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PRIORITY 2

CHRONIC HEALTH CONDITIONS



AIM:

Partners take action to promote healthy lifestyles and environments that prevent chronic conditions.

BRIGHT SPOT

For years, Ehrhardt, a rural community with a population of only 500, was in search of a doctor. Then a pharmacist decided to act. Donna Avant became the only health professional in town when she opened Ehrhardt Pharmacy in Bamberg County. She quickly saw the need in her community and went well beyond filling prescriptions.

Diabetes is a serious health issue in the county, with many residents experiencing risk factors for the disease. According to the Robert Wood Johnson Foundation's County Health Rankings, 41% of adults in Bamberg County are obese, while only 33% are physically active. A proven program to help people manage their disease is the National Diabetes Prevention Program, a year-long



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My biggest wish, more than anything, is to get people more excited to change their lives and care for themselves.

Donna Avant
BSP Pharm
Ehrhardt Pharmacy owner

lifestyle change intervention. Avant was determined to provide this opportunity to her community.

Funding from the Centers for Disease Control and Prevention (CDC) allowed her to access training and materials to successfully implement the program. Ehrhardt Pharmacy has now trained six cohorts and plans to continue the program. Avant says, “My biggest wish, more than anything, is to get people more excited to change their lives and care for themselves.”

CHRONIC HEALTH CONDITIONS

The obesity rate has been rising for the past 20 years in the United States, doubling since 1980. In 2016, the Department of Defense reported a dramatic increase in troops being overweight, up from one in 60 troops in 2001 to one in 13. Obesity is one of the most pressing health problems facing our state. It can lead to high blood pressure, heart disease, stroke, diabetes, some cancers, gallbladder disease, osteoarthritis, gout, and sleep apnea.

In addition to personal decisions and genetics, a number of factors contribute to obesity. Access to affordable, healthy food, education and safe places to exercise are necessary to make healthy choices. Additionally, the increasing prevalence of technology and marketing of unhealthy food impede healthy decision making.

Type 2 diabetes occurs when the body stops making or doesn't use insulin well, causing sugars to build up in the blood. It is affecting Americans at increasingly younger ages as obesity

rates have climbed. According to the Centers for Disease Control and Prevention (CDC), diabetes is the leading cause of kidney failure, blindness, and non-traumatic lower-extremity amputations among adults ages 20 to 74. According to the American Diabetes Association (ADA), the total estimated cost of diagnosed diabetes in 2017 was \$327 billion, including \$237 billion in direct medical costs and \$90 billion in reduced productivity. The ADA's study, Economic Costs of Diabetes in the United States in 2017, found that 66% of the cost is provided by government insurance (including Medicare, Medicaid, and the military).

High blood pressure can harden the arteries in the body, which decreases the flow of blood and oxygen to the heart. It leads to heart attacks, heart failure, stroke and chronic kidney disease. Most people do not have symptoms associated with high blood pressure so regular screening is key. It can be controlled through medication, a low-salt diet, daily physical activity, and not smoking. Tobacco use increases the risk of high blood pressure, heart disease and stroke. Heart disease

includes several types of heart conditions, but the most common is coronary artery disease. It leads to decreased blood flow and that can cause a heart attack. A stroke occurs when a clot blocks the blood supply to the brain or when a blood vessel in the brain bursts.

Maintaining a healthy weight by consuming the right number of calories, being active at least 30 minutes every day, avoiding tobacco, and not drinking alcohol excessively are key to preventing obesity, diabetes, high blood pressure, heart disease and stroke. Developing policies and creating environments that make healthy choices easier and less expensive support South Carolinians in preventing these costly chronic health conditions.

South Carolina has strong multi-sector collaborations focused on long-term change and health improvement. However, there is a need to build diverse partnerships that will allow us to broaden our capacity and align resources to better impact outcomes. Over the next five years we will work to create a structured process to ensure cross-sector representation and formal linkages that are inclusive of state and community coalitions and key stakeholders.

DATA

The prevalence of obesity among adults in South Carolina was 33.2% in 2016. It was higher among adults with an annual household income less than \$15,000 (40.8%) than among those with income \$50,000 and higher (28.4%).



The prevalence of age-adjusted **adult obesity** increased from 31.6% in 2011 to 33.2% in 2016

Thirteen percent of South Carolina adults had diabetes in 2016 and was higher in those with an annual household income of less than \$25,000 than those with an annual household income of \$50,000 or more.

In 2016, more than one-third (39.3%) of adults in South Carolina had hypertension. The prevalence was higher in Black residents (45.2%) than White residents (38.1%). It was also higher in those with an annual household income less than \$15,000 (50.5%) than in those with income of \$50,000 or more (32.7%).

From 2007 to 2016, there was a 23% decrease in coronary heart disease death in South Carolina (112.1 per 100,000 in 2007 to 86.4 in 2016), and the rate was lower than the United States rate (94.3). South Carolina's stroke death rate also decreased from 53.3 per 100,000 to 45.5.

