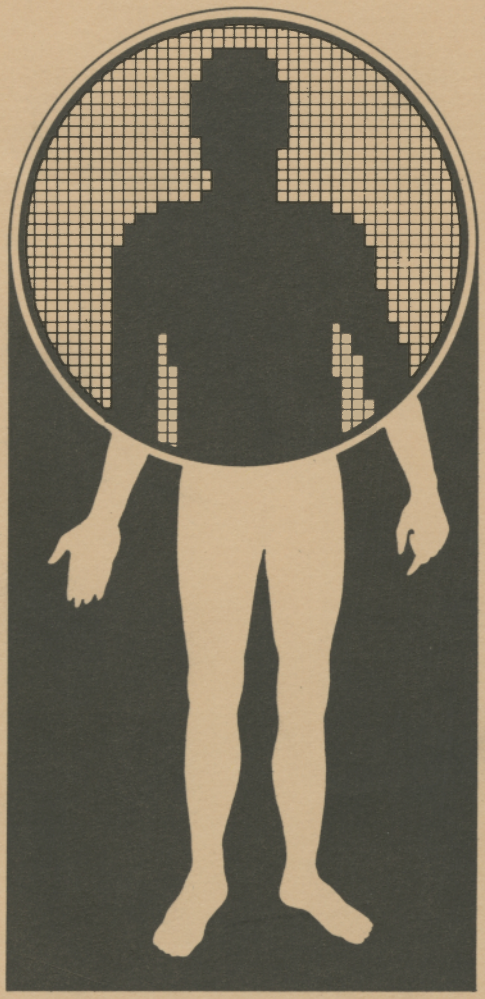

GOVERNOR'S CONFERENCE ON HEALTH

PREVENTION FOR THE EIGHTIES

Dear Friends:

This pamphlet and the Governor's Conference are initial steps to promote better "health styles" for South Carolinians. The basis for the goals is the U.S. Department of Health and Human Services' HEALTHY PEOPLE which outlines broad 1990 goals for the nation. HEALTHY PEOPLE was modified to reflect South Carolina's uniqueness and the preventative aspects of the State Health Plan's 1984 goals.

Business, industry and government officials are asked to join hands in the implementation of these goals in respect to the services they provide, the products they manufactured and the people they employ. Each group is asked to evaluate where they are now and make a commitment to objectives they feel they can achieve by 1984.

Other steps toward our goals are follow-up sessions to the conference planned for six month intervals.

We will be working closely with the Statewide Health Coordinating Council, the Primary Prevention Council and the State Health Planning and Development Agency on other health promotion and disease prevention efforts in the future.

We hope that you will join us in becoming stylishly healthy in the 80's.

Yours sincerely,

Dick Riley

Richard W. Riley

RWR/eld

Preface

The following flow charts demonstrate the linkage between health planning at the national, state and local levels. The U.S. Surgeon General's Report HEALTHY PEOPLE outlined national goals for 1990. The South Carolina State Health Plan includes state goals that, while still very broad, more clearly describe the type of action that will contribute to achievement of the national goals.

Objectives are much more detailed than goals; they include a specifically quantified target and time frame for their attainment. Systems objectives generally outline actions to be taken while status objectives describe the new outcome levels to be reached. System and status objectives form the basis for the development of even more specific steps to arrive at the levels described.

The accomplishment of national goals requires directed action at the state level and depends ultimately upon the completion of a succession of key steps at the community level. The definition of these steps remains to be done. The system and status objectives described in this document are by no means all encompassing. Doubtless, there are other objectives that might be designed to contribute to the achievement of state and national goals. However, the selection of these particular objectives was based on a desire to focus heavily on *prevention* as a means of working toward the goals.

These materials were developed through the cooperative efforts of the South Carolina Primary Prevention Council, the State Health Planning and Development Agency, and the Governor's Office. Goals and objectives contained in HEALTHY PEOPLE and the 1981 State Health Plan were used by the pre-conference planning committee as a framework for the development of this document.

