Accountability Report Transmittal Form

Agency Name Department of Health and Environmental Control

Date of Submission August 31, 2001

Agency Director C. Earl Hunter

Agency Contact Person Nela Gibbons, Director, Office of Planning

Agency Contact's Telephone Number (803) 898-3319

Contents

Section I — Executive Summary

The Department of Health and Environmental Control (DHEC) is the public health and environmental protection agency. The 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 agency is organized to serve the public under five broad areas: Office of Environmental Quality Control (EQC), Office of Ocean and Coastal Resource Management (OCRM), Office of Health Services (HS), Office of the Chief Operating Officer (COO), and Office of Health Regulations (HR). Results are reported, and organized around the agency's 8 long-term goals as described in DHEC's 2000-2005 Strategic Plan. [See I.1].

I.1 Major Achievements From Past Year: Major achievements that move the agency toward our vision of *healthy people living in healthy communities* are detailed under 5 concurrent themes: (A) continued formation of partnerships to address health and environmental concerns; (B) response to emergencies; (C) response to chronic and emerging health threats that affect quality of life; (D) environmental protection and its link to economic development; and (E) completion and deployment of the 2000-2005 Strategic Plan. Examples follow.

(A) *Continued Formation of Partnerships to Address Health and Environmental Concerns:* Partnerships are encouraged at the state and local levels to enhance customer and citizen participation in program, policy and regulatory development and to maximize service delivery and the use of resources.

Medical Homes for Children: Medical homes, as defined by the American Academy of Pediatrics, combine the efforts of private medical partnership practices, which deliver comprehensive medical care, and the health department, which provides preventive public health education and support. Medical homes are facilitated through over 130 partnerships at the local level, in coordination with the SC Medical Association, the Department of Health and Human Services and the SC Chapter of the American Academy of Pediatrics.

Public Health Oral Health Program Reestablished: To respond to dental caries, the number one chronic disease of children, DHEC entered into an agreement with the Health Resources and Services Administration for a state dental coordinator. The coordinator will facilitate improved preventive oral health care and expanded access to dental services through partnerships with private foundations, dentists, and hospitals.

Brownfields Voluntary Cleanup Program: The agency's first partnership contract recipient was awarded the prestigious Phoenix Award for outstanding Brownfields redevelopment in EPA Region IV. The state also has exceeded nationally established cleanup goals through DHEC's oversight of remedial activities at designated high priority hazardous waste sites.

Champions of the Environment: Champions of the Environment is an environmental education program partnership between DHEC, private business, industry and the media to recognize students' outstanding environmental projects and to encourage personal responsibility for the environment.

Partnerships with Local Governments for Coastal Management: The Charleston Harbor Project, Beaufort Special Area Management Plan (SAMP), and Noisette Creek Project are examples of partnerships in which DHEC provides technical assistance to local governments and others

through a SAMP process to collect and examine data, identify potential development trends, and clarify anticipated conflicts between uses.

Eden Alternative: A coalition was formed in partnership with the Department of Health and Human Services and the long-term care industry to assist facilities in the "Edenizing" process, a concept which promotes reducing loneliness, boredom, and helplessness for residents in nursing homes. Examples of the "Edenizing" process include allowing pets in nursing homes and encouraging intergenerational activities.

State Health Improvement Plan: A plan focused on critical health outcomes with programs and services designed to achieve measurable results was developed to ensure a healthy population. Public and private partners, the Governor and several members of the General Assembly developed the plan to create a state with healthy citizens living in healthy, sustainable communities.

(B) Response to Emergencies: Several major environmental incidents this year exemplify the agency's readiness to manage emergencies.

Tin Products, Cardinal Chemical, the Summit: In the Midlands, a major release at Tin Products and the ensuing takeover of both Tin Products and Cardinal Chemical, show DHEC's preparedness to respond to immediate threats to the environment and public health. A potential, similar threat at the Summit neighborhood required the Department to partner with local residents and other state and federal entities to mitigate an explosive situation.

Uranium, Lake Hartwell, Table Rock: In the Upstate, DHEC is managing a major situation related to the discovery of uranium in well water and the potential threat to human health and quality of life. Fish advisories in Lake Hartwell due to contamination from polychlorinated biphenyls (PCBs) and the closing and eventual reopening of public swimming areas at Table Rock demonstrate the overriding need for resources at the Department to quickly and decisively respond to similar situations in the future.

(C) Response to Chronic and Emerging Health Threats That Affect Quality of Life: Several initiatives demonstrate the agency's efforts to protect and improve the health of the public, prevent the spread of communicable diseases, and expand access to health services.

Drug Resistant Strains of Bacteria: Rates of drug resistant bacteria are rising dramatically in the US and SC, and the overuse of antibiotics is one of the main causes. The SC CAUse (Careful Antibiotic Use) task force, with its statewide focus, monitors physician-specific prescribing practices and educates providers and parents about appropriate antibiotic use.

West Nile Virus: Human, bird, mosquito, and equine surveillance efforts by the agency were expanded to monitor the potential arrival of West Nile Virus. Public education and information have been developed to inform the public and health care providers of the potential arrival of the virus and to convey steps to reduce the risk of mosquito bites. As of August 2001, no cases have been isolated in the state.

Efforts to Improve Health Outcomes: Community-based initiatives have been implemented to reduce disparate health outcomes. Examples include an expanded prostate screening initiative, a syphilis elimination project, and increased community outreach, testing and screening for health problems.

Newborn Hearing Screening: The Universal Newborn Hearing Screening and Intervention Act was enacted requiring all hospitals with annual birth rates of 100 or more (48 hospitals) to screen all newborns' hearing prior to discharge. SC is one of 32 states with universal newborn hearing screening legislation and only one of 14 states with funding appropriated to cover the screenings.

(D) Environmental Protection and its Link to Economic Development: The passage of enhanced air and water quality standards not only provides much needed protection for surface water resources, it extends indefinitely SC's ability to provide for well-managed growth and future economic prosperity. In Fiscal Year 2001, DHEC issued approximately 45,000 permits. The Department of Commerce reported nearly six billion dollars in capital investment associated with growth. Managing and protecting the ability of our state's air and water to become cleaner and yet absorb the pollutants created by society is a technical achievement the agency strives for every day.

Water Quality Standards: SC implemented a public drinking water capacity development strategy to provide citizens with the highest quality drinking water and a regulation to reduce potential contaminants in public drinking water.

Swine Facilities Moratorium: The agency Board placed a moratorium on new and expanded swine facilities to prevent an impending environmental disaster. (The Board passed Emergency Regulations in August 2001.)

(E) Completion and Deployment of the 2000-2005 Strategic Plan: Since Board approval in October 2000, the agency has deployed the Strategic Plan, developed complementary operational plans in all areas of the agency, and begun development of a comprehensive measurement plan to monitor progress on outcomes defined in the Plan. Eight goals set the direction for the next five years: Increase Local Capacity To Promote and Protect Healthy Communities; Improve Health for All and Eliminate Health Disparities; Assure Children and Adolescents Are Healthy; Increase the Quality and Years of Healthy Life for Seniors; Protect, Continually Improve and Restore the Environment; Protect and Enhance Coastal Resources and Ensure Proper Management and Access for the Benefit of Current and Future Generations; Improve Organizational Capacity and Quality; and Assist Communities in Planning for and Responsibly Managing Growth.

I.2 Mission and Values

Mission: We Promote and Protect the Health of the Public and the Environment. We perform this mission in a time of change in health services arenas; amid unprecedented growth that impacts the viability of our environment and the quality of our air; changing demographics resulting in greater ethnic diversity; and an expanding population of retirees.

Values: In serving any of the DHEC customers or stakeholders, agency personnel are committed to operating with the following values or performance guidelines: Teamwork, Cultural Competence, Use of Applied Scientific Knowledge for Decision-making, Local Solutions to Local Problems, Excellence in Government, and Customer Service. These values are defined in the agency's 2000-2005 Strategic Plan.

I.3 Key strategic goals for present and future years: The 2000-2005 Strategic Plan has 8 long-term goals and 36 strategic goals. Due to space considerations, view the Strategic Plan at www.scdhec.net/news. The results for this report are presented using the agency's 8 broad goals.

Results are benchmarked to national standards, when available. Healthy People (HP) 2010 Objectives set 10-year targets for health improvement, based on the latest health-related research and scientific evidence. Environmental Protection Agency (EPA) Core Performance Measures set benchmarks for environmental protection efforts. National Oceanic and Atmospheric Administration (NOAA) establishes national coastal management priorities through a series of five-year strategic plans prepared by each state coastal management program. The Centers for Medicare and Medicaid Services (CMS) provide standards for delivery of nursing facility services.

I.4 Opportunities and barriers that may affect the agency's success in fulfilling its mission and achieving its strategic goals: DHEC's ability to accomplish its 8 long-term goals will be affected by the following:

Coastal Issues: Critical challenges include rapid coastal population growth, declining federal interest in beach renourishment funding, increasing legal challenges and costs, and managing and protecting freshwater wetlands.

Facilities: As aging facilities deteriorate, access to essential public health services may be impacted as costs of needed renovations increase.

Staff Retention/Turnover Issues: Funding is needed to assure availability and sustainability of a competent work force, particularly the high-demand, hard-to-fill positions whose current salary levels lag well behind not only the private sector and other southeastern states, but also other state agencies. Impacted positions such as nurses and engineers are essential to carry out core public health functions.

Infectious Diseases: Emerging and chronic infectious diseases, including diabetes, HIV/AIDS, Hepatitis C and syphilis challenge current resources and planning efforts. Preventing the spread of communicable diseases is a core public health priority. Potential savings in preventable health care costs and individual disease burden can be achieved through timely and effective responses to emerging communicable diseases.

Water Quality: Total Maximum Daily Loads (TMDLs): Raising state impaired waters to federal standards allows for the best possible use by the biological community and is a tool to manage growth. Impaired waters, a growing problem in the state, are limited in their ability to be used for survival, recreation and as a source of absorption for industrial or domestic discharges. Without additional funding to develop pollution reduction strategies (TMDLs), recovery of the state's water bodies will be long and difficult and will affect both the state's environment and economy.

Water Quality: Reduce Pollutant Loading: Water bodies become impaired from pollution. The primary cause is "NonPoint Source Pollution," pollution entering a water body that does not come from a permitted discharge, or "point source." To ensure that our surface water bodies continue as economic assets, increased field staff capacity is necessary to discover and prevent large contributors of non-point source pollution.

Information Systems: Data systems are critical to the agency's public health surveillance capacity. Maintenance and development of new systems are essential to support programmatic and operational activities, to provide better customer service and to reduce labor-intensive efforts. Unfunded federal mandates, e.g. the Health Insurance Portability and Accountability Act (HIPAA), add additional fiscal and staff burdens.

State Dollars for Match: DHEC cannot maintain sufficient funds to match federal dollars. The ability to maintain sufficient match to draw down the maximum federal support for environmental and coastal programs is being eroded. In addition, the state must assume increasing matching support for the award-winning Cancer Registry. [See III.4.3]

Uncontrolled Sites Contingency Fund (Safety-Kleen): Funding is needed to provide assessment and cleanup of contaminated sites caused by hazardous pollutants, since funds generated from fees assessed for the disposal of waste at the Safety-Kleen Pinewood landfill are no longer available.

Natural Disasters: Preparation for hurricanes and other natural disasters requires staff resources, time and equipment in order to maintain a high level of readiness to protect and respond to citizens' needs.

Environmental Health: Maintenance of the current level of restaurant inspections remains a challenge with the rapid and continued growth of food establishments at over 200 per year. The food service inspection rate continues to be below Federal Department of Agriculture (FDA) standards. [See III.7.2] Requests for new septic tank permits continue to grow and tax existing resources. Reduction of septic tank waiting time is not possible at current staff levels.

Budget Reductions: Reductions to the department's base budget make it difficult to maintain core performance efforts, diminish field presence, reduce response time, and decrease the agency's ability to help communities and citizens.

Section II — Business Overview

II.1 Number of employees: DHEC currently has 5,793 FTE positions. Of these, 5,162 are filled and 631 are vacant. The number of hourly, per-visit, temporary grant and contract employees varies literally daily. Approximately 1,200 additional employees fill positions in these categories.

II.2 Operation locations: DHEC maintains a central office in Columbia and operates its programs, services and regulatory functions in all 46 counties through 13 health districts, 12 environmental quality control districts, and 3 coastal zone management districts.

II.3 Expenditures/Appropriations Chart: **Tobacco Dollars (Youth Smoking)

	99-00 Actual Expenditures		00-01 Actual Expenditures		01-02 Appropriations Act	
Major Budget Categories	**Total Funds**	**General Funds**	**Total Funds**	**General Funds**	**Total Funds**	**General Funds**
Personal Service	$187,912,918	$ 65,225,725	$193,901,111	$ 68,338,513	$192,400,099	$ 63,919,274
Other Operating	95,578,640	24,315,291	106,152,540	28,822,255	135,449,952	23,498,094
Special Items	1,367,844	855,998	2,393,416	1,652,028	5,694,967	2,479,671
Permanent Improvements	397,532	291,978	281,171	12,681		
Case Services	82,900,196	7,022,218	86,243,969	6,806,017	63,337,662	6,345,307
Distributions to Subdivisions	6,522,795	2,012,122	7,058,066	2,819,177	10,147,263	1,825,073
Fringe Benefits	47,341,647	16,432,887	52,436,088	18,623,897	48,966,064	16,717,037
Non-recurring	8,133,699	6,016,686	6,591,847	2,628,153	1,620,470**	
Total	**$430,155,271**	**$122,172,905**	**$455,058,208**	**$129,702,721**	**$457,616,477**	**$114,784,456**

Other Expenditures

Sources of Funds	99-00 Actual Expenditures	00-01 Actual Expenditures
Supplemental Bills	$6,016,686	$2,628,153
Capital Reserve Funds	$2,117,013	$ 241,060
Bond		$ 525,000
Tobacco		$3,197,634

II.4 Key Customers: SC law defines the agency's customers as "the citizens of this state and its visitors" and "terrestrial and marine flora and fauna." [See III.3, Customer Focus.]

II.5 Key Suppliers: DHEC's suppliers are customers, the federal government, providers of revenue, communities, local governments, the medical community, the courts, the General Assembly, suppliers of information and data for vital records and the cancer registry, and sources of scientific knowledge and data.

II.6 Description of Major Products and Services:

- Monitor health status to identify and solve community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health and environmental issues.
- Mobilize community partnerships and action to solve health and environmental protection problems.
- Develop policies and plans that support individual and community health and environmental protection efforts.
- Enforce laws and regulations that protect health and the environment and assure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure a competent work force – public health, environmental protection and personal care.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.
- Assist communities in planning for and responsibly managing growth.
- Manage coastal resources to maintain a healthy coastal environment.

II.7 Organizational Structure **[see next page]**

Section III – Elements of Malcolm Baldrige Award Criteria

III.1 Leadership

The Executive Management Team (EMT) provides the senior leadership for the agency. EMT is comprised of Earl Hunter, Commissioner; Wanda Crotwell, Assistant to the Commissioner; Carl Roberts, General Counsel; Doug Calvert, Chief Operating Officer; Lewis Shaw, Deputy Commissioner for Environmental Control; Dr. Lisa Waddell, Deputy Commissioner for Health Services; Chris Brooks, Deputy Commissioner for Ocean and Coastal Resources Management; and Leon Frishman, Deputy Commissioner for Health Regulations.

III.1.1 ***How do senior leaders set, deploy and communicate:***

(a) ***Short and long-term directions?*** The Executive Management Team, in partnership with the agency's governing Board, sets, deploys and communicates direction for the agency. EMT functions as a cohesive team, meeting each week to address agency issues and direction. Both long- and short-term direction is established in the agency's five-year, outcomes-based Strategic Plan. EMT provided leadership, guidance and a shared vision in development of the Strategic Plan and participated in and actively led discussions at several staff planning retreats and at four statewide regional forums open to all agency staff.

EMT directed the development of detailed operational plans, directly linked to the Strategic Plan, using the agency's outcomes-based planning process, Planning and Managing for Results [See III.2.1]. The five operational plans contain implementation strategies to address each outcome, with activities designed to implement the strategies. Each member of EMT holds regular meetings of senior staff to monitor performance and to maintain a clear and consistent direction for the agency.

(b) ***Performance expectations?*** Performance expectations are specified as strategies and activities in the five agency operational plans and will be included in each staff member's EPMS as planning stages are revised. The Board approves and monitors performance expectations for the Commissioner who, in turn, establishes performance guidelines for members of EMT. Key performance indicators are reported quarterly to EMT. [See III.1.3.]

(c) ***Organizational values?*** The Strategic Plan includes the six organizational values defined by senior leadership, presented in I.2. EMT expects agency personnel to operate with the values when serving all of the agency's customers. Posters with the values and agency goals are displayed throughout the agency to reinforce these beliefs. A pocket card with the agency's mission, vision, values and goals was distributed to each current employee and is given to each new employee at employee orientation.

