

Community Goal # 5

GOAL STATEMENT: To increase the number of healthy families in Spartanburg County by using best practice strategies that have measurable results and encourage collaboration.

Leadership Team

Dr. David Goolsby, Appalchia III Public Health District (Chair)

Mr. Tom Jennings, Spartanburg Regional Healthcare System (Co-Chair)

Ms. Laura Bauknight, Spartanburg Youth Council (Facilitator)

Membership & Diversity

Taskforce #5 was comprised of community members representing a variety of sectors including health, education, government and faith. The attached list of members captures the diversity of the group. The Taskforce was lead by co-chairs Dr. David Goolsby, DHEC, and Mr. Tom Jennings, SRHS. Laura Bauknight, Youth Council Coordinator, facilitated the meetings and Mr. Stan Davis, Project Director, attended several meetings and provided technical assistance.

Approach & Methodology

Taskforce #5 was aware of the challenges it faced by the sheer number of indicators (12) that fell under Goal #5. Because of the number, the group considered combining indicators. However, after much discussion, the group agreed that all but one really were independent; Low/Very Low Birth Weight became the only indicator that collapsed from two to one. Another assumption that was made by the group was that while the indicators were independent, they were inter-related. Throughout the entire process the group wrestled with how the 11 indicators influenced each other. Clemson's recommendations for Taskforce #5 reinforced that assumption.

The report from Clemson read: " The Spartanburg Taskforce identified twelve health indicators of critical importance. Each health issue has a unique set of causes and treatments and requires attention by trained professionals. However, a role for Strategic Spartanburg on this Goal is to establish health care awareness education and intervention programs that address the following:

- Changing behaviors that contribute to health risks (tobacco usage, drug and alcohol usage, sexual activity)
- Improve vaccination coverage in children, adolescents, and adults (increase community demand for vaccination and enhance access to vaccination services).
- Address maternal and child health programs, especially those that focus on infant mortality and low birth rates (need to develop a comprehensive, holistic intervention that combines education, health, social, and economic services).
- Provide education programs that enable people to reduce their risks of heart disease, cancer, strokes, and diabetes (e.g. nutrition, exercise, and physical activity, and medication alternatives).

Public programs should focus on increasing access to information, providing early intervention strategies, and providing relatively low cost options for health care needs."

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Prioritization Process

In order to have input from a larger group, the Taskforce developed a “List for Priority” (see attached). Using this list, members of the Taskforce asked co-workers, friends, constituents, to rank which of the 11 Indicators should receive 1st, 2nd, and 3rd priority. A chart is attached showing the results of that surveying. Taking the communities feedback into consideration, the group then voted using dots to determine the 4 priorities for Goal #5. Those priorities are: Overweight and Obesity, Teen Risk Behaviors, Drug and Alcohol Admissions, and Low/Very Low Birth Weight.

While the group was determining priorities, they also agreed on the directional improvement they wanted to recommend for each Indicator. Examining each Indicator and considering the current data points, the group unanimously agreed on the directional trends.

They are:	Low/Very Low Birth Weight	Down
	Immunizations	Up
	Infant Mortality	Down
	Hospitalization Rates	Down
	HIV/AIDS	Down
	STI Rates	Down
	Oral Health	Down
	Drug/Alcohol Admissions	Up
	Teen Risk Behaviors	Down
	Mental Health	Up
	Overweight/Obesity	Down

*The group does acknowledge concerns about the access to care and need for primary prevention/disease management and health insurance

In order to determine the number for significant improvement for each Indicator, the group utilized the Healthy People 2010 Report. The group did not reach consensus on the actual numbers until after they had written strategies for the 4 priorities. Numerical goals are noted under each of the 4 priorities.

Key Findings

The interests and participation of the public were very important to the success of the process. The public will also have much influence on the success of the expected outcomes. The participation on the part of the community during the previous process – establishing the Community Indicators - had very noticeable commitment. We worked to nurture the continuation of the interest and involvement of the community. To that end, we made concerted efforts to extend invitations to representatives of various entities throughout the community.

