THE GOVERNOR'S

HEALTH AND HUMAN SERVICES PREVENTION PLAN

JULY 1984

HEALTH AND HUMAN SERVICES

PREVENTION PLAN

1984 - 1987

PREPARED BY

S. C. PRIMARY PREVENTION COUNCIL, March 1984,

in Response to

EXECUTIVE ORDER NO. 83-23

RICHARD W. RILEY
GOVERNOR

State of South Carolina

OFFICE OF THE GOVERNOR
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A Statement from Governor Richard W. Riley

July 10, 1984

Traditionally, the emphasis on state funded programs has been on the treatment and correction of health and social problems. In recent years, attention at both the state and federal levels, has been directed more toward prevention of problems. There is much evidence which suggests that the quality and duration of our lives are affected by many factors, particularly by lifestyle.

I firmly believe that prevention of health and social problems must be the emphasis for the future. It was my intention, that the Health and Human Services Prevention Plan be developed to: 1) focus attention on the need for prevention activities; and 2) provide specific recommendations to move the State more toward a prevention model.

The South Carolina Primary Prevention Council was selected to develop the Plan because of its commitment to and expertise in prevention and its multidisciplinary composition. I must also point out that the efforts of the many volunteers who worked with the Council were of benefit to the development of the Plan.

Successful prevention initiatives are multifaceted. Many of the recommendations herein involve interagency and public and private sector cooperation. I invite everyone who reads this document to become involved in the recommended prevention strategies. By preventing problems before they start, we can ensure healthier, happier, more productive lives for all South Carolinians.

Yours sincerely,

Richard W. Riley

Richard W. Riley

STATE OF SOUTH CAROLINA

EXECUTIVE OFFICE

COLUMBIA

EXECUTIVE ORDER NO. 83-23

WHEREAS, many of the physical and social problems which disable our citizens have an aspect which is preventable; and

WHEREAS, successful prevention efforts are most cost effective and humane than long term treatment; and

WHEREAS, prevention of a health or social disability may be multidisciplinary; and

WHEREAS, prevention strategies usually do not address both the physical and social disabilities and risk factors in a comprehensive manner; and

WHEREAS, the majority of the State's budget for health and social services is treatment rather than prevention-oriented; and

WHEREAS, there is a need for comprehensive prevention planning which addresses both health and social problems; and

WHEREAS, the South Carolina Primary Prevention Council, a multidisciplinary organization of statewide public and private agencies and organizations is organized to enhance the well-being of the residents of South Carolina through promotion of the development of prevention policies and activities and through increasing coordination of prevention activities in all sectors; and

WHEREAS, the South Carolina Primary Prevention Council is empowered to study problem areas in the duplication and lack of availability of services that contribute to preventable problems; and

WHEREAS, the South Carolina Primary Prevention Council has the capacity to view these problems in a multidisciplinary, multi-perspective manner and make recommendations;

NOW, THEREFORE, by the virtue of the powers conferred upon me by the Constitution and the laws of the State of South Carolina, I hereby name the South Carolina Primary Prevention Council

as the lead group to plan, develop, author and staff the Health and Human Services Prevention Plan for the State of South Carolina.

The Primary Prevention Council shall work in conjunction with the Governor's Office in development of the Plan. The Council is encouraged to involve other individuals and organizations as resources. A member of the Statewide Health Coordinating Council and a staff person of the State Health Planning and Development Agency should be included in developing the plan.

The Health and Human Services Prevention Plan should address the following areas:

Definition of prevention
Development of a prevention policy
for the State of South Carolina
State of the art of prevention
Identification of major health and human
service prevention problems

For each problem, the following should be addressed:

Problem specification
Resource description
Realistic and measurable outcomes
Intervention strategies

The plan should include recommendations for monitoring implementation of recommended actions and development of future prevention activities.

The plan should also include an analysis of the state's expenditures for health and human services which are used for prevention.

Problem identification and intervention in the plan should be multi-disciplinary and multi-agency in nature.

The plan should be presented to the Governor no later than March 1, 1984.

Given under my hand and the Great Seal of the State of South Carolina, this 8th day of June, 1983.

Richard W. Riley

RICHARD W. RILEY
Governor

ATTEST:

John T. Campbell

JOHN T. CAMPBELL
Secretary of State

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CHAPTER I

INTRODUCTION

DEFINITION OF PREVENTION

Prevention may be defined as primary, secondary, or tertiary prevention. Primary prevention includes actions taken to remove, diminish, or ameliorate the effects of conditions threatening to the well-being of people, with the goal of reduced risk in the population. Secondary prevention includes actions taken at an early stage to diagnose and treat individuals suffering the initial effects of threatening conditions, with the goal of preventing further adverse effects. Tertiary prevention includes actions taken to correct and rehabilitate individuals suffering severe and prolonged effects of threatening conditions, with the goal of preventing more serious dysfunction. The emphasis of this plan will be on primary and secondary prevention.

STATE OF THE ART

Development of prevention technology is uneven across health and human service areas. While some concerns, such as certain health problems, lend themselves readily to measurement, it is generally difficult to measure the efficacy of prevention strategies. Data which would facilitate evaluation of prevention programs are often lacking; this increases the difficulty of determining the most effective and efficient approaches to prevention.

Historically, our approach to community problems began with emphasis on pre-determination, that the individual was somehow pre-destined to his position in life and could be neither cured nor rehabilitated. This stance changed as the industrial revolution and demographic shifts from a rural to an urban culture placed greater emphasis on environmental causes of social problems. Currently, the state of the art has reached an amalgamation of these two philosophical stances, with emphasis both on the environment and on the ability of the individual to affect his destiny through behavioral choices and lifestyle.

PREVENTION POLICY

The role of the State is to ensure that all South Carolinians have an equal opportunity to enjoy good health and social well-being within the parameters of each individual's innate potential. Prevention is an important element in this philosophy because human suffering caused by disease and social disabilities can, in many instances, be avoided, and it is, in many cases, more cost-effective, both in financial and human terms, to prevent a problem rather than provide ongoing treatment and remediation.

The State can safeguard its citizens by providing opportunities such as education, environmental protection, quality medical care, productive employment, and areas for public recreation. The State can stimulate prevention activities through motivation by incentive, regulation, and provision of services. Policy development is crucial to enable the State to move effectively into the area of primary prevention.

There are six major strategies for translating prevention policy into action. These include: (1) Targeted prevention strategies--efforts to intervene in specific problems among specific target groups; (2) Coordination of services--efforts to promote cooperation for improved quality and reduced duplication of services; (3) Professional education--efforts to improve the knowledge, skills, and attitudes of care/service providers; (4) School and community education--efforts to improve public awareness, knowledge, skills, and attitudes; (5) Research--investigation of problem causes and origins and development of new technology and problem-solving methods; (6) Legislation and regulation--governmental actions to establish a legal or policy basis for programs, services, or actions.

