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

July 26, 2016
General Meeting
Agenda

9:30am – Networking Time

10:00am – Welcome and introductions
10:10am – Chairman updates
10:15am – Member updates
10:45am – First year of the Call to Action for Health Equity
11:00am – Short Term Health Policy Matrix
11:50am – Leadership Team Elections
11:45am – What are the action items of this meeting?

12:00pm – Networking time
You can now make personal donations to the Alliance (may be tax-deductible, ask your accountant)
Alliance Common Agenda for Health Improvement

HEALTHY BABIES
Improve the health of moms and babies from pre-conception to the first year of life.

HEALTHY CHILDREN
Improve the health and educational outcomes of children.

HEALTHY BODIES
Improve the physical health through healthy nutrition and physical activity. Improve physical health through enabling access to high quality primary care.

HEALTHY MINDS
Improve behavioral health through improved access to appropriate behavioral health services and other necessary clinical and support services.

FOR ALL PEOPLE IN SC
Everyone with the same probability of attaining the best health status, independent of gender, race, sexual orientation, neighborhood, disability, ethnicity, education attainment or socioeconomic status.

AT A LOWER PER-CAPITA COST
Reduce the per-person cost of healthcare in the state (when accounting for all public and private healthcare expenses).
Member updates

- Lindsey Perret, Alliance for a Healthier SC
  - SC Thrive, Sign Up SC, and 211 United Way Collaboration & Communicators Luncheon
- Lisa Davis, DHEC
  - DHEC Strategic Plan
- Sara Goldsby, DAODAS
  - Drop boxes
- Melinda Merrell
  - Rural Health Plan
- Thornton Kirby
  - SCHA designing Big Dot Goals for Health Systems to feed into Alliance Goals
- David Garr, AHEC
  - Primary Care Summit
Can you call the sheriff of the counties in gray to ask them to apply for a free CVS-Dropbox?

- **Indicates Alliance member in county with no-dropbox**
- **Indicates priority county (4+ deaths) with indirect Alliance member presence**
First year of the Call to Action for Health Equity

• **60+ partners:** More than 60 partners have now joined the Call to Action
• **6-part Webinar series:** Based on South Carolina assets for health equity ([recordings](#))
• **Local case studies:** We have created 7 [case studies](#) on how South Carolina organizations are improving health equity
• **Local peers willing to help out:** On the [Health Equity Priority page](#), there is available a list of peers you can reach out to for information on cultural competence and responsiveness, inclusive decision making, and community engagement. A list of free resources is also available there.
• **Influenced new funding opportunities:** The South Carolina version of Healthy People Healthy Carolinas (HPHC) was funded by The Duke Endowment.
• **National press:** South Carolina hospitals were [highlighted by the American Hospital Association](#) for their equity efforts.
• **Population Health Summit:** was a huge success -- 175 attendees over 5 sites with satisfaction scores above 95%. Lessons learned available at [#PopHealthSummitSC](#)
Policy & Advocacy 5/17 Agenda

• 10:00am – Welcome, Introductions, and Team member announcements
• 10:20 am – Updates
• 10:40 am – Policy Matrix for Access to Care
• 11:30 am – What do we need for the Health Equity Policy Matrix?
• 12:00 pm – Adjourn
Health in All Policies- what are we talking about

• A collaborative approach that integrates and articulates health considerations into policy making across sectors to improve the health of all communities and people

• Recognizes that health is created by a multitude of factors beyond healthcare and beyond the scope of traditional public health activities (social determinants of health)
Health in All Policies Key Elements

- Promotion of health and equity through policy
- Focus on the key social determinant drivers of health inequities and outcomes
- Support of inter-sectoral collaboration to improve health
- Creation of co-benefits for multiple partners within and outside the traditional health sectors
- Engagement of stakeholders to take direct action on improving health and equity
- Institution of meaningful structure or process changes
Prioritizing short-term policy alignment to improve access to care

• What are the top 3 things we all could do in 1 year to contribute to improving access to care?
Sample dashboard to track internal policy alignment

January 29, 2016: Join the Call to Action for Health Equity

65%
Acute care hospitals that joined the Call to Action for Health Equity

April 29, 2016: Select a disparity to reduce in your hospital

43%
Hospitals that completed the first milestone

<table>
<thead>
<tr>
<th>Metric</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Readmissions</td>
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<tr>
<td>Cancer mortality</td>
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<td>Pain Management Scores</td>
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# Short-term policy interventions to improve access to care in South Carolina

