



MINUTES OF THE MEETING OF  
**PUBLIC HEALTH COMMISSION**  
Department of Community Health, Division of Public Health  
2 Peachtree Street, 5<sup>th</sup> Floor Board Room  
Atlanta, Georgia 30303  
**Monday, July 12, 2010**  
10:00 am-12:00 pm

**MEMBERS PRESENT**

Deb Bailey  
Jimmy Burnsed  
Jack Chapman, Jr., M.D.  
Greg Dent  
Lynne Feldman, M.D  
Ted Holloway, M.D.  
Diane Weems, M.D.  
Phillip Williams, Ph.D

**MEMBERS ABSENT**

Jim Peak

**GUESTS PRESENT**

Rebecca Greener, The Medical Association of Georgia  
Charles Hayslett, Hayslett Group  
Linda Lowe, Families First  
Josh Mackey, GAEMS  
Terry Mathews, Mathews & Maxwell, Inc.  
Scott Maxwell, Georgia Public Health Association, Inc.  
Helen Sloar, Nelson Mullins  
Robert Stolarick, Georgia Public Health Association, Inc.  
Cathalene Teahan, Georgia AIDS Coalition  
Joann Yoon, Voices for Georgia's Children

**STAFF PRESENT**

Clyde Reese, III, Esq.  
Rony Francois, M.D.  
Miriam Bell  
Karesha Berkeley Laing  
Yvette Daniels  
Lisa Flagg  
Jamie Howgate  
Tamika Matthews  
Patrick O'Neal, M.D.  
Tom Wade

## **WELCOME AND CALL TO ORDER**

DCH Commissioner, Clyde Reese, welcomed Commission members and Department staff and called to order the first meeting of the Public Health Commission at 10:15 am. Commissioner Reese thanked Commission members for agreeing to serve the State of Georgia in this capacity. The Commissioner indicated that in the one year that Public Health has been a part of Department of Community Health (DCH), he has learned a great deal about Public Health and has acquired an expanded appreciation for the breadth and depth of the Division's functions and importance of its work. He discussed his work to facilitate, to the highest extent possible, the elevation of attention and focus on public health matters. He indicated that the Department looks forward to the work of the Commission over the next several months. As the first meeting of this group, Commissioner Reese indicated a need to address a few preliminary matters of the Commission. First, he asked members to introduce themselves and to provide general information about their background. The Commissioner then administered the Oath of Public Office.

The Commissioner provided the historical background for the move to reorganize some of the Executive Branch health agencies of the state beginning in 2008. The push for reorganization continued and intensified in 2009 resulting in House Bill 228 which effectively transferred the Division of Public Health from the Department of Human Resources to the Department of Community Health. With this reorganization, the Public Health Commission was developed. As codified in the Official Code of Georgia Annotated 31-2-20, the Commission would consist of nine members, five appointed by the Governor, two by the Lieutenant Governor and two by the Speaker of the House of Representatives. Commissioner Reese explained that the charge of the Commission is to determine the best organizational structure for the Division of Public Health. The Commission will decide if the Division will remain a part of the Department of Community Health, be incorporated into another agency within the Executive Branch, become an attached agency or become an independent agency. The Commission is to report to the Governor, the Lieutenant Governor and the Speaker by December 1st, of this year, and will be abolished as of December 31, 2010. The Commissioner proceeded with an overview of the Department of Community Health.

Commissioner Reese discussed the mission, objectives, structure and function of the Department of Community Health.

### **Mission**

- To provide access to affordable, quality health care in our communities
- To ensure responsible health planning and use of health care resources
- To promote healthy behaviors and improved health outcomes

### **FY 2011 Initiatives**

The Commissioner discussed the important initiatives for this fiscal year.

