



MINUTES OF THE MEETING OF  
**ADVISORY COUNCIL FOR PUBLIC HEALTH**  
Department of Community Health, Division of Public Health  
2 Peachtree Street, 5<sup>th</sup> Floor Board Room  
Atlanta, Georgia 30303  
**Thursday, June 24, 2010**  
10:00 a.m.-12:00 p.m.

**Henry M. Patton, M.D., Chair, Presiding**

**MEMBERS PRESENT**

Jean R. Sumner, M.D., Vice-Chair  
Allison J. Koenig, M.D.  
John T. Holloway, M.D.  
Monica M. Farley, M.D.  
Robert S. Harshman, M.D.  
Charles Hardy, M.D.

**STAFF PRESENT**

Clyde Reese, III, Esq.  
Rony Francois, M.D.  
Miriam T. Bell  
Karesha Berkeley Laing  
Janie Brodnax  
Brian Castrucci  
Yvette Daniels, Esq.  
Lisa Flagg, Esq.  
Elizabeth A. Franko  
Jamie Howgate  
Phyllis Johnson  
Tamika Z. Matthews  
Pasty Medley  
Patrick O'Neal, M.D.  
Nancy Pisor  
Brenda Smith  
Scott Uhlich  
Tom Wade

**MEMBERS ABSENT**

Harry Hannon, PhD  
Thomas H. Callaway, M.D.

**GUESTS PRESENT**

None

## **WELCOME AND CALL TO ORDER**

Dr. Patton welcomed Council members and Department staff and called the meeting of the Advisory Council for Public Health to order at 10:15 a.m. Dr. Patton called on DCH Commissioner, Clyde Reese, to address a few preliminary matters of the Council. As the first substantive meeting of the Council, Commissioner Reese introduced the newest member, Dr. Charles Hardy, and administered the Oath of Public Office. The Commissioner concluded with an introduction of the new Director of Public Health, Dr. Rony Francois, to the Council.

Following the Commissioner's presentation, Dr. Francois provided a general overview of activities within the Division of Public Health in his Director's Report.

## **DIRECTOR'S REPORT**

Dr. Francois discussed the uncommon privilege he has had in directing public health in three different states and expressed his commitment to identifying the best ways to deliver services to the most vulnerable communities in Georgia. Dr. Francois discussed the challenge of identifying the "priorities" of the Division, given the critical importance of all of its functions. He provided data to support the Division's focus on tackling some of the major diseases impacting the state, such as cardiovascular disease and obesity. Dr. Francois discussed the vision of Public Health which is to ensure all Georgians are healthy, safe and well and highlighted several areas the Division has been successful in fulfilling this goal.

### **Successes**

**Transition** Dr. Francois discussed the successful transition of over 1,400 positions and 600 contracts spanning nine program areas from the former Department of Human Resources to the Department of Community Health. He commended the work of staff in implementing the transition plan without any interruption to public health activity.

**Tobacco Free Initiative Campaign** Dr. Francois indicated that seventeen new school districts, two new colleges/universities, three new parks and recreation facilities and five new hospitals/healthcare clinics have adopted the model tobacco-free policy.

**New Fees** In response to falling funding levels, the Legislature approved new fees for both Vital Records and the State Health Laboratory. Vital Record's fees increased from \$10 to \$15 and then to \$25 over the past year. The State Health lab instituted \$10 fees for lead, Hepatitis C, HIV screening and syphilis. Dr. Francois indicated the intent to utilize this revenue to offset potential cuts in funding.

**Vital Records Information System** Dr. Francois indicated that Public Health successfully secured a \$3.8 million 5 year bond for the purchase and installation of a new Vital Records Information System to replace the current system. Staff is currently writing a plan on how to best develop a web based system to take the Division into the twenty first century.

**EPSDT** Dr. Francois indicated that the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) service, Medicaid's comprehensive and preventive child health program, will continue to be supported by Medicaid.

## **Challenges**

Dr. Francois also discussed several challenges facing the Division including:

**Funding** Dr. Francois discussed an 11% overall decrease in the budget during FY 2010 and the general impact on staffing and service levels across the state. This same 11% will be applied to the budget for FY 2011. Dr. Francois indicated fees were raised to offset further reductions, a strategy that is expected to continue for FY 2011.

**Maternal and Child Health (MCH)** Dr. Francois identified the major challenges in WIC, as fraud, front end systems and issues with federal compliance. A plan of correction is currently in place and district site reviews have been conducted and will continue over the next twelve months.