STATE FUNDING FOR PREVENTION

The policies and priorities of organizations can generally be determined by an examination of their allocation of resources, as more financial resources are usually directed to those items considered to be highest in priority. On this basis, state agency expenditures for prevention have been analyzed by examining funding directed toward programs primarily focused on efforts to prevent problems, or on solving problems which, if detected early, can be reversed, corrected, or controlled.

In Fiscal Year 1982-83, a total of $52.4 million in state funding was expended on prevention activities by health and human service agencies in South Carolina. As shown in Table 1, this represents only 4% of all State funding for these agencies. In fact, prevention-related expenditures accounted for only 2.56% of the State's total outlay of general funds. If one views an organization's priorities by its allocation of resources, it becomes evident that policy decisions in South Carolina have ranked prevention programs cumulatively low on the State's scale of importance.

TABLE 1
SOUTH CAROLINA

HEALTH AND HUMAN SERVICE AGENCY FUNDS ALLOCATED TO PREVENTION
FY 82-83

AGENCY	* STATE DOLLARS ALLOCATED TO PREVENTION	% OF AGENCY'S TOTAL STATE DOLLARS	% OF TOTAL STATE PREVENTION MONEY IN HEALTH AND HUMAN SERVICE AGENCIES
Dept. of Health & Environmental Control	$24,547,057	41.95%	46.82%
Department Of Education	$18,317,493	2.37%	34.94%
Department of Mental Health	$ 6,266,000	7.58%	11.95%
Commission on Alcohol and Drug Abuse	$ 1,008,773	24.95%	1.92%
Department of Social Services	$ 562,656	.43%	1.07%
U.S.C. College of Medicine	$ 400,635	4.83%	.76%
Commission for Blind	$ 365,000	15.33%	.70%
Department of Mental Retardation	$ 355,581	.70%	.68%
Department of Youth Services	$ 300,467	1.65%	.57%
Governor's Office of Highway & Safety	$ 130,000	3.40%	.25%
Medical University of South Carolina	$ 100,000	.14%	.19%
Department of Corrections	$ 79,000	.14%	.15%
Department of Vocational Rehabilitation	$ -0-	-	-
School for the Deaf and Blind	-0-	-	-
Commission on Aging	-0-	-	-
TOTAL	$52,432,662	4.09%	100.0%

* This table only includes the allocation of state funds to prevention. Some agencies, such as the Commission on Alcohol and Drug Abuse, allocate other funds, such as federal dollars, to prevention.

DEVELOPMENT OF A COMPREHENSIVE PREVENTION PLAN

The South Carolina Primary Prevention Council, a voluntary organization of state and private agencies, was directed by the Governor, through Executive Order, to develop a plan which would further the establishment of primary prevention priorities in South Carolina. The Council has identified eight major areas for targeting prevention efforts. These include: accidents; adult care, abuse, and neglect; child care, abuse, and neglect; chronic diseases, crime and delinquency; perinatal mortality and morbidity; mental health; and substance abuse.

The framework chosen for analysis of these problems was based on a model developed by the Canadian Ministry of Health and Welfare. Prevention problems are analyzed based on contributing factors categorized as environment, lifestyle, technology, and human biology. Environmental factors include events and processes external to the individual and over which the individual has little or no control. Human biological factors include events and processes internal to the individual and over which the individual has little or no control. Lifestyle factors include decisions and actions by individuals which are personal choice behaviors and over which the individual generally has control. Technological factors include risks associated with the availability, accessibility, and quality of preventive, restorative, and curative services.

The following sections of this report contain an analysis of each of the eight targeted prevention areas, as well as recommended strategies for primary prevention of the problems identified.

CHAPTER 2

ACCIDENTS

Accidents are the fourth leading cause of death in South Carolina, accounting for nearly 7% of the total deaths in the state annually. The principal causes of disability and death from injury are motor vehicle accidents, falls, and fires/burns.

MOTOR VEHICLE ACCIDENTS

PROBLEM STATUS

In South Carolina in 1982, there were approximately 89,000 traffic accidents, which resulted in 23,000 injuries and 730 deaths. This represents a continuing decline in traffic-related morbidity and mortality in the state, suggesting that current programs are making substantial contributions toward prevention.

CONTRIBUTING FACTORS

Factors which contribute to motor vehicle accidents include technological factors such as car design and road character; environmental factors such as weather; biological factors such as illness, age and fatigue; and lifestyle factors or personal choice behaviors such as alcohol and drug use, failure to use restraint devices, speeding, and improper use of two-wheel vehicles.

PREVENTION STRATEGIES

1. Improve road character and design by increasing training of engineers, improving highway markers, increased availability of bicycle lanes, and correction of hazardous road conditions.

2. Improve quality of data needed for development of effective countermeasures by implementation of computerized accident data system.

3. Enact and/or strengthen legislation addressing alcohol and drug use, use of restraining devices, use of motorcycle helmets, use of mopeds, and availability of air bags or passive restraints.

4. Strengthen enforcement of existing laws and regulations regarding alcohol and drug use, use of child safety restraints, speeding violations, and driver testing.

5. Increase education on alcohol and drug use, use of restraint devices, good driving habits, and safety measures for use of two-wheel vehicles.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in a 10% decrease in deaths and injuries associated with traffic accidents.

FIRES AND BURNS

PROBLEM STATUS

In South Carolina, the mortality rate for burns and fires is 59.4 deaths per million population. This rate is the sixth highest in the nation.

CONTRIBUTING FACTORS

Factors which contribute to the occurence of fires and burns include technological factors, such as inadequate building codes and use of flammable fabrics; biological factors, such as physical and mental impairments; and lifestyle or self-created risks such as careless smoking, use of alternative heating sources, overloading of electrical circuits, flammable material near heat sources, and unattended food preparation.

PREVENTION STRATEGIES

1. Strengthen building codes by development of an incentive program to modify old buildings to comply with current requirements.

2. Enact legislative and regulatory measures regarding use of smoke detectors, fire retardant fabrics, flame resistant materials, self-extinguishing matches and cigarettes, space heaters, and ground fault interrupters.

3. Increase educational programs on fire safety for school children, architects and building contractors, health professionals, and the general public.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in a 15% decrease in deaths and injuries associated with fires and burns.

FALLS

PROBLEM STATUS

Among all types of accidents, the subcategory of falls is the third leading cause of accidental deaths in South Carolina. Falls accounted for 145 deaths in 1980, with the majority of deaths occurring among persons age 55 and over and most occurring in the home.

CONTRIBUTING FACTORS

Factors which contribute to the occurrence of falls include technological factors such as poor construction and maintenance of stairs, sidewalks, and streets; environmental factors such as inclement weather, poor lighting, and slippery surfaces; biological factors, such as illness, age, and poor vision; and lifestyle factors, such as alcohol and drug use, and unsafe clothing and footwear.

