GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Clyde L. Reese, III, Esq., Commissioner

Sonny Perdue, Governor

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MINUTES OF THE MEETING OF
ADVISORY COUNCIL FOR PUBLIC HEALTH
Department of Community Health, Division of Public Health
2 Peachtree Street, 5th Floor Board Room
Atlanta, Georgia 30303
Thursday, September 23, 2010
10:00 a.m.-12:00 p.m.

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

MEMBERS PRESENT

Thomas H. Callaway, M.D.
Harry Hannon, PhD
Allison J. Koenig, M.D.
John "Ted" Holloway, M.D.
Monica M. Farley, M.D.
Robert S. Harshman, M.D.
Charles Hardy, PhD
Henry M. Patton, M.D.

MEMBERS ABSENT

Jean R. Sumner, M.D.

GUESTS PRESENT

Stan Jones, Nelson Mullins Riley & Scarborough, LLP
Scott Maxwell, Georgia Public Health Association

STAFF PRESENT

Rony Francois, M.D.
Karesha Berkeley Laing
James Howgate
Betsey Kagey, PhD
Tamika Z. Matthews
Kendall Turner

WELCOME AND CALL TO ORDER

Dr. Patton welcomed Council members, Department staff and guests and called the meeting of the Advisory Council for Public Health to order at 9:59 a.m. The Council approved the minutes from the June 24, 2010 meeting by majority vote.

Dr. Patton called on Dr. Rony Francois to provide a general update of activities within the Division of Public Health in his Director's Report.

DIRECTOR'S REPORT

At the onset, Dr. Francois apologized to the Council for what would be his limited participation in the meeting due to the simultaneous launch of two programs targeting childhood obesity. Governor Perdue was scheduled to hold a ceremony for the launch of the SHAPE Act pilot, which will be initiated in 207 schools, and for the creation of the Governor's Council of Physical Fitness, Sports and Nutrition, which Dr. Francois proposed to the Governor earlier this year. Dr. Francois expressed the Division's excitement in working with the Department of Education to reduce childhood obesity rates in Georgia.

Dr. Francois followed with a discussion of several key staffing changes within the Division. He announced the retirement of Dr. Zsolt Koppanyi from the West Central (Columbus) Health District. Dr. Lynne Feldman from the South (Valdosta) Health District, he said, is scheduled to retire in the Fall. Dr. Francois also mentioned Lynda Moser, a WIC attorney, and Brenda Smith, Budget Director, both of whom accepted positions outside of the Division. Dr. Francois mentioned the importance of informing the Council about changes within the support structure, or pillars of the Division as he so referred, and indicated that active recruitment efforts have been implemented to replace critical staff that has been lost.

By October 1, Dr. Francois continued, the Division will have the Georgia WIC Advance Planning Document ("APD") launch in Macon. Essentially, he said, this is the first step in developing the specifications for one front end system. As you may remember, he said, Georgia is the only state in the country with multiple front end systems. For the first time Georgia is developing consensus around the need for the best system for the state. Dr. Francois indicated that MIS staff and WIC managers from across the state will assist in the process. Dr. Francois said he spoke with Sandy Benton-Davis, the Regional Director for of the Supplemental Nutrition Programs for the USDA who will attend, as will DCH Commissioner, Clyde Reese.

In his seven months as Division Director, Dr. Francois indicated that he has performed approximately seven district site visits. He indicated that his approach to his role as State Health Officer is to engage stakeholders at the local level.

Dr. Francois briefly mentioned a career fair recently held at Emory University. As he recounted its success, Dr. Francois discussed the importance of moving beyond posting jobs to active recruitment.

Next, Dr. Francois generally discussed preliminary issues with implementing a corrective plan to address deficiencies identified in the Babies Can't Wait ("BCW") program, as detailed during the June meeting. He said the Division issued a request for proposal ("RFP") for assistance in the process, but this effort was hindered by an unexpected delay. Given the critical nature of this work, Dr. Francois indicated that the Division engaged the Governor's office in order to move forward.

