South Carolina Department of Health and Environmental Control
FY 2011 – 2012
Annual Accountability Report

September 2012

Accountability Report Transmittal Form

Agency Name: S.C. Department of Health and Environmental Control

Date of Submission: September 15, 2012

Agency Director: Catherine B. Templeton

Agency Director's E-mail: Catherine.Templeton@dhec.sc.gov

Agency Contact Person: Patricia Dod Lolas

 Agency Contact Person's E-mail: lolaspd@dhec.sc.gov

Agency Contact's Telephone Number: 803. 898-3316

Section I — Executive Summary

The S.C. Department of Health and Environmental Control (DHEC) is the public health and environmental protection agency for the state and carries out its duties pursuant to numerous statutes including, but not limited to the: Emergency Health Powers Act, Pollution Control Act, Safe Drinking Water Act, Hazardous Waste Management Act, Solid Waste Policy and Management Act, Coastal Tidelands and Wetlands Act, Beachfront Management Act, Contagious and Infectious Diseases Act, State Certification of Need and Health Facility Licensure Act and Vital Statistics Act. DHEC is organized into five areas:

- Environmental Quality Control (EQC)
- Health Services (HS)
- Health Regulation (HR)
- Ocean and Coastal Resources Management (OCRM)
- Administration

I.1

Mission
We promote and protect the health of the public and the environment.
Vision
Healthy people living in healthy communities
Values
Customer Service
Excellence in Government
Use of Applied Scientific Knowledge for Decision-Making
Local Solutions to Local Problems
Cultural Competence
Teamwork
Our Employees

The agency performs this mission in a time of change. State growth is stressing the viability of our environment, the quality of our land, air and water, and the delivery of health services. Changing demographics are leading to greater ethnic diversity and an expanding population of retirees. DHEC has dealt with several years of state and federal budget cuts, along with added responsibilities for emergency preparedness, including homeland security and pandemic influenza planning, preparation and response.

I.2 Major Achievements from the Past Year:

Emergency Response: The agency's environmental Emergency Response Program documented 89 hazardous material spills, 557 oil spills and 100 spills classified as other; documented 45 fish kills; participated in 18 chemical/oil/disaster/WMD exercises; and documented 1,015 calls into the environmental 24-hour emergency response phone number. The Nuclear Response & Emergency Environmental Surveillance Section documented five incidents, 38 courtesy notifications from Fixed Nuclear Facilities and participated in 31 communication drills and exercises. The Health Regulation Response Teams documented a total of nine responses to radioactive material emergencies and seven responses to fire and life safety emergencies within the state.

Air Quality Improvements: The air quality in South Carolina continues to improve, even though the National Ambient Air Quality Standards (NAAQS) for the six criteria pollutants (ozone, nitrogen dioxide particulate matter, lead, carbon monoxide and sulfur dioxide) continue to become more stringent. For example, since 1990, statewide air quality has improved for most of these six criteria air pollutants. Statewide, air pollution concentrations were lower in 2011 than in 1990 for almost all averaging times of the NAAQS. DHEC continues to promote a multi-pollutant approach to managing air quality that

includes strategies and activities that reduce concentrations of ozone and other air pollutants, including air toxics and greenhouse gas emissions. DHEC is participating in the Environmental Protection Agency's (EPA) Ozone Advance program as the agency continues to build upon its established relationships with counties and municipalities by working with local governments and air quality coalitions to enhance efforts to reduce pollution. Management of air quality requires leadership and commitment at the national, state and local levels. Collaboration and partnerships with private and public entities have provided improvements in air quality earlier than required by the federal Clean Air Act.

Partnership to Address SO₂ NAAQS Issue: On June 22, 2010, the EPA issued the new 1-hour National Ambient Air Quality Standards (NAAQS) for sulfur dioxide (SO_2). All of South Carolina's SO_2 monitors indicated attainment except for the Irmo monitor, which indicated a design value above the standard at the time. Research into exceedances at this monitor showed that the high readings were likely due to emissions from a facility in Irmo. Staff met with representatives from the facility and drafted a Memorandum of Agreement which outlined agreed upon operational changes to make at the facility to reduce SO_2 concentrations. On June 2, 2011, the agency submitted the *South Carolina Recommendations for Sulfur Dioxide (SO2) Boundary Designations* on behalf of the Governor of South Carolina. In this document, South Carolina recommended that all of its counties be designated attainment (in compliance) for the new 1-hour SO_2 standard. As a result of the operational changes made at the facility, the SO_2 concentrations dropped below the standard at the Irmo monitor and the agency was able to submit monitoring data to the EPA showing compliance with the standard before EPA made its final boundary designation decision for the state.

Surface Water Permitting: The regulation establishing a new permitting program for large surface water withdrawals became effective June 22, 2012. This new program was developed in cooperation with key stakeholders such as public water suppliers, industry, environmental organizations and agriculture. This permitting program will be a critical part of the state's overall goal of having sustainable water supplies as demands for water continue to increase with our population and industrial growth.

Underground Storage Tank (UST) Operator Training: With the advent of the Energy Policy Act of 2005 and in accordance with UST Control Regulations R.61-92, Part 280.35, all owners/operators of underground storage tanks in South Carolina were required to complete operator training before August 8, 2011, one year ahead of the federal deadline of August 8, 2012. Two years before the deadline, the agency's UST Program began coordinating efforts to notify and train owners/operators from almost 4,200 facilities with the development of a free on-line operator-training course located on the DHEC website. The online training has proven to be a valuable resource for owners with limited time and resources. Along the way, owners who were unable to complete the training online were identified and either received personal visits from staff that walked them through the training or were provided an opportunity to attend one of four classroom-training sessions that were conducted across the state. At the deadline, 91% of owners/operators had completed the training. With continued effort from the UST Program, that number increased to well over 98.1% (approximately 4,000 facilities trained) as of May 31, 2012. South Carolina leads the way in operator training in EPA Region 4 and nationally.

Underground Storage Tank (UST) Cleanup Progress: DHEC has confirmed a total of 9,593 underground storage tank releases. Of these, 7,016, or 73% have been closed. To assist with increasing the number of closures, procedures for soliciting active corrective action activities were modified in March 2012 to implement a more effective process to reduce the number of years it takes to diminish petroleum chemicals of concern in the subsurface to acceptable levels. The first solicitations were published in April 2012; once implemented, site rehabilitation activities are to be completed within five years**.**

ARRA: For the Underground Storage Tank Program, South Carolina was awarded a $3,324,000 grant associated with the American Recovery and Reinvestment Act (ARRA) of 2009. A one-year extension of the grant was provided to allow activities to continue through September 30, 2012. As of June 3, 2012, a total of $2,627,874.03 has been paid, and $330,803.38 has been encumbered. Active Corrective Action

solicitations for 12 ARRA qualified sites have been published to draw down the remaining available balance prior to the end of the grant cycle. Twenty-two sites have been closed using ARRA funds and additional closures are expected prior to the grant ending.

Major ARRA accomplishments at the Savannah River Site (SRS) included: closure and in-situ abandonment of the P and R Reactor buildings and associated structures; closure of the P and R ash basins; closure and in-situ abandonment of the Heavy Water Test Components Reactor; cleanup of radioactive contaminated soils along the Lower Three Runs tail section; decommissioning and removal of the K-Area cooling tower; and completion of the closure of the M-Area and the Small Arms Training Area. The Liquid Waste Program at SRS received $200 million to upgrade the liquid waste processing infrastructure and to purchase equipment in support of accelerating closure of the high level liquid waste tanks in F and H Areas. Finally, ARRA funds were used to accelerate the removal and off-site disposal of approximately 5,000 cubic meters of Transuranic waste.

SUPERB Solvency: In January 2009, Bill H. 3270 was introduced through industry-led efforts to address SUPERB solvency by amending Section 44-2-60 Code of Laws of South Carolina, relating to the registration of underground storage tanks (UST) to establish new annual renewal fees and to require that the additional revenue generated from the tank fee increases be deposited into the SUPERB account. Bill H.3270 was signed by the Governor and made effective on May 19, 2010. Beginning January 1, 2012, the amended SUPERB Act increases annual UST fees by $100 each year over four years, ultimately reaching $500 per tank, and maintains the fee at this level until an additional $36 million is generated and deposited into the SUPERB account. When the SUPERB account is credited with the additional $36 million, the annual tank fee will revert back to $100 per tank the following January. The EPA fully endorsed the funding solution incorporated in the 2010 legislation to address the solvency of SUPERB.

Environmental Curriculum: The Office of Solid Waste Reduction and Recycling's "Action for a Cleaner Tomorrow" ("Action") is an activity-based, interdisciplinary curriculum supplement that can serve as a starting place for introducing basic environmental education in the classroom. These lessons, developed by the agency in coordination with teachers and the S.C. Department of Education, are hands-on activities that help students get the facts, think for themselves, form opinions, make decisions and take "Action" for a cleaner tomorrow. "Action" has been correlated to the state's science standards so teachers can meet state science requirements while using "Action." During the 2011-2012 school year, the agency trained over 1,200 teachers on the curriculum. This strategy allowed the agency to reach more than 66,000 students with the environmental messages. "Action" has won several national awards including the Excellence in Solid Waste Education Award presented by the Solid Waste Association of North America, the White House "Closing the Circle" Award and the National Recycling Coalition's Beth Brown Boettner Award for Outstanding Public Education.

Nuclear Regulatory Commission/IMPEP Review: The Nuclear Regulatory Commission (NRC) routinely performs a week-long, thorough review of all Agreement State Radioactive Material Programs. The review process is called the IMPEP (Integrated Materials Performance Evaluation Program). The agency hosted the NRC team this year from May 21 through May 25. The review team consisted of six reviewers, who worked closely with staff to review all aspects and criteria associated with the Agreement State Program. The outcome was "a first time occurrence." For the third review in a row, the S.C. Agreement State Program received the highest rating given by the NRC in overall program compliance. This is the first time any Agreement State has ever obtained this achievement. The program review time frame will now be extended from the four year frequency to a five year review frequency.

Certificate of Need (CON) Review Panel: In November 2011, the DHEC Board of Directors established a panel made up of health care providers and other CON stakeholders to review and look for ways to improve the CON process in South Carolina. The goals of the review effort are to: streamline the CON process, making it less onerous; standardize the weighting of criteria within the CON regulation; examine the current statute as it relates to the changing needs within the community/population/circumstance; and evaluate instances in which CON should and should not be required. Members of the CON Review Panel

were appointed by the DHEC Board of Directors in January 2012. All meetings of the CON Review Panel are open to the public. To date, the panel has met three times. The meetings have been well attended by panel members and members of the public. All manner of topics directed at achieving the goals outlined above have been discussed. The panel is moving forward and narrowing the scope of the discussions. This is expected to provide additional insight and guidance in order to accomplish the Board's goals.

Bureau of Drug Control: The Bureau of Drug Control staff has been an integral part of the national Alliance of States with Prescription Monitoring Programs (ASPMP). ASPMP was formed in 1990 to provide a forum for the exchange of information and ideas among state and federal agencies on prescription monitoring programs. Since then, ASPMP has grown to be a valuable resource to all those concerned with combating the increase in prescription drug abuse, misuse and diversion. Currently, 49 states and one territory either have operating Prescription Monitoring Programs (PMP) or have passed legislation to implement them. Staff assisted in multiple ways to ensure the recent passage of the Alliance's PMP Information Exchange (PMIX) program, which enables the interstate exchange of PMP data. Staff also has worked closely with the National Association of State Controlled Substances Authorities (NASCSA); US Drug Enforcement Administration (DEA); Substance Abuse and Mental Health Services Administration (SAMHSA); National Alliance for Model State Drug Laws (NAMSDL); National Association of Drug Diversion Investigators (NADDI) and other nationally recognized law enforcement and regulatory agencies to combat prescription drug abuse in South Carolina.

Coastal Zone Consistency Certification Process Enhanced: In April 2012, DHEC announced the separation of the State Coastal Zone Consistency (CZC) Certification process from coastal stormwater permitting. This highly coordinated effort was designed to streamline and clarify processes within two agency programs, enhance existing efficiencies and significantly reduce the certification and permitting timeframe for our customers. From an organizational standpoint, DHEC's Ocean and Coastal Resource Management deputy area retains the State CZC Certification process, which focuses on the protection of fragile natural and cultural resources, while the agency's Bureau of Water processes all requests for state NPDES Construction, State Stormwater/Land Disturbance permits in the entire state, including the eight-county Coastal Zone.

Blue Ribbon Committee Enhances Coastal Resource Management: Throughout 2011 and 2012, DHEC continued to facilitate the work of the Board-appointed Blue Ribbon Committee on Shoreline Management. Representing a broad range of stakeholder interests, the Blue Ribbon Committee works to develop specific regulatory and policy recommendations to enhance the management of fragile coastal resources and habitats, improve coastal planning and prepare South Carolina's coast for emerging challenges and opportunities. The Blue Ribbon Committee builds on the technical research foundation provided by the Shoreline Change Advisory Committee and is the culmination of a multi-year initiative to evaluate and improve the Beachfront Management Act. A final report of the committee's findings and recommendations is anticipated in fall 2012.

Disease Outbreak Response: The DHEC Outbreak Response Team responded to 90 outbreaks of communicable disease in 2011. Norovirus accounted for 26% of the state's total number of disease outbreaks, followed by unknown enteric illnesses (17%) and influenza (7%). Other outbreaks investigated included: Pertussis (7%) and Salmonella (7%) along with outbreaks associated with Campylobacteriosis and Scabies. A majority of outbreaks reported came from recognized increases above the threshold by facility (i.e. through school nurse reports) staff (40%) and/or healthcare provider (i.e., hospital or private practice) staff (39%), followed by investigations generated by food complaints (9%).With regard to venues, assisted living facilities and schools were locations where outbreaks were reported with the greatest frequency (41% and 19%, respectively) followed by daycare facilities (9%).

Control of Hospital Acquired Infections (HAI): Infections that patients acquire while receiving medical treatment in hospitals, nursing homes, outpatient surgery centers and dialysis clinics are a major public health problem in the United States. Patients can get them from routine care, surgery, as a complication

from medical devices such as ventilators, catheters and lines, or as a side effect of the overuse of antibiotics. DHEC's HAI Program currently monitors central line associated bloodstream infections and certain surgical site infections. South Carolina has achieved great success in this area. In a Centers for Disease Control and Prevention report published this year, central line associated bloodstream infections decreased by 24% in South Carolina from 2009 to 2010. This is a savings of approximately nine lives and $5,000,000 in one year.

Infant Mortality Reduction & Prevention of Premature Births: DHEC is a key partner in the South Carolina Birth Outcomes Initiative (BOI) led by the Department of Health and Human Services, along with the South Carolina Chapter of the March of Dimes and the South Carolina Hospital Association. Achievements of the BOI over the past year include: receiving pledges from all of the state's birthing hospitals to stop the practice of inducing labor or delivering infants via cesarean section prior to 39 weeks gestation without a medical indication; developing a Screening, Brief Intervention, Referral, and Treatment (SBIRT) program to screen pregnant women for substance use, depression and domestic violence and refer them to appropriate care; and developing a comprehensive analysis of the risk factors for low birth weight births and ongoing programs that can reduce the prevalence of these births, as well as the racial disparities in the rate of low birth weight births. South Carolina's infant mortality rate increased slightly from 7.1 infant deaths per 1,000 live births in 2009 to 7.4 in 2010. The rate remains one of the lowest infant mortality rates ever recorded in South Carolina, however. Though the overall infant mortality rate increased, the disparity in infant mortality between white and minority women decreased from 2009 to 2010 and is below the average U.S. infant mortality racial disparity. Despite this progress minority infants still die at nearly twice the rate at which white infants die in South Carolina.

Tobacco: South Carolina continues to make progress in the number of comprehensive local smoke-free workplace ordinances adopted in the state. During this fiscal year, six additional ordinances were adopted bringing the total to 48. This translates to 36% of the state's citizens who are protected from exposure to secondhand smoke in public workplaces. In addition, nine school districts adopted comprehensive tobacco-free policies bringing the total to 42 of 85. With regard to smoking cessation efforts, citizens have registered for services with the S.C. Tobacco Quitline, yielding an estimated 5,853 new quitters. This translates to approximately $37,307,022 in cost avoidance, considering a cost per smoker of $6,374 as determined by the U.S. Department of Health and Human Services. Resources dedicated to the Smoking Prevention and Cessation Program from the state cigarette tax fund have contributed significantly to this success.

Tuberculosis (TB): In 2011, TB cases in South Carolina decreased to 140 cases, down from 264 in 2001, representing a decline of 53% during this time. The strides made to date are a direct result of the hard work of the team of public health nurses, laboratories, social workers, physicians and other community partners working together to maintain a strong system of care for TB suspects and cases. These professionals also are working together to treat latent TB infection in those high risk persons, who without this partnership, would progress to be the next cases of TB in this state.

Health Partnerships and Collaborations:
- *Childhood Obesity:* 1) Farm to School: DHEC partnered with the S.C. Department of Agriculture, the S.C. Department of Education and Clemson University's Youth Learning Institute to launch the S.C. Farm to School Program, a public/private partnership program designed to get more locally grown fruits and vegetables into the cafeterias of South Carolina schools. During this first year, 52 schools from across the state implemented four components of the S.C. Farm to School program. 2) Farmers' Market: The Farmers' Market provides WIC participants the opportunity to purchase fresh, nutritious fruits and vegetables. This past year, 34 sites participated in the program. Materials for the Farmers' Market Nutrition Program recipients include recipes and tips on selection, storage, preparation and nutritional value. 3) Data: There is limited childhood obesity data available at the local level, which communities need in order to take action. Childhood overweight and obesity data is being gathered in several school districts across the state, and this work is expanding.

- *Healthy Columbia Campaign:* In March of 2012, DHEC working in partnership with the City of Columbia, the S.C. Hospital Association, Eau Claire Cooperative Health Center, BlueCross BlueShield of S.C., Palmetto Health, Providence Hospital, the University of South Carolina and the S.C. Department of Health and Human Services launched the "Healthy Columbia" Campaign. The campaign targeting the 29203 zip code area was created by public health-focused institutions, health care organizations and members of the community to improve health and wellness through community engagement. The 29203 zip code area residents are faced with tremendous health status and access challenges. The long-term goal of the campaign is to promote prevention through the implementation of evidenced- based strategies, increase access to primary care services, decrease health care cost and build a healthy community for future generations.

- *Community Transformation Grant:* In September 2011, South Carolina was awarded a very competitive 5-year implementation grant of over $4.6 million per year to address mortality and illness related to tobacco use, obesity and heart disease, with particular emphasis on addressing the underlying risk factors of smoking, physical inactivity, unhealthy eating and elevated cholesterol and hypertension. The Healthy South Carolina Initiative, a partnership between DHEC, the Arnold School of Public Health, the Medical University of South Carolina, Eat Smart Move More South Carolina, the S.C. Tobacco Collaborative and the S.C. Institute of Medicine and public health is working on implementing evidence-based strategies that will have a measurable impact on the health status of South Carolinians. The initiative is also reaching out to other health improvement efforts at the state and local levels to ensure that the work is well coordinated and resources are leveraged to maximize impact. In April 2012, an initial round of nine capacity planning grants and twenty community implementation grants targeting rural areas were awarded to local organizations in 26 counties to reduce health disparities, increase health equity and target rural areas.

- *Mobilization of Communities for Eat Smart and Move More:* The agency collaborates with S.C. Eat Smart Move More Coalition, the statewide coalition that coordinates obesity prevention efforts across the state toward the implementation of South Carolina's Obesity State Plan. In 2011, eight new local chapters were established and mobilized around the planning and implementation of policy and environmental change strategies that support healthy eating and active living.

- *Nurse Family Partnership:* The agency provides leadership for the implementation of the Nurse-Family Partnership (NFP) in the state, an evidence and community-based program that works to transform the lives of at risk, first time pregnant women. DHEC is the implementation agency for four of the seven NFP sites across the state. The partnership is with First Steps, as the state sponsoring agency, and the Children's Trust, the Duke Endowment and Blue Cross Blue Shield Foundation, as well as local and private foundations, as funders. NFP's state nurse consultant position is housed in DHEC. The four sites implemented through DHEC and serve clients in the following counties: Anderson, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, Lexington, Richland, and Williamsburg. In total, the sites implementation by DHEC are serving approximately 425 mothers and their babies.

Teen Pregnancy Prevention: The teen pregnancy rate (ages 15-19) in South Carolina is at a historical low. DHEC continues to work with the S C. Campaign to Prevent Teen Pregnancy and others to address teen pregnancy in Spartanburg and Horry counties (identified as high priority areas based on their high numbers of teen births). DHEC is also the assigned administrator of the S.C. Personal Responsibility Education Program (S.C. PREP). Funding for this program was awarded to the state by the federal agency Administration of Children and Families (ACF). S.C. PREP uses three evidence-based curricula to educate youth on both abstinence and contraception for the prevention of pregnancy and STD/HIV. PREP also provides instruction on other adult preparation subjects, such as adolescent development, healthy relationships, parent-child communication and healthy life skills. Currently, through our fiscal agent, the S.C. Campaign to Prevent Teen Pregnancy, 13 sub grantees in 15 counties are providing one or more of the three curricula. The University of South Carolina's Arnold School of Public Health serves as

the PREP evaluator. During the initial year of implementation, almost 2,000 S.C. youth have participated in PREP.

Immunizations: This past year, DHEC successfully implemented a revised statewide immunization program composed of the Federal Vaccines for Children (VFC) program and a parallel State Vaccine program. This revised immunization program assures that S.C. children have broader access to Centers for Disease Control and Prevention recommended vaccines. DHEC partnered with over 500 public and private immunization providers across the state to assure access to children's immunizations. DHEC immunization staff continued to conduct VFC program compliance visits to over 50 percent of enrolled immunization providers in 2012. These visits result in increased accountability for publicly funded vaccines in the state through the monitoring of vaccine storage and handling practices and increased provider education. In June 2010, a state statute was passed requiring a mandatory immunization registry for all ages. This past year, the agency's Immunization Division worked closely with immunization partners and key stakeholders to develop the proposed immunization registry regulation. The proposed regulation was reviewed and approved by the DHEC Board in June 2012 and submitted to the S.C. General Assembly for consideration. During the 2011-2012 flu season, some DHEC Health Regions partnered with public and private resources to conduct school-located flu vaccination clinics to increase vaccination coverage rates in this vulnerable population.

I.3 Key Strategic Goals: Perhaps the most important goal of public health is to secure health and promote wellness for both individuals and communities by addressing the societal, environmental and individual determinants of health. The 2005-2010 Strategic Plan has five long-term goals, 21 strategic goals and 88 objectives. View the Strategic Plan and supporting information at www.dhec.sc.gov and see III.2.1.

LONG TERM GOALS
1. **Increase support to and involvement by communities in developing healthy and environmentally sound communities.**
2. **Improve the quality and years of healthy life for all.**
3. **Eliminate health disparities.**
4. **Protect, enhance and sustain environmental and coastal resources.**
5. **Improve organizational capacity and quality.**

I.4 Key Strategic Challenges:

Air Issues: The Clean Air Act requires the science upon which the National Ambient Air Quality Standards (NAAQS) are based and the standards themselves to be reviewed every five years. As such, the U.S. Environmental Protection Agency (EPA) is continually in the process of reviewing or revising all of the NAAQS. In most cases, these standards are becoming more stringent. For example, on June 2, 2010, the EPA strengthened the NAAQS for sulfur dioxide (SO_2). The EPA revised the SO_2 standard by establishing a new 1-hour standard at a level of 75 parts per billion (ppb). While more protective of human health and the environment, meeting these more stringent standards will be a challenge for many states across the country. The possible outcome of these standards becoming stricter is that South Carolina may see some areas of the state designated as non-attainment (or in non-compliance) with the standard in the future. This designation would result in federally mandated measures being placed on industrial facilities and federal transportation funding. Implementing these standards as written will also require enhanced state air dispersion modeling, ambient air monitoring and regulatory requirements. Further, additional state and federal emission reduction measures may need to be identified and implemented.

Sustainable Water Supplies: Population and economic growth along with prolonged periods of drought are beginning to put a strain on our water resources. Water-use data from 1990-2005 indicate that the state's municipal water use is up 46%, irrigation use is up 40%, and thermoelectric use is up 26%.

Compounding problems associated with increased water use is the increased frequency and severity of droughts that the state has experienced over the past 17 years. To complement the new surface water permitting program, models of our major water basins are needed. Scientific information about the availability of our water supplies, and future demands on those water supplies should be obtained. Georgia has already completed such an evaluation and North Carolina is in the process of conducting a similar assessment.

Federal Facility Cleanup–Budget Impacts: As a whole, S.C. has not seen an impact to cleanup activities at Department of Defense facilities due to budget cuts to date. All bases continue to strive to meet 2014 goals of remedy in place. However, a projected 15% federal budget cut for the cleanup of Formerly Used Defense Sites (FUDS) along with a change in direction on how FUDS are addressed (now getting one site to completion before spending on others as opposed to funding several simultaneously) may have a negative impact on progress in the state. With respect to the Savannah River Site Federal Facility Agreement, Appendix E, which plans work in the upcoming two fiscal years as enforceable milestones and plans work through the life of the project, shows a significant slowdown in new environmental cleanup field starts due to budget concerns for the next five years. The extent to which this slow down will affect the amount of the Remediation and Environmental Monitoring (REM) grant remains unclear at this time, although it is probable that the REM grant will be reduced in upcoming years by an unknown percentage.

Keeping Pace with Environmental Review, Compliance and Enforcement: As commercial and private development of coastal property steadily continues, environmental violations and conflicts over access and use also increase. Despite significant improvements made to permitting, compliance and enforcement processes, DHEC's ability to address the demanding workload is compromised by the limited number of full-time staff available for case management, investigation and resolution. Additionally, significant reductions in staff and resources to conduct appropriate levels of ambient air and water monitoring have occurred as a result of previous reductions in state revenues.

Health Care Facility Oversight: Ensuring appropriate care at health care facilities continues to be challenging for DHEC. After severe budget cuts and resulting staff shortages, the agency has struggled to maintain an effective level of oversight to ensure that facilities are complying with the agency's regulatory expectations. DHEC's ability to ensure that facilities and services meet minimum standards is compromised by having fewer and less experienced staff. While the end goal remains protecting the public's health and assuring that quality of care is being provided, it has become increasingly difficult to do so. Fewer staff means less oversight of facilities and services. The risk of adverse outcomes at health care facilities has increased due to less regulatory oversight.

Drug Control: A challenge for the Bureau of Drug Control often presents itself in long-term care facilities and the handling of controlled substances in that setting. Since long term care facilities are not required to register with DHEC Drug Control, authority is somewhat limited with regard to enforcement related to documentation of medication administration, security and proper handling of controlled substances. The pharmacy that is under contract to dispense and consult in these facilities also serves as liaison to confirm proper handling, security and administration. With a requirement to register these facilities, ability to confirm regulatory compliance would be more direct and comprehensive.

Long-Range Beachfront Management: The annual threat of hurricanes, coupled with chronic erosion and gradual sea-level rise underscores the critical need for communication and coordinated long-term planning among state coastal resource managers and coastal municipalities to ensure effective beach management strategies and appropriate preventative action. Without sufficient coordination, predictable hazards can become complicated emergency situations that threaten private property, public health and infrastructure, while adversely impacting the natural and recreational value of our beaches. Updating the State Beachfront Management Plan, Local Comprehensive Beach Management Plans and providing technical assistance, DHEC will provide tools, information and guidance to coastal municipal officials.

