



MINUTES OF THE MEETING OF
PUBLIC HEALTH COMMISSION
Department of Community Health, Division of Public Health
2 Peachtree Street, 5th Floor Board Room
Atlanta, Georgia 30303
Monday, September 13, 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, M.D.

GUESTS PRESENT

Paula Brown, Office of Planning and Budget
Jeff Cornett, Hemophilia of Georgia
Josh Mackey, GAEMS
Terry Mathews, Mathews & Maxwell, Inc
Scott Maxwell, Georgia Public Health Association, Inc
Representative Donna Sheldon, Georgia House of Representatives
Helen Sloat, Nelson Mullins
Robert Stolarick, Georgia Public Health Association
Timothy Sweeney, Georgia Budget and Policy Institute
David Tanner, Office of Planning and Budget
Senator Renee Unterman, Georgia Senate

STAFF PRESENT

Rony Francois, M.D.
James Howgate
Karesha Berkeley Laing
Tamika Matthews
Brenda Smith
Kendell Turner
Tom Wade

WELCOME AND CALL TO ORDER

Dr. Williams welcomed Commission members and guests and called the meeting of the Public Health Commission to order at 8:39 a.m. The Commission approved the minutes of the August 9, 2010 meeting by unanimous vote. Dr. Williams identified the objective of the meeting, which was to gain insight into the budgetary and policy considerations impacting the Division of Public Health. Additionally, the presenters would discuss the rationale for the reorganization of the division from the former Department of Human Resources (“DHR”) to the Department of Community Health (“DCH”).

At the onset, Dr. Williams addressed some preliminary issues with the Commission. First, he indicated a need to modify the order of the scheduled testimony to accommodate the arrival of the presenters. He then invited suggestions for future presenters from Commission members. Dr. Williams indicated that a speaker from the Emory School of Public Health agreed to address the Commission during its October meeting. Representatives from the Georgia Health Policy Center and the Georgia Public Policy Foundation were also suggested. Dr. Williams introduced Terri Thiesen of Thiesen Consulting Group, who will assist the Commission in writing its final report to the Governor. He recommended that members discuss their preliminary thoughts on the organizational structures at the next meeting.

Dr. Williams called on David Tanner with the Governor’s Office of Planning and Budget to address the restructuring of Georgia’s health and human service agencies.

David Tanner indicated that in 2008, he was the project lead in supporting a nine member Health and Human Services Task Force that was charged with examining the state’s health and human service agencies and ultimately recommending a plan to provide the most efficient and effective delivery system. He described the guiding principles of the task force, which were: 1) to do no harm, 2) customers come first and, 3) live within existing resources, as any proposed restructuring would have to be accomplished within the existing budget.

Mr. Tanner followed with a brief discussion of the creation of DHR, which resulted in the consolidation of several agencies into one umbrella agency, a structure that he said is not uncommon across the country for health and human service agencies. He referenced several agencies and programmatic areas that have since been restructured into separate agencies, such as the Department of Juvenile Justice (1972) or to other umbrella agencies, as in the case of Medicaid (1976).

Mr. Tanner’s presentation continued with a general discussion of the following overarching reasons for a need to restructure:

- Changes in demographics and human service needs
- Align functions to meet state’s strategic goals
- Improve scope of responsibility and functional alignment in the state
- Focus on improving specific challenges like mental health and public health
- Improve fiscal accountability and oversight

Mr. Tanner indicated that the task force’s work included a survey of the organizational structure across all fifty states, from which members concluded that there is no one structure for all states. Each state, he indicated, must instead decide what is best for itself, given its specific circumstances.

Mr. Tanner indicated that there was a lot of discussion on the task force about the role and function of Public Health. He discussed the importance of maintaining local control and presence but also recognized the need to ensure access to care. He discussed some of the benefits of having Public Health and DCH as a part of the same agency in terms of:

- Establishing a lead agency focused on improving the health status of Georgians. The collaborative effort forged reinforced this focus as a state priority.
- Capitalizing on the connection between financing and public health programs. He indicated that having Medicaid and Public Health within the same agency may allow the breakdown of some of the barriers to access.
- Streamlining public health related activities within the former DHR and DCH.
- Creating one agency focused on workable solutions to manage issues related to the uninsured and access to healthcare.