- Continuity of Operations Preparedness
- Emergency Preparedness
- Customer Service
- Financial & Program Integrity
- Health Care Consumerism
- Health Improvement,
- Health Care Transformation
- Public Health
- Workforce Development

## **Structure and Functions of DCH**

The Department of Community Health currently has five bodies that are administratively attached:

1. State Medical Education Board
2. Georgia Composite Medical Board
3. Georgia Board for Physician Workforce
4. Brain & Spinal Injury Trust Fund Commission
5. Georgia Trauma Care Network Commission

Commissioner Reese briefly discussed what it means to be an attached agency. This is an organizational option under consideration by the Commission. The Commissioner explained that the relative size, infrastructure and overall resources for administration of these agencies may be small, creating a practical need to attach to a larger agency within the Executive Branch that would handle administrative duties for the attached entity as needed. Commissioner Reese went on to say that those bodies that are currently attached to DCH retain their full independent rule and policy making authority for their functions, which, generally, have a more narrow focus. In terms of budgetary considerations, the Commissioner explained that the attached agency's budget is presented to the General Assembly as a component of the larger agency.

Dr. Phillip Williams inquired about how the budget is lobbied for in an attached agency structure. He questioned if the home organization or the attached entity, independently, would seek funding. Commissioner Reese responded that while it is legally permissible for either agency to petition for funding, from a practical standpoint, the budget for the attached agency is usually embedded within that of the larger organization and presented and lobbied for as a whole.

The Commissioner went on to discuss the Departmental programs including those transferred from the former Department of Human Resources (DHR), which, as a result of the previously discussed reform is now the Department Human Services. He mentioned the Healthcare Facility Regulation Division which conducts licensure of health care facilities; Medicaid, as DCH serves as the state Medicaid agency; the State Health Benefit Plan, the health insurance plan for state employees, public school teachers, non-certificated employees in public schools and their retirees and dependents; the Division of Public Health and Division of Emergency Preparedness and Response.

The Commissioner provided a brief background on the maintenance of the Divisions of Public Health and Emergency Preparedness and Response as two separate divisions. He indicated that within DHR the Division of Emergency Preparedness and Response was a part of the Division of Public Health. When Public Health was transferred to DCH, the then Commissioner made the decision to separate Emergency Preparedness and Response into its own division within DCH. Commissioner Reese offered two probable reasons, which he suggested Dr. O'Neal would discuss in greater detail. Commissioner Reese indicated that the statute requires that there be a State Health Officer and that the Emergency Response function report to this state officer, who must be a medical doctor. The former Commissioner, who was a medical doctor, served in the capacity of the State Health Officer and thus deemed it appropriate to separate the divisions to encourage direct rapport with the Emergency Response function. Commissioner Reese also indicated the intent of the former Commissioner to highlight and give attention and focus to the importance of the Emergency Preparedness and Response functions, particularly around time the Department was focused on preparing for and going through the H1N1 pandemic.

Commissioner Reese went on to say that to the extent that there may be some unintended consequence of separating the divisions, he wanted to make sure stakeholders recognize that Emergency Preparedness and Response and Public Health are connected and there is no intent to create an artificial distinction. DCH is currently considering reintegrating Emergency Preparedness and Response with Public Health and have that function report to the State Health Officer who is now the Public Health Division Director, Dr. Francois.

The Commissioner invited the Commission to deliberate and provide feedback on this issue as they go through this process.

The Commissioner concluded his presentation with some discussion as to whether this Commission would have bylaws to govern its actions, such as the recently convened Advisory Council to Public Health. He indicated that subject to the Commission's determination, formal bylaws would not be developed given the short amount of time the Commission has to do its work. Commissioner Reese recommended the selection of a chair and vice chair for the body and that members determine the meeting would most practically be conducted according to *Robert's Rules of Order* and establish that a quorum for any action taken would need five out of nine members. He emphasized that the statute has empowered the Commission to conduct meetings on a schedule and based on objectives of its determination. He concluded that Department staff is available to assist in the overall process.

