



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

2100 Bull Street
Columbia, SC 29201

Health Subcommittee

August 6, 2021

Minutes

The SHaPE SC Health Subcommittee met virtually via Zoom on **August 6, 2021**, at **11:30 am**. The meeting was called to order and the following members were in attendance:

Attending virtually:

Dr. Lee Pearson (Subcommittee Chair), Dr. Thaddeus Bell, Gwen Thompson, Connie Munn, Brenda Murphy, Patricia Moore-Pastides, Lathran Woodard, Lillian Mood.

Not in attendance:

Richele Taylor, Dr. Brannon Traxler, Juana Slade, Dr. Graham Adams, Dr. Jeffrey Korte, Bishop Samuel Green Jr., Eric Bellamy, Thornton Kirby, Alan Hughes, Kim Wilkerson.

Also in attendance were Camillia Leacock, Director, Office of Operational Excellence (DHEC), Saad Howard, Director of Continuous Improvement, Office of Operational Excellence (DHEC), Jessica Cornish, 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 21, 2021 Minutes

Ms. Munn made a motion, seconded by Ms. Woodard, to approve the minutes as written. The motion carried by unanimous consent.

Item 3: Chairman's Review

Dr. Pearson stated that the full Task Force would meet on August 10, 2021, from 1:00 – 4:00 pm at the Pastides Alumni Center at UofSC. He will present the initial themes that have emerged from these subcommittee meetings. He met with Senator Martin earlier this week to explain where the subcommittee stood, in that the subcommittee is not ready to make specific recommendations yet. The members would like to hear the viewpoint of the other subcommittees and receive their feedback before making formal recommendations.

Dr. Pearson shared a draft PowerPoint presentation with the subcommittee outlining the interim report he intends to present at the Task Force meeting next week and asked for input from the other members on additions and revisions. A synopsis follows.

There are 18 subcommittee members but participation in the meetings has been sporadic, although he anticipates better attendance at next week's Task Force meeting.

a. How are We Presently Doing in Delivering Services?

i. Current Strengths

Dr. Pearson cited the following findings from the meetings to date: mission-driven synergy exists between the public and environmental health sides of the agency; the agency's county-level statewide presence supports access and recognizes needs; regional leadership is experienced and dedicated and there are strong community partnerships; and regional capacity drives the agency's work, given that 41 percent of all DHEC employees and 69 percent of Public Health employees work in the regions. He then asked for comments.

Ms. Woodard noted that the second point should be *limited* access to services because not all health departments offer all services. Ms. Murphy agreed, saying that this was evident during the pandemic. Dr. Pearson noted their suggestion.

Ms. Moore-Pastides suggested that the agency is always going to be understaffed and they needed to continue innovative approaches at expanding capacity such as the use of Community Health Workers for economy and efficiency. She also cited how the use of telehealth increased WIC utilization during the pandemic, as well as how the streamlined hiring process enabled the efficient addition of surge capacity staffing during the pandemic.

Ms. Woodard stated that the agency's actions during the pandemic were exactly what a public health agency should have done under those circumstances. They were fast to react to a novel and unknown situation, using all hands on deck and showing concern for the public's health. State agencies do not typically respond that quickly.

Ms. Murphy expressed concern about perceptions regarding regional capacity from a non-DHEC viewpoint. Specifically, could the information regarding the 41 percent of all DHEC employees and 69 percent of Public Health employees working in the regions be misinterpreted? Dr. Pearson acknowledged that there is a perception that DHEC staff are centralized in Columbia, so this discussion will need to be framed appropriately.

ii. Current Challenges We Face?

For this discussion, Dr. Pearson identified the following themes that emerged from the meetings to date: South Carolina is dependent on federal allocations and extramural grants for funding since the state only contributes 23 percent of the overall budget; there is a lack of capacity because the agency FTE's have decreased by one-third over the past decade; professional salaries are low, and recruitment and retention of staff affects capacity and morale; when regions were consolidated staff positions were eliminated but the remaining staff did not receive pay increases for assuming the higher workload; the hiring process is inefficient at meeting needs due to the lengthy timeline, resulting in excessive vacancies; staff has less flexibility in doing their jobs; and agency leadership turnover for the past decade has negatively affected operations. He invited comments from the subcommittee.

Ms. Moore-Pastides noted that we rank thirty-second nationally in public health per capita funding. A state's spending on social services should be related to its overall financial health and reflect the level of poverty among its residents. Documents like the Poverty Report from the Sisters of Charity Foundation show that South Carolina should be near the top in spending based on the identified needs.

Ms. Moore-Pastides also noted that the facilities in some counties are inadequate.

Ms. Woodard said that as a part of the salaries discussion, it should be looked at from the patient's perspective in terms of what services and needs are not being met due to inadequate staffing. This needs to be identified as a challenge to be met. Ms. Moore-Pastides noted that at the previous subcommittee meeting one of the Regional Health Directors had indicated how many potential client visits were lost annually because a staff position was vacant.