Mr. Tanner concluded his presentation with a detailed discussion of some of the synergies and opportunities that can be realized based on these core benefits.

Handouts were provided.

Dr. Williams invited questions from the Commission.

Dr. Ted Holloway questioned whether the attached agency structure was considered by the task force.

Mr. Tanner responded that it was. He said the task force determined that Public Health was too large to be in an attached arrangement. Mr. Tanner indicated that the current structure, however, affords the division some of the fundamental benefits of the attached arrangement without being formally attached. He alluded to the streamlining of administrative functions, a key benefit of the attached structure. Further, the opportunity to reorganize funds through the “parent” organization is preserved under the current structure but could not be realized in one that is attached.

Dr. Diane Weems probed into the task force’s consideration of the structure that would focus on improving mental health, Public Health and public health outcomes. She commented that the state continues to do very poorly in terms of several health outcomes, referencing obesity, infant mortality and low birth weight. Dr. Weems mentioned initiatives in the private sector and at the national level that are designed to identify ways to deliver health care differently to improve outcomes; yet Georgia, she said, continues to not put a focus on prevention at the very fundamental level, which is Public Health. She questioned if this reorganization has helped the division move toward, potentially, a structure that will help it improve these outcomes or if there is another structure that might be more effective in bringing to the attention of the Legislature and those who make decisions in our government where the emphasis needs to be to really improve the health of all Georgians.

Mr. Tanner responded that the reorganization of DHR was the first step towards bringing more clarity to Public Health’s mission and purpose. He discussed the transformation stage as being critical. He said the organization of Public Health is far less important than its ability to improve health outcomes and identify the appropriate measures needed to realize its vision.

Dr. Weems followed with a question about whether the division has optimized its ability to tap into the funding opportunities afforded through the Stimulus Act under the current structure. She questioned if another structure would maximize Georgia’s ability to access federal funds that could be used to help improve the health of Georgians.

Mr. Tanner responded that while he has not been involved in the Stimulus funding decisions or process, he thinks budget cuts at the state level, in terms of Georgia’s resource ability to apply for grants and sustain programs after federal support, have had a greater impact than Stimulus funding.

Jimmy Burnsed asked for clarification on the task force’s determination that the division was too big to be in an attached arrangement. He questioned if this referred to the number of personnel or budget of the division.

Mr. Tanner suggested both had implications on the task force's determination. He said a review of all other attached agencies reflected that these agencies had small budgets and staffs. The consensus of the task force was that, while Public Health could legally operate under an attached structure, it did not fit the precedent.

Greg Dent inquired how the task force envisioned the transitioning of the health care access component discussed. As an original part of Community Health, Mr. Dent questioned whether the task force considered access being a part of Public Health after the merger.

Mr. Tanner responded that under the old DCH there was a lot of health care access outreach that resembled public health activity. He discussed the opportunity for synergy by consolidating these activities.

Referencing Mr. Tanner's description of the reorganization of Public Health from the former DHR as the first step in restructuring the state's health and human service agencies, Mr. Dent inquired about the next step.

Mr. Tanner responded that the next step is transformation and aligning what was envisioned for Public Health, Medicaid and health strategies and outcomes.

Dr. Lynne Feldman commented on issues with some of the transformational activities Public Health experienced under the former DHR and requested specific examples of transformational activities under DCH that would be beneficial to Public Health.

In his response, Mr. Tanner discussed the need for a cultural change. He said the task force recommended that the newly joined agencies be renamed the Department of Health so that it would become a new agency with a united vision and governance. He emphasized a need for synergy.

Dr. Feldman questioned which structure would allow the division to accomplish this.

Mr. Tanner responded that the current organizational structure is a model that has yet to be tested. He discussed the need to find balance and to give the current structure, as decided by the General Assembly, an opportunity to work.