(d) ***Empowerment and innovation?*** With teamwork as a guiding agency value, senior leadership has inspired and empowered staff in all areas to work in project management and self-directed work teams rather than relying on a strict organizational structure approach. This management strategy has provided for more efficient, effective and innovative approaches to problem solving and planning. Employees are recognized for excellence through numerous awards, [See III.5.1] and in the agency's print and Internet newsletters.

(e) ***Organizational and employee learning?*** EMT supports and encourages continuous organization and employee learning and employs a variety of approaches for employee and student education, training, and development to support the strategic direction of the agency. Employee learning begins with new employee orientation. The agency is revising the new employee orientation program to include distance learning methodologies and Intranet applications. EMT also supports developing a competency-based career path system. Agency participation in two exceptional grant-funded training programs, the Management Academy for Public Health and the Southeast Regional Public Health Leadership Institute, and in both the Certified Public Manager program and the Executive Institute, enhance employee learning.

(f) ***Ethical behavior?*** Personal and professional values exemplify the high standards to which the senior leaders subscribe. The leadership adheres to all established rules and standards involving personnel, management, and procurement. The agency's policy manual is available on

the Intranet. Hiring policies reflect EEOC standards and the agency's affirmative action initiatives. DHEC recently received the 2000-2001 Award of Excellence for the diversity program from the SC Chapter of the International Personnel Management Association. The 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. The Office of General Counsel routinely requests opinions from the Ethics Commission to ensure compliance. New and revised agency policies on Internet and E-mail usage establish ethical and professional standards for all employees. Many agency staff are certified and/or licensed in particular professional areas such as law, engineering, social work, nursing, and medicine. As such, they adhere to the respective ethical canons and demonstrate these high professional standards to colleagues and staff.

III.1.2 ***How do senior leaders establish and promote a focus on customers?*** Customer service has been an agency value for many years. Members of EMT have received training in customer service and have established customer service training as a requirement for all staff. Customer involvement in programs and services is promoted through partnerships such as the pediatric partnerships in III.7.2. Periodically, Board meetings are held in DHEC facilities in different regions of the state. This increases public visibility and accessibility to the Board and promotes greater interaction of the DHEC Board with the public and regional staff. The agency Internet site is being revamped to provide easier access to information, including the status of environmental regulations. Numerous publications are provided to educate customers on a range of topics from childhood immunization requirements for school to information for permitted industries and businesses.

III.1.3 ***What key performance measures are regularly reviewed by your senior leaders?*** EMT has identified a list of critical performance measures contained in the Strategic Plan that reflect the overall performance of the agency. [See III.7] EMT reviews these key performance measures quarterly. Each member of EMT reviews additional performance measures related to his/her own area of responsibility on a routine basis. National performance measures also are reviewed by senior leaders and used to establish benchmarks for progress. [See I.3]

III.1.4 ***How do senior leaders use organizational performance review findings and employee feedback to improve their own leadership effectiveness of management throughout the organization****?* The Office of Quality Management is currently in the process of developing an organizational performance review based on the Baldrige criteria. This review will build on the agency self-study completed in April 2000 for the Community Health Accreditation Program (CHAP). DHEC is the first and only state health agency to hold statewide CHAP accreditation and has done so since 1977. Organizational performance review findings from the CHAP site visits have been used by senior leaders since 1978 to improve the effectiveness of management throughout the organization. Several initiatives that have been developed and implemented as a result of CHAP recommendations include: Patient Bill of Rights; emergency plans for providing services in time of crisis; tuition reimbursement for nurses; detailing cash short-fall process; on-call plan for home health services; and new and/or improved facilities in selected counties.

Senior leaders continually seek employee feedback through the periodic employee survey [See III.7.3]; planning retreats with senior management, both agency wide and within specific program areas; routine staff meetings; and the employee suggestion box. Use of new technology for video and audio conferencing continues to make planning retreats and statewide meetings cost-effective and promotes efficient use of staff time. Open door policies, effective use of

electronic communication, public forums and focus groups, and complaint tracking also provide senior leaders feedback on their effectiveness.

III.1.5 ***How does the organization address the current and potential impact on the public of its products, programs, services, facilities and operations, including associated risks?*** The agency's mission to promote and protect the health of the public and the environment requires that every decision be based on what is in the best interest of the citizens of the state and the use of applied scientific knowledge and best practices. This requires that senior leadership and staff recognize, understand, and respond to the associated risks of environmental hazards, chronic disease, infectious disease, high-risk behaviors, and the potential for natural disasters and bioterrorism. Programs and services are prioritized and designed to provide the core public health functions necessary to prevent disease and injury and promote health and a clean environment. Because many environmental and health threats know no boundaries, the agency must maintain a strong and comprehensive array of programs, services, and regulatory functions.

III.1.6 ***How does senior leadership set and communicate key organizational priorities for improvement?*** The Strategic Plan goal to *Improve Organizational Capacity and Quality* defines the organizational investments the agency must make to successfully achieve its goals. The senior leaders developed this goal in partnership with staff and reaffirmed its importance through approval, in March 2001, of the Operational Plan for this goal. The seven strategic goals identified as the priorities for this goal are consistent with the focus areas of the Baldrige criteria. [See III.2.1 (c), (d), (e).]

III.1.7 ***How does senior leadership and the agency actively support and strengthen the community?*** The first goal placed in the Strategic Plan by senior leadership, *Increase Local Capacity to Promote and Protect Healthy Communities,* shows the agency's commitment to community and determines priorities for the agency. DHEC's role as the public health and environmental protection agency is to support local efforts to improve health and environmental quality by providing leadership, actively partnering with and engaging community groups, and providing community groups with information on health and environmental indicators. In addition, senior leaders encourage staff support for numerous community groups. [See III.5.6 and III.7.5.]

III.2 Strategic Planning

III.2.1 ***What is your Strategic Planning process, including participants?*** Planning and Managing for Results (PMR), DHEC's planning process, is an outcomes-based strategic planning process, developed to provide consistency for all planning activities through its focus on goals. There are 8 long-term goals, 36 strategic goals, and numerous related, measurable outcomes. For comprehensive details about the process approved by the Board in October 2000, view the DHEC 2000-2005 Strategic Plan at www.scdhec.net/news. For the purposes of this report, results are organized around the agency's 8 long-term goals.

For *employees*, the Strategic Plan, with established priorities, is deployed daily through unit operational plans. Each deputy area has developed an operational plan to define the strategies and activities that will be implemented to achieve the goals and outcomes of the Strategic Plan. Efforts are under way to link operational plans across deputy areas to support the strategic goals and outcomes. Operational plans will be presented to the Board in Fall 2001.

DHEC *management* expects agency personnel to define roles and responsibilities in support of goals, e.g., what is the agency's role, either directly or indirectly, and what are the roles of other agencies and stakeholders. The planning process will allow people implementing services and initiatives to articulate their contribution to the DHEC goals by defining their outputs and outcomes. *Communities and customers* are engaged in a dialogue about the indicators used, services implemented, appropriateness for the targeted populations, populations reached, or changes in strategy, if necessary.

How does it account for:

(a) *Customer needs and expectations?* Both the 1995-2000 and 2000-2005 Strategic Plans were based, in part, on customer input. Furthermore, DHEC uses partnerships with customers as a key strategy to accomplish its mission. Districts and programs are expected to share their operational plans with their external community and agency customers and partners. Staff seek information from and educate DHEC customers about agency activities to improve coordination and develop joint action plans. DHEC often relies on community input to determine program content and how efforts should be implemented in the community. [See III.3 and III.7 for further discussion.]

(b) *Financial, societal and other risks?* These risks are assessed and mitigated through the agency's efforts to achieve its goals and its numerous related outcomes. As the public health agency, DHEC must conduct assurance and surveillance activities to protect the health of the public and the environment. Staff help identify the key outputs and activities that must be tracked to assess agency effectiveness in accomplishing the DHEC mission.

The agency is in the process of evaluating ways to include a resource estimation in the operational plans of organizational units. Some districts and programs have estimated resources in FTE equivalents and dollar amounts devoted to a given activity or strategy. Developing resource estimates is expected to inform and educate management about the different programs, as well as to increase understanding of the roles and functions of the various staff under their supervision.

(c) *Human resource capabilities and needs?*
(d) *Operational capabilities and needs?*
(e) *Supplies/contractor/partner capabilities and needs?*

The agency's long-term goal to *Improve Organizational Capacity and Quality* addresses (c), (d), and (e) with specific strategic goals and outcomes: Ensure the continuous development of competent and diverse employees in sufficient numbers to successfully achieve the agency's goals; Provide reliable, valid, and timely information for internal and external decision making [technology]; Promote effective horizontal and vertical internal communication; Establish and maintain relationships that help achieve the goals and vision of the agency; Maximize the flexibility that agency programs have in managing their fiscal resources to support agency goals; Ensure that all agency activity and leadership is consistent with the goals and values of the agency, and employees understand their role in achieving the goals of the agency; and Implement the Baldrige Performance Excellence Initiative through systematic training and an organizational development process.

III.2.2 ***How do you develop and track action plans that address your key strategic objectives?***
The Strategic Plan was used to develop the agency's budget reduction plan in FY 2001-2002. DHEC has just begun its examination of linkages between resources and accountability

processes. Measurement has always been an ongoing function within the agency in organizational units. However, in the past, the DHEC Strategic Plan generally measured outputs.

Progress towards outcomes and goals are evaluated using a formal, structured Measurement Plan. The plan provides evidence for key policy and management decision points. A new Strategic Plan Council will provide agency oversight on all aspects of the implementation of the plan and will monitor measurement and operational planning throughout the agency. EMT will act on periodic reports regarding measurement of all outcomes and will report to the Board. Refer to III.4 for further discussion.

III.2.3 ***How do you communicate and deploy your strategic objectives, action plans and performance measures?*** The Strategic Plan is deployed via the deputy area plans and organizational unit operational plans. Organizational units are empowered to create motivational efforts. For example, Health Services has embarked on an "I FIT" campaign. All managers will be expected to explain to their staff where they "FIT" within the operational plan. The intended result is for all staff to be able to describe how their actions contribute to a given health status outcome in the operational plan.

III.3 Customer Focus

III.3.1 ***Identify key customers and stakeholders***. As the principal advisor to the state on public health, DHEC's key customers and stakeholders include all citizens of SC. The Department'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, age, or economic status. [See II.4.]

DHEC maintains an extensive array of partnerships and relationships with key stakeholders in all of its various activities. For example, there are over 130 pediatric partnerships and 50% of the state's counties have a formal obstetrical partnership with at least one obstetrics provider. EQC's SC Partnership on Plastics Recycling includes International Paper, the National and SC Soft Drink Associations, U.S. Postal Service (Columbia Cluster), Cowpens National Battlefield of the National Park Service, Sesquicentennial State Park, and a variety of other groups. The agency does not work in isolation, but engages stakeholders and customers continuously to ensure that programs and services are addressing customer needs and that stakeholders participate in all phases of program design and implementation.

III.3.2 ***How do you determine who your customers are and what are their key requirements?*** Generally, DHEC's customers – all SC citizens – are determined by virtue of SC 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 disease prevention 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 the customers.

The agency employs many methods to determine customer service requirements, such as: suggestion boxes, satisfaction surveys, concern/compliment forms, comment/feedback cards, toll-free hot lines, public forums, focus groups, participation on councils and boards, interactive Web pages, participation in teleconferences, membership in professional organizations, and monitoring legislative activity.

A variety of approaches is used to effectively target DHEC customers. Customers for direct public health services are targeted by need, e.g., medical, environmental, preventive, rehabilitative, socioeconomic, or regulatory need. Specific health care programs target certain customer groups based on demographics and risk, such as childbearing women, adolescents, and children with special health care needs. Community-based services and community development activities are population-based.

III.3.3 ***How do you keep your listening and learning methods current with changing customer/business needs?*** Customer needs are gathered through both formal and informal listening and learning techniques: participation on interagency boards and committees; front-line staff and those working in the community sharing information that they learn in their one-on-one contact with customers; various formal customer feedback mechanisms; and periodic public forums.

The agency's commitment to building positive relationships with customers through listening and learning has led to the establishment of individuals or teams to serve as liaisons between DHEC and the community; customer service points of contact; special ad hoc work groups comprised of customers and other interested parties to address special issues, and to develop new policies and procedures. Lessons learned/best practices of individual programs within DHEC are shared agency wide. The DHEC Health and Environment Linking People (HELP) Team coordinates health and environmental problem solving and responses.

The agency stays current with customer trends and new developments by attending state and national conferences, reviewing professional journals, and participating in teleconferences. EMT provides expertise and leadership at the federal level and through involvement with, and provision of expertise to, national organizations.

III.3.4 ***How do you use information from customers/stakeholders to improve services or programs?*** DHEC makes extensive efforts to respond to customer satisfaction issues. In Fall 1998, DHEC conducted an extensive *survey* of adults to gauge public familiarity with the agency and to evaluate satisfaction with its services. Subsequently, eight indicators were selected to be monitored over time. [See III.3.5 and III.7.1]

Data from the statewide Customer Satisfaction Survey is reported to EMT and the Board for information and action. Input from the various customer feedback mechanisms described in III.3.2 is reported to the appropriate management teams for evaluation, follow-up, and action. Through this continuous quality improvement process, policies, practices, and procedures are changed, as appropriate, to more effectively meet the needs of customers and stakeholders.

Toll-free hot lines are available in several programs, including recycling, HIV/AIDS, and Maternal and Child Health, to provide customer information. DHEC's *review of technical plans* with personnel in the field improves reclamation practices and accelerates closures, as evidenced with Kennecott Ridgeway Mining Company. *Customer service workshops* are provided for customers involved in regulatory and non-regulatory water programs through a cooperative effort between government and the regulated community.

III.3.5 ***How do you measure customer/stakeholder satisfaction?*** DHEC has systematically measured customer satisfaction at a statewide level for the past three years. The agency now has statewide trend data for a 3-year period 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 the service. [See III.7.1]

Customer service is assessed at every level of the agency and in all customer groups. Over 50 different types of tools and methods are used to reach different customer groups. [See III.3.2 and III.7.1]

III.3.6 ***How do you build positive relationships with customers and stakeholders?*** The agency uses several methods of dissemination of information, including the Internet, community leaders, public service announcements, newsletters, our employees, community forums, schools, churches, community groups, public hearings/meetings, agency spokespersons, electronic mail, and contractual services.

The agency has hundreds of formal partnerships and relationships to facilitate access and delivery of services. Community and customer outreach activities are modified based on input and data. DHEC has established a telephone-based interpretation service (DHEC HABLA) for Spanish-speaking customers through a partnership with USC. Also, a Language Line Interpretation Contract allows DHEC to access multiple language interpretation services over the telephone 24 hours a day, 7 days a week.

Technical assistance to the general public and regulated community is provided by all areas of the agency. Training is provided to customers on water pollution enforcement discharge monitoring reports, the Women, Infants and Children program, regulatory matters for licensed and certified nursing facilities, and wastewater treatment, among myriad other agency-related topics.

The *icoast*, an Internet clearinghouse for integrated coastal zone management information, assists customers in obtaining up-to-date coastal zone management information. The DHEC OCRM Web site [www.scdhec.net/ocrm] was nominated by *icoast* for the 2001 People's Choice Coastal Management Site of the Year Award. Other nominees are Washington, Alaska, South Africa, Australia, Scotland, and the Smithsonian and Surfrider Foundation.

III.4 Information and Analysis

III.4.1 ***How do you decide which operations, processes and systems to measure?*** Measures of outcomes (See III.7), operations, processes, and systems are under development to support the agency's mission and the 2002-2005 strategic and operational plans. Measurement decisions are prioritized to collect and analyze data necessary for decision making; to track and evaluate progress toward reaching outcomes and goals; to ensure internal and external accountability; and to provide information to the public and as required by state and federal statute 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; supporting organizational capacity and quality; and measurement of the strategic plan.

Examples of systems used to collect and automate information in the DHEC infrastructure are the Automated Statistical Surveillance System (SSS), used to monitor public health data from around the state, and the Health Alert Network (HAN), one component of a nationwide CDC

initiative to build public health capacity to respond to biological terrorist threats, emerging infections and other health threats.

III.4.2 ***How do you ensure data quality, reliability, completeness and availability for decision-making?*** The agency has developed an Enterprise Data Model to house all data in a single data base design that will automatically propagate any changes throughout all systems in the model. There is a schedule to combine existing systems into this model. As a result, high quality data will be consistently maintained. The Personnel Action Information System (PAIS), the first new application to utilize the Enterprise Data Model, is an electronic system for processing all personnel actions. The Enterprise Data Model will provide information for decision-making, both internally and externally, more efficiently and with greater reliability. The agency also uses both the Internet and Intranet to provide access to reliable data and information.

The agency links to national data systems to ensure data quality and availability for decision-making. The National Electronic Disease Surveillance System (NEDSS) is being implemented to better manage and enhance the large number of current surveillance systems and allow the public health community to respond more quickly to public health threats. When completed, NEDSS will electronically integrate and link a wide variety of surveillance activities and will facilitate more accurate and timely reporting of disease information from health providers to the states and ultimately to and from the Centers for Disease Control.

