Georgia Department of Public Health

Board of Public Health Meeting

Tuesday, May 9, 2017

We Protect Lives.

Roll Call

Judy Greenlea Taylor, DDS
Secretary

Approval/Adoption of Minutes

Judy Greenlea Taylor, DDS
Secretary

Commissioner's Update

Brenda Fitzgerald, MD
Commissioner, DPH

DPH Code of Ethics

James Howgate, MPH
Chief of Staff, DPH

Georgia Department Public Health
Code of Ethics

PROPOSED

A code of ethics for public health clarifies the distinctive elements of public health and the ethical principles that follow from or respond to those aspects. It makes clear to populations and communities the ideals of the public health institutions that serve them. A code of ethics thus serves to guide public health institutions and practitioners and as a standard for accountability. The Georgia Department of Public Health in the execution of its duties is guided by the following ethical principles:

1. Address the fundamental causes of disease, injury and early mortality, and the social determinants of health.
2. Promote community health while respecting the rights of individuals.
3. Ensure policies, programs, and priorities are developed and evaluated through processes that encourage and allow an opportunity for input from community members.
4. Develop and implement effective policies and programs using the best available data and information.
5. Implement programs and policies in a manner that most enhances the physical and social environment.
6. Promote health equity and anticipate and respect diverse values, beliefs, and cultures in the community.
7. Assure access for all to the resources and conditions necessary for health.
8. Act in a timely manner on available information, within the resources and the mandate given by the public.
9. Protect the confidentiality of personal health information in strict accordance with federal and state privacy laws.
10. Ensure the professional competence of our workforce.
11. Adhere to the highest standards for research integrity and protection of human subjects, which conform to accepted standards for attribution and authorship.
12. Engage in collaborations and affiliations in ways that build the public's trust and departmental effectiveness.

2017 Session Update

David Bayne
Government Relations Director, DPH

Budget Update

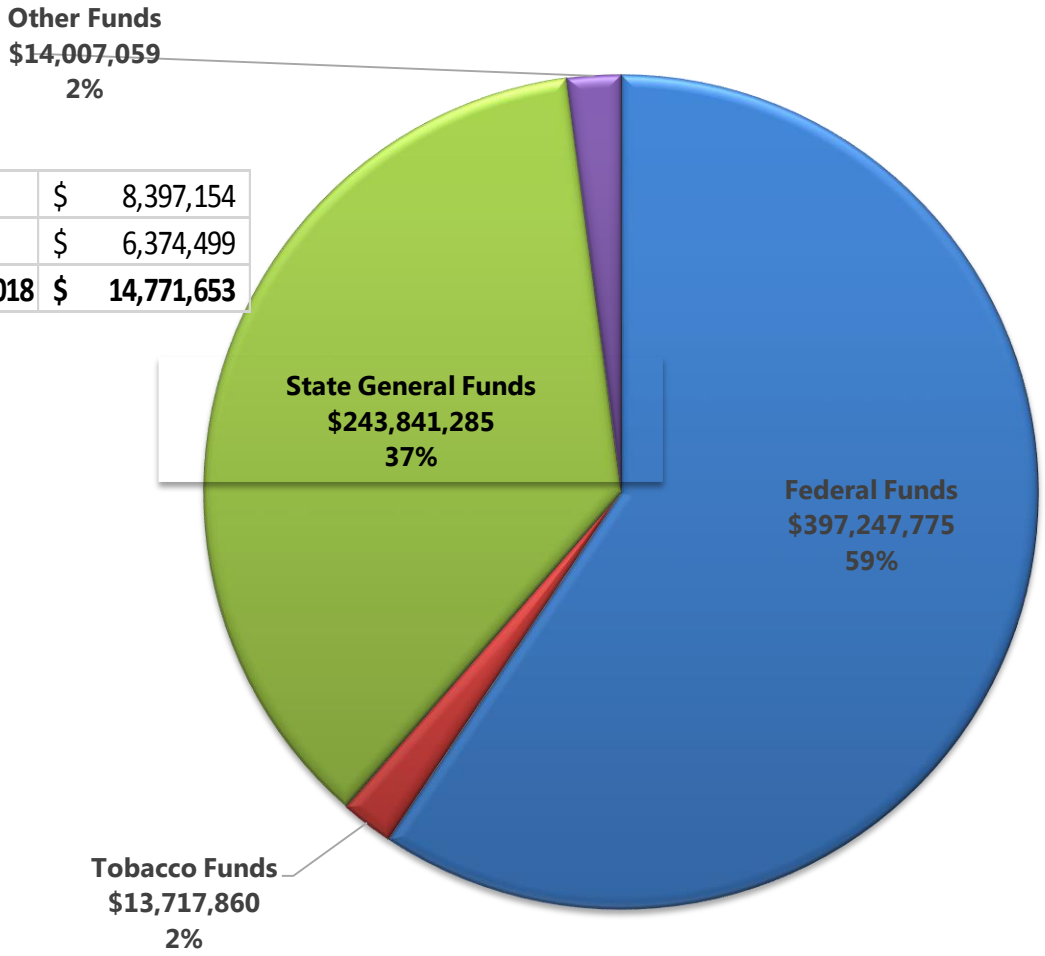
FY2018 Budget

Dionne Denson, MSA, CGFM
Chief Financial Officer, DPH

FY 2018 Total Budget

Total Funds*: $668,813,979

Program Changes	$	8,397,154
Statewide Changes	$	6,374,499
Total State funds FY2018	**$**	**14,771,653**



