



# Board of Public Health Meeting

Tuesday, May 14, 2013



*We Protect Lives.*

# Commissioner's Update

Brenda Fitzgerald, MD

# National Asthma Day

Katie Miller  
Board Member

# Accreditation Update

James C. Howgate, MPH  
Chief of Staff, DPH

# DPH Approach to Accreditation

- There is no directive or mandate from the state office or the Commissioner for districts to pursue PHAB Accreditation.
- State office is encouraging and supporting Districts as they explore and pursue PHAB accreditation.

# Accreditation and Quality

- DPH recognizes that preparation and progress toward Accreditation is as much about quality within the organization as it is about a formal accreditation application.
- Building organizational capacity to meet the standards of PHAB Accreditation is the capability reflected in an organization embracing quality and continuous improvement.
- Our accreditation support efforts are based out of our Office of Performance Improvement (OPI).
- OPI is funded by the CDC as part of the National Public Health Infrastructure Initiative (NPHII), which is focused on improving public health through the application of quality tools and methods with an emphasis on PHAB Accreditation readiness.

# District Accreditation Status

- Three districts are actively moving towards accreditation.
  - Cobb/Douglas is half way through the 2 year formal application process.
  - Gwinnett/Newton/Rockdale and DeKalb districts have begun concerted efforts towards accreditation preparation
  - Gwinnett/Newton/Rockdale and DeKalb districts are being supported with technical assistance for accreditation preparation by Georgia Southern University, funded by Healthcare Georgia Foundation.

# DPH Accreditation Support Activities

- Office of Performance Improvement Grant has funded Georgia Southern University to conduct accreditation readiness assessments in 5 (primarily southeastern) Health Districts.
- Readiness effort includes having the districts work through the PHAB pre-accreditation application checklists.
- DPH is currently working with Georgia Southern University to extend the readiness assessment into 3-5 additional Health Districts.
- OPI will be providing mini-grants to Districts to fund quality improvement projects described in the readiness assessments



# Planned Activities

- Working to establish a designated Accreditation Coordinator based in the State Office of Performance Improvement with grant funding.
- Starting a more active dialog across the State around accreditation.
- Initiating a monthly conference call to support and facilitate Accreditation efforts
  - Open to all Districts, including those at any point in the Accreditation application process
  - Objectives and scope will include:
    - technical assistance with policies and information that applies across the state for consistency of messaging
    - experience sharing, lessons learned, best practices
    - quality and quality efforts as a critical element of Accreditation

# Other Support Activities

- Recent conference call with PHAB staff, reps from State, Districts, Healthcare GA, and GA Southern
- Call intended to clarify:
  - How Georgia Public Health is organized and how it is governed
  - How the PHAB Accreditation approach could be applied to Georgia's structure
- PHAB was able to articulate how they would approach accreditation in Georgia
  - Two or more counties can apply together as a “multi-jurisdictional” entity and that the District could be the administrative lead in the application process.
  - Accreditation is at the County level
  - Fees will be based on the total population covered by the county(ies) making the application

# **Science, Research and Academic Affairs**

Luke Fiedorowicz, Ph.D.  
Science Officer, DPH

# Goals

- Establish DPH as a research-oriented institution
  - Increase research activity at DPH
  - Increase collaboration with other institutions
  - Seek funding for research projects
  - Increase publication in professional journals
    - Develop a clearance process for all publication involving DPH
- Centralize research activities at DPH
- Develop research agenda
- Create a research/data resource center
  - Dataset catalog
  - Research projects catalog
- Evaluate services/programs provided by DPH
- Work on accreditation readiness

# Current Activities

- **IRB:**

- Formalized the IRB process
- Revised policies, procedures, forms
- Transitioned to an electronic application system
  - Working on developing an online application system

- **Data Request System:**

- Centralized and standardized process for all data requests
  - Streamline the process and maintain accurate records
  - Protect DPH with consistent procedure
- Data Coordinator - Demetrice Jordan
  - Point of contact for all customers
  - Will ensure compliance with all regulations (HIPAA, IRB, etc.)
  - Will ensure timely completion of the requests

# Current Activities

- **Workforce Development:**
  - Internship Coordinator - L'laina Rash
  - Work with academic institutions
    - Identify needs
    - Increase interest
  - Better matching of interns to programs
    - Based on interests and experience
  - Formal and structured mentoring program
  - Provide a more meaningful experience
    - Interns as “employees” of DPH
    - Paper/poster at the end
    - Certificate of completion