Dr. Francois then discussed the Division's meeting with state representatives from DHHS regions 4 and 6 to discuss how to work cooperatively to address health care issues that impact the southeastern region at a disproportionately higher rate. He referenced the region's infant mortality rate as an example. Dr.

Francois said state officials decided to collectively write a letter to Secretary Sebelius of the DHHS requesting a more regional approach, including interventions and resources, to address these types of issues. The group, he said, also considered how Public Health can work better with federally qualified health centers ("FQHCs"). Dr. Francois suggested that another letter of solidarity will be drafted to speak to the need for FQHCs and Public Health to work better, together, for the sake of providing the best care to Georgia's citizens.

Dr. Francois then discussed the Title V Block Grant review with Health Resources and Services Administration ("HRSA"), which he said went well. This review is conducted nationally and the HRSA officials, he said, were impressed by the work being done in Georgia. He spoke of the program's novel solicitation of public comments from families of children with special needs.

Dr. Francois then discussed the USDA's preliminary review of the Division's corrective action plan for WIC. This preliminary review, he said, was to afford the Division an informal assessment of its plan to address the issues identified in its WIC program.

Dr. Francois concluded his report with a discussion of a proposed cut to TANF funding. He indicated that the implication of this funding cut on the Division's activities would be significant, referencing the Family Planning program as an example. He suggested that if the Division is permitted to retain the funds, a review of how the money is being utilized must be performed. Dr. Francois also called for a restructuring of the program to reflect one that is more evidence based to ensure TANF contributions are more easily recognized. Dr. Francois was hopeful that this strategy would slow any prospective funding cuts to the program.

Dr. Patton inquired about the number of federally qualified health centers in the state.

Dr. Francois did not immediately recall but agreed to follow up with the information.

Dr. Francois indicated that he wanted to update the Council on the status of two grants the Division applied for, the Home Visitation Grant and the Public Health Infrastructure Grant. He said the Governor's Office has taken the lead on the Home Visitation Grant and is working with the Maternal and Child Health ("MCH") programs to meet the requirements. The Public Health Infrastructure Grant, he said, has two parts, one of which is non-competitive. Dr. Francois indicated that the Division has been awarded funds from the non-competitive part and is awaiting feedback on the Division's faring with respect to the second, competitive part.

Dr. Francois again apologized for needing to leave the meeting early but indicated that Deputy Director, Tom Wade, would be available to assist during his absence.

Dr. Patton congratulated Dr. Francois for his work in getting the programs passed and excused him from the meeting.

Dr. Patton called on Dr. Betsy Kagey, Deputy Director of the Division of Emergency Preparedness and Response ("Emergency Preparedness") to provide a general update of its activities.

EMERGENCY PREPAREDNESS AND RESPONSE

Dr. Kagey indicated that her update would focus on three main areas:

1. **Reorganization of Emergency Preparedness into Public Health**

Dr. Kagey reinforced the idea of reorganizing Emergency Preparedness back within Public Health by December 31, given the inherent collaboration between these functions. Dr. Kagey provided a brief background on the maintenance of Emergency Preparedness as a separate division as a result of the reorganization of Public Health under DCH and discussed the current effort to place these divisions back together.

2. **Hospital Preparedness**

Dr. Kagey mentioned a federal ASPR funding error, which made additional hospital preparedness funds available. One third of these funds, she said, must be spent by the end of December. The additional funds made it possible to establish an interagency work group on hospital preparedness, in response to a local and state push, to coordinate Public Health Preparedness and hospital preparedness functions. The ultimate goal, she said, is developing uniformity in responding to mass emergency situations. Six work groups, consisting of people throughout the state, were created to examine issues not only within hospital preparedness, but also within other healthcare facilities and the community at large. These groups are described below:

