Roll Call

Judy Greenlea Taylor, DDS
Secretary
Approval/Adoption of Minutes

Judy Greenlea Taylor, DDS
Secretary
Commissioner’s Update

Brenda Fitzgerald, MD
Commissioner, DPH
Georgia Department Public Health
Code of Ethics

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.

We Protect Lives.
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

- **Federal Funds**: $397,247,775 (59%)
- **State General Funds**: $243,841,285 (37%)
- **Tobacco Funds**: $13,717,860 (2%)
- **Other Funds**: $14,007,059 (2%)

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

*Does not include attached agencies*
Women’s Health Program
- Increased access to care ~ 63,000 Unduplicated Patients Served in FY2016

Autism
- Increase funds to establish an Adolescent to Adult Transition model

Diabetes
- Increase funds for the Diabetes Coordinator position authorized under O.C.G.A. 31-2A-13

Telehealth
- Maintenance for telehealth circuits used to ensure statewide connectivity
- Increase funds to upgrade telehealth sickle cell mobile units

Environmental Health
- Provides a 5% increase for recruitment and retention of environmental health personnel
  - Total of 385 state (23) and county (362) Environmental Health staff
- Increase funds for personnel for an additional 12 environmental health specialist positions

General Grant-in-Aid Formula
- Increase funds to reflect final phase-in of the new general grant-in-aid formula to hold harmless all counties

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merit based Pay</td>
<td>$5,878,616</td>
</tr>
</tbody>
</table>

### Employees Retirement System
- Increase funds to reflect an adjustment in the employer share of the Employee’s Retirement System

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees Retirement System</td>
<td>$220,095</td>
</tr>
</tbody>
</table>

### Department of Administrative Services
- Reflect an adjustment to agency premiums for Department of Administrative Services administered self insurance programs
- Reflect an adjustment in merit system assessments.
- Increase funds for cyber insurance for the Department of Administrative Services for purchase of private market insurance

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Administrative Services</td>
<td>$275,788</td>
</tr>
<tr>
<td>Reflect an adjustment to agency premiums</td>
<td>$140,822</td>
</tr>
<tr>
<td>Reflect an adjustment in merit system</td>
<td>$6,648</td>
</tr>
<tr>
<td>Increase funds for cyber insurance</td>
<td>$128,318</td>
</tr>
</tbody>
</table>

| 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

Overall Ranks
Rank Based On: Weighted sum of the number of standard deviations each core measure is from the national average.
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.

We Protect Lives.
Georgia Statewide Health Assessment

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, sepsis, and influenza and pneumonia (Figure 8). However, when we look at causes of early death, as measured by years of potential 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

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.

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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

SOCIAL DETERMINANTS OF HEALTH

<table>
<thead>
<tr>
<th>Income</th>
<th>Education</th>
<th>Housing</th>
<th>Transportation</th>
<th>Race</th>
<th>Gender</th>
<th>Access to Care</th>
<th>Employment</th>
<th>Age</th>
<th>Language</th>
</tr>
</thead>
</table>

1.2 School Based Health Centers

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

<table>
<thead>
<tr>
<th>2016 Baseline</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>30</td>
</tr>
</tbody>
</table>

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 model is provided through professional school nurses—especially through school-based health centers (SBHCs). Services provided in SBHCs and by registered professional school nurses are safe, effective, and readily accessible to students in the environment where they are.

It is the position of the National Association of School Nurses (NASN) that only access to a high quality professional school nurse can truly improve student health, safety, and ability to learn. Healthy People 2020 indicates an objective to increase the proportion of elementary, middle, and special education students in every school to a recommended ratio of less than 1:500. Further, a policy statement by the American Academy of Pediatrics (AAP) calls for a minimum of one full-time registered nurse per every school. Georgia Code § 20-3-181 imposes the need for a school nurse to student ratio indicating that each school system shall establish funding for one nurse for every 1:500 full-time equivalent students at the elementary school level and one nurse for every 1:500 full-time equivalent students at the middle school level.