These efforts will foster inter-governmental collaboration, facilitate decision-making and enhance the resiliency of our beachfront communities.

Emerging Ocean Resource Management Issues: The potential development of offshore energy and transmission to the mainland presents a complex planning and regulatory environment among private sector industries and federal, state and local governments. Leasing areas and infrastructure will also have varied effects on stakeholder groups and natural resources. DHEC has been engaged in these issues through the Department of Energy's Regulatory Task Force, the Bureau of Ocean Energy (BOEM) Task Force and its own Ocean Planning Workgroup. However, long-term interagency coordination will require a concerted effort by DHEC to establish a regulatory framework, review permit applications and ensure consistency with the goals of the state's Coastal Management Program.

Conflicts over the Protection, Use and Access to Coastal Resources: As estuarine and oceanfront shorelines change due to chronic erosion and other natural processes, conflicts over the protection of private property and the public use and access to coastal resources have increased. DHEC works with municipalities and property owners to identify unstable shorelines and offers planning and regulatory compliance assistance to help keep private development from encroaching on public lands, beaches and waterways. Despite this effort, there has also been an increase in the number of enforcement actions taken against property owners who violate laws and regulations in an attempt to protect their property from overwhelming forces of nature.

Chronic Disease Burden: In South Carolina, 7 of 10 deaths are directly related to preventable or avoidable chronic health conditions with 85% or more of the state's health care expenditures due to managing these chronic disease conditions. Childhood obesity rates have tripled in the last three decades, and studies show that nearly 80% of overweight children will become overweight adults. This generation of young South Carolinians may be the first who will not outlive their parents. The possible health outcomes from this are very sobering. The associated health risks range from Type 2 diabetes, high blood pressure, high cholesterol, coronary heart disease and stroke to gall bladder disease, osteoarthritis, sleep apnea, respiratory problems, and to some forms of cancer. DHEC faces many challenges in fighting chronic disease, including: 1) inadequate and decreasing federal funding; 2) limited and decreased state funding, for cancer, diabetes and health promotion; and 3) the rapidly increasing burden of childhood obesity and diabetes.

Overweight/Obesity: Obesity rates have more than doubled in the state since 1990. As of 2010, the rate of overweight and obesity among adults is 67.4%. Nearly 32 percent of high school students are overweight or obese, and over 25 percent of low-income children ages 2-5 were overweight or obese. The state has high rates of chronic diseases that are tied to poor nutrition and physical inactivity. South Carolina ranks lower than the national average for the number of healthy food retailers in a given area and less than the national average for providing youth access to places for physical activity. Obesity is a complex issue and a sustained and comprehensive approach is needed to fully address the issue. Action must occur at all levels to include individual, family, community and the broader society.

Health Disparities: Racial and ethnic minorities make up approximately 35% of South Carolina's population, with African Americans (28.2%) and persons of Hispanic/Latino origin (5%) making up the largest groups. Although there has been improvement in some health indicators for minorities and some reduction of the health gap (e.g., infant mortality, heart disease, breast cancer mortality), many disparities still exist. Much work is needed to achieve health equity among the population groups. The causes of health disparities are complex and range from issues like poverty, unhealthy home environments, limited or little education, linguistic and cultural barriers, and lack of access to or poor quality health care. Eliminating racial and ethnic health disparities will require sustained efforts that address policy, social, cultural and environmental factors.

Adolescent Immunizations: South Carolina has one of the lowest rates of adolescent immunization coverage in the nation. This population is difficult to reach for all types of preventive health services including immunizations. In March 2012, the Immunization Division announced a new seventh grade

Pertussis (Tdap) vaccination requirement for the 2012-13 school year. This 18 month lead-in period will allow time for primary care providers to target their adolescent clients for the new school required Pertussis (Tdap) vaccine, as well as other CDC recommended adolescent vaccines (Meningococcal - MCV4, Human Papilloma Virus - HPV and Influenza). A statewide adolescent immunization public awareness campaign is planned for FY12-13.

Critical Nursing Shortage: DHEC continues to struggle to maintain frontline nursing and advanced practice registered nurses. The state and federal budget crisis of the last five years severely impacted the frontline nursing capacity. In 2004, DHEC had 900 nurses in fulltime positions to provide services across the state. As of May 2012, DHEC had 457 nurses in fulltime positions to do the same services. Retention and recruitment is extremely challenging because of the lower salaries offered in comparison to the private sector and other state agencies. Demands for services have increased as a result of the struggling economy, while at the same time, nursing resources have diminished. The agency is at a critical point in emergency response. In the event of a disaster where Special Medical Needs Shelters are to be opened, the current nursing resources will not be sufficient to staff shelters for a period longer than 48 hours.

Sexually Transmitted Diseases and HIV: South Carolina continues to be one of the states with the most cases of Chlamydia and Gonorrhea in the U.S. Last year, the state was 4th for Gonorrhea and 5th for Chlamydia. S.C. was ranked as the 8th for AIDS cases, with Columbia being the 6th highest city for its AIDS case rate. Of persons with HIV or AIDS, 38% are not "in care," i.e., did not receive a CD4 or viral load test report last year. African Americans, especially young men, continue to be disproportionally impacted by sexually transmitted diseases, especially HIV and Syphilis. With reductions in clinic staff, lack of access for testing and treatment is a concern. Awareness of and testing for Hepatitis C will also become increasingly more visible in the coming year. Currently, S.C. receives very little federal funding and no state funding for hepatitis testing and linkage to care. The Centers for Disease Control and Prevention estimates that 3.2 million Americans have chronic hepatitis, but most are unaware of their infection.

Response to Emergencies: As required in the South Carolina Emergency Operations Plan, DHEC has primary responsibility during emergencies for coordinating operations for hazardous materials, medical care, public health and sanitation, behavioral health, and deceased identification and mortuary services. Successful planning and execution of response activities for threats ranging from hurricanes and pandemic influenza to bioterrorism and radiological incidents depend upon the availability and competency of emergency coordinators and core public health staff. These include physicians, nurses, epidemiologists and environmental specialists, all of whom are in relatively short supply, and many solely funded through shifting federal grant sources. While homeland security and preparedness for pandemic influenza remain national priorities, federal funds for public health and hospital preparedness have decreased significantly in recent years, and South Carolina is facing state cost share and maintenance of effort requirements in order to maintain federal preparedness grant funding. State funding is needed to support and invest in consistent public health preparedness capability and to ensure availability of program sustaining federal funds. Stable state funding is also a critical need for disease control, and for trauma and emergency medical services programs that provide lifesaving services in both emergencies and routine responses to events of public health significance.

Facilities: Many of the agency's facilities are over 60 years old, and the costs for needed renovations or replacements continue to increase. Since funding for maintenance and operation has been cut from previous levels, access to essential public health and environmental services is being impacted.

I.5 How is the Accountability Report used to improve organizational performance? The report is distributed to the Board, agency leaders and program managers and is posted to the agency website for staff and the public to view. The report is used both internally and externally as a resource to highlight agency performance and achievements. Internally, the report is used in

organizational assessment, performance management, performance improvement activities, staff orientation, and as an agency resource. Externally, the report has been particularly useful in communicating agency performance and function to accrediting boards, community groups and state and local governments.

Section II — Organizational Profile

II.1 Main Products and Services and How Delivered; and II.2 Key Customers: DHEC is the principal advisor to the state on public health and environmental protection. Key customers and stakeholders include all citizens of South Carolina. The agency's programs and services are targeted to the general public, the regulated community, local governments and other specific groups according to health or environmental needs. Key services linked to major agency customer groups include the following:

<u>Environmental Services</u> - Permitting, planning, inspections, regulation, monitoring, outreach and education, compliance assistance, enforcement, investigations and emergency response – delivered by DHEC staff on-site and through the website

All S.C. citizens	Local and state governments
Business and industry	Contractors
Communities	Developers
Families	General Assembly
Visitors and tourists	Federal government
Restaurants	

<u>Data, Information and Analysis</u> - delivered by staff through reports, websites and linkages

All S.C. citizens	Media
General Assembly	Local and state government
Federal government	Radiological facilities
Nursing homes	Trauma system
Health care facilities	Families
Patients	Visitors and tourists

<u>Health Services</u> - Screenings, treatment, health education, prevention, emergency response, testing, chronic and infectious disease surveillance and investigation, and inspections – delivered by staff and partners

All S.C. citizens	Children with special needs
Clients with TB, STD or HIV	Communities
Under-served populations	Women, infants and children
Faith communities	

II.3 Key Stakeholders Groups:

S.C. citizens	Communities	Federal government
State and local governments	Providers of services	Medical community
Environmental community	Regulated community	Business and industry
Agency staff	General Assembly	Providers of revenue
Providers of supplies and equipment	Associations and organizations	Providers of information/data

II.4 Key Suppliers and Partners:

S.C. citizens	Communities	Federal government
State and local governments	Providers of services	Medical community
Environmental community	Regulated community	Business and industry

Faith community	Non-profit organizations	Advocacy groups
Providers of supplies and equipment	General Assembly	Providers of revenue

II.5 Operation Locations: Currently, DHEC maintains a central office in Columbia and operates its programs, services and regulatory functions in all 46 counties through eight health and environmental quality control regions and three coastal zone management offices, although recent budget reductions have impacted some service locations.

II.6 Number of Employees: In June 2012, DHEC had 3,740 budgeted FTE positions. Of these, there are 3,308 employees in filled FTE positions with 396 FTE vacancies. The number of hourly, per-visit, temporary grant and contract positions varies by pay period. Approximately 400 additional employees fill positions in these categories.

II.7 Regulatory Environment: [See Executive Summary.]

II.8 Performance Improvement Systems: Agency performance improvement systems include Health Services' Performance Management System and Environmental Quality Control's Performance Partnership Agreement with the Environmental Protection Agency.

II.9 Organizational Structure: See Addendum A - DHEC Organizational Chart.

II.10 Expenditures/Appropriations Chart:

Major Budget Categories	FY 10-11 Actual Expenditures		FY 11-12 Actual Expenditures		FY 12-13 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	$158,826,302	$44,760,984	$151,909,557	$44,877,905	$164,261,650	$45,784,567
Other Operating	$102,984,096	$9,600,467	$94,954,557	$11,760,668	$155,079,036	$16,248,624
Special Items	$3,614,647	$2,647,327	$8,973,337	$4,644,516	$12,233,374	$3,640,636
Permanent Improvements	$191,473	$18,442	$14,764	$14,764		
Case Services	$118,496,996	$6,366,769	$129,012,219	$11,281,668	$142,531,451	$10,723,370
Distributions to Subdivisions	$20,862,475	$3,195,085	$36,954,519	$3,012,317	$45,132,374	$709,536
Fringe Benefits	$50,498,695	$14,748,238	$49,705,051	$14,918,672	$52,650,031	$14,741,251
Non-recurring	$379,737	$379,737	$448,998	$24,569	$1,800,000	$1,800,000
Total*	**$455,854,421**	**$81,717,049**	**$471,973,002**	**$90,535,079**	**$573,687,916**	**$93,647,984**

*Total funds include federal and earmarked fund authorization levels.

Other Expenditures

Sources of Funds	FY 10-11 Actual Expenditures	FY 11-12 Actual Expenditures
Supplemental Bills		
Capital Reserve Funds	$173,031 (included above)	0
Bonds		

II.11 Major Program Areas Chart: See Addendum B.

Section III – Elements of the Malcolm Baldrige Criteria

III.1 Senior Leadership, Governance and Social Responsibility

III.1.1 *How do senior leaders set, deploy and ensure two-way communication throughout the organization and with customers and stakeholders as appropriate for: (a) Short and long-term organizational direction and organizational priorities:* Director Catherine Templeton leads the agency in concert with the DHEC Board. The Board, appointed by the Governor and approved by the Senate, has oversight authority for the agency and meets each month or more frequently as needed, to provide policy guidance and oversight, approve regulations, conduct final agency review conferences and set direction for the agency. The Director's staff advises and supports her and also follows the Board's guidance and direction.

(b) Performance expectations: The Director's staff functions as a cohesive team, meeting bi-weekly or more often, as needed, to address agency performance, critical issues and strategic direction. Both long- and short-term direction is established in the agency's five-year Strategic Plan. Each deputy area has a detailed performance management plan directly linked to the Strategic Plan. Performance expectations are specified as strategies and activities in the four deputy area operational plans and are expected to be included in each staff member's Employee Performance and Development Plan (EPDP). [See III.5.1.] Performance expectations are routinely discussed at full staff meetings and are reiterated on the division level. Staff members are encouraged to provide input on organizational priorities and expectations to ensure that they have a vested interest in the priority areas established.

(c) Organizational values: The Director's staff is currently reviewing the seven organizational values previously identified as the agency's guiding principles. [See I.1.] Posters listing DHEC's values and goals are displayed throughout the agency to reinforce these beliefs. A pocket card with the agency's mission, vision, values and goals is given to employees. Values are components of the EPDP and are rated each year. [See III.5.1.]

(d) Ethical behavior: In collaboration with the University of South Carolina Institute for Public Service and Policy Research, training on ethics and public service for managers and staff is offered several times each year. Ethical behavior is an expectation of senior leaders and is further addressed in III.1.4 and III.5.6 (c).

III.1.2 *How do senior leaders establish and promote a focus on customers and other stakeholders?* Customer service has been a core agency value for many years. [See III.3 - Customer and Market Focus.] This focus is established through example and training. Senior managers have received training in customer service and have established customer service and cultural competency training as requirements for all staff. The agency has incorporated Basic Customer Service training into the required orientation for new employees and has implemented a one-day "Customer Service Excellence" course. This focus on customer service training is reflected in satisfaction with courtesy and attitude of DHEC staff in the 2011 Customer Service Survey. [See III.7.2.1- 4.]

Feedback from customers and stakeholders is routinely monitored and used to improve agency processes. Many of the agency's programs and services are built around community partnerships

to ensure customer involvement in planning and delivery. [See I.2 - Major Achievements and III.3 - Customer and Market Focus.]

III.1.3 *How does the organization address the current and potential impact on the public of its programs, services, facilities and operations, including associated risks?* Because customer service is a core agency value, the public is involved in many of the planning and assessment activities of agency programs. Assessments are done on many levels, and the information is used to make changes in processes, services and programs where possible.

For or more information about agency efforts, see I.2 - Major Achievements from the Past Year and III.3 – Customer and Market Focus.

III.1.4 *How do senior leaders maintain fiscal, legal and regulatory accountability?* Senior leadership adheres to established rules and standards involving personnel, management and procurement. Agency policies are currently under review by the Director's staff. The DHEC policy manual is available on the agency intranet. Hiring policies reflect EEOC standards and the agency's affirmative action initiatives. Senior leadership assures that the agency follows both the spirit and the letter of the Freedom of Information Act and the Ethics Act, as well as established professional standards. Many agency staff members are certified and/or licensed in particular professional areas such as law, nursing, engineering, geology, hydrology, social work, nutrition, health sanitation and medicine. As such, they adhere to the respective ethical canons and demonstrate these high professional standards to colleagues and staff.

The agency is further accountable through internal [See III.7.3.6.] and external audits (Legislative Audit Council, federal and other grant audits) [See III.6.5.] and control mechanisms, accreditations (CHAP-Community Health Accreditation Program), as well as to the Governor, the DHEC Board and the General Assembly. In addition, the agency introduced a fraud, waste or abuse hot line to report issues involving DHEC contracts, programs or personnel.

The Centers for Medicare and Medicaid Services (CMS) conducts comparative inspections to ensure the adequacy and accuracy of the agency's inspection processes for nursing homes. In addition, CMS conducts quarterly data calls, which compares the agency's inspector and facility inspection data to that of other states in the region and county.

III.1.5 *What performance measures do senior leaders regularly review to inform them on needed actions?* Senior leaders regularly review the overall performance of the agency and the state of health and the environment in South Carolina. [See III.7 – Key Results] The Director's staff reviews additional performance measures related to his/her own area of responsibility on a routine basis.

III.1.6 *How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness, the effectiveness of management throughout the organization, including the head of the organization and the governance board/policy making body? How do their personal actions reflect a commitment to the organizational values?* Senior leaders continually seek employee feedback through periodic employee surveys [See III.5.12.], focus groups, routine staff meetings, employee suggestion boxes and statewide broadcasts. Director Templeton uses video technology to update staff on key budgetary, performance and policy issues. The Director has an open door policy for staff and has met with both management and staff in all deputy areas and has also visited staff and clinic sites in the regions. Both internal [See III.7.3.6.] and external [See III.6.5.] audits as well as numerous audits from the Environmental Protection Agency, Nuclear Regulatory Commission

and other federal agencies routinely provide the Board and senior leaders with information to improve organization performance. Personal actions by senior leaders reflect a strong commitment to the agency's organizational values. Examples are addressed in III.1 – Senior Leadership, Governance and Social Responsibility and in III.5 – Work Force Focus.

III.1.7 *How do senior leaders promote and personally participate in succession planning and the development of future organizational leaders?* Senior leadership encourages and supports the succession planning and professional development programs in each of the deputy areas. They are actively involved in these efforts in their respective deputy areas working with staff to identify potential personnel needs. They also work to ensure cross - training and mentoring and offer input, support and direction. In some cases, senior leaders have served as mentors. [See III.5.7, 10 & 13.]

III.1.8 *How do senior leaders create an environment for performance improvement and the accomplishment of strategic objectives?* In addition to bi-weekly staff meetings, the Director meets individually with her staff to discuss concerns and changing conditions that may affect the accomplishment of agency goals and objectives. Senior leaders routinely meet with their respective staff at the deputy level to monitor performance, strategic direction and trends. [See III.1.1-5.]

I.1.9 *How do senior leaders create an environment for organizational and workforce learning?* [See III.5.6-9.]

III.1.10 *How do senior leaders communicate with, engage, empower and motivate the entire workforce throughout the organization? How do senior leaders take an active role in reward and recognition processes to reinforce high performance throughout the organization?* Staff members are encouraged and supported in crafting innovative solutions to matters within the scope of agency policies and procedures. The agency maintains a DHEC Savings Web page, where employees may enter suggestions for ways to increase efficiencies or save money. All ideas are evaluated, and ideas with measurable savings potential are implemented. Senior leadership ensures the many awards and recognitions that staff receives are communicated to other agency employees and to the Board. See III.5.1-2 and 11 for more details.

III.1.11 *How do senior leaders actively support and strengthen the communities in which our organization operates? How do senior leaders determine areas of emphasis for organizational involvement and support, and how do senior leaders, the workforce, and the organization contribute to improving these communities?* Because of DHEC's mission, community involvement and volunteerism are supported and encouraged by management. Senior leaders serve on many national, state and local boards. They are active in organizations, communities, churches and schools and encourage staff to do the same. In addition, leadership encourages local solutions to local problems through community partnerships and community-based organizational support. [See I.2 Major Achievements from the Past Year.]

Employees often participate in civic and community activities related to the mission of the agency and hold numerous agency fund-raisers to support health and environmental issues. These organizations include: Harvest Hope Food Bank, Suicide Prevention, Seeds of Hope Farmers' Market, March of Dimes, Boy Scouts and Girl Scouts, and "walks" or other fundraisers for various health related issues (arthritis, breast cancer, MS, juvenile diabetes, cardiovascular disease, etc.). Staff members volunteer after hours as firemen, constables and EMS personnel and with area schools in various capacities (at science fairs, presentations, Lunch Buddies and in school supply drives). The agency also partners with the American Red Cross, Columbia Region

to sponsor blood drives at various DHEC locations several times a year. This past year DHEC employees contributed more than $28,804 to the United Way and $9,288 to Community Health Charities of South Carolina.

III.2 Strategic Planning

III.2.1 *What is your strategic planning process, including key participants and key process steps?* The Director and her staff provide direction and oversight for the strategic planning process based on priorities set by the Director and the Board. A draft of the 2010-2015 Strategic Plan is currently under review by the Director and her staff. Communities and customers are routinely engaged in dialogue about the indicators used, appropriateness of services, populations reached or needed changes in strategy. [See III.3.2-6.]

In the 2005-2010 Strategic Plan:
(a) Organizational strengths, weaknesses, opportunities and threats are addressed in Broad Goals 1-5 of the Strategic Plan and in the related strategic goals and objectives. The Agency Implementation Recommendations developed as part of the strategic planning process by the Strategic Plan Council include #6 "Create a mechanism for amending the Strategic Plan at the objective and measures level in order to be responsive to changing circumstances and the political and fiscal environment." Items included in I.4 - Strategic Challenges are related to the agency's core mission and are addressed in the Strategic Plan.

(b) Financial, regulatory, societal and other potential risks are addressed in the Strategic Goal: "Improve the linkage between funding and agency strategic direction." As the public health agency for the state, DHEC must conduct assurance and surveillance activities to protect the health of the public and the environment. Risks are assessed and mitigated through the agency's efforts to achieve its goals and related objectives. Staff help identify the key strategies and objectives that must be tracked to assess agency effectiveness in accomplishing the DHEC mission.

(c) Shifts in technology, regulatory, societal and other potential risks, and customer preferences are addressed in the Strategic Goals: "Provide reliable, valid and timely information for internal and external decision making," and "Ensure customer focus," and "Improve operational efficiencies through the use of improved technology and facilities."

(d) Workforce capabilities and needs are addressed in the Strategic Goal: "Provide continuous development of a competent and diverse workforce." [See III.5 – Work Force Focus.]

(e) Organizational continuity in emergencies is addressed in the Strategic Goal: "Promote a coordinated, comprehensive public health preparedness response system for natural or man-made disasters or terrorist events." Maintaining essential public health functions during natural disasters, man-made calamities, and large-scale disease outbreaks is a particular planning focus of the agency. Continuity of Operations Planning (COOP) is now required by the DHEC Emergency Operations Plan policy, as well as by the federal emergency planning grants. The agency continues to develop and refine its COOP capabilities both at the central and local levels. This past year, the DHEC Emergency Preparedness Advisory Committee reviewed the agency COOP plans. Critical functions were identified for each deputy area to be included in the S.C. Recovery Plan. Central office plans and regional plans are reviewed annually and incorporated into the S.C. Recovery Plan. Plans can be viewed on the DHEC intranet along with an update schedule. [See III.5.14.] Disaster recovery efforts are detailed in III.4.5.

(f) ***Ability to execute the strategic plan*** is detailed in the agency implementation recommendations developed as part of the strategic planning process.

III.2.2 *How do your strategic objectives address the strategic challenges identified in the executive summary?* The strategic challenges identified in I.4 are part of the agency's core mission and fall under one or more of the agency broad goals or strategic goals of the Strategic Plan. These challenges are considered mission critical and are agency priorities in the annual budget request or state health and environmental critical needs list.

III.2.3 *How do you develop and track action plans that address your key strategic objectives, and how do you allocate resources to ensure the accomplishment of your action plans?* The Director and her staff provide agency oversight on the implementation of the plan and monitor measurement and operational planning throughout the agency. They receive periodic reports on progress measures of key objectives. The agency measurement plan is used to more accurately reflect agency activities and enhances the ability to monitor progress. See III.2.1 (b) and III.6.7 for information on resource allocation to implement strategic goals and action plans. Each deputy area monitors operational plans that are tied to the Strategic Plan. [See III.I.5.]

III.2.4 *How do you communicate and deploy your strategic objectives, action plans and related performance measures?* Previously, the 2005-2010 Strategic Plan was rolled out to employees during an agency-wide broadcast. A card with the mission, vision, values and broad goals was distributed to each employee with paychecks. Posters with the same information were placed in many buildings and departments statewide. "Bright Ideas," a tip sheet for managers and supervisors on how to promote and implement the plan with staff, was distributed, as appropriate. The plan and supporting information is available on the agency's intranet and is introduced to new employees at orientation. When the Director and her staff complete the review and the modification of the Strategic Plan, it will be communicated to staff in a similar fashion.

Currently, the Strategic Plan along with supporting information is available to employees on the agency's intranet and is deployed internally via the deputy area plans and organizational unit operational plans. Operational objectives are included in the agency Employee Performance and Development Plan (EPDP). Action plans and performance measures are communicated to staff through the deputy areas. For external customers, the Strategic Plan is available on the DHEC website and progress toward achieving strategic plan goals has been highlighted each year in "Healthy People Living in Healthy Communities" and the Annual Accountability Report, which are also available on the Web at www.dhec.sc.gov.

III.2.5 *How do you measure progress on your action plans?* Measures of key performance are aligned to the objectives in the Strategic Plan and the deputy area operational plans. The agency compiled a list of measures for the Strategic Plan and benchmarked these to national measures, Healthy People 2020 and the EPA Core Performance Indicators in the agency's Measurement Plan. These objectives have been refined to include data source, baseline, frequency of measure and staff responsibility. [See III.1.5-6 and III.2.3.]

The Health Services deputy area continues to deploy its performance improvement system coupled with quality improvement work. The redesign of the performance management database is almost complete. Based on end-user needs and expectations, incorporation of Healthy People 2020 health status measures, and Public Health Accreditation Board standards, the new system will be piloted first and then launched by September 2012. The end result of this work will be a dynamic system that will allow managers at all levels within central office and the regions to

better monitor organizational performance and identify promising and best practices. Documentation of quality improvement work and the promotion of a learning organization will also be facilitated by this new system.

III.2.6 *How do you evaluate and improve your strategic planning process?* The Director's staff will provide direction and oversight for the strategic planning process based on priorities set by Director and the Board. An arena for discussion, deliberation and decision-making around the strategic planning process and its implementation within the agency will be provided. The Director's staff will share information, evaluate, systematically address policy and other agency issues as they arise.

III.2.7 View the DHEC 2005-2010 Strategic Plan at www.dhec.sc.gov and Addendum C – Strategic Planning.

III.3 Customer and Market Focus

III.3.1 *How do you determine who your customers are and what their key requirements are?* DHEC's customers – all South Carolina citizens and many visitors to the state – are determined by virtue of the South Carolina Code of Laws, as amended, Section 48-1-20. Additional or new services to specific targeted groups of customers are based on state morbidity, mortality and environmental data; national agendas (both public health and environmental); and requests from individual citizens and community groups. Key requirements of these customers are determined through on-site fact-finding, consensus building and problem - solving activities with customers. [See I.2- Major Achievements, II.2 and III.3.2-3.]

III.3.2 *How do you keep your listening and learning methods current with changing customer/business needs and expectations?* Customer needs are gathered through both formal and informal listening and learning techniques. Staff members serve on interagency boards and committees, and front-line staff and those working in the community share information learned in one-on-one contact with customers. Customer needs and expectations are also garnered from suggestion boxes, satisfaction surveys, concern/compliment forms, comment/feedback cards, numerous toll-free hot lines, and public forums and focus groups. Staff participation on councils and boards, interactive Web pages, participation in teleconferences, membership in professional organizations, and monitoring legislative activity, all yield valuable information about customers and their expectations. [See III.1.3 and III.3.3.]

DHEC is a leader in its commitment to provide services for the state's growing Hispanic population for whom English is not the primary language. Effective translation services are available in all local offices, materials are produced in several languages and a Hispanic needs assessment has been completed. There is an objective in the agency's Strategic Plan assuring that culturally and linguistically appropriate service policies are a part of each deputy area's operational plan. The agency has required training in culturally and linguistically appropriate service polices for all staff with an annual refresher. [See III.1.2.]

