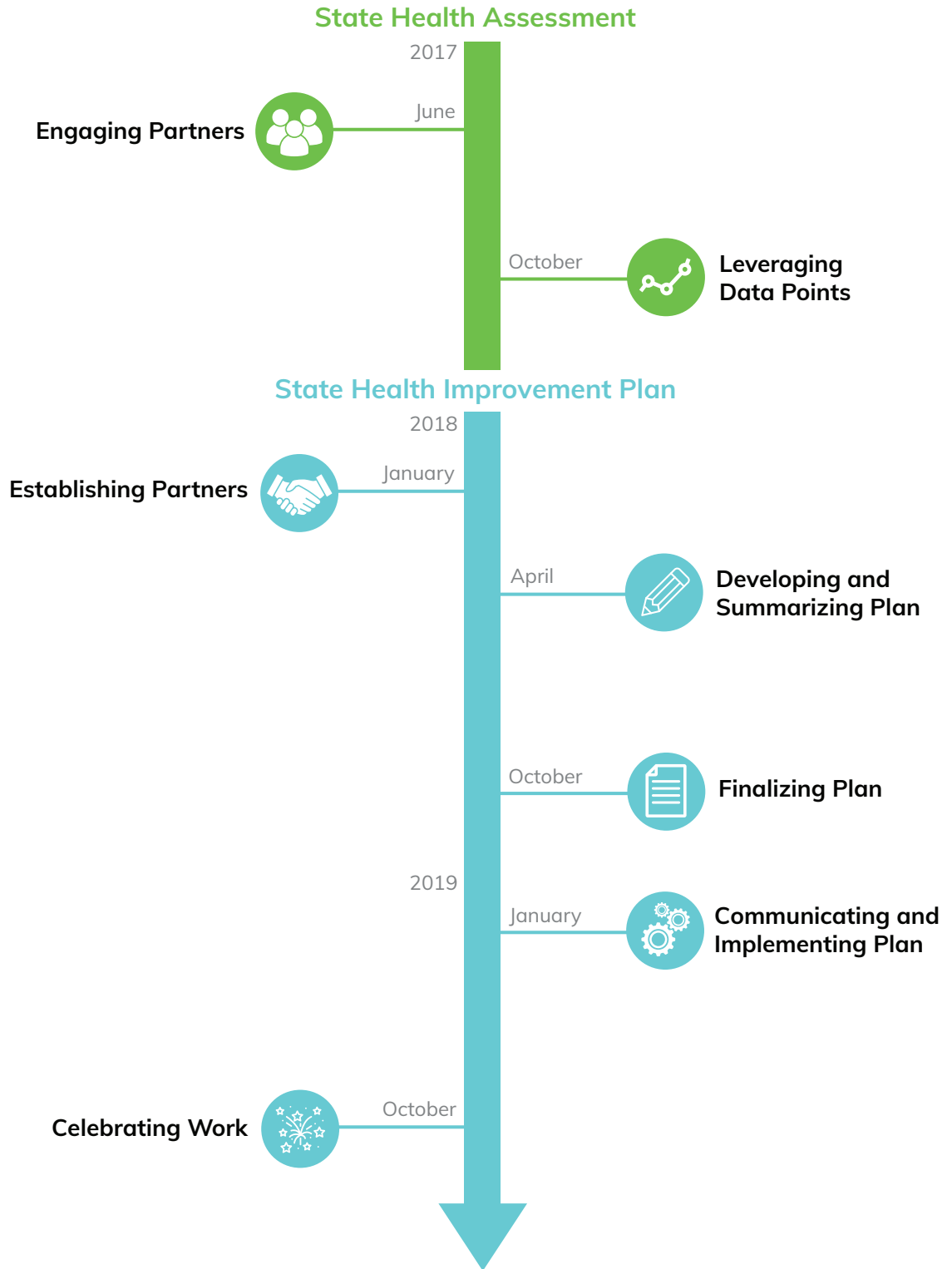


Introduction



INTRODUCTION



Live Healthy South Carolina

Live Healthy South Carolina is a collaborative process led by the Alliance for a Healthier South Carolina (Alliance) to systematically assess and advance the health of all South Carolinians. South Carolina's first comprehensive state health assessment (SHA) and state health improvement plan (SHIP) were created through this initiative.

