

In-between meeting updates

Behavioral Health: The Advocacy Team will be meeting **on July 1st** to discuss how to align with the Behavioral Health related recommendations discussed in February.

Child Health:

- Maggie Michael and Dept. of Ed. Agreed on an initiative to improve reading at grade level for children with dyslexia early in May. *Congratulations Maggie!*
- Title V is considering the creation of a collaborative similar to BOI for early childhood. We will know more in the fall. In the meantime, consider having staff join the *Early Childhood Comprehensive Systems Coalition* .
- **Help needed:** *We need an introduction to a senior leader in the Superintendents Chapter of the School Administrators Association to discuss barriers to well-child visits.*
- Rick Foster is facilitating a conversation between Cradle to Career in Charleston and BOI to establish a model of state-local collaboration around holistic improvement of child health.
- Ana has a list of databases of local resources in support of healthy child development (get in touch with her for the list)

Other relevant updates

- The Annual Meeting of the Business Coalition included speakers on 3 of the 5 priority areas of the Council. *Thank you Lisa!*
- HSSC and the Council will be working on how to better connect our dashboard and their clearinghouse to track progress towards the goals. *Thank you Helga!*





**ALLIANCE FOR A HEALTHIER
SOUTH CAROLINA**

Improving health for ALL

June 23, 2015 - General Meeting

Agenda

10.00-10.15: Welcome and introductions

- Launch new name of the SCHCC
- Updates on action items from previous meetings

10:15-10.35: Call to action for Health Equity

10:35-10:45: Launching Call to Action

10:45-11:40: Moderated discussion

11:40-12:00: Top 10 things we can do together



Acknowledgements

Communications team 2015

- Teresa Arnold- AARP
- Ragan DuBose-Morris – AHEC
- Ali McMenamin – AHEC
- Patrick Cobb – AARP
- Patti Smoake – SCHA
- Megan Weis – IMPH
- Brooke Bailey – SC DHHS
- Adrian Grimes - Consumers' Choice
- Sherri Cox – SC Office of Rural Health
- Jimmy Mount – DAODAS
- Gwendolyn Bouchie – Consumers' Choice
- Sharon Jackson – Spartanburg Regional
- Rick Foster
- Ana Gallego
- Mary, Lois and Sara – Interns

The Duke Endowment for the financial support with GYMR



South Carolina Common Agenda

Improve the health of babies
from pre-conception to the first year of life

Improve the health of children
and foster the conditions to enable future healthy decisions

Prevent chronic disease
through the promotion of better nutrition and physical activity

Improve access to primary care
that allows patients to have better quality of life

Improve access to behavioral health services
that are holistic and appropriate and allow people to achieve and maintain behavioral health wellness