PREVENTION STRATEGIES

1. Improve construction and maintenance of stairs, sidewalks and streets by increasing the frequency of regulatory inspections and public reporting of known hazards.

2. Increase educational programs for school children, the elderly, and the general public.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in a 10% decrease in the number of deaths and injuries associated with falls.

CHAPTER 3

ADULT CARE, ABUSE, AND NEGLECT

The issues associated with the adult years cover a wide spectrum, ranging from financial and work-related concerns to physical and mental health. These problems are most readily delineated according to three major phases of the adult years: young adults (ages 18-25), middle aged adults (ages 26-59), and older adults (ages 60 and over).

WELL-BEING OF YOUNG ADULTS

PROBLEM STATUS

The problems faced by young adults are characterized by deficiencies in developing occupational/career skills, social/community skills, and health/medical care skills. Critical areas of health concern are lack of adequate nutrition skills, tobacco use, and alcohol-related motor vehicle accidents.

CONTRIBUTING FACTORS

Factors which contribute to the problems of young adults include technological factors such as unavailability of appropriate professional services; biological factors, such as illness; and self-created risks or harmful behaviors resulting from the lack of knowledge needed for informed decision-making.

PREVENTION STRATEGIES

1. Increase nutrition education and weight control services offered through local health departments, programs for welfare recipients, community medical services, and school health education programs.

2. Enact and/or strengthen legislative and regulatory measures to restrict the availability of alcoholic beverages to young adults and to provide financial disincentives, such as higher insurance premiums, for offenders.

3. Improve awareness of problems associated with alcohol and tobacco use by increasing parental education, peer counselling, and promotion of positive models in the popular media.

4. Enact and/or strengthen legislative and regulatory measures to restrict smoking in public/work places and to provide financial incentives (such as lower insurance premiums) for non-smokers.

OUTCOMES

Implementation of the strategies outlined above should result in improvement in the overall well-being of young adults in South Carolina.

WELL-BEING OF MIDDLE AGED ADULTS
PROBLEM STATUS

Deficiencies and failures in the early formation of primary functional life skills are manifested in the middle adult years as individual and intra-familial discords and aberrations, such as domestic violence and dissolution of families. Over 20% of women in South Carolina have experienced physical violence from their spouses, and women whose parents engaged in physical conflict are 30% more likely to be victims themselves. In addition, job loss and career changes are increasing as a result of rapid technological and social changes.

CONTRIBUTING FACTORS

Factors which contribute to the problems faced by middle aged adults include technological factors such as unavailability of appropriate professional services; environmental factors such as childhood experiences; biological factors such as genetics; and lifestyle factors such as lack of knowledge and skills needed for informed decision-making.

PREVENTION STRATEGIES

1. Improve the availability of appropriate professional services by expansion of emergency shelter programs, intervention with potential child-abusers, promotion of existing information and referral networks, and development of police domestic violence teams.

2. Enact legislative measures to enable persons threatened with domestic violence to obtain court protection without filing criminal charges.

3. Improve decision-making skills, including nonviolent alternatives for conflict resolution, by increasing family life education for children and adults.

4. Reduce technological unemployment by increasing recruitment of new business and industry and by relocation/re-training of displaced workers.

5. Reduce functional illiteracy among potential workers by increasing the availability of adult literacy education programs.

6. Reduce age discrimination through increasing awareness and enforcement of existing laws prohibiting this practice.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in a 15% reduction in the incidence of family violence and a reduction in unemployment among persons aged 40-49 to 1% below the national average.

WELL-BEING OF OLDER ADULTS
PROBLEM STATUS

The problems faced by older adults are largely associated with the logistical needs of daily living, such as availability of supportive services for autonomous living and access to comprehensive medical and health care. Over 50% of persons over age 65 have limited activity, 20% are unable to carry out any major activity, and 3% are confined to long-term care facilities.

CONTRIBUTING FACTORS

Factors which contribute to the problems faced by older adults include technological factors, such as unavailability of appropriate professional services and budgetary restraints of existing services, environmental factors, such as poverty, lack of transportation, and the disappearance of the extended family, and biological factors such as illness and physical and mental disability.

PREVENTION STRATEGIES

1. Improve the availability of services for older adults by expanding programs that offer nutrition services, home health care, dental care, adult day care, and transportation for the elderly.

2. Improve the quality of available professional care by increasing training in gerontology/geriatrics to care providers who serve the elderly population and by developing specialized geriatric medical and mental health programs.

3. Enact and/or strengthen legislative and regulatory measures to provide tax incentives to encourage home care of elderly persons, to implement a private pay system for persons having the resources to purchase needed services, and to distribute the cost of indigent health care.

4. Improve awareness of the aging process through the implementation of school and college health education and, also, extension service, adult education and comprehensive education programs which address this aspect of life.

5. Develop a comprehensive program for utilization of the services of older citizens through parttime employment, consultation and volunteer services.

OUTCOMES

Implementation of strategies 1, 2 and 3 outlined above should result by 1987 in a 10% increase in the range of support services available to older adults. Implementation of strategies 4 and 5 should reduce misinformation about the aging process by 1987.

CHAPTER 4

CHILD CARE, ABUSE, AND NEGLECT

Annually, over 14,000 children in South Carolina are reported as abused and neglected. The principal causes of this problem are associated with lack of quality child care, illiteracy, poor health and nutritional status, lack of permanency, inadequate parenting, and family violence.

QUALITY CHILD CARE
PROBLEM STATUS

Over 50% of adult women are in the labor force in South Carolina. With the disappearance of the extended family, the need for quality child care services and programs has increased dramatically.

CONTRIBUTING FACTORS

Factors which contribute to the lack of quality child care include technological factors such as availability and distribution of child care centers, regulatory control and nutrition standards for day care centers, and a fragmented delivery system; biological factors such as handicapping conditions; and lifestyle-related factors such as parents who work outside the home and school age children who do not have a caretaker at home during after-school hours.

PREVENTION STRATEGIES

1. Increase the availability of child care services by developing incentives to establish child care centers in underserved areas and to provide worksite day care for employees and by expanding after-school programs for children.

2. Enact and/or strengthen legislative and regulatory measures to require adequate training of day care center staff, to increase enforcement of regulatory and licensing procedures, to establish and enforce standards for nutritious meals and snacks in day care centers, and to promote coordinated planning for child care services.

3. Increase the availability of day care services for handicapped children by developing support groups for parents and families of the handicapped.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in improvement in the quality of child care services in South Carolina.

ILLITERACY

PROBLEM STATUS

Failure to achieve a quality education for the youth of South Carolina constitutes the most preventable form of child neglect. Over 440,000 adult South Carolinians are functionally illiterate. To permit our children to reach adulthood without the educational skills needed in our complex society is to condemn them to second class citizenship and a life of deprivation.