Dr. Francois also discussed the discontinuation of the Babies Born Healthy program, which provided prenatal care to low income pregnant women. A recent audit finding of the Children 1<sup>st</sup> program, a statewide collaborative system of public health and other prevention based programs and services aimed at identifying and addressing health issues in early life, identified duplication in the Children 1<sup>st</sup> and Babies Born Healthy programs with regard to CMOs. To avoid the potential for financial liability issues, the Division decided to end support from Medicaid for Babies Born Healthy and focus its efforts for children's health through the Children 1<sup>st</sup> program.

**Changes in Leadership** Dr. Francois identified the rapid succession of three Commissioners over the period of one month as a source of relative instability for the overall Department.

**Vital Records Data** Due in large part to issues with the current Vital Records Information System, the problematic relationship with the contractor and turnover in leadership within the Registrar's office, maintaining and accessing vital records data in Georgia has been challenging. Since the transition, leadership has stabilized and progress has been made with mandatory statewide electronic reporting. Additionally, a bond was secured to fund a new IT system.

**Vacancy Rate** Dr. Francois indicated that the Division of Public Health has experienced a significant level of vacancies over the past several years, with a current rate of approximately thirty percent (30%). Dr. Francois attributed several factors to the persistent vacancies, including issues related to the transition and lack of funding for state positions. He discussed the impending development of an internal career track for public health professionals (including nurses, epidemiologists, environmental health professionals, dieticians and lab technicians).

**Facilities** Public Health owns several aging facilities across the state. There is support for seeking alternative space from the Department, State Properties and the State Budget Office. Dr. Francois indicated that adequate funds are not currently available to improve the 1950s era structures, nor are there enough funds to vacate these units.

Looking forward, Dr. Francois discussed strategies for continuing to be a champion for public health in spite of the current environment. He suggested updating some of the old approaches to ensuring public health by using a bottom up approach-beginning at the county level to the districts and ultimately resonating at the state level. Dr. Francois discussed a focus on "winnable" battles, which are areas of public health that cause disproportionately high morbidity and mortality rates but can be addressed with policy changes.

## **Winnable Battles**

**Tobacco, Nutrition, Obesity, Food Safety, Physical Activity** Dr. Francois discussed the passage of the SHAPE Act, HB 229, which requires annual testing in schools during physical education classes. The SHAPE Act is expected to combine annual testing with annual Olympic style competition, tennis, golf tournaments and recognition systems for schools to drive physical activity.

**Healthcare associated infections** (HAIs), Public Health will work with the Georgia Hospital Association and other stakeholders to develop best practices for infection control. Dr. Francois indicated that Medicaid would no longer provide coverage for hospital acquired infections, which increases the immediate importance of developing strategies to lessen their occurrence.

**Unintentional Injuries Motor Vehicle Accidents** Dr. Francois indicated that unintentional injuries, including MVAs, represent the leading cause of death in Georgia for people aged 1-44 yet there has been a recent decrease in state funding for injury prevention in Emergency Preparedness. The Division identified MCH funds to replace the lost state dollars to maintain the Division's work to prevent injuries which is a high priority from a public health perspective.

**Teenage and Unintended Pregnancy Prevention** Dr. Francois discussed the challenge of assessing attitudes regarding sexual health among teenagers. He indicated that Georgia is ranked among the top ten states for teenage births and spoke of the need to educate stakeholders with the goal of identifying and targeting effective interventions.

**HIV Prevention** Dr. Francois identified HIV prevention as another critical area where interventions must be targeted.

**Workforce Development** Dr. Francois discussed his commitment to ensuring a supportive and non-threatening work environment. He discussed the importance of providing other work incentives, such as support for training, professional development and continuing education. He discussed the implementation of succession planning efforts to address the aging workforce and encouraging staff to practice good behaviors, such as regular physical activity, good nutrition and stress management. These combined strategies are expected to create sound employees and promote longevity in the work force.

Dr. Francois concluded by emphasizing the need for stakeholders to act on one accord in order to raise the health status of the citizens of Georgia. He invited questions by the Council. There being no questions, Dr. Patton called on Dr. Patrick O'Neal to provide a general overview of the activities of the Division of Emergency Preparedness & Response.

## **H1N1 AFTER ACTION REPORT**

Preceding his discussion of current activities of the Division, Dr. O'Neal provided background on the maintenance of Emergency Preparedness and Response as a division separate from the Division of Public Health. He indicated that this separation was an attempt to highlight the activities of Emergency Preparedness and Response particularly in light of the imminent threat of the H1N1 pandemic. He indicated that from a functional perspective, though, Emergency Preparedness had always been completely linked with Public Health. Dr. O'Neal informed the Council that he and Dr. Francois are preparing suggestions to submit to Commissioner Reese for review as to how best to reintegrate Emergency Preparedness into Public Health.

