

Opportunities for alignment to improve the health of children in South Carolina and foster the conditions to enable future healthy decisions

South Carolina Health Coordinating Council General Meeting

Summary of recommendations - April 28, 2015

Where to start?

1. Look at the maps of [well-child visits by ZCTA](#) and [reading at grade level in third grade](#)
 2. Identify a hot-spot in your area
 3. Leverage relationships and become familiar with existing assets (a non-exhaustive list of assets [available here](#) and in [the presentation](#))
 4. Select one or more of the strategies mentioned in this summary
 5. Share! Let agallego@scha.org know you want to start working in this area
- **Create a consolidated inventory of services** in the state for use by all service providers
 - Identify opportunities to build on the existing inventories and toolkits (www.sc211.org, www.handsonhealth-sc.org, Children's Trust upcoming site, AccessHealthSC, etc).
 - Make sure the programs and services provided by your organization are in these databases already.
 - **Convene communities around early childhood.** This could be a potential role for hospitals or other influential organizations in communities. (Florence School District 1, Spartanburg Quality Counts, and Tri-County Cradle to Career are good examples of existing early childhood collective impact efforts)
 - **Immediate referral** of premature or low-birth-weight babies to early childhood support services.
 - Identify **parenting development models** (e.g. milestones of parenting) and ways of delivering these messages to at risk parents. (Examples are the Triple P curricula and the Strengthening Families curricula)
 - Plan for **bringing to scale mentoring programs for child care providers.** (A potential resource is the SC Program for Infants and Toddlers out of MUSC - <http://scpitc.org/> and the South Carolina Early Childhood Association <http://www.sceca.org/>)
 - Mentoring school districts on how to best use medical providers in **school based programs.**
 - Identify a list of the child medical needs timeline 4-18, and determine where the schools can be points of pressure (e.g. well child visits peak at 4 years old due to entering the school)
 - Identify which school-based services can be developed in partnership with outside providers. (Tele-health, mobile clinic, co-placement of providers, etc)
 - Network with the school nurses convened by DHEC quarterly.
 - **Coordinate with child-related faith based resources and programs** (a potential resource is a collaborative program that the ELCA Synod is working on with other churches, to provide reading mentoring to children)
 - **Use of the Asthma Control test done by school nurse as a tool to establish liaisons** between schools and clinical providers outside of the school system. (Connect with Dr. Barabell gbarabell@selecthealthofsc.com for specifics)
 - Develop and use **consistent messaging for parents** about the importance of well-child visits.
 - Plan **book drives** to donate to providers implementing Reach out and Read
 - And **encourage your employees** to read to the important children in their lives
 - Establishment of **community health clubs for children** (or in conjunction with the adult health hubs)
 - **Un-tapped data resource:** Cross-reference absenteeism data with clinical data; both are housed at the Revenue and Fiscal Affairs Office.