**Does not include attached agencies*

	FY 2018
Women's Health Program	**$651,897**
❑ Increased access to care ~ 63,000 Unduplicated Patients Served in FY2016	
Autism	**$325,000**
❑ Increase funds to establish an Adolescent to Adult Transition model	
Diabetes	**$126,000**
❑ Increase funds for the Diabetes Coordinator position authorized under O.C.G.A. 31-2A-13	
Telehealth	**$2,284,450**
❑ Maintenance for telehealth circuits used to ensure statewide connectivity	$2,234,450
❑ Increase funds to upgrade telehealth sickle cell mobile units	$50,000
Environmental Health	**$2,295,251**
❑ Provides a 5% increase for recruitment and retention of environmental health personnel	$1,496,531
• *Total of 385 state (23) and county (362) Environmental Health staff*	
❑ Increase funds for personnel for an additional 12 environmental health specialist positions	$798,720
General Grant-in-Aid Formula	**$1,388,891**
❑ Increase funds to reflect final phase-in of the new general grant-in-aid formula to hold harmless all counties	
Office of Cardiac Care	**$106,800**
❑ Increase funds for the establishment of the Office of Cardiac Care and the cardiac registry pursuant to the passage of SB 102 (2017 Session)	
Maternal Mortality	**$100,000**
❑ Increase funds for one-time funding to evaluate and recommend a program to reduce maternal mortality using outcomes-based research due December 31, 2017, recognizing that Georgia currently ranks fiftieth in maternal deaths in the United States	
Emergency Preparedness	**$140,000**
❑ Increase funds for the Regional Coordinating Hospitals to replace federal funds for emergency preparedness	
• Each hospital will receive $10,000	
Fulton County of Board Health	**$978,865**
❑ Provide funds for the Fulton County Board of Health per HB 885 (2016 Session)	
Total DPH Program Changes	**$8,397,154**

Statewide Changes	
Merit based Pay	**$5,878,616**
❑ Provide funds for merit-based pay adjustments, employee recruitment, or retention initiatives effective July 1, 2017	
Employees Retirement System	**$220,095**
❑ Increase funds to reflect an adjustment in the employer share of the Employee's Retirement System	
Department of Administrative Services	**$275,788**
❑ Reflect an adjustment to agency premiums for Department of Administrative Services administered self insurance programs	$140,822
❑ Reflect an adjustment in merit system assessments.	$6,648
❑ Increase funds for cyber insurance for the Department of Administrative Services for purchase of private market insurance	$128,318
Total Statewide Changes	**$6,374,499**

QUESTIONS?

Health Improvement Plan

Jean O'Connor, JD, MPH, DrPH
Chronic Disease Prevention Director, DPH

This Presentation

1. Explain why we developed a state health improvement plan.

2. Discuss the process used to develop the plan.

3. Outline the focus areas and contents of the plan.

4. List next steps around implementation and program integration.

RATIONALE

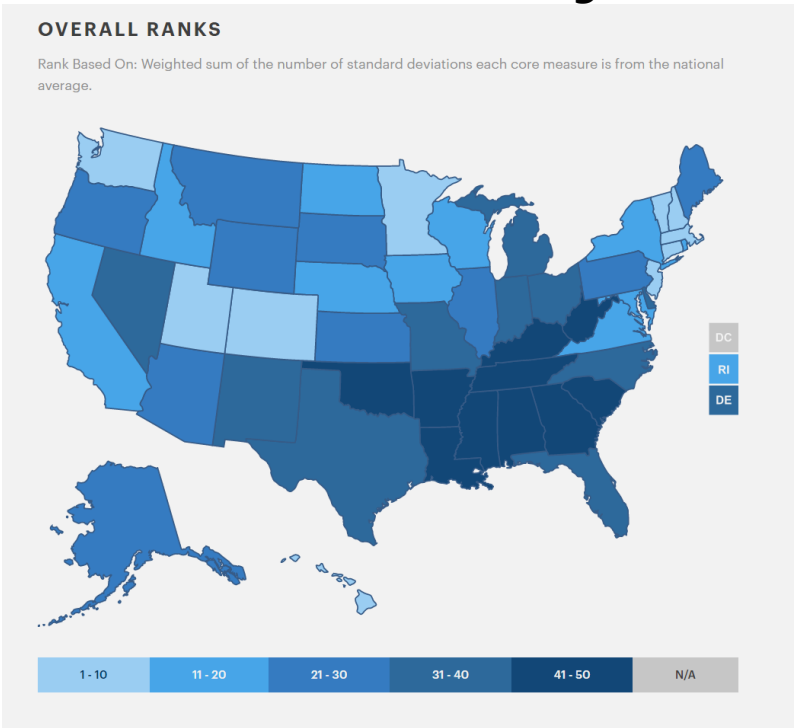
Why? Health Outcomes and Accreditation

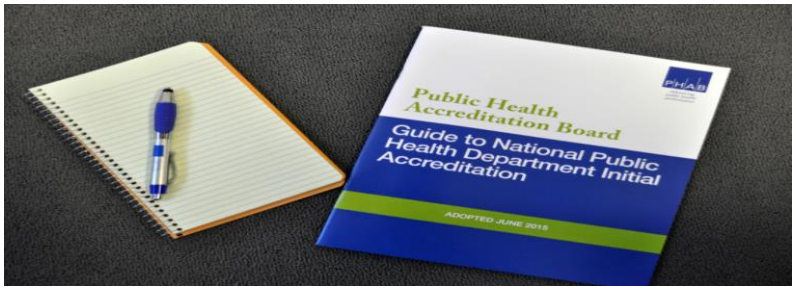
The Seven Steps of Public Health Department Accreditation