Our inclusive approach was successful in engaging representatives of the community at-large and in specific areas, including: faith, families, health and human services agencies, and education. Information from representatives of the public became the guiding principles for the work of the Taskforce. The insights and interests of the community – represented by the membership of the Taskforce – led to consensus on assessing the various indicators within this goal. This resulted in consolidating and prioritizing Goal 5 indicators. The group further agreed that three areas would frame the initial work of the Taskforce in an effort to assure we take steps that underscore “Our Families will be healthy”. We are confident that the Taskforce captures the overarching interests of the community in the stated priorities as established through consensus.

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The activities undertaken during this process led to some key discoveries and some valuable lessons. Prominent among these important discoveries is the recognition that extensive resources are applied toward many worthy objectives. Many of these numerous well-intended and frequently beneficent efforts generally operate independently. The funding for these activities, whether derived from government or private sources, is not consistently outcomes-based. A major point of emphasis: enhanced community-based coordination is necessary to ensure the most effective and efficient use of resources. Integrated strategic planning supported by coordinated efforts will minimize duplication/excess-resources, and gaps/under-resourced. Hence, established patterns of concern and resources do not necessarily predict the degree of need or outcomes.

The subcommittees of the Taskforce propose some strategies that are worthy of Spartanburg's potential and her best efforts. Each of these groups also propose community champions that will accept leadership for integrated strategic planning and implementation, and for developing and sustaining the community's shared-ownership.

Short-range strategies for each of the prioritized areas focus on establishing a council or Taskforce. In each of these areas, the short-term challenges include: gaining the commitment from the community champion; organizing the group; establishing the framework of support, management and participation; and, defining the priorities. The Taskforce would determine the most practical strategy addressing a defined goal that would be accomplished in the near future. Building on successes attained in the short-term, the Taskforce would assess and pursue priorities defined as long-term.

Strategic Recommendations

Strategies for Overweight/Obesity

Goal 1: To increase the percentage of adults at a healthy weight in Spartanburg County by implementing the South Carolina Coalition for Obesity Prevention Efforts (SCCOPE) State Plan - "Moving SC Towards a Healthy Weight: Promoting Healthy Lifestyles and Healthy Communities".

Proportion of adults at a healthy weight	<i>Current</i>	<i>Healthy People 2010 Goal</i>
Spartanburg County	45%	60%

Healthy weight defined as a BMI between 18.5 and 25.

Overweight defined as BMI of 25.0 – 29.9.

Obese defined as BMI of 30.0 or above.

Strategy 1: Create a Spartanburg County Obesity Council to drive the implementation of the SCCOPE plan in Spartanburg County. Representation on the council should be modeled after SCCOPE's work group template and should include:
Strategy Champion: local foundations, DHEC or local government.
Key partners: hospitals, faith community, industry, grassroots and non-profit organizations, community health centers, schools, media.

Implementation timeline: 2006.

Suggested council objectives:

- Identify SCCOPE goals appropriate for Spartanburg County and develop implementation plan

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- Review best practice programs and interventions related to the obesity issue
- Organize current local resources and coordinate development of Healthy Hub, a centralized information resource guide
- Organize grassroots committees to enhance participation and awareness in various Spartanburg Communities
- Engage media participation to increase public awareness of council activities & shared successes
- Involve Spartanburg County in the Governor’s healthy lifestyles initiative – “the Healthy SC Challenge” as a means of motivating citizens to make choices that can improve their health and well-being.

Strategy 2: Support nutrition and physical activity efforts of local school districts as they work to make the school environment one that fosters healthy lifestyle habits.

Strategy Champion: school district administrations

Key partners: DHEC, Spartanburg Nutrition Council, Partners for Active Living, schools, grassroots and non-profit organizations, local government

Implementation timeline: 2006-2007 school year.

Suggested objectives:

- Support local school districts in their compliance with Student Health and Fitness Act of 2005.
- Support expansion of the Color Me Healthy preschool curriculum
- Support Spartanburg Nutrition Council’s Community Garden program in schools
- Support Partners for Active Living school initiatives: Walk to School Day, Safe Routes to School and Step It Up Pedometer Program

Strategy 3: Increase public awareness of the importance of good nutrition and regular physical activity as the most effective way to address the obesity problem by utilizing media and community events.