# Future Goals

- **Center for Excellence:**
  - Address gaps in education/training of PH students
  - Provide more internship opportunities
    - Seek funding for paid internships
    - Extended internship opportunities for advanced students (6-12 mo)
  - Guest lectures/training sessions/labs
    - For students and DPH employees
  - Lunch & Learns/Symposia
- **Meetings to exchange knowledge**

**2013 Joint Meeting of the  
Newborn Screening and  
Genetic Testing Symposium  
and the  
International Society for  
Neonatal Screening (ISNS)**

Janie Brodnax  
Chief Operating Officer, DPH



# Newborn Screening Exhibit



# 50<sup>th</sup> Anniversary of Newborn Screening

## May 5-10, 2013

### Atlanta, GA

- Meeting sponsored by the Association of Public Health Laboratories (APHL), ISNS, CDC, and DPH/GPHL, as host State Public Health Laboratory.
- Nearly 700 national and international participants attended the meeting.
- Oral presentations, poster sessions, and exhibits addressed state, national and international newborn screening, genetic testing and policy issues.
- Topics included new and emerging technologies, candidate conditions, common issues and solutions, clinical outcomes and short and long-term follow up.
- Tours of the GPHL (Newborn Screening Unit) and the Newborn Screening and Molecular Biology Branch at CDC.

# Sessions – APHL website

<http://www.aphl.org/conferences/proceedings/Pages/2013-APHL-NBS-Genetic-Testing-Symposium.aspx>

# Newborn Screening in Georgia

- Testing since 1963
- Test for 29 disorders, 28 are done at GPHL
- Most disorders show no symptoms at birth
- Dried blood spot specimen
- FY2012 – tested 133,000 newborns
- Approximately 600 specimens per month test positive and 12 are confirmed
- Lack of diagnosis can result in death or disability

# Newborn Screening in Georgia

- GPLH purchases more than \$3.6 million in laboratory supplies and materials annually for NBS.
- Demographic information is entered/tracked by the Laboratory Information Management System (LIMS).
- Data is entered into the LIMS the same day if specimen is received by cutoff, or the next day if specimen is received after cutoff
- Paper reports provided to hospitals and health care providers. Also available on web portal

# Newborn Screening in Georgia 2012 Confirmed Case Summary

- Endocrine Disorders: 80
- Cystic Fibrosis: 25
- Metabolic Disease: 8
- Amino Acidopathies: 4
- Organic Acidemias: 9
- Fatty Acid Oxidation Disorders: 12
- **Total = 138 (1:1056)**
  - Theoretical = 1:1250

# Newborn Screening in Georgia

## Follow-up of Presumptive Positives

- Endocrine, CF, Metabolic
  - Emory Department of Human Genetics
- Hematological
  - DPH Newborn Screening Program
  - Georgia Health Sciences University
  - Sickle Cell Foundation
- Criticals – Same day phone and fax

# New Disorders

- HRSA advisory committee makes recommendations
- Current recommendations:
  - Severe Combined Immune Deficiency (SCID)
  - Congenital Cyanotic Heart Defect (CCHD)
    - Non laboratory screening by pulse oximetry



# SCID Testing

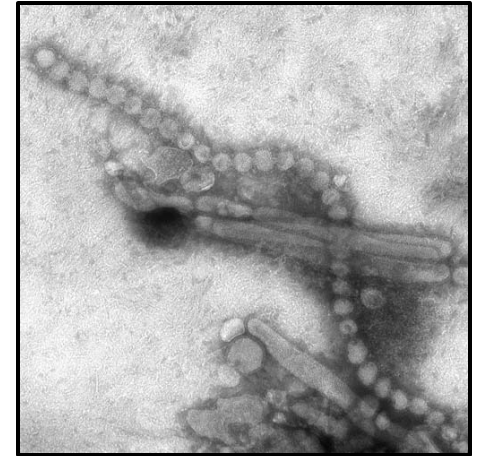
- 1 in 38,000 babies are born with SCID
- Unique because child can be completely cured just by identifying and treating the disorder (stem cell transplant)
- Lack of diagnosis can result in death and also disability including expensive medical bills
  - \$4M for one case in California alone
  - The older the child at time of diagnosis the more expensive and complicated the care
- DPH currently applying for federal grant for start-up of SCID testing
- DPH goal to implement testing in September 2014