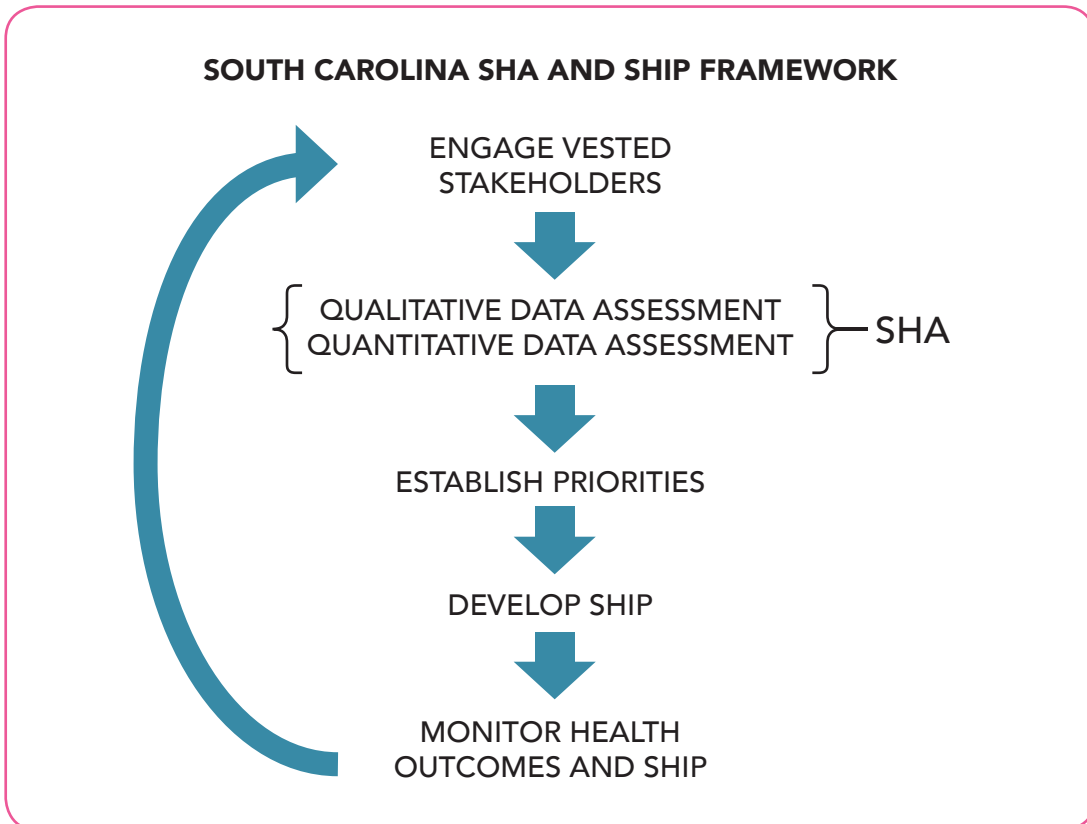
The diagram (left) shows the timeline from initiating the development of the SHA to annual review of the SHIP metrics.

The framework for this process is a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP)

model developed by the National Association of City and County Health Officials (NACCHO).

Live Healthy South Carolina's goals are:

- Every three to five years, assess state-level health outcomes, along with risk and protective factors that affect health
- Identify priority areas for South Carolina to address based on quantitative and qualitative data presented in the SHA
- Identify strategies, based on best practices, for each priority area that could be implemented to move South Carolina forward
- Track population health metrics and the SHIP annually



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State Health Assessment

The state health assessment (SHA) is a description of the health status of South Carolinians and was used to inform South Carolina's 2018-2023 State Health Improvement Plan. It also provides organizations and individuals access to a comprehensive compilation of state-level data in one location.

The Alliance for a Healthier South Carolina (Alliance) led the development of the SHA, and two member organizations provided key support, the South Carolina Department of Health and Environmental Control (DHEC) and the South Carolina Office of Rural Health (SCORH). The table below provides more information about these three organizations.

The Alliance for a Healthier South Carolina is a coalition of approximately 60 executive leaders from diverse organizations across the state working together to ensure that all people in South Carolina have the opportunity for healthier bodies, minds, and communities while reducing the future cost of health care. The Alliance membership consists of organizations from various sectors, including governmental entities, non-profit organizations, professional associations, private businesses, health care entities, educational institutions and community coalitions. See Appendix D for the member list. Additional information about the Alliance can be found at www.healthiersc.org.

The South Carolina Department of Health and Environmental Control (DHEC) is the state regulatory agency charged with promoting and protecting the state's public health and its land, air, coastal resources and water quality as authorized by federal and state law. DHEC's mission is to improve the quality of life for all South Carolinians by protecting and promoting the health of the public and the environment. Just a few of DHEC's services include providing vital health care services, coordinating disease control, monitoring and regulating pollution, ensuring food safety, supporting healthy nutrition, responding to disasters, and providing statistics on the state's health and environment. See Appendix E for the DHEC Data Team bureau listing. More information about DHEC can be found at www.scdhec.gov.