Jim Peak questioned how long this chance should take.

Mr. Tanner responded that the state is entering into a phase with a new Governor and the prospect of who will lead the new department will be critical. Suggesting a time frame would be difficult, he implied, given the uncertainty of these key considerations.

Dr. Weems commented that the importance of Public Health and Emergency Preparedness having quick access to decision makers at the state level was evident with last year's flu pandemic. She indicated a number of other issues that might be similarly urgent from a public health standpoint, such as the current struggle with increasing syphilis cases in Southeast Georgia. Dr. Weems questioned whether any one structure would assist Public Health in receiving urgent action from the Legislature during a public health event. She also inquired about the task force's vision for Emergency Preparedness and Response in terms of public health.

Mr. Tanner responded that when a crisis affects the state, the Governor would look to Public Health and Emergency Preparedness to take the lead and work with GEMA across the state. He did not provide comment on any specific structure.

Dr. Williams invited Brenda Smith, Public Health Budget Director, to provide a ten year trend analysis by program for the Division of Public Health. Ms. Smith provided a detailed overview which included a breakdown of the state and federal dollars funding the programs of the Division.

Handouts were provided.

Dr. Williams invited Renee Unterman of the Georgia Senate to discuss the rationale for the reorganization of the Division of Public Health.

Senator Unterman began by expressing her appreciation for the opportunity to see the Public Health legislation become law enacted and now implemented. She referenced David Tanner's synopsis of the overall actions of the 2008 task force and said she would focus on the political implications of its work, budget writing and the reality of what legislation can be passed, referencing the challenge of moving forward any new legislation at the dawn of a new Governor and in light of the state's economic hardships.

Senator Unterman said the legislation that was the reorganization of the Department of Human Services was the culmination of the task force's work. She said this legislation was the largest piece of legislation to pass since Jimmy Carter was the Governor of Georgia. The legislation, she said, was the result of an outcry of legislators who thought the former DHR was too large, as it existed, to be managed effectively.

Senator Unterman went on to say that as the Legislature considered how to divide the departments, it became clear that Behavioral Health had a distinct focus, largely because of federal oversight of its activities. Senator Unterman said that because of the massive changes in infrastructure the legislation required, a simultaneous move of both Behavioral Health and Public Health to two separate agencies would have been a difficult undertaking to support and to get approval for, initially. Reorganizing Public Health under the DCH, she said, was the compromise, recognizing that a separate agency for Public Health would be a future consideration. The senator noted the benefit of creating a more holistic approach to medicine gained through the reorganization.

Senator Unterman indicated that creating a new department is a massive undertaking. She discussed the challenge of addressing budgetary conflicts and the rigors of federal accountability as experienced by the Department of Behavioral Health. She opined that improving the Grant-in-Aid Formula is a critical first step in realizing any potential for Public Health as a separate agency.

Through her work on the task force, Senator Unterman identified several longstanding problems with Public Health in terms of historical leadership, autonomy and consistency particularly within the county level departments. She noted that different people have a different meaning of the concept of public health and concluded with a discussion of the need for a general and cohesive mission that could be articulated to the General Assembly.

Dr. Williams opened the floor to questions for the Senator.

Commission member Deb Bailey inquired about the process and requirements for improving the Grant-In-Aid Formula.

Senator Unterman responded that the formula is currently being reviewed by a work group. She spoke of the challenge of creating the appropriate balance between the "haves", those who are currently allocated a comparatively higher share of funds and the "have nots", those who want more in funding.

Senator Unterman continued with a point she said she failed to mention. She encouraged the Commission to consider the ideas and philosophy of the General Assembly as it deliberates on the four organizational options under consideration. She said a recommendation for creating a new department may not be easily

accepted, especially during a recession. She urged the Commission to be mindful of the political implications of its recommendation.

Jimmy Burnsed inquired about a simple explanation of the Grant-In-Aid Formula and how it works.

Senator Underman responded that the formula is complex, which she attributed to being part of the problem.

