

# Live Healthy SC: The Blueprint for Achieving Health and Racial Equity across South Carolina



**ALLIANCE FOR A HEALTHIER  
SOUTH CAROLINA**

“THE TEST OF OUR  
PROGRESS IS NOT  
WHETHER WE ADD MORE  
TO THE ABUNDANCE OF  
THOSE WHO HAVE MUCH,  
IT IS WHETHER WE  
PROVIDE ENOUGH FOR  
THOSE WHO HAVE LITTLE.”

FRANKLIN D. ROOSEVELT





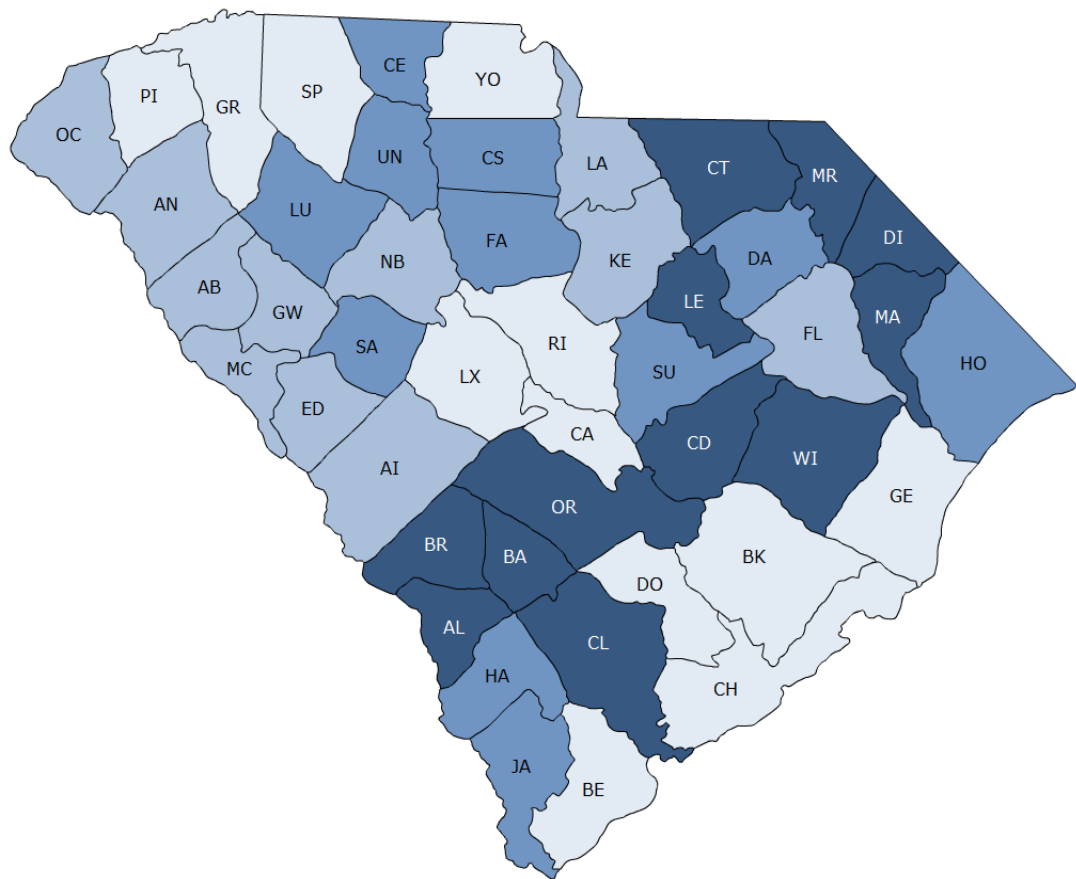
# SC Health and Racial Equity Blueprint

## Key Populations



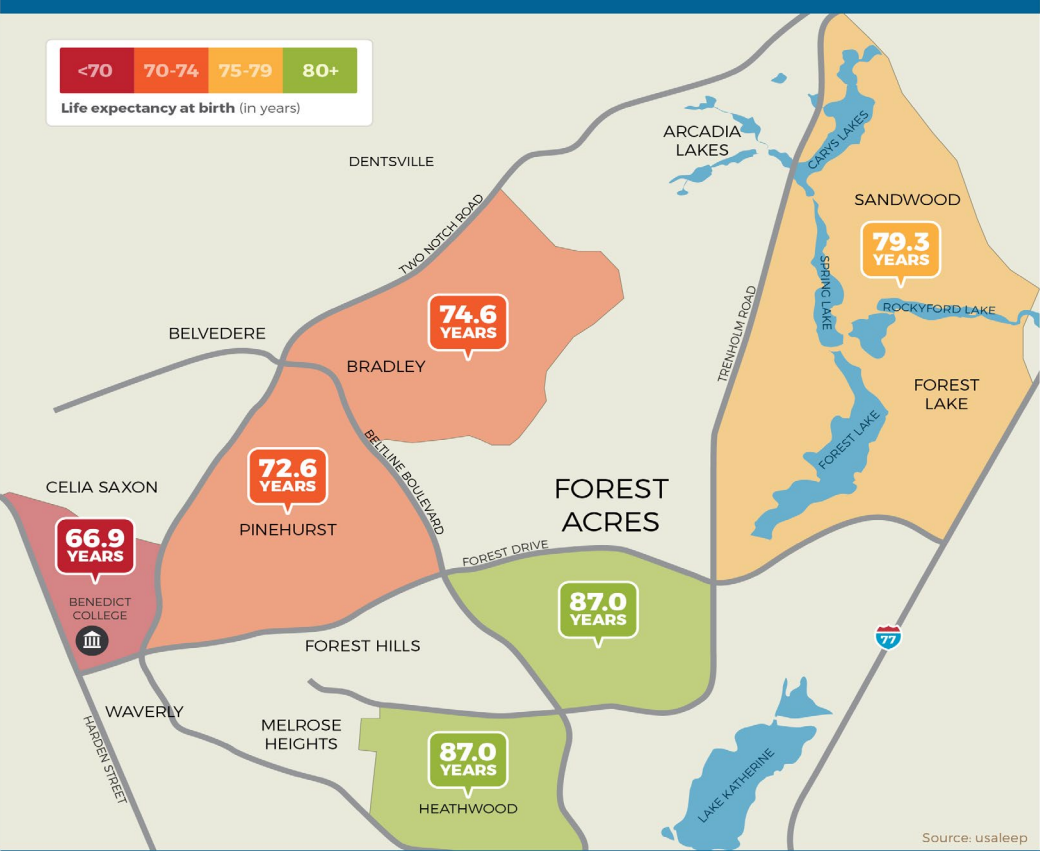
- **Racial and rural gaps in maternal/child care access and health outcomes**
- **Children living in poverty that experience major gaps in social support, educational performance and academic advancement opportunities**
- **Racial and rural gaps in access to preventive care screening and chronic disease rates**
- **Equity gaps in access to non-emergent behavioral healthcare services for low income populations**
- **Higher rates of suicide in adolescents/young adults who suffer from discrimination and social isolation**

