Board Member Introduction

Cynthia F. Greene, DMD
Commissioner’s Update

Brenda Fitzgerald, MD
Action Items

- Variance from Rule 290-5-14.04(4)(a)(2)
- Variance from Rule 290-5-14.04(8)(b)
Workforce Development Partnerships

Presentation to: Board of Health
Presented by: Dr. Richard Lasco and Dr. Anil T. Mangla
Date: February 14, 2012
Introduction

- Public Health Accreditation Board (PHAB) and Workforce Development
  - Domain 8
    - Maintain a competent public health workforce
      - Standard 8.1: Encourage the Development of a Sufficient Number of Qualified Public Health Workers
      - Standard 8.2: Assess Staff Competencies and Address Gaps by Enabling Organizational and Individual Training and Development
DPH’s Workforce Development Plan

• Collaborate with Schools of Public Health and Other Related Academic Programs (Address 8.1)
  – Public Health Field Placement Program (MPH students)
    • Partnership with the Public Health Training Centers at Emory University and the University of Georgia
    • Provide competency and practice based experiences for future public health workers by placing them in real world public health settings
      – Proposal review (March 2012)
      – Interviews (April 2012)
      – Program Start (Summer 2012)
DH’s Workforce Development Plan

- Collaborate with Schools of Public Health and Other Related Academic Programs (Address 8.1) (con’t)
  - CDC Public Health Associate Program
    - Act as a host site for the CDC’s Public Health Associates
    - Currently in the application phase
DPH’s Workforce Development Plan

- Provide Leadership and Management Development Activities (Address 8.2)
  - Partnership with the Public Health Training Centers at Emory University and the University of Georgia
    - District Leadership/Management Training (Gainesville)
    - Expand to other Districts and State Health Department
  - ASTHO Human Resources/Workforce Development Planning Committee
  - National Leadership Network
## Linkages Between Academia and Public Health Practice

<table>
<thead>
<tr>
<th>Academic Relations</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Schools of Public Health</td>
<td>• Evidenced Based Theory and Best Practices</td>
</tr>
<tr>
<td>• Medical Schools</td>
<td>• Specific District Projects</td>
</tr>
</tbody>
</table>
Medical Schools

• Preventative Medicine Residency Program
  – Epidemiology
  – Health Administration and Management
  – Clinical Preventative medicine
  – Environmental Health
  – Health Promotion
  – District Health Office
Competencies

1. Participate in formulating government health-related policy.
2. Assess unmet needs and capacities by health status of a population.
3. Design a community intervention program and/or project.
4. Demonstrate practical management skills in an office setting.
5. Demonstrate knowledge of Human Resources and management styles.
6. Demonstrate knowledge of management information systems.
7. Demonstrate the ability to plan, manage, and evaluate health services to improve the health of a defined population using quality improvement and assurance systems.
Success Stories

- Emory - 2
- Georgia State University - 1
- UGA - 2
Success Stories
Collaborations with Academic Institutions

• Emory
  – Diagnostics

• UGA
  – Toxicology

• Mercer University, School of Medicine
  – formulary change

• Georgia State
  – Lead Poisoning
Airports’ leaden fallout may taint some kids

Study makes link between blood lead and the gasoline used to fuel small planes

By Janet Raloff
Web edition: Thursday, July 14th, 2011

People who live near airports serving small planes are exposed to lead from aviation fuel. A new study now links an airport’s proximity to slightly elevated blood-lead levels in children from area homes.

Small planes (known in the trade as general aviation) tend to run on gasoline, most of which contains lead as an octane booster. These aircraft — used as taxis, personal aircraft and training vehicles — fly out of nearly 20,000 U.S. airports. And as other sources of lead have fallen, the relative share that aviation gas, or avgas, contributes has been rising.

Indeed, the Environmental Protection Agency, estimates: "Emissions of lead from piston-engine aircraft using leaded avgas comprise approximately half of the national inventory of lead emitted to air" — making it the largest contributor to airborne lead in the United States.

But high as that sounded, researchers still couldn’t evaluate the fuel’s health significance. People wanted to know: In terms of lead poisoning, “is this an important source,”” observes Bruce Lanphear of Simon Fraser University in Vancouver, British Columbia, who was not involved with the new study. “We simply lacked data to answer that,” the toxicologist says.
Success Stories
Research

• LaGrange
  – Evaluating the Efficiency and Effectiveness of a District Billing System

• Head Start
  – Increasing the blood lead testing rates in High Risk Medicaid Children living in Rural Georgia

• School-Based Flu Project-
  – Identifying influenza trends, school absentee rates and cost savings associated with flu vaccines
1. It is the UGA outreach platform to deliver a full range of higher education resources to address economic and community development.

2. The Archway Partnership has been the vehicle to bring all of the community stakeholders together in one room to identify and solve community problems; the mechanism that brings higher education resources to bear on those problems; and the platform embraced by the entire campus to bring to bear the full weight of UGA on local issues.
1. Washington County
2. Sumter County
3. Pulaski County
QUESTIONS???

