Georgia Department of Public Health

Board of Public Health Meeting

Tuesday, February 9, 2016

We Protect Lives.

Commissioner's Update

Brenda Fitzgerald, MD
Commissioner, DPH

DPH 2016-2019 Strategic Plan

Christine Greene
Deputy Chief of Staff, DPH

2016-2019 Strategic Plan Process

MAY 2015

- Programs submitted Strengths Weaknesses Opportunities and Threats (SWOT) analysis
- The Executive Leadership Team (ELT) reviewed programs' SWOT analyses and developed agency SWOT analysis
- DPH Environmental Scan completed
- State Community Health Assessment (CHA) planning commenced

JUN 2015

- Vision, Mission, and Values reviewed by ELT – Values Updated
- Agency's overall strategic goals developed
- Programs developed and/or modified their objectives and strategies to achieve agency strategic goals

2016-2019 Strategic Plan Process

JUL 2015

- Vision, Mission, Values, and SWOT analyses presented to District Health Directors
- Mini-training conducted with programs to introduce performance management system
- Programs' objectives and strategies presented to District Health Directors

AUG 2015

- Programs submitted action plans with updated objectives, strategies, and performance measures to Performance Management Team
- 5 regional community presentations and focus groups commenced as a part of the CHA

2016-2019 Strategic Plan Process

SEP 2015

- 5 regional community presentations and focus groups completed as a part of the CHA

OCT - NOV 2015

- CHA focus group analysis and report completed
- Strategic objectives aligned with CHA results

2016-2019 Strategic Plan Process

DEC 2015

- Final strategic plan presented to program managers
- Strategic plan added to DPH website
- Programs provided baseline data for performance measures

JAN 2016

- Draft Quality Improvement Plan with linkage to Strategic Plan completed
- Initial draft of performance management system with baselines and targets presented to ELT

DPH Vision and Mission

VISION

A Healthy and Safe Georgia

MISSION

To **prevent** disease, injury, and disability; **promote** health and wellbeing; and **prepare** for and respond to disasters.

DPH Values

VALUES

Excellence – Commitment, accountability, and transparency for optimal efficient, effective, and responsive performance.

Partnership – Internal and external teamwork to solve problems, make decisions, and achieve common goals.

People – We value our employees as professional colleagues. We treat our customers, clients, partners, and those we serve with respect by listening, understanding and responding to needs.

DPH Values cont'd

VALUES

Innovation – New approaches and progressive solutions to problems. Embracing change and accepting reasonable risk.

Science – The application of the best available research, data and analysis leading to improved outcomes.

GOAL 1: Prevent disease, injury, and disability.

Provide population-based programs and preventive services to prevent disease, injury, and disability by advocating for and promoting health, leading change in health policies and systems, and enabling healthy choices.

Objective 1.1 | Increase the percentage of Georgia's Fitnessgram assessed student populations that fall in the Healthy Fitness Zone (HFZ) for Body Mass Index (BMI) by 1% each year for 4 Years. By 2019, 64% of Georgia's students will fall inside the HFZ for BMI.

STRATEGY/1.1.1	Improve Aerobic Capacity (AC) HFZ measure for students in grades 4-12 by 1% each year for 4 years. By 2019, 63% of males and 49% of females will be inside the HFZ for AC.
STRATEGY/1.1.2	Increase the number of Quality Rated Early Care and Learning Centers that are Shape awarded by 100% over 4 years. By 2019, 150 centers will be Shape awarded.
STRATEGY/1.1.3	Increase Georgia's student population assessed via Fitnessgram assessment. By 2019, students assessed in school through Fitnessgram would improve from 76% to 90%.
STRATEGY/1.1.4	Improve the Georgia Breastfeeding 6th month duration rate by 20% over 4 years, according to the CDC breastfeeding report card. The 6th month duration rate would improve from 40% to 48% by 2019.

Goals, Objectives and Strategies for DPH Outcome Priorities

Objective 1.2 | By 2019, eliminate all pediatric asthma deaths in Georgia.

STRATEGY/1.2.1	Implement pilot project in high-burdened health districts to demonstrate the value of a comprehensive approach to control asthma in high-risk children through increased access to guidelines-based care, asthma healthy homes visits, and self-management education.
STRATEGY/1.2.2	Reach early care centers and K-12 school environments statewide with opportunities to implement asthma-friendly policies and best practices.
STRATEGY/1.2.3	Support health systems and health care providers in providing evidence-based asthma care and self-management education to children with asthma and their caregivers, especially children from families with low socio-economic status.
STRATEGY/1.2.4	Increase the number of care management organizations and/or health plans providing reimbursement for comprehensive asthma care based in National Asthma Education and Prevention Program (NAEPP) guidelines.

Goals, Objectives and Strategies for DPH Outcome Priorities

Objective 1.3 | By 2019, reduce the preventable infant mortality rate from 6.3 (2013) to 5.3 per 1,000 births.