The prevalence of adults in South Carolina who met physical activity guidelines for both aerobic and muscle training increased from 18.9% in 2011 to 23.0% in 2016. In 2015, 23.6% of South Carolina high school students met the federal physical activity guidelines for aerobic physical activity.

The prevalence of current cigarette use among adults decreased.



A decrease was seen in **cigarette use among high school youth from 16.0% in 2013 to 9.6% in 2015**

From 2011 to 2016, there was a decrease in the percent of adult smokers in South Carolina from 23.7% to 20.6%. In 2016, the percent of adults was two to three times higher among those with annual household income of

less than \$50,000 compared to those with income of \$50,000 or more. The percent of South Carolina high school students who smoke decreased from 17.8% in 2007 to 9.6% in 2015. In South Carolina in 2015, 22.4% of adults reported being exposed to secondhand smoke while at the workplace.

ECONOMIC IMPACT

Obesity-related health spending in South Carolina is estimated to be \$8.6 billion per year and growing. If South Carolina could halt the increase in the prevalence of diabetes at today's levels, we could save \$818 per adult, or \$3 billion annually.³

Cigarette smoking increases annual health care spending in South Carolina by \$1.9 billion per year.⁴

GOALS, STRATEGIES AND BEST PRACTICES

GOAL 1:

Increase statewide capacity for coordinated efforts through existing partnerships to reduce chronic health conditions.

STRATEGIES

- Assess state and local initiatives working to reduce chronic conditions.
- Promote capacity building to expand efforts to reduce chronic conditions.
- Coordinate state and local initiatives and communications targeting chronic conditions.

MAKING IT WORK

County Health Rankings and Roadmaps: What Works for Health

<http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health>

Healthy People 2020 Evidence-Based Resources

<https://www.healthypeople.gov/2020/tools-resources/evidence-based-resources>

The Community Guide

<https://www.thecommunityguide.org/>

ASTHO

<http://www.astho.org/Programs/Evidence-Based-Public-Health/>

GOAL 2:

Increase policy, systems, and environmental approaches that support health behaviors.

STRATEGIES

- Enhance policy and advocacy efforts supporting active living, healthy eating, and tobacco-free living.
- Improve environments to support active living, healthy eating, and tobacco-free living.
- Increase worksite, school, childcare and community systems approaches that promote active living, healthy eating, and tobacco-free living.



MAKING IT WORK

South Carolina Health + Planning Toolkit

<http://scahealthplanning.org/pdf/SCHealthPlanningToolkit.pdf>

Creating Active Community Environments

A Grassroots Guide in place of this report. It can be found at: <https://www.scdhec.gov/sites/default/files/Library/CR-012013.pdf>

Eat Smart, Move More South Carolina

Obesity is a complex public health issue, which requires a collaborative effort with local and state partners. In a state that suffers from one of the highest rates of obesity in the country, we are advocating for state and local policy changes necessary to support individuals in the adoption of lifelong healthy habits. <http://eatsmartmovemoresc.org/our-work/advocacy/>

National Prevention Strategy Healthy Eating Priority

<https://www.surgeongeneral.gov/priorities/prevention/strategy/healthy-eating.html>

A Guide to Starting or Enhancing Your South Carolina Community's Farmers Market:

<http://southcarolinafarmersmarkets.com/wp-content/uploads/2017/11/FarmersMarketToolkit.pdf>

National Prevention Strategy Active Living Priority:

<https://www.surgeongeneral.gov/priorities/prevention/strategy/active-living.html>

Health Impact in 5 Years:

<https://www.cdc.gov/policy/hst/hi5/index.html>

South Carolina Farmers' Markets and Roadside Markets Map

<https://gis.dhec.sc.gov/farmersMarkets/>

Local School Wellness Policy

<https://ed.sc.gov/districts-schools/nutrition/wellness-and-food-safety/wellness/local-wellness-policies/>

Healthy Community Checklist

https://www.cdc.gov/healthyplaces/factsheets/Healthy_community_Checklist.pdf

Alliance for a Healthier Generation

Access to all the information, resources, and guidance we offer to help you create healthy change. <https://www.healthiergeneration.org/programs/>

Childhood Obesity in the Early Care and Education Setting: Opportunities for Action

<http://www.eceobesityprevention.org/>

South Carolina Farm to Institution:

<http://scfarmtoinstitution.com/>

Breaking Physical Activity Barriers Through Open Community Use:

<https://www.scdhec.gov/sites/default/files/Library/CR-011555.pdf>

South Carolina Tobacco-Free Collaborative Model Policies

<https://www.sctobaccofree.org/model-policies>

GOAL 3:

Increase access and utilization of services and resources to improve treatment and control of chronic conditions by 2023.

STRATEGIES

- Improve screening and diagnosis of chronic conditions by modifying electronic health record (EHR) notifications systems and utilizing community-based approaches.
- Increase access to and use of chronic disease self-management programs.