The PHAB accreditation process consists of seven steps:

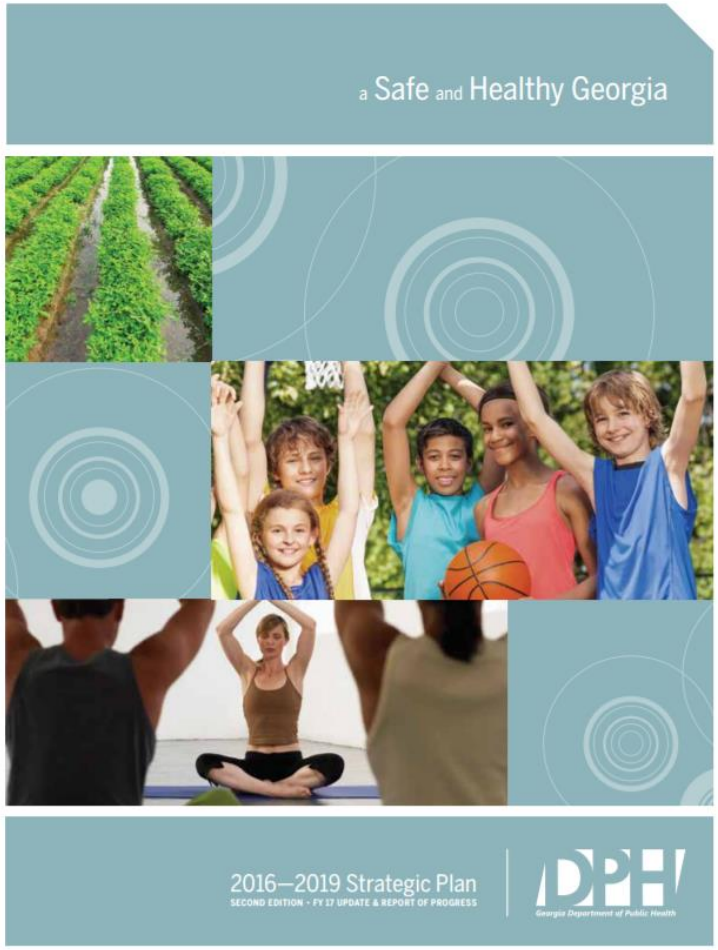
1. Pre-application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

America's Health Rankings, 2016





Department of Public Health Strategic Plan



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.

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.

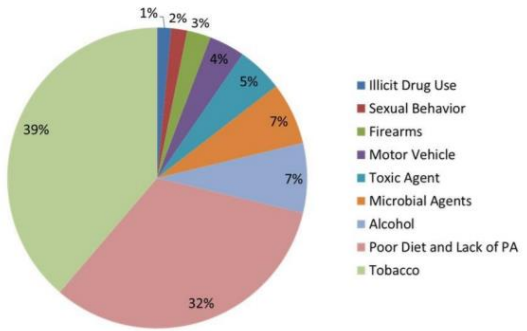
GOAL 3: Prepare for and respond to emergencies.
Insure efficient, effective and quality Public Health infrastructure to prepare for and respond to emergencies to safeguard the health and wellbeing of Georgians.

CORE VALUES
DPH's workforce is guided by the following core values in carrying out its public health work:

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.
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
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.

Georgia Statewide Health Assessment

Leading Contributors to Premature Death, Georgia, 2013



Source: Georgia Department of Public Health, Vital Records Death File, 2006 – Based on methodology by Foege and McGinnis.

Figure 9. Leading contributors to premature death, Georgia, 2013

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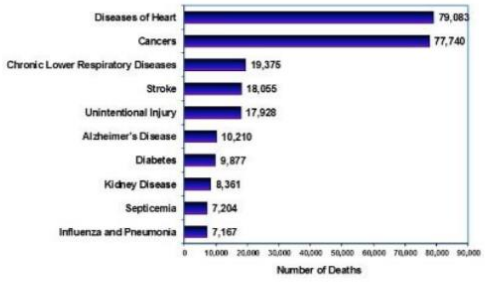
LEADING CAUSES OF PREMATURE MORBIDITY AND MORTALITY AMONG GEORGIANS: OVERVIEW

The 10 leading overall causes of mortality in Georgia over the five-year time period from 2009-2013 were heart disease, cancer, chronic lower respiratory diseases, stroke, unintentional injury, Alzheimer's disease, diabetes, kidney disease, septicemia, and influenza and pneumonia (Figure 8). However, when we look at causes of early death, as measured by years of premature life lost before age 75, the list of leading causes looks different in some important ways. The leading causes of premature life lost in Georgia over the five-year time period from 2009-2013 were cancers, heart disease, unintentional injury, perinatal period conditions, suicide, homicide, stroke, chronic lower respiratory diseases, diabetes and birth defects.

Leading* Causes of Death, Georgia, Number of Deaths 2009-2013



* Cause categories are the National Centers for Health Statistics (NCHS) rankable causes of deaths applied to Georgia.
Source: Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP), OASIS Dashboard http://oasis.state.ga.us

Figure 8. Leading causes of death, number of deaths, Georgia, 2009-2013

While chronic diseases remain prominent on both the all causes and leading causes lists, perinatal period conditions such as infant and maternal mortality, unintentional injuries such as from motor vehicle crashes, and intentional injuries such as death by suicide and homicide appear as significant causes of early death among Georgians.

