

October 16, 2000

Mr. Les Boles, Director
Office of the State Budget
1122 Lady Street, 12th Floor
Columbia, South Carolina 29201

Dear Mr. Boles:

The South Carolina Department of Health and Environmental Control (DHEC) is pleased to submit the Fiscal Year 1999-2000 Accountability Report pursuant to the requirements in Section 1-1-810 and 1-1-820 of the South Carolina Code of Laws. To achieve our mission, "*We promote and protect the health of the public and the environment,*" DHEC has over 6,000 employees working throughout South Carolina each day on specific tasks, delivering services, forming partnerships, and serving the people of the state.

Our 1995 Strategic Plan laid a foundation for excellence and established the mission, vision and values by which we work. The agency is building on the legacy of successes and challenges resulting from that plan and has recently completed a year-long strategic planning process. The 2000-2005 Strategic Plan builds on our mission and values and sets our direction for the next five years by defining DHEC's goals and outcomes. It also articulates our long-term vision for the future of our state and provides us with a road map toward accountability and improving customer service.

We are dedicated to promoting and protecting the health of the public and the environment in the most effective and efficient manner. As you will see from this Annual Accountability Report, DHEC will use its eight broad goals as an accountability framework. Program information is captured and reported under the appropriate goal. DHEC is transitioning to a results-based planning process using Baldrige-like accountability measures. It is our intention to assess our performance continually, to make quality improvements where necessary, and to assure excellence in customer service.

Sincerely,

Douglas E. Bryant, MPH
Commissioner

Table of Contents

Executive Summary

	Page
Transmittal Message	
Executive Summary	1
Mission Statement	4
Leadership System	5
Customer Focus and Satisfaction	8
Other Performance Excellence Criteria	12
Strategic Planning	12
Information and Analysis	14
Human Resource Focus.....	15
Process Management.....	19
 Description of Programs	
Agency Goal: Protect, Continually Improve, and Restore the Environment	26
Water Supply	31
Water Pollution Control.....	33
Solid & Hazardous Waste.....	35
Wastewater.....	39
Radiological Monitoring	41
Underground Storage Tanks (UST).....	43
Waste Minimization/Reduction	45
Recreational Waters	46
Agency Goal: Protect and Enhance Coastal Resources	47
Coastal Resource Management	47
Agency Goal: Assure Children and Adolescents are Healthy	50
Immunization & Prevention.....	50
Child Health.....	52
Family Planning.....	54
Maternal & Child Health Epidemiology	56
Prenatal Care	58
Women, Infants & Children (WIC)	60
Tobacco Prevention & Control.....	62
BabyNet.....	64
Children's Rehabilitation Services	66
Agency Goal: Increase the Quality and Years of Healthy Life for Seniors	68
Certification.....	68
Personal Care Aides.....	70
Home Health Services.....	71
In-Home Prevention Services for Seniors.....	72

Executive Summary

	Page
Agency Goal: Improve Health for All and Eliminate Health Disparities	74
Minority Health.....	74
Primary Care	77
Public Health Districts.....	79
Cancer Prevention & Control.....	80
Cardiovascular Health	83
Chronic Disease Epidemiology.....	85
STD/HIV Control.....	86
Tuberculosis Control (TB).....	89
Agency Goal: Increase Local Capacity to Promote and Protect Healthy	
Communities	91
Vital Records	91
Food Protection	94
General Sanitation.....	96
Disease Surveillance & Investigation.....	98
Drug Control	101
Health Hazard Evaluation.....	102
Rape Violence Prevention	105
Health Laboratory	116
Health Facilities Licensing	111
Emergency Medical Services	113
Health Facilities & Services Development.....	116

Executive Summary

The Department of Health and Environmental Control (DHEC) is the state's public health and environmental protection agency and provides leadership for public and community involvement in creating and sustaining the public health infrastructure. To understand the roles, responsibilities, and goals of the agency, one must understand public health. 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. DHEC, therefore, is involved in policy development, enforcing health and environmental regulations, and helping communities to organize locally to address environmental and health solutions.

The mission, vision, values and goals set forth in the DHEC 2000 – 2005 Strategic Plan provide the strategic direction and unifying focus for all parts of the agency as we work to improve the health and the environment of South Carolina. The agency is organized to serve the public under three broad areas: health services, environmental quality control, and ocean and coastal resource management.

The Office of Environmental Quality Control (EQC) is the regulatory arm of DHEC, and is responsible for the enforcement of federal and state environmental regulations and laws, and for issuing permits, licenses and certifications for activities which may affect the environment. EQC is organized into four program areas, each concerned with a specific aspect of environmental protection.

The Office of Ocean and Coastal Resource Management (OCRM) is responsible for the enforcement of South Carolina's Coastal Zone Management Act. The goal of this legislation, enacted in 1977, is to protect South Carolina's coastal resources and promote responsible development. OCRM's responsibilities stretch across all of South Carolina's eight coastal counties, but the Office's main functions are through its permitting and certification programs.

The Office of Health Services operates through thirteen public health districts, used to group DHEC's county health departments to facilitate management. This Office administers programs and services that protect the public's health, including forty-six county health departments that provide direct services in more than one hundred clinic sites.

After a rigorous priority-setting process, DHEC developed a 2000-2005 Strategic Plan. Information and input was consolidated into the final plan, and that plan was adopted by the DHEC Board on October 12, 2000. The agency has adopted eight long-term goals. These goals are statements of long-term changes in health status and environmental quality we expect to achieve in the future, changes that will move us toward our vision of healthy people living in healthy communities. Furthermore, these goals will assist senior managers in setting the direction for DHEC for the next five years, as well as in measuring progress for accountability purposes. Each goal requires a multiple set of strategic goals, outcomes, strategies and activities. Each area of the agency is required to develop an operational plan to support the 2000-2005 Strategic Plan.

Executive Summary

The eight long-term goals, mission, vision and values for DHEC are presented below. They are presented in a circle to represent that each is equal in importance, as well as interdependent. They also reflect the complexity of our agency, with its many programs and services and regulatory functions.



We promote and protect the health of the public and the environment.

DHEC's goals and outcomes serve as a link to the Healthy People (HP) 2010 vision for the nation, a comprehensive, nationwide health promotion and disease prevention agenda to improve the health of all citizens by 2010. That national vision is to achieve "Healthy People in Healthy Communities." The goals and outcomes specified in our 2000-2005 strategic plan were chosen to link directly to many of the Healthy People 2010 objectives. Roughly eighty percent of the DHEC strategic goals and outcomes link to a HP 2010 objective.

Executive Summary

DHEC's strategic planning process, Planning and Managing for Results (PMR), will guide the way work is done in the agency and will lead to improvements in our ability to make differences in the lives of customers and communities because we are better able to achieve outcomes and goals. It is a way to plan, but it is more importantly a management tool that incorporates planning and evaluation into making good sound evidence-based decisions. Thus, this process will bring together initiatives in EQC, OCRM and Health Services to improve the health of citizens and communities.

For accountability, DHEC must measure progress towards outcomes and goals using a measurement plan to provide evidence for key policy and management decision points. DHEC's structure, processes, and organizational culture will support both the planning and accountability aspects of the process, using Baldrige-like measures to assess performance.

Authority

DHEC was created in 1973 by the General Assembly through Act 390, which merged the State Board of Health (created in 1878) and the Pollution Control Authority. In 1993, the General Assembly restructured many agencies within state government. Act 181 of 1993 placed the environmental regulatory functions of the state Land Resources Conservation Commission, Water Resources Commission and Coastal Council within DHEC.

DHEC is charged with protecting and promoting the public health and controlling and preventing pollution of the environment. Statutory authority is primarily provided in Titles 44, 48 and 49 of the South Carolina Code of Laws.

DHEC is under the supervision of the Board of Health and Environmental Control, which has seven members, one from each congressional district and one at large, who are appointed by the Governor with the advice and consent of the Senate. The Board is empowered to promulgate regulations for the promotion of the public health and the protection of the environment and is authorized to hear appeals of contested cases.

Mission Statement

We Promote and Protect the Health of the Public and the Environment

Our mission is an enduring and comprehensive statement of our purpose. It reflects who we are and why we exist. We are performing this mission in a time of change in health services arenas and amid rapid growth and changing demographics within our state. We are becoming more aware of the pressures that environmental, physical and social factors place on the public's health. We are also facing unprecedented growth in our state, growth that impacts the viability of our environment and the quality of our air and water. In addition to the increase in overall numbers of South Carolinians, this growth is resulting in greater ethnic diversity and an expanding population of retirees. Such changes compel us to reassess the strategies by which we can most effectively achieve our mission and vision.

The shared vision that will guide DHEC now and in the future is *Healthy People Living in Healthy Communities*. The agency's contributions to educating the citizens of South Carolina on public health issues are critical to mobilizing communities to develop strategies to impact individual and community health and environmental quality. People are broadening their perspective on health to include not only the absence of disease and access to quality medical care, but also the importance of living in healthy communities. DHEC is a powerful force in assisting community organizations to focus on health and prevention and wellness activities, as well as environmental quality. DHEC also facilitates awareness of environmentally sound practices that protect the state's precious ecosystems and environmental and coastal resources.

Leadership System

As the state's public health and environmental quality agency, DHEC provides leadership for public and community involvement in creating and sustaining the public health infrastructure. DHEC is involved in policy development, enforcing health and environmental regulations, and helping communities to organize locally to address local health problems and develop health programs. 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.

DHEC is governed by a Board appointed by the Governor of South Carolina. The Board meets monthly, and the meetings consist of information and action items on a wide variety of health care, coastal and environmental issues. The Executive Management Team (EMT) is composed of the Commissioner, the agency's Chief Operating Officer, General Counsel, Legislative Liaison, and the Deputies for Health Services, Environmental Quality Control (EQC), and Ocean and Coastal Resources Management. Members of the EMT supervise senior managers who have the requisite educational, experiential and management backgrounds to manage complex aspects of the agency.

The Board and the Executive Management Team set and communicate the direction of the agency to the organizational units within the agency, and assure that all areas are linked organizationally and philosophically. DHEC maintains a central office in Columbia, and operates its programs, services and regulatory functions through thirteen health districts and twelve environmental quality control districts. This approach assures that programs meet local needs. The leadership structure operates through this network of local offices, with guidance and administration by the central office.

The Commissioner and the EMT frequently travel to areas in the state to meet with staff to assess performance, management effectiveness, and compliance with Board directives. Travel to local areas also gives the EMT an opportunity to encourage, empower, and guide staff in the district offices. During the development of the 2000-2005 Strategic Plan, for example, the Commissioner and the EMT conducted four regional forums to obtain feedback on the process. There are a variety of EMT and Senior Management meetings, which provide problem-solving and information-sharing opportunities for staff, serving to create and sustain a collaborative organizational culture. The agency also communicates with staff through the use of its Intranet and agency newsletter, using these tools to provide information to employees on a variety of topics.

The DHEC leadership system has implemented and embraced a Monthly Award for Excellence, given to employees who have been recognized by their peers for performance above and beyond normal job duties. Written nominations are submitted by active committees, using written criteria, to the respective deputy areas and health districts for a total of seventeen possible winners each month. Names are forwarded to the Commissioner's Office and certificates are awarded. Winners are announced to all DHEC staff statewide via electronic mail each month. Recipient names are included as

Leadership System

a written agenda item for monthly DHEC Board meetings, and employees are recognized by the Board Chair in open session. Personal letters of congratulations signed by the Board Chair and the Commissioner are sent to each recipient, a special parking space is reserved, and a gift certificate to a restaurant is awarded.

The staff and management of DHEC want to achieve both long- and short-term goals. Although the core concepts and principles of DHEC's new strategic planning are the same throughout the agency, the application of the process by the leadership at DHEC looks different at each level.

Policy-level decisions are made by upper level management with input from staff and the community. Staff are involved in making decisions about the agency's mission and values, the core strategic issues, the agency-wide goals and outcomes, and the Measurement Plan. Middle managers, with input from their staff and the community, and with direction provided by policymakers, formulate and implement strategies to achieve the agency's goals, generate and/or apply best practices and knowledge, develop and implement information plans, assess and evaluate, and produce reports. Middle managers inform policy through generating information about how things are accomplished, learning lessons, and translating policy through developing interventions to carry them out.

The operational level brings information about the needs and wants of customers and communities to managers to inform policy. Front line staff also play a critical role in helping translate health information for communities so that it is useful to them in making decisions.

In terms of public responsibility, the community and other stakeholders provide critical input to policy and to staff on issues that are important to them. In part, they define their own set of problems, have their own set of needs, and communicate about the services and interventions that are important to them. In exchange, communities need information from staff to help them make good decisions about how to approach problems.

DHEC has identified and supported its key communities in a variety of ways, and continually strives to strengthen its performance. The agency's key community is the general public, through the provision of regulatory, permitting and technical assistance functions. Leadership is provided through such functions as recycling services, air and water permitting and improvements, and restaurant inspections. Population-based health services are rooted in communities, and DHEC supports and maintains local efforts through a wide variety of public health services, including training in Healthy Communities concepts, principles, and strategies.

Leadership System

Another key relationship is with the regulated community. DHEC promulgates and/or enforces federal and state mandates related to a variety of health, environmental and coastal zone matters. Special populations are another key community, with DHEC involved in health services provided to a multitude of programs and services designed to meet the needs of people with special needs or disabilities. Examples include efforts on behalf of maternal, infant and child issues, HIV/AIDs, and diabetes.

These communities, with help from agency staff and supporting policies, provide input about the outcomes that are important and define their unique needs and problems, strategies and specific interventions that address their problems. DHEC is proactive in anticipating public concerns, and strengthens its key communities at critical intervals.

The DHEC leadership system is, to a great extent, built upon national efforts in public health such as Healthy People 2010 and current efforts at the Environmental Protection Agency (EPA) around children's health and managing the impacts of growth on our environment. By aligning our goals and outcomes with those of national efforts, the agency can benchmark its progress at both the state and national level, using Baldrige-like accountability criteria.

Customer Focus and Satisfaction

Everyone who lives in South Carolina is a customer, due to the diversity of the types of services provided by DHEC's environmental and health programs. Customer service is one of the agency's values. Each business unit is expected not only to survey its particular customer group but also to use that customer feedback to reshape and refocus what the unit does based on customer input. Staff have developed customized customer service training for the different types of employees at all levels throughout DHEC to meet this mandate.

The agency has celebrated many successes with customers and agency partners, and this success has been a legacy from the 1995 Strategic Plan. DHEC focuses on ensuring quality customer service by developing, and requiring employees to attend, agency-sponsored customer service training. The course focuses on helping employees define who their customers are, what good customer service is, and developing effective communication and telephone skills. Over 5,000 employees have been trained in customer service concepts.

DHEC targets customers, customer groups and market segments by utilizing census data, input from the State Chamber of Commerce and Community Relations Council, statutes, laws, regulations, collaborations, feedback/assessments, partnerships/focus groups, and referrals. Some of the longer-term requirements are also mandated by laws, statutes and regulations. As an agency we participate in many professional organizations that allow DHEC to benchmark services. Participating in these organizations also affords staff the opportunity to take part in panel discussions, focus groups and forums where consideration of current and new trends occur.

DHEC uses many mediums to share information about its services to include print, radio and television. Wherever feasible, DHEC attempts to co-locate as many services as possible to allow customers to receive as many services as possible from one location. The agency employs many methods to determine customer service requirements, such as: satisfaction surveys, councils, boards and community groups/forums. The agency has established a Risk Management Committee that reviews clinical complaints and problems. Each area is also encouraged to develop local solutions to local problems, but to forward complaints to the committee, which assists the agency in the identification of statewide trends.

DHEC also uses a cadre of tools for the dissemination of information, e.g., the Internet, community leaders, public service announcements, newsletters, our employees, community forums, schools, churches, community groups, public hearings/meetings, agency spokespersons, electronic mail and contractual services. The methods used to determine and deploy customer service requirements and standards include such things as surveys, feedback mechanisms, piloting projects, input from senior level management, and, unfortunately, sometimes through trial and error.

Customer Focus and Satisfaction

In serving any of the DHEC customers or stakeholders, agency personnel are committed to operating with the following values or performance guidelines:

Teamwork is working together to make decisions and reach common goals.

Cultural Competence is recognizing, respecting, understanding, accepting and valuing different cultures in order to provide effective services to all our customers.

Use of Applied Scientific Knowledge for Decision-making is the use of rational methods and scientific knowledge to provide answers and to guide our professional judgement.

Local Solutions to Local Problems means cooperation and collaboration within our agency and with local resources to develop healthy communities, communities that are active in improving their own health and environment.

Excellence in Government occurs in an organization that is quality-focused and customer-driven. We will build awareness of health and environmental issues with citizens by using effective means of informing and educating the public.

Customer Service means a commitment to meeting or exceeding customers' identified needs and expectations with quality service.

The agency has a very proactive approach to complaint management by demanding rapid/timely turnaround regarding a concern/compliment form and the Help Us Help You form. Other tools include things like a satisfaction survey, patient flow analysis, management/supervisor response, and empowering employees to develop local solutions to local problems. Continuous quality improvement dictates that there be remedial training and other mandated training as needed. Efforts to build loyalty include our agency-wide approach to customer service – start with the customer and work backwards, meeting the agency goals and the mission, community involvement and trying to exceed expectations whenever possible.

In past years, as part of the larger effort to gauge public and private sector familiarity with the agency, and to evaluate customer satisfaction with its services, DHEC commissioned the University of South Carolina's Survey Research Laboratory to conduct a statewide customer service survey, as well as surveys targeting different client groups. Overall, the findings were very positive. As part of a continuous assessment process, we conducted a follow-up statewide survey in the fall of 1999 focusing on specific aspects of service. The 1999 survey was also very positive and resulted in a 94.7% overall satisfaction rate. In 1998, a series of public forums were held around the state with the Commissioner and Executive Management Team listening to the public about specific concerns and recommendations. Another example is the use of customer feedback cards for people who receive services in the county health departments and using the data from those cards to modify and track improvement.

Customer Focus and Satisfaction

To encourage customer service, and reward employees for excellence, nominations are selected annually for the Michael D. Jarrett Outstanding Customer Service Award. Using specific guidelines, awards are made for: outstanding customer service relating to health, including customer service provided by those in Health Regulations, as well as Health Services; outstanding customer service relating to the environment, including customer service provided by those in Environmental Health as well as Environmental Quality Control; and teams providing outstanding customer service for internal customers, including those in Administration as well as those in units in programs or districts which provide support to those directly interacting with external customers.

In terms of determining or targeting our customers, there are a variety of approaches that effectively reach out to our constituencies. Customers for direct public health services are targeted by need, e.g., medical, environmental, preventive, rehabilitative, socioeconomic, or regulatory need. Specific health care programs target certain customer groups based on demographics and risk, such as childbearing women, adolescents, and children with special health care needs. Community-based services and community development activities are population-based.

A component of customer services is marketing. Marketing is conducted through outreach activities, community development, and all service delivery activities to increase consumer awareness and utilization of services and products. Active marketing strategies are targeted for specific population groups through literature, media, the Internet, public service announcements, phone hotlines, group education, and community presentations.

In the Health Services area, customer satisfaction for internal and external customers are routinely monitored and evaluated. Internal customer service is evaluated through employee surveys at the unit and agency level. External customer satisfaction involves satisfaction with the service received, staff interaction, timeliness of service, and responsiveness of service. For in-facility services, satisfaction involves the customer understanding the Client Bill of Rights and the Agency Service Pledge. The Agency Service Pledge is posted in all sites and delineates what a customer can expect from the agency and its staff. The Client Bill of Rights is designed to recognize, support, and promote the rights of each client to be treated with dignity and respect. In Home Health Services, the Client Bill of Rights is signed, and a copy is in the client's record.

Each area in Health Services is expected to assess all their customer groups as part of their continuous quality improvement process. Managers and supervisors use the information to guide decision making and planning. Customer satisfaction is assessed in various ways depending on the type of service and customer group. These processes include telephone surveys, comment cards, exit interviews, written survey tools, focus groups, and Internet comments. In Health Services, the Customer Service Committee is developing a set of overall measures so there will be an aggregate measure of customer satisfaction for the areas.

Customer Focus and Satisfaction

Through partnerships and collaborative efforts, positive relationships are established with other health care providers, service agencies, organizations, and community groups. Health Services has over 130 formal partnerships to facilitate access and delivery of services. Community and customer outreach activities are modified based on input and data. One of the overriding concerns of Health Services, in its public health assurance role, is to assess unmet needs on the part of the target population (customers). This core role of assurance does not necessarily imply that the health department must provide services. There are many actual and potential partners that must be engaged in order to ensure that Health Services customers receive the necessary and expected medical, prevention and health promotion services that they need in order to maximize their health and well being. The key operational performance requirement of success for Health Services is improved health status of its customers.

Customer loyalty is built through trust, performance, and consistency in responding to customers. A process of continuous quality improvement to measure performance and improvements provides for ongoing evaluation and improvement of service delivery including providing access, determining satisfaction, and establishing partnerships. Routine monitoring of satisfaction with service delivery/products provides a database for making changes and improvements.

Other Performance Excellence Criteria

Strategic Planning

DHEC is a large, complex agency with an incredibly important mission, and the agency has many requirements for planning. As a result, it was necessary to implement a single, comprehensive process that could be used at all levels of the agency, to work with communities, and to guide the development of federal and state mandated plans. PMR, DHEC's new planning process, was developed to provide consistency for all planning activities through its focus on goals.

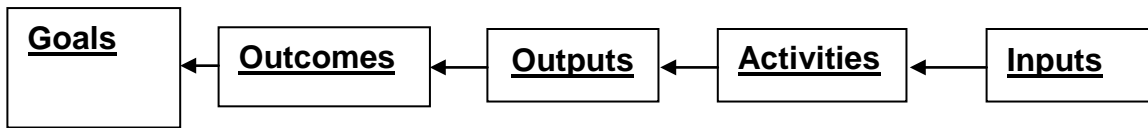
The DHEC Board approved the 2000-2005 Strategic Plan on October 12, 2000. Eight long-term goals are stated in the new strategic plan, as represented in the earlier circle diagram. There are 36 strategic goals, and numerous related, measurable outcomes. Critical outcomes that link with each of the goals were developed, and operational plans are under development. Each operational plan will link to DHEC's goals by stating the outcomes impacted and linking activities to those outcomes. This process integrates aspects of planning already underway in the agency, such as quality planning and management.

Quality is a core value integrated throughout DHEC and impacts every part of the agency's roles and functions. Quality management is based in data-based decision-making and continuous improvement. DHEC will enhance its system for collecting and analyzing data to be used in decision-making and in quality improvement. The new system will provide a mechanism for monitoring, assessment and evaluation of progress towards outcomes and goals. This information and analysis will feed into all quality aspects, since quality involves doing things in the most effective and efficient ways to achieve our goals.

The new strategic planning process, PMR, has two dimensions: planning and accountability. Both are based on clearly defining goals and outcomes. DHEC management expects agency personnel to define roles and responsibilities in support of goals, e.g., what is the agency's role, either directly or indirectly, and what are the roles of other agencies and stakeholders. The agency allows information and measurements to be structured so that staff can learn from failures, pinpoint successes and measure progress along the way. Goals and outcomes have been linked with the Appropriations Act request for FY 2001-2002 to fund agency priorities.

The strategic planning process involves working backward from the goals to the activities and inputs as shown below, so that the process begins with the end in mind. Beginning with the goals and outcomes allows us to focus on the links between the goals, outcomes and the activities that DHEC engages in by combining the knowledge of social science research with practical experience. This knowledge includes consideration of the determinants of health and the root causes of problems.

Other Performance Excellence Criteria



The planning process will allow people implementing services and initiatives to articulate their contribution to the DHEC goals, by defining their outputs and outcomes. Staff will help identify the key outputs and activities that must be tracked to assess our effectiveness, and will identify required resources, know which activities to implement, and evaluate whether the service or initiative's activities are producing the desired outcomes. In order to become an outcomes-based organization, DHEC has affirmatively pursued identification of, and defined the sequence of, outcomes that link to the goals we want to achieve.

Choosing the strategies that will lead DHEC to desired outcomes was the key juncture between defining the outcomes and specifying the activities. Strategies chosen were based on: the likelihood they will lead to the outcomes chosen; information from internal and external scans, needs, assets and gaps in services; data on the problems/issues to be addressed; the knowledge base, including best practice(s); the target group that the strategies will affect; and the likelihood that the strategy will be implemented as planned.

It was also important to choose strategies that reflect the values of the agency. For example, one of the DHEC values is cultural competence. This means that when choosing strategies it is important to consider the unique needs, assets, beliefs and values of specific populations, and thus choose strategies that are culturally appropriate. The same is true for our value of "local solutions to local problems." Strategies chosen should be those that foster empowering communities to solve their own problems.

The ongoing phase of the planning process involves reviewing service implementation (was the strategy and its activities implemented as planned), determining what evidence is needed for key decisions that is not being collected, developing a periodic monitoring schedule as part of ongoing activities, scanning for unintended outcomes or other consequences, and looking for shifts in the target population or other external influences that can affect the ability to achieve the outcomes. Communities must be engaged in a dialogue about the indicators used, services implemented, whether they were appropriate for the targeted populations, and whether populations were reached, or even changing the strategy if necessary.

Other Performance Excellence Criteria

Information and Analysis

How our current information and data systems fit with the 2000-2005 Strategic Plan is important. Assessing what is already in place and what has been effective in the past starts with gathering information generated by agency data systems and reporting functions, and the knowledge and experience of agency staff. DHEC does not have all the critical information or resources needed for data collection.

The DHEC FY 2001-2002 Appropriations Act request reflects the need for funding to replace and upgrade old equipment necessary to meet agency standards for collecting and disseminating data. Data infrastructure is essential to effectively and efficiently monitor and protect the health of our citizens, our environment, and our precious coastal resources. DHEC also provides a variety of statistical services essential to analyze and report health and environmental data as required by federal and state statutes and essential to the agency. These services include statistical consultation, data analysis and interpretation, sample and survey design, and dissemination of vital statistics data.

Data collected from surveillance and monitoring functions can be used to judge the magnitude of a problem for specific target populations, provide information on areas to be targeted, and allow some consideration of what is already out there that is having an impact. DHEC staff are in the early stages of the development and implementation of an effective monitoring, assessment and evaluation system that provides information for continuous quality improvement and accountability. The development of that system is called the measurement plan.

The measurement plan is the basis for benchmarking a continuous quality improvement process through establishing indicators, measures and mechanisms for monitoring, assessment and evaluation. Our continuous quality improvement process (CQI) will look at how things are done and how they should be done, and use information about the difference or variation in order to make improvements. Consistent, continuous processes will be established for identifying and monitoring selected quality indicators, measuring progress towards achieving outcomes, and evaluating the impact of a service or initiative in achieving goals. Our data will provide the framework for understanding how work processes can be continually improved. Thus, the CQI process will make it more likely that goals and outcomes will be achieved.

The measurement plan will specify what, how and when data will be collected, and thus allows for monitoring, assessment, evaluation and reporting on progress towards outcomes. The information generated from this plan will feed into the overall planning process, supplying needed "evidence" for key decision points that are defined in advance. These decision points occur at different junctures along the course of the service or the initiative. In sum, the information plan will involve collecting and analyzing data for use in decision making and continuous improvement; establish a mechanism that allows the organization to track and evaluate progress towards reaching outcomes and goals; allow the agency to be internally and externally accountable; and report changes (or lack of them) to the community.

Other Performance Excellence Criteria

The measurement plan will also include a process for reporting and using the information generated to ensure people are accountable. Reporting involves specifying who compiles information, when, and to whom, it is reported. Some information will be reported on continuously, while some may be useful only annually.

Many of the outcomes under the disparities, children, seniors, and environmental goals are currently being measured. Common data sources include population-based surveys such as the Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factor Surveillance System (BRFSS), vital records information, and existing tracking systems in EQC. An employee survey scheduled for later in the year will be used as a means to collect data for outcomes under the Organizational Capacity and Quality goal, but other markers of progress are in the process of being identified. There is also a need to collect new data for outcomes under the goal related specifically to the coastal zone.

Human Resource Focus

DHEC must have a stable, competent workforce. Organizational stability through effective workforce recruitment and retention is dependent upon having sufficient funding to maintain and keep competent, well-qualified staff and fill essential positions quickly.

For several years, DHEC has focused on this human resource issue, and has requested state dollars through the Appropriations Act process. DHEC recently submitted its FY 2001-2002 Appropriations Act request, and the agency's second priority (the first priority was funding to cover annualizations) is employee retention. Funding in the amount of \$3,000,000 is sought to enhance the ability of this agency to carry out its mission. One of its eight strategic goals: "Improve Organizational Capacity" is intrinsically tied to this request.

The agency is developing a competency-based Human Resource/ Workforce system for preparation of the public health work force. There are many components to this initiative, which include framing activities and personnel processes in terms of competency - public health competency and skill/technical competency. The result will be a system that links all aspects of workforce development and human resources directly to competencies.

At unit and program levels in Health Services, for example, needs assessments are conducted to determine the types of skills and knowledge needed by staff to perform the job duties. The need assessments provide the basis for designing and developing training and educational programs.

Other Performance Excellence Criteria

An Employee Satisfaction Survey is conducted agencywide every four to five years and the results are used to guide changes in management practices, working conditions, policies, and procedures to impact employee satisfaction. Individual units in Health Services use Employee Satisfaction Surveys as a CQI technique to gather information on their internal customer groups. The information provides a basis for decision-making that will impact management processes and practices and result in improvements for the agency.

Employee turnover for FY 2000 dropped from 12.77% to 12.42%. This was the first reduction in turnover since FY 1995. Three significant reductions included Engineers (12.81% to 10.63%), Information Technology (20.57% to 9.66%) and Health Education (29.33% to 23.30%). (See attached Turnover Trends Chart) A major concern is the increase in turnover in the nursing area (11.33% in FY97 to 16.51% in FY2000). See trend chart. Since the agency employs over 1,100 nurses, continuing increases in turnover in this area will adversely affect the overall agency turnover rate.

