

Site Visit Report

State/Location: South Carolina

Grant Number: U58DP005490

Site Visit Date(s): September 16-17, 2015

Purpose and Priority Site Visit Objectives:

The purpose of the site visit with the South Carolina Department of Health and Environmental Control (SC DHEC) was to provide fiscal updates, discuss activities and evaluation in Components 1 and 2, and meet with partners and funded communities.

The site visit objectives were to:

- discuss key accomplishments, challenges, and future opportunities related to work under the CDC 1422 cooperative agreement,
- discuss progress toward meeting 1422 performance measures, and
- meet partners and funded communities and understand their support of 1422 work.

Participants:

See the attached participant list.

Summary of Visit

Component 1, Strategies 1 - 4 (Domain 2)

• Key Accomplishments

1. Prior to this cooperative agreement, the South Carolina Hospital Association was the lead in the state for providing worksite wellness support through their program, Working Well. In support of 1422 activities, Working Well will include a memorandum of agreement with the local worksites. Working Well addresses organizational change and can help worksites address the various concerns identified from their assessment. The regional Healthy Eating Active Living (HEAL) coordinators will be involved with the Working Well visits to the targeted worksites so that the HEAL coordinators can help those worksites in their counties. For the performance measures, Working Well will measure healthy food consumption in various ways. For employers with cafeterias, they will try to get point-of-sale data on labeled healthy foods. For vending machines, they will get sales data on the healthy options. Other measurement tools may include inventory assessments and employee needs and interest surveys.
2. For strategy 4 on transportation and community plans that promote walking, Alta Planning + Design, a consulting firm that focuses exclusively on designing active communities, will manage the project and will guide the community development process for the 16 community plans that will be produced. Each community will address their unique needs to become a more walkable community. The regional HEAL coordinators will help with community engagement to identify and invite community partners to the community forums and assist in the field work and planning process. The South Carolina Office of Minority Health will advise the team on factors to consider in identifying disparate populations. A consultant (John Newman) will conduct a survey through the Municipal Association of South Carolina and the Councils of Government to identify existing community pedestrian plans and their stage of development by the end of 2015.

• Key Issues

other ways to support worksite wellness beyond the Prevention Partners resources to assist employers who cannot afford Prevention Partners' services.

- Recommendations

1. The CDC program commends the state for identifying and engaging strong partners to accomplish Component 1 activities.
2. Based on the site visit discussions and previous calls for this first year of the cooperative agreement, all of the state nutrition, physical activity, and obesity (NPAO) strategies are progressing in a satisfactory manner.

- Follow-up Actions/ Next Steps

1. Sharrice White-Cooper, DNPAO Evaluator, will connect Kristian Myers with ChangeLab Solutions to discuss ways to measure point-of-sale data for worksite food consumption measures.

Update: Meeting took place on 10/23/2015.

2. The state will connect with the North Carolina 1422 program about that state's efforts in developing a suite of worksite wellness resources for small and medium sized worksites.
3. The state will connect with national partners to find ways to share the state's active community design resources.

Component 2 (Domain 3):

- Key Accomplishments

1. One of the state's funded communities, Northlake, has developed protocols that address undiagnosed hypertension. The protocols address how to take blood pressure appropriately, medication adherence, community resources, and follow-up procedures. Northlake also has a medication assistance program in place that provides hypertension medication to patients diagnosed with high blood pressure.
2. SC DHEC has a number of key partners at the table to assist in the implementation of their activities including the state pharmacy association.
3. Blue Cross Blue Shield is working with the FQHCs and smaller physician practices to implement a referral network for pharmacists. This would allow the pharmacist to become an integral part of the medical team. SC DHEC is working with them to assist in increasing buy-in for this project.

- Key Issues

1. SC DHEC is proposing the implementation of a pilot CHW project in one site. They would like to use a nurse who is well known in the community to serve as the CHW. They would also like to provide funding to pay for this position. The program was encouraged to submit a sustainability plan for this model. They were also encouraged to explore reimbursement opportunities for CHWs. Finally, the program was encouraged to work at educating providers on the benefits of CHWs as part of a team.
2. SC DHEC is proposing the implementation of a pharmacist pilot in which the program would fund the salaries of participating pharmacists. The program would need to demonstrate how this approach is part of a broader effort working toward other sources of direct support for the pharmacists. They were asked to develop a sustainability plan to show long term impact and independence. This plan should address reimbursement.
3. SC DHEC had a difficult time getting their communities funding due to a number of

circumstances. This has caused a delay in the implementation of activities related to 1422.

- Recommendations

1. SC DHEC should examine opportunities for sustainability of CHW activities and provide a plan of action to CDC.
2. SC DHEC should examine opportunities for sustainability of pharmacist activities and provide a plan of action to CDC.

- Follow-up Actions/ Next Steps

1. Chanel Recasner will send CDC Division for Heart Disease and Stroke Prevention resources that support CHW activities.

Update: CDC still needs to send additional CHW resources and information.

2. Chanel Recasner will connect the SC DHEC team with other states that are working in the CHW and pharmacist areas. Washington State and Maryland's P3 program were included as examples.

Update: Completed. South Carolina has spoken to staff in Washington state concerning their CHW program.

3. Rhonda Hill will email to CDC any PowerPoint presentations that were not available in hard copy during the site visit.

Update: South Carolina sent each of the PowerPoint presentations from the site visits electronically November 2015.