• Health Outcomes Map



Rank 1-12   Rank 13-23   Rank 24-34   Rank 35-46

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

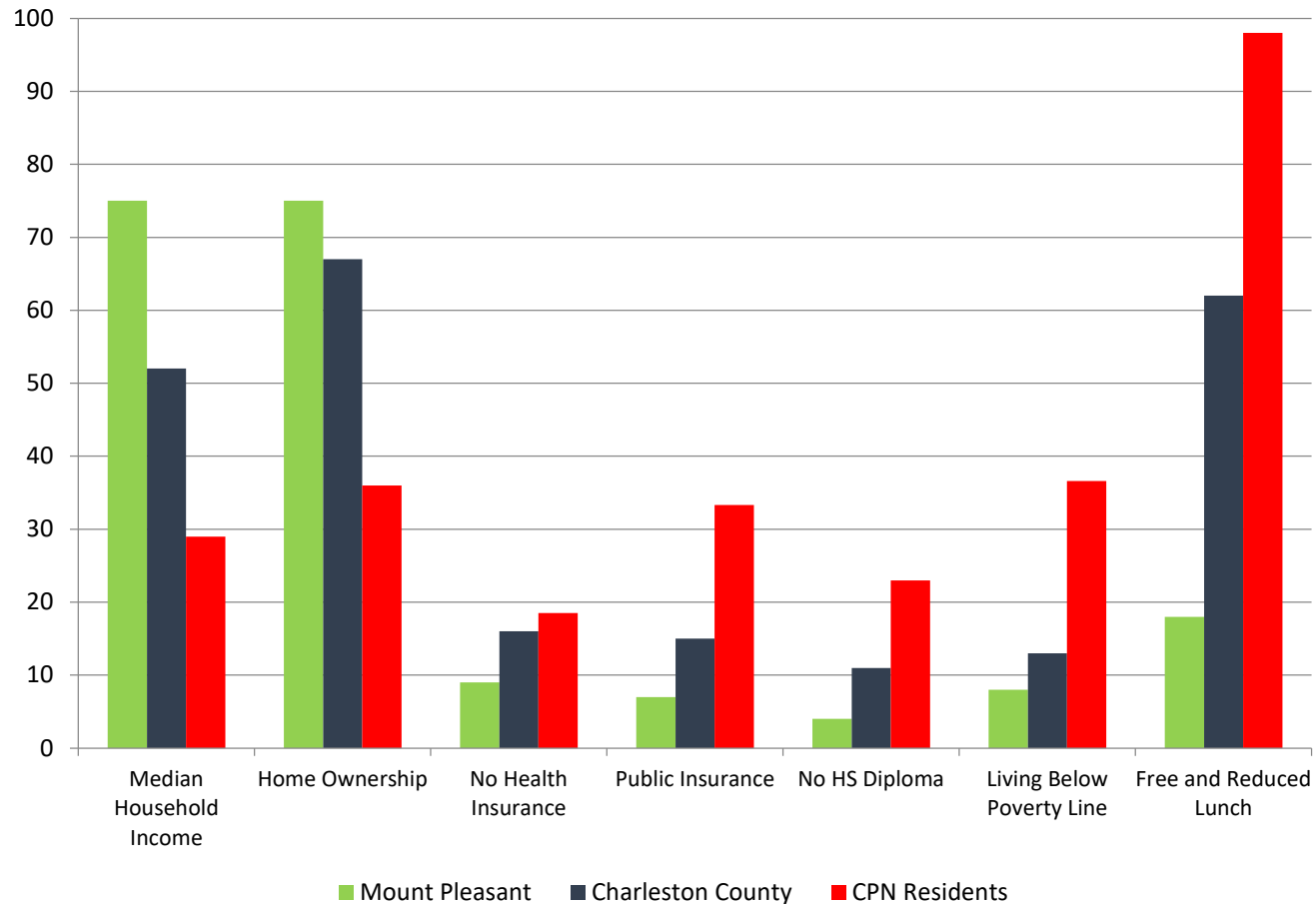


Source: usaleep



## Area Comparison

Mt. Pleasant, Charleston County, CPN Neighborhood



The 5.6 square mile area of CPN is marked by under-education, teenage pregnancy, poor healthcare, violent crime, unemployment, and intergenerational poverty.

**We aim to break that cycle.**

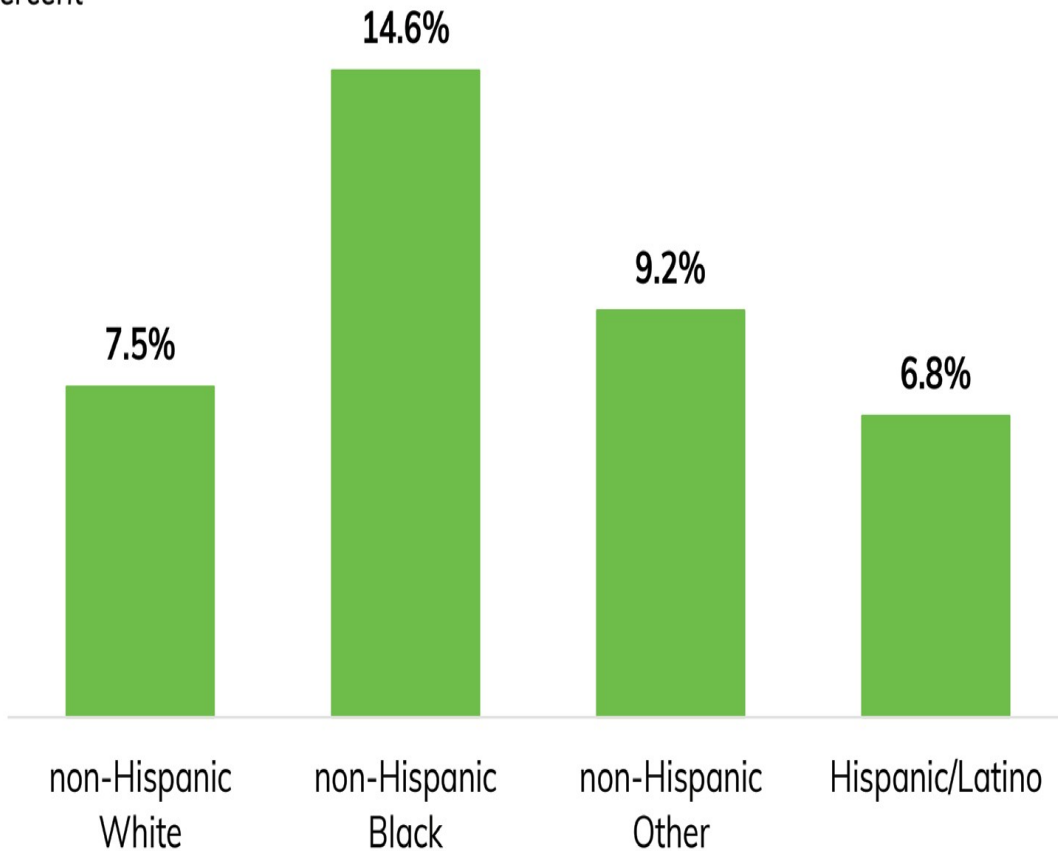
*Note: 2016 Federal Poverty Line for a family of 4 (200% FPL) = \$48,500*