GOVERNOR'S CONFERENCE ON HEALTH: PREVENTION FOR THE 1980'S

Conference will focus on five areas:

Prenatal Care for Infants
Early Development for Children
Comprehensive Health for Adolescents
Physical and Emotional Fitness for Adults
Family and Community Involvement for Older Adults

Age Group	Focus	System Objectives	Status Objectives
Infants	Prenatal Care	Maternal Health	reduce percentage of low birth weight infants
		Genetic Counseling	reduce percent of births with congenital anomalies
Children	Early Development	Habit Formation, Health Education	increase health awareness and positive behavior
		Immunization	reduce communicable disease
Adolescents	Comprehnsive Health	Behavioral Health	reduce alcohol involvement in traffic accidents
			reduce suicide and other violent injury
		Life Skills Education (including sex education and family planning)	control VD recidivisim
			reduce teenage pregnancy
Adults	Physical and Emotional Fitness	Exercise	reduce myocardial infarction
		Diet	reduce sugar, salt, fat and caffeine consumption
		Smoking	reduce cigarette/pop. rate
		Behavioral Health	reduce homicide and other violent injury
Older Adults	Family and Community Involvement	Improved Quality of Living	reduce percentage of institutionalized older adults
			reduce limitations on activity and restricted activity

Age Group: Infants
Systems Area: Maternal Health

Low birth weight (less than 5.5 lb. or 2500 grams) is the greatest single health hazard for infants. The mother's health and actions she takes that affect her body during pregnancy are important determinants of her infant's weight and health.

There are a number of characteristics or factors which contribute to increased risks of infant mortality or disease. They include low birth weight, inadequate prenatal care, maternal age (less than 19 or more than 35), inadequate nutrition, inappropriate use of alcohol and other drugs and smoking, among others. It is important that risk factors be known to prospective mothers and high-risk pregnancies be identified early.

Programs or actions which do the following will contribute to achievement of our systems and status objectives:

1. identify high-risk pregnancies* early;
2. provide access (geographic or financial) to and/or encourage use of adequate prenatal care for mother and fetus;
3. provide access (geographical or financial) to and/or encourage use of post partum care for infants;
4. assure adequate nutrition for mothers during pregnancy and for nursing mothers and infants after birth;
5. educate prospective mothers regarding proper care of self and fetus/infant, both physical and psychological;
6. educate prospective mothers regarding risks, especially use of alcholol, drugs, and cigarettes.

*High risk pregnancies are those with a higher than average chance of resulting in a baby with low birth weight or congenital anomalies (birth defects).

Age Group: Infants
System Area: Genetic Counseling

There is a growing pool of knowledge regarding inherited diseases and genetic disorders which lead to congenital anomalies. Low birth weight (less than 5.5 lb. or 2500 grams) is sometimes associated with congenital mental retardation, blindness, cerebral palsy, epilepsy, and physical anomalies, especially of malformations of brain, spine and heart. Maternal age (greater than 35 years) and environmental factors—exposure to radiation and chemicals—also can increase the risks of certain congenital anomalies.

Prospective parents can be tested and counseled regarding risks of transmitting diseases to their offspring. For women in high-risk categories, genetic material can be extracted from the fetus to ascertain presence of numerous genetic disorders likely to result in birth defects. Environmental factors known or suspected to be harmful to the fetus during early weeks of development can be avoided.

Programs or actions which do the following will contribute to achievement of our systems and status objectives:

1. provide information to physicians, especially family and general practitioners and obstetricians, about availability, need for and use of genetic screening and counseling services;
2. provide information to public, especially prospective parents, about known causes of birth defects and benefits of genetic services;
3. provide access to and/or encourage use of genetic services by pregnant women over 35 years;
4. increase receptivity to and acceptance of genetic screening and counseling, especially by minorities;
5. protect mothers and fetus from potential environmental hazards during early pregnancy, especially in the work place;
6. protect expectant mothers from exposure to infectous diseases such as rubella and toxoplasmosis;
7. protect expectant mothers from inappropriate use of drugs and other substances that can affect the fetus in early pregnancy;
8. decrease likelihood of low birth weight. (See also Maternal Health.)

