Accountability Report Transmittal Form

Agency Name Department of Health and Environmental Control

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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 Health Regulations (HR), and Administration. Results are reported, and organized around the agency's eight long-term goals as described in DHEC's 2000-2005 Strategic Plan. [See III.1.3, III.2.1, & III.7.]

I.1

MISSION
We Promote and Protect the Health of the Public and the Environment
VALUES
Teamwork
Cultural Competence
Use of Applied Scientific Knowledge for Decision-making
Local Solutions to Local Problems
Excellence in Government
Customer Service

The agency performs 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; and with added responsibilities and concern for homeland security.

I.2 Key strategic goals for present and future years: The 2000-2005 Strategic Plan has eight long-term goals and 36 strategic goals. Due to space considerations, view the entire Strategic Plan at www.scdhec.net/news.

LONG TERM GOALS
1. Increase local capacity to promote and protect healthy communities.
2. Improve health for all and eliminate health disparities.
3. Assure children and adolescents are healthy.
4. Increase the quality and years of healthy life for seniors.
5. Protect, continually improve and restore the environment.
6. Protect and enhance coastal resources and ensure proper management for the benefit of current and future generations.
7. Improve organizational capacity and quality.
8. Assist communities in planning for and responsibly managing growth.

I.3 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 eight long-term goals will be affected by the following:

Coastal Issues: Critical challenges include rapid coastal population growth, declining state and federal support to fund beach renourishment, increasing legal challenges and costs, and managing and protecting freshwater wetlands. [See III.7.2, p.49.]

Facilities: As aging facilities and infrastructure deteriorate, access to essential public health and environmental services may be impacted as costs of needed renovations or replacements increase. Facility renovations are necessary to meet the new Health Insurance Portability and Accountability Act (HIPPA) requirements for storing records and maintaining security. Building

consolidation of the agency's central office in Columbia will improve customer access and cost efficiencies, e.g. travel reductions, computer lines.

Staff Issues-Retention/Turnover/Vacancies: 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 are well below the private sector, other southeastern states, and other state agencies. Impacted positions such as nurses, paramedic inspectors, social workers, nutritionists, information technologists, and engineers are essential to protect the public's health and the environment. Lack of a competitive structure to replace staff and the growing percentage of experienced staff nearing retirement further impact the agency's ability to carry out its mission.

Nursing Shortage: SC ranks 42nd nationally in the number of registered nurses per population. Currently, more than 41% of the vacancies in Health Services are for nursing positions. DHEC has the lowest salaries for nurses of all the state agencies, which in turn are lower than the private sector. The health status of some populations may be negatively affected by this shortage, for example, more children not immunized, unintended pregnancies, increases in communicable diseases, and infant mortality. The nursing shortage also impacts the agency's response to bioterroism threats and natural disasters, creates longer waiting times for customers, and reduces services.

Infectious and Chronic Diseases: Chronic diseases and emerging infectious diseases, including diabetes, HIV/AIDS, Hepatitis C, obesity, cardiovascular, cancer 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 chronic and emerging communicable diseases.

Water Quality: Total Maximum Daily Loads (TMDLs): The availability of clean surface water for economic activity is an imperative for the state's future growth. Raising state impaired waters to federal water quality standards allows for the best possible use by humans and aquatic life. Impaired waters are limited in their ability to be used for fishing, swimming, drinking water and absorption of industrial or domestic discharges. The drought and resulting water shortage has further impacted the state's water quality. With insufficient funding to develop pollution reduction strategies guided by individual TMDLs, recovery of the state's water bodies will be long and difficult and will affect both the state's environment and economy. [See III.7.2, p.43.]

Water Quality: Reduce Pollutant Loading: Water bodies become impaired from pollution. The primary cause is "non-point source 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 disease and environmental monitoring capacity, response to bioterrosim, emergency preparedness, and linkages with local health systems. Maintenance and development of new systems are essential to support local and state programmatic and operational activities, to provide better customer service, and to reduce labor-intensive efforts.

HIPAA: DHEC must be compliant with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations by April 14, 2003 and with the uniform Transactions and Code Sets by September 2003. Estimated cost of this unfunded federal mandate is $2.5 million. DHEC will not be able to bill or receive reimbursement for health care services if the agency is not compliant.

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.

Emergency Preparedness: DHEC plays a vital role in emergency preparedness to respond to natural disasters and terrorism and will provide leadership in implementing the 2002 Homeland Security Act. Preparation for and recovery from hurricanes and other disasters requires staff resources, time, and equipment to maintain a high level of readiness to protect and respond to citizens' needs. Public health workers and programs are a critical resource for meeting present and future threats. While limited federal funds for biological preparedness have been received, no federal funds have been made available to address chemical and radiological emergencies with the exception of a federal grant for routine radiological emergency preparedness and response to emergencies occurring at the US Department of Energy –Savannah River Site (SRS) facility.

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 Food and Drug Administration (FDA) standards. [See III.7.2, p.26.] Requests for new septic tank permits and non-traditional septic tank systems continue to grow and tax existing resources. Reduction of septic tank permit processing time is not possible at the current staff level.

Budget Reductions: The agency continues to promote and protect the health of the public and the environment in the most effective and efficient manner while trying to maintain current levels of service and progress with the impact of reduced funding and reductions in staff. How to do more with less without sacrificing quality or gains in achieving agency goals, that will move us closer to the agency's vision of healthy people living in healthy communities, remains a great challenge. The agency will continue to evaluate programs and services and may have to eliminate some programs in order to maintain the effectiveness of other programs. Reductions to the agency's base budget make it difficult to maintain core performance efforts, diminishes field presence, reduces response time, and decreases the agency's ability to support communities and citizens. Other examples include:

- Limited capacity to address emerging issues such as HIPAA.
- Longer waiting time for health clinic appointments.
- Increased time to process and approve some permits.
- Less frequent inspections in less critical areas.
- Elimination of all preventive services to seniors.
- Closing of six satellite health clinics.
- Capacity to respond to West Nile Virus and other threats.
- Increase in customer complaints.
- Low staff morale.
- Decreased ability to achieve program and performance standards and expectations.

I.4 Major Achievements from the Past Year:

(A) Preparation and Response to Emergencies: Several major events this year exemplify the agency's preparation and readiness to respond to and manage public health emergencies, terrorist threats, and environmental threats:

Response to terrorism: Following the events of September 11th, DHEC played a vital role in responding directly to the massive requests for information and support. At the height of public

concern, staffs were fielding between 145 and 190 calls per day. Existing relationships between the FBI, SLED, EMS and DHEC established during preparedness planning proved invaluable in increasing the speed of DHEC's response. Response activities included: providing regional training to hundreds of medical providers, public health workers, and law enforcement across the state; development and implementation of urgent medical alerts for hospitals, large volume practices, and others in the Health Alert Network; development and dissemination of protocols for handling suspicious packages, mail, and environmental specimens; and development and dissemination of instruction guides for health workers and the general public. DHEC received and tested 475 environmental specimens and 13 clinical specimens from October 1 through May 22, 2002. None of the specimens tested positive for anthrax. In addition, blood supplies were shipped to Washington, DC and the Disaster Mortuary Service (DMORT) team was sent to New York.

Bioterrorism Grant: Two cooperative agreements for Bioterrorism Preparedness, with the Centers for Disease Control and with the Health Resources and Services Administration (for hospital planning and preparedness for bioterrorism), resulted in SC receiving $15,000,000 for disease prevention and control. Resources will be used to strengthen proactive prevention planning for terrorist threats, disease control and emergency response. SC was one of 20 states to receive full funding for these grants.

EQC Emergency Response: For fiscal year 2001-2002, the total number of calls that the EQC Emergency Response Section received on the 24-hour Emergency Response line was 1560. The agency has documented 956 spills and releases within the state during the same time frame.

Tin Products and *Cardinal Chemical:* In the Midlands, a major release at Tin Products and the ensuing agency involvement in the day to day operations at both Tin Products and Cardinal Chemical showed DHEC's preparedness to respond to immediate threats to the environment and public health**.** In 2002, the administrative law judge upheld an order requiring Tin Products to shut down. An ongoing criminal investigation has resulted in several indictments. This investigation will continue into the coming year.

Uranium, Lake Hartwell, Table Rock, Barnwell County: In the Upstate, DHEC continues to manage a major situation related to the discovery of naturally occurring uranium in well water and the potential threat to human health and quality of life. Testing is also continuing on groundwater uranium contamination around a processing facility located in Barnwell County. There is concern that it could eventually seep into a major state aquifer. This uranium is a contaminant and not naturally occurring. 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 agency to quickly and decisively respond to similar situations in the future**.**

***(B) Response to Chronic and Emerging Health Challenges 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.

West Nile Virus: The agency continues to test birds, mosquitoes, horses, and humans for West Nile Virus (WNV) and monitor the spread of the virus through surveillance efforts. Public education and information advise the public and health care providers of the spread of the virus and convey steps to reduce the risk of mosquito bites.

Efforts to Improve Health Outcomes: Community-based efforts have been implemented to improve health for all. Examples include outreach, testing, screening, and education for health

problems like HIV, prostate cancer, syphilis, diabetes, cardiovascular disease, and breast cancer. The SCBIBS-"Black Infants Better Survival," a public awareness campaign and website informs and educates the public about how to ensure that babies survive the first year of life. [See III.7.2, p.39.] A television public awareness campaign will be added later this year. A comprehensive community-based cancer education program has been developed in partnership with the state's many cancer coalitions.

Drug Resistant Strains of Bacteria: Incident 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, continues to monitor physician-specific prescribing practices and educates providers and parents about appropriate antibiotic use.

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 one of 14 states with funding appropriated to cover the screenings.

(C) Environmental and Coastal Protection and Links to Economic Prosperity: The passage of enhanced air and water quality standards has not only provided much needed protection for surface water resources, it extended indefinitely SC's ability to provide for well-managed growth and future economic prosperity. 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. DHEC staff work with communities, local government and citizens' groups encouraging them to consider environmental protection issues in their plans for land use, growth, and economic development. Examples of some of these efforts are:

Brownfields Voluntary Cleanup Program: The agency's first partnership contract recipient was awarded the prestigious Phoenix Award for outstanding Brownfields redevelopment in EPA Region 4. DHEC was successful in forging partnerships in the General Assembly to pass significant revisions to the corporate tax code to provide incentives for accelerated Brownfields' development. [See III.7.2, p.44.]

Swine Facility Regulations: New and more stringent Agricultural Facility Regulations were passed in 2002. Partnerships between the regulated community, special interest groups, and the General Assembly were developed and resulted in a compromise that is highly protective of the environment and acceptable to agri-business.

Oceanfront Groins: Legislative changes to the Coastal Zone Management Act will allow for the construction of oceanfront groins. A prior court case had removed the agency's ability to approve such projects. Groins can provide vital beach stabilization in certain extraordinary situations and will protect public access areas vital to the tourism industry. DHEC staff aided in the successful passage of this important legislation.

Dock and Pier Construction in Tidal Wetlands: Legislative approval of changes to special project standards for the construction of docks and piers in tidal wetlands will allow the agency to protect vital tidal nursery areas by, among other things, prohibiting docks in small tidal creeks and reducing the total allowable size of docks. These regulatory changes also require additional project information so that the agency may more closely monitor impacts to other coastal resources such as freshwater wetlands, endangered species, and historical resources.

Cooper River Corridor Study: DHEC staff developed a draft work plan for the Cooper River Corridor Study to address several natural resource, cultural resource, and recreational issues on the upper Cooper River. The agency, with assistance from the Berkeley/Charleston/Dorchester Council of Governments, is finalizing a total maximum daily load (TMDL) for the Cooper River. The water quality model indicates that substantial reductions from current permit limits are necessary to maintain good water quality.

Underground Storage Tanks (UST): The agency received a $100,000 grant to assess and clean up petroleum contamination at six former UST sites clustered around a single intersection in Greenville, SC. The funds were awarded as one of 40 pilot projects across the nation under the EPA's UST Field Initiative. Funds will be used for ground-penetrating radar studies to locate tanks and for environmental assessment, cleanup, and monitoring activities. [See III.7.2, p.47.]

(D) Continued Formation of Public-Private Partnerships to Address Health, Coastal, and Environmental Concerns:

A core value of the agency is to promote local solutions to local problems by working with communities to improve their health and environment. 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. [See III.3.1.]

Expansion of Dental Partnerships: More school-aged children received preventive dental services last year through the first state public-private partnerships with the State Department of Education, DHEC, the SC Dental Association, and the SC Dental Hygienist Association. SC was awarded a cooperative agreement with the Centers for Disease Control and Prevention to provide five years of funding for a public health dental program focused on planning, prevention, community outreach, education, and water fluoridation. [See III.7.2, p.37.]

Medical Homes for Children: 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. A recent grant was received that expanded this effort to include medical homes for children with special needs. [See III.7.2, p.36.]

Faith and Health Partnership with the AME Church: The 7th Episcopal District of the AME Church, in partnership with DHEC, has developed a Strategic Health Plan. DHEC staff and the Committee for a Healthy African Methodist Episcopal Church developed the plan with four major goals: to improve children's health; eliminate disparities; assure communities are healthy; and increase; and improve congregational capacity. The plan is being implemented statewide.

Ground-Level Ozone Public Health Alerts: DHEC's Bureau of Air Quality partners with WIS-TV, other members of the forecast network, and the SC Department of Transportation to: alert the public to days when high ground-level ozone is predicted; inform citizens about what these levels mean to those with chronic respiratory illness; and increase public awareness of the human behaviors that contribute to the formation of ground-level ozone.

Phosphorus Levels in Wastewater Discharges: DHEC's Bureau of Water has an agreement with the NC Department of Environment and Natural Resources to lower phosphorus levels in wastewater discharges from Mecklenburg County. The agreement will aid in water quality improvement in both states.

Partnerships with Local Governments for Coastal Management: The Sustainable Coastal Community Program provided grants to the towns of Bluffton, Kiawah Island, Sullivans Island, and Surfside Beach to assist in developing programs to better manage and protect coastal

resources. Through the Beaufort County Special Area Management Plan, technical and/or funding assistance was provided to Beaufort County and the associated municipalities to address coastal quality issues, including the development of a stormwater management utility, boating management, septic tank management, and citizens education. A draft work plan for the Murrells Inlet Special Area Management Plan was also completed which would address restoration and protection of the natural resources of Murrells Inlet, an estuary which has seen rapid development around its borders and which is under the threat of decreasing water quality.

