



*Georgia Department of Public Health*

# **Board of Public Health Meeting**

Tuesday, February 14, 2017



*We Protect Lives.*

# Commissioner's Update

Brenda Fitzgerald, MD  
Commissioner, DPH

# DPH Internship Program

Llaina Rash, MEd, CHES  
Internship Program Consultant, DPH

# Organizational Structure

- Chief of Staff
  - Office of Science, Research and Academic Affairs
    - DPH Intern and Volunteer Program



# History

- 2012
  - DPH, Office of Training and Workforce Development
    - Public Health Training Centers (PHTCs)- Emory University and University of Georgia
    - MOU with PHTCs for Summer Field placement for 11 MPH students
    - Formalized and expanded program
- 2013
  - Program moved to Office of Science, Research and Academic Affairs

# Purpose

- Workforce Development
  - Provide learning and training experiences for the future public health workforce
  - Supports Public Health Accreditation Board (PHAB) Domain 8 Workforce



# Goals

- Build and maintain relationships with academic institutions
- Recruit and place interns and volunteers
- Provide learning and practical experiences through defined public health projects
- Develop and support DPH mentors
- Staff recruitment

# Intern and Volunteer Recruitment

- DPH Program Intern/Volunteer position request
- DPH Program/Intern networking
- Partnerships





# Participants

- Primarily public health students, but open to all majors that support public health and recent graduates
  - Undergraduate students
  - Graduate students
  - Medical students
  - Fellows
  - Medical Residents
  - Volunteers



# Internship Types

- Intern (seeking credit/practicum)
- Volunteer (not seeking credit/practicum)
- Opportunities are generally unpaid
- Funded opportunities
  - Examples
    - *Emory REAL program (50/50 match for Spring and Fall)*
    - *Directors of Health Promotion and Education (DHPE)*
    - *Graduate Student Epidemiology Program (GSEP)*
    - *Agnes Scott University (Summer)*
    - *Centers for Disease Control and Prevention (CDC)*

# Academic Partnerships

- Academic credit/practicum requires student affiliation agreements
- Over 30 Student Affiliation Agreements
  - *Emory University*
  - *Georgia State University*
  - *University of Georgia*
  - *Morehouse School of Medicine*
  - *Mercer University*
  - *Augusta University*



# Benefits

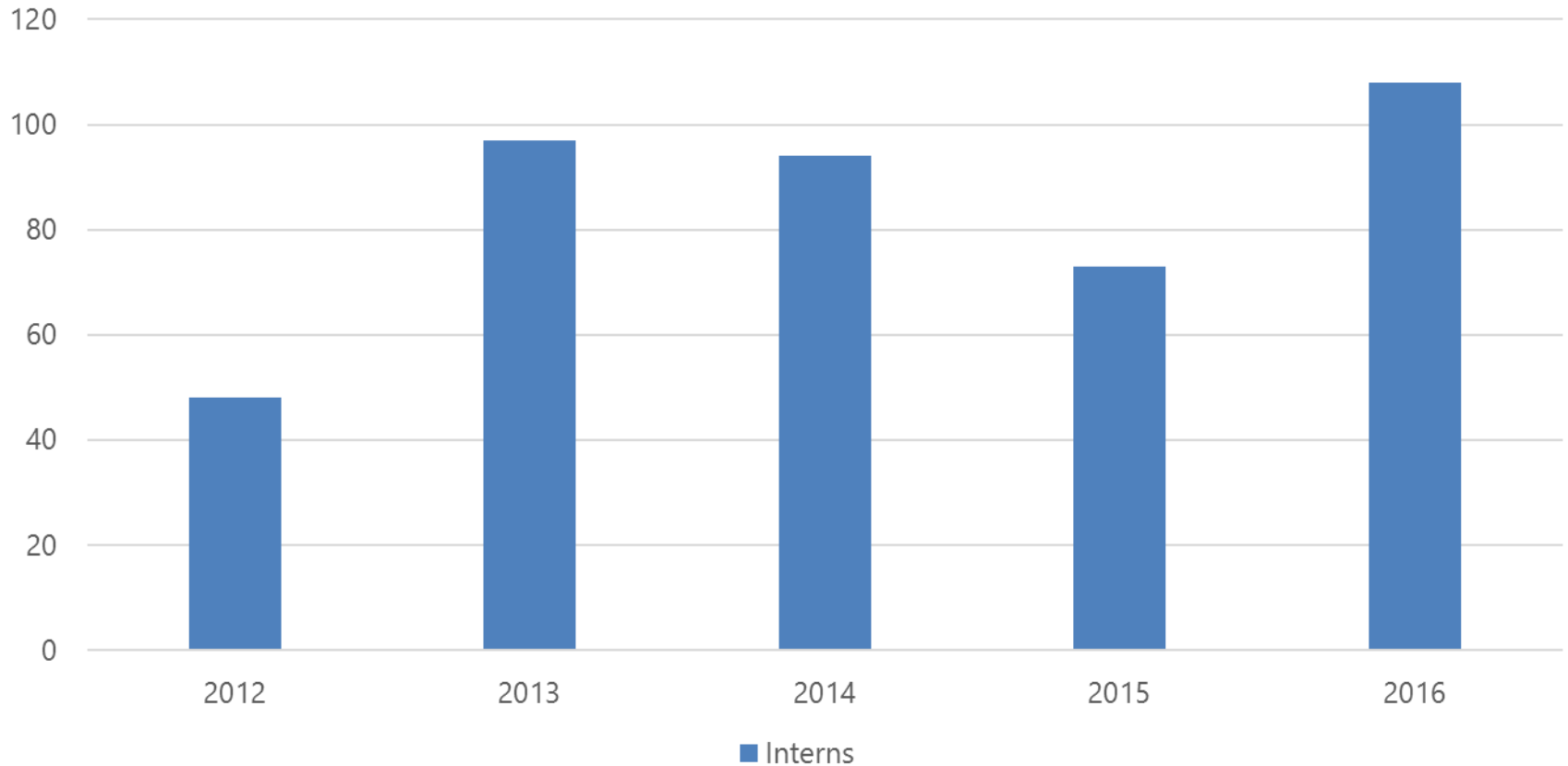
- Project and program support
- Contribution to the future public health workforce
- Increase visibility of DPH
- Relationship building
- Contributions to research, best practices and the public health practice
- Professional development
- Recruitment

# Program Statistics

- **2012 to 2016**
  - Number of Interns/Volunteers: **420**
  - Number of Intern/Volunteers hired as Permanent/Temporary/Contract Employees: **24**
  - Cost savings per Intern/Volunteer (based on a part-time schedule for 3 months): **\$2880.00**
  - **2016 Snapshot**
    - Total number of Interns/Volunteer: **108**
    - Total Savings: **\$321,040**

# Program Statistics

Interns



# Highlights

- GPHA Presentation in collaboration with PHTCs on Academic Partnership (2013)
- Awarded by Georgia State University, School of Public Health, ***Practicum Site of the Year (2014)***
- Nursing Rotation for Emory University, Woodruff School of Nursing (2015)
- Awarded Preceptor Site Award from Morehouse School of Medicine (2015-2016)

# Challenges

- Increase number and type of opportunities
- Mentor recruitment, training and support
- Placement deadlines for academic institutions





# Future Directions

- Mentor training and support
- Public Health Academy
- Seek funding opportunities
- Intern and Volunteer Management System
- Increase Partnerships and Collaboration



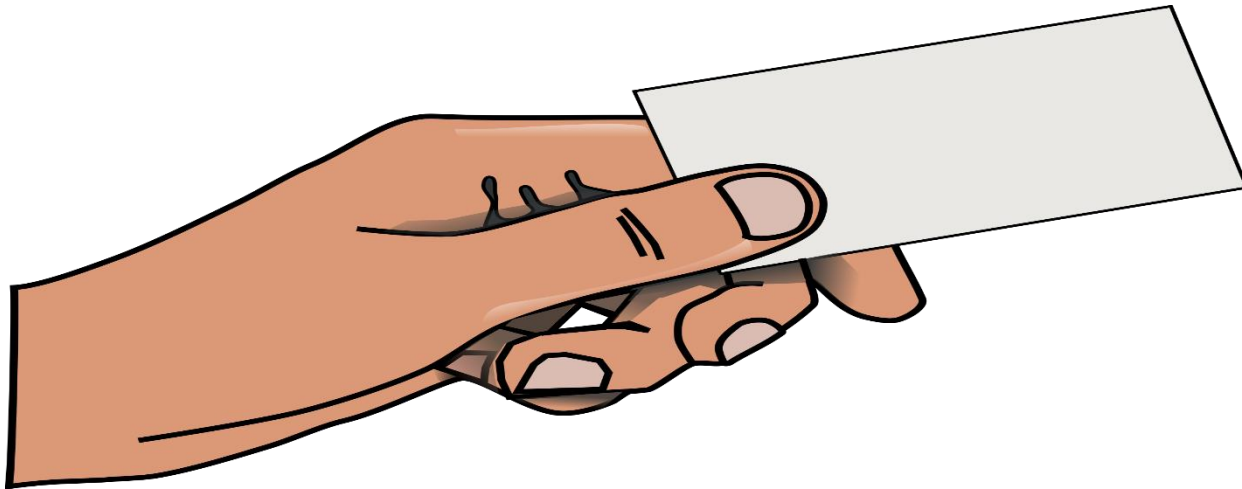
# Questions



*We Protect Lives.*

# Contact Information

- L'laina Rash, M.Ed, CHES  
Program Consultant  
[llaina.rash@dph.ga.gov](mailto:llaina.rash@dph.ga.gov)



# HealthLead™ Accreditation

Carmen Daniel  
Worksite Wellness Coordinator, DPH

# US HealthLead™

- HealthLead™ provides a means for an employer to objectively assess its health management/well-being initiatives and benchmark against established standards.
- HealthLead™ gives employers the tools they need to measurably improve their return on investment in human capital—their workforce. Employers can use HealthLead to **assess their employee health promotion/well-being initiatives against established and promising practices, and to establish or strengthen a culture of health and continuous quality improvement.**
- HealthLead accredited employers have a culture and environment of wellness and make employee well-being part of their core business strategy.

# US HealthLead™ Accreditation Program

## Key Areas – 100 Point Scale

1. Organizational Engagement and Alignment (40%)
2. Population Health Management and Wellbeing (40%)
3. Outcomes Reporting (20%)

## Application Process (18 months)

- Online assessment
- Formal Presentation
- One-day site audit



# Bronze Level Accreditation

## Comparative Organization Accreditation

- Bronze Level Government Recipients
  - The Department of Public Health – North Dakota
  - Center for Disease Control and Prevention
  - City of Dublin, Ohio
  - Monterey County, California

## Keys to Success

- Agency's culture of quality
- Commissioner and Executive Leadership Support
- Wellness Committee
- Wellness Ambassadors
- Partners (UGA Workplace Health Group)

# UGA Workplace Health Group Partnership and Evaluations

## **History and Evolution**

- 2014 – Conducted first survey with employees at the state level
- 2015 – Expanded the survey to include all health districts
- 2016 – Repeated survey in all districts

## **Evaluations**

- Annual Health Climate
  - State and District
- Holiday Survivor
- Standing Workstation
- Middle Management Training



# Annual Health Climate Survey

- Measures
  - Physical activity engagement
  - Health consciousness of DPH employees
  - Nutrition habits of DPH employees
  - Prevalence chronic conditions
  - Job Satisfaction
  - Work/Life Balance Satisfaction
  - Program Participation

# Holiday Survivor

## Holiday Survivor IV

Holiday Survivor - Success  
82% of participants lost weight

Weight status at end of program	Percent of participants
> 10% loss	2%
5.1 – 10% loss	20%
2.6 – 5% loss	23%
0.01 – 2.5% loss	37%
Maintained	3%
Gained*	15%

\*9 of 15 gained fewer than 2 pounds

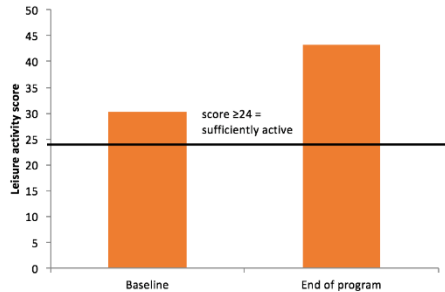


## Purpose & Intervention

- 5<sup>th</sup> Year Implementation
- 10 week – team based weight maintenance/loss program
- Food/PA tracking encouraged
- 2016
  - 140 Participants
  - 1/2 ton pounds lost

# Holiday Survivor Results

Holiday Survivor - Success  
Increased moderate and strenuous physical activity



Holiday Survivor - Success  
Improved eating habits

	Baseline	Final	p-value
Fast food intake (servings per week)	2.16	1.29	p<0.001
Fruit and vegetable intake (servings per day)	2.96	3.28	p=0.04

Holiday Survivor - Success  
Average 5.4 pound loss and 1.1 inch reduction in waist circumference