Age Group: Children
System Area: Habit Formation/Health Education

The formative years of childhood present the most important opportunities to shape good health habits both physical and psychological. In addition to good parenting, comprehensive health education in schools is considered one of the best ways to provide the knowledge, problem solving skills, and attitudes necessary to structure one's lifestyle so that risks to one's own health and that of others are minimized and social competency is maximized.

A minimum amount of time is required to be devoted to health education in South Carolina. The South Carolina Department of Education has provided a model curriculum guide, but the utilization of these and other model curriculum materials, varies considerably from school to school. Much of the health education provided is tacked onto other courses, such as physical education or biology, and is taught by teachers without specific training in health especially at elementary levels.

Actions which do the following will help achieve objectives involving health education and habit formation:

1. promote development of understanding self and others, of identification with appropriate role models and family group;
2. provide experiences which contribute to children developing self-esteem, self-reliance, and competency;
3. encourage effective use of model curriculum guides for teaching health education in South Carolina;
4. encourage school boards and principals to assure provision of health education which meets or exceeds current minimum time requirements;
5. increase the proportion of teachers teaching health who are certified health educators, certified to teach health, or have other specialized training in teaching health.

Age Group: Children
Systems Area: Immunization

Many communicable diseases which used to be a life or health hazard and common to childhood can now be controlled through proper immunization. We have seen a lowered incidence for diseases such as poliomyelitis, rubella (German measles), mumps, rubeola (red measles), diptheria, tetanus, and pertussis (whopping cough), but many of these could become problems again if proper immunizations are not provided for as many children as possible at the earliest appropriate ages.

State laws and regulations now require complete immunization series for all children entering school unless they have religious objections or a medical exemption. Similar requirements, however, do not exist for all pre-school children.

Programs or actions which do the following can help achieve objectives related to childhood communicable diseases and immunization:

1. assure compliance with state law regarding "No Shots—No School";
2. encourage or require full immunizations for all children in day care centers, both licensed and registered;
3. insure parents are aware of recommended schedule and number of immunizations and importance of immunization for children less than three years old;
4. provide access (geographical or financial) to and/or encourage use of regular health and medical care for infants and preschool children;
5. encourage physicians to review periodically patients' records to make sure a proper immunization schedule is maintained;
6. focus public attention on immunization through special programs, public information, or events, such as "health fairs", "shot days", and others.

Age Group: Adolescents and Young Adults
Systems Area: Behavioral Health

The suicide rate for those aged 15-24 in South Carolina ranked second in the leading causes of death for this age group. In particular, the suicide rate for white males was significantly greater than any other race/sex category.

The risk factors associated with suicide, as well as homicide and child abuse, revolve around an individual's general inability to cope with certain life situations. The at-risk categories most in need of educational treatment services are young white males, non-white males, and lower socioeconomic families.

The misuse of alcohol and drugs to adolescents and young adult has been recognized as a significant problem facing South Carolina's youth. Early intervention and primary prevention have been emphasized as vehicles through which potential substance abusing lifestyles can be altered.

Programs or actions which do the following will contribute to achievement of behavioral health related objectives:

1. provide health education, in schools and other settings, which includes specific curricula about the behavioral aspects of health and stresses development of understanding of self and others, development of self-esteem and appropriate life goals, development of adequate inter- and intra-personal skills;
2. provide experiences which teach self-reliance and coping, such as employment (part-time or summer), Outward Bound, scouting, 4-H, YMCA/YWCA, sports, etc.;
3. provide information and referral services to at-risk individuals in a school setting;
4. encourage peer counseling and decision alternatives regarding drugs;
5. provide mass media information regarding the availability of emergency (crisis-lines) and ongoing treatment services;
6. provide accessible counseling and treatment services in a community setting to individuals in need;
7. provide education and training services to those most involved with high-risk individuals, e.g., teachers, clergy, DSS workers, etc.
8. provide driver education training which emphasizes the hazards of driving and the use of alcohol/drugs;
9. provide driver education courses for all individuals arrested for driving under the influence.

