

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>10-5-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>000183</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-16-07</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
<i>cc: Please cc Ms. Forkner on response.</i> <i>Cleared 10/17/07 LTTX</i> <i>attach. b.1</i>			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

RECEIVED

OCT 05 2007

**Department of Health & Human Services
OFFICE OF THE DIRECTOR**

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Deputy State Director

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Associate State Director

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Associate State Director

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Policy

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Ms. Annmarie McCanne
Division of Care Management
Department of Health and Human Services
PO Box 8206
Columbia, South Carolina 29202-8206

Dear Ms. McCanne:

Dr. Stan Butkus, State Director of South Carolina Department of Disabilities and Special Needs (DDSN), has asked me to respond to you concerning the letter he received earlier this month from Emma Forkner about the "Prevention Partnerships Activities Inventory/Clearinghouse".

As we have communicated to DHHS in previous years, DDSN is involved in a number of agency and collaborative prevention and wellness initiatives. Attached is our inventory of these efforts, which are monitored by our agency Prevention and Wellness Committee. Only two of the activities relate well to the form you are requesting, so these also are attached.

We note that according to Mrs. Forkner's letter, DHHS will "collate the data and develop an interagency state prevention and healthy living plan." Since this is an interagency plan, will other agencies such as DDSN be invited to participate in developing it? We are concerned that there are many health disparities in people with disabilities compared to those without disabilities. We feel this should be addressed within the interagency state plan.

DDSN has not been informed annually of the availability of the DHHS "prevention partnership grants". Our agency or some of our partner organizations may wish to pursue this grant funding for projects to promote wellness in people with disabilities and prevent secondary debilitating conditions. We are notified when this funding becomes available in FY-2008.

If you have any questions, please contact me at 898-9789.

Sincerely,

Emma C. Forkner

Linda C. Veldheer, Ph.D.

Chairperson, DDSN Prevention and Wellness Committee

Cc: Beverly Hamilton Emma Forkner

DISTRICT I

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Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

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Summerville, SC 29485
Phone: 843/832-5576

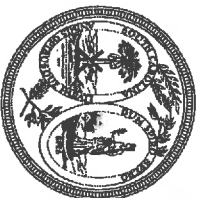
DISTRICT II

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
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Log: Myers

app. 10/10/07

*C. Emma M. Rogers
pls.*



State of South Carolina

Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 17, 2007

Linda C. Veldheer, Ph.D.
Chairperson, DDSN Prevention and Wellness Committee
SC Department of Disabilities and Special Needs
Post Office Box 4706
Columbia, South Carolina 29240

Dear Dr. Veldheer:

Thank you for your response related to the prevention and wellness initiatives supported by the Department of Disabilities and Special Needs (DDSN). It is good to know that DDSN has such an active Prevention and Wellness Committee that is involved in so many good activities. The Department of Health and Human Services (DHHS) has been directed by a proviso to collect this information so that one consolidated inventory can be prepared.

Attached is a copy of the prevention and healthy living plan that was developed for 2006. We welcome your review with hopes that you will provide additional information for inclusion for this year's updated version. Ideally, we agree that a statewide plan should be prepared with input from all concerned parties, but the terms of this proviso did not enable us to establish a large work group. For this reason, DHHS staff researched previously developed prevention plans that had included representatives from each agency and the community and updated it as best we could to reflect current statewide health needs. We would appreciate receiving your comments by December 5, 2007, since the completed document is due to the legislators by mid-January.

I apologize that you were not notified personally of the availability of the prevention partnership grants. However, each year, the Prevention Partnership Grant Application Request (GAR) has been posted on the DHHS website and the Governor's website as well as being listed by the State Budget and Control Board's Materials Management Office in *South Carolina Business Opportunities*. This is the method that the procurement office within DHHS suggested we follow. I understand that Ms. Beverly Hamilton did guide you to the GAR for this year's document. In future years, she or her designee will notify you via e-mail when the GAR is posted.

Again, we appreciate your response for the inventory and look forward to your comments for this year's healthy living plan. Should you have further questions, please contact Ms. Hamilton at (803) 898-4614.

Sincerely,

Felicity Myers
Deputy Director

FM/gh

Enclosure

Prevention Partnership Healthy Living Plan

Proviso 8:32

November 2006

Background:

In 1995, the South Carolina Human Service Coordinating Council (HSCC) developed a statewide strategic plan for primary prevention that was supported by the Governor's Office, the State Budget and Control Board, the General Assembly, and representatives from eighteen state agencies. This plan, which was developed in 1995 as a result of Proviso 129.57 of the Appropriations Act for FY 1993-1994, is still relevant to the state in 2006.