Examples from the past year include:
- The Bureaus of Air, Water and Land and Waste Management have established workgroups with members of the consulting engineers' community in an effort to evaluate the existing application processes, look for efficiencies and improvements within the processes, and improve the quality of applications received by the agency.

- The agency's Site Assessment Remediation and Revitalization Division initiated a comprehensive sampling effort to look for evidence of historical or ongoing environmental releases along the Pacolet River and Kelsey Creek in Spartanburg County to document any evidence of releases to the surface water pathway, and where possible, to determine the source(s) of the contamination. A major factor behind this initiative was continued concerns of local citizens, and public participation is an important part of this process. The agency identified local citizens, county officials, legislative officials and environmental groups to serve on a focus group that has had direct involvement in the planning stages of the study, including potential sampling locations. Field work was completed early summer 2012 and staff are evaluating the data and preparing the report of findings. Information will be shared with citizens through a community meeting or availability session, most likely in the fall of 2012. Information gathered from this initiative will be used to direct additional actions as warranted.

- The Small Business Environmental Assistance Program provides small businesses with partnership-based compliance support, education, outreach and advocacy. In cooperation with Air Quality permitting staff, customer input and feedback was sought from crematory owners, the S.C. Funeral Directors Association and the S.C. Department of Labor, Licensing and Regulation in the development of a registration permit. Utilization of a registration permit for this sector replaces staff review and issuance of approximately 100 individual permits. For eligible facilities, the registration permit process is simple, less costly and affords the facility increased operational flexibility.

- Environmental staff developed additional tools to gain input from stakeholders on the agency's community involvement efforts. To address comments from citizens requesting earlier notification of a permit, staff developed and began sending postcards to interested parties where they had expressed interest. Staff continued to meet with our various stakeholders throughout the year, planning and/or attending more than 150 community meetings. At EPA's request, staff also presented "Fundamentals of Public Participation" training during the 2011 EPA Community Involvement Conference.

III.3.3 *What are your key customer access mechanisms, and how do these mechanisms enable customers to seek information, conduct business and make complaints?* Key customer access mechanisms include the telephone, the agency website, the Division of Constituent Services, public outreach and public participation activities. The agency's website has extensive information about programs, services, reports, data and the Environmental Public Health Tracking System (EPHT). The EPHT includes an InfoLine where customers can make direct inquiries and receive a timely response. Responses are documented to monitor follow-up. Current examples of customer access mechanisms include:

- The Bureau of Air Quality (BAQ) has undertaken numerous projects to streamline the air permitting process with input from industry representatives and consultants as well as internal personnel. These projects have resulted in new tools such as revised construction permit application forms, an expanded exemption equipment list, and new forms to address common procedural and administrative tasks such as transfer of ownership and notifications. The BAQ conducted two training sessions for these new tools with 202 customers to provide information and to respond to questions. A questions and answers document will be placed onto the agency's website, and a link added to enable customers to submit additional questions for responses from the bureau's staff. A feedback tool to gather valuable information about the training itself was distributed to attendees. This information will be used to critique the training experience.

- In 2010, South Carolina passed the "South Carolina Manufacturer Responsibility and Consumer Convenience Information Technology Equipment Collection and Recovery Act" establishing requirements for manufacturers of covered television devices. An online form developed by Division of Mining and Solid Waste and technical staff through the ePermitting Portal, allows manufacturers to attach their Collection and Recovery Plan. Once the manufacturer submits the information, it is then automatically downloaded into an automated system that allows DHEC staff to verify rather than

enter information, greatly reducing data entry effort. The online form can be completed at the manufacturer's convenience and they can check their status online and update their information when needed. This system creates convenience and efficiency for both the customer and DHEC staff.

- Since January 2012, the Underground Storage Tank (UST) Division has digitally scanned site files (ranging from a few hundred to thousands of pages) and placed them on the bureau's Web page for ease of access by certified contractors interested in submitting bids for UST cleanup work. This is the first time that the large UST files have been made available for a period of time in an electronic format. The current process of scheduling an appointment with the Freedom of Information Office to review and copy all necessary information remains available.

- In an effort to inform both internal and external customers, the Division of Air Assessment, Innovation, and Regulation has developed several new Web pages to include a description of recent regulation changes associated with the New Source Review Program; the evolution of the NO_X SIP Call, Clean Air Interstate Rule, and the Cross State Air Pollution Rule; a general description of proposed and recent rulemakings as part of the regulation development process, and a program to allow individuals to sign up for regulation development updates via electronic mail correspondence.

- DHEC continues to evaluate and improve the agency website through the adoption of new technology and social media. DHEC established an agency Twitter account as well as a YouTube channel to reach a wider audience in the manner they have become accustomed to. Online applications for data dissemination such as the South Carolina Community Assessment Network (SCAN) and the Environmental Public Health Tracking System (EPHT) continue to provide enhanced analysis, visualization and reporting tools which provide around-the-clock access to agency collected information.

- The agency's ombudsman handles critical issues by providing a central point of contact, responding in a timely manner and identifying possible trends.

- The Health Services deputy area has a point of contact for constituent issues.

- Each health region has a customer service coordinator who is responsible for dealing with customer service issues and complaint resolution.

- The Health Regulation liaison provides a single point of contact for healthcare facilities to resolve problems, answer questions and seek guidance related to regulatory issues.

III.3.4 *How do you measure customer/stakeholder satisfaction or dissatisfaction and use this information to improve?* DHEC has systematically measured customer satisfaction at a statewide level for the past 14 years (1998-2011) on the following indicators: familiarity with DHEC; use of services; overall satisfaction with the quality of service; satisfaction with specific aspects of service, such as waiting time, courtesy and attitude; staff competence/ability to answer questions; and accessibility. DHEC has a positive public image and, overall, South Carolinians are satisfied with its services. Consistently, DHEC maintains an average of 92 percent satisfaction with overall quality of service (91.5 percent in 2011) and also an average of 92 percent satisfaction with courtesy and attitude of staff (94.1 percent in 2011), even with significant budget cuts, staff changes and reductions in recent years. [See III.7.2.1-4.] Customer service is assessed at every level of the agency and in all customer groups, and that input is incorporated into practices, policies and procedures to better serve customers.

For the eighth year, the public health regions conducted a Customer Satisfaction Survey. For the most recent survey results, the total number of surveys received was 18,094 statewide. Of these: 98.2% rated their overall service as good or very good; 98.5% said that they were treated good or very good, with no one saying they were treated badly; and 98.2% and 98.5%, respectively, said

their questions were answered and needs were met in a good or very good way. Not only have these results stayed consistently strong over each year of the survey, despite budget and staff reductions throughout the state, but results for the survey have shown a continued improvement for customer satisfaction throughout the state.

III.3.5 *How do you use information and feedback from customers/stakeholders to keep services and programs relevant and provide for continuous improvement?* DHEC makes extensive efforts to respond to customer satisfaction issues. Data from the statewide Customer Satisfaction Survey [See III.7.2.1-4.] are reported to the Board, senior leaders and agency employees. Input from the various customer feedback mechanisms described in I.2, III.1.2-3 is reported to appropriate management teams for evaluation, follow-up and action. Policies, practices and procedures are changed, as appropriate, to more effectively meet the needs of customers and stakeholders through this continuous quality improvement process.

III.3.6 *How do you build positive relationships with customers and stakeholders?* Many of the agency's stakeholders, those who have a vested interest in actions taken by the agency are also agency customers. [See II.2 - 3 and III.3.1.] A key agency value is customer service - meeting our customers' needs and providing quality service. The agency's many and varied outreach and technical assistance activities build positive relationships with our customers and stakeholders. DHEC partners with many community, business, local and state government groups, organizations and associations around the state.

Compliance assistance is part of DHEC's commitment to customer service and is provided as part of a continuum of activities that includes public education and outreach, permitting, compliance and enforcement. DHEC has renewed its emphasis on compliance assistance to help South Carolina's business, industry and government understand and meet their environmental obligations. DHEC partners with other assistance providers to develop and deliver compliance assistance to our customers. Examples include 1.2 - Major Achievements and the following:

- The Underground Storage Tank (UST) Division and the agency technical staff developed an online operator training course that meets the requirements of 2005 Energy Policy Act and made it accessible through the bureau's Web page. As a result, the agency was able to provide all of the state's UST owners/operators required training at essentially no cost. This included development, tracking and generating records for more than 3,900 UST owners/operators. This training continues to be available on the website. Other states in the nation have a reciprocity process for owner/operators in their state if they used our Operator Training modules.

- Since 2007, the agency and its partners in the Lawn Mower Exchange Program have recycled 1,371 gasoline-powered lawn mowers that were traded in at these events, with 207 of these mowers recycled in 2012. This has resulted in 3,579 lbs of Hydrocarbons, 23,598 lbs of Carbon Monoxide, 143 lbs of Nitrogen Oxides (NO_x), and 144 lbs of Particulate Matter emissions potentially being reduced. According to the Environmental Protection Agency, the exchange of 1,000 gasoline-powered lawn mowers for electric mowers has the potential of reducing volatile organic compound emissions by 9.8 tons per year, which is equivalent to removing 230 cars from the highways. This program has been well received by citizens.

DHEC sponsors citizen and community awards annually to recognize notable environmental conservation efforts around the state:

- Since 2008, when the first "Spare the Air" recognition program was held, the Bureau of Air Quality has reduced its costs approximately 94%. Total expenditure for the 2011 awards program was $173.34. This cost saving is a result of ceasing the rental of a venue to provide lunch and taking the event onsite to award winners. Another positive outcome is increased coverage by local media

outlets because the onsite presentation of the award enables the recipient to use their marketing contacts.

- DHEC hosted the sixth annual Environmental Assistance Conference in November 2011 for the regulated community. Over 230 industrial representatives, school district officials, medical staff, small business owners and government representatives attended. Sessions included topics such as environmental management basics, hazardous waste requirements, air permitting, industrial stormwater and understanding the enforcement process. Plans are already underway for the seventh annual conference to be held in November 2012.

Please also see Section I.2. - Major Achievements from the Past Year.

III.4 Measurement, Analysis and Knowledge Management

III.4.1 *How do you decide which operations, processes and systems to measure for tracking financial and operational performance, including progress relative to strategic objectives and action plans?* There are many goals and objectives in the agency's strategic and operational plans that support DHEC's central mission. Operations, processes and systems have been implemented to assist in attaining these goals and objectives. Progress is measured at the agency level and at the deputy level based on metrics best suited to demonstrate performance. [See III.2-Strategic Planning.] Measurements are then used to prioritize activities and aid in the decision making process: to track and evaluate progress toward reaching objectives and goals; to ensure internal and external accountability; and to provide information to the public, as required by state and federal statutes and regulations. Priorities include: access and distribution of public health information and emergency health alerts; detection of emerging public health and environmental problems; monitoring the health of communities; and supporting organizational capacity and quality with various tools including systems integration.

To address the complexity of DHEC's strategic objectives and varied mission many systems have been put in place to collect, organize, analyze and share information and data. In some cases, this information is duplicated across different systems which is inefficient and leads to discrepancies, so DHEC continues to utilize an Informatics approach for operations and technology that allows information to be collected once and then shared through technology with other systems and program areas. This approach enhances analytical capabilities and improves the agency's decision making capabilities during routine and emergency operations.

III.4.2 *How do you select, collect, align and integrate data/information for analysis to provide effective support for decision-making and innovation throughout your organization?* The complexity of DHEC requires the use of numerous systems and processes to collect, store and analyze data and information based on programmatic and scientific needs to support decision-making at multiple levels. [See Addendum D – Partial Listing of DHEC Data Sources and Information Used for Decision Making.] Stakeholders including federal, state and local governments, along with the regulated community and citizens, all identify the level of performance required for the services or information they receive from the agency.

DHEC has integrated many aspects of the major public health surveillance systems in the past few years through an Informatics approach that has led to technological linkages with enterprise tools such as geographic information systems (GIS) and relation database management systems. These systems include registries, surveillance systems, laboratory system, client tracking, performance management, field data collection, licensing, permitting and follow-up activities to name a few. Depending on the core function of the system, clusters of systems are being

developed so that lifelong records are available for surveillance, analysis and decision-making. This approach has significantly improved the agency's capacity to track environmental hazards, human exposure and adverse health outcomes.

Current technology centered around the Internet and mobile devices has opened new possibilities to streamline data collection making the agency more efficient and providing more timely access to data for internal and external decision makers.

The Division of Health Licensing in Health Regulation has employed the use of an inspection information/data system known as Steton. This tool has greatly enhanced report writing and data compilation for the inspection staff. Steton allows for management review of decisions related to training, the need for regulatory assistance and for enforcement actions for noncompliant providers. The Electronic Products inspection program and the Fire/Life Safety program are now using Seton in their inspection programs, as well.

III.4.3 *What are your key measures, how do you review them, and how do you keep them current with organizational service needs and direction?* [See III.1.5, Addendum C - Strategic Planning Chart and III.7- Key Results.]

III.4.4 *How do you select and use key comparative data and information to support operational and strategic decision-making and innovation?* As the public health authority for the state, the agency must report health and environmental status and outcomes. Monitoring these results, the "state of the state's health and environment" is part of the agency's legislative mandate. Many results are benchmarked to national standards. The Healthy People 2020 Objectives set ten-year targets for health improvement based on the latest health-related research and scientific evidence. The Environmental Protection Agency's Core Performance Measures establish goals for environmental protection efforts. The National Oceanic and Atmospheric Administration establish national coastal management priorities through a series of five-year strategic plans prepared by each state's coastal management program. The Centers for Medicare and Medicaid Services provide standards for delivery of nursing facility services. In addition, the agency uses comparisons with other state agencies and between counties and regions within the state.

Existing systems, such as the Environmental Facilities Information System (EFIS), the South Carolina Community Assessment Network (SCAN), Vital Records Statistically Integrated Information System (VRSIIS), Steton Restaurant and Health Facility Inspection System, Client Accounting Reporting and Encounter System (CARES) and the Carolina Health Electronic Surveillance System (CHESS) all have pre-programmed reports and standardized data that are used in the analysis and reporting required to aid operational and strategic decision-making and improvement. These systems adhere to national standards for data quality, collection and analysis. To address the need for customized data, the agency has created advanced ad-hoc query and reporting tools that provides users the ability to design their own custom data extracts providing increased operational efficiency through cost and time savings. Additional data warehouses and advanced visualization and reporting tools and services are available to internal staff.

III.4.5 *How do you ensure data integrity, timeliness, accuracy, security and availability for decision-making?* The agency continually looks for ways to engage all stakeholders of data and systems maintained by DHEC to ensure accurate and timely information is provided, while maximizing data integrity and security. Vital statistics, cancer information and patient records are examples of data sets that are used heavily, but required to go through an extensive approval

review to protect confidentiality. Decision cubes, ad hoc reporting, web-based data query systems and other technology has been deployed internally and externally to fulfill decision making needs. Numerous state-of-the-art systems provide aggregate, and in some instances, record-level data related to environmental and public health issues to internal programs and external clients. Clients include concerned citizens, academics, and governmental and industrial counterparts.

Since DHEC houses some of the most critical public health databases, agency data security and system security are paramount. Vital records and medical data are strictly confidential and could be used for identity theft, creation of false documentation (driver's licenses, passports) or to compromise personal privacy laws and regulation. To address this, DHEC has developed restrictive security measures, policies, procedures and provided extensive HIPAA staff training on protecting health information. Staff regularly reviews system logs, performs tests, operates under the premise that staff are given the least access to data necessary to complete assigned job functions, implement systems of checks and balances, and updates systems to address potential threats.

Continual work on building the modernized information technology infrastructure required to move forward with the implementation of an agency-wide disaster recovery plan is a central focus of DHEC's efforts to provide un-interrupted access to the most critical agency data and systems. Electronic security measures have been enhanced to protect access to the agency network and data through the acquisition of hardware and software components to monitor network activity. The agency employs a full-time Chief Information Security Officer and adheres to a strict back-up and antivirus policy. Encryption is also applied to the most sensitive data sets and many mobile devices. New systems continue to be developed and consolidated which enhance the agency's productivity and improve agency service to the citizens of South Carolina. Examples include work toward secure system integration, data sharing through messaging, virtualization, migration to cloud-hosted email and applications when appropriate, establishment of a network operations centers, and the use of electronic medical records.

III.4.6 *How do you translate organizational performance review findings into priorities for continuous improvement?* Organizational performance is monitored at the deputy as well as the agency level. Results are analyzed and compared to expected benchmarks. If key results are negative or if directives change, they are communicated to senior management for discussion and action that may involve shifting resources, priority or changing processes. If results are positive, senior management communicates this information to the appropriate staff to motivate and empower to them to continue the trend. [See III.1.5-6.]

III.4.7 *How do you collect, transfer and maintain organizational and workforce knowledge? How do you identify, share and implement best practices, as appropriate?* Many outlets are used to share best practices and enhance organizational knowledge, including regional and program meetings, professional organizations, community and academic partners, newsletters, distance learning, the agency's intranet, as well as the agency's Capacity Building Project and the Workforce Continuity and Development Plan. [See III.5.2 & 6-7.]

III.5 Work Force Focus

III.5.1 *How does management organize and measure work to enable the workforce to develop their full potential aligned with the agency's objectives, strategies and action plans and to promote cooperation, initiative, empowerment, teamwork, innovation and your organizational*

culture? The Strategic Plan addresses development of a competent and diverse workforce. The Employee Performance and Development Plan (EPDP), the agency's employee performance evaluation process, is used to align employees' performance and potential to the agency's goals, objectives and action plans. Employees are rated on how well they meet the agency values and on performance characteristics, which could include cooperation, initiative and innovation. Behavior anchors, including teamwork, cooperation and initiative, have been established for several characteristics. Raters identify "Future Performance Expectations" where focus areas are identified for the employee to reinforce success and contribution to the agency for the upcoming review period. Raters also identify "Future Training and Development" in which employees should participate to enhance future performance. [See III.1.1 and III.5.5.] Action plans are linked to the EPDP. The agency allows employees to job share, as well as flextime and telecommute, when appropriate**.** The Employee Suggestion Program enables the agency to reward staff with incentives for creative and innovative ideas.

III.5.2 *How do you achieve effective communication and knowledge/skill/best practice sharing across departments, jobs and locations?* Communication in the Health Services deputy area is achieved by monthly meetings of the regional health directors and administrators, and the regional directors of nursing, social work, health education, nutrition and administrative support. Also several regions have an electronic newsletter that is sent to employees. EQC continues weekly meetings with the bureau chiefs and bi-monthly meetings with assistant bureau chiefs, where knowledge, skills and best practices are shared to increase productivity and efficiency. OCRM senior managers meet bi-weekly, division directors meet weekly with their section managers, and section managers meet weekly with their staff. The regulatory division meets quarterly with its staff and OCRM has bi-annual meetings with all staff. Health Regulation has weekly staff meetings with the Deputy Director, the bureau chiefs and the division directors, and once a month, an expanded staff meeting is held that includes all managers. Several areas publish best practices reports, newsletters and post meeting minutes to the intranet. [See III.5.15.]

III.5.3 How *does management recruit, hire, place and retain new employees? Describe any barriers that you may encounter.* The agency uses the www.sc.jobs.com website operated by the Office of Human Resources, Budget and Control Board as its main recruiting site. For positions that require previous DHEC experience, the agency has an internal jobs posting site on the agency intranet. Occasionally, areas may advertise in other mediums such as newspapers. The agency conducts a New Employee Orientation for all new employees. It consists of a meeting at the agency headquarters plus an on-line component that can be completed at the employee's work site. For more details on the orientation, see III.5.7.

There are three main barriers that the agency encounters in recruiting and retaining employees. First, there is a nationwide shortage of health care professionals, specifically nurses [See I.4 Key Strategic Challenges.] and candidates with a scientific background. The agency competes with the private sector for these positions. The agency has tried to establish special hiring rates for nurses, nutritionists, engineers and environmental health managers. Second, although several measures have been implemented to recruit employees, salaries still lag behind the private sector by thousands of dollars. While DHEC may be able to recruit employees right from college, the skills and experience they obtain as an employee of the agency are in high demand in the private sector. It is not unusual to lose employees to the private sector with salary offers of 30 – 40 percent more than they currently earn. Finally, because of budget cuts, the agency has 58 fewer

filled FTE positions than last year. The agency is not able to replace employees who leave because there are not adequate funds to refill the positions. [See III.7.4.1-2.]

III.5.4 *How do you assess your workforce capability and capacity needs, including skills, competencies and staffing levels?* Workforce capability, skills and competencies are assessed during the performance review process. Job duties and standards are defined and measured for each position. If an employee falls below acceptable standards, a work improvement plan is implemented to help the employee better their job performance and capabilities. Capacity needs and staffing levels are assessed by upper management to meet the needs of the agency.

III.5.5 *How does your workforce performance management system, including feedback to and from individual members of the workforce, support high performance work and contribute to the achievement of action plans?* The agency's performance management system, the Employee Performance and Development Plan (EPDP), also has sections emphasizing employee development: "Future Training and Development," which is completed by the supervisor and "Organizational Support," which is completed by the employee giving suggestions as to how the supervisor, co-workers and/or agency management can support them in their present job and with future career goals. These additions have helped improve workforce development and motivation. This consolidated document has resulted in a streamlining of processes and includes clear and measurable performance standards with direct correlation to the agency mission.

III.5.6 *How does your development and learning system for leaders address the following:*

 (a) development of personal leadership attributes: The agency participates in structured leadership opportunities including the: Southeast Public Health Leadership Institute (65 staff); Management Academy for Public Health (265 staff); Environmental Health Leadership Institute (2 staff); National Public Health Leadership Institute; and Certified Public Manager Program (553 staff) to develop and strengthen leadership skills in current and potential leaders. Each of these structured experiences involves a 360 assessment and requires an Individual Development Plan to address opportunities for growth in leadership. The EQC deputy area uses a Leadership Inventory as an assessment in their Capacity Building Program. Leadership development activities have prepared more staff to assume leadership positions.

(b) development of organizational knowledge: Organizational knowledge is impacted through a structured competency based workforce development initiative. Graduates of the structured programs in III.5.6 (a) have demonstrated new knowledge, skills and abilities and increased competence and individual performance that translate into improved organizational and unit performance and capacity.

(c) ethical practices: The agency has a formal procedure for submitting ethical concerns and reviewing the issues for action. The agency offers a formal course on ethics that is open to all staff. The agency Fraud and Abuse line (1-866-206-5202) is available for anyone to report an ethical concern and any issues reported to this toll free line are investigated by Personnel Services. [See III.1.1 (d).]

(d) your core competencies, strategic challenges and accomplishment of action plans: The agency has determined critical knowledge and competencies. These are identified in the employee's position description, aligned with the agency strategic goals and operationalized in the employee's evaluation. Having individual competencies aligned with the agency Strategic Plan enables staff to be prepared to carry out the unit operational plans and address strategic

challenges. This alignment supports a comprehensive approach to performance improvement at the individual, unit and organizational levels.

III. 5.7 *How do you identify and address key developmental and training needs, including job skills training, performance excellence training, diversity training, management/leadership development, new employee orientation and safety training?* The leadership of DHEC believes in the importance of setting appropriate job and training standards for employees. Managers and staff identify what additional training is needed in order to accomplish the DHEC mission. Training needs assessments are completed annually by respective units, programs and disciplines to plan for staff development. Individual employee development plans are the responsibility of the supervisor and are included in the EPDP performance review form. [See III.5.1.] Leadership and management skills are strengthened through having selected agency staff complete structured leadership and management curricula. [See III.5.6.]

Staff learning and training needs are assessed on an ongoing basis through an evaluation following every training. This data allows for continuous updating of staff needs and course offerings. The agency supports and encourages staff to take advantage of other formal and informal educational opportunities.

 The agency has implemented a Web-based learning management system, the DHEC eLearning Center (eLC). The eLC enables the agency to: manage employee learning and development at an organizational level through administrative and data tracking functions; allows the creation and delivery of online training; enhances workforce development through the use of tailored learning plans; and positions the agency to more easily transition from classroom instruction to distance and blended learning. This is a learner - oriented system and provides staff 24/7 access to more comprehensive training opportunities, reducing travel and loss of time from the job. DHEC's New Employee Orientation program includes an on-site session with customer service e-training and an intranet component providing an overview and history of the agency, the strategic plan and information on important agency policies. The agency has required training for all staff on the HIPAA Series, Introduction to Public Health, Culturally and Linguistically Appropriate Services, Agency New Employee Orientation and DHEC's Role in Emergency Operations.

III.5.8 *How do you encourage on the job use of new knowledge and skills?* With supervisor oversight, employees are encouraged to use their new knowledge and skills by such actions as covering for absent staff, testing new ways to complete tasks, and assuming special project assignments. The Environmental Quality Control deputy area continues to offer the Short Term Enrichment Program (STEP) as a staff development tool. Staff gains a broader perspective on the deputy area's overall mission, while the deputy area develops a more versatile workforce. Employees are assigned to a different program area on a short-term rotation. The assignments are designed to increase employee exposure to a variety of work duties and locations within EQC. This enables staff to recognize professional development needs and further define career goals.

III.5.9 *How does employee training contribute to the achievement of your action plans?* Employee competencies allow the agency to accomplish its mission. The agency has made an organizational commitment to competency development approaches and institutionalizing these efforts. The Workforce Continuity & Development Plan and the Capacity Building Project are integral parts of the agency's quality improvement process.

The competency-based approach provides direction for recruitment, education and training. All agency training is competency-based to address those skills, knowledge and abilities critical to

the effective and efficient function of the organization. Competency-based training results in actions that are seen in employee practice and observed in organizational and individual performance. Increasing competency of staff impacts organizational capacity and enables staff to perform more effectively in realizing the goals of the agency through the various operational plans and individual development plans.

III.5.10 *How do you evaluate the effectiveness of your workforce and leader training and development systems?* Effectiveness of workforce development and training is evaluated at the individual, unit and organizational levels through performance management approaches including: employee performance and development plans; competency assessment; learning and knowledge outcomes; business impact; and return on investment.

III.5.11 *How do you motivate the workforce to develop and utilize their full potential?* The agency had implemented a reward and recognition program called "Cause for Applause," but because of budget reductions, it was discontinued in early 2009. Informally, any employee can give another employee a "High Five" as a thank you or recognition for outstanding customer service. Formally, supervisors may give employees a "Standing Ovation" certificate. During State Government Employee Appreciation Week, activities were planned to show appreciation to the agency workforce including breakfasts, cookouts and special work breaks sponsored by agency management staff. These activities were well received by staff.

The Michael D. Jarrett Awards have been given for more than seventeen years to recognize excellence in customer service and are considered the most prestigious awards given by the agency. The agency also has an Employee Innovation Program to reward employees who develop cost-saving initiatives. The "Monthly Award for Excellence" is an agency-wide effort where staff is nominated by other employees and is recognized by the Director, staff and the Board.

Bureaus, departments and program areas in both central office and the regions recognize employees for excellent customer service to internal and external customers and for awards, achievements and voluntary community activities.

III.5.12 *What formal and/or informal assessment methods and measures do you use to determine workforce well being, satisfaction and motivation? How do you use other measures such as retention and grievances?* DHEC has periodically administered seven formal statewide employee satisfaction surveys since 1984 to assess staff attitudes and opinions on a broad range of topics. The highest rated items on the most recent Employee Survey mimic those on the 2005, 2003 and 2000 surveys. Respondents were most positive about job satisfaction, quality of services, team work, supervision and personal safety. Least positive items are consistently salary, benefits, recognition and career opportunities.