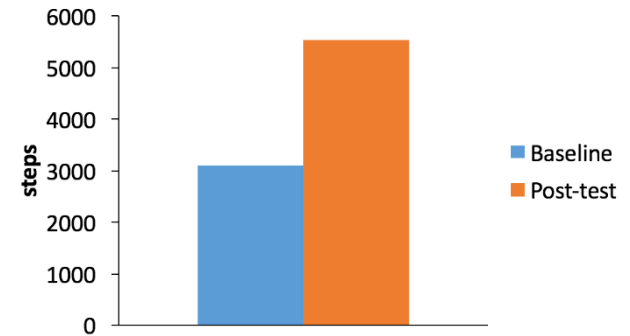
# Standing Workstations

- Pilot
  - Implementation
    - 34 employee lottery (Mar 2015)
  - Evaluation
    - Blood pressure, surveys, accelerometers
  - Results
    - ↓ Fatigue, neck pain, shoulder and knee pain, systolic (12wk), systolic and diastolic (9mo)
    - ↑ Productivity
- Follow Up
  - Increase breadth of study
    - 50 employee lottery (Nov 2016)
  - Department of Human Services
    - 50 employee lottery

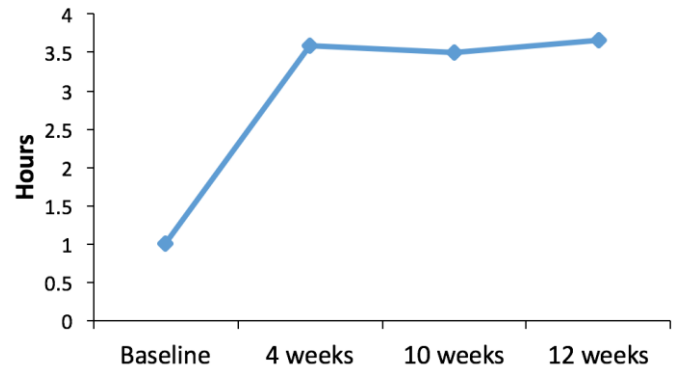
***“I would opt to alternate between sitting and standing all the time. It's been a very rejuvenating experience for me. I'm more focused, alert, and less stressed...”***

***“Standing makes a tremendous difference in reducing the pain of arthritis in my neck.”***

Standing workstations - Increased movement



Standing workstations - Standing more and sitting less



# Middle Management Training

## Timeline

- Implementation
  - Sept 2016
- Evaluation (Annual Climate Survey)
  - Feb 2016
- Results
  - Summer 2017
- Background – CDC US Healthiest Conference; DPH Focus Groups
- Sustainability
  - Fundamentals for Management Success Required Training (Instructor Led)
  - SABA
- Future Implications

## Objectives

- Explain importance of employee health and wellbeing at DPH & describe the benefits of employee health and wellbeing
- Provide information about DPH health programs that are currently available to managers and their employees
- Provide guidance on ways managers can help employees improve health and wellbeing

# UGA Workplace Health Group – Looking Ahead

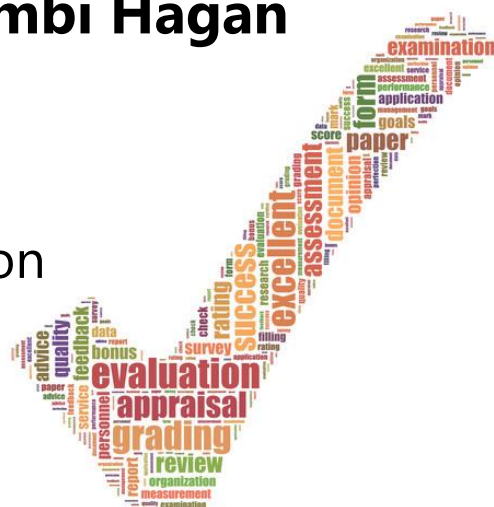
- Future Funding Opportunities
- Further Evaluations
- Contributions to field of Worksite Wellness



# Leveraging Resources - Evaluations

## **Emory Rollins School of Public Health – Dr. Kimbi Hagan**

- Training future leaders in public health
- Evaluation Opportunities
  - Capitol Hill Fitness Center Usage and Satisfaction
  - Program Process Evaluation (Holiday Survivor)
  - Stairwell Utilization



# Leveraging Funds – External Funding and Annex 208

## **External Funding Opportunities**

- Nation's Healthiest Lab 2016
  - \$1,500K
- AMCHP Mini Grant Application
  - Collaboration between Worksite Wellness and MCH
  - \$15K

## **Annex 208 Allocation**

- 10K allocated to each district
- Specified through Annex detailing outcomes and measures



# Annex 208 Success

## **“Funding changes health climate”**

- Increased leadership support at the District level
  - Wellness committees
- Increase community awareness
  - Community events
  - Walk GA
- Increased morale, knowledge and participation
- Wellness/Employee Appreciation

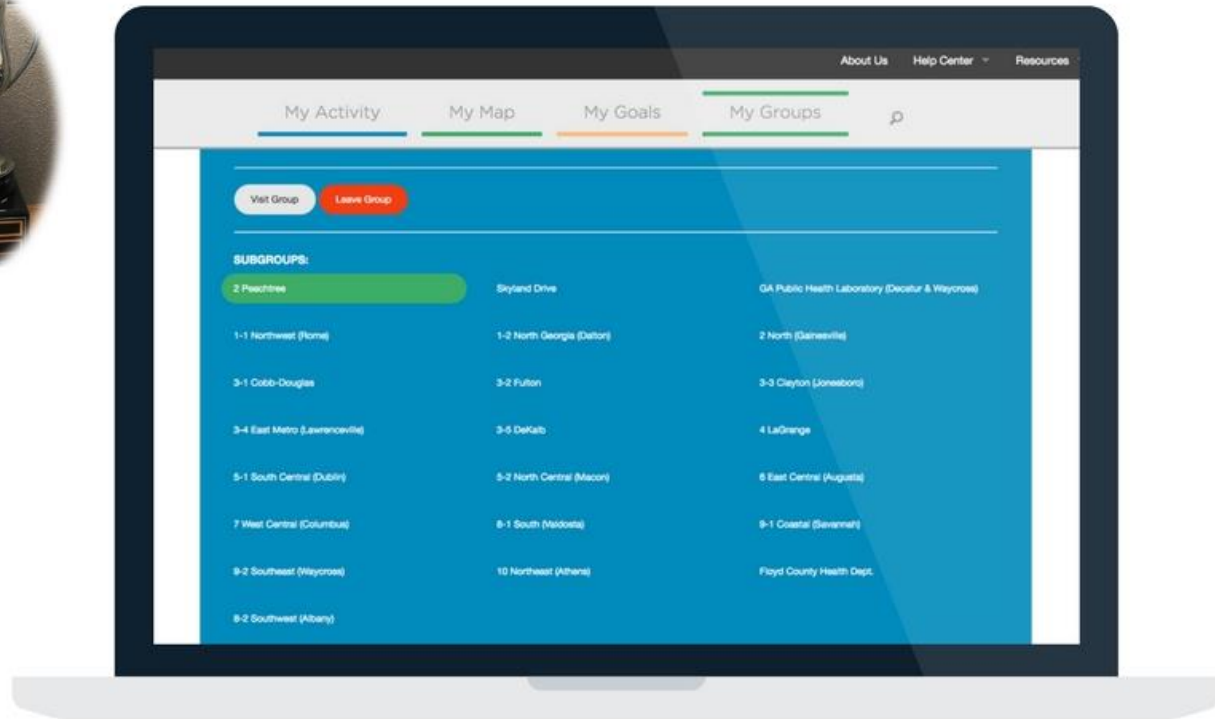
## **“Funding leverages opportunity to promote wellness policy”**

- Increased programming/policy
  - Lactation, PA, Healthy Eating, CPR/AED, Ergonomic
  - 55% districts have adopted policy

# 100 Days of Summer – State Challenge

# Bridging the gap – Stepping it Up

- A 100-day physical activity challenge. Employees must enter physical activity under the Walk Georgia Tracker-within their subsection of Department of Public Health (DPH).
- 1,384 total participants
- **Winning Team: 1-2 Dalton**
  - **1,596,214 points**
  - **11,303.15 hours exercised**
  - **161 users!**



## Districts in Action



Thank you

**QUESTIONS?**

# **Budget Report**

## **Amended FY2017 & FY2018 Budget**

Dionne Denson  
Chief Financial Officer, DPH

<b>AMENDED FISCAL YEAR 2017</b>	<b>Governor</b>	<b>House</b>	<b>Senate</b>
<b>Replace federal funds to continue providing women's health services</b> Increased access to care ~ 63,000 Unduplicated Patients Served in FY2016	\$651,897	\$651,897	\$651,897
<b>Increase funds for telehealth equipment and maintenance</b> Equipment Maintenance - \$275,000 Ensure that all connected units are covered by valid warranty and support contracts  Equipment Replacement - \$225,000 Replace equipment that has come to end of life Provides greater ability to increase partnerships and access to care	\$500,000	\$500,000	\$500,000
<b>Provide one-time funds to implement the Enterprise Systems Modernization project</b> One system access across ALL 18 health districts (159 counties) and the State Office	\$10,000,000	\$10,000,000	\$10,000,000
<b>Provide one-time funds for public health laboratory maintenance</b> Proposed Projects at the Decatur Laboratory: Steam Coil and humidifier replacement - \$200,000 Replace Smoke Detectors and Lamps - \$105,000	\$385,000	\$305,000	\$305,000
<b>Provide funds to establish the Fulton County Board of Health per HB 885 (2016 Session)</b> Establish leadership and support structure for independent county board of health	\$745,223	\$745,223	\$361,354
<b>Reduce Personnel</b> Office of Children and Families program	\$-	\$-	(\$628,263)
<b>Reduce Funds to meet projected expenditures</b>	\$-	\$-	(\$1,000,000)
<b>Total DPH Changes</b>	<b>\$12,282,120</b>	<b>\$12,202,120</b>	<b>\$10,189,988</b>
<b>Statewide Changes</b>			
<b>Reflect an adjustment in merit system assessment to align budget to expenditure</b>	\$7,988	\$7,988	\$7,988
<b>Total Statewide Changes</b>	<b>\$7,988</b>	<b>\$7,988</b>	<b>\$7,988</b>
<b>Total Changes</b>	<b>\$12,290,108</b>	<b>\$12,210,108</b>	<b>\$10,197,976</b>

**Fiscal Year 2018**

**Governor**

**Replace federal funds to continue providing women's health services.**

**\$651,897**

Increased access to care ~ 63,000 Unduplicated Patients Served in FY2016

**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 telehealth infrastructure**

**\$2,234,450**

Maintenance for telehealth circuits used to ensure statewide connectivity

**Provide funds for the Fulton County Board of Health per HB 885 (2016 Session)**

**\$978,865**

Establish leadership and support structure for independent county board of health

**Total DPH Changes**

**\$5,361,743**

**Statewide Changes**

Provide funds for merit-based pay adjustments, employee recruitment, or retention initiatives effective July 1, 2017

**\$5,878,616**

Increase funds to reflect an adjustment in the employer share of the Employee's Retirement System

**\$220,095**

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**

**Total Statewide Changes**

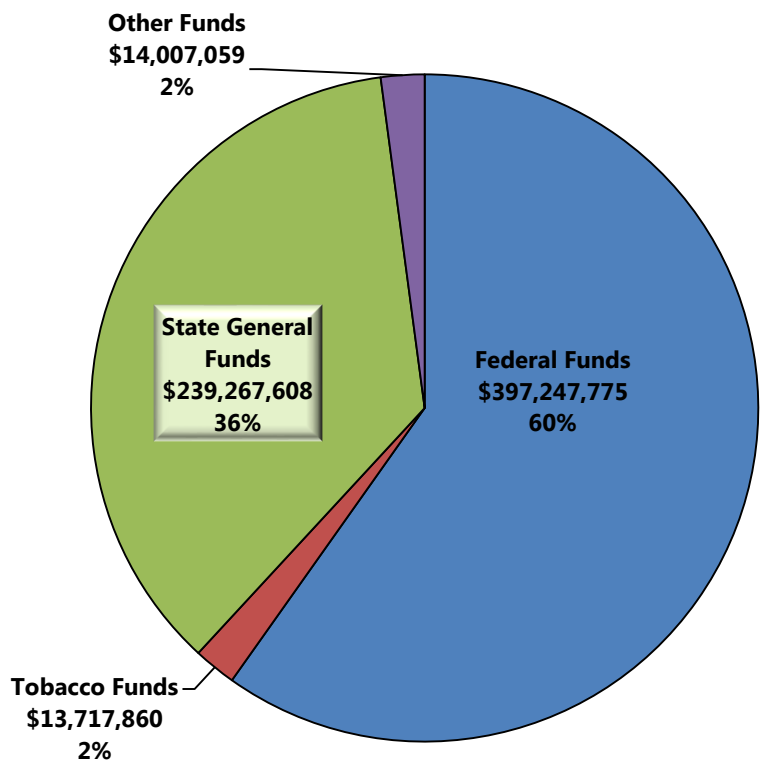
**\$6,246,181**

**Total Changes**

**\$11,607,924**

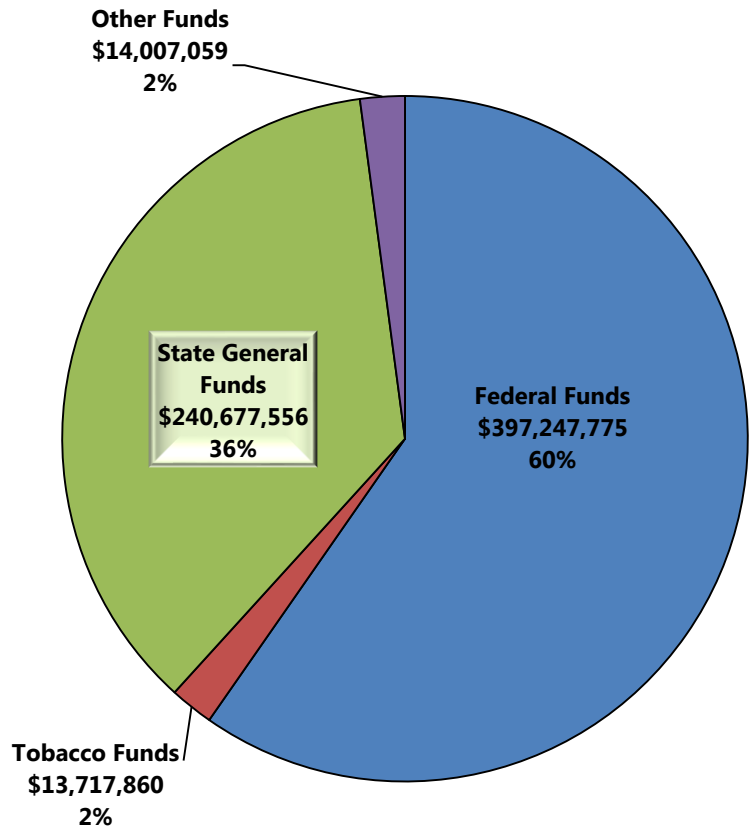
**Amended FY 2017  
Senate**

**Total Funds\*: \$664,240,302**



**FY 2018  
Governor**

**Total Funds\*: \$665,650,250**



*\*Does not include attached agencies*



QUESTIONS?