The South Carolina Office of Rural Health (SCORH) is a non-profit organization dedicated to ensuring equitable access to quality health care for all rural South Carolinians. SCORH's vision is that South Carolina's rural and underserved people have optimal health care services that enhance the quality of life and community. In South Carolina, 36 of the state's 46 counties fall outside a metropolitan area, and 44 counties have at least a portion that are medically underserved. The rural health action plan developed by SCORH in 2017 is a comprehensive framework that contains five areas of focus, 15 recommendations, and over 50 action steps to enhance rural health outcomes. More information about SCORH can be found at www.scorh.net.

Under the leadership of the Alliance, partners met to review data and consider additional data sources. The SHA includes qualitative and quantitative data from a variety of sources. Demographics, health outcomes and factors that affect health, for example, individuals' health behaviors, community characteristics, the environment, and access to care, are presented. When available, 10-year trends and comparisons at a regional or national level are shown. For more detailed information on the methodology, see Appendix F.

To provide insight into health disparities, when available, indicators are reported by race/ethnicity, sex, age group, income level and/or disability status. Data on populations disproportionately affected by poor health status are also provided. Indicators addressing access to social and economic opportunities where

South Carolinians live, work, learn, and play are also included to further investigate underlying causes of health disparities and health inequities.

An effort was made to also include comparisons to the U.S. Department of Health and Human Services' Healthy People 2020 (HP 2020) targets. Healthy People has provided science-based 10-year national objectives for improving the health of all Americans since 1979. The program establishes benchmarks, monitors progress over time to encourage collaborations across communities and sectors, and measures the impact of prevention activities. HP 2020 objectives are measurable and applicable at the national, state and local levels. Using HP 2020 provides the opportunity to track South Carolina's progress towards the HP 2020 goals. The indicators with an accompanying HP 2020 goal are outlined in Appendix G.

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Qualitative data were gathered from three assessments:

SCORH Assessment - In March 2017 SCORH collected information from residents living in rural and underserved areas of the state through five town hall meetings (100 participants), nine focus groups in seven counties (165 participants), and a written survey (93 responses).

Community Assets Assessment

In October and November 2017 and February 2018, partners participated in “Data for Decision Walk” events to review a snapshot of the health and wellbeing of South Carolinians across the life course and to identify health issues. Partners were also asked to list assets that could support health improvement in the state (see Appendix K).



Forces of Change Assessment

In January 2018, the Alliance members completed a modified SWOT (Strengths Weaknesses Opportunities/Threats) analysis to identify events, trends, and factors that impact the health of South Carolinians. A copy of the questions used in the assessment can be found in Appendix H.

Quantitative data were gathered through two tracks:

Public Input Survey - A written survey to identify public perceptions about the health of South Carolina communities was administered. The survey was distributed electronically and manually in late 2015, and again from July to December in 2017. A total of 4,104 surveys were completed. A copy of the survey can be found in Appendix I.

Participants were first asked to respond to two statements by selecting three responses to each question from a list of potential responses. The questions were: “I think these are the three most important factors for a healthy community” and “I think these are the three most important health concerns for our community”. Next, participants were asked to rate the overall health of their community.

Data were also collected on the respondents’ demographics (age,

race, ethnicity, sex, education level, insurance coverage, and income level) and geographic location (county and ZIP code).

Health Indicators - Thirty-four data sources were utilized to collect 90+ indicators. Data were obtained from 16 primary and 18 secondary sources including surveys, vital records, registries, claims/billing or hospitalization data, census, and administrative/program data. Data were collected from a variety

of organizations, including public health, health care, law enforcement, education, mental health, and social services. For a detailed list outlining all data sources SHA (including a description, the strengths and limitations) see Appendix J.

The table below provides a detailed description of the process that was utilized to create the SHA with the foundational principles of health equity, social determinants of health, and HP 2020.

South Carolina State Health Assessment (SHA) Development - Roles and Responsibilities



- Alliance: Provided oversight to the development of the South Carolina SHA**
- Assigned representatives to all workgroups
 - Identified data sources for the SHA
 - Identified potential assets to support community health improvement work
 - Disseminated and promoted the public input survey
 - Completed the Forces of Change Assessment
 - Selected priority areas for the SC State Health Improvement Plan based on the SHA

Quarterly Meetings beginning in the June 2017 and ongoing



- Alliance SHA Data Team: Provided overall guidance on development the South Carolina SHA development steps**
- Approved SHA framework
 - Provided input on data sources, data gaps, possible solutions
 - Approved indicators included in the SHA

Monthly meetings between June 2017 and January 2018



- DHEC Team: Generated charts, with trends broken out by various demographics**
- Compiled data and created charts for 90+ indicators
 - Tabulated results of Forces of Change assessment
 - Tabulated asset inventory
 - Staffed Data Walks
 - Led Alliance prioritization activity
 - Drafted South Carolina SHA for Alliance
 - Obtained and incorporated general public feedback on the SHA

Weekly meetings between August 2017 and September 2018