In addition, a variety of formal and informal assessments are used in individual units to determine employee well-being, satisfaction and motivation. Examples of these include: area/program retreats, focus groups, job satisfaction surveys, self-directed teams, formal assessments by outside consultants and ongoing assessments through the EPDP system. The electronic exit interview allows for easier completion and additional analysis of data from departing employees. The Personnel Actions Information System provides deputy areas with more specific turnover information and allows for better turnover analysis. [See III.7.4.1.]

III.5.13 *How do you manage effective career progression and effective succession planning for your entire workforce throughout the organization?* Based on S.C. Retirement System

figures, DHEC has 147 employees participating in the TERI program, as of June 1, 2012. In addition to the TERI employees, DHEC has 87 employees currently eligible for retirement, with another 524 eligible for retirement within the next five years. Because of this impact to the work force, succession planning has taken place in the different deputy areas to plan for replacement of management positions. Career progression and succession planning are handled individually in each deputy area. [See III.7.4.2.]

Health Services continues to develop its workforce in close partnership with the USC Arnold School of Public Health Office of Public Health Practice, and the South Carolina Public Health Training Center. During this year a public health skills and competency assessment of the Health Services workforce took place with about 75% of staff statewide participating. To complement the already developed courses for DHEC staff on core public health skills such as Financial Management, Data and Assessment, and Evidence and Planning, the Training Center with DHEC is analyzing the results and developing additional distance-based training modules and courses. Initial work is focusing on the development of modules to address competency areas around performance and quality improvement. All of this support to the DHEC workforce from the Training Center is provided free of charge to the agency.

III.5.14 *How do you maintain a safe, secure and healthy work environment including workplace preparedness for emergencies and disaster?* DHEC has an active Safety Committee and long established policies and procedures for workplace emergencies. DHEC has a "hazards line" information service for providing employees with up-to-date information during a weather emergency. The agency has promoted National Incident Management System compliance and emergency management training for employees. Standard operating procedures are in place for disaster response, as DHEC has lead agency responsibility for Emergency Support Function 8 "Health and Medical Services," and Emergency Support Function 10 "Hazardous Materials" in the State Emergency Operations Plan. [See III.2.1 (e).]

The agency promotes workplace and individual health by providing education, safety and health tips, and preventive health screenings such as mammography and prostate exams, and "Lunch and Learn" sessions that promote healthy lifestyles. Other activities include smoking cessation programs, spring and summer wellness walks, Weight Watchers, and fitness dance classes during lunch breaks. Employees are offered annual flu shots each fall. The Employee Health Committee gives direction to these activities.

III.5.15 *How do you collect, transfer and maintain organizational and employee knowledge? How do you identify and share best practices?* Many tools are used to share best practices and enhance organizational knowledge including regional, district and program meetings, professional organizations, community and academic partners, newsletters, distance learning, the agency's intranet, as well as the agency's Capacity Building Project, the Workforce Continuity and Development Plan. [See III.5.2 & 6-7.]

III.6 Process Management

III.6.1 *How do you determine, and what are your organization's core competencies, and how do they relate to your mission, competitive environment and action plans; and*

III.6.2 *How do you determine and what are your key work processes that produce, create or add value for your customers and your organization and how do they relate to your core competencies? How do you ensure these processes are used?* As the public health and environmental protection authority for the state, many of the organization's processes are

mandated. Others are a necessary part of the infrastructure for agency and program support and include core competencies that support the following processes to:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and environmental or health hazards in the community.
3. Respond to emergencies, both natural and man-made.
4. Inform, educate and empower citizens about health and environmental issues.
5. Mobilize community partnerships and action to solve health and environmental protection problems.
6. Develop policies and plans that support individual and community health and environmental protection.
7. Enforce laws and regulations that protect health and the environment and assure safety.
8. Assist communities in planning for and responsibly managing growth.
9. Inspect, permit and license health facilities and services.
10. Provide laboratory services to the regulated community and the private sector.
11. Assist business and industry with regulations and requirements.
12. Provide business, information and financial management services to support agency programs.

Key support work processes for DHEC include information services, business and financial management, public health preparedness and public health statistics and information services. Competencies are discussed in III.5.6 (d).

These processes are included in the Strategic Plan and in deputy area operational plans and are monitored by measures, indicators and internal and external audits. Customer input and values are addressed in III.1.3 and III.3 – Customer and Market Focus.

III.6.3 *How do you incorporate organizational knowledge, new technology, cost controls and other efficiency and effectiveness factors, such as cycle time into process design and delivery?* There is management oversight in each of the deputy areas that support agency processes. Progress reports are required to monitor trends and deviations that exceed selected agency parameters. New trends in government and business are monitored to identify opportunities for improvement. Recommendations and suggestions by staff and from customers and stakeholders for process improvement are encouraged.

DHEC technical staff is engaged in an ongoing effort to modernize the technical infrastructure of the agency by implementing new technology to increase efficiency and streamline the delivery of critical agency resources. Every technology need is evaluated for the best possible solution whether it is an internally developed and hosted solution or an outsourced or cloud hosted solution. Staff input and past history are incorporated into the design process and through an Informatics approach all options are considered. This process ensures new systems are not duplicating existing agency systems which lead to inefficiencies and unnecessary costs. New technology is considered for every project with DHEC doing a thorough analysis of how counterparts across the nation handle similar requirements. Also, see Section III.7.3. - Financial and Process Performance Results, Figures 7.3.1-6.

III.6.4 *How does your day-to-day operation of these processes ensure meeting key performance requirements; and*

III.6.5 *How do you systematically evaluate and improve your key product and service related processes?* Performance is continuously monitored based on the Strategic Plan and program level objectives. Information systems provide routine reports on program and project status. [See III.4 – Measurement, Analysis and Knowledge Management.] Customer response is used to improve production and delivery. [See III.3 - Customer and Market Focus.] Improvement is coordinated across agency lines to enhance capacity and performance. [See III.6.6.]

The Office of Project Management continues to identify, prioritize, monitor and support complex agency initiatives. Creating this accountability system has improved communication and ensured that limited resources are aligned with the strategic plan and utilized to the fullest potential.

The Office of Internal Audits (OIA) routinely conducts audits of agency programs and shares the results with staff and the Board. Employees are asked each year for input into the agency's Annual Internal Audit Plan. During FY12, OIA issued three audit reports. OIA has identified areas where the agency could improve operations, strengthen internal controls and save or recoup costs. All internal audit recommendations that remain open are information system upgrades or recently issued reports. This shows a serious commitment by DHEC managers to make positive changes in the agency. [See III.7.3.6.] The Office of Internal Audits also receives and reviews the sub-recipient audit reports from those contractors who receive federal funds from DHEC and meet the requirements of OMB Circular A-133.

III.6.6 *What are your key support processes, and how do you evaluate, improve and update these processes to achieve better performance?* Agency information systems are used to collect and analyze data used for programmatic and operational decision-making. The agency is continually evaluating financial and business processes for cost control and financial oversight to determine whether they can be operated more efficiently and effectively.

The Bureau of Business Management (BBM) provides oversight and assists in the management of key product, service design and delivery processes. BBM provides efficient and cost-effective support services including: procurement; facility planning and management; architectural/engineering construction services; inventory control and asset accounting; risk management; property management; central supply and distribution services; mail and courier operations; motor vehicle management and maintenance; facility maintenance and security; and printing services. Business Management provides these services to prevent inefficiencies and redundancies in services, while refining agency processes to be more effective and cost efficient. [See Figures III.7.3.4 & 5.]

The Bureau of Financial Management (BFM) is responsible for providing accurate and timely services in support of the management of the agency's financial resources. The key support processes in each of the divisions ensures that money due to the agency is received, agency bills are paid, accounting transactions are recorded, budgets are developed and monitored, employees are paid, grants are monitored, grant time and expenditures are documented, and overall fiscal responsibility of the agency is ensured. [See Figures III.7.3.2 & 3.] The bureau continues to update its policies, procedures and forms, and re-vamp its intranet site. In addition, BFM is responsible for the American Recovery and Reinvestment Act (ARRA) and Federal Funding Accountability and Transparency Act (FFATA) reporting to the federal government for the agency.

The Public Health Statistics and Information Systems (PHSIS) Bureau staff is constantly working with other program area staff evaluating the existing technical infrastructure that supports agency activities looking for opportunities to increase performance. Targets include: 100 percent availability of hardware and systems; better customer satisfaction and improved productivity through the use of new technology; and better long-range planning in concert with agency goals. Detailed yearly technical plans are developed by all program areas to allow for strategic planning and to uncover possible inefficiencies or unnecessary activities or risks. PHSIS continues to work with program areas to monitor the internal quality assessment of data

and systems while participating in numerous statewide and national initiatives related to data quality, data sharing and advanced visualization and reporting tools.

III.6.7 *How does your organization determine the resources needed to meet current and projected budget and financial obligations?* Federal funds are secured through grant awards. The agency negotiates work plans with a number of federal agencies. The work plans are based on available funds, personnel efforts needed to fulfill commitments along with associated fringe, operational needs and required matching funds, if applicable. Periodic reviews of expenditures and projected costs are performed throughout the year to ensure adequate funds are available. Funds available from earned fees and trust accounts are authorized through legislation. Fund availability is determined by fees generated from permit holders or revenue collected through a variety of impact fees. Staff is assigned to these areas based on projected effort. Periodic reviews of expenditures and fees generated are performed throughout the year to ensure adequate funds are available.

State funds have been appropriated through legislation for certain efforts. Staff is assigned to these areas based on projected effort. Periodic reviews of expenditures and projected costs are performed throughout the year to ensure adequate funds are available. For the past several years, the agency has submitted a list of critical state health and environmental needs in the Appropriations Request. These needs are based on agency priorities, strategic direction, state health and environmental needs, and on personnel and operating funds required to accomplish the agency's core mission.

III.7 Key Results

As the public health authority for the state, the agency must report health and environmental status and outcomes. Monitoring these results, the "state of the state's health and environment," is part of the agency's legislative mandate. While some of the objectives reported in the following section are performance measures for the agency, many are health or environmental objectives for the state or nation. See III.4.4 for comparative information and benchmarks to national standards.

The agency has worked diligently to identify additional comparisons for the results charts listed in the following section. It is often challenging to compare DHEC's environmental actions to those of other states because of different statutory and regulatory authorities and variability in the type of sites in each state's inventory. On the agency level, there are different targets, measures, reporting requirements and processes, which make meaningful comparisons of both health and environmental results challenging.

III.7.1 Mission Accomplishment, Organizational Effectiveness and Regulatory/Legal Compliance Results

Fig. 7.1.1

National Ambient Air Quality Standards – Ozone Primary Standard 3-Year-Average Fourth-Highest Daily 8-hour Concentrations in Parts per Million (ppm) Data from Ozone Monitoring Sites in South Carolina				
County	Monitoring Site Location	2007-2009	2008-2010	2009-2011
Abbeville	Due West	0.072	0.067	0.062
Aiken	Jackson	0.075	0.069	0.067
Berkeley	Bushy Park	0.060	0.062	0.062
Charleston	Cape Romain	0.067	0.067	0.065
Cherokee	Cowpens	0.067	0.069	0.066
Chesterfield	Chesterfield	0.070	0.068	0.066
Colleton	Ashton	0.067	0.066	0.064
Darlington	Pee Dee	0.071	0.070	0.068
Edgefield	Trenton	0.069	0.065	0.063
Oconee	Long Creek	0.071	0.069	0.065
Pickens	Clemson	0.075	0.072	0.071
Richland	Congaree Bluff	0.067	0.065	0.062
Richland	Parklane	0.072	0.070	0.070
Richland	Sandhill	0.075	0.071	0.073
Spartanburg	N. Spartanburg	*0.078*	*0.076*	0.074
York	York	0.072	0.067	0.064
Comparison: 2008 EPA Standard: 0.075 ppm (see discussion in the paragraph below). Notes: Concentrations exceeding the 2008 Standard are written in *italics*.				

The table above shows ozone concentrations from monitors in South Carolina for which three years of complete data are available. In 2008, the Environmental Protection Agency (EPA) replaced the 1997 ozone standard of 0.08 (rounded to 0.084) parts per million (ppm) with a more stringent standard of 0.075 ppm. In January 2010, the EPA decided to reconsider the 2008 standard and proposed a more stringent standard of between 0.060 and 0.070 ppm. In September 2011, the EPA withdrew the reconsideration of the 2008 standard and announced that it would proceed with implementation of the 2008 standard. While the state's overall air quality is improving, the EPA continues to evaluate and tighten standards for pollutants, making it more challenging to meet the new standards.

Fig. 7.1.2

Hazardous Waste Site Clean-up Actions

Fiscal Year	FY07	FY08	FY09	FY10	FY11	FY12
☑ State	38.3	46.8	50.4	55.6	61.4	65
☐ Region	34.1	43.8	39	48	55	59
☐ Nation	33.6	39.8	33.7	42	49	52

Source: RCRA Information Database, State of RCRA Report
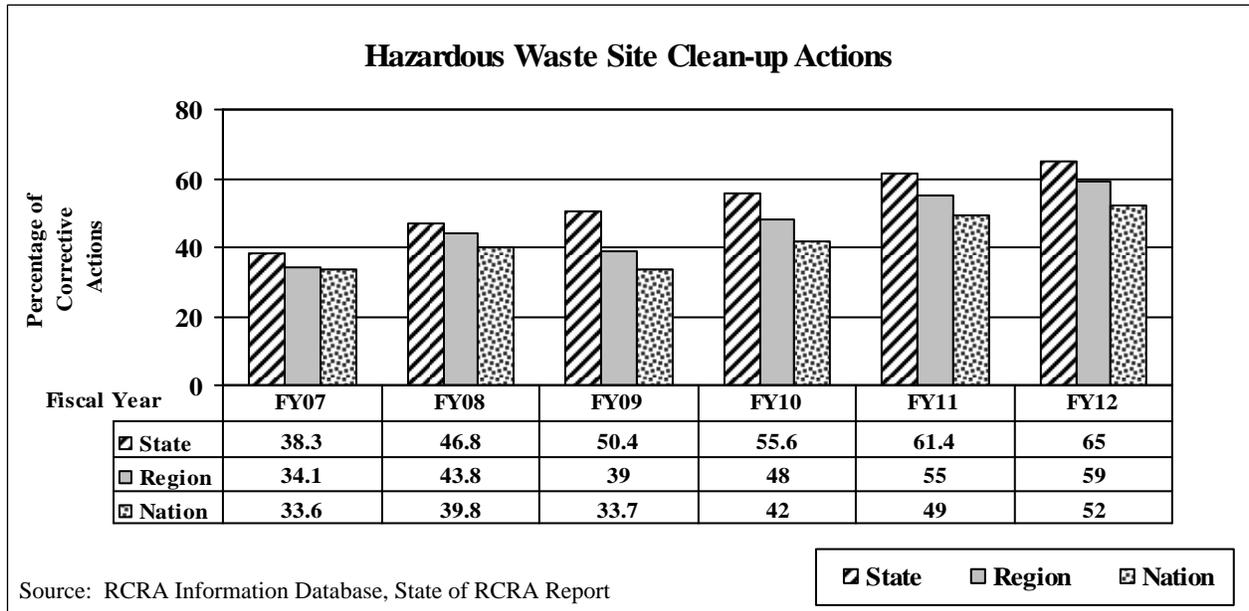
The state's average Hazardous Waste clean-up rate has exceeded the regional and national rates. DHEC's Hazardous Waste Program addresses a large number of contaminated sites. Aggressive site clean-up reflects DHEC's commitment to maximize limited resources to reduce threats to human health and the environment. The national and regional percentages decreased in 2009 because the EPA added additional sites for the new 2020 baseline.

Fig. 7.1.3

Underground Storage Tank (UST) Clean-ups Complete

Fiscal Year	2004	2005	2006	2007	2008	2009	2010	2011	2012
EPA Goal for S.C.	4921	5171	5421	5671	5921	6171	6421	6671	6921
S.C. Actual	5010	5307	5449	5748	6098	6322	6565	6801	7016

Source: DHEC, UST Database
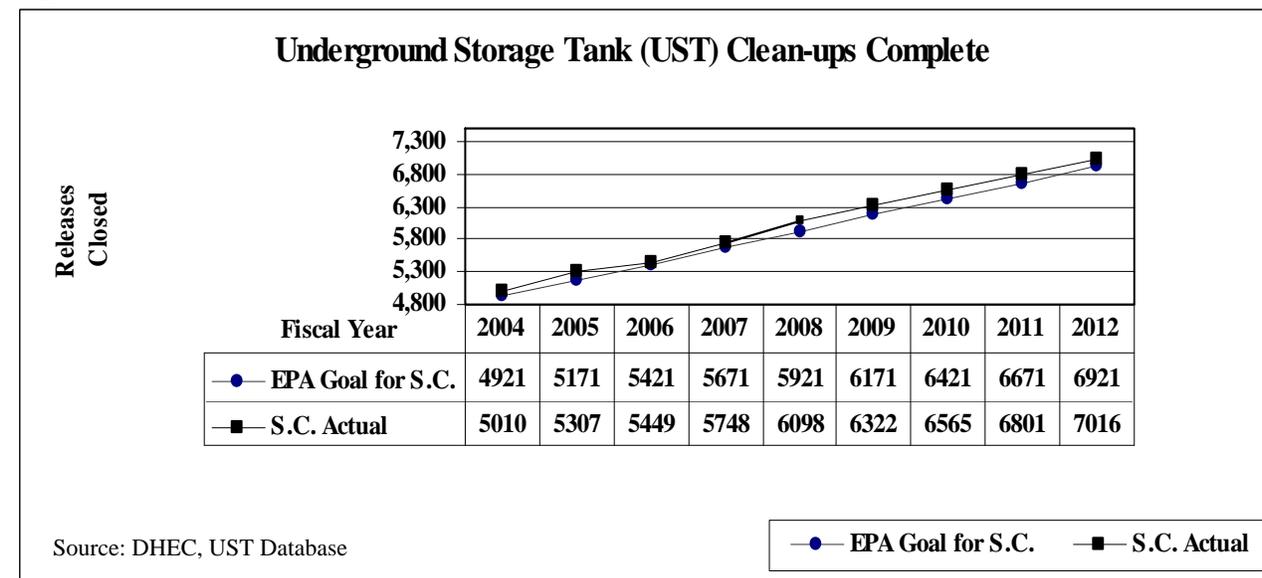
The Division of Underground Storage Tank (UST) Management has closed 73 percent of all confirmed UST releases reported to DHEC. This equates to 7,016 closed releases, reducing the number of open releases to 2,577. As illustrated by the graph, South Carolina continues to exceed the EPA established yearly closure goal.

Fig. 7.1.4

Uncontrolled Waste Sites Status

Source: DHEC, Division of Site Assessment,
Remediation & Revitalization Database

Legend:
- ▨ Total # of Sites
- ■ Sites Evaluated
- ▨ Sites in Remediation or Closed
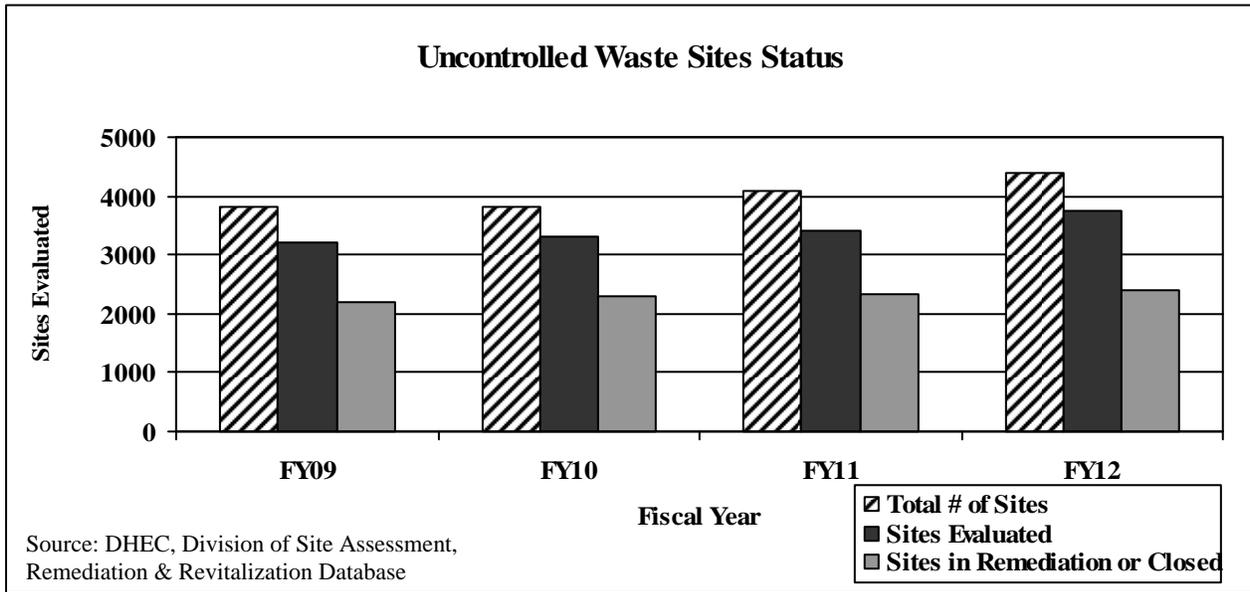
DHEC continues to discover and evaluate Uncontrolled Waste Sites every year. Sites in remediation are those sites where a remedial decision has been reached. Remedial actions are typically multi-year projects that may include multiple phases of investigation and clean-up.

Fig. 7.1.5

Voluntary Clean-up Program Accomplishments

Cumulative Data
Source: DHEC, Division of Site Assessment,
Remediation & Revitalization Database

Legend:
- ■ Voluntary Clean-up Contracts Signed
- ▥ Voluntary Clean-up Contracts Completed
- ■ Acres (x10) Restored Under Brownfield Program
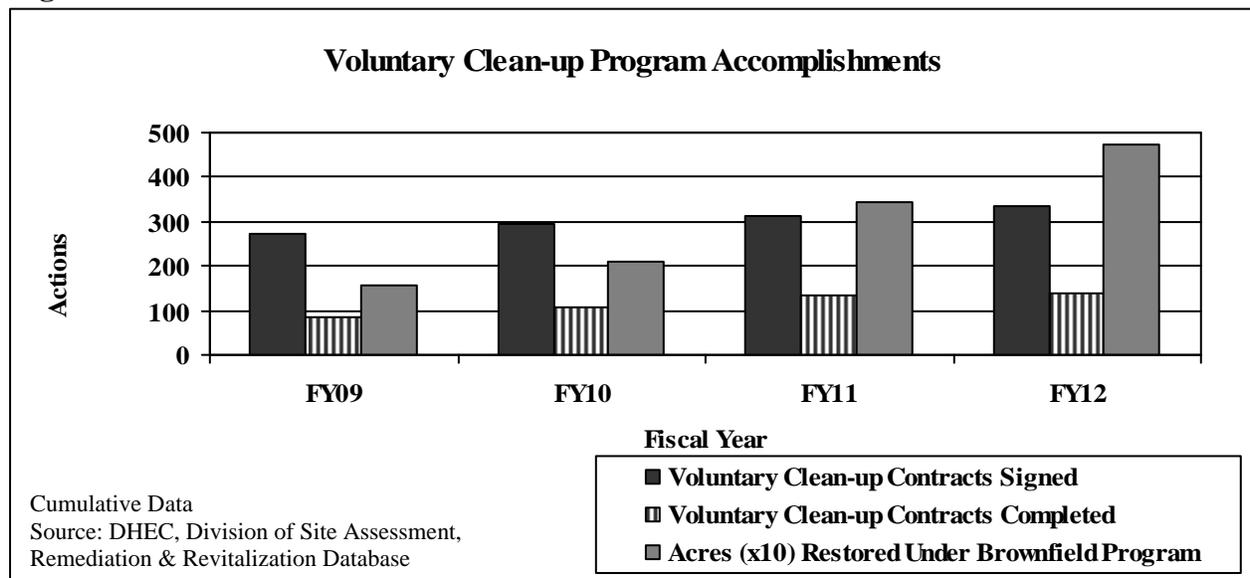
The Voluntary Clean-up Program encourages the reuse, redevelopment and revitalization of contaminated commercial and/or industrial properties. DHEC works with both Responsible Parties and Non-Responsible Parties (NRPs) to assess the contamination, implement necessary response actions to protect human health and the environment, and return sites to beneficial and productive use. Benefits of this program include tax incentives for NRPs, liability protections and enhanced protection of human health and the environment. The number of voluntary clean-up contracts has continued to grow each year.

Fig. 7.1.6

South Carolina Population Served by Community Drinking Water Systems in Full Compliance

Source: DHEC, Data in EPA's Safe Drinking Water Information System (SDWIS)
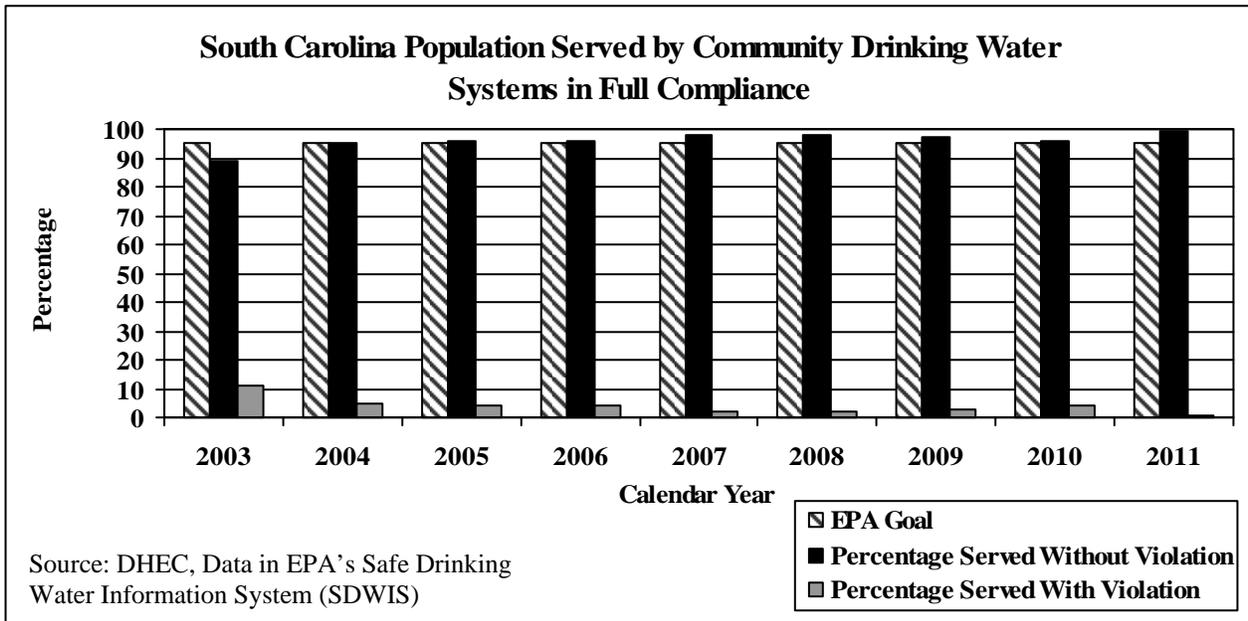
During the 2011 calendar year, 99 percent of the state population served by community water systems received water in compliance with all health-based standards. South Carolina has met or exceeded the EPA drinking water standard since 2004.