Dr. O’Neal provided an evaluation of the State’s H1N1 outbreak response based on The Four Pillars in the National Framework of Pandemic Preparedness Activities. Overall, Dr. O’Neal indicated that the State performed well overall, giving the state a “B+”.

### **1. Situational Awareness**

Dr. O’Neal discussed two main goals: 1) identifying if the virus was mutating such that it would change to greater severity, and 2) identifying any significant resistance to antiviral drug development in order to prepare the provider community with a reasonable approach to providing treatment. Dr. O’Neal indicated that regular communication was maintained with the CDC, WHO, NIH and various authorities to monitor the broad effect of any mutations in the virus, particularly with respect to increases in the severity of the disease as it manifested in the population.

### **2. Mass Vaccination and other Pharmaceutical Approaches**

Dr. O’Neal suggested that the state did a fairly good job with its mass vaccination effort but was not certain that the public’s perception would be consistent with this assessment. Dr. O’Neal attributed the early second wave of the virus and the late arrival of the vaccine to the challenge of convincing the public to get vaccinated. Further, he indicated that the amount of vaccine received from manufacturers was very piecemeal and largely unpredictable. He said there weren’t enough quantities to truly engage and test the state’s mass vaccination plan but, the state did as well as possible given the limitations. Overall, Dr. O’Neal indicated that Georgia did less well than other states with one exception, children, where the degree of vaccinations exceeded the national average.

### **3. Community Mitigation**

A major consideration under community mitigation was whether implementation of non-pharmaceutical interventions, such as school closures, would increase critical resource shortages. Dr. O’Neal discussed the economic impact of any decline in the workforce precipitated from a school closure. The state’s initial response to H1N1 resulted in one school closure initiated by the state. Dr. O’Neal provided the rationale for this initial approach to the pandemic which, consistent with CDC guidelines, was to regard the virus as a Level 4, high severity pandemic until data suggested otherwise. Subsequent data reports suggested a low to moderately severe pandemic which prompted a change in this approach, providing some protection for the availability of critical resources.

### **4. Communication.**

Dr. O’Neal regarded communication as the most prominent in pandemic preparedness and response. As communication fails, he said, all other areas of the response plan become subject to failure. He indicated that the state did a reasonably good job with communication but became much more aware of the diversity of the population and the difficulty in reaching particular segments. According to Dr. O’Neal, data on the percentage of vaccinations provided suggests that the state, overall, did not reach non-English speaking populations as well as it should have. Dr. O’Neal recommended that the state explore non-traditional outreach methods in the future to develop a transparent process for effectively communicating the state’s response activities, rationale and methodologies.

## **CRISIS STANDARDS OF CARE**

Dr. O’Neal went on to discuss a major gap identified in the pandemic plan with respect to crisis standards of care. He discussed the importance of developing a process for allocating scarce resources during a high severity pandemic and Public Health’s role in this process. He indicated that hospital communities have been asked to follow a road map of general guidance on how to develop a process for determining the distribution of critical resources during a severe pandemic. For planning purposes, Dr. O’Neal recommended that Public Health and the provider community use the Governor’s declaration of a state of

emergency as the trigger to implement crisis standards of care plans. He discussed provider protection under the law as the Governor would have the ability to waive statutes to protect providers that have implemented an altered care plan in response to an emergency. Hospital providers were encouraged to send their plans to the state for review and, ultimately, endorsement. Dr. O'Neal recognized, however, that local situations may, in practice, require the initiation of altered standards of care without an official declaration by the Governor.

Dr. O'Neal concluded with a discussion about his work with Dr. Sumner, in collaboration with the Medical and Pharmacy Boards to permit pharmacists to dispense antiviral drugs under protocol. Further, Dr. O'Neal discussed the potential for veterinarians to deliver human health care to address a shortage of medical personnel during an emergency. Dr. O'Neal emphasized the importance of these concepts in crisis environments.

Dr. O'Neal invited questions from the Council. *Handouts were provided.*

Council member, Dr. Farley, discussed two areas at the forefront of issues that were experienced by healthcare providers and the public during the H1N1 pandemic, Georgia's low vaccination rate and limited access to diagnostic tests. First, Dr. Farley asked if there were issues unique to Georgia that contributed to the state's low vaccination rate compared to national standards. Further, she asked if there were lessons that could be learned from other states that may improve vaccination efforts as this issue does not only relate to H1N1 or any future pandemic but also has implications for annual vaccination efforts. Second, Dr. Farley discussed the challenge of accessing PCR testing to diagnose potential H1N1 cases. She said the State Health Lab bore the brunt of the testing requirements as the PCR test was only centrally available through the lab. Dr. Farley inquired about the possibility of decentralizing state lab functions in crisis situations or exploring some other rapidly evolving testing procedure that could be integrated into public health.