The following community, business, and agency partnerships to improve health and environmental outcomes in the state, as highlighted in last year's report, continue to be priorities for the agency; the Turning Point Initiative, Champions of the Environment**,** the Eden Alternative, the Business Recycling Assistance Partnership, and the State Health Improvement Plan: *Health Disparities Study.*

Section II — Business Overview

II.1 Number of employees: DHEC currently has 5,600 budgeted FTE positions. Of these, the agency has 4,787 employees in FTE positions with 884 FTE vacancies. The number of hourly, per-visit, temporary grant and contract employees varies daily. Approximately 700 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:

	00-01 Actual Expenditures		01-02 Actual Expenditures		02-03 Appropriations Act	
Major Budget Categories	**Total Funds**	**General Funds**	**Total Funds**	**General Funds**	**Total Funds**	**General Funds**
Personal Service	$193,901,111	$ 68,338,513	$185,225,469	$ 62,412,642	$191,139,651	$59,298,589
Other Operating	106,152,540	28,822,255	100,483,490	19,928,625	132,393,969	21,623,558
Special Items	2,393,416	1,652,028	11,913,802	1,075,206	21,567,275	5,071,082
Permanent Improvements	281,171	12,681	2,231,487	39,359		
Case Services	86,243,969	6,806,017	91,272,663	6,158,917	85,548,710	7,085,903
Distributions To Subdivisions	7,058,066	2,819,177	5,880,039	1,683,170	11,365,031	2,825,073
Fringe Benefits	52,436,088	18,623,897	53,956,128	18,583,300	53,665,563	18,248,128
Non-recurring	6,591,847	2,628,153	3,089,718	500,920		
Total	**$455,058,208**	**$129,702,721**	**$454,052,796**	**$110,382,139**	**$495,680,199**	**$114,152,333**

Other Expenditures

Sources of Funds	00-01 Actual Expenditures	01-02 Actual Expenditures
Supplemental Bills	$2,628,153	$ 500,919
Capital Reserve Funds	$ 241,060	$ 9,379
Bond	$ 525,000	
Tobacco	$3,197,634	$2,579,418

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.] Key customers include:

Federal government	State agencies	Local government
Citizen groups	Non-profits	Private industry
Small business	Media	Legislature
DHEC programs/staff	Consultants	Contractors
EPA	Regulated community	Faith community
Community partners	Service providers	Academic partners
State organizations	National organizations	Under-served populations

II.5 Key Suppliers: DHEC's key suppliers are:

Citizens of SC	Communities	Federal government
State & local governments	Providers of services	Medical community
Environmental community	Regulated community	Business & industry
Courts	General Assembly	Providers of revenue
Agency staff	Other state agencies	Providers of information & data
Providers of supplies & equipment	Providers of scientific knowledge	Budget & Control Board

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.
- Provide protection from biological and chemical hazards by responding to events that threaten homeland security.
- 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]

II.7 ***Organizational Structure:***

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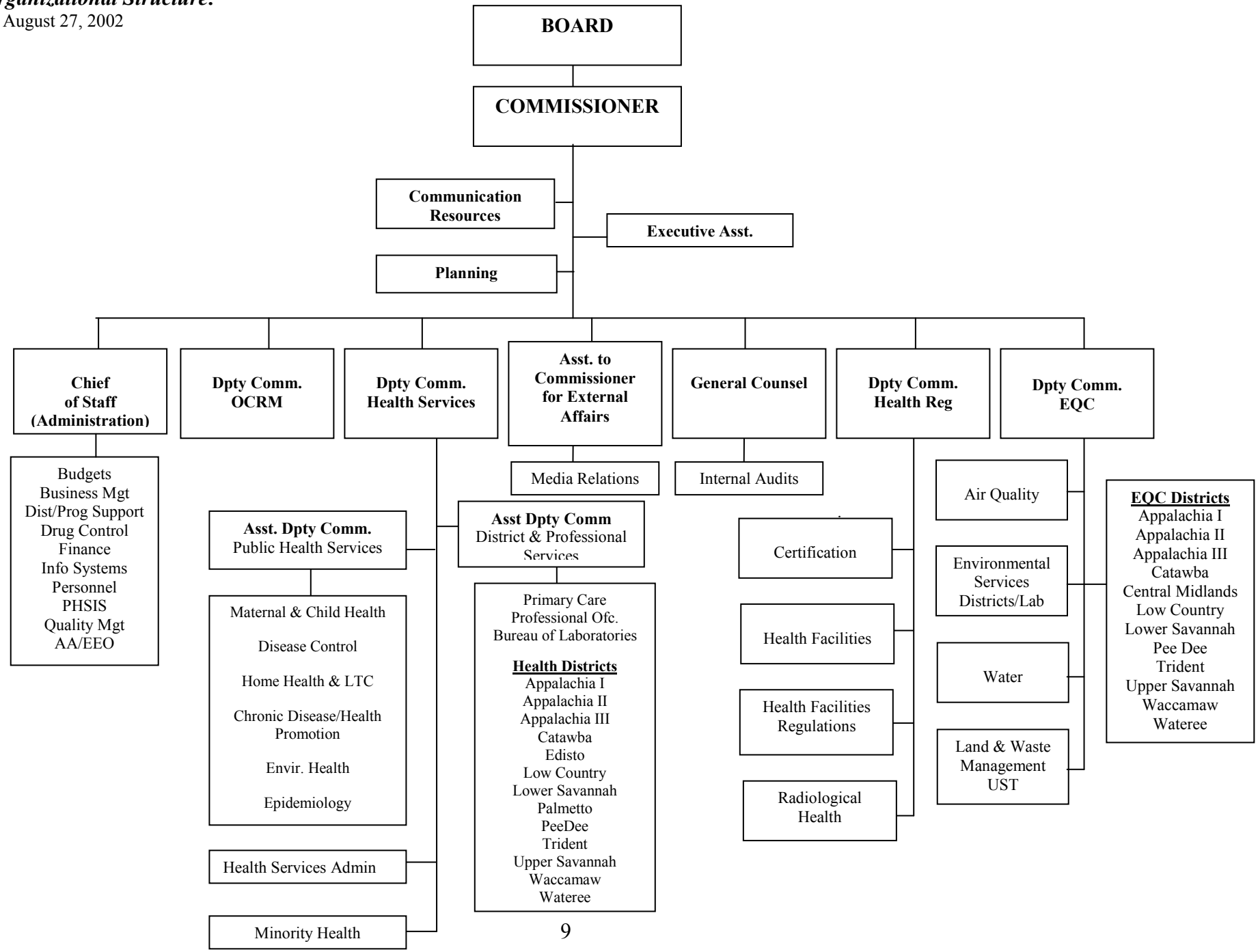


Section III – Elements of Malcolm Baldrige Award Criteria

III.1 Leadership

III.1.1 ***(a-f) How do senior leaders set, deploy and communicate: (a) Short and long-term direction (b) Performance expectations (c) Organizational values (d) Empowerment and innovation (e) Organizational and employee learning (f)Ethical behavior?*** Earl Hunter has completed his first year as Commissioner, leading the agency in concert with the DHEC Board. The Board, appointed by the Governor and approved by the Senate, has oversight authority for the agency and meets each month, more frequently if needed, to provide policy guidance, oversight, approve regulations, hear contested cases, and set the direction for the agency. The Executive Management Team (EMT) provides the senior leadership to advise and support the Commissioner and Board and to follow the Board's guidance and directives. The EMT is comprised of Earl Hunter, Commissioner; Wanda Crotwell, Assistant to the Commissioner for External Affairs, Carl Roberts, General Counsel; Doug Calvert, Chief of Staff (Administration); Lewis Shaw, Deputy Commissioner for Environmental Quality Control; Dr. Lisa Waddell, Deputy Commissioner for Health Services; Chris Brooks, Deputy Commissioner for Ocean and Coastal Resource Management; and Leon Frishman, Deputy Commissioner for Health Regulations.

The 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. Each deputy area has a detailed operational plan, directly linked to the Strategic Plan. Performance expectations are specified as strategies and activities in the five deputy area operational plans and are expected to be included in each staff member's EPMS.

The EMT expects agency personnel to operate with the six organizational 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 is given to each new employee at employee orientation.

The EMT supports and encourages continuous organization and employee learning. 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, enhances employee learning. Public hearings allow the Board and managers to consider customer needs, evaluate risks and effects of proposed regulations, and develop consensus on the best approach [See III.5.2.] Use of scientific knowledge and data and best practices are integral components of decision making.

Senior leadership adheres to 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. 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. Many agency staff are certified and/or licensed in particular professional areas such as law, nursing, engineering, social work, nutrition 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. Many of the agency's programs and services are built around community partnerships to ensure customer involvement in planning and delivery. [See III.3.1.] Periodically, Board meetings are held at DHEC facilities in different regions of the state to increases public visibility and accessibility to the Board. The agency Internet site has been revamped to provide easier access to information, including the status of environmental regulations. Numerous publications such as *Healthy People Living in Healthy Communities* are provided to educate customers on a range of topics from childhood immunization requirements for school to information for permitted industries and businesses [See III.3.6.] The South Carolina Community Assessment Net-Geographic Information System (SCAN-GI) has been completed to provide customers direct Internet access to data for community planning. Customer satisfaction measures are found in [See III.7.1.]

III.1.3 ***What key performance measures are regularly reviewed by your senior leaders?*** EMT identified a list of critical performance measures contained in the Strategic Plan that reflect the overall performance of the agency. The Board and EMT review these key performance measures periodically. Each member of EMT reviews additional performance measures related to his/her own area of responsibility on a routine basis. Critical measures reviewed follow: [See III.7.2.]

1. Increase Local Capacity to Promote and Protect Healthy Communities

- Average number of announced, unannounced and follow-up food inspections.
- Percent of the population served by community water systems providing drinking water that meets all current health based standards.
- Regulatory limit for radiation exposures.

2. Improve Health for All and Eliminate Health Disparities

- Number of new HIV cases among African Americans and other minorities.
- Rate of death and disability due to HIV/AIDS.

3. Assure Children and Adolescents are Healthy

- Percentage of adolescents who smoke.
- Percent of appropriately immunized children and adolescents.
- Number have pediatric and family practice public-private partnerships.
- Percentage of children, age 0 to 3, who received a primary care service.
- Percentage of unintended pregnancies (teen pregnancy rate).
- Percentage of infants who survive the first year of life, reducing infant mortality.

4. Increase the Quality and Years of Healthy Life for Seniors

- Proportion of seniors vaccinated annually against influenza and ever vaccinated against pneumococcal disease.
- Percentage of seniors in nursing homes and community residential care facilities who are vaccinated annually against influenza.
- Number of elder-centered facilities that encourage more homelike environments.
- Rate of injuries due to falls among seniors in nursing homes and community residential care facilities.

5. Protect, Continually Improve and Restore the Environment

- Percentage of state and associated populations living in areas meeting state and federal primary and secondary ambient air standards.
- Percent of surface waters that are fishable/swimmable.
- Decrease in Toxic Release Inventory.
- Acreage of shellfish beds.
- Percentage of coastal shellfish waters fully approved for harvesting.
- Percent of Underground Storage Tank leaks cleaned up.
- Percent non point source sediment and nutrient loads to rivers and streams are reduced.

- Percent solid waste recycling rate statewide.

6. Protect and Enhance Coastal Resources and Ensure Proper Management and Access

- Percentage of beaches with a healthy beach profile.

7. Improve Organizational Capacity and Quality

- Turnover and retention rates of competent and diverse staff.
- Percentage of staff that have access to appropriate technology, both hardware and software.
- Central agency administrative expenditures compared to total agency expenditures.
- Ratio of administrative FTEs per $10M in total expenditures.

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?*** Senior leaders continually seek employee feedback through the periodic employee survey [See III.5.4 & III.7.3.], routine staff meetings, employee suggestion boxes, and statewide video and audio meetings. Use of new technology for video and audio conferencing has made statewide meetings cost-effective and promotes efficient use of staff time. The Commissioner used this technology to host five statewide broadcasts to update staff on key budgetary and policy issues. Staff surveys were conducted in 2002 to obtain staff feedback on retirement options, furloughs, and budget reductions. Leadership used the survey results to develop final policy decisions. Internal Audits routinely provides the Board and EMT with information to improve organization performance.

An organizational self-assessment was recently completed by the agency using the SC Organizational Self-Assessment for State Government Agencies (based on Baldrige) for each of the deputy areas. The Community Health Accreditation Program (CHAP) Self-Study was also used for the assessment in the Health Services Deputy Area. The assessments for each of the four deputy areas were aggregated into an organizational assessment identifying the strengths and opportunities for improvement. The agency Strategic Plan serves as the vehicle for the Quality Improvement Plan based on the organizational assessment.

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?*** Because many environmental and health threats know no boundaries, the agency must maintain a strong and comprehensive array of programs, services, and regulatory functions to be ready to respond to the associated risks of bioterrorism, environmental hazards, chronic disease, infectious disease, high-risk behaviors, and the potential for natural disasters. The ability of senior leadership and staff to respond to bioterrorism, environmental hazards, and the potential for natural disasters was demonstrated in the agency's ready response after the September 11, 2001 terrorist attacks. The Commissioner led a statewide conference call with all district directors on September 11th to prepare for response. SCAN-GIS [See III.4.3-4.] was adapted to assist local communities in the statewide response network.

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 work across deputy lines to achieve the designated outcomes. 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 in the Strategic Plan is *Increase Local Capacity to Promote and Protect Healthy Communities.* Local health departments are prepared to coordinate and lead local responses to a terrorism incident, deadly disease epidemic, or respond to a natural disaster as demonstrated this past year in the agency's leadership role in homeland security. [See III.3.1 & III.5.6.]

III.2 Strategic Planning

III.2.1 ***What is your Strategic Planning process, including participants?*** DHEC's planning process, Planning and Managing for Results (PMR), an outcomes-based strategic planning process, provides consistency for all planning activities by focusing on agency goals. There are eight 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 *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. Operational plans are updated yearly and are linked across deputy areas to support the strategic goals and outcomes. Operational plans were presented to the Board in the fall of 2001.

DHEC *management* expects agency personnel to define roles and responsibilities in support of agency goals: employee roles, the agency's role, directly or indirectly; and the roles of other agencies and stakeholders. The planning process has allowed staff implementing services and initiatives to articulate their own contribution to the DHEC goals by defining their outputs and outcomes. *Communities and customers* are routinely engaged in dialogue about the indicators used, services implemented, appropriateness for the targeted populations, populations reached, or changes in strategy. [See III.3.]

How does the strategic planning process account for:

(a) ***Customer needs and expectations.*** Customer service has been a core DHEC value for many years and community partnerships are a key strategy for the agency to accomplish its mission. Both the 1995-2000 and 2000-2005 Strategic Plans were based, in part, on customer input. Districts and programs are expected to share their operational plans with their external community both agency customers and partners. Staff continually 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, how efforts should be implemented in the community and to evaluate the quality of agency programs. [See III.3 & III.7.1.]

(b) ***Financial, societal, and other risks.*** As the public health agency, DHEC must conduct assurance and surveillance activities to protect the health of the public and the environment. Risks are assessed and mitigated through the agency's efforts to achieve its goals and related outcomes. Staff help identify the key outputs and activities that must be tracked to assess agency effectiveness in accomplishing the DHEC mission. The agency is continuing to evaluate ways to include resource estimates 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 Strategic Plan Council monitors the progress in achieving the seven strategic goals that impact the agency's broad long-term goal to *Improve Organizational Capacity and Quality.* Specific strategic goals and outcomes are:

- 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;

- 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 helped guide the development of the agency's budget reduction plan in FY 2002-2003. DHEC is continuing to examine linkages between resources and goal attainment. Progress towards outcomes and goals is evaluated using a structured Measurement Plan that provides evidence for key policy and management decision points. The agency Strategic Plan Council provides agency oversight on all aspects of the implementation of the plan and monitors measurement and operational planning throughout the agency. The EMT and the Board of Directors receive periodic reports on progress measures of key outcomes. [See III.4 & III.1.4.]