Among those premature deaths taken together, the underlying causes responsible for approximately 70 percent of the potential years of life lost are tobacco, poor diet and physical inactivity. Infectious disease and alcohol are responsible for another nearly 15 percent. Firearms, toxic agents, illicit drug use, and sexual behavior account for the remaining years of potential life lost (Figure 9). Causes of early death are the areas where public health has the greatest opportunity to intervene through prevention, promotion and protection measures.

Georgia State Health Improvement Plan

Cross-Cutting Themes

In the process of identifying and defining the three priority areas and 15 action areas, stakeholders noted that many of the action areas were interrelated. In addition, several cross-cutting themes or needs were identified that impact the ability of the State of Georgia, DPH, and partners across the state to achieve change on the priorities listed in the plan. These themes were:

- Social Determinants of Health
- Health Disparities and Health Equity
- Cross-Sector Collaborations

1.2 School Based Health Centers

OBJECTIVE: INCREASE THE NUMBER OF COMPREHENSIVE SCHOOL-BASED HEALTH CENTERS.

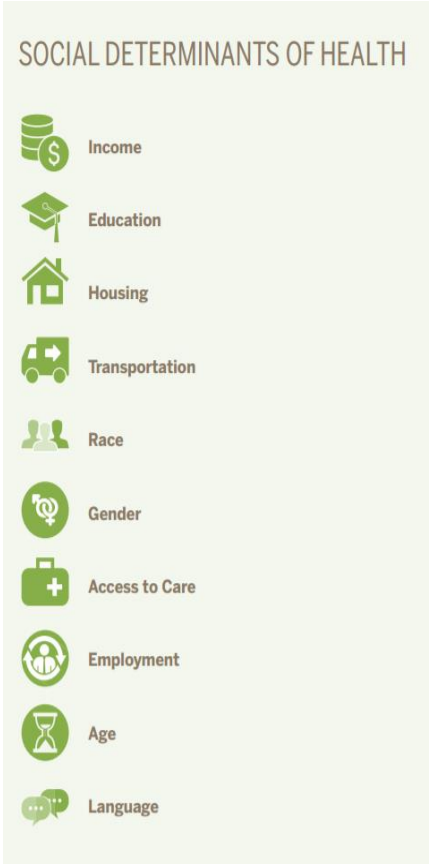
2016 Baseline	2020 Target
22	30

SUMMARY

Students spend more time in school during the school year than they spend anywhere else. This makes the school environment ideal for the provision of acute care, chronic disease management and well child care. This holistic care is best provided through professional school nurse services as well as through school-based health centers (SBHCs). Services provided in SBHCs and by registered professional school nurses are safe, effective, and easily accessible to students in the environment where they are.

It is the position of the National Association of School Nurses (NASN) that daily access to a registered professional school nurse can significantly improve students' health, safety and ability to learn. Healthy People 2020 includes an objective to increase the proportion of elementary, middle, and senior high schools that have a full-time registered school nurse-to-student ratio of at least 1:750. Further, a policy statement by the American Academy of Pediatrics (AAP) calls for a minimum of one full-time registered nurse in every school. Georgia Code § 20-2-186 addresses nurse to student ratio by indicating that each local system shall earn funding for one nurse for every 750 full-time equivalent students at the elementary school level and one nurse for every 1,500 full-time equivalent students at the middle and high school levels.

Despite the recommendations of AAP, NASN, Healthy People 2020 and even Georgia Code, unofficial numbers from the 2015-2016 school year indicate that the nurse to student ratio is closer to 1 to 1,224. Additionally, cost effective, accessible, and safe health care can be provided to Georgia's students through SBHCs. Currently in Georgia, there are 22 comprehensive SBHCs with many other sites offering limited services for behavioral health care and telemedicine services. Although the number of SBHCs is on the rise, the current clinics are insufficient to support the many students and communities with significant barriers to health care. Providing health services in the school setting decreases common barriers.



Contents

PROCESS

Creating the Plan

- DPH used a participatory, community driven approach guided by a modified Mobilizing Action through Planning and Partnership (MAPP) model

- DPH conducted four MAPP assessments—
  1. The statewide health status assessment was the primary focus of the Georgia SHA.
  2. A state public health system assessment was distributed to core public health partners to identify strengths and weaknesses and opportunities to improve how public health services are provided.
  3. Forces of change sessions identified factors that could affect implementation ofthe SHA.
  4. Community themes and strengths were gathered from around the state during regional focus groups and work group planning sessions

- Steering team finalized the themes and formed workgroups by theme

- Convened workgroups and stakeholders at a statewide meeting

Participants in the Process

Michelle Allen, BA
Director, Maternal and Child Health

Chanelle Avilla, MPA
Manager, Performance Improvement

David Bayne, MPH (cand.)
Director, Government Relations

Anne-Marie Coleman, MPH, PhD
Public Health Analyst and Youth Tobacco Coordinator

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Section Chief, Maternal and Child Health Epidemiology

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Chronic Disease Program Associate

Christine Greene, BBA
Deputy Chief of Staff

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Chief Nurse and Director, District Operations

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Deputy Director, Government Relations

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Director, Chronic Disease Prevention

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Director, Division of Health Protection

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Title V Program Manager

Sherry Richardson
Family Engagement Coordinator

Chris Rustin, MPH, DrPH
Director, Environmental Health (Former)

Suleima Salgado, MBA
Director, Telehealth and Telemedicine

Scott Uhlich, MCP
Accreditation Coordinator

Tom Wade, MPA
Consultant

Christine Wiggins, MS, CHES
Chronic Disease Deputy Director for Planning and Partnerships