STRATEGY/1.3.1	By 2019, 40 of the current 83 birthing hospitals will participate in the 5-STAR Hospital Initiative.
STRATEGY/1.3.2	Provide educational material to all birthing hospitals on the American Academy of Pediatrics (AAP) safe sleep guidelines.
STRATEGY/1.3.3	By 2019, birthing hospitals in targeted high infant mortality areas as well as the Regional Perinatal Centers will have adopted policies based on the AAP safe sleep guidelines.
STRATEGY/1.3.4	By 2019, increase the percentage of women (ages 15 – 44) served in public health family planning clinics who use long-acting reversible contraception (LARC) to 15%.
STRATEGY/1.3.5	By 2019, increase postpartum long-acting reversible contraception (PPLARC) in high-risk birthing hospitals.
STRATEGY/1.3.6	By 2019, increase the number of County Health Departments providing Perinatal Case Management (PCM) services from 93 to 104.

Goals, Objectives and Strategies for DPH Outcome Priorities

Objective 1.4 | By 2019, decrease the annual rate of hospitalizations for diabetes by 25% (from 180.2 to 135) and for hypertension by 10% (from 73.3 to 65.7) over 2013 rates.

STRATEGY/**1.4.1**	Develop and test approaches to improve the delivery and use of quality clinical and other health services aimed at preventing and managing high blood pressure and diabetes, reducing tobacco use, and improving nutrition and weight management.
STRATEGY/**1.4.2**	Increase links between aging, faith based organizations, other community organizations, EMS, public health, and health care systems to support prevention, self-management and control of diabetes, high blood pressure, and obesity.
STRATEGY/**1.4.3**	Expand access to local public health services that screen for and help to control chronic conditions, including hypertension, diabetes/pre-diabetes/tobacco use as well as improve nutrition and weight management.

Goals, Objectives and Strategies for DPH Outcome Priorities

Objective 1.5 | In support of the Governor's goal, by 2020, to get all children in Georgia on a path to reading proficiency by the end of third grade, the Georgia Dept of Public Health is working with partners across the state to establish early brain development as a statewide priority, by redefining the concept of prenatal, infant and toddler wellness to include neuro-developmental and social-emotional health, enhancing our early intervention system and developing strategies to support optimal brain development and school readiness.

STRATEGY/**1.5.1**	By 2019, identify and develop evidence-based training and resources for at least 3 high impact workforces that support expectant and new families in Georgia, with a goal of reaching and training at least 1,000 professionals.
STRATEGY/**1.5.2**	By 2019, create a common language, data set and measurements across agency, provider and geography to enable data collection, sharing and performance monitoring to assess progress toward common goals children ages 0-3.

Goals, Objectives and Strategies for DPH Outcome Priorities

GOAL 2: Promote health and wellbeing.

Increase access to health care throughout the State of Georgia and educate the public, practitioners, and government to promote health and wellbeing.

Objective 2.1 | By 2019, identify, establish and maintain programs and services to increase healthcare access and access to primary care.

STRATEGY 2.1.1	Identify opportunities to embed telehealth into systems of care, including ensuring integrated strategies for increasing access to specialty care services, to enhance patient experience while creating supportive environments, particularly in rural areas.
STRATEGY 2.1.2	Foster collaboration between public health and primary care providers to increase access to care and improve health outcomes.

Goals, Objectives and Strategies for DPH Outcome Priorities

Objective 2.2 | By 2019, improve technological infrastructure to promote health and wellbeing by collecting, analyzing and reporting health data, tracking disease and health determinants and applying science and epidemiological principles to support decisions.

STRATEGY/2.2.1	Develop an enterprise platform to provide the technology support necessary for all of the Department's programs and services starting with care management, billing and payment and reporting/business intelligence/shared analytics (Informatics) to support performance and predictive analytics.
STRATEGY/2.2.2	Increase utilization of technology and social media for educating public on public health information and for data monitoring and reporting.

Goals, Objectives and Strategies for DPH Outcome Priorities

GOAL 3: Prepare for and respond to emergencies.

Insure efficient, effective and quality Public Health infrastructure to prepare for and respond to emergencies to safeguard the health and wellbeing of Georgians.

Objective 3.1 | By 2019, improve infrastructure to prepare for and respond to emergencies.

STRATEGY / 3.1.1	Develop and institutionalize a culture of quality to continuously evaluate and improve processes, programs, and services provided by DPH.
STRATEGY / 3.1.2	Recruit, retain, and develop a workforce with skills focused on the following competencies: core, organizational, leadership, and job specific/professional.
STRATEGY / 3.1.3	Develop a system within the healthcare and public health communities of Georgia and the SE USA for the identification, isolation, transportation, and treatment of individuals with serious infectious diseases.
STRATEGY / 3.1.4	Prepare, equip, credential, and maintain through training five Environmental Health Strike Teams to support and assist state and local jurisdictional disaster response.

Performance Management/Strategic Alignment

NEXT STEPS

- Performance Quarterly Report – April 15th
- Performance Quarterly Report – July 15th
- Performance Quarterly Report – October 14th
- Annual Strategic Plan Review

Thank You!

Zika Virus Update

Cherie L Drenzek, DVM, MS
State Epidemiologist, DPH

Chris Kumnick
Environmental Health Deputy Director, DPH

Infectious Diseases: Recurring Themes

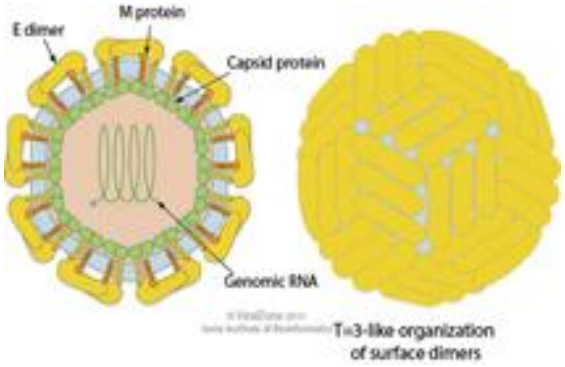
1. Infectious diseases are only a plane ride away
2. Epidemiology points our way to mitigation and prevention (travel history, exposure, risk, etc.)