The agency has taken several steps to reduce employee turnover. Policies on telecommuting and tuition assistance have been developed and a policy on job sharing is in the process of development. A mentoring program was implemented this year to expose employees to different parts of the agency. Other practices used to retain employees are flextime, alternate work schedules, performance pay and internal job vacancy postings. In accordance with the 2000–2005 Strategic Plan, the agency will begin development of job competencies and career ladders to enhance advancement opportunities and retention.

The Greater Columbia Community Relations Council named DHEC the 2000 Employer of the Year for its Summer Intern Program. This program, under the Office of Personnel Services, hired 18 students during the summer to expose them to work in state government. For many, this was their first job experience.

While agency turnover has consistently been below the state average for the past nine years, vacancies in certain positions adversely affect services to customers and revenue potentials. The trust and confidence that the public has come to expect, that private partners depend on and that communities require is directly related to: the years of experience that staff have, the quality of their performance in diverse settings and with diverse populations and their commitment to public private partnerships intergovernmental cooperation and sound fiscal practices.

The following charts present trend analyses in several vital employment areas in the agency. In 1997, the agency funded pay increases for Engineers and Information Technology staff, and as shown in the trend chart, the turnover rate among Engineers was reduced from 17.35% to 10.63%, and among Information Technology employees, from 14.10% to 9.66%, between FY1997 and FY 2000.

Other Performance Excellence Criteria

Employee Turnover Trends (FY 1997 - 2000)

Overall Turnover				
	FY 1997	FY 1998	FY 1999	FY 2000
STATE	12.32	14.53	15.44	14.33
DHEC	10.39	11.58	12.77	12.42
Mental Health	14.19	18.31	20.04	17.40
DDSN	17.06	21.75	21.09	16.92
Corrections	16.58	19.69	25.46	25.21
MUSC	14.50	14.29	15.30	16.37
Transportation	15.31	19.40	18.61	13.93

Nursing				
	FY 1997	FY 1998	FY 1999	FY 2000
STATE	15.5	18.35	17.84	18.27
DHEC	11.33	13.27	14.84	16.51
Mental Health	18.12	21.91	20.63	14.46
DDSN	14.18	14.58	23.44	15.55
Corrections	17.66	44.64	24.02	41.97
MUSC	19.05	17.98	18.43	19.72
USC	19.23	9.3	15.90	22.98

Administrative Support				
	FY 1997	FY 1998	FY 1999	FY 2000
STATE	10.99	13.48	13.81	13.12
DHEC	11.04	11.53	11.56	12.68
Mental Health	10.51	14.57	17.53	14.72
DDSN	7.38	15.61	10.08	10.93
Corrections	8.77	10.47	13.38	16.98
MUSC	14.83	13.51	16.87	17.28
USC	15.25	17.73	16.60	14.78
DSS	8.03	11.09	12.72	10.93

Other Performance Excellence Criteria

Engineering				
	FY 1997	FY 1998	FY 1999	FY 2000
STATE	7.25	9.51	9.71	6.52
DHEC	17.35	14.49	12.81	10.63
USC	13.63	12.00	10.71	0
Clemson	8.45	5.55	8.10	0
Corrections	10.52	11.11	13.33	12.76
Transportation	4.77	7.89	7.76	5.53

Information Technology				
	FY 1997	FY 1998	FY 1999	FY 2000
STATE	11.63	16.06	13.28	10.75
DHEC	14.10	13.88	20.57	9.66
Mental Health	12.82	14.77	19.44	10.87
Corrections	14.81	14.73	10.20	12.00
MUSC	11.53	17.72	26.26	10.08
USC	10.79	14.41	14.55	11.96
DSS	7.40	18.08	11.17	5.02
Transportation	4.76	44.18	18.07	6.55

Social Work				
	FY 1997	FY 1998	FY 1999	FY 2000
STATE	NA	14.92	14.99	16.84
DHEC	NA	16.66	14.78	14.28
Mental Health	NA	16.74	14.35	16.74
DJJ	NA	16.98	17.54	29.82
HHS	NA	4.49	4.34	4.25

Other Performance Excellence Criteria

Nutritionist and Health Educator Turnover - DHEC *				
	FY 1997	FY 1998	FY 1999	FY 2000
Nutritionist	18.46	21.01	19.45	19.92
Health Educator	11.85	15.38	29.33	23.30

* There are no other agencies with over 10 Nutritionists or Health Educators; therefore a turnover comparison with other agencies would not be useful.

In sum, the agency provides customer service, carries out its roles and functions, protects the health of South Carolinians and the health of the environment, and expends the state's resources, through its employees. Valuing employees is critical to the agency's success.

Process Management

While the use of Baldrige-like criteria is helpful in assessing quality practices and performance excellence, the application of these concepts has implications for state government in their strategic decision-making process and in the allocation of internal resources. Certainly, managing processes for improvements and prioritizing the utilization of resources is critical. In order to actually manage processes, there must be a critical analysis of key support processes within the agency. Such an analysis requires an examination of day-to-day operations and functions to ensure that performance standards are met. If standards are not met, practices to initiate improvements must be instituted within organizational units.

DHEC is very cognizant of the need to centrally manage key product and service processes, support processes, and supplier and partnering processes. Such efforts are evidenced by activities at DHEC from 1994 to 1996 to conduct a Regulatory Review Project. The legacy of this project is evident even in 2000, because it initiated a culture of soliciting input from the regulated community, local governments and various environmental groups. The purpose of the effort was to accomplish greater ease in doing business, while maintaining the current environmental and health protection enjoyed in South Carolina.

To perform key product and service processes, the agency has empowered the Bureau of Business Management to provide central oversight and to develop processes to ensure that sound business practices are conducted throughout the agency's 469 cost centers. The Bureau of Business Management is relatively unique in state government in that it also functions to provide efficient and cost-effective centralized support services throughout the agency. Business Management responds and works with staff located in each Central Office Program area, the thirteen Health District offices and the twelve Environmental District offices. Business Management is the agency's primary

Other Performance Excellence Criteria

link between the vendor community, the Budget and Control Board's Office of General Services, and the agency's internal program management.

The Bureau of Business Management provides oversight and assists in the management of key product and service design and delivery processes. When a DHEC program has a requirement for a major product or service, the program manager representative contacts Business Management for assistance in developing a "needs assessment" to determine the scope and specifications of the need. Business Management works with the technical experts to analyze the current technology products and service environments as well as a review of the trade publications. A core team representing the end users, the functional experts, Budgeting and Finance, and Business Management is established to develop a generic solicitation. If necessary, this core team forms the basis of an evaluation committee. Once the product or service is selected that will meet the original need, goals and objectives, the core analysis team is disbanded and a new team is assembled to implement the proposed solution.

An excellent example of the effectiveness of this effort in the design process is the Recycling Program. When the program reached a plateau in accomplishing the objectives of the program, Business Management was asked to participate in developing the next level of effort in the program. By making Business Management the focal point between all DHEC facilities and the Office of General Services, the combined effort accomplished considerable achievements. The joint effort has led to a recycling program that has achieved a 45 percent recycling rate statewide and a used motor oil-recycling program that has been named the best in the nation.

The Underground Storage Tank (UST) Management Program is an excellent example of the effectiveness of this process in monetary terms. Before Business Management was asked to assist in the development of a new, cost-effective process, the UST program was nearly \$20 million in the red and most of the money was being spent on "assessments" and very little on cleanup. When asked for assistance, the General Assembly indicated that it would not increase the half-cent per gallon tax to offset the losses in the program. Faced with a serious problem, Business Management took the lead in designing and coordinating a new environmental remediation process with the Budget and Control Board, and worked with the program area to develop an innovative procurement process that allowed for competitive bidding. The results of this combined effort have been documented as saving nearly \$75 million than what it would have cost using the previous method. Most important, the program is now operating in the black and this "saving" is being redirected to the actual cleanup of sites.

The DHEC UST program is recognized nationally as being the most cost effective in the country. Agency personnel have been asked to provide information and give seminars to other states to assist them in becoming as cost effective as the program in South Carolina.

Other Performance Excellence Criteria

The role of Business Management blends the primary functions of Product Conceptualization and Development, Procurement, Project Implementation, and Product Management into a single process. Historically, the user community has had difficulty in designing and implementing major software programs. Business Management has been designated as the primary analyst, chief negotiator and key oversight monitor for new major programs.

An excellent example of Business Management's role in the blending of product conceptualization, development, procurement, project implementation, and product management into a single process is the current effort underway to implement a major software program for Home Health. Functioning as the agency's primary coordinator, Business Management blended the activities of Information Services, Health Services, Budgeting, Finance, Legal, the State Materials Management Office, and the vendor to ensure oversight of the implementation of this program.

Another example of this "integrated" process is the design, production, and delivery of printed materials. Business Management developed a "continuous flow" process between the program area initiator and Media Relations; the Art, Graphics, and Photography Department; the DHEC Print Production Coordinator; the Department of Corrections Printing Operation; and the vendor community. Business Management's involvement is to ensure that the agency's design and production of printed materials are accomplished within the State Printing Guidelines at the most effective cost for the quality needed. Once these materials are produced, Business Management ensures that they are stored and delivered at the most cost-effective rate. This process has been recognized by a statewide survey conducted by the Greenville News as being the most efficient in the state. Additionally, the DHEC Printing Operation received the "Taxpayer Watchdog" Award from the Comptroller General's Office its cost effectiveness.

Additionally, Business Management provides efficient and cost-effective centralized services, including the procurement of goods and services, facility planning and management, architectural/engineering construction services, inventory control and asset accounting, risk management, property management of agency real estate issues, central supply and distribution center, mail and courier operations, motor vehicle management and maintenance, facility maintenance and security, and printing services. Business Management provides these services to prevent inefficiencies and redundancies in services while refining agency processes to be more effective and cost efficient.

The results of these support processes have been documented by numerous official recognitions of the bureau's customer service and cost effective orientation. DHEC Procurement Services received two awards as the "Government Partner of the Year" from the South Carolina Minority Business Network as well as recognition by the Governor's Office for an outstanding Minority Business Enterprise program. Additionally, Procurement Services was nominated by the Office of the Governor for the Public

Other Performance Excellence Criteria

Employees Roundtable's National Public Service Excellence Award in the area of Community Outreach.

The Motor Vehicle Management Program has been recognized by the South Carolina Government Fleet Management Association on five occasions and last year received the organization's top three awards. Additionally, DHEC was recognized by State Fleet Management last year for having the Safest Driving Record for a Large Agency. The Agency's Motor Vehicle Maintenance section was one of two that received Outstanding ratings from State Fleet Management in 1999. The Risk Management program was recognized by the Office of Insurance Reserve for the effectiveness in reducing incidents that have required premium payouts.

The key element of the partnering process is the relationship with the business community and especially the primary vendor. By being the single point of contact for the agency, Business Management is able to obtain excellent cooperation from all parties involved in a transaction. The agency keeps abreast of the needs of the business community by maintaining an excellent rapport with the State and local Chambers of Commerce. Business Management represents the agency on the State Chamber Issues Committee.

An excellent example of the role that Business Management takes in coordinating requirements and functions in a supplier and partnering process is the waste disposal program. At one time, DHEC had considerable problems in the storage, pick-up, transportation, and disposal of hazardous, chemical, radiological, and infectious waste at 97 sites throughout the state. Business Management analyzed the problems and developed a standardized and cost-effective system, and worked with the State Materials Management Office and the vendor community to resolve the problems. By developing separate contracts for the disposal of infectious, chemical, and hazardous wastes, and building a storage facility for the storage of radiological waste, Business Management was able to lower the costs considerably from previous processes and estimates. Savings thus far are documented at over \$6 million.

Another example of the centralized role of Business Management's involvement in the supplier and partnering processes is the purchase and delivery of pharmaceutical items needed by the program area. DHEC spends approximately \$5 million annually in the purchase of drugs that are stored and dispensed at over 90 health centers throughout the state. Business Management worked with the program area and the State Materials Management Office to develop a "just in time" ordering and delivery system that has saved nearly \$5 million in purchasing and inventory storage costs over the previous system. These savings have been redirected to the purchase of more pharmaceuticals to be used by our clients.

DHEC's coastal management program is responsible for managing the State's coastal resources. In addition to the normal array of regulatory tools, the program has the mandate to assess and plan for broad coastal needs and impacts on a comprehensive

Other Performance Excellence Criteria

basis. This is accomplished through the use of a special area management plan designed to address conflicting uses of coastal resources. Process management follows a standard planning model: problems are identified, assessed, evaluated and prioritized; alternative solutions are developed and evaluated; implementation is coordinated through consensus of all affected parties; and the results are monitored for success.

Process management, however, need not be a top down approach. An example is the Beaufort County Special Area Management Plan. Following the closure of 500 acres of shellfish waters in the fall of 1995, a group of Beaufort County citizens saw the need to find out why this happened and determine how to fix the problems causing this closure. The citizens organized into the Clean Water Task Force (CWTF) and sought out experts from a variety of sources to help them understand the problem and what to do about it. The CWTF produced a report summarizing their findings – *A Blueprint for Clean Water: Strategies to Protect and Restore Beaufort County's Waterways*.

The blueprint identified recommendations for the clean-up of waterways not meeting state water quality standards and for protecting the waterways in the future. Having reached this point, the CWTF was determined to push forward with their recommendations. After a number of meetings with potential partners, the CWTF recommended that Beaufort County, in close cooperation with DHEC, the SC Department of Natural Resources (DNR), the US National Marine Fisheries Service (NMFS), the local Council of Governments and local municipalities, initiate a Special Area Management Plan (SAMP). DHEC's Office of Ocean and Coastal Resource Management (OCRM) was asked to head this effort, and the request was approved by the DHEC Board.

To get an early start, DHEC (Commissioner's Office) and Beaufort County each provided \$75,000 for DNR and NMFS to undertake a biological/water quality assessment of two representative creeks in the county. OCRM also provided \$100,000 as early operating and implementation funds to address watershed management of stormwater. The real boost, however, came in May of 1999 when OCRM, with the support of the involved entities, received \$1.2 million dollars from the National Oceanic and Atmospheric Administration to prepare the SAMP. The plan called for a 30-month effort to be completed in August 2001. The SAMP encompasses a wide range of topics and issues: watershed approaches to stormwater management, wastewater management and disposal, water quality monitoring, boating, and public education. Overseeing the efforts is a management team that consists of the involved parties including a number of citizens on the original CWTF.

The array of services and products that Health Services provides is determined by customer needs. At all levels of Health Services, managers assess the quality of services being provided and determine whether or not clients and customers needs are being met. This assessment and improvement activity is ongoing and is one of the tools used in the Health Services area to manage processes. For example, decisions

Other Performance Excellence Criteria

regarding the location of clinics (the service delivery site), the hours they function, the type of providers providing services at those sites, and the type of services being provided, are made based on continuous assessment of customer needs and abilities.

One of the overriding concerns of Health Services, in its public health assurance role, is to assess unmet needs on the part of the target population (customers). This core role of assurance does not necessarily imply that the health department must provide services. There are many actual and potential partners that must be engaged in order to ensure that Health Services customers receive the necessary and expected medical, prevention and health promotion services that they need in order to maximize their health and well-being. The key operational performance requirement of success for Health Services is improved health status of its customers.

There are many examples of Health Services partnering with others in order to ensure that its customers receive appropriate services. Through contracts and memorandums of agreement, Health Services has improved access to medical services for children, through partnering with over 100 pediatric and family practice physician practices. This system of care, whereby Health Services provides complementary ancillary services to enhance medical care, has resulted in less inappropriate use of emergency room services and more appropriate use of primary care services by its customers.

The use of technology to improve services and processes is part of the continuous quality improvement cycle of Health Services. For example, vaccine providers statewide are being networked into a comprehensive computer system that enables providers to input and retrieve vaccine-related data on customers. The result is greater compliance with required vaccination schedules and less risk of under- or over-vaccinating children. Health Services also has a statewide patient automated tracking system (PATS) that networks all clinic sites in the state into a central database—customers that access Health Services services outside of their usual delivery points are still able to access the needed services in an efficient manner through this network.

Real-time customer service is part of the CQI process embedded into Health Services management practices. The CQI process allows managers to have customer input into many of the service delivery decisions that are made. The CQI process incorporates teams of staff working at the regional (district) level, using standardized assessment tools, to frequently assess service provision and whether customer needs are being met in terms of quality and efficiency. Please see the customer service section for further details.

Health Services managers and quality control staff monitor processes frequently. A programmatic example of this is Family Support Services (FSS). In FSS, interventions and services are designed to meet the specific needs of that particular customer—be it nursing, social work, nutrition or health education. Working in close coordination with the private medical partner, FSS designs interventions, develops agreements with the customer, assesses progress, and adapts the interventions to meet the changing needs

Other Performance Excellence Criteria

of the customer. Documentation is thorough, and quality reviews take place systematically to ensure customer needs are being met. Customers also participate in program evaluations to ensure that their perspective is incorporated into program reviews.

To stay current with state-of-the-art practices, appropriate staff in Health Services participate in many different networks and organizations devoted to disseminating best practices—a learning model of sharing, reflection and improvement. Management training(s) within Health Services are frequent and appropriate staff participate in cross-unit learning sessions and discussions to ensure that improvements are shared across organizational lines.

Health Services maintains close contact and communication with its key suppliers, including the General Assembly, other state agencies and federal government agencies. Performance measurement is increasingly defining the relationship between Health Services and its key suppliers. Health Services monitors performance based on predetermined and oftentimes negotiated criteria, and reports and discusses results in a cyclical, quality assessment manner, with its key suppliers. Changes in service delivery to improve performance take place based on these reports and discussions, thereby engaging a Baldrige-like approach to evaluate processes for effectiveness and continuous quality improvements.

Protect, Continually Improve and Restore the Environment

South Carolina's growth must not adversely affect the environment and public health. As part of our agency's mandate, DHEC is committed to a healthy and safe environment for all of our citizens. This goal focuses on three key concepts: maintaining the quality of the environment; correcting the mistakes of the past; and improving our environment for the future. As we grow, we will be faced with new businesses, industries and an increased use of South Carolina's resources. DHEC is committed to clean, safe drinking water and air free of pollutants. As South Carolina grows, the restoration of impaired natural resources and sustaining them for future use is even more important. Throughout DHEC's plan is a commitment to informing and educating teachers, students, environmental groups, business groups, community groups and the public to enlist their aid in making South Carolina a wonderful place to live.

Program Name: Air Quality Improvement

Program Cost:

State	Federal	Other	Total
\$1,075,892	\$946,358	\$7,216,014	\$9,238,263
12%	10%	78%	

Program Goal:

The goal of the air quality program is to conserve and enhance air resources in a manner that promotes air quality. Air quality has a direct effect on human health and the environment. Potential adverse health effects or consequences from air pollution include asthma, emphysema, breathing loss, kidney damage, cancer risks, heart and lung problems, and premature death. Air pollution can also cause significant damage to our environment.

Program Objective:

Implementation of the SC Pollution Control Act, the Asbestos Licensing Act, and the Federal Clean Air Act to the extent that the law provides a role for states.

Key Results:

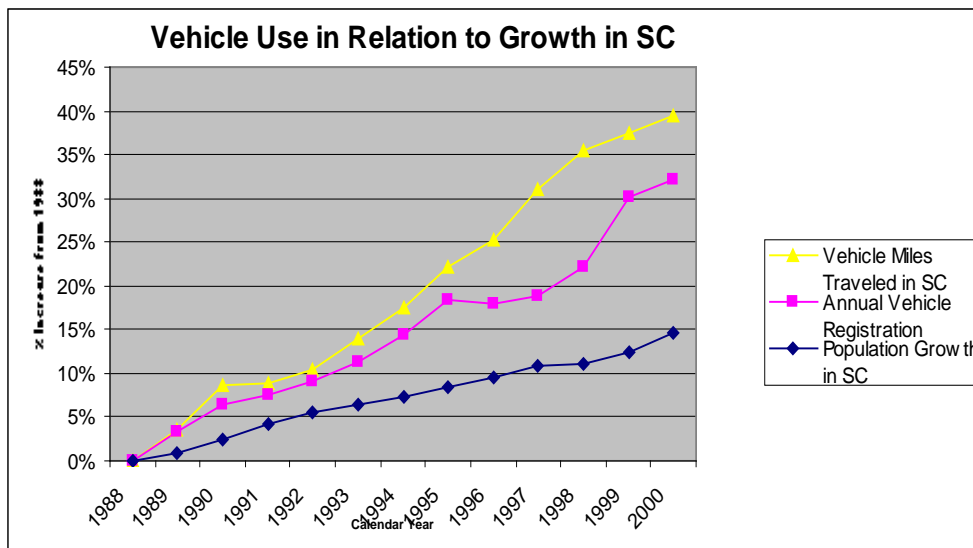
The Air program's efforts can most effectively be measured by the State's attainment status with the National Ambient Air Quality Standards (NAAQS) for criteria air pollutants, including Ozone; Sulfur Dioxide; Nitrogen Dioxide; Particulate Matter; Carbon Monoxide; and Lead. South Carolina is one of only sixteen states nationwide in compliance with all six NAAQS criteria ambient air pollutants. It should be noted that the national ambient standard for ozone and particulate matter have changed recently and have become significantly more stringent. Many areas of South Carolina will have difficulty meeting these revised standards, particularly the ozone standards.

Protect, Continually Improve and Restore the Environment

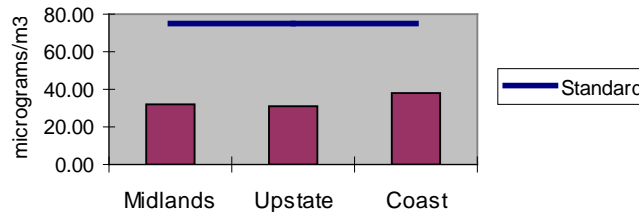
Another measurement is the regulated community's rate of compliance. South Carolina's industrial manufacturing and electrical generating facilities' rate of compliance with state and federal air requirements for major sources is 95.2%. Due to advances in technology as well as state and federal regulatory efforts, fewer tons of air pollutants are being released into the environment.

Efficiency:

- The Air program fulfilled all of the EPA requirements and grant commitments during this period. There is no meaningful way to reflect a cost per unit output.
- Processing times for permitting activities meet those established in the Environmental Fee Regulation over 93.2% of the time.

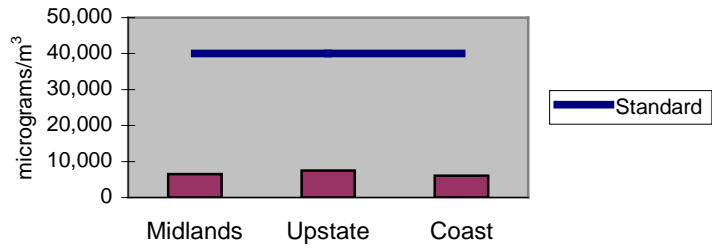


Total Suspended Particulate

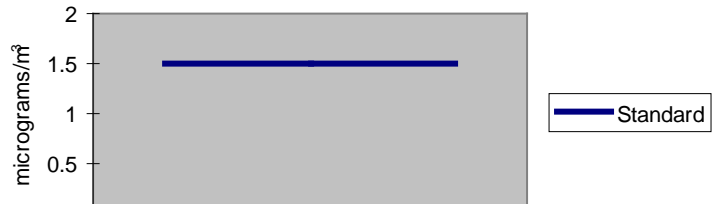


Protect, Continually Improve and Restore the Environment

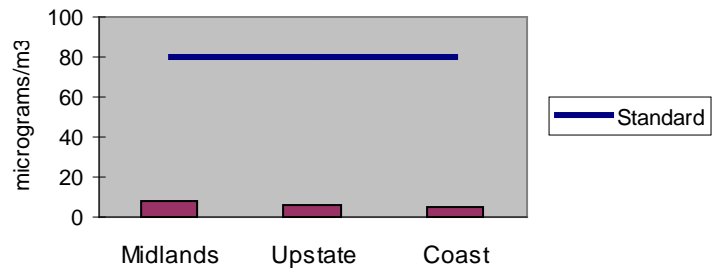
Carbon Monoxide



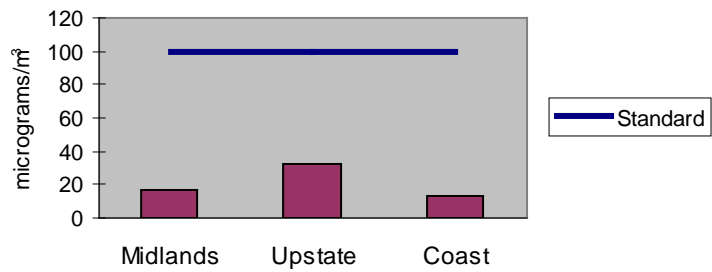
Lead



Sulfur Dioxide

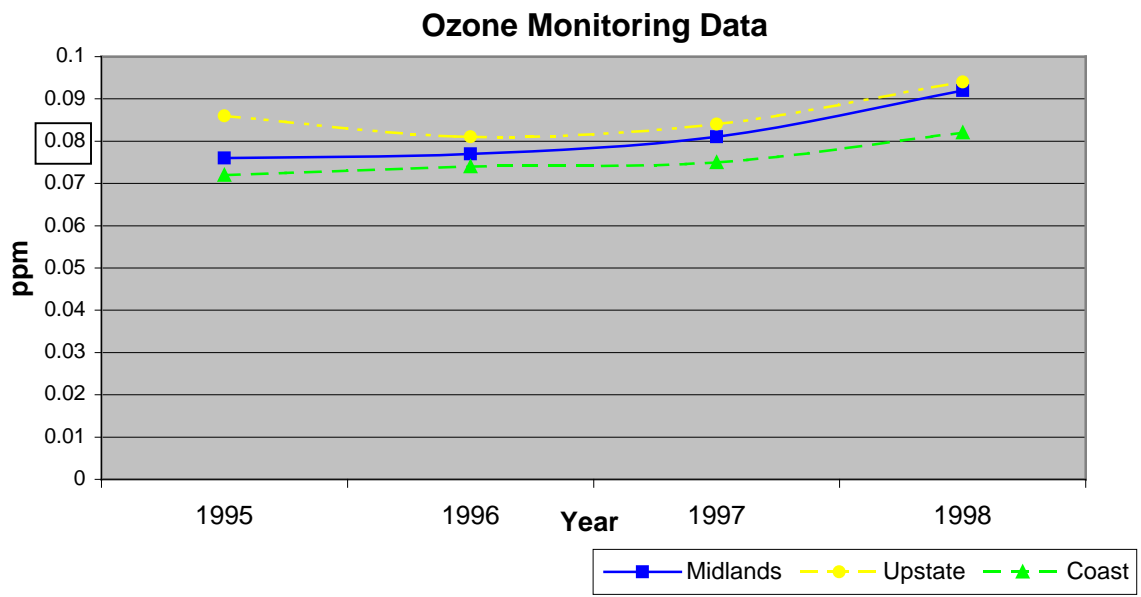
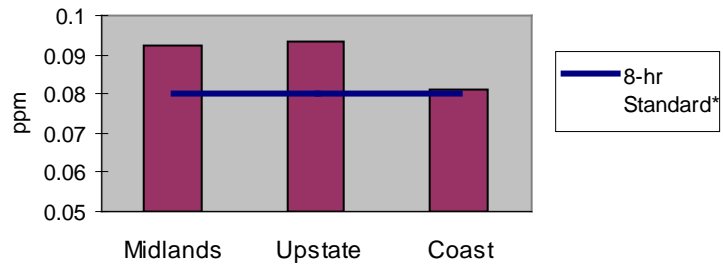


Nitrogen Oxides

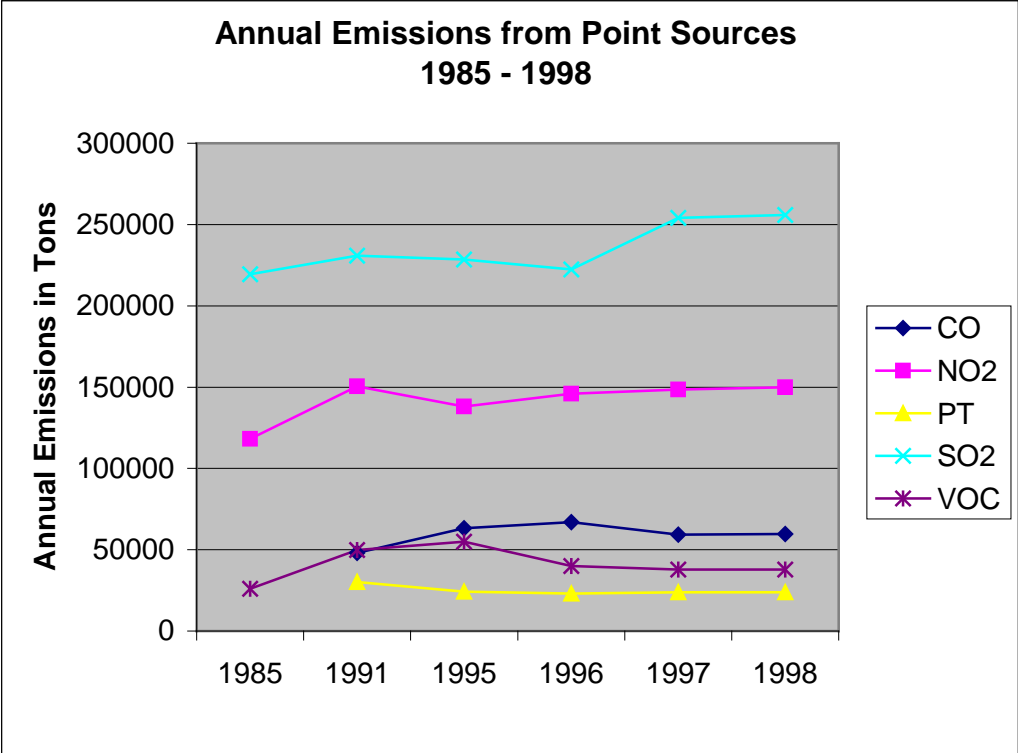


Protect, Continually Improve and Restore the Environment

Ozone



Protect, Continually Improve and Restore the Environment



Protect, Continually Improve and Restore the Environment

Program Name: Water Supply

Program Cost:

State	Federal	Other	Total
\$772,526	\$992,491	\$1,069,702	\$2,834,720
27%	35%	38%	

Program Goal:

To provide safe and aesthetically pleasing drinking water to all citizens of South Carolina. Drinking water from surface and underground sources should be free of bacterial and chemical contaminants.