Age Groups: Adolescents and Young Adults
Systems Area: Life Skills Education

In South Carolina almost eleven thousand babies were born to teenage mothers (15-19 years old) in 1977. Teenage pregnancies run a much higher risk of maternal and/or infant morbidity and mortality. Adolescent motherhood also has been associated with lowered educational and occupational attainment, reduced income, and increased likelihood of welfare dependency. The utilization of family planning services by these high-risk individuals has been seen as an effective intervention strategy to prevent unwanted and/or ill-timed pregnancies.

Reported cases of syphillis and gonorrhea totaled 754 and 25,149 respectively in 1979. Highest at-risk for venereal diseases are adolescents and young adults. Various lifestyle factors and social environmental conditions have been recognized as impacting upon the incidence of venereal disease in this age group (e.g., personal hygiene habits, leisure time, sexual preference, and socio-economic status).

Programs and/or actions which would help to accomplish the health status and systems objectives relative to teenage pregnancy and sexually transmitted diseases are:

1. provide school health education curricula which identifies the importance of family planning, the responsibility of sexual relations, and the availability of existing services;
2. provide screening services for venereal diseases and pregnancy to at-risk individuals;
3. provide community information and referral services to individuals in need;
4. provide mass media announcements which identify the importance of family planning/venereal disease testing and the availability of existing services;
5. provide positive experiences which encourage development of self-esteem, self-reliance and coping, such as Outward Bound, scouting, YMCA/YWCA, 4-H, sports and other programs;
6. provide experiences and/or education which encourage setting and pursuit of appropriate life goals;
7. provide education regarding the symptoms of VD and importance of early identification.

Age Group: Adults
Systems Area: Exercise

Less than half of South Carolina's adults currently exercise on a regular basis. Studies have shown the positive impact that routine exercise has on hypertension, heart conditions, as well as on individual overall weight and fitness. Exercise also has positive psychological benefits.

Programs and/or actions which could help to achieve the systems and status objectives relative to exercise include the following:

1. provide public information and education in mass media and other promotional settings (health fairs, malls, etc.) concerning the positive benefits of exercise;
2. provide screening programs for hypertension in work settings, and emphasize the impact that exercise could have on individual health;
3. provide patient education which stresses the importance of routine exercise to overall health;
4. provide recreational facilities/settings which encourage exercise, such as bike paths, foot paths (Par courses), gyms, pools;
5. employee incentive programs to encourage exercise;
6. encourage discounts by insurance programs for people who exercise regularly.

Age Group: Adults
Systems Area: Diet

Individual diet can impact upon such health status problems as heart disease, hypertension, dental caries, stress and obesity. Currently, South Carolinians consume salt, fats, caffeine and sugar in amounts that may contribute to the high incidence of these health problems. Individual lifesytle patterns appear to be the primary linkage factor towards which interventions could be addressed.

Programs and activities which do the following could help to accomplish the status and system objectives related to diets of adults in South Carolina:

1. provide public educational campaigns concerning the importance of a healthy diet through mass media, voluntary organizations, public congregation places, and other promotional activities;
2. provide health education which emphasizes the impact diet may have on individual health;
3. provide patient education which stresses the importance of moderate weight and diet reduction of fats, sugar and caffeine;
4. encourage availability of "healthy" snacks (food and beverages) in public facilities and lunch or break areas of work places;
5. encourage discounts by insurance programs for people who are not overweight.

Age Group: Adults
Systems Area: Smoking

Cigarette smoking has been causally linked to lung cancer, respiratory diseases, cerebrovascular diseases, and other health disorders. It is estimated that one out of every three South Carolinians currently smoke. Peer pressure, stress, and social environments may contribute to the initial adoption and the eventual continuation of this habit.