CONTRIBUTING FACTORS

Factors which contribute to the problem of illiteracy in South Carolina include technological factors, such as deficiencies in the educational system, lack of system's response to disabilities, and the need for the educational system to prepare children for a changing world; environmental factors such as unemployment; lifestyle factors such as personal value systems; and biological factors, such as learning disabilities and handicaps.

PREVENTION STRATEGIES

1. Improve the quality of the educational system by strengthening school curricula, by increasing minimally acceptable levels of student performance, by requiring higher qualifications for teachers, and by increasing salaries commensurate with training and qualifications.

2. Improve the relevancy of education by conducting surveys to determine unmet educational needs, by providing supplemental salary or tax incentives to enable qualified individuals from private industry to teach in the public schools, and by developing different types of high school diplomas to recognize different levels of achievement.

3. Improve the educational system's response to disabilities by requiring teachers in the elementary grades to complete minimum training in the recognition of visual, auditory, and emotional disabilities and teachers in the secondary grades to complete minimal training in the recognition of the signs and symptoms of emotional disturbance and chemical dependence.

4. Improve the overall quality and effectiveness of education through the appointment of a Task Force on Education to monitor and evaluate cost-effectiveness of schools, quality of the curriculum, and requirements for teaching positions.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in a significant reduction in the number of functionally illiterate youth in South Carolina.

POOR HEALTH AND NUTRITION

PROBLEM STATUS

Good health is a major requirement for functional effectiveness and quality of life, and good nutrition is necessary to ensure the health status of our children. The formative years of childhood are critical to physical development and offer the most important opportunity to shape lifetime health beliefs and habits.

CONTRIBUTING FACTORS

Factors which contribute to poor health and nutrition among children include technological factors such as maldistribution of health facilities and shortage of quality health education programs; lifestyle factors such as economic stress, personal value systems, and alcohol and drug abuse; environmental factors such as poverty; and biological factors such as birth defects, low birth weight, and handicaps.

PREVENTION STRATEGIES

1. Improve the distribution of health care facilities by increasing the number of family health centers, health departments, and home health services in rural/underserved areas and by providing incentives for the private sector to establish facilities in areas of greatest need.

2. Improve the availability of health education programs by increasing requirements for health education in public schools, by increasing community services for health education and nutrition education, and by recruiting and training volunteer outreach workers.

3. Improve indigent care by increasing services for low-income pregnant women and children, expanding welfare services, and establishing an emergency medical fund.

4. Improve positive lifestyle behaviors by increasing awareness and use of existing programs for food distribution, nutrition education, and educational/counselling services for alcohol and drug use.

5. Reduce the occurence of low birth weight infants and children with birth defects and handicaps by increasing awareness and use of existing community services for high-risk populations.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in significant improvement of the health and nutrition status of children in South Carolina.

LACK OF PERMANENCY
PROBLEM STATUS

Over 300 children in South Carolina are legally free for adoption. Another 2,700 children are in out-of-home placement facilities.

CONTRIBUTING FACTORS

Factors which contribute to children's lack of permanency include technological factors such as system and program deficiencies, inadequate professional training, and inappropriate custody decisions; lifestyle factors such as behavioral problems, public attitudes, lack of knowledge of children's needs, and inadequate parenting skills; environmental factors such as divorce or death of a parent; and biological factors such as genetic traits and handicaps.

PREVENTION STRATEGIES

1. Improve program and system deficiencies by increasing training for child care workers, reducing worker caseloads, ensuring continuity of care between and within agencies, and upgrading current laws and guidelines for protective services.

2. Improve professional qualifications and services by increasing training for program workers, guardians, Solicitor's staff, and Family Court judges.

3. Develop and expand treatment programs, individual and group counselling, self-help groups, and educational programs for behavior problems, abuse and neglect of children, and parenting skills.

4. Provide incentives, such as financial support, for care of children with handicaps or disabling conditions.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in a significant reduction in the lack of permanent homes for children.

INADEQUATE PARENTING
PROBLEM STATUS

Abusive and neglectful parents are profiled as isolated, with a history of abuse and neglect as children. Parents need appropriate education and support to adequately fulfill their responsibilities for child-rearing.

CONTRIBUTING FACTORS

Factors which contribute to inadequate parenting include technological factors such as inadequacies in the educational system and lack of support services; lifestyle factors such as family mobility and stress; environmental factors such as parental expectation, lack of role models, and family disruption; and biological factors such as personality traits.

PREVENTION STRATEGIES

1. Improve the availability of family life enrichment courses for high school students, outreach services to assist parents and children with potential problems, and family support services to provide assistance, referral, and intervention as needed.

2. Improve awareness and knowledge of parenting skills by increasing community education programs and support groups for parents and prospective parents.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in a significant reduction in the incidence of parental abuse and neglect of children.

FAMILY VIOLENCE
PROBLEM STATUS

Over 10% of mothers in South Carolina experience physical violence in the home. Corrective measures are needed to safeguard the physical and mental well-being of children in home situations with the potential for domestic violence to occur.

CONTRIBUTING FACTORS

Factors which contribute to the occurrence of family violence include technological factors such as inadequacies in service programs, availability of weapons, lack of system response to violence, and inadequacies in the judicial system; lifestyle factors such as alcohol and drug abuse, sexual stereotypes, and emphasis on competition; environmental factors such as economic stress, media emphasis on violence, parental expectations, and family disruptions; and biological factors such as organic brain dysfunction and other handicapping conditions.

PREVENTION STRATEGIES

1. Improve service programs by establishing stringent qualifications for social workers and other protective service personnel, and

establishing battered child syndrome as a mandatory differential diagnosis for children under age 5 with traumatic injuries.

2. Decrease the availability of weapons through enactment of stricter laws for control of guns and ammunition.

3. Improve system response to family violence by providing emergency shelters for family violence victims, counselling services for victims and abusers, inservice training for law enforcement personnel, and relevant continuing education for health care providers.

4. Improve the effectiveness of the judicial system by simplifying court procedures for cases of family violence and by providing training for Family Court judges.

5. Improve positive lifestyle behaviors and attitudes by increasing training in family life, parenting, and coping skills in the schools, by ratification of the Equal Rights Amendment, and by reducing media emphasis on violence.

6. Reduce the impact of biological factors by increasing efforts to detect infants at high risk and to provide needed parental support and education.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in a significant reduction in the occurrence of cases of family violence.

CHAPTER 5

CHRONIC DISEASES

Approximately one million South Carolinians are affected by chronic diseases, and these conditions account for nearly 70% of annual deaths in the state. Prevention and control of chronic diseases will require a multi-disciplinary, community-based effort to improve positive health behaviors among the state's citizens.

CARDIOVASCULAR DISEASES

PROBLEM STATUS

Cardiovascular diseases constitute the most serious health problem of all chronic diseases affecting South Carolinians. These diseases include hypertension and ischemic heart disease, myocardial insufficiencies, stroke, arteriosclerosis and other circulatory diseases. One out of every four people has one or more forms of cardiovascular disease, which account for over 48% of annual deaths in the state.