Program Objectives:

- 1) By 2002, community water systems will have 99% significant compliance with allowable bacteria levels and 100% significant compliance with allowable chemical levels.
- 2) By 2005, the population served by community water systems meeting all current health based standards will be 95%.
- 3) By 2005, 50% of the population served by community water systems will receive water from systems with source water protection programs in place.
- 4) Citizens not on public water supply will have safe drinking water from properly installed residential wells.
- 5) Public water systems will be properly operated and maintained.
- 6) High risk sources for groundwater contamination, especially in high priority protection areas, will be properly managed.
- 7) Water use will be tracked statewide and groundwater use will be permitted in capacity use areas.
- 8) Information will be available to ensure citizens are knowledgeable about the sources and safety of their drinking water supply.

Key Results:

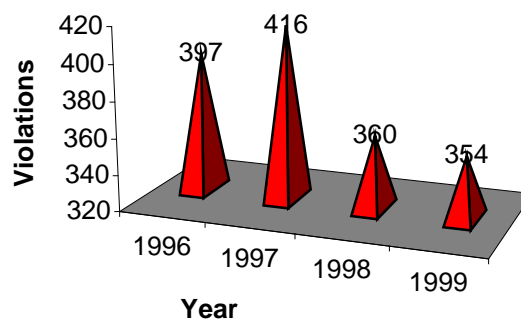
- 1,385 out of 1,388 permit applications decisions were made within 45 days of receipt.
- During FY00, non-compliance with operation, maintenance, routine monitoring and reporting water quality requirements, and minimum well construction standards resulted in 158 enforcement referrals. Sixty (60) orders were issued with \$152,832 in penalties assessed.
- All water systems for which the program conducted monitoring were in compliance with monitoring and reporting requirements.
- Systems for which the Department conducted monitoring and failed to meet compliance were required to provide public notice.
- 99% of public systems meet requirements.

Protect, Continually Improve and Restore the Environment

- Annual fees have been collected since FY94 from public systems for monitoring services, technical assistance, and program administration. Fee collection rates exceed 98%.
- The program reviews permit applications for the construction of injection wells and conducts inspections during construction to ensure compliance with established standards. All permit applications were reviewed and permits issued within 60 days of receipt.
- The program conducts evaluations of laboratories applying for certification to conduct drinking water analyses required by the State Safe Drinking Water Act. Following the certification of a laboratory, the program conducts periodic evaluations to ensure the laboratory continues to meet minimum performance standards. The program exceeded its goal of 60 lab inspections per year.
- 1,388 drinking water permits issued.
- 1,073 sanitary surveys conducted.
- 13,000 public drinking water samples collected and analyzed for bacteriological contaminants.
- 103,700 public drinking water samples collected and analyzed for chemical contaminants.
- 5,824 private well samples analyzed for bacteriological contaminants.
- 1,847 private well samples analyzed for metals and minerals.
- 879 contaminated site evaluations reviewed.

Public Water System Violations

Calendar Years 1996-1999



Protect, Continually Improve and Restore the Environment

Program Name: Water Pollution Control

Program Cost:

State	Federal	Other	Total
\$8,950,828	\$3,561,963	\$6,505,692	\$19,018,483
47%	19%	34%	

Program Goal:

To protect surface and groundwater quality, adequately assess water quality, reduce and eliminate water pollution, and protect and restore aquatic habitat. Also, reduce exposure to unsafe conditions to protect the public health and safety.

Program Objectives:

- 1) By 2002, 75% of surface waters support aquatic life and water-based recreation and 75% of coastal shellfish waters are fully approved for harvesting.
- 2) Use the watershed approach to issue protective and up-to-date permits for wastewater discharges. Ensure treatment facilities are in compliance with these permits.
- 3) By 2005, conduct sufficient water quality monitoring to assess all of the State's major aquifers and 100% of the State's surface waters. This includes groundwater use in capacity use areas.
- 4) Develop Total Maximum Daily Loads (TMDL) for impaired waters and implement watershed restoration action strategies..
- 5) Increase the use of residual waste, such as biosolids, from publicly owned treatment works.
- 6) Encourage land application of treated wastewater.
- 7) Increase the state's wetlands acreage with appropriate compensatory mitigation for water quality certifications.
- 8) Issue permits for regulated dams and insure they are properly maintained.
- 9) Do not allow blockage of navigable waters.
- 10) Provide information to the public on contaminated fish and shellfish.

Key Results:

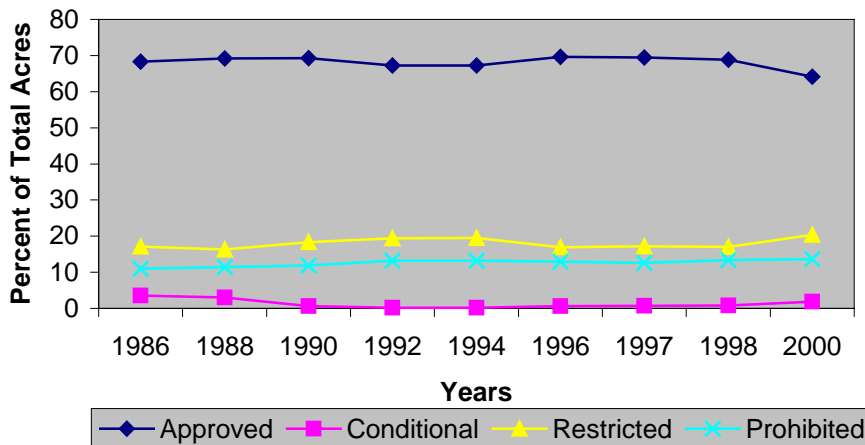
- All programs consistently meet regulatory time frames.
- Sediment Control, Storm Water, and Construction Permitting Programs:
 - 1,196 construction permits for wastewater treatment and wastewater collection systems approved.
 - 315 dam inspections conducted.
 - 119 navigable waters permits issued.
 - 1,444 Sediment and Storm Water Control Plans received; 589 approved; 708 exempted.

Protect, Continually Improve and Restore the Environment

- National Pollution Discharge Elimination System (NPDES) and State Land Application (No Discharge) (ND) Permits:
 - 103 permits issued.
 - 126 Agricultural Waste Management Plans received; 123 approved.
 - 22 Dams and Reservoir Safety Permit applications received and approved.
- State Revolving Loan Fund (SRF) Program:

The program is now in its 13th year overseeing the State SRF program. Through State FY00, the program has made 58 low interest loans (approximately \$253,884,891) to Public Utilities within the state for new construction, upgrading or expansion of wastewater treatment facilities, and/or for collection and transporting wastewater.
- Water Quality Assurances:
 - Permits to operate were issued to all construction projects that were completed in accordance with their approved plans and specifications.
 - 3,958 inspections conducted at the 3000 + wastewater treatment systems in the state.
- Shellfish Sanitation :
 - 269 standardized compliance inspections conducted.

South Carolina Shellfish Growing Areas



Protect, Continually Improve and Restore the Environment

Program Name: Solid & Hazardous Waste

Program Cost:

State	Federal	Other	Total
\$3,125,025	\$5,275,332	\$7,764,122	\$16,164,479
19%	33%	48%	

Program Goal:

To protect human health and the environment by ensuring proper management of solid and hazardous wastes including infectious waste and radioactive waste; remediation of problems associated with past management of waste; responding to emergencies; and ensuring proper mining and land reclamation.

Program Objectives:

- 1) Process permit applications for waste management and mining/reclamation activities in accordance with established time frames.
- 2) Ensure compliance with regulatory and permit requirements.
- 3) Ensure restoration of contaminated property to productive use or management of contamination to minimize exposure.
- 4) Ensure immediate response to emergencies arising from releases of hazardous wastes or materials.

Key Results:

- The state's regulated waste management facilities rate of compliance exceeds 95 percent based on FY00 inspections vs. orders issued. State waste minimization activities continue to reduce the amount of waste being generated through source reduction and recycling efforts.
- No incidents of radioactive exposure above background to any SC citizen or emergency responder due to the accidental release of radioactive materials to the environment occurred.

Bureau of Land and Waste Management - General

- 34 solid waste permit applications received.
- 37 solid waste permits issued.
- 2 hydrogeologic site characterizations for proposed solid waste landfills received and reviewed.
- 1,246 inspections of solid waste management facilities conducted.
- 98 waste tire haulers and 161 battery collection facilities registered.

Protect, Continually Improve and Restore the Environment

- 46 updates to each county's solid waste management plan to ensure consistency with the Solid Waste Policy and Management Act of 1991 and the State Solid Waste Management Plan reviewed.
- Responded to 12 infectious waste emergency response incidents.

In the state, there are:

- 77 hazardous waste management facilities.
- 4 infectious waste facilities.
- 457 active solid waste management facilities.
- 243 operating landfills (Municipal Solid Waste, Industrial Solid Waste, Construction, Demolition and Land-clearing Debris Landfills).
- 121 yard-waste composting facilities.
- 18 solid waste processing facilities.
- 21 waste tire facilities.
- 34 solid waste transfer facilities.
- 1 municipal incinerator ash facility.
- 7 used oil facilities.
- 362 current and former drycleaning facilities registered.
- 180 known to have contamination.

Oil and Hazardous Waste Emergency Response

- 95 hazardous material releases, 437 oil spills and 53 fish kills documented.
- 18 nuclear incidents responded to and 56 exercises, which involved over 168 communication messages and follow-up activities, participated in.
- 1,344 calls to the 24-hour emergency line documented.
- 21 foreign and domestic spent nuclear fuel shipments into the state tracked.

Mining Reclamation

- 62 mining permit applications received.
- 562 inspections conducted.
- 519 acres of mined land reclaimed.
- 6 orders, 3 notices of violation issued.
- Approximately \$29,418,000 in mine reclamation bonds managed.

In the state, there are:

- 427 mines operating under an individual mine operating permit.
- 84 mines operating under a general mine operating permits.
- 57,500 total acres under mine operating permits.
- 21,300 total acres affected by mining.

Protect, Continually Improve and Restore the Environment

Radioactive Waste Management

- 14 licenses and 16 license amendments issued to facilities that process and transport radioactive waste.
- 513 radioactive waste transport permit applications received.
- 513 radioactive waste transport permits issued nationwide.
- 867 radioactive waste shipment inspections performed.
- 123 compliance inspections conducted.
- 5 administrative orders and 16 warning letters issued.

EQC Laboratories

- 9 in-state laboratories that analyze solid and/or hazardous waste evaluated.
- 93 out-of-state laboratories certified to perform analysis of solid and/or hazardous waste.
- 484 analyses on 49 samples around Chem-Nuclear Services Inc., performed.
- 10,859 analyses on 1141 samples collected from other radioactive waste facilities performed.

Hazardous Waste Contingency

Program Goal:

To defray contractual costs associated with governmental response actions taken at uncontrolled hazardous waste sites.

Program Objectives:

- 1) Identify and prioritize sites throughout the state which have had a release, or have the potential for a release, of hazardous substances into the environment.
- 2) Determine the necessity for initiating a governmental response action based on the relative risk of danger to public health, welfare or the environment and the hazard potential for the substances involved.
- 3) Concurrent with taking a governmental response action, initiate the appropriate administrative action to utilize other funds available for such action.
- 4) Recover money expended from the fund from parties liable for the conditions necessitating the response action.

Key Results:

- Governmental response actions were necessary at 116 sites and benefited from these appropriated funds. Activities include State-funded field activities, emergency response actions and final records of decision (RODs). A total of \$2,688,000 was expended from the Hazardous Waste Contingency fund in FY00 with a total commitment of \$20,098,402 towards existing and future cleanup efforts.

Protect, Continually Improve and Restore the Environment

- Response actions and oversight of removal activities at the Westgate Trailer Park Site in Greer.
- Issued a Proposed Plan for Caw Caw Swamp (Operable Unit 2) as part of its response action at the Stoller Chemical Jericho Site in Charleston County. A Record of Decision of Caw Caw Swamp is expected in FY 2001.
- A design package was started for the groundwater remediation system at the Stoller Site.
- Continued to pursue responsible parties for recovery of costs incurred by the Department in conducting and overseeing response actions.
- A lawsuit was filed against four parties on the South Lake Drive/Old Orangeburg Road Groundwater Contamination Site.
- A lawsuit was filed against five parties on the Hollis Road Groundwater Contamination Site.
- On May 1, 2000, Article 7, Brownfields/Voluntary Cleanup Program, of the South Carolina Hazardous Waste Management Act, became effective. This amendment incorporated the principles of the VCP into law to help expedite the remediation of contaminated sites by responsible parties (RPs) by avoiding lengthy and expensive litigation.
- Since 1995, the Department has entered into 15 NRP Contracts and 19 RP Contracts. In addition, 6 interested parties have signed Letters of Agreement that serve to clarify their liability for groundwater contamination coming from an off-site source.
- In FY00, the Department entered into 4 Consent Agreements, 1 Letter of Agreement, 7 RP Contracts and 2 NRP Contracts.

Protect, Continually Improve and Restore the Environment

Program Name: Wastewater

Program Cost:

State	Federal	Other	Total
\$583,056	\$0	\$511,082	\$1,094,138
53%	0%	47%	

Program Goal:

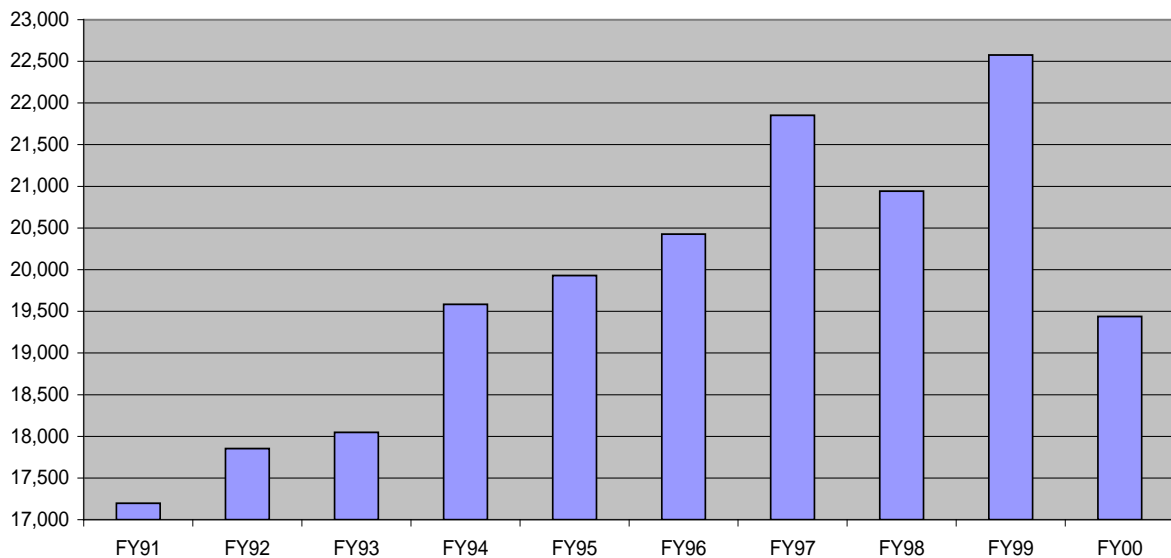
To protect the health and well-being of the people of South Carolina and its environment by insuring the proper disposal of wastewater (sewage) produced at individual homes.

Program Objectives:

- 1) To evaluate sites for suitability for individual onsite wastewater disposal systems within 10 working days of receipt of an application and issue the appropriate permit.
- 2) To evaluate all sites found to be unsuitable for conventional onsite systems for all of the alternative and experimental systems available and issue the appropriate permit.

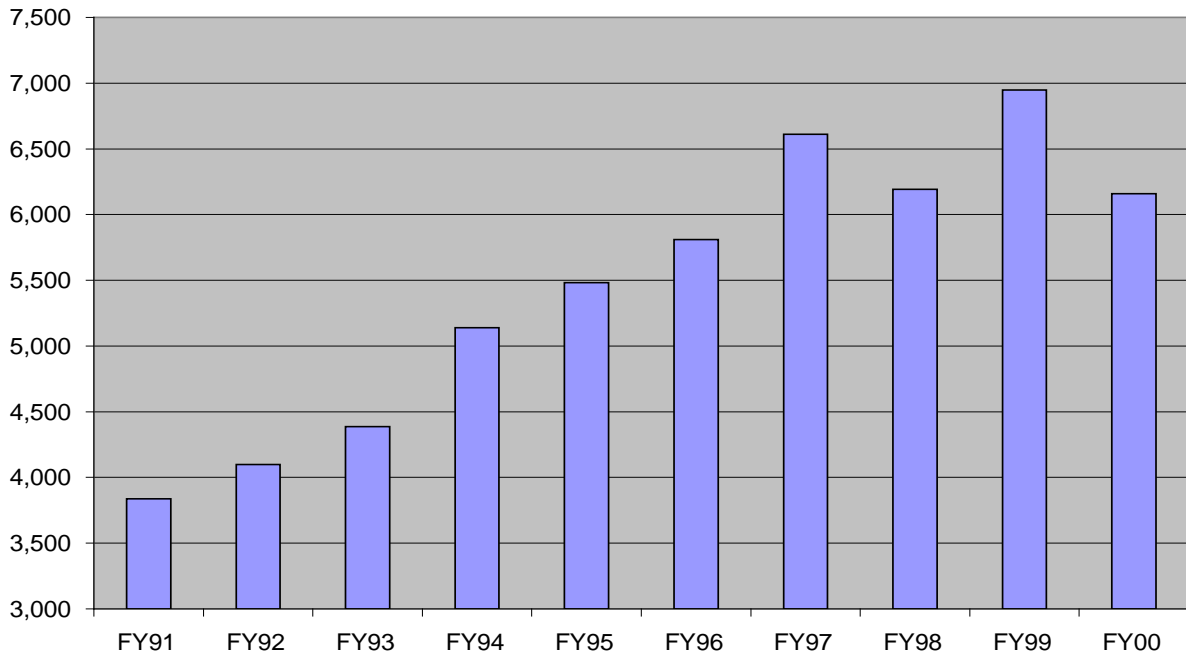
Key Results:

Permits Issued For Conventional Systems



Protect, Continually Improve and Restore the Environment

Permits Issued For Alternative Systems



Protect, Continually Improve and Restore the Environment

Program Name: Radiological Monitoring

Program Cost:

State	Federal	Other	Total
\$849,034	\$134,615	\$53,675	\$1,037,325
82%	13%	5%	

Program Goals:

- 1) To protect citizens and the environment from the adverse effects of ionizing radiation and to keep radiation exposures as low as reasonably achievable.
- 2) To improve the diagnostic and therapeutic capabilities of medical facilities using ionizing radiation.
- 3) To maintain a program for regulation of radiation sources that is adequate to protect public health and safety and is compatible with the U.S. Nuclear Regulatory Commission in order that South Carolina retain its Agreement State status.
- 4) To minimize the adverse health effects from using indoor tanning devices.

Program Objectives:

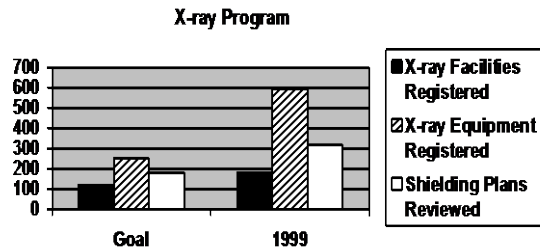
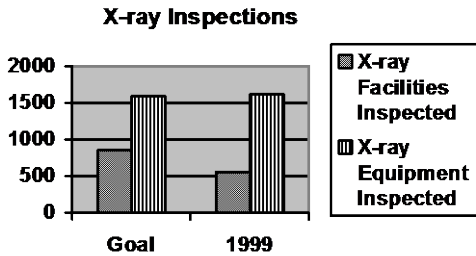
- 1) Inspect the approximately 3,200 facilities and over 7,800 pieces of x-ray equipment in accordance with the established priority system.
- 2) Register and approve new x-ray facilities and equipment. Evaluate operating procedures, qualifications, and shielding designs.
- 3) Ensure all interactions with the regulated community, general public, and co-workers are carried out in a courteous, efficient, and professional manner.
- 4) Help reduce the effects of breast cancer by improving early detection capabilities and ensuring facilities are in compliance with the Federal Mammography Quality Standards Act.
- 5) Calibrate all Bureau radiation and detection and measurement instruments as well as those received from other states and institutions.
- 6) Inspect the approximately 900 tanning facilities and 3350 tanning devices annually for regulatory compliance.
- 7) Respond to consumer complaints concerning the indoor tanning industry.
- 8) Ensure all operators of tanning equipment are properly trained and are knowledgeable about the biological effects of ultraviolet radiation.
- 9) License and inspect the approximately 330 facilities utilizing radioactive material in accordance with regulatory guides, current regulations, and established licensing and inspection criteria.
- 10) Track and inspect out-of-state licensees who bring radioactive sources into South Carolina under a reciprocal license recognition agreement.
- 11) Track the distribution of approximately 8000 generally licensed devices containing radioactive material at approximately 2000 facilities statewide in accordance with established procedures.

Protect, Continually Improve and Restore the Environment

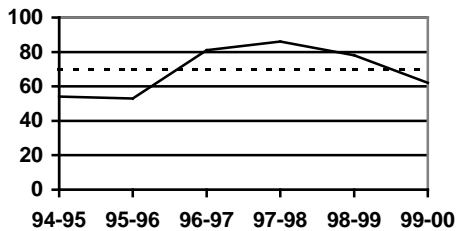
12) Respond to incidents involving radioactive materials licensed by the Program and to assist in responding to incidents at fixed nuclear facilities statewide.

Key Results:

- 558 X-ray facilities inspected.
- 1,613 X-ray equipment inspected.
- 179 new facilities registered.
- 594 new equipment registered.
- 316 shielding plans reviewed.
- 119 mammography facilities inspected.
- 267 instruments calibrated.
- 10 radioactive material incident responses.
- 3 fixed nuclear facility exercises assisted.

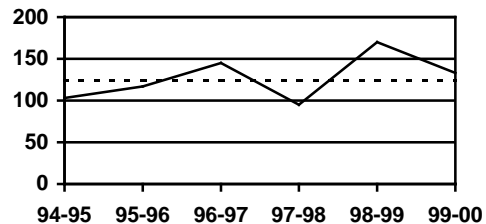


Radioactive Materials Facilities Licensed



_____ Licenses Issued
 - - - - - Goal

Radioactive Materials Number of Inspections



_____ Facilities Inspected
 - - - - - Goal

Protect, Continually Improve and Restore the Environment

Program Name: Underground Storage Tanks

Program Cost:

State	Federal	Other	Total
\$34,000	\$1,615,573	\$1,538,288	\$3,187,861
1%	51%	48%	

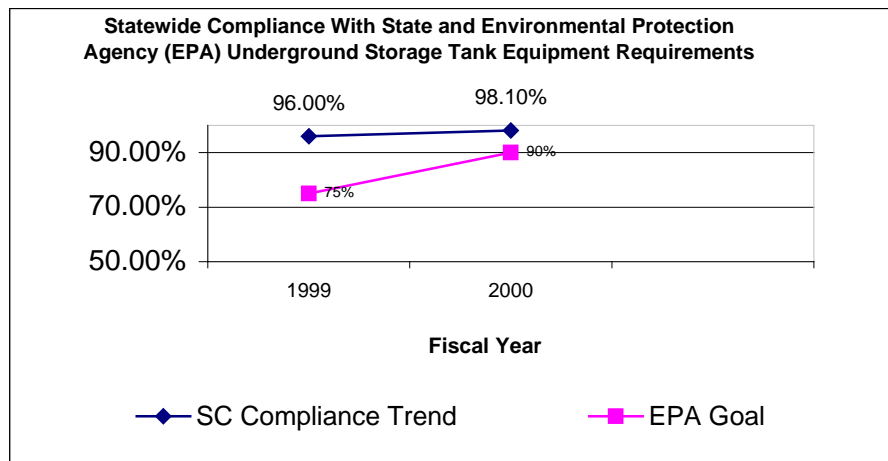
Program Goal:

To protect human health and the environment by providing a comprehensive management program for underground storage tank (UST) systems in South Carolina.

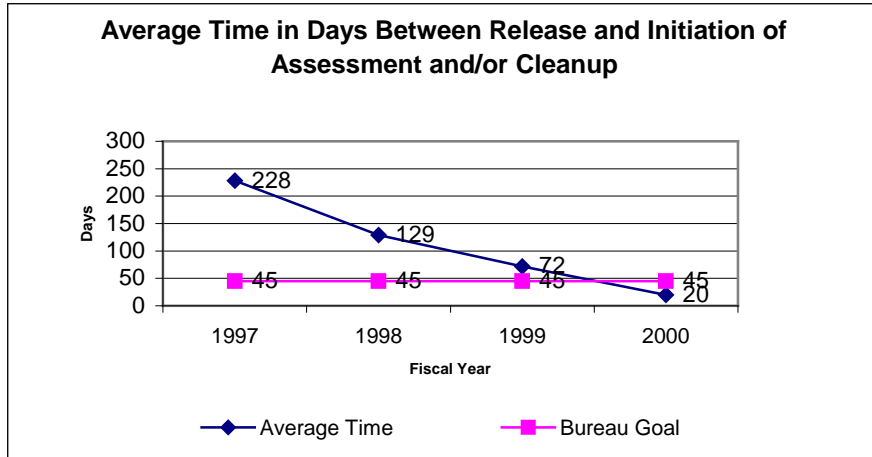
Program Objectives:

- 1) Reduce the leak rate from the active underground storage tank population 75% by 2005 from the FY 2000 rate by increasing operational compliance.
- 2) Promptly minimize the severity and risk of UST leaks that occur.
- 3) Complete the cleanup of 60 percent of all reported leaks by 2005.

Key Results:

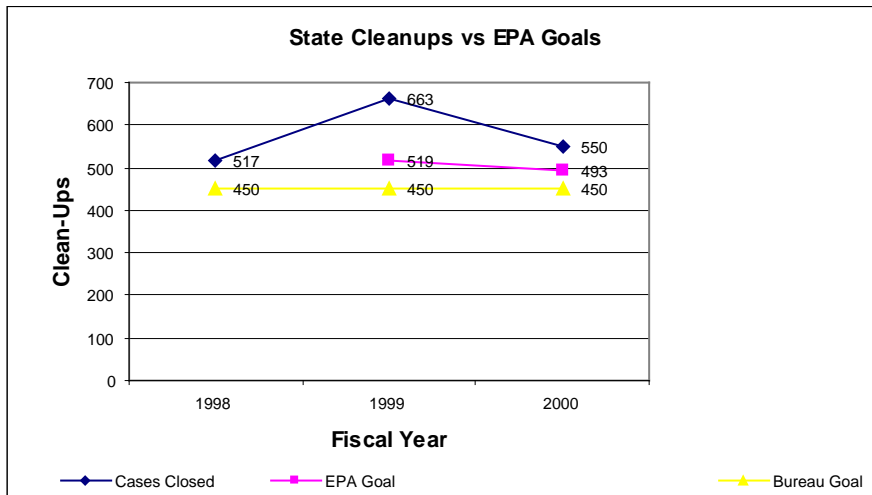


Protect, Continually Improve and Restore the Environment



Release – Date when DHEC confirmed a release occurred

Assessment/Cleanup Initiated – Date when field activities (typically the installation of monitoring wells) occurred



Cleanups include all releases formally closed by DHEC. Cases include those where contaminant concentrations naturally degraded below risk-based standards and cases where man-induced cleanup was needed to achieve goals.

EPA did not set cleanup goals for the States until Federal Fiscal Year 1999.

Protect, Continually Improve and Restore the Environment

Program Name: Waste Minimization/Reduction

Program Cost:

State	Federal	Other	Total
\$23,727	\$42,445	\$111,658	\$177,830
13%	24%	63%	

Program Goal:

To provide technical assistance to generators of hazardous waste, as well as other waste, for the reduction and minimization of that waste in South Carolina.

Program Objectives:

- 1) To provide educational material and technical assistance to businesses to reduce the volume of hazardous waste, as well as other waste, in South Carolina cost effectively.
- 2) To provide this service free of charge and by non-regulatory personnel with experience in the industrial workplace.

Key Results:

(Based on latest follow-up survey, not necessarily of this reporting period.)

- 60 on-site assessments (2 government; 58 industry)
- \$33,550 in annual costs avoided/saved by companies receiving assessments
- Annual waste avoided/reduced by companies receiving assessments: *
 - 77,000 lbs/yr non-hazardous solid waste reduction
 - 1,650 lbs/yr hazardous waste reduction
 - 6,500 lbs/yr hazardous raw materials reduction
 - 2,600,000 gals/yr water use reduction

(*of those reporting. Some reported as a percentage of former quantities.)

Efficiency:

- 25 instances of assistance provided per technical staff

Protect, Continually Improve and Restore the Environment

Program Name: Recreational Waters

Program Cost:

State	Federal	Other	Total
\$376,986	\$0	\$275,743	\$652,730
58%	0%	42%	

Program Goal:

To protect the health and safety of citizens of the State when swimming in public swimming pools, natural swimming areas, or the ocean.

