

Regional Public Health Challenges
Submission to the Health Subcommittee for SHaPE SC
8/9/2021

This public health input document was submitted by the South Carolina’s Department of Health and Environmental Control’s Regional Health Department Directors in response to a request by the SHaPE SC Health Subcommittee.

1. Past reductions in regional infrastructure have had a negative impact on the bench strength necessary to adequately respond for daily operations as well as outbreaks and emergencies.
 - a. For example, responding to the COVID-19 pandemic, leadership was challenged by issues like general span of control. During the COVID-19 pandemic we added an additional **1,600-plus contract/hourly employees** and finding people with leadership skills necessary to respond was virtually impossible.
 - b. Currently we have **600-plus temporary hourly/contract staff** remaining and we will likely have them for the duration of the pandemic to allow regions to continue to effectively respond to COVID-19.
 - c. The regions are still in the process of backfilling leadership and general staff positions in the regions’ local health department sites as we build back up to full capacity.
2. **Executive Leadership turnover** – The rapid turnover makes it difficult to assure consistency in direction given that it takes several years to even learn the agency.
3. A significant number of emerging and/or reemerging infectious diseases and responses have recently impacted our state/regions (e.g., COVID-19, hepatitis A, syphilis, TB, measles, mumps, etc.).

The regions are responsible for Medical Needs Sheltering (MNS) during public health emergency events, particularly hurricane responses. Currently we have approximately **50 nurse vacancies** which inhibits our ability to staff shelters.

Preparation for the next big event. (pandemic, regional outbreak, hurricane, earthquake, etc.) is going to take:

1. Commitment from legislature – infrastructure funding in the form of recurring dollars
2. Additional staffing infrastructure – more boots on the ground to build response capabilities
3. Informed planning, to include region input from those who coordinated events and who worked events at the local level.

4. Inadequate Public Health Funding
 - a. America’s Health Rankings for South Carolina
 - 32nd for per capita PH funding (state & federal dollars); and
 - 42nd for overall community health outcomes.
 - b. Per capita State PH funding (State Health Access Data Assistance Center, University of Minnesota)
 - In 2008: \$41
 - In 2019 (pre COVID): \$27.

State funding is inadequate to be able to deliver services, provide for facility upkeep and employ staff at salaries that are competitive. The agency routinely has to transfer in excess of **\$1 million** at the end of each fiscal year to prevent the regions from running a deficit.

5. We are challenged by politics influencing public health practice. For example, in the COVID-19 response DHEC routinely couldn’t follow our established response plans because of political intervention.
6. Nursing vacancies run between approximately **20% and 30%** in all regions.
7. Salaries for nursing: as with many other regional positions (laboratory, pharmacy, administrative services, etc.) in local public health departments, salaries are woefully inadequate and are many times below the salary for

those same positions in South Carolina government including the DHEC central office and far below that of the private sector regardless of the benefits offered. This makes it incredibly difficult to recruit and retain staff.

DHEC Salary Comparison for Commonly Used Positions

Note 1: Pay can vary significantly even within a single classification, based partially on experience and the scope of the position.

Note 2: Public Health staff in the regions compose **41% of all DHEC staff** and **69% of all Public Health Staff**.

Class Codes	Class Titles	Band	Central Office Average	Average Agency Service Years	Region Average	Average Agency Service Years
AA50	Administrative Specialist II	3	\$ 29,728.33	7.88	\$ 24,610.28	7.48
AA75	Administrative Assistant	4	\$ 34,977.85	8.24	\$ 31,499.42	11.48
AH45	Program Manager I	7	\$ 70,759.89	16.07	\$ 68,093.00	12.92
AH50	Program Manager II	8	\$ 88,924.72	18.22	\$ 80,505.50	19.77
EA30	Registered Nurse II	7	\$ 61,714.00	14.58	\$ 54,060.66	7.40
EA80	Nurse Administrator/Manager II	8	\$ 79,093.38	6.84	\$ 69,874.22	10.23
EA90	Nurse Administrator/Manager III	9	\$ 90,328.00	12.68	\$ 85,870.25	11.90