The Task Force to Strengthen the Health and Promote the Environment of South Carolina

2100 Bull Street
Columbia, SC 29201

Health Subcommittee

July 21, 2021

Minutes

The SHaPE SC Health Subcommittee met on **July 21, 2021**, at **3:00 pm** at the office of Nelson, Mullins, Riley, and Scarborough, 1320 Main Street, Columbia, SC 29201 and virtually via Zoom. The meeting was called to order and the following members were in attendance:

Attending in person:

Dr. Lee Pearson (Subcommittee Chair), Lill Mood.

Attending virtually:

Dr. Graham Adams, Dr. Jeffrey Korte, Patricia Moore-Pastides, Dr. Brannon Traxler, Richele Taylor, Lathran Woodard, Juana Slade.

Not in attendance:

Dr. Thaddeus Bell, Bishop Samuel Green Sr., Eric Bellamy, Thornton Kirby, Gwen Thompson, Connie Munn, Brenda Murphy, Kim Wilkerson.

Also in attendance were Bernie Hawkins, Facilitator (SHaPE SC), Dr. Kandi Fredere, DHEC Upstate Regional Health Director (RHD), Buck Wilson, DHEC Midlands RHD, Jim Bruckner, DHEC Pee Dee RHD, Taylor Lee, DHEC Lowcountry RHD, Camillia Leacock, Director, DHEC's Office of Operational Excellence (DHEC), Saad Howard, Director of Continuous Improvement, Office of Operational Excellence (DHEC), Lawra Boyce, Senior Consultant, Office of Operational Excellence (DHEC), Les Shelton, CQI Coordinator, Office of Operational Excellence (DHEC), and members of the public attending virtually.

Item 1: Call to Order/Welcome

Chairman Dr. Lee Pearson called the meeting to order and welcomed members and attendees to the subcommittee meeting. He stated that public notice of the meeting had been provided.

Item 2: Approval of the July 1, 2021 Minutes

Ms. Mood made a motion, seconded by Dr. Pearson, to approve the minutes as written. The motion carried by unanimous consent.

Item 3: Public Health Regional Highlights

Dr. Pearson thanked the four DHEC RHDs for attending the meeting in person. He stated that he and Richele Taylor had held phone conversations with each of them earlier in the week to garner their individual perspectives.

A. Jim Bruckner, Pee Dee

Mr. Bruckner stated that RHDs in South Carolina follow the National Model of Public Health Version 3.0, a model adapted by the US Institute of Medicine in 2012 and NACCHO in 2015. Their role is to be the face of public health in their region, work to broaden public health beyond providing care within four walls, assist with PHAB accreditation, make granular and timely data available, identify local community needs, and explore innovative funding models.

His region encompasses 12 mostly rural and poor counties. They have a total of 17 facilities with two projects underway for improved facilities. Pre-COVID they had ~300 FTE's; at the height of the pandemic it was over 725 FTE's and they currently have 474 (with 154 of those contract employees).

He stated that South Carolina ranks 32nd in per capita funding for public health and 42nd in health outcomes. The county allocations for this fiscal year are actually lower than in 1981. The decreased financial strength has resulted in mergers to consolidate services.

Pre-Pandemic they had a 28 percent vacancy rate for nurses, 20 percent for nutritionists, and 22 percent for administrative staff. They are used to vacancies remaining unfilled for months. Regions have a particular problem with recruiting and retention because their salaries for positions in the same pay grade cannot compete with Central Office (CO) and other state agency offers. One positive that they have seen from the COVID-19 Pandemic was the increased use of tele-visits, particularly with WIC clients, which expedited the process for both parties.

Dr. Pearson asked if the recent PHAB accreditation was for all of DHEC or just the Public Health Deputy Area. Les Shelton confirmed that it was for the entire agency.

Dr. Pearson asked if the per capita data cited was a combination of state and federal funds. Since South Carolina has a reliance on federal funds it would be of interest to see where we ranked strictly on the state contribution per capita. Bernie Hawkins stated that he would try to obtain the information regarding state versus federal contributions.

Dr. Pearson cited the fact that the region had hired their own HR staff to process COVID-19 hirings and wanted to know whether this had been done for ease of action or a capacity issue. Mr. Bruckner explained that they were needed to manage the hiring of that many additional staff, since some were hourly workers and others contractual employees.

Mr. Hawkins noted that the regions face two disparities in trying to hire staff, with DHEC already at a competitive disadvantage with private industry and then the regions being unable to compete with CO and other state agencies. He felt that specific examples of these disparities would be helpful for the subcommittee's report. Mr. Bruckner stated that his Finance Director had just left for a $20 thousand increase at another agency; he and the other Region Health Directors could provide numerous other examples. Ms. Moore-Pastides noted that these inadequacies were present back in the 1990's when she was a Regional Health Supervisor.

Ms. Mood asked if there were any operational changes enacted during COVID-19 that they would want to keep. Mr. Bruckner stated that eWIC is a telecommunications model where the clients do not have to come into the health department clinics to register and get qualified for WIC like they traditionally had to. It increases staff efficiency and saves clients both time and effort to obtain WIC, and the EBT card is mailed to them. But this is federally funded for COVID-19. So, if/when that funding goes away, they will have to revert back to the old method of in-clinic visits.

