# South Carolina Rural Health Action Plan

**PRIORITY 4 - HEALTH CARE TRANSFORMATION**

**PRIORITY 5 - FACTORS THAT AFFECT HEALTH**

## AIM:

Address factors outside of health care that affect health, and look through a consumer viewpoint to link primary care, behavioral health, oral health and supports/resources.

## BRIGHT SPOT

Hospital systems continue to embrace the need to think about how factors outside of health care affect the health of their patients and to think more holistically about the people they serve.

The Northside neighborhood of Spartanburg lies just west of Spartanburg Regional Medical Center (SRMC), located in the bustling urban center of town. The Northside community has suffered since the 1990s when the local textile mill closed, resulting in many abandoned and vacant properties and high unemployment (50%). In recent years, Northside Development Group (NDG), a non-profit collaborative, has made great strides in revitalizing the area. They purchased many of the vacant lots, built new schools, created community gardens and walkways, supported affordable and market-rate housing, and facilitated other infrastructure improvements.

> " It's not until we start sitting down and working across boundaries to see how we as a community can do better that you start seeing the possibilities of how we can share resources.

> Renee Romberger,
> Former Vice President of Community Health Policy and Strategy, Spartanburg Regional Medical Center.

Through community "charrettes" with residents, NDG and SRMC learned that many residents would like to work at SRMC but experienced barriers that prohibited them from applying for jobs. In response, SRMC worked with NDG to streamline the application process for these residents, dedicating an HR representative to work with the NDG community case worker to aid in the process. Job fairs were held locally and interviews were guaranteed to all those meeting minimum criteria.

An apprenticeship program was implemented through the collaboration to train people for construction jobs going on in Northside. SRMC even waived a hospital policy to allow residents previously convicted of a crime to compete for jobs, a humane move for a community so long mired in poverty.

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**This apprenticeship program changed my entire life.**

Stephen Hill,
Graduate of the construction apprenticeship program created by the Northside Development Group and the Spartanburg Regional Medical Center.

## HEALTH CARE TRANSFORMATION AND FACTORS THAT AFFECT HEALTH

Health is determined by more than what happens at the doctor's office or hospital. A range of personal, social, economic and environmental factors influence health status. Also called "determinants of health", they include policies, social factors, health services, individual behaviors and genetics. Social determinants of health include social factors and physical conditions of the environment in which people are born, live, learn, play, work and age. Studies have shown that on a population level, environmental factors account for about 10% of health, medical care for 20%, health behaviors for 30% and social and economic factors for 40%.

In 2017, the South Carolina Office of Rural Health created the South Carolina Rural Health Action. It seeks to leverage interest and provide direction to partners, stakeholders, friends and neighbors from across the state to link efforts and make viable connections to address the social determinants of health.

Because of the significant role these factors play on the state's health outcomes, it serves as the foundation for South Carolina's State Health Improvement Plan.