# Specific Equity-Based Health Disparities

FIGURE 5.7

Low Birthweight, by Race/Ethnicity

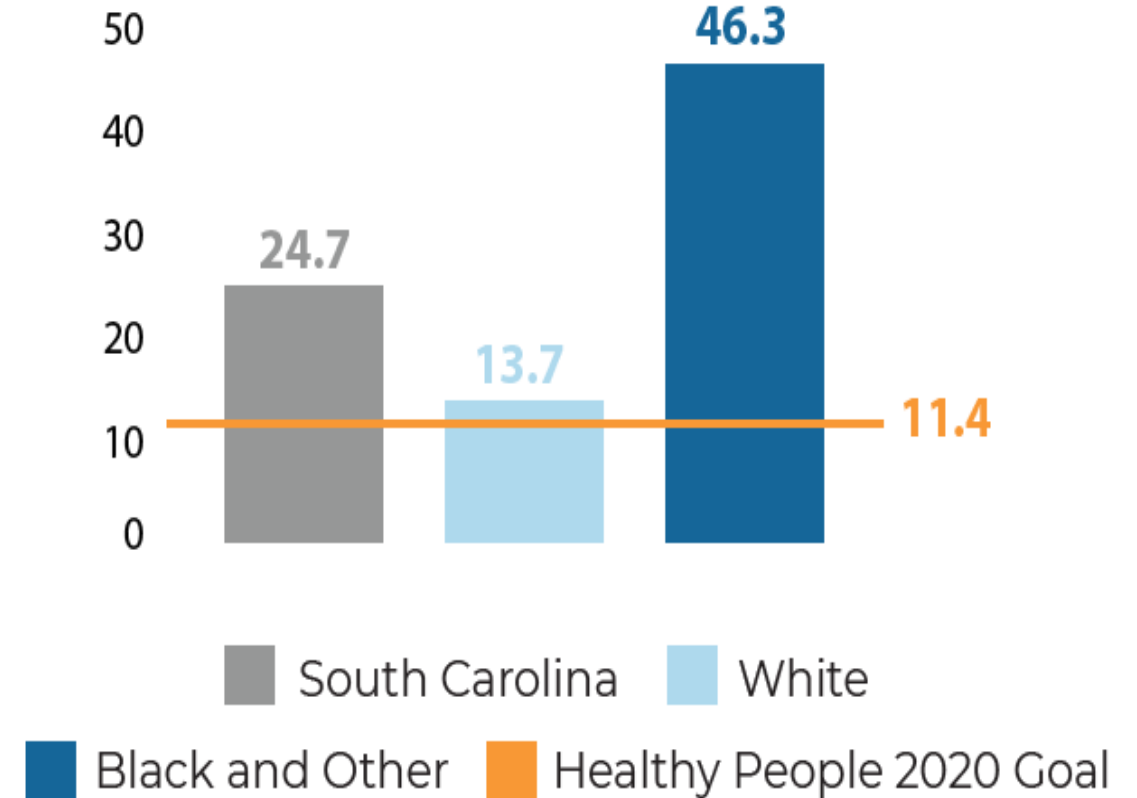
Percent



Source: SC DHEC Vital Statistics, 2016.