Ms. Mood then asked if there were services that they looked forward to returning to the 'old way' of doing post-Pandemic. Mr. Bruckner replied that they wanted to provide greater focus on traditional health services on more of a county level. He anticipated improvements in efficiency after COVID-19.

B. Dr. Kandi Fredere, Upstate

The Upstate Region encompasses 11 counties. They have 20 sites: 11 health department clinics, seven WIC-only, one Preventive Health only, and one COVID-19 only, along with a number of pop-up and mobile sites. These mobile sites provide access outside the traditional sites but require staff flexibility to operate and are resource heavy.

They have 283 FTE staff, 22 hourly, 16 temporary, 229 temporary agency, and 49 FTE vacancies. Their epidemiology staff went from five to over 200 FTE's during COVID-19, a significant increase during a highly complex situation.

The number of Health Educators in the region has decreased over time, from multiple staff per county to five-six FTE's for the region. However, they have a robust Community Health Teams network. These are local residents who are familiar with their community's needs and how to access services.

Their greatest challenge is in hiring and retaining staff. They have a 19 percent vacancy rate for Registered Dieticians and 20 percent of them are in training, which takes existing staff away from their duties to supervise. So, they have an essential 40 percent loss in potential efficiency. The average fill time for an RD position is 290 days. Some RN positions stay vacant for over two years, despite multiple re-postings. They are struggling to even get temporary agency staff to cover administrative openings. Right now, one of their clinics has all nine administrative FTE's vacant, forcing nurses to handle those duties on top of their regular tasks. This requires having to prioritize staff assignments to achieve the greatest efficiency, but travel time lost between sites cuts down on availability to see clients.

Ms. Moore-Pastides asked about high COVID-19 rates in the region. Dr. Fredere noted the high population in the Upstate, with pockets of low vaccination rates. They hired more than 200 investigators and mobilized partnerships with school districts and faith communities. They also established a relationship with the Virginia College of Osteopathic Medicine in Spartanburg, allowing their students to assist and gain practical experience.

Dr. Pearson asked about the new building referenced in the presentation for Greenville County. Dr. Fredere explained this is a new county building that will allow sharded space with multiple agencies.

Dr. Pearson asked about the historical impact of DHEC consolidating over the years from 12 regions to four. Dr. Fredere replied that salaries were not increased because the decrease in FTE's was tied to the need to decrease the agency budget. They have never regained where they stood 20 years ago. She also noted that back then they could offer staff relatively stable expectations. Staff knew where they would be working, what they would be doing, their benefits were competitive, and they wouldn't have to work weekends. Now staff are being pulled from one program area to another, working 18-hour days and weekends, and their salaries and benefits are far less appealing than they used to be.

Ms. Mood asked about the benefits of collocating services. Dr. Fredere said that it depended on the clientele but cited several examples. Having clinical services and WIC in the same location allows for greater coordination. They have some clinics that are collocated with the DHEC Environmental Affairs offices, which has helped with issues like rabies and Hepatitis A.

Ms. Mood asked which staff were located within the counties. Pre-Pandemic, a number reported to the Greenville County headquarters but have subsequently been situated closer to home. These smaller sites typically have a site supervisor, a lead admin, and several clinical staff. Ms. Mood then asked what assistance the regions received from CO staff. They are in almost hourly contact with someone in CO, but the focus is more on policy, procedures, and support than day-to-day operations.

Ms. Mood also inquired as to whether they found the setup of volunteers during COVID-19 helpful. Dr. Fredere said that they were used to help at test sites, give vaccines and stuff packages. A lot of people wanted to help, but specific skill sets were needed. They couldn't use everyone.

C. Buck Wilson, Midlands

The Midlands Region encompasses 12 counties. They have 13 health clinics and nine satellite WIC clinics. Prior to COVID-19 they had 309 FTE's, a maximum of 785 during the pandemic, and currently have 499 total FTE's. They had a large list of volunteers but were able to hire trained temps so they didn't need to use everyone. They have the same staffing issues as the other regions. It was difficult to provide comprehensive services when they were already at a 20 percent vacancy rate pre-Pandemic and then trying to respond to other outbreaks at the same time. During the Pandemic they operated a maximum of 63 sites, 16 of which are still operational.

Mr. Wilson noted that one thing that could be improved is clear and concise communication between the CO and region staff. The regions make up 40 percent of DHEC staff and many don't have a clear understanding about how agency decisions affect the regions. RHDs must stay ahead of messaging to explain those decisions.

One of their successes has been an increased emphasis on employee engagement, using a newsletter and other mechanisms. Community partnerships are a bit more difficult now that the regions are fewer and larger. But their Community Health workers have been identified by staff as being highly successful in supporting multiple projects. Since they are imbedded in the community, they know the local needs and can motivate clients to seek services.

