals from across the state working together. Through the collective efficacy of 10 member organizations and the support of 50 corporate partners, the alliance is working to improve the health status of all South Carolinians. Collective impact and measurable improvements in the future are goals. To learn more and get involved, visit HealthierSC.org.
Graph by Bill Barberg - Insightvision
## Alliance Common Agenda for Health Improvement

<table>
<thead>
<tr>
<th>Healthy Babies</th>
<th>Improve the health of moms and babies from pre-conception to the first year of life</th>
<th>For ALL people in SC</th>
<th>At a lower per-capita cost</th>
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<tbody>
<tr>
<td>Healthy Children</td>
<td>Improve the health and educational outcomes of children</td>
<td>Everyone with the same probability of attaining the best health status, independent of gender, race, sexual orientation, neighborhood, disability, ethnicity, educational attainment, or socioeconomic status.</td>
<td>Reduce the per-person cost of healthcare in the state (when accounting for all public and private healthcare expense)</td>
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<td>Healthy Bodies</td>
<td>Improve physical health through healthy nutrition, physical activity</td>
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<td>Healthy Minds</td>
<td>Improve physical health through enabling access to high quality primary care</td>
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<td></td>
<td>Improve behavioral health through improved access to appropriate behavioral health services and other necessary clinical and support services</td>
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Metrics for overall improvement and disparity reduction:

- Infant mortality and low-birthweight
- Reading at grade level and well-child visits
- Primary-care-preventable utilization of acute care hospitals by people with and without behavioral health conditions
- Appropriate management of asthma, diabetes, hypertension, and depression
- Self-rated mental health status

Access to healthcare impacts all metrics
Food for thought

Information for the elderly
Public Health services
Tobacco Cessation services
Help me grow
Suicide prevention
Health insurance enrollment
AccessHealth
Community Health Workers
Veteran Services
Hospital Services
Healthy Eating Active living services
FQHC
Mental health services
Free Clinics
Domestic violence services
Substance use services
911
Food pantries
Transportation services
Public benefits
School support
Cancer services
Worksite wellness

@HealthierSC
HealthierSC.org
Last meeting’s charge for Policy and Advocacy Team

• Improved access to care would result in improvement in all of the Alliance metrics.

• System navigation support, general availability of services, quality of the services, and coverage are all drivers of access to care.

• Apx 300k uninsured are eligible for either Medicaid or Subsidized coverage in South Carolina. Many of them do not know they are eligible.
There are about 600,000 uninsured in SC. 300,000 of them are eligible for either Medicaid or Subsidies in the Marketplace. Help us get them connected to health insurance!

*Find [here](#) the most common percentages of Federal Poverty Line (%FPL) used to determine eligibility for benefits for families of 1-8 members.
Insurance alone is not enough to connect people to health services

Service intensity

Volume of People

In person navigation
Telephonic navigation
Referral
Searchable database
Other things the team will be working on

• We’ll start working on a couple 1-pagers that show how organizations in different sectors can impact health outcomes through:
  • Internal policy decisions (e.g. becoming a breastfeeding friendly workplace)
  • Becoming vocal about the connections between policy decisions and health equity (e.g. why early childhood education is important for health outcomes)

Or
<table>
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<tr>
<th>Sector</th>
<th>Timely and adequate resources to care for people</th>
<th>Navigation and support services</th>
<th>Adequate coverage</th>
<th>High quality care that is patient and community centered</th>
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<td>Academics</td>
<td>Amend health profession curriculums to include courses that emphasize the impact of social determinants on health</td>
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<td>Business</td>
<td>Connecting temporary employees, exiting employees, and families with Certified Application Counselors.</td>
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<td>Community and consumer groups</td>
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<td>Healthcare providers</td>
<td>Maximizing the use of Community Health Workers</td>
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<td>Government agencies</td>
<td>Adopt Call to Action for Health Equity.</td>
<td>Participate in local health coalitions</td>
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<td>Insurance companies</td>
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<td>Philanthropy</td>
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DHHS programs and policies and their impact on Alliance priorities

• How is DHHS contributing to achieving Alliance goals? How is the Alliance contributing to DHHS Goals?

• How could Alliance members support enrollment in Medicaid of eligible population? And the best use of Medicaid services?
Discussion: Increasing access to healthcare services

- Current navigation services in South Carolina
- Access to Care initiatives that members are working on
- Evidence-based and promising practices worth leveraging
What can you do by tomorrow?

1. Share the health insurance enrollment image presented today with the most appropriate people in your organization.

2. Call your law enforcement agency to let them know the volume of people dying due to overdoses in your county, and ask them to apply for a free CVS kiosk. (Talking points [here](#))

3. Encourage your Human Resources department to learn more about [SC Thrive](http://www.sc211.org), [www.sc211.org](http://www.sc211.org), and [Palmetto Project](http://www.sc211.org); and how these organizations can help your employees and their families.

4. Share any ideas you had today with [agallego@scha.org](mailto:agallego@scha.org)
Meetings

• May 20 – Population Health Summit
• July 26 – Alliance General Meeting

Alliance Team Meetings
• May 6 – Communications Team
• May 17 – Policy and Advocacy Team
• May 26 – Getting data by zip-code and demographic group (Querying DHEC’s public database of health and population statistics)
• June 7 – Health Equity Team