In his response, Dr. O'Neal indicated that an account of every aspect of the actions taken in the state's response to H1N1, including the use of antiviral drugs, vaccines and communication efforts will be provided in the Division's *After Action Report*. The report is expected to uncover areas where there are opportunities for improvement. Dr. O'Neal indicated that a draft was scheduled for release by June 30, 2010. Dr. O'Neal went on to say that communication with the provider community was not nearly as effective as it needed to be. He spoke of mixed messaging among neighboring hospitals. Dr. O'Neal indicated that measures have been taken to ensure that similar information is effectively distributed to all hospitals within the same geographical region. One message, Dr. O'Neal said, the Division tried to transmit but could not effectively was that testing for H1N1 was not necessary. He discussed a practitioner's preference to treat specifically instead of empirically but maintained that until recently the 2009 H1N1 virus was the only influenza virus manifesting in the population so practitioners could have reasonably assumed that someone presenting with flu-like symptoms had H1N1. The state lab, he concluded is essentially for surveillance and not diagnostic purposes. He indicated that there have been tremendous efforts by many drug manufacturing companies, sponsored by the CDC and NIH, to move forward with better on site tests for influenza. He said the overall H1N1 experience has sensitized the healthcare community to a need for a rapid testing mechanism.

## **MCH BLOCK GRANT**

Dr. Patton called on Brian Castrucci, the MCH Program Director, to provide a general overview of the MCH Block Grant. The Title V MCH Block Grant is federal funding provided to support state and local activities to improve the health of women, infants, children, adolescents, and their families. As a criterion for funding, states are required to complete a five year needs assessment to help them make the most appropriate program and policy decisions that promote the health of women, children and adolescents.

Mr. Castrucci indicated that the beginning of the assessment included a review of quantitative data from Vital Records, Behavioral Risk Factor Surveillance Systems, the Youth Risk Behavior System, the Pregnancy Risk Assessment Monitoring System (PRAMS), in addition to several other data sets used throughout the process. With this data, a comprehensive analysis of maternal child health status in Georgia was performed across subsets of race, maternal age, education and, where appropriate and available, by district. Mr. Castrucci discussed the importance of engaging stakeholders in this assessment. Sixteen focus groups were conducted throughout the state, largely consisting of families who receive MCH services and providers responsible for delivering the services. These stakeholders were asked to select the top fifteen needs from a list of 56 identified needs. From this list, nine priority needs were developed for the MCH community in Georgia:

- *Decrease obesity among children and adolescents*
- *Reduce motor vehicle crash mortality among children ages 15 to 17 years*
- *Decrease obesity among children and adolescents*
- *Reduce repeat adolescent pregnancy*
- *Increase developmental screening for children in need*
- *Improve the maternal and child health surveillance and evaluation infrastructure*
- *Improve childhood nutrition*
- *Increase awareness of the need for preconception health care among women of childbearing age*
- *Increase the percent of qualified medical providers who accept Medicaid and who serve children with special health care needs*

These priority needs will be translated into state performance measures that will accompany the national performance measures as required by the federal grant guidance. Activity plans for each of the national and state performance measures are being developed. Mr. Castrucci concluded that Title V and the activity plan ensure that the necessary collaboration and efficiencies are forged across MCH program service lines for the betterment of maternal and child health in Georgia despite current limitations in resources. Mr. Castrucci invited questions from the Council.

*Handouts were provided*

Dr. Ted Holloway indicated that WIC had been a historical draw for women and children into the healthcare system, but much of this appeal had been lost over the past several years. He referenced the decline in immunization rates among WIC participants as evidence. He inquired about the Department's efforts to get perinatal epidemiologists on track to review data matches across WIC and Medicaid, including birth weight, infant mortality rates and other perinatal outcomes. Dr. Holloway referenced a longitudinal link study performed by CDC.

Mr. Castrucci responded that measures are currently being taken to address these types of issues with the goal of ensuring optimal health for WIC participants across the continuum of services provided in the MCH program.

## **BUDGET REPORT**

Dr. Patton called Brenda Smith, the Director of Budget, to provide the Budget Report for the Division of Public Health, inclusive of the budget for the Division of Emergency Preparedness and Response. Ms. Smith provided a general overview which included a breakdown of the state and federal dollars funding the activities of the Divisions. The data reflected a 14 percent reduction in state funds in the budget over the past two years. Ms. Smith indicated that reductions are expected to persist as state revenues continue to decline.

