

## Site Visit Report

**State:** South Carolina

**Grant Number:** U58DP004841-03

**Site Visit Date(s):** September 15-16, 2015

**Purpose and Priority Site Visit Objectives:**

The purpose of the South Carolina Department of Health and Environmental Control (SC DHEC) site visit was to meet with state staff and partners to discuss activities in Domains 2, 3, and 4, fiscal and administrative issues, the SC DHEC evaluation plan and performance measures, and synergy across 1305 programs. The CDC team also observed the Capitol Midweek Farmers' Market.

**Participants:**

See the attached participant list.

## Summary of Visit

Diabetes

## Domain 2 School Health Strategies

- Key Accomplishments

1. Erica Ayers, the SC DHEC school health coordinator, shared how she has collaborated with the South Carolina Department of Education (SCDOE) to provide statewide professional development. Specifically, she has collaborated with the SCDOE Office of Nutrition to conduct professional development with food service personnel related to the USDA Smart Snacks standards and Smarter Lunchroom trainings. Since 1305 began, they have reached 77 of the 81 school districts by using the SCDOE Office of Nutrition training infrastructure.
2. Similarly, Erica Ayers collaborated with the SCDOE to provide training to physical education (PE) teachers regarding the revised State Standards for Physical Education. SC DHEC provided funding for the trainings. At the South Carolina Alliance for Health, Physical Education, Recreation and Dance (SCAHPERD) conference later this year, they will be conducting these trainings again with physical education teachers.
3. Erica Ayers and Kristian Myers, SC DHEC evaluator, worked with Syreeta Skellon, CDC Evaluator, to develop their own state survey to measure daily PE. Prior to the administration of this survey, Ms. Ayers met with the targeted district superintendents to explain the purpose of the survey. Following the survey, she met individually with the district superintendents to discuss the results. As a result of these survey results, two districts each hired an additional PE teacher. One challenge Ms. Myers reported was that administering the online survey was extremely time intensive. The state has concerns about its capacity to undertake this level of data collection for the performance measures and evaluation each year and the superintendents' time to respond to the same survey each year without having had substantial time to implement changes.
4. Erica Ayers and the Alliance for Healthier Generation (AHG) representatives also shared how they have encouraged the targeted districts to participate in the AHG Healthier Schools Program. They have shared with the targeted districts that participation in this program will help them meet the requirements of the Healthy and Hunger Free Kids Act as well as the South Carolina Student Health and Fitness Act. They are specifically doing this by supporting the completion of the Alliance's Healthy Schools Program Inventory (now the 2014 School Health Index) and providing data reports and summaries back to schools and their SHACs that indicate areas where improvements can be made. Follow-up support is provided to encourage the schools' adoption and implementation of strategies and policy changes.

- Key Issues

No key issues were identified for school health.

- Recommendations

1. The school health strategies are being fully addressed, and South Carolina is recognized as a national leader in partnership development, particularly with regard to the collaboration with the Alliance for a Healthier Generation. With the success of

these collaborations, Ms. Ayers will be expected to provide trainings and follow up support that will exceed her capacity as an individual to provide. CDC recommends that she continue to pursue opportunities to develop a training cadre to support her work.

2. In collaboration with the Alliance for a Healthier Generation, Ms. Ayers will continue to encourage targeted districts to address areas of need identified in the School Health Index assessment tool that also will address the 1305 performance measures for strategies 3 and 6 in Domain 2. CDC will support this effort by providing a crosswalk of the School Health Index items with these performance measures.
3. Syreeta Skelton suggested that the state reconsider its planned frequency of data collection and determine a data collection schedule that is more conducive to a reasonable timeframe for practice and policy change. The timeframe should also be feasible given the state's capacity to conduct primary data collection.

- Follow-up Actions/ Next Steps

1. Kimberly Lane, CDC project officer, connected Erica Ayers with 1305 states that have successfully developed training cadres.

Update: No additional information needed.

2. Kimberly Lane wrote and shared success stories regarding the daily PE survey and subsequent hiring of two PE teachers in two school districts and the collaboration with the Alliance for a Healthier Generation.

