When it comes to healthcare in South Carolina, we all agree there’s room for improvement. Because of economic, racial and geographic disparities, it’s hard for many children or adults in the Palmetto state to live healthy lives. Many organizations are trying to improve health and healthcare in South Carolina, but their efforts often aren’t as coordinated as they could be which can result in fragmented, duplicative activities that don’t always achieve the best results.

Between 2010 and 2013 a group of senior leaders - from academia, businesses, consumers, providers, philanthropy, insurance, government, and policy - became increasingly aware of the several successful but uncoordinated efforts to impact diverse aspects of health in the state; and saw promise in the development of coalitions that were trying to minimize duplication and maximize impact in specific health outcomes such as stroke and premature births. They decided to scale that coalition approach and take collective responsibility for the health of all in the state through the creation of the South Carolina Health Coordinating Council, today known as the Alliance for a Healthier South Carolina.

The Alliance for a Healthier South Carolina is a coalition of nearly 50 executive leaders from diverse organizations across the state working together to ensure that all people in South Carolina have the opportunity to have healthier bodies, minds, and communities while reducing the cost of care.

<table>
<thead>
<tr>
<th>Improve the health of babies</th>
<th>For all</th>
<th>At a lower per-capita cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>from pre-conception to the first year of life</td>
<td>Everyone with the same probability of attaining the best health status, independent of gender, race, sexual orientation, disability status, neighborhood, ethnicity, educational attainment, or socioeconomic status.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Improve the health of children</th>
<th></th>
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<tbody>
<tr>
<td>and foster the conditions to enable future healthy decisions</td>
<td></td>
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<thead>
<tr>
<th>Prevent chronic disease</th>
<th></th>
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<tbody>
<tr>
<td>through the promotion of better nutrition and physical activity</td>
<td></td>
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<tr>
<th>Improve access to primary care</th>
<th></th>
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<tbody>
<tr>
<td>that allows patients to have better quality of life</td>
<td></td>
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<table>
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<tr>
<th>Improve access to behavioral health services</th>
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<tbody>
<tr>
<td>that are holistic and appropriate and allow people to achieve and maintain behavioral health wellness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Improve the health of babies

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Most Updated Value</th>
<th>Annual Progress as expected</th>
<th>Target 2020</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate</td>
<td>2010 - 2012</td>
<td>7.50</td>
<td>6.90 (2013)</td>
<td>YES</td>
<td>6.90</td>
<td>DHEC/SCAN</td>
</tr>
<tr>
<td><strong>Equity:</strong> Ratio of Non-Hispanic African American %LBW to Non-Hispanic White %LBW</td>
<td>2010 - 2012</td>
<td>1.93</td>
<td>1.88 (2013)</td>
<td>YES</td>
<td>1.78</td>
<td>DHEC/SCAN</td>
</tr>
<tr>
<td><strong>Equity:</strong> Ratio of Medicaid %LBW to Private Pay %LBW</td>
<td>2010 - 2012</td>
<td>1.50</td>
<td>1.43 (2013)</td>
<td>YES</td>
<td>1.38</td>
<td>DHEC/SCAN</td>
</tr>
</tbody>
</table>

### Improve the health of children

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Proportion of children 3-6 years old in SC Medicaid that received a well-child check-up in the last year</td>
<td>2014</td>
<td>52.90%</td>
<td>52.95% (2014)</td>
<td>N/A</td>
<td>67.9%</td>
<td>USC-IFS/Medicaid</td>
</tr>
<tr>
<td>Percentage of third-graders testing below state standards in reading</td>
<td>2013</td>
<td>17.10%</td>
<td>21.1% (2014)</td>
<td>NO</td>
<td>14.54%</td>
<td>Department of Education (PASS)</td>
</tr>
<tr>
<td><strong>Equity:</strong> Ratio of percentage of subsidized meals to full pay meals third graders testing below standards in reading</td>
<td>2013</td>
<td>3.25</td>
<td>3.41 (2014)</td>
<td>NO</td>
<td>2.60</td>
<td>Department of Education (PASS)</td>
</tr>
</tbody>
</table>

