# Public Health Task Force Meeting Minutes

# Wednesday, May 24, 2023

## Welcome: Mandy

* + In attendance: Mandy Halloran, Karla Buru, Annie Foster, Becky (Captioner), Kim (ASL interpreter), Margaret Alewine, Megan Johnson, Louis Eubank, Spencer Dickey, Anni Crook, Terrance Middleton, McKenzie Watson, David Rotholz, Brandi Nerud, Grace Galindo, Mike Leach, Justina Siuba, Harley Davis, Kaylee Quintanilla-Caro, Lesley Jones, Larry Wanger, Kobra Eghtedary, Valarie Bishop, Mark Gamble, Jennifer Almeda, Reba Landry, Eric Bellamy, Ed Simmer, Kimberly Tissot, Rachel Kaplan, Anna Guryan, Lawson Clubb, Edward Glover, Megan Branham, Robb McBurney, Rebecca Williams-Agee, Julia Martinelli, Beth Franco, Rachell Johnson
  + Introduction of the mission statement: To increase health outcomes for South Carolinians with disabilities through partnerships, public education, and system change.
  + Check out the Public Health Taskforce page on Able SC’s website: [<https://www.able-sc.org/get-support/health-initiatives/>](https://www.able-sc.org/get-support/health-initiatives/)
  + The task force now has three committees –we will talk more about committee work after our presentation today.

## Presentation: DHEC’s ongoing efforts to improve accessibility – Karla Buru, DrPH, MPH, MSW, Chief of Staff, S.C. Department of Health and Environmental Control.

* + Edward Simmer, DHEC Director, also participated in the call, introduced himself, and thanked everyone for including DHEC.
  + Karla: At the last task force meeting, we heard from NACCHO about their national work. In this presentation, we will give updates specific to the state of South Carolina. We have county health departments in SC. Karla introduced Dr. Eghtedary and Louis Eubank, who will be presenting updates.
  + Dr. Kobra Eghtedary, Ph.D. – presenting on State Health Assessment (SHA) & State Health Improvement Plan (SHIP).
    - DHEC is in the process of developing the state health assessment and improvement plan. This is part of the Public Health Accreditation Board (PHAB) standards. DHEC was awarded accreditation in February of 2021, and South Carolina was accredited for the first time. They started the reaccreditation process, and developing this plan is the first step.
      * Both the assessment and state health improvement plan guide DHEC’s strategic plan.
      * The state health assessment shows the state’s current health.
      * There are a lot of internal and external partners, workgroups, committees, etc., that are guiding this effort.
      * DHEC did data walks across the state –we looked at data on multiple levels (local, community, county, etc.).
    - SHA: development of the SHA for the reaccreditation process is focused on health equity, specifically on looking at different populations and their experiences with disability and eliminating disparity.
    - SHIP: The SHIP uses information from the SHA and develops a roadmap for improvement across the state.
    - Kobra reviewed data collected by DHEC for people with disabilities in South Carolina. You can refer to the charts in the PDF copy of the presentation for additional details.
      * 1 in 3 South Carolinians have a disability.
      * Kobra compared SC numbers to national numbers for disabilities by race/ethnicity and disability by type. Non-Hispanic Black individuals and individuals with physical disabilities were the highest in South Carolina and nationally.
      * Nearly 20% of people with disabilities in SC live below the poverty level.
      * Maternal and infant health: Congenital disabilities are SC’s leading cause of infant mortality. For the Non-Hispanic Black population, the leading cause is pre-term births and low birth weight.
      * Child and adolescent health: TBI is the leading cause of disability in children and adolescents in the US. Asthma is also a disability that we see at higher rates. We see higher asthma rates among Black and Hispanic children in South Carolina.
      * Adult health: We see a high prevalence of obesity and diabetes among adults. Obesity also leads to increased risk for a lot of other health conditions. These conditions are most prevalent in the non-Hispanic Black male and female populations.
      * Aging population health: Arthritis is among the most common issues, especially for individuals 65 and older. Stroke is also a major concern for the aging population, and the highest rate of stroke-related deaths is among non-Hispanic Black males in South Carolina.
      * Disability disparities: South Carolina has a higher rate of individuals with disabilities than the national average. Disability disproportionately affects Native Americans. Kobra reviewed disability disparities in SC related to depression, smoking, and poor self-rated health among individuals with disabilities.
  + Karla reviewed the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), using Oconee County as an example.
    - They collected data from school districts and First Steps and worked with Family Connections. The CHIP in Oconee aims to improve environments to support active living, healthy eating, and tobacco-free living in at-risk communities and populations.
  + National Data Resource –The CDC recently announced updated disability data through [the Disability and Health Data System (DHDS)](https://www.cdc.gov/ncbddd/disabilityandhealth/dhds/index.html).
  + In-home vaccination program updates, Louis:
    - The disability community’s preferred term is in-home vaccination instead of home-bound vaccination.
    - Louis reviewed a map of the state showing the 4 DHEC public health regions and providers they have contracted with in those regions. This information is specific to DHEC’s contracted vendors. Throughout the COVID-19 response, DHEC has had over 1000 registered providers administering vaccines.
      * Health Force has administered 322 in the Pee Dee region and 226 in the Lowcountry.
      * MyPharmacy has administered 223 in the Midlands and 382 in the Upstate.
      * Keep in mind that providers administer more vaccines outside of DHEC if these numbers appear low.
    - The average time to administer the vaccine after an individual calls is a week.
    - This is a cyclical process since we have booster doses now. Individuals can hope to get boosters from the same provider.
    - Mandy asked if this is strictly for COVID-19 vaccines –Louis answered that it is for the most part, but DHEC has made flu vaccines available through this program too. When individuals make an appointment, DHEC asks if they need or want a flu vaccine.
    - When asked if DHEC anticipates continuing the program, Louis said that contracts expire in December of this year. They are not sure if it will continue beyond that; it will depend on funding and changes at the federal level.
    - A chart in the PowerPoint outlines service volume. 2022 saw increased volume, and they are seeing similar but slightly lower numbers in 2023. They hope to see an increase in the fall if updated boosters are available to everyone.
    - Kimberly shared [this resource available for vaccine providers and pharmacies](https://disabilityvaccine.able-sc.org/wp-content/uploads/2022/11/Able-SC-Pharmacy-Trifold-Accessible.pdf) regarding working with people with disabilities.
    - Val shared this resource, I/DD Counts: <https://acl.gov/iddcounts>
    - Kimberly asked if providers receive training –Louis answered that there is a federal onboarding process. He is not aware of what materials were included in the training. Additional training DHEC has offered is related to ensuring reasonable accommodations are provided.