South Carolina Pregnancy-Related Death by Race, 2013-2017<sup>2</sup>

Rate per 100,000 live births

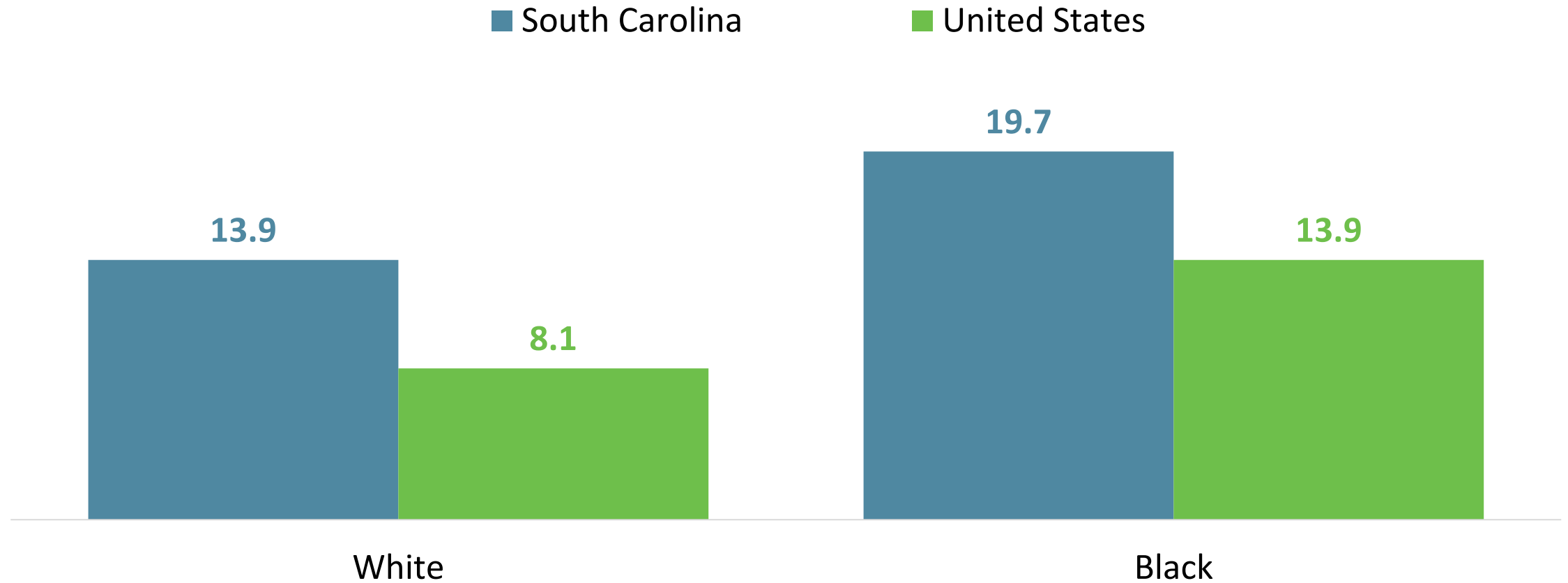




# Specific Equity-Based Health Disparities

## Nonfatal Child Maltreatment, by Race

*Rate per 1,000*



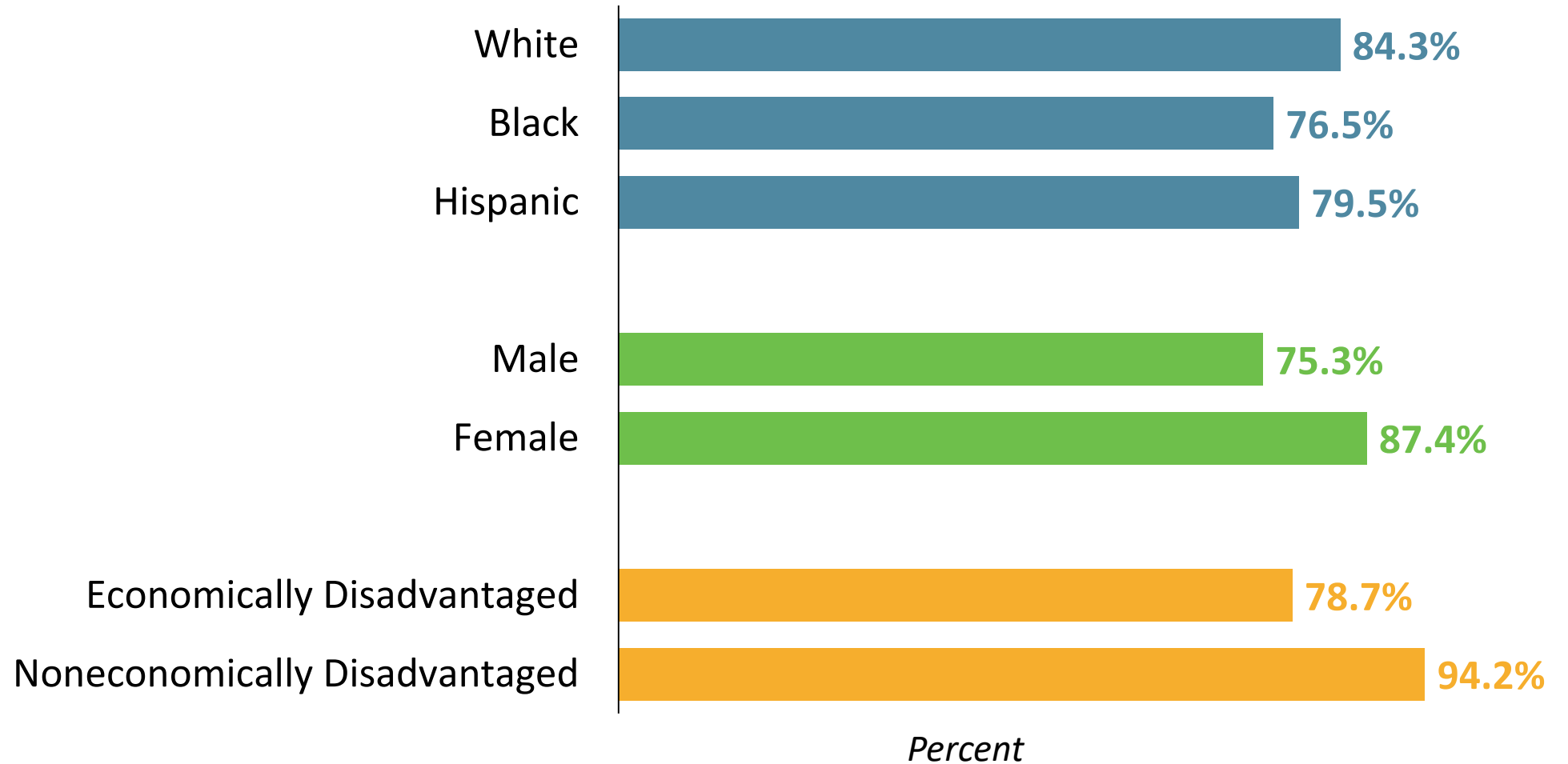
Source: National Child Abuse and Neglect Data System, 2017.

Note: Ages less than 18.

