



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, November 15, 2010**  
8:30 am-12:00 pm

**DR. PHILLIP WILLIAMS, CHAIR, PRESIDING**

**MEMBERS PRESENT**

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

**MEMBERS ABSENT**

None

**GUESTS PRESENT**

Paula Brown, Office of Planning and Budget  
Terry Mathews, Mathews & Maxwell, Inc  
Josh Mackey, GAEMS/Brock Clay  
Scott Maxwell, Mathews & Maxwell, Inc.  
Helen Sloar, Nelson Mullins

**STAFF PRESENT**

Rony Francois, MD  
Karesha Berkeley Laing  
Tamika Matthews

## **WELCOME AND CALL TO ORDER**

Dr. Williams welcomed Commission members and guests and called the meeting of the Public Health Commission to order at 8:59 a.m. The Commission voted to approve the minutes of the October 18, 2010 meeting. Dr. Williams identified the objective of the meeting, which was to review the draft report of the Commission's recommendation, as prepared by Terri Theisen of Terri Theisen Consulting, LLC. The meeting, he said, would conclude with a discussion of the next steps the Commission would need to make to finalize its recommendation.

Dr. Williams called on Terri Theisen to provide an overview of the draft report.

Ms. Theisen indicated that she would begin by detailing the structure of the report and follow with a discussion of its content. The first part of the report, she said, is the executive summary, which reflects the main points of the Commission's recommendation. Ms. Theisen indicated that members would need to decide if the wording appropriately reflects the Commission's decision. The report continued with background information on the Commission's formation and members. Ms. Theisen noted the importance of including the definition of public health in the report as the need for clarity in its meaning was discussed in previous testimony. Clearly identifying the role and function of public health is integral to the Commission's work, she said. The report continued with data on the status of Georgia's citizens relative to the overall health rankings in the United States. This section included a summary of several past studies conducted on public health practice in the state. The report also detailed the methodology the Commission used in its deliberation, including the appointment of four work groups to study the four organizational options under consideration. The report concludes, she said, with a detailed discussion of the Commission's recommendation. Ms. Theisen indicated that the appropriate appendices would be added to include the supporting testimony.

In terms of the content, she concluded, the most important pieces of the report are probably the methodology, in terms of how the subcommittees individually, and the Commission overall, arrived at the decision, the definition of public health and the description of the situation in Georgia.

Dr. Williams thanked Ms. Theisen for her work on the report. He recommended that Commission members begin by reviewing the summary of each work group's deliberation and provide comment, as necessary. He suggested the review begin with the option of "Public Health becoming an independent agency".

Dr. Diane Weems indicated that she and Jimmy Burnsed worked on this subcommittee and, with his permission, agreed to provide comment on their work as documented in the report. She began by thanking Ms. Theisen for her work and suggested that this portion of the report is an accurate reflection of the subcommittee's work. Dr. Weems said the report captures, overall, the fact that Public Health, unique to any other organization in the state, impacts the life of every Georgian. She referenced Public Health's work to ensure food safety in restaurants and in preventing the spread of communicable disease at public facilities, as examples. When Public Health does a good job, she continued, it tends to be invisible. It is only when there is a problem that Public Health captures the headlines of papers. Public Health very seldom makes the headlines for doing what we do well.

Dr. Weems went on to say that the report captures the importance of the testimony heard in terms of the need for autonomy and authority. Dr. Weems discussed the significance of structure, as a preliminary consideration, in positioning Public Health with greater autonomy, authority, leadership and resources necessary to carry out its functions, including assessment and policy development. Further, Public Health,

she said, must have the assurance to follow up on its policies to make sure the appropriate outcomes are realized.

Dr. Weems concluded that the success of the proposed transition to an independent agency, if accepted, should be assessed in terms of Public Health's ability to perform its core functions. She mentioned the Commission's recommendation for subsequent review by another body to assess the progress made in moving Georgia forward.

Mr. Burnsed added that, he, as the relative novice to Public Health among the Commission members, discovered that there is a major problem with the public health system in Georgia and believes the Commission has come up with a solution that is able to improve the situation.

One of the challenges Public Health has had historically, Dr. Weems added, whether under the umbrella of the former Department of Human Resources ("DHR"), as it was previously, or under DCH, as it is currently, relates to uncertainty in terms of where the responsibility for addressing health issues lies. As an independent agency, she said, the accountability and transparency for setting priorities and developing strategies to achieve the goals that are set become much clearer. Dr. Weems added that the necessary resources must also be available.