Programs and actions which accomplish the following will impact upon the successful achievement of the related health status and systems objectives:

1. provide school health education (grades K-12) which stresses the negative health impact of cigarette smoking. (Children can exert considerable pressure on their parents.);
2. provide community health education through voluntary organizations which raise the public consciousness of the related cancer and respiratory risks of cigarette smoking;
3. provide community screening services to diagnose smoking related diseases as early in the treatment process as possible;
4. provide industrial education and screening programs which educate employees of the combined hazards of smoking and environmental vulnerability factors;
5. encourage employees to quit smoking through incentive programs;
6. encourage discounts by insurance programs for non-smokers;
7. encourage designation of non-smoking areas and other means of protecting non-smokers from the hazards and annoyance of smoke;
8. create an attitude or perception of smoking as an unattractive, dirty, annoying habit;
9. provide stress management programs to introduce alternative ways of dealing with stress.

Age Group: Adults
Systems Area: Behavioral Health

The emotional health of an individual has been recognized as a key linkage factor to numerous problems such as substance abuse, poor nutrition, violent injury/death, divorce, mid-life crises, and vocational indecisions.

Mortality from homicide is an important indication of the mental/emotional health of an area. The incidence of homicide in South Carolina is currently 40% above the national rate; and accounts for almost 10% of all deaths to those 25-44 years of age. In particular black males experience the highest death rate from homicide.

Risk factors which have been associated with homicide, as well as other violent death, include alcohol/drug abuse, individual lack of self-esteem, stress, interpersonal relations, and the socioeconomic environment.

It is estimated that 13.6% of males and 5.8% of the females in South Carolina use alcohol nearly every day. Alcoholism and substance addiction not only cause specific deaths but also contribute to cardiopulmonary disorders, liver ailments, and highway motor vehicle accidents. Almost one third of all fatal accidents in the State involved drivers charged with DUI.

Actions and/or programs which could help achieve the status and systems goals relative to behavioral health of adults would accomplish the following:

1. provide health education activities which inform individuals about the need to assess and plan for future decisions relative to career, leisure time, interpersonal relationships, and other individual life circumstances;
2. provide child and spouse abuse counseling and emergency care services;
3. provide marriage/partner counseling to develop parenting skills, communication lines, and enchance sexuality;
4. provide community health education activities which emphasize the association of alcholol abuse with violent deaths (e.g., homicide, highway fatalities, etc.);
5. promote and provide ongoing crisis and community treatment services for those in need of behavioral health counseling;
6. provide driver education courses for all individuals arrested for driving under the influence;
7. provide opportunities for experiences that build self-esteem and self-reliance, such as assertiveness training, sports activities, and other organized acitivities.

Age Group: Older Adults Systems Area: Improved Quality of Living

It is estimated that within South Carolina over one-half of all invidivuals experience limited activity due to chronic conditions. Most of the elderly within the State (about 95%) are currently able to remain in their own home rather than in institutions, but more may be able to do so with the provision of certain home-based or community support services. Home health/homemaker services, home delivered meals, and companionship services among others, all serve to provide the elderly an alternative to institutional care. To implement deinstitutionalization or prevent institutionalization of these individuals, appropriate re-structuring of the existing long-term care system would be needed (e.g., Medicaid/Medicare financing, availability of community services, etc.).

In addition, the involvement of older adults in volunteer programs also impacts on the improved quality of life for this population group. This type of involvement has been recognized as an important activity because it offers the elderly meaningful social interactions that may prevent unnecessary behavioral health problems due to isolation and inactivity.

Programs and actions which could help accomplish the status and system objectives relative to older adults include the following:

1. provide public and private home health services as an alternative to institutional care to those in need and assure reimbursement for community based services;
2. provide public education activities to publicize the availability of community services which could serve as alternatives to institutionalization for the elderly population in need;
3. provide information to all individuals who work with the elderly about the available community resources, and in particular about the need for volunteers from this age group (e.g., caseworkers, church personnel, volunteer organizations, etc.);
4. provide congregate meals and home delivered meals to all the elderly in need;
5. provide patient education to the elderly about the importance of regular exercise, following prescribed medication instructions, diet and interpersonal/social activities;
6. provide opportunities for increased participation by the elderly in family and community activities.