Overview

- Zika Virus: Current Epidemiology
- DPH Roles
- Closing Comments

What is Zika Virus?

- Single-stranded RNA virus first isolated from a rhesus monkey in Uganda in 1947
- Genus *Flavivirus*
- Closely related to dengue, yellow fever, Japanese encephalitis, and West Nile viruses
- Transmitted to humans primarily by bite of infected *Aedes* species mosquitoes



Where is Zika Virus Found?

- Before 2007, sporadic cases of human Zika infections reported from Africa and southeast Asia
- In 2007, first documented Zika outbreak reported on Yap Island, Federated States of Micronesia
- In May 2015, Zika virus spread to the Americas for the first time; outbreak began in Brazil and has now spread to >26 countries.
- No local transmission currently documented in the U.S, but ~50 cases have been reported in returning travelers, including one in Georgia.
- WHO declared this outbreak a "Public Health Emergency of International Concern" on February 1, 2016

Aedes aegypti

How is Zika Virus Transmitted?

Aedes albopictus

- Transmitted to humans primarily by bite of infected *Aedes* species mosquitoes
- *Aedes aegypti* primary (most efficient) vector; *Aedes albopictus* competent vector
- Both also transmit dengue and chikungunya viruses; both found in Georgia.
- Mosquitoes become infected when they feed on a person already infected with Zika virus (viremic), then can spread the virus to other people through bites.

What Happens After Transmission? Zika Virus Disease: Clinical Picture

- About 1 in 5 people infected with Zika virus become ill
- Clinical illness usually mild; symptoms last several days to a week.
- The most common symptoms are fever, maculopapular rash, joint pain, and conjunctivitis.
- Treatment supportive (rest, fluids, analgesics, antipyretics); no specific antiviral therapy.
- Hospitalizations uncommon; fatalities rare.
- Zika virus remains in blood for a week; unknown how long in other body fluids.

Zika Virus Disease: Possible Complications/Severe Outcomes

1. Guillain-Barré syndrome has been reported in patients following Zika virus infection (risk not well characterized)

2. Microcephaly: The Brazil Ministry of Health reported a substantial increase in number of babies born with microcephaly in 2015; true baseline unknown.

   - Zika virus has been identified in several infants born with microcephaly (including deaths).
   - A link between Zika virus infection during pregnancy and microcephaly is strongly suspected, though not yet scientifically proven. Studies ongoing.

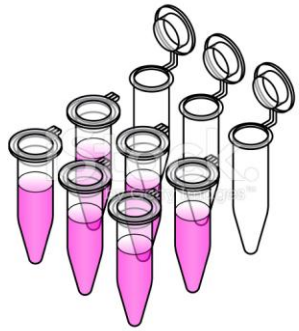
Zika Virus: Other Routes of Transmission

- Intrauterine, resulting in congenital infection (and possibly severe outcomes like microcephaly)
- Sexual transmission (3 documented instances, including last week in Texas)
- Blood transfusion
- Possibly via breast milk or organ donation, but never documented

DPH Roles

- Facilitate Laboratory Testing
- Surveillance
- Inform Prevention and Control Strategies