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. Efforts are underway to use the agency Intranet as an aid in the operational planning process. The deputy areas are in the process of entering operational plans into a database to assist in future operational planning. In Health Services, for example, health districts and programs have entered their operational plans in the Intranet and can, depending on security level, update activities, generate progress reports, and modify outcomes and strategies as needed. Additionally, Maternal and Child Health, Preventive Block Grant, Cardiovascular Health and the Immunization Grant (CDC) planning processes have been fully integrated into the Health Services Operational Plan, resulting in better coordination, less duplication for reporting and planning, and an increased focus on best practices and evidence-based efforts.

III.3 Customer Focus

III.3.1 ***Identify key customers and stakeholders.*** As the principal advisor to the state on public health and environmental protection, 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. Some examples are:

- Champions of the Environment
- DNR, Clemson Extension, Parks, Recreation and Tourism, and Saluda Shoals Park
- Clemson Extension and the Lake Murray Association
- NC Department of Environment and Natural Resources
- SC Asthma Planning Alliance
- Georgia Sound Science Initiative
- DSS: Restraining Children Program
- SC Aquarium, City of Charleston
- Gaining Early Awareness and Readiness for Undergraduate Programs: GEAR
- SC Public Health Association.
- Market Development Advisory Council-SC Department of Commerce, EPA

- EPA Region 5: Wisconsin, Delaware, North Carolina, California, Kansas Petroleum Cleanup
- International Paper – "Love A Tree South Carolina"
- City of Anderson UST Project (one of 10 nationally) for economic recovery of UST site
- USGS –Groundwater Study Project
- The American Lung Association of SC-"Tuberculosis Today!"
- American Heart Association: Operation Stroke and Operation HeartBeat
- SC Hispanic/Latino Health Coalition
- Community Health Centers and the Diabetes Control Program Collaborative
- Whale Branch Middle School
- SC Hospitality Association
- Share Information Geographic Info System (SIGIS)
- Natural Resource Conservation Service, Departments. of Education, Natural Resources & SC Forestry Commission
- Friends of Lake Keowee Society, Lake Murray Association, Friends of the Edisto, Lake Hartwell Association, Friends of the Reedy River, Wateree Homeowners Association
- Clemson Master Waste Educators
- Charleston Community Based Environmental Project
- Charleston and Berkeley County Local Emergency Planning Committees
- Community and Industry Advisory Panels with Rhodia, Mead-Westvaco and Bayer
- Landfill Methane Outreach Program: EPA, and the SC Energy Office
- Children's Environmental Health Initiative with DHHS
- Medical Home Partnerships for Children
- Oral Health Partnerships with Department of Education and local schools districts
- Best Chance Network and Cancer Society
- Pediatric Sub-Specialist Partnerships
- SC Veterinarians Association
- The CENTERED Project
- Beaufort County Clean Water Task Group
- Murrells Inlet 2007
- SESARM/Metro 4, the Joint Training Committee, and STAPPA/ALAPCO
- Bi-State Catawba River Taskforce: NC Department of Environment and Natural Resources, Catawba Riverkeeper, Councils of Governments, Duke Energy, and Homeowner/Lake Associations
- Project Impact with Charleston County
- Small Business Assistance Program and the Center for Waste Minimization
- EQC Open Burning Committee with the Forestry Commission and fire departments
- Environmental Technical Advisory Committee
- Berkeley/ Charleston/Dorchester Council of Governments
- 7th Episcopal District of the AME Church

III.3.2 ***How do you determine who your customers are and what are their key requirements?*** 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.

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 and include: 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; suggestion boxes; satisfaction surveys; concern/compliment forms; and comment/feedback cards; toll-free hot lines; public forums and focus groups; participation on councils and boards; interactive Web pages; participation in teleconferences; membership in professional organizations; and monitoring legislative activity.

OCRM developed changes in permitting regulations to proposed changes in dock permitting, bridges to islands, and groins with input from a variety of special interest groups and focus groups.

Over 14 toll-free lines are available to various programs areas of the agency including information on: recycling and small business assistance; underground storage tank compliance and clean up issues; help lines for Cancer, HIV/AIDS, children and families; and complaint lines for Home Health, Nursing Homes and Hospice.

DHEC is a leader in its commitment to provide services for the state's growing Hispanic population. Effective translation services are available in all local offices, materials are produced in Spanish, a Hispanic needs assessment has been completed, and the state's migrant health program delivers approximately 1700 culturally competent health services annually through contacts with local providers.

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. Data from the statewide Customer Satisfaction Survey is reported to EMT and the Board. 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. 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 four years. The agency now has statewide trend data for a 4-year period (1998-2001) 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. In 2001, more than 90% of respondents who had contact with DHEC in the past five years were satisfied with the quality of service they received, the courtesy and attitude of staff, and the ability of staff to answer questions and provide needed information. More than 80% were satisfied with the time they had to wait for service. DHEC has a positive public image and, overall, South Carolinians are satisfied with the services. [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.3.2-5.]

III.3.6 ***How do you build positive relationships with customers and stakeholders?*** A key agency value is customer service: meeting our customers' needs and providing quality service. The agency's many and varied outreach activities build positive relationships with our customers and stakeholders. Examples include:

Major Reports:

- *Infant Mortality Statistics*
- *Pregnancy Statistics*
- *Quarterly Pregnancy Risk Assessment*
- *Poverty (Summer 1998)*
- *Stress Factors*
- *Infant Mortality (Spring 1999)*
- *Low Birthweight Predictors*
- *State Child Fatalities Advisory Committee/SLED joint Annual Report*
- *SC's Nonpoint Source Annual Report*
- *The SC Burden of Cardiovascular Disease Report*
- *Healthy People Living in Healthy Communities*
- *State of SC Monitoring Strategy*
- *Public Water System Compliance Report*
- *Watershed Water Quality Management Strategies*
- *Arthritis and Osteoporosis Fact Sheets*
- *Impact of Chronic Conditions Fact Sheet*
- *Diabetes Fact Sheets*
- *MCH Databook*
- *SC Burden of Tobacco*
- *Short Interpregancy Intervals (Winter 1999)*
- *Select MCH Indicators County Fact Sheets*
- *State and County Asthma Fact Sheets*
- *SC Cancer Facts and Figures 2001-2002*
- *Cancer in SC-The Annual Report of the SC Central Cancer Registry*
- *Untended Pregnancy (Winter 1999)*
- *1993-1998 Pregnancy Summary*
- *Cancer County Fact Sheets*
- *Cancer Fact Sheets*

- *SC Water Use Report:*
- *SC Groundwater Contamination Inventory*
- *SC Ambient Groundwater*
- *The State of Recycling in SC in April 2002.*
- *Petroleum Equipment Institute Recommended Practice 100-2000.*
- *Vital and Morbidity Statistics*
- *Site Assessment and Remediation Program Annual Report to the Legislature*
- *Careful Antibiotic Use campaign has produced billboards for use statewide.*
- *SC Vital Records Health Atlas*
- *Detailed Morbidity Statistics*
- *Bureau of Air Quality Annual Report*
- *The Annual Index of Waste Minimization Resources*
- *A General Guide to Environmental Permitting*
- *Savannah River Site Oversight Monitoring Report*
- *"My Guide to Sugar Diabetes"*
- *List of Leak Detection Evaluations for Underground Storage Tank Systems.*
- *Unintentional Injury County Profiles*
- *SC Physical Activity Resource Directory*
- *Teen Pregnancy (Fall 1998)*
- *HIV/AIDs/STD Quarterly Surveillance Report disseminated, including on the internet*
- *Anthrax: brochures for DHEC employees and the general public*
- *Hispanic Needs Assessment*

In addition to the partnerships and reports highlighted above, agency staff make numerous presentations, and develop educational materials, fact sheets, and educational bulletins for special interest and community groups, professional and academic organizations, local and state governments, schools, and business and industry.

III.4 Information and Analysis

III.4.1 ***How do you decide which operations, processes and systems to measure?*** Measures of key performance are aligned to the outcomes in the strategic plan and the deputy level operational plans. In 2001, the agency compiled a list of measures for the strategic plan and benchmarked these to national measures, Healthy People 2010 and the EPA Core Performance Indicators. These outcome measures have been refined to include data source, baseline, frequency of measure, and staff responsibility. EMT selected 28 of these key performance measures to review periodically and to report annually to the Board. [See III.1.3 & III.7.2.]

Measures of outcomes [See III.7.2.] operations, processes, and systems are under development to support the agency's mission and the 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, 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. The agency completed an agency wide Baldrige assessment in 2002 that will be the basis for operational improvements. [See III.1.4.]

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. Two 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 the nationwide CDC initiative to build public health capacity to respond to biological and chemical terrorism, emerging infections, and other health threats. New federal funding will enhance the agency's response capacity. 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, including bioterrism events. 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 and Prevention.

See III.4.3 & 4.4 for more detail on agency systems used to collect and analyze data used for programmatic and operational decision-making. Agency programmatic and funding priorities are data driven. For example, BIBS, a new partnership with the faith community, was developed based on data that indicated an exceptionally high rate of infant mortality for African Americans. [See III.7.2, p.39.] Routine studies of state water bodies provide data used to regulate waste discharges. [See III.7.2, pp. 25 & 43.]

III.4.3 & 4.4 ***How do you use data/information analysis to provide effective support for decision-making? How do you select and use comparative data and information?*** The agency uses numerous systems and processes to select and compare data and information based on programmatic and scientific need. Suppliers, including federal, state, and local governments, the regulated community, the health community, and citizens identify performance levels each expect from the agency. Many of these measures are the outcomes included in the strategic plan and in III.7.2. The complexity of the agency requires the use of numerous automated systems to collect and analyze data necessary for decision-making. A selected list of systems follows: [See III.6.1 for details.]

DATA SOURCES USED FOR DECISION MAKING	
DATA SYSTEM	**APPLICATION**
Enterprise Data Model	Integrate all administrative and public health data systems
Statistical Surveillance System	Monitor public health data statewide
Health Alert Network	CDC link to respond to biological terrorist threats
National Electronic Disease Surveillance System	Manage surveillance systems for rapid response to threats
Central Cancer Registry	Statewide cancer surveillance; investigate cancer clusters
Environmental Facility Information System	Integrates and manages information on regulated facilities, environmental permits, violation and enforcement actions to support regulatory requirements
Patient Automated Tracking System	Clinical operations & Medicaid billing
Geographic Information Systems	Study impact of vital events, disease, etc. to develop effective approaches to improve health & environmental outcomes
Health Regulations Data Bases	Analyze incident and accident reports for response
EMS Trauma	Certification of EMS providers
Estuarine Stations	Probability-based monitoring for surface waters
Internet Shelter System	Manage and staff Red Cross shelters during disasters
Personnel Action Information System	Process personnel actions
Health Hazard Evaluation	Determines the public health impact to toxic environmental exposures and makes recommendations for public health action.
Air Control Asbestos	Monitors asbestos removal
Data Extract for ORS	Study data required by ORS
SCAN-GIS	Vital record information available to communities

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?***. The Mentoring Pilot Program was very successful this past year and has been expanded. The agency has developed a Telecommuting Policy, in addition to offering alternate work schedules and flextime. The Michael D. Jarrett Awards are given each year to recognize excellence in customer service and are considered the most prestigious awards given by the agency.

Bureaus, departments, and program areas in both the central office and in the health and EQC districts recognize employees for excellent customer service to internal and external customers and for awards, achievements, and voluntary community activities. Some examples of the numerous awards that the agency and employees have received in the past year include:

- WasteWise Endorser of the Year
- National Public Health Information Coalition; gold, silver and bronze awards
- IMARA Magazine-2002 Public Sector Award
- Lead Star Award for the Childhood Lead Poisoning Program (one of four nationally)
- Environmental programs received numerous recognitions by the EPA, e.g. UST Fields Pilot Grant
- Hope Worldwide Community Health Award
- SC Central Cancer Registry "Gold Certification" for the third consecutive year,
- Governor's Office award for having the most expenditures with Minority Business Enterprises in 2001 (24% of the combined total for all state agencies).
- Staff member selected as chair of the Coastal States Organization representing 26 states
- Governor's Recognition for Exceptional Use of Federal Surplus Property
- Governor's Award for "Every Penny Counts," an innovative cost saving suggestion program

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 supervisor. An agency training needs assessment was included in the January 2001 Agency Employee Survey. Over one third of employees identified that training in communication (39%) and management (36%) was needed to enhance their competencies. In response to this assessment, the agency provided 97 classes of competency based training in communication and management skills to over 1500 staff. Communication and management skills were strengthened through having selected agency staff complete structured management curriculums such as: APM (100 staff), CPM (10 staff), UNC MAPH (100 staff), SEPHLI (17 staff). The agency supports annual participation in the SC Executive Institute.

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 all individual assessments have been aggregated into a composite database to allow the agency to assess how public health competencies are being addressed across the agency. This partnership has developed a listing of all courses across the state that addresses public health competencies and this information is available on the Web.

The particular competencies of community advocacy and data management are being addressed through a three county pilot initiative with South Carolina Turning Point. After the pilot phase, these courses will be available to all DHEC staff through a collaborative initiative with USC School of Public Health.

The agency developed an automated training management system (TraMS) to give units and employees more control over training functions. The new system performs the tasks of two current mainframe systems (M77 and Class Registration) and moves responsibility and accountability out to the individual unit. TraMS provides the following training support functions: registration, scheduling, reports, certificates, notification letters. The system has been piloted in the central office and in one health district and will go agency-wide in October 2002.

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.

DHEC has developed an expanded New Employee Orientation program that includes 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.

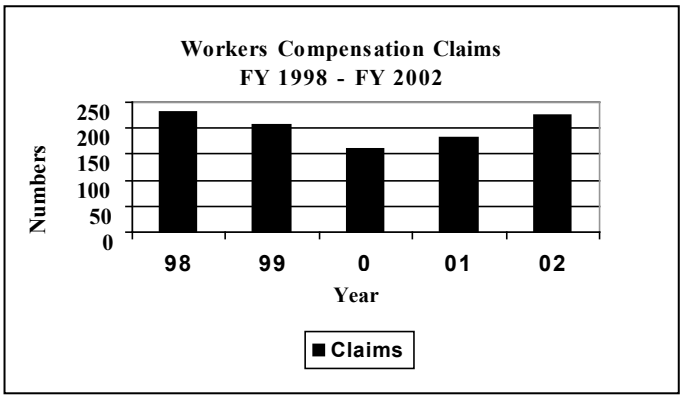
III.5.3 ***How does your employee performance management system, including feedback to and from employees, support high performance?*** DHEC has emphasized the use of the EPMS as a planning and performance evaluation tool. The number of overdue EPMS has been greatly reduced as a result of this effort. In addition, the "special objectives section" of the EPMS form is used to add achievement potential over and above regularly assigned duties.