Component 1, Strategies 5 – 7; Component 2, Strategies 6, 8 (Domain 4)

- Key Accomplishments

1. Regional staff have all been hired, as well as state staff. The South Carolina Medical Association remains a strong partner in conducting outreach to health care providers.
2. The committee recruited to develop the Diabetes Prevention Plan has been convened. An external facilitator has been hired and works closely with the 1422 staff.
3. A Prevent Diabetes communication plan framework has been developed and was shared with CDC and partners during the site visit.

- Key Issues

1. The emphasis remains on situating CDC-recognized National Diabetes Prevention Program (National DPP) sites within or closely linked to health care organizations, including hospitals. The state YMCA affiliates are the only significant community-based organization that the South Carolina DHEC has reached out to partner with in providing the lifestyle change program in non-health care settings.
2. The structure supporting the 1422 cooperative agreement is separate from the 1305 cooperative agreement. Discussion between CDC and South Carolina staff focused on how the two programs are interconnected; work for 1305 should support the work done for 1422. Staff working on Domain 4 in 1305 should work closely with staff working on 1422.
3. Work on the National DPP is contained in both components of 1422, not just in Component 1. While some strategies in Component 2 are exclusively hypertension

related, others include both hypertension and prediabetes. Also, while some strategies are health care system based, some are in the community-clinical linkage domain.

4. SC DHEC staff working on worksite strategies are physical activity and nutrition staff allied with 1422 Component 1 and are located in a separate division from staff working on the National DPP. This division of responsibility has inhibited 1422 staff from developing an approach to integrating the National DPP into worksite wellness. Overall, relationships with employers are just beginning. Most worksite wellness programming coordinated by the SC DHEC to date has focused on health promotion around physical activity and nutrition and has not included implementation or reimbursement/benefits design for specialized interventions such as the National DPP. However, exploration of such interventions opens the door to other programs for employees with cancer, asthma/COPD, heart disease, and depression, and may be of interest to employers in South Carolina.

- Recommendations

1. SC DHEC staff should consider building a network for CDC-recognized lifestyle program coordinators and coaches to provide ongoing professional education, build relationships, and strengthen support for increased access to target populations.
2. SC DHEC staff should seek out a variety of organizations that have the potential to become CDC-recognized National DPP providers in their target communities. Community organizations, including faith-based organizations, may have greater acceptance among the target populations.
3. The proposed communication campaign should be modified to reflect a younger (45-65), working population with prediabetes. The proposed communications campaign should also support efforts within South Carolina to highlight materials from the National Communications campaign.
4. SC DHEC should continue to take advantage of the support provided by the American Medical Association and the South Carolina Medical Association in the prevention of diabetes. Education and outreach to primary care providers around screening, diagnosing, and referral is crucial.
5. SC DHEC should coordinate the efforts of 1422 worksite wellness program staff and staff working to scale and sustain the National DPP and should also build relationships externally with the South Carolina Business Council on Health, the South Carolina Chamber of Commerce, the South Carolina State Employees' Health Benefits Program, and other health benefit program administrators. South Carolina state staff should develop and implement plans to work with private employers to expand coverage for the National DPP (strategy 1.7) In discussions with employers, staff should note options for on-site provision of the program, especially by larger employers.

- Follow-up Actions/ Next Steps

None noted.

1422 (SC PHASE) Staff Attending CDC Site Visit

Central Office		
Staff Member	Title	Primary Component
Tiffany Mack	Program Administrator	Component 1 and Component 2
Emily Pineda	Central Office Healthy Eating/Active Living (HEAL) Special Projects Coordinator	Component 1
Tina Marie Devlin	Central Office Clinical Coordinator	Component 2
Kathleen Clark	Epidemiologist	Component 1 and Component 2

1422 Community Personnel

Upstate		
Staff Member	Title	Primary Component
Nancie Stover-Nicholson	Clinical Coordinator (Team Lead)	Component 2
Kristine Knox-Palmer	Clinical Coordinator	Component 2
Amber Merfeld	Prevention Coordinator	Component 1
Lillie Hall	Community Systems Director	Component 1 and Component 2

Pee Dee		
Staff Member	Title	Primary Component
Ellen Babb	Clinical Coordinator (Team Lead)	Component 2
Angela Rogers	Healthy Eating/Active Living (HE/AL) Special Projects Coordinator	Component 1
Suzette McClellan	Community Systems Director	Component 1 and Component 2

Lowcountry		
Staff Member	Title	Primary Component
Veronica Graham	Clinical Coordinator (Team Lead)	Component 2
Gamesha Tate	Clinical Coordinator	Component 2
Corine Vidaurri	Healthy Eating/Active Living (HE/AL) Special Projects Coordinator	Component 1
Felicia Veasey	Community Systems Director	Component 1 and Component 2

Midlands		
Staff Member	Title	Primary Component
Courtney Davis	Clinical Coordinator (Team Lead)	Component 2
Jake Sneed	Clinical Coordinator	Component 2
DeAndre Woods	Prevention Coordinator	Component 1
Elizabeth Gerndt	Healthy Eating/Active Living (HE/AL) Special Projects Coordinator	Component 1
Suzanne Sanders	Community Systems Director	Component 1 and Component 2

1422 Community Partners

Midlands		
Name	Organization	Primary Component
Jen Wright	South Carolina Hospital Association	Component 1
Jean Crowther	Alta Planning + Design	Component 1
Tiffany Sullivan	Palmetto Health	Component 1
Beth Franco	Bat Smart Move More South Carolina	Component 1
Karen McGrady	Northlake Family Medical Practice	Component 2
Craig Burridge	South Carolina Pharmacy Association	Component 2
Rob Davis and Dr. Brent Egan	Care Coordination Institute	Component 2