Fig. 7.1.7

Waters Supporting Fishable/Swimmable Uses

Source: 2012 S.C. Integrated Report Section 305(b)
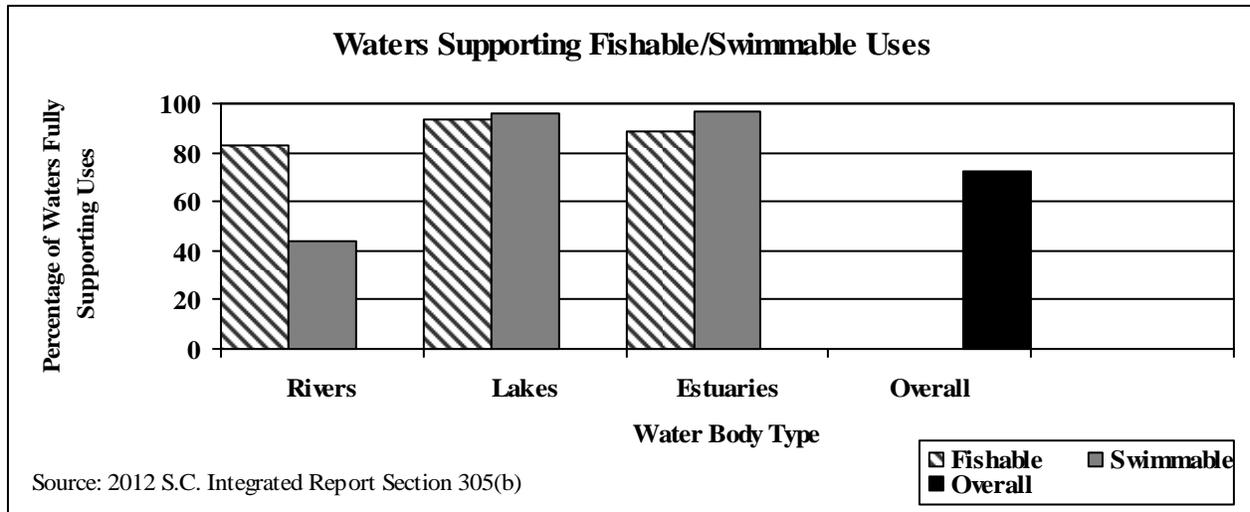
These figures are based on available water quality data collected through the probability-based Ambient Surface Water Quality Monitoring network data. South Carolina's total average for both fishable/swimmable waters is 72.6 percent, an increase of 2.1% from 2010. The state's goal is for 75 percent of its surface waters to meet fishable/swimmable uses by 2015. No region or state comparisons are available due to significant differences in monitoring strategies.

36

Fig. 7.1.8

Average Number of Unannounced and Follow-up Food Facility Inspections per Facility

FDA recommends an average of 4 unannounced inspections per year

Number of Inspections per Facility

Fiscal Year

■ Unannounced ☐ Follow-up

Fig. 7.1.9

Number of Actual Food Service Inspectors vs. Number Needed to Meet Standard of 150 Facilities per Inspector

Number of FTE Inspectors

Fiscal Year

☐ Actual # of FTE Equivalent Inspectors

■ # of FTE Equivalent Inspectors needed to meet standard

While the agency meets the state requirement of one inspection per facility, we are short of the Food and Drug Administration (FDA) voluntary standards for inspections per facility. To assist in keeping inspection levels up, staff in other environmental health program areas has been cross-trained to conduct food safety inspections, when possible.

Fig.7.1.10

S.C. Adult Smoking Prevalence, Age 18 and Older

Source: DHEC, BRFSS

Fig. 7.1.11

S.C. Youth Smoking Prevalence, Students Grades 9 - 12

Source: S.C. Youth Tobacco Survey *
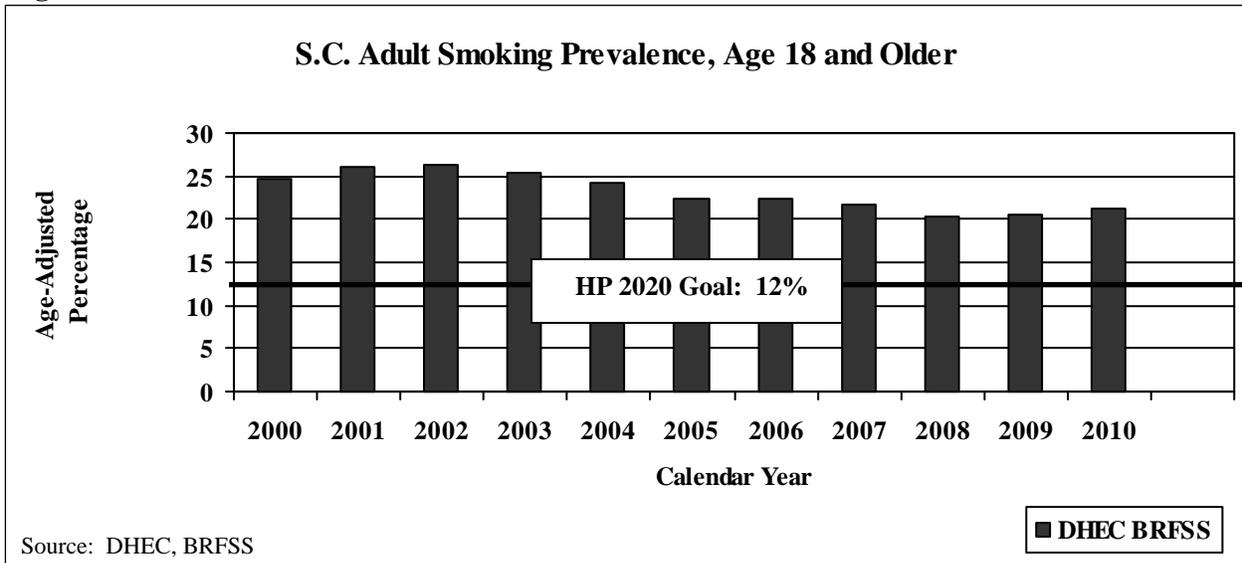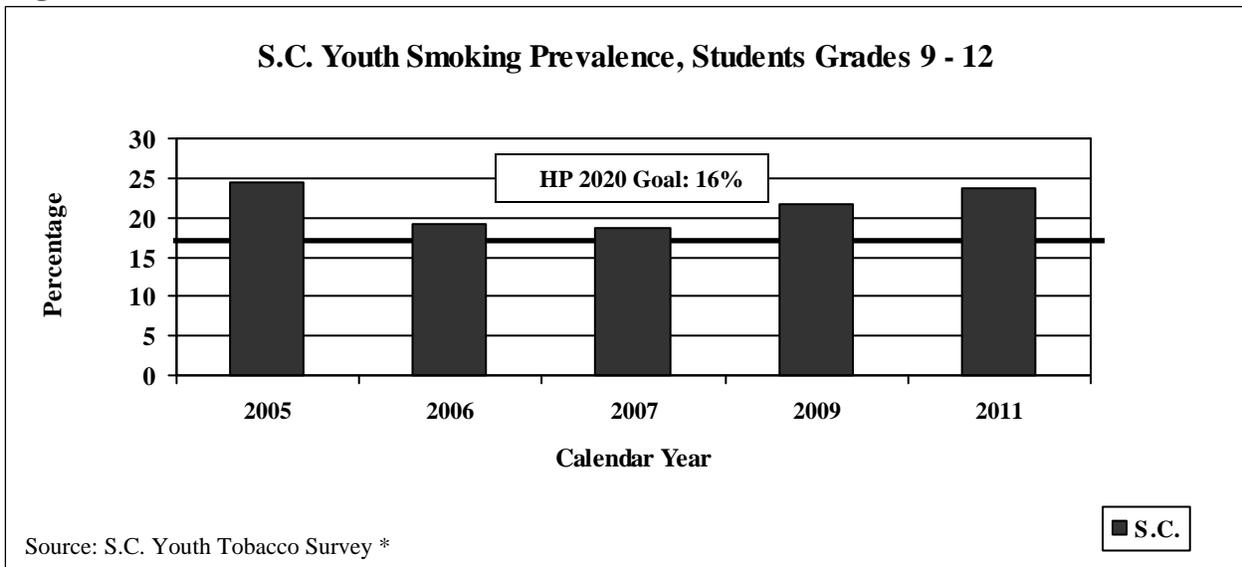
Currently, there are 48 local comprehensive smoke-free ordinances in counties, cities and towns across South Carolina, resulting in 36 percent or 1,665,131 citizens protected by smoke-free laws. Partners in this effort include DHEC Health Region staff, the American Cancer Society, American Heart Association, the S.C. Tobacco Collaborative, and grassroots supporters in local communities. Nine additional school districts (42 total) have adopted a comprehensive model tobacco-free policy, impacting over 396,444 students, faculty and visitors. Partners in this effort included the S.C. Tobacco Collaborative, S.C. Department of Education, S.C. School Boards Association, and DHEC Office of Healthy Schools. In the cessation goal area, the S.C. Tobacco Quitline served more registered callers in the FY11-12 fiscal year than in all previous years combined. All total, 22,510 registered callers received services through the Quitline, and with a 26% quit rate established through evaluation, this yields 5,853 new quitters with a cost avoidance of $37,307,022. *Note: This survey is not conducted each year.

Fig. 7.1.12

**Persons with Diabetes Receiving
Two or More A1c Tests Per Year**

Data Source: DHEC, BRFSS *Estimates are based on new methodology. For more information:
http://www.cdc.gov/surveillancepractice/reports/brfss/brfss.html
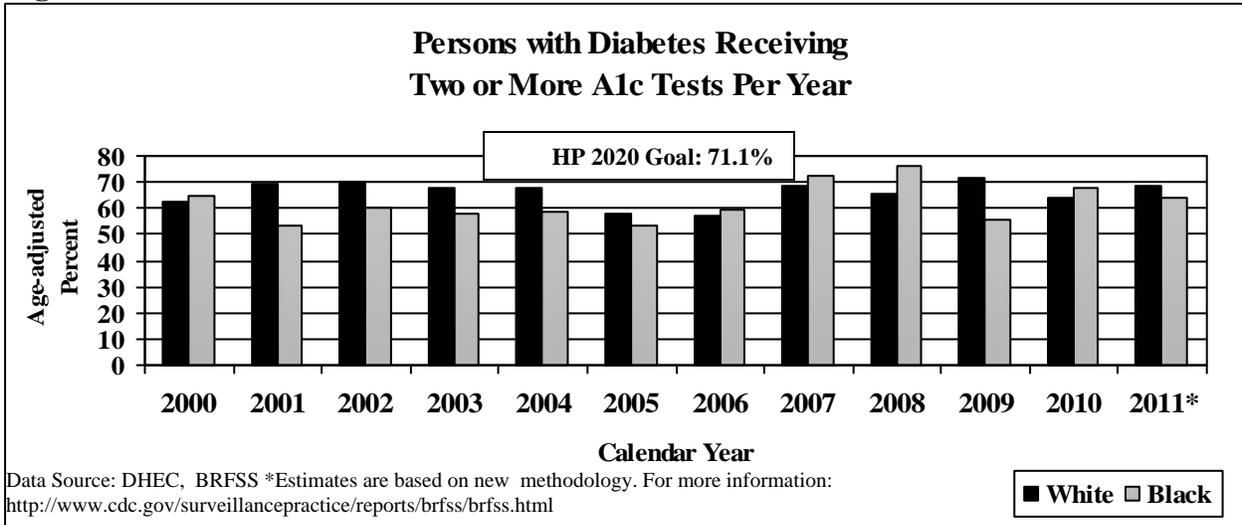
The 2009 Diabetes Burden Report paints an alarming picture of the impact of diabetes on the state. Survey data show that 50 percent of people with diabetes in South Carolina check blood glucose less than one time a day. However, in 2011, 66.46 percent (age-adjusted rate) have had two or more HbA1c tests, the gold standard marker of long-term blood glucose control in the past year. South Carolina has not met the Healthy People 2020 objective of 71.1 percent. Studies have conclusively shown that as little as a 10 percent reduction in the level of HbA1c will reduce the risks of eye, kidney or nerve damage 25 percent to 50 percent. Over 54 percent of adults with diabetes have had at least one dilated-eye examination in the past year, and over 71 percent have had their feet examined (age-adjusted percent from 2011 DHEC BRFSS). These steps are critical if one is to avoid the serious complications of blindness and amputations.

Fig. 7.1.13

**DHEC - Best Chance Network Percentage of Abnormal Breast
Screenings with Completed Diagnostic Work-up**

Source: Best Chance Network
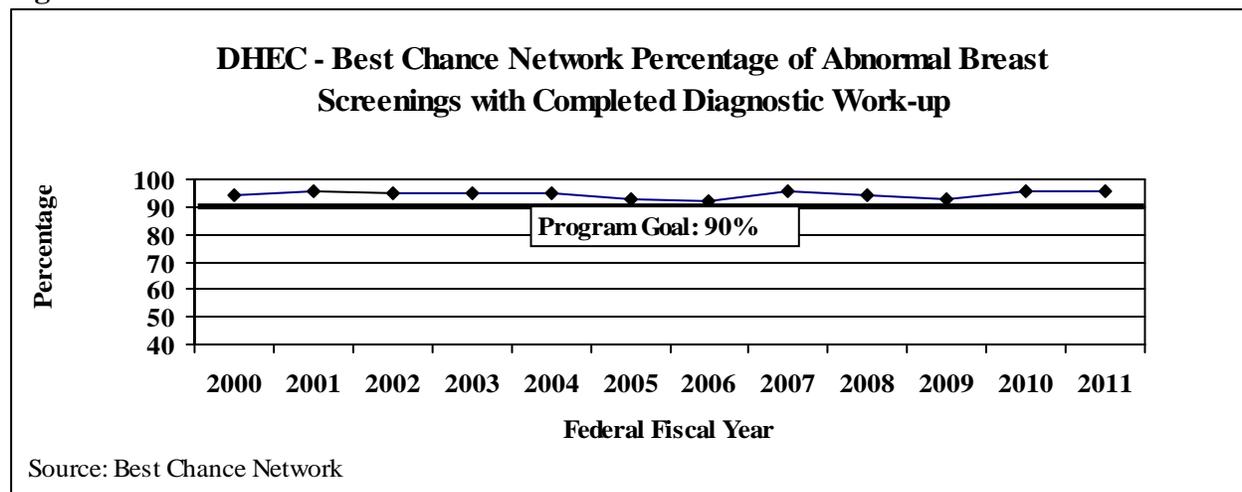
The Best Chance Network (BCN) provides funds for breast and cervical cancer screening and diagnostic work-up among low-income, uninsured women in South Carolina. In FY11, the BCN program provided clinical breast exams and mammograms to 9,360 women. The Program Goal is that at least 90 percent of the people with abnormal breast screenings will complete a diagnostic work-up. In FY11, this goal was exceeded when 96 percent of women with abnormal breast screenings completed a diagnostic work-up. Over the past eleven years, the program has met or exceeded the follow-up goal.

Fig. 7.1.14

Family Planning Caseload

Source: DHEC, Family Planning Program
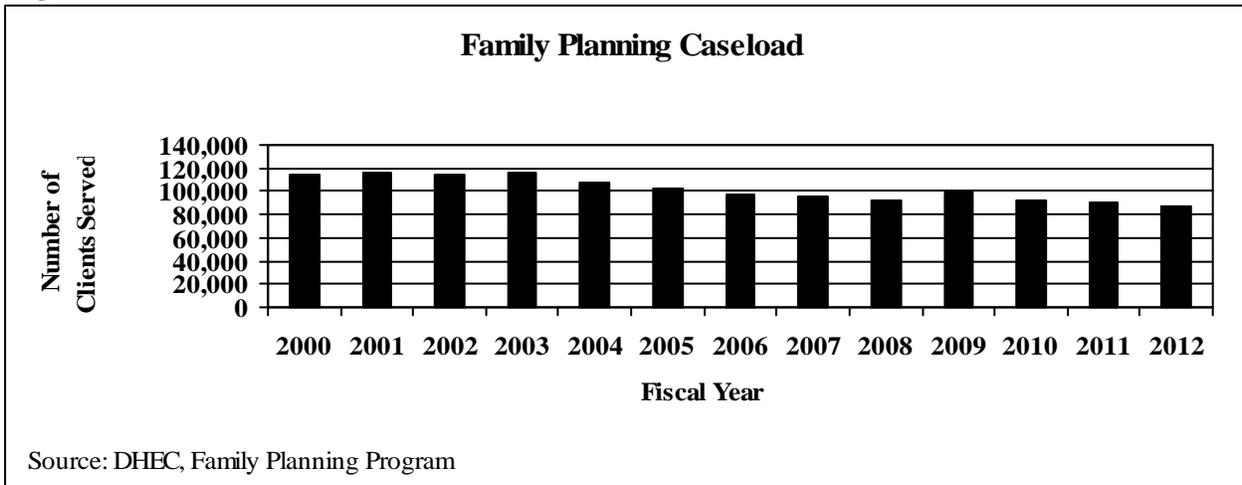
DHEC provides quality clinical and educational family planning services targeting the population in need with priority emphasis on low income, high risk and minority clients. Ninety-seven percent of DHEC clients are at or below 185 percent of the poverty level. The agency provides services to about 44 percent of the overall population in need of family planning services. In FY09, the caseload increased for the first time since 2003 as a result of the efficiency measures the program has implemented. Unfortunately, budget cuts have led to shortages in nursing and clinic support staff resulting in the downward decrease seen in the caseload since that time, with the FY12 caseload dropping to 86,919 unique clients served.

Fig. 7.1.15

Percentage of Medicaid Newborns Receiving a Postpartum Newborn Home Visit

Program Goal: 50%

Sources: Number of completed PPNBHVs from Regions and Medicaid eligible births report from S.C. Office of Research & Statistics
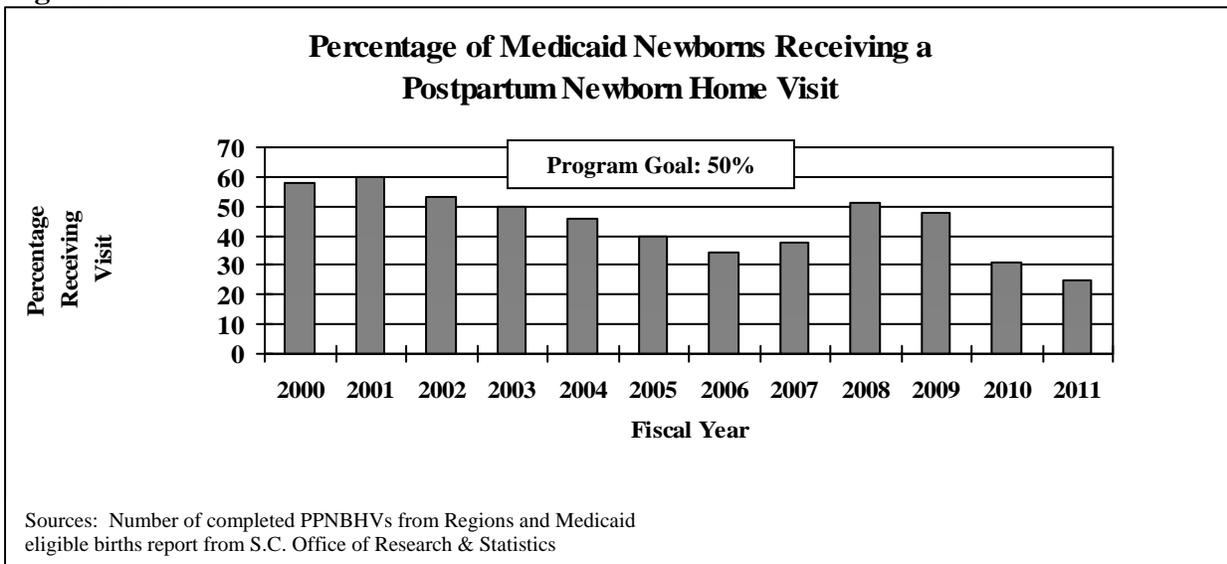
Most Postpartum Newborn Home Visits (PPNBHVs) are provided to newborns and mothers meeting certain risk criteria specified by the agency's Bureau of Maternal and Child Health in an effort to serve those who will benefit most from a home visit. In FY11, dedicated state funding to support PPNBHVs continued to be unavailable. DHEC provided PPNBHVs to 31% of the Medicaid eligible newborns in 2010. In 2011, 25% of the Medicaid eligible newborns were provided a PPNBHV by DHEC. This represents a 23% decrease in the number of PPNBHVs provided by DHEC to Medicaid eligible newborns from 2010 to 2011.

Fig. 7.1.16

WIC Total Participation

Source: DHEC, WIC Program (2010 data is based on Oct 2010 through June 2011 monthly caseload average.)
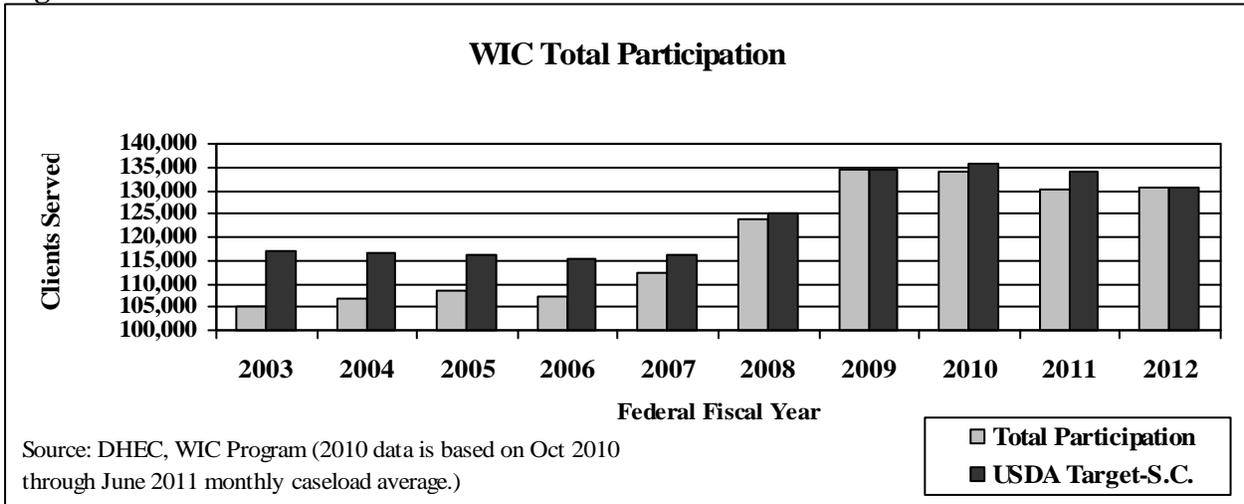
The Women, Infant and Children (WIC) Program is a preventive - based nutrition education program that provides prescribed food packages for eligible pregnant, breastfeeding and postpartum women, infants and children under five years of age. Priorities of the WIC Program include education regarding food choices, reducing obesity and promotion of breastfeeding. The monthly average of clients served by the program in 2012 was 130,646, a slight increase from 2011. Challenges include a lack of registered dieticians and Spanish speaking staff to better serve customers.

Fig. 7.1.17

Estimated Vaccine Coverage of Children 19-35 months,* S.C. and U.S.

Source: National Immunization Survey
*4 or more doses of DTaP, 3 or more doses of Poliovirus, 3 or more doses of HIB (regardless of brand type), 3 or more doses of Hepatitis B and 1 or more doses of Varicella. Because of HIB changes, this series is not comparable to previous years' reports.
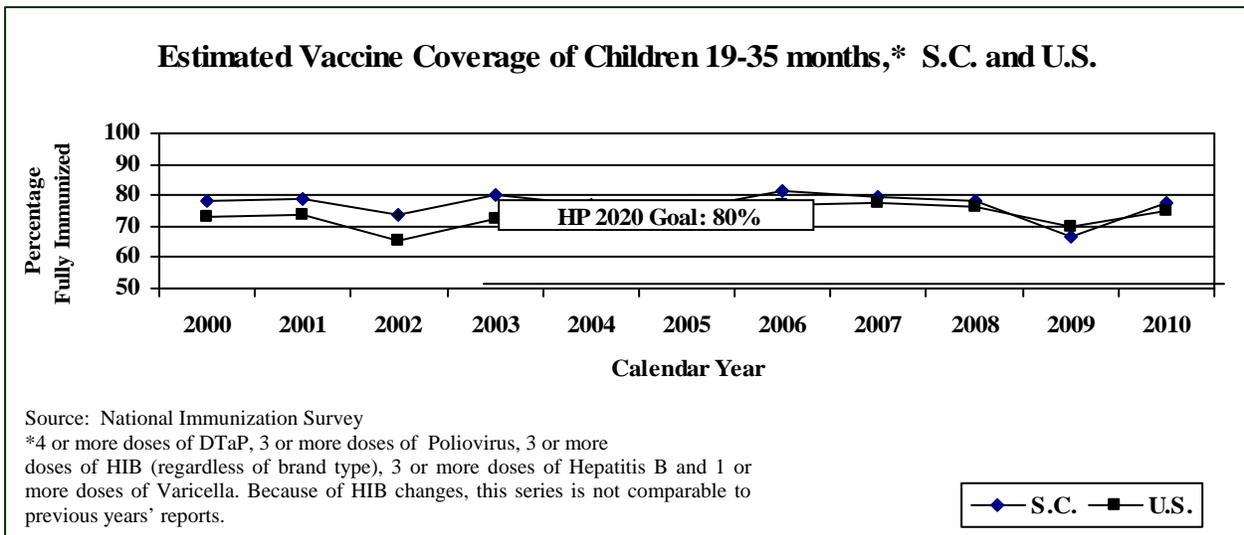
Based on the most recent results from the National Immunization Survey, approximately 78 percent of South Carolina children 19-35 months of age were fully immunized in 2010. Increases were noted in both S.C. state immunization rates, as well as national immunization rates for the 2010 survey. Eighty percent of vaccine doses to protect against 15 vaccine-preventable diseases are needed before a child turns two years of age. Sustaining high levels of immunization coverage is a major challenge for immunization providers given immunization schedule complexity, the addition of new vaccines, and the fact that about 62,000 babies are born in the state each year.