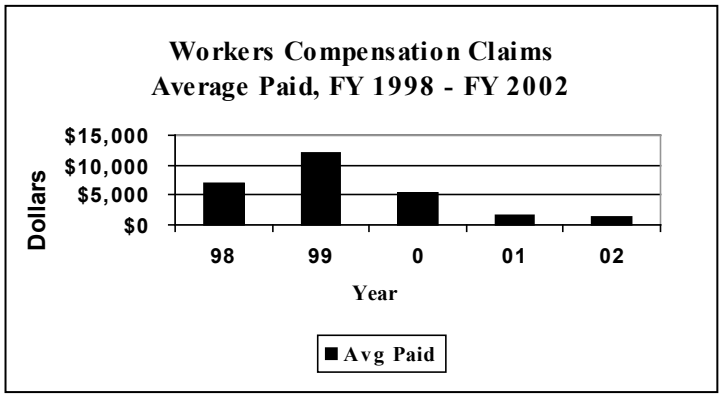
For employee retention purposes, the agency is developing a competency-based career path system to include orientation to public health science, core functions and essential services, with incentives and compensation designed to support succession planning, retention, and recruitment of qualified and diverse staff and an integrated training system based on competencies and performance measurement. Funds for implementation are unavailable at this time.

III.5.4 ***What formal and/or informal assessment methods and measures do you use to determine employee well being, satisfaction, and motivation?***. 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 The survey provides a baseline for measuring components of the organizational capacity and quality goal in the agency Strategic Plan. A new survey will be conducted in January 2003.

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. Exit interview and turnover reports are analyzed, monitored, and reported to management. In December 2001, employees were surveyed in order to gain input on two options in dealing with possible agency budget cuts, voluntary furlough and reduced workweek.

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 decreases in Workers Compensation claims and in the average amount paid per claim over the last five years.





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.

The Risk Management Committee, composed of chairs of several other committees, e.g. safety, vehicle safety, infection control, and workers compensation, maintains an agency Intranet site to provide consolidation of relevant policies and information to employees, e.g., fire plan, bomb threat plan, safety plan. There are links to other topical information regarding safety.

Additionally, the agency promotes workplace and individual health by providing education, preventive health screenings, and "Lunch and Learn" sessions that promote healthy lifestyles. The Employee Health Committee gives direction to these activities.

III.5.6 ***What is the extent of your involvement in the community?*** Because of DHEC's mission, community involvement and volunteerism is supported and encouraged. Employees are involved in many community health and environmental campaigns, local health fairs, the State Fair, and school activities around the state. Some of these activities include; March of Dimes, Community Health Charities, Boy and Girl Scouts, Special Olympics, Families Helping Families, City Year, Urban League and walks for various health related issues (breast cancer, MS, juvenile diabetes, cardiovascular disease, etc.). Staff volunteers after hours as firemen and EMS personnel and with area schools with Lunch Buddies, science fairs and school supply drives. This past year DHEC employees raised over $95, 295.68 for United Way, an increase of 15% from last year. [See III.1.7, III.3.1, & III.7.5.]

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?***

Key Design and Delivery Processes

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Provide protection from biological and chemical hazards by responding to events that threaten homeland security.
4. Inform, educate, and empower people about health and environmental issues.
5. Mobilize community partnerships and action to solve health and environmental protection problems.
6. Develop policies and plans that support individual and community health and environmental protection efforts.
7. Enforce laws and regulations that protect health and the environment and assure safety.
8. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

9. Assure a competent work force – public health, environmental protection and personal care.
10. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
11. Research for new insights and innovative solutions to health problems.
12. Assist communities in planning for and responsibly managing growth.
13. Manage coastal resources to maintain a healthy coastal environment.
14. Inspect, permit and license health facilities and services.
15. Inspect, permit and license the business and industrial regulated community
16. Evaluate and respond to environmental health hazards
17. Provide laboratory services to the private sector
18. Assist small businesses with regulations and requirements.
19. Improve organizational capacity and quality.

Examples of Related New Technology, Changing Customer and Mission-Related Requirements Incorporated into the Agency's Design and Delivery Processes:

1, 2,4,5,6: Rapid notice to, and requests for, information from many public and private partners is essential to respond to biological and chemical terrorist events and natural health threats. Each DHEC health district has installed a high capacity computer to be used in the event of emergencies and new high-speed transmission lines and switches are being installed. Software and computers for a "calldown" system (a much more capable "broadcast fax" system) is in place, and its databases of names and numbers for rapid notification are being installed as quickly as possible. This system will be used to improve response time and coordination during emergencies and support Homeland Security efforts.

2,4,7,12,15,19: The Environmental Facility Information System (EFIS) provides the foundation for quality tracking of all the environmental programs for DHEC and is used to target environmental quality improvements for the water, air, solid waste, and hazardous waste programs. [See III.7.2.] EFIS, when fully implemented, will provide customers current information on the status of permits and be a key management tool to ensure timely response.

1,2,3,4,5: The Central 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, 52 reports of cancer cluster concerns have been received. Currently, seven of these reports are active and under investigation. The remaining four reports are classified as "follow-up," meaning they will require follow-up analyses when subsequent years of data are available. [See III.7.2, p.32.]

4,5,6,7,12: DHEC continues to conduct probability-based monitoring at estuarine stations in cooperation with the SC Department of Natural Resources, Marine Resources Research Institute. This supports business results to achieve 75% fishable and swimmable waters by 2007. [See III.7.2, p. 43.]

1,2,3,6,14,19: 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. [See III.7.2, p.27.]

2,3,4,10,11,12,19: The agency has completed development of Phases I, II, III of SCAN-GIS. Ten years of birth and death data are available and provide GIS maps at the county level. Approved users can access data and maps down to the zip code level. This system is an effective tool to assist local communities with emergency response and has been demonstrated to the state Homeland Security Task Force. Plans include additional uses to support response to emergencies.

19: The agency developed a Fleet Management software package internally to improve processes and accountability, and provide data for management analysis and presented this software package to the South Carolina Government Fleet Management Association. This software package has received excellent comments and is being evaluated and adapted for use by other state agencies and several city and county governments at no cost to the entity.

III.6.2 ***How does your day-to-day operation of key production/delivery processes ensure meeting key performance requirements?*** Performance is continuously monitored based on the strategic plan and program level outputs. Information systems provide routine reports on program and project status. Customer response is used to improve production and delivery.

III.6.3 ***What are your key support processes, and how do you improve and update these processes to achieve better performance?***

A. Strategic Planning: [See III.2.]

B. Business Management: The Office of Business Management 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.

C. Information Technology: [See III.4.3-4 for examples.]

D. Customer Service and Outreach: [See III.3.]

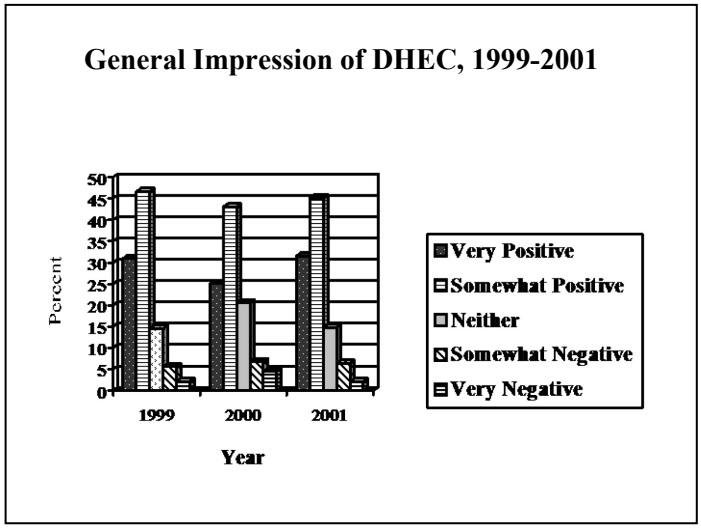
E. Inter-governmental Relations: Healthy People 2010, a national health promotion and disease prevention plan outlines objectives to increase the quality of healthy life and reduce health disparities for the nation by the end of the decade. The Governor's Office and health and human service agency heads from DSS, DHEC, DAODAS, DMH, DJJ, DHHS, DDSN, COC and SDE chose 17 key HP2010 indicators that were the most important in improving health and well being of children, adolescents and seniors. An interagency workgroup, which meets quarterly, links data and monitors progress across agency lines to track these priority indicators. Each agency has taken the lead in planning and implementation of one or more outcomes. [See III.7.2.]

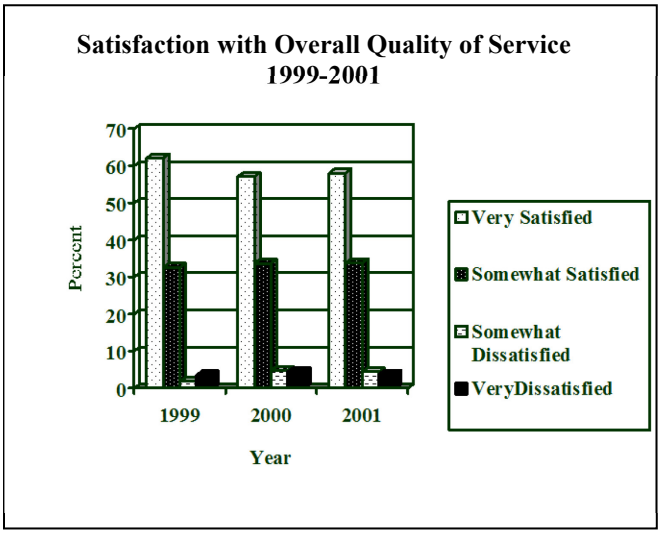
III.6.4 ***How do you manage and support your key supplier/contractor/partner interactions and processes to improve performance?*** DHEC has numerous internal processes and safeguards to examine its key relationships to continually improve performance. Procurement staff manage business relationships by: ensuring that program contract monitors are assigned to major projects; serving as a resource for funneling, purchasing, and contract information to end users; acting as mediator between program areas and suppliers/contractors/partners to ensure fair and equitable treatment; and using proactive language in solicitations and program administration to encourage supplier/contractor/partners success and ownership in the overall outcome of the scope of work.

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 three hybrid electric vehicles. Setting an example for citizens and policymakers demonstrates leadership to protect the state's air quality.

III.7 Business Results

III.7.1 ***Key Measures of Customer Satisfaction:*** DHEC has a positive public image and overall South Carolinians are satisfied with service. More than three fourths (76.7%) have a positive view of the agency. This is an increase from the previous year (2000—68.1%). Consistently, South Carolinians who have used DHEC services in the past five years are generally satisfied with the service they received.





III.7.2 ***Key Measures of Mission Accomplishment:*** The results for this report are presented using the agency's eight broad goals. [See I.2 & III.1.3.] 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**.**

[See following pages.]

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

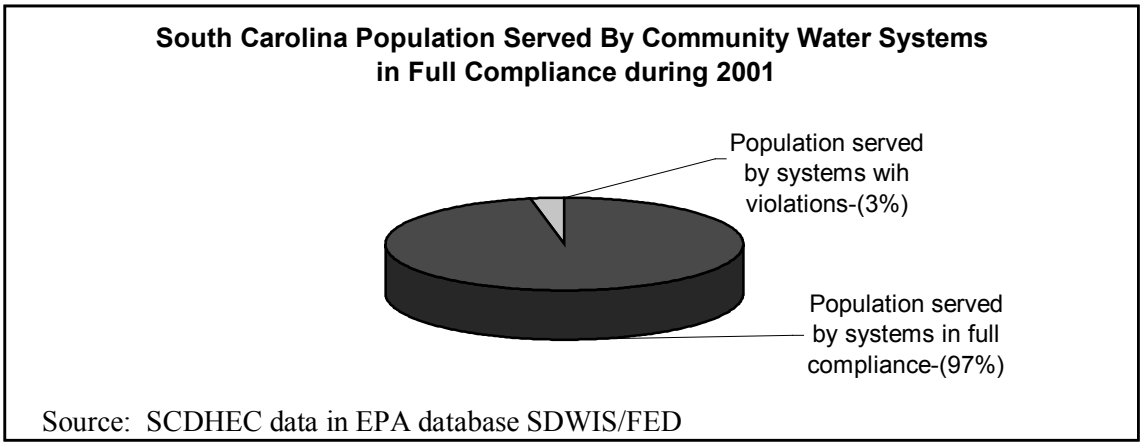
Program Name: Water Quality Protection

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. Maximum contaminant levels are established to ensure that the water is safe for human consumption.

What the Data Say: Nearly 97% of SC's population served by community water systems received water from systems in compliance with all health-based standards in 2001. Only 55 systems serving 108,473 people out of 684 systems serving 3,349,458 people had water quality violations. Most of these violations were from naturally occurring radiological elements or were non-acute bacteriological contamination.



Source: SCDHEC data in EPA database SDWIS/FED

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.

Agency Goal: Increase Local Capacity to Provide and Protect Healthy Communities.

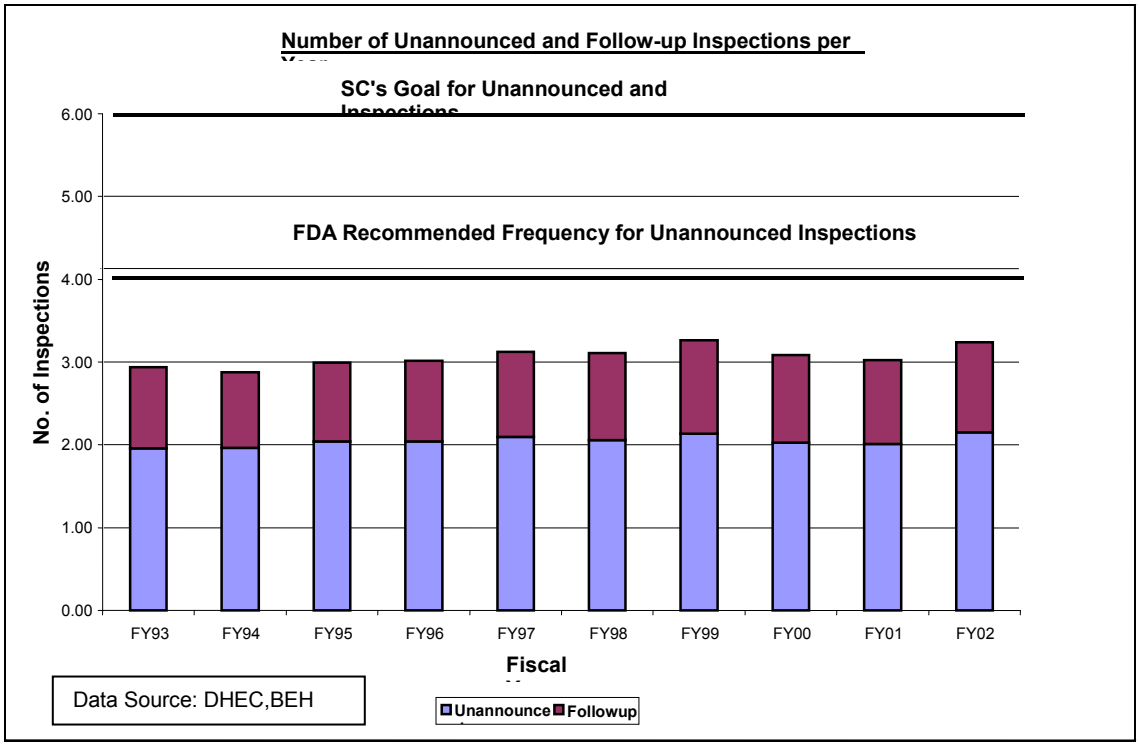
Program Name: Food Protection

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 ten years, the number of food service establishments in SC has steadily increased. At the end of FY02, there were 15,808 facilities on inventory, compared to under 14,000 in 1993. At present, SC falls below the FDA-recommended 4 *unannounced* inspections per year per facility, averaging only 2.15 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 1.09 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 practices 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.