1. Alternate Care Site Group. This group focuses on issues surrounding the use of alternate care sites in an emergency when hospital beds are full. Potential alternate care sites include mobile hospitals, field hospitals and neighborhood emergency health centers and require consideration of issues in terms of authorization, billing, licensing and deactivation.
2. Certified Healthcare Coordinator Course Group. There is an existing course on hospital emergency coordinators but this group will consider how to include nursing homes, community health centers, EMS, Public Health and others within the core structure to develop uniformity in training.
3. CHEMPACK Group. A component of the federal Strategic National Stockpile Program, the CHEMPACK program, Dr. Kagey explained, makes available prepositioned nerve agent antidotes at hospitals across the state. There are antidotes for the effects of chemical weapons as well as organophosphates, like pesticide poisoning, she said. This group will work on standardizing procedures for training and exercising this program when needed.
4. De-Con Group. This group deals with hospitals' ability to decontaminate patients prior to their entrance into the Emergency Department if there is a chemical spill or accident that requires decontamination. Dr. Kagey discussed the goal of standardizing the type of equipment used and training such that if there is an event in one region, personnel from other areas of the state are able to provide assistance. This group consists of members from the Division, Public Health Districts, MCG, Emory University, Grady Memorial Hospital and Tift Regional Medical Center.
5. Evacuation Group. This group is working to develop a region wide evacuation plan among providers along Georgia's coast.
6. Specialty Hospital Group. This group will consider how dedicated providers of rehabilitation, long term adult care, burn and psychiatric services will fit into the scope of Public Health Preparedness.

3. **Crisis Standards of Care**

Dr. Kagey continued with a discussion of crisis standards of care planning, which she said has been underway for the past four to five years. The process involves identifying issues that may arise during a severe pandemic, including a heavy duty surge on hospitals and a shortage of critical resources, and developing a plan to address.

Additionally, Dr. Kagey discussed a recent meeting held to identify reimbursement issues that may develop when crisis standards of care have been implemented. The meeting consisted of representatives from DCH, including Emergency Preparedness, State Health Benefit Plan, Healthcare Facility Regulation, Emory University Hospital Midtown, GHA and Peach State Health Plan. The meeting

afforded discussion about continuity of operation plans for hospitals and insurance companies and how these plans can work synergistically for the benefit of emergency preparedness planning overall. The objective, she said, was essentially identifying specific reimbursement issues that could potentially be addressed now and predict and plan for future needs during a major event, such as a need to relax documentation requirements.

Dr. Kagey concluded with a discussion of her recent involvement in a table top exercise at GEMA dealing with a radiation scenario. This multi-agency, multi-level exercise was a step by step approach to identifying what actions different agencies would employ to address the situation, how information would be communicated and a myriad of other considerations in terms of identifying ingestion routes and issues with farming, produce and processing in the area. While many issues were raised, all were not necessarily answered. Dr. Kagey indicated that this exercise was the beginning of such discussion. The interesting thing about a radiation event or bioterrorism, she said, is that the contamination persists for years. The long term recovery work necessary, she said, would not come without huge economic implications.

Dr. Patton recalled that when he served on the board for the former DHR, one of Dr. O'Neal's projects was improving the trauma care system in Georgia, which has had a lot of publicity lately. Dr. Patton suggested that to a certain extent Emergency Preparedness and trauma care would go hand in hand. He inquired about the possibility of using federal dollars for Emergency Preparedness to improve the state's trauma care system.

Dr. Kagey responded that there are limitations in how the federal dollars the Division receives for Emergency Preparedness are used. She said, however, that she was not sure if using these funds for trauma care activities would be permissible and agreed to follow up.

Council member, Dr. Harry Hannon, questioned whether preparedness plans for the State Laboratories fall under the Division of Emergency Preparedness.

Dr. Kagey responded affirmatively.

Dr. Hannon then asked if there is an emergency preparedness plan for the State Lab.

Dr. Kagey responded that the State Lab is included in the Division's emergency response plan but said she would forward specific information about the plan to the Council.