III.4.3 ***How do you use data/information analysis to provide effective support for decision-making?*** The agency is in the early stages of development and implementation of a comprehensive measurement plan. The measurement plan will be used to benchmark a continuous quality improvement process through establishing outcomes, measures and mechanisms for monitoring, assessment and evaluation. The continuous quality improvement process looks at how things are done and how they should be done and uses information about the difference or variation in order to make improvements.

The Environmental Facility Information System (EFIS), an enterprise-wide, client-server information system, is under development to integrate information on environmental facilities, permits, violations, enforcement actions, and compliance activities needed to support regulatory requirements. EFIS is used to target environmental quality improvements for the water, air, solid waste, and hazardous waste program areas.

Rapid notice to, and requests for, information from many public and private partners is essential to respond to health threats. Each DHEC health district has installed a high capacity computer to be used in the event of emergencies. Districts are linked through the DHEC Wide Area Network. Software is being installed that will allow for broadcast faxes. [See discussion of SSS, HAN, and NEDSS in III.4.1 and III.4.2.]

The Central Cancer Registry, which provides statewide cancer surveillance, has achieved “Gold Certification,” the highest level of certification for data completeness, timeliness, and quality by the North American Association of Central Cancer Registries for the second consecutive year. During the past year, the Cancer Registry established a partnership with the National Institute for Occupational Safety and Health (NIOSH) to investigate suspected cancer clusters in the workplace. Since May 1, 2000, 28 reports of cancer cluster concerns have been received. Currently, 10 of these reports are active and under investigation. The remaining 18 reports have been closed.

The agency has developed in partnership with other state agencies and the American Red Cross an Internet-based interactive tool for monitoring the status of South Carolina's hurricane shelters. The Internet application is intended for use by authorized staff from DHEC, the Department of Social Services, and the American Red Cross Emergency Operating Center to monitor the status of designated shelters during a hurricane.

III.4.4 ***How do you select and use comparative data and information?*** The agency uses several systems and processes to select and compare data and information based on programmatic and scientific need. Comparative data is often selected through combinations with national data benchmarks both in time and area. Other benchmarks are used to compare current program activities with historical performances. Data collected from surveillance and monitoring functions also is used to judge the magnitude of a problem for specific target populations, to provide information on areas to be targeted, and to consider the impact of existing factors. For examples, see III.4.2.

The agency has begun to implement probability-based monitoring for surface waters. Data from this type of water quality monitoring will enable the agency to make definitive statements about the number and extent of good, fair, and impaired waters within the state. DHEC is working closely on this project with EPA in Oregon and an EPA contractor in Arkansas. DHEC continues to conduct probability-based monitoring at estuarine stations in cooperation with the SC Department of Natural Resources, Marine Resources Research Institute.

Health Regulations maintains a number of databases used for program analyses. Utilization data are collected from more than 500 licensed health care facilities. Incident and accident reports are analyzed to identify gaps in care and to formulate response plans. Nursing homes are ranked with comparative data to state, regional and national rankings. The effectiveness of the EMS and trauma systems are evaluated through statewide ambulance run report and trauma registry databases. Customer satisfaction results are reviewed and changes made as needed.

Geographic Information System (GIS) is used by the agency to study how vital events, disease, and health care facilities spread from place to place and how toxic environmental substances affect South Carolinians' health. The agency is currently developing the SCAN GIS module to publish health statistics maps overlaid with environmental hazard information, using GIS to provide customers with easy access to that data on the Internet or on Intranets.

The Public Health Statistical Surveillance System will provide for ongoing, systematic collection, analysis, interpretation, and dissemination of risk factor, exposure, and/or outcome-specific statistics through various triggering mechanisms for use in public health practice. The initial system will be designed to detect ongoing statistical departures from historical patterns of vital and cancer events to enable timely public health responses to unnecessary morbidity and mortality. When fully developed, the system will allow the measurement of the burden of a disease or vital registry event, including changes in related factors and identification of new or emerging concerns.

III.5 Human Resource Focus

III.5.1 ***How do you and your managers/supervisors encourage and motivate employees (formally and/or informally) to develop and utilize their full potential?*** Work force planning has involved several initiatives. The Mentoring Program has been expanded. The agency has developed a Telecommuting Policy in addition to offering alternate work schedules and flextime.

DHEC has continued to use Performance Pay to reward employees who demonstrate excellence. The Michael D. Jarrett Awards are given to recognize excellence in customer service and are considered the most prestigious awards given by the agency. The Commissioner announces Employees of the Month, as recommended by an internal committee, for each of the agency's deputy areas, program areas, health districts, and EQC districts.

One District has created the Star Performer comment system to recognize employees who provide excellent customer service to external or internal customers by awarding star-shaped pins monthly. An employee who provides excellent customer service is awarded a pin when an internal or external customer documents an outstanding customer service experience involving that employee. The Star Performer comment cards are readily available to clients at all times at all sites and are collected monthly. During its first year (beginning January 2000), the Star Performer system awarded 683 customer service stars to staff.

III.5.2. ***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 asking employees what they need in order to do their jobs and to accomplish the DHEC mission [See III.1] 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 individual supervisor. An agency training needs assessment was included in the January 2001 Agency Employee Survey. Employees were asked to identify the training they needed to enhance their competencies. Over one third of the 3,642 respondents selected communication (39%) and management skills (36%).

The agency is a practice partner with the USC School of Public Health in the Southeast Public Health Training Center housed at the University of North Carolina. Data from assessments have been aggregated into a composite database to allow the agency to assess how public health competencies are being addressed across the agency. A comprehensive public health work force development plan will be designed for the state.

Participatory management has been in place in DHEC for over 10 years. Training committees or tracking mechanisms are established to evaluate needed training and track employee completion. Staff is encouraged to attend seminars and other educational opportunities, as well as maintain expertise through journals and electronic media. Employees are encouraged to provide input to improve program aspects.

In recognition of outstanding accomplishments in public human resources services, the agency received the 2000-2001 Award of Excellence for its Diversity Program from the SC Chapter of the International Personnel Management Association. This award recognizes accomplishments in minority hiring and promotion, staff development, cultural competence training, community summer employment opportunities and support of minority business enterprises.

DHEC is developing an expanded New Employee Orientation program that will include distance learning and Intranet applications. The Office of Personnel Services and the Office of Quality Management are working together to develop career paths and competencies for employees as a recruitment and retention incentive. In OCRM, all supervisors and managers are required to complete DHEC's Supervisory Skills Course and Human Resource Management Course within 12 months of promotion and every 48 months thereafter as a refresher.

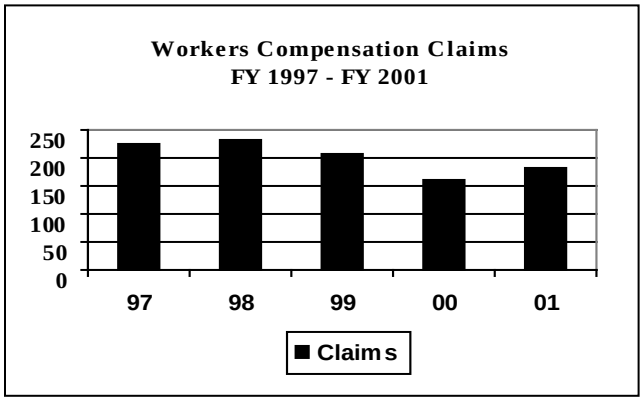
III.5.3 ***How does your employee performance management system, including feedback to and from employees, support high performance?*** DHEC has emphasized the use of the EPMS as a planning and performance evaluation tool. The number of overdue EPMS has been greatly reduced as a result of this effort.

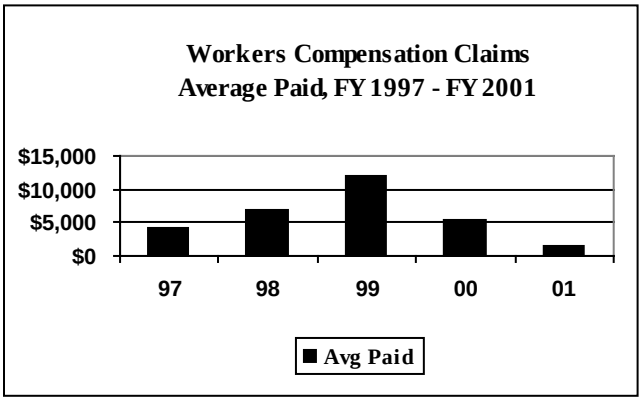
For employee retention purposes, the agency is developing a competency-based career path system to include orientation to public health science, core functions and essential services, with incentives and compensation designed to support succession planning, retention, and recruitment of qualified and diverse staff and an integrated training system based on competencies and performance measurement. While this endeavor is an outcome in the Strategic Plan, funds for implementation are unavailable. All agency training will be competency-based in the future.

III.5.4 ***What formal and/or informal assessment methods and measures do you use to determine employee well being, satisfaction, and motivation?*** The agency conducted structured statewide job satisfaction surveys in 1989 and in 1994. Results of these surveys were addressed through training, management changes, and other agency initiatives. In 2001, the agency conducted a survey to assess employee attitudes and opinions on a broader range of topics, including salary and promotion, job satisfaction, perception of the organization's focus, and the work environment. Over 57% of the DHEC work force completed the survey, with over 20% of respondents providing handwritten comments. The results indicate that staff like the job they do at DHEC, feel that they are important contributors to the DHEC team effort, and believe that the agency delivers quality service. Areas of challenge identified by staff included comparable salaries, promotions, and career opportunities. The results of the survey, which validated data obtained from focus groups during the strategic planning process, were presented to EMT and are addressed in the operational plan for the organizational capacity and quality goal of the agency's Strategic Plan. The survey provides a baseline for measuring components of the organizational capacity and quality goal in the future.

Across the agency, a variety of formal and informal methods are used in individual units to determine employee well-being, satisfaction, and motivation. Examples of these include focus groups, job satisfaction surveys, self-directed teams, formal assessments by outside consultants, and ongoing assessments through the EPMS system.

III.5.5 ***How do you maintain a safe and healthy work environment?*** DHEC's commitment to the safety of its employees is reflected in the decrease in Workers Compensation claims, as well as the average amount paid per claim, over the last five years. Claims dropped 19% and the average amount paid per claim dropped 75%.





DHEC's Safety Committee, which is made up of employees representing all parts of the agency, meets monthly to help guarantee a safe and healthy environment for both staff and visitors. There are also safety committees in the deputy areas, in district offices, and in the laboratory support area.

DHEC has a Risk Management Committee, made up of chairs of several other committees, e.g. safety, vehicle safety, infection control, workers compensation, etc., to be sure trends are noted and to determine duplication or overlap of issues. The Risk Management Committee has launched an agency Intranet site to provide consolidation of relevant policies and information and to make such policies readily available to employees, e.g., fire plan, bomb threat plan, safety plan, etc. There are links to other topical information regarding safety. Other efforts include a new key entry security system, safety training, increased presence of security guards on site, cameras to monitor security, and the availability of cellular phones for personnel making field visits.

Additionally, the agency promotes workplace and individual health by providing ergonomics education, preventive health screenings, and "Lunch and Learn" sessions that promote healthy lifestyles. The enhanced Employee Health Nurse program better monitors and promotes health for employees as well.

III.5.6 ***What is the extent of your involvement in the community?*** DHEC supports and encourages community involvement and volunteerism. Employees are involved in many community campaigns, including March of Dimes and Community Health Charities. For more discussion, see III.1.7 and III.7.5. The Columbia Urban League recognized DHEC as "Employer of the Year" for its Summer Intern Program with 18 students placed across the agency. Forty DHEC Central Office staff are partnered with Rhame Elementary School in a Lunch Buddy program. The agency's partnership with the United Way earned a Certificate of Merit for increasing overall giving. Statewide activities are sponsored by the agency to support and promote Earth Day, the national effort to maintain a healthy environment.

III.6 Process Management

III.6.1 ***What are your key design and delivery processes for products/services, and how do you incorporate new technology, changing customer and mission-related requirements, into these design and delivery processes and systems?*** Building partnerships, public education, the use of information technology, and strategic planning are four key design and delivery processes used by the agency to best meet changing customer and mission-related requirements. The Executive Summary and III.1, 2, 3, and 4 each contain information on partnerships, strategic planning, emergency preparedness, environmental protection and economic development, response to chronic and emerging health threats, and technology. Selected examples of key processes that support the agency's key results in III.7.2 are provided. Additional information is available upon request.

Public-private partnerships promote environmental protection and protection of the public's health. These include, among others previously referenced, partnerships for wetlands policy; a team to coordinate health and environmental issues on difficult, primarily environmental, community issues; the provision of Internet access to obtain DHEC aggregate community data; training for permittees on report completion and revision to prevent reporting errors; technical assistance to the general public and regulated community concerning the abandonment and assessment of former injection wells; networking into a comprehensive computer system for

input and retrieval of vaccine-related data; and development of an Internet-based tool for monitoring SC's hurricane shelters with DSS and the American Red Cross.

III.6.2 ***How does your day-to-day operation of key production/delivery processes ensure meeting key performance requirements?*** The array of services and products that DHEC provides is determined by customer needs. Decisions regarding the location of service delivery sites, hours of operation, the types of providers providing services at those sites, and the types of services being provided, are made based on continuous assessment of customer needs and abilities.

The Office of Business Management appears to be unique in state government, as it provides oversight and assists in the management of key product and service design and delivery processes. Business Management 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.

The agency maintains close contact and communication with its key suppliers, including the General Assembly, other state agencies and federal government agencies. Performance is continuously monitored based on predetermined and oftentimes negotiated criteria, reports, and discussion with suppliers. Changes in service delivery to improve performance take place based on these reports and discussions.

III.6.3 ***What are your key support processes, and how do you improve and update these processes to achieve better performance?*** Key support processes have been improved with the implementation of the strategic and operational plans. For the first time in the agency's history, all business units use a planning framework and methodology to develop their operational plans. All major outcomes are contained within the plans.

Real-time customer service is part of the continuous quality improvement process embedded in DHEC's management practices. The process allows managers to have customer input into many service delivery decisions, to incorporate teams of staff working at the regional (district) level, using standardized assessment tools, to frequently assess service provision, and to determine whether customer needs are being met in terms of quality and efficiency. While DHEC has processes similar to other state agencies, some examples of processes unique to the agency are its partnerships, financial management, business management, administration, research and development, laboratory services, epidemiology services, planning, vital records, statewide county health and environmental quality control districts, and information and knowledge management.

The agency has taken a lead role in new processes for air quality with the installation of the first ethanol (E85) alternative-fueling site in the state and the purchase of two hybrid electric vehicles. It is hoped that by setting an example for citizens and policymakers, DHEC will lead the way toward increased protection of the state's clean air.

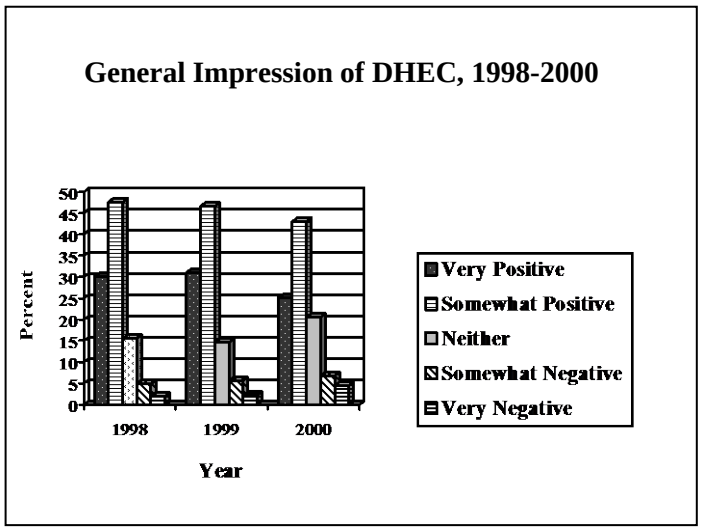
III.6.4 ***How do you manage and support your key supplier/contractor/partner interactions and processes to improve performance?*** Through agency partnerships, DHEC examines its key

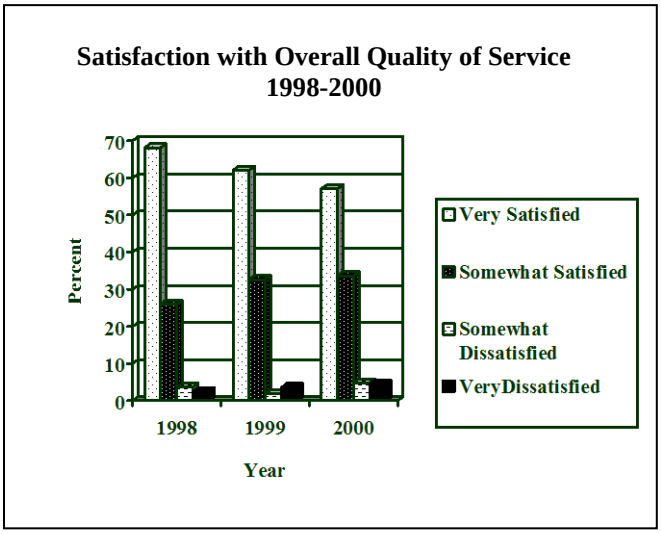
relationships with outside vendors, other agencies, the Budget and Control Board, minority businesses, major universities and others to improve performance. A collaborative process of listening and learning, problem-solving, training, and technical assistance improves identified weaknesses in performance. The agency will measure outcomes in the 2000-2005 Strategic Plan to determine if progress has been made toward goals. OCRM uses the Coastal Appellate Panel as a process for permitees to appeal DHEC decisions on coastal zone management decisions.