# **Influenza A (H7N9) Outbreak, 2013**

Cherie Drenzek, DVM, MS  
State Epidemiologist, DPH

# Overview

- Background
- Current Situational Awareness
- Why so much concern?
- How can we be prepared in Georgia?
- Overarching benefits



# Background: Influenza A Virus Subtypes

- Influenza A viruses circulate in animal or human reservoirs and are named by their surface proteins
  - Hemagglutinin (15)
  - Neuraminidase (9)

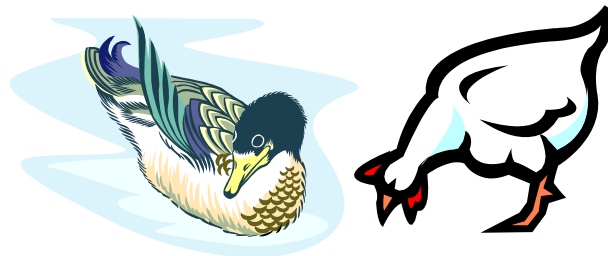
- Human (H1, H3)

- H1N1
- H3N2
- H1N2



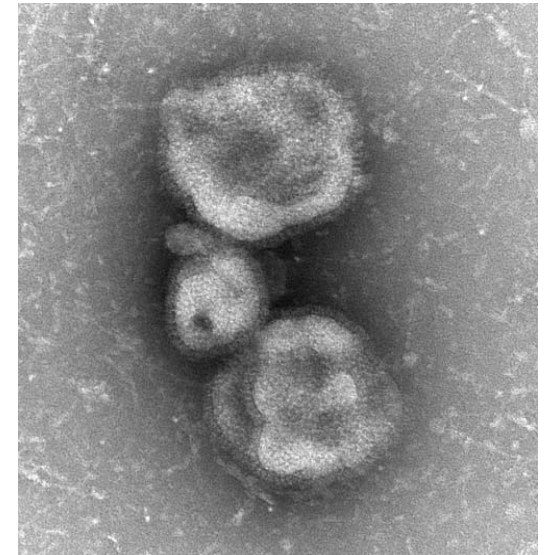
- Avian (H5, H7, H9)

- H7N9
- H5N1
- H7N7
- H9N2



# Current Situational Awareness: What?

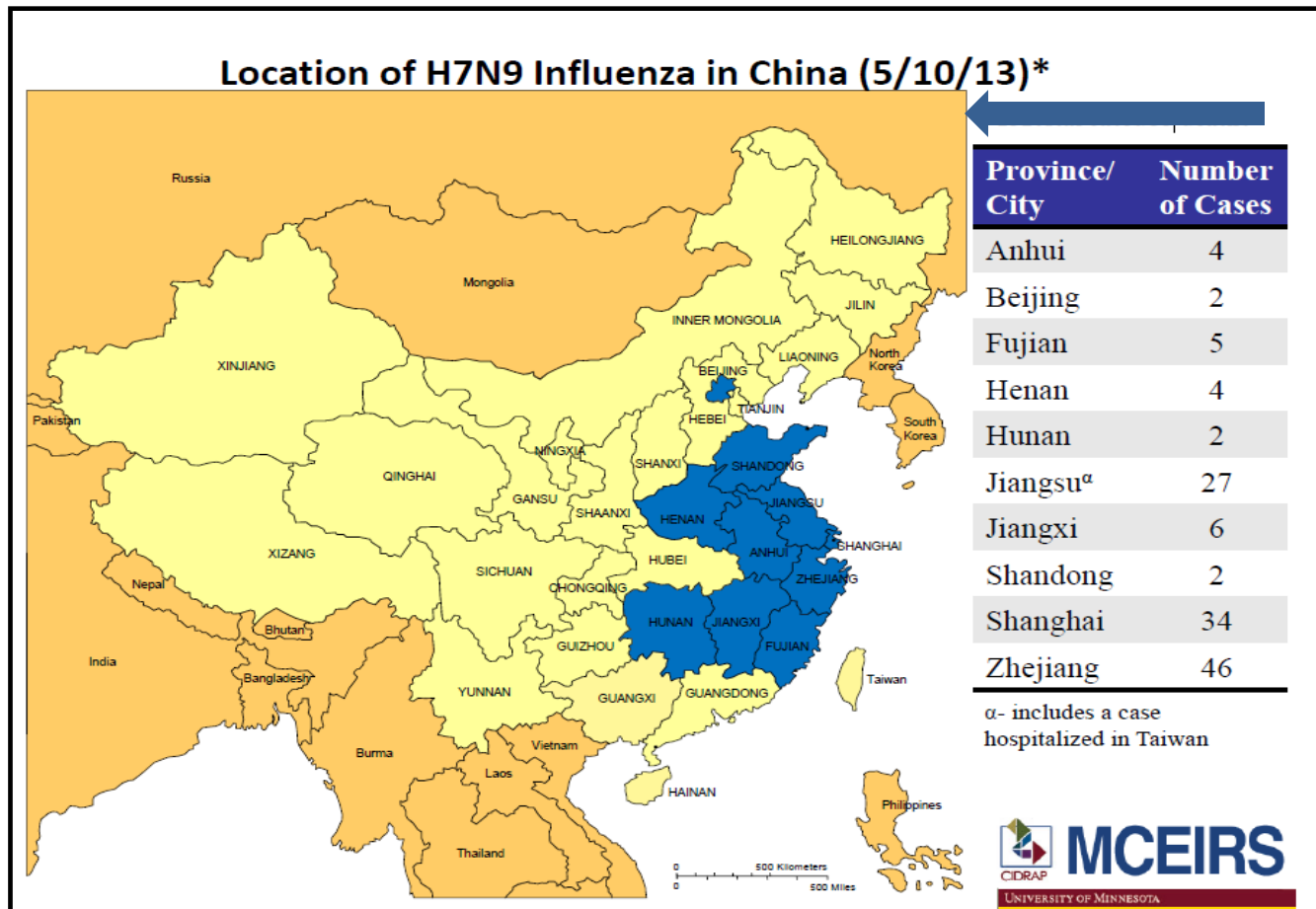
- An outbreak of human infections with avian influenza A (H7N9) viruses has been ongoing in China since mid-February 2013.
- This is the first time that human infections with H7N9 have been detected.
- Influenza A (H7N9) is of low pathogenicity in birds (infection is clinically inapparent)
- During the outbreak, H7N9 has been detected in chickens, ducks, and pigeons in live bird markets in China (0.07%).
- Any animal influenza virus that develops the ability to infect people can theoretically cause a pandemic.