Dr. Hannon followed that this was a significant issue when Hurricane Katrina hit Louisiana. The Louisiana State Lab was destroyed and newborn screening became a real issue as it could not be carried out effectively. He indicated that it was mandated that states set up a process. He added that some states have plans with other states to take on responsibilities as necessary.

Dr. Monica Farley questioned whether the Division's pandemic activities are integrated with immunization activities. She discussed the challenge of implementing an unexpected vaccine in the midst of a pandemic. In light of the low immunization rates, she questioned if the state implemented the new vaccine as effectively as possible.

Dr. Kagey responded that she thinks the state did relatively well. She suggested that the real challenge lies in the availability of the vaccine during the course of the event in terms of timing and amount of the supply, the type of information available to the public and the severity of the pandemic. She also indicated a resistance among some private providers against using the vaccine.

Dr. Allison Koenig responded that much more providers wanted the vaccine than not. She said that the Emergency Preparedness response went well but indicated a need for improvement. As a private provider, she indicated that there was a lot of frustration among providers and from families regarding the amount of time it took to have the vaccines available.

BUDGET REPORT

Dr. Patton called Kendall Turner to provide the Budget Report for the Division of Public Health. Mr. Turner indicated that there have been no changes to the budget since the last meeting. He said proposed cuts for FY2011 and FY2012 were submitted and would be discussed with the Governor on October 5.

There being no questions, Dr. Patton called on Tom Wade, Deputy Director of the Division of Public Health, to discuss the Division's efforts to develop a strategic plan for FY2011.

STRATEGIC PLAN FY2011

Mr. Wade began his discussion by identifying several reasons for the Division's focus on reviewing its plan and direction. Being apart of DCH for approximately one year, Mr. Wade indicated the importance of setting specific priorities for the Division, particularly, he said the top three to five efforts or programs that will be most critical going forward. Additionally, he discussed the opportunity to revisit the current and future role of Public Health during the strategic planning process. He referenced an article by Dr. Thomas Frieden, the Director of the CDC, which recommends that public health agencies examine the interventions they have implemented to identify those with the greatest impact on the population. In the article, he said, Dr. Frieden identified five different levels of intervention, encompassing areas of health education and counseling activities, clinical care, community based activities and policy and legal issues, generally. His suggestion is that public health is most effective when it is involved in all of these levels. Determining Public Health's emphasis in terms of these areas, however, is difficult. Mr. Wade was hopeful that the strategic planning process would encourage dialogue about Public Health's emphasis and the steps needed to incorporate this focus into its activities.

Mr. Wade indicated that another factor that must be considered in terms of Public Health's role is health care reform. The impact of the reform on Public Health raises questions as to what can be done proactively to yield a positive impact on the health status of the citizens of Georgia.

Mr. Wade followed with a brief discussion about a new office, the Office of State Tribal, Local and Territorial Support, at the CDC and its mission to support public health agencies at the state and local level. The Office, he said, is very supportive of the Division's efforts and will be working closely with Public Health in its planning efforts. Mr. Wade mentioned the potential for the work done in Georgia to be used as a model for other states.

Mr. Wade went on to emphasize the "bottoms-up" approach of the strategic planning process and the involvement of all of the district health directors. The process, he said, will include a review of any previous plans developed for Public Health with the intent of identifying any components with current relevance. As information is gathered, a series of small meetings would ensue to begin discussion. Mr. Wade spoke of a one day conference in November during which all of the information would be reviewed collectively to identify priorities and establish a consensus in terms of Public Health's role going forward.

Mr. Wade concluded with a discussion of the funding requirements for the undertaking, which he indicated would not be significant. Funding will come from the Infrastructure Grant, previously mentioned by Dr. Francois, he said, and from the Healthcare Georgia Foundation, which has indicated a

willingness to assist. Mr. Wade indicated the Division's intent to have a report outlining the results available during the December meeting of the Council.

Dr. Patton invited questions from the Council.

Dr. Ted Holloway requested that the Council be provided a copy of Dr. Frieden's article.