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

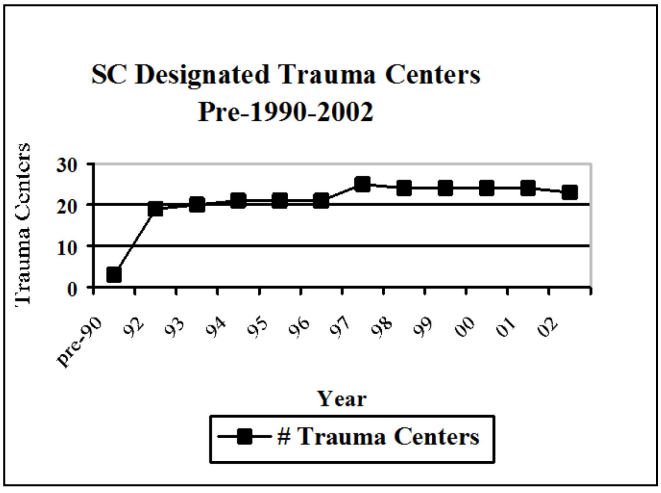
Program Name: Emergency Medical Services Division

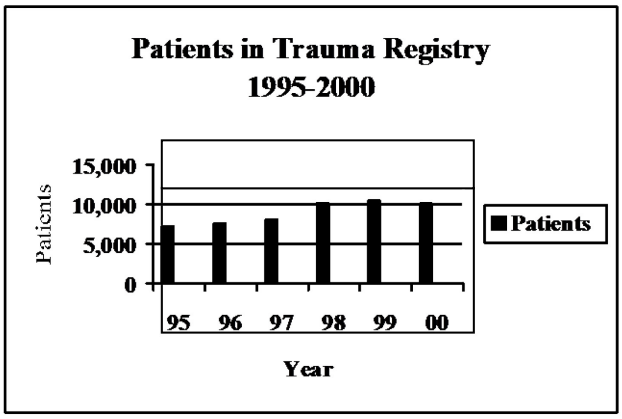
Program Goal: Protect the safety of the public's health.

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

Key Performance Indicator/Benchmark: Number of designated trauma centers. To be designated as a trauma center in SC, hospitals must meet the modified American College of Surgeons' criteria as established by DHEC's Trauma System Committee and must care for a minimum number of trauma patients who meet trauma registry criteria (Level I: 800 patients; Level II: 150 patients; and Level III: 50 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 five designated trauma centers in SC. The number has steadily increased to 24 in 2000, but in 2002, a Level III trauma center dropped out, an indicator of problems being experienced in the trauma system. Four of these are Level I (regional) trauma centers; two are Level II (area) trauma centers, and 17 are Level III (community) trauma centers. There has been a continuing increase in trauma center patients. Between 1995 and 1999, trauma patients increased by more than 50%.





Why This Performance Indicator is Important: Appropriate 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 in all possible areas of the state and EMS personnel who practice nationally accepted standards of care for injured patients.

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

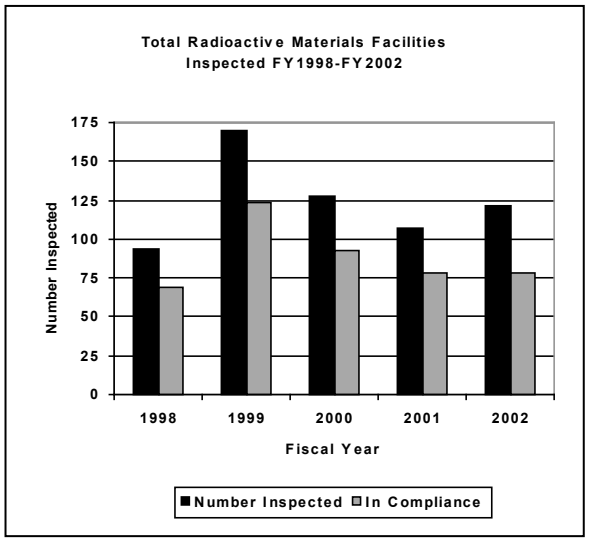
Program Name: Radiological Monitoring

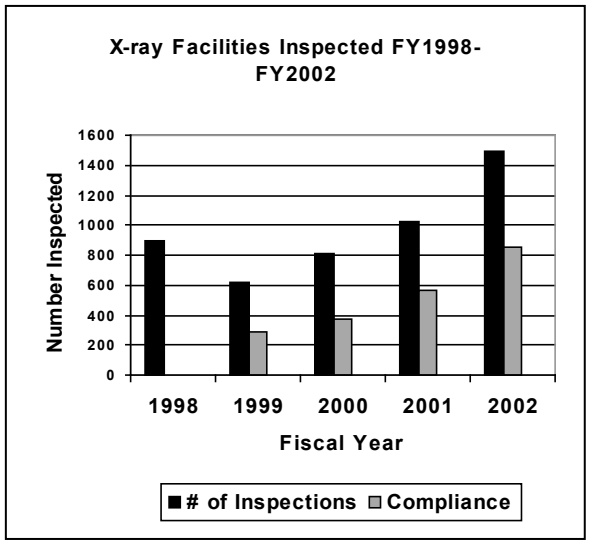
Program Goal: Protect the safety of the public's health.

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

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

What the Data Say: The chart on the right 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.





The chart on the left shows the number of radioactive materials facilities inspected and the number in compliance with the regulations when inspected. The number of facilities in compliance at the time of inspection increased slightly. The remaining facilities were brought into compliance within twenty days. The number of inspections increased due to regionalized inspections in the Upstate and Trident areas.

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 20 to 60 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

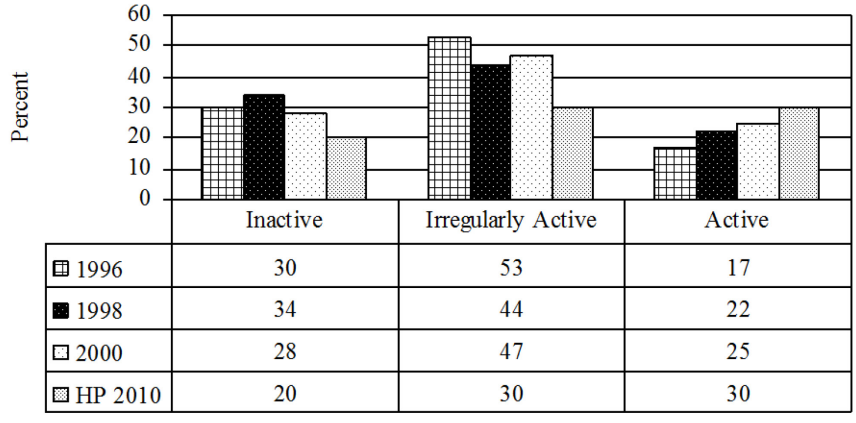
Program Goal: Promote healthy behaviors among all adults.

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).

Percent of SC Adults Who Are Active by Activity Level, 1996-2000



	Inactive	Irregularly Active	Active
1996	30	53	17
1998	34	44	22
2000	28	47	25
HP 2010	20	30	30

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.

Agency Goal: Improve Health for All and Eliminate Health Disparities.

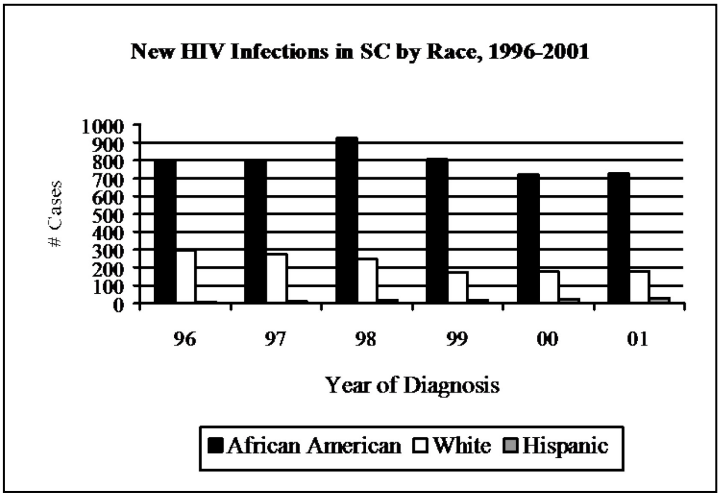
Program Name: STD/HIV Division and Office of Minority Health

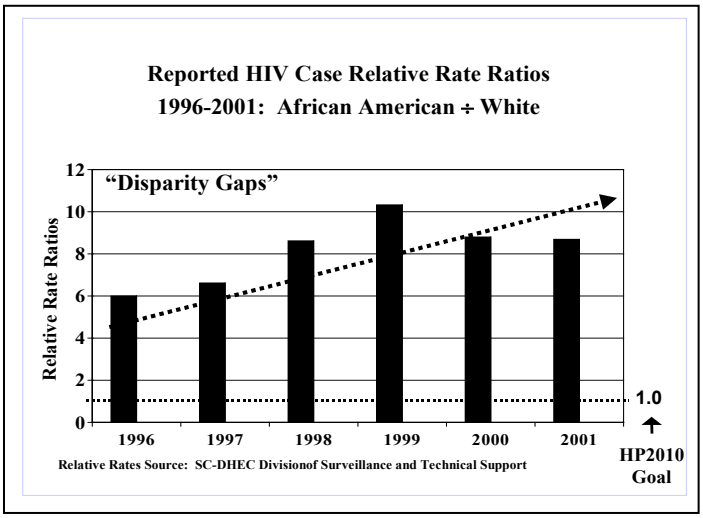
Program Goal: Eliminate disparities in the incidence and impact of communicable diseases.

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: In 2000, SC ranked seventh (7^{th}) in the U.S. for annual AIDS case rates. Three out of every four persons diagnosed with HIV in our state are African American. Nearly half of all new cases are African American men and over one fourth are African American women. Three percent of cases are Hispanics. These trends are similar across southern states where joblessness, substance abuse, teenage pregnancy, sexually transmitted diseases (STD's), inadequate schools, minimal access to health care, and low incomes contribute to the increasing rates of HIV among this population.





Why This Performance Measure is Important: Unlike other major diseases, HIV has the greatest impact on young adults ages 18–44, who are in their most productive working years. African American women account for a steadily increasing proportion of HIV infection cases (including AIDS), representing 28% of new cases diagnosed in 2001 vs. 19% of new cases in 1991. More than 8 of 10 babies/children who are infected with HIV from their mothers are African American. The presence of other STD's 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.

Agency Goal: Improve Health for All and Eliminate Health Disparities.

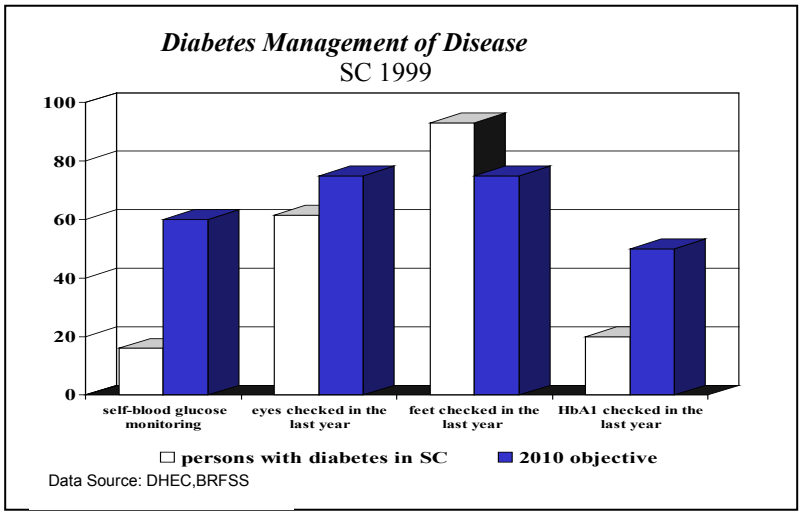
Program Name: South Carolina Diabetes Control Program

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: Number of adults 18 and over with diabetes receiving at least two HbA1C measurement a year (HP 2010 Objective is to receive one a year and increase from 24 percent to 50 percent; Number of adults with diabetes receiving an annual dilated eye exam (HP 2010 Objective target to increase from 47 percent to 75 percent); Proportion of adults with diabetes who have at least an annual comprehensive foot examination (HP 2010 target to increase from 55 percent to 75 percent); Increase the proportion of adults with diabetes who perform self-blood-glucose-monitoring at least once daily (HP 2010 target to increase from 42% to 62%).

What the Data Say: Ninety-three percent of people with diabetes had their feet checked in 1999. The prevalence was comparable among race-sex groups, except a slightly lower prevalence among African American females (89%). Similar percentages of African-Americans and whites had their HbA1c and eyes checked in the last year. Sixteen percent had their blood glucose checked at least once daily. African-Americans were less likely to check their glucose, either occasionally or on daily basis, than whites.



Why These Performance Indicators are Important: BRFSS findings indicate that South Carolinians with diabetes are not receiving the medical care needed to manage their diseases effectively nor are they performing self-care adequately. When not controlled diabetes can affect several organs or parts of the body. 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.

Agency Goal: Improve Health for All and Eliminate Health Disparities.