CONTRIBUTING FACTORS

Factors which contribute to the occurrence of cardiovascular diseases include technological factors, such as lack of early disease detection, lack of personal health care services, hypertension control, and the need for additional research; lifestyle risk factors such as poor dietary habits, obesity, smoking, lack of exercise, stress, poor coping skills, and lack of knowledge for informed decision-making; environmental factors such as drinking water; and biological factors such as heredity, age, race, sex, and contributory diseases.

PREVENTION STRATEGIES

1. Increase the availability of programs which provide hypertension screening and follow-up counselling.

2. Support research in the development of motivation techniques and in the investigation of the prevalence of behavioral risk factors.

3. Increase school, workplace, community, and professional education on lifestyle risk factors, including prudent dietary practices, smoking cessation, exercise, and stress management.

4. Increase the availability of cardiovascular disease risk reduction programs.

5. Enact and/or strengthen legislative or regulatory measures to encourage non-smoking areas in work/public places and to restrict public advertisements of negative lifestyles.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in a reduction in the occurence of cardiovascular diseases in South Carolina.

CANCER

PROBLEM STATUS

Cancer is the first or second most common cause of death in all age groups in South Carolina, with about 5000 deaths occurring annually in the state. Specific causes are unknown for almost half of the types of cancer, but as many as 80% are thought to have significant environmental or lifestyle causal components.

CONTRIBUTING FACTORS

Factors contributing to the problems of cancer include technological factors such as lack of early disease detection, lack of relevant educational services, exposure to X-rays, and the need for additional research; lifestyle factors such as tobacco use, poor dietary habits, sexual practices, and excess exposure to the sun; environmental factors such as exposure to ultraviolet radiation, and pollution; and biological factors such as genetic abnormalities and mechanisms of carcinogenesis.

PREVENTION STRATEGIES

1. Increase the availability of cost-effective cancer screening programs for populations at risk.

2. Limit medical use and dosage of X-rays.

3. Increase public and professional education on lifestyle risk factors, including prudent dietary practices, smoking cessation, prudent sexual practices, and limiting exposure to sun.

4. Support basic research in carcinogens and anticarcinogens.

5. Enact and/or strengthen legislative and regulatory measures to identify and reduce pollution, to limit interstate import of pollutants, and to increase monitoring and control of industrial pollution.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in a reduction in the occurence of cancer in South Carolina.

LUNG DISEASES
PROBLEM STATUS

Lung diseases are listed among the leading killers in South Carolina, and the impact of these conditions continues to be costly in terms of human suffering and expense to society. Lung diseases, such as emphysema, chronic bronchitis, asthma, and occupational lung diseases, can be directly related to personal lifestyle choices and behaviors.

CONTRIBUTING FACTORS

Factors which contribute to the problems of lung diseases include technological factors such as choice of medications, early disease detection, lack of educational programs, and the need for additional research; lifestyle factors such as smoking, alcohol abuse, lack of exercise, poor nutrition, and lack of coping skills; environmental factors such as air pollution and occupational hazards; and biological factors such as genetic traits, age, sex, pregnancy, and illness.

PREVENTION STRATEGIES

1. Increase the availability of programs which provide screening services for lung diseases.

2. Support research in medication and treatment of lung diseases.

3. Improve knowledge of disease prevention by increasing public education about lifestyle risk factors and by establishing community and workplace health promotion programs.

4. Enact and/or strengthen legislative and regulatory measures to improve air quality standards and to prohibit smoking in public places.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in a reduction in the occurrence of lung diseases in South Carolina.

DENTAL DISEASES
PROBLEM STATUS

Ninety-eight percent of South Carolinians are affected by dental diseases at some point in life. Dental caries and periodontal diseases account for the majority of these conditions, which can result in pain, infection, disfigurement, and life-threatening situations.

CONTRIBUTING FACTORS

Factors which contribute to the problem of dental disease include technological factors such as unavailability of dental care; lifestyle

factors such as poor nutrition, inadequate oral hygiene, and lack of knowledge for informed decision-making; environmental factors such as suboptimal fluoride in drinking water and biological factors such as congenital defects.

PREVENTION STRATEGIES

1. Improve the availability of dental care by initiating or expanding community dental clinics.

2. Increase school, community, and maternity education programs on lifestyle risk factors and dental health.

3. Improve fluoridation levels by increasing school and community fluoride programs and by enacting legislation to require fluoridation of public water supplies.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in a reduction in the occurrence of dental disease in South Carolina.

DIABETES
PROBLEM STATEMENT

Diabetes is the seventh leading cause of death in South Carolina, although it may rank as high as third if all complications of the disease are considered. Diabetes affects an estimated 150,000 South Carolinians, and these persons are at greatly increased risk of blindness, kidney disease, heart disease, amputations, and perinatal mortality.

CONTRIBUTING FACTORS

Factors which contribute to the problem of diabetes include technological factors such as lack of professional education, early detection of persons at highest risk, and the need for additional research; lifestyle or behavioral factors such as obesity, lack of exercise, stress, and lack of adequate knowledge for informed decision-making; and biological factors such as age, sex, race, and heredity.

PREVENTION STRATEGIES

1. Improve professional knowledge and skills by increasing education on disease management and control.

2. Increase the availability of programs which offer screening and follow-up counselling/education for risk factors and complications of diabetes.

3. Improve knowledge of disease prevention by increasing school, public, and professional education on lifestyle risk factors, including exercise, diet, and weight control.

4. Support research in educational strategies, motivation techniques, and disease causes and treatment.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in a reduction in the occurrence of diabetes and associated complications in South Carolina.

MUSCULOSKELETAL DISEASES
PROBLEM STATUS

Musculoskeletal diseases, including osteoarthritis, rheumatoid arthritis, low back pain/sciatica, scoliosis, spondylolisteses, ankylosing spondylitis, and osteoporosis, afflict nearly 100 million Americans. These conditions are seldom life-threatening, but are a major cause of pain, morbidity, disability, and personal and societal expense.

CONTRIBUTING FACTORS

Factors which contribute to the problems of musculoskeletal diseases include technological factors such as early disease detection, medical management, job modification/retraining, and the need for additional research; lifestyle factors such as recreational hazards, lack of exercise, poor dietary habits, obesity, stress, and lack of knowledge for informed decision-making; environmental factors such as occupational hazards; and biological factors such as age, sex, race, congenital defects, heredity, and concurrent disease conditions.

PREVENTION STRATEGIES

1. Increase the availability of programs that offer screening and follow-up counselling services.

2. Support research in the causes, treatment, and management of musculoskeletal diseases.

3. Enact and/or strengthen legislative and regulatory measures to provide incentives for job accommodation and retraining.

4. Improve knowledge of disease prevention by increasing school, worksite, community, and professional education on lifestyle risk factors and positive health behaviors.