10% Environmental Factors

20% Medical

30% Health Behaviors

40% Social and Economics Factors

State Health Improvement Plan

Rural Health Action Plan
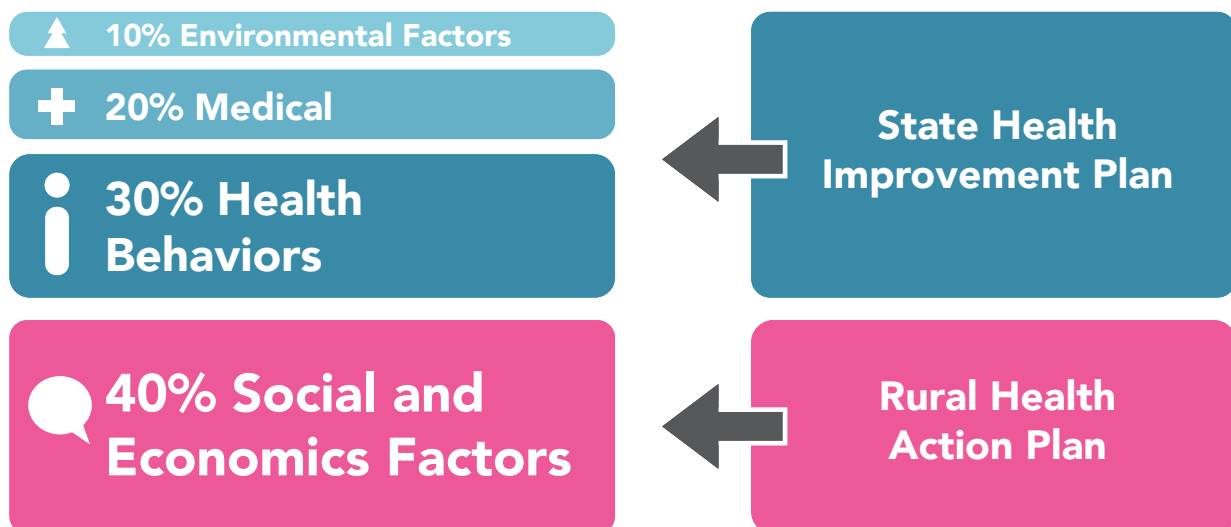
As an illustration, consider this story about two men who have similar experiences but very different outcomes.

David lives in Columbia's Heathwood neighborhood. He has been employed by the same company for 12 years. Through his job, he has health insurance, 15 days of sick leave, 15 days of vacation, disability insurance, and a 401-K. He pays for car insurance. One day while driving home from work, David gets in a car wreck. His injuries require him to undergo surgery and stay in the hospital for several nights. He misses work for three weeks. David's insurance covers most of the hospital charges, and he receives his full pay while away from his job. His car insurance covers the cost of his car repairs. David takes time for a complete recovery before returning to work to avoid future complications.

Adam lives in Columbia's Celia Saxon neighborhood. He works three part-time jobs, as a waiter, substitute teacher and youth football coach. He has no health benefits from any of his jobs. He pays for health insurance out of pocket and pays for car insurance. To afford his premiums, he has high deductible



It's a short distance to a wide gap in life expectancy.
COLUMBIA, SOUTH CAROLINA

insurance plans. On the way home from a full-time job interview, Adam is injured in a car accident. EMS takes him to the nearest emergency department where he receives stitches. Though surgery is recommended, he can't afford the deductible, so opts out. While recovering, he works two of his jobs to pay his ED bill. He could not afford the deductible to get his car fixed. He now has daily pain due to his injury.

Though stressful, David's accident had no ongoing effects on his life. In contrast, Adam's life was seriously disrupted.

There are factors outside of health care that put people at risk for poor health outcomes and others that protect them. When looking at health outcomes of populations, cumulative effects of these factors cluster geographically at the neighborhood level. For example, if a community has full-day pre-school programs and high performing schools, students are buoyed by their education. That gives them a better opportunity to get a full-time job with health insurance and other benefits. If housing is well constructed and buildings are smoke-free, asthma and other health conditions are prevented or easier to manage. If there are street lights and sidewalks, it is safer to walk to get exercise. If grocery stores or community gardens are close by, people can access healthier foods that contain fewer calories.

Access to affordable, safe and healthy housing is crucial for supporting people's health. Poor housing conditions are associated with infectious diseases, chronic conditions, injuries, poor child development and behavioral health issues. Children living in substandard housing are more likely to develop serious illnesses like asthma and lead poisoning, negatively affecting their educational achievement. Low-income families are often limited to poor quality housing frequently in need of extensive repair or improvements. Rural communities have more limited access to credit than urban areas. The lack of access to mortgage credit limits options for good-quality housing. The American Association of Retired Persons defines livable communities as safe and secure, with affordable, appropriate housing and transportation options, and supportive community features and services. Livable communities are developed through specific land-use planning and design.

Access to comprehensive, quality health care is important for promoting and maintaining health, preventing and managing disease, and reducing disability and premature death. Strategies addressing racial, ethnic, and underserved populations are needed to optimally improve health and health care outcomes. All South Carolinians need

access to the health care system, need to understand how to access a location where needed health care services are provided (geographic or via telehealth), and need the knowledge to make informed health care decisions.

