

End Date	How is our state doing now when it comes to delivering health and environmental services?	What are our state's greatest challenges to delivering effective, efficient, and accessible health and environmental services in the future?	If you could improve 1-3 things about our state's health and environmental services, what would they be and how do you recommend they be implemented to best serve our residents?
2021-08-31 14:21:26	Poorly with Radiological/Nuclear Response issues...	Training, Outreach, developing partnerships with local, state and federal agencies...	Nuclear response/radiological response units are not being allowed to train or even visit with other responders that they will depend on in an actual event. Outdated response plans that require team members to drive to the offices and pick up equipment and vehicles to even respond to an emergency which eats up time. Leased vehicles that are paid for with grants but, they sit in a fenced in yard and do not get driven. They have to be cranked up and driven around to keep the batteries charged up and injectors clean. Meanwhile, all other emergency response teams drive their vehicles home and can respond much faster to an incident. Whole program is being run like "it will never happen" and not being treated as seriously as it should. The public should be alarmed.
2021-08-30 18:59:56	We can do much better especially in the delivery of mental health services. Elected officials must stop politiciaing SC DHEC and the services provided. We must be strategic and deliberate in closing health disparities in our state. Not only is this a moral issue it is an economic issue. It is less expensive to make sure individuals have access to good health svstems from birth.	Too much politics interfering with delivery of health and environmental services. Politics negatively impact communications.	More locations providing access to safe, effective health services; More education regarding enviromental services; implement consistent and effective delivery of health services.
2021-08-30 17:00:07	I think fairly well, in general, but there is definitely room for improvement. For health services, there are problems with access to health care in rural areas, especially for the poor and those who are disabled and lack transportation. This is especially a problem for those people because they frequently have to travel some distance to get to a provider. Also, there can be problems finding providers willing to accept medicaid. For environmental services, facilities and their consultants submit extremely poor (incomplete, erroneous, sloppy, etc.) applications that many times slow the permit process to a crawl.	Providing better heath care access to those in rural areas and those on medicaid. The environmental permit process will not improve until facilities are made to care more about the quality of the applications they submit. The department needs to make sure there are consequences, like returning poor applications. Also, for both, DHEC has not yet recovered from the Templeton and Heigel regimes. Artifacts from those administrations need to be addressed where poor hiring decisions and organizational changes led to incompetent people being placed in responsibility of major areas of the department, leading to dysfunctional leadership, organization, and low morale.	1) Ban political appointments of the DHEC agency head. Such appointments make for leaders with no organizational experience, a change for change sake attitude, and a short-sighted view of the future (i.e., just looking for a resume enhancement for the next step up the ladder). 2) An across the board 10% pay raise for most non-executive level positions to ensure we can attract and keep qualified employees who do the work of delivering the services. 3) Rely on scientific data to drive decisions and not on political pressure to push the agendas in both the health and environment. Political pressure (both external and internal) stifles open debate and the rational consideration of reasonable alternatives to the predominant line of thought. For example, political pressure during the ongoing pandemic stifled consideration of reasonable therapies for combating COVID that could have saved many lives and expense had they been allowed to be implemented (rather than waiting until patients were on their death beds before treatment was offered).
2021-08-30 11:05:23	Better than some states but not as good as others.	1) Not enough support for DHEC at the top levels of state government. Preserving individual freedoms regarding vaccination, mask wearing, and open carry of firearms makes it difficult if not impossible for DHEC to achieve its mission of "improving the quality of life for all South Carolinians." 2) DHEC is still in the 20th century in terms of delivery of health care. Especially with documentation. 3) Salaries are not competitive.	1. Please, please, please mandate the COVID vaccine for all state employees. TDaP is required at DHEC, MMR is required also, and now Comirnaty has received full approval from the FDA. There is no reason why the COVID vaccine cannot be added to the list. Even if it is just for new employees to start.
2021-08-27 15:09:23	About average for US which overall is pretty poor. Our public health dept has taken a back seat over the past 30 years depending on private enterprise to fill the gap. They can not on big issues such as vaccinations!	Our government! On both. In health everything is too fragmented. "O, that's not our area" if it's the least bit unpopular but everybody wants it if it has money attached and more people. On the environment we're not doing bad. We could provide more assistance to individual landowners to help properly plan and assistance to carry out projects. Again this has gone away over the past 20-25 years.	1. Put some substance into "public health" by making them accountable, giving them the power to provide real assistance (probably means some \$ & people but more credibility by having properly trained and interested people running it is more important) and listening to them on the upper levels of our govt. 2. Give countries back properly trained Specialists in environmental services that work w/individuals to plan projects completely through. This includes helping get permits and closing out projects. They should not last years! It's more than one project if it lasts that long. You tie up the Specialists w/an individual landowner and keep others from getting any assistance
2021-08-27 13:17:12	ok	ok	lower prices.