Ms. Woodard observed that all agencies need collaboration and partnerships because the work cannot be done alone.

Ms. Moore-Pastides reminded the members that the health departments used to help clients find Medical Homes a decade ago.

Ms. Murphy said that the subcommittee needed to carefully state their positions, focusing on access to care knowing that available resources have diminished. The question is how to couch the concept that we are 'doing well with access' yet facing challenges. The subcommittee needs to identify the issues faced so they do not get misinterpreted. Dr. Pearson stated that he will be careful to state the positives but also acknowledge the realities faced.

iii. Current Gaps?

Dr. Pearson identified the following themes from the meetings to date: communication between central office and the regions is inadequate, particularly regarding agency-level directives; there is a lack of clarity as well as considerable variability in the county-level commitments in support of the agency; and inter-agency coordination is needed to eliminate gaps in services and to support improved outcomes.

Ms. Woodard noted that when Doug Bryant was DHEC Commissioner there was an Interagency Coordinating Council that brought agency leaders together for discussions. Dr. Pearson stated that this group was mentioned during the Long-Term Care Task Force; it is still on the books but is not currently active.

b. Future Challenges?

Dr. Pearson identified that the state's increasing population and changing demographics both require increased public health capacity and changes to the services provided. New and emergent infections will require agility on the part of state agencies to address; political neutrality and autonomy are escalating challenges in public health; and adequate funding is a perennial challenge.

Ms. Woodard stated that it was important for the agency to improve its image and regain the public's trust because there are people that distrust the government.

Ms. Woodard also said that the question should be asked as to what DHEC should be doing. They need to utilize partnerships so they don't have to try to provide everything and then fill in the gaps. Dr. Pearson agreed, citing Ms. Mood's prior comments regarding the need to focus on the mission and work to 'align' services rather than 'improving' services, and agreed that what DHEC should be doing statewide should be revisited. Ms. Mood agreed. Ms. Woodard said that public health should not be political going forward. Dr. Pearson agreed on the importance of political neutrality but recognized that the pandemic has induced tensions on many public health issues.

Item 4: Discussion of the Subcommittee Input Document

Dr. Pearson stated that the full Task Force Report is due in late October so there is time to thoughtfully craft the recommendations. But for now, the subcommittee can present emerging themes for the Task Force to focus on at the August 10, 2021, meeting and begin to generate support.

Dr. Pearson presented five initial concepts for discussion that were outlined by the Task Force organizers: preserving what works; service improvements; structural and functional changes; thoughts regarding realignment; and other recommendations.

Ms. Mood found these major topics helpful and formed a basis for further discussions. Dr. Pearson said that the subcommittee is still in the fact-finding stage and needs time to focus their discussion on the top issues and recommendations. He is willing to tell the Task Force that themes have been identified but the subcommittee has not had time to formulate formal recommendations.

Ms. Mood noted that there is currently an artificial barrier between public health and environmental health. These are inaccurate distinctions since they cut across both personal and community health. She would prefer to see overall 'health' recommendations rather than separate ones coming from all three subcommittees.

Dr. Pearson replied that at the August 10, 2021, Task Force Meeting they would have the opportunity to see what happens with the recommendations from the other two subcommittees. This subcommittee has expressed concern about being siloed from the Behavioral Health Subcommittee but so far that group has not seen the value of a joint meeting. Dr. Pearson has been discussing this

with Mark Binkley, Behavioral Health Subcommittee Chair, and they will talk again after the Task Force Meeting.

Ms. Woodard agreed that it didn't make sense that if they are looking at how to bring everything together to just look at what the three subcommittees are coming up with independently. The subcommittee doesn't need to come up with formal recommendations at this point just because that is what the ask was.

Dr. Pearson stated that he can present that this subcommittee has made a lot of progress in the past six weeks, but it is not ready to make recommendations yet. Ms. Moore-Pastides stated that this group needed to hear what the other subcommittees were thinking before considering making recommendations. Dr. Pearson stated his belief that this subcommittee is on par with or ahead of the other subcommittees but agrees that the group is not ready to make recommendations.

Item 5: Other Business

Ms. Moore-Pastides inquired how the Task Force is soliciting input from interested parties. Dr. Pearson explained that there is a public input portal on the SHaPE SC website that allows the submission of comments and/or the opportunity to complete an anonymous survey. There were over 250 comments received as of July 28, 2021. Survey results are being compiled and posted on the site. DHEC staff have synthesized the responses deemed most relevant to this subcommittee into a separate document.

Dr. Pearson stated that he would see the members at the full Task Force Meeting. He reminded them that there was an option to participate virtually.

Being no further business, Subcommittee Chair Dr. Pearson adjourned the meeting at 12:31 pm.

Recordings of Task Force and Subcommittee meetings can be found at scdhec.gov/shapesc.



Dr. Lee Pearson, Health Subcommittee Chair
August 6, 2021