# Culture of Quality Project Winners

Christine Greene  
Deputy Chief of Staff, DPH

# Improving the Quality of Data Entry in Environmental Health Complaint Records

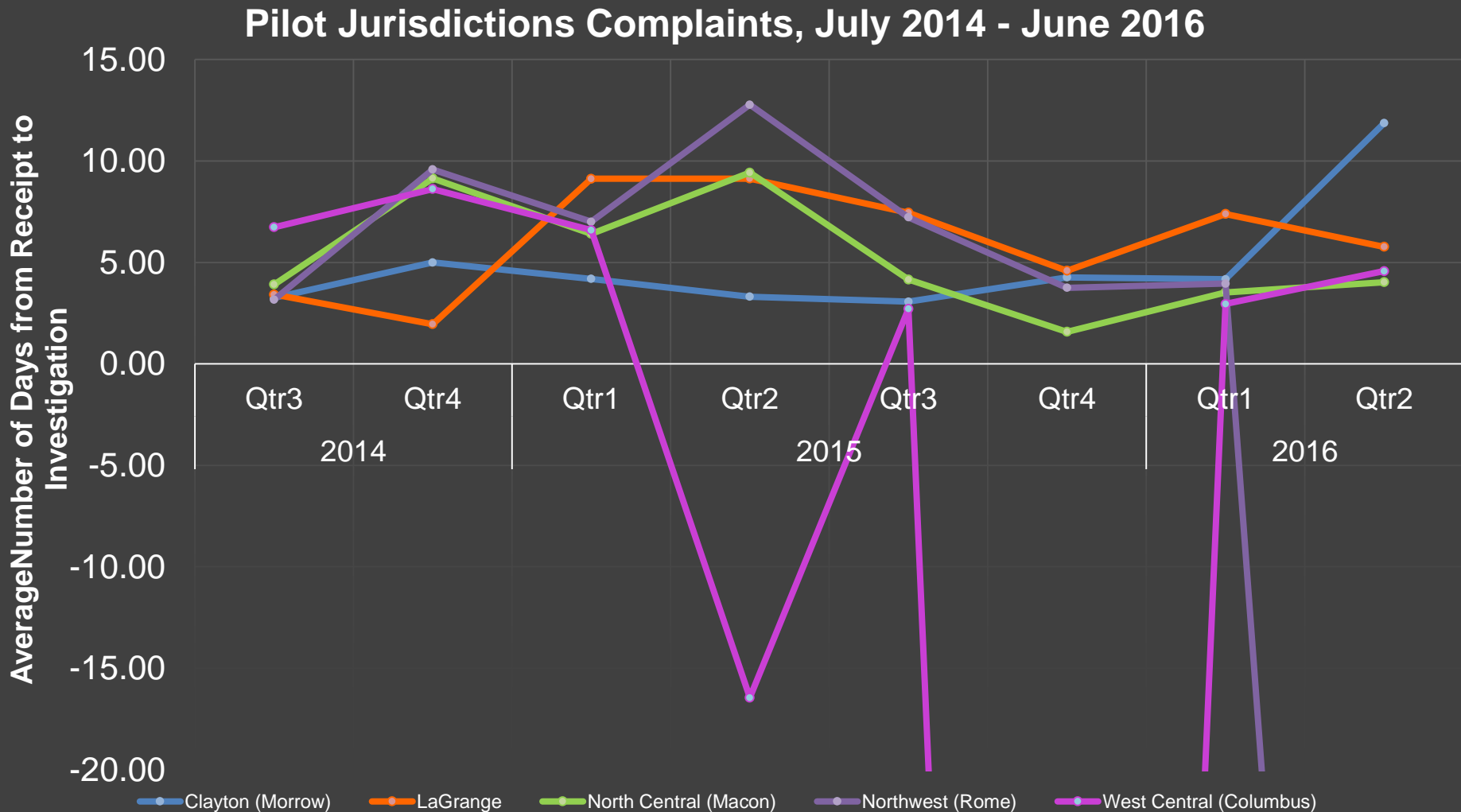
Tim Callahan, MPH  
Georgia Department of Public Health

# Problem

- Data entry errors in complaint records resulting in wasted resources
  - Assessment of risks to community and performance of staff require review of complaint data
  - Managers had to either ignore outliers or require staff to correct the data in the records
  - Limited record review permitted data entry delays and increasing errors
  - Data system users were becoming increasingly dissatisfied with system

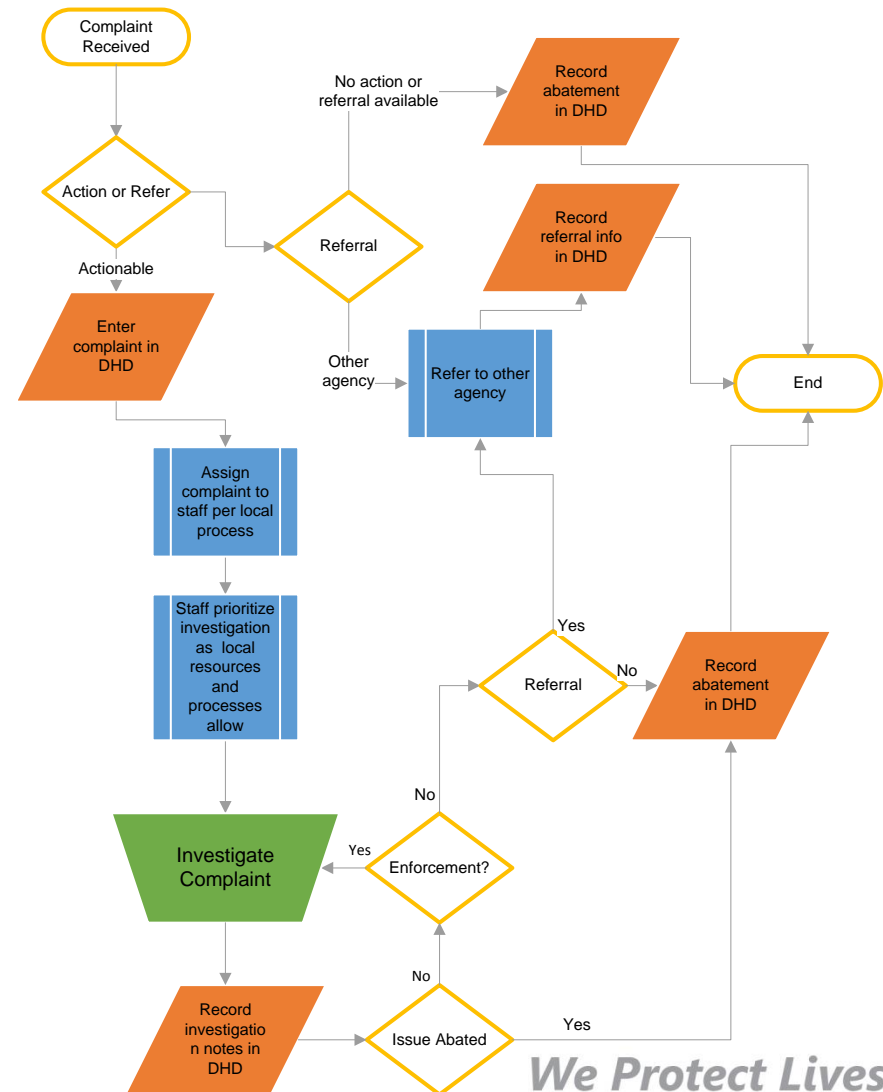
# Starting Data

- Excessive variance due to data entry errors



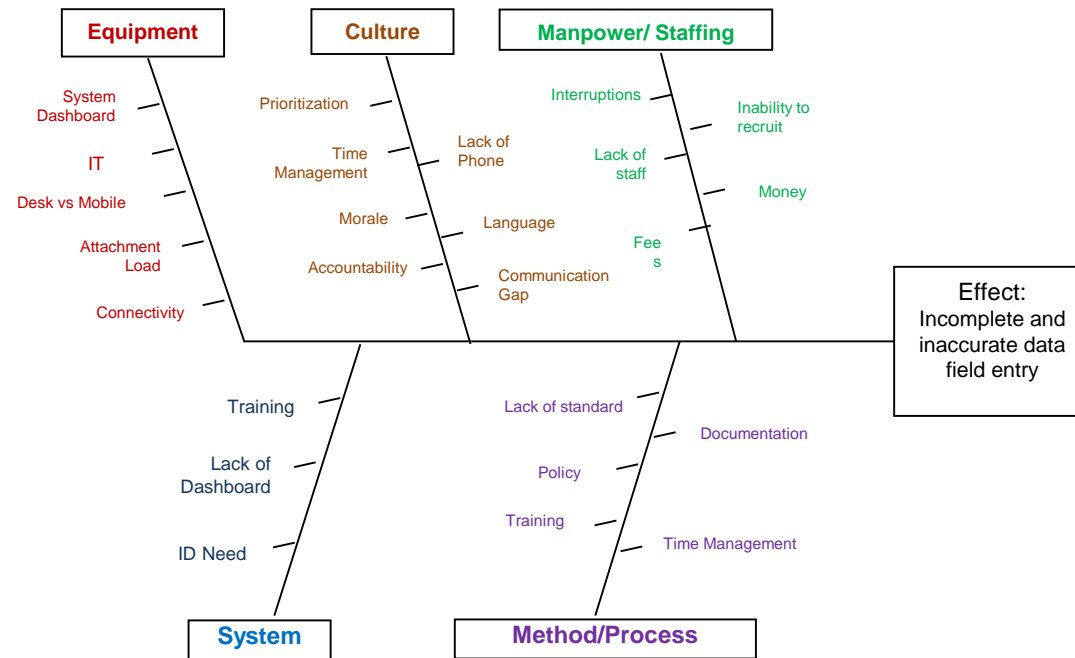
# Process to Identify Change Needed

- Application of tools provided in PDCA training
  - Diagramming the process flow for complaint receipt and investigations
  - Identifying correction points



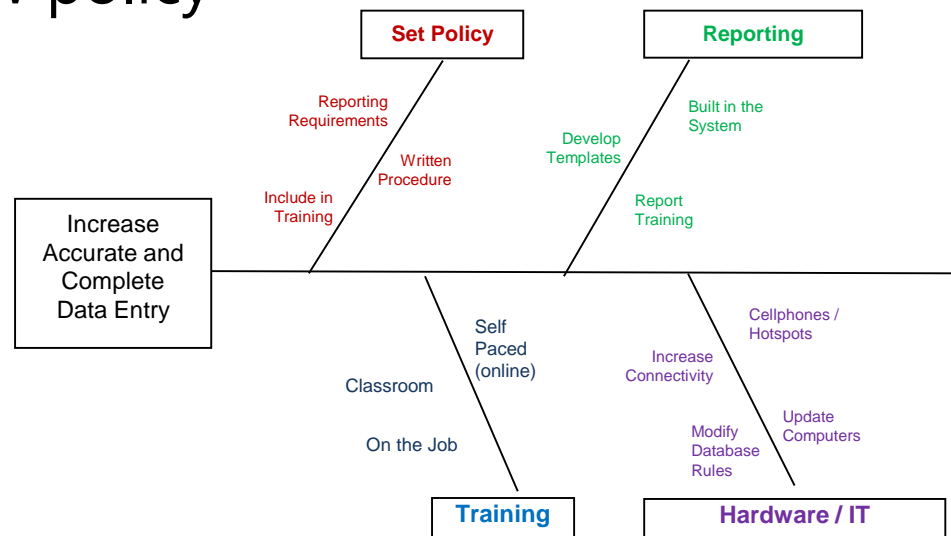
# Process to Identify Change Needed

- Application of tools provided in PDCA training
  - Root Cause Analysis (RCA) identified a long list of issues that could be addressed
    - Connectivity
    - Training
    - System functions
    - No policy for review
    - Equipment
    - Staffing
    - Time limitations
    - Many other issues