Zika Virus: Laboratory Testing



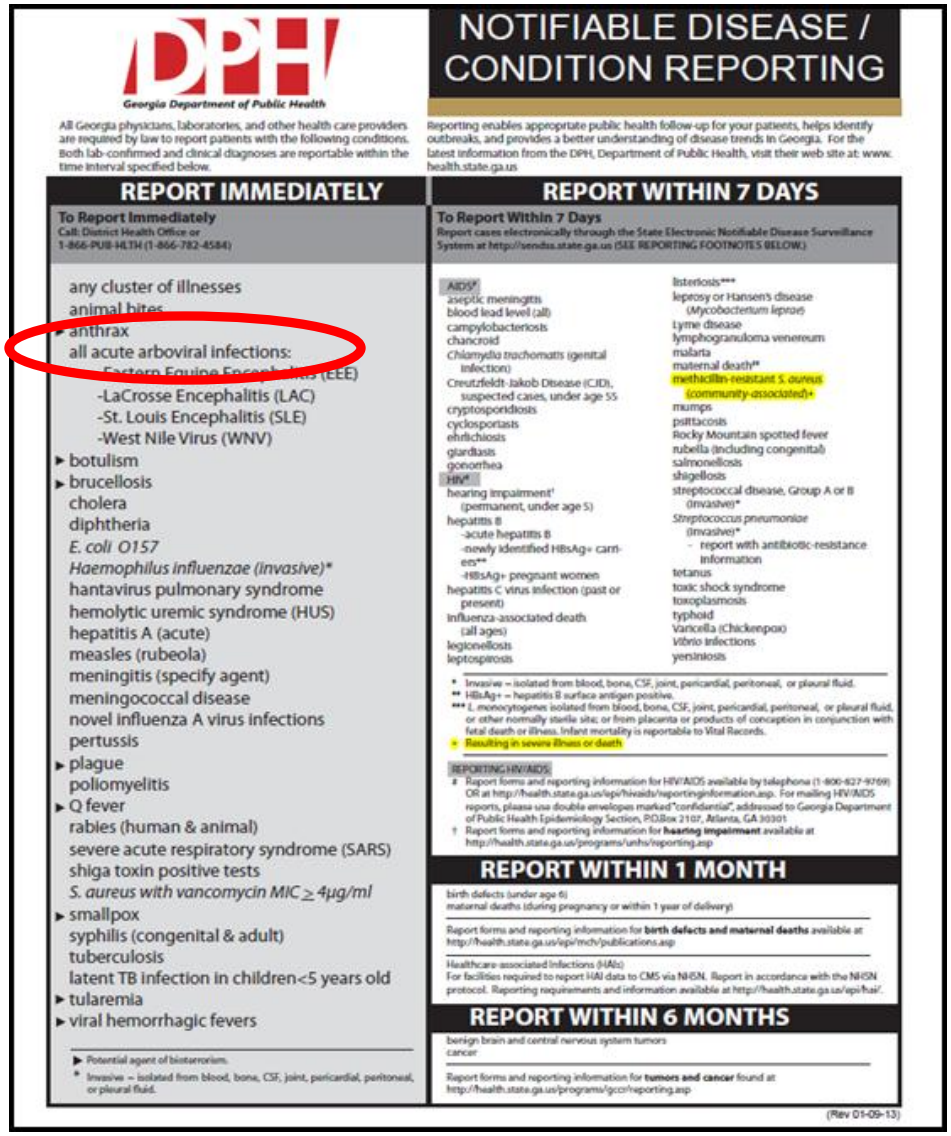
- No commercially-available diagnostic tests
- Testing performed at CDC and a few state public health labs (not yet at GPHL, but within a few weeks)
- <u>Methods:</u>
  - Reverse transcriptase-polymerase chain reaction (RT-PCR) in serum collected ≤7 days after illness onset
  - Serology for IgM and neutralizing antibodies in serum collected ≥4 days after illness onset
- Healthcare providers must contact DPH to facilitate testing at CDC.
- Note: Surveillance testing versus patient diagnosis

Zika Emergence: Public Health Surveillance Goals

- Since up to 80% of Zika-infected persons are asymptomatic (or mildly ill) and lab testing is not widely available, not realistic to identify every case of infection.
- <u>Priority Surveillance Goals</u>
  - Document travel-associated spread to new areas/states (so local transmission to mosquitoes can be mitigated)
  - Better characterize clinical complications and other routes of transmission (like sexual)
  - **Most important population at risk**: identify and evaluate pregnant women who traveled to areas with Zika virus transmission
  - Evaluate fetuses/infants of women infected during pregnancy for congenital infection and microcephaly

Zika Surveillance: How?

Zika made nationally notifiable in January 2016



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Georgia Department of Public Health

NOTIFIABLE DISEASE / CONDITION REPORTING

All Georgia physicians, laboratories, and other health care providers are required by law to report patients with the following conditions. Both lab-confirmed and clinical diagnoses are reportable within the time interval specified below.

Reporting enables appropriate public health follow-up for your patients, helps identify outbreaks, and provides a better understanding of disease trends in Georgia. For the latest information from the DPH, Department of Public Health, visit their web site at: www.health.state.ga.us

REPORT IMMEDIATELY

To Report Immediately
Call: District Health Office or
1-866-PUB-HLTH (1-866-782-4584)

- any cluster of illnesses
- animal bites
- ▸ anthrax
- all acute arboviral infections:
  - -Eastern Equine Encephalitis (EEE)
  - -LaCrosse Encephalitis (LAC)
  - -St. Louis Encephalitis (SLE)
  - -West Nile Virus (WNV)
- ▸ botulism
- ▸ brucellosis
- cholera
- diphtheria
- *E. coli O157*
- *Haemophilus influenzae (invasive)**
- hantavirus pulmonary syndrome
- hemolytic uremic syndrome (HUS)
- hepatitis A (acute)
- measles (rubeola)
- meningitis (specify agent)
- meningococcal disease
- novel influenza A virus infections
- pertussis
- ▸ plague
- poliomyelitis
- ▸ Q fever
- rabies (human & animal)
- severe acute respiratory syndrome (SARS)
- shiga toxin positive tests
- *S. aureus with vancomycin MIC ≥ 4µg/ml*
- ▸ smallpox
- syphilis (congenital & adult)
- tuberculosis
- latent TB infection in children<5 years old
- ▸ tularemia
- ▸ viral hemorrhagic fevers

▸ Potential agent of bioterrorism.
* Invasive – isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.

REPORT WITHIN 7 DAYS

To Report Within 7 Days
Report cases electronically through the State Electronic Notifiable Disease Surveillance System at http://sendss.state.ga.us (SEE REPORTING FOOTNOTES BELOW.)