5. Reduce the impact of biological factors by increasing the availability of genetic counselling and early screening for congenital malformations.

OUTCOMES

Implementation of the strategies outlined above should result by 1987 in a reduction of the occurrence of musculoskeletal diseases in South Carolina.

CHAPTER 6

CRIME AND DELINQUENCY

In South Carolina, the crime rate, or the number of crimes per 10,000 people, increased by 10.7% in 1980, decreased by 1% in 1981, and increased by 1.4% in 1982. Violent crimes increased 12.4% in 1982, while non-violent crimes decreased by 1%. The number of index crimes (those indexed by the FBI on the basis of seriousness), has increased steadily in the past three years.

PROBLEM STATUS

Murder: There were 348 murders in South Carolina in 1982; these accounted for 1.5% of all violent crimes and 0.2% of total index crimes. Firearms were used in two-thirds of the murders, and 30% of victims were family members.

Rape: In 1982, there were 1,244 reported rapes, which accounted for 5.4% of all violent crimes and 0.7% of total index crimes. Most offenders and victims are young, and most of these crimes occur in residences.

Robbery: A total of 3.922 robberies were reported in 1982; these accounted for 17% of all violent crimes. Nearly 40% of robberies occurred on streets and highways, and firearms were used in one-third of these crimes.

Aggravated Assaults: There were 17,547 aggravated assaults reported in 1982, reflecting a 17.8% increase over the previous year. Aggravated assaults accounted for 76.1% of violent crimes and 10.2% of total index crimes. Eighty-seven percent of aggravated assaults involved the use of a weapon.

Larceny: There were 91,929 larcenies reported in 1982; these accounted for 61.9% of all nonviolent crime and 53.6% of the total index crimes. The total reported value of property stolen in larcenies in 1982 was nearly $29 million.

Breaking and Entering: There were 47,675 breaking and entering offenses reported in 1982, reflecting a decrease of 5.1% from the previous year. These accounted for 32.1% of all non-violent crimes and 27.8% of total index crimes.

Motor Vehicle Theft: There were 8.890 motor vehicle thefts reported in 1982; these accounted for 6% of all non-violent crimes. The reported value of the vehicles stolen was over $32 million.

Arson: There were 1,276 cases of arson reported in 1982; of these, 627 were buildings and 509 were motor vehicles. The value of the property involved was over $8 million.

Forgery, Fraud, and Embezzlement: In 1982, there were reported 3,607 cases of forgery or counterfeiting, 7,026 cases of bad checks, 5,465 cases of fraud, and 367 cases of embezzlement.

Driving Under the Influence of Alcohol or Drugs: There were 20,718 arrests in 1982 for driving under the influence of alcohol or drugs. Approximately two-thirds of traffic deaths are alcohol or drug related. There were also 29,101 arrests for public drunkenness in 1982.

Status Offenses: The status offenses of truancy, running away, and incorrigibility apply only to people 16 years of age and younger. There were 2,582 runaway reported in 1982, and 2,901 juveniles referred to Family Court for status offenses during the same period.

Victimless Crimes: There were 393 reported arrests for prostitution in 1982. There were also 768 arrests for gambling and 29 arrests for vagrancy.

Vandalism: There were 28,045 cases of vandalism reported in 1982. Property damaged or destroyed had a value of over $2 million.

CONTRIBUTING FACTORS

Factors which contribute to the occurrence of crime and delinquency include technological factors such as the lack of restrictions on handguns and lack of employment opportunities; environmental factors such as lack of appropriate societal ethics concerning illegal activities; and lifestyle factors such as lack of understanding of substance abuse, lack of cognitive and social skills, lack of parenting skills and resources for families in conflict, lack of basic job skills and work habits, lack of appropriate leisure activities, and lack of attachment and commitment to education.

PREVENTION STRATEGIES

1. Reduce the opportunity for crime by expanding "crime watch" programs, rape awareness programs, and establishment of shelters for abused women and children and for runaway juveniles.

2. Enact and/or strengthen legislative or regulatory measures to require arrest and overnight detention of assaultive spouses, to modify public building codes to increase security requirements, and to adopt stringent handgun control laws.

3. Increase positive lifestyle behaviors, values, and attitudes by targeting affective and life skills education, law-related education, training in interpersonal skills, conflict resolution, and decision-making, alcohol and drug education, and career information and experience in the public schools.

4. Increase positive support in the school system by providing remedial education and mainstreaming children experiencing academic difficulty, facilitating parent support groups, adopting in-school suspension programs, lowering student/teacher ratios, developing volunteer tutoring programs, and utilizing school facilities for after-school recreation.

OUTCOME

Implementation of the strategies outlined above should result by 1987 in a 5% decrease in crimes involving breaking and entering, vandalism, larceny, arson, and motor vehicle theft.

CHAPTER 7

MENTAL HEALTH

Rapid societal change and technological advances, the weakening of the family and home as child-rearing institutions, and other social forces have diminished individuals' ability to perceive and understand the progression of their own lives in order to make informed and responsible choices. Competent and comprehensive mental health programs are needed to assist individuals to deal with life stresses and crises, to be productive, and to behave responsibly.

GENETIC PSYCHIATRIC ILLNESS

PROBLEM STATUS

Based on conservative estimates, there are approximately 30,000 people in South Carolina who have a genetic predisposition to mental illness and will require psychiatric hospitalization at some time during their lives. Mental illnesses such as schizophrenia, affective disorder, alcoholism, and panic disorder may have genetic or biological basis.

CONTRIBUTING FACTORS

Factors which contribute to these problems include technological factors such as lack of professional awareness, lack of programs for children of psychiatrically ill parents, lack of third-party payment for services, and lack of services for early disease detection; lifestyle factors such as lack of public education, substance abuse, and lack of individual use of prevention strategies; and biological factors such as heredity.

PREVENTION STRATEGIES

1. Improve the availability of services for screening and detection by increasing services for genetic screening, testing, and follow-up.

2. Improve services for families by initiating programs for children of psychiatrically ill parents and community-based family support groups.

3. Improve professional and public awareness by increasing education on prevention and treatment of mental illness.

4. Enact and/or strengthen legislation or regulatory measures to develop insurance coverage for genetic evaluation and testing.

OUTCOME

Implementation of the strategies outlined above should result by 1987 in reduced incidence of genetic psychiatric illness and resultant hospitalization or institutionalization.

DISORDERS OF CHILDREN OF MENTALLY-ILL PARENTS

PROBLEM STATUS

Children of psychiatrically disturbed parents have a high risk of developing psychosocial and/or health problems. Surveys indicate that 29% of children entering foster care do so because of emotional problems of their parents and that 45% of school-age children with psychiatrically-disturbed parents show psychiatric disturbances.