Dr. Weems inquired about the existence of a methodology for Public Health, within the current organizational structure, to have a stronger and clearer voice to the Legislature to assure that the mission, vision and current issues of Public Health are understood, especially in times of urgency or need.

Senator Underman responded by discussing the value of aggressive and continuous lobbying as well as educating the General Assembly.

Greg Dent questioned how the implementation of a plan for a vision for a healthy Georgia addresses issues of leadership, autonomy and inconsistency that were identified for Public Health.

Senator Underman responded that it does not.

Mr. Dent emphasized the importance of recommending a structure that would address these core issues.

Senator Underman agreed.

Dr. Williams requested guidance from the Senator with respect to how the Commission's report should address the cost aspect for each of the organizational options under consideration and the type of information that would be preferred. Additionally, Dr. Williams requested the senator's thoughts on the best organization to represent the Public Health in the best light to the Legislature with the ultimate goal of having more resources appropriated to support its functions.

Senator Underman responded that budgetary implications of the organizational options should be a primary consideration for the Commission and encouraged the Commission to take every measure to obtain the data necessary to support its recommendation. She suggested that the Commission invite speakers from the Senate Budget Office and the House Budget Office to discuss the budgetary considerations for creating a separate Department of Behavioral Health.

For the benefit of the public record, Dr. Weems noted that Commission members who work with Public Health are not permitted to lobby as they are state employees. Further, they have not agreed to be represented by lobbyists in this regard.

Following up his previous question about the Commission's report, Dr. Williams indicated that he is not sure how much quantitative data can be provided in terms of cost given the limited amount of time and resources available. He inquired if qualitative data would be beneficial.

Senator Underman recommended using the Department of Behavioral Health's experience as baseline and the testimony of the Senate and House Budget Offices as guidance.

Dr. Williams called Representative Donna Sheldon to discuss the 2006 study committee findings related to Public Health governance.

Representative Sheldon began her discussion with a historical perspective of how the movement for reorganization came about. In 2006, she said, a study committee on Public Health was put together in response to concern about the structure of the Grant-in-Aid Formula. She said it became evident very

quickly that improvements were needed for the departmental structure of Public Health and it was the committee's opinion that the former DHR was functionally too large to be operated effectively.

Representative Sheldon reiterated Senator Unterman's recommendation for the development of a more unified mission for Public Health. She said from her experience, public health means different things across local health departments and discussed the resulting challenge of communicating the specific goals of Public Health with her colleagues. Establishing clear goals, she said, will help legislators promote the cause for Public Health.

Representative Sheldon concluded with a discussion of several findings and recommendations of the 2006 study committee, which included:

- Revising the Grant-in-Aid funding allocation formula based on current considerations;
- Reorganizing Public Health, at minimum, within an agency that can focus on its mission, goals and outcomes;
- Implementing competitive measures to promote nurse retention;
- Providing additional support for Federally Qualified Health Centers.

Dr. Williams requested questions from the Commission.

Dr. Williams inquired if there is any benefit, with respect to funding, in working with the Legislature as an attached agency.

Representative Sheldon postulated that there could potentially be an advantage but emphasized the importance of addressing some of the issues previously discussed in terms of presenting a specific mission and goal.

In terms of preparing a report and offering a recommendation, Dr. Williams inquired whether the Commission should try to make a recommendation consistent with a structure that it thinks the Georgia Assembly would accept or with what it determines to be the most effective structure for the division going forward.

In her response, Representative Sheldon recognized the challenge of creating synergy between these two potential approaches as they usually do not result in the same conclusion. She encouraged the Commission to make a recommendation based on what the General Assembly could accept with a future goal of where the division should head in the future.

Mr. Dent questioned if reservations about the potential of creating a separate agency is the result of timing, given the impending political changes and economy, or fueled by political factors.

Representative Sheldon responded that the Commission would have to address reasons for any recommendation to develop a standalone agency.

Mr. Dent then asked if Public Health associated its activities with some type of measurement, a set of health status indicators, for example, would the ability to articulate a mission or vision for the legislators be furthered. Mr. Dent referenced SAT scores as a metric for the Department of Education.