Alliant Quality
Anthem/Blue Cross Blue Shield of Georgia
Augusta University/Medical College of Georgia
Augusta University/School of Dentistry
Center for Black Women's Wellness
Centers for Disease Control and Prevention
Children's Healthcare of Atlanta
Community Health Works
Emory University
Emory PRC
Emory Center of Excellence in Maternal and Child Health
Employers Like Me
Fulton County Department of Health and Wellness
Fulton County School System
Georgia Chapter American College of Physicians
Georgia Association of Nursing Students
Georgia Chapter American Academy of Pediatrics
Georgia Association of Primary Health Care
Georgia Academy of Family Physicians
Georgia Core
Georgia Dental Association
Georgia Department of Education
Georgia Department of Juvenile Justice
Georgia Health Policy Center
Georgia Hospital Association
Georgia Institute of Technology
Georgia Nursing Leadership Coalition
Georgia OBGyn Society
Georgia Parent Teacher Association
Georgia Partnership for Telehealth
Georgia Southern University
Georgia State Perimeter College Nursing School
Georgia State University
Georgia Watch
Georgians for a Healthy Future
Grady Health System
Gwinnett Newton Rockdale Health District
Healthcare Georgia Foundation
Magnetic North, LLC
March of Dimes
Medical Association of Georgia
Memorial Health Medical Center
Mental Health Association of Georgia
Morehouse School of Medicine
National Center for Primary Care
Navicent Health
North Central Health District 5-2
Northeast Health District
Parent to Parent of Georgia
Sickle Cell Foundation of Georgia, Inc.
University of Georgia
Voices for Georgia's Children

Forces of Change and Strategic Environment

National Health Policy Considerations

- The Patient Protection and Affordable Care Act (ACA) provisions around insurance coverage took effect in 2014 and expanded services encompassing prevention, chronic disease management, tobacco cessation, maternal and newborn care, and prescription drugs.
- Before implementation of the ACA, Georgia had the fifth highest number of uninsured in the U.S. with 19 percent of the population (1.67 million individuals) now lacking coverage. According to a Gallup Poll, 20 percent of the state's residents are uninsured, the third highest rate in the country.
- Medicaid eligibility and reimbursement rates influence the numbers and types of providers available throughout the state, which in turn impact some of the health conditions listed in this plan.
- An increase in Medicaid eligible population, coupled with a decrease in the number of providers accepting Medicaid patients could result in a significant increase in demand for local public health services.
- Throughout the state, there are significant health disparities by race, ethnicity, population density, education and county of residence. According to the United Health Foundation, differences in overall mortality rates between Georgia's healthiest and unhealthiest counties are getting worse. Disparities could be prevented or reduced through health in all policies initiatives.
- There are substantial shortages of health professionals in the state, especially in rural areas, and insufficient numbers of federally qualified community health centers to serve the entire population of Georgia.
- In 2013, 69.8 percent of children 19-35 months old were fully immunized, which was a slight decline from previous years.

CONTENTS OF THE PLAN

Priority Area 1: Access to Care	1.1 Healthcare Workforce
	1.2 School-Based Health Centers
	1.3 Health Care Partnerships
	1.4 Health Care Coverage
	1.5 Telehealth
Priority Area 2: Maternal and Child Health	2.1 Infant Mortality
	2.2 Pediatric Oral Health
	2.3 Maternal Mortality
	2.4 Children with Special Health Care Needs
	2.5 Congenital Syphilis
Priority Area 3: Chronic Disease Prevention	3.1 Pediatric Asthma
	3.2 Cancer Prevention and Control
	3.3 Diabetes and Hypertension
	3.4 Childhood Obesity
	3.5 Tobacco Use Prevention