## Mandy: Committee discussion:

* + More information on the three committees (Planning, Education & Integration, and Accessibility) can be found in the PowerPoint.
  + Please consider your area of expertise and select a committee to join. Email Mandy at [mhalloran@able-sc.org](mailto:mhalloran@able-sc.org) or Annie at [afoster@able-sc.org](mailto:afoster@able-sc.org) with your choice.
  + Rachel Kaplan with BIASC expressed interest in the Accessibility Committee to focus on inclusion for people with brain injuries.
  + Megan Johnson is interested in 2 committees and will get feedback from the Department of Aging to determine the best fit. She is getting her ADA Coordinator certification, so the Accessibility Committee might be a good fit.
  + We will send out a survey regarding committee assignments.
  + Each group will determine committee meetings based on the availability of committee members.

## Mental Health Month resources:

* + Mandy shared her experience with mental health with the group and discussed the importance of self-care. And added that anyone should feel free to contact her directly with questions or who wants to talk.
  + Mandy shared a report from the surgeon general on the epidemic of loneliness and isolation in the U.S. and its impact. More details can be found in the PowerPoint slides. Mandy liked that report included suggestions to advance social connections. Suggestions included:
    - Strengthen Social Infrastructure: Mandy shared that she has proactively made plans with three people for the long weekend to avoid isolation.
    - Enact pro-connection public policies: For example, Mandy and Kimberly started a Mental Health Month chat for Able SC staff where people can share resources and discuss.
    - Mobilize the health sector: we are doing this now by engaging in this discussion as a task force.
    - Reform digital environments – you can lessen your interaction, control your time in digital environments, etc.
    - Deepen our knowledge.
    - Cultivate a culture of connection.
  + Kimberly thanked Mandy for sharing her story and added that just like DHEC shared today, depression and mental illness deeply affect the disability community. Mental health is a part of public health.
  + Kobra and Mandy discussed highlighting the intersectionality of mental health and other disabilities and health disparities. Mandy has a friend who has a visible disability and was looking for mental healthcare. They were refused therapy numerous times. Some of the mental health problems in the disability community can be traced back to the barriers we face.

## Adjournment: 2:20 PM. The next meeting is on Wednesday, June 28th, 1:00-2:30 PM.