I. INFANTS

Surgeon General's 1990 Goal: **TO CONTINUE TO IMPROVE INFANT HEALTH**

A. Surgeon General's Subgoal: Reduce the Number of Low Birth Weight Infants

1. S.C. State Health Goal: *The accessibility, quality, and cost-effectiveness of maternal and child health services should be improved.*

System Objectives

a. By 1984, increase from 41% to 50% the number of eligible women in need participating in the Women, Infants, and Children Program.

b. By 1984, increase from 65% to 80% the number of pregnant women who receive prenatal services during the first trimester and increase from 58% to 65% the number of non-white women receiving prenatal care beginning in the first trimester of pregnancy.

c. By 1984, increase from 9% to 85% the number of identified high-risk mothers receiving complete prenatal, maternal and post-partum services.

d. By 1984, the availability and necessity of maternal services and the importance of preventive vs. acute care should be publicized in each health service area.

Status Objectives

a. By 1984, the rate of South Carolina's white infants weighing less than 2500 grams at birth should be reduced from 6.1% to 5.1% of all white live births.

b. By 1984, the rate of South Carolina's non-white infants weighing less than 2500 grams at birth should be reduced from 13% to 11.55% of all non-white live births.

B. Surgeon General's Subgoal: Reduce the Number of Birth Defects

1. S.C. State Health Goals:

The awareness of the need for and the availability of genetic counseling and screening programs should be improved.

The availability, accessibility, and cost-effectiveness of diagnostic genetic testing and counseling services to those in need should be improved.

Systems Objectives

a. *By 1984, all physicians should be aware of the need for, the availability of, and the appropriate referral to genetic counseling and screening services.*

b. *By. 1984, the general public, particularly prospective parents over age 35, should be provided special education and information services concerning genetic disorders and the availability of counseling and screening.*

c. *By 1984, increase from 11% to 35% the number of pregnancies to women over 35 screened by the four major providers of genetic services for metabolic, neural, or skeletal defects, chromosome disorders, and Tay Sachs disease.*

Status Objective

a. *By 1984, the rate of South Carolina's live births born with congenital anomalies should remain below 6.0 per 1,000 live births.*

II. CHILDREN

Surgeon General's 1990 Goal: **TO IMPROVE CHILD HEALTH AND FOSTER OPTIMAL CHILDHOOD DEVELOPMENT**

A. Surgeon General's Subgoal: Enhance Childhood Growth and Development

1. S.C. State Health Goal: *The availability and quality of school health education should be improved.*

System Objectives

a. By 1984, the S.C. Department of Education or other model curriculum guide should be used in primary schools in all school districts in South Carolina.

b. By 1984, all persons responsible for teaching health in South Carolina's schools should be certified health educators or certified to teach health or have other appropriate training. Elementary school teachers who are not certified to teach health should have an additional six hours of comprehensive health education courses recertification. The total number of teachers at least certified to teach health should be increased from 73% in middle grades, 87% in junior high grades and 95% in senior high grades.

Status Objective

a. By 1984, the average score of South Carolina 5th graders on the AAHPER Cooperative Health Education Test, Preliminary Form 4, should increase from 150 to 155.5.

2. S.C. State Health Goal: *The incidence of childhood diseases in South Carolina should be reduced.*

System Objectives

a. By 1984, the number of children properly immunized upon entering grades K-12 in the stae, except for those with religious objections, should be incrased from 96.9% to 100%.

b. By 1984, increase from 50% to 90% the percent of two year olds who have received all immunizations recomended by the American Academy of Pediatrics.

c. By 1984, public education programs should be developed and disseminated to create public and professional awareness of the importance of immunizations for children under three years of age.

Status Objective

a. By 1984, cases of childhood diseases for which immunizations are available should be recued by at least 80%. (Decrease the cases of rubella (77 to 15 by 1984), measles (183 to 36 by 1984), mumps (5 to 1 by 1984), pertussis (13 to 2 by 1984), tetanus (1 to 0 by 1984), diphtheria (maintain at 0 by 1984), poliomyelitis (maintain at 0 by 1984).