III.7 Business Results

III.7.1 *Key Measures of Customer Satisfaction*

DHEC has a positive public image and South Carolinians are satisfied, overall, with service. More than two thirds (68.1%) have a positive view of the agency. Although the public's perceptions of DHEC are generally positive, the percentage of positive responses has declined slightly from the 1998 and 1999 surveys. South Carolinians who had used DHEC services in the past 5 years are generally satisfied with the service they received. There has been a slight decline in the overall level of satisfaction between 1998 and 1999, but the change has not been from satisfaction to dissatisfaction but from *very satisfied* to *somewhat satisfied*.





III.7.2 *Key Measures of Mission Accomplishment:*

[See following pages.]

Agency Goal — Increase Local Capacity to Promote and Protect Healthy Communities

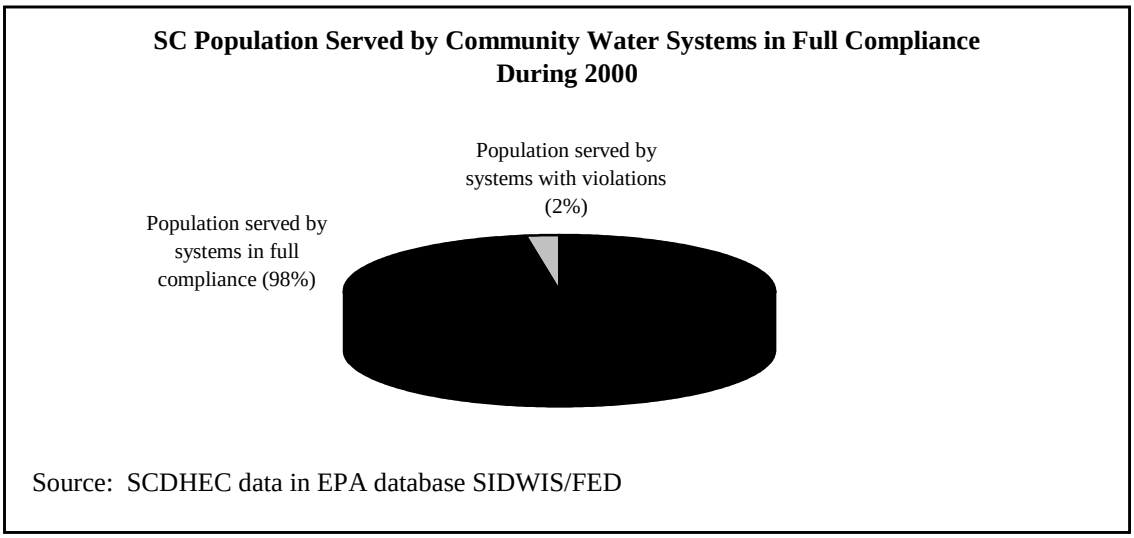
Program Name: Water Quality Protection

Program Goal: Ensure waters meet water quality standards.

Program Outcome: Increase to 95%, by 2005, the population served by community water systems providing drinking water that meets all current health based standards.

Key Performance Indicator/Benchmark: Percentage of the population served by community water systems meeting all health based standards (determined by dividing the population served by systems in full compliance with all health based standards in a calendar year by the total population served), benchmarked to U.S. EPA and State maximum contaminant levels for contaminants in drinking water, which are established to ensure that the water is safe for human consumption.

What the Data Say: Nearly 98% of South Carolina's population served by community water systems received water from systems in compliance with all health based standards in 2000. Only 48 systems serving 81,724 people out of 693 systems serving 3,346,204 people had water quality violations. Most of these violations were for naturally occurring radiological elements or were non-acute bacteriological contamination.



Why This Performance Indicator is Important: Safe drinking water is vital to human health. Drinking water comes from the environment, so pollutants that enter water can end up in drinking water sources. This source water must be cleaned to health based standards by drinking water treatment plants. As SC grows, the state's source waters are vulnerable to greater amounts of contamination and the job to make this water safe to drink becomes more complex. Since approximately 3.35 million citizens receive drinking water from community systems, it is important that the drinking water delivered to their homes be free from contamination that could affect their health.

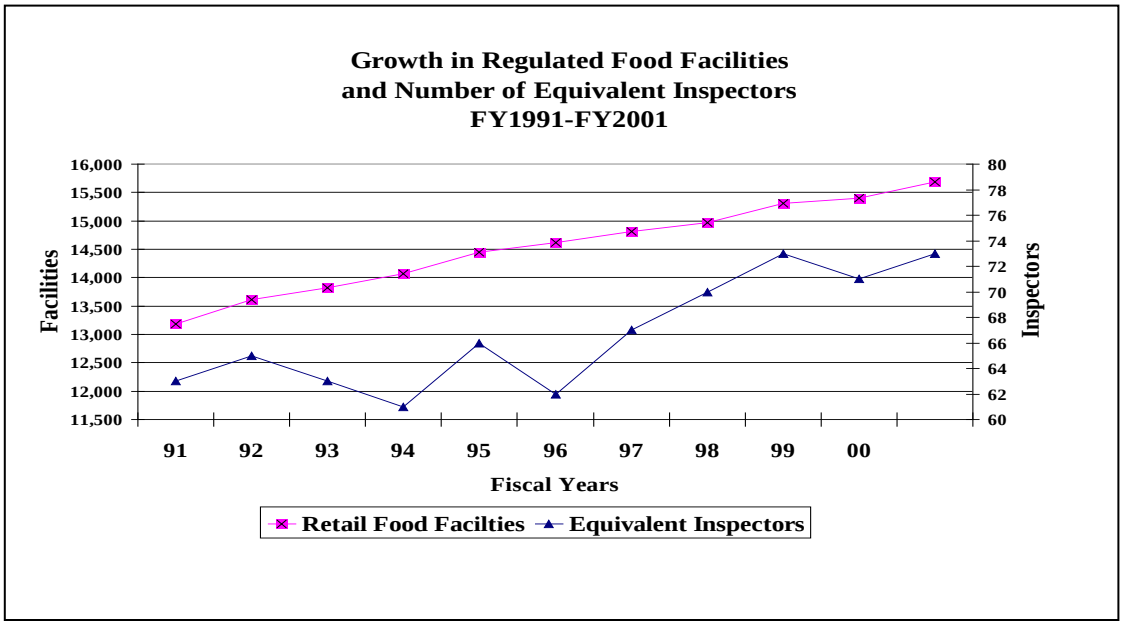
Program Name: Food Protection

Program Goal: Protect the safety of the public's health.

Program Outcomes: Increase the average number of unannounced and follow-up food inspections to the nationally recommended rate.

Key Performance Indicator/Benchmark: Average number of annual unannounced and follow-up inspections of food service facilities, benchmarked to the Food and Drug Administration's (FDA) recommendation of 4 *unannounced* inspections per year.

What the Data Say: Over the past eleven years, the number of food service establishments in SC has steadily increased. At the end of FY01, there were 15,683 facilities on inventory. At present, SC falls below the FDA-recommended 4 *unannounced* inspections per year per facility, averaging only 2.01 per year. Based on historical data, facilities in SC require an average follow-up rate of 50% of unannounced inspections; at present, SC is averaging only 1.02 follow-ups per year.



Why This Performance Indicator is Important: The potential for a food borne illness is ever present. By increasing the number of unannounced inspections, owners, managers and employees of facilities are made aware, and periodically reminded, of the importance of safe food handling techniques. Such techniques drastically reduce the potential for a food borne illness outbreak. The number of sufficiently-trained food service inspectors has not kept pace with the growth in food service facilities in the state. While the FDA recommendation of four (4) *unannounced* inspections per year remains the goal of the Food Protection Program, attainment is not possible at the current resource level.

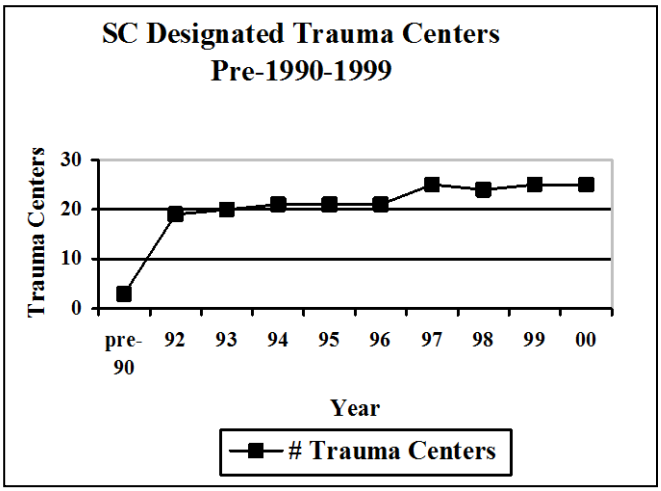
Program Name: Emergency Medical Services Division

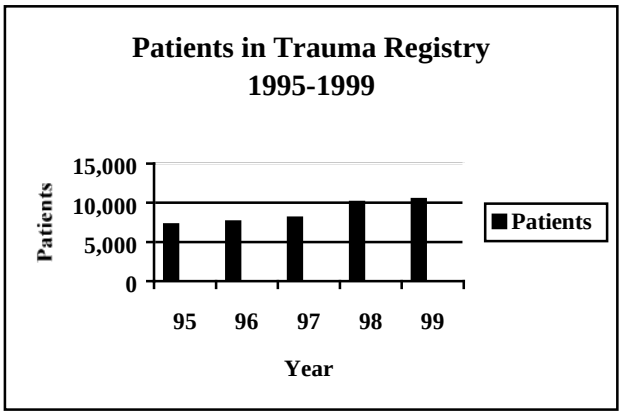
Program Goal: Protect the safety of the public's health.

Program Outcome: Assist communities in improving their abilities to care for the injured and ill.

Key Performance Indicator/Benchmark: Number of designated trauma centers. Level I trauma centers are required to have a minimum volume of 800 patients per year that meet the trauma registry definition to maintain designation. Level II trauma centers must see a minimum volume of 150 trauma registry defined patients and Level III trauma centers must see a minimum of 50 trauma patients. There is no benchmark for the development of our trauma system. All states are in various stages of system development; some do not even have trauma systems. Some designate at four levels, others at three.

What the Data Say: Prior to 1990, there were fewer than 5 designated trauma centers in SC. Since then, the number has steadily increased, to 24 in 1999. Four of these are Level I (regional) trauma centers; two are Level II (area) trauma centers, and 18 are Level III (community) trauma centers. There has been a corresponding increase in trauma center patients. Between 1995 and 1999, trauma patients increased by more than 50%.





Why This Performance Indicator is Important: Trauma care can mean the difference between life and death for injured patients. Therefore, it is important that the trauma care system include an adequate number of designated trauma centers and EMS personnel who practice nationally accepted standards of care for injured patients.

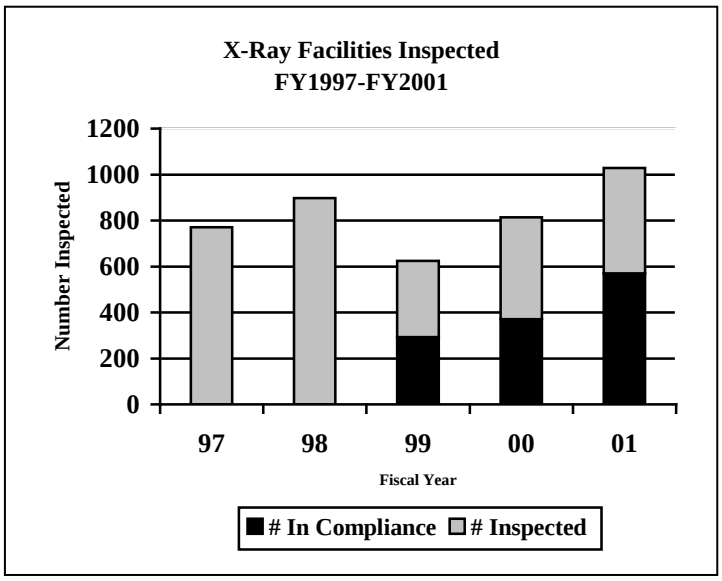
Program Name: Radiological Monitoring

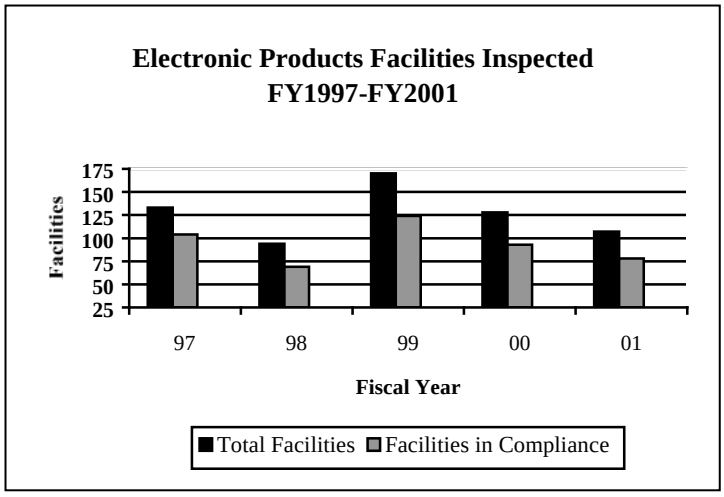
Program Goal: Protect the safety of the public's health.

Program Outcome: Ensure radiation exposures are kept at or below regulatory limits.

Key Performance Indicator/Benchmark: Number of licensees (facilities) inspected per year.

What the Data Say: The chart shows the number of x-ray facilities inspected. Included in the chart is the number of x-ray facilities that were in compliance with regulations at the time of inspection. All other facilities were cited for violations of regulations, but were brought into compliance within 60 days. The data show that the percentage of facilities in compliance at the time of inspection has increased slightly. Data is not available prior to FY 98-99.





Why This Performance Indicator is Important: Radiation exposure in excess of regulatory levels may lead to adverse health effects. Therefore, the Bureau of Radiological Health inspects facilities in accordance with established federal standards to assure that they are keeping their radiation exposures at or below their regulatory limits. Inspections are conducted on a priority basis. The Division of Radioactive Materials Licensing and Compliance inspects radioactive material licensees and the Division of Electronic Products inspects x-ray facilities. During the inspection, any items of noncompliance are required to be corrected within a specified deadline, which varies from twenty to sixty days. Therefore, compliance with exposure limits is either verified at the time of inspection, or is achieved within the deadline for correction.

Agency Goal — Improve Health for All and Eliminate Health Disparities

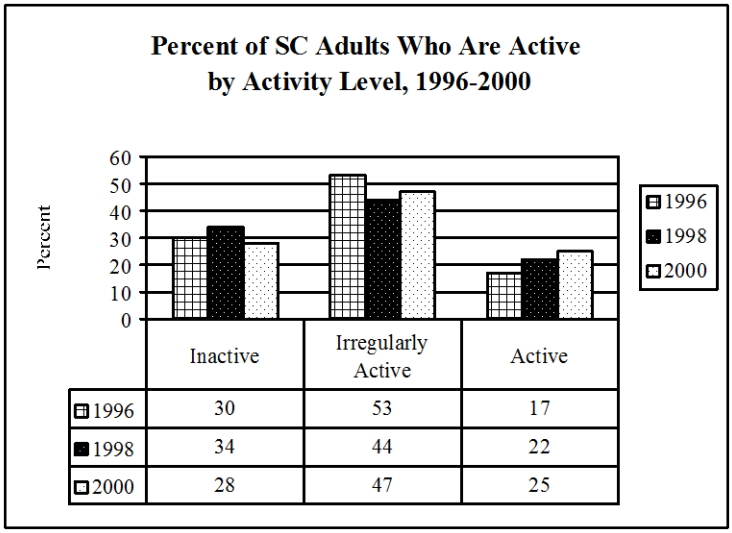
Program name: Physical Activity

Program Goal: Promote healthy behaviors among all adults.

Performance Outcome: Increase the proportion of adults who exercise regularly.

Key Performance Indicator/Benchmark: Number of adults regularly active, which is defined as 5 or more days a week for a total time of 150 minutes or more, or 3 or more days a week of vigorous activity for 20 or more minutes each session; benchmarked to the Healthy People (HP) 2010 Objective to increase to 30% the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

What the Data Say: Between 1985 and 2000, the percent of adults who engaged in regular physical activity has averaged about 20%. The highest percentage (25%) was found in 2000 and the lowest (13.2%) was found in 1991. Statistically, men are more active than women in all age groups and whites are more active than blacks. Compared to nationwide statistics, fewer South Carolinians are regularly active, more are sedentary, and more are at risk for health problems related to lack of exercise (regular and sustained physical activity).