Fig. 7.1.18

**Influenza Immunization Coverage Levels in S.C.
65 Years and Older by Race**

Source: DHEC, BRFSS
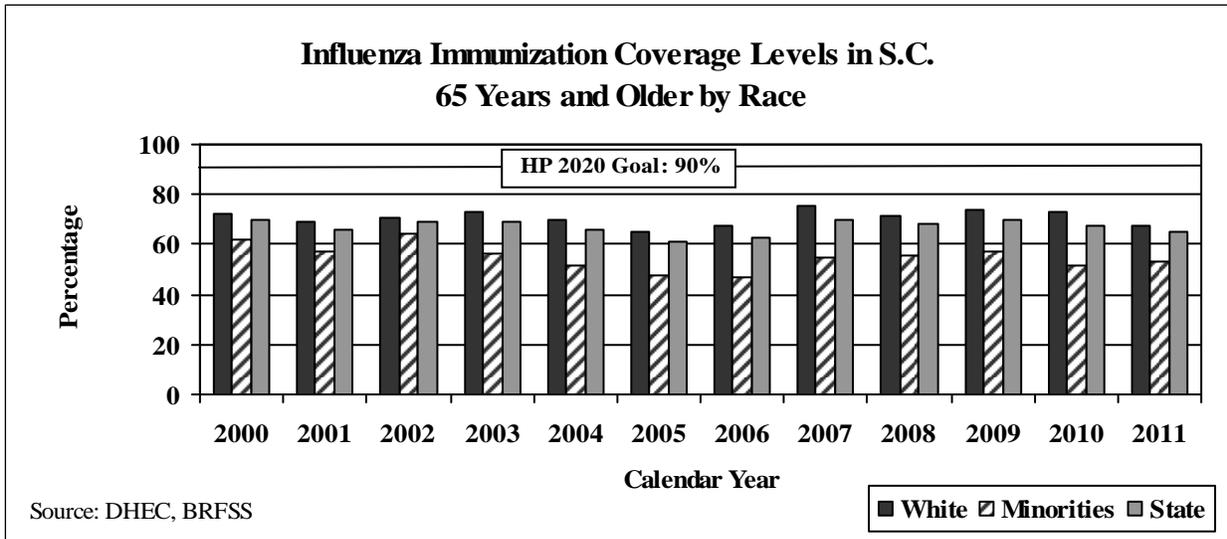
South Carolina continues to maintain influenza coverage for its seniors at a rate similar to the nation, although both are below the Healthy People 2020 Goal of 90 percent. The state continues to see substantial disparities in influenza vaccine coverage between the white and minority populations. The DHEC Immunization Division and the Office of Minority Health are working together with the S.C. Older Adult Immunization Coalition to increase awareness of this continued health disparity and close this gap.

Fig. 7.1.19

**Vaccine Coverage Among Adolescents 13-17 Years,
2009-2010**

Source: National Immunization Survey - Teen
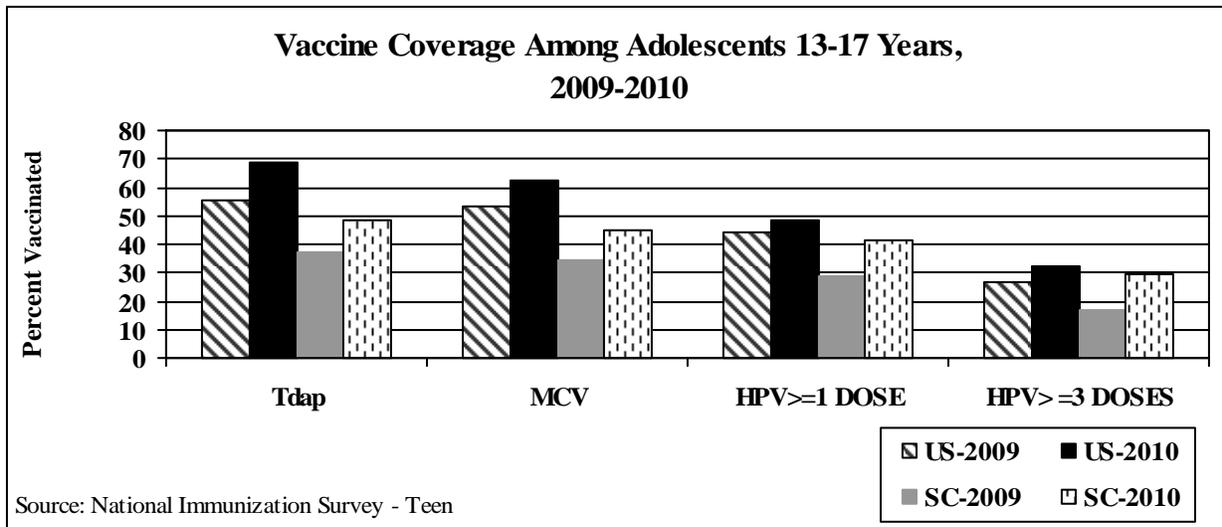
Adolescent vaccine coverage for South Carolina children aged 13 to 17 years old is consistently lower than the national coverage level. When comparing 2009 and 2010 results in the National Immunization Survey Teen Survey, increases were noted for both the United States and South Carolina rates for all teen vaccines. DHEC has announced a new Tdap (Pertussis) vaccine requirement for 7th grade school entry effective in August 2013. A statewide adolescent immunization campaign is planned to increase awareness of the need for new 7th grade school Tdap requirement as well as all adolescent vaccines.

Fig. 7.1.20

Percent of TB Cases Completing Treatment within 12 Months - S.C.

Source: DHEC, Division of Tuberculosis
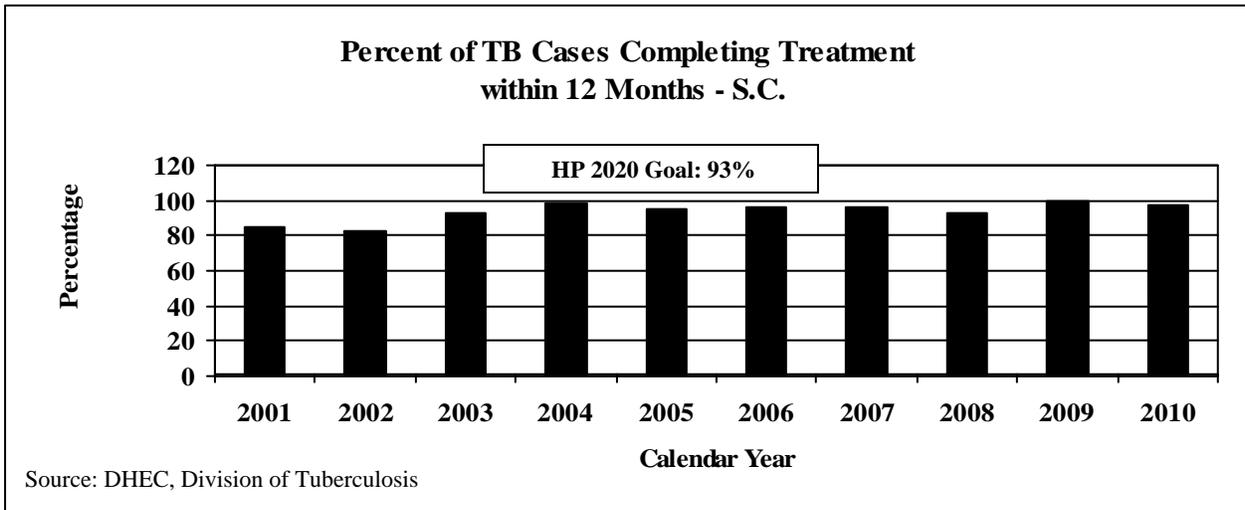
Tuberculosis (TB) is a public health problem that requires continuous surveillance, monitoring and elective interventions to control the disease and work toward ultimate eradication. Although the reported number of tuberculosis cases continues to drop, the overall decline has slowed and the complexity of each case has increased. The reported number of tuberculosis cases for 2011 was 140, representing an eight percent decrease from the 153 cases reported in 2010. South Carolina continues to rank among the top states nationally in the number of new cases per 100,000 population with a case rate of 3.0. The percentage who completed treatment for tuberculosis disease in South Carolina was 96.8 percent in 2011 exceeding the Healthy People 2020 Goal.

Fig. 7.1.21

Number of HIV Tests Performed in DHEC Clinics and New Infections Diagnosed by DHEC Staff

Source: DHEC, Surveillance and Technical Support
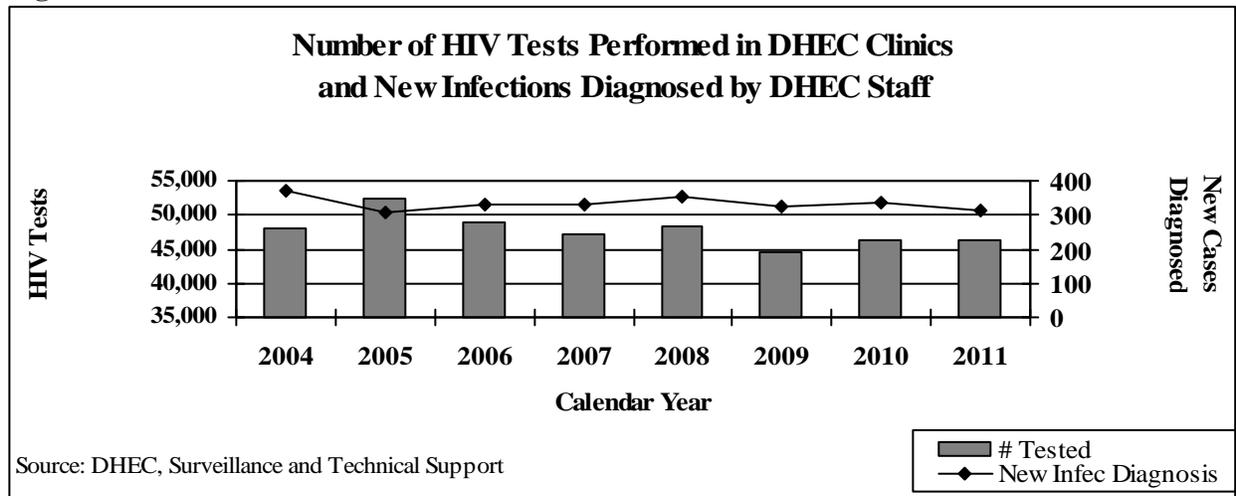
During 2011, DHEC clinics conducted 46,313 HIV tests identifying 313 new HIV cases. DHEC diagnosed nearly 40 percent of the total number of persons newly diagnosed with HIV in S.C. Each year, close to 800 new cases of HIV are diagnosed in the state, and more than 15,000 persons were known to be living with HIV/AIDS in the state. In general, the number of new cases of HIV infection in South Carolina is leveling off. Increased access to effective HIV treatments, as well as intense prevention and linkage to care services delivered by community organizations, local health departments and HIV service providers, have contributed to slowing the annual rate of new HIV cases.

Fig. 7.1.22

Prevalence of Physical Inactivity Among S.C. Adults 2000 - 2011

HP 2020 Goal: 32.6%

Percent

50
45
40
35
30
25
20
15
10
5
0

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011*

Calendar Year

Data Source: DHEC, BRFSS
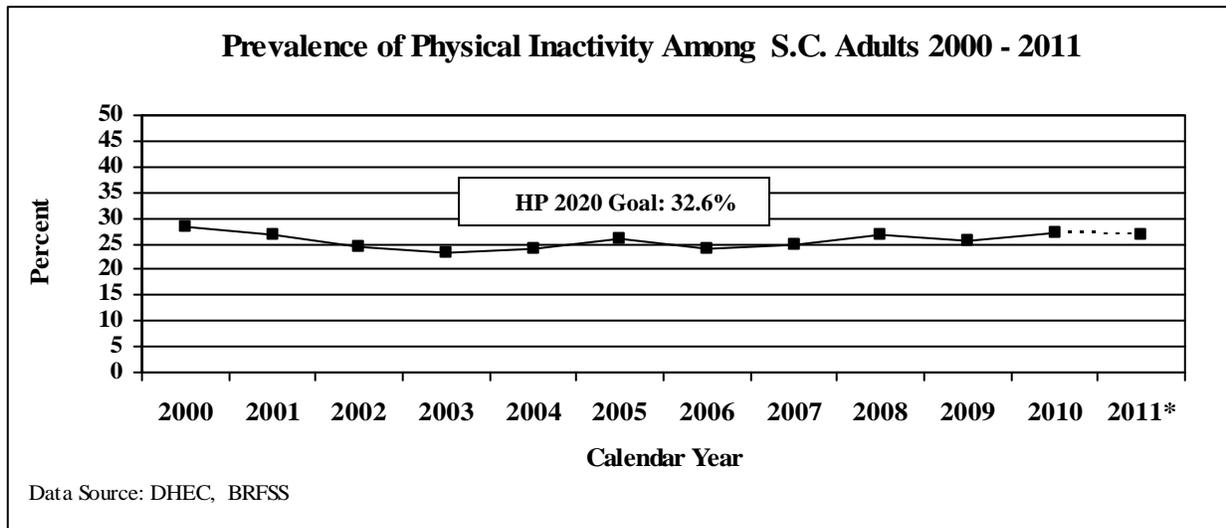
Engaging in regular physical activity is one of the more important steps to reduce risk for chronic disease, to build physical and mental health, and to treat overweight and obesity. In 2011, the proportion of adults in South Carolina who report physical inactivity was 26.8 percent. In 2000, the proportion of physically inactive adults was 28.2 percent. It has fluctuated little and has been as low as 23.3 percent in 2003. DHEC works in concert with partners at both the state and local level across this state through the S.C. Eat Smart, Move More movement to promote physical activity and healthy nutrition, through individual behavior approaches and policy and environmental initiatives. *Estimates are based on new methodology.

Fig. 7.1.23

Percent of Children Receiving WIC Services
Who are Overweight

Percentage

60
50
40
30
20
10
0

46.9%

48%

WIC Program Goal: 25%

2010   2011

Year

Percent of children ages 2-5 receiving WIC services
with a BMI at or above the 85th percentile
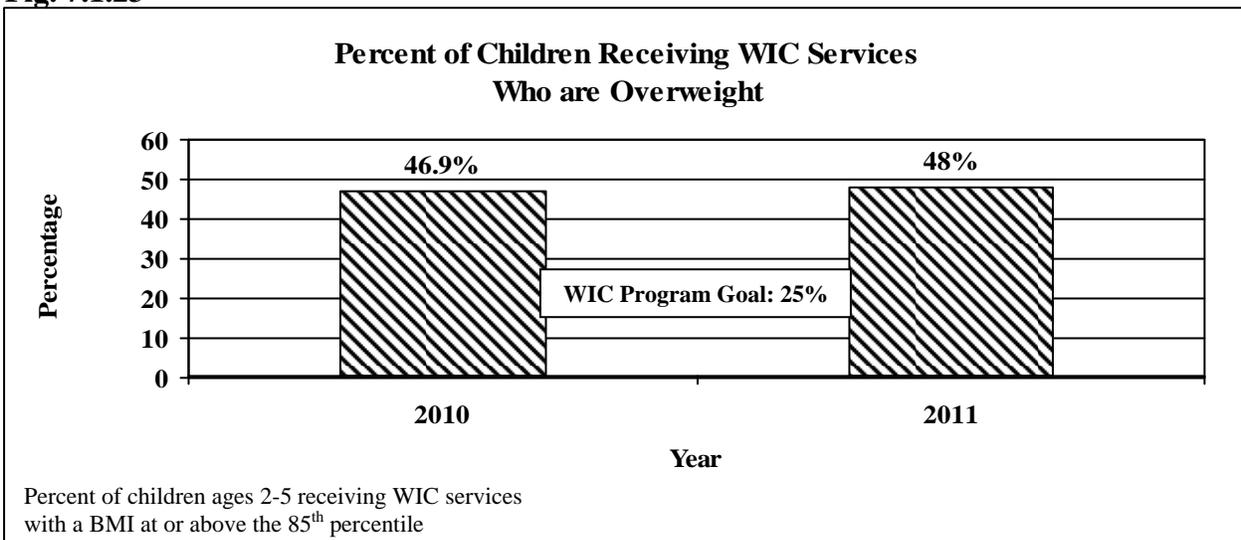
Three DHEC regions now offer child weight management nutrition education classes at 14 county health department sites. Three local Registered Dieticians (RDs) have acquired certificates in childhood and adolescent weight management from the Academy of Nutrition and Dietetics. Based on the high percentage of elevated Body Mass Index (BMI), the remaining five regions will be offering RD-facilitated weight management classes. Educational materials specific to childhood weight management are being developed to enhance efforts to decrease overweight and obesity rates among children.

Fig. 7.1.24

Birth and Death Certificates Issued by DHEC
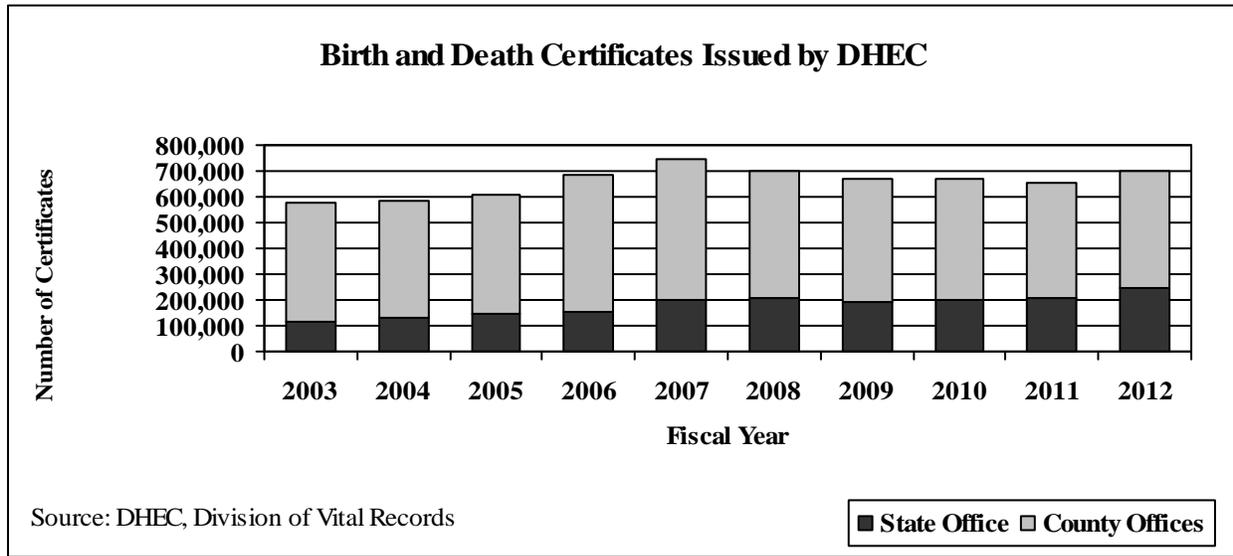
DHEC maintains the official vital records system for births, deaths, marriages and divorces in South Carolina. The state office in Columbia and the vital records offices located in the county health departments provide an essential service for all citizens in the state. Over 695,000 certifications were issued in the 2012 fiscal year. Ongoing technology upgrades, physical renovations and process modifications continue to increase efficiency and overall customer satisfaction during the certification and issuance process.

Fig. 7.1.25

Trauma Centers - Numbers by Level Designation
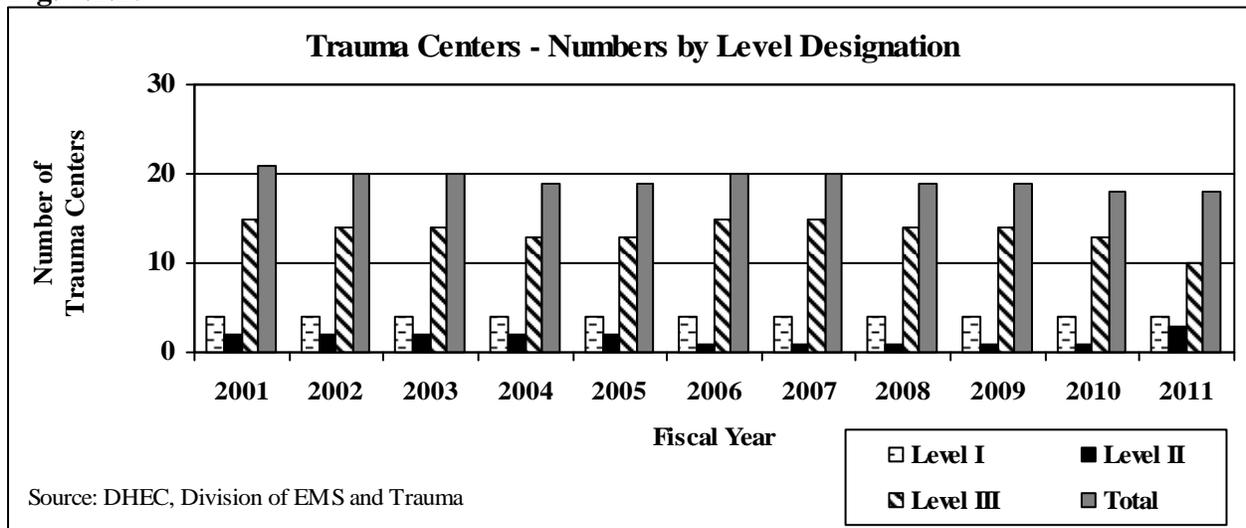
The state currently has a total of 18 Trauma Centers (17 general trauma, 1 pediatric-specific). This is the first year South Carolina has ever designated a pediatric trauma center let alone a Level I pediatric trauma center. Other changes include: two of the centers have opted to drop out of the system all together and two have decided to upgrade from a Level III to a Level II status. The agency continues to support the development of a statewide trauma network with regional planning, enhanced communication and evaluation of the appropriateness of pre-hospital transports of patients within the system.

III. 7.2 Customer Satisfaction Results
Fig. 7.2.1

Customer General Impression of DHEC 1998 - 2011

Source: DHEC, Customer Service Survey
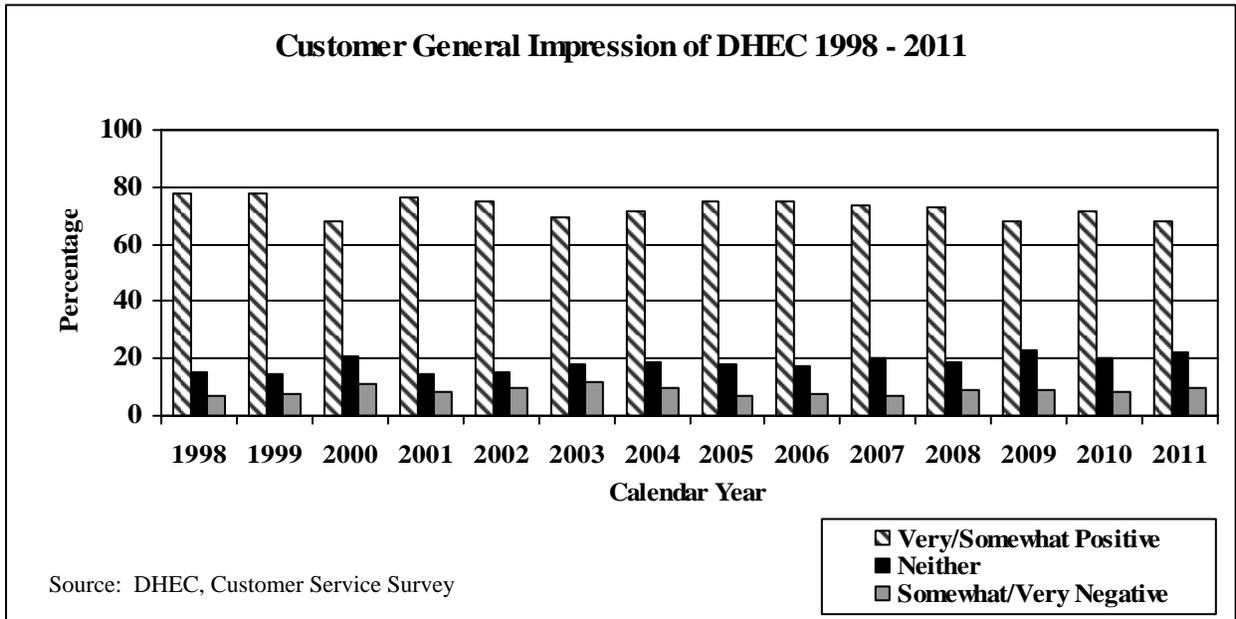
The stability of DHEC's positive public image is confirmed by the results of the 2011 Customer Service Survey. For 14 years, the percentage of respondents with a positive general impression of DHEC has averaged over 73 percent.

Fig. 7.2.2

Customer Satisfaction with Overall Quality of Service 1998 - 2011

Source: DHEC, Customer Service Survey
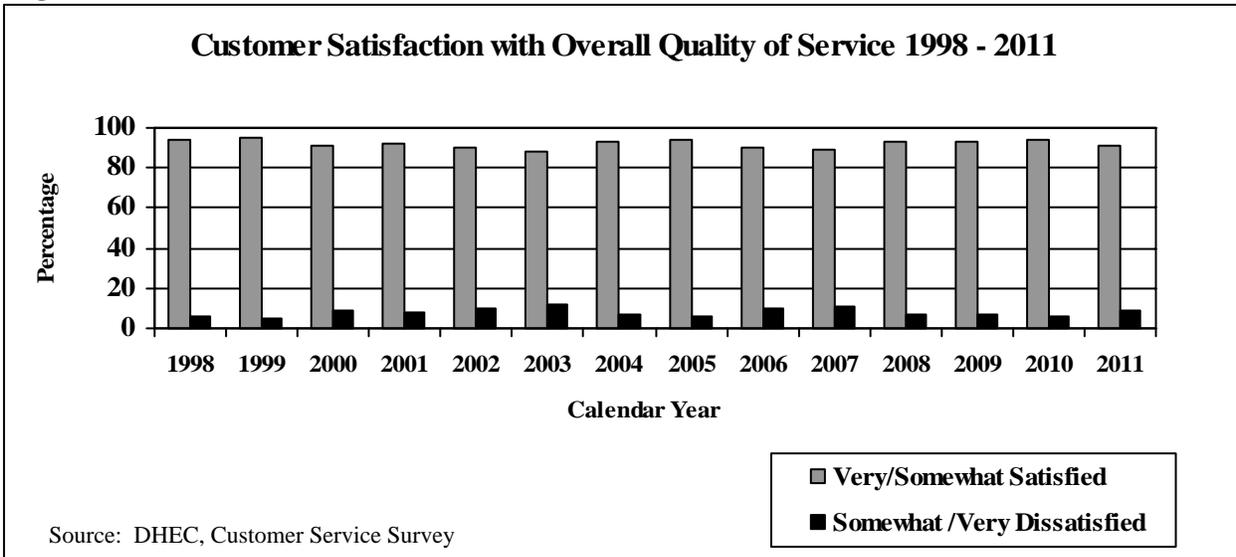
South Carolinians are satisfied with the services they receive at DHEC. In 2011, there was a 91.5 percent positive response for overall quality of service, a slight decrease from last year at 93.9 percent.