# Process to Identify Change Needed

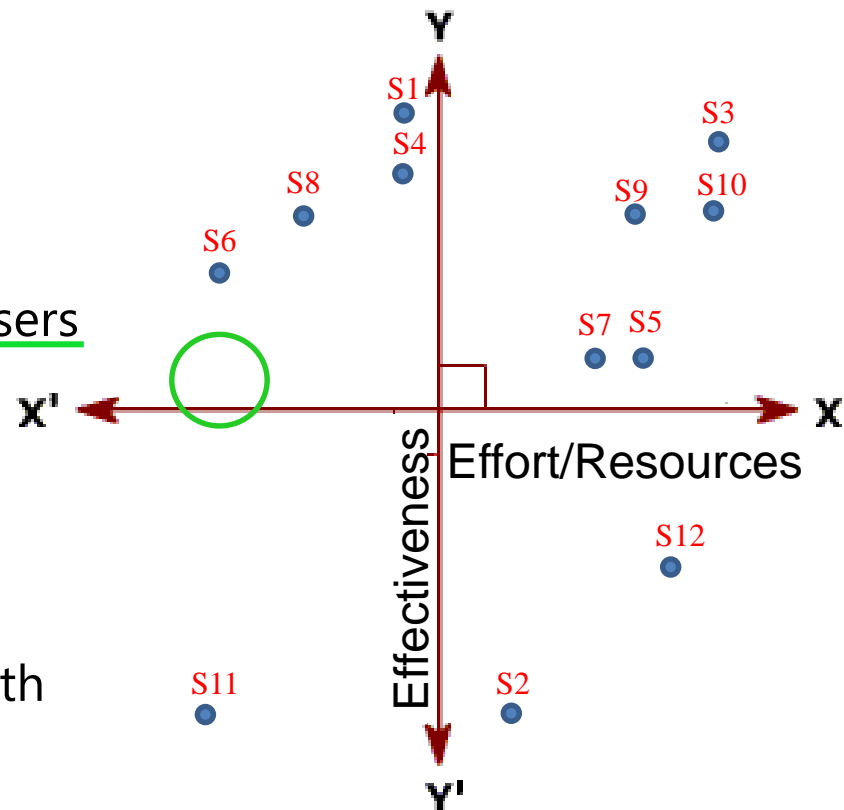
- Identify possible corrections
  - Increase bandwidth of county connections
  - Train staff for self review
  - Issue a data review policy
  - Increase staffing
  - Require reporting
  - Provide hotspots
  - Modify database





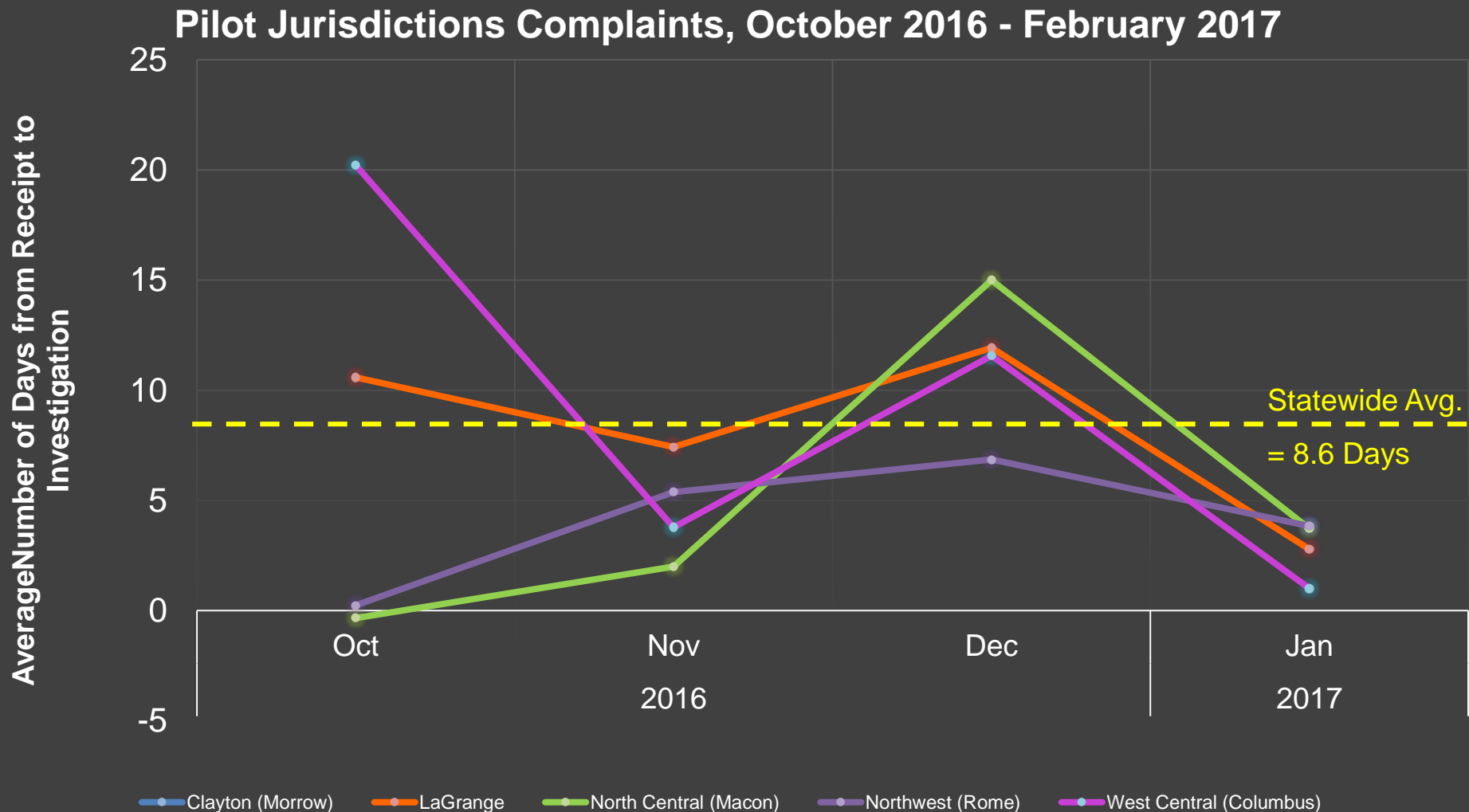
# Process to Identify Change Needed

- Prioritize solutions
  - Using a quadrant based prioritization
    - S1-Written procedure
    - S2-More reporting
    - S3-Training
    - S4-State protocol
    - S5-Cell phone/hotspots
    - S6-Modify the system to alert users
    - S7-Upgrade computers
    - S8-Online training
    - S9-Classroom training
    - S10-On the Job training
    - S11-Build reports in system
    - S12-More connectivity/bandwidth



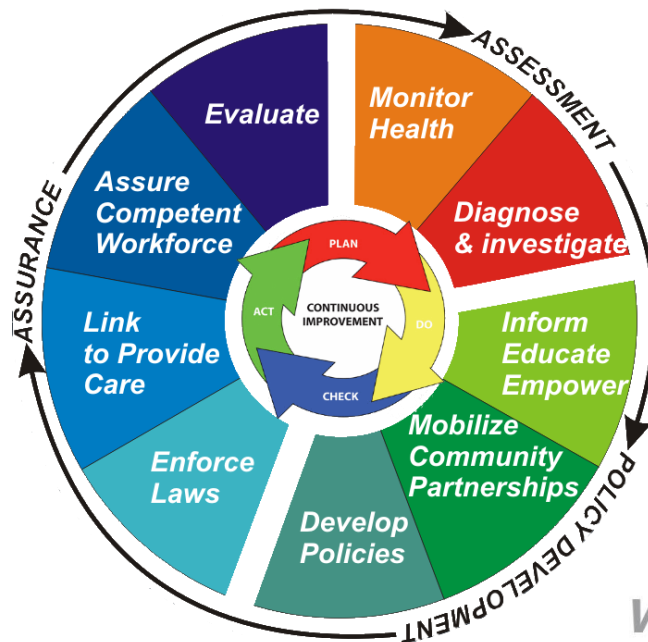
# Ending Data

- Data entry errors controlled by system changes



# Real Benefits

- Statewide Participation
  - System message affected 147 counties using the database, reducing statewide variance from over 700 days to less than 9 days
- Team trained and practiced CQI tools and methods
  - Root cause analysis
  - Quadrant prioritization
  - Plan Do Check Act



# Next Round

- Revisit the RCA and prioritization results
- Select a solution and assemble a testing plan
- Capture new baseline dataset
- Test
- Compare data
- Start again

# The Team

- Tim Callahan
  - Evaluation & Support Program Director, Environmental Health Section
- Anne-Marie Coleman
  - Policy, Program and Planning Advisor II, Chronic Disease Prevention Section
- Carla Coley
  - District 5-2 Environmental Health Director
- Jerome Deal
  - District 7 Environmental Health Director
- Duane Fields
  - District 4 Environmental Health Director
- Helen Garrett
  - Administrative Assistant, Clayton County Environmental Health
- Christine Greene
  - Deputy Chief of Staff
- Jeanel Johnson
  - Customer Service Representative, Henry County Environmental Health
- Kay Russell
  - MCH quality Improvement
- Natalie Walls
  - Environmental Health Specialist III, Dade County Environmental Health

# Improving the Quality of Hepatitis B Birth Dose Data Entered into the GRITS Database

Tracy Kavanaugh, MS, MCHES  
Georgia Department of Public Health

# Hepatitis B Vaccine - Birth Dose

- ACIP recommends administration to all infants
- Routinely given within 12-24 hours of birth
- First vaccine received & reported to GRITS

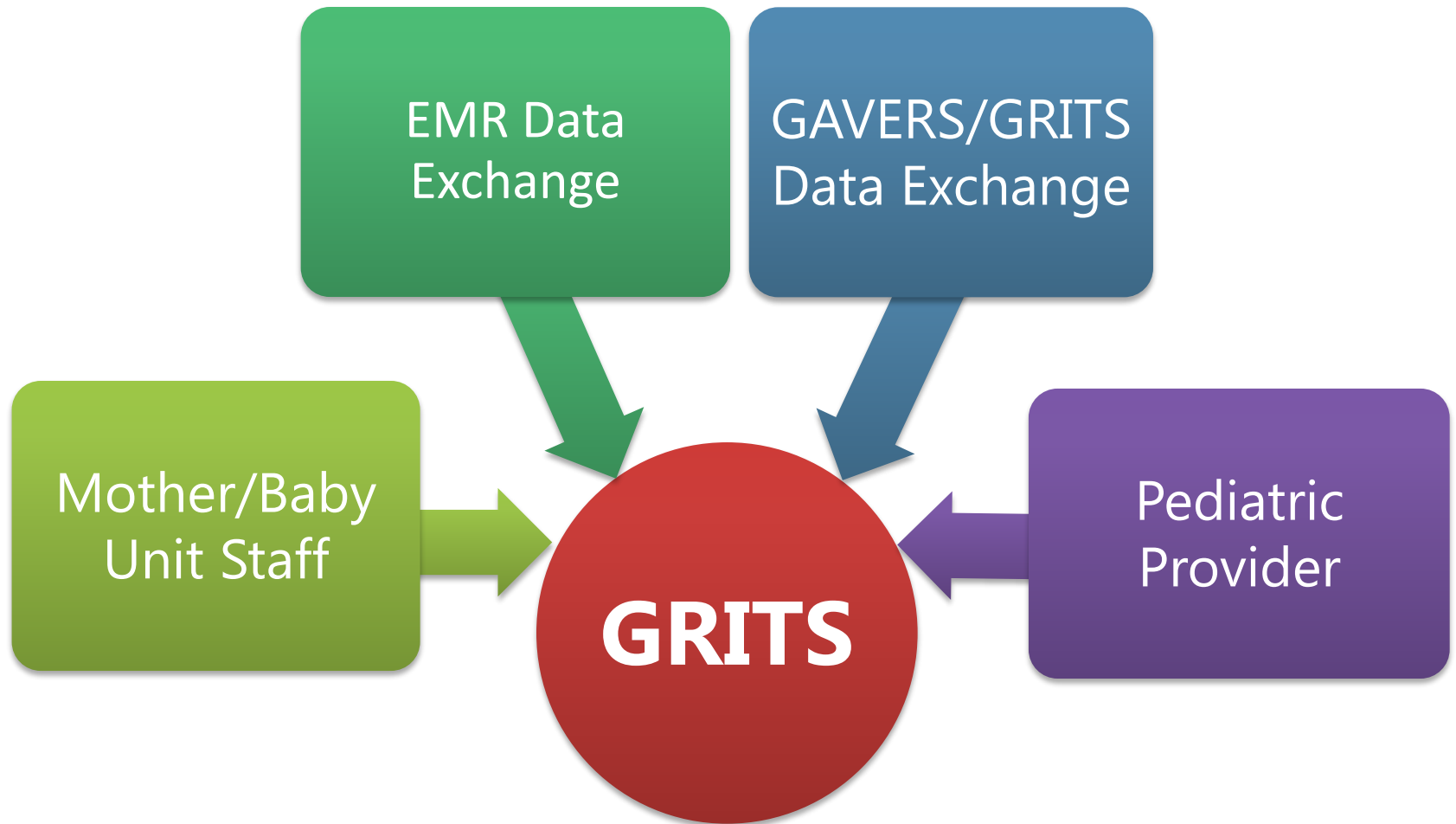


# PLAN: Problem Statement

- The Hepatitis B (HepB) birth dose immunization record does not match the legal name of subsequent immunization records in the Georgia Registry of Immunization Transactions and Services (GRITS) database.
  - Inaccurate data
  - Incomplete immunization records
  - Multiple records per child
  - Inaccurate immunization rates
  - Over-vaccination
  - Impacts program credibility



# Hepatitis B birth dose is entered into GRITS:



# Mother/Baby Data Entry



Annie Doe\*



The Future  
Ethan Green\*




Doe, Baby Boy  
\*Responsible Party

**\*Fictional Names Used for Example Purposes Only**

*We Protect Lives.*

## Personal Information

Last Name

Birth Date  

First Name

Birth Country  

Middle Name

Suffix  

Mother's Maiden Last

Mother's First Name

SSN  -

Gender  M  F  Unk

Save

Immunize

Add Next

Cancel

### Message from webpage



Mother's Maiden Last Name assists the client de-duplication process. While this client will be saved without Mother's Maiden Last Name, please attempt to locate this information. Once you have the Mothers Maiden Last Name, please update this client.