What he would like to see stay in place post-Pandemic is the rapid hiring process that was used to get staff into the field quickly. He would also like the community outreach to continue.

Dr. Pearson asked for clarification on his comments regarding communication with CO. Mr. Wilson explained that there has been significant leadership turnover within DHEC, with vacancies in key roles and changing priorities, so they have struggled to get messaging out. There is a need for communication, so that leaders can explain to staff why changes are being made. Sometimes these are beyond the agency's control, coming from the Department of Administration or federal government.

Dr. Pearson asked if the Community Health workers were paid. Mr. Wilson said that there is some DHEC and COVID-19 funding. They also work with the USC Community Health Worker Institute as well.

Mr. Wilson noted that CO has a Communications Team but regions staff are not following the DHEC website and don't know what the agency is doing and how to find that information.

Ms. Mood stated the need to build support for the Community Health workers. A reality of leadership turnover is that 'new boss = new job.' Ms. Mood also questioned what a transition to a new alignment would accomplish. Mr. Wilson said that staff would just continue doing their jobs.

Ms. Woodard stated the need to coordinate with the Federally Qualified Health Centers (FQHC's) in order to reach more clients. Mr. Wilson noted that the agency has a Division of Primary Care that works with the FQHC's, which are providers of primary care. They have good day-to-day interactions with the FQHC's. Dr. Fredere also stated a historical closeness, doing data walks, coordinating vaccinations at fairs, etc.

D. Taylor Lee, Lowcountry

The region serves 1.2 million residents, in addition to the numerous tourists yearly. They have 18 facilities: 15 clinics, one WIC-only and two administrative (Beaufort and North Charleston), in addition to pop-up sites. They also have three projects in the works by 2024. They have 278 FTE's, in addition to 19 hourly, five temporary grant, 154 hourly-COVID, 30 temp agency-COVID, and 57 vacant FTE's. Like the other regions they hired their own HR staff during the Pandemic.

Their nursing salaries are not competitive, so they have a 23 percent vacancy rate. He calculated that the lack of staff resulted in 2,800 missed potential appointments in the past two years just at their Moncks Corner site. In his six years as the RHD, it has taken an average of nine months to fill an RN position, with a range of 90 days to two years.

They have a good working relationship with the environmental side. They shared the stage during a chemical event, each presenting their expertise to the affected community.

Concerning needs, there is a need for the new and renovated facilities to come online. They have had to shut down entire buildings and cancel appointments because of air conditioning failure. In addition, there is a need for greater flexibility in funding.

Dr. Pearson asked him to qualify what he meant by flexible funding. Mr. Lee stated that too much of the funding they receive is programmatic and prescriptive, with restrictions on what the money can

be used for, even if there are better ways it could be applied. He would prefer to be given an amount of money without restrictions to use where there is the greatest need. Dr. Fredere concurred that there are a number of federal restrictions on how funds can be used, that might not reflect actual need. Ms. Woodard noted the correct terminology would be 'restricted' vs 'unrestricted' funds.

Dr. Pearson asked about Mr. Lee's experience with rapid hiring. He respects the need for good hiring practices, but it's cumbersome and candidates are lost as a result. Rapid hiring is far more expedient. Mr. Hawkins noted that since 40 percent of DHEC staff and 80 percent of Public Health staff are situated in the regions, the subcommittee needs to tap the recommendations and real-world examples from the RHDs. Ms. Mood suggested sharing the Subcommittee Input document with them as a starting point. Dr. Pearson requested that Ms. Boyce share the document with the RHD's.

Ms. Woodard requested input from the RHD's on a different question as well: are there also some functions that they would recommend another entity taking over, to potentially take some of the load off DHEC? Dr. Fredere noted that the Community Health teams have been doing asset mapping for local communities to identify gaps, so they might be able to provide information.

Item 4: Discussion of the Subcommittee Input Document

Dr. Pearson stated that the next full Task Force Meeting had been rescheduled for Aug. 10, 2021, but that they still wanted the major themes to be discussed submitted by July 30, 2021. Mr. Hawkins explained that the goal of that deadline is to allow advance information sharing between the three subcommittees so that they can see common themes surfacing between them. Eventually this information will be used to guide the Task Force recommendations. Rather than attempting to answer every question, focus should be prioritized on the major themes from the Charter. Dr. Pearson would like to schedule a fourth meeting prior to Aug. 10, 2021 to present cohesive themes to Mr. Hawkins.

Item 5: Other Business

Dr. Pearson would like to compile a list of email addresses to make it easier for subcommittee members to communicate with one another. However, he reminded the members that any such conversations would be subject to FOIA. Dr. Pearson also stated that he is still in discussions with the Behavioral Health Subcommittee about a potential joint meeting following the Aug. 10, 2021, Task Force Meeting. Being no further business, Subcommittee Chair Dr. Pearson adjourned the meeting at 5:00 pm. The members will be notified when the next Health Subcommittee meeting has been scheduled. Recordings of Task Force and Subcommittee meetings can be found at shapesouthcarolina.gov.

Dr. Lee Pearson, Health Subcommittee Chair
July 21, 2021