Update: No additional information needed.

#### Domain 2 Nutrition, Physical Activity, and Obesity Strategies

- Key Accomplishments

1. The Active Communities Environment project targeted six communities to assess and strengthen community design during years 1 and 2 of the cooperative agreement. Extensive evaluation included focus groups with regional technical assistance providers and with three of the communities to learn the facilitators and barriers. This information will be useful when replicating the project in the future. For example, partnerships are critical and some communities needed contracts with consultants to develop their bike/pedestrian plans. These results will be used to identify or develop and assemble tools to help other communities in enhancing their community design for increasing physical activity access.
2. A state advisory board assisted the state health department in developing a Health and Planning toolkit for planners to add indicators for healthy eating and active living aspects to their county comprehensive plans that are updated every 10 years. The advisory board suggested using Clemson University's School of Planning Development and Preservation to help organize resources for community planners. The state also reached out to Clemson's Urban Land Institute to plan statewide trainings on the resources.
3. During year 3, the state will expand early care and education (ECE) trainings on the Grow Healthy toolkit to reach facilities not in the Quality Rating Improvement System (QRIS). The grantee has increased their training partnerships with a variety of stakeholders, such as the South Carolina Center for Child Care Career Development, to expand their reach with more ECE facilities.
4. For the enhanced ECE strategy, they have piloted 26 potential indicators for family and

group homes in 16 sites. The grantee is now waiting for the evaluation results before deciding which standards will be adopted by the Department of Social Service's ABC Quality for the QRIS in January 2016. Implementation of the new standards will start in October 2016.

5. The state is working with Clemson University to develop guidance on outdoor environments to help ECEs enhance their outdoor areas so children will be more active. A small pilot in five ECEs in Florence County is using North Carolina (NC) State University's resources and next will connect NC State with Clemson to hopefully have Clemson become the in-state resource for ECE physical activity.

- Key Issues

1. The state asked about data sources to monitor preschool child health and obesity outcomes.

- Recommendations

1. The CDC program commends the state for identifying and engaging with a diverse set of partners to accomplish the Domain 2 activities
2. Based on the site visit discussions and previous quarterly Domain 2 calls, all of the state nutrition, physical activity, and obesity (NPAO) strategies are progressing in a satisfactory manner involving key partners, using a methodical process to develop and pilot resources, and evaluating implementation of the strategies.
3. The CDC program recommends that the state NPAO staff consider ways to disseminate messages through healthcare and community-based Diabetes Self-Management Education (DSME) programs and National Diabetes Prevention Program (National DPP) providers that can connect patients to the 1305 nutrition and physical activity promotion resources. Examples of program resources that connect healthcare providers to NPAO community resources include:
  - a) Fruit and Vegetable Prescription Program for farmers' markets – e.g. Wholesome Wave's Fruit and Vegetable Prescription Program® (FVRx®)  
<http://www.wholesomewave.org/our-initiatives/fruit-and-vegetable-prescription-program/>
  - b) Park Prescriptions and Physical Activity Prescriptions – e.g.
    - a. National Recreation and Park Association <http://www.nrpa.org/Grants-and-Partners/Recreation-and-Health/Park-Prescriptions/>
    - b. Washington DC and Boston, Massachusetts examples  
<http://centerforactivedesign.org/prescriptionforphysicalactivity>
    - c. Older adult prescription program  
<http://www.firststeptoactivehealth.com/providers/activity.htm>
  - c) Walk With a Doc Program <http://walkwithadoc.org/>

- Follow-up Actions/ Next Steps

1. Carrie Dooyema, DNPAO Subject Matter Expert, sent information to Misty Pearson about how to request access to the South Carolina Head Start's obesity data.

Update: No additional information needed.

2. The state sent CDC the link to the Health + Planning Toolkit, a preview of the Pedestrian Planning Survey, copies of the six community posters, and the full evaluation results from the Active Communities Environment project.