# Specific Equity-Based Health Disparities

## South Carolina Graduation Rate, by Demographics

*Demographic Characteristic*



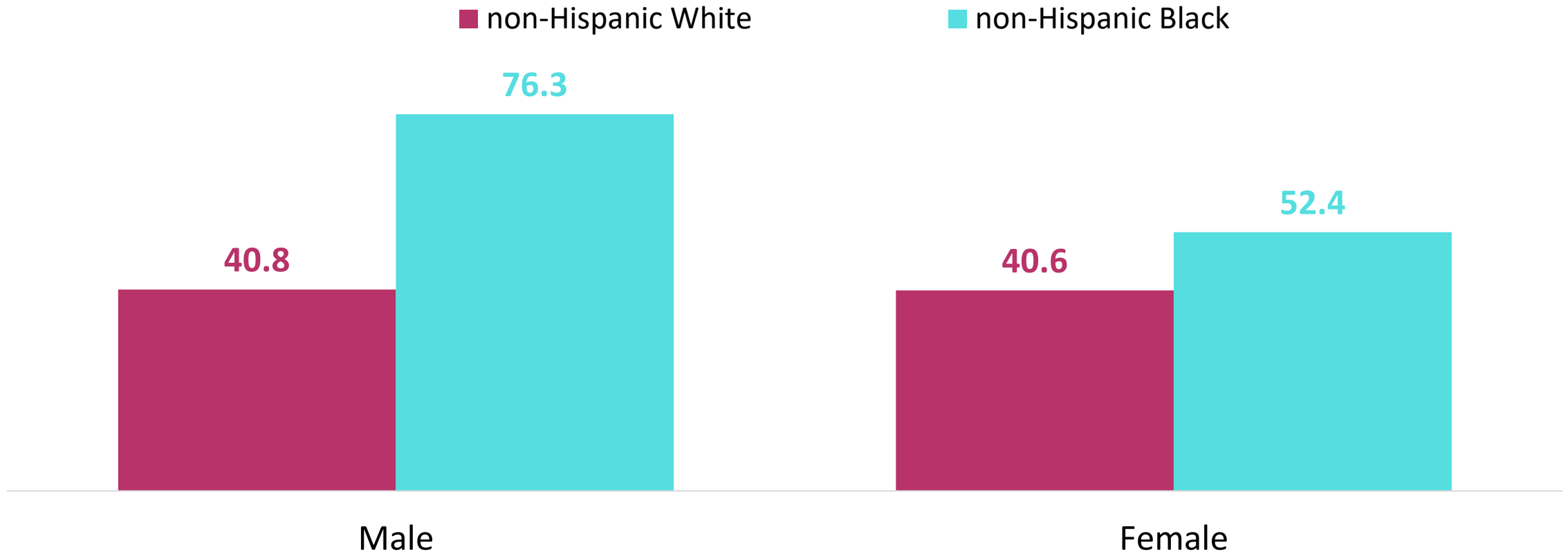
Source: SC Department of Education, 2019.



# Specific Equity-Based Health Disparities

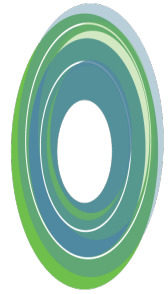
## Stroke Deaths, by Race/Ethnicity and Sex

Rate per 100,000 population



Source: SC DHEC Vital Statistics, 2018.

Note: Age-adjusted.



ALLIANCE FOR A HEALTHIER  
SOUTH CAROLINA



**dhhec**

Healthy People. Healthy Communities.



**LIVE**  
**HEALTHY**  
SOUTH CAROLINA

# SHARED PRIORITIES

- **Mission:**
- Coordinating action on shared goals to improve the health of ALL people in South Carolina.



## Health Equity Commitment For all people in SC

Strive to attain the highest level of health for all people, independent of gender, race, sexual orientation, neighborhood, disability, ethnicity, education level, or socioeconomic status



## Healthy Babies

Improve the health of moms and babies from preconception through the first year of life



## Healthy Minds

Improve access to appropriate behavioral health services and other necessary critical and support services



## Healthy Children

Improve the health and educational outcomes of children



## Healthy Bodies

Improve physical health through good nutrition, physical activity, and increased access to high quality primary care