	Inactive	Irregularly Active	Active
1996	30	53	17
1998	34	44	22
2000	28	47	25

Why This Performance Indicator Is Important: The Surgeon General's report on physical activity in 1996 concluded that 30 minutes of moderate physical activity on most or all days of the week can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. The 1999 report "Physical Activity, It's Your Move" produced by the USC Prevention Research Center for DHEC, estimated a lack of physical activity caused, in SC, 21 % of all heart disease; 21 % of all cases of high blood pressure; 25 % of all cases of colon cancer; 40 % of all diabetes; and 33 % of all osteoporotic falls with fractures. For these five medical problems, insufficient physical activity was responsible for an estimated $157 million in hospital charges.

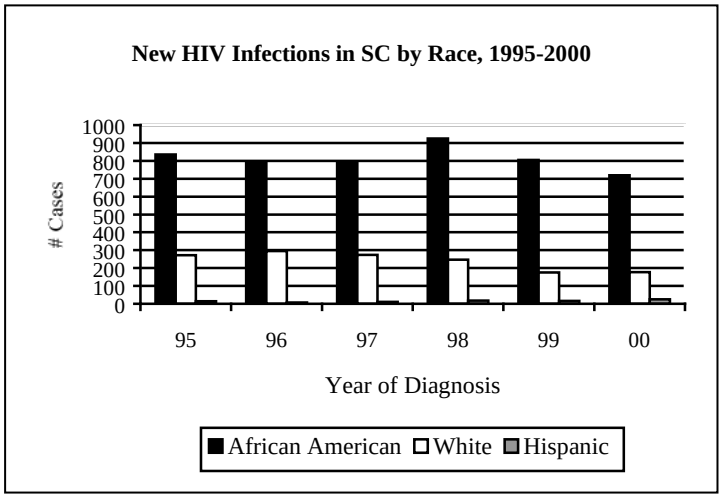
Program Name: STD/HIV Division and Office of Minority Health

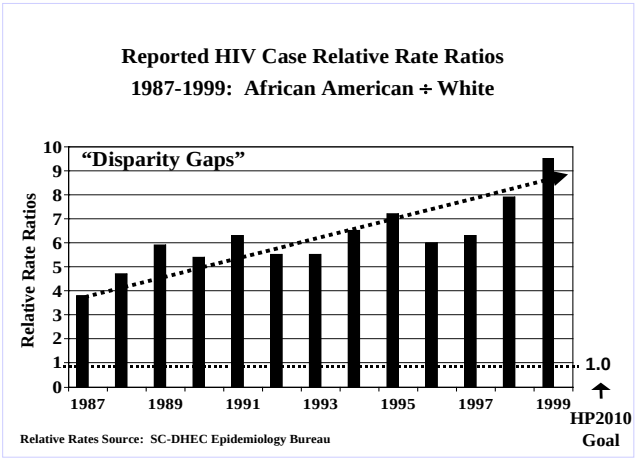
Program Goal: Eliminate disparities in the incidence and impact of communicable diseases.

Program Outcome: Reduce the number of new HIV cases among African Americans and other minorities.

Key performance Indicators/Benchmarks: Number of new HIV cases, benchmarked to the SC goal of reducing new infections by 25% by 2005; Proportion of African Americans receiving HIV counseling and testing, care consortia and AIDS Drug Assistance Program services through health departments and DHEC-funded organizations, benchmarked to the SC goal of 72%; and Rate of infectious syphilis cases, benchmarked to the National CDC goal of <4.0 per 100,000 by 2005.

What the Data Say: While the overall number of persons newly diagnosed with HIV each year appears stable, African Americans remain disproportionately impacted, comprising 78 % of newly diagnosed cases in 2000. The gap is also worsening. In 1987 African Americans were four times more likely than Whites to become infected with HIV, while in 1999, they were over nine times more likely to become HIV positive. More persons are infected than have been diagnosed. SC is improving, but has not reached its goal of 72% of African Americans receiving appropriate counseling and testing, HIV care and adequate treatment.





Why This Performance Measure is Important: The presence of other Sexually Transmitted Diseases (STDs) substantially increases the risk of HIV transmission by making it easier both to get and to give HIV infection. Treating other STDs, such as syphilis, reduces the spread of HIV. STD rates in SC are high, and STD clinical services are inadequate in the face of a growing HIV epidemic.

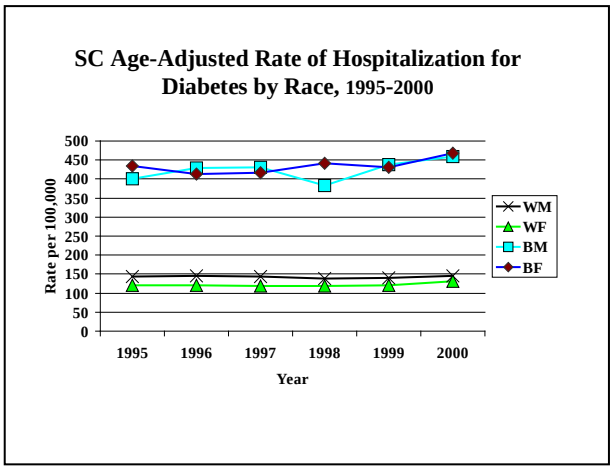
Program Name: South Carolina Diabetes Control Program

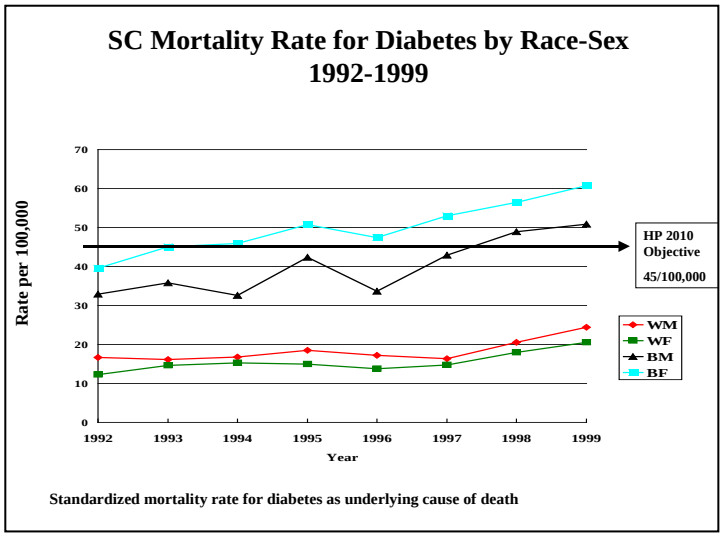
Program Goal: Eliminate disparities in illness, disability and premature deaths from chronic diseases.

Program Outcome: Reduce the rate of complications and deaths due to diabetes.

Key Performance Indicators/Benchmarks: Rate of lower extremity amputations in persons with diabetes, benchmarked to the HP 2010 (modified) Objective to reduce lower extremity amputations to 40 per 100,000 population; Number of hospitalizations and emergency room visits for diabetes, benchmarked to the CDC "Diabetes Surveillance, 1997" report lowest rate for 1980-1994 of 170 per 100,000; and Deaths per 100,000 population, benchmarked to the HP 2010 Objective of 45 per 100,000 population.

What the Data Say: Racial disparity in diabetes has not improved in the past 6 years. Hospitalization rates for African American males (459 per 100,000) and females (468 per 100,000) in 2000 were over triple that of white males (145) and females (131). The SC rate for African Americans continues to greatly exceed the Diabetes Surveillance lowest diabetes hospitalization rate from 1980-1994 of 170 per 100,000. Mortality rates for African American females are the highest at 60.8 and well above the HP 2010 Objective of 45 deaths per 100,000 population.





Why These Performance Indicators are Important: Based on 1999 data, diabetes is the sixth leading cause of death in our state and approximately 3000 South Carolinians die from diabetes every year. Minorities, predominantly African Americans, experience a substantially higher death rate and greater years of potential life loss than whites. In addition, persons with diabetes are at increased risk for pathologic changes of their lower extremities that, when combined with minor trauma and infection, may lead to serious foot problems, including amputation.

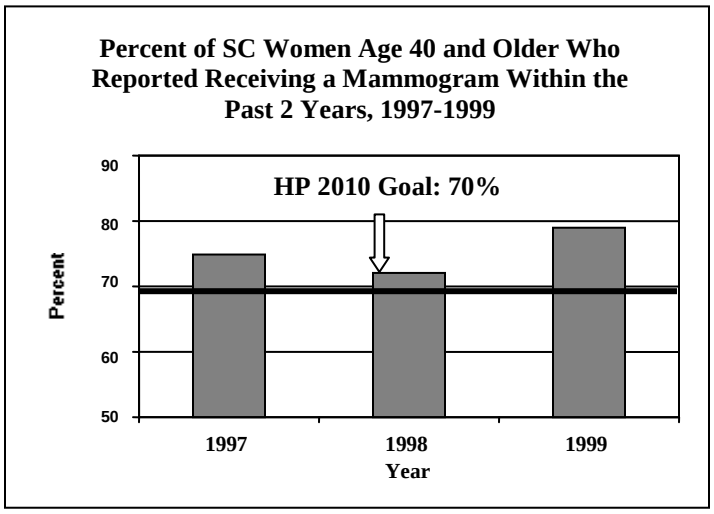
Program Name: South Carolina Breast and Cervical Cancer Early Detection Program: The Best Chance Network (BCN)

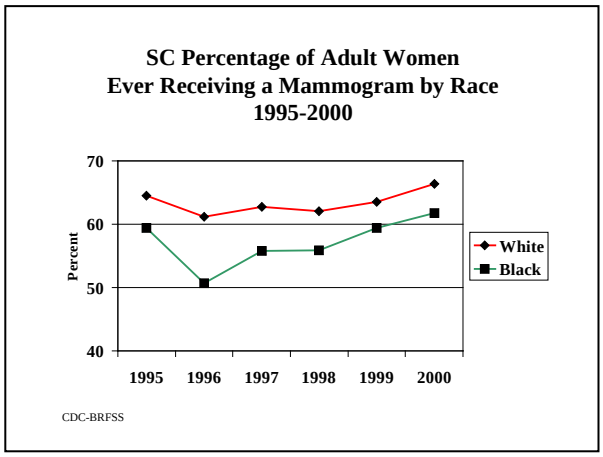
Program Goal: Eliminate disparities in illness, disability and premature deaths from chronic diseases.

Program Outcomes: Increase the proportion of women who receive mammograms, clinical breast exams, and appropriate referral and follow-up.

Key Performance Indicator/Benchmark: Percent of women over age 40 years, receiving mammogram and clinical breast exam, appropriate referral and follow-up, benchmarked to the HP 2010 Objective: 70 % of women age 40 years and older have received a mammogram within the preceding 2 years.

What the Data Say: The most recent data for SC show that, in 1999, 79% of women age 40 years and older reported having received a mammogram within the past 2 years. Over the past 3 years, SC has surpassed the HP 2010 goal of 70%.





Why This Performance Indicator is Important: Breast cancer is the second leading cause of cancer deaths for SC women. The weight of evidence from randomized clinical trials indicates that mammography screening of women ages 50 to 69 is associated with a 30% reduction of death from breast cancer.

Additional Information: Currently there is no system available to adequately or accurately measure the appropriate referral and follow-up of this outcome.

Agency Goal — Assure Children and Adolescents are Healthy

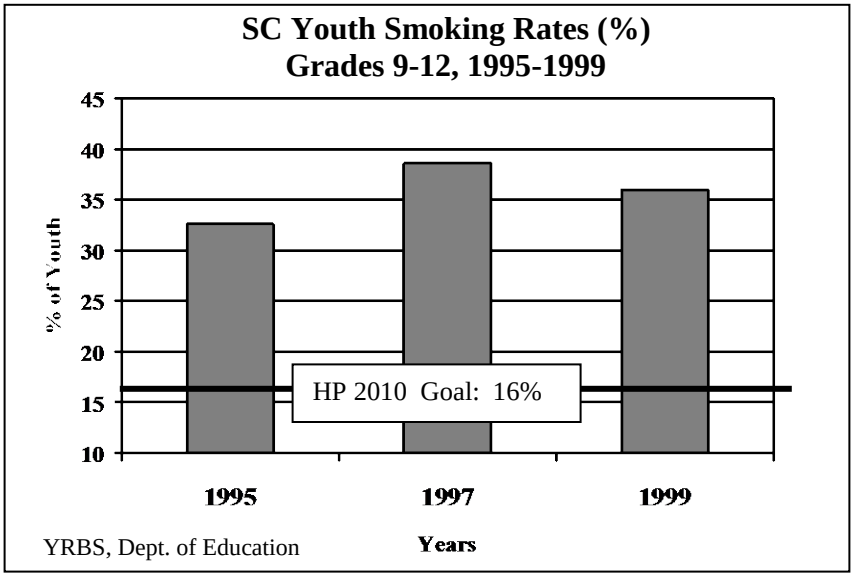
Program Name: Tobacco-Use Prevention and Control

Program Goal: Promote healthy behaviors.

Program Outcomes: Reduce the proportion of adolescents who smoke.

Key Performance Indicator/Benchmark: Youth smoking rate —proportion of public school students grades 9-12 who report having smoked cigarettes on one or more days in the past 30 days, benchmarked to the HP 2010 Objective—16 % of youth in grades 9-12.

What the Data Say: Between 1991 and 1997, rates of smoking among SC high school students increased by 51%, from 25.6% to 38.6%, respectively. (Nationally, youth smoking rates increased by 32%). Between 1997 and 1999, youth smoking rates in SC declined by 2.6%.



Why this Performance Indicator is Important: Tobacco use is the number one preventable cause of disease and premature death in SC. Tobacco-use is a major risk factor for diseases of the heart, lung, and mouth, various forms of cancer, diabetes, and osteoporosis in men and women. More than 6,000 South Carolinians die from smoking-related diseases each year, and treatment of these diseases costs the State more than $400 million annually. Seventy-five percent of the State's youth report having ever smoked a cigarette, and 27% smoked their first cigarette before the age of 13. Most adult smokers become addicted to tobacco as teens, and the earlier a smoker starts, the harder it is to stop.

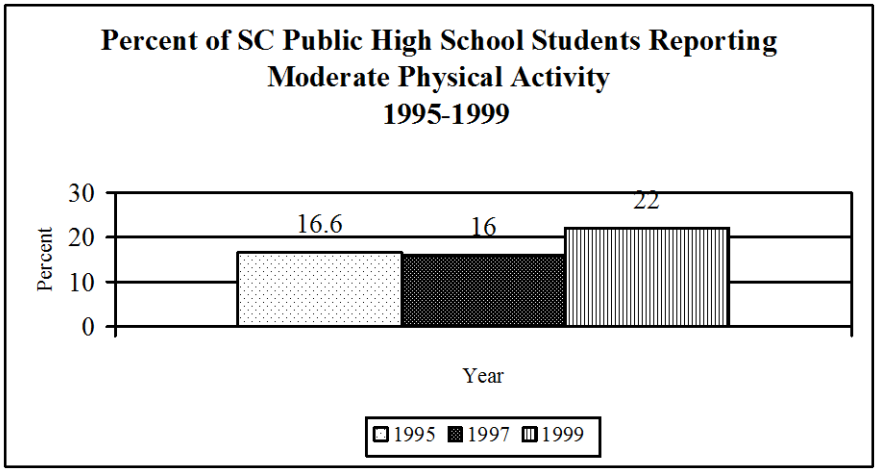
Program Name: Physical Activity

Program Goal: Promote healthy behaviors.

Program Outcome: Increase the percentage of children and adolescents who exercise regularly.

Key Performance Indicator/Benchmark: Number of adolescents regularly active, defined as moderate physical activity for at least 30 minutes on 5 or more of the 7 previous days, or vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per session, benchmarked to the HP 2010 Objective — moderate exercise, 35%; vigorous exercise, 85%.

What the Data Say: According to the 1999 Youth Risk Behavior Survey (YRBS), 22% (third lowest in the nation) of SC public high school students participated in moderate physical activity and 55% (lowest in the nation) participated in vigorous physical activity. Nationally, 27% of students participated in moderate physical activity and 65% participated in vigorous activity. (The YRBS is a survey of students in grades 9-12; there is no method of collecting data about children in elementary or middle school.)



Why This Performance Indicator Is Important: Over the last 20 years, the number of overweight children increased by more than 50 % and the number of extremely overweight children has nearly doubled. Children who are obese are at high risk for developing Type II diabetes, coronary heart disease, orthopedic problems, respiratory diseases, and psychological problems. Obesity in children is strongly associated with obesity in adulthood and a lack of physical activity is the strongest contributor to obesity.