While there are many prevention initiatives underway throughout South Carolina as documented in the Prevention Partnership Inventory (Attachment I), there is no entity at any level of government that has the full ability to coordinate all of the activities and ensure that progress is made in reaching the goals set in the 1995 plan. In fact, the issues that the state is facing today as well as their contributing factors seem to have changed little over the course of these twelve years. This is, in part, due to the fact that most of the funding sources that support prevention programs are specific to certain diseases/causes which have reporting requirements that do not lend themselves to broader-based prevention activities that would encourage a coordinated approach. When exploring what is needed for the state to have an up-to-date, comprehensive Healthy Living Plan for 2006, we learned that the South Carolina Department of Health and Environmental Control (DHEC) has already developed and initiated the following prevention plans:

- Cardiovascular Health Plan (Attachment II)
- SC Cancer Control Plan (Attachment III)
- Diabetes Prevention Plan (Attachment IV)
- Obesity Prevention Plan (Attachment V)
- Tobacco Control Plan (Attachment VI)

While the state continues to deal with the fact that healthcare expenditures are almost exclusively focused on treating illness rather than investing in coordinated prevention activities, DHEC, with the benefit of a variety of federal funds, has moved forward in development of disease-specific prevention programming. There are overlapping goals found within each of these plans that are central to a comprehensive Healthy Living Plan.

All sectors of society have roles in improving South Carolina's health and welfare. Faith-based organizations, county governments, state agencies, private businesses, and industries must be supported in the development of programs and policies designed to focus on prevention. They should be encouraged to share resources and establish tailored programs that have measurable results. In addition, the work must be approached incrementally so that progress and success can be measured as effort is expended.

Prevention is defined as actions taken to eliminate, reduce, or buffer the effects or conditions that threaten the health and social well being of all people. Prevention can also be defined as programs that seek to prevent the onset of disease, disability, or high-risk behaviors through the enhancement of individual and community protective factors and the reduction of risk factors. Multiple strategies are required at multiple points (public opinion, policy change, cultural norms, etc.) to deliver a focused approach that prevents problems.

The South Carolina Healthy Living Prevention Plan should promote healthy lifestyle choices for all individuals by encouraging everyone to take responsibility for reaching the highest state of health and quality of life. In addition, it should focus on reducing risk factors and enhancing protective factors through education, legislation, and technology. It advocates activities, policies and procedures that are designed to shape our culture that are supportive of a healthier lifestyle. All of this should be built upon the public health model of prevention in which the agent, host, and the environment are addressed.

Overview of South Carolina:

In the 2000 Census, South Carolina's population was estimated to be approximately 4 million people. Over 2.5 million of the state's population was White (67.2%), over one million (29.5%) was African-American, 96,000 (2.4%) were Hispanic/Latino, and less than 1% were Asian or Native American. Also, according to Southeastern Market Growth Statistics and South Carolina Mapstats from Fed Stats, the total population of South Carolina grew by 13.7% between 1994 and 2004 and twenty-four percent of the population was under the age of 18 with twelve percent over the age of 65. It is expected that the elderly population will increase over the next 10 years as the number of youth declines. This is significant since the problems associated with chronic diseases, including high blood pressure, diabetes, lung disease, kidney disease, and other illnesses associated with obesity, contribute to the leading causes of death and are exacerbated as one ages.

The leading causes of death in the Palmetto State are as follows:

- Coronary heart disease/stroke
- Cancers
- Accidents

Coronary heart disease and stroke are the principle components of cardiovascular disease (CVD). CVD accounts for 36 percent of all deaths in South Carolina, making it the leading cause of death in the state. These diseases affect African-American men and women more often than Caucasians with African-American men being more than twice as likely to die of CVD. African-American women have 50 percent more strokes than Caucasian women. While CVD is the leading cause of death within each race and sex, African-Americans bear a disproportionate burden. The major risk factors are high blood pressure, high blood cholesterol, obesity and diabetes. Smoking is also a contributing

factor for the development of CVD. All of these risk factors, to a large degree, are preventable, making CVD the leading preventable cause of death in the state.

Cancer is the second leading cause of death in South Carolina. Breast cancer is the most commonly diagnosed with others including prostate, lung, colorectal, and skin cancers. Cancers of the mouth, pharynx, larynx, esophagus, pancreas, kidney and bladder are also prevalent. Almost two-thirds of cancer deaths are related to lifestyle factors such as tobacco use, diets high in saturated fat, and physical inactivity leading to obesity (e.g., women who are obese have a higher incidence of endometrial and breast cancers). Tobacco use alone is attributed as a cause for almost one-third of all cancer deaths. And, overexposure to ultraviolet radiation is believed to be the primary risk factor for skin cancer, including melanoma.