Ms. Theisen asked the Commission if the language of this section needs to be strengthened to convey this perspective.

Dr. Williams responded that he would personally like to see stronger language and emphasis on the fact that although the Commission is in unanimous agreement in terms of going forth with an independent agency, an organizational change in and of itself will not allow the state accomplish its goals but, is instead the first step and needs to be supported by appropriate resources and leadership.

Ms. Theisen agreed to work on that section accordingly.

Dr. Weems suggested that the report reflect stronger language in terms of the increased accountability and transparency that would be afforded by the independent structure. Since the elected officials, she said, suggested a need for greater accountability and transparency, it is important to clearly recognize that Public Health would move towards these, as benefits of an independent agency.

Dr. Williams asked if there were any additional comments on this section. There being none, the discussion continued with a review of the option of "Public Health becoming a part of another organizational structure within state government", as assessed by Greg Dent and Dr. Ted Holloway.

Mr. Dent indicated that he thought this piece and the overall report were representative of what the Commission heard and discussed.

Dr. Holloway agreed. He suggested that this organizational option was the least difficult to evaluate as the potential for Public Health to effectively align with any other state agency was limited given the mission and focus of the division.

Dr. Williams asked if there were any further comments on this section.

There being none, he proceeded with a discussion of "Public Health becoming an attached agency", as evaluated by Dr. Lynne Feldman and Jim Peak.

Dr. Feldman began by thanking Ms. Theisen for her work on the report. She then sought clarity on the characterization of Public Health's ability to operate as an attached agency as depicted in the report. She questioned whether the size of Public Health, in terms of its budget or the number of staff, was the basis for determining its ability to conform to the traditional attached agency model. Dr. Feldman suggested that consideration based on each of these factors could yield a different conclusion. In the definition of the attached agency structure in the report, she said, "smaller" is defined in terms of budget where Public Health would have a smaller budget than the agency to which it is attached, in this case DCH. By that definition, she said, Public Health would fit into the traditional attached agency model, based on the number state dollars. However, later in the document, she continued, Public Health's ability to meet the legal definition of an attached agency structure is questioned because of its size, based on the number of staff, in which case Public Health would be atypically large. Dr. Feldman recalled testimony from Commissioner Reese and from David Tanner from the Office of Planning and Budget ("OPB"), in which size in terms of staff was the basis for questions about Public Health's ability to fit into the traditional attached agency model and requested insight on how this may be more clearly explained in the report.

Ms. Theisen suggested that the Commission think about the issue for further discussion, if needed.

There was no further discussion on the issue.

Dr. Williams invited other comments. There being none, he proceeded with a discussion of "Public Health remaining a part of DCH", as assessed by Deb Bailey and Dr. Jack Chapman, Jr.

Deb Bailey thanked Ms. Theisen for her work on the report. She recommended incorporating language to acknowledge that Public Health's transition to DCH was a significant improvement over its organization under the former DHR.

Dr. Holloway requested a revision to the reference of WIC being a part of DCH instead of Public Health as reflected in the report.

Dr. Williams requested additional comments. There being none, he continued with a discussion of the remainder of the report.

Dr. Williams requested that a sentence be added to the executive summary indicating that leadership and resources would be needed in order to realize improved health outcomes.

Mr. Peak indicated his concern about recommending inclusion of the Division of Emergency Preparedness ("EP") and Georgia Trauma Care Network Commission ("GTCNC") into the independent Public Health agency as he did not recall hearing testimony about these programs.

Dr. Williams indicated that during the first meeting of the Commission, Dr. Patrick O'Neal specifically stated that he thought EP should be realigned within Public Health. I think Dr. Francois, he said, testified after him and indicated that was the direction they were moving in.

Dr. Rony Francois, Director of the Division of Public Health, commented that the intent is to reintegrate EP into Public Health, independent of any organizational changes to the division.

Dr. Williams sought confirmation from Dr. Francois regarding the requirement of EP to report to the state health officer. He suggested that if the state health officer is the director of Public Health and Public Health becomes its own agency and leaves EP behind, it would be almost impossible for EP to function.

Dr. Francois acknowledged that the director of EP reports to the state health officer.

Mr. Peak questioned the rationale for including the GTCNC.

Dr. Feldman responded that the GTCNC, which is currently attached to DCH, interacts so closely with Public Health that, assuming there will be an independent Public Health agency, leaving it behind with DCH would not be effective. If the Commission members, she said, prefer to remove the recommendation, at some point in the future the issue will have to be revisited.