Program Objectives:

- 1) By 2005, 97% of public swimming pools will operate consistently in compliance with all state regulations.
- 2) Maintain a design and construction review and permitting program for public swimming pools.
- 3) Conduct routine operation and safety inspections of all public swimming pools.
- 4) Protect the public from exposure to water-borne pathogens when swimming at designated natural swimming areas in freshwaters.
- 5) Implement an ocean monitoring and advisory program.

Key Results:

- All 227 permit decisions were made within within 15 days.
- The effectiveness of the inspection program is measured by the number of repeat violations by a recreational water facility. During FY00, 204 public swimming pools failed to meet standards three or more times. Technical assistance was offered to each of those facilities.

<p>Protect and Enhance Coastal Resources and Ensure Proper Management and Access for the Benefit of Current and Future Generations</p>

The South Carolina coast is our treasure, with its sandy beaches and salt-water marshes. Over 800,00 South Carolinians, as well as many species of fish, birds and other animals call the coast home. Residents are moving to our coastal areas in large numbers and over 17 million visitors a year enjoy the beauty and magic of the South Carolina coast. The challenge before us is to manage the growth of this booming area so that our beaches, wetlands and waterways are not overwhelmed by the growth. Maintaining healthy beach profiles is important to insure there will be a dry sand beach to access, as well as to protect adjacent highland property. The coastal zone also contains many historic and archeological sites of importance to the state. Ultimately the best way to ensure their survival is to protect them through conservation easements. In situations where sites will be impacted by development, it is important to insure, after excavation and recovery of artifacts, that information learned is presented in a manner that is readily available to the public.

Program Name: Coastal Resource Management

Program Cost:

State	Federal	Other	Total
\$1,211,036 37%	\$1,778,240 55%	\$266,428 8%	\$3,255,705

Program Goals:

- 1) To protect the quality of the coastal environment.
- 2) To promote the economic and social improvement of the coastal zone while achieving a rational balance between economic development and conservation of the coast's natural and cultural resources.
- 3) To administer a permitting system to implement the goals and objectives of the coastal program.
- 4) To promote intergovernmental coordination and public participation in the development and implementation of the coastal management program and coastal decision-making.

Program Objectives:

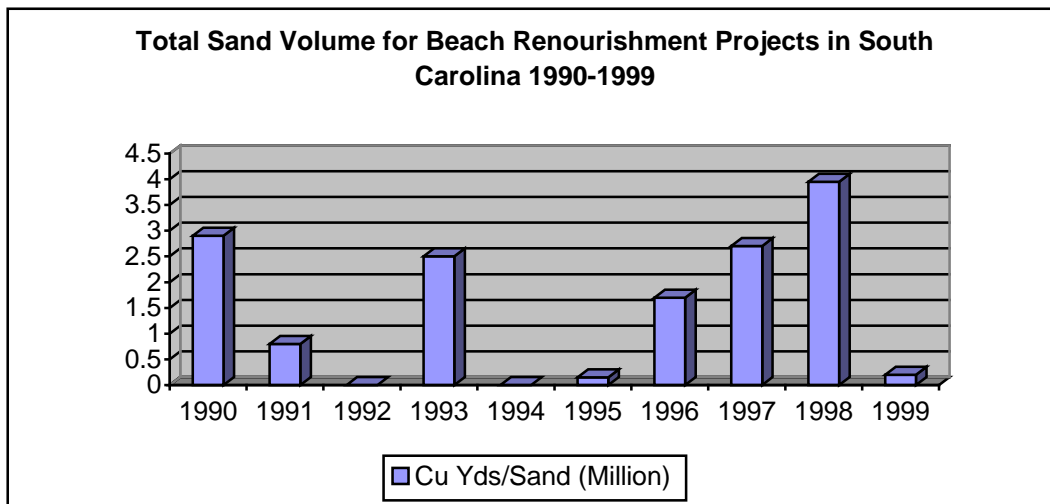
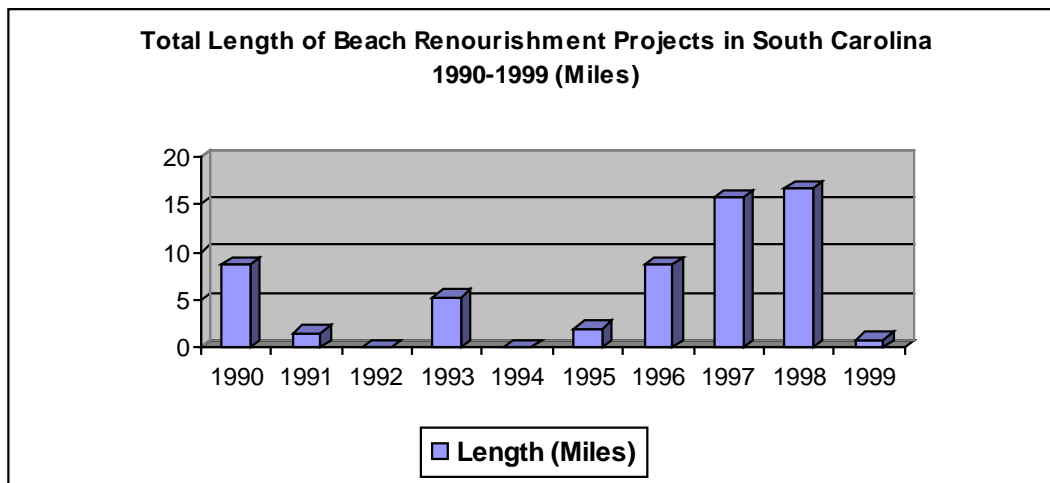
- 1) To protect and enhance healthy beaches through a recurring, dedicated annual appropriation and state commitment for (a) public recreational beach renourishment and restoration, (b) public access protection, enhancement and improvement for public beach enjoyment, (c) emergency, storm damage repair/recovery funding for the beach and beach dune system to prevent property damage and promote rapid economic recovery, and (d) annual beach monitoring of beach erosion conditions.

Protect and Enhance Coastal Resources and Ensure Proper Management and Access for the Benefit of Current and Future Generations

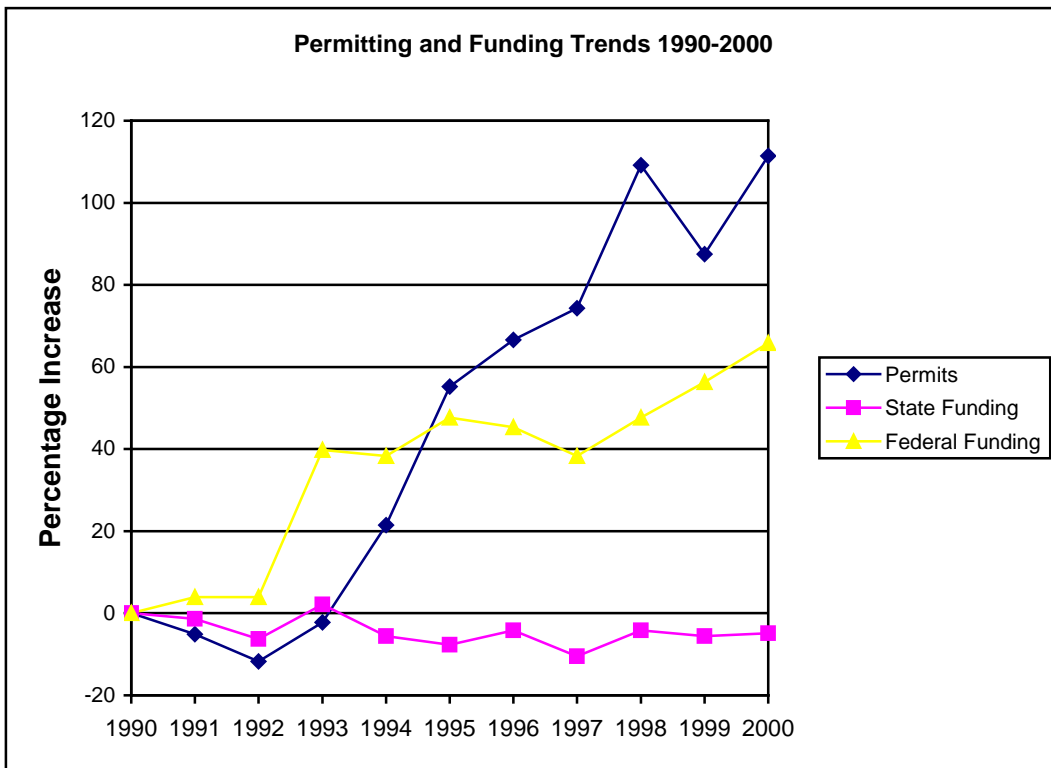
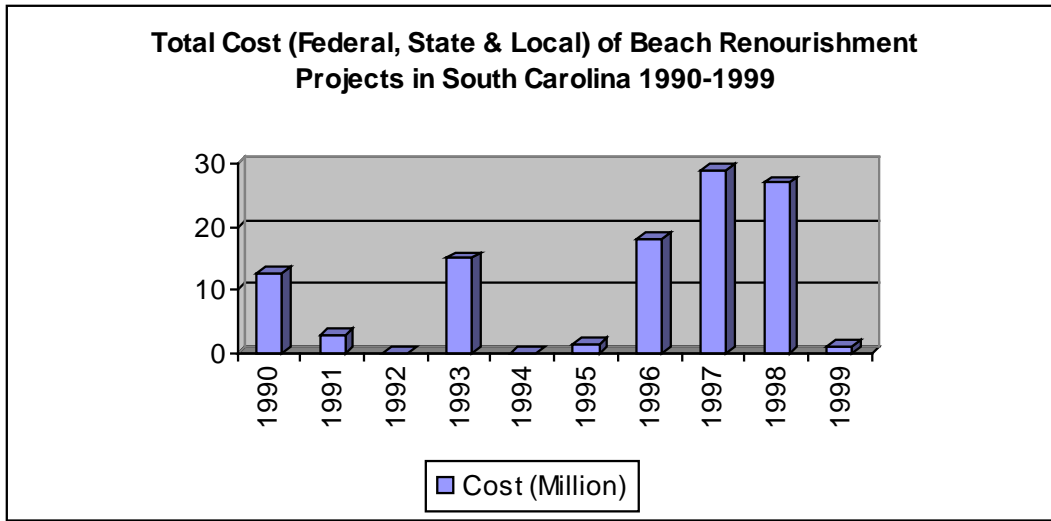
These objectives support continued growth and viability of the coastal tourist economy while protecting this fragile resource.

- 2) To carry out the regulatory components of the legislated coastal program to protect coastal tideland, marshes, salt and freshwater wetlands, cultural and historic resources and other defined coastal resources.
- 3) To execute and oversee operational agreements with the state's two National Estuarine Research Reserve sites to expand research capabilities and educational opportunities.
- 4) To promote and support a coastal science and educational curriculum for students and the general public.

Key Results:



Protect and Enhance Coastal Resources and Ensure Proper Management and Access for the Benefit of Current and Future Generations



14% Annual Permit Increase
 6% Annual Federal Funding Increase
 0.5% Annual State Funding Decrease

Assure Children and Adolescents are Healthy

South Carolina will have healthy and productive adults if our babies are born healthy, our children are healthy, and our adolescents are engaged in lifestyle choices that enhance their health and well being. Children and adolescents must have access to effective preventive and primary care, including oral health care. Assuring the health of our children means we must keep them safe and free from injury, but also involves promoting healthy behaviors. Behaviors that contribute to the development of chronic diseases such as cancer and heart disease in adults often begin in adolescence. For example, low birth weight newborns are at higher risk of dying, developing chronic illness and conditions, and experiencing developmental delays and learning problems. Efforts to assure the health of children and adolescents include home health, Family Support Services (FSS), asthma services, newborn home visits, nutrition education and nutritious food, EPSDT outreach, injury prevention, adolescent pregnancy prevention, and linking families with medical homes.

Program Name: Immunization & Prevention

Program Cost:

State	Federal	Other	Total
\$4,606,622	\$1,887,704	\$787,362	\$7,281,688
63%	26%	11%	

Program Goal:

To prevent and control transmission of vaccine-preventable diseases in children, adolescents, and adults, with emphasis on accelerating interventions to improve the immunization coverage of children less than 2 years of age.

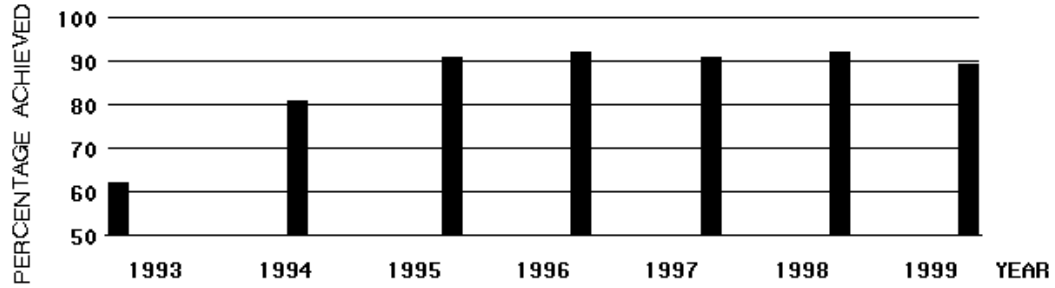
Program Objectives:

- 1) Reduce indigenous cases of vaccine-preventable diseases (VPDs) to:
 - Zero cases of haemophilus influenzae type b among people aged 5 and younger.
 - Zero cases of diphtheria and tetanus among people aged 25 and younger.
 - Zero cases of polio, measles, rubella, and congenital rubella syndrome among people of all ages.
 - Fewer than 12 cases of mumps among people of all ages.
 - Fewer than 25 cases of pertussis among people of all ages.
- 2) Ensure that 90 percent of children complete, by age 2, the vaccine series recommended by DHEC and the Advisory Committee on Immunization Practices (ACIP).
- 3) Increase immunization levels for pneumococcal pneumonia and influenza to at least 60 percent among non-institutionalized high-risk populations as defined by the ACIP.

Assure Children and Adolescents are Healthy

Key Results:

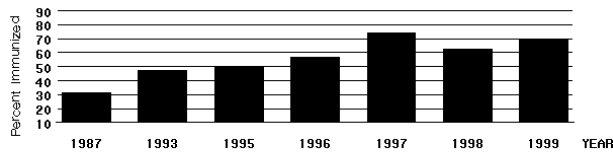
SOUTH CAROLINA IMMUNIZATION COVERAGE CHILDREN AT TWO YEARS OF AGE BIRTH REGISTRY-BASED STATEWIDE SURVEY



Source: SCDHEC

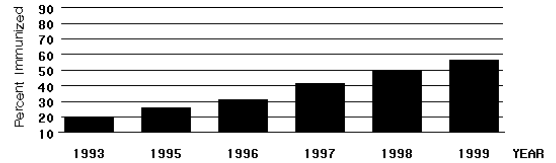
4 DTP, 3 Polio, 1 MMR, and 3 Hib

SOUTH CAROLINA INFLUENZA VACCINATION COVERAGE LEVELS AMONG PERSONS AGE 65 AND OLDER



Source: SCDHEC
BRFSS

SOUTH CAROLINA PNEUMOCOCCAL PNEUMONIA VACCINATION COVERAGE LEVELS AMONG PERSONS AGE 65 AND OLDER



Source: SCDHEC
BRFSS

Assure Children and Adolescents are Healthy

Program Name: Child Health

Program Cost:

State	Federal	Other	Total
\$627,456	\$2,153,959	\$5,492,109	\$8,273,523
8%	26%	66%	

Program Goal:

- 1) To improve access to care for children from birth to 21 years of age.
- 2) Establish public/private partnerships to assure that all children from birth to 21 years of age receive risk-appropriate care.

Program Objectives:

- 1) To evaluate and promote optimum growth and development through periodic assessment of each child.
- 2) To help parents or caretakers recognize and meet the health needs of their children. The areas with special emphasis are parenting skills, accident prevention and early detection of illness.
- 3) To control the occurrence and spread of vaccine-preventable communicable diseases by providing appropriate immunizations.
- 4) To encourage good dietary habits in order to provide for optimum nutrition for children. Through the Women, Infants & Children (WIC) Program, we are able to provide supplemental food and nutrition education to children from birth to five years of age.
- 5) To serve as an adjunct to private providers and to coordinate and support other state and local agencies.
- 6) To provide referral services to appropriate health department or community resources when indicated.

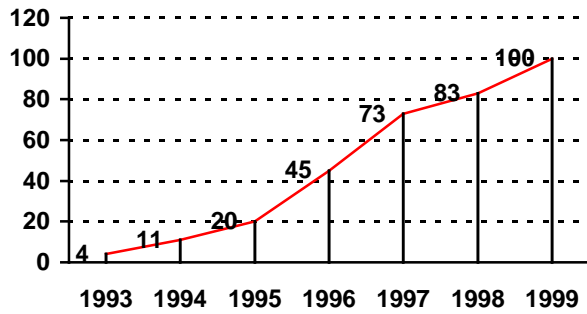
Key Results:

The high number of children seen through the Children's Health program in the health departments resulted in:

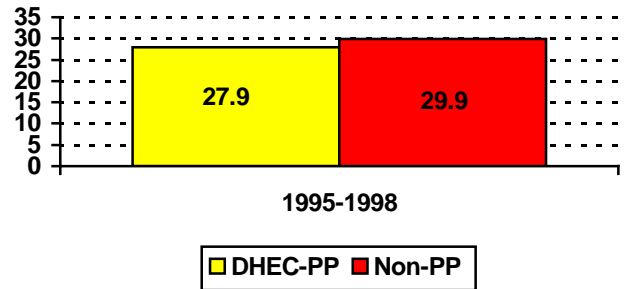
- Increased access to primary care services.
- Increased access to preventive care services.
- Improved readiness for learning.
- Increased access to periodic evaluations.
- Decreased number of children accessing the emergency room.
- Increased EPSDT visits made.
- Increased Family Support Services to children.

Assure Children and Adolescents are Healthy

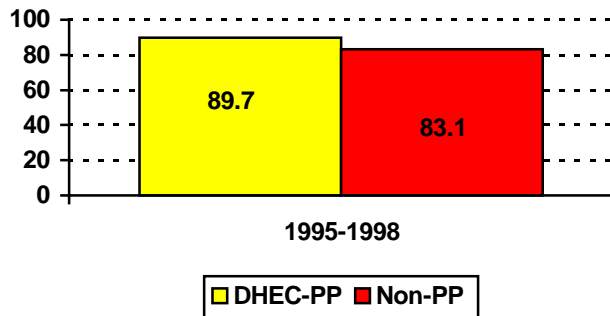
Number of Physician Partnerships for Children in South Carolina



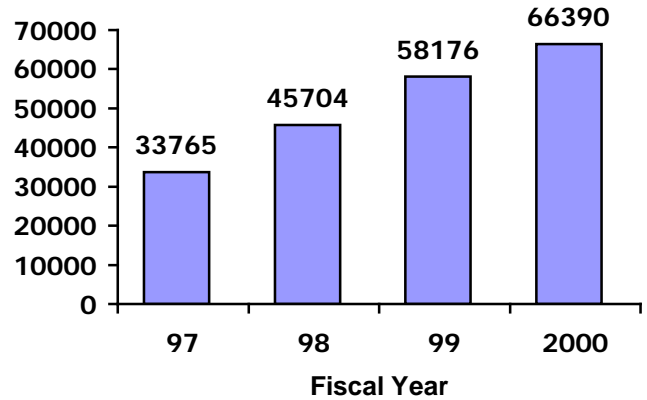
Comparison of % of Medicaid Children Who Visited the ER (1995-1998)



Comparison of % of Medicaid Children with at Least ONE EPSDT Visit (1995-1998)



FSS Unduplicated Served



Assure Children and Adolescents are Healthy

Program Name: Family Planning

Program Cost:

State	Federal	Other	Total
\$5,632,617	\$4,306,941	\$1,728,373	\$11,667,931
48%	37%	15%	

Program Goal:

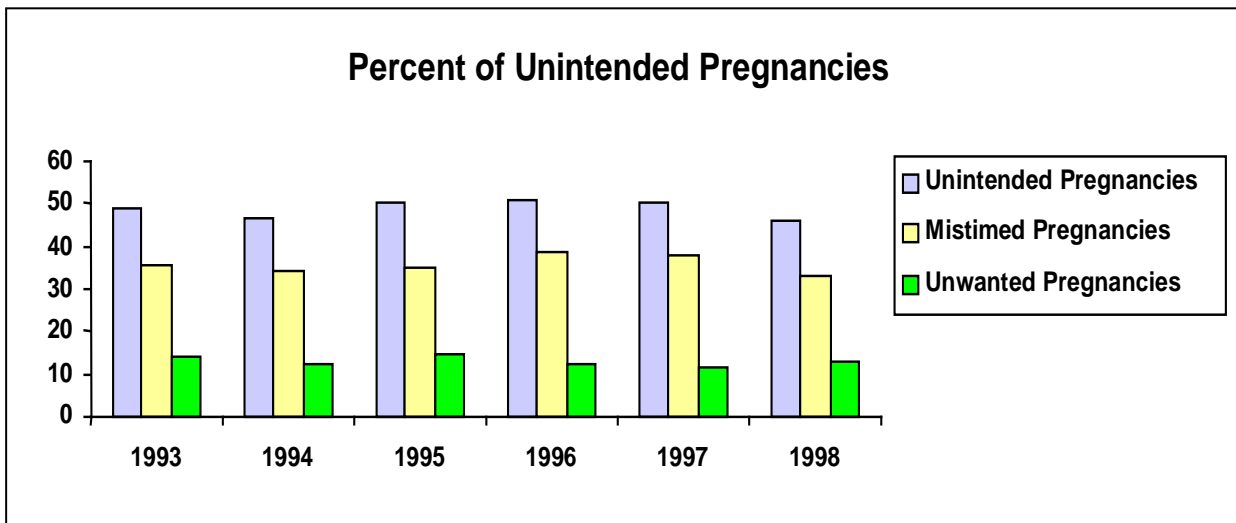
To serve as a family support program in helping to assure that every child is a wanted child and that families can space children based on their needs.

Program Objectives:

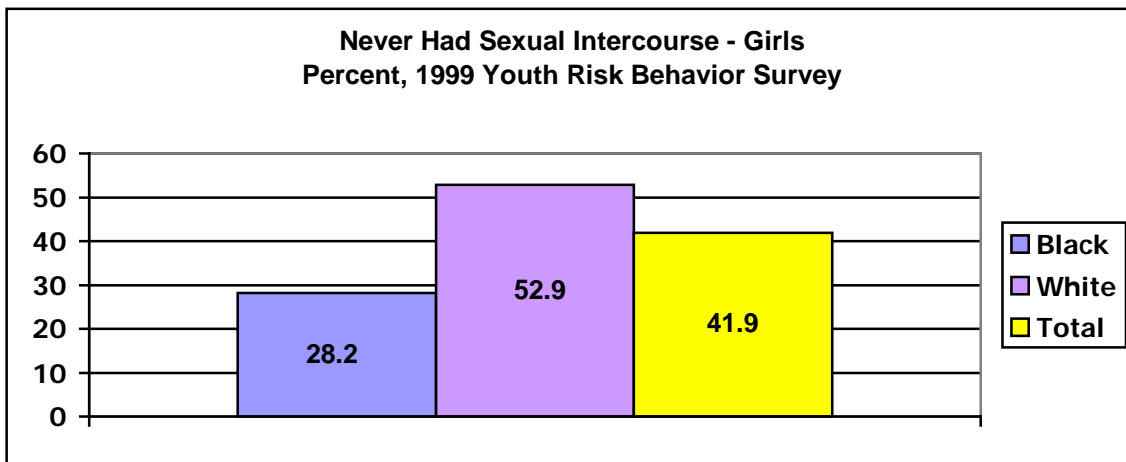
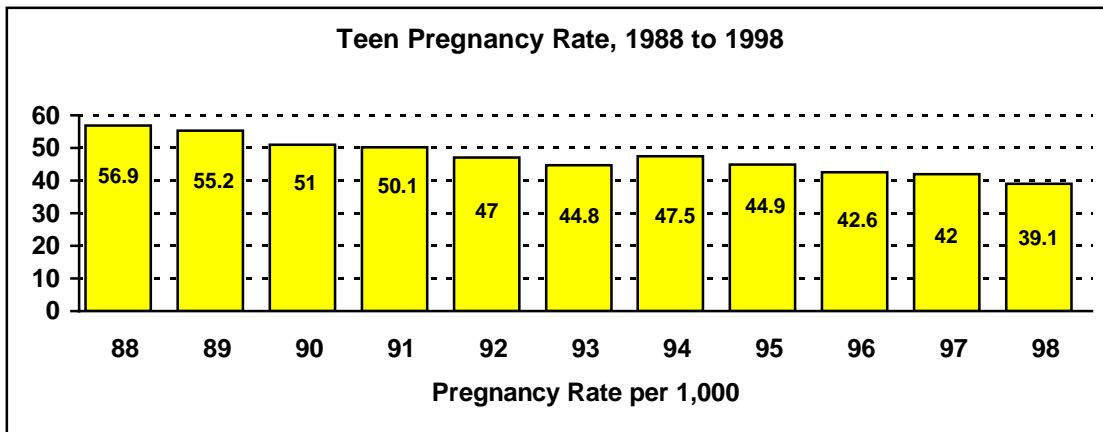
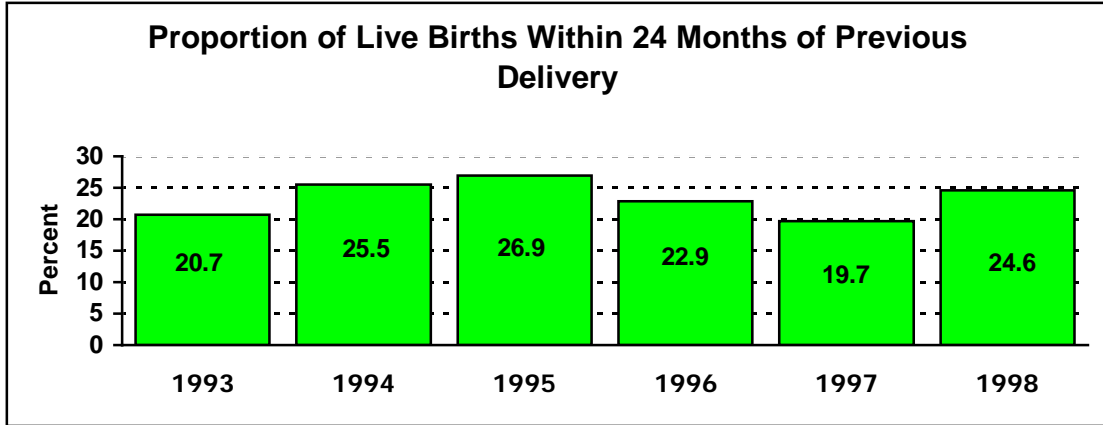
- 1) Provide a broad range of acceptable and effective interventions to reduce the number of unintended pregnancies in the state.
- 2) Improve the pre-conceptual health of reproductive age women in the state.

Key Results:

- Improved pregnancy outcomes.
- Increased access to primary care services.
- Increased education regarding appropriate contraceptive methods.
- Decreased number of unintended pregnancies.
- Decreased number of teenage pregnancies.
- Increase the proportion of adolescents who abstain from sexual intercourse.
- Reduce the proportion of births occurring within 24 months of a previous birth.



Assure Children and Adolescents are Healthy



Assure Children and Adolescents are Healthy

Program Name: Maternal & Child Health Epidemiology

Program Cost:

State	Federal	Other	Total
\$1,223,018 72%	\$429,045 25%	\$40,006 2%	\$1,692,069

Program Goals:

- 1) Provide leadership in the application of population-based epidemiology to understand the overall health status of the maternal, infant, child, and adolescent populations, including children with chronic conditions and special health care needs.
- 2) Build internal capacity as the Department's lead resource for population-based needs assessment and program evaluation for Maternal and Child Health (MCH) populations.
- 3) Promote and further enhance data capacity to support program and policy planning and development.
- 4) Collect, analyze, interpret and disseminate data and communicate the overall health status of the maternal, infant, child, and adolescent populations, including children with chronic conditions and special health care needs.

Program Objectives:

- 1) Contribute to the development of strategic plans for monitoring county, district, and statewide health risk, health needs, health system capacity, and the functional status of existing as well as developing systems of care for the MCH populations of the state.
- 2) Promote ongoing intra-agency and inter-agency coordination and collaboration to further address and remove data limitations.
- 3) Further enhance presentation, dissemination, and marketing of informational and analytic products to DHEC staff and community partners.
- 4) Advise and assist MCH programs in the use of data resources and epidemiologic methods in both evaluating and planning for effective services delivery.

Key Results:

- Provided data consultation and technical assistance to Central Office and District Office staff, community partners (e.g., Healthy Start, Palmetto Health Alliance), and state agencies.
- Completed special analyses: 1) WIC Malnutrition and Anemia, and 2) Maternal Risk (based on social characteristics of the mother).

Assure Children and Adolescents are Healthy

- Publications: Completed annual reports, including 1) the MCH Data Book 2) MCH County Fact Sheets,
- Continued special monitoring and reporting of early entry into prenatal care for district/local planning.
- Completed and presented district and county specific trend analysis of the Title V (MCH) Block Grant performance measures and outcome indicators.
- Completed a comparison of South Carolina resident infant deaths between 1990 and 1998 by cause category.

Assure Children and Adolescents are Healthy

Program Name: Prenatal Care

Program Cost:

State	Federal	Other	Total
\$934,877	\$2,978,262	\$5,186,708	\$9,099,847
10%	33%	57%	

Program Goal:

To assure improved access to prenatal care for all pregnant women in South Carolina and to significantly increase early entry and continuation of prenatal care.