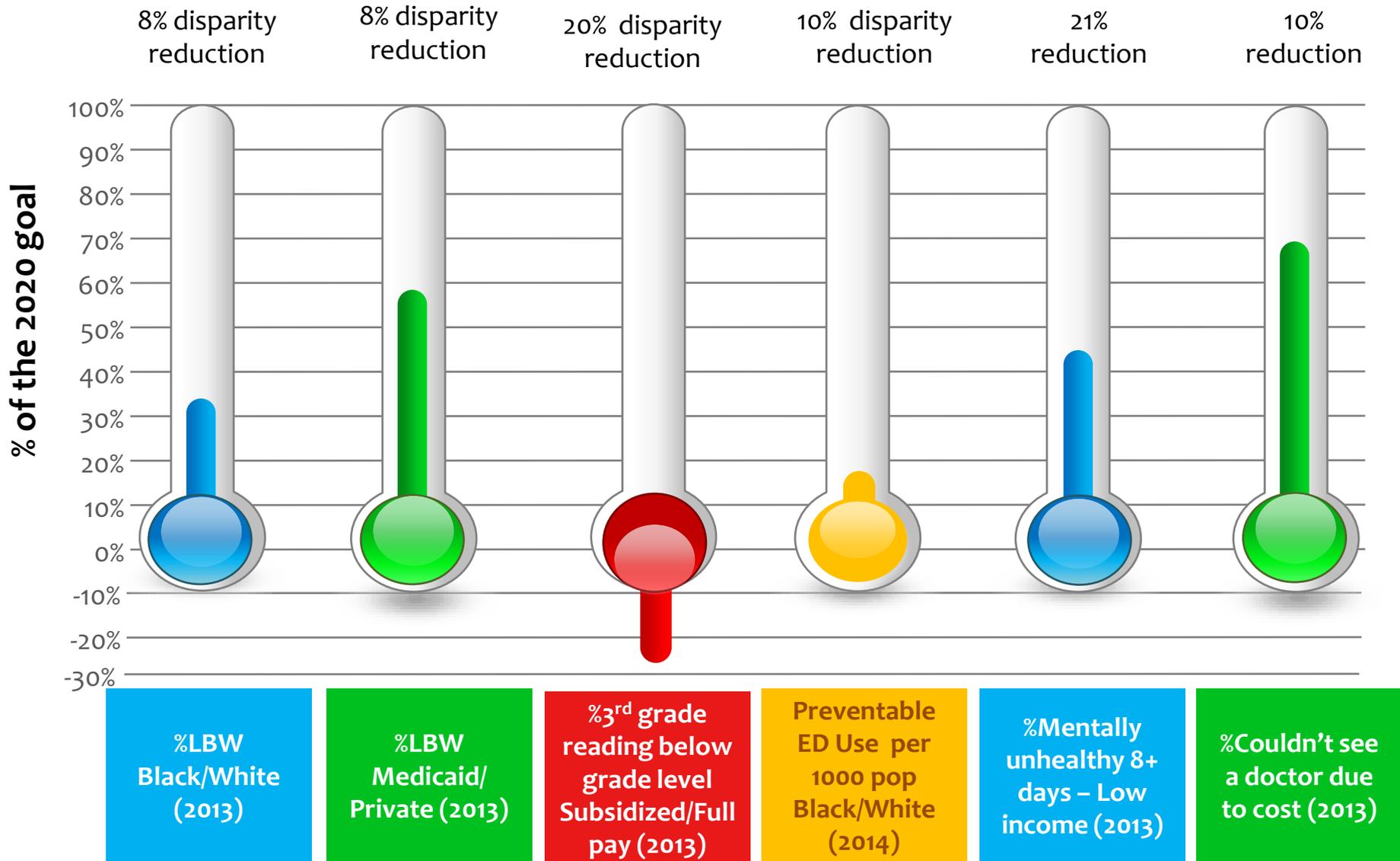
For all

Everyone with the same probability of attaining the best health status, independent of gender, race, sexual orientation, disability, neighborhood, ethnicity, educational attainment, or socioeconomic status

At a lower per-capita cost



Progress toward 2020 Equity Goals



It's not about giving everyone the same amount/volume of resources... but providing different types and levels of support to enable individuals and communities achieve their potential for optimal health

Equality



Equity



Accelerating improvement through targeted interventions

- Resources are not unlimited, we need to target them for specific populations
- Intertwined risk factors for poor health outcomes
 - Low-income neighborhood
 - Rural area
 - Low literacy/educational attainment
 - Low English proficiency

Racial and Ethnic minorities tend to be overrepresented in these categories



Call to action for Health Equity

Health Equity starts in our organization

- A. Data driven interventions:** We can use data to discover which groups of people may need extra support from our organization and partners. *(to achieve Alliance goals)*
- B. Cultural competence and responsiveness:** We can assess and train ourselves to have more empathic relationships with people of different backgrounds.
- C. Inclusive decision making:** We can invest in maximizing opportunity for diverse groups of our state's population to be included at all levels of decision making.
- D. Community engagement:** We can partner with communities to increase the impact of health improvement interventions.



Accelerating improvement

Sample timeline

	Action
Month 1	Completing baseline survey
Month 2	Identifying a local disparity (geographic + REaL)
Month 3	Identifying under represented minority recruitment channels
Month 4	Enhancing cultural competency education opportunities / Embracing CLAS standards
Month 5	Board dialogue about equity and diversity + Enrolling peer organizations in the call to action
Month 7	Share time with your target population



Acknowledgements Call to Action

Health Equity Team that developed the call to action

- Amy Edmunds
- Chris Goodman
- Christine Turley
- David Garr
- Jacquelyn Atkins
- Johnese Bostic
- Juana Slade
- Julie Smithwick
- Lathran Woodard
- Lisa Wear Ellington
- Marisette Hasan
- Mary Piepenbring
- Myriam Torres
- Sabra Slaughter
- Sandra Glover
- Tiffany Simpson-Crumpley

Case studies:

- **AnMed:** John Miller, Juana Slade, Suzanne Wilson
- **Beaufort:** Rick Toomey, Cindy Coburn-Smith, Fred Leyda, Ben Boswell, Deb Slazyc
- **GHS:** Kinneil Coltman
- **Spartanburg:** Renée Romberger, Phil Feisal, Carey Rothschild, and Team
- **MUSC:** Ed Kantor, Michael de Arellano
- **CareSouth and NERHN:** Ann Lewis
- **CDMHC:** Debora Blalock and team
- **Springs Memorial:** Janice Dabney
Lydie Marc and Darius Fenelon

The team that started it in 2013/2014

- Myriam Torres
- Lisa Wear-Ellington
- Lathran Woodard
- Tiffany Simpson-Crumpley
- Jim Head
- Juana Slade
- Shauna Hicks
- Rick Foster



Launching partners



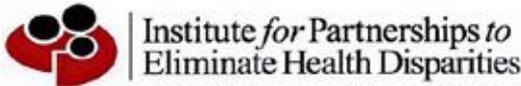
GREENVILLE HEALTH SYSTEM



UNIVERSITY OF SOUTH CAROLINA



MOUNT MORIAH
MISSIONARY BAPTIST CHURCH



South Carolina



Discussion

- ***How are you implementing the elements of the call to action to reduce health inequities?***
 - ***Data*** – Greenville Health System
 - ***Cultural Competence*** – AnMed Health
 - ***Community Engagement*** – Family Solutions of the Lowcountry, The Duke Endowment
 - ***Inclusive Decision making*** – MUSC, GHS.
- ***What ideas you have to take back home to your organizations?***



Top 10 ideas we can all work together on

- *What help would you need to implement the four building blocks of the call to action?*

We need several people to take the lead in supporting these requests.

- *In which of these would you like to take the lead?*



Next meetings

- General meetings:
 - August 25
 - October 27
 - December 15
- Advocacy Team meeting
 - July 1, 2015 – SC Office of Rural Health