2021-08-27 13:09:14	Pathetic. I'm so embarrassed by SC's response to the covid pandemic.	Listen to science and stop bowing to Trump.	Listen to science. Stop bowing to Trump. Look at PUBLIC health instead of politics. This has turned neighbors against neighbors in a place that has always been able to brag about taking care of one another. I'm embarrassed to be from SC.
2021-08-27 09:22:50	I think the last couple years has demonstrated the distinct advantage our agency has by having health and environmental services under the same umbrella. Emergency response situations whether health or environment related require quickly adapting situations. The health side put out numerous calls to action that EA workers were able to jump on board and help out with. That kind of collaborative work is going to be a lot tougher if we split.	The caveat to being such a large agency is that I feel like a lot of staff here feel that just because they work for the government that they are not accountable to the very government institutions that authorized our existence. Government should exist to improve people's quality of life and not impose on it. If we truly touch every life in south carolina, we need to be very conscious of what that means. Just like we expect people to self govern in terms of adhering to various laws and regulations that essentially are there to protect our precious environment and livelihoods, we also as an agency need to be able to recognize situations when we are going too far. There needs to be more of a balance between the collective wellness and the personal wellness recommendations, rather than an overemphasis on one. We need to be consistent and ethical in our approach to providing services. It also means we need to cooperate with our legislature when they raise valid questions about our size and scope. I believe a lot of what we do justifies us remaining together, but it is arrogant to assert that the legislature or governor is wrong in wanting to periodically evaluate our standing in the state. There are legitimate criticisms about growth potential within the agency also which generates a lot of turnover among early career hires. So reexamining how we can offer better career advancement opportunities for our staff is of mutual benefit both to our staff and the state.	First and foremost is to be willing to acknowledge that they ARE services and that services in the long run should promote the freedom, health, welfare and prosperity of our people.
2021-08-27 09:02:21	Not good.	As a director of environmental control in a facility in your state, I liked the consistency of having the same person inspect my facility and I knew who to contact in permitting and other departments. It is very frustrating when I have to explain the way my facility works multiple times to different people because you cannot retain good employees.	Previous inspector left the agency because of a lack in pay. 3 previous engineers left the agency within the last 3 years. When I found out their salaries, I was floored. No wonder you can't keep people working for the state. This is absolutely ridiculous and you need to do more for your people.
2021-08-27 08:55:42	Salaries for Environmental Affairs personnel is abhorrent.	You cannot retain knowledge and experience when outside consultants are making 25-30% more even in an entry level capacity. EHM 2 makes \$40,000/year. An entry level environmental manager in an industrial capacity pulls in \$50,000-60,000/year - straight out of college and will get a 5% raise after a year of working.	You need to increase pay for all environmental personnel. NOT just the engineers, hydrologists, chemists, and biologists - personnel in regulation writing, data corroboration, stack testing, inspectors.. etc. ALSO do much to make the programs work, these people also have advanced degrees and are not able to negotiate their pay. These people get their 2-3 years of state regulation experience and they are out the door for a 25-30% pay bump. It is hard to retain good people when you don't give raises to show them they are appreciated and you don't let them negotiate their pay. PRIVATE CITIZENS: How would you feel if you love the job that you do but were not able to negotiate your pay and could not get merit raises for a job well done????!?!?! Also, because of severe underfunding, many employees must take on jobs that are not in the scope of their titles - but are not paid for the extra burden.

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2021-08-25 15:08:51	Poorly	DHEC only follows what the federal government does. The Health side follows the CDC and the Environment side follows the EPA. No one is speaking on behalf of the citizens of South Carolina. Take the mask guidance for example, has DHEC conducted its own studies to determine if the federal guidance is accurate/appropriate? I'm guessing not since they changed their guidance at the drop of a hat once the CDC did so. Why, then, does DHEC even exist? It's just a field extension office of the federal agencies. State agencies should speak on behalf of the citizens of the state, instead, DHEC is a strongman for the federal government. Since the federal government's policies are implemented across the board, it seems the citizens of South Carolina would be better served if DHEC didn't exist. At least then we could save some of our tax dollars.	The "public servants" at DHEC should actually be interested in serving the people of the state instead of pushing their own agendas or making a name for themselves. All South Carolinians should be represented when making decisions. Oftentimes, only those with the loudest voice or those in higher positions are allowed a seat at the table.
2021-08-25 12:30:29	The infrastructure is fragile, capacity is low, and demand is high. To be clear, little if any of those fundamentals were under the control of agency staff or leadership (at least after Templeton). Nonetheless, it's hard to tell a rosy picture.	Willingness to invest in delivering that type of service.	Like most services in most states', they don't interface with other silos in the state especially well. Vaccination services' staff should be empowered not just to refer not just to WIC or home visiting, but eligible families should be able to -enroll- in Medicaid or SNAP or workforce training without navigating the bus lines to 4 different state offices. DHEC ran a pilot of that type of approach about 15 years ago and it had a transformative impact. It would take leadership and political will to engage in that type of approach again - and a staff that isn't hanging on by a thread, so it may be a pipe dream. But it would be incredibly valuable to the state.