MAKING IT WORK

Chronic Disease Self-Management

<https://www.cdc.gov/learnmorefeelbetter/programs/general.htm>

Community-Clinical Linkages for the Prevention and Control of Chronic Diseases

The CDC promotes linkages between the clinical and the community sectors and the CDC's National Center for Chronic Disease Prevention and Health Promotion promotes these linkages as helping to "ensure that people with or at high risk of chronic diseases have access to the resources they need to prevent, delay, or manage chronic conditions once they occur." <https://www.cdc.gov/dhdsp/pubs/docs/ccl-practitioners-guide.pdf>

Target BP

<https://targetbp.org/>

Million Hearts

<https://millionhearts.hhs.gov/tools-protocols/index.html>

SC SNAP-Education Program

<https://dss.sc.gov/assistance-programs/food-and-nutrition-programs/snap-nutrition-education/>

USDA Choose My Plate

<https://www.choosemyplate.gov/>

Physical Activity Guidelines for Americans

<https://health.gov/paguidelines/guidelines/>

GOAL 4:

Increase coordinated communication that informs consumers on health behaviors that prevent and reduce chronic health conditions.

STRATEGIES

- Promote physical activity, nutrition, and tobacco-free health behaviors.

MAKING IT WORK

AHA Life's Simple 7 and My Life Check

<http://www.heart.org/en/healthy-living/healthy-lifestyle/my-life-check--lifes-simple-7>

Diabetes Prevention

<https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/diabetes-prevention-interventions-engaging-community>

National Diabetes Prevention Program

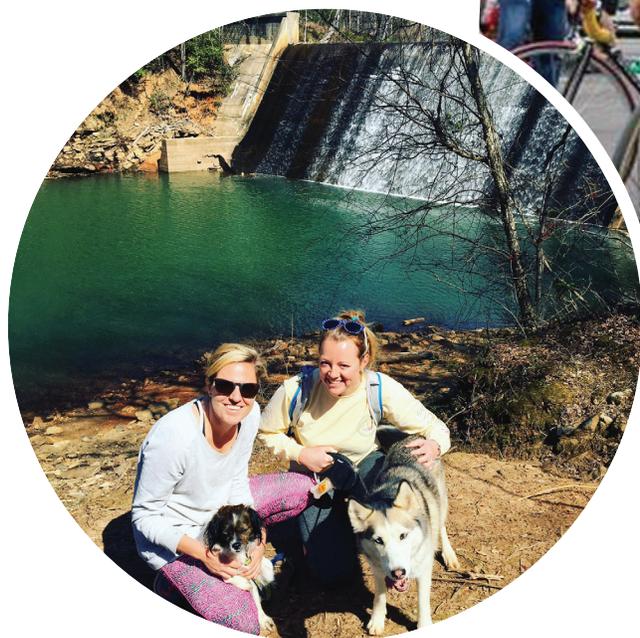
<https://www.cdc.gov/diabetes/prevention/index.html>

Let's Go

Communities across the state have been working hard to ensure that there are farmers' markets, trails, parks, community gardens, and many other healthy eating and active living resources available for use. These resources are found on LetsGoSC.org in the searchable Local Healthy Options directory. <http://eatsmartmovemoresc.org/our-work/consumer-awareness/>

Tobacco Cessation

<https://www.scdhec.gov/health/tobacco-cessation>



OBJECTIVES

- Decrease the percent of adults ages 20 years or older who are obese in South Carolina by 5%, from 33.2% to 31.5% by 2023.
- Decrease the percent of adults who smoke in South Carolina by 10%, from 20.6% to 18.5% by 2023.
- Decrease the stroke death rate in South Carolina by 5%, from 45.4 per 100,000 to 43.1 per 100,000 by 2023.

COALITION RESPONSE



- SCaleDown actively works to educate, engage, and mobilize partners to help make the healthy choice the easy choice for South Carolinians and to oversee the implementation of the South Carolina State Obesity Plan. <http://scaledown.org> houses the tactical plan that aims to build on the success of previous efforts and offers new strategies to reduce obesity rates in the Palmetto State.
- Diabetes Advisory Council of South Carolina (DAC) is a group of statewide partners focused on education and prevention of type 2 diabetes. The DAC has worked to create and implement a Statewide Comprehensive Diabetes Prevention Plan. DAC focuses on provider awareness, promotion of the National Diabetes Prevention Program (National DPP) through increased program availability, participation, and long-term program sustainability.
- The South Carolina Tobacco-Free Collaborative (SCTFC) works to eliminate the toll of tobacco use by providing leadership, guidance, and resources to state and local partners. SCTFC was formed in 2001 to serve as a forum and voice for eliminating the toll of tobacco use in South Carolina. TFC promotes a coordinated effort among its member organizations to prevent tobacco use and its consequences while maintaining economic viability of all our communities.