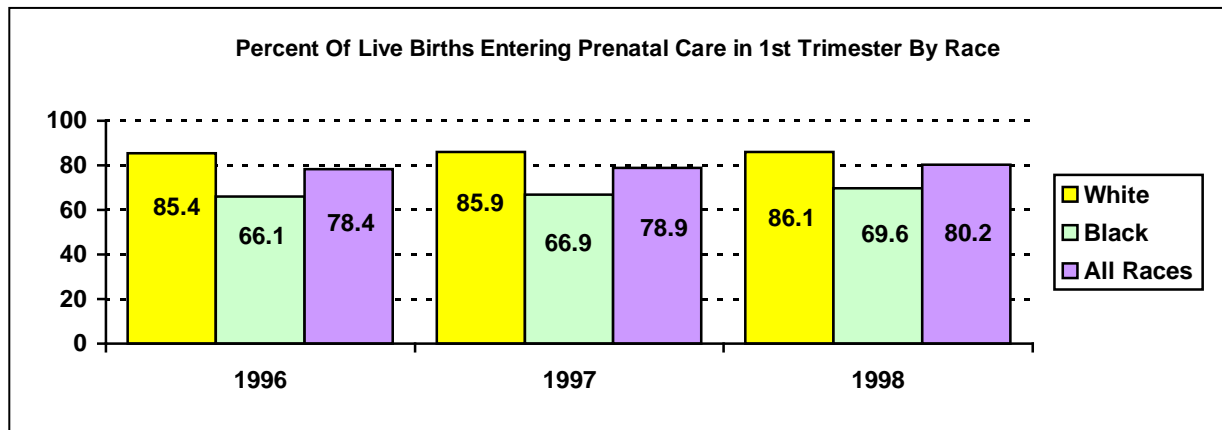
Program Objectives:

- 1) Reduce the percent of women who have less than adequate prenatal care (measured by entry into care in the first 12 weeks of pregnancy and the number of prenatal care visits).
- 2) Increase the percent of women who are admitted to Women Infants & Children (WIC) in the first trimester.
- 3) Expand risk-appropriate care coordination services for pregnant women.

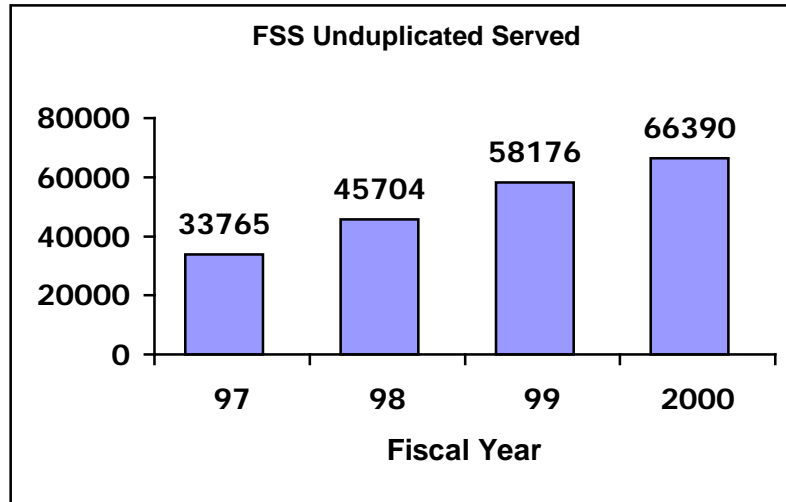
Key Results:

The high number of "Complete" prenatal patients seen through the Prenatal Care Program in the health departments resulted in:

- Increased education regarding health pregnancy outcomes.
- Increased access to primary/preventive care services.
- Increased access to early prenatal care.
- Increased Family Support Services to prenatals.



Assure Children and Adolescents are Healthy



Assure Children and Adolescents are Healthy

Program Name: Women, Infants, & Children (WIC)

Program Cost:

State	Federal	Other	Total
\$0	\$76,990,052	\$85,657	\$77,075,709
0.0%	99.9%	0.1%	

Program Goal:

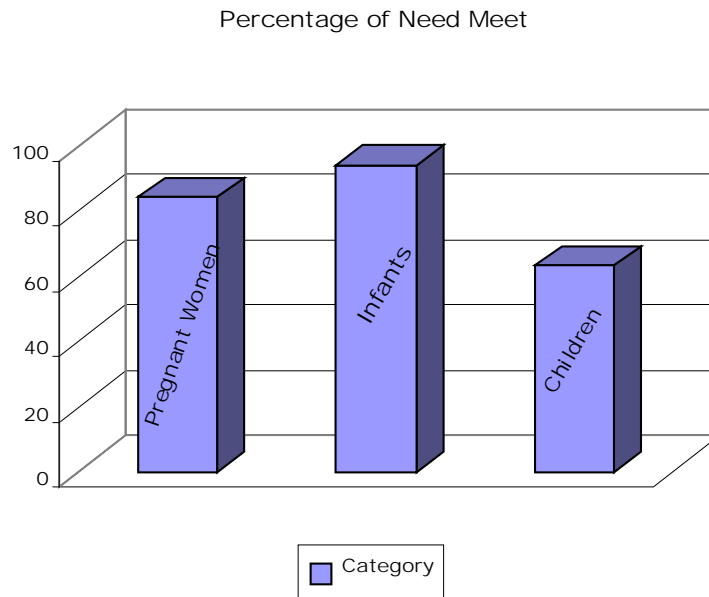
To provide nutrition education, promote breastfeeding and provide supplemental foods to women, infants, and children who meet service criteria.

Program Objectives:

- 1) To serve as an adjunct to good health care during critical times of growth and development in order to prevent the occurrence of health problems.
- 2) To improve the health status of women, infants and children.

Key Results:

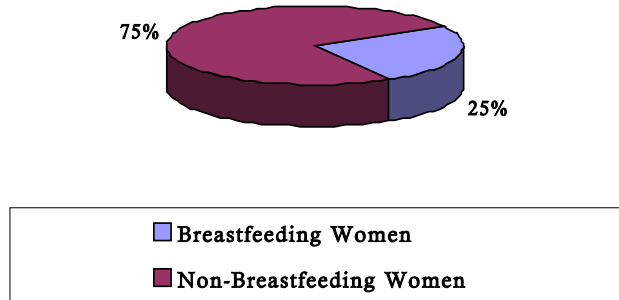
- During FY00, WIC served 202,491 individual women, infants and children. WIC also provided assistance in screening children for immunizations and lead. The percentages of need met as of June 2000 were: pregnant women 84%, infants 94%, and children 63%.



Assure Children and Adolescents are Healthy

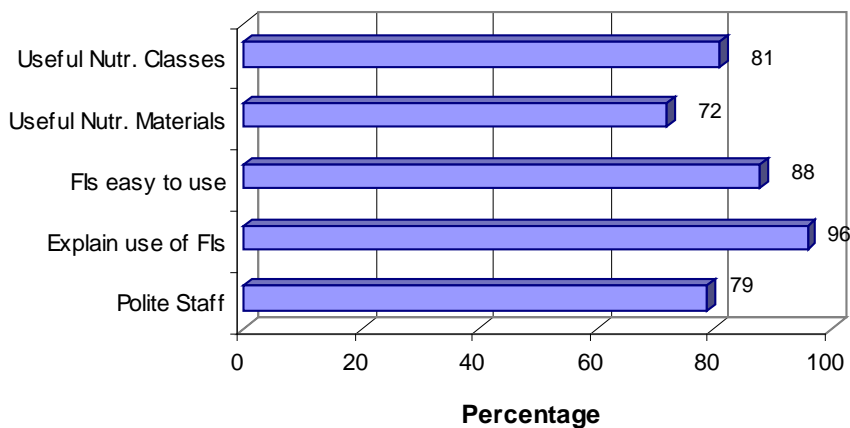
- The percentage goal of postpartum women who choose to breastfeed is 33%. During FY00, the percent of postpartum women who chose to breastfeed was 25%.

Percentage of Postpartum Women Who Breastfeed



Consumer Satisfaction: WIC provides a variety of health information through individual and group nutrition education activities. WIC staff is also responsible for assuring WIC participants understand how to use their Food Instruments (FIs, also known as vouchers). More than 1,200 responses were received from participants who were receiving WIC services. The following chart shows how our participants rate our services.

Consumer Satisfaction



Assure Children and Adolescents are Healthy

Program Name: Tobacco Prevention & Control

Program Cost:

State	Federal	Other	Total
\$79,083	\$14,321	\$0	\$93,404
85%	15%	0%	

Program Goal:

To reduce morbidity and mortality resulting from tobacco-related illnesses in South Carolina.

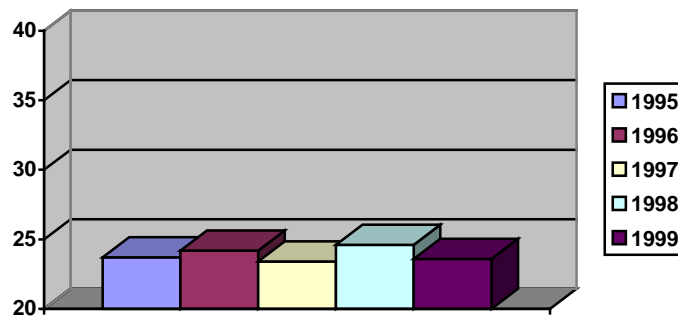
Program Objectives:

- 1) Reduce the prevalence of tobacco use among adults.
- 2) Reduce the rate of tobacco use initiation among youth.

Key Results:

- Adult (age 18+) smoking prevalence has remained in the 23% to 24% range during the past five years. A slight decline occurred between 1999 and 2000.

S.C. Adult Smoking (Age 18+), 1995-99



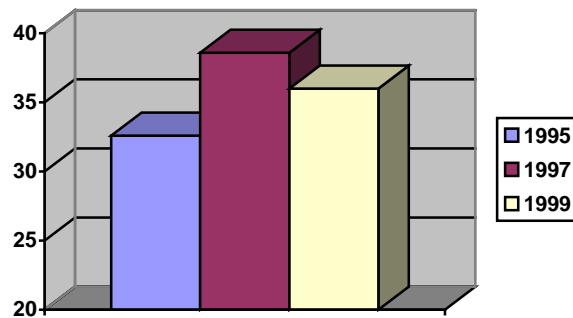
*Source: Behavioral Risk Factor Surveillance System,
S.C. Department of Health and Environmental Control*

- Smoking initiation among high school students increased from 1991 through 1997. Between 1997 and 1999 youth smoking prevalence declined for the first time in eight

Assure Children and Adolescents are Healthy

years. Whether this indicates the start of a decline in youth smoking will not be known until the 2001 Youth Risk Behavior Survey (YRBS) is conducted.

S.C. Youth Smoking Grades 9 – 12, 1995-99



*Source: Youth Risk Behavior Survey,
University of South Carolina School of
Public Health*

- The adult and youth smoking prevalence rates are slightly higher than the U.S. average – 22.9% prevalence for adults and 34.8% prevalence for high school youth. Twenty-two states have a higher adult smoking prevalence than South Carolina and seven states have a higher prevalence of youth smoking than South Carolina.

Assure Children and Adolescents are Healthy

Program Name: BabyNet

Program Cost:

State	Federal	Other	Total
\$872,393	\$4,093,038	\$92,326	\$5,057,756
17%	81%	2%	

Program Goal:

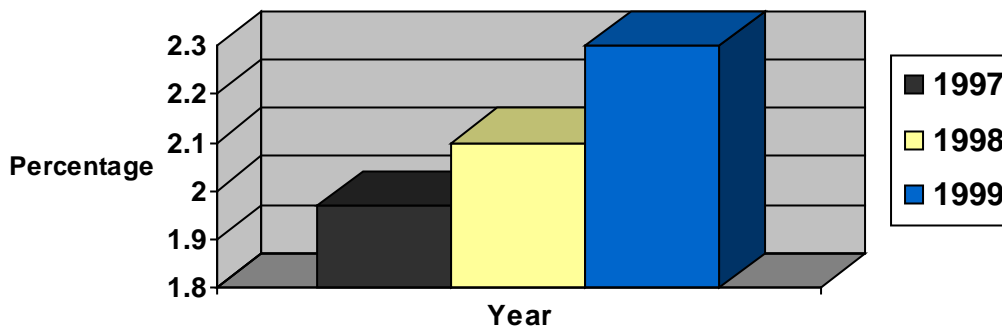
To provide a coordinated system of early intervention services under the Individuals with Disability Education Act (IDEA) to assist infants and toddlers with disabilities, age birth to three, in acquiring the developmental and learning skills necessary to function in their family, school, and community.

Program Objectives:

- 1) Increase number of infants and toddlers with developmental delay identified, evaluated for eligibility, and assessed for program planning.
- 2) Increase referrals from physicians.
- 3) Parent training and support will be available for parents of BabyNet eligible children.
- 4) Children with Autism Spectrum disorders will receive appropriate and timely services through BabyNet.

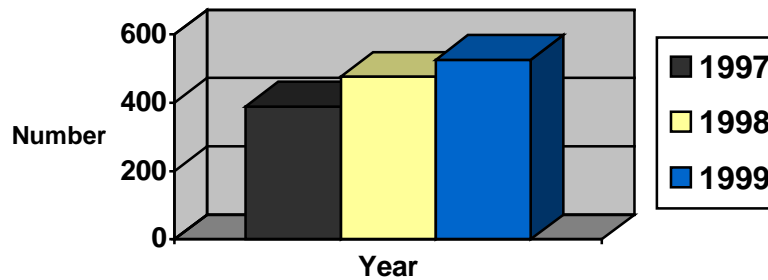
Key Results:

Percentage of Birth to 3 Population Served



Assure Children and Adolescents are Healthy

Physician Referrals



- The Family Partner program provided 11,019 hours of parent-to-parent support for BabyNet families.
- In March 2000, BabyNet Service Guidelines: Autism Spectrum Disorders were distributed. These guidelines increased the options available for serving BabyNet children with autism spectrum disorders.

Assure Children and Adolescents are Healthy

Program Name: Children's Rehabilitative Services (CRS)

Program Cost:

State	Federal	Other	Total
\$5,141,410 49%	\$2,714,983 26%	\$2,574,816 25%	\$10,431,209

Program Goals:

- 1) To provide a leadership role in the development of habilitative and rehabilitative services in the delivery system for children with special health care needs (CSHCN).
- 2) To assure that these services are community-based, family-centered, coordinated, and culturally competent.
- 3) To provide a therapeutic recreation experience for children with special health care needs.
- 4) To provide blood and blood products for home-based infusion to low income hemophilia patients.
- 5) To provide regional specialty clinics to serve adults who have sickle cell disease.
- 6) To ensure that appropriate genetic services are available to medically needy and underserved persons.

Program Objectives:

Create an infrastructure which assures access to and availability of medically therapeutic services to CSHCN by:

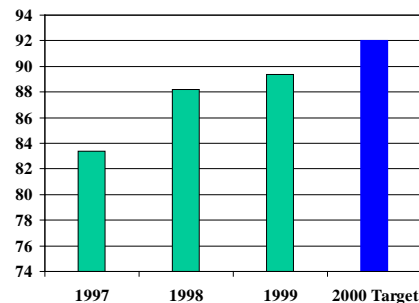
- 1) Identifying, screening, and assessing children for services.
- 2) Purchasing of necessary medical services such as physician services, pharmaceuticals and medical supplies, therapy services, audiology, diagnostic evaluations, durable medical equipment, assistive technology, orthodontia, in and outpatient hospitalization, blood and blood products, lab and x-ray services, genetic and sickle cell counseling.
- 3) Providing a statewide network of interdisciplinary specialty clinics.
- 4) Providing ancillary medical services including registered dietician and medical social work, and assuring strong linkage with other community services by providing care coordination, family training and parent support.
- 5) Partnering with service providers, i.e. hospitals, physicians, and other service providers.
- 6) Assuring that standards of care are maintained.
- 7) Providing a therapeutic recreation camp.
- 8) Planning, implementing, and expanding systems of care for identified unmet needs. For Adult Hemophilia patients, provide blood and blood products; for Adult Sickle Cell patients, provide access to medical services.

Assure Children and Adolescents are Healthy

Key Results:

- The CRS program has developed 32 Partnerships with private medical providers across the state.
- The number of admissions into the CRS program during FY00 was 1,592 new patients.
- The active case load enrolled in the CRS program at the end of FY00 was 10,088.
- The total number of patients served by CRS during FY00 was 11,494.
- The CRS program held 60 clinics per month during FY00.
- The number of CRS patients who were identified and were Medicaid eligible in FY00 was 8,719, or 86% of all CRS patients.
- The number of CRS patients under 16 years old receiving SSI benefits was 3,762 in FY00.
- Children with Special Health Care Needs were identified and entered into a system of care. This resulted in:
 - Increased access to treatment services.
 - Increased access to evaluations.
 - Increased access to coordination services.
 - Increased access to Multi-disciplinary clinics.
 - Increased access for therapeutic recreation.

Percent of Children on the CRS program with a source of insurance for primary and specialty care



Financial Results: The cost per patient during FY00 was \$1,022.00.

Increase the Quality and Years of Healthy Life for Seniors

South Carolina's mature adult population comprised 11.3 percent of the 1990 population. Projections show that by the year 2020, one out of every three South Carolinians will fall into this age group. The public health challenge is to help ensure a high quality of life for this growing population by providing services that will enable older persons to function as independently as possible for as long as possible. The extension of life has created a public health challenge to make those added years healthy ones. New approaches to care that stress self-efficacy, preventive services, elimination of risk factors and adoption of healthy behaviors have a major impact on how well an individual ages. Research has shown that disease and disability are not inevitable consequences of growing old. Approaches to health promotion must be especially designed to accommodate the unique needs of the elderly population.

Program Name: Certification

Program Cost:

State	Federal	Other	Total
\$0	\$2,477,070	\$401,468	\$2,878,538
0%	86%	14%	

Program Goals:

- 1) To evaluate and ascertain that health care providers and facilities meet the applicable Federal and State requirements for participation in Medicare and Medicaid reimbursement programs.
- 2) To ensure that Medicaid beneficiaries receive appropriate placement and utilization of services.
- 3) To maintain the Omnibus Budget Reconciliation Act (OBRA) mandated Long-Term Care Nurse Aide Abuse Registry.

Program Objectives:

- 1) To meet the initial, re-certification, complaint and validation survey coverage levels for Medicare and Medicaid providers, and Clinical Laboratories Improvement Act (CLIA) laboratories, as required by the Health Care Finance Administration (HCFA). Following the protocol established by federal regulation, to determine whether these providers meet the applicable requirements for participation in the Medicare and Medicaid programs. To evaluate providers performance and effectiveness in rendering safe and acceptable quality of care.
- 2) To meet the survey coverage levels for validation of appropriate services and levels of care provided to Medicaid recipients for providers, as established through contract with the South Carolina Department of Health and Human Services (SCDHHS). Following protocol, ascertain whether these providers ensure appropriate services and levels of care.

Increase the Quality and Years of Healthy Life for Seniors

- 3) To maintain a toll-free telephone line to answer questions and to receive complaints regarding home health agencies and other providers.
- 4) To maintain the nurse aide abuse registry and assessment of nurse aide training and competency evaluation programs.
- 5) To collect, maintain, and evaluate resident-specific assessment information for nursing facilities and home health agencies in South Carolina.

Key Results:

- All initial, re-certification and validation survey coverage levels for Medicare and Medicaid providers and Clinical Laboratories Improvement Act (CLIA) laboratories, as required by HCFA, were met. Following the protocol established by federal regulation, all providers surveyed by the Bureau of Certification were found, in due course, to meet the applicable requirements for participation in the Medicare/Medicaid programs.
 - 1,197 surveys were performed by the Bureau to evaluate provider performance and effectiveness in rendering safe and acceptable quality of care.
 - 13 long-term care providers were found to have been in substantial compliance on annual re-certification surveys.
 - 222 level-of-care changes were made as a result of long-term care resident casemix reviews.
 - 10 long-term care facilities were found as poor performers or with conditions, which could affect the immediate safety and health of their residents.
 - One facility was decertified.
- A nurse aide abuse registry was maintained, with 209 individuals listed with allegations of abuse and/or neglect. During the fiscal year, 37 names were added to the registry.
 - 11 hearings were conducted at the request of individuals challenging the placement of their name on the registry.
 - 66 nurse aide training and competency evaluation programs were approved.
- 100% of nursing homes transmitted MDS data within identified time frames. 100% of OASIS data transmissions were completed.
- 344 complaints relating 424 allegations were received which required investigation. 56 allegations were substantiated against certified health care providers.
- 29 training sessions were presented to providers and consumer groups.

Increase the Quality and Years of Healthy Life for Seniors

Program Name: Personal Care Aides

Program Cost:

State	Federal	Other	Total
\$0	\$0	\$6,538,784	\$6,538,784
0%	0%	100%	

Program Goals:

- 1) To restore, maintain, and promote the health status of persons who are in need of home support and assistance with activities of daily living and medical monitoring.
- 2) To support clients in their homes and communities, thereby preventing costly institutional care.
- 3) To provide paraprofessional support activities to other program areas of DHEC.

Program Objectives:

- 1) Provide quality support services to clients and families in a timely manner according to contract and program standards.
- 2) Meet accreditation standards of the National League of Nursing Community Health Accreditation Program.

Key Results:

- The program provided 512,878 units of personal care aide services to 2,001 families. Of those units, 9,514 units of service were provided to children and 2,206 units were provided to AIDS/ARC clients. Services were also authorized and provided to clients by the Department of Disabilities and Special Needs.
- Additionally, 18,822 units of service were provided to self-paying clients, clients with insurance, clients served by the Tuberculosis and Immunization programs, and other programs within the Department.
- All funds utilized in this program are earned fees. There is no state support. Utilizing paraprofessionals in services such as Tuberculosis directly observed therapy realizes more than 50% savings over the cost of a visit by a health professional.
- The program maintained its accreditation by the Community Health Accreditation Program of the National League of Nursing.

Increase the Quality and Years of Healthy Life for Seniors

Program Name: Home Health Services

Program Cost:

State	Federal	Other	Total
\$1,273,865	\$0	\$41,592,812	\$42,866,677
3%	0%	97%	

Program Goal:

To provide intermittent skilled and restorative care and social services to persons confined to their homes by reason of illness or injury, and to provide supportive services to the families caring for these persons.

Program Objectives:

- 1) Provide high-quality services to persons in their homes, thereby preventing institutionalization or inpatient care.
- 2) Respond in a timely manner to service requests from physicians in order to achieve or maintain optimal health status.

Key Results:

- In FY00, the program provided 469,052 visits to 20,359 families.
- In FY00, Home Health implemented a new Outcome-Based Quality Improvement plan (OBQI). Outcome data from OASIS (a standardized and normed multidimensional assessment) items are tracked to determine if patients improved, stabilized, or worsened during their stay on Home Health. Once OASIS data is fully automated and the OBQI is in place, all patients can be tracked on hundreds of measurable items. A pilot program using home health aides coordinating with therapists to improve transfer ability (ability to move with or without assistance from bed to chair, or from tub, toilet, etc.) was completed during the fiscal year. A non-random, unmatched sample of records revealed a 143% improvement in transfer ability from the previous year.
- 98% of clients who responded to client satisfaction surveys reported they were very satisfied or satisfied with services. The Community Health Accreditation Program (CHAP) accredited the Diabetes Education program with highest commendation. All districts maintain full CHAP accreditation.

Increase the Quality and Years of Healthy Life for Seniors

Program Name: In-Home Prevention Services for Seniors (IHPSS)

Program Cost:

State	Federal	Other	Total
\$609,194	\$0	\$0	\$609,194
100%	0%	0%	

Program Goals:

- 1) To keep participants functioning independently in their homes.
- 2) To provide available and accessible preventive services to rural populations.
- 3) To reduce health disparities in minority group participants.
- 4) To promote effective and efficient use of health care resources by clients.

Program Objectives:

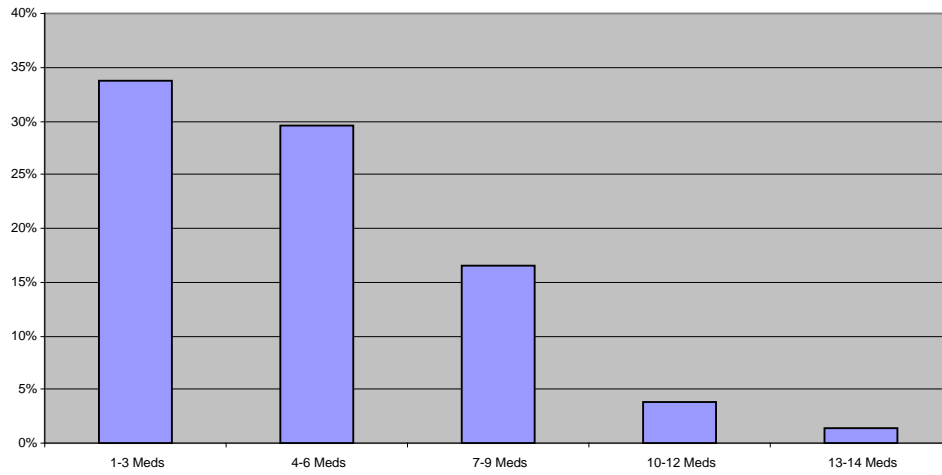
- 1) To reduce the number of clients institutionalized.
- 2) To decrease the number of non-emergent visits to hospital emergency rooms.
- 3) To decrease the number of occurrences of medication misuse.
- 4) To increase the number of client visits to primary health care providers, e.g., physicians, dentists, podiatrists.
- 5) To increase the number of elderly who are immunized against influenza and pneumonia.

Key Results:

- The first clients were enrolled in this new program in November 1999. Since then, approximately 425 persons aged 65 or over have received services in the four start-up districts (Appalachia I, Lower Savannah, Low Country, and Waccamaw). Results of a comprehensive appraisal of the client's function, safety, health habits, psychosocial issues, onset/complications of chronic illness, and quality of life perceptions are entered into a specially designed database and analyzed for risk.
- Although insufficient data has been collected at this point to make meaningful comparisons, reports developed by staff in the Bureau of Epidemiology that contain outcomes of services relative to an individual and to the total client population will soon be available.
- Phone surveys of client satisfaction are made after the first three months of service and again immediately after discharge. Data from these surveys is being collated for reporting.
- Polypharmacy and medication misuse is an enormous problem in the elderly. IHPSS helps clients improve their understanding and use of both prescribed and over-the-counter medications.

Increase the Quality and Years of Healthy Life for Seniors

Percent of IHPSS Clients by Number of Prescribed Medications



Improve Health for All and Eliminate Health Disparities

There have been significant improvements in the health status of South Carolinians. Despite these improvements, our citizens still suffer to a great extent from a number of preventable or manageable infectious and chronic diseases. Although we have made strides in improving the health of South Carolinians, we must eliminate existing health disparities. In keeping with the second major goal of the Healthy People 2010 initiative to eliminate health disparities, the agency is focusing on two key areas in which these disparities occur-- in the incidence and impact of communicable diseases such as HIV/AIDS, and in disability and death resulting from chronic illness, such as diabetes and cardiovascular disease. This goal also focuses on improving the health of all South Carolinians. Adults engaging in healthy behaviors, and receiving early and preventative screenings can best accomplish improving health.

Program Name: Minority Health

Program Cost:

State	Federal	Other	Total
\$170,426	\$435,507	\$221,574	\$827,507
21%	53%	27%	

Program Goal:

To ensure the development or modification of policies, programs, strategies and initiatives to effectively target and provide services to minorities including migrant and seasonal farm workers and their families (MSFWFs).

Program Objectives:

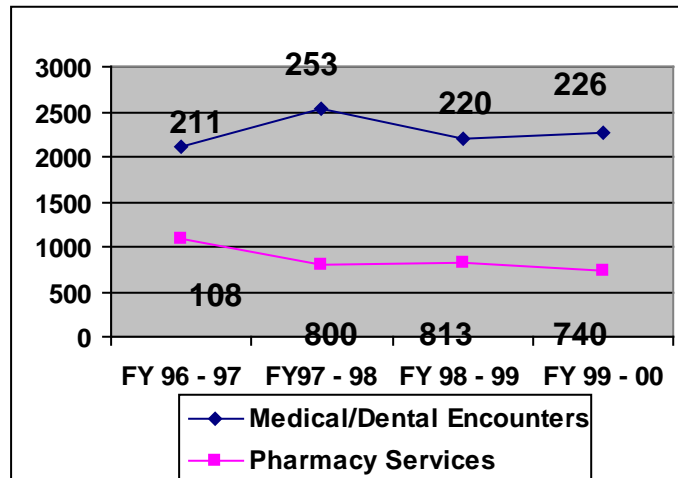
- 1) By June 30, 2000, develop and promote policies, recommendations and initiatives to guide agency, state and community-based strategies for eliminating health disparities.
- 2) By June 30, 2000, develop and implement new, or expand current, culturally appropriate health promotion and education demonstration projects.
- 3) By June 30, 2000, establish new and/or maintain public/private partnerships and linkages with agencies and community-based organizations to promote health disparities initiatives and other minority health initiatives.
- 4) By June 30, 2000, develop and implement strategies, or provide technical assistance and consultation to agencies and organizations, to secure resources that support minority health initiatives in the state.
- 5) By June 30, 2000, ensure training and other staff support for continued implementation of the agency's cultural competence initiative.
- 6) By June 30, 2000, provide medical, dental, pharmacy and outreach services to MSFWFs.