CONTRIBUTING FACTORS

Factors which contribute to the problems of children of psychiatrically disturbed parents include technological factors such as lack of accessible medical and psychiatric care, lack of appropriate social services and financial assistance programs, and inadequate educational opportunities; lifestyle factors such as drug and alcohol abuse, poor dietary habits, poor parenting skills, unemployment, and poor use of leisure time; environmental factors such as isolation, high crime areas, and poor housing; and biological factors such as heredity.

PREVENTION STRATEGIES

1. Improve the availability of appropriate care services by increasing programs to link families to potential support systems, by increasing coordination between social and mental health programs, and by increasing the availability and accessibility of psychiatric and medical health facilities.

2. Improve positive lifestyle behaviors by increasing education on drug abuse, nutrition, parenting skills, use of leisure time, stress management, and vocational counselling.

3. Improve stability of family unit by increasing coordination of resources for financial support and assistance for families in need.

OUTCOME

Implementation of the strategies outlined above should by 1987 decrease the incidence of emotional and physical disorders in the children of psychiatrically ill parents.

PUBLIC MISINFORMATION

PROBLEM STATUS

Existing mental health resources are underutilized by target groups such as minorities, children and the elderly; in addition, lack of public awareness and the stigma attached to mental illness may keep people from using preventive services. Parents may not be able to adequately train their children, nor are schools equipped to provide necessary social learning experiences.

CONTRIBUTING FACTORS

Factors which contribute to public misinformation include technological factors such as lack of visibility of services, high cost of treatment and inaccessibility of service sites, lifestyle factors such as lack of factual knowledge, inappropriate attitudes about mental illness, and fear of doctors and medical treatment; and environmental factors such as media portrayal of mentally ill people.

PREVENTION STRATEGIES

1. Decrease costs of care by increasing use of other than medical mental health professionals such as psychologists and social workers, increasing use of group treatment modalities, and increasing insurance coverage for mental health benefits.

2. Improve accessibility of services by developing mobile mental health care teams and by upgrading public transportation.

3. Improve positive lifestyle behaviors and attitudes by increasing public awareness programs, developing mental health programming for television, developing a mental health curriculum for schools, and implementing additional life skills programs in schools.

OUTCOME

Implementation of the strategies outlined above should by 1987 decrease public misinformation about mental illness.

TEENAGE SUICIDE
PROBLEM STATUS

Suicide is the second leading cause of death among 15 to 24 year olds. The suicide rate for this group has risen by over 40% in the past eight years and has tripled since the 1950's.

CONTRIBUTING FACTORS

Factors which contribute to the problem of teenage suicide include technological factors such as inaccessibility and quality of community services; lifestyle factors such as lack of knowledge of available services, lack of communication and problem-solving skills, family conflict, and substance abuse; and environmental factors such as negative peer pressure and violence in society.

PREVENTION STRATEGIES

1. Improve accessibility of mental health services by increasing awareness of services, upgrading public transportation, and developing mobile crisis intervention teams.

2. Improve quality of preventive services by increasing training in recognition of warning signals of suicide and professional follow-up of suicide attempts.

3. Improve positive lifestyle attitudes and behaviors by increasing education on use of mental health services, communication skills, assertion skills, problem-solving, substance abuse, and positive image of mental health.

OUTCOME

Implementation of the strategies outlined above should by 1987 reduce the incidence of teenage suicides in South Carolina.

CHAPTER 8

PERINATAL MORTALITY AND MORBIDITY

South Carolina had a perinatal mortality rate of 23.7 deaths per 1,000 deliveries in 1982. The major determinants of perinatal mortality and morbidity include low birth weight babies, poor preconceptual health, and high risk births occurring in hospitals not prepared for neonatal high risk care.

PERINATAL MORTALITY
PROBLEM STATUS

South Carolina's perinatal mortality in 1982 included a fetal mortality rate of 13.3 deaths per 1,000 deliveries and an infant mortality rate of 16.2 deaths per 1,000 live births. Continuance of present intervention efforts at current levels of funding should result in a projected decline in perinatal mortality to an estimated rate of 18 deaths per 1,000 deliveries.

CONTRIBUTING FACTORS

Factors which contribute to the problem of perinatal mortality include technology factors such as lack of prematurity prevention programs, inadequate risk determination, lack of professional training in newest technology, lack of cooperation between public and private sectors, and lack of financial assistance; lifestyle factors such as smoking, poor nutrition, teenage pregnancy, substance abuse, and interpregnancy interval of less than one year; environmental factors such as workplace hazards and chemical or infectious exposures; and biological factors such as genetic predisposition.

PREVENTION STRATEGIES

1. Improve the availability of prematurity prevention services by increasing risk factor screening, early detection, education, referral to appropriate level of care, and intensive prenatal management of women at risk for premature delivery.

2. Improve nutritional status by increasing preconceptual, early pregnancy, and continuous nutritional supplementation of women at nutritional risk.

3. Improve personal health behaviors by increasing education on nutrition, smoking, alcohol, substance use/abuse, and exposure to toxic substances in the environment.

4. Improve interpregnancy interval by increasing family planning and education for prevention, delay, and/or appropriate spacing of pregnancies among women at high risk.

5. Reduce teen pregnancy by education to delay onset of sexual activity and early identification of teenage pregnancy and referral for prenatal care.

6. Improve the quality of prenatal care by professional education, increasing incentives for use of appropriate levels of care, and by increasing the availability and accessibility of prenatal care services for low-income groups.

OUTCOME

Implementation of the strategies outlined above should by 1987 result in a reduction in the perinatal mortality rate in South Carolina.

POSTNATAL MORBIDITY
PROBLEM STATUS

It is estimated that in 1982, 27% of pregnant women over age 35 were tested for fetal abnormalities, with abnormalities detected in approximately 10% of cases. However, there is no currently available statewide data system to identify the incidence of developmentally disabled infants or infants with specific morbidities.

CONTRIBUTING FACTORS

Factors which contribute to the problems of postnatal morbidity include technological factors such as inadequate data for problem identification, failure of health facilities to provide anticipatory guidance, disrupted bonding and attachment, lack of programs for early detection of developmental disabilities, and lack of programs for developmentally disabled children; lifestyle factors such as poor parental understanding of child development, and unstimulating home or child care settings; environmental factors such as lead exposure/poisoning and need for optimal mental and physical surroundings for children; and biological factors such as genetic predisposition.

PREVENTION STRATEGIES

1. Improve bonding and attachment processes by increasing the availability of delivery and post-delivery environments which facilitate and support parental-newborn attachment.

2. Improve early detection and treatment by increasing the availability of programs offering genetic services, education, counselling, diagnosis, risk identification, and therapy.

3. Improve positive lifestyle attitudes and behaviors by increasing education on parental skills in infant care, identification of illness, stimulation, and nutrition.

OUTCOME

Implementation of the strategies outlined above should by 1987 result in a reduction in postnatal morbidity in South Carolina.