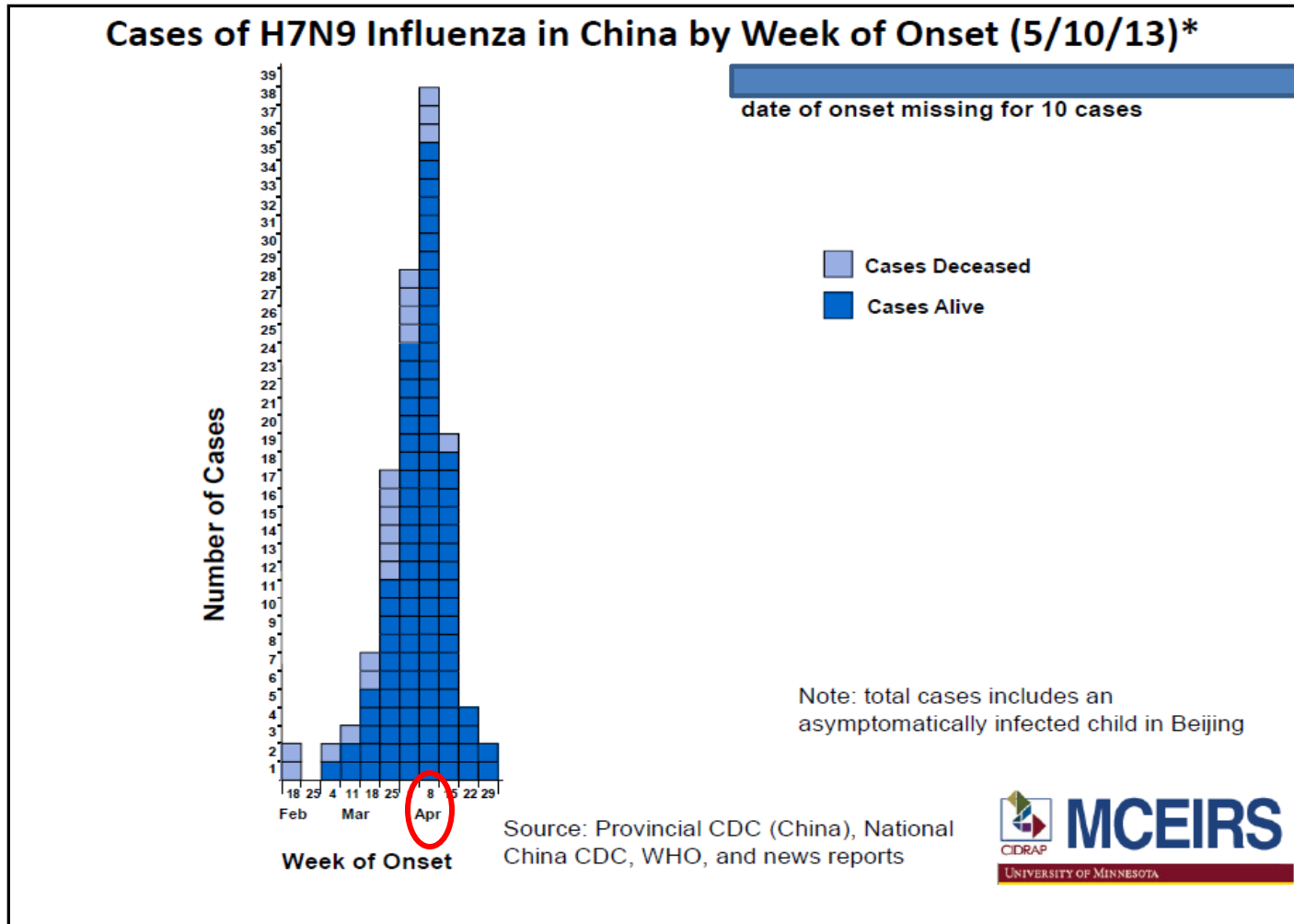
<http://www.cdc.gov/flu/avianflu/h7n9-images.htm>