OK


## Client Information

## Responsible Person

## Client Comments


Chart #

Tracking Schedule  


Ethnicity  

Status  

Race  

Allow Sharing of Immunization Data?  

Provider-PCP  

Allow Reminder and Recall Contact?  

School  

# Georgia Vital Records

**STATE OF GEORGIA BIRTH WORKSHEET**

1. THE BIRTH (Single, Twin, Triplet, etc.) \_\_\_\_\_ 2. IF NOT SINGLE SPECIFY (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.) \_\_\_\_\_

3. NEWBORNS NAME (FIRST) \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_ 4. DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_ 5. TIME OF BIRTH (24 hr) \_\_\_\_\_ 6. SEX \_\_\_\_\_

7. HOSPITAL, FACILITY NAME AND ADDRESS (If not available, give street address number) \_\_\_\_\_ 8. CITY, TOWN OR LOCATION OF BIRTH \_\_\_\_\_ 9. FACILITY ID (HSP) \_\_\_\_\_

10. SPECIFY BIRTHPLACE \_\_\_\_\_ 11. COUNTY, STATE AND ZIP CODE OF BIRTH \_\_\_\_\_

12. MOTHER'S NAME (FIRST) \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_ 13. NAME PRIOR TO FIRST MARRIAGE (FIRST) \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

14. DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_ 15. BIRTHPLACE (State, Territory or Foreign Country) \_\_\_\_\_ 16. MOTHER'S SEX \_\_\_\_\_

17a. MOTHER'S MARITAL STATUS: Married at time of birth \_\_\_\_\_ Single at time of birth \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
 17b. MOTHER'S MARITAL STATUS: Married at time of birth \_\_\_\_\_ Single at time of birth \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
 17c. MOTHER'S MARITAL STATUS: Married at time of birth \_\_\_\_\_ Single at time of birth \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
 17d. MOTHER'S MARITAL STATUS: Married at time of birth \_\_\_\_\_ Single at time of birth \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

18. NUMBER AND STREET OF RESIDENCE \_\_\_\_\_ 19. CITY, TOWN OR LOCATION \_\_\_\_\_ 20. RESIDENCE STATE \_\_\_\_\_

21. COUNTY OF RESIDENCE \_\_\_\_\_ 22. ZIP CODE \_\_\_\_\_ 23. MOTHER'S INSURANCE ADDRESS (Street, City, State, Zip, County) \_\_\_\_\_ 24. Having address same as above \_\_\_\_\_

25. MOTHER'S EDUCATION LEVEL: (Check **ALL** that apply that represent the highest level of education attained)

Completed 1<sup>st</sup> Grade \_\_\_\_\_ Completed 2<sup>nd</sup> Grade \_\_\_\_\_ Completed 3<sup>rd</sup> Grade \_\_\_\_\_ Completed 4<sup>th</sup> Grade \_\_\_\_\_ Completed 5<sup>th</sup> Grade \_\_\_\_\_ Completed 6<sup>th</sup> Grade \_\_\_\_\_  
 Completed 7<sup>th</sup> Grade \_\_\_\_\_ Completed 8<sup>th</sup> Grade \_\_\_\_\_ Completed 9<sup>th</sup> Grade \_\_\_\_\_ Completed 10<sup>th</sup> Grade \_\_\_\_\_ Completed 11<sup>th</sup> Grade \_\_\_\_\_ Completed 12<sup>th</sup> Grade but did NOT Graduate \_\_\_\_\_ High school graduate or GED \_\_\_\_\_

26. Primary language spoken at home \_\_\_\_\_ 27. Mother's Occupation \_\_\_\_\_

28. Kind of business or industry \_\_\_\_\_ 29. Employed during year:  Yes  No  Unknown \_\_\_\_\_

30. Father's name (Address) \_\_\_\_\_ Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

31. MOTHER'S ETHNICITY:  No, Cuban  No, not Spanish/Hispanic/Latino  Yes, Puerto Rican  Yes, Mexican, American, Chinese  Unknown  Yes, Other Hispanic (Specify) \_\_\_\_\_

32. MOTHER'S RACE (Check all that apply):  White  Black or African American  Asian  American or Chinese  Indian  Hawaiian  Other (Specify) \_\_\_\_\_  
 Other Pacific Islander (Specify) \_\_\_\_\_  Other Asian (Specify) \_\_\_\_\_  
 Unknown  Other (Specify) \_\_\_\_\_

33. MOTHER'S NAME (FIRST) \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_ 34. DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_ 35. BIRTHPLACE (State, Territory or Foreign Country) \_\_\_\_\_

36. MOTHER'S SEX \_\_\_\_\_ 37. MOTHER'S RESIDENCE ADDRESS (Street) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_  
 Address same as mother's residence address \_\_\_\_\_

Birth Worksheet 12-11 Page 1

GEORGIA CODE  
 TITLE 31. HEALTH  
 CHAPTER 10. VITAL RECORDS  
**O.C.G.A. TITLE 31 Chapter 10 (2009)**  
 31-10-9. Registration of births

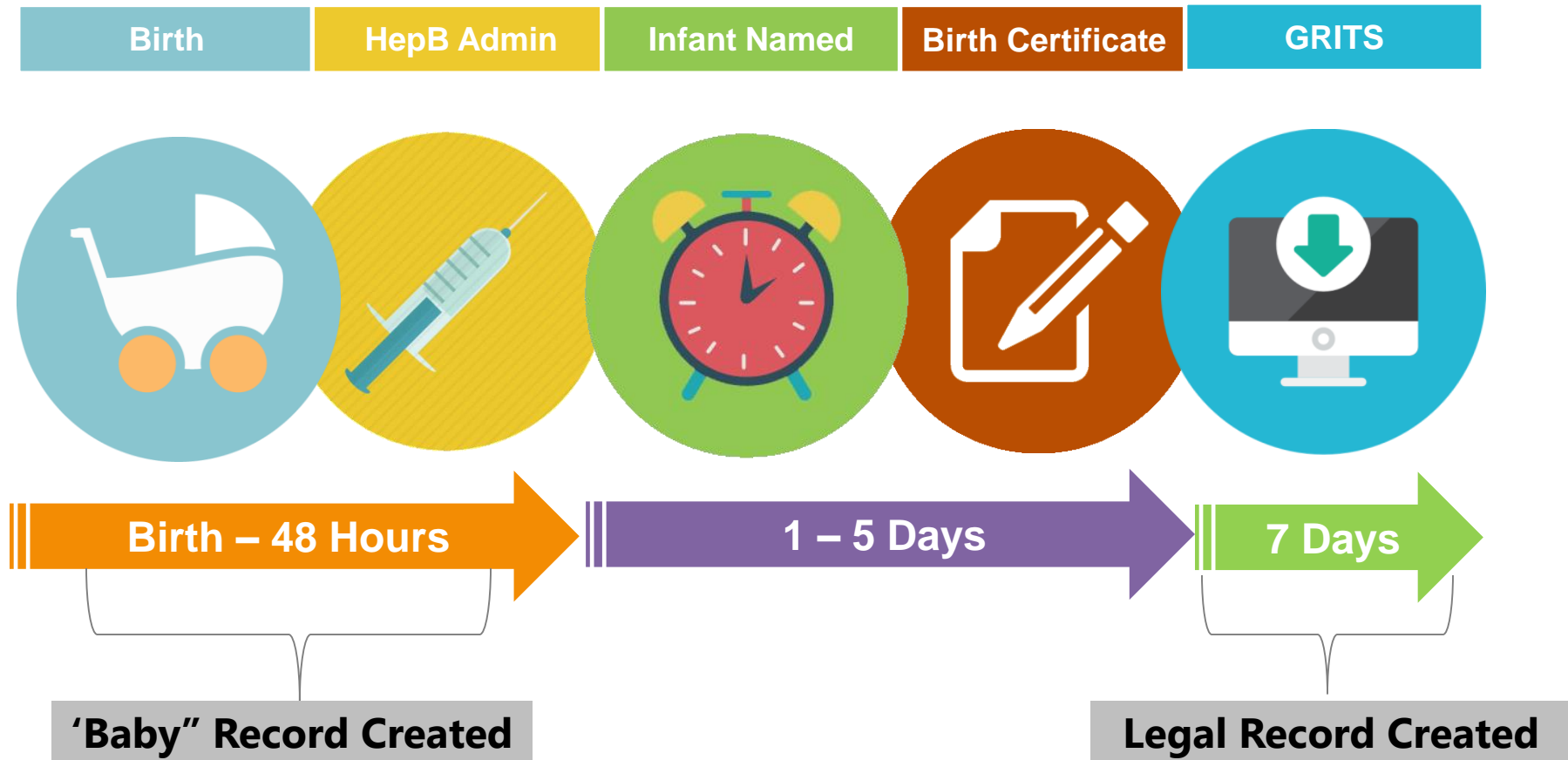
(a) A certificate of birth for each live birth which occurs in this state shall be filed with the State Office of Vital Records **within five days** after such birth and filed in accordance with this Code section and regulations of the department.

## 72. HEPATITIS VACCINATION

- a. Did the infant receive Hepatitis B vaccine?  Yes  No  Unknown  Refused
- b. If infant received Hepatitis B vaccine, number of hours after birth \_\_\_\_\_
- c. Did the infant receive Hepatitis B Immune Globulin (HBIG)?  Yes  No  Unknown
- d. If infant received HBIG, number of hours after birth \_\_\_\_\_

- e. Hepatitis B vaccine Date \_\_\_\_\_
- f. Hepatitis B vaccine Lot Number \_\_\_\_\_
- g. HBIG vaccine Date \_\_\_\_\_
- h. HBIG vaccine Lot Number \_\_\_\_\_