Fig. 7.2.3

**Satisfaction with Courtesy and Attitude of
DHEC Staff 1998 - 2011**

Percentage (y-axis: 0, 20, 40, 60, 80, 100)

Calendar Year: 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011

☑ Very/Somewhat Satisfied
▨ Somewhat / Very Dissatisfied

Source: DHEC, Customer Satisfaction Survey
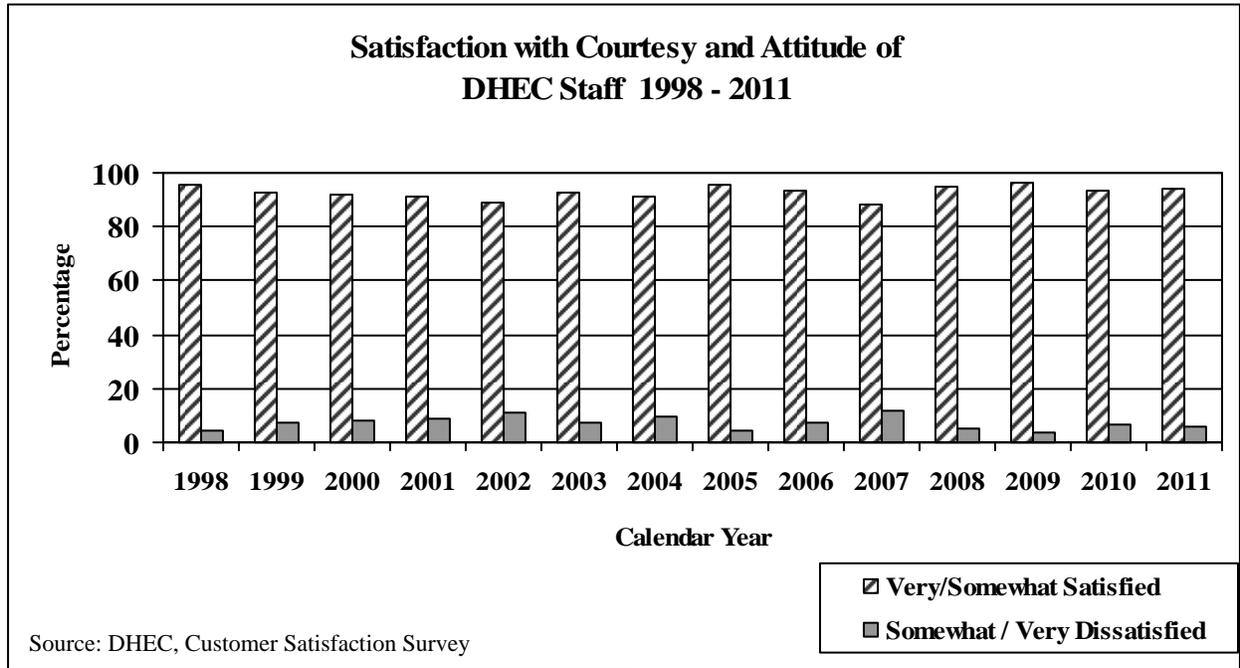
For 14 years, DHEC has maintained an average of 92 percent satisfaction with courtesy and attitude of staff. In 2011, this level was 94.1 percent even with reductions in staff and funding. This was a slight increase from the previous year.

Fig. 7.2.4

**Satisfaction with Wait Time
for DHEC Service 1998 - 2011**

Percentage (y-axis: 0, 20, 40, 60, 80, 100)

Calendar Year: 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011

▨ Very/Somewhat Satisfied
▨ Somewhat / Very Dissatisfied

Source: DHEC, Customer Satisfaction Survey
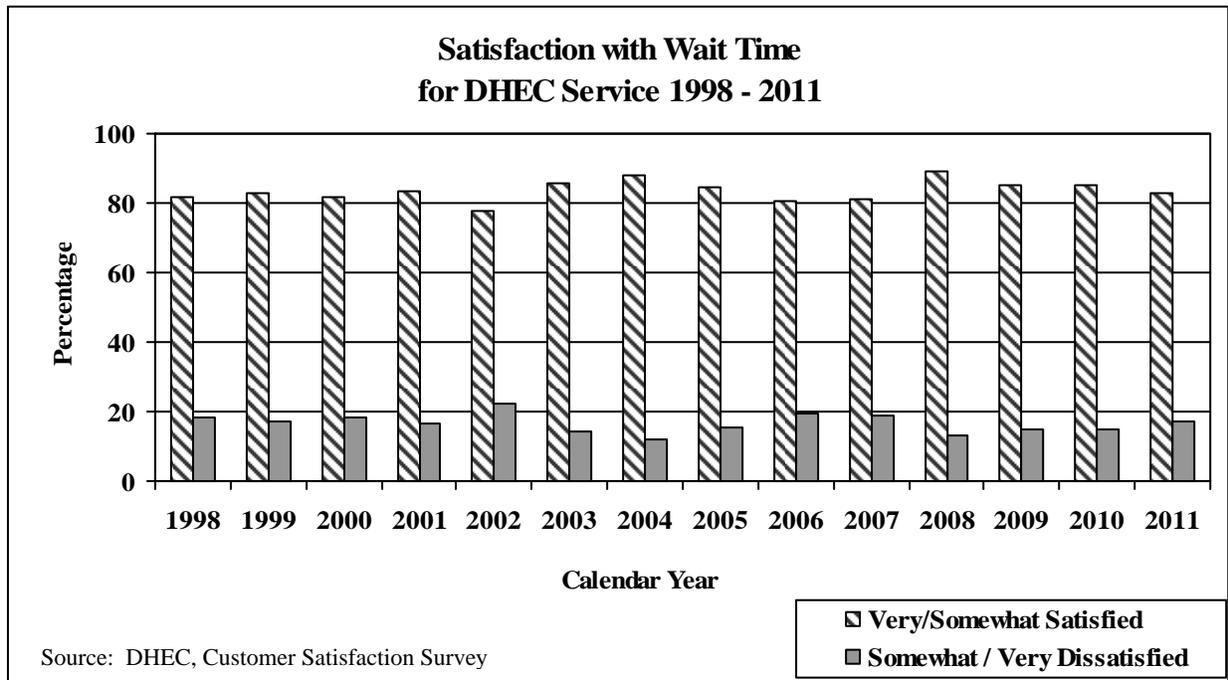
In 2011, satisfaction with the time respondents had to wait for service was 83.1 percent. This is a slight decrease in satisfaction from the previous year which was 85.2 percent.

III. 7.3 Financial Performance Process and Results
Fig. 7.3.1

Administrative Expenditures Compared to Total Expenditures*

A bar chart titled "Administrative Expenditures Compared to Total Expenditures*" with the y-axis labeled "Percentage" (0 to 6) and the x-axis labeled "Fiscal Year" showing the following values:

Fiscal Year	Percentage
2000	4.55
2001	4.90
2002	4.35
2003	4.64
2004	4.32
2005	4.34
2006	4.70
2007	4.54
2008	3.96
2009	4.10
2010	3.88
2011	3.69

Source: DHEC, Bureau of Financial Management

The agency always focuses on reducing and holding down its administration cost. The increase in FY01 was due to the required data center consolidation and the slight increase in the rate for FY03 was directly due to budget cuts and the agency holding down total expenditures. The increase in FY06 was the result of a reduction in revenue at the regional level, as well as increases in energy charges, insurance fees and information technology charges. Since these figures are percentages, as the agency's budget varies, total administrative expenditures fluctuate accordingly.

Fig. 7.3.2

Credit Card Transactions

A bar chart titled "Credit Card Transactions" with the y-axis labeled "Dollar Amount" ($0 to $5,000,000) and the x-axis labeled "Fiscal Year" showing increasing values for years 2003 through 2012.

Source: DHEC, Bureau of Financial Management
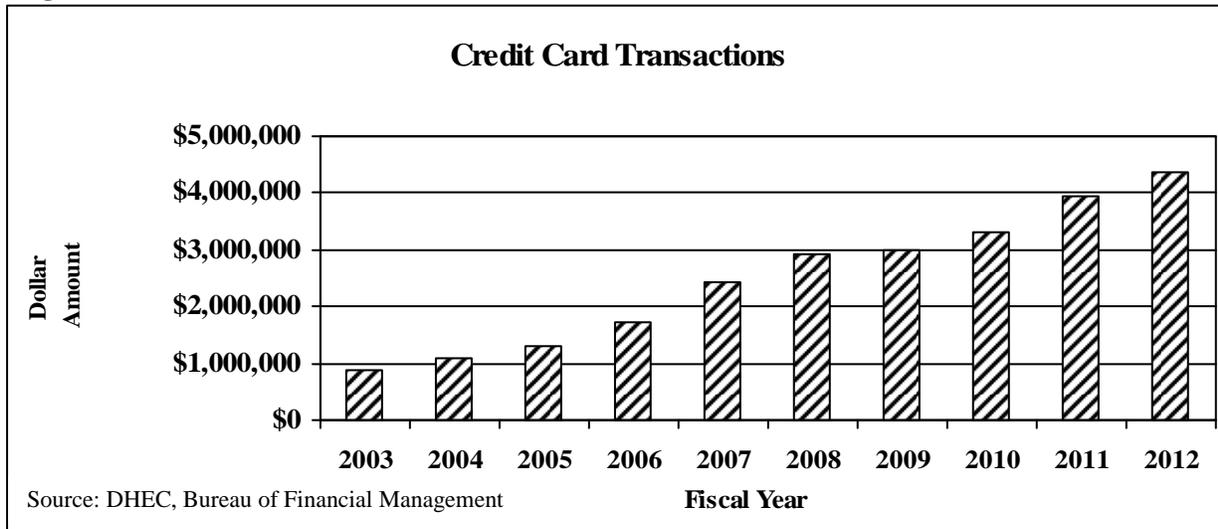
Credit card transactions from outside sources to the agency have increased significantly over the past few years as the system has been modified. In FY12, the Bureau of Financial Management processed $4,365,558 in credit card transactions. This is a $434,845 increase (10%) over last fiscal year. Customers have been pleased with this option and the availability of agency funds has been more timely.

Fig. 7.3.3

CBARS Claims Billing

(Approx. Dollar Value per Month / Medicaid Claims Billed Monthly)

5,000 — 2006
20,000 — 2007
15,000 — 2008
15,500 — 2009
13,469 — 2010
13,815 — 2011
15,132 — 2012

Source: DHEC, Bureau of Financial Management
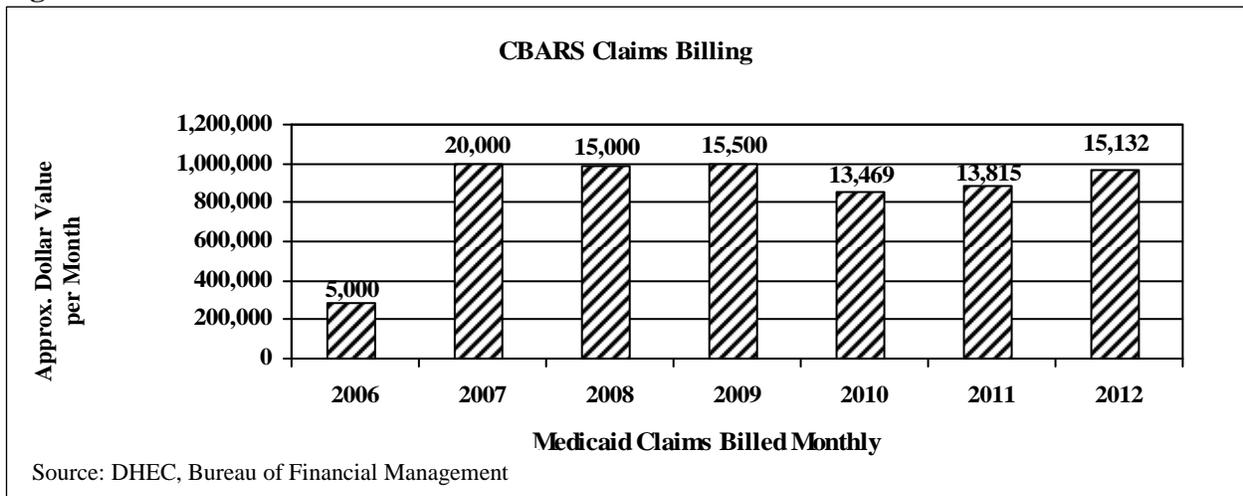
In FY12, using the Consolidated Billing and Accounts Receivable System, (CBARS), DHEC billed Medicaid for approximately 15,132 claims per month in CBARS with a total dollar amount of approximately $962,090 per month. The increased efficiency in processing claims has resulted in more timely access to billing dollars owed.

Fig. 7.3.4

Cost Avoidance Savings Using Purchasing Cards

(Cost Avoidance Savings / Fiscal Year: 2003–2012)

Source: DHEC, Bureau of Business Management

☑ Purchasing Card Savings
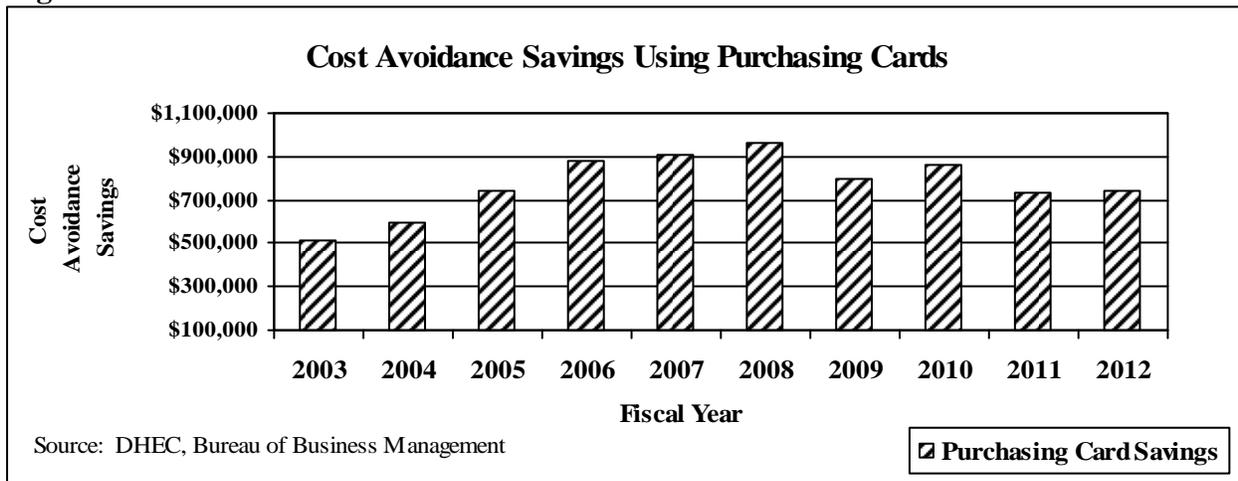
DHEC continues to emphasize the usage of state purchasing cards to acquire goods instead of using purchase orders. During FY12, 12,389 purchases were made with the card totaling $3,028,792. The average cost to process a purchase order is $83, and the average processing time is 54 minutes. The average purchasing card transaction cost is $23 with an average processing time of 14 minutes. By using the purchasing card rather than purchase orders, the agency has realized a cost avoidance savings of $743,340 this fiscal year. The agency also received a rebate in the amount of $14,130 as part of the contract terms.

Fig. 7.3.5

Volume Purchase Prices vs. Corresponding Contract Prices
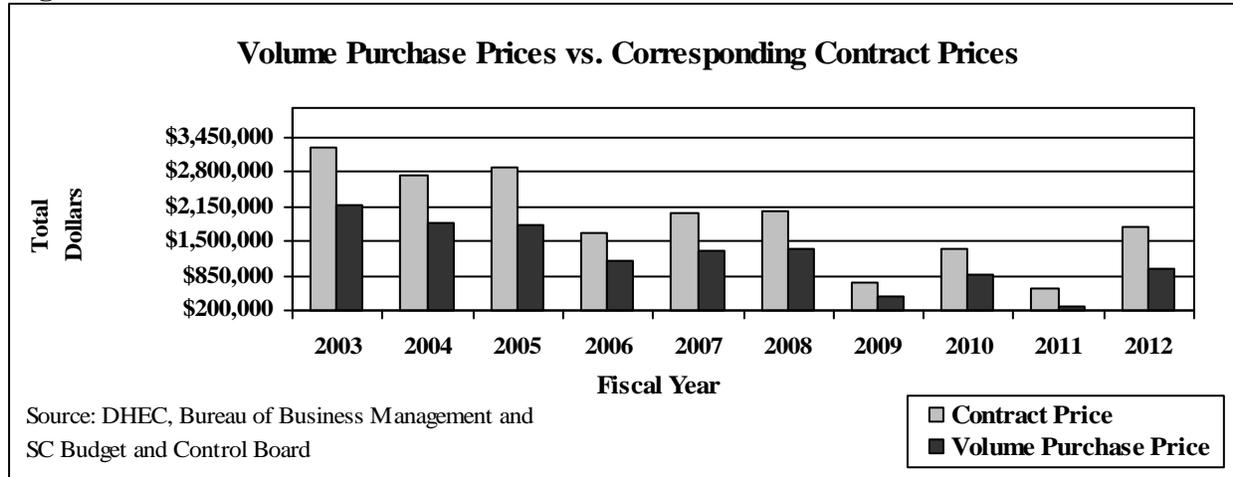
DHEC has developed procedures to group - purchase personal computers and other information technology products to take advantage of competitive volume discounts from vendors. This process creates financial savings for the agency, reduces administrative activities, and utilizes procurement planning across program lines. For FY12, the agency's grouped purchases of 1,402 computers produced a cost avoidance of $768,239, which is 43.5 percent lower than using the state contract price. This process allows programs to maximize their purchasing dollars and redirect the difference toward the purchase of other needed items. By making the effort to group purchases, DHEC has saved approximately 35 percent each year than what would have been paid if the agency had used the state contract without this added competition. The cumulative savings that this program has generated since its inception in 2000 is over $6.9 million.

Fig. 7.3.6

Implementation of Internal Audit Recommendations			
Fiscal Year	**Number of Recommendations**	**Recommendations Implemented**	**Recommendations Outstanding**
2006	44	44	0
2007	69	69	0
2008	82	81	1
2009	17	17	0
2010	58	56	2
2011	15	15	0
2012	13	0	13
Totals	**298**	**282**	**16**

Over the past seven fiscal years, DHEC Internal Audits has made 298 recommendations to improve agency operations, internal controls and procedures. Of those 298 recommendations, 282 have been implemented with sixteen outstanding, which will be implemented in this fiscal year. This shows a commitment by DHEC managers to make positive changes in the agency. Internal Audits continues to follow-up on the open recommendations and reports the status to the Agency's Administrative/Audit Committee. [Source: DHEC, Office of Internal Audits]

III.7.4 Work Force Results
Fig. 7.4.1

DHEC Employee Turnover

Fiscal Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
⊠ DHEC	12.42	12.49	12.72	9.99	10.23	10.96	15.64	11.61	11.50	11.87	11.65	7.51	9.98
▨ STATE	14.33	14.26	13.17	12.57	11.75	12.70	15.93	13.99	14.06	12.32	10.78	12.16	13.53

Source: S.C. Budget and Control Board
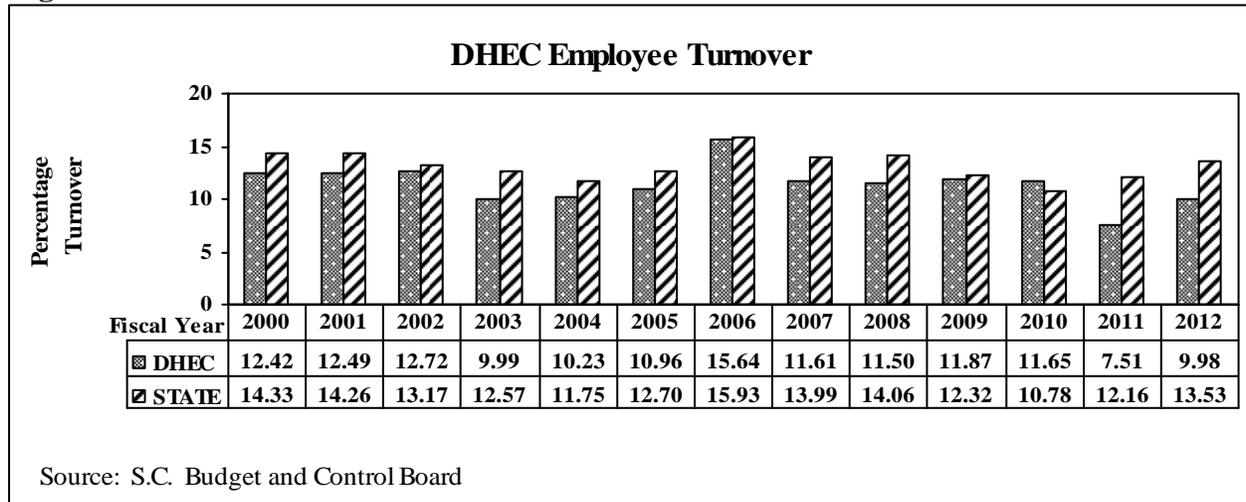
DHEC's turnover rate for FY12 increased to 9.98%. This is still significantly below the statewide turnover rate of 13.53% and lower than any agency turnover rate the past ten years except for last year. This shows that despite budget shortfalls, DHEC employees are committed to the agency and the work they do.

Fig. 7.4.2

Average Number of Filled FTE Positions by Fiscal Year

Source: S.C. Budget and Control Board ■ Filled FTE Positions
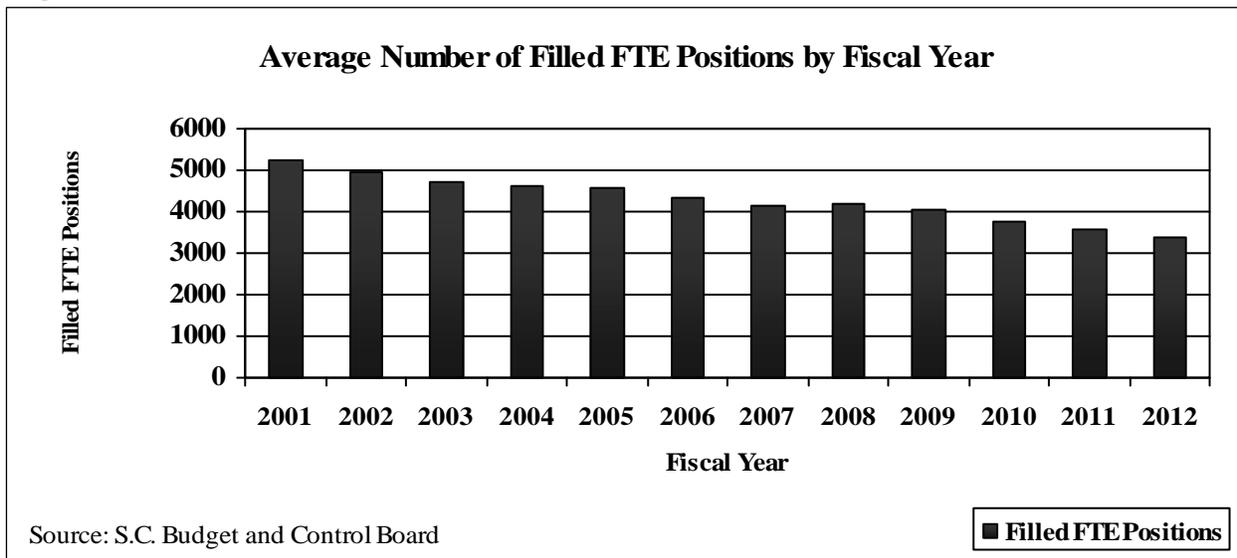
The average number of filled FTE positions in the agency has continued a steady decline. Because of budget cuts, DHEC lost 192 filled FTE positions last year. Last year, the agency had an average of 3,388 filled FTE positions, 1,877 fewer filled positions compared to the 2000 staffing levels. It is also 496 positions fewer than staffing levels in 1985. Increased environmental pressures, demands for health and environmental services, along with staff shortages for emergency response challenge the agency's ability to accomplish its mission to promote and protect the health of the public and the environment.

Agency Organization Chart

```
                                    Governor
                                       |
                                  DHEC Board
                                       |
Communications                      Director                    Assistant to the Director
   Director                                                      for Executive Affairs
```

| Division of Media Relations | Division of Communication Resources | Legislative & Constituent Services | | General Counsel | Executive Assistant to the Director |

| Special Deputy Public Health | Special Deputy Environmental Affairs | Counsel to the Director | Freedom of Information Center | Office of General Counsel | Office of Internal Audits |

Office of Public Health Preparedness

Deputy Director Administration	Deputy Director Environmental Quality Control	Deputy Director Health Regulation	Deputy Director Health Services	Deputy Director Ocean & Coastal Resource Management
Bureau of Business Management	Bureau of Air Quality	Bureau of Certification	Bureau of Disease Control	Policy & Planning Division
Bureau of Financial Management	Bureau of Environmental Health	Bureau of Health Facilities & Services Development	Bureau of Community Health & Chronic Disease Prevention	Program Administration & Communication Division
Office of Personnel Services	Bureau of Environmental Services, Laboratory and Regions	Bureau of Health Facilities Regulations	Bureau of Laboratories	Regulatory Division
Office of Planning	Bureau of Land and Waste Management	Bureau of Radiological Health	Bureau of Maternal & Child Health	
Office of Public Health Statistics & Information Services	Bureau of Water	Bureau of Drug Control	Clinical Services	
	EQC Administration		Health Services Operations	
			Local Public Health Regions	
			Office of Minority Health	
			Public Health Professional Offices	

D H E C

PROMOTE PROTECT PROSPER   CR-010075 9/10/2012

A-1

Major Program Areas				
Program Number and Title	Major Program Area Purpose (Brief)	FY 10-11 Budget Expenditures	FY 11-12 Budget Expenditures	Key Cross References for Financial Results*
I. Administration	Provides executive leadership, support, policy development, financial services, facilities management and personnel services. This activity represents the "overhead."	State: 4,932,747.18 Federal: 162,140.35 Other: 13,629,790.44 Total: 18,724,677.97 % of Total Budget: 4%	State: 5,333,012.52 Federal: 208,463.86 Other: 13,141,480.69 Total: 18,682,957.07 % of Total Budget: 4%	7.2.1 7.3.2 7.4.1 7.2.2 7.3.3 7.4.2 7.2.3 7.3.4 7.2.4 7.3.5 7.3.1 7.3.6
II. A. 1 Underground Storage Tanks	Ensures a comprehensive approach to management of underground storage tanks through permitting, outreach, compliance and enforcement, assessment and remediation.	State: Federal: 2,011,167.34 Other: 725,143.17 Total: 2,736,310.51 % of Total Budget: 1%	State: Federal: 1,791,068.92 Other: 820,447.02 Total: 2,611,515.94 % of Total Budget: 1%	7.1.3
II.A.2 Water Quality Improvement	Ensures a comprehensive approach to public drinking water, water quality protection, and recreational waters through permitting, inspections, public education and complaint response.	State: 7,025,629.02 Federal: 7,976,189.23 Other: 9,385,085.15 Restricted: 69,278.31 Total: 24,456,181.71 % of Total Budget: 5%	State: 6,968,391.07 Federal: 9,023,675.88 Other: 9,671,484.97 Restricted: 116,803.04 Total: 25,780,354.96 % of Total Budget: 5%	7.1.6 7.1.7
II. B. 1 Coastal Resource Improvement	Protects, conserves and encourages the beneficial use of the beaches and the coastal zone through planning, partnerships and enforcement of laws and regulations.	State: 744,364.21 Federal: 1,753,010.26 Other: 499,973.58 Restricted: 6,368.96 Total: 3,003,717.01 % of Total Budget: 1%	State: 840,802.64 Federal: 1,744,936.93 Other: 314,179.52 Restricted: 5,974.82 Total: 2,905,893.91 % of Total Budget: 1%	
II.B.1.a National Estuary Research Reserve	Protect specific biogeographical regions under a National Program. SC has two such regions ACE (Ashepoo Combahee Edisto) Basin and North Inlet Winyah Bay	State: Federal: Other: Total: 0.00 % of Total Budget: 0%	State: Federal: Other: Total: 0.00 % of Total Budget: 0%	

* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

Major Program Areas				
Program Number and Title	Major Program Area Purpose (Brief)	FY 10-11 Budget Expenditures	FY 11-12 Budget Expenditures	Key Cross References for Financial Results*
II.C Air Quality Improvement	Ensures that all citizens live in areas where all air standards (National Ambient Air Quality Standards) are met and reduces the potential of adverse health effects.	State: 840,960.36 Federal: 2,678,975.36 Other: 7,968,804.06 Restricted: 184,385.72 Total: 11,673,125.50 % of Total Budget: 2%	State: 1,263,419.86 Federal: 2,449,624.41 Other: 7,438,322.39 Restricted: 279,290.62 Total: 11,430,657.28 % of Total Budget: 2%	7.1.1
II.D.1 Land Quality Improvement	Maintains registration records, permits, conducts compliance monitoring activities for solid wastes, infectious waste and hazardous waste sites.	State: 2,127,797.79 Federal: 9,359,623.45 Other: 1,443,896.36 Restricted: 4,624,938.26 Total: 17,556,255.86 % of Total Budget: 4%	State: 2,155,016.92 Federal: 7,760,682.61 Other: 1,593,089.88 Restricted: 5,501,211.35 Total: 17,010,000.76 % of Total Budget: 4%	7.1.2 7.1.4 7.1.5
II.D.1.a Savannah River Plant	Conducts monitoring activities in the counties surrounding the Department of Energy's Savannah River Site to ensure that the environment has not been adversely impacted.	State: Federal: Other: Total: 0.00 % of Total Budget: 0%	State: Federal: Other: Total: 0.00 % of Total Budget: 0%	
II.E.1 Family Health Infectious Disease Prevention	Ensures that food and beverages served in food service facilities are safe. Tracks and monitors the distribution and causes of disease. Immunizations.	State: 10,797,809.56 Federal: 36,350,681.87 Other: 9,094,735.39 Total: 56,243,226.82 % of Total Budget: 12%	State: 19,201,579.04 Federal: 36,481,436.43 Other: 9,549,902.15 Total: 65,232,917.62 % of Total Budget: 14%	7.1.8 7.1.20 7.1.9 7.1.21 7.1.17 7.1.18 7.1.19
II.E.1.a Palmetto AIDS Life Support	Provides case management, housing assistance, peer counseling, risk reduction education and training, and other support services and referral for persons living with HIV.	State: 26,822.00 Federal: Other: Total: 26,822.00 % of Total Budget: 0%	State: 25,213.00 Federal: Other: Total: 25,213.00 % of Total Budget: 0%	

* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

	Major Program Areas			
Program Number and Title	Major Program Area Purpose (Brief)	FY 10-11 Budget Expenditures	FY 11-12 Budget Expenditures	Key Cross References for Financial Results*
II.E.2 Maternal/Infant Health	Improves the health of all children and families in the state with an emphasis on eliminating health disparities.	State: 2,071,853.57 Federal: 100,376,469.85 Other: 28,906,081.34 Total: 131,354,404.76 % of Total Budget: 28%	State: 2,006,454.34 Federal: 104,067,533.88 Other: 30,305,268.59 Total: 136,379,256.81 % of Total Budget: 29%	7.1.14 7.1.15 7.1.16
II.E.2.b. Maternal & Infant Health - Newborn Screening	Provides mandated universal newborn hearing screening, prior to hospital discharge, to be conduced in hospitals with at least 100 births annually.	State: 382,963.80 Federal: Other: Restricted: Total: 382,963.80 % of Total Budget: 0%	State: 414,801.10 Federal: Other: 0.00 Restricted: Total: 414,801.10 % of Total Budget: 0%	
II.E.3 Chronic Disease Prevention	Promotes lifelong healthy eating and physical activity choices through comprehensive education and securing policy and environment changes that support sustainable changes.	State: 826,762.80 Federal: 9,496,855.42 Other: 1,007,174.18 Total: 11,330,792.40 % of Total Budget: 2%	State: 1,031,491.57 Federal: 10,955,621.82 Other: 422,694.21 Total: 12,409,807.60 % of Total Budget: 3%	7.1.10 7.1.22 7.1.11 7.1.23 7.1.12 7.1.13
II.E.3.a Youth Smoking	The development of and participation in a youth movement against tobacco, modeled on successful programs in other states is a primary activity of the Division of Tobacco Prevention and Control.	State: Federal: 271,121.77 Other: 692,639.27 Restricted: Total: 963,761.04 % of Total Budget: 0%	State: 0.00 Federal: Other: 190,264.91 Restricte 3,676,460.43 Total: 3,866,725.34 % of Total Budget: 1%	7.1.11
II.E.4. Assuring Public Health Services	Provides the basic infrastructure funding for the operation of local county health departments. These resources support all public health programs.	State: 23,913,930.39 Federal: 27,316,649.42 Other: 15,954,776.88 Total: 67,185,356.69 % of Total Budget: 14%	State: 22,263,096.28 Federal: 26,898,196.19 Other: 14,033,015.94 Total: 63,194,308.41 % of Total Budget: 13%	7.1.8 7.1.13 7.1.19 7.1.9 7.1.14 7.1.20 7.1.10 7.1.15 7.1.21 7.1.11 7.1.16 7.1.22 7.1.12 7.1.17 7.1.23 7.1.18 7.1.24

* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

Major Program Areas				
Program Number and Title	Major Program Area Purpose (Brief)	FY 10-11 Budget Expenditures	FY 11-12 Budget Expenditures	Key Cross References for Financial Results*
II.E.4.a Family Health Centers	Provides funding to health centers and projects throughout the state.	State: Federal: Other: Total: 0.00 % of Total Budget: 0%	State: 0.00 Federal: Other: Total: 0.00 % of Total Budget: 0%	
II. E. 4.b Biotechnology Center	These funds were awarded to the agency by the General Assembly for the SC Biotechnology Incubator operating funds.	State: Federal: Other: Total: 0.00 % of Total Budget: 0%	State: 0.00 Federal: Other: Total: 0.00 % of Total Budget: 0%	
II.E.5 Drug Control	Regulates and enforces the laws that govern pharmacies and the dispensing of controlled substances.	State: Federal: 0.00 Other: 1,777,058.13 Total: 1,777,058.13 % of Total Budget: 0%	State: 0.00 Federal: 0.00 Other: 1,892,802.45 Total: 1,892,802.45 % of Total Budget: 0%	
II.E.6 Rape Violence Prevention	Provides technical support to DHEC state and local staff and contracts with the 16 rape crisis centers throughout the state in service delivery and prevention activities.	State: 647,171.25 Federal: 795,982.86 Other: Total: 1,443,154.11 % of Total Budget: 0%	State: 630,592.29 Federal: 698,915.27 Other: Total: 1,329,507.56 % of Total Budget: 0%	
II.E.7 Independent Living	This program: provides many in-home services such as skilled nurses; provides services to special needs clients to live more independent lives; and provides screening, testing, education counseling & managed care.	State: 6,247,137.41 Federal: 3,657,355.56 Other: 18,980,530.66 Restricted: Total: 28,885,023.63 % of Total Budget: 6%	State: 5,165,833.17 Federal: 3,323,575.34 Other: 19,367,976.80 Restricted: Total: 27,857,385.31 % of Total Budget: 6%	

* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

		Major Program Areas		
Program Number and Title	Major Program Area Purpose (Brief)	FY10-11 Budget Expenditures	FY11-12 Budget Expenditures	Key Cross References for Financial Results*
II.E.7.a Camp Burnt Gin	Provides the only opportunity for children with complex medical needs to experience a summer camp environment.	State: Federal: Other: Total: 0.00 % of Total Budget: 0%	State: 0.00 Federal: Other: 0.00 Total: 0.00 % of Total Budget: 0%	
II.F.1 Health Care Standards-Radiological Health	Registers, licenses and inspects sources of radiation, including radioactive materials, x-ray machines, CT scanners, mammography units and baggages/security units.	State: 374,352.96 Federal: 55,151.20 Other: 676,383.47 Total: 1,105,887.63 % of Total Budget: 0%	State: 379,483.19 Federal: 56,126.11 Other: 750,472.37 Total: 1,186,081.67 % of Total Budget: 0%	
II. F.2 Health Care Standards-Health Facilities & Services Development	Promotes cost containment, prevents unnecessary duplication of health care facilities and services, guides the establishment of health facilities and services that best serve the public need.	State: 450,675.91 Federal: 56,214.41 Other: 447,166.23 Total: 954,056.55 % of Total Budget: 0%	State: 695,339.85 Federal: 138,604.47 Other: 163,580.12 Total: 997,524.44 % of Total Budget: 0%	
II. F. 3 Health Care Standards-Health Facilities Licensing	Ensures individuals receiving services are from health care activities licensed by DHEC. Ensures that clients are provided appropriate care and services in a manner and environment that promotes their health, safety and well-being.	State: 694,421.47 Federal: Other: 1,206,859.69 Total: 1,901,281.16 % of Total Budget: 0%	State: 853,411.39 Federal: Other: 997,554.24 Total: 1,850,965.63 % of Total Budget: 0%	
II. F. 4 Health Care Standards-Certification	Ensures all residents, patients and clients of health care providers who receive Medicare or Medicaid payments are afforded the quality of care, which will attain the highest practicable level of well-being.	State: Federal: 3,321,090.65 Other: 21,909.00 Total: 3,342,999.65 % of Total Budget: 1%	State: 0.00 Federal: 3,979,924.43 Other: 0.00 Total: 3,979,924.43 % of Total Budget: 1%	

* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

Major Program Areas				
Program Number and Title	Major Program Area Purpose (Brief)	FY 10-11 Budget Expenditures	FY 11-12 Budget Expenditures	Key Cross References for Financial Results*
II. F. 5 Health Care Standards- Emergency Medical Services	Develops and coordinates the system of emergency care for victims of sudden or serious illness or injury, including licensing and inspection of ambulance services and certification of medical technicians.	State: 1,144,380.69 Federal: 331,895.90 Other: 103,076.38 Total: 1,579,352.97 % of Total Budget: 0%	State: 1,101,221.00 Federal: 160,538.34 Other: 295,899.88 Total: 1,557,659.22 % of Total Budget: 0%	7.1.25
II. F. 5.a Trauma Center Fund	Develops and coordinates the system of emergency care for victims of sudden or serious illness or injury, including licensing and inspection of ambulance services and certification of medical technicians.	State: 2,237,541.06 Federal: Other: 3,558.95 Total: 2,241,100.01 % of Total Budget: 0%	State: 2,226,555.28 Federal: Other: 462,095.60 Total: 2,688,650.88 % of Total Budget: 1%	7.1.25
II.G.1 Health Surveillance Support Services- Health Laboratory	Assures that integrated, accurate and cost-effective laboratory testing is available to support public health.	State: 1,027,069.33 Federal: 1,795,509.25 Other: 7,157,793.86 Total: 9,980,372.44 % of Total Budget: 2%	State: 1,019,597.10 Federal: 2,371,166.96 Other: 7,568,322.70 Total: 10,959,086.76 % of Total Budget: 2%	
II. G. 2 Health Surveillance Support Services - Vital Records	Provides for the registration, correction and certification of all vital events (births, deaths, marriages and divorces).	State: 110,096.91 Federal: 2,739,960.62 Other: 3,171,635.26 Total: 6,021,692.79 % of Total Budget: 1%	State: 91,622.27 Federal: 2,382,151.86 Other: 3,605,200.11 Total: 6,078,974.24 % of Total Budget: 1%	7.1.24
VIII. Employee Benefits - State Employer Contributions	Employer portion of state retirement, social security, health insurance, dental insurance, workers compensation and unemployment insurance.	State: 14,712,824.76 Federal: 19,850,853.15 Other: 15,063,975.89 Restricted: 804,423.07 Total: 50,432,076.87 % of Total Budget: 11%	State: 14,890,197.82 Federal: 20,269,692.46 Other: 13,703,650.18 Restricted: 808,542.28 Total: 49,672,082.74 % of Total Budget: 11%	
Below: List any programs not included above and show the remainder of expenditures by source of funds.				
SC Birth Defects, Greenwood Sewer Extention, Beach Renourishment, Youth Tobacco Program and Cessation, OCRM Water Hazard Removal, Donate Life, Beach Renourishment, Beach Outfall Pipe Removal				
	Remainder of Expenditures:	State: 379,737.14 Federal: 0.00 Other: 173,030.86 Total: 552,768.00 % of Total Budget: 0%	State: 1,977,946.53 Federal: Other: 0.00 Total: 1,977,946.53 % of Total Budget: 0%	

* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

	Strategic Planning *		
Program Number and Title	**Supported Agency Strategic Planning Goal/Objective**	**Related FY 11-12 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)**	**Key Cross References for Performance Measures***
I. Administration	Improve organizational capacity and quality.	1) Provide continuous development of a competent and diverse workforce. 2) Provide reliable valid and timely information for internal and external decision-making. 3) Ensure customer focus and cultural competence in the agency. 4) Improve the linkage between funding and agency strategic direction. 5) Improve operational efficiencies through the use of improved technology and facilities.	7.2.1 7.3.3 7.2.2 7.3.4 7.2.3 7.3.5 7.2.4 7.3.6 7.3.1 7.4.1 7.3.2 7.4.2
II. A. 1. Underground Storage Tanks	Protect, enhance and sustain environmental and coastal resources.	1) Restore impaired natural resources and sustain them for beneficial use. 2) By 2010, achieve cleanup standards of 67% of documented petroleum UST releases. 3) Reduce the percentage of confirmed petroleum releases from the active UST population by 25% in 2010 compared to the percentage of releases documented in 2005.	7.1.3
II. A. 2. Water Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increase support to and involvement by communities in developing healthy and environmentally sound communities.	1) Assist communities in planning for and responsibly managing growth. 2) Protect the public against food, water and vector borne disease. 3) Protect the environment to improve public health and safety. 4) Protect public drinking water. 5) Reduce non-compliance of regulated activities and facilities to meet applicable protective standards. 6) Restore impaired natural resources ands sustain them for beneficial use. 7) Reduce direct and indirect loadings of pollutants to surface and groundwater.	7.1.6 7.1.7
II.B.1 Coastal Resource Improvement	Protect, enhance and sustain environmental and coastal resources.	1) Number of acres of coastal habitat lost or gained due to permit activities; number of acres of coastal habitats restored or protected. 2) Number of projects that provide, protect or enhance public access; number of acres of coastal zone open for public access. 3) Number of projects that provided local governments assistance with land use planning and natural resource protection; number of coastal communities supported in the development of ordinances or policies to control polluted runoff into coastal waters. 4) Number of coastal communities with programs to reduce damage from hazards or raise public awareness of hazards. 5) Number of participants in outreach efforts; number of participants who indicate usage of information provided. 6) Number of acres of coastal habitat that are inventoried and mapped.	

	Strategic Planning *		

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 11-12 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)	Key Cross References for Performance Measures*
II. C. Air Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increase support to and involvement by communities in developing healthy and environmentally sound communities.	1) Protect the environment to improve public health and safety. 2) Increase public understanding of air pollutants, such as ground-level ozone and particulate matter through increased education and outreach activities to segments of the public. 3) Increase percentage of state and associated populations living in areas meeting state and federal ambient air quality standards. 4) Reduce air toxins. 5) Assure strategic plans are in place to address adverse air quality impacts on natural resources.	7.1.1
II.D.1 Land Quality Improvement	Protect, enhance and sustain environmental and coastal resources. Increase support to and involvement by communities in developing healthy and environmentally sound communities.	1) Protect the environment to improve public health and safety. 2) Restore impaired natural resources and sustain them for beneficial use. 3) Track and report number of non-responsible party contracts (Brownfields) executed. 4) Reduce the number of landfills through regionalization. 5) Track and report the number of Record Decisions (RODs) issued for dry-cleaning facilities 6) Minimize the impact to public health and the environment from environmental emergencies, disasters and spills. 7) Maintain effective and efficient disaster preparedness and response capability. 8) Provide technical information for state, federal and local emergency responses.	7.1.2 7.1.4 7.1.5
II.E.1 Family Health Infectious Disease Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Protect the public against food, water and vector-borne diseases. 2) Ensure that food service facilities are routinely inspected, that septic tank systems are permitted, and that vector and rabies related incidents are handled thoroughly and completely. 3) Eliminate disparities in the incidence and impact of communicable diseases. 4) Reduce the number of TB cases, STDs, HIV, and increase the number of persons in the state living longer with AIDS as a result of proper treatment (indicating that appropriate treatment is reaching those who need it). 5) Reduce the occurrence of vaccine preventable diseases. 6) Maintain or increase the proportion of the target populations that are fully immunized.	7.1.8 7.1.9 7.1.17 7.1.18 7.1.19 7.1.20 7.1.21
II.E.1.a Palmetto Aids Life Support	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy	Monitor services provided, number of unduplicated consumer contacts, new program consumers and other measurement information through the Annual CARE Act Data Reports.	Pass Through Funds

Strategic Planning *			
Program Number and Title	**Supported Agency Strategic Planning Goal/Objective**	**Related FY 11-12 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)**	**Key Cross References for Performance Measures***
	life for all. Eliminate health disparities.		
II.E.2 Maternal and Infant Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Promote healthy behaviors. 2) Improve maternal and child health. 3) Improve access to comprehensive, high-quality care. 4) Increase the percentage of very low birth weight infants delivered in Level III hospitals. 5) Reduce the number of infants that die before their first birthday. 6) Reduce the birth rate in teenagers, age 15-17. 7) Increase the number of 3rd graders who have protective sealants on their teeth. 8) Increase the number of post partum new born home visits within 3 days of hospital discharge. 9) Increase the number of women who receive prenatal care.	7.1.14 7.1.15 7.1.16
II. E. 2. a Maternal and Infant Health-Newborn Screening	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Improve maternal and child health. 2) Screen all newborns prior to hospital discharge for hearing problems.	
II. E. 3 Chronic Disease Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Reduce disparities in illness disability and premature deaths from chronic diseases. 2) Increase, over time exercise among adolescents and adults in the state. 3) Improve nutritional intake among the same populations. 4) Increase number of women receiving mammograms and pap smears. 5) Incorporate healthy nutrition, physical activity and cancer prevention activities into community services and initiatives in all health regions.	7.1.10 7.1.11 7.1.12 7.1.13 7.1.22 7.1.23
II.E.3.a Youth Smoking Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Promote healthy behaviors. 2) Decrease the proportion of youth and adults who smoke.	7.1.11
II. E. 4 Assuring Public Health Services	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Forty-six county health departments provide public health and environmental health services to the public. In keeping with the agency's value of "local solutions to local problems," each county may focus on different health activities depending upon the needs of the community.	7.1.8 7.1.13 7.1.18 7.1.23 7.1.9 7.1.14 7.1.19 7.1.24 7.1.10 7.1.15 7.1.20 7.1.11 7.1.16 7.1.21 7.1.12 7.1.17 7.1.22

	Strategic Planning *		
Program Number and Title	**Supported Agency Strategic Planning Goal/Objective**	**Related FY 11-12 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)**	**Key Cross References for Performance Measures***
II.E.4 Injury and Violence Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	1) Decrease the number of fatalities/injuries of children under 6 years old by increasing the number of children appropriately restrained. 2) Decrease the number of fatalities/injuries due to residential fires by increasing the number of smoke alarms installed in low socioeconomic homes. 3) Create a uniform surveillance system for risk factors and circumstances related to violent deaths. 4) Decrease the incidence of preventable child deaths by surveying data and making recommendations to governor/legislature. 5) Translate Traumatic Brain Injury (TBI) surveillance data into targeted prevention activities. 6) Provide information to TBI survivors regarding available post injury TBI services. 7) Translate injury surveillance data into useful and effective preventive programs.	
II.E.4 Minority Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all. Eliminate health disparities.	Eliminate priority health disparities through: community engagement and capacity building; faith and community-based initiatives; improving access to services; culturally appropriate health promotion efforts in minority communities; program planning and implementation; and an increased capacity of the agency to provide culturally and linguistically appropriate services.	7.1.10 7.1.17 7.1.11 7.1.18 7.1.12 7.1.19 7.1.13 7.1.20 7.1.14 7.1.21 7.1.15 7.1.22 7.1.16 7.1.23
II.E.4 Protection from Public Health Emergencies	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	Outcome measures address 16 critical capacities and 46 critical benchmarks in the federal cooperative agreements.	
II.E.5 Drug Control	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	Enforce regulations dealing with the distribution of controlled substances in the health care field.	
II.E.6 Rape Violence Prevention	Increase support to and involvement by communities in developing healthy and environmentally sound communities.	Increase the number of new direct services to sexual assault victims by the 16 centers.	
II.E.7 Independent Living	Increase support to and involvement by communities in developing healthy and environmentally sound communities.	Monitor Home Health Programs based on: 1) 250 outcome measures in the nationally normed home health dataset; and 2) Reduce morbidity and morality among	

	Strategic Planning *		
Program Number and Title	**Supported Agency Strategic Planning Goal/Objective**	**Related FY 11-12 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)**	**Key Cross References for Performance Measures***
	Improve the quality and years of healthy life for all Eliminate health disparities.	those with sickle cell disorders as well as decrease cost associated with hospital and emergency room visits and morbidity attributed to adults with sickle cell disease.	
II.F.1 Health Care Standards-Radiological Health	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Ensure radiation exposures to workers, patients, clients and the general public are kept at or below levels that would subject them to unacceptable levels of risk (within regulatory limits). 2) Complete compliance surveys within specified time frames. 3) Ensure facilities in violation of regulations have appropriate corrective action plans to prevent recurrence.	
II.F.2 Health Care Standards-Health Facilities and Services Development	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Produce the South Carolina Health Plan. 2) Review Certificate of Need and non-applicability requests within specified time frames and approve application only if consistent with the State Health Plan. 3) Review and allocate Medicaid patient days in a timely manner.	
II. F.3 Health Care Standards-Health Facility Licensing	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Conduct compliance inspections of licensed facilities within specified time frames. 2) Conduct investigations in a timely manner after receiving complaints. 3) Complete perinatal surveys with specified time frames. 4) Ensure non-compliant facilities have appropriate corrective action plans to prevent recurrence.	
II.F.4 Health Care Standards - Certification	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Complete compliance and complaint surveys within specified time frame. 2) Successfully complete audit by Centers for Medicaid and Medicare Services. 3) Ensure non-compliant facilities have appropriate corrective action plans to prevent recurrence. 4) Take action as necessary to protect the immediate safety and well-being of residents and patients.	
II.F. 5 Health Care Standards – Emergency Medical Services	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Complete compliance surveys of ambulance services and ambulances within specified time frames. 2) Complete complaint investigations in a timely manner. 3) Process grant-in-aid applications and contracts in a timely manner. 4) Consult with hospitals regarding trauma center designations and requirements. 5) Monitor expenditures to ensure funds are expended appropriately and in accordance with the intent of the statute.	7.1.25

	Strategic Planning *		
Program Number and Title	**Supported Agency Strategic Planning Goal/Objective**	**Related FY 11-12 and beyond Key Agency Action Plan/ Plan/Initiative(s) and Timeline for Accomplishing the Plan (s)**	**Key Cross References for Performance Measures***
II. F.5.a Trauma Center Fund	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	1) Consult with hospitals regarding trauma center designations and requirements. 2) Monitor expenditures to ensure funds are expended appropriately and in accordance with the intent of the statute.	7.1.25
II.G. 1 Health Surveillance Support Services – Health Laboratory	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	Monitor test turnaround times, test orders, workflows, test costs and productivity.	
II.G.2 Health Surveillance Support Services – Vital Records	Increase support to and involvement by communities in developing healthy and environmentally sound communities. Improve the quality and years of healthy life for all.	Collect data on which to scientifically base public health decisions.	7.1.24
VIII. Employee Benefits –State Employer Contributions	Improve organizational capacity and quality.	State employer contributions for health, dental and unemployment insurance, workers compensation, social security and retirement.	

*DHEC includes all of our program numbers and titles for this chart to reflect the agency budget and plans. While the DHEC deputy areas have robust operational/action plans, there are different reporting mechanisms, standards, outputs or measures that these plans use, which are based on grant or program requirements. The broad state budget categories in this chart make addressing the information requested in column #3 - Related FY 11-12 and Beyond Key Action Plans/ Initiative (s) and Time line for Accomplishing the Plans challenging, given the disparate plans and processes within the agency. Agency operational/action plans are available for review in more detail through the specific deputy area. A draft of the 2010-2015 Strategic Plan is currently under review by the Director and her staff. [See III.2.1]

Partial Listing of DHEC Information Systems & Data Sources Used for Decision Making	
Information System / Data Source	**Details**
South Carolina Enterprise Information System (SCEIS)	Statewide system for financial management, human resources and procurement
South Carolina Vital Record and Statistics Integrated Information System (VRSIIS)	South Carolina population based system for data collection, analysis and dissemination of vital statistics for monitoring population health status
Environmental Facility Information System (EFIS)	Integrates and manages information on regulated facilities, environmental permits and violation and enforcement actions to support regulatory requirements
Client Automated Record and Encounter System (CARES)	Client encounter and medical record tracking system for many aspects of clinical management
Home Health System	Manages operations and information for the Home Health program across the state
Birth Data Exchange Engine (BEE)	Uses birth population to support critical public health surveillance and legal verification for civil services (Birth Defects Surveillance, Newborn Hearing Screening, Medicaid Eligibility, etc.)
ReachSC	A system to support the CDC based network for rapid communication among various health and care providers (Health Alert Network) to respond to any emerging threats to public health
Carolina Health Electronic Surveillance System (CHESS)	A CDC based public health surveillance system for collection, analysis and reporting of infectious and other reportable diseases and threats for rapid response
South Carolina Central Cancer Registry	Statewide cancer surveillance program; investigates cancer clusters
WebEOC	System that provides a common operating picture to respond to incidents and emergencies
Imaging	Tool for converting and storing paper documents and other media into an indexed electronic format for integration in various agency systems and processes
Geographic Information Systems (GIS)	Studies geographic impact of vital events, disease and environmental threats to develop effective approaches to improve health and environmental outcomes
Steton	System for field inspections of health facilities and restaurants
Pre-Hospital Medical Information System (PREMIS), State Medical Asset Resource Tacking Tool (SMARTT) & Credentialing Information System (CIS)	Suite of tools for the Emergency Medical Services program area for pre-hospital medical information, medical asset tracking and credentialing
Freedom of Information (FOI)	System for recording information related to FOI requests.
Personnel Action Information System (PAIS)	Processes personnel actions
Data Exchanges with the Office of Research and Statistics (ORS), State's Budget and Control Board	A mutually agreed interagency program to allow both DHEC and ORS to conduct assessments on access and quality of health care and effectiveness of public health interventions
Pregnancy Risk Assessment Monitoring System & Behavioral Risk Surveillance System	Public Health Surveillance Survey Systems administered by DHEC
S.C. Community Assessment Network (SCAN) & Environmental Public Health Tracking	Web-based interactive data query systems for dissemination of health and environmental information
Laboratory Information Management Systems (LIMS)	Support for ordering and reporting laboratory tests, data analysis and lab resource and management activities for the environmental and health labs
National Violent Death Reporting Systems (NVDRS)	Death, victim and crime scene information collected from multiple state and local sources to assist policymakers and communities in violence prevention
Personal Cost Accounting System (PCAS)	System to track time worked related to different areas of operations for proper accounting
DHEC eLearning Center (eLC)	Manages employee learning and development through administrative and data tracking, allows creation and delivery of on-line training
Services Invoice Payment System (SIPS)	Non-medical automated billing system