CHAPTER 9

SUBSTANCE ABUSE

Alcohol misuse is estimated to be a factor in more than 10% of all deaths in the United States and with approximately 50% of traffic deaths. Similarly, drug abuse is a major problem, although there are few sources of reliable data about this problem. Approximately 30% of South Carolinians smoke cigarettes, although this practice is strongly associated with lung cancer.

DRINKING AND DRIVING AMONG 15-24 YEAR OLDS

PROBLEM STATUS

Traffic accidents are the leading cause of death in the 15-25 year old age group. Approximately 70% of accidents in this age group are alcohol related.

CONTRIBUTING FACTORS

Factors which contribute to drinking and driving among 15-24 year olds include technological factors, lifestyle or behavioral factors, environmental factors, and biological factors.

PREVENTION STRATEGIES

1. Improve public awareness by developing a media campaign about drinking and driving.

2. Improve positive lifestyle behaviors by developing comprehensive alcohol and drug prevention programs.

3. Enact and/or strengthen legislative or regulatory measures to facilitate the DUI arrest and conviction process, to develop policies for colleges and universities, and to raise the purchase age for beer and wine.

OUTCOME

Implementation of the strategies outlined above should by 1987 reduce the incidence of teenage drinking and driving.

SOCIETAL AND FISCAL COSTS OF SUBSTANCE USE AND ABUSE

PROBLEM STATUS

Millions of dollars are expended each year to treat diseases related to abuse of alcohol and drugs and use of tobacco products. The costs to society in terms of deaths, hospitalization, impairments and disability are extensive.

CONTRIBUTING FACTORS

Factors which contribute to these problems include technological factors, lifestyle or behavioral factors, environmental factors, and biological factors.

PREVENTION STRATEGIES

1. Enact and/or strengthen legislative and regulatory measures to raise cigarette prices, publish a code of ethics for the alcoholic beverage industry, raise purchase age for alcoholic beverages, and increase sentence and fine for DUI.

2. Improve positive lifestyle behaviors by increasing education on alcohol and drug abuse and stress reduction/management.

OUTCOME

Implementation of the strategies outlined above should by 1987 reduce the fiscal and societal costs of substance use and abuse.

FETAL ADDICTION SYNDROME
PROBLEM STATUS

The exact number of children affected by fetal addiction syndrome is difficult to determine. However, it is estimated that this condition accounts for the third largest category of birth defects.

CONTRIBUTING FACTORS

Factors which contribute to the problem of fetal addiction syndrome include technological factors, lifestyle or behavioral factors, environmental factors, and biological factors.

PREVENTION STRATEGIES

1. Improve knowledge of the problem of fetal addiction syndrome by surveying and/or screening women of child-bearing age.

2. Improve positive lifestyle behaviors by increasing education for women at risk.

OUTCOME

Implementation of the strategies outlined above should by 1987 decrease the occurence of fetal addiction syndrome.

ALCOHOL AND DRUG PROBLEMS AMONG WOMEN

PROBLEM STATUS

More women are entering alcohol and drug treatment programs in this country. Some of the causes for this are that more women are drinking, more are exposed to workplace stresses, chemical stress relievers are marketed toward women, and women may be over-prescribed for gynecological reasons.

CONTRIBUTING FACTORS

Factors which contribute to alcohol and drug problems among women include technological factors, lifestyle factors, environmental factors, and biological factors.

PREVENTION STRATEGIES

1. Improve public awareness by increasing educational programs and counselling services targeted to women.

2. Improve professional services by increasing physician education concerning alcohol and drug problems among women.

OUTCOME

Implementation of the strategies outlined above should by 1987 reduce the problems of alcohol and drugs among women.

DRUG USE AMONG SCHOOL AGE CHILDREN

PROBLEM STATUS

The rates of drug and alcohol use among youth appear to have peaked, but usage rates are still high. A serious problem remains in reducing the supply and lowering the demands that encourage youth to use drugs.

CONTRIBUTING FACTORS

Factors which contribute to the use of drugs among the school age population include technological factors, lifestyle factors, environmental factors, and biological factors.

PREVENTION STRATEGIES

1. Improve positive lifestyle behaviors by increasing education focusing on skills development, self concept, nutrition, and peer influence, by developing family support groups, and by developing a media campaign about school age drug use.

2. Improve available services by integrating nutrition programming into treatment and prevention programs.

3. Enact legislation to ban the manufacture and distribution of "look-alike" drugs.

OUTCOME

Implementation of the strategies outlined above should by 1987 reduce the incidence of drug use among school age children.

DRUG MISUSE AND ALCOHOL ABUSE AMONG THE ELDERLY
PROBLEM STATUS

The elderly represent 10% of the population and take 25% of prescribed medications. The elderly may be overly sensitive to certain medications and are prone to develop problems from misuse of these drugs. Alcohol abuse is not extensive among the elderly, but alcohol-related problems may develop more quickly as a result of metabolic changes in the elderly.

CONTRIBUTING FACTORS

Factors which contribute to this problem include technological factors, lifestyle or behavioral factors, environmental factors, and biological factors.

PREVENTION STRATEGIES

1. Improve positive lifestyle behaviors by increasing educational programs for the elderly.

2. Improve available health care services by increasing professional education on the special needs of the elderly and by developing a centralized computerized prescription system.

OUTCOME

Implementation of the strategies outlined above should by 1987 decrease the incidence of elderly drug misuse and alcohol abuse.

CHAPTER 10

SUMMARY AND RECOMMENDATIONS

The eight prevention areas analyzed in the development of the Health and Human Services Prevention Plan were found to share a number of contributing factors. The most frequently mentioned technological contributing factors were unavailability, inaccessibility, and suboptimal quality of appropriate prevention services. The most frequently mentioned lifestyle contributing factors were smoking, poor dietary habits, lack of exercise, alcohol and drug use, lack of skills for coping stress management, lack of parenting skills, lack of appropriate leisure activities, and lack of knowledge needed for informed decision-making. The most frequently mentioned human biological contributing factors were genetic traits and pre-existing disease conditions.

The eight major prevention areas also shared a number of common strategies for prevention. As shown in Table 2, school and community education programs were suggested as the most effective way for increasing prevention efforts for the improving health and human services in South Carolina. Improved targeting of prevention services and legislative/regulatory actions were also frequently mentioned as prevention strategies.

The recommendations contained in this plan offer a blueprint for the development of prevention activities and policies for South Carolina. With the presentation of the Health and Human Services Plan at the May, 1984, South Carolina Primary Prevention Conference, public and private agencies and organizations are urged to direct their efforts toward implementation of the prevention strategies herein. In July, 1985, a group should be convened to make an interim assessment to determine progress toward achieving desired outcomes, to refine this initial Health and Human Services Prevention Plan, and to make additional recommendations for future prevention policies for the State of South Carolina. The composition of this group should be determined by the Governor's Office.

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