### Improve access to primary care

<table>
<thead>
<tr>
<th>Measure</th>
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<th>Annual Progress as expected</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Equity:</strong> % of South Carolinians that needed to see a doctor in the last year but couldn’t due to cost</td>
<td>2012</td>
<td>20.50%</td>
<td>19.1% (2013)</td>
<td>YES</td>
<td>18.43%</td>
<td>BRFSS-DHEC</td>
</tr>
<tr>
<td><strong>Equity:</strong> Number of geographic Primary Care Shortage Areas</td>
<td>2014</td>
<td>16</td>
<td>16 (2014)</td>
<td>N/A</td>
<td>12</td>
<td>DHEC-Primary Care Office</td>
</tr>
<tr>
<td>Asthma Medication Ratio for children in SC Medicaid</td>
<td>2013</td>
<td>70.00%</td>
<td>75% (2014)</td>
<td>YES</td>
<td>85%</td>
<td>USC-IFS Medicaid</td>
</tr>
<tr>
<td>Percentage of diagnosed hypertensive patients with clinically Controlled Hypertension as defined by the Million Hearts Campaign (CCI Practices)</td>
<td>2013</td>
<td>61.77%</td>
<td>64.2% (2015 January-April)</td>
<td>YES</td>
<td>72.00%</td>
<td>Care Coordination Institute</td>
</tr>
<tr>
<td>Percentage of patients with Type II Diabetes with A1C levels above 9.0%</td>
<td>2012</td>
<td>18.60%</td>
<td>17.9% (2013)</td>
<td>YES</td>
<td>16.74%</td>
<td>SANOFI-</td>
</tr>
<tr>
<td>Number of discharges due to ambulatory care sensitive conditions in SC, per 1000 population</td>
<td>2012</td>
<td>14.62</td>
<td>13.41 (2014)</td>
<td>N/A</td>
<td>13.15</td>
<td>RFA/SCHA</td>
</tr>
<tr>
<td><strong>Equity:</strong> Ratio NH-Black to NH-White rate of ED visits due to Ambulatory Care Sensitive Conditions per 1,000 population</td>
<td>2012</td>
<td>2.06</td>
<td>2.03 (2014)</td>
<td>Slow progress</td>
<td>1.85</td>
<td>RFA/SCHA</td>
</tr>
</tbody>
</table>

### Improve access to behavioral health services

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<tbody>
<tr>
<td>Antidepressant medication management: Effective Acute Phase Treatment and Effective Continuation Phase Treatment</td>
<td>2014</td>
<td>Acute: 40.5% Cont: 24.8%</td>
<td>Acute: 40.5% Cont: 24.8% (2014)</td>
<td>N/A</td>
<td>Acute: 55% Cont: 40%</td>
<td>USC-IFS Medicaid</td>
</tr>
<tr>
<td>Average annual length of stay in ED &amp; inpatient due to Ambulatory Care Sensitive Conditions; for patients with a history of behavioral health (SC Residents)</td>
<td>2013</td>
<td>2.83</td>
<td>2.76 (2014)</td>
<td>YES</td>
<td>2.55</td>
<td>RFA, DMH, DAODAS</td>
</tr>
<tr>
<td><strong>Equity:</strong> Proportion of people in SC who live in households with income under $15,000/year and have had at least 8 mentally unhealthy days in the last 30 days.</td>
<td>2012</td>
<td>31.71%</td>
<td>28.84% (2013)</td>
<td>YES</td>
<td>25.00%</td>
<td>BRFSS - DHEC</td>
</tr>
</tbody>
</table>

### Prevent chronic disease

<table>
<thead>
<tr>
<th>Measure</th>
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<tbody>
<tr>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
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*Ambulatory Care Sensitive Conditions
Strategies to achieve the goals