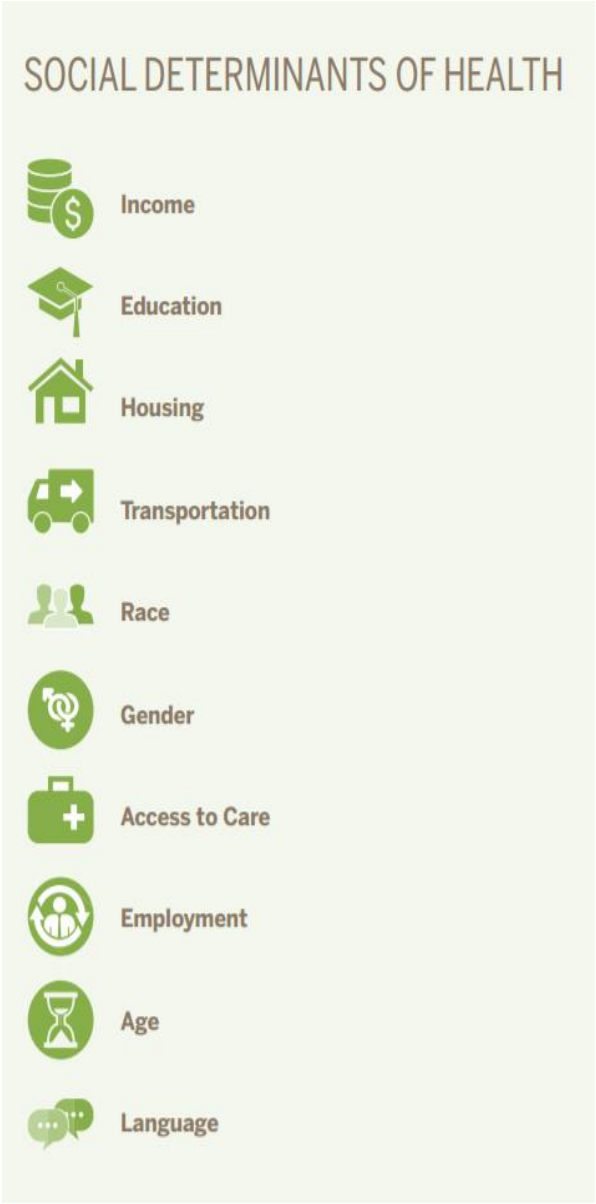
Cross-Cutting Themes

In the process of identifying and defining the three priority areas and 15 action areas, stakeholders noted that many of the action areas were interrelated. In addition, several cross-cutting themes or needs were identified that impact the ability of the State of Georgia, DPH, and partners across the state to achieve change on the priorities listed in the plan. These themes were:

- Social Determinants of Health
- Health Disparities and Health Equity
- Cross-Sector Collaborations

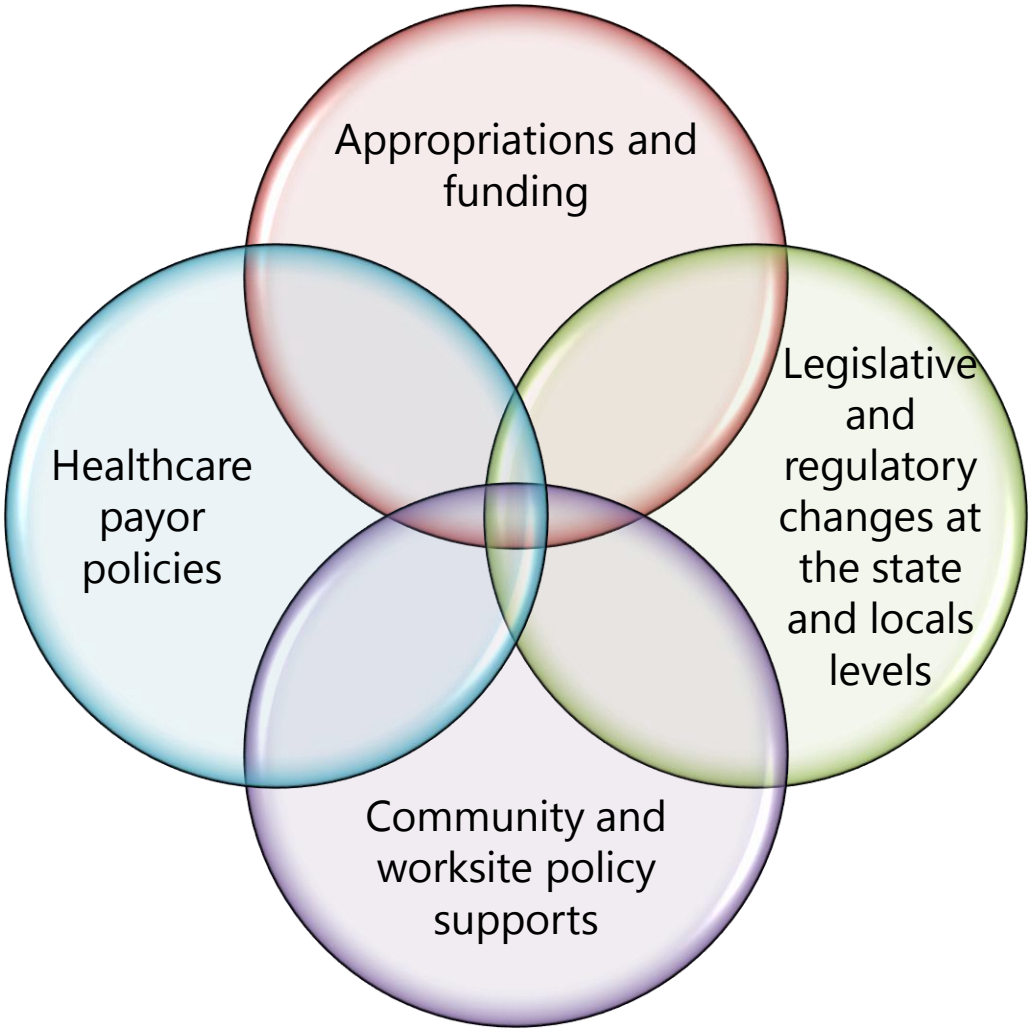
"Health equity is the idea that, in addition to addressing these disparities, Georgia could create the conditions in which all individuals have an equal opportunity to achieve health, regardless of race, ethnicity, income, childhood experiences, education level or geography."

"Other sectors essential to the achievement of the goals in this plan include but are not limited to **housing, education, business and transportation**. To be most effective, these **collaborations need leadership support**, clear communication and common metrics"



State and Local Policy Considerations

Policies, program and funding are needed to support the implementation of the objectives and activities in the plan.



NEXT STEPS

Integration into DPH Programs

Moving to Action

Shared Ownership

Partners throughout Georgia will continue to participate in workgroups within the three focus areas; Maternal and Child Health; Chronic Disease Prevention and Control; and Access to Care. Partners within these work groups will be engaged in regular meetings and communications to support shared ownership of all phases of the SHIP including assessment, planning, investment, implementation and evaluation. The workgroups will continue to develop strong partnerships and encourage alignment of organizational mission, goals and initiatives with the SHIP. Work group participants will be asked to volunteer on subcommittees within these respective phases to provide review and feedback throughout the SHIP process.