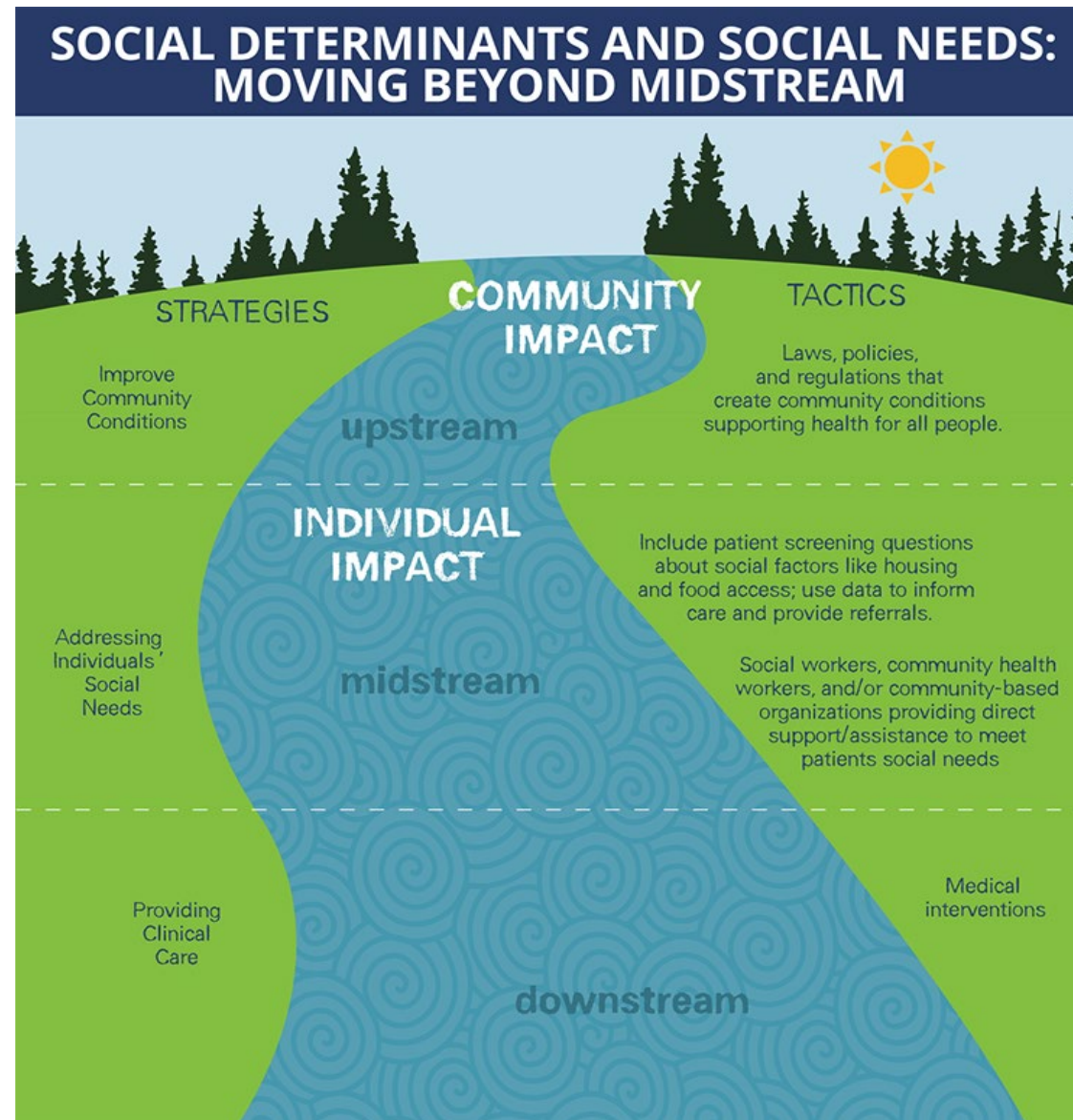