Insurance coverage is a primary factor for having access to care. Adults who lack health insurance have less access to clinical care and preventive services. Health homes also play an important role in protecting the health and safety of the communities they serve. Primary care providers develop meaningful and sustainable relationships with patients and provide integrated services while practicing in the context of family and the community.

Innovative strategies are needed to accelerate and reinforce the health care "triple aim", which is improving the experience of care, improving the health of populations, and reducing per capita costs of health care. The health care system in the United States is undergoing a transformation to meet the triple aim and become more sustainable, with a focus on health outcomes, also called "value-based". This includes initiatives that prevent disease at the earliest stage possible and provide care coordination to individuals with chronic conditions (both physical and behavioral). It is also consists of reducing the significant health consequences and excessive health care utilization and developing payment strategies that reward health providers and systems for achieving population health improvement.

## ECONOMIC IMPACT

South Carolina State Housing Finance & Development Authority (SC Housing) helped more than 26,000 families realize quality, affordable housing, supported 5,336 jobs and contributed $53.6 million in state and local tax revenue. Every $100 in direct spending from affordable housing initiatives resulted in an overall total economic impact of $177 on South Carolina's economy. SC Housing directly invested more than $447.8 million in South Carolina, which resulted in the total economic impact of more than $793 million.[9]

# RURAL HEALTH ACTION PLAN

## Recommendations

### Access to Health Care

- Ensure every community member has adequate and appropriate access, locally or via telehealth, to primary care and preventive services, emergency care, oral health services, behavioral health services, robust care coordination, appropriate diagnostic and outpatient therapy, and long-term care.

- Support and expand innovative efforts to recruit and retain health care professionals needed to deliver health care services in communities.

- Advocate for every community member to have a mechanism to receive timely health care services so that they do not delay care due to an inability to pay for services.

### Community Assets, Leadership and Engagement

- Create and support leadership development and training opportunities for a diverse group of natural leaders, both grassroots and grasstops, who are motivated to engage in locally led, strength-based strategies and initiatives.

- Promote better state agency and statewide organization engagement, coordination, and communication around the planning and implementation of programs to ensure the needs of communities are being met.

- Foster the development of sustainable financial models for communities, supplemented by sufficient community training specific to leveraging and aligning funding from income generation, public support, and private sources to sustain local projects and programming.

## Economic Development

- Ensure a diverse and well-trained workforce is actively matched with public, private, and entrepreneurial job opportunities, while removing barriers to employment.

- Increase technical assistance and training to support teams of community members and key local partners in their efforts to attract and leverage economic development opportunities.

- Coordinate and establish resource development opportunities and dedicated funding sources that communities can use to address their unique workforce development, growth, and quality of life challenges.

## Education

- Provide access to vocational, training, and higher education programs that will provide every student and community member the opportunity to develop skills that match with the jobs that are available to them.

- Expand access to affordable, full-day 3 and 4-year-old programs to all families.

- Ensure that every school district has an active Coordinated School Health Advisory Committee as outlined in the Student Health and Fitness Act (2005).

## Housing

- Repair and replace substandard housing units to improve the quality, safety, livability, accessibility, and energy efficiency of existing housing stock.

- Increase the supply of affordable housing through new or existing local, state and federal programs including matching state low-income housing tax credits.

- Improve access to safe, reliable, and affordable infrastructure and services including clean drinking water, sanitary sewer, and residential broadband access.

## Cross-cutting Issues

- Communications:

  - o Access to rural data

  - o Promotion of existing resources

  - o Pro-rural marketing

- Rural Infrastructure:

  - o Broadband

  - o Social Services

  - o Transportation

- Socio-economic Factors:

  - o Poverty

  - o Racism/Social Justice

  - o Sexism

The full South Carolina Rural Health Action Plan can be accessed at: https://scorh.net/rural-health-action-plan/.