AIDS#
aseptic meningitis
blood lead level (all)
campylobacteriosis
chancroid
Chlamydia trachomatis (genital infection)
Creutzfeldt-Jakob Disease (CJD), suspected cases, under age 55
cryptosporidiosis
cyclosporiasis
ehrlichiosis
giardiasis
gonorrhea
HIV#
hearing impairment† (permanent, under age 5)
hepatitis B
-acute hepatitis B
-newly identified HBsAg+ carriers**
-HBsAg+ pregnant women
hepatitis C virus infection (past or present)
influenza-associated death (all ages)
legionellosis
leptospirosis
listeriosis***
leprosy or Hansen's disease (*Mycobacterium leprae*)
Lyme disease
lymphogranuloma venereum
malaria
maternal death##
methicillin-resistant *S. aureus* (community-associated)+
mumps
psittacosis
Rocky Mountain spotted fever
rubella (including congenital)
salmonellosis
shigellosis
streptococcal disease, Group A or B (invasive)*
Streptococcus pneumoniae (invasive)*
- report with antibiotic-resistance information
tetanus
toxic shock syndrome
toxoplasmosis
typhoid
Varicella (Chickenpox)
Vibrio infections
yersiniosis

* Invasive – isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.
** HBsAg+ – hepatitis B surface antigen positive.
*** *L. monocytogenes* isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid, or other normally sterile site; or from placenta or products of conception in conjunction with fetal death or illness. Infant mortality is reportable to Vital Records.
+ Resulting in severe illness or death

REPORTING HIV/AIDS:
Report forms and reporting information for HIV/AIDS available by telephone (1-800-827-9769) OR at http://health.state.ga.us/epi/hivaids/reportinginformation.asp. For mailing HIV/AIDS reports, please use double envelopes marked "confidential", addressed to Georgia Department of Public Health Epidemiology Section, PO Box 2107, Atlanta, GA 30301
† Report forms and reporting information for **hearing impairment** available at http://health.state.ga.us/programs/unhs/reporting.asp

REPORT WITHIN 1 MONTH

birth defects (under age 6)
maternal deaths (during pregnancy or within 1 year of delivery)

Report forms and reporting information for **birth defects and maternal deaths** available at http://health.state.ga.us/epi/mch/publications.asp

Healthcare-associated Infections (HAIs)
For facilities required to report HAI data to CMS via NHSN. Report in accordance with the NHSN protocol. Reporting requirements and information available at http://health.state.ga.us/epi/hai/.

REPORT WITHIN 6 MONTHS

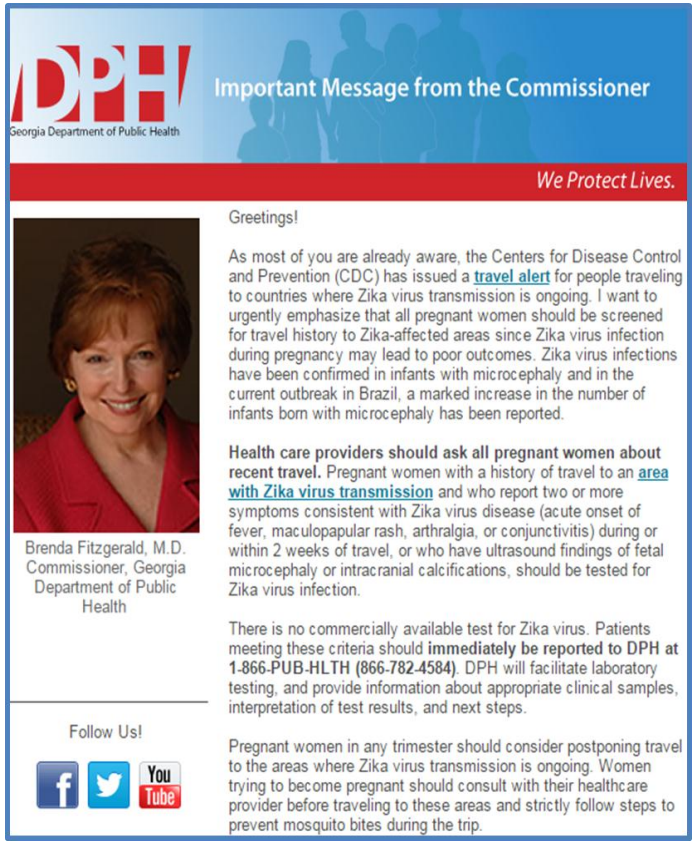
benign brain and central nervous system tumors
cancer

Report forms and reporting information for **tumors and cancer** found at http://health.state.ga.us/programs/gccr/reporting.asp

(Rev 01-09-13)

Zika Supplemental Surveillance to Meet Goals

- **Founded upon provider education and guidance**
- Promote awareness of affected countries and travel advisories.
- Promote asking all pregnant women about recent travel.
- How to report suspect cases to DPH
- Facilitate testing for symptomatic and asymptomatic pregnant women who traveled.



DPH
Georgia Department of Public Health

Important Message from the Commissioner

We Protect Lives.

Brenda Fitzgerald, M.D.
Commissioner, Georgia Department of Public Health

Follow Us!

Greetings!

As most of you are already aware, the Centers for Disease Control and Prevention (CDC) has issued a travel alert for people traveling to countries where Zika virus transmission is ongoing. I want to urgently emphasize that all pregnant women should be screened for travel history to Zika-affected areas since Zika virus infection during pregnancy may lead to poor outcomes. Zika virus infections have been confirmed in infants with microcephaly and in the current outbreak in Brazil, a marked increase in the number of infants born with microcephaly has been reported.