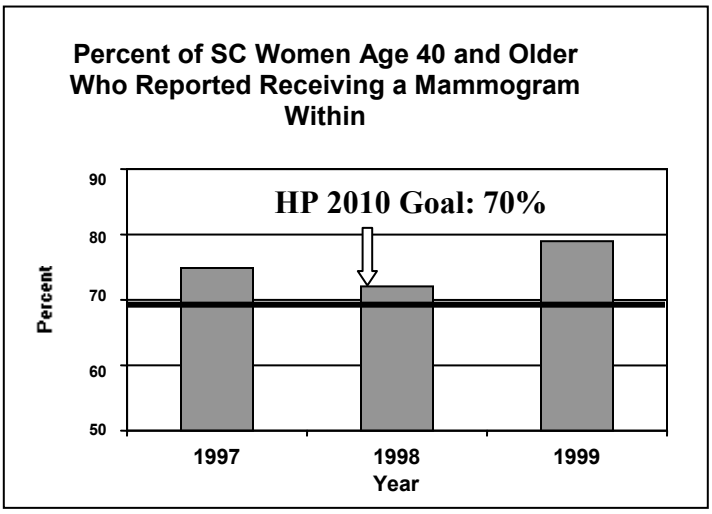
Program Name: South Carolina Breast and Cervical Cancer Early Detection Program: The Best Chance Network (BCN)

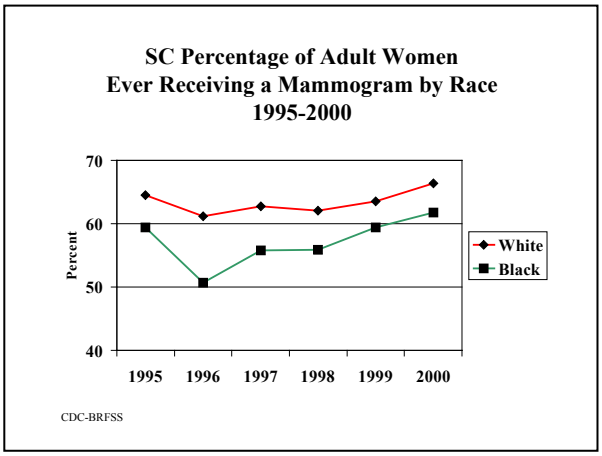
Program Goal: Eliminate disparities in illness, disability and premature deaths from chronic diseases.

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: The data presented here reflect self-reports of screening through the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS dataset does not capture appropriate referral and follow-up referenced in the performance indicator. However, the BCN program data, which reflects only a segment of South Carolina's population that is not representative of the state, reports that over the past 10 years, 89% of the women referred for follow-up breast procedures through the BCN program completed their follow-up procedures and received a final diagnosis. Nearly three-quarters of those women completing their follow-up procedures, completed within the program target of 60 days.

Agency Goal — Assure Children and Adolescents are Healthy

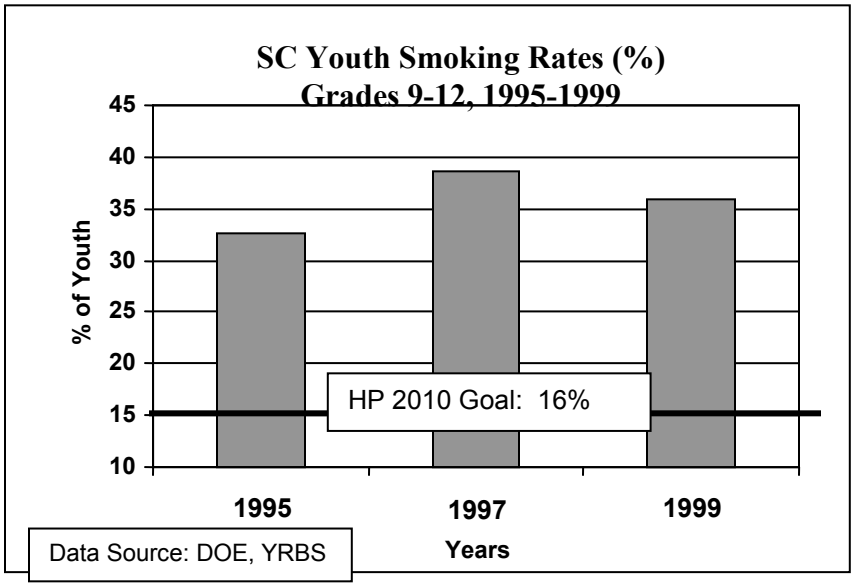
Program Name: Tobacco-Use Prevention and Control

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% during the same period. From 1997 to 1999, there was a slight decline to 36.0% in the state. Due to small sample size, the 2001 Youth Risk Behavior Survey data cannot be used for comparison with previous years. The 2001 rate, however, was 27.6% of youth reporting smoking. National data for 2001 are not yet published, but 2001 SC rates are anticipated to remain above US rates.



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.

Agency Goal — Assure Children and Adolescents are Healthy

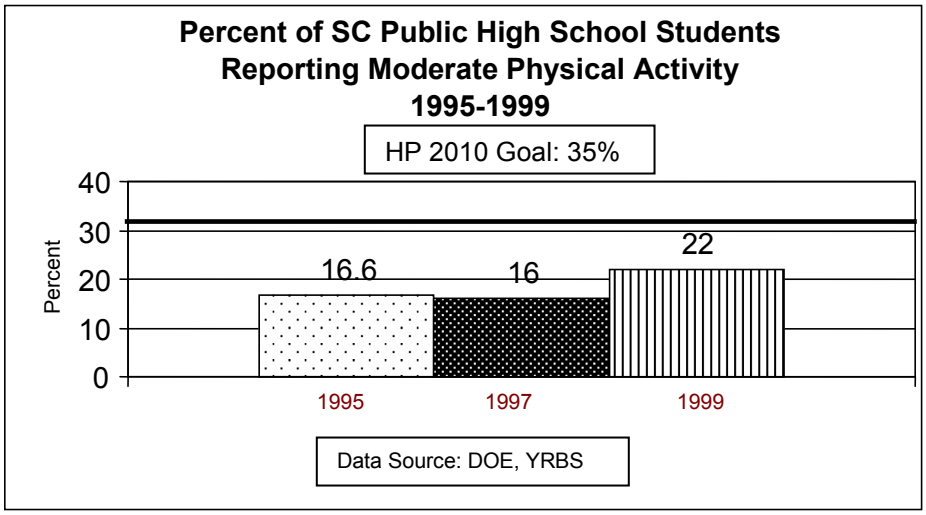
Program Name: Physical Activity

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, of 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. Due to small sample size, the 2001 Youth Risk Behavior Survey data cannot be used for comparison with previous years. The 2001 rate, however, was 21.2% of youth reporting moderate physical activity and 59.4% reporting vigorous physical activity. National data for 2001 are not yet published, but 2001 SC rates are anticipated to remain below US rates.



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.

Agency Goal — Assure Children and Adolescents are Healthy

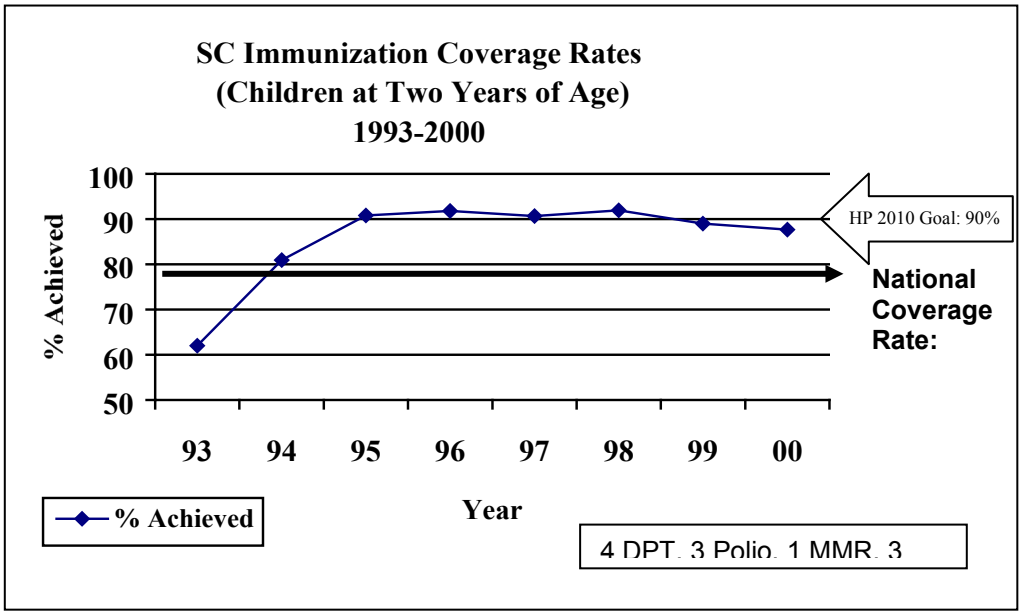
Program Name: Immunization and Prevention

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 SC 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: Prevention of communicable disease among children and adolescents through immunization remains one of the top priorities in cost-effective public health strategies. Eighty percent of all vaccinations a child needs before entering school should occur in the first two years of life. Currently, about 67% of SC's children aged two years and younger are vaccinated in the private sector and 33% are vaccinated by DHEC.

Agency Goal — Assure Children and Adolescents are Healthy

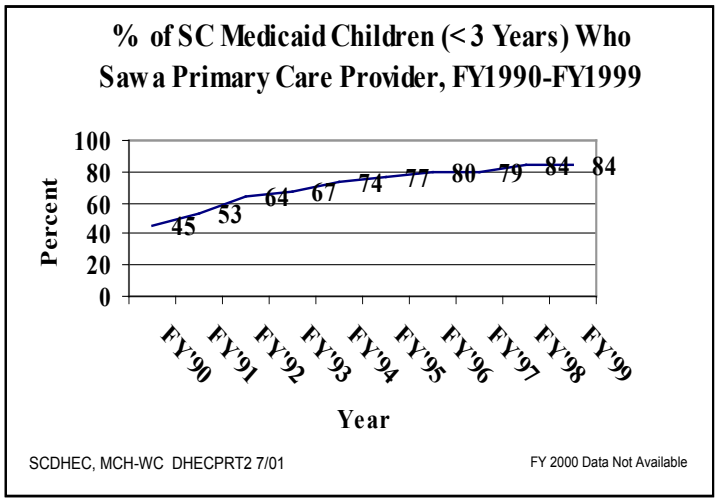
Program Name: Women and Children's Services

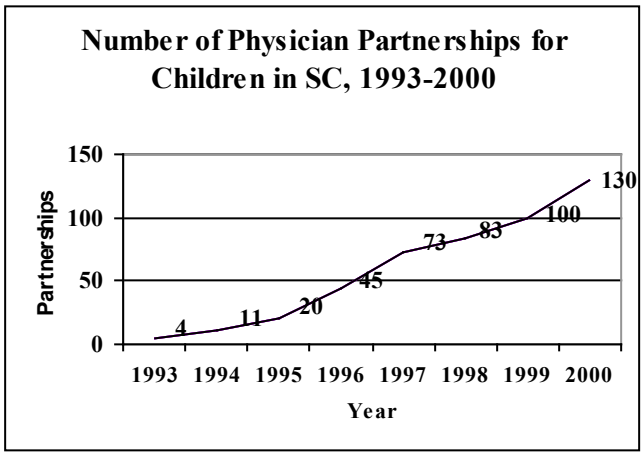
Program Goal: Improve access to comprehensive, high-quality health care services.

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: From a beginning four partnerships in 1993, there are now 130 partnerships across the state. Since implementing the Partnership Promotion initiative, an increased number of children on Medicaid have actually seen a primary care provider. The percent of Medicaid children who have seen a provider increased 87% in nine years, from 45% in 1990 to 84% in 1999. Children whose care is provided in a partnership practice are more likely to have at least one EPSDT visit than children whose care is provided in a non-partnership practice. Currently, 89.7 % of children in partnership practices have had at least one EPSDT visit compared to 83.1% of children in non-partnership practices. The same holds true for Emergency Room (ER) use, with 27.9% of the children in partnership practices visiting the ER compared to 29.9% of children in non-partnership practices.





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.

Agency Goal — Assure Children and Adolescents are Healthy

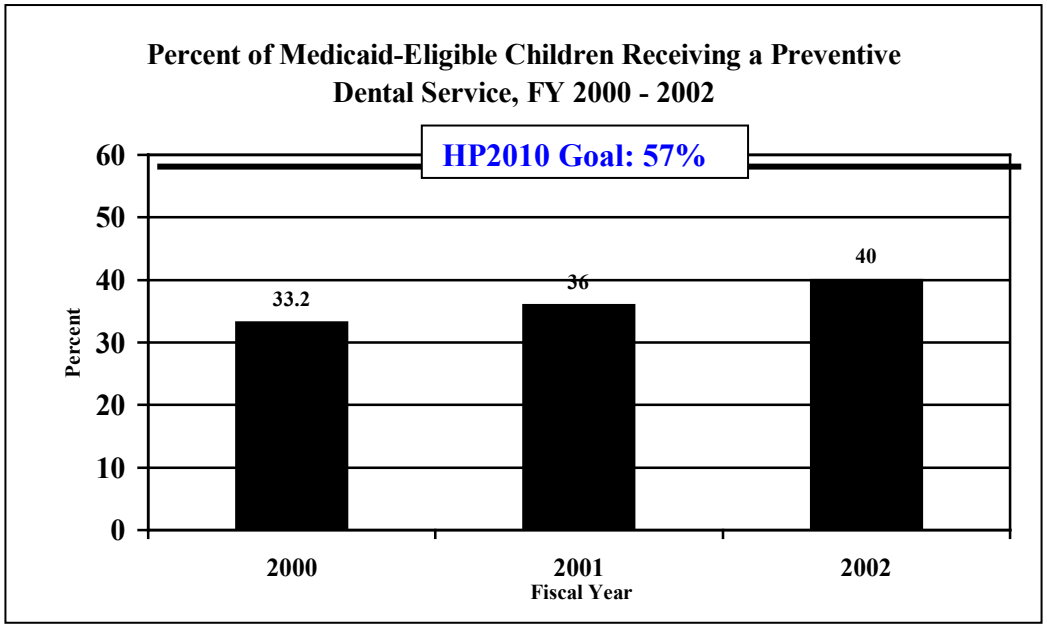
Program Name: Oral Health

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 40% the number of Medicaid-eligible children who received a preventive dental service in a three-year period. The number of dentists enrolled with the Medicaid program has increased 25% (from 834 to 1043) during the same time period. While SC still falls short of the national goal, the data indicate a substantial improvement.



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.