Strategy Champion: Obesity Council leadership

Key partners: DHEC, local government, hospitals, faith community, industry, grassroots and non-profit organizations, community health centers, schools, media, local foundations.

Implementation timeline: 2007.

Suggested events:

- Spartanburg Nutrition Council’s Farmer’s Market
- Partner’s for Active Living: Step It Up Pedometer Walking Challenge

Strategies for Low Birth Weight / Very Low Birth Weight

Goal: To decrease the percentage of low birth weight babies born in Spartanburg County.

Low Birth Weight	Current	Healthy People 2010
	10.2%	5.0%

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Very Low Birth Weight	Current	Healthy People 2010
	1.7%	0.9%

Source: 2003 Spartanburg County Kids Count

In Spartanburg County, almost 8 out of 1000 babies born alive, die before their first birthday. Because adequate birth weight is one of the best indicators of infant survival, reducing the occurrence of low birth weight is an important issue.

The leading predictors of VLBW/LBW are noted below:

• Inadequate prenatal care	• Inadequate gestational weight gain
• Previous LBW infant	• Smoking
• 3 or more previous pregnancies	• Low prepregnancy BMI
• Teenagers or women over 35 years	• Preterm labor

While demographic (age) and biomedical (previous pregnancies) are factors that cannot be changed, they are useful in helping to identify high-risk women. Behavioral and environmental factors however, can be changed. The following suggestions are made to impact inadequate prenatal care, inadequate gestational weight gain, and exposure to cigarette smoke.

Strategy 1: Create a Spartanburg County Taskforce to address issues of low birth weight. Taskforce representation should be broad and include those who address or are impacted by low birth weight issues.

Strategy Champion: Regional Perinatal Coordinator, Health Care Providers,

Key Partners: Maternal and child health care providers, faith-based institutions, community organizations and consumers.

Implementation timeline: 2006

Suggested objectives:

- Review scientific literature for the purpose of determining best practices for prevention and intervention
- Define scope of risk factors contributing to low birth weight babies
- Define disparities among races related to low birth weight and determine reasons for the increasing disparity gaps
- Increase public awareness of prevalence of and consequences of low birth weight

Strategy 2: Increase opportunities for prenatal smoking cessation.

Strategy Champion: Taskforce Members

Key Partners: March of Dimes, hospitals, DHEC, American Cancer Society, Spartanburg Coalition for Tobacco Free Living

Implementation timeline: 2006 - 2007

Suggested objectives:

- Expand successful models that incorporate prenatal provider training in effective smoking cessation techniques for pregnant women.
- Increase public awareness of existing smoking cessations programs. (Model Program: Smoke Free Moms for Healthier Babies)

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Strategy 3: Coordinate partnerships to mobilize efforts to address the LBW health disparity.

Strategy Champion: Community Advisory Health Disparities Committee

Key Partners: SRHS Congregational Nursing Program, SCDHEC Office of Minority Health, faith-based institutions, minority leaders

Implementation timeline: 2006 – 2007

Suggested objectives:

- Partner with the SRHS Congregational Nursing Program to target minority churches for specific interventions addressing low birth weight.
- Partner with local AME churches to implement the strategic health plan of the statewide 7th Episcopal District.

Strategy 4: Support March of Dimes Prematurity / Low Birth Weight Campaigns.

Strategy Champion: Members of Taskforce

Key Partners: March of Dimes, health care providers, community groups / organizations that target young women

Implementation timeline: 2006 – 2007

Suggested objective:

- Obtain, distribute and promote March of Dime educational materials

Strategy 5: Increase opportunities for pregnant women to obtain adequate prenatal care.

