Board of Public Health Meeting

Tuesday, February 9, 2016
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
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.
**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. |
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.
**Objective 1.3** | By 2019, reduce the preventable infant mortality rate from 6.3 (2013) to 5.3 per 1,000 births.

<table>
<thead>
<tr>
<th>STRATEGY/1.3.1</th>
<th>By 2019, 40 of the current 83 birthing hospitals will participate in the 5-STAR Hospital Initiative.</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRATEGY/1.3.2</td>
<td>Provide educational material to all birthing hospitals on the American Academy of Pediatrics (AAP) safe sleep guidelines.</td>
</tr>
<tr>
<td>STRATEGY/1.3.3</td>
<td>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.</td>
</tr>
<tr>
<td>STRATEGY/1.3.4</td>
<td>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%.</td>
</tr>
<tr>
<td>STRATEGY/1.3.5</td>
<td>By 2019, increase postpartum long-acting reversible contraception (PPLARC) in high-risk birthing hospitals.</td>
</tr>
<tr>
<td>STRATEGY/1.3.6</td>
<td>By 2019, increase the number of County Health Departments providing Perinatal Case Management (PCM) services from 93 to 104.</td>
</tr>
</tbody>
</table>
Objectives 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.
**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. |
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.
**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.

<table>
<thead>
<tr>
<th>STRATEGY/3.1.1</th>
<th>Develop and institutionalize a culture of quality to continuously evaluate and improve processes, programs, and services provided by DPH.</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRATEGY/3.1.2</td>
<td>Recruit, retain, and develop a workforce with skills focused on the following competencies: core, organizational, leadership, and job specific/professional.</td>
</tr>
<tr>
<td>STRATEGY/3.1.3</td>
<td>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.</td>
</tr>
<tr>
<td>STRATEGY/3.1.4</td>
<td>Prepare, equip, credential, and maintain through training five Environmental Health Strike Teams to support and assist state and local jurisdictional disaster response.</td>
</tr>
</tbody>
</table>
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
How is Zika Virus Transmitted?

- 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)

• **Methods:**
  • 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.

- **Priority Surveillance Goals**
  - 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
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.
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*.  

*We Protect Lives.*
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
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

- Federal Funds: $395,911,567 (63%)
- State General Funds: $209,159,883 (33%)
- Tobacco Funds: $13,717,860 (2%)
- Other Funds: $14,007,059 (2%)

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

<table>
<thead>
<tr>
<th>Public Health Programs</th>
<th>FY16 Budget</th>
<th>Governor's Recommendation</th>
<th>Total</th>
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<tbody>
<tr>
<td>Administration</td>
<td>$22,249,660</td>
<td>$133,709</td>
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<tr>
<td>Adolescent &amp; Adult Health Promotion</td>
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<tr>
<td>Emergency Preparedness</td>
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<td>$2,584,725</td>
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<tr>
<td>Epidemiology</td>
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<td>Immunization</td>
<td>$2,527,706</td>
<td>$(122,196)</td>
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<td>Infant &amp; Child Essential Health Treatment Services</td>
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<td>Infectious Disease Control</td>
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<td>Inspections &amp; Environmental Hazard Control</td>
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<td>Public Health Grants to Counties</td>
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<td>$100,343,948</td>
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<td>Vital Records</td>
<td>$3,786,253</td>
<td>$342,539</td>
<td>$4,128,792</td>
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**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**

<table>
<thead>
<tr>
<th>Public Health Programs</th>
<th>FY16 Budget</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
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<td>Epidemiology</td>
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**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  

<table>
<thead>
<tr>
<th>Increase funds to provide an additional salary increase for <em>registered nurses</em> to address recruitment and retention issues in the highest turnover classes</th>
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Eliminate matching one-time funds for the Georgiacancerinfo.org website.  

<table>
<thead>
<tr>
<th>Eliminate matching one-time funds for the Georgiacancerinfo.org website.</th>
<th>(75,000)</th>
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**Total Adolescent & Adult Health Promotion Changes**  

<table>
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<tr>
<th><strong>Total Adolescent &amp; Adult Health Promotion Changes</strong></th>
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**Departmental Administration**

Increase funds to provide an additional salary increase for *registered nurses* to address recruitment and retention issues in the highest turnover classes  

<table>
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<tr>
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<th>5,629</th>
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**Total Departmental Administration Changes**  

<table>
<thead>
<tr>
<th><strong>Total Departmental Administration Changes</strong></th>
<th>$5,629</th>
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</table>

We Protect Lives.
## 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**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer the Maternal and Infant Early Childhood Home Visitation</td>
<td>Yes</td>
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<tr>
<td>Federal funds: $1,089,366</td>
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<td>Provide funds for therapies for children with congenital disorders</td>
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<td>Eliminate one-time funds for the Georgia Comprehensive Sickle Cell Center</td>
<td>(50,000)</td>
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</table>

**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**

<table>
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<tr>
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<tr>
<td>Eliminate one-time funds for the Rally Foundation for Childhood Cancer Research</td>
<td>(25,000)</td>
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**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

We Protect Lives.
FY 2017 Governor’s Recommendations

**Vital Records**

Provide funds for new facility rent

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

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<td>Epidemiology</td>
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<tr>
<td>Immunization</td>
<td>$2,527,706</td>
<td>$16,275</td>
<td>$2,543,981</td>
</tr>
<tr>
<td>Infant &amp; Child Essential Health Treatment Services</td>
<td>$21,122,570</td>
<td>$1,808,241</td>
<td>$22,930,811</td>
</tr>
<tr>
<td>Infant &amp; Child Health Promotion</td>
<td>$12,838,479</td>
<td>$57,662</td>
<td>$12,896,141</td>
</tr>
<tr>
<td>Infectious Disease Control</td>
<td>$31,696,391</td>
<td>$219,242</td>
<td>$31,915,633</td>
</tr>
<tr>
<td>Inspections &amp; Environmental Hazard Control</td>
<td>$3,776,351</td>
<td>$24,315</td>
<td>$3,800,666</td>
</tr>
<tr>
<td>Office of Children and Families</td>
<td>$100,343,948</td>
<td>$827,428</td>
<td>$111,623,621</td>
</tr>
<tr>
<td>Public Health Grants to Counties</td>
<td>$209,159,883</td>
<td>$14,806,493</td>
<td>$223,966,376</td>
</tr>
<tr>
<td>Vital Records</td>
<td>$3,786,253</td>
<td>$547,104</td>
<td>$4,333,357</td>
</tr>
</tbody>
</table>

**Total State General Funds** | $225,532,377 | $14,819,912 | $240,352,289

**Attached Agency:**

| Georgia Trauma Care Network Commission                      | $16,372,494  | $13,419                    | $16,385,913  |

**Total Tobacco Settlement Funds** | $13,717,860 | - | $13,717,860

We Protect Lives.
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