III. ADOLESCENTS AND YOUNG ADULTS

Surgeon General's 1990 Goal: **TO IMPROVE THE HEALTH AND HEALTH HABITS OF ADOLESCENTS AND YOUNG ADULTS.**

A. Surgeon General's Subgoal: Reduce Alcohol and Drug Misuse.

1. S.C. State Health Goal: *The accessibility, quality, and cost-effectiveness of comprehensive alcohol and drug abuse treatment services should be improved.*

System Objectives

a. By 1984, increase by 258 the number of youths under age 18 provided substance abuse counseling and treatment by county alcohol and drug commissions.

b. By 1984, driver education curricula should be reviewed for emphasis on alcohol abuse and each one in use should develop an alcohol and other substance abuse component.

Status Objective

a. By 1984, the percentage of traffic accidents involving teenage and young adult drivers (ages 16-24) with alcohol involvement should not exceed 16.6%.

B. Other Important Problems Cited by Surgeon General: Mental Health; Suicide

1. S.C. State Health Goal: *The availability of a full range of services aimed at the diagnosis and treatment of mental illness in local, non-restrictive environments should be improved.*

System Objective	Status Objectives
a. By 1984, community mental health centers should provide education and risk information services to those at risk for suicide, homicide, and child abuse (e.g., white young males, non-white males, lower socio-economic families).	a. By 1984, reduce the death rate due to suicide among those aged 15-24 from 13.9 to 13.6 per 100,000 population. b. By 1984, do not exceed the rate of 25.5 suicides per 100,000 population among white males aged 15-24. (25.5/100,000 represents the 1978 South Carolina rate. Both national and South Carolina rates have risen since 1970.)

C. Other Important Problems Cited by Surgeon General: Teenage Pregnancy, Sexually Transmissible Diseases

1. S.C. State Health Goals:

Family Planning services should be provided to all men and women in need of such services.

The incidence of venereal disease in South Carolina should be reduced.

The availability and quality of school health education should be improved.

System Objectives

a. By 1984, increse from 28.3% to 75% the percentage of women in need (as estimated by DHEC) utilizing family planning services, particularly those aged 12-17.

b. By 1984, increase from 17% to 30% the percentage of men (estimated to be in need by DHEC) utilizing family planning services, particularly those aged 12-20.

c. By 1984, the S.C. Department of Education or other model curriculum guide should be used in secondary schools in all school districts in South Carolina to provide comprehensive health education.

Status Objectives

a. By 1984, the rate of gonorrhea should decrease from 20.8 to 33 cases per 1,000 population age 15-24.

b. By 1984, the rate of syphilis should decrease from 1.14 to .84 cases per 1,000 population age 15-24.

c. By 1984, reduce the percentage of live births among women aged 13-19 from 21.9 to 18.5 percent of the total number of live births.

d. By 1984, demonstrate improvement in health education among adolescents as indicated through a health behaviors inventory.

IV. ADULTS

Surgeon General's 1990 Goal: **TO IMRPOVE THE HEALTH OF ADULTS**

A. Surgeon General's Subgoal: Reduce Heart Attacks and Strokes

1. S.C. State Health Goals:

The accessibility, quality, and cost-effectiveness of community health education should be improved.

The overall health status of residents of South Carolina should be improved through positive lifestyle decisions.

The nutritional habits of South Carolinians should be improved to prevent unnecessary morbidity and mortality.

Systems Objectives

a. By 1984, increase from 45% to 80% the number of adults who exercise 15-30 minutes at least three times a week.

b. By 1984, hypertension screening programs should be conducted in 100% of all industries employing over 1,000 people in each health service area, reaching at least 11% of the total state work force.

c. By 1984, information about the major risk factors associated with the State's leading health problems, stressing the importance of developoing a healthy lifestyle, should be disseminated in an effective manner to the state's residents.

d. By 1984, reduce the consumption of refined and processed sugars by about 45% to account for about 10% of total energy intake.

e. By 1984, reduce the overall fat consumption from approximately 40% to about 30% of energy intake.

f. By 1984, limit the intake of sodium by reducing the intake of salt to about 5 grams a day.