Strategy Champion: Taskforce Members

Key Partners: health care providers, DHEC, local hospitals, rural county leaders

Implementation timeline: 2007 - 2008

Suggested objectives:

- Expand successful programs that incorporate case management services.
- Address transportation barriers affecting access to prenatal care.
- Work with providers to staff satellite clinics in rural communities.
 - Suggested programs: Middle Tyger Community Center comprehensive case management for pregnant teens, Pickens County Health Department prenatal clinic, Union County ‘Open Doors’ home visitation program

Strategies for Alcohol and Drug Admissions

CRITICAL ISSUE: *“Spartanburg County has significant challenges with identified risk-behaviors such as alcohol, drug, and tobacco use. These behaviors lead to life-long concerns.” (Source: Community Indicators VI, 2005) The Percentage of People seeking alcohol, tobacco, and other drug treatment is much lower than the projected number of people who are abusing these substances. People are not seeking substance abuse treatment for a variety of reasons such as; stigma, transportation issues, lack of knowledge about services, denial, etc.*

Strategy: Improve customer engagement and retention at the Spartanburg Alcohol and Drug Abuse Commission (SADAC). (One in every ten persons in the United States has a diagnosable problem with alcohol. This translates into 25,000 people in Spartanburg dealing with alcohol addiction with many more affected by other drug use as well. Only approximately

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3,000 individuals seek assistance each year from the SADAC, leaving 20,000 others unable to receive help or choose not to seek it.)

Strategy Champion: Spartanburg Alcohol and Drug Abuse Commission

Key Partners: Hospitals, medical community, faith-based organizations, mental health organizations, transportation services, media, non-profit organizations, DHEC and school systems.

- Maintain ‘Treatment-on-Demand’ for all Outpatient and ADSAP clients and minimize the wait-time for scheduled appointments in Youth and Adolescent Services, Employee Assistance Program, and Drug Court. (on going)
- Effectively promote SADAC and improve public awareness of its programs and services to increase understanding about alcohol/ tobacco in order to reduce the negative stigma associated with seeking treatment. (Strategies include promotional and marketing opportunities, presenting agency programs and services on City of Spartanburg TV channel as invited and maintaining updated printed program materials). Also to effectively address that many substance abusers are in a state of denial about their abuse, and assist families in understanding these dynamics of addiction. (2007)
- Continuously seek creative ways by which to address transportation challenges faced by clients and potential client. (on going)
- Seek appropriate referrals from other agencies/organizations by conducting outreach, training key personnel on ATOD-related issues, partner with other agencies to seek grant opportunities, and promote SADAC services as an effective alternative. (on going)
- Identify segments of the population that may need specialized services, evaluate feasibility of providing such services, and develop/implement plans for service-provision (e.g. the elderly, IV-drug users, children, Hispanics, etc.). (on going)

Teen Risk Behavior/Alcohol and Other Drug

GOAL 1: Increase awareness among Spartanburg community regarding alcohol, tobacco, and other drug use by utilizing local media. (Advocates for public health, substance abuse prevention and traffic safety are learning to use the media to help shape beliefs, attitudes and behaviors among their target audiences.)

Strategy Champion SADAC

Key Partners Media representatives, public relations specialist

Strategies:

- Educate community using mass media campaigns targeted to youth over long period of time. (2006-2010)
- Utilize media to describe penalties to develop community awareness and increase perceptions of punishment for violations. (2006)

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- Disseminate information about hazards of products and industry through counter-marketing and counter-advertising campaigns. (2007)

GOAL 2: Develop and implement policy changes on local as well as state level to support restrictions of alcohol and tobacco use/access within the community. (Public policy change is an integral part of a comprehensive underage drinking/tobacco prevention program because it directly impacts public attitudes and behaviors)

Strategy Champion: SADAC

Key Partners: merchant, businesses, local and state political advocates

Strategies:

- Advocate for an increase in beer and tobacco taxes to decrease consumption among youth. (2006)
- Restrict use of alcohol in public places to control availability and deter consumption among youth. (2007)
- Implement policies that control availability and use of alcohol in public/community events.
- Implement policy banning/limiting advertisement of alcoholic beverages in public places. (2008)
- Limit/restrict locations of retail alcohol outlets from schools, youth facilities, and residential neighborhoods to reduce consumption and alcohol-related problems. (2009)

GOAL 3: Increase education and skill of alcohol and tobacco industry to support policy and restrictions. (Merchants play a vital role in monitoring the access of tobacco and alcohol to underage youth in Spartanburg County. When merchants fail to realize that responsible alcohol sales is good for business, and their role to monitor youth access to both alcohol and tobacco, they fail to make a reasonable effort to prevention alcohol sales to minors. In a 2000 SADAC Alcohol Buy Survey, 25% of clerks did not strongly agree that it was their responsibility to make sure that minors did not have access to tobacco and alcohol.)