Jim Peak sought clarity on how the Commission thought the GTCNC should be organized if it were to move with Public Health, as an attached agency or as an integral part.

Dr. Feldman suggested that it should be attached.

Ms. Theisen indicated that this issue would be clarified in the report if members agreed to retain the language.

Mr. Peak expressed his continued reservation about including the GTCNC into the proposed independent Public Health agency.

Dr. Weems referenced previous testimony from Dr. O'Neal during which he identified the five offices within EP including the Division of Preparedness, Emergency Services, Trauma, Injury Prevention and Emergency Preparedness Training. In consideration of those offices, she suggested that it makes more sense for GTCNC to be attached to Public Health instead of DCH. This arrangement, she said, would allow GTCNC to maintain its autonomy while having a closer relationship to Public Health. Additionally, Dr. Weems recalled Dr. O'Neal's testimony where the recurrent theme was the importance of EP functions being a part of Public Health. Incorporating a recommendation would affirm the importance of EP being a part of Public Health.

Ms. Theisen asked Dr. Williams if it is the recommendation of the Commission to cite the report to say that the GTCNC should become a part of the proposed new department of Public Health as an attached agency.

Dr. Williams requested that a vote be taken on the issue.

Dr. Feldman moved that the Commission report recommend that the GTCNC be reorganized under the proposed independent Public Health agency but continue its status as an attached agency.

The Commission voted unanimously to include

Dr. Francois recommended that the Commission's report clearly indicate that EP, which will become an integral part of Public Health, is not an attached agency like the GTCNC.

There was no further discussion on the issue.

Ms. Theisen indicated that there was some discussion about the State Office of Rural Health ("SORH") that was not included in the report. She expressed concern about the adequacy of the information requested and provided in terms of justifying any position taken by the Commission on the appropriateness of realigning the SORH within Public Health.

Dr. Williams suggested that within the report's recommendation for the formation of a Commission that would meet to evaluate Public Health's transition, language be included to require that Commission to

evaluate the need to move any other existing agencies within the state, such as the SORH, to Public Health.

Dr. Feldman commented that the SORH receives its funding from DCH, which she suggested might become more difficult if it were moved to Public Health.

Dr. Williams responded that the point may be that if this Commission's recommendation is accepted and an independent Public Health agency is formed key considerations, such as funding sources, might be different, thereby potentially alleviating this funding issue as a concern. He again suggested that this issue be left for any future Commission to assess, if appointed.

Mr. Peak indicated that he would prefer to not include any recommendation to transition the SORH, or any other program, to Public Health but instead, let another Commission decide. He suggested that before this Commission starts empire building, it must work on getting Public Health on the right path toward fulfilling its mission.

Greg Dent responded that he, as the president of the Georgia Rural Health Association, recognizes that there are real reasons for the SORH not to be within Public Health. One of those, he said, is that when new opportunities for receiving care are created, there may be situations where Public Health would want to provide care in a local health department but, the community itself or others may think a volunteer clinic or a federally qualified health center, for example, would be the best model. So in some cases, he said, it could set Public Health in opposition to the community. Further, he said, the Commission did not ask for testimony or reasons not to include the SORH within Public Health.

Dr. Weems suggested that the Commission retain the current language as drafted in the last paragraph of the executive summary and allow any follow up Commission to study the effectiveness and improved outcomes resulting from the change in agency structure. In truth, she said, an evaluation of any service fragmentation that might exist would be an expected part of any such study and would more appropriately support a position on these service alignment issues. Dr. Weems also suggested that the comments made by Charles Owens of the SORH be captured in the report.

Dr. Williams opened the floor to comments on the issue.

Ms. Theisen commented that the Commission did not hear testimony, based on any demonstrated evidence, on whether or not the recommendation should be to include the SORH but, clarified that this was not requested either. The struggle, she said, would be in identifying what information to include in the report.

Dr. Feldman opined that the report should remain as it is, affording any future Commission the opportunity to evaluate the issue in two years. She concluded that enough information was not provided for the Commission to make a decision on including the SORH at this point.

After reviewing the testimony from the SORH as transcribed in the minutes, Dr. Weems withdrew her recommendation because she could not comfortably identify any information that could reasonably be incorporated into the report. Consequently, she said, her recommendation would be to leave the section of the report as it stands.