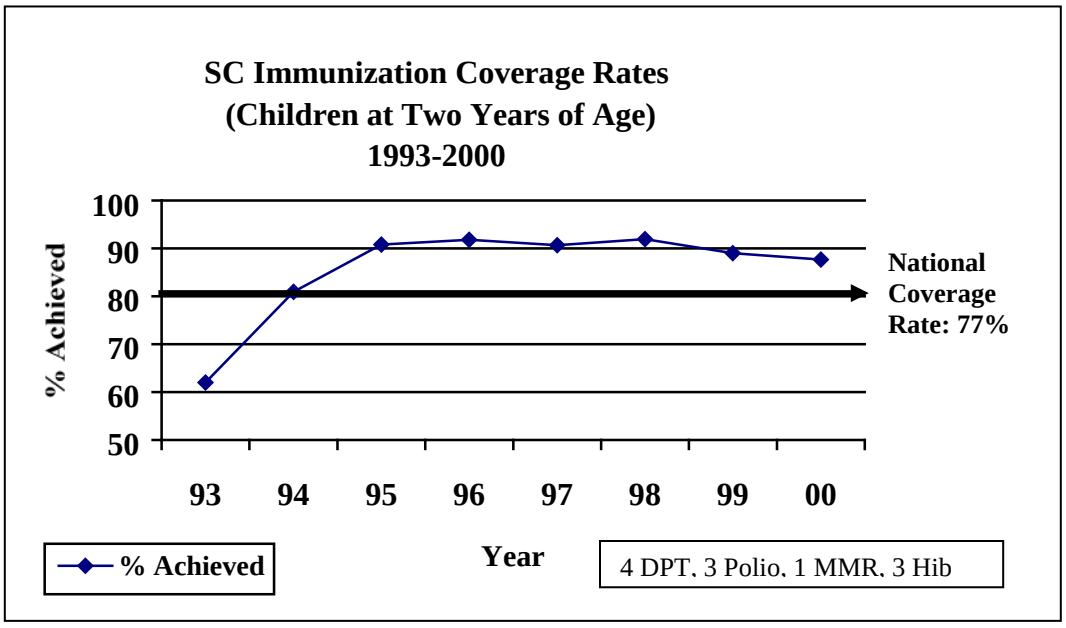
Program Name: Immunization and Prevention

Program Goal: Prevent disease, disability, and death from vaccine-preventable diseases.

Program Outcome: Maintain at 90% or increase the proportion of appropriately immunized children and adolescents.

Key Performance Indicator/Benchmark: SC immunization coverage rates, benchmarked to the national coverage level of 77%. (A child turning two years of age would be considered immunization series-complete and fully protected if he/she had received 4 doses of DTP vaccine, 3 doses of polio vaccine, one dose of MMR vaccine, and 3 doses of Hib vaccine).

What the Data Say: SC's vaccination coverage level is higher than the national average. The National Immunization Survey and the DHEC Birth-Registry Immunization Survey employ different survey methods but usually have overlapping confidence intervals. Therefore, the true estimate of vaccination coverage among two-year old children in South Carolina can be said to be between 81 and 88 %. Over the past six years, the point estimate from the DHEC Birth-Registry Immunization Survey has fluctuated only 4.2% from the current 87.7% to a high of 91.9% in 1998. However, the trend for the past two years shows a declining point estimate.



Why This Performance Indicator is Important: Eighty percent of all vaccinations a child needs before entering school should occur in the first two years of life. Current low rates of certain vaccine-preventable diseases make using vaccination coverage levels a more sensitive and feasible-to-measure indicator of intervention impact than using disease rates. Currently, about 67% of SC's children aged two years and younger are vaccinated in the private sector and 33% by DHEC.

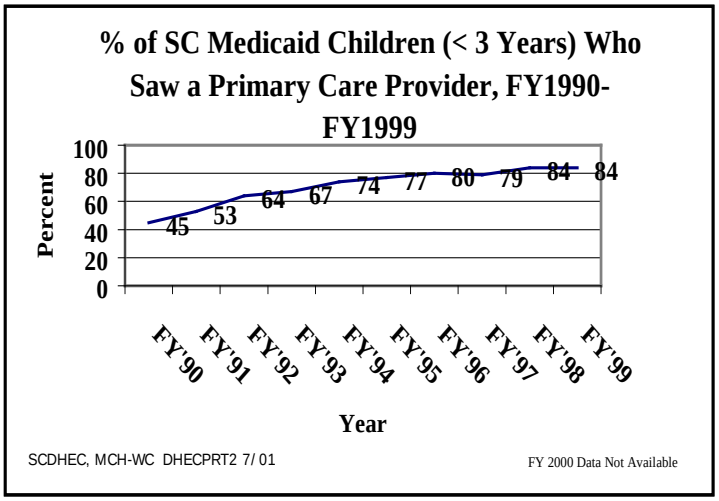
Program Name: Women and Children's Services

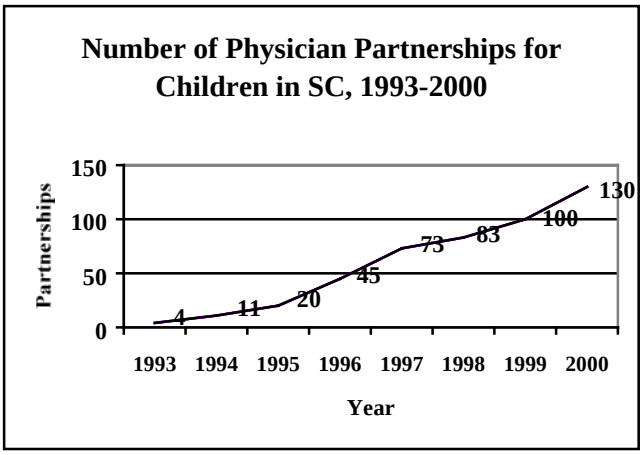
Program Goal: Improve access to comprehensive, high-quality health care services.

Program Outcome: Increase the percent of children 0-3 who received a primary care service.

Key Performance Indicator/Benchmark: Number of children on Medicaid who have seen a primary care provider compared to the number of children on Medicaid, benchmarked to the HP 2010 Objective to increase the proportion of persons who have a specific source of ongoing care to 97 % in children 17 years and younger.

What the Data Say: SC is making progress in assuring access to quality health care through the expansion of private/public partnerships. From a beginning four partnerships in 1993, there are now over 130 partnerships across the state. Since implementing the Partnership Promotion initiative, there has been an increased number of children on Medicaid who have actually seen a primary care provider. The percent of Medicaid children who have seen a provider increased 87 % in nine years, from 45% of children in 1990 to 84% of Medicaid children in 1999. Data from a joint study with the Office of Research and Statistics of the Budget and Control Board shows that children whose care is provided in a partnership practice are *more* likely to have at least one well child (EPSDT) visit than children whose care is provided in a non-partnership practice (87.58% vs. 84.72%) and *less* likely to visit the Emergency Room (23.13% vs. 29.26%).





Why This Performance Indicator is Important: Promoting medical homes through partnerships helps assure that children most at risk--children on Medicaid--have comprehensive, high-quality health care services. Increasing access to coverage and promoting partnerships, a system of care where the practices provide the medical care and the health department complements that care with preventive public health education and support, is key to assuring that children and adolescents have comprehensive, high-quality health care services.

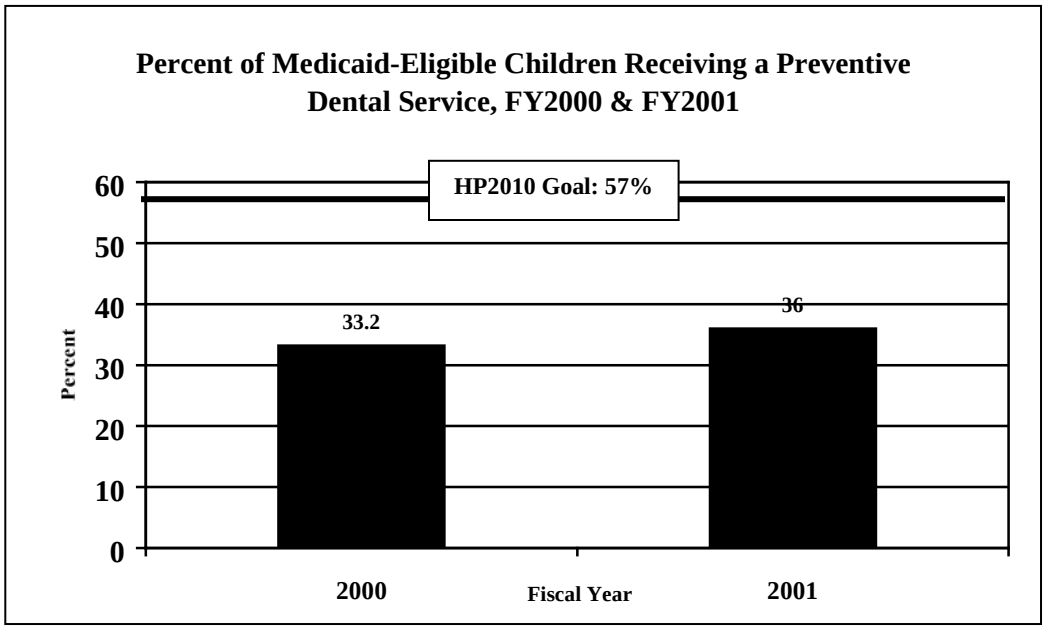
Program Name: Oral Health

Program Goal: Improve access to comprehensive, high quality health care services

Program Outcomes: Increase the percentage of children who receive a preventive oral health service.

Key Performance Indicator/Benchmark: Percentage of Medicaid-eligible children who receive a preventive dental service in a year, benchmarked to the HP 2010 Objective to increase the percentage of children with at least one molar sealant to 75% and to increase to 57% the number of low-income children receiving a preventive dental service.

What the Data Say: SC has increased from 33% to 36% the number of Medicaid-eligible children who received a preventive dental service in a two-year period. The number of children increased by 15.4% from 2000 to 2001, while the number of children receiving preventive services increased by 25.2%. While SC still falls short of the national goal, the data indicate a substantial improvement from the 1993 U.S. Inspector General's report (12%-13%).



Why this Performance Indicator is Important: Dental caries is the single most common chronic childhood disease. Access to preventive care is the most cost effective approach to addressing the ravages of this "silent epidemic" in the under-served population. Dental caries are frequently identified as a major problem during health screenings for children, and often help identify other health problems affecting the child's healthy development.

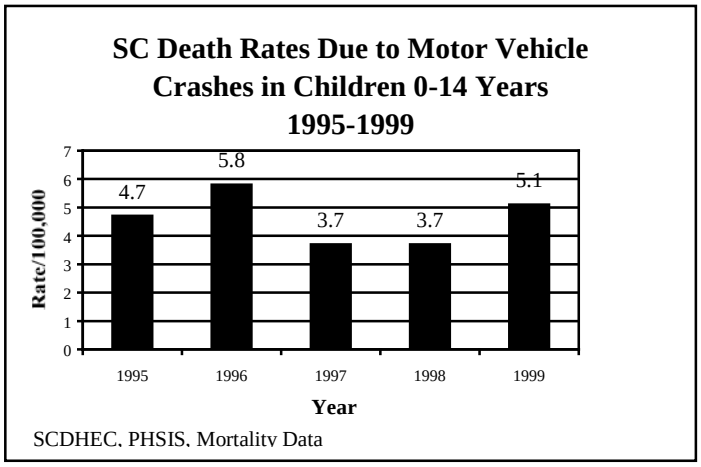
Program Name: Injury Prevention

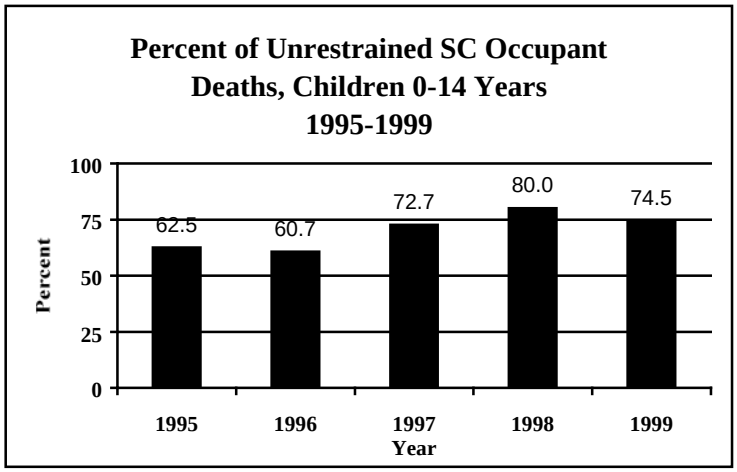
Program Goal: Prevent disabilities and deaths due to unintentional injuries, violence, and environmental hazards.

Program Outcome: Reduce the rate of child and adolescent deaths (and morbidity) from motor vehicle crashes.

Key Performance Indicator/Benchmark: Proper use of child safety restraints in children 0-14 years of age, benchmarked to the HP 2010 Objective to increase use of child restraints to 100%.

What the Data Say: Motor vehicle crashes (MVC) are the leading cause of injury-related deaths among children 0-14 years old. The SC MVC death rate declined from 5.8/100,000 children in 1996 to 3.7/100,000 in 1997 and 1998. Following this decline, the SC rate rose substantially in 1999, to 5.1 MVC deaths per 100,000 children 0-14 years of age.





Why This Performance Indicator is Important: Motor vehicle crashes are the leading cause of death and injury to children over the age of one. Six out of ten children killed in crashes are completely unrestrained. When properly installed, child safety seats reduce the risk of death by 71% for infants and 54% for toddlers. Seat belts increase the chance of surviving a crash by nearly 45%. Child restraint systems reduce the need for hospitalization by 69%.

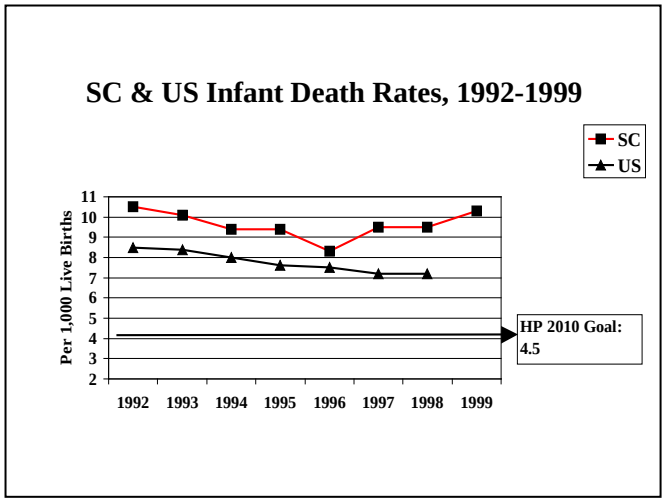
Program Name: Perinatal Systems

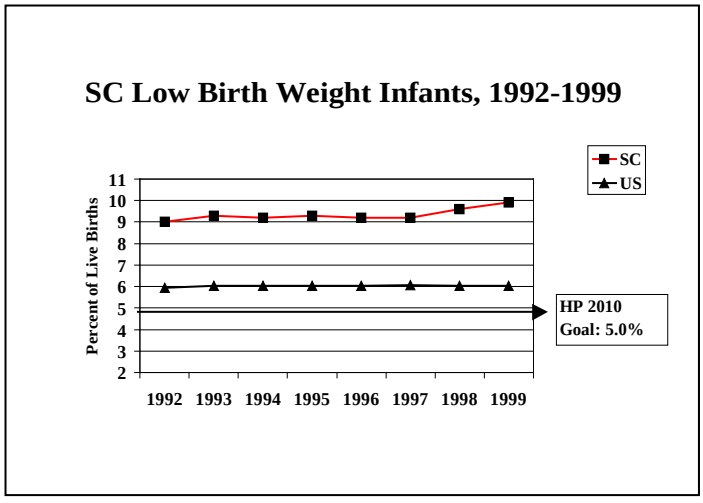
Program Goal: Increase the percentage of healthy infants

Program Outcome: Increase the percentage of infants who survive the first year of life, reducing infant mortality

Key performance Indicator/Benchmark: Infant mortality rate— deaths to infants under one year of age per 1,000 live births, benchmarked to the HP 2010 Objective of 4.5 per 1,000 live births; low birth weight births— percent of live births under 2500 grams (about 5.5 pounds), benchmarked to the HP 2010 Objective of 5.0%; first trimester entry into prenatal care— of all resident births, percent whose mother entered prenatal care during the first trimester (3 months) of her pregnancy, benchmarked to the HP 2010 Objective of 90%.

What the Data Say: SC's infant death rate declined at a faster rate than the U.S. rate until 1997. The rise beginning with 1997 is associated with an increase in critical measures of increased risk for infant death: low birth weight; very low birth weight and maternal complications of pregnancy. Low Birth Weight (LBW) rates have increased in SC and nationally.





Why This Performance Indicator is Important: For society, the infant mortality rate is widely recognized as a marker of the overall health status of that population and as a predictor of the health of the next generation. The likelihood that an infant will survive through its first year of life is influenced by a number of factors, including what are called the social determinants of health. Included among these is the health, nutritional and educational status of the mother, the distribution of economic prosperity within the society, and the extent to which the society's system of health care is of high quality and is accessible to all its members. Recent increases in LBW are due largely to pre-term deliveries related to increases in multiple gestation.