Commissioner Reese closed by expressing his goal for increasing the focus and attention level to the Division and to utilize any synergies available to raise public health status of the state.

The Commissioner yielded the meeting to Dr. Francois.

Dr. Francois thanked the Commission for committing to this very important task. Dr. Francois highlighted the organizational chart for the Division of Public Health and introduced his deputy directors, Tom Wade, who oversees Public Health Administration and Miriam Bell, who manages Public Health Programs and Services.

Dr. Francois's presentation included a general discussion of the budget for Public Health, most of which originates at the federal level. He also outlined the structure of Public Health, which included discussion of the eighteen local health districts composed collectively of the 159 counties in the state. Dr. Francois referred to these local districts as the "pillars" of Public Health, as each works toward the Division's mission to promote and to protect health. Dr. Francois emphasized the importance of working closely with the local districts and spoke of his intention to visit every district in order to learn how to better support them and their specific needs. Dr. Francois referenced monthly conference calls among the District Health Directors in addition to quarterly meetings to maintain strong Public Health presence at the local and district levels.

Dr. Francois followed by briefly highlighting the administrative components of the Division.

### **Public Health Administration**

Dr. Francois discussed the administrative areas of responsibility maintained at the Departmental level with Public Health responsibilities.

- Contracts Administration
- Human Resources
- Legal Counsel
- External Affairs and Constituent Services
- Budget
- Procurement and Purchasing
- Financial Services / Accounts Payable
- Communications

### **State Operations**

Dr. Francois's presentation outlined the various components of state operations.

- Grants development, Monitoring and evaluation
- Federal Funding
- Process Improvement

- Planning
- Strategy & Performance Management

### **Field Operations**

Dr. Francois indicated that the Division's Chief Nurse administers the field operations and serves as a very important liaison between the District Health Directors and the Division of Public Health on issues that impact local public health. The focus of the Chief Nurse includes:

- District and County Health Departments
- Office of Pharmacy
- Office of Nursing

### **DCH Enterprise Coordination**

Dr. Francois discussed the need to bridge the new Division of Public Health with the DCH structure to forge some synergy between the policies of DCH and what existed under the former Department of Human Resources. This Division maintains key administrative linkages between the Division of Public Health and the Department with respect to:

- Information Technology
- Communications
- Legislative Affairs
- Inspector General
- Operations
- Finance
- Legal

Next, Dr. Francois highlighted the programs and services within the Division.

## **Public Health Programs and Services**

### **Environmental Health**

Dr. Francois discussed the critical importance of environmental health to the well being of the public's health. He highlighted the responsibilities of the Environmental Health program, which are to:

- Conduct over 57,000 routine food service inspections a year.
- Evaluate over 10,000 septic tank systems.
- Sample approximately 6,500 individual wells.
- Routine inspection of public swimming pools.
- Educate and train other sectors, private and public
- Assist Emergency Preparedness with shelter inspections and mass fatality planning

### **Epidemiology**

Dr. Francois discussed the importance of Epidemiology, in terms of the surveillance and outbreak investigation work with which the program is charged. Dr. Francois emphasized that without the work of this program, the health system would be paralyzed, as one outbreak would overwhelm an already strained emergency health care system.

### **Health Promotion & Disease Prevention**

Dr. Francois discussed the services provided by the Office of Health Promotion.

- Breast and cervical cancer screening and treatment for eligible women
- Cancer treatment for low income, eligible Georgians
- Comprehensive tobacco use prevention and tobacco cessation services

- Conduct population-based strategies to address chronic disease prevention and management
- Engage activities to prevent primary sexual violence
- Provide technical assistance to worksites on the development and implementation of worksite wellness policies and practices

Dr. Francois discussed the challenge of assessing attitudes regarding sexual health among teenagers given the limitations of questions that can be asked on the Youth Risk Behavior Survey, an instrument used across the country to obtain information from public middle and high school students about the prevalence and age of initiation of various health risk behaviors such as tobacco use, physical activity, eating habits, alcohol and drug use, and behaviors that contribute to unintentional injuries and violence. He indicated that Georgia is one of the top ten states for teenage births and spoke of the need to educate stakeholders, through schools with the goal of identifying and targeting effective interventions.