Deaths resulting from accidental injuries are the third leading cause of preventable death in the state. Education and instructions for parents and caregivers is needed on proper use and installation of child passenger seats, installation of smoke detectors to targeted populations, bicycle and playground safety, and violence prevention. While some accidents may not be avoidable, many are. Consultation, education, enforcement, and economic incentives are often needed to refocus efforts and increase community involvement in this area. Attention to risk factors such as alcohol and drug abuse, unsafe practices of use of tobacco products in the homes (e.g., smoking in bed), and improper use of child safety seats could reduce many accidents. Also, increasing the number of homes with working smoke detectors would lower the number of fires in homes and resulting injuries and deaths.

While there are certainly other preventable causes of death within the state, the Prevention Partnership Healthy Living Plan should focus on the behaviors that contribute to these three major causes first. As a result, the state would recognize major overall health improvements.

Recommendations:

Recommendations are:

1. Utilize the Prevention Partnership Inventory information to form a baseline for determining strengths and weaknesses.
2. Assess these programs and activities for the level of acceptance within the communities.
3. Assess the impact that each is causing to alter behaviors.
4. Determine the likelihood that the programs can be expanded and/or redirected to be even more inclusive or engaging.

We also recommend that the following goals and objectives be adopted by the State:

GOALS	OBJECTIVES
1. Promote healthy behaviors	<ul style="list-style-type: none">• South Carolinians will adopt healthy behaviors,

among all South Carolinians to prevent or reduce coronary heart disease and stroke with a focus on reducing health disparities.	<ul style="list-style-type: none"> including being physically active, avoiding tobacco use, and adopting heart-healthy nutritional habits. Community environments will support the adoption and maintenance of healthy behaviors. Public policies at the state and local level will support the adoption and maintenance of healthy behaviors.
2. Promote early detection of risk factors for coronary heart disease and stroke (high blood pressure, high blood cholesterol, obesity and diabetes) and the early detection of coronary heart disease among all South Carolinians with an emphasis on disparate populations.	<ul style="list-style-type: none"> South Carolinians will recognize the linkage between risk factors and diabetes, coronary heart disease and stroke. South Carolinians will obtain appropriate screenings for diabetes, coronary heart disease and stroke risk factors in accordance with established guidelines. The health care system will assess and counsel individuals in a culturally appropriate manner and make necessary referrals to assure prevention and control of diabetes, cardiovascular disease and their risk factors. Communities will facilitate opportunities to increase screening, awareness, and control of diabetes, cardiovascular disease and their risk factors. Public policies will encourage an increase in screening, awareness, and detection of diabetes, coronary heart disease and stroke and associated risk factors.
3. Promote early and aggressive treatment and control of risk factors for coronary heart disease and stroke (high blood pressure, high blood cholesterol, obesity and diabetes) among all South Carolinians with a focus on reducing health disparities.	<ul style="list-style-type: none"> South Carolinians will obtain appropriate treatment for diabetes, coronary heart disease and stroke risk factors. Health care system will provide means to treat diabetes, coronary heart disease and stroke risk factors. Public policies will support early and aggressive treatment of diabetes, coronary heart disease and stroke risk factors.
4. Increase prevention efforts aimed at non-smokers and promote quitting among youth and adults.	<ul style="list-style-type: none"> Promote healthy behaviors among all adults. Expand the public's knowledge of smoking cessation programs and pharmacological treatments of nicotine addiction. Work with physicians and other health care professionals to encourage cessation of smoking and tobacco use among their patients. Work with businesses to address the cessation needs of employees who smoke. Work with health insurers and managed care organizations to address health coverage needs for smokers who desire to quit. Strengthen efforts to promote smoke-free environmental policies as a means to encourage cessation. Increase local presence and activity in communities

	<p>through development and support of local tobacco coalitions.</p> <ul style="list-style-type: none"> • Increase availability of effective cessation programs. • Support and coordinate with smoke-free ordinance initiatives for local communities. • Promote youth involvement in tobacco use issues. • Promote the role of the family and community in nurturing healthy tobacco-free lifestyles in their children and youth. • Work with state and local governments to address measures to reduce youth smoking and tobacco use. • Promote youth participation in Rage Against the Haze. • Increase the cigarette tax to the national average and support advocacy efforts to direct a proportion of the revenue toward tobacco prevention programs. • Expand the public's awareness of and involvement in the elimination of environmental tobacco smoke. • Protect the health of populations at greatest risk of exposure to environmental tobacco smoke. • Strengthen provisions in the South Carolina Clean Indoor Air Act.
<p>5. Improve knowledge of diabetes, quality of life, and access to prevention and intervention services for people at risk and those affected by diabetes.</p>	<ul style="list-style-type: none"> • Increase the number of people who report healthier lifestyles (nutrition, exercise, and/or weight control) by 2% yearly. • Increase the number of people who are aware of the risk factors, signs and symptoms, and burden of diabetes by 5% yearly. • Increase the number of persons who have access to care for preventive services, screening, and interventions to decrease the burden of diabetes by 5% yearly. • Increase the number of persons with diabetes and their families who receive formalized systematic diabetes education by 5% yearly. • Increase the number of persons with diabetes who report utilization of key monitoring guidelines. • Expand insurance and managed care coverage for prevention and intervention services for diabetes that have documented cost-effectiveness. • Improve quality of life for persons with diabetes through learning and self-management.