Status Objectives

a. By 1984, the rate of the population aged 45-65 experiencing myocardial infarctions should not exceed 41.2 per 10,000 population. (The 1978 S.C. rate; both U.S. and S.C. rates have been rising since 1970.)

b. By 1984, reduce from 55% to 50% the number of persons who eat pie, cookies or dessert three times per week; and reduce from 36% to 31% the number of persons who eat chocolate three times per week.

c. By 1984, reduce from 68% to 62% the number of persons who eat salted or smoked meats three times per week; reduce from 36% to 31% the number of persons who eat pretzels, chips or other kinds of snack crackers three times per week; and reduce from 61% to 56% the number of persons who always add salt to meals.

d. By 1984, reduce from 19.6% to 14.6% the number of persons who drink diet soft drinks; and reduce from 56% to 51% the number of persons who drink regular soft drinks.

B. Surgeon General's Subgoal: Reduce Death from Cancer

1. S.C. State Health Goals:

The accessibility, quality, and cost-effectiveness of community health education should be improved.

The overall health status of the residents of South Carolina should be improved through positive lifestyle decisions.

Individual health status should be improved through a reduction of environmental vulnerability factors.

System Objective	Status Objective
a. By 1984, reduce from 33% (approximately 600,700) to 25% (approximately 562,800) the number of adults who smoke cigarettes regularly.	a. Through 1984, maintain annual cigarette sales in South Carolina at an average of no more than 624 packs per person among adults who smoke regularly.

C. Other Important Problems Cited by Surgeon General: Alcholol Abuse; Mental Health

1. S.C. State Health Goals:

The accessibility, quality, and cost-effectiveness of comprehensive alcohol and drug abuse treatment services should be improved.

The availability of a full range of services aimed at the diagnosis and treatment of mental illness in local non-restrictive environments should be improved.

System Objective

Status Objectives

a. By 1984, reduce from 32.7 to 24.2 the homicide rate among non-white males.

b. By 1984, reduce the percentage of traffic accidents involving adult drivers (over age 24) with alcohol involvement from 5.4% to 4.75%.

V. OLDER ADULTS

Surgeon General's 1990 Goal: **TO IMPROVE THE HEALTH AND QUALITY OF LIFE FOR OLDER ADULTS AND TO REDUCE THE AVERAGE ANNUAL NUMBER OF DAYS OF RESTRICTED ACTIVITY DUE TO ACUTE AND CHRONIC CONDITIONS BY 20%, TO FEWER THAN 30 DAYS PER YEAR FOR PEOPLE AGED 65 AND OLDER**

A. Surgeon General's Subgoal: Increase the Number of Older Adults Who Can Function Independently

1. S.C. State Health Goals: *The availability, quality, and cost-effectiveness of long-term care services for the elderly and disabled should be improved.*

The accessibility and cost-effectiveness of home health services for the elderly and disabled, in conjunction with appropriate community support services, should be expanded.

System Objectives

a. By 1984, Home Health Services as an alternative to institutional care should be expanded to serve 80% of those estimated to be in need.

b. By 1984, to foster the number of patients served appropriately by home care (or other community based alternatives) as opposed to institutional care, the Medicaid Reimbursement Criteria should be re-evaluated.

c. By 1984, the number of elderly served in congregate meal sites should increase from 3% to 5% of the total resident population of individuals 60 years of age.

d. By 1984, findings reported by the Long-Term Care Demonstration Project in HSA I should be utilized by state policy makers to coordinate in each health service area community support services as an alternative to institutional care.

e. By 1984, increase the number of the population over 65 involved in RSVP, Foster Grandparents, and Senior Companion work from 3181 to at least 3500.

Status Objectives

a. By 1984, reduce the number of restricted activity days of individuals 65 years and over from 46 days per year to less than 39 days per year.

b. By 1984, reduce the percentage of the population 65 years and over reporting limitation of activity due to chronic conditions from 51% to 46%.

Credit

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