STANDARD 4.1: **Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.**

Formation of Program Integration Committee

Partnership Strategy

S / 3.1.1 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.

Activities	Partners
a. Support development and implementation of Asthma Practice Improvement course for clinicians and care team as a part of Continued Medical Education (CME) and/ or Maintenance of Certification credits (MOC).	Georgia Department of Public Health; Medicaid; Care Management Organizations; Health Systems; Hospitals; Healthcare Providers; Accountable Care Organizations; Environmental Protection Agency; Housing and Urban Development; Centers for Disease Control and Prevention; Local Health Departments
b. Support the integration of Certified Asthma Educators with (AE-C) designation on clinical care teams and disease management organizations.	
c. Develop ROI and Business Case(s) tailored to specific health care systems.	

Next Step: Develop a more comprehensive approach to engaging partners across the objectives and activities, and creating more ongoing bi-directional communication.

Major Partner Groups

- Other Federal, State and Local Government Agencies
- Research/Universities
- Medical Societies and Health Professional Organizations
- Community-Based Organizations
- Payors/Employers/Health Systems

Payor Strategies

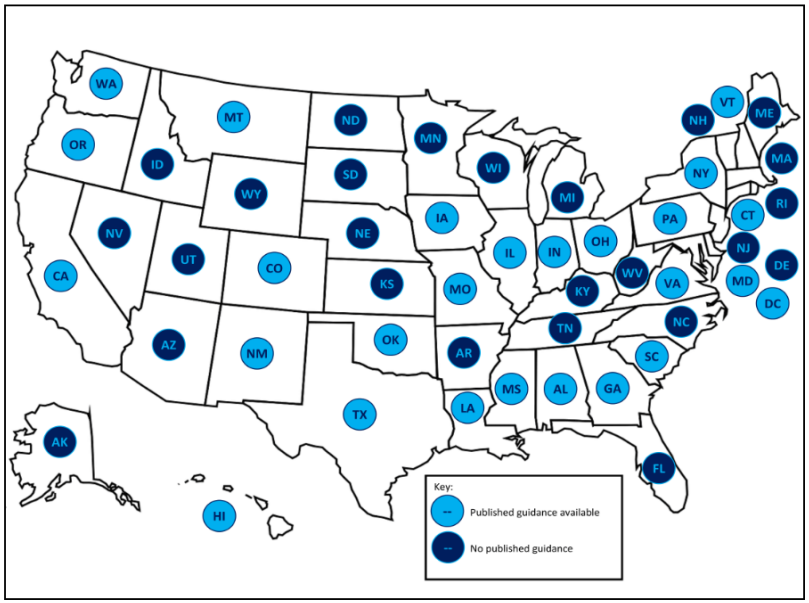
Engaging Payors on—
LARC
Asthma
*Diabetes**

Medicaid Reimbursement for Postpartum LARC by State

The Department of Health and Human Services' Centers for Medicare & Medicaid Services released this Informational Bulletin on April 8, 2016, detailing payment and policy approaches several state Medicaid agencies have used to optimize access and use of long-acting reversible contraception (LARC) methods.

Medicaid Reimbursement for Postpartum LARC in the Hospital Setting

States in light blue on the map below have published guidance regarding reimbursement for postpartum LARC – click on them for more information.



	CMO A			CMO B			CMO C		
	CY 2013	CY 2014	CY 2015	CY 2013	CY 2014	CY 2015	CY 2013	CY 2014	CY 2015
ASTHMA CPG									
CPG Components:									
Appropriateness of Diagnosis	85%	91%	91%	99%	98%	100%	99%	100%	97%
History and Physical Exam at Visit	90%	99%	97%	97%	100%	100%	100%	99%	100%
Patient Education/Risk Factor Assessment	75%	94%	94%	88%	92%	95%	90%	96%	97%
Documented Asthma Action Plan	81%	80%	81%	39%	52%	59%	41%	47%	58%
Appropriate Asthma Medication	89%	98%	97%	99%	100%	100%	100%	100%	98%

6|18 – Georgia Initiatives: Asthma PIP

- All three CMOs sent staff to DPH sponsored training on asthma self management education and home assessments in January 2017.
  - One CMO will determine whether their newly certified asthma educators will improve self-management of asthma in their members with asthma that is not well-controlled with guidelines based medical management.
  - Two CMOs will utilize CHWs to conduct home assessments using a standardized tool, then provide education based on the findings from the home assessments.
- Results will be available in June 2017.