# Current Situational Awareness: Where?

132 confirmed cases of H7N9 infection (and 35 deaths) have been reported from 8 provinces and 2 municipalities in eastern China; no cases have been reported in the U.S. or other countries.

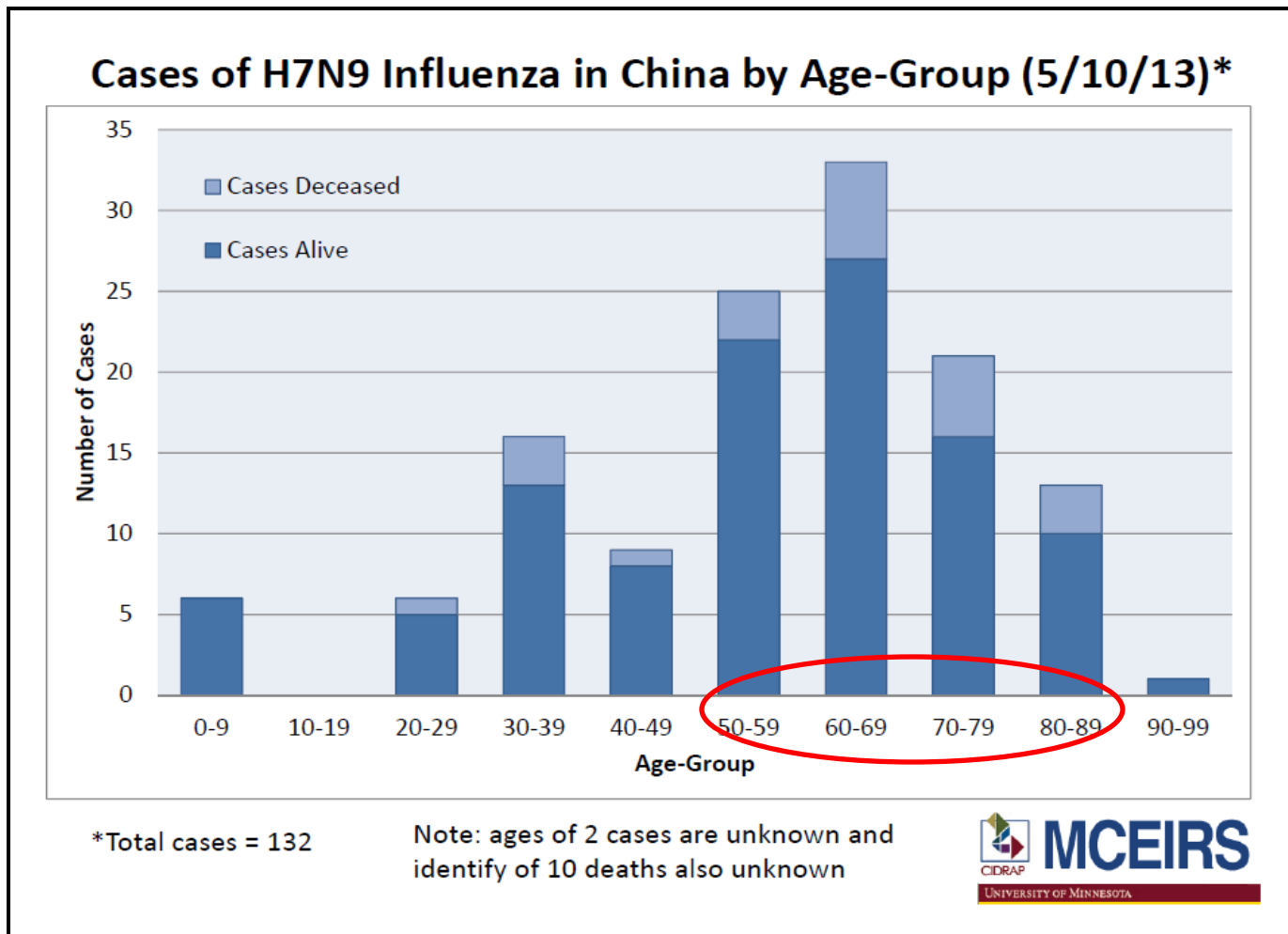


# Current Situational Awareness: When?



# Current Situational Awareness: Who?

**71%** of H7N9 cases (and **74%** of deaths) have occurred among middle-aged and older **men**.





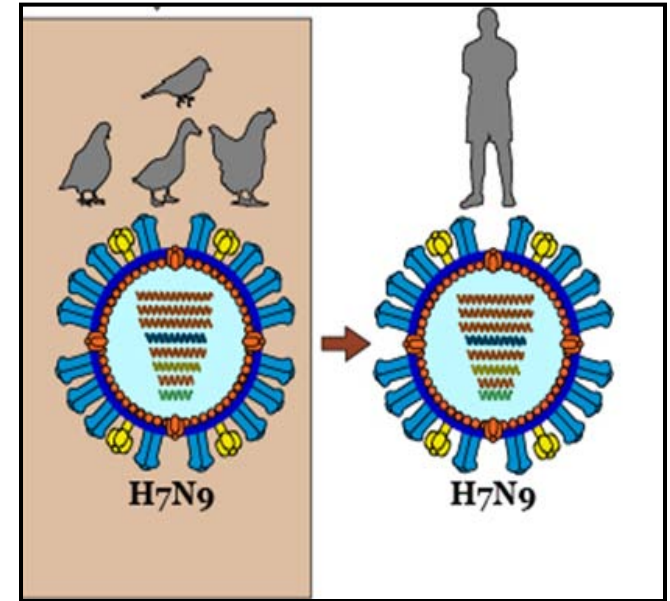
# Current Situational Awareness: Who?

- Median age of case-patients: **60** years (range 2-91 years)
- Most infections clinically **severe**
  - Fever, severe lower respiratory infection/pneumonia, ARDS, multi-organ involvement
- Current case fatality rate (CFR): **20%** (74% male; 22% female)
- Many (~70%) case-patients had contact with live bird markets or poultry
- Nearly all cases have been sporadic with no obvious epidemiologic links
- Two family clusters suggest that limited human-to-human transmission may occur (not unexpected)
- But, **no sustained** person-to-person spread found

# Current Situational Awareness: Virology

## Genetic analysis of the current H7N9 virus:

- Originated from multiple reassortment events-- contains genes from 4 different influenza viruses (from ducks, wild birds, and 2 chickens)
- Contains a mutation associated with increased ability to infect mammals, including humans.
- The H7N9 virus isolated from a human case-patient in China showed close genetic similarity to an H7N9 virus isolated from a chicken at the bird market he visited.



[http://www.uq.edu.au/vdu/VDUInfluenza\\_H7N9.htm](http://www.uq.edu.au/vdu/VDUInfluenza_H7N9.htm)

# Situational Awareness Informs Mitigation/Control: What We **Don't** Know:

- The animal reservoir(s) in which H7N9 is circulating
- The main exposures and routes of transmission to humans
- The seroprevalence of H7N9 in humans and animals (extent of infection/exposure)
- Whether the virus will fade out or circulate at lower levels during warmer months (a pattern seen with H5N1 in China)
- Whether the virus will gain mutations that allow it to spread more easily among humans (and how do we monitor genetic changes real-time?)