<p>6. Identify and eliminate disparities among populations.</p>	<ul style="list-style-type: none"> • Identify disparities in illness, disability and premature deaths from chronic diseases and environmental hazards caused by tobacco use. • Expand the public's awareness of and involvement in tobacco disparity issues. • Eliminate disparities among populations experiencing the greatest adverse health impacts from tobacco.
<p>7. Develop collaborative relationships with at least 4 statewide and local community and state entities with similar missions and goals for physical activity and nutrition policies in South Carolina.</p>	<ul style="list-style-type: none"> • Promote policies and legislation that provide safe, enjoyable, and accessible environments for physical activities in schools and for transportation and recreation in communities. • Develop collaborative relationships to initiate programs to promote healthy eating patterns. <ol style="list-style-type: none"> 1. Promote adequate nutrition intake among children and adults, targeting African-Americans. 2. Promote healthy eating habits with the routine health education given by health professionals. 3. Advocate with schools and work sites to provide healthy eating choices in vending machines and food service. 4. Promote the use of SCCA's Cancer Education Guide to increase awareness of the benefits of health eating as related to cancer prevention.
<p>8. Increase the proportion of adults who engage regularly in moderate physical activity for at least 30 minutes a day.</p>	<ul style="list-style-type: none"> • Develop partnerships with city planners, and transportation entities to modify environments and promote policies that support physically active lifestyles. • Work with communities and law enforcement agencies to provide safe, convenient areas to enhance physical activity. • Promote regular physical activity as a routine component of health education counseling provided by health care providers. • Promote the use of the SCCA's Cancer Education Guide to increase awareness of the benefits of regular physical activity as related to cancer prevention. • Promote Governor and First Lady's "Healthy SC Challenge" initiatives among state agencies.
<p>9. Increase the proportion of persons who use at least one of the following protective measures that may reduce the risk of skin cancer: avoid the sun between 10:00am-4:00pm; wear sun-protective clothing; use sunscreen rates SPF 15 or higher; routinely check for</p>	<ul style="list-style-type: none"> • Collect data on exposure. • Promote strict regulations and policies for tanning booths and facilities. • Target daycare and elementary schools setting with multiple skin cancer prevention interventions focused on UV radiation protective behaviors. • Educate adolescents and young adults regarding the dangers of severe burns (sun or tanning bed).

unusual moles; avoid artificial sources of ultraviolet light.	
10. Increase the proportion of adults who have necessary cancer screenings.	<ul style="list-style-type: none"> • Increase the proportion of adults 50+ who have had a colonoscopy or sigmoidoscopy procedure within the past 10 years. • Increase the proportion of women 40+ who have received a clinical breast exam within the preceding 2 years. • Increase the proportion of women 40+ who have received a mammogram within the preceding 2 years.
11. Prevent and reduce the occurrence of injury and violence that impact the quality of life in South Carolina.	<ul style="list-style-type: none"> • Educate and instruct parents and caregivers on the proper use and installation of child passenger seats and assists at care safety check-up events. • Increase bicycle and playground safety by educating children on the proper use. • Increase the number of homes with working smoke detectors. • Raise awareness of domestic and gang related violence. • Provide early support and intervention by helping young people build healthy relationship skills. • Plan anti-gang interventions with the school community. • Engage leaders from all sectors of the community in a community-wide violence prevention public education campaign.

Summary:

As mentioned earlier, there are many important disease-specific prevention initiatives presently underway throughout South Carolina. Taking steps to consolidate programs and activities to produce a comprehensive statewide prevention focus could exponentially increase the effectiveness of the work as well as reduce the likelihood of duplication.

Many South Carolinians practice lifestyle behaviors that may be destructive and negatively affect their health. However, with the right combination of public education, public policy and targeted interventions, communities and individual citizens can make improvements that will have a long-term positive effect on the overall health status found in South Carolina.