Update: Completed

### Domain 3

- Key Accomplishments

1. The state has a strong partnership with the WISEWOMAN program. The state assists with self-measured blood pressure monitoring of hypertensive women in the program as well as the adoption of hypertension protocols in practices that treat WISEWOMAN patients.
2. The Carolinas and Georgia Chapter of the American Society of Hypertension (ASH) is training providers to become hypertension specialists. The state is working with ASH to provide training on social determinants of health and address factors that affect health. This will help the providers to more holistically address hypertension.
3. The South Carolina Primary Healthcare Association is exploring the expansion of the reach of hypertension specialists across the state by incorporating them into telehealth care.
4. The state has contracted with the Care Coordination Institute (CCI) to assist them in targeted activities related to their 1305 Domain 3 strategies. CCI has a strong relationship with providers across the state. CCI provides de-identified data for providers to allow for practice improvement and patient follow-up. The providers also allow CCI to use the de-identified aggregate data (which is used for the 1305 performance measures). They also develop huddle reports for providers working in patient-centered medical homes (PCMH). These huddle reports allow PCMH providers to implement quality improvement processes in their practices.
5. The state has a strong relationship with their PCMH providers. The PCMHs have incorporated self-management of hypertension as a priority. They ensure patients with abnormal blood pressure readings are not lost to follow-up by including nurse case management in their protocols. They also employ patient advocates who contact patients who have cancelled appointments. These advocates assist patients in overcoming any barriers to keeping their appointments. There is also consultation with a pharmacist to ensure medication adherence is taking place. Finally, a referral system is in place for patients who need referral for hypertension or diabetes self-management education (DSME) and follow-up. This complex system is successful due to the use of electronic health records in the quality improvement process.

- Key Issues

1. The state has not yet explored opportunities with key partners such as their Quality Innovation Network (QIN)/Quality Improvement Organization (QIO) and Regional Extension Center.

- Recommendations

1. The state should explore opportunities for collaboration with key partners including their QIN/QIO and Regional Extension Center.

- Follow-up Actions/ Next Steps

1. The state will update Chanel Recasner as to the status of the contacts with their key partners.

Update: South Carolina contacted the CDC Team Lead, Chanel Recasner, to inform her that they have researched including the state's QIN/QIO and Regional Extension Center in some capacity for the year 04 continuation application. The Community Clinical Linkages Coordinator is working to set up a meeting with the division and other individuals within the bureau that could benefit.

2. A separate call (or series of calls) will be set up to discuss the Domain 3 activities in the revised 1305 workplan.

Update: The South Carolina CDC Project Officer series of calls were set up by the CDC Team Lead, Chanel Recasner, on November 12, 2015.

#### Domain 4

- Key Accomplishments

1. South Carolina's work on 1305 strategies related to DSME (Basic Strategy 7, Enhanced Strategy 4.1) have been closely tied to its Domain 3 work with healthcare system change. The South Carolina Primary Care Association has worked with SC DHEC staff to establish DSME programs at federally qualified health centers (FQHCs) as part of their efforts to achieve PCMH recognition; DSME fulfills the PCMH requirements for self-management education. The state is also providing training on DSME accreditation/recognition and providing technical assistance with the process. South Carolina has hired a billing specialist to assist DSME programs with billing Medicare and Medicaid. South Carolina created a DSME curriculum that meets the National Standards, and new FQHC sites are trained in this curriculum. South Carolina does not offer a state umbrella certification for DSME programs and does not offer the programs through local health department sites. In addition to the DSME programs at the FQHCs, the majority of other DSME programs in South Carolina are offered through hospitals/regional health centers.
2. South Carolina's work on 1305 strategies related to prediabetes (Basic Strategy 6) and the National Diabetes Prevention Program have included working with their state WISEWOMAN program to identify WISEWOMAN participants who are prediabetic as well as hypertensive.
3. South Carolina is also building on their July National DPP state partner engagement meeting to strengthen their relationship with the South Carolina Medical Association, the state branch of the American Medical Association, to boost awareness of prediabetes and increase physician referrals to CDC-recognized lifestyle change programs. Efforts are underway to disseminate the AMA/CDC Provider Toolkit to local health care providers, especially in communities located near an existing lifestyle change program.
4. Enhanced Strategy 4.3 (Stanford Chronic Disease Self-Management Program or CDSMP): South Carolina continues to work closely with the Division of Healthy Aging to support the Stanford CDSMP programs with additional trainings for Master Trainers and Workshop leaders as needed.