Health care providers should ask all pregnant women about recent travel. Pregnant women with a history of travel to an area with Zika virus transmission and who report two or more symptoms consistent with Zika virus disease (acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis) during or within 2 weeks of travel, or who have ultrasound findings of fetal microcephaly or intracranial calcifications, should be tested for Zika virus infection.

There is no commercially available test for Zika virus. Patients meeting these criteria should **immediately be reported to DPH at 1-866-PUB-HLTH (866-782-4584)**. DPH will facilitate laboratory testing, and provide information about appropriate clinical samples, interpretation of test results, and next steps.

Pregnant women in any trimester should consider postponing travel to the areas where Zika virus transmission is ongoing. Women trying to become pregnant should consult with their healthcare provider before traveling to these areas and strictly follow steps to prevent mosquito bites during the trip.

Epidemiology/Surveillance Informs Prevention

- Most important epidemiologic patterns: Travel-associated cases, risk of infecting local *Aedes* mosquitoes, potential severe outcomes among pregnant women
- Populations at Risk: Travelers, Pregnant Women Travelers, Fetus/Infant of Infected Moms, Pregnant Sexual Partners of Infected Men

Zika Virus Prevention + Control

For Travelers to Affected Areas:

- No vaccine to prevent infection
- Travelers should check CDC travel advisories for their destinations
- Primary prevention measure is to reduce mosquito exposure

For Pregnant Women

- Pregnant women should postpone travel to areas with ongoing Zika virus outbreaks
- If must travel, practice strict mosquito bite prevention as above
  - When used according to the label, all EPA-registered insect repellents are safe in pregnant women
- Precautions to reduce chance of sexual transmission if partner has traveled

Zika Virus Prevention + Control

For Infected (or Unknown) Travelers Returning Home

- Zika-infected (or suspect) persons should guard against additional mosquito bites during first week of illness to prevent further transmission.
- Practice mosquito reduction techniques (eliminate containers of standing water) around the home.
- Delay blood donation for one month

General (If Local Transmission)

- Vector control activities targeted to priority areas/at-risk populations

The Role of Environmental Health (EH)

- **Public Health Entomologist**
  - Vector Control
  - Mosquito Surveillance for Arboviruses
  - Public Education and Enhanced Communication

- **EH Resources and Capacity**
  - Workforce:
    - Dr. Rosmarie Kelly, PhD, MPH
    - EH EP Strike Teams, 6 teams of 6 EH
  - Equipment
    - Mosquito Surveillance Trailer
    - Traps, Microscopes, Backpack Sprayers, etc.

Environmental Health Response

Work Directly with Local Partners with Controlling *Aedes* Species (*albopictus and aegypti)* in a Focused Area

Action Triggers: Travel Related vs. locally-acquired

Focus on a positive sample location or other area of concern and provide elevated control and education radiating out approximately 5 or more blocks in each direction.

These Elevated Controls Include:

- Inform Local Mosquito Control
- Surveillance and Testing
- Public Education
- Door-to-Door Inspections and Education

Other Control Measures Would Include Mosquito Population Suppression

- By either hand or ULV larviciding;
- ULV adulticiding is not very effective for *Aedes albopictus*.

What Does the Future Hold for Zika Virus?

- Virus will likely continue to spread in areas with competent vectors
- Travel-associated cases may result in some local transmission and outbreaks
- Dengue spread may serve as a model?
  - From 2010–2014, 1.5 million dengue cases reported per year to PAHO
  - 558 travel-related and 25 locally transmitted cases in U.S. states
- We may gain answers to the unknown questions about congenital transmission, causal link between infection and microcephaly, the role of sexual transmission, and the role of other mosquito vectors in temperate areas

Closing Comments

1. Travel-associated emerging infectious diseases like Zika are the "new normal".

2. Epidemiology points our way to mitigation and prevention (travel history critical, identification of populations at highest risk like pregnant women).