- Call to Action for Health Equity
- Healthy Mothers Healthy Babies Plan: South Carolina’s Plan to Reduce Infant Mortality and premature births
- 2014 Annual Report Joint Citizens and Legislative Committee on Children
- State Obesity Plan 2014-2019
- Graduate Medical Education Recommendations
- Behavioral Health Taskforce Recommendations
- State plan to prevent and treat prescription drug abuse

Call to Action for Health Equity

The Call to Action for Health Equity launched by the Alliance and other 29 organizations on June 23, 2015 focuses on changing the way organizations see their role in helping diverse populations make healthy choices, access health and social services, and enjoy healthier physical and social environments. It is composed of four actions that will help our organizations understand obstacles to health improvement and how to work together to develop sustainable solutions for accelerating health improvement for everyone in South Carolina.

1. Collect and use data to identify and guide decision making regarding the health equity challenges in South Carolina.
   a. Collect data to identify health equity challenges experienced by our employees and clients and use it to design and implement targeted interventions.
   b. Use secondary data to identify health equity challenges in the geographic areas of influence of our organizations and use it to design and implement targeted interventions.

2. Develop and maintain a culturally competent and responsive organizational culture for employees, clients and partners

3. Ensure our organizations are designed to guarantee inclusive decision making. This, through enhanced emphasis on the recruitment of highly qualified minorities for leadership positions, and the investment in filling the pipeline with diverse leaders for this and future generations.

4. Engage the community as partners in the design and delivery of sustainable health solutions.

To join the Call to Action as a partner, contact agallego@scha.org
About the Alliance

Vision: To lead the nation in the continuous improvement of health and health care at a lower cost, for all people in the state.

Mission: To achieve the highest rates of improvement nationally in the Triple Aim of better population health, enhanced experience of care and lower per capita costs through the establishment of an accountable collaborative of South Carolina public and private stakeholder organizations committed to aligning statewide goals with their own organizational goals and objectives.

Purpose:

- **Communicate:** Develop leadership capacity, promote honest dialogue, and facilitate collaboration in the implementation and coordination of Triple Aim statewide initiatives.

- **Prioritize:** Contribute to active surveillance and prioritization of improvements by identifying, assessing, and spreading both local and state-level activities positively impacting the Triple Aim.

- **Impact:** Provide for the effective and efficient use of existing and newly organized resources and services for the implementation of prioritized activities.

- **Evaluate:** Engage continuous assessment and transparent reporting of progress towards established goals.

Member profile

- **Senior leader engagement:** The organization’s senior level management (executive team) is committed to be engaged with the Alliance’s efforts.

- **Collective mindfulness:** The organization and its Alliance representative(s) understand the importance of the collective impact approach of the Alliance.

- **Potential for impact:** The organization has the potential to have positive impact in the aims and goals of the Alliance.

- **Share of Expenses:** The organization is committed to pay share of expenses (Organizations may present a request and justification to waive financial contribution, it will be at the Board’s discretion to grant the waiver).
Board

Dr. Graham Adams –Chair–
CEO
SC Office of Rural Health

Mr. Barry Cross
Sr. Director of Employee Benefits
Michelin North America

Ms. Teresa Arnold
State Director
AARP - SC

Ms. Mary Piepenbring
Vice President, Health Care Division
The Duke Endowment

Mr. Jim Deyling
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Blue Cross Blue Shield of South Carolina

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SC Institute of Medicine and Public Health

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Total Comfort Solutions

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President and CEO
SC Hospital Association

Mr. John Magill
Director
SC Department of Mental Health

Dr. Sabra Slaughter
Senior Advisor to the President
Medical University of South Carolina

Ms. Lathran Woodard –Vice-chair–
CEO
SC Primary Health Care Association

Chair of the Alliance Operations Committee
Dr. Richard Foster

Acceleration Teams

Advocacy – Renée Romberger, Chair
Health Equity – Sabra Slaughter, Chair
Communications – Teresa Arnold, Chair
Operations – Rick Foster, Chair
Member organizations