- Key Issues

1. South Carolina has a staff vacancy due to the retirement of the individual who worked on DSME; they are seeking to hire a replacement, preferably a Certified Diabetes Educator. The person in this position will continue to work with existing and new DSME sites on quality control, reimbursement, and accreditation issues. South Carolina should strive to fill this position as soon as possible.
2. A good part of the discussion on 1305 strategies related to the National DPP focused on what types of activities are most appropriate for 1305 Basic Strategy 6 and Enhanced Strategy 4.2 and which are more appropriate for 1422 Components 1 and 2. This will be described further in the 1422 Site Visit Report. The Diabetes Project Officer also had a Domain 4 specific call with state staff on Friday, September 11<sup>th</sup> which

cleared up some confusion about the focus and expectations of National DPP work under 1305 and 1422.

- Recommendations

1. CDC staff recommended that South Carolina consider moving outside the health care system to build partnerships to sustain both its DSME and National DPP work. Although their existing partnerships are strong, and the programs successful, there may not be enough programs of either type to meet existing need. South Carolina should continue to work with its state WISEWOMAN program and state Arthritis Program to strengthen partnerships and cross-referrals among clients.

- Follow-up Actions/ Next Steps

1. Jean Gearing will contact the Division of Diabetes Translation's worksite wellness subject matter expert, Dr. Pamela Allweiss, to arrange a meeting with South Carolina staff working in Domains 2 and 4 to discuss options for integrating work on both DSME and the National DPP.

Update: Waiting on information from CDC.

2. Jean Gearing will contact the WISEWOMAN Program and Arthritis Program Project Officers at CDC to discuss opportunities for joint technical assistance on their respective interventions.

Update: Waiting on information from CDC.





## 1305 Staff Attending CDC Site Visit

Staff Member	Title
Lisa Davis	Deputy Director of Preventive Health Services
Joe Kyle	Bureau of Community Health and Chronic Disease Prevention Director
Shauna Hicks	Office of Health Equity, Promotion and Wellness Director
Rhonda Hill	Diabetes, Heart Disease, Obesity and School Health Division Director
Lori Phillips	Division of Nutrition, Physical Activity and Obesity Director
Kristian Myers	Office of Program Evaluation Services Director
Khosrow Heidari	Division of Chronic Disease Epidemiology Director

### Domain 2

Staff Member	Title
Misty Pearson	Early Care and Education Coordinator
Erica Ayers	Healthy Schools Coordinator
Kelly Kavanaugh	Active Living Consultant

### Domain 3 and Domain 4

Staff Member	Title
Kay Lowder	Community Clinical Linkages Coordinator
Michelle Moody	Lifestyle Intervention Coordinator
Teresa Robinson	Quality Improvement Coordinator

### 1305 Evaluation Staff

Staff Member	Title
Tangee Thomas	Program Evaluator
Ali Mansaray	Program Evaluator

## 1305 Epidemiology Staff

Staff Member	Title
Kate Callahan	Program Epidemiologist
Betsy Barton	Program Epidemiologist

## 1305 Community Partners

Name	Organization	Primary Domain
Beth Barry	Alliance for a Healthier Generation	Domain 2
Representative	SC Department of Social Services	Domain 2
Alyssa Renwick	Graduate Assistant	Domain 2
Susan Collier and Suzanne Sanders	SC DHEC Midlands Region Community Team Members	Domain 2
Paula Stover	Sumter Family Health Center	Domain 3
Sheryl Mack	Carolinas-Georgia-Florida Chapter - American Society of Hypertension	Domain 3
Rob Davis and Dr. Brent Egan	Care Coordination Institute	Domain 3
Will Feagan	SC Primary Health Care Association	Domain 4
Susan Tucker	Beaufort Jasper Federally Qualified Health Center	Domain 4
Amy Splittgerber	SC Alliance of YMCAs	Domain 4
MJ Pierce	Columbia YMCA	Domain 4