Improve Health for All and Eliminate Health Disparities

Key Results:

- Health Disparities established as an agency/state priority: included in the development of the Agency Strategic Plan and state budget request, and in recommendations for a state health improvement plan.
- Implemented statewide Hispanic Health Needs Assessment to guide the development of policies, programs and services for South Carolina's emerging Hispanic/Latino population.
- Expanded implementation of a culturally acceptable education and outreach model for early prostate cancer screening among African American men through a faith-based initiative.
- Maintained existing and developed new partnerships/collaborative efforts with public and private organizations to expand culturally appropriate and acceptable health promotion initiatives and activities using community-based and multi-faceted media approaches.
- Minority HIV/AIDS Demonstration Project Grant recipient. Office of Minority Health awarded three-year grant to provide statewide coordination needed to identify, develop and leverage local, state, and federal resources available to African American community-based organizations that provide HIV/AIDS related Services.
- Medical, dental and pharmacy services provided to migrant and seasonal farm workers and their families (MSFWFs).

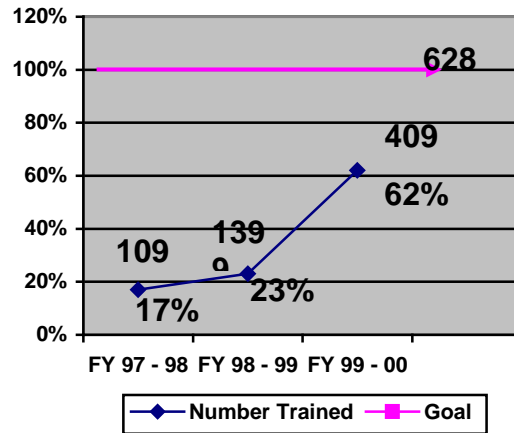
MSFWFs Health Services
FY1997-FY2000



Improve Health for All and Eliminate Health Disparities

- Provided leadership to ensure continued implementation of Agency's Cultural Competence initiative.

Basic Cultural Competence Training
Percentage of Employees



Improve Health for All and Eliminate Health Disparities
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Program Name: Primary Care

Program Cost:

State	Federal	Other	Total
\$87,511	\$0	\$0	\$87,511
100%	0%	0%	

Program Goal:

To improve access to primary health care services for all South Carolinians by providing assistance in the development of comprehensive primary health care services in areas that lack adequate numbers of health professionals or have populations lacking access to primary care services.

Program Objectives:

- 1) To apply to the Federal Office of Shortage Designation for Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA) designations within South Carolina. HPSA designations are necessary for placement of National Health Service Corps Providers and for establishment of Rural Health Clinics. MUA designations are necessary for establishment of Federally Qualified Health Centers.
- 2) To administer the Scholarship and Loan Repayment Programs of the National Health Service Corps (NHSC) for South Carolina. These providers work in practices that accept all patients regardless of their ability to pay for services. DHEC maintains a list of vacancies in these practices and seeks NHSC assistance in filling them.
- 3) To implement the J-1 Visa Waiver Program (the waiver provision for physician foreign medical graduates provided by Section 220 of Public Law 103-416). The Office has the authority to request 20 waivers per year on behalf of foreign medical graduates who are willing to work in HPSAs.

Key Results:

National Health Service Corps:

- According to the number and degree of shortage designations in South Carolina, we need to place approximately 123 providers to appropriately address the shortage. The 38 providers placed through this program have addressed 31% of this need.
- Number of customers requesting service: 150. An average of 50 organizations representing 73 primary care practice sites in South Carolina request recruitment assistance annually through this program. An average of 100 primary care providers request assistance in locating practice opportunities on an annual basis)
- 38 Primary Care Providers placed in underserved areas through the Scholarship and Loan Repayment Programs.
- 59 Applications for Recruitment and Retention Assistance processed.

Improve Health for All and Eliminate Health Disparities

- 15 Primary Care residency and training programs visited for recruitment/education.
- 18 Site visits made to provide technical assistance in the development of practice sites.

Shortage Designation Maintenance:

- Number of customers requesting service: 200. There are approximately 30 special requests processed in a given year. Shortage Designations are the basis for 27 federal programs; therefore, it is essential that they be properly maintained.
- 40 of 46 counties currently have HPSA designations.
- 44 of 46 counties currently have MUA designations.
- 18 HPSA designations reviewed as part of triennial review process.
- 22 special designation requests processed for areas/facilities/populations not currently designated.
- This program is a maintenance program and is merely a report on available resources in a given service area.

J-1 Visa Waiver Program:

- The 27 providers placed through this program have addressed 22% of the state need for 123 additional providers.
- Number of customers requesting service: 200 (An average of 30 physicians are placed in underserved areas of South Carolina annually through this program. Approximately 50 practice sites/organizations request technical assistance through the program, as do 150-200 physicians seeking practice sites).
- 19 Waivers processed through the Conrad "State 20" Program.
- 6 Waivers reviewed and recommended to the Department of Agriculture.
- 2 Waivers reviewed and recommended to the Appalachian Regional Commission.
- 12 Site visits made to provide technical assistance and to assure compliance with the program.

Improve Health for All and Eliminate Health Disparities

Program Name: Public Health Districts

Program Cost:

State	Federal	Other	Total
\$35,709,823	\$10,436,959	\$18,227,651	\$64,374,433
55%	16%	28%	

Program Goal:

To assure access to public health services through our 13 Public Health Districts which operate 46 county health departments that provide services at approximately 120 clinic locations. Funds support public health services, including the management and operations of the public health districts and local health departments.

Program Objective:

(Specific program activities which occur in the public health districts are reported under their respective programs elsewhere in this report.)

Key Results:

- Results are described for each respective program elsewhere in this report.

Improve Health for All and Eliminate Health Disparities
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Program Name: Cancer Prevention & Control

Program Cost:

State	Federal	Other	Total
\$1,152,041	\$2,326,839	\$5,000	\$3,483,880
33.1%	66.8%	0.1%	

Program Goals:

- 1) To reduce morbidity and mortality due to cancer, which is the second leading cause of death in South Carolina.
- 2) To ensure that indigent South Carolina residents with cancer receive high-quality cancer care.
- 3) To reduce needless disease and death to South Carolina women from breast and cervical cancer.
- 4) To study trends in cancer disease that occur in the state over time.
- 5) To respond to individual and community concerns about geographic clusters of cancer cases.

Program Objectives:

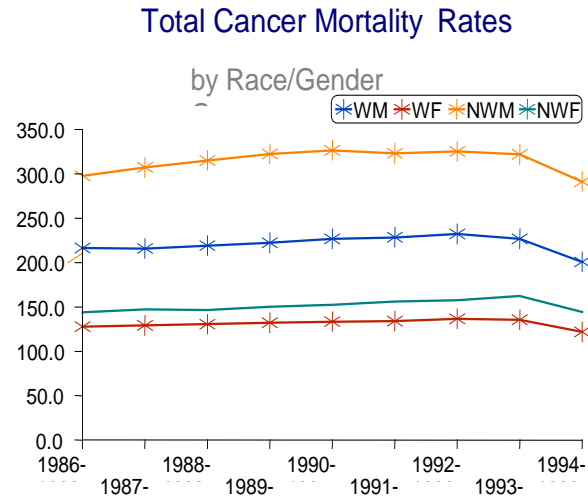
- 1) Provide outpatient cancer care and treatment to indigent South Carolina residents through contracts with cancer treatment centers that meet quality standards through the *State-Aid Cancer Program*.
- 2) Through the federally-funded *Breast and Cervical Cancer Early Detection Program/Best Chance Network (BCN)*, provide breast and cervical cancer screening, education, follow-up and outreach to 10% of women age 50-64 in South Carolina who are at or below 185% of the federal poverty guidelines and are uninsured.
- 3) Collect, analyze and manage statistics on all new cancer cases in South Carolina; monitor changes in diagnosis, treatment and survival rates; and provide reports to appropriate South Carolina constituents through the *South Carolina Central Cancer Registry (SCCCR)*.
- 4) Respond appropriately to individual and community concerns about geographic clusters of cancer cases; conduct investigations in coordination with DHEC environmental staff; make communities aware of findings of cluster investigations; and provide information about cancer risks in the environment and preventive measures.
- 5) Begin implementation of the 5-year cancer plan, "*Cancer Prevention and Care in South Carolina, A Plan for Action.*"

Improve Health for All and Eliminate Health Disparities

Key Results:

- **State-Aid Cancer Program:** This program impacts on morbidity and mortality by providing expensive outpatient chemotherapy, radiation and at least 5-year follow-up to uninsured South Carolina residents who are at or below 250% of the federal poverty guidelines. The active case load in the State-Aid Cancer Program totaled 6,296 patients, compared to 1,550 last year. State annual appropriations for this program are used by Health and Human Services as match to draw down federal Disproportionate Share dollars, increasing available funding by 50% for the nine hospitals that contract with DHEC to provide the State-Aid Cancer services.
- The Best Chance Network provided 4,275 breast and cervical cancer screening services to 3,849 income-eligible women age 50-64. Screening and follow-up services were provided to South Carolina eligible women by over 200 private physicians, federally-funded community health care centers, hospital outpatient clinics, and mammography centers that contract with DHEC.
- **The Central Cancer Registry (SCCCR) collects data on an estimated 18,000 newly diagnosed cases of cancer per year. A total of 16,645 new invasive cancer cases were reported for 1997. The SCCCR received the highest level of certification, “gold certification”, from the North American Association of Central Cancer Registries this year for timeliness, completeness, and quality of 1997 data. A completeness rate of 97.2% was determined for the SCCCR and all certification measures were achieved at the highest standard.**
- The national quality audit on SCCCR data conducted this year by CDC, resulted in very positive results. A data accuracy rate of 95.4% was reported for the SCCCR with a completeness rate of 96.9%. The stratified sampling method was used to select hospitals for this audit so that the results are representative of the entire state.
- Trends in cancer mortality were produced. The latest five-year annual age-adjusted South Carolina cancer mortality rates demonstrate the same national pattern of a slight decline in cancer mortality (see chart). Nationally, the NCI reported that cancer mortality has declined annually since 1993. South Carolina data indicate the same trend for all race-gender groups.

Improve Health for All and Eliminate Health Disparities



5-year average age-adjusted mortality rate per 100,000.
 Prepared by SC Central Cancer Registry, Office of Public Health Statistics and Information Systems.

Improve Health for All and Eliminate Health Disparities

Program Name: Cardiovascular Health

Program Cost:

State	Federal	Other	Total
\$552,375	\$972,608	\$200,408	\$1,725,392
32%	56%	12%	

Program Goal:

To develop a state cardiovascular disease prevention program to reduce morbidity and mortality due to heart disease and stroke through population-based state and community initiatives.

Program Objectives:

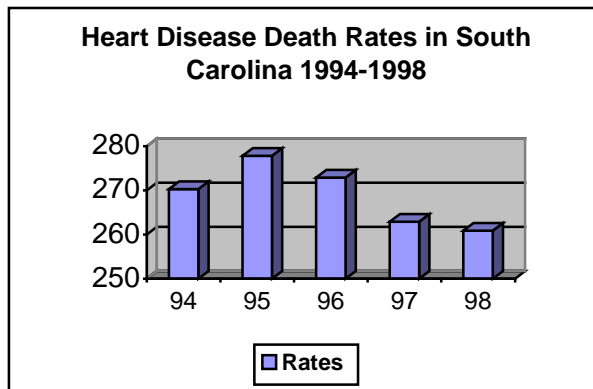
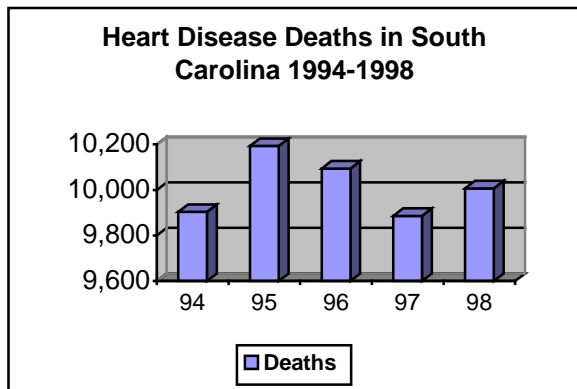
- 1) To convene, coordinate, and collaborate with internal state health department cardiovascular health partners, state government agencies, and not-for-profit agencies that address cardiovascular health risk factors and health care on the individual and population levels.
- 2) To develop scientific capacity to define the cardiovascular disease burden in South Carolina.
- 3) To develop an inventory of policy and environmental issues in systems and settings that impacts two cardiovascular disease (CVD) modifiable risk factors - poor dietary intake and physical inactivity.
- 4) To develop a comprehensive State Cardiovascular Health Plan to reduce and prevent cardiovascular disease and related risk factors.
- 5) To provide training and technical assistance to increase skills of the state health department and external personnel.
- 6) To develop population-based intervention strategies to reduce the burden of cardiovascular disease in the state, with a strong emphasis on policy and environmental changes for the general population.
- 7) To develop culturally competent strategies to reduce heart disease and stroke in the African-American population which is affected disproportionately.

Key Results:

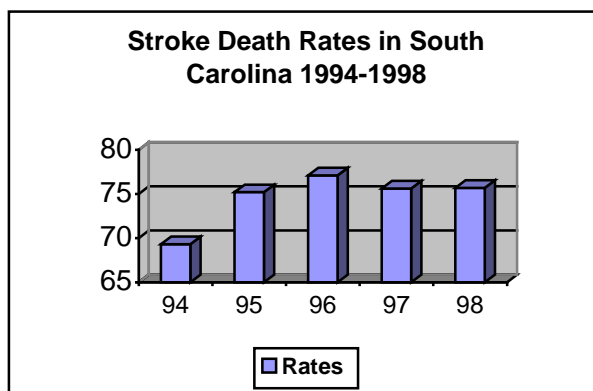
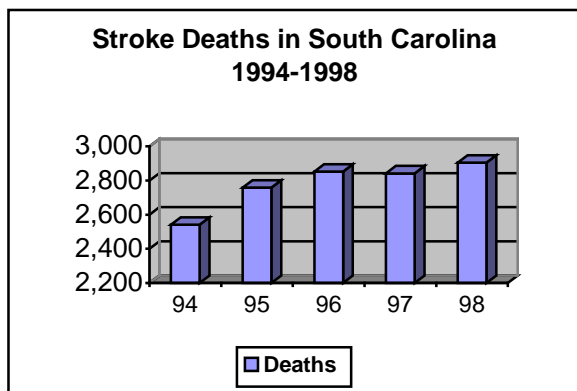
- Partnership Development – A DHEC cardiovascular health (CVH) Coordinating Council and an external statewide CVH Steering Committee were convened and maintained. Partner workgroups established goals for policy and environmental changes in South Carolina. Memorandums of Agreement were developed and signed with six partners. Accomplishments include a focus on policy and environmental changes that increase likelihood and support of heart healthy behaviors. Training and technical assistance needs and deficits were assessed and a three-year training schedule was developed to increase capacity to address CVH. CVH data needs of both groups were determined.

Improve Health for All and Eliminate Health Disparities

- A CVH epidemiologist was hired. A South Carolina heart disease and stroke burden fact sheet was completed and disseminated to district personnel as well as external agency partners. A CVH Burden Report was begun. Publication completion will be October 2000. A list of data sources that are useful in describing CVD in South Carolina was created.



(Crude rates; rates are per 100,000)



Improve Health for All and Eliminate Health Disparities
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Program Name: Chronic Disease Epidemiology

Program Cost:

State	Federal	Other	Total
\$30,711	\$43,318	\$0	\$74,029
41%	59%	0%	

Program Goals:

- 1) To provide leadership in application of population-based epidemiology to support chronic disease interventions.
- 2) To collect, analyze, interpret and disseminate data on chronic diseases and related factors for planning and evaluating disease intervention programs.
- 3) To serve as a resource of epidemiologic principles, methods and data for chronic disease interventions.

Program Objectives:

- 1) Enhance surveillance system and conduct special surveys to monitor health status (risk factors, chronic diseases and disabilities) and to identify disparities.
- 2) Assist chronic disease intervention programs at state and local levels with epidemiologic data, methods and program evaluation.
- 3) Develop analytic and information products for DHEC staff and public requests.

Key Results:

- Surveys: During calendar year 1999, the Behavioral Risk Factor Surveillance System surveyed 3,469 people on health risk factors and chronic diseases.
- Publications: Published a number of reports and fact sheets on chronic diseases, including a *Burden of Diabetes Report*, 46 *Diabetes County Fact Sheets*, three *Cardiovascular Disease Fact Sheets*, one Dataline on Stroke and 46 *Osteoporosis Fact Sheets*.
- Service: Responded to 282 requests for data pursuant to chronic disease and related risk factors from universities (MUSC, USC, Clemson University), counties, the general public, and policy-makers.

Improve Health for All and Eliminate Health Disparities
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Program Name: **STD/HIV Control**

Program Cost:

State	Federal	Other	Total
\$4,432,501	\$16,195,881	\$131,715	\$20,760,096
21%	78%	1%	

Program Goals:

- 1) By 2005, reduce chlamydia rates among women 15-24 years of age by 25% from 4902.8 (1999) to 3677.1.
- 2) By 2005, reduce primary and secondary syphilis rates from 7.2 (1999) to 4.0 per 100,000.
- 3) By 2005, confine perinatal HIV transmission for South Carolina infants to no more than 5 (1999) cases annually.
- 4) By 2005, reduce annual number of new HIV infection cases by 25% from 986 (1999) to 740 cases.
- 5) By 2005, increase proportion of target populations who adopt risk reduction behaviors by 15%.
- 6) By 2005, reduce HIV associated morbidity and mortality by 20% among persons with HIV and AIDS in South Carolina.

Program Objectives:

- 1) Reduce STD rates by providing chlamydia and gonorrhea screening, treatment and partner treatment to 95% of women at risk in family planning and STD clinics statewide by 2000.
- 2) Reduce primary and secondary syphilis through implementation of targeted screening, outreach response efforts and community interventions in 85% of counties with P & S rates greater than 4.0 per 100,000 by 2000.
- 3) Confine perinatally-acquired HIV infection to no more than 5 cases annually by providing provider training, technical assistance and evaluation of effectiveness of perinatal prevention strategies statewide by 2000.**
- 4) Reduce new HIV infections, especially among African American adults/adolescents at risk, by increasing access to community-delivered prevention services in 95% of counties with HIV prevalence rates >500 by 2000.
- 5) Reduce new HIV infections and HIV-related associated morbidity, by increasing the proportion of HIV infected persons who know they are infected through increased access to counseling, testing, referral and partner counseling services in 95% of counties with HIV prevalence rates >500 by 2001.
- 6) Reduce new HIV infections among adolescents by implementing targeted, proven-effective, community-based programs to high-risk youth in out-of-school settings in 95% of counties with HIV prevalence rates >500 by 2000.

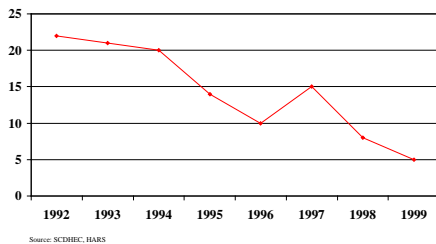
Improve Health for All and Eliminate Health Disparities

7) Reduce HIV-related morbidity/mortality by increasing proportion of under-served/uninsured HIV-infected people in South Carolina who are linked to appropriate care and treatment services from an estimated 50% to 80% by 2005.

Key Results:

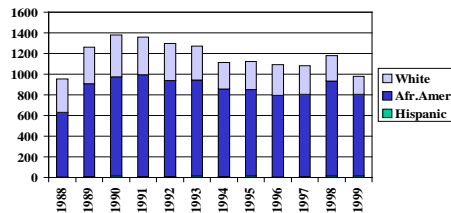
- The prevalence of chlamydia among high-risk women under 25 in Family Planning and STD clinics was reduced from 11.4 % in 1998 to 10.2% in 1999.
- The incidence for gonorrhea in women 15-44 was reduced from 618.1 per 100,000 in 1998 to <400 per 100,000 in 1999.
- The incidence of pelvic inflammatory disease (PID), as measured by a reduction in hospitalizations for PID, was reduced from 1,133 inpatient and 4,510 emergency room discharges in 1996 to 952 inpatient and 2,883 emergency room discharges in 1999.

Number of Children <13 Years Old Diagnosed with HIV/AIDS in South Carolina, 1992-1999



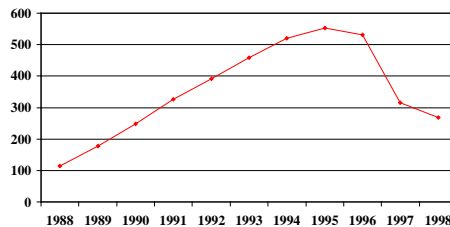
Source: SCDHEC, HARS

South Carolina HIV Incidence Reported Cases by Year of Diagnosis by Race



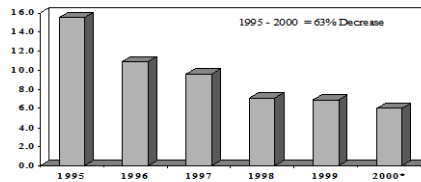
AIDS Cases included in counts of HIV cases

Number of HIV-Related Deaths in South Carolina, 1988-1998



Improve Health for All and Eliminate Health Disparities

South Carolina Infectious Syphilis Case Rate by Calendar Year**

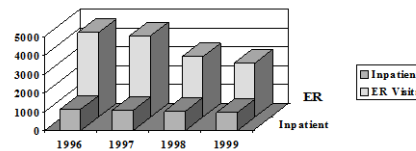


**Rate per 100,000 population.

*Year 2000 reported based on January 1 – June 30 reports.

Data Source: STD*MIS

South Carolina Inpatient and Emergency Room Discharges Due to PID Among Women <45 Years of Age, 1996-1999



Source: SC Hospital Discharge Summary Data, SC Budget & Control Board.

Improve Health for All and Eliminate Health Disparities
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Program Name: Tuberculosis Control (TB)

Program Cost:

State	Federal	Other	Total
\$2,342,983	\$646,671	\$11,075	\$3,000,729
78.1%	21.6%	0.4%	

Program Goal:

To eliminate TB by the year 2012, with an interim target of a case rate of 5 new cases per 100,000 population by the year 2002. (Year 2010 National Health objectives: 1.0/100,000 population by the year 2010.)

Program Objectives:

- 1) Ensure that 90% of TB cases started on drug therapy will complete a recommended regimen.
- 2) Ensure that 95% of close contacts to TB cases will be examined for the presence of latent TB infection or TB disease.

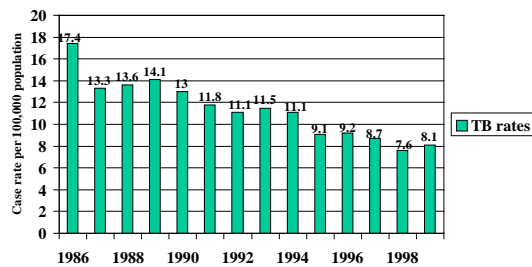
Key Results:

- In calendar year 1999, 315 new cases of tuberculosis were reported in South Carolina for a case rate of 8.1 per 100,000 population. This represents an increase of 10% in cases and 9% in the case rate from the previous calendar year.
- From 1986 to 1998, the state experienced an overall decline in the number of new cases from 593 in 1986 to 286 in 1998. This was a decrease of 48%, effectively cutting the new cases of tuberculosis in half over this twelve-year span. The increase in 1999 was due to a serious outbreak of tuberculosis in a state prison unit of congregated HIV positive inmates. The outbreak at the prison has been effectively contained through the excellent cooperation of the S.C. Department of Corrections and CDC's Division of Tuberculosis Elimination.
- Program Effectiveness and Cost Savings: The overall decline of tuberculosis can be attributed to the use of Directly Observed Treatment (DOT) for tuberculosis infection and disease. There is no effective vaccine for tuberculosis prevention and the use of DOT to prevent non-compliance with therapy is a nationally recognized strategy. South Carolina law mandates tuberculosis treatment and control measures. The use of DOT and court-ordered DOT has nearly eliminated the need to forcibly quarantine non-compliant cases, thus saving the taxpayers \$526.00 per day per person in confinement costs. In 1999 only one person had to be confined by the courts, but at a cost of \$17,332.00.

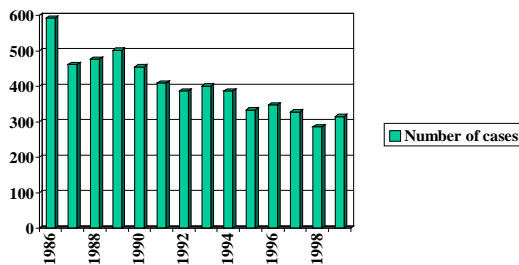
Improve Health for All and Eliminate Health Disparities

Indicators	Standard	SC
TB cases started on drug therapy will complete a recommended regimen: 216 cases started treatment during calendar year 1998.	90%	98%
Close contacts to TB cases will be examined: 3,374 close contacts were examined in calendar year 1999.	95%	91%

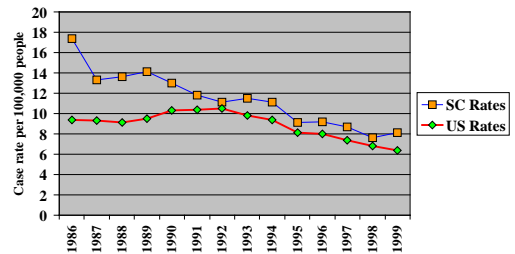
Tuberculosis Rates in South Carolina



**Tuberculosis in South Carolina
Number of cases**



**Tuberculosis Cases
US and South Carolina**



Increase Local Capacity to Promote and Protect Healthy Communities

Individual health is inseparably linked to community health. The health of every community in South Carolina determines the overall health of our state and is the shared responsibility of many entities, organizations, and interests in the community, including health service delivery organizations, public health agencies, other public and private entities, and the people of the community. DHEC provides leadership and active partnering with community groups, and provides community groups with information on health indicators. An essential role of DHEC, as the state public health agency, is to enforce regulations and laws that protect the safety of our public. Two examples include ensuring that our citizens are not at risk for foodborne illnesses and participating in community emergency preparedness efforts to respond to bioterrorism and natural disasters.

Program Name: Vital Records

Program Cost:

State	Federal	Other	Total
\$0	\$780,910	\$2,328,693	\$3,109,603
0%	25%	75%	

The Division of Vital Records has not received any state appropriations since 1991, when state funding was relinquished from the program. All revenue generated by the program through the sale of vital events and data are utilized to offset the costs of personnel and operation of the vital statistics program on a statewide level.

Program Goals:

- 1) To provide for the registration and certification of all vital events for the state of South Carolina.
- 2) To provide services consisting of statistical consultation, data analysis and interpretation, dissemination and analysis of vital statistics, monitoring of health status indices, sample and survey design, statistical computing and statistical model design.
- 3) To provide for a decision support system for better analysis of spatial information related to public health issues.

Program Objectives:

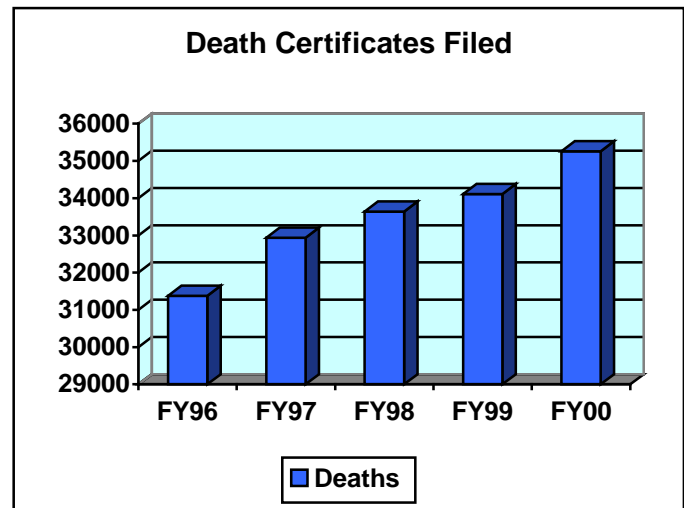
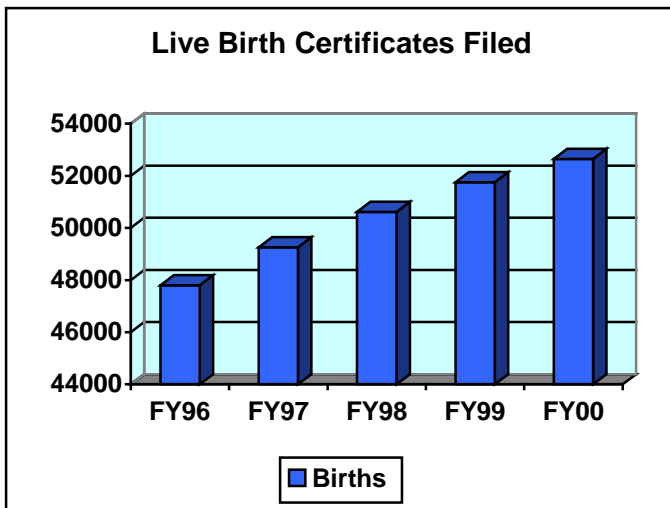
- 1) To develop, maintain and direct the statewide system of vital statistics, ensuring that the registration system provides reliable and timely descriptive and inferential health statistics statewide and locally on a continuing basis. To provide for a high quality system for certification of vital events.