# Hepatitis B Birth Dose Timeline



# Aim Statement

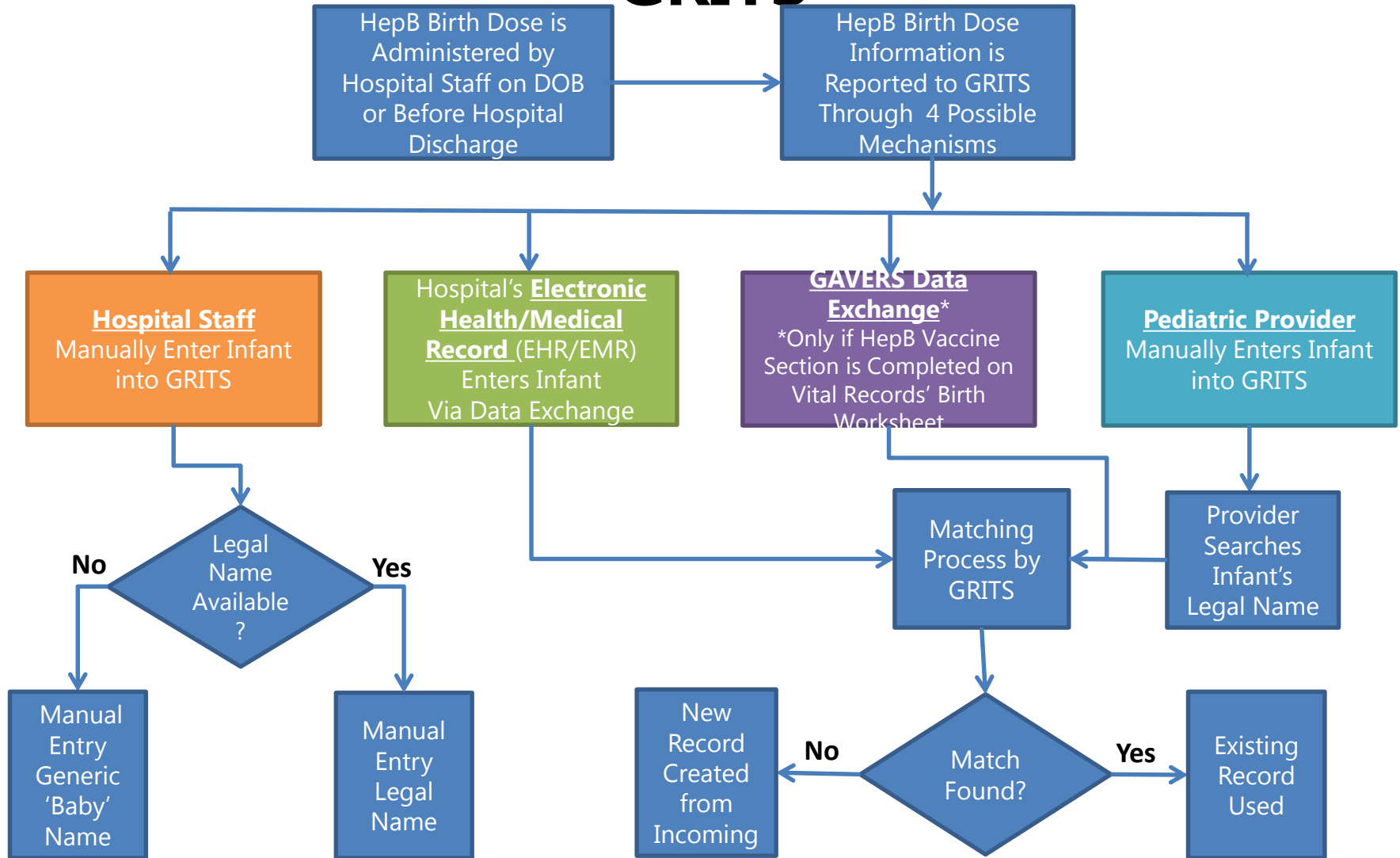
- By 12/31/2016, improve the accuracy of GRITS data by decreasing matching errors from 37% to 10%, to ensure that infants born in Georgia have a single GRITS immunization record.

# Process Outline & Relevant Data

2015
First Name in GRITS
Baby
Baby Boy
Baby Girl
BB
BG
FE
Female
FemaleA
Infant
MA
Male
MaleA
Newborn
Twin
<b>Total: 48,795</b>

- GA Births in 2015: **131,333**
- GRITS records listed as 'Baby' in 2015: **48,795**
- GRITS records entered as 'Baby' in 2015: **37%**

# How the HepB Birth Dose is Entered into GRITS





# Process Outline & Relevant Data continued...

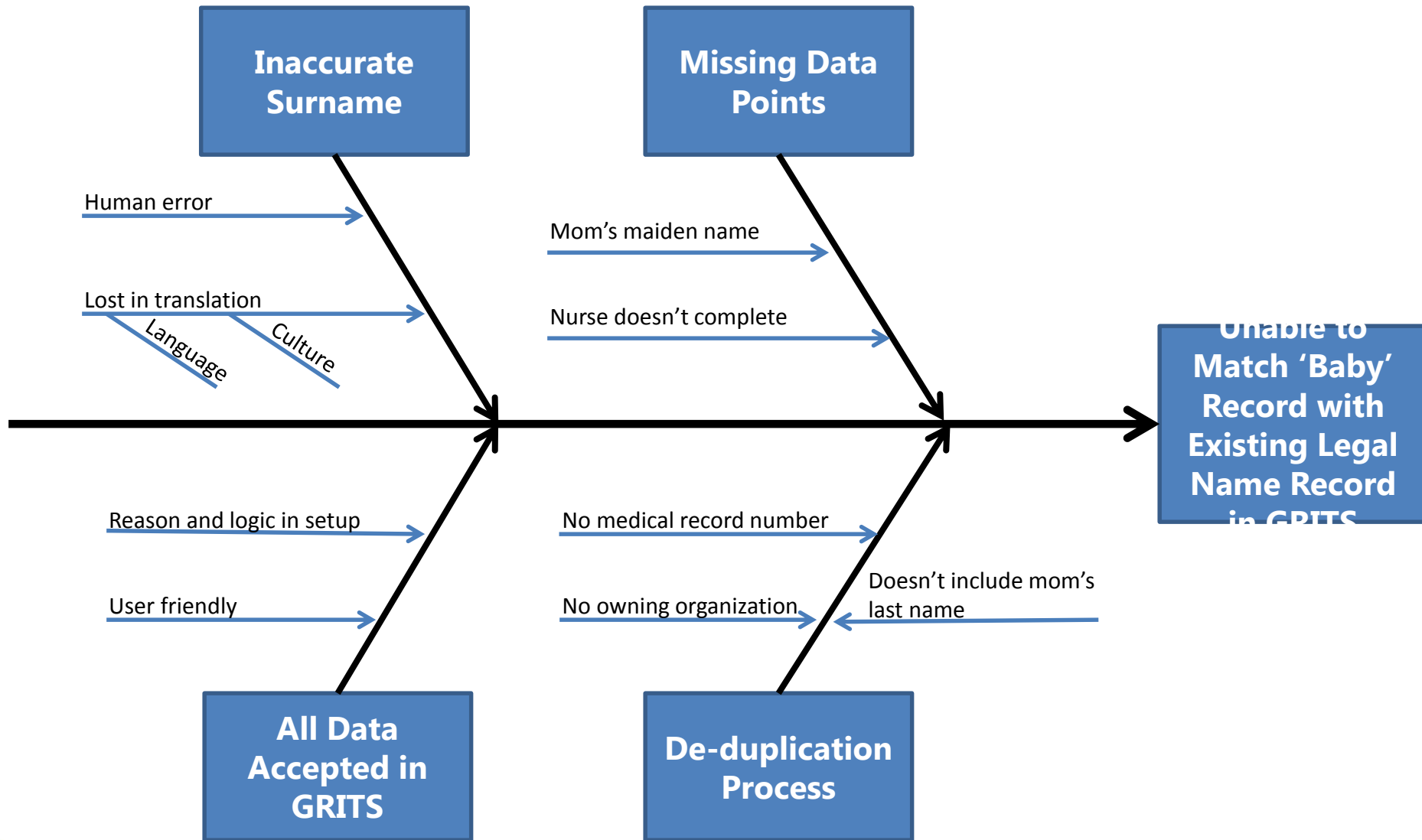
- The QI Team analyzed the baseline data to determine the mechanism that created the 'Baby' records in GRITS.

Reporting Mechanism	2015	%
Vital Records	13,781	28%
Hospital Electronic Medical Records	26,394	54%
Manual Data Entry	8,620	18%
Total Records	48,795	100%

# Identify Potential Causes

- A process map and fishbone diagram revealed the following potential causes for unmatchable GRITS records:
  - Data Entry by Multiple Sources
  - Matching Algorithm
  - Inaccurate Surname
  - All Data Accepted in GRITS
  - Entering Temporary Name (e.g., Baby)
  - Inaccurate Data
  - Missing Data Points
  - De-duplication Process

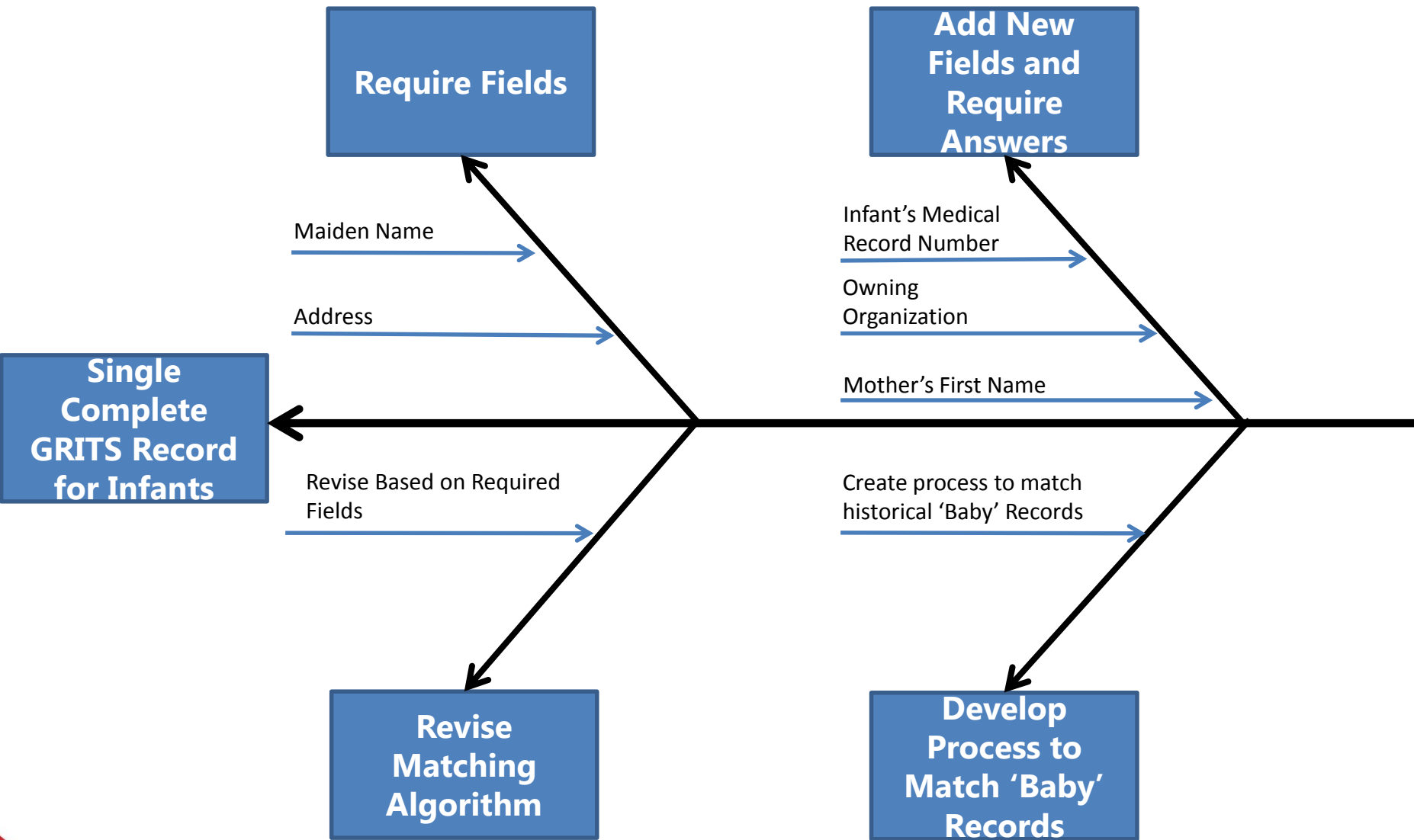
# Cause and Effect of GRITS 'Baby' Records Matching Process



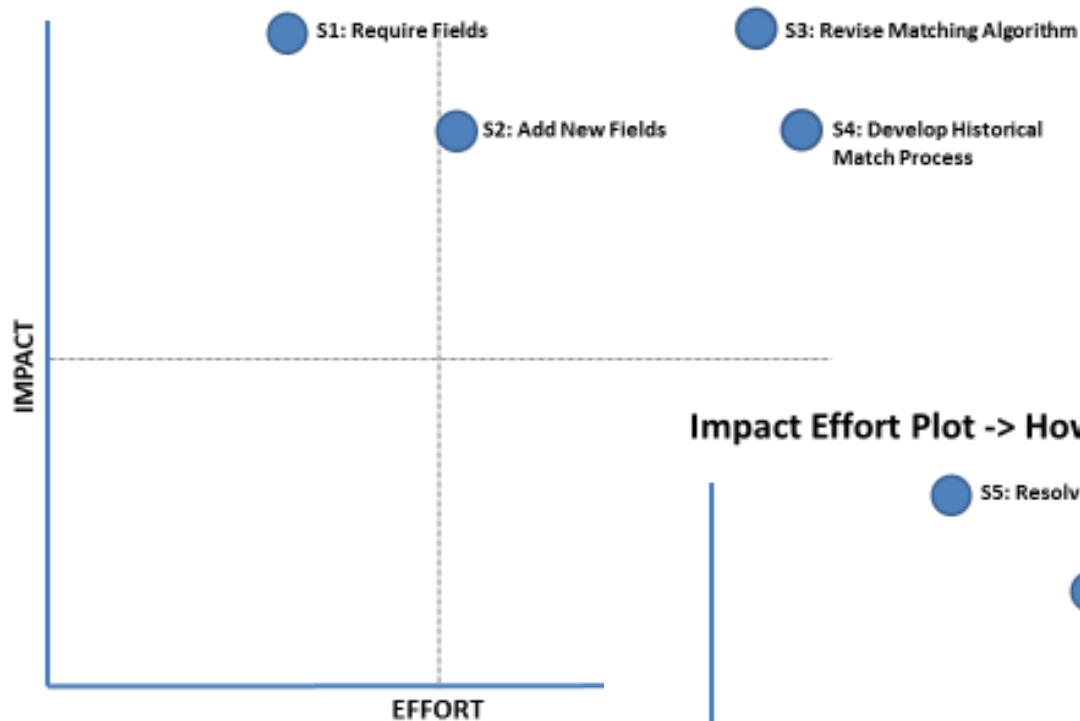
# Identify Potential Solutions

- Root cause analysis of the process and work flow determined the following potential solutions:
  - Require Fields
  - Add New Fields and Require Answers
  - Revise Matching Algorithm
  - Develop Process to Match ‘Baby’ Records