3. Whether public health emergency or not, our collective mission to protect lives requires collaboration.

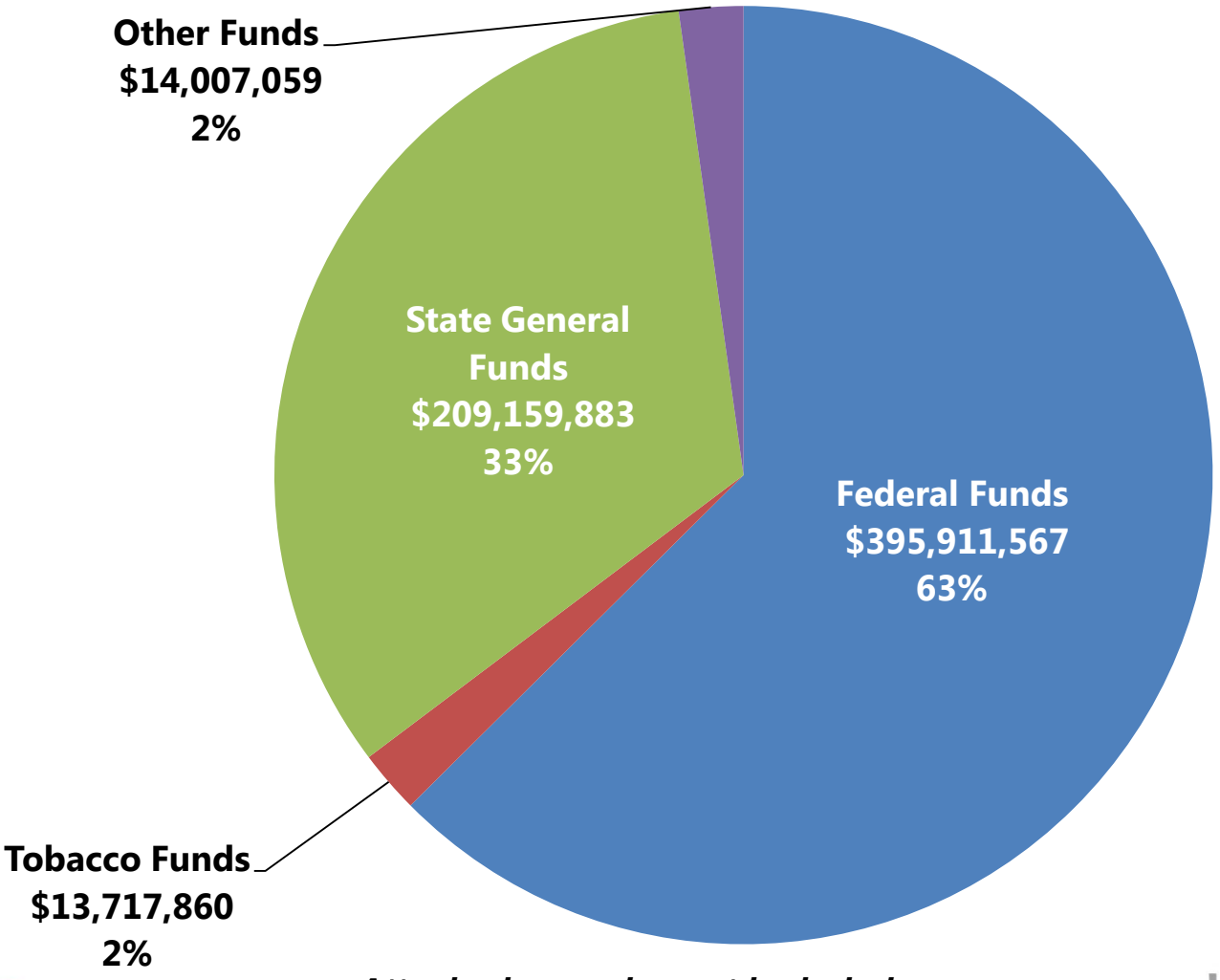
4. **Routinely take travel histories and call DPH!**

Amended FY 2016 & FY 2017 Budget Update

Kate Pfirman, CPA
Chief Financial Officer, DPH

FY 2016

Total Budget: $632,796,369



Attached agencies not included

Amended FY 2016 Budget

Administration

Transfer funds for telehealth infrastructure maintenance from the Immunization program.	$122,196
Increase funds for Teamworks to comply with new IRS reporting requirements	$11,513

Immunization

Transfer funds for telehealth infrastructure maintenance to the Administration program.	**($122,196)**

Vital Records

Provide funds for moving and relocation costs	$342,539

Total AFY16 Changes	**$354,052**

AFY 2016 State Funds

Public Health Programs	FY16 Budget	Governor's Recommendation	Total
Administration	$ 22,249,660	$ 133,709	$ 22,383,369
Adolescent & Adult Health Promotion	$ 3,786,815		$ 3,786,815
Emergency Preparedness	$ 2,584,725		$ 2,584,725
Epidemiology	$ 4,446,985		$ 4,446,985
Immunization	$ 2,527,706	$ (122,196)	$ 2,405,510
Infant & Child Essential Health Treatment Services	$ 21,122,570		$ 21,122,570
Infant & Child Health Promotion	$ 12,838,479		$ 12,838,479
Infectious Disease Control	$ 31,696,391		$ 31,696,391
Inspections & Environmental Hazard Control	$ 3,776,351		$ 3,776,351
Public Health Grants to Counties	$ 100,343,948		$ 100,343,948
Vital Records	$ 3,786,253	$ 342,539	$ 4,128,792
Public Health Programs	**$ 209,159,883**	**$ 354,052**	**$ 209,513,935**
Attached Agency:			$ -
Georgia Trauma Care Network Commission	$ 16,372,494		$ 16,372,494
Total State General Funds	**$ 225,532,377**	**$ 354,052**	**$ 225,886,429**
Tobacco Settlement Funds			
Administration	$ 131,795		$ 131,795
Adolescent & Adult Health Promotion	$ 6,857,179		$ 6,857,179
Adult Essential Health Treatment Services	$ 6,613,249		$ 6,613,249
Epidemiology	$ 115,637		$ 115,637
Total Tobacco Settlement Funds	**$ 13,717,860**	**$ -**	**$ 13,717,860**

FY 2017 Budget Highlights

- ***Provide funds for merit-based pay adjustments & employment recruitment & retention initiatives effective July 1, 2016 - $7,981,602***
- ***Additional salary increase for registered nurses to address recruitment & retention issues in the highest turnover classes - $1,822,979***
- ***Provide funds to complete the phase-in of the new general grant-in-aid formula to hold harmless all counties - $2,128,606***
- ***Newborn Screening Fee increase to $63 effective July 1, 2016***
- ***Maternal and Infant Early Childhood Visitation (MIECHV) grant transferred from Department of Family and Children Services***
- ***Office of Families and Children transferred from the Governor's Office - $824,505***
- ***Rent for new Vital Records facility - $522,725***