Dr. Francois identified physical inactivity as another risk factor of high importance to the Division. He discussed the proposed creation of a Council on Physical Fitness, Sports and Nutrition. He 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.

#### **Infectious Disease & Immunization**

Dr. Francois regarded the Infectious Disease and Immunization program as one of the most important of the Division for its work in preventing the spread of vaccine-preventable diseases. Dr. Francois discussed the challenge of overcoming apathy in people who have never witnessed a child with pertussis, for example. Convincing them of the importance of immunization is difficult, he indicated, but necessary given the resurgence of pertussis in the country with two cases having been identified in Georgia. Dr. Francois suggested the idea of providing incentives as one way to maximize the immunization effort.

Dr. Francois also discussed the program's work in HIV and tuberculosis prevention and with refugees to provide health screenings and assessments.

#### **Maternal & Child Health**

Dr. Francois indicated that the MCH Needs Assessment is almost complete and will be made available to Commission members upon request. The Needs Assessment focuses on newborn screening, nutrition programs, WIC, health education to support breast feeding and children and youth with special health care needs.

#### **Public Health Laboratory**

The Public Health Laboratory is responsible for the routine testing for a variety of diseases. The Lab is also instrumental in helping the Division respond to any potential bioterrorism threat and works closely with law enforcement in this regard. Dr. Francois suggested that the Lab is the one place in Public Health where all public health activities are confluent. He extended an invitation to Commission members to tour the Lab.

#### **Vital Records**

Dr. Francois indicated that a lot of the policy decisions made within Public Health are driven by data which is maintained by the Vital Records program. Vital Records registers and records all vital events. Dr. Francois went on to say that since September 11, the program has played a greater role in safeguarding the release of data to appropriate parties. Dr. Francois also indicated that Public Health has successfully secured a \$3.8 million, five 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 state of the art web based system.

Dr. Francois concluded and opened the floor to questions.

Dr. Lynne Feldman emphasized the importance of the budget to Public Health. She referenced the Grant and Aid component of the Public Health budget, which is used to support the infrastructure of Public Health and the County Health Departments. She indicated that this area has been the subject of state cuts in recent years. Dr. Feldman referred to the budget as one of the “thorniest” issues in Public Health, as the state is faced with the difficult decision of making cuts in areas that are critically important.

Dr. Francois responded by discussing the importance of working together to develop a strategic plan that will unify the Public Health infrastructure with a set of priorities with which funding will hopefully coincide. He indicated that many of these programs are operating with very minimal resources.

Dr. Williams inquired about how fees from inspections are reflected in the budget breakdown presented to the Commission.

Dr. Francois indicated that fees are maintained at the local level.

Dr. Feldman added that fees by the local health departments are generated, collected and remain at the local level and would not be reflected in the budget.

Dr. Francois followed up with a discussion of new fees approved for both Vital Records and the Laboratory. Vital Record’s fees increased from \$10 to \$15 and then to \$25 over the past year. The Public Health Laboratory instituted \$10 fees for lead, Hepatitis C, HIV screening and syphilis. Dr. Francois said that without these fee increases, the Division would have suffered additional cuts.

Jimmy Burnsed indicated that many of the fees increased dramatically, as he thought they needed to. He mentioned that there has been public comment about the fee increase but recognized that fees haven’t been raised for several years.

Dr. Williams invited Dr. Francois’s thoughts, as Division head, about the organizational structure that would be most beneficial to Public Health. He inquired, specifically, about the type of organization that would allow the Division to most effectively receive a fair share of the resources.