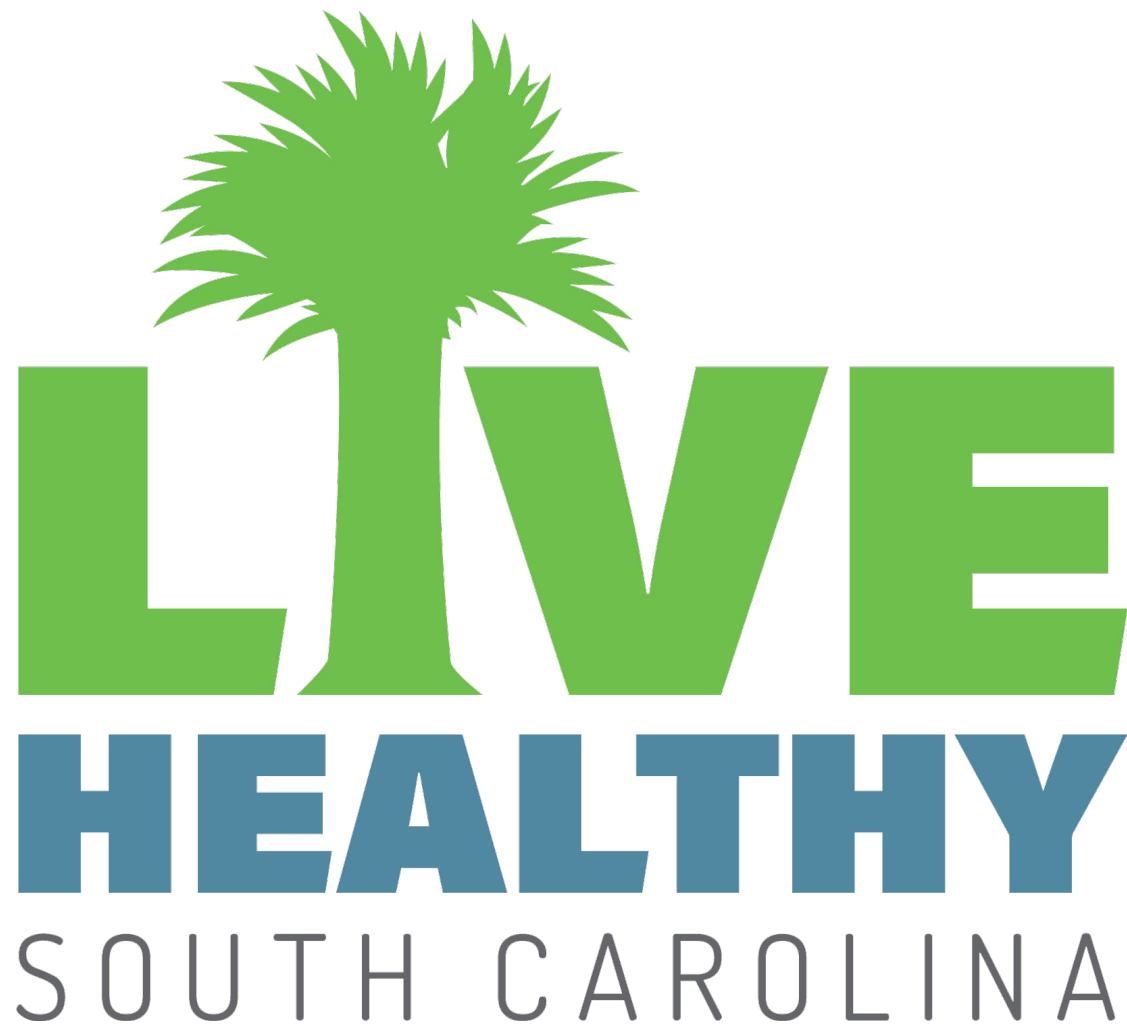
## Healthy Aging