# H7N9: Current Control and Mitigation Strategies

- Enhanced surveillance for cases
- Development of H7N9 diagnostic assays
- Case isolation
- Early antiviral treatment with oseltamivir or zanamivir
- Contact investigation/monitoring
- Culling birds/suspending live bird markets
- Consider stopping transport/trade of live birds
- No travel restrictions, but traveler education
- CDC development of candidate vaccine viruses



# Why So Much Concern? Harbinger of Pandemic?

## Concerns:

- Novel avian virus with mutation indicating human adaptation
- Severe clinical infections; 20% case-fatality rate
- Though person-to-person transmission appears negligible so far, ongoing circulation in humans may lead to genetic changes that could change this.
- **The success of any disease containment strategy is founded upon epidemiology:** Unknown reservoir and source
- Birds have no visible signs of H7N9 infection, which makes surveillance and control of the virus challenging in bird populations (cull all?)
- Could spread to other countries by migratory birds or infected travelers?

## On the other hand...

- H7N9 case reports seem to be slowing in May
- Bird market control measures effective?

We'll see...

# H7N9 Preparedness in Georgia: What Have We Been Doing?



Foundation: Lessons learned from 2009 H1N1 pandemic

- Maintain year-round influenza surveillance
- Enhanced surveillance for H7N9 among travelers to China
- Lab capacity: molecular diagnostic test kit for novel H7 infections at GPHL
- H7N9 specimen/testing guidance for clinicians
- Rapid investigation of possible cases of H7N9 in returning travelers
- Review/update existing pandemic plans, particularly for vaccination campaigns
- Verify supplies and procedures to access countermeasures like antiviral drugs, respiratory protective devices, etc.
- Continued collaboration between all stakeholders: healthcare community, animal health community, business community, academic community

# Novel Influenza Preparedness: Overarching Benefits

## Pandemic Influenza Preparedness



- Seasonal Influenza Preparedness
- Emerging Infectious Disease Preparedness (novel coronavirus)
- Public Health Emergency Preparedness
- Improved Community Health

# **Emergency Preparedness Readiness Report**

J. Patrick O'Neal, MD  
Director, Health Protection, DPH



# Immunization Update

J. Patrick O'Neal, MD  
Director, Health Protection, DPH

# Public Health Workforce Update

Lee Rudd

Director, Human Resources, DPH

# Human Resources Vision

Operate as strategic partners that attract, retain, and develop talent for the organization.

## Mission Statement

Providing and delivering HR best practices to ensure success for our customers, leaders, stakeholders, and ultimately - Georgians

## Strategies

- Maximize the contribution of the human assets by utilizing performance management and workforce preparedness.
- Focus on highly important and high preparedness talent needs.
- Locate and recruit in a timely manner the best available talent through creative staffing strategies.
- Create rigor around HR governance and compliance by promoting best practices.

# Accomplishments of New HR Team

- Moved to Consultative Model
  - Relationship Building with Customers
- Became Integrated Partner with DPH Transformations
  - WIC, Finance, MCH
- Average Time to Fill Open Positions
  - Dec. 2012 – 93 Days; Current – 33 Days
- Moved to Strategic Staffing Model
  - 30 Job Postings Monthly (Avg)
- Cleared Back Log of Employee Relation Cases
  - 10 Cases Monthly (Avg)
- Cleared Back Log of 30 HR Transactions
  - 60 Monthly (Avg)

# Organizational HR Maturity Model Stages

## Stage 1

HR provide basic “people” transactions

- Personnel Administration
- Benefits
- Leave/Time Tracking
- Payroll
- Classification
- Basic Measures & Tracking

## Stage 2

HR supports organization as Business Partner

- Strategic Recruiting
- Organizational Development
- Manager/Employee Coaching
- Employee Relations
- Performance Management
- HR Analytics
- Some Employee Learning



**DPH**

## Stage 3

HR becomes Strategic Partner

- Partner for planning and implementing strategy
- Drive employee engagement
- Employee Rewards/Recognition
- Mentor Program
- Robust Employee Learning
- Succession Planning
- Advanced Analytics/Predictive Modeling

# HR Goals (FY '13-FY '14)

- Improve FMLA
  - Knowledge and Tracking
- Performance Management
  - Create & Rollout
- On Boarding Program
- New Employee Handbook
- Employee Development
  - Coaching, Leadership, Behavioral Competencies