Georgia Department of Community Health

Website where the Strategic Plan, SHIP and SHA can be found—

https://dph.georgia.gov/mission-and-values

Contact Information

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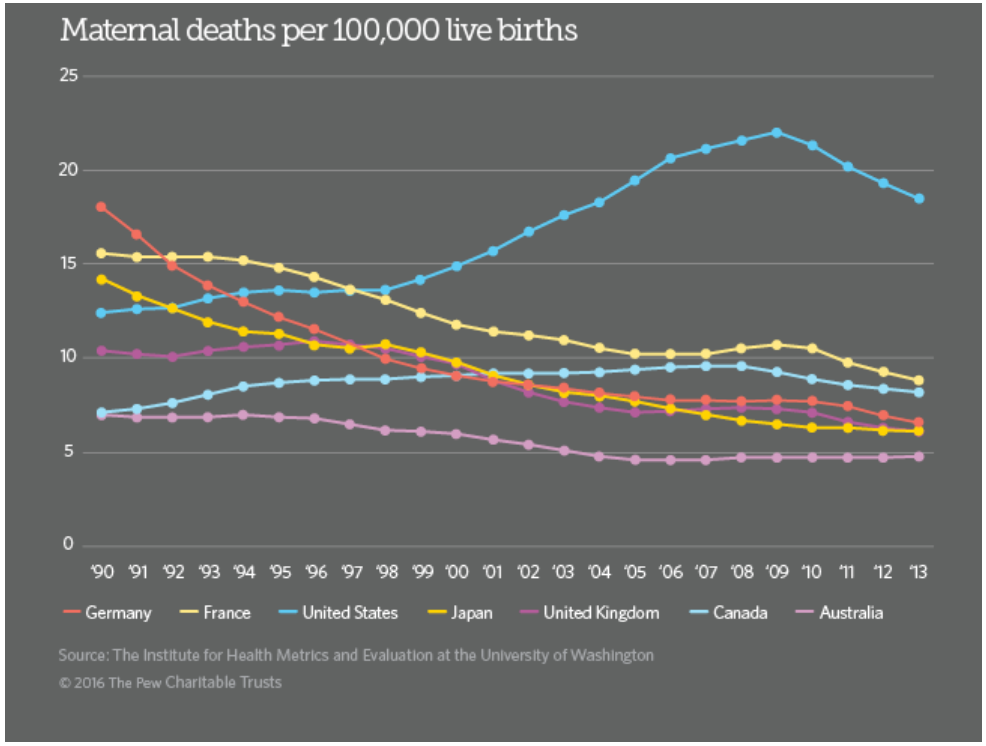
DPH on Twitter: www.twitter.com/GaDPH

Maternal Mortality in Georgia

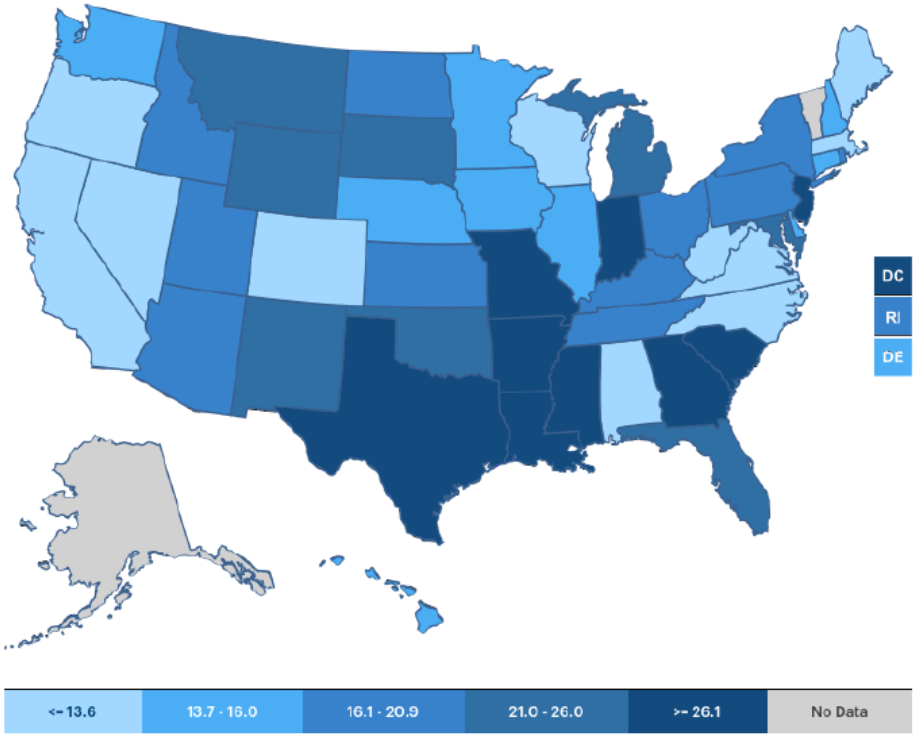
Lara Jacobson, MD
Health Promotion Director, DPH

Maternal Mortality in the US



Source: The Pew Charitable Trusts

Maternal Mortality in GA



Rank # 48

Source: America's Health Rankings 2016

Maternal Mortality Review Committee

2013	Pregnancy-related (N=32)	Pregnancy- associated (N=47)
Age 40+	18.7%	2.1%
Black or African American	65.6%	34.0%
Rural	25.0%	27.7%
Pre-existing medical condition	68.8%	48.9%

Cause of Death

2012	2013
Hemorrhage	Cardiomyopathy
Hypertension	Hemorrhage
Cardiac	Embolism
Embolism	Other

50% Preventable

Ongoing Strategies

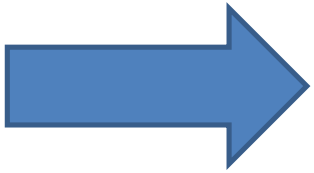
- Family planning
- Regional Perinatal Centers
- Perinatal Case Management

New Initiatives

Hemorrhage

Hypertension

Cardiomyopathy



Evidence-based patient care safety bundles

+

Leveraging existing partnerships

+

Rapid-cycle data analysis

Measuring Impact

- **Year 1-** hemorrhage bundle + functional data system
- **Year 2-** HTN/ cardiomyopathy + robust perinatal quality collaborative
- **Year 3-5**- Measurable decrease in maternal and infant morbidity and mortality

Healthy Mothers

Healthy Babies

Closing Comments

Phillip Williams, PhD
Chair

The next Board of Public Health meeting is currently scheduled on
Tuesday, June 13, 2017 @ 1:00 PM.

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