Representative Sheldon responded that this approach would help but again cautioned the Commission on exploring fully any consideration of developing a new department. She suggested that creating another department may be challenging at this point.

Dr. Williams invited Timothy Sweeney, Senior Budget Analyst with the Georgia Budget and Policy Institute to discuss the impact of Georgia's budget and policy on the Division of Public Health.

To support the Commission's deliberation, Mr. Sweeney indicated that his presentation would focus on those issues likely to be facing the agency, in which ever form it exists, over the next few years. First and foremost, he said, will be the challenge of restoring significant lost capacity as a result of budget cuts and advocating for additional funding. He said, while it will be a big task, it will also be essential for Public Health to explain why it exists and to take the necessary steps to make the case as to why the Appropriations Committee needs to fund its activities and the overall implications for the state.

Beyond that, he went on, is the issue of health outcomes and improving the health of Georgians, the actual "doing" of Public Health. Mr. Sweeney discussed positioning Georgia to take advantage of the opportunities afforded from the Affordable Care Act, particularly in terms of prevention funding.

Mr. Sweeney followed with a discussion of the state budget. He noted the significance of the two billion dollar decline in general fund appropriations since 2008, in light of overall increase in needs in terms of a growing state population, greater number of children in school and greater consumption of healthcare services. He attributed this dichotomy to the reason Public health is struggling. Mr. Sweeney postulated, though, that it wasn't an issue of prioritizing as a state and provided discussion on the state spending by category. Fifty six percent (56%) of the state budget is attributed to education and, the next largest categories are health (16%) and public safety (9.9%), which he indicated is not suggestive of poorly aligned priorities. In response to a question forwarded by Jim Peak, Mr. Sweeney indicated that state spending on transportation was not included, neither were any other programs funded through dedicated sources. He said the focus of the data was on general fund appropriations, where funding discretion lies within the General Assembly.

In his discussion of the Public Health budget, Mr. Sweeney provided data on the state Grant-in-Aid funding relative to population growth and noted that county-level data would differ across counties.

Jim Peak inquired about the availability of county level data for Grant in Aid funding.

From the audience, Senator Unterman indicated that Grant-in-Aid funding data by county has been prepared and agreed to provide a copy to the Commission.

Mr. Sweeney's presentation concluded with a discussion of the varied state Public Health structures across the country. Approximately 50% of the states, he said, have a freestanding Health Department. The rest are either mixed or an umbrella system. Not surprisingly, he said most states with an umbrella structure have Public Health with the Medicaid program, which a fairly traditional alignment. He said the level of centralization also varied significantly by state. Approximately half of state health agencies report directly to the Governor.

Finally, he provided data on state ranking in terms of the federal and state public health spending; a measure that he acknowledged is difficult to qualify as more consistency in comparing what counts as public health across states would be needed.

Handouts were provided.

Dr. Williams opened the meeting to questions.

There being no questions, the Commission proceeded with the meeting.

After some discussion, the Commission agreed to schedule a meeting by conference call for updates on the work of each subcommittee.

Jimmy Burnsed commented that he kept hearing a request for a mission statement or goals for Public Health throughout the presentations. He inquired that, though it may not be within the purview of its work, if the Commission should somehow emphasize them.

Dr. Francois responded that the mission and values are well disseminated on the website and through distributed literature. He discussed the importance of keeping legislators apprised and interested in the issues impacting the division. He encouraged visits to county health departments and the State Health Lab.

Greg Dent commented that increasing the awareness of Public Health within the General Assembly and communicating the importance of its activities are critical to realizing the ultimate goal of increasing funding.

NEXT MEETING DATE

The next meeting of the Commission is scheduled for Monday, October 18, 2010 from 8:30 to noon.

PUBLIC COMMENTS AND OTHER BUSINESS

There being no further business, the meeting adjourned at 11:32 a.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.

Attachments

1—2008 Health and Human Services Task Force (presentation)

2—Georgia Public Health Budget 2004-2011 (presentation)

3—The State Budget and Public Health (presentation)