Improve the environment and opportunity to live a long and healthy life



## At a lower per-capita cost

Reduce the cost of care for every individual in the state





**Live Healthy SC**

**Behavioral Health Improvement**

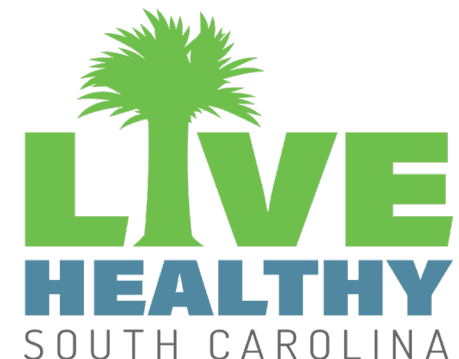
**Obesity & Chronic Disease Prevention**

**Maternal & Child Health and Wellbeing**

**Health System  
Transformation**

**Focus on Social  
Determinants  
of Health**

**Health Equity**





# South Carolina State Health Improvement Plan



## OBJECTIVES for 2023:



**1. Decrease the rate of nonfatal child maltreatment to 14.2 per 1,000 children**

2016: 15.8 per 1,000

2017: 15.5 per 1,000



**2. Increase the high school graduation rate to 88.8%**

2017: 84.6%

2019: 81.1%



**3. Decrease the percent of adults ages 20 years or older who are obese to 31.5%**

2016: 33.2%

2018: 35.2%



**4. Decrease the percent of adults who smoke to 18.5%**

2016: 20.6%

2018: 18.6%



**5. Decrease the stroke death rate to 43.1 per 100,000**

2016: 45.4 per 100,000

2018: 45.5 per 100,000



**6. Decrease the suicide rate from to 14.9 per 100,000**

2016: 15.7 per 100,000

2018: 15.4 per 100,000



**7. Decrease the rate of drug overdose deaths to 17.1 per 100,000**

2016: 18.0 per 100,000

2018: 22.2 per 100,000



# Blueprint for Health and Racial Equity in SC

- **A call to action focused on achieving health and racial equity across all SC communities:**
- **Built on 4 collective action categories:**
  - **Cultural awareness and humility**
  - **Health equity in all policies**
  - **Equity targeted improvement programs/practices**
  - **Investments in upstream SDOH solutions**
- **Focus on specific areas with the greatest equity gaps:**
  - **Maternal/child health**
  - **Obesity and chronic disease prevention**
  - **Access to behavioral health services**



# Achievi

A large, diverse group of stylized people of various ages and ethnicities, including a person on a bicycle, a person with a cane, and a dog, all within a circular frame. The illustration is composed of many small, colorful figures in various poses and outfits, representing a cross-section of society. The figures are arranged in a dense, overlapping group, with some individuals standing out more than others. The overall style is flat and modern, with a focus on color and form over detail. The circular frame is a thick, dark blue line that encloses the entire group of figures. The background within the circle is a light, textured blue, while the background outside the circle is a solid, darker blue. The word 'Achievi' is written in a large, white, sans-serif font in the top right corner of the image, partially overlapping the circular frame and the background.

- **Create a “safe space” for candid dialogue about the root causes of health and racial inequities**
- **Build the capacity for cultural humility and the capability to counter the implicit biases that most contribute to inequity**
- **Ensure that all key population and community health data indicators are equity-stratified and geo-mapped**
- **Target collective policy and programmatic actions to the major equity-driven gaps in healthcare access and health outcomes**
- **Give an active voice to those who are most impacted by health and social inequities- realizing the “power of with”**



A woman with long brown hair, wearing a white t-shirt and a green pinafore dress, is helping a young boy learn to ride a bicycle. The boy is wearing a blue and white striped shirt, green and white plaid shorts, and a blue helmet. They are on a paved path in a park with trees and a fence in the background. The sun is shining from the left, creating a warm glow. A white arrow is painted on the path in the foreground.

[LiveHealthySC.com](https://LiveHealthySC.com)