Increase Local Capacity to Promote and Protect Healthy Communities

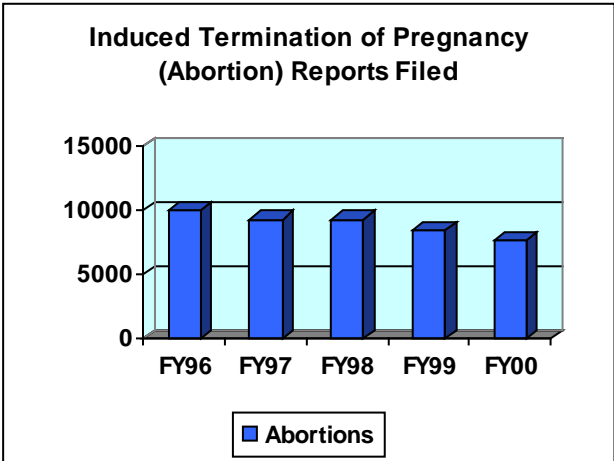
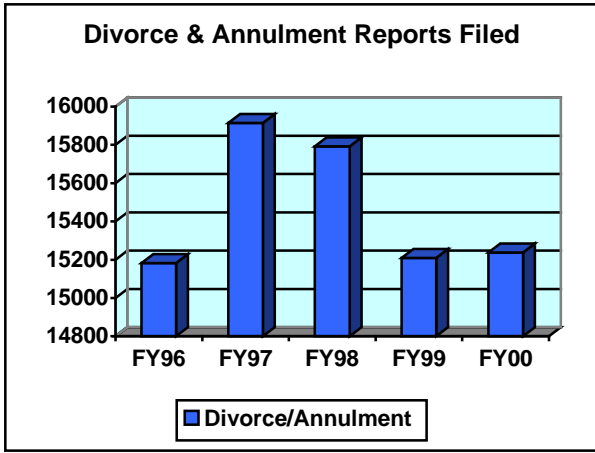
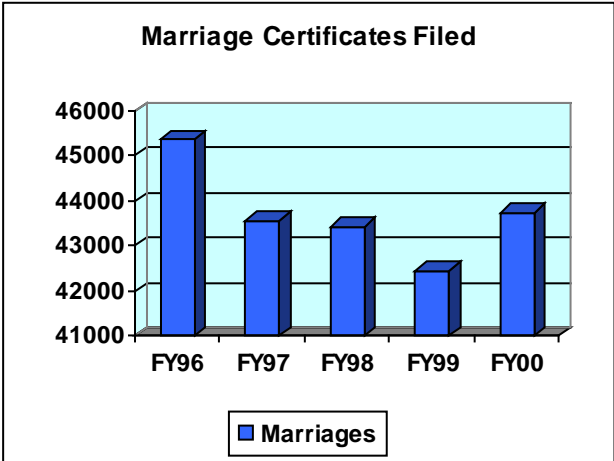
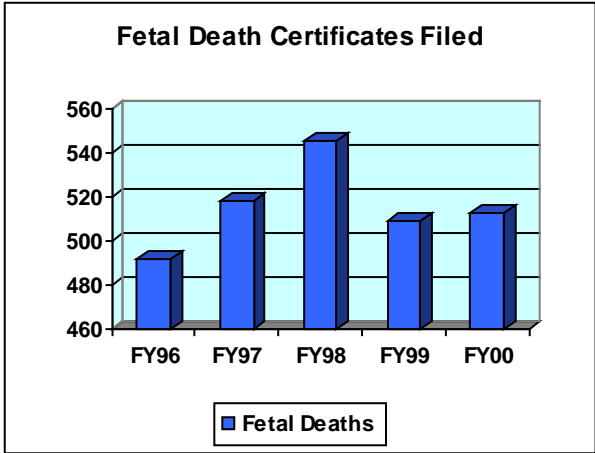
2) To provide all programs in DHEC with assistance and statistical consultations in data analysis, spatial analysis, sample and survey design, and statistical computer package applications, as needed. The intent of the office has been to develop a comprehensive statistical system providing tools that enable work in public health to be based on a documented understanding of needs.

Key Results:

- FY00 Total Certificates Filed: - (155,089)
 - Births - 52,645
 - Deaths - 35,257
 - Fetal Deaths - 513
 - Marriages - 43,748
 - Divorces & Annulments – 15,238
 - Abortions – 7,688
- 155,089 Vital Events Collected & Processed.
- 103,127 Certifications.
- 1,397 Data Analysis and Consultative Services.
- 309 Field Visits.
- 99.9% of Births Registered via Electronic Birth Certificate System.



Increase Local Capacity to Promote and Protect Healthy Communities



Increase Local Capacity to Promote and Protect Healthy Communities

Program Name: Food Protection

Program Cost:

State	Federal	Other	Total
\$788,945	\$66,307	\$1,552,912	\$2,408,164
33%	3%	64%	

Program Goal:

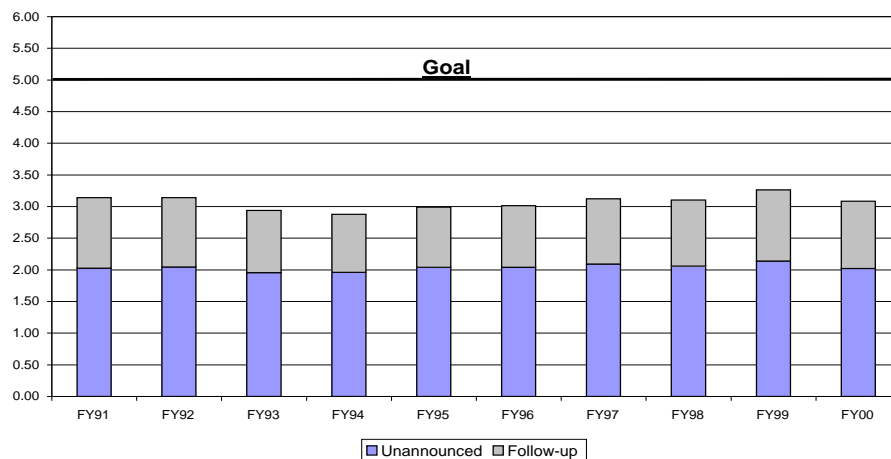
To protect the health and well-being of South Carolinians and those who visit our state by insuring that food, milk and milk products are safe, wholesome and sanitary.

Program Objectives:

1. To inspect, and thereby evaluate, the food handling procedures, construction, equipment, and personnel of an ever increasing number of restaurants and other facilities that prepare food for consumers, including temporary facilities at fairs, festivals, etc., grocery stores and other facilities that handle and package raw meat, fish and other potentially hazardous foods, dairy farms, milk pasteurization plants and ice cream plants.
2. To review and approve construction plans, perform preliminary site inspections and issue operation permits for new and remodeled food service facilities.
3. To increase the training of food service workers.

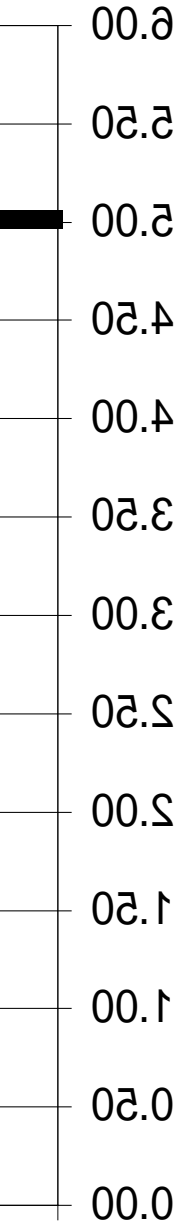
Key Results:

Average Unannounced and Follow-up Inspections per Food Facility



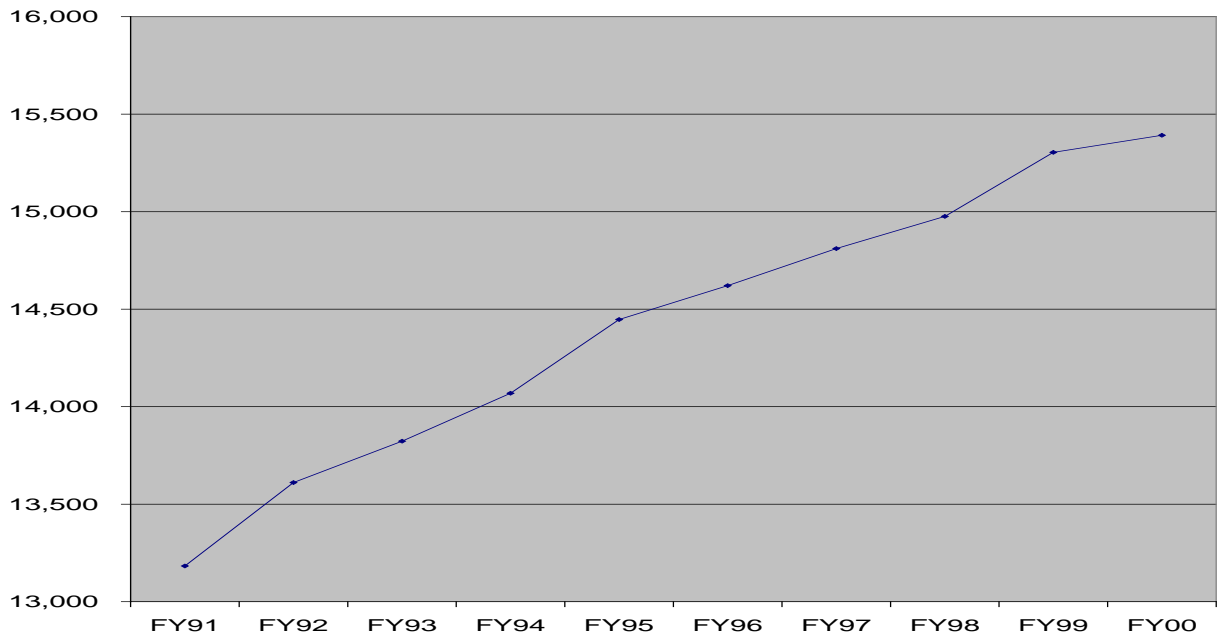
Increase Local Capacity to Promote and Protect Healthy Communities

Increase Local Capacity to Promote and Protect Healthy Communities

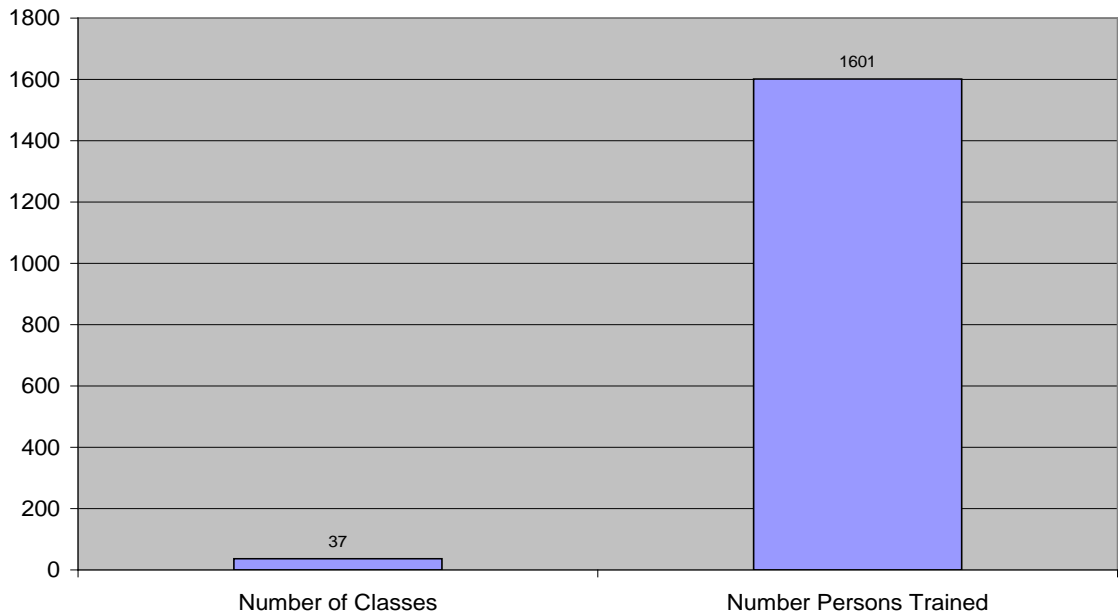


Growth of Food Service Facilities

Increase Local Capacity to Promote and Protect Healthy Communities



Food Service Training - FY2000



Increase Local Capacity to Promote and Protect Healthy Communities

Program Name: General Sanitation

Program Cost:

State	Federal	Other	Total
\$350,303	\$0	\$88,632	\$438,935
80%	0%	20%	

Program Goal:

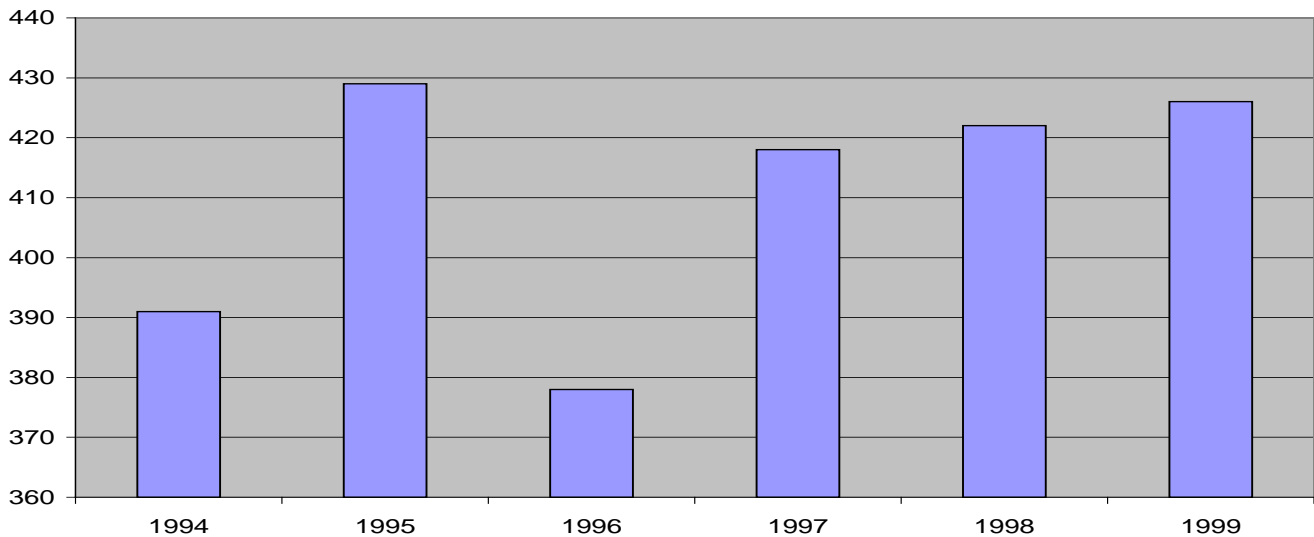
To protect the people of South Carolina, and our visitors, from those communicable diseases and nuisances associated with animal and insect vectors, lead, and unsanitary conditions in public places and unsafe conditions in the non-occupational home environment.

Program Objectives:

- 1) To immediately respond to incidents in which humans have been bitten by animals capable of transmitting rabies; to obtain information regarding circumstances of the incident; to quarantine the animals involved or submit their heads for laboratory analysis.
- 2) To provide information to physicians so that appropriate decisions may be made in treating individuals exposed to a disease that is fatal if untreated.
- 3) To conduct lead inspections in foster homes.

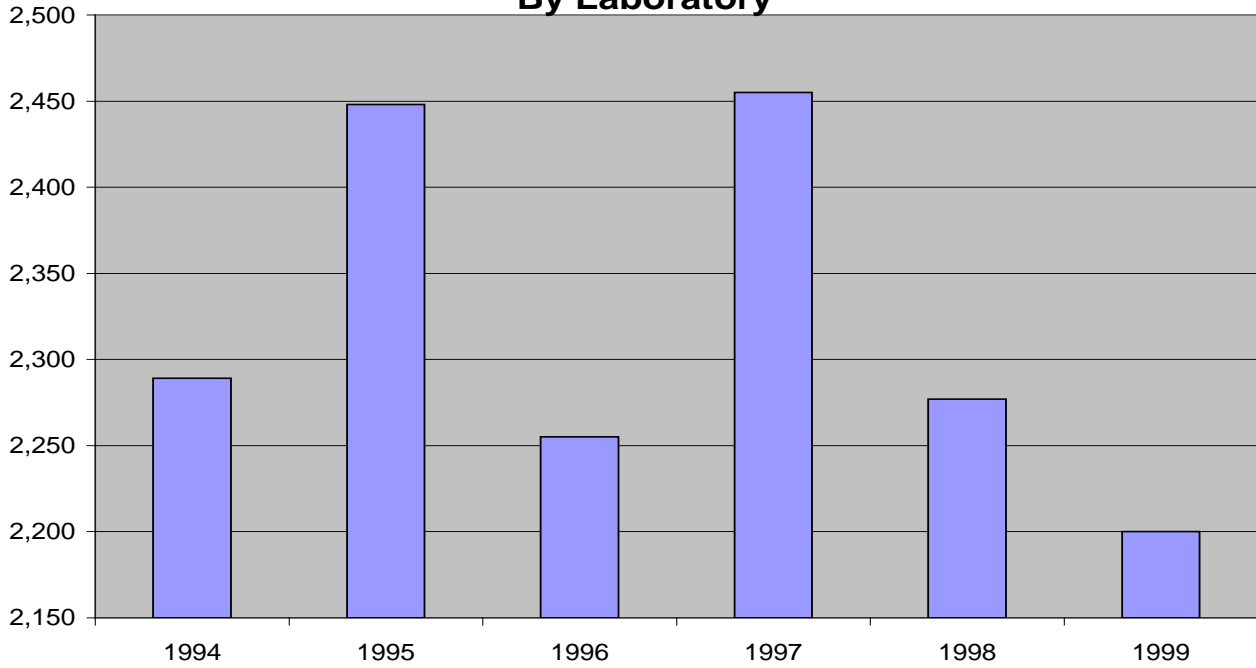
Key Results:

Number of Persons Treated for Rabies

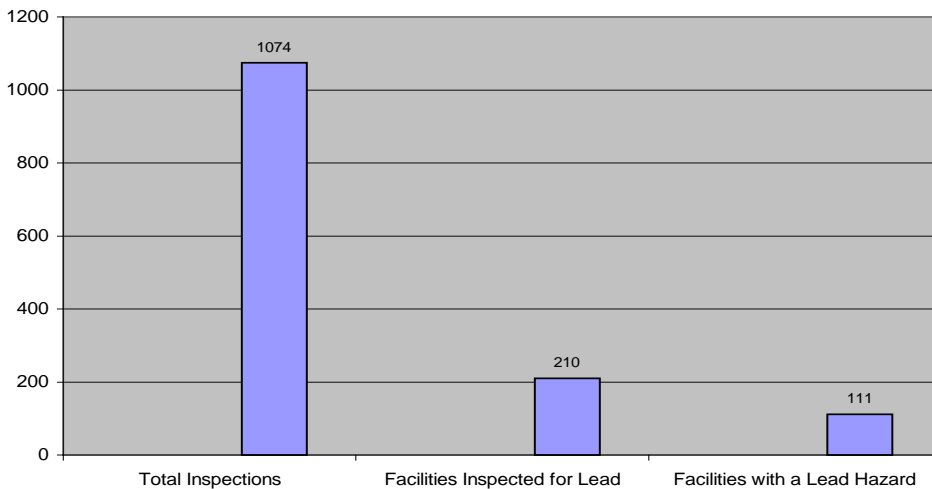


Increase Local Capacity to Promote and Protect Healthy Communities

**Number Animals Examined
By Laboratory**



**Foster Home Inspections to Detect Lead
FY00**



Increase Local Capacity to Promote and Protect Healthy Communities

Program Name: Disease Surveillance and Investigation

Program Cost:

State	Federal	Other	Total
\$0	\$0	\$0	\$0

Program Goals:

- 1) To minimize deaths, disability and illness from diseases preventable by public health surveillance and control, and to maximize the quality of health decision-making through use of epidemiologic principles.
- 2) To assure optimum disease prevention and control decisions through consultation with South Carolina health care providers, other agencies and institutions and the general public.

Program Objectives:

- 1) Conduct disease surveillance and monitor trends in disease morbidity and health status; identify individuals, populations, or regions at risk; and use the surveillance data to evaluate program effectiveness and guide decision making for developing disease control programs.
- 2) Maintain immediate reporting and investigation (within 24 hours for urgent diseases) of cases and outbreaks for current South Carolina-mandated reportable diseases, including potential bioterrorist incidents.
- 3) Prevent disease or eliminate ongoing spread by delivering appropriate interventions based on surveillance data or other identified need.
- 4) Promote the use of epidemiologic principles in monitoring program effectiveness and outbreak investigations.
- 5) Develop and support the capability of local Epidemiology Teams to do primary investigation and control measures for disease outbreaks, and speed response time and provide technical support for disease control skills.
- 6) Provide immediate disease control consultation for human service organizations and health care providers.
- 7) Develop new sources of health data to better monitor the health status of residents for the major current causes of death and disability, and to anticipate emerging diseases.

Key Results:

Since our goal is prevention, our outcomes are diseases and deaths that do not happen, and are therefore not easy to measure. However certain measures can give some indication of the outcomes of acute disease surveillance and control in South Carolina:

Increase Local Capacity to Promote and Protect Healthy Communities

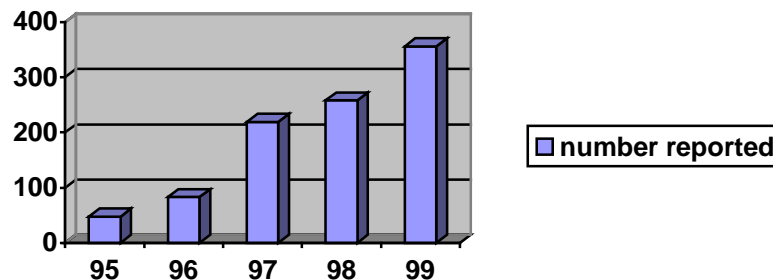
Urgent Diseases Controlled:

- 48 cases of meningococcal meningitis.
- 27 cases of pertussis.
- 14 cases of hepatitis A.

Disease Outbreaks Investigated In 1999:

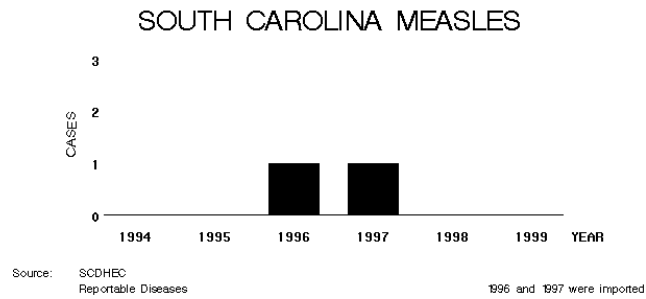
- 5 foodborne illnesses.
 - 2 illnesses associated with indoor air quality.
 - 2 institutional influenza outbreaks.
 - 3 community clusters of gastroenteritis.
 - 2 vaccine preventable diseases.
 - 1 case of legionella.
- Staff from Acute Disease Epidemiology led the formation of the Careful Antibiotic Use (C.A.Use) Task Force to address the emerging problem of drug resistance in South Carolina shown in the graph below. The task force has developed an educational and media program targeting health care providers and parents delivered by statewide county C.A.Use teams.

Reported Multiple Drug Resistant S. Pneumoniae South Carolina 1999



- In the 1950's almost every child in South Carolina got measles and there were nearly 50-100 deaths annually. But for the last 6 years, due to immunization and surveillance for imported cases, there has been no measles transmission in the state.

Increase Local Capacity to Promote and Protect Healthy Communities



- Cost Savings: Surveillance data for tick-borne diseases showed 52 cases of Rocky Mountain spotted fever were reported from 24 counties and only 6 cases of Lyme disease reported from 5 counties. This data was valuable in avoiding the implementation of costly educational and disease prevention campaigns because of a mistaken perception that Lyme disease is a significant public health problem in South Carolina.

Increase Local Capacity to Promote and Protect Healthy Communities

Program Name: Drug Control

Program Cost:

State	Federal	Other	Total
\$269,468	\$0	\$1,404,493	\$1,673,962
16%	0%	84%	

Program Goal:

To enhance public protection by the administrative and criminal enforcement of the provisions of Title 44, Chapter 53, Article 3 (Narcotics and Controlled Substances) Article 5 (Methadone) and Article 7 (Hypodermic Needles and Syringes) of the South Carolina Code of Laws, 1976 (as amended).

Program Objectives:

- 1) Registration of all legal outlets for controlled substances and hypodermic needles and syringes.
- 2) Regular unannounced audits and inspections of the premises at which controlled substances are stored.
- 3) Investigation of complaints regarding the diversion of controlled substances from legal outlets.

Key Results:

- Administrative conferences and letters of reprimand continue to be used, in lieu of administrative consent orders, to provide a more customer-friendly forum to address deficiencies discovered during inspection and audit procedures. The number of conferences and letters has decreased significantly (down from 73 last fiscal year), which could be an indicator of better registrant compliance.
- Continuing education programs have been presented by Drug Control staff to practicing pharmacists, Medical University of South Carolina and University of South Carolina School of Pharmacy students, as well as other health professional groups. These programs have been used as a very effective tool in educating customers as to what is required of them with respect to controlled substances.
- 1,366 on site inspections conducted.
- 89 accountability audits performed.
- 773 complaints received.
- 306 arrests (including 96 arrests involving health professionals [31.3%]).
- 32 administrative conferences and letters of reprimand.
- 6 administrative consent orders.
- 3.7% increase in active registrants over FY99, to 13,723 in FY00.

Increase Local Capacity to Promote and Protect Healthy Communities

Program Name: Health Hazard Evaluation

Program Cost:

State	Federal	Other	Total
\$253,489	\$198,904	\$46,181	\$498,574
51%	40%	9%	

Program Goals:

- 1) Identify and evaluate health threats to the public from exposures to environmental hazardous substances. Recommend public health actions to eliminate or mitigate exposures.
- 2) Identify work sites where workers are being excessively exposed to lead; work cooperatively with SC OSHA to reduce or eliminate these exposures.
- 3) Protect DHEC's employees involved in hazardous waste activities from adverse health effects.
- 4) Control and prevent the spread of diseases from animals to man.

Program Objectives:

- 1) Assess the public health impact from environmental toxic exposures: conduct health consultations, public health assessments (PHAs), under a cooperative agreement with the Agency for Toxic Substances and Disease Registry (ATSDR); conduct follow-up health studies (e.g. exposure investigations, case studies, cluster analyses), as recommended by these evaluations; provide site-specific, public health education for communities.
- 2) Communicate: Hold public availability sessions and public meetings in communities to discuss and explain the health risks associated with exposures, as identified in the health consults or PHAs; attend EPA public meetings to serve as a state resource for our public.
- 3) Technical Resource: Provide the latest, most authoritative technical information to EQC program staff to support their permitting, compliance, and enforcement activities; serve as a technical resource to members of the general public, local and state government, academia, the media, and industry; develop interim standards for use in regulatory management; serve as a technical resource for bioremediation; serve as a technical resource concerning indoor air quality
- 4) Collaborate with other DHEC programs: Serve as medical, epidemiological, and toxicological consultants to all EQC programs.; investigate reports of cancer clusters in collaboration with the Division of Cancer Prevention and Control when such occurrences may be associated with exposures to environmental toxic substances; coordinate the activities of the adult blood lead surveillance program with the SCDHEC Childhood Lead Poisoning Prevention Program.

Increase Local Capacity to Promote and Protect Healthy Communities

- 5) Collaborate with other State and Federal Programs: Under a cooperative agreement with ATSDR, conduct site-specific activities at sites where environmental toxic substances have been released to the environment, and work closely with ATSDR, EPA, and SCDHEC to assess the public health impact at these sites.; conduct statewide adult blood lead surveillance, under a National Institute for Occupational Safety and Health (NIOSH) cooperative agreement, to identify work sites where workers may be excessively exposed to lead and work cooperatively with SCOSHA to conduct worksite intervention.
- 6) Employee Health Service: Medical surveillance for approximately 215 employees involved with hazardous waste activities.
- 7) Other Public Health Duties: The State Public Health Veterinarian assists county health departments and rabies control officers in the administration and enforcement of the provisions of the Rabies Control Act, and assists in the prevention and control of all other communicable diseases which may be spread from animals to man.

Key Results:

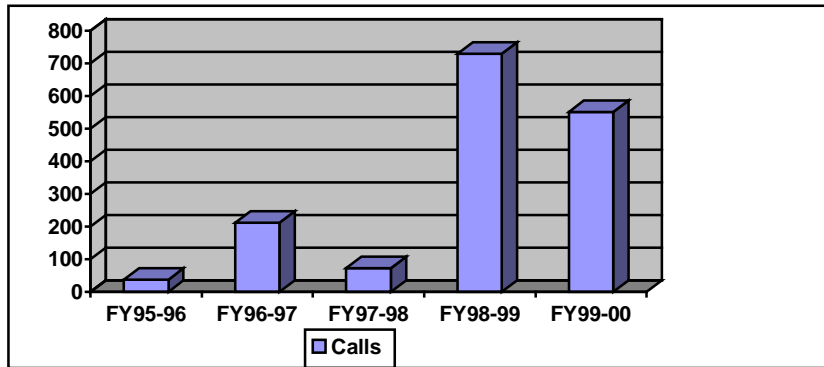
- 745 adult blood lead tests greater than 25 µg/dl reported to NIOSH.
- 3,050 blood lead results reported to SCDHEC from industry.
- 1,516 outreach efforts to the general public to raise awareness about lead hazards.
- 196 employees followed by medical surveillance:
 - Hazardous waste/emergency response - 104
 - Asbestos - 14
 - Radiation - 76
 - Medical waste - 2 (These two workers are also monitored under the hazardous waste/emergency response category.)
- 237 responses to animal bites suspected of transmitting rabies.
- 22 responses to concerns about disease transmission from animals to man.
- 9 reviews of animal vaccines for distribution in South Carolina.