Agency Goal — Assure Children and Adolescents are Healthy

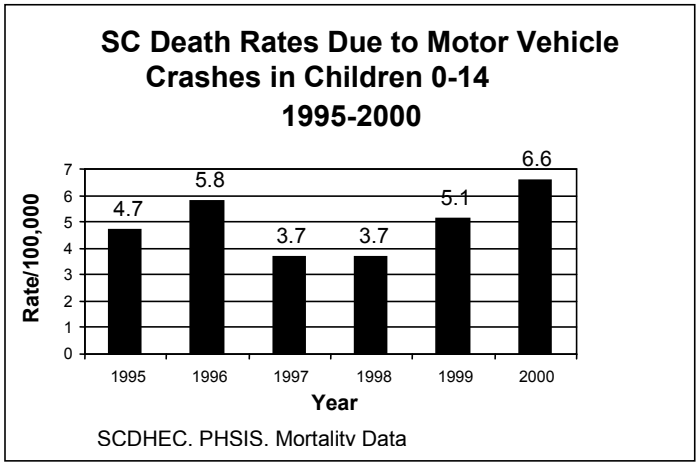
Program Name: Injury Prevention

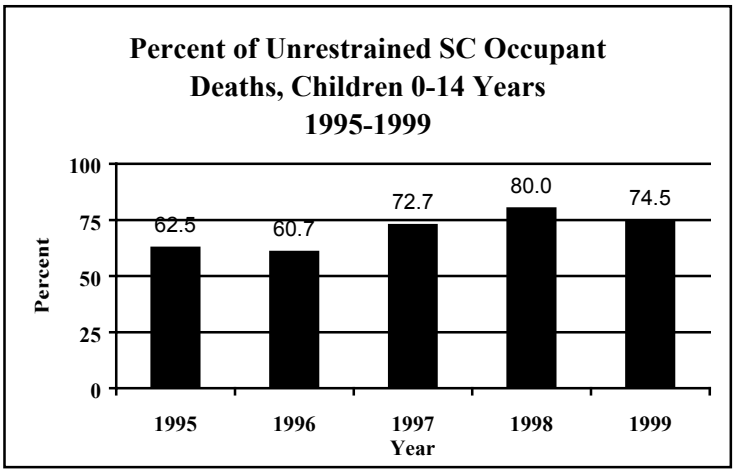
Program Goal: Prevent disabilities and deaths due to unintentional injuries, violence, and environmental hazards.

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 and again in 2000, to 6.6 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%.

Agency Goal — Assure Children and Adolescents are Healthy

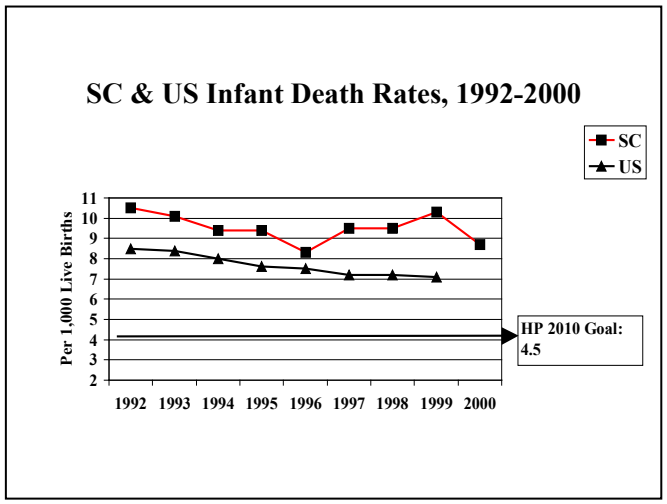
Program Name: Perinatal Systems

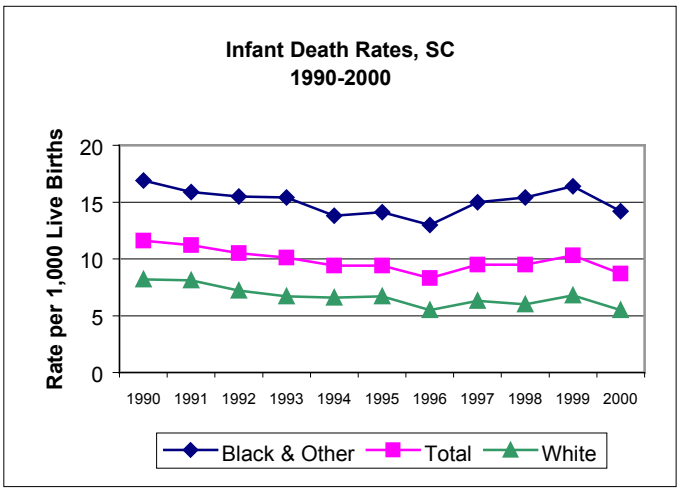
Program Goal: Increase the percentage of healthy infants

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. A rise occurred in 1997 – 1999 that was associated with an increase in critical measures of increased risk for infant death: low birth weight; very low birth weight; and maternal complication of pregnancy. The 2000 infant mortality rate of 8.7 per 1,000 live births is a 15.5 percent drop from the 1999 rate of 10.3. Black infants in SC are over 2.5 times more likely to die before their first birthday than white infants. This gap has shown no evidence of closing.





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.

Agency Goal — Assure Children and Adolescents are Healthy

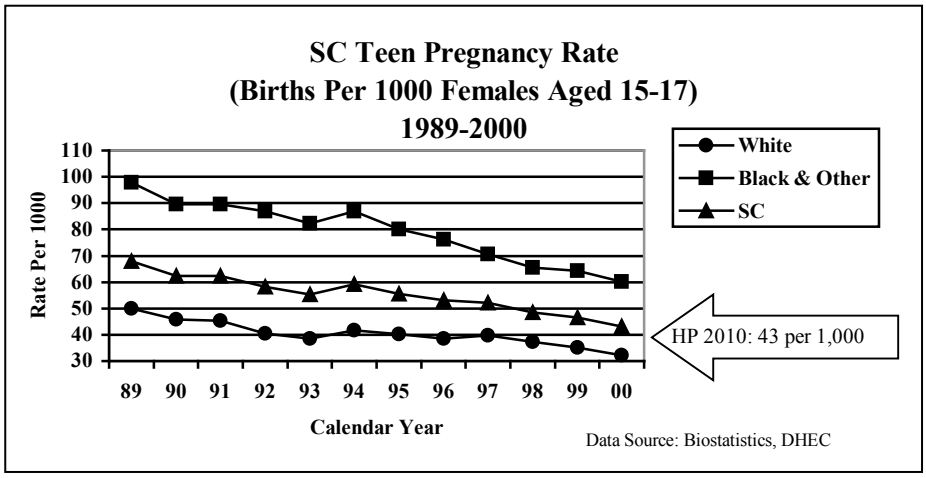
Program Name: Family Planning

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, 15-17 years of age in 1989 to 43.2 in 2000, a decrease of 36.5%. The SC rate just exceeds the Healthy People 2010 goal of 43 per 1,000 adolescents, 15-17 years of age. Although the pregnancy rate among 15-17-year-old black teenagers (60.1) remains higher than that for white teenagers (32.3), the black teen pregnancy rate is decreasing more rapidly than the rate for white teens.



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

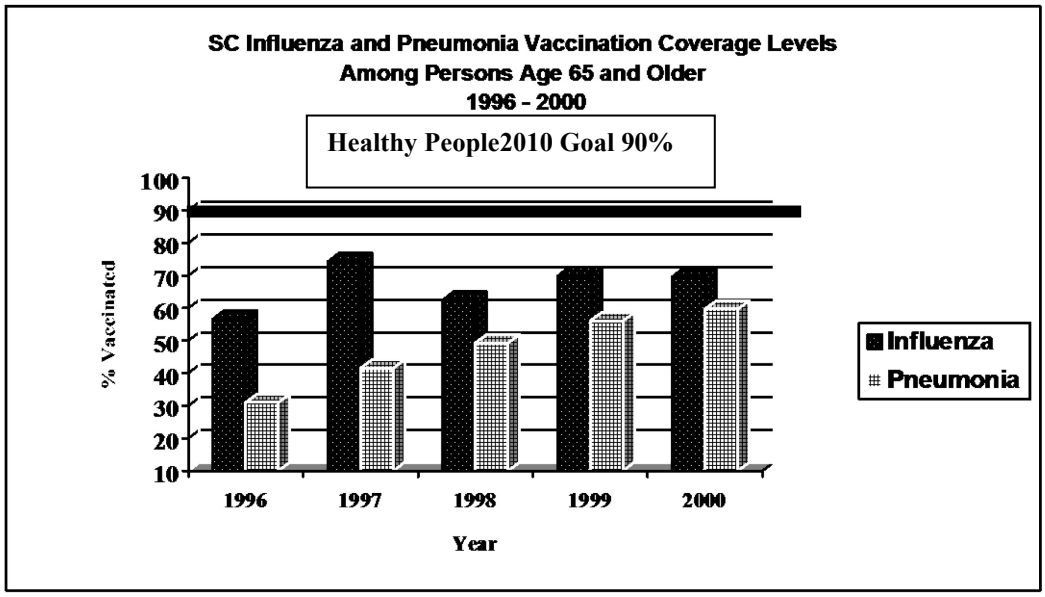
Program Name: Immunization and Prevention

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 pneumonia, compared to 54.1% for the nation. Both influenza and pneumococcal vaccination rates among minority populations in SC are higher than the national average and continue to increase. Influenza and pneumococcal vaccination rates among the state's minority populations in 2000 were 61.9% and 44.4% respectively.



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 workdays, 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

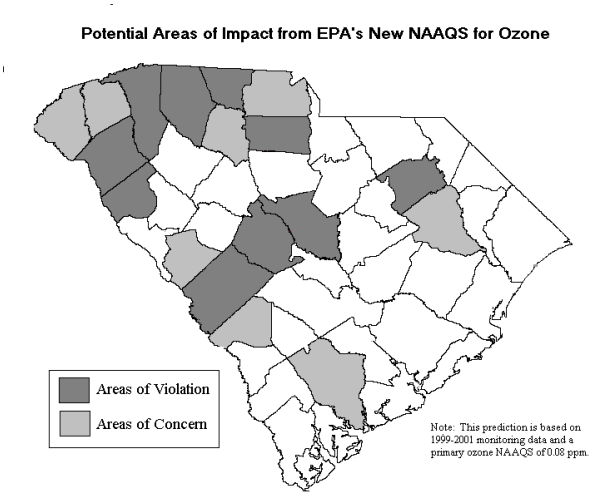
Program Name: Bureau of Air Quality

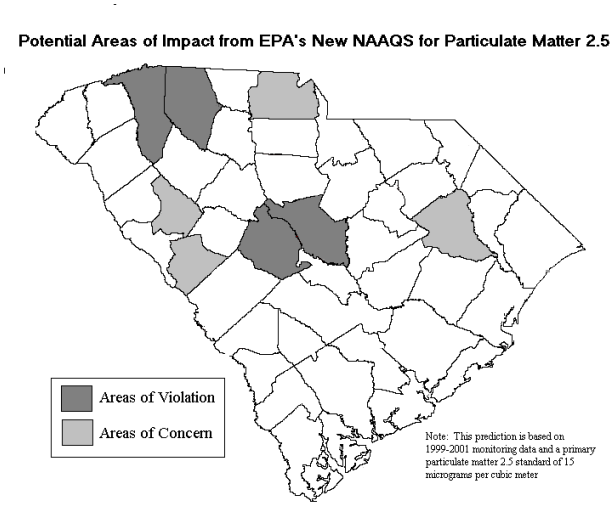
Program Goal: Ensure South Carolinians live in areas where all air quality standards are met.

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. Currently there are 66 monitoring sites representing over 130 monitors and samplers around the state that measure air pollutant concentrations. SC's maximum and average concentrations of CO, SO_2, and lead are well below the national standards. NO_2, PM-10, and O_3 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. In addition, there could be reductions in federal road construction dollars, a more stringent and lengthy permitting process, and other emissions reduction activities for fixed facilities and mobile sources were our state to violate a NAAQS.

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, reduction of 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.

Agency Goal: Protect, Continually Improve and Restore the Environment

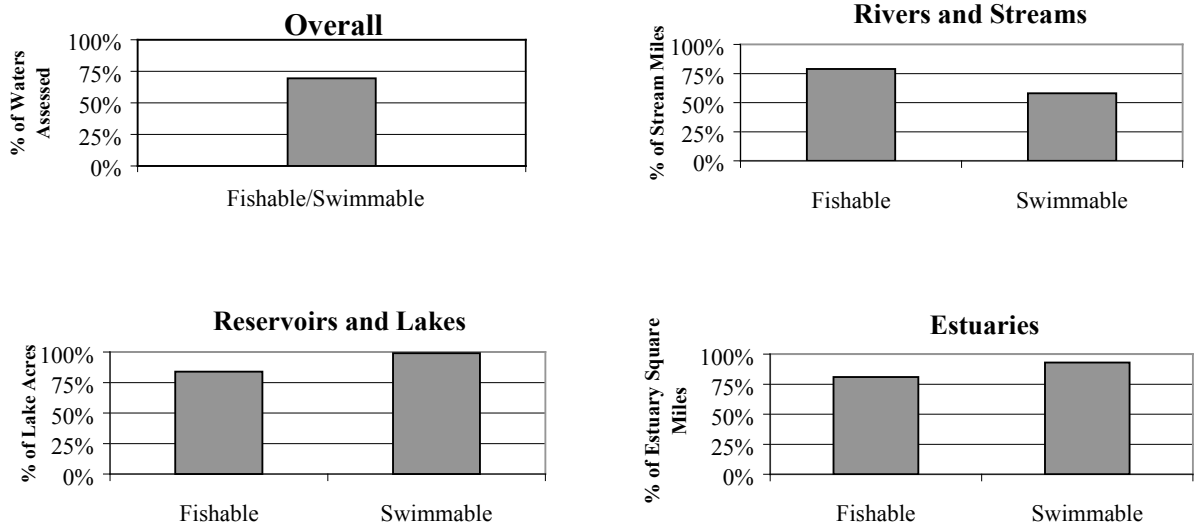
Program Name: Water Quality Protection

Program Goal: Ensure waters meet water quality standards.

Program Outcome: By 2002, 75 percent of surface waters are fishable/swimmable and by 2007, 80 percent 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 percent 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 specific locations 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.

Percentage of Assessed Waters Supporting Fishable and Swimmable Uses
Source: 2002 305(b) Water Quality Assessment Report



What the Data Say: Based on the 2002 305(b) South Carolina Water Quality Assessment Report, 70% of all waters are both fishable and swimmable. Almost all lakes and estuaries (salt waters) in SC are safe for swimming. While just over 58% 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 that may be due to natural occurrences and not pollutants introduced by man. All waters that do not fully support these uses are slated for watershed restoration to ensure full attainment of this goal.

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

Agency Goal: Protect, Continually Improve and Restore the Environment

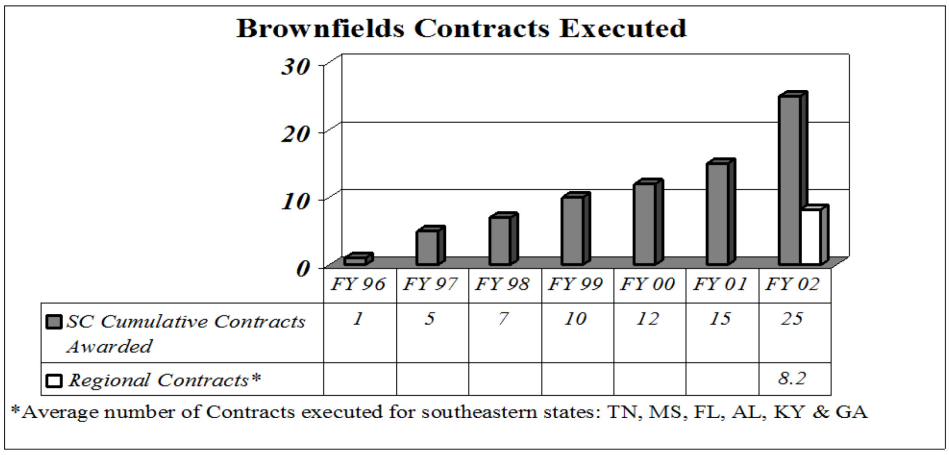
Program Name: Land and Waste Management

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 six southeastern states.

