



SC Disability Public Health Task Force

2.22.23
via Zoom

- I. Welcome Kimberly Tissot, President & CEO
- II. Introductions:
 - a. In attendance: Kimberly Tissot, Margaret Alewine, Annie Foster, Kelly Cordell, Mandy Halloran, Robert McBurney (DDSN), Valarie Bishop, Anni Crook, Reba Landry, Spencer Dickey, Justina Siuba, Catherine Graham, Kaylee Quintanilla-Caro, Evelyn Fernandez, Eric Harris, Megan Weis, Lawson Clubb, Terrance Middleton, Joyce Davis, McKenzie Watson, Rachell Johnson, Karla Buru, Anna Guryan, Mike Leach, David Rotholz, Mary Saunders, Megan Branham, Jessica Seel, Blake Gibbons, Andrew Chandler, Beth Franco, Almeda, Rebecca Williams-Agee, Tiffany Turner, Wright.
- III. Purpose of the SC Disability Public Health Task Force: Mandy reviewed the agenda for today's meeting.
- IV. Overview of Medical Rationing in SC: Mandy and Kimberly reviewed the PowerPoint slides.
 - a. SOFA Practice – Safeguards are needed. We saw many people not being prioritized during the pandemic, so we need to go back and look at our policies to ensure they address this.
 - i. Triage decisions: In our last meeting, we discussed this with the example of Michael Hickman in Texas.
 - ii. The law/policy in SC: Right now, we don't have anything that discusses reasonable modifications.
 - iii. If SC wants to continue using SOFA, we must ensure these safeguards are in place.

- iv. Since we do not have some of those safeguards in place, it is likely that SC is in violation of some of the federal laws that relate to equitable access to medical treatment.
 - b. Rationing Best Practice:
 - i. Kimberly could not find the best practices outlined in the PowerPoint for South Carolina, so she does not believe they are being used in the state.
 - ii. The statement “Healthcare providers should accommodate patients” should say “must” accommodate patients.
- V. Review of Survey Results outlined in PowerPoint: Thank you to everyone who provided feedback!
 - a. Do you think SC does an excellent job of including people with disabilities as it relates to public health matters? The survey results confirm that we have a lot of work to do!
 - b. How could your agency benefit from serving on the SC Disability Public Health Task Force?
 - i. We received various answers on ways each agency can benefit. As an example of working together to ensure people with disabilities are included, Kimberly worked with Val Bishop early in the pandemic to ensure that people with disabilities were prioritized for vaccination. We would love to continue to see those numbers increase.
 - c. Areas of focus:
 - i. Health Needs Assessment for People with Disabilities: this will be an educational tool.
 - ii. Education: we will provide education on public health issues affecting the disability community.
 - iii. Policies/Procedures/Guidance
 - iv. Disability & Interagency Access
 - v. There is a lot of interest in training and technical assistance.

1. Social determinants of health for people with disabilities –we will provide training and technical assistance on this topic so that you are aware of barriers when serving people with disabilities.

VI. Goal development and open discussion

- a. Mission statement draft. It was formed based on survey responses.
 - i. Suggestions: Say “To eliminate” instead of “increase efforts to eliminate.”
- b. The recommendation is to form the following two committees:
 - i. Systems Change: This will include writing position papers, preventative actions (working to prevent further loss of life), health accessibility (for example: making sure mobile clinics & mammograms are accessible), making sure policies do not discriminate, communication (many people do not know accessibility standards for website contact, where to find interpreters, etc.)
 - ii. Capacity Building: This will include creating resources for the community or a resource tool for our organizations, etc.
- c. Discussion:
 - i. Beth Franco shared that DRSC was actively involved in standard-of-care discussions and would be happy to share the letters that they sent to the parties involved. Also, individuals have contacted DRSC for help who have family members not receiving the services they need. Sometimes, an elderly parent must be trained to provide services themselves. They are curious if that is due to healthcare shortages or lack of knowledge.
 1. Kimberly added that it is probably due to a lack of knowledge. Many providers don’t understand what they are required to do under disability laws. We could create a web page with this information or do training or presentations to educate people on best practices.

2. Reba Landry added that she has noticed times when people give information to a caregiver instead of communicating directly with someone with a disability.
 3. Evelyn Fernandez recommended assigning people to be on the lookout for funding opportunities so that organizations can build financial capacity to address these issues.
- ii. Be on the lookout for another survey, so we can continue adding ideas of things we want to address in the committees.
 - iii. Lawson Clubb added that transportation should be a big area of focus. Should we have a transportation committee?
 1. Kimberly shared that transportation will be a big part of both committees since it plays a key role in access to healthcare.
 - iv. Kimberly asked representatives of DHEC present at the meeting if we could set up a discussion with DHEC on medical rationing. The information has not been updated since 2009 and is something we need to look at because of COVID.
 1. Karla Buru with DHEC said she is happy to have that conversation.
 2. Beth added that DHEC is whom DRSC contacted with the standard of care issues. She believes DHEC had an ethics task force but doesn't know if this task force still meets. If it is no longer under DHEC, is it connected to a hospital association? Beth will send all this information to Kimberly. Karla requested that this information be sent to her at DHEC too.
 - v. Rachell Johnson shared that SCATP has received calls about healthcare being denied in a group home or a provider denying services. Individuals with a doctor's order looking for outpatient PT, OT, etc., will arrive at where they were referred to and are turned away due to their disability. Rachell is also excited about

addressing effective communication in this task force, and SCATP would love to be a part of tackling that issue.

vi. Upcoming events:

1. The South Carolina Institute of Medicine and Public Health and Disability Rights South Carolina is hosting a press conference to release a new report: Opportunities for South Carolina to Strengthen Home and Community-Based Services for People with Disabilities.

When: Tuesday, Feb. 28, 10 a.m.

Where: Columbia Metropolitan Convention Center,
Congaree Room, 1101 Lincoln St, Columbia, SC 29201.

2. SC ATP Expo March 7:

https://www.sc.edu/study/colleges_schools/medicine/centers_and_institutes/new/center_for_disability_resources/assistive_technology/expo/index.php

VII. Adjournment