Despite the recommendations of NASN, Healthy People 2020, and Georgia Code, the number of SBHCs and school nurses from the 2015-2016 school year indicates that the nurse to student ratio is closer to 1:1,000. Additionally, school health centers are not always located at the sites most accessible to the students. Providing health services in the school setting decreases common barriers.
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 of the 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 Avila, MPA
Manager, Performance Improvement

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

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

Yvette Daniels, JD
University Relations

Terri Dumas, MPH
Deputy Director, District Operations

Diane Duronco, APRN, MSN, MPH
Deputy Chief Nurse

Branda Fitzgerald, MD
Commissioner

Tiffany Fowlkes, MSPH, DrPH
Section Chief, Maternal and Child Health Epidemiology

Alesia Gates
Chronic Disease Program Associate

Christine Greene, BBA
Deputy Chief of Staff

James Howgate, MPH
Chief of Staff

Carole Jakeway, RN, MPH
Chief Nurse and Director, District Operations

Kaitlyn Kopp, MPH
Deputy Director, Government Relations

Nancy Nydam
Director, Communications

Jean O’Connor, JD, MPH, DrPH
Director, Chronic Disease Prevention

J. Patrick O’Neal, M.D.
Director, Division of Health Protection

Johanna Pringle, MPH
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 Care
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 OB/Gyn 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
NacInt 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

We Protect Lives.
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 wealthiest 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
<table>
<thead>
<tr>
<th>Priority Area 1: Access to Care</th>
<th>1.1 Healthcare Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.2 School-Based Health Centers</td>
</tr>
<tr>
<td></td>
<td>1.3 Health Care Partnerships</td>
</tr>
<tr>
<td></td>
<td>1.4 Health Care Coverage</td>
</tr>
<tr>
<td></td>
<td>1.5 Telehealth</td>
</tr>
<tr>
<td>Priority Area 2: Maternal and Child Health</td>
<td>2.1 Infant Mortality</td>
</tr>
<tr>
<td></td>
<td>2.2 Pediatric Oral Health</td>
</tr>
<tr>
<td></td>
<td>2.3 Maternal Mortality</td>
</tr>
<tr>
<td></td>
<td>2.4 Children with Special Health Care Needs</td>
</tr>
<tr>
<td></td>
<td>2.5 Congenital Syphilis</td>
</tr>
<tr>
<td>Priority Area 3: Chronic Disease Prevention</td>
<td>3.1 Pediatric Asthma</td>
</tr>
<tr>
<td></td>
<td>3.2 Cancer Prevention and Control</td>
</tr>
<tr>
<td></td>
<td>3.3 Diabetes and Hypertension</td>
</tr>
<tr>
<td></td>
<td>3.4 Childhood Obesity</td>
</tr>
<tr>
<td></td>
<td>3.5 Tobacco Use Prevention</td>
</tr>
</tbody>
</table>
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.”
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 workgroups 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

We Protect Lives.
## Partnership Strategy

### 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.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
<td>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</td>
</tr>
<tr>
<td>b. Support the integration of Certified Asthma Educators with (AE-C) designation on clinical care teams and disease management organizations.</td>
<td></td>
</tr>
<tr>
<td>c. Develop ROI and Business Case(s) tailored to specific health care systems.</td>
<td></td>
</tr>
</tbody>
</table>

**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.

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.
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 Facebook: www.facebook.com/GaDPH  
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

<table>
<thead>
<tr>
<th>2013</th>
<th>Pregnancy-related (N=32)</th>
<th>Pregnancy-associated (N=47)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 40+</td>
<td>18.7%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>65.6%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Rural</td>
<td>25.0%</td>
<td>27.7%</td>
</tr>
<tr>
<td>Pre-existing medical condition</td>
<td>68.8%</td>
<td>48.9%</td>
</tr>
</tbody>
</table>
Cause of Death

2012
Hemorrhage
Hypertension
Cardiac
Embolism

2013
Cardiomyopathy
Hemorrhage
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

We Protect Lives.
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