Newborn Screening

- **Fee Increase – July 1, 2016**
- Current fee per specimen - $50
- New fee per specimen - $63

- **Newborn Screening Expansion**
- Thirty-one **(31)** conditions on the existing panel
- Two new tests added
  - Severe Combined Immunodeficiency (SCID) Testing
  - Critical Congenital Heart Disease (CCHD) Testing with a simple and inexpensive pulse oximeter

- **Increased Access to Metabolic Food for Children**

FY 2017 Governor's Recommendations

Adolescent & Adult Health Promotion

Increase funds to provide an additional salary increase for ***registered nurses*** to address recruitment and retention issues in the highest turnover classes	2,337
Eliminate matching one-time funds for the Georgiacancerinfo.org website.	(75,000)
Total Adolescent & Adult Health Promotion Changes	***($72,663)***

Departmental Administration

Increase funds to provide an additional salary increase for ***registered nurses*** to address recruitment and retention issues in the highest turnover classes	5,629
Total Departmental Administration Changes	***$5,629***

FY 2017 Governor's Recommendations

Infant & Child Essential Health Treatment Services

Transfer the Maternal and Infant Early Childhood Home Visitation (MIECHV) grant from the Department of Human Services (Federal funds: $1,089,366)	Yes
Provide funds for therapies for children with congenital disorders	1,722,240
Eliminate one-time funds for the Georgia Comprehensive Sickle Cell Center	(50,000)
Total Infant & Child Essential Changes	***$1,672,240***

Infant & Child Health Promotion

Eliminate one-time funds for the Rally Foundation for Childhood Cancer Research	(25,000)
Total Infant & Child Health Promotion Changes	***($25,000)***

FY 2017 Governor's Recommendations

Infectious Disease Control

Increase funds to provide an additional salary increase for ***registered nurses*** to address recruitment and retention issues in the highest turnover classes	15,161
Total Infectious Disease Control Changes	***$15,161***

Office of Children and Families

Transfer funds for supporting Georgia's children and families from the Governor's Office of Children and Families	824,505
Total Office of Children and Families changes	***$824,505***

PH Grants to Counties

Provide funds to complete the phase-in of the new general grant-in-aid formula to hold harmless all counties	2,128,606
Increase funds to provide an additional salary increase for ***registered nurses*** to address recruitment and retention issues in the highest turnover classes	1,799,852
Total PH Grants to Counties changes	***$3,928,458***

FY 2017 Governor's Recommendations

Vital Records

Provide funds for new facility rent	522,725
Total Vital Records changes	***$522,725***

Statewide Changes

Merit-based pay adjustments and employment recruitment and retention initiatives	7,981,602
Adjustment in merit system assessments	43,350
Adjustment to premiums for DOAS administered self insurance programs	(144,672)
Adjustment in TeamWorks billings	55,158
Total Statewide Changes	***$7,935,438***

TOTAL FY 2017 RECOMMENDED CHANGES $14,806,493

FY2017 State Funds

Public Health Programs	FY16 Budget	Governor's Recommendation	FY17 Budget
Administration	$ 22,249,660	$ 29,560	$ 22,279,220
Adolescent & Adult Health Promotion	$ 3,786,815	$ (48,282)	$ 3,738,533
Emergency Preparedness	$ 2,584,725	$ 16,642	$ 2,601,367
Epidemiology	$ 4,446,985	$ 28,633	$ 4,475,618
Immunization	$ 2,527,706	$ 16,275	$ 2,543,981
Infant & Child Essential Health Treatment Services	$ 21,122,570	$ 1,808,241	$ 22,930,811
Infant & Child Health Promotion	$ 12,838,479	$ 57,662	$ 12,896,141
Infectious Disease Control	$ 31,696,391	$ 219,242	$ 31,915,633
Inspections & Environmental Hazard Control	$ 3,776,351	$ 24,315	$ 3,800,666
Office of Children and Familties	$ -	$ 827,428	$ 827,428
Public Health Grants to Counties	$ 100,343,948	$ 11,279,673	$ 111,623,621
Vital Records	$ 3,786,253	$ 547,104	$ 4,333,357
Public Health Programs	**$ 209,159,883**	**$ 14,806,493**	**$ 223,966,376**
Attached Agency:			$ -
Georgia Trauma Care Network Commission	$ 16,372,494	$ 13,419	$ 16,385,913
Total State General Funds	**$ 225,532,377**	**$ 14,819,912**	**$ 240,352,289**
Tobacco Settlement Funds			
Administration	$ 131,795		$ 131,795
Adolescent & Adult Health Promotion	$ 6,857,179		$ 6,857,179
Adult Essential Health Treatment Services	$ 6,613,249		$ 6,613,249
Epidemiology	$ 115,637		$ 115,637
Total Tobacco Settlement Funds	**$ 13,717,860**	**$ -**	**$ 13,717,860**

General Obligation Bonds

FY 2017 Recommendation: $5,200,000

Clinical Billing Information Technology System **$4,800,000**

- Claiming and Payment Module

Facility Repairs and Maintenance **$400,000**

- Decatur and Waycross state public health laboratories

QUESTIONS?

Closing Comments

Phillip Williams, PhD
Chair

The next Board of Public Health meeting
is currently scheduled on
Tuesday, March 8, 2016 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send an e-mail to huriyyah.lewis@dph.ga.gov