<table>
<thead>
<tr>
<th>Type of Organization</th>
<th>Availability of providers and resources to care for people</th>
<th>High quality community and patient-centric care</th>
<th>Navigation</th>
<th>Adequate Coverage</th>
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<tbody>
<tr>
<td><strong>Academics</strong></td>
<td>Revisit admission, tutoring, and scholarship policies and processes to increase recruitment and retention of minority and first generation college students of medicine, nursing, dental schools and other health sciences. Establishing teaching incentives for the establishment of student-run interdisciplinary clinics for the underserved after-hours.</td>
<td>Include inter-disciplinary and cultural humility training and education including rotations in Behavioral Health Integrated Practices, palliative care, and community-based organizations in the curriculum of nurses, physicians, and other health sciences and health administration students.</td>
<td>Technical colleges to include CHW training programs based on the curriculum standards set by the CHW Association of South Carolina. Establish long-term partnerships with relevant community-based organizations to keep updated free local databases of assets through students (while training students in community-based asset mapping).</td>
<td>Establish Human Resources Policy for referral to certified insurance navigators (such as Sign-up SC) to all employees not eligible for Employer Sponsored insurance, exiting employees, and dependents declining coverage.</td>
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<td><strong>Businesses (inclusive of all organizations that employ people)</strong></td>
<td>Establish shared use agreements for the use of owned clinics and healthcare provider services after hours at a low cost.</td>
<td>Monitor health outcomes stratified by race, ethnicity, and income; and create incentives for providers and employees specifically targeted to decreasing the disparity gaps.</td>
<td>Use, promote and/or provide for the functioning of navigation services for vulnerable populations such as SC Thrive, Community Health Workers, and Community Health Networks. (Inclusive of Care Transitions efforts)</td>
<td>Study the benefits of enhancing current benefit package to include one or more of the following services: telehealth, mental health, substance abuse treatment, palliative care, chronic disease counseling, dental and/or vision care.</td>
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<td><strong>Consumer advocates</strong></td>
<td>Advocate for the increase in availability of residency placements, and telehealth parity for physical and behavioral health services.</td>
<td>Communicate the existence and importance of navigation for support and coverage services. Advocate for the adoption of select Choosing Wisely lists.</td>
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<td>Provide local advocacy around the issue of increase in coverage.</td>
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<td><strong>Community-based organizations</strong></td>
<td>Establish and maintain training expectations in job descriptions of community-serving staff.</td>
<td>Establish clear and advisory council service expectations in job descriptions of community-serving staff.</td>
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<td>Explore partnerships with community agencies to promote enrollment.</td>
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<td><strong>Healthcare providers (public and private)</strong></td>
<td>Include community-service and after-hours in the contracts with employed providers. Increase residency placements for primary care via contact with Federal Delegation. Support SC legislation to provide tax incentives for community-based clinics who are willing to teach students in their offices. (Also applies to other sectors) Support increased partnership with local FQHCs for access and coordination of care.</td>
<td>Monitor/report outcomes stratified by race, ethnicity, and income; and create incentives specifically targeted to decreasing the disparity gaps.</td>
<td>Institutionalize cross-cultural communication and or cultural humility training and staff development.</td>
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<td><strong>Insurance providers (Public, private, self)</strong></td>
<td>Increase coverage of telehealth services.</td>
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<td><strong>Government agencies</strong></td>
<td>Policies to support innovative models to increase community-based resources (e.g. Behavioral Health Crisis Stabilization regulations) Ease the process to share data for holistic care. Ease the process to access de-identified data for hot-spotting.</td>
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<td><strong>Member organizations</strong></td>
<td>Support abovementioned policy interventions.</td>
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<td><strong>Organizations that support others</strong></td>
<td>Support abovementioned policy interventions.</td>
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<td><strong>Philanthropic organizations</strong></td>
<td>Support investments in credo to career and leadership academies with priority focus on vulnerable populations.</td>
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Slate for 2016 rotations
Leadership Team

Teresa Arnold – State Director AARP. Alliance Vice-Chair
Consumer Seat, 2nd term
Fall 2016-Summer 2019

Kathy Dunleavy—CEO Mary Black Foundation
Philanthropy seat, 1st term
Fall 2016-Summer 2019

Meera Narasimhan, MD—Associate Provost, Health Sciences, USC
Academic seat, 1st term
Fall 2016-Summer 2019

Barry Cross—Sr. Director of Employee Benefits, Michelin North America
Business seat, 2nd term
Fall 2016-Summer 2019
Meetings

October 26, 2016 - Alliance General Meeting
• January 24, 2017 - Alliance General Meeting
• April 25, 2017 - Alliance General Meeting
• June 20, 2017 - Alliance General Meeting
• October 24, 2017 - Alliance General Meeting

Alliance Team Meetings
• August 5 - Communicators Luncheon
• August 16 - Policy and Advocacy Team
• September 13 - Health Equity Team