Teresa Arnold, State Director
AARP-SC

Melanie Matney, Executive Director
Access Health SC

John Miller, President Emeritus
AnMed Health

Michael Batchelor, CEO
Baptist Easley Hospital

Rick Toomey, CEO
Beaufort Memorial Hospital

Shawn Stinson, MD, CMO
BlueCross BlueShield of SC

Harvey Galloway, Executive Director
BlueCross BlueShield Foundation

Johnna Reed, VP Population Health
Bon Secours St. Francis Health System

Brent Egan, MD Senior Medical Director
Care Coordination Institute

Carol Meyer, CEO
Carolinatas Center for Hospice and End of Life Care

Karen Southard, State Program Director
Carolinatas Center for Medical Excellence

Sue Williams, CEO
Children’s Trust of South Carolina

Ron Gimbel, PhD, Chair
Department of Public Health Sciences
Clemson University

Adrian Grimes, VP Corporate Communications
Consumers’ Choice Health Plan

L. Bradley Callicott
Executive Director
Drs. Bruce and Lee Foundation

Helga Rippen MD, PhD, CEO
Health Sciences South Carolina

Lori Ross, VP Clinical Quality Improvement
Hilton Head Hospital

Mona Carter, Director
March of Dimes SC

Kathy Dunleavy, CEO
Mary Black Foundation

Donna Isgett, SVP Corporate Quality and Safety
McLeod Regional Medical Center

Barry Cross, Sr. Director Compensation and Benefits
Michelin North America

Dan Handel MD, CMO
MUSC Hospital

Kathy Schwarting, Executive Director
Palmetto Care Connections
Jennifer Risinger, Medical leadership
_Palmetto Health_

Julie Smithwick, Executive Director
_PASOs Programs_

David Dunlap, CEO
_Roper St. Francis_

David Garr MD, Executive Director
_SC Area Health Education Consortium_

Barry Clayton, Executive Director
_SC Asthma Alliance_

Lisa Wear Ellington, CEO
_SC Business Coalition on Health_

Ted Pitts, CEO
_SC Chamber of Commerce_

Maggie Michael, Executive Director
_SC Children's Hospital Collaborative_

Bob Toomey, Director
_SC DAODAS_

TBD
_SC DHEC_

Christian Soura, Director
_SC Department of Health and Human Services_

John Magill, Director
_SC Department of Mental Health_

Thornton Kirby, CEO
_SC Hospital Association_

Kester Freeman, Executive Director
_SC Institute of Medicine and Public Health_

Bruce Snyder MD, Past President
_SC Medical Association_

Graham Adams PhD, CEO
_SC Office of Rural Health_

Lathran Woodard, CEO
_SC Primary Health Care Association_

Tricia Richardson, Executive Director
_SC Thrive_

Greg Barabell MD, Medical Director
_Select Health of South Carolina_

Frank Wideman, President
_Self Family Foundation_

Renée Romberger, VP Community Health Policy and Strategy
_Spartanburg Regional Healthcare System_

Mary Piepenbring, VP Healthcare Division
_The Duke Endowment_

Bruce Bailey, CEO
_Tidelands Health_

Jim Reynolds, CEO
_Total Comfort Solutions_

Amy Edmunds, Lecturer
_Coastal Carolina University_ / Executive Director
_Young Stroke_

Tim Ervolina, President
_United Way Association of South Carolina_

Meera Narasimhan MD, Associate Provost
_University of South Carolina_
Calendar of meetings 2015

9:30am-12:30pm
South Carolina Medical Association
132 Westpark Blvd., Columbia, SC 29210

February 24
April 28
June 23
August 25
October 27
December 15

Contact information

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Alliance for a Healthier South Carolina
Chief Executive Officer
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adams@scorh.net

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Alliance for a Healthier South Carolina
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agallego@scha.org

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http://eepurl.com/C4X9X