## GOALS, STRATEGIES AND BEST PRACTICES THAT BUILD ON THE RURAL HEALTH ACTION PLAN

### GOAL 1:

Increase high quality non-traditional points of access to integrated health care services from birth to old-age.

### STRATEGIES

- Increase coordination and linkage of non-traditional points of access.

- Connect with the Business Coalition on Health to engage worksites about access points to affordable care and medical homes.

- Increase provider knowledge through utilization of best practices and evidence-based models for comprehensive care.

- Use the HOPS Social Determinants of Health Tool in pilot health care practices and communities.

- Include training, education, and mentorship in innovative efforts to recruit and retain health care professionals.

### GOAL 2:

Decrease delayed care through changes to policy and systems.

### STRATEGIES

- Improve health care coverage enrollment through partners and community health workers.

- Address health care affordability through value-based payment systems, innovative funding models, health care incentives, and non-traditional health care partners.

- Address service-delivery through policy development and leveraging support from health care networks.

## GOAL 3:

Promote changes in the health care system that improve health information, communication, and consumer informed decision-making.

### STRATEGIES

- Improve health literacy and patient decision-making by better communication strategies and community-based partnerships.

- Use health literacy to increase the number of age-appropriate screenings and vaccination awareness-education.

# MAKING IT WORK

### Healthcare Access in Rural Communities – State Guide

https://www.ruralhealthinfo.org/guides

### Medical Homes

http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/medical-homes

### Business Coalition on Health

SC Business Coalition on Health serves as a partnership for businesses, organizations and individuals in South Carolina and inside the health care field to act collaboratively in creating sustainable initiatives to improve health care quality and efficiency, promoting greater consumer responsibility in health care decisions, improving the overall health. Resources: http://scbch.org/coalition-resources/

### Healthy Outcomes Plan

South Carolina's Healthy Outcomes Plan (HOP) supports participating hospitals proposing service delivery models to coordinate care for chronically ill, uninsured, high utilizers of emergency department (ED) services. Social Determinants Tool: https://msp.scdhhs.gov/proviso/site-page/social-determinants-health-tool

### AARP Livable Communities

AARP Livable Communities/ Certified Age-Friendly Communities (World Health Organization) promotes inclusion of older persons to make our world more age-friendly. An age-friendly world enables people of all ages to actively participate in preventive health care and community activities that treats everyone with respect, regardless of their age. https://www.aarp.org/livable-communities/

## GOAL 4:

Increase awareness of the root causes of differences in health outcomes among groups of South Carolinians and create opportunities for all South Carolinians to make decisions that allow them to live long, healthy lives.

### STRATEGIES

- Expand awareness of contributors of health and root causes of health disparities.

- Examine health data by race, ethnicity, income, gender, geography and preferred language to enhance understanding about differences in health and health care outcomes among groups of people living in South Carolina.

- Identify gaps, develop targeted strategies and improve coordination of actions to develop solutions that eliminate differences in health and health care outcomes among groups of people living in South Carolina.

- Ensure all health care professionals and services, materials used, and organization leadership respect and represent the communities they serve.

- Enhance the skills of the health care workforce to serve all patients competently, through recruitment, retention, and training of racially, ethnically, and culturally diverse individuals and through leadership action by health care organizations and systems.

- Support the health care workforce and related organizations to promote the availability of cultural and linguistic competency training.

## COALITION RESPONSE

### Rural Health Action Plan Steering Committee

The South Carolina Office of Rural Health (SCORH) is committed to providing staff support to the Rural Health Action Plan Steering Committee. SCORH staff members will be charged with evaluating progress and serving as a catalyst, encouraging movement within each of the priority areas. SCORH will bring together partners from not only the Rural Health Action Plan process but also SC DHEC and its supporting organization, the Alliance for a Healthier South Carolina.[10]

### The Alliance for a Healthier SC Health Equity Work Group

The Alliance for a Healthier SC Health Equity Work Group is taking action to eliminate equity-driven health disparity gaps within the communities and populations they serve. http://healthiersc. org.