Strategy Champion: SADAC

Key Partners: Merchants & retail managers

Strategies

- Provide written guidelines at stores, bars, or restaurants that give employees specific instructions for checking identification of alcohol and tobacco purchasers. (2006)
- Support clean indoor air laws by placing restrictions on tobacco use in public places and workplaces. (2007)
- Educate and train beverage servers on penalties, signs of intoxication, and false identification. (2006)
- Train employees of alcohol outlets to avoid selling alcohol to underage youth or intoxicated individuals. (2006)

GOAL 4: Provide enforcement and compliance related to established policies and restrictions. (Enforcement of underage drinking laws has a strong deterrent effect on underage drinking and swift enforcement has contributed greatly to nationwide decreases in drinking and driving. Consistent and vigorous enforcement reinforces the message that adults and youth must be responsible for their actions and that violating the law is

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unacceptable. Enforcement also helps to validate the activities of prevention professionals and can help treatment specialist identify youth in need of help. National Highway Traffic Safety Administration: DOT HS 809-209 March 2001)

Strategy Champion: SADAC and law enforcement

Key Partners: County wide law enforcement agencies, colleges, local magistrates

Strategies:

- Enforce impaired driving laws and increase public perception of involved risk in being caught. (2006)
- Increase enforcement of minimum purchase age laws using underage youth for sting operations and employing more frequent enforcement operations. (2007)
- Identify establishments that sell alcohol to youth through mandatory and voluntary compliance checks. (2007)
- Increase compliance with state laws and local ordinances on alcohol/tobacco sells by penalizing license holders and providing alternatives to prosecution. (2008)
- Make adults who provide alcohol to underage youth responsible if youth harms/injures another person-social host liability. (2009)

CONCLUSION

Taskforce #5 faced a tremendous job in prioritizing 12 Indicators and writing Strategies and Objectives for the priorities in a period of 4 months. We believe we were successful because of the connectivity that this process created and the commitment of the members of the Taskforce. The leadership Stan Davis provided, and the “gentle” push to stay on task was also extremely helpful.

The synergy and shared knowledge is something Taskforce #5 would like to see continue as this process moves forward. Many of our strategies include opportunities for groups to work together to address our community challenges. Other strategies focus on environmental and policy change. Taskforce #5 encourages a renewed emphasis on policy change.

Finally Taskforce #5 wishes to acknowledge that transportation is an obstacle to many who are impacted by these Indicators. We support the County’s recent conversations on the issue of transportation.

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TASKFORCE PARTICIPATION

<u>NAME</u>	<u>AGENCY</u>
1. Laura Bauknight	Spartanburg Youth Council
2. Wanda Fowler	Middle Tyger Community Center
3. Dr. Russell Booker	Spartanburg County School District
4. Kathi Long	Region 2 Health District
5. Billy Spencer	Greater Pacolet Area Council
6. Rammy Lybrand	St. John's Lutheran Church
7. David Church	Spartanburg Regional Healthcare System
8. Rebecca Russ-Sellers	Spartanburg Regional Healthcare System
9. Phillip Hudson	SADAC
10. Kim Hautamaki	Middle Tyger Community Center
11. Dr. David Goolsby	Region 2 Health District
12. Joyce Miller	Piedmont Community Action Center
13. Scott Slatton	Greater Woodruff Area Council
14. Dr. Charlene Walton	USC Upstate
15. Dr. Audrey Grant	Spartanburg County School District Seven
16. Lynn Burgess	Community Volunteer
17. Page Rogers	Region 2 Health District
18. Georgia Lanford	Congregational Nursing
19. Karen Graham	Region 2 Health District
20. Beth Summer-Strait	Mental Association of the Piedmont
21. Jackie Summers	Region 2 Health District
22. Dr. Glenda Sims	USC Upstate
23. George Newby	ReGenesis Community Health Center
24. Glenn Robinson	Mary Black Memorial Hospital
25. David Forrester	SADAC
26. Kathy Rivers	Spartanburg County Planning and County Development