*Handouts were provided.*

Dr. Holloway inquired about the timeline for the Grant and Aide Formula committee to make recommendations on changes to the Grant and Aide formula.

Dr. Francois indicated the committee's first meeting is scheduled for July 15, 2010. Representatives from this Advisory Council, Drs. Patton and Sumner, in addition to District Health Directors, several legislators and other stakeholders are scheduled to attend. Dr. Francois indicated the Division's charge to that group will be to develop a better formula than what is currently used to determine how Public Health funds are allocated. He stressed the importance of focusing on addressing the needs of the state overall and not regional interests.

## **LEGISLATIVE REPORT**

Dr. Patton called on Yvette Daniels, with Legislative Affairs and Constituent Services, to provide a general overview of legislative activity impacting the Division. Ms. Daniels indicated that 278 bills were introduced this legislative session, thirty-three of which passed including several with implications for the Division of Public Health. Ms. Daniel highlighted several new pieces of legislation that passed including HB853, Tanning Facilities Regulation Act, SB435 Diabetes and Control Act, which creates a program for enhanced education on diabetes prevention and SB458 which requires the use of seat belts in pick up truck. Draft proposals for potential legislation such as mandatory background checks for EMS professionals, requiring the use child booster seats through age 9, mandatory hearing screening and the reporting of health-care associated infections (HAI) are currently being developed. Ms. Daniels provided the Council with the first draft of the summary update of the last legislative session. Final copies are expected to be available at the September meeting of the Council.

*Handouts were provided.*

Dr. Patton opened the meeting to questions and comments.

Partly directed to Dr. O'Neal, Council member Dr. Robert Harshman expressed his concern about the current process for implementing mass vaccinations prior to the declaration of an emergency, as directed by recent interpretation of the law. He suggested that the Council consider how implementation might be improved.

In response, Dr. O'Neal discussed opportunities for collaboration between the public and private sectors for more effective implementation of mass vaccination efforts. He discussed the potential need for additional legislative action in order to expand the options that may be employed without a Governor's declaration of an emergency; the advantages of which he indicates would be significant. From an emergency response perspective, Dr. O'Neal suggests a major improvement effort should be to look for opportunities to expand the scope of practice such that those not customarily engaged in administering vaccinations could be engaged and explore additional public/private partnerships that would allow this to happen. Finally, Dr. O'Neal said that there are ongoing efforts at the federal level to encourage states to implement alternate mechanisms for responding to emergencies, such as the Strategic National Stockpiling Program. This program, however, contains provisions for dispensing drugs in ways not currently permitted under Georgia Code. Dr. O'Neal requested the Council's ideas on how to leverage the activities of Public Health in this context, given the limited workforce.

Council member, Dr. Ted Holloway inquired about CDC's proposal to require all vaccines to be purchased directly from manufacturers.

Dr. O'Neal responded that he knew this was a consideration but is not aware of any official determination.

Council member Alison Keonig commended the State's efforts in responding to the H1N1 pandemic and inquired about the prospect of utilizing the schools systems to administer vaccines to alleviate the flood of patients flocking to private physicians. She also discussed the challenge of obtaining the sufficient quantities and the appropriate type of vaccines for her particular patient base. Dr. Koenig encouraged the State to consider interactive website and other communication tools that people can use to help them determine when seeking a physician is appropriate.

In response, Dr. O'Neal indicated that the State has been working with partners to come up with the protocol that was used in the CHOA interactive website.

Dr. Patton inquired about plans for educating the public, particularly adults, parents and grandparents, about getting immunizations or boosters in response to the recent outbreak of whooping cough in several western states.

Dr. Francois responded that the Division has a low threshold for initiating public education strategies in response to any impending outbreaks. He indicated that he would follow-up with Dr. Mangla the acting State Epidemiologist.

## **NEXT MEETING DATE**

The Council meets quarterly. The next meeting is scheduled for September 23, 2010.

## **PUBLIC COMMENTS AND OTHER BUSINESS**

No additional business was brought before the Council. There being no further business, the Council adjourned at 12:15p.m.

Minutes taken by Karesha Berkeley Laing and Tamika Matthews on behalf of Chair.

Respectfully Submitted,

Dr. Henry Patton, Chair

*To obtain a digital recording of this meeting, please contact the Division Public Health.*

### **Attachments**

- 1—H1N1 Response Evaluation**
- 2—Crisis Standards of Care Overview**
- 3—Maternal and Child Health Program Overview**
- 4—Fiscal Year 2011 Budget**
- 5—2010 Legislative Session**