

BOARD OF PUBLIC HEALTH MEETING
Meeting Minutes for May 14, 2024

Members Present:

James Curran, M.D., M.P.H., Chair
Mitch Rodriguez, M.D., Vice Chair
Mychal Walker Sr., C.L.T.C., F.R.C., Secretary
Kathryn Cheek, M.D., F.A.A.P.
Gregory E. Lang, Ph.D.
Cynthia A. Mercer, M.D.
Tai Valliere-White, M.D., F.A.C.S.
Sangmin Ryan Shin, M.D., M.A., F.A.A.O.S.

The Board of Public Health held its monthly meeting on May 14, 2024. The meeting was virtual and led by Dr. James Curran. The list of attendees is attached hereto and made an official part of these minutes.

I. & II. Call to Order and Roll Call:

The meeting was called to order at 1:01 p.m. The meeting commenced with Dr. Curran asking Mr. Walker to conduct the roll call and ask each participant to provide a brief introduction

1. Dr. Katherine Cheek: A pediatrician with 37 years in Columbus, Georgia. Recently retired, she remains active in pediatric consulting and serves on the state Medical Board. She cherishes her role on the Public Health Board, which she has been a part of for over a decade, and enjoys spending time with her three grandchildren.
2. Dr. Jim Curran: Former dean of the Rollins School of Public Health at Emory, now a professor. He humorously noted his lack of power, influence, money, or space but expressed dedication to improving Georgia's health.
3. Gregory Lang: Executive director of the Good Samaritan Health Center in Gwinnett with a 40-year career in healthcare. His roles have spanned provider, administrator, and technology sectors. He represents citizens of Metro Atlanta served by the charitable clinic.
4. Dr. Cindy Mercer: A retired OBGYN from Athens, Georgia, with 39.5 years of practice, including a high-volume OB practice and GYN surgery. She enjoys time with her four grandsons and remains active in the state OBGYN Society, having held various leadership roles.
5. Dr. Ryan Shin: An orthopedic surgeon with Kaiser Permanente for nine years, serving as chief of Orthopedics and physician director for academic affairs. He reflected on the board's work during the COVID-19 pandemic and his five years of service.
6. Dr. Tai Valliere-White: A general surgeon now in administration and supervision of several urgent care centers. She is the medical director at Concentra near Atlanta and has been on the board for five years.
7. Michael Walker: A broker in the healthcare space, serving as national secretary for the National Association of Benefit and Insurance Professionals. He is entering his second year on the board and expressed his enthusiasm for working with his colleagues.

The introductions highlighted the diverse expertise and commitment of the board members, setting a collaborative tone for the meeting.

III. Approval/Adoption of Minutes:

Dr. Curan presented the board meeting minutes of March 12, 2024 for discussion and approval. There was no discussion. The minutes passed unanimously.

IV. New Business:

A. Opening Remarks - Commissioner Kathleen E. Toomey, M.D., M.P.H.

Dr. Toomey introduced the agenda, highlighting its relevance to current news. A major topic was the avian influenza situation in the US. Dr. Toomey praised the strong relationship between Georgia's Department of Public Health and the Department of Agriculture, emphasizing its importance and resilience, especially strengthened during COVID-19.

The meeting will also cover significant advancements in child health, including innovations in hearing treatments. Dr. Mercer, with a particular interest in these discussions, looked forward to the updates.

Dr. Rustin was set to present a new recruitment video aimed at attracting talent to public health, addressing the challenge of making public health an appealing career choice amid changing priorities for graduates.

Dr. Toomey then discussed the importance of training, especially in supervisory roles. She acknowledged that many top epidemiologists lacked formal mentoring or management training. To address this, DPH, in collaboration with the Rollins School of Public Health and supported by the Woodruff Foundation, developed a customized mentoring training program. This program, to be launched soon, is pioneering and aims to set a national standard for epidemiology teams.

Furthermore, Dr. Toomey mentioned the need for better orientation programs for both board members and new staff. Plans for a comprehensive board training program were underway, which would provide an overview of the Department of Public Health's diverse statewide operations and allow board members to share their interests and perspectives.

Dr. Toomey concluded by expressing excitement about the upcoming training initiatives and promising further details soon. She appreciated the collaborative efforts and looked forward to continued growth and learning within the department.

B. Bird Flu: Not Just for Birds Anymore – Cherie L. Drenzek, D.V.M., M.S.

Dr. Drenzek began the presentation by expressing gratitude to Dr. Toomey, and members of the board for the opportunity to provide an update on avian influenza (bird flu) and address its evolving threat and implications. Dr. Drenzek covered four main areas: background on avian influenza, reasons for public health and agricultural concerns, the current situation in the U.S., and preparedness and response efforts at both federal and state levels.

Dr. Drenzek explained that avian influenza viruses, particularly influenza A, are named based on two surface proteins, H and N, with subtypes like H5N1 primarily affecting birds. However, these viruses can occasionally mutate and infect humans, raising concerns about potential pandemics. Historically, such infections have been rare and isolated, but the current H5N1 strain, Clade 2.3.4.4b, has shown a unique pattern of transmission, particularly in the U.S. since 2022.

The U.S. has experienced over 1,100 outbreaks of H5N1 in poultry, with a single human infection documented from poultry and another recent infection from dairy cows. This latter instance is particularly concerning as it marks the first documented transmission of H5N1 from cows to humans. The spread of H5N1 in dairy herds, primarily in Texas and eight other states, has led to significant economic impacts due to decreased milk production and the necessity to dispose of contaminated milk.

The federal response includes measures by the FDA and USDA to ensure the safety of the commercial milk supply and prevent further spread through rigorous testing and movement restrictions. Additionally, over \$200 million in federal funding has been allocated to support testing, surveillance, and mitigation efforts.

In Georgia, long-standing partnerships and preparedness plans with agricultural and public health stakeholders have positioned the state well to respond to avian influenza. These plans include robust surveillance systems, electronic monitoring of exposed individuals, and protocols for testing and response. Despite the current situation, the overall human health risk remains low, but continuous vigilance and preparedness are essential to mitigate potential threats.

Dr. Drenzek emphasized the importance of ongoing surveillance, genomic sequencing, and strong partnerships to effectively manage and respond to avian influenza and other emerging infectious diseases.

Dr. Curran thanked Dr. Drenzek for her thorough presentation and opened the floor for questions or comments.

Dr. Toomey shared a recollection of a conversation she had years ago with Cherie, expressing her initial lack of understanding about the process of identifying and "depopulating" infected flocks of chickens. She remarked on the staggering number of animals that have been culled due to infections, emphasizing the importance of understanding the implications of such actions. Dr. Toomey acknowledged the necessity of culling, despite the harsh reality, and noted that while cows are not subjected to this process due to their different natural history, she was curious about the susceptibility of beef cattle to the infection.

Dr. Drenzek responded that there has been no documentation of infection in beef cattle, although they are currently being tested. She noted that while it is theoretically possible for them to be infected, it has not been observed. The monitoring process includes strict movement restrictions and requirements.

Dr. Toomey expressed her gratitude for the ongoing collaboration between her team and the Department of Agriculture, highlighting the importance of their relationship in managing these health issues.

C. Child Health Updates – Melanie Morris, Au.D., CCC-A

During the Georgia Department of Public Health Board of Health Meeting on May 14, 2024, Dr. Melanie Morris presented an update on child health programs, with a particular focus on the Otoacoustic Emission (OAE) Hearing Screening Initiative.

Dr. Morris began by expressing her gratitude for the opportunity to provide updates. She introduced the OAE initiative, highlighting that it was funded by COVID-19 relief funds from the CDC. The initiative aims to improve access to timely hearing screenings for school-aged children, filling gaps created during the pandemic when many services were unavailable. The primary goal is to reduce bottlenecks into early intervention programs and promote age-appropriate language and literacy in Georgia.

The funding was distributed to all 18 health districts in Georgia to purchase hearing screening devices. This initiative is crucial for rural areas where access to pediatric audiologists is limited. These screenings are essential for qualifying children for intervention services like speech and language therapy.

Dr. Morris explained that while Georgia mandates newborn hearing screenings, there was previously no law requiring ongoing screenings until children entered public school. The incidence of hearing loss increases with age, making continuous screening vital.

She elaborated on the use of OAE screenings, which are essential for children under three years old who cannot participate in traditional hearing tests. OAE screenings objectively measure inner ear responses and provide quick results without requiring active participation from the child.

A significant legislative change in 2022 allowed individuals trained by a Georgia-licensed audiologist to perform OAE screenings, expanding access to these vital tests. In response, DPH collaborated with the Georgia Department of Education and pediatric audiologists to create an online training module for public health and school nurses. This training launched recently, enhancing the consistency and quality of hearing screenings statewide.

Dr. Morris praised her team, particularly Suzanne Caruthers, the child health audiologist at DPH, for their efforts in developing and implementing the training program. They conducted hands-on training sessions for district staff, ensuring they are well-prepared to perform these screenings.

Switching topics, Dr. Morris briefly updated the audience on congenital cytomegalovirus (cCMV). She announced that babies testing positive for cCMV would now automatically qualify for early intervention services through the Babies Can't Wait program. This decision, unanimously supported by the category one work group, ensures early support for at-risk children.

Dr. Morris highlighted the formation of a stakeholder's group of 25 physicians, including neonatologists, infectious disease specialists, and pediatricians, to develop a comprehensive cCMV policy and procedure manual. This manual will guide hospitals and pediatricians in managing cCMV cases effectively.

Dr. Cheek and Dr. Mercer commended Dr. Melanie Morris for her work on the Otoacoustic Emission (OAE) Hearing Screening Initiative. Dr. Cheek expressed gratitude and enthusiasm for the initiative's impact on children in Georgia.

Dr. Mercer then posed a question about the differences between OAE and Auditory Brainstem Response (ABR) tests. Dr. Morris explained that OAEs test the function of the cochlea but do not assess the nerve or brain response, whereas ABR tests provide a more comprehensive evaluation from the cochlea through the nerve to the brainstem. She noted that ABR is the gold standard for infants, particularly for those who have spent five or more days in the NICU due to the risk of auditory neuropathy spectrum disorder.

Dr. Mercer further inquired whether OAE screenings are sensitive enough to detect congenital CMV (cCMV) in babies. Dr. Morris confirmed that OAEs are indeed sensitive, though they have a higher fail rate due to their sensitivity to factors like vernix in the ear canal. She suggested that hospitals might benefit more from using ABR tests for more accurate and quicker identification of affected infants.

Dr. Mercer shared a personal story about her grandson, who was born with cCMV, highlighting the importance of early diagnosis and intervention. Her grandson, after aggressive medical management and the use of antivirals, successfully received bilateral cochlear implants and is now mainstreamed in kindergarten. This experience has driven Dr. Mercer's advocacy for aggressive management and improved access to care for all children.

Dr. Morris thanked Dr. Mercer for sharing her story and mentioned an ongoing quality initiative aimed at improving hospital-level communication with families and reporting when a child fails a hearing screening. The goal is to ensure timely and intensive intervention, which they hope will lead to significant improvements in child health outcomes in Georgia.

C. HR Recruitment Campaign – Chris Rustin, Dr.PH., M.S., R.E.H.S, Joel Frushone and Cora Curriero

Dr. Chris Rustin presented the HR Recruitment Campaign. He highlighted the collaboration with EY (Ernst & Young) and the HR department to develop the campaign aimed at recruiting, retaining, and attracting top talent in public health. Dr. Rustin then introduced Joel Frushone from EY, who, along with colleague Cora Curriero, detailed the campaign's development and execution.

Joel Frushone explained that the "We Protect Lives" campaign focuses on promoting the public health profession and the critical work performed by DPH employees. This initiative follows a similar approach to the previously presented Women, Infants, and Children (WIC) campaign. The campaign involves videos, billboards, and social media posts featuring real DPH employees to highlight their commitment and the impact of their work. The goal is to enhance public perception of public health and attract suitable candidates for DPH positions.

Cora Curriero further elaborated on the campaign's creation, emphasizing the extensive research and focus groups conducted with DPH employees. The central message, "We Protect Lives," emerged from these discussions, reflecting the dedication of public health workers across all roles.

and locations. The campaign aims to inspire individuals to consider careers in public health, leveraging testimonials and visuals of DPH employees to convey this message.

The presentation included a showcase of the campaign's materials, including a long version and a shorter 30-second version of the main video, as well as testimonial videos from DPH employees. The videos are intended to be used in various media platforms, including YouTube, social media, universities, and onboarding sessions for new employees.

Joel and Cora highlighted the importance of the employer brand in recruitment, citing research from LinkedIn and Glassdoor that emphasizes the significance of a strong employer brand in attracting job seekers. They also discussed the multi-dimensional nature of the campaign, which includes a vast array of photos and videos for current and future use.

In closing, Cora mentioned the efforts to socialize the campaign both at the state and district levels. This includes sharing the video on social media, the DPH website, and during new employee onboarding. Toolkits and communication templates have been developed to ensure brand consistency and to support district-level promotion.

The presentation concluded with an invitation for questions, expressing pride in the team's work and confidence in the campaign's potential impact across Georgia.

Dr. Curran expressed his congratulations and praised the HR Recruitment Campaign, highlighting its importance for recruitment, retention, and boosting morale among current employees. He emphasized the potential for the campaign to improve the public perception of public health, especially in an era of declining trust in government institutions. Dr. Curran suggested that showcasing the impactful work of public health employees could serve as an effective branding strategy for the department, making public health careers appear rewarding and attractive.

Joel Frushone from EY agreed with Dr. Curran, reinforcing that employees are the department's brand. He highlighted the variety of interesting roles within DPH, such as epidemiologists and environmental health workers, and noted that the campaign effectively showcases employees in their natural work environments. Joel mentioned that while some branding elements are subtle, the campaign does integrate the DPH brand in various ways.

Cora Curriero added that the social media aspect of the campaign, particularly the "We Protect Georgia" series, not only highlights different public health programs but also serves to inform potential recruits about the diverse roles within DPH. She gave an example of a segment focused on the hearing screening program, which promotes both the program and the potential career opportunities within it.

Dr. Curran then shared an idea from the Association of Schools of Public Health, which had successfully used branding campaigns with slogans like "We Are Public Health." He suggested that DPH might consider rebranding to something more relatable and less bureaucratic, such as "Georgia Public Health" or "Public Health Georgia," to avoid the impersonal feel of acronyms.

Mr. Walker, another board member, expressed his appreciation for the informative presentations and particularly praised the quality of the DPH presentation. Dr. Curran and the others thanked Joel and Cora for their contributions.

F. Board Comments

Dr. Curran inquired if there were any final comments before concluding the session. Mr. Walker requested to note for the record that Dr. Rodriguez was present despite experiencing technical difficulties that prevented him from being heard.

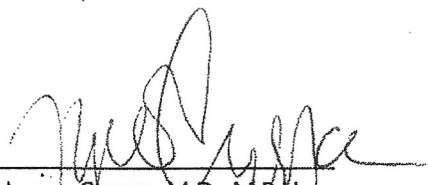
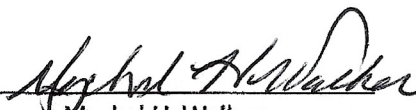
Dr. Curran then confirmed the next board meeting date as June 11th and asked about the format. Dr. Toomey responded that they were still finalizing plans, particularly concerning a training session. She mentioned that a formal board meeting would take place in July, which would include a legislative update following the recent bill signings by the governor. Dr. Toomey emphasized the need for time to develop implementation plans for these new laws and other ongoing initiatives.

She assured the board that details about the upcoming training and the next formal meeting would be communicated soon.

V. Adjournment:

Dr. Curran then moved to adjourn the meeting, which was seconded and agreed upon by all members. He closed by wishing everyone a good day and looking forward to the upcoming training session. The meeting was adjourned at 2:29 PM.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 14th of May 2024.


James Curran, M.D., M.P.H.
Chair
Mychal H. Walker
Secretary

Official Attachments:

1. List of Attendees
2. Agenda

May 14, 2024
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Board Members

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Attendees

Public virtual meeting.