Mr. Wade agreed to make it available.

Dr. Hardy inquired about the involvement of any external stakeholders in the strategic planning, particularly academic institutions.

Mr. Wade responded that during the initial phase the intent is to perform an internal review to identify Divisional priorities. He indicated interest, however, in incorporating external stakeholders, including academia, into the process as the Division implements the ideas and overall strategy that is identified.

Dr. Hardy indicated that he was encouraged by the prospective participation of academic institutions. Not only in consideration of what academia would be able to contribute to the process, he said, but also in terms of receiving guidance from Public Health on how best to prepare the future workforce to meet its needs going forward.

Mr. Wade agreed and discussed the importance of the Division maintaining dialogue with academic institutions.

Dr. Farley mentioned that there has been a lot of movement lately in the area of healthcare associated infections ("HAI") which had not traditionally been under the umbrella of Public Health but is moving more in that direction. It seems, she continued, that there is a lot of uncertainty about whether we have a state mandated reporting requirement. She went on to discuss CMS' reimbursement structure, which will begin to require reporting of HAIs into the National Health Surveillance Network beginning in January. Dr. Farley said the decision may be made for us by the new reimbursement process and inquired if this issue was a Divisional priority in terms of strategic planning.

Mr. Wade indicated the possibility of including this concern as a priority as the Division works on identifying key issues. He mentioned the Error Grant, which examines the incidence of HAIs and indicated that the issue is one that Epidemiology and Infectious Disease programs will participate in whether or not it is implicated as one of the Division's top priorities. He encouraged Council members to provide suggestions to the Division as it works through its strategic planning process.

Dr. Patton provided an update on the Grant-in-Aid Formula work group.

GRANT IN AID FORMULA WORK GROUP

As Dr. Francois mentioned during the last meeting, he said, a committee was created to review the funding in the general Grant-in-Aid, which is currently based on 1966 population statistics. The committee consisted of legislators, district health directors, representatives from the Association of County Commissioners and Advisory Council members. After a lot of study and debate, the committee came up with a revised formula. He referenced a handout of the proposed funding distribution for the state. Of the 159 counties in the state, he said, funding for 111 counties would increase. Funding for the majority of the remaining counties would decrease slightly, with eight to ten counties experiencing a more substantial decrease in funding. He explained that most of these states have been overfunded for the last forty years based on the current population. The intent, he said, is to implement the proposed revision

over a five year period, twenty percent (20%) per year to afford counties an opportunity to make incremental adjustments to any impending decrease. Dr. Patton also mentioned a review of the population every five years with the opportunity to readjust the formula accordingly.

Dr. Patton indicated that the representation on the committee was balanced between metropolitan Atlanta and rural areas. He asked if Tom Wade or James Howgate had any additional information to add.

Mr. Wade cautioned that the committee's work is a draft revision of the formula. He said there are other stakeholders still left to review the committee's proposal. Mr. Wade said by law, the responsibility of distributing the funds lies with the Division and DCH. However, there is a lot of interest in the formula and the possibility of further review and revision is real.

Dr. Farley requested a brief description of the Grant-in-Aid funds and how they are supposed to be utilized by the counties.

Dr. Callaway followed with a request for more information on the decision process of how increases or decreases in funding were determined.

Mr. Wade indicated that he would attempt to provide a concise explanation of the complex Grant-in-Aid funding. He began by explaining that there is a pool of approximately 60 million dollars that is divided among counties to support the infrastructure of the county health departments. He explained that there are certain activities within the statute that county health departments are responsible for such as controlling communicable disease, providing environmental health, safeguarding against rabies and emergency preparedness planning. The Grant-in-Aid funds may be used to support these activities. A county's failure to meet its legal obligation to provide these core functions would be grounds, he said, to withdraw the funds.

Dr. Farley questioned if there are any services that an urban metropolitan area provides that are different or might justify the area getting more funding or if service to a broader population, beyond the actual