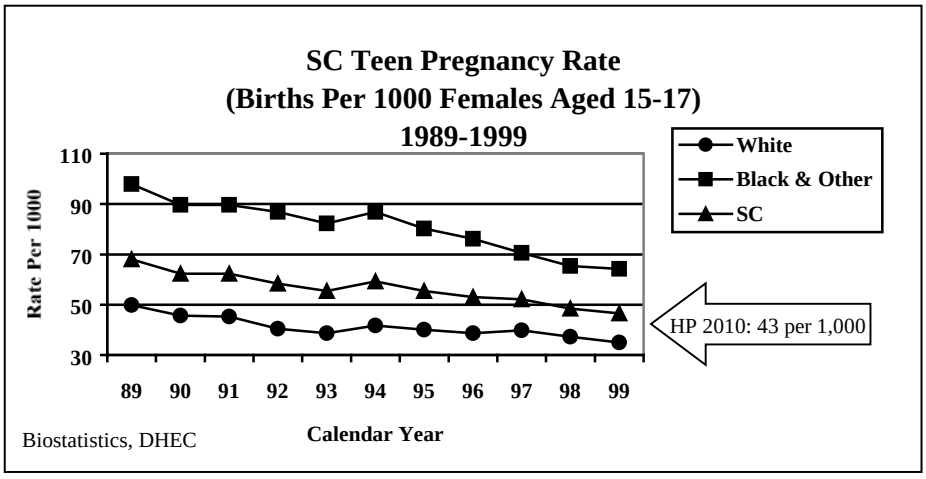
Program Name: Family Planning

Program Goal: Increase the percentage of healthy infants.

Program Outcomes: Decrease the percentage of unintended pregnancies.

Key Performance Indicator/Benchmark: Teen pregnancy rate—number of pregnancies per 1000 females ages 15-17, benchmarked to the HP 2010 Objective of 43.0 per 1000 females ages 15-17.

What the Data Say: Overall, the rate of births to teen mothers has declined since 1989. Trend data for SC shows the teen pregnancy rate has declined from 68.0 per 1,000 females in 1989 to 46.5 in 1999, a decrease of 31 % over this 11-year period. SC's rate of 46.5 is still above the HP 2010 objective of 43 per 1,000 adolescents 15-17 years of age, but the state is well on its way to achieving this target. The disparity of pregnancies between black and white teens has been reduced over the past decade. Teen pregnancies have decreased 34% among black females and 30% among white females since 1989. For 1999, the estimated pregnancy rate among 15-17 year old black teens (64.2) remains higher than that for white teens (35.0). Until 1999, the rates among black teens had been decreasing more rapidly than the rates for white teens on all reproductive health indicators.



Why This Performance Indicator is Important: Births to teenagers are costly to our society in many ways. Recent studies have shown that adolescent mothers under the age of 18 have a higher than average risk of pregnancy-related complications, yet they receive less prenatal care. They also attain lower levels of education, have higher rates of single parenthood, larger families, and a greater reliance on public assistance. Boys who become teenage fathers have a higher school dropout rate and earn less money. In addition to the human costs involved, a high teen birth rate is a financial burden on society. The cost to taxpayers includes welfare and food stamp programs, higher medical care expenses, greater foster care costs, and increased costs of incarceration.

Agency Goal — Increase the Quality and Years of Healthy Life for Seniors

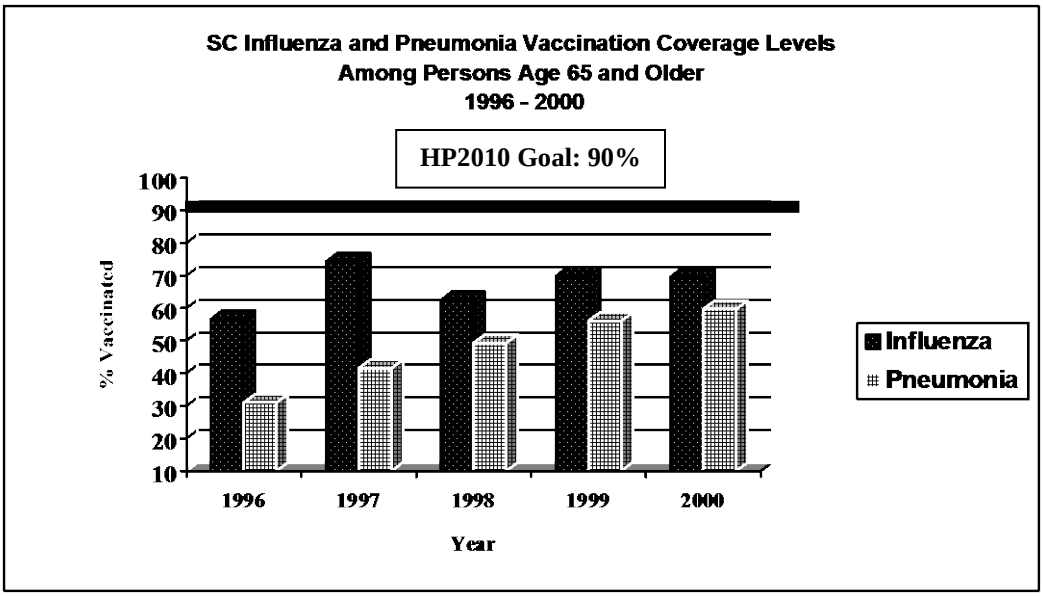
Program Name: Immunization and Prevention

Program Goal: Prevent disease, disability, and death from vaccine-preventable diseases.

Program Outcomes: Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

Key Performance Indicators/Benchmarks: Percent of persons age 65 and older vaccinated annually against influenza and ever vaccinated against pneumococcal disease (pneumonia), benchmarked to the current national vaccination coverage level of 66.9% for influenza and 54.1% for pneumococcal disease, and the HP 2010 Objectives of 90%.

What the Data Say: SC's coverage levels for both influenza and pneumococcal vaccinations among persons 65 years of age and older are higher than the national average In 2000, 69.7% of South Carolinians 65 years of age and older had received a flu shot compared to the 66.9% coverage level for the nation, and 59.7% had been vaccinated against penumonia, compared to 54.1% for the nation.



Why This Performance Indicator is Important: According to 1999 SC vital and morbidity statistics, together, influenza and pneumococcal disease were the seventh leading cause of death. Persons with high-risk conditions (heart disease, diabetes, and chronic respiratory disease) are at increased risk for these diseases. Influenza and pneumococcal vaccinations can reduce health care costs and productivity losses associated with illness. On average, costs from influenza and pneumonia hospitalization are 30% to 33% more than costs of other illnesses requiring hospitalizations. Reductions of 34% to 44% in physician visits, 33% to 45% in lost work days, and 25 % in antibiotic use have been reported in studies comparing vaccinated persons to unvaccinated persons.

Agency Goal — Protect, Continually Improve and Restore the Environment

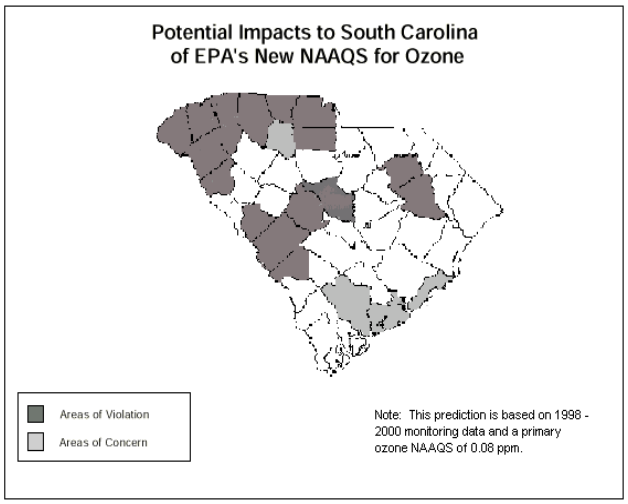
Program Name: Bureau of Air Quality

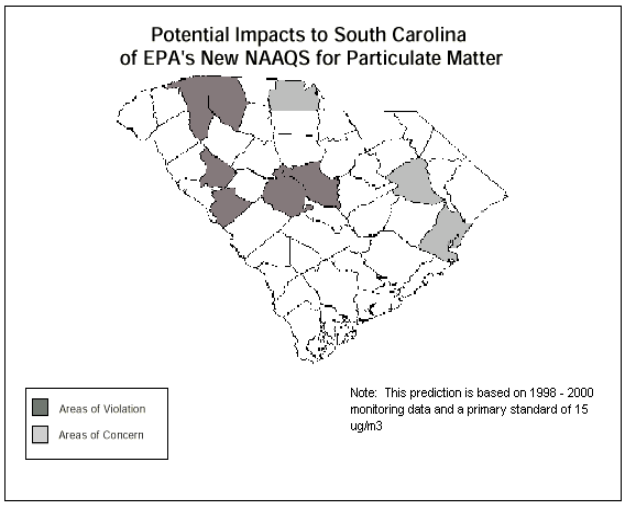
Program Goal: Ensure South Carolinians live in areas where all air quality standards are met.

Program Outcomes: Increase percentage of state and associated populations living in areas meeting state and federal *primary* and *secondary* ambient air standards.

Key Performance Indicator/Benchmark: Attainment of National Ambient Air Quality Standards (NAAQS) for criteria air pollutants, including Ozone (O_3), Sulfur Dioxide (SO_2), Nitrogen Dioxide (NO_2), Particulate Matter (PM 10), Carbon Monoxide (CO), and Lead.

What the Data Say: SC is currently meeting all of the National Ambient Air Quality Standards. Over 130 monitors and samplers around the state measure air pollutant concentrations. SC's maximum and average concentrations of Carbon Monoxide, Sulfur Dioxide, and Lead are well below the national standards. Nitrogen Dioxide, Particulate Matter 10 (PM10), and Ozone concentrations also meet the national standards; however, occasionally, at specific monitoring sites, they have been measured above, or near the standard. The standards are set at a level to be protective of public health; however, they are designed to allow for rare, unusual events.





Why This Performance Indicator is Important: Potential adverse health effects from air pollution include asthma, emphysema, breathing loss, kidney damage, cancer risks, heart and lung problems, and premature death. The young and old are especially at risk. Air pollution also affects our environment by reducing agricultural and forest yields; increasing plant susceptibility to disease and pests; and decreasing the aesthetic value of plants and trees in our parks and recreational areas, as well as other air quality related values with our parks.

This will be even more important as our state faces more stringent standards for ozone and particulate matter in the coming years. *The maps above show areas of our state that might be faced with tougher emissions limits, restrictions on federal funds for road projects, and many other sanctions that would be the results of not meeting the new standards. We are currently working on strategies to minimize those impacts.*

Program Name: Water Quality Protection

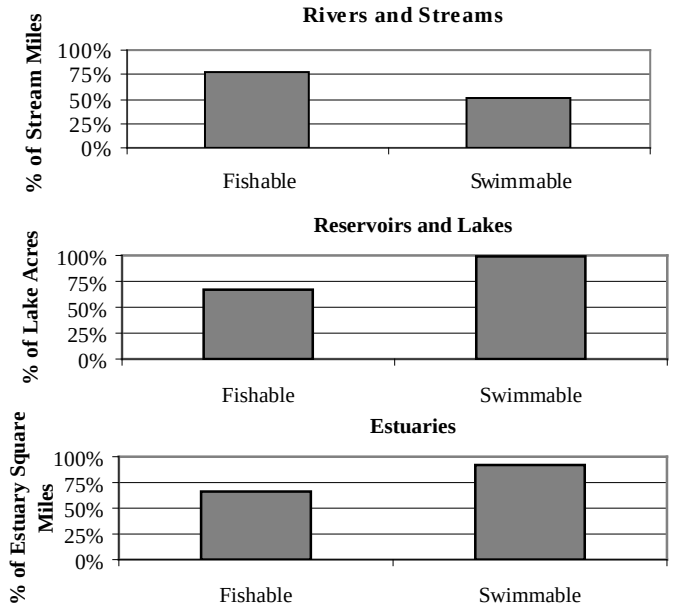
Program Goal: Ensure waters meet water quality standards.

Program Outcome: By 2002, 75 % of surface waters are fishable/swimmable and by 2007, 80% of surface waters are fishable/swimmable

Key Performance Indicator/Benchmark: Percent of surface waters that are fishable/ swimmable, benchmarked to State water quality standards and U.S. EPA guidance for % of standards violations allowable for waters to meet the fishable/swimmable goals. The percentage of waters attaining their designated use of fishable/swimmable is determined by dividing the number of water samples exceeding the defined standard by the total number of water samples collected at a specific location over a 5-year time period. Less than 10% violations means full support of these uses, between 11% and 25% violations means partial support, and greater than 25% violations means non-support.

What the Data Say: Almost all lakes and estuaries (salt waters) in SC are safe for swimming. While just over 50% of our streams and rivers are safe for swimming, it is important to note that many streams are inaccessible or too shallow for swimming. Many of the waters which may not provide full support for a healthy aquatic community have conditions which may be due to natural occurrences and not pollutants introduced by man. All waters which do not fully support these uses are slated for watershed restoration to ensure full attainment of this goal.

Percentage of State Waters Supporting Fishable and Swimmable Uses



Source: 2000 305(b) Report

Why This Performance Indicator is Important: It is a goal of the Federal Clean Water Act that all waters be classified according to the desired or best uses and that standards are stringent enough to protect the uses. Water quality suitable to sustain an aquatic population and be safe for swimming are Clean Water Act goals.

Program Name: Land and Waste Management

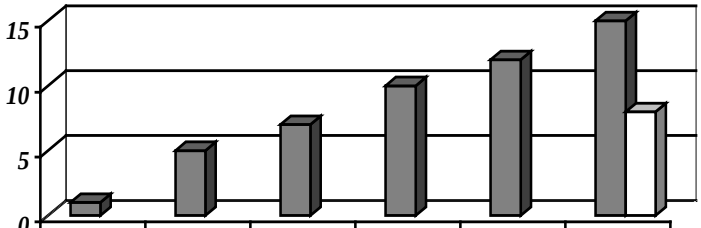
Program Goal: Restore impaired natural resources and sustain them for future use.

Program Outcome: Track and report the number of non-responsible party contracts (Brownfields) executed.

Key Performance Indicator/Benchmark: Number of Brownfields contracts executed per year, benchmarked to the average number of total contracts executed for five (5) southeastern states.

What the Data Say: As of FY00, DHEC has entered into a total of 15 contracts which facilitate cleanup and redevelopment of contaminated industrial sites. DHEC surpasses the average number of total contracts, 8, for 5 southeastern states.

Brownfield Contracts Executed
FY1995-FY2000



	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00
SC Cumulative Contracts Awarded	1	5	7	10	12	15
Regional Contracts*						8.0

*Average number of contracts executed for southeastern states: Tenn, Miss, Fla, Ala, & Ky

Source: DHEC Brownfields Files & Southeastern State Brownfields contacts

Why This Performance Indicator is Important: The Brownfields Initiative was established to attract individuals, companies and municipalities to redevelop and clean up contaminated sites or sites with perceived contamination. The goal is to see that the site is cleaned up and brought back into the economic tax base. Often these sites are located in choice locations with infrastructure already in place. Brownfields contracts offer an incentive to new businesses and industries to participate in the restoration of many useful sites. Brownfields contracts indicate a public-private partnership that meets customer needs, improves the environment, and enhances quality of life for the citizens of SC.

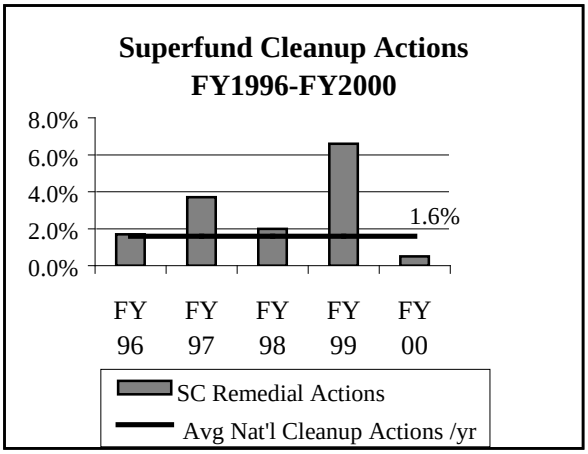
Program Name: Land and Waste Management

Program Goal: Restore impaired natural resources and sustain them for future use.

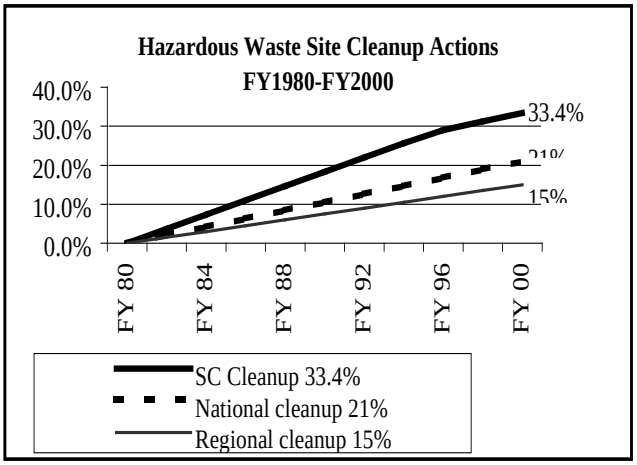
Program Outcome: Track and report the number of actions taken to remediate contaminated land.