# HR Goals (FY '13-FY '14)

- Update HR Processes, Policy, and Forms
  - Automation, Simplification
- Accelerate Strategic Staffing
- Ensure Compliance
  - Labor Laws/Regulations
- Track and Measure HR
  - Goals, Metrics, & Stats

# HR Metrics-

## FY '13 – FY '14 Baseline Measures

### Turnover Rates (Quarterly)

- Voluntary Turnover & Reason
- Involuntary Turnover
- Retention Rates (6 mos, 1 yr, 3 yr)
- # of Temps
- # of Interns

### Employee Relations (Monthly)

- # of Cases Closed
- Type of Case

### Recruitment (Monthly)

- # of Open Reqs
- Time to Fill Positions
- YTD # of RTFs
- # of New Hires

### General HR Tracking (Monthly)

- Direct Appointments
- Allocations
- Promotions
- Salary Increases
- Temporary Salary Adjustments



# HR Goals (Year 1–3)

- Employee Engagement
  - Recognition Program, Mentoring Program
- Succession Planning
- Employee Training & Development
- Automation (HRIS)
  - Time & Attendance, On boarding, Performance Management, Employee Certification & License Tracking
- Assessment Tools
  - Pre-employment, Employee Development (360 degree)
- Institutional Knowledge Transfer
- Social Media for Strategic Staffing

# **OHIP Community Needs Health Assessment**

James C. Howgate, MPH  
Chief of Staff, DPH

# CHNA Background

- The Community Health Needs Assessment (CHNA) requirements are among several new requirements that apply to section 501(c)(3) hospital organizations, which were added to the Code of Federal Regulations by the Patient Protection and Affordable Care Act (“ACA”), enacted March 23, 2010.
- The ACA requires that nonprofit hospitals conduct a **community health needs assessment** (CHNA) every three tax years, beginning in tax years after March 23, 2012.
- The hospital must also have an **implementation strategy** for meeting the needs identified in the assessment, report how it is addressing those needs and describe any needs that are not being addressed together with the reasons they are not being acted on.
- Any nonprofit hospital organization that does not meet these requirements must be assessed a tax of \$50,000 per year per non-compliant facility.

# Key Components of CHNA

- Description of community served
  - Geographic, target population, principle functions
- Description of process and methods
  - Cite Sources and analytical methods, identify gaps, engage in collaboration, including the possible use of third parties
- Gathering external input
  - From persons representing the broad interest of community, when and how
  - From Public Health, government agencies
  - Representatives of medically underserved, low-income, minority populations with chronic disease
- Prioritize description of health needs
  - Identify needs including process and criteria used
- Listing existing facilities and resources
  - Description of existing health care facilities and community resources available to meet needs

# DPH and CHNA

- Assessment is Core Public Health.
- Loss of Indigent Care Trust Fund funded health planners in each district eliminated main capacity.
- Conducted a survey of districts to gauge their involvement with the CHNA processes of the hospitals in their counties
  - 67% do not have the capacity to even assist with CHNA
  - 50% of districts have 8 or more hospitals in their

# DPH and CHNA

- Vague ACA rules and supplemental announcements has led to various interpretations of engagement with public health.
  - April 2013 – IRS issues further guidance
    - “A hospital facility must take into account *input* from the following sources...”
      - *At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of that community*

# Observations

- DPH is not an exclusive resource to the community
- Other resources began emerging before implementation of ACA and agencies continue to make products and resources available
  - Community Commons (CHNA.org)
  - Healthy Communities Institute
  - Atlanta Regional Collaborative for Health Improvement (ARCHI)
    - Looking at the CHNA from a regional and collective impact perspective

# What Hospitals are Doing

- From the Georgia Hospital Association:
  - Working with academia
  - Using a private consultant
  - Using software vendors
  - Working with public health



# Moving Forward

- Stay involved in conversation as IRS works to refine the rules around the law
- Our biggest asset is the CHNA Dashboard

# **Community Needs Health Assessment (CNHA) Dashboard**

Gordon Freymann, MPH  
Director, Office of Health Indicators  
for Planning (OHIP), DPH

# Closing Comments

Gary Nelson, Ph.D.  
Chair

The next Board of Public Health meeting  
is currently scheduled on  
Tuesday, June 11, 2013 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send  
an e-mail to [rmshaw@dhr.state.ga.us](mailto:rmshaw@dhr.state.ga.us)