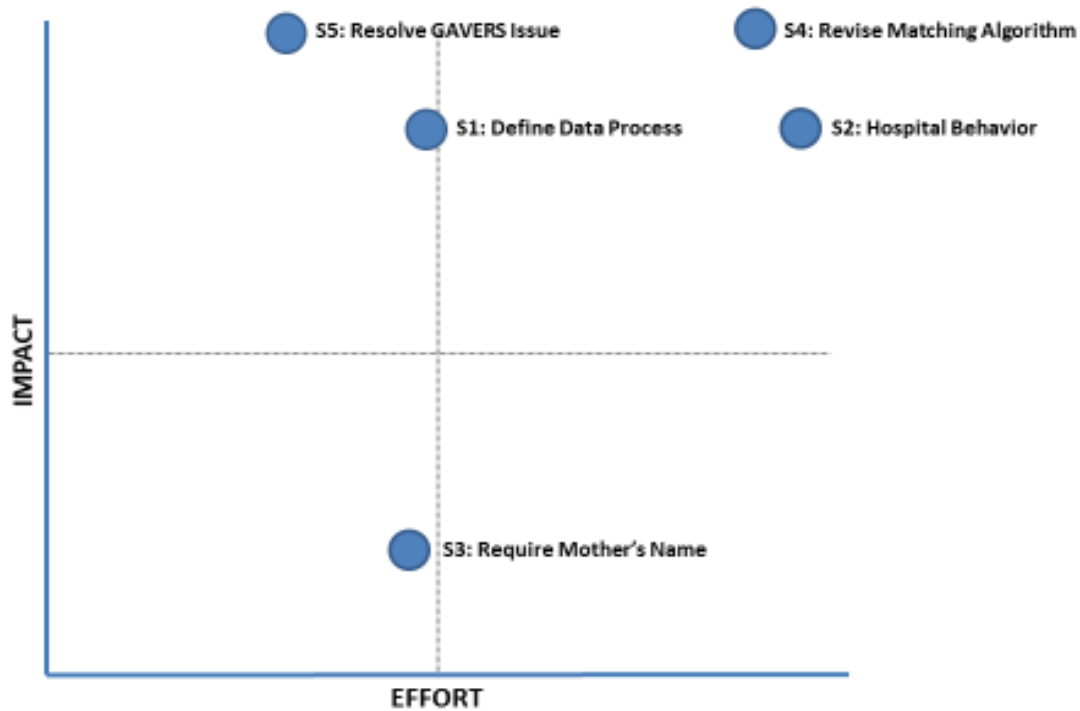
# Solution and Effect for GRITS 'Baby' Records Matching Process



## Impact Effort Plot -> How to Increase GRITS Record Matching Process

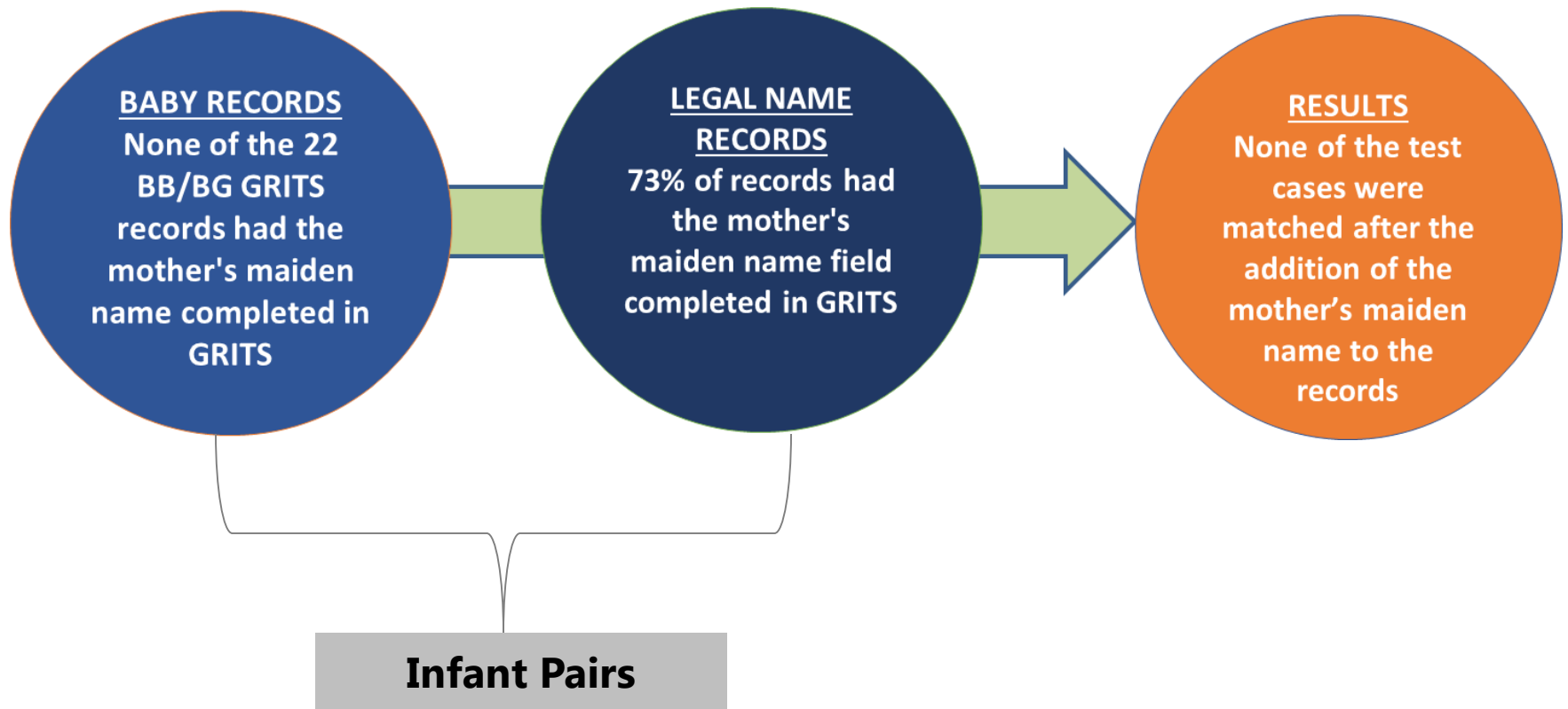


## Impact Effort Plot -> How to Decrease Unmatchable GRITS Records



Created 7/20/2016

# DO: Collect Data and Test the Theory

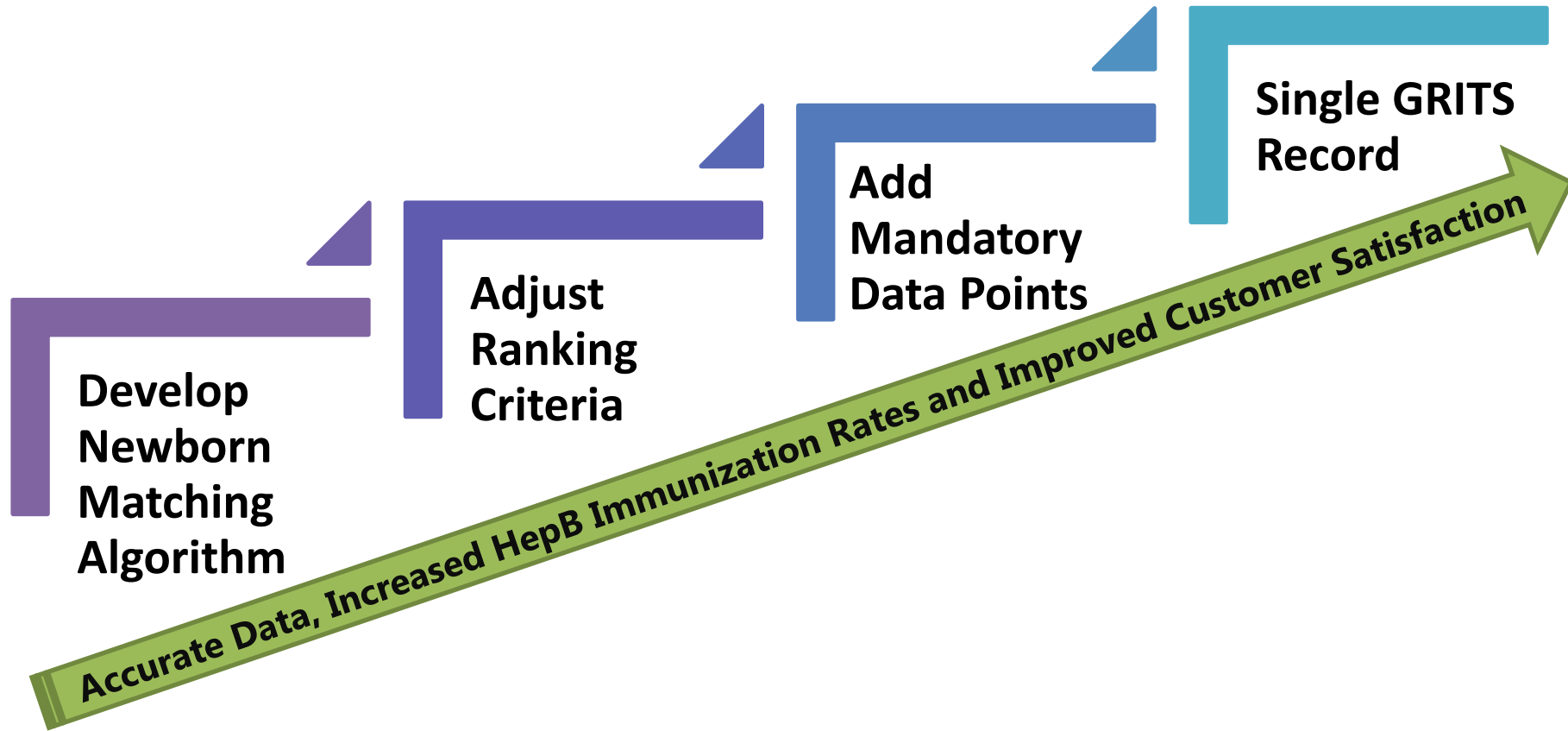


# CHECK: Study the Results

- The GRITS matching algorithm failed to link the legal name record to the 'baby' name record after the addition of the mother's maiden name.
- The GRITS matching algorithm is currently programmed to match on the first name and assign a score to each matching criterion.
- A score of 38 or greater indicates a match; none of the test cases received a score above 34 due to the infant's first name mismatch and an automatic five point score deduction.



# ACT: Improvement Theory



# HepB QI Team Members

- Tracy Kavanaugh – Acute Disease Epi
- Shelena King\* – MCH
- Laura Layne\* – Office of Nursing
- Sheila Lovett – Immunization
- Anthony McGaughey – IT
- Lynne Mercedes – Acute Disease Epi
- Sheila Pierce\* – Vital Records
- Ben Sloat – Immunization
- Karl Soetebier – SendSS
- Andre Wilson – HPE (GRITS)
- Denise Wilson – Immunization

Special thanks to  
Chris Harrison - Vital Records



# Georgia WIC Educational Materials Task Force

Barbara Stahnke, MEd, RD, LD  
WIC Advisory Team Manager, DPH

# Overview

- Problem Description
- AIM Statement
- Plan
- Do
- Check
- Act

# Acknowledgements

- Sharon Joseph, State Office
- Pat Cwiklinski, State Office
- Wilma Williams, State Office
- Sheena Haynes, State Office
- Shlonda Smith, State Office
- Doris Gates, State Office
- Katherine Shary, Children's Healthcare of Atlanta
- Jean Hill, District 1-2
- Rebecca Riggins, District 4-0
- Jamie Cline Jones, District 10-0
- Amy Stevens, District 8-2
- Millicent Jones, District 3-4
- Lisa Murray, District 6-0
- Geneva Watkins, District 4-0
- Susan Nix Webster, District 3-3
- Monica Lightfoot, District 9-1
- Hans Hammer, District 2-0
- Telecia Arthur, District 7-0
- Natalie Petro, District 3-2
- Ruth Katherine Gama, District 3-2