Key Performance Indicator/Benchmark: For Superfund sites, percent of cleanup actions per year relative to the total number of sites, benchmarked to the national average of cleanup actions per year; for Hazardous Waste Sites, percent of cumulative cleanup actions per year relative to the total number of sites, benchmarked to national and regional cleanup percentage rates.

What the Data Say: The average cleanup rates in SC exceed national and regional rates. Due to the large number of Superfund cleanups initiated in FY99, the cleanup management resources extended into FY00, thereby resulting in a reduced number of FY00 cleanup initiations.



Source: DHEC CERCLA Files, ASTSWMO Report State Cleanup Accomplishments for the Period 1997-1998, 1997 Superfund Annual Report to Congress.



Source: RCRIS Info Database: State of RCRA Report.
Note: For FY80-FY96, data presented is an average.

Why This Performance Indicator Is Important: Aggressive cleanup of Superfund and Hazardous Waste Sites reduces threats to human health and the environment. Contaminated land occurs where there has been an accidental or intentional spill of substances that pose a health risk. These contaminated sites often pose health threats not only to humans but also to wildlife, plants and the environment, depending on the type, amount and mixture of materials that pollute the site.

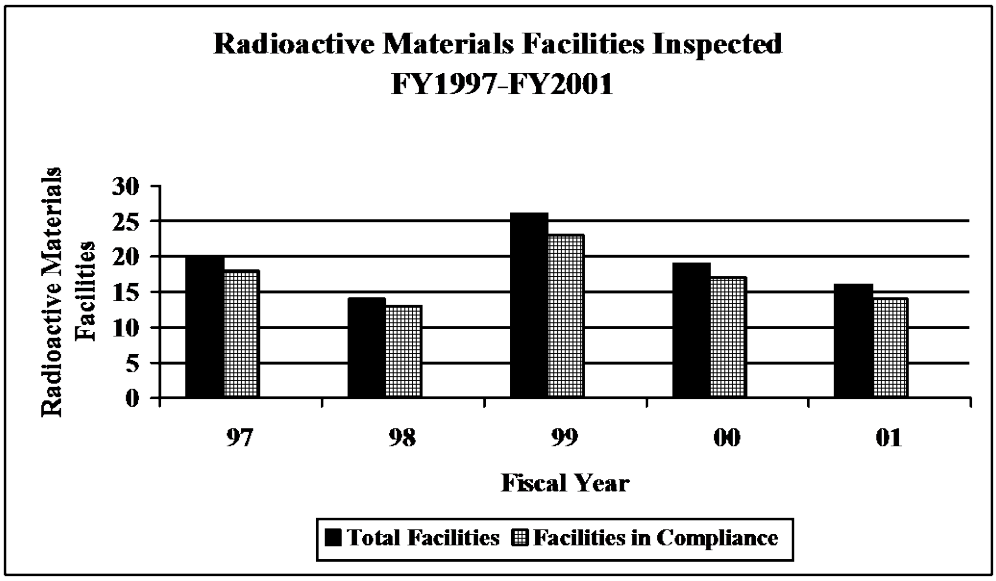
Program Name: Radiological Monitoring – Division of Radioactive Material Licensing

Program Goal: Protect the environment and safety of the public's health.

Program Outcome: Minimize the release of radioactive materials into the environment and reduce existing levels of regulated radioactive materials in the environment.

Key Performance Indicator/Benchmark: Number of inspections of licensed facilities allowed to release radioactive materials.

What the Data Say: The chart indicates the total number of inspections performed at facilities allowed to release radioactive materials versus the number of facilities in compliance with all (not limited to environmental releases) requirements of Regulation 61-63, Radioactive Materials.



Why This Performance Indicator is Important: Releases of radioactive materials to the environment can result in human exposures in excess of regulatory limits, which may lead to adverse health effects. Therefore, the Division of Radioactive Material Licensing and Compliance inspects radioactive material licensees in accordance with established federal standards to assure that releases are kept at or below regulatory limits. Inspections are conducted on a priority basis. During the inspection, any items of noncompliance are required to be corrected within 20 days. Therefore, compliance with release limits is either verified at the time of inspection, or is achieved within 20 days of inspection. An increase in the number of licensees inspected means more facilities have been determined to have radiation releases at or below regulatory limits, reducing the public health risk of over-exposure.

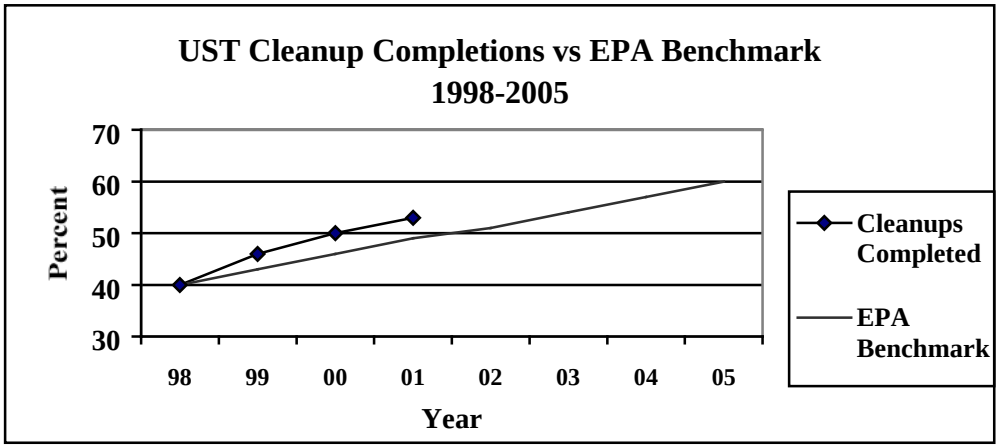
Program Name: Land and Waste Management

Program Goal: Reduce pollutant releases to surface and groundwaters.

Program Outcome: By 2005, 60% of all Underground Storage Tanks (UST) leaks will be cleaned up.

Key Performance Indicator/Benchmark: Percent of UST cleanups completed per year, benchmarked to the annual goal determined by EPA in response to the Government Performance and Results Act.

What the Data Say: A total of 53%, or 4190 cleanups out of over 8000 confirmed releases reported to date, have been closed, exceeding the EPA established interim goals. If this level of closure activity is sustained for the next four years, DHEC will exceed the 60 % closure goal by 2005.



Source: DHEC UST Database

Why This Performance Indicator is Important: Petroleum products leaking from USTs can end up in soil and groundwater beneath the leaking tank. Petroleum products contain a number of compounds that pose a health risk for drinking water drawn from a contaminated aquifer. By identifying leaking tanks, removing them and cleaning up the surrounding soil, it may be possible to prevent some groundwater contamination. Locating leaking USTs also alerts nearby residents whose groundwater is already contaminated to find alternate sources of safe drinking water. While new sites requiring cleanup are being reported, the overall reduction of areas with impact to the environment reflects DHEC's priority to mitigate threats to human health and the environment.

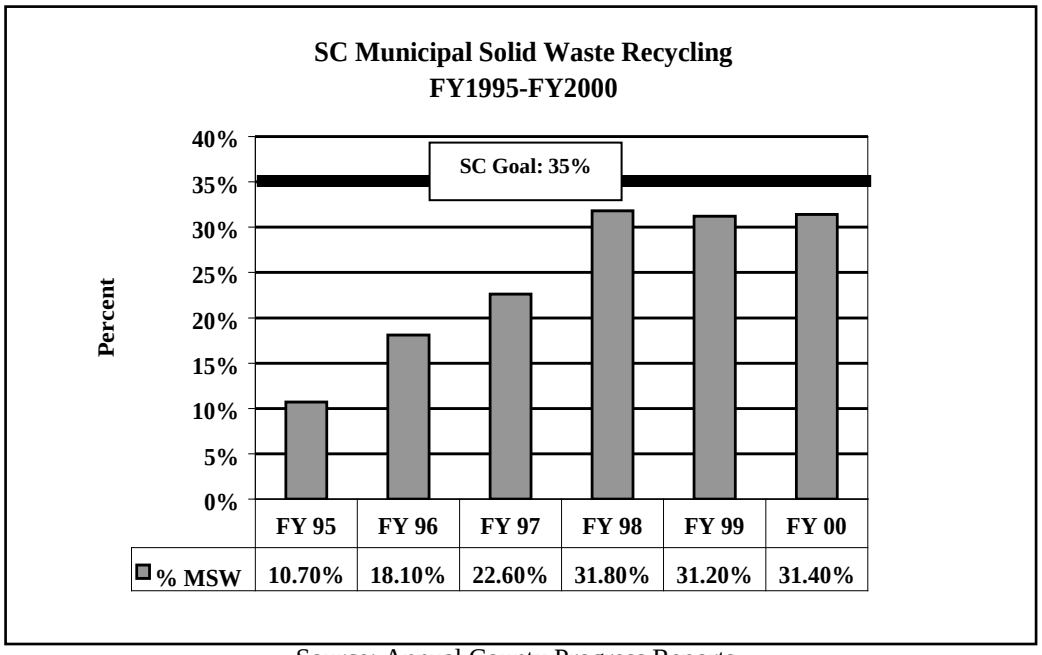
Program Name: Land and Waste Management

Program Goal: Reduce the amount of waste generated.

Program Outcome: By the year 2005, reach a 35% solid waste recycling rate statewide.

Key Performance Indicator/Benchmark: Percent of municipal solid waste recycled per year, benchmarked to the recycling goal (35%) set forth in the Solid Waste Policy and Management Act, amended in October of 2000.

What the Data Say: Since 1993, the municipal solid waste recycling rate has risen significantly to a current rate of approximately 31%. The recycling rate has remained consistent over the past three years, due in part to decreased State grant funding for local programs.



Source: Annual County Progress Reports

Why This Performance Indicator is Important: By recycling, materials that would normally end up in a landfill are, instead, remade into useable items. This not only reduces the amount of raw materials needed to make new items (e.g., cutting down more trees to make paper products), but also reduces the need for large land areas being used simply to dispose of wastes. By reducing the amount of garbage put into landfills, the opportunity for contaminants from the garbage to enter the soil, water and air is also reduced. Although great strides have been made in recycling in SC, collaborative efforts will be necessary for the State to reach the 35% goal. DHEC will continue to foster recycling through private-public partnerships that build local programs and focus on specific commodities.

Agency Goal — Protect and Enhance Coastal Resources and Ensure Proper Management and Access

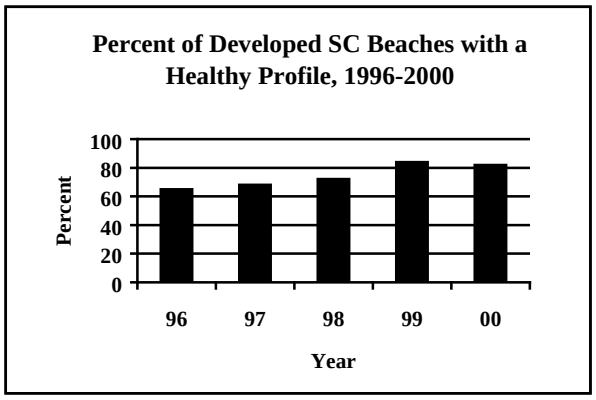
Program Name: Ocean and Coastal Resource Management

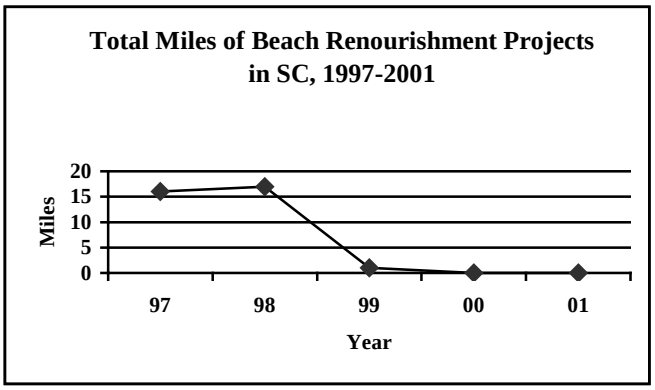
Program Goal: Attain healthy beaches, which are enhanced, protected and publicly accessible.

Program Outcomes: Increase the existing percentage of beaches with a healthy beach profile; Protect and improve full and complete public access to beaches.

Key Performance Indicators/Benchmarks: Percent of beaches with a healthy profile, defined as having at least 25 feet of dry sand between the seaward toe of the sand dune and the high-tide wave up rush line, which provides storm surge protection and provides recreation in all tide stages; Degree of beach access, based on the State Beachfront Management Plan, which requires minimum access in order for beach communities to be eligible for State funds for beach renourishment and management. Criteria for state and local beach access and beach management are based on the S.C. Code of Laws, Sections 48-39-320 to 350 and Regulation R.30-18, as well as the Coastal Management Program Document and Beachfront Management Plan.

What the Data Say: After increasing each year from 1995 to 1999, the percentage of healthy beaches has declined slightly.





Why These Performance Indicators are Important: Beach renourishment and maintenance protect the homes and businesses of South Carolinians, and help ensure the viability of the State's second highest money producing industry – tourism. Healthy beaches equate to storm protection, access for recreation, and tourism dollars.

Additional Information: The decline in percentage of healthy beaches is expected to continue and, perhaps, accelerate in the near future due to a reduction in funding for beach renourishment. Beach profile data can also vary annually due to weather conditions. Since 1986, SC has averaged over $3 million a year in direct State dollars to renourish and maintain beaches. When federal and local expenditures are added to that amount, average expenditures are closer to $10 million annually. In FY 1999, under Part II, Section 8 of the Appropriations Act, the General Assembly established a trust fund for beach restoration projects. However, no recurring funds have been appropriated; funding for past expenditures has been provided as special appropriations of non-recurring funds. No funds of any type were allocated for FY2001, even though a $4.7 million need was identified.

III.7.3 ***Key Measures of Employee Satisfaction, Involvement and Development:*** Results from the 2001 Agency Employee Survey indicate that DHEC employees feel positively about their jobs and the contribution they make, but are dissatisfied with what they get in return, namely salary and recognition. [See III.5.4]

III.7.4 ***Key Measures of Supplier/Contractor/Partner Performance:*** The Office of Internal Audits (OIA) participates in the Agency Subrecipient Monitoring Program by monitoring the subrecipient audit compliance efforts within DHEC. Subrecipients are those contractors who receive federal funding passed through the Agency to provide program-specific results. DHEC's various program areas are responsible for monitoring subrecipients for compliance with contractual issues and Federal guidelines, and OIA reviews the federally required OMB Circular A-133 audit reports. In addition, OIA follows up on audit recommendations for evidence of a corrective action plan and implementation in some cases. OIA also reviews exceptions to the quarterly progress reports prepared by the program areas, as necessary.

During FY1999, DHEC had a total of 125 subrecipients that received approximately $13.8 million in federal funds. In FY2000, the agency had 116 subrecipients that received approximately $15.7 million in federal funds.

III.7.5 ***Key Measures of Regulatory/Legal Compliance and Citizenship***

Examples of legal and regulatory requirements imposed upon the agency include mandatory Occupational Safety and Health Administration standards to protect against blood borne pathogens that cause chronic illnesses like HIV and Hepatitis; federal Clinical Laboratory Improvement Act and other standards for DHEC laboratories and clinics; Resource Conservation and Recovery Act standards for chemical waste disposal; and hazard communication standards for use of hazardous chemicals in the workplace.

DHEC encourages community involvement and volunteerism. Employees participate in many community campaigns, including the March of Dimes, United Way, Community Health Charities, Juvenile Diabetes Foundation, the United Negro College Fund of the Midlands, and Toys for Tots. Employees raised nearly $120,000 for these community health campaigns during FY2001. Employees also participate in Adopt a Highway, Beach Sweep/River Sweep, Adopt a Beach, Families Helping Families, and numerous health promotion activities. [See also III.1.7 and III.5.6]

III.7.6 ***Levels and Trends of Financial Performance:***

[See next page.]

DHEC Total and State Funds Expenditures (in millions) by Agency Long-Term Goal
FY1998 – FY2001

Agency Long Term Goal	FY98		FY99		FY00		FY01	
	Total	State	Total	State	Total	State	Total	State
Increase local capacity to promote and protect healthy communities	$ 57.1	$35.4	$ 74.2	$ 39.3	$ 76.8	$ 39.5	$ 84.5	$ 40.1
Improve health for all and eliminate health disparities	35.6	11.7	33.8	9.7	37.6	9.7	38.7	9.9
Assure children and adolescents are healthy	161.0	20.5	148.6	20.8	121.4	21.0	126.7	21.1
Increase the quality and years of healthy life for seniors	84.7	2.6	80.9	2.6	75.7	4.2	65.8	4.2
Protect, continually improve and restore the environment	70.8	13.7	72.6	14.1	70.2	14.6	72.4	16.0
Protect and enhance coastal resources; ensure proper management/access	6.2	1.3	6.4	1.3	7.7	1.3	9.1	1.3
Improve organizational capacity and quality	26.8	8.4	25.9	7.8	26.9	8.8	26.2	8.9
Employee Benefits (incl. pay plan)	46.1	16.5	44.8	16.6	50.0	19.0	52.5	20.3
Totals	$488.3	$110.1	$487.2	$112.2	$466.3	$118.1	$475.9	$121.8