Efficiency:

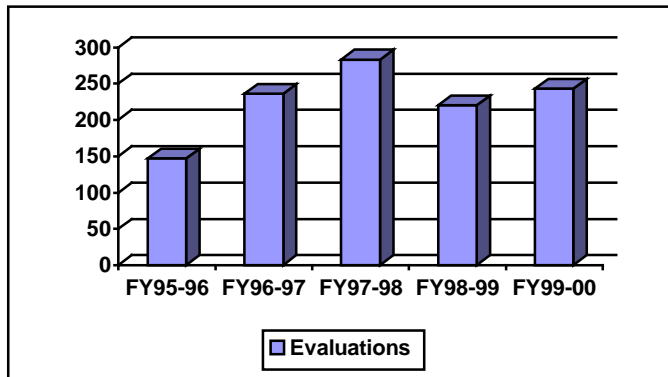
- Average cost for technical consult - \$500/consult.
- Average cost for ATSDR Public Health Assessment - \$5000.
- Cost for medical surveillance (annual exams):
 - Hazardous waste/emergency response worker - \$239/visit.
 - Asbestos, radiological, medical waste worker - \$66/visit.

Increase Local Capacity to Promote and Protect Healthy Communities

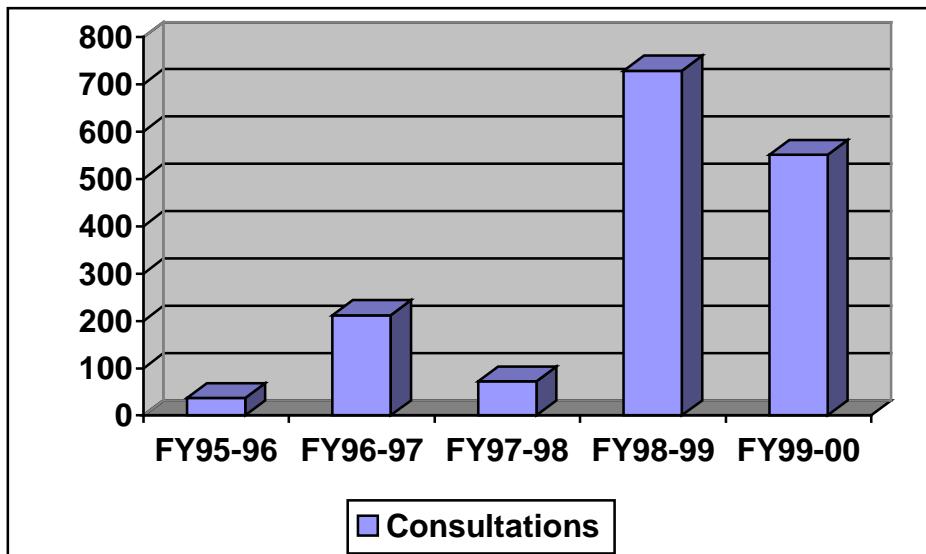
Calls Received on Toll-Free Hot Line
FY1996-FY2000



Toxicological Evaluations
FY1996-FY2000



Indoor Air Consultations
FY1996-FY2000



Increase Local Capacity to Promote and Protect Healthy Communities

Program Name: Rape Violence Prevention

Program Cost:

State	Federal	Other	Total
\$678,286	\$695,351	\$0	\$1,373,637
49%	51%	0%	

Program Goals:

- 1) To reduce risk of sexual victimization through public education.
- 2) To provide quality crisis intervention and follow-up services to sexual assault victims and their families on a 24-hour basis.
- 3) To provide training to law enforcement and health care professionals on how to respond to victims of sexual violence.

Program Objectives:

- 1) Institute surveillance and reporting systems for monitoring prevalence rates for sexual assault in South Carolina.
- 2) Develop performance and evaluation standards for sexual assault services.
- 3) Conduct monitoring visits of rape crisis centers.
- 4) Maintain database of rape crisis services by center and geographic region.

Key Results:

Note: In FY99, rape crisis centers adopted operational definitions that changed the way they counted their clients and quantified services. The 1999 Dataset Report for Sexual Assault Prevention and Treatment reflects a more accurate picture of rape crisis service provision in the state. New operational definitions specify that the number of people receiving crisis intervention includes direct victims as well as “secondary victims.” Secondary victims may include other family members affected by the assault (i.e., spouses or parents who receive counseling when partners or children are the direct victims). Given the change in operational definitions, FY99 data will serve as the baseline for trend data in the future.

- 1 in 8 adult women involved in an incidence of sexual assault.
- 10,483 people receiving crisis intervention services.
- 9,267 hotline calls.
- 20,408 school-age children attending prevention presentations.
- 10,512 individuals attending community prevention presentations.
- 407 professionals trained.

Increase Local Capacity to Promote and Protect Healthy Communities

Program Name: Health Laboratory

Program Cost:

State	Federal	Other	Total
\$46,420	\$19,315	\$3,239,002	\$3,304,738
1%	1%	98%	

Program Goal:

To provide rapid, high-quality, cost-effective laboratory diagnostic testing, training, assessment, and consultation and, by that, assure efficient delivery of services to protect and improve the health of the people of South Carolina and their environment.

Program Objectives:

- 1) Provide assessment and monitoring of the health status of South Carolinians through diagnostic testing and surveillance.
- 2) Identify correctable inborn errors of metabolism and hemoglobin variation in newborns, enabling appropriate systems to provide necessary remediation, eliminating the costs of institutionalizing or otherwise caring for these children.
- 3) Provide testing for the detection of environmental health related illnesses such as lead poisoning and contamination of the milk and food supply. These findings are integrated with program activities to reduce risks to the citizens and to correct damage already done.
- 4) Detect emerging infectious diseases before they become established and control becomes difficult. Provide public and private facilities with access to sophisticated diagnostic procedures not available in the private sector for identification of rare illnesses, and the diagnoses of deadly diseases such as rabies and tuberculosis while medication can still be effective.
- 5) Provide cervical cytopathology (Pap smears) for Agency programs, assuring the availability of this critical service to women seen in public clinics.
- 6) Provide statewide logistic support for the distribution of supplies needed by the local health departments to obtain testing, and for the distribution of vaccine throughout the state, facilitating easy access for children statewide.
- 7) Provide quality, relevant instruction in new techniques to the clinical facilities and professional community in and outside state government. This assures that patient-directed, clinic-based testing is performed correctly and in the most efficient manner possible. Make consultation on regulatory and quality assurance matters available to all laboratories in South Carolina.
- 8) Assure that staff members working with deadly pathogens and chemicals do so in as safe an environment as possible, complying with Federal and State regulations.

Increase Local Capacity to Promote and Protect Healthy Communities

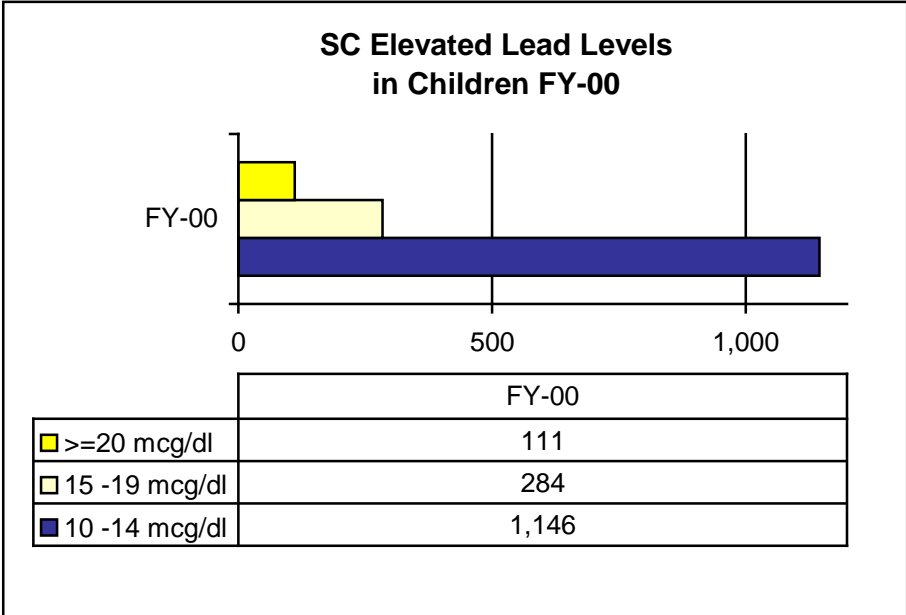
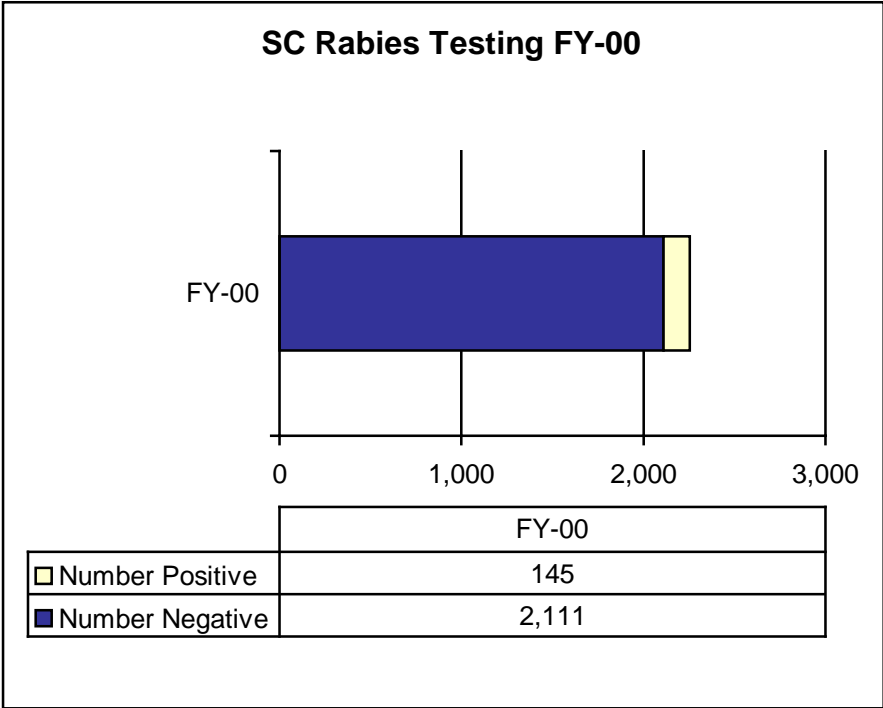
Key Results:

- The Bureau of Laboratories received a federal grant to develop the capacity to respond to acts of terrorism and handle arboviruses like West Nile virus.
- The Molecular Epidemiology Section began surveillance of mosquito populations collected from monitoring sites in the state for West Nile-like flaviviruses. These mosquito pools are also analyzed for the presence of other arboviruses including eastern equine encephalitis, St. Louis encephalitis and Lacrosse. The section also responded to the responsibilities of anti-bioterrorism preparedness in the public health laboratory.
- The Lab is now a Level III facility and among the first in the nation to be prepared to identify deadly pathogens, like anthrax and plague, that could be released by a bioterrorist.
- The spread of bacteria, which cannot be treated with common drugs, is a serious problem nationally and in South Carolina. The Molecular Epidemiology Section continued its partnership with several hospitals, serving as a reference laboratory, to determine if specific bacterial genotypes were responsible for antibiotic resistance in each hospital. Results from these laboratory studies provided epidemiologic data for intra- and inter-institutional comparisons of antibiotic resistance, as well as supportive data for effective corrective and preventive practices and policies at each hospital.
- The Molecular Epidemiology Section provided molecular biology-based testing services to definitively identify and trace outbreaks of foodborne disease in South Carolina.

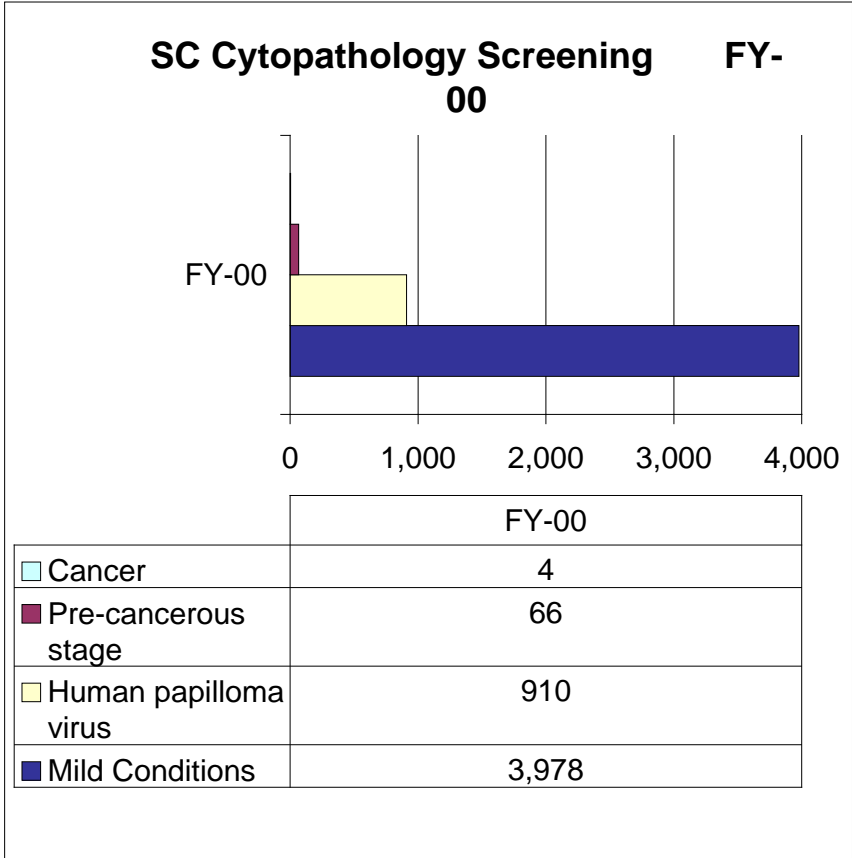
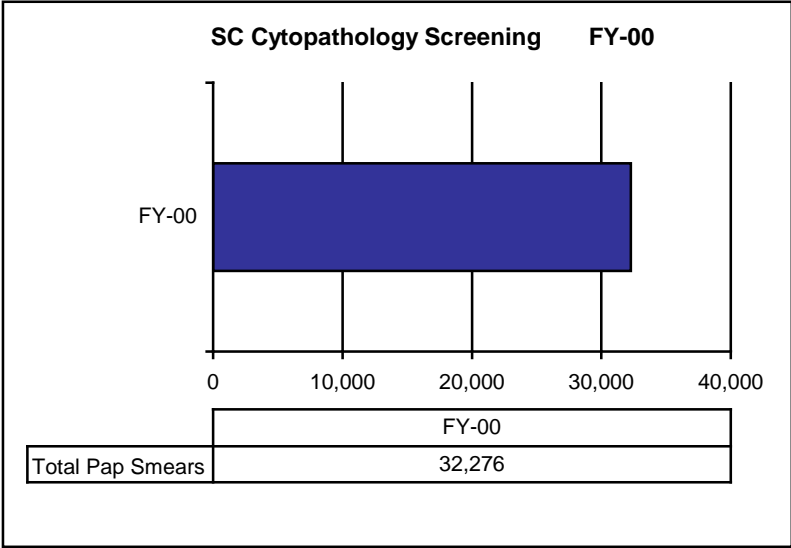
Efficiency:

- The Laboratory provided 1,771,988 examinations on 439,757 patient specimens and environmental samples. This represented a decrease of five percent in the number of examinations and eight percent in the number of samples. No additional slotted FTEs were added. Automation and streamlined production processes were utilized to achieve greater productivity.

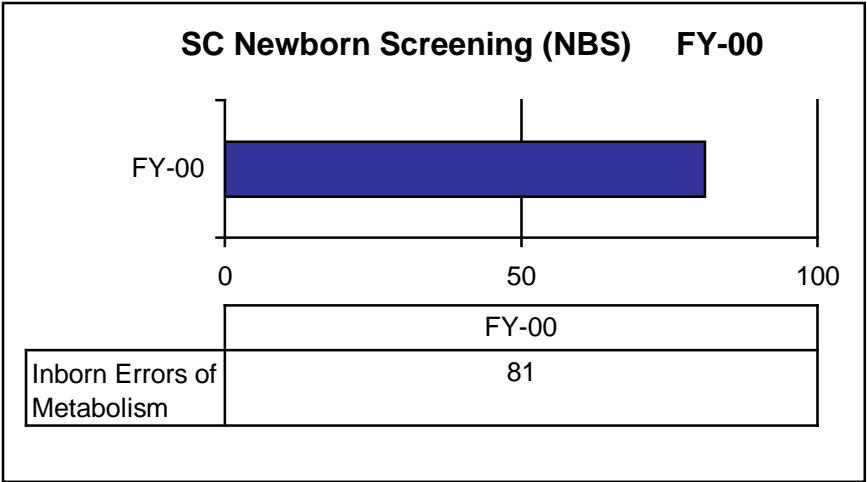
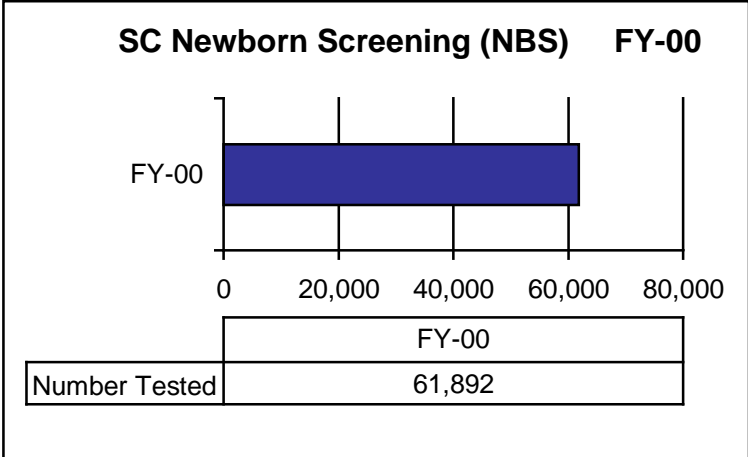
Increase Local Capacity to Promote and Protect Healthy Communities



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Increase Local Capacity to Promote and Protect Healthy Communities

Program Name: Health Facilities Licensing

Program Cost:

State	Federal	Other	Total
\$1,309,656	\$0	\$461,093	\$1,770,748
74%	0%	26%	

Program Goal:

To ensure that the patients, residents, clients, and participants receiving services from licensed activities are provided appropriate services in a manner and in an environment which promote their health and welfare.

Program Objectives:

- 1) To establish standards implementing, maintaining, and conducting activities which contribute to the program goal.
- 2) To evaluate licensed and proposed activities in comparison with established standards.
- 3) To require activities to meet established standards so that they actually provide services and facilities which promote their client's health, welfare and safety.
- 4) To ensure facilities are constructed according to approved plans.

Key Results:

	FY98	FY99	FY00	% Chg FY99-FY00
Regulations utilized by the Division	16	16	16	0
Regulations undergoing revision	4	3	4	33
New regulations under development	1	1	2	100
Provider-wide exceptions	2	5	4	-20
Exception requests processed	35	66	85	29
Penalties initiated	19	47	48	2
Licenses revoked	2	4	0	-100
Inspections performed	1,433	1,367	1,584	16
Investigations conducted	869	899 ⁽¹⁾	957 ⁽¹⁾	6
Consultation visits provided	298	446	541	22
Total Visits	2,600	2,712	3,082	14
Plans reviewed	388	395	404	2
Telephone consultations	12,477	4,300 ⁽²⁾	6,600 ⁽²⁾	53

Increase Local Capacity to Promote and Protect Healthy Communities

	FY98	FY99	FY00	% Chg FY99-FY00
Construction inspections	486	424	1,104	260
Fire & Life Safety inspections	1,029	1,169	1,338	14
New licenses issued	NA	157	99	-37
Licenses renewed	NA	1,304	1,402	8
Licenses changed	NA	160	124	-23
Total Licenses Issued	1,522	1,621	1,625	0
Customer Satisfaction Surveys Returned	67 ⁽³⁾	211	349	65

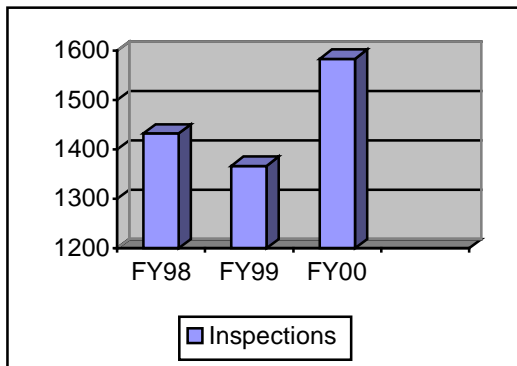
⁽¹⁾The number of investigations and the number of complaints do not necessarily coincide on a one-to-one basis, as several complaints against one activity may be investigated on the same date.

⁽²⁾The large decrease in the number of telephone consultations beginning in FY99 is due to Health Licensing Section's deletion of this category from our record keeping. These figures reflect telephone consultations made by Health Facilities Construction Section staff only.

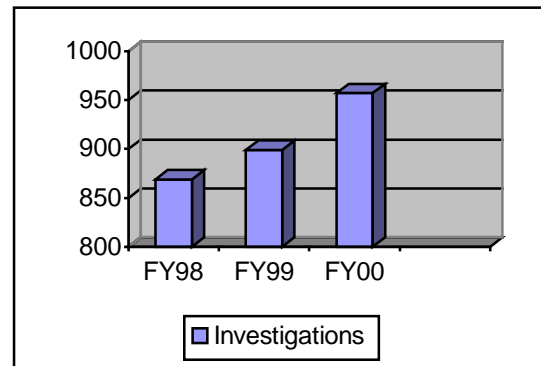
⁽³⁾Based on 6 months' data.

- A total of 1,249 complaints were received during the fiscal year compared with 1,142 during the previous fiscal year. This represents a 9.4% increase in complaints received. The number of investigations conducted and the number of complaints received do not necessarily coincide on a 1 to 1 basis, as several complaints against one activity may be investigated on the same date.

**Inspections Performed
FY1998-FY2000**



**Investigations Conducted
FY1998-FY2000**



Increase Local Capacity to Promote and Protect Healthy Communities

Program Name: **Emergency Medical Services**

Program Cost:

State	Federal	Other	Total
\$2,550,824	\$360,283	\$44,670	\$2,955,778
86%	12%	2%	

Program Goal:

To develop, monitor and maintain all components of the system for delivery of appropriate and prompt emergency medical care to South Carolinians.

Program Objectives:

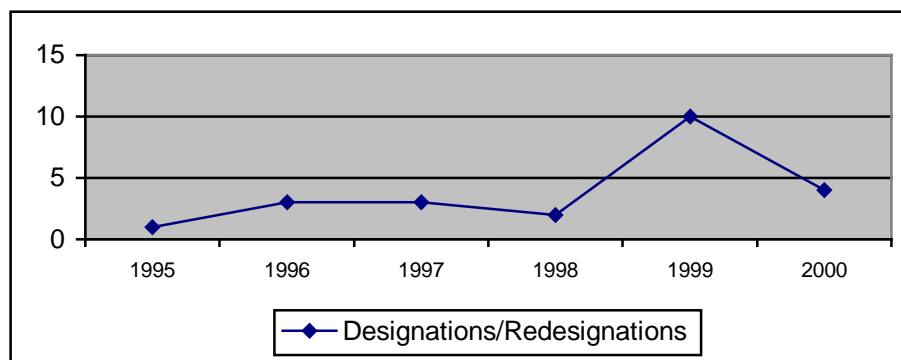
- 1) Conduct operations which meet the regulatory function of licensing ambulance services and permitting of ambulances, approval of training programs and certification of Emergency Medical Technicians (EMTs), provision of technical assistance to Emergency Medical Service (EMS) providers, and investigate complaints of improper patient care.
- 2) Reduce mortality and morbidity of medical and trauma patients by improving the regional systems of patient care through increased training opportunities for personnel in the pre-hospital and hospital emergency setting, promoting innovative pilot projects in the pre-hospital setting, and developing up-to-date protocols and policies for medical control.
- 3) Manage the data system for EMS and trauma care. Collect data from pre-hospital patient care forms and the trauma registries of designated trauma centers. Produce annually a trauma data report and other reports, as needed, for use in quality improvement, planning, etc.
- 4) Administer the state grant-in-aid program to county EMS operations. Funds from this program are used to improve patient care by increasing the training of EMTs and by supplementing the equipment available for care of the patients.
- 5) Maintain the statewide trauma system to improve care of the seriously injured patient and reduce deaths from injury by designating and redesignating hospitals as trauma centers, developing policies to improve the trauma system, providing technical assistance to currently designated trauma centers and hospitals seeking designation as trauma centers.
- 6) Promote injury prevention efforts by coordinating grant-funded programs and campaigns to reduce deaths and injures in children and young adults. The EMS Youth Highway Safety Campaign strives to reduce deaths and injuries in young adults by preventing alcohol- and drug-related traffic collisions and promoting the use of seat belts. The EMS-Children grant provides training in pediatric emergency specialty care to physicians and EMS personnel, by developing guidelines to recognize hospitals with exceptional pediatric care capabilities and by supporting pediatric injury prevention programs throughout the state.

Increase Local Capacity to Promote and Protect Healthy Communities

Key Results:

- Initial and refresher certifications completed 1,922
- Patient care records maintained 660,811
- Data reports produced 119
- Records maintained in the trauma registry 10,452
- Hospitals redesignated as trauma centers 4
- Hospitals currently designated as trauma centers 24
- Organizations assisted in prevention activities 81
- The Training and Compliance Section instituted National Registry Certification for Basic EMT's. National Registry Certification was already required for Advanced EMT's. Adoption of this policy will ensure that our EMT's meet national standards for training.
- The new criteria for the designation of trauma centers, released by the American College of Surgeons, was reviewed in depth and, revised, have received preliminary approval for adoption in South Carolina. The national criteria were adapted to better meet the resources available in South Carolina and allow hospitals to participate in the state's trauma system. Four Level III trauma centers (community trauma centers) were redesignated in this fiscal year. The process has begun to update the state's four regional trauma plans.

Numbers of Designations and Redesignations of Trauma Centers
FY1995-FY2000



- The Medical Control Committee approved two new pilot projects for EMS providers:
 - The Critical Care Paramedic Pilot project allows specially-trained paramedics approved under project guidelines to transport critically ill patients between hospitals with equipment and drugs not normally allowed for transport by EMS.
 - The Pre-Hospital Thrombolytics project will track the success of using Retavase in the prehospital setting for reducing mortality from blood clots in cardiac patients who receive the drug immediately after arrival of EMS.

Increase Local Capacity to Promote and Protect Healthy Communities

- The EMS-Children grant program produced an Emergency Care Plan Book for special needs children for distribution to parents of special needs children. This will ensure that children in distress will receive appropriate care and medications, and will help familiarize EMS providers with the particular medical equipment used by each special needs child.
- The number of highway safety presentations conducted by organizations supported by the EMS Youth Highway Safety Grant increased from 241 to 282. The presentations, mostly conducted by EMS providers, had a total audience of 503,726.

Increase Local Capacity to Promote and Protect Healthy Communities

Program Name: Health Facilities & Services Development

Program Cost:

State	Federal	Other	Total
\$923,183	\$0	\$116,839	\$1,040,021
89%	0%	11%	

Program Goals:

- 1) Annually produce a State Health Plan for use in the Certificate of Need program.
- 2) Issue Medicaid Nursing Home Permits and monitor the compliance of nursing homes with the program requirements.
- 3) Review Certificate of Need applications and related proposals in a timely manner in compliance with the regulations.
- 4) Review Certificate of Public Advantage applications in accordance with the regulations and monitor the performance of approved projects.

Program Objectives:

- 1) Collect data from all health care facilities annually, compile inventories and calculate projections of need for health care facilities and services.
- 2) Develop and publish the State Health Plan in conjunction with the State Health Planning Committee and the DHEC Board.
- 3) Collect request forms, process requests and issue Medicaid Nursing Home Permits for all nursing homes participating in the Medicaid program.
- 4) Monitor the use of Medicaid patient days by all participating nursing homes to ensure compliance with the permit requirements.
- 5) Review and determine whether the proposal is needed within the regulatory timeframe for all Certificate of Need applications.
- 6) Analyze and respond to requests for exemptions and determinations of applicability as stipulated by regulation within the required time frame.
- 7) Monitor projects for compliance.
- 8) Review and determine whether the proposal may be approved within the regulatory time frame for Certificate of Public Advantage (COPA) applications.

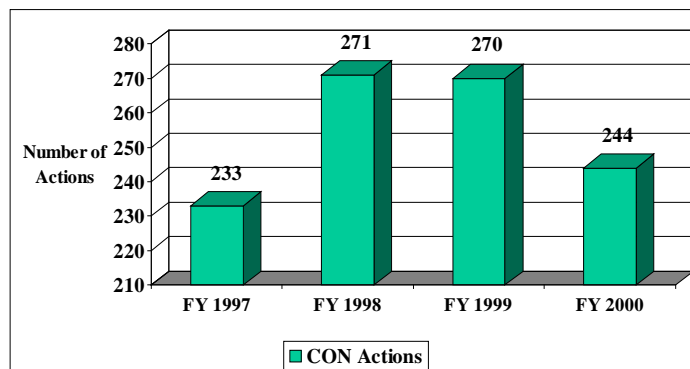
Key Results:

- Utilization data were collected from approximately 675 health care facilities and used to project future needs for health care facilities and services.
- The 2000 South Carolina Health Plan was under development at the end of the Fiscal Year.
- Medicaid Nursing Home Permits were processed and issued to 149 nursing homes for 4,323,582 Medicaid patient days.

Increase Local Capacity to Promote and Protect Healthy Communities

- Ninety-five percent of the nursing homes were in compliance with the Medicaid Nursing Home Permit program requirements.
- Staff reviewed 244 applications for Certificates of Need, Exemptions, Non-Applicability Determinations, and Minor Medical Projects.
- Staff completed all Certificate of Need (CON) reviews within the required time frames.
- The monitoring review of the Palmetto Health Alliance COPA was ongoing at the end of the fiscal year.

**Certificate of Need Actions
FY 1997-2000**



**Medicaid Patient Days
FY 1989-2000**