## **Ad Hoc Members:**

- Todd Stormant, Georgia WIC
- Angela Damon, Georgia WIC

# Educational Materials Task Force

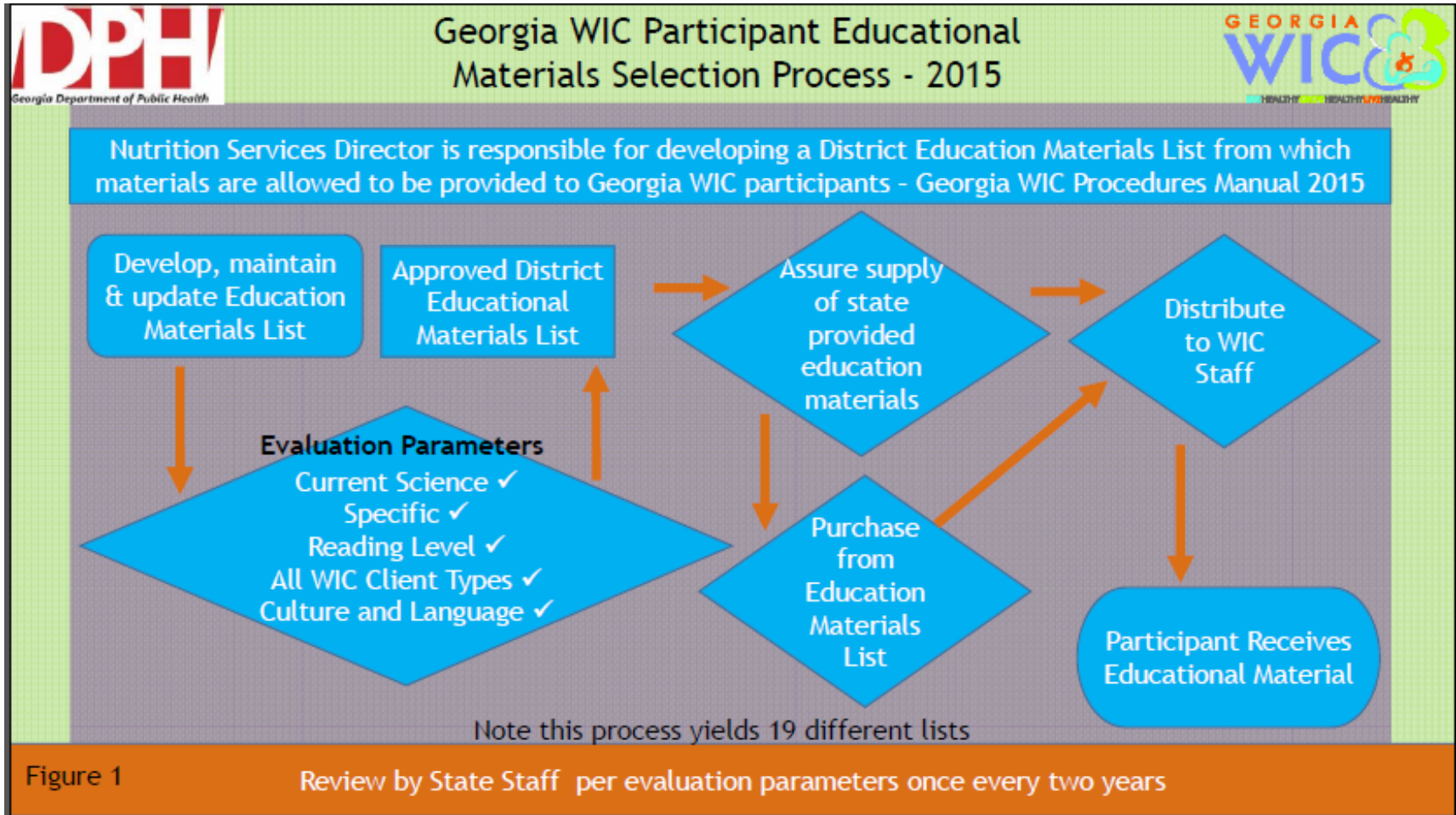
## **Problem:**

There was a lack of consistency in the public health messaging and quality of educational materials provided to Georgia WIC participants across the state.

# Educational Materials Task Force - PLAN

**AIM Statement:** In response to the identified need to improve the consistency and quality of educational materials provided to Georgia WIC participants, Georgia WIC established a task force to create a standard educational materials list, for local agencies to select from by September 30, 2016. The list will be standardized considering Georgia WIC's focus on nutrition and breastfeeding education core messages that will improve health outcomes and quality of life.

# PLAN

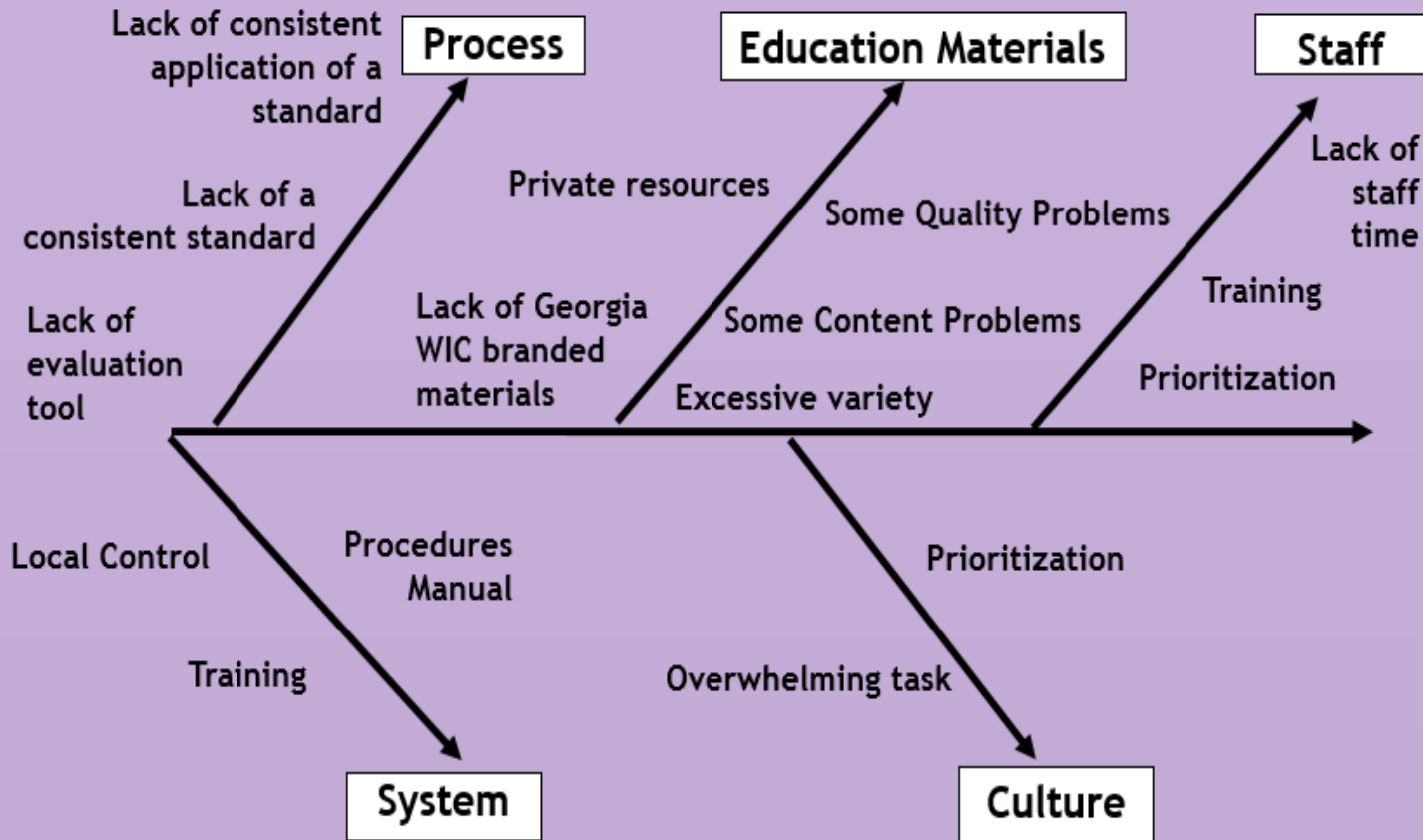




# PLAN



## Georgia WIC Participant Educational Materials Cause & Effect Analysis- 2015



**Effect:**  
Inconsistent  
quality of  
educational  
materials provided  
to Georgia WIC  
participants

# PLAN

- Select the right team members and develop their skill set: cultural competence, team work, health literacy, and branding. ✓ **January 2016**
- Develop core messages to effect public health outcomes within Georgia WIC's scope of deliverables to USDA as well as meeting Georgia WIC's vision to be a leader in promoting healthy behaviors that improve lives. ✓ **March 2016<sup>1</sup>**
- Develop a standardized scoring tool to evaluate materials. ✓ **March 2016<sup>2</sup>**
- Utilize the scoring tool to identify materials that are appropriate for use in Georgia WIC Clinics to facilitate education and counseling for WIC client types. ✓ **September 2016**

# DO

## **Georgia WIC Core Messages – March 2016<sup>1</sup>**

- Make half your plate vegetables and fruits
- Encourage physical activity
- Responsive feeding
- Healthy beverage consumption
- Encourage and promote breastfeeding

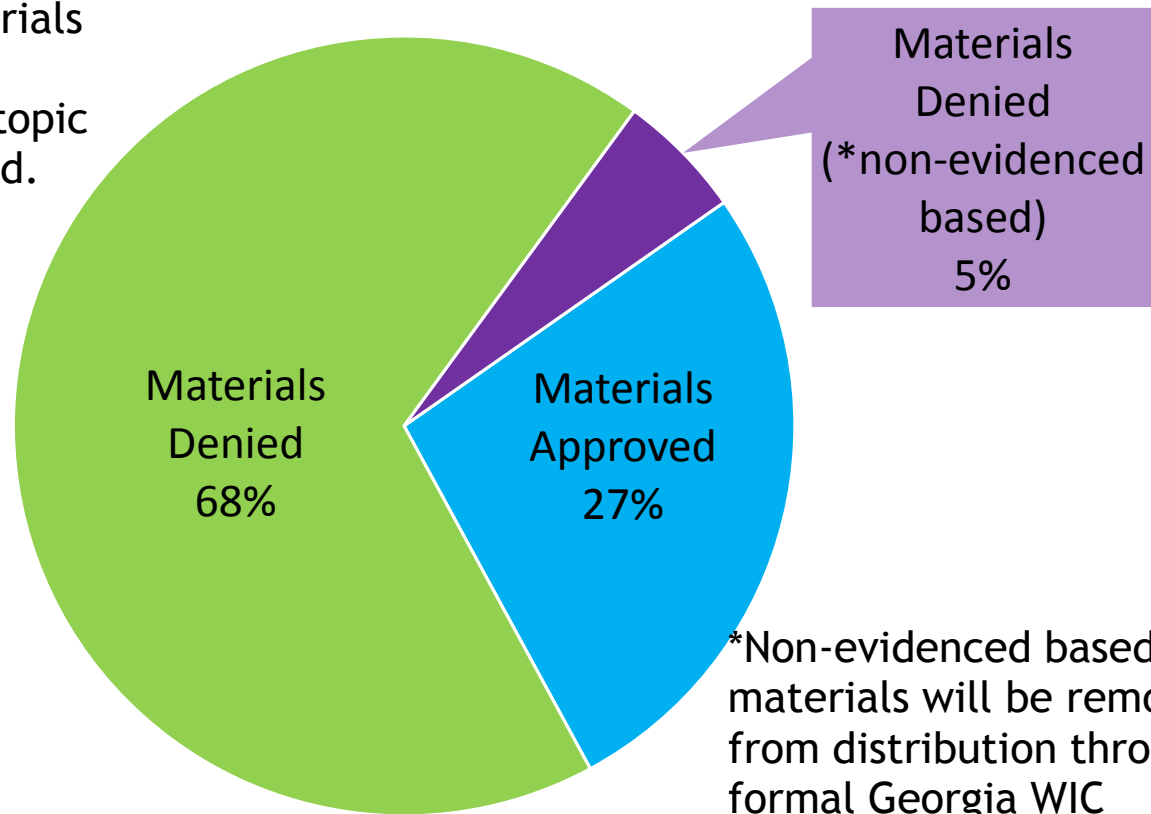
# DO

Evaluating Education Materials - Brief Scorecard <sup>2</sup>	
Title of Material (13 descriptor items)	
<b>25% Content</b>	
Evidenced Based and Current. The amount of information is not overwhelming; the purpose of the education piece is clear; the information is presented in a concise manner that is to the point - core messages and other quality indicators. <b>STOP HERE IF CONTENT IS NOT ACCEPTABLE</b>	
<b>25% Readability (8 descriptor items including readability score)</b>	
<b>25% Setup &amp; Layout (11 descriptor items scored)</b>	
<b>25% Graphics (6 descriptor items scored)</b>	
(Approved material must score > 75 points out of 100)	

# CHECK

## Education Materials for Georgia WIC Participants

496 education materials either in use or submitted to meet topic need were evaluated.



\*Non-evidenced based materials will be removed from distribution through formal Georgia WIC processes.

# ACT

- Georgia WIC approved and funded the continued work of the task force for one more year with a focus area on the Nutrition Questionnaire, Georgia WIC forms and Georgia WIC Branded Materials.
- Updated **AIM Statement**: In response to the identified need to improve the consistency and quality of educational materials provided to Georgia WIC participants, Georgia WIC will continue the task force to assure adequacy and effectiveness of the standardized materials list for all WIC client types and core educational needs.

# Education Materials Task Force

Any questions, please contact:

Barbara Stahnke

Georgia WIC Nutrition Unit

[Barbara.Stahnke@dph.ga.gov](mailto:Barbara.Stahnke@dph.ga.gov)

404-657-2566

# Closing Comments

Phillip Williams, PhD  
Chair



The next Board of Public Health meeting is  
currently scheduled on  
Tuesday, March 14, 2016 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send  
an e-mail to [huriyyah.lewis@dph.ga.gov](mailto:huriyyah.lewis@dph.ga.gov)