What the Data Say: The prestigious Phoenix Award for outstanding redevelopment in EPA Region 4 was awarded in response to the first Brownfields Voluntary Cleanup contract executed by DHEC at the 2000 National Brownfields Conference. A second Phoenix Award was merited for a SC Brownfields site in 2001. As of FY02 DHEC has entered into a total of 25 contracts that facilitate cleanup and redevelopment of contaminated industrial sites. DHEC greatly surpasses the average number of total contracts, 8.2, for six (6) southeastern states.



Source: DHEC Brownfields files & southeastern state Brownfields contacts

Why This Performance Indicator Is Important: Brownfields contracts indicate a public-private partnership that meets customer needs, improves the environment, and enhances quality of life for the citizens of South Carolina.

Agency Goal: Protect, Continually Improve and Restore the Environment

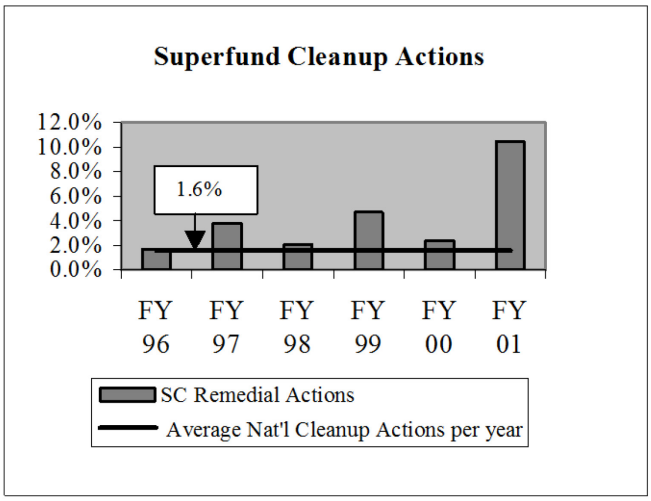
Program Name: Land and Waste Management

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

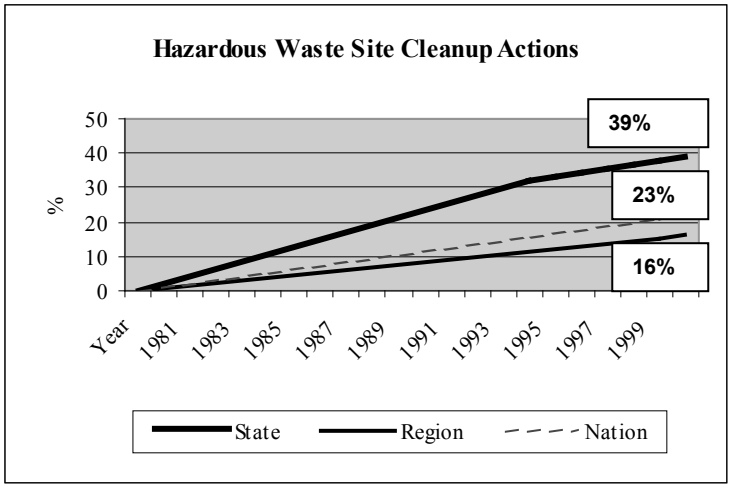
Program Outcome: Track and report the number of actions taken to remediate contaminated land.

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 charts below show that the average cleanup rates in SC for two of the largest cleanup programs consistently exceed the national and regional rates.



Source: DHEC CERCLA Files, Site Assessment and Remediation Program Annual Report, ASTSWMO Report "State Cleanup Accomplishments for the Period 1998-1997," "1997 Superfund Annual Report to Congress.



Source: RCRA Info Database; State of RCRA Report.
Note: For the time period of FY80-FY95, the data presented is an average.

Why This Performance Indicator Is Important: A large number of contaminated sites are addressed by the Superfund and the Hazardous Waste programs. Aggressive cleanup of these sites reflects DHEC's commitment to maximize limited resources to reduce threats to human health and the environment.

Agency Goal — Protect, Continually Improve and Restore the Environment

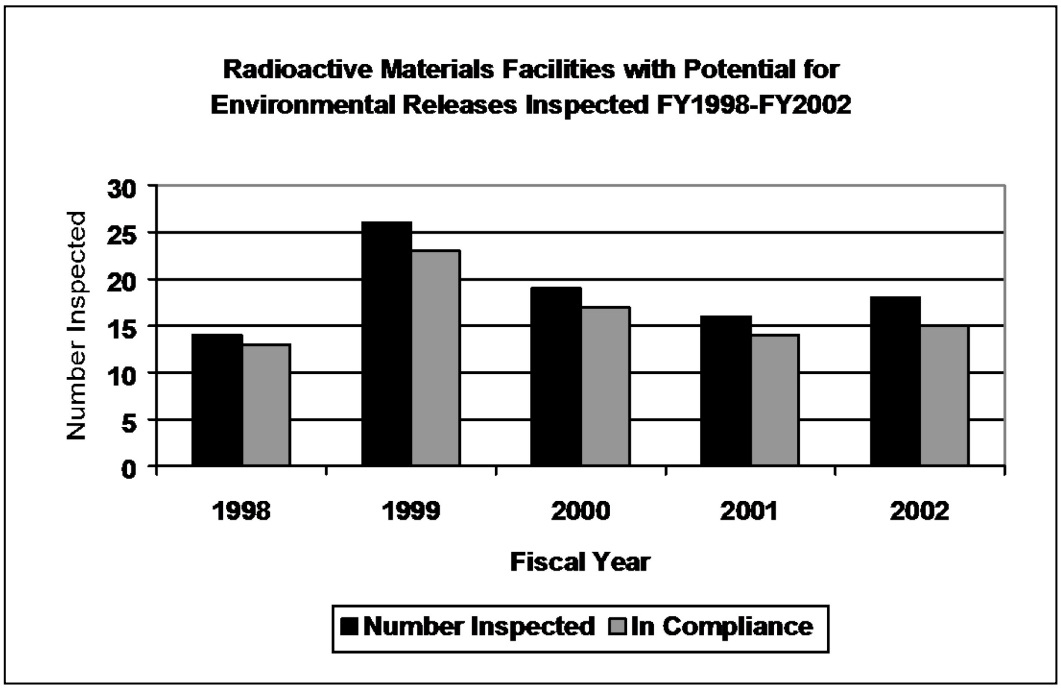
Program Name: Radiological Monitoring – Division of Radioactive Material Licensing

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.

Agency Goal: Protect, Continually Improve and Restore the Environment

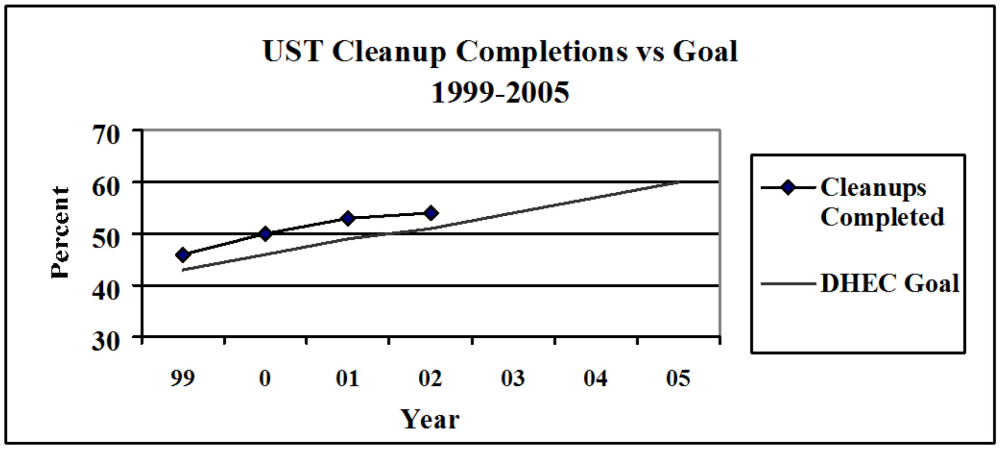
Program Name: Land and Waste Management

Program Goal: Reduce pollutant releases to surface and groundwaters.

Program Outcome: By 2005, 60% of all Underground Storage Tanks (UST) leaks will be closed (i.e., cleanup complete).

Key Performance Indicator/Benchmark: Percent of UST cleanups completed per year, based on DHEC goal.

What the Data Say: A total of 53%, or 4,300 cleanups out of over 8,100 confirmed releases, have been closed, exceeding the DHEC established interim goals. If this level of closure activity is sustained for the next three 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 system. Petroleum products contain a number of compounds that pose health risks when drinking water is drawn from a contaminated aquifer. By maintaining an effective inspection program, the number of new releases has been significantly reduced allowing the program to focus available resources on assessment and cleanup of existing cases. Currently, over 93 percent of all the confirmed releases have initiated assessment activities, and over 280 cases are undergoing active cleanup of groundwater contamination. 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.

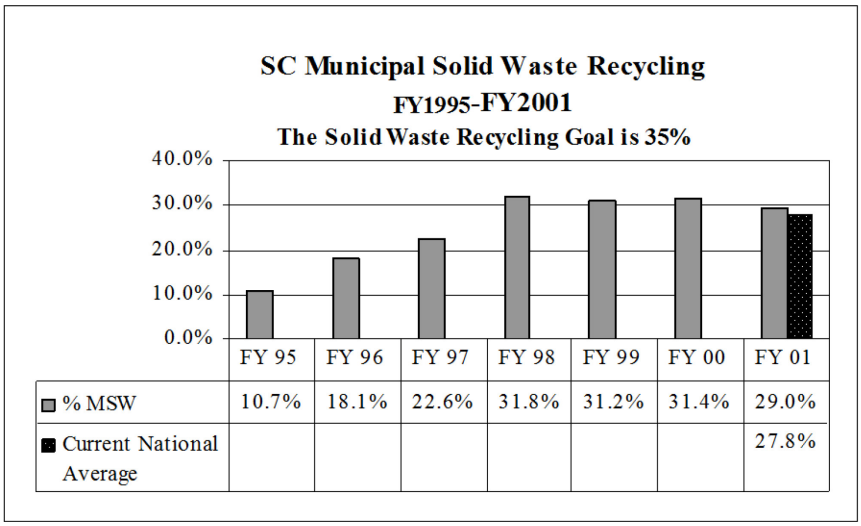
Agency Goal: Protect, Continually Improve and Restore the Environment

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.



	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
% MSW	10.7%	18.1%	22.6%	31.8%	31.2%	31.4%	29.0%
Current National Average							27.8%

Source: Annual County Progress Reports

What the Data Say: Since 1993 the municipal solid waste recycling rate has risen drastically to a current rate of approximately 29%. The recycling rate has remained consistent over the past three years due in part to decreased State grant funding for local programs.

Why This Performance Indicator is Important: Although great strides have been made in recycling, collaborative efforts will be necessary for the state to reach the 35% goal. DHEC will continue to foster recycling through public-private partnerships that build local programs and focus on specific commodities**.**

Agency Goal: **Protect and Enhance Coastal Resources and Ensure Proper Management and Access**

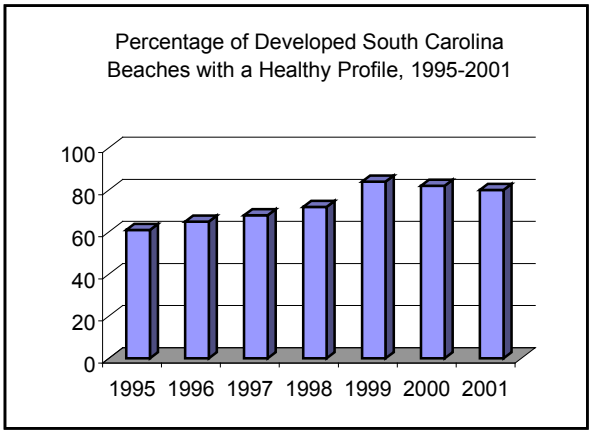
Program Name: Ocean and Coastal Resource Management

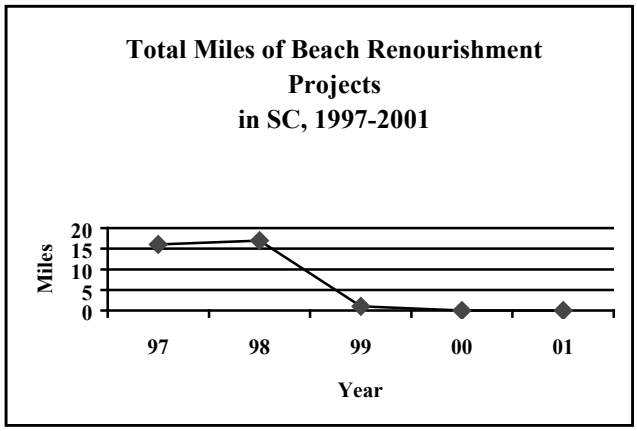
Program Goal: Attain healthy beaches, which are enhanced, protected and publicly accessible.

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 and FY 2002, although a $4.7 million need was identified for FY2001 and this need is increasing as beach erosion takes place.

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 salaries and recognition. [See III.5.4.]

III.7.4 ***Key Measures of Supplier/Contractor/Partner Performance:*** The agency seeks to ensure that the suppliers/contractors/partners meet the requirements of the contract by:

- Conducting a pre-performance conference with the suppliers/contractors/partners and the program area;
- Evaluating and documenting satisfactory compliance with contract specifications, terms, and conditions;
- Managing a suppliers/contractors/partners complaint system;
- Working in concert with the Office of State Procurement through the suppliers/contractors/partners debarment process; and
- Measuring trends relative to e-commerce.

The Office of Internal Audits (OIA) participates in the Agency Subrecipient Monitoring Program by monitoring the subrecipient audit compliance efforts within DHEC. The 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**.**

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. [See III.1.7, III.3.1, & III.5.6.]

III.7.6 ***Levels and Trends of Financial Performance:*** Of every dollar spent by the agency, 4.5 cents goes toward administration. In FY 1994, the agency had 8.58 FTE's per $10M in total expenditures. A goal was set to reduce this to 7.0 FTE's by FY00. The agency has exceeded this goal.

Management of Budget Reductions: A Reduction in Force has been avoided by freezing over 700 positions and implementing the retirement incentive plan. Staff have assumed additional duties and made every effort to meet the needs and expectations of customers. The agency has continued implementation of other cost savings initiatives to address budget reductions and to maintain necessary levels of service. For example, revised OCRM mailing procedures saved the agency $40,000 and a volume purchase of IT software saved $100,000.