Reaching a consensus, Dr. Williams moved forward with the discussion of the overall report.

Dr. Williams asked members to review the definition of Public Health, based largely on the testimony of Dr. James Curran, indicated in the report.

Dr. Feldman suggested that the definition was clear, simple and easily understood.

Dr. Williams then asked members to go through each section and officially indicate if there were any requests for changes to the report.

Greg Dent indicated that his only comment was in reference to the state health director being the leader for the Public Health agency. He said he wanted to make sure that there is some understanding that the leadership needed is not clinical and suggested that the leader does not need to be a physician. If the independent Public Health Agency is established, as recommended, he said the focus, should be on identifying someone with the skill set to be effective in interacting with the legislature to get the needed resources. Mr. Dent concluded that he was not sure about how or if this should be captured in the report.

Dr. Williams deferred to any legislative requirement for the qualifications of leadership. He suggested, though, that all members would agree that the individual should have public health knowledge, leadership ability and the ability to effectively work with stakeholders.

Ms. Theisen indicated this information would be added to the leadership statement that will be included in the report.

A lengthy discussion between members ensued amidst concern about the appropriateness of the Commission's recommendations, in light of its charge, in terms of leadership for the new agency and the shifting of other programmatic areas to Public Health, such as the Office of Health Improvement ("OHI").

Dr. Holloway prefaced his comments by stating that he does not think the qualifications for the new Commissioner of any independent Public Health agency is a part of the Commission's charge. However, based on his experience of working with several Commissioners of the former DHR, he is convinced that a physician with public health training is critical to be the state health officer.

Dr. Feldman agreed, referencing the benefits of former DCH Commissioner, Dr. Rhonda Medows' previous role as the state health officer. She said in her role the state was able to move forward on key issues that, historically, were not easily understood by non-medical Commissioners. Dr. Feldman suggested that many people do not realize that Public Health has a significant medical component, which was difficult to explain to previous Commissioners.

Dr. Weems said that it is clear that members have strong opinions on the issue but stated that she did not believe that it is within the Commission's charge. She said the Commission has neither heard testimony nor had prior discussion on the issue. Dr. Weems suggested that the Commission did not have the deliberation appropriate to incorporate any comments regarding this issue into the report.

Greg Dent agreed. He concluded, however, that it is imperative to make the legislature understand the issue, in whichever manner that happens.

Dr. Williams motioned that if an independent agency is formed the head of the agency should be the state health officer and that individual be chosen based on his or her leadership and ability to represent Public Health with broad stakeholders and recommended inclusion of such in the report.

Jim Peak inquired about the testimony the Commission heard to support this recommendation.

Dr. Williams responded that he recalls testimony that the organization needs to be properly represented to the legislature and have proper leadership that would move it forward.

Dr. Weems affirmed that such testimony was heard previously.

Jim Peak questioned if any of the testimony indicated that the leader needed to be the state health officer.

Dr. Williams called for the vote. The motion passed by a vote of eight to one.

Dr. Francois indicated that the decision to examine the potential for streamlining OHI came from OPB. He said Public Health was asked to begin integrating the OHI. Dr. Francois indicated that independent of the Commission's recommendation, incorporating these two units will probably occur.

Dr. Williams probed each member for additional edits.

Dr. Holloway had none but wanted to thank Gary Nelson and the Georgia Health Care Foundation for their support in providing resources to obtain consultant assistance.

All other members echoed his sentiments.

In the section regarding the current public health situation in Georgia, Jim Peak requested that the comments be expounded and strengthened to increase awareness that people of Georgia are suffering. He suggested that it is a failure by politicians, legislature, leadership and administration, generally, that adequate attention has not been paid to Public Health.

Dr. Williams agreed. He continued with a discussion of the timeline for finalizing the report. As he understood, he said, Ms. Theisen would make the requested changes and forward to members prior to the scheduled November 29<sup>th</sup> conference call for review and final acceptance.

Ms. Theisen agreed to submit the revisions to members a week before the conference call.

In closing, Dr. Weems expressed the Commission's appreciation for the time presenters took to provide testimony. Their remarks, she said, were instrumental in developing the final report.

## **PUBLIC COMMENTS AND OTHER BUSINESS**

Dr. Williams opened the meeting to comments from the public. There were none.

There being no further business, the meeting adjourned at 11:55 a.m.

Minutes taken by Karesha Berkeley Laing on behalf of Chair.

Respectfully Submitted,

Dr. Phillip Williams, Chair

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