Dr. Francois responded by emphasizing the critical importance of health and the public health charge as the most fundamental need to the state. Dr. Francois expressed his commitment to implement whichever structure is determined best by the Commission’s assessment of the myriad of factors at play. He indicated that whichever structure the Commission recommends would be secondary to carrying out the Division’s responsibilities, which is his primary motivation. He also briefly discussed the different structures he has worked under in the state of Florida and in Louisiana.

Dr. Feldman called on the Commission to think about the other pieces of DCH that might be considered Public Health and to include these areas in their consideration of the best organizational structure for the Division. She invited the Commission to determine what Public Health really is.

Commission members engaged Dr. Francois in a discussion of the pros and cons of being an attached or independent agency. Dr. Francois indicated the Division’s willingness to have a representative of an agency currently attached to DCH present to the Commission in this regard.

Dr. Patrick O’Neal was called to provide a presentation on the Division of Emergency Preparedness and Response. Preceding his discussion of current activities of the Division, Dr. O’Neal followed up on

Commissioner Reese's introductory discussion of the separation of Emergency Preparedness and Response from the Division of Public Health. He indicated his support of the merger of these divisions, a prospect that is currently under consideration. Dr. O'Neal indicated that from a functional perspective, Emergency Preparedness has been completely linked with Public Health and requested the Commission's support for reintegration. Dr. O'Neal went on to discuss the role of Public Health in the formal Emergency Plan of Georgia, which is to assure health and medical capacity in all types of disasters, natural or man-made.

Dr. O'Neal discussed the five offices within the Division of Emergency Preparedness and Response which includes:

- Emergency Preparedness
- Emergency Medical Services
- Trauma
- Injury Prevention
- Emergency Preparedness Training

Dr. Weems noted that at the local level there has been a, historically, strong Injury Prevention effort lead by Public Health. She discussed the partnership with local hospitals, the Trauma Center, physicians and many other partners, including Highway Safety and Law Enforcement, who understand the value of prevention. She requested that as the Commission moves forward in its deliberations, that it consider the structure that allows Public Health a position to effectively communicate the value of programs such as this to the State leadership and legislature.

Dr. O'Neal closed with a brief discussion of the general challenges of the changing conditions of many of the federal grants provided to the Division of Emergency Preparedness and Response.

Dr. Francois led the Commission in the election of the Chair and Vice Chair.

Ted Holloway nominated Dr. Phillip Williams for Chair of the Commission, seconded by Dr. Feldman. Dr. Weems called the vote. The Commission decided unanimously by 7-0, with one abstention, to elect Dr. Williams as Chair. Dr. Jack Chapman nominated Dr. Weems for Vice Chair, seconded by Ted Holloway. The Commission decided unanimously by 7-0, with one abstention, to elect Dr. Weems as Vice Chair.

A motion to follow *Robert's Rules of Order* with the exception that the Chair would be allowed to vote was made by Dr. Feldman, seconded by Mr. Burnsed. The Commission approved this motion unanimously.

Commission members discussed at length the general types of information they would find helpful in their deliberation, from which they identified the objectives for the next meeting and established a meeting schedule. For the next meeting, members requested a schematic of the four organizational options under consideration, including an explanation of what it means to be an attached agency and a presentation of the budget issues, including a ten year trend analysis. Members requested the Department's assistance in inviting members of the Legislature to provide background on the decision to move the Division of Public Health to DCH. Finally, members requested a presentation by Dr. Robert Stolarick with the Georgia Public Health Association to discuss the relationship between state health ranking and organizational structure.

## **NEXT MEETING DATE**

The next meeting of the Commission is scheduled for Monday, August 9, 2010 from 8:30 to noon.

The Commission also established future meeting dates for September 13th, October 18th and November 15th.

**PUBLIC COMMENTS AND OTHER BUSINESS**

There being no further business, the meeting adjourned at 1:45 p.m.

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

Respectfully Submitted,

Dr. Phillip Williams, Chair

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