Anil T. Mangla  
Director of Academic Relations and Research  
Georgia Department of Public Health  
2 Peachtree St., NW  
Suite 12-445  
Atlanta, GA 30303  
404.463.0772 (Phone)  
404.344-5696 (Fax)  
anmangla@dhr.state.ga.us
Amended FY2012 & FY2013
Budget Update

Presentation to: Board of Health
Presented by: Kate Pfirman, CFO
Date: February 14, 2012
Budget Highlights-AFY2012

State General Funds:
- $142,509 Lease Space for Macon District office
- $228,736 HIV/Syphilis Lab Testing
- ($2,746,396) Program Reductions
- $4,329,705 Statewide Adjustments
- $1,258,667 GIA Formula Hold Harmless (*House AFY12*)

Federal Funds:
- ($3,810,000) TANF Reduction: Teen Centers ($1,810,000); Children 1st ($2,000,000)
- $2,016,396 Federal Funding Changes:
  - Children 1st $1,000,000
  - Auditory Verbal $137,500
  - Vital Records $878,896
State General Funds:
- $349,917 Lease Space for Macon District office
- $421,736 HIV/Syphilis Lab Testing
- ($1,169,659) Program Reductions
- $9,087,764 Statewide Adjustments

Federal Funds:
- ($6,325,830) TANF Reduction: Teen Centers ($3,525,830); Children 1st ($2,800,000)
- $137,500 Federal Funding- Auditory Verbal Contract
<table>
<thead>
<tr>
<th>Program</th>
<th>State</th>
<th>Federal</th>
<th>State</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adolescent and Adult Health Promotion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce grant-in-aid family planning special projects.</td>
<td>($80,000)</td>
<td></td>
<td>($80,000)</td>
<td></td>
</tr>
<tr>
<td>Reduce funds for personnel.</td>
<td></td>
<td>($80,000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce fund to reflect loss of TANF Supplemental Grant.</td>
<td>($1,810,000)</td>
<td></td>
<td>($3,525,830)</td>
<td></td>
</tr>
<tr>
<td><strong>Adult Essential Health Treatment Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce funds for personnel.</td>
<td></td>
<td></td>
<td>($6,823)</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Preparedness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce funds for personnel.</td>
<td></td>
<td></td>
<td>($80,000)</td>
<td></td>
</tr>
<tr>
<td><strong>Epidemiology</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce funds for personnel.</td>
<td>($183,000)</td>
<td>($91,844)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Immunization</strong></td>
<td></td>
<td></td>
<td>($186,826)</td>
<td></td>
</tr>
<tr>
<td>Reduce funds for operations.</td>
<td>($122,000)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infant and Child Essential Health Treatment Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce funds for personnel.</td>
<td></td>
<td></td>
<td>($9,619)</td>
<td></td>
</tr>
<tr>
<td>Replace funds Auditory Verbal Contract.</td>
<td>($137,500)</td>
<td>$137,500</td>
<td>($137,500)</td>
<td>$137,500</td>
</tr>
<tr>
<td>Reduce Regional Tertiary Care center contracts.</td>
<td>($150,000)</td>
<td></td>
<td>($200,000)</td>
<td></td>
</tr>
<tr>
<td><strong>Infant and Child Health Promotion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replace funds for the Children's 1st case management program.</td>
<td>($1,000,000)</td>
<td>$1,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce grant-in-aid funds for nurse case management.</td>
<td>($150,000)</td>
<td></td>
<td>($200,000)</td>
<td></td>
</tr>
<tr>
<td>Reduce funds to reflect the loss of the federal Temporary Assistance for Needy Families (TANF) Supplemental grant.</td>
<td>($2,000,000)</td>
<td></td>
<td>($2,800,000)</td>
<td></td>
</tr>
<tr>
<td><strong>Infectious Disease Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce funds for personnel.</td>
<td>($70,000)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vital Records</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replace funds.</td>
<td>($878,896)</td>
<td>$878,896</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Revenue used in Vital Record.</td>
<td></td>
<td></td>
<td>($45,000)</td>
<td></td>
</tr>
<tr>
<td>Reduce funds for operations.</td>
<td>($45,000)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>($2,746,396)</td>
<td>($1,793,604)</td>
<td>($1,169,659)</td>
<td>($6,188,330)</td>
</tr>
</tbody>
</table>
TANF Reductions

TANF Reductions AFY2012-2013

Adolescent Health and Youth Development

- AFY2012: $(1,810,000)
- FY2013: $(3,525,830)

Children 1st

- AFY2012: $(5,335,830)
- FY2013: $(2,800,000)
Amended FY2012:

- Eliminate Teen Centers
  - 30 Centers statewide
- Shift focus to Youth Development Coordinators
  - 18 YDCs statewide

FY2013:

- Reduce YDC staff from 18 statewide to 9 in the Prep (Personal Responsibility Education Program) Areas
  - Prep Areas: Cobb-Douglas; Fulton; Clayton; Gwinnett; DeKalb; Macon; Augusta; Albany; Savannah)
- Establish 4 Centers of Excellence
  - Top performing Teen Pregnancy Prevention Programs
TANF Reduction-Children 1st

Amended FY2012 ($2,000,000); FY2013 ($2,800,000)

- Over 8,500 low birth weight and very low birth weight infants will not receive nurse home visit services.

- 25% of newborns screened due to identified high risk factors.

- Approximately 30,000 children with potential medical and /or developmental concerns will not be linked to the appropriate medical/developmental services.

- Legally required to screen substantiated cases of abuse and neglect.
  - Over 4,000 each year under the age of 3.
1. April 2011- New Collections and Billing Procedures Implemented
2. Collections:
   April 2010 –January 2011 = $4,952,203
   April 2011 –January 2012 = $6,270,836
   Revenue Increase = $1,318,633
Preventive Health and Health Services Block Grant Funding

PHHS Block Grant Funding FFY2008 - FFY2011

- FFY08: $2,963,439
- FFY09: $3,122,880
- FFY10: $3,122,880
- FFY11: $2,370,084
- FFY12: $2,189,149*
Board of Public Health Meeting

Next Meeting: March 13, 2012, 1:00 PM

To be added to the notification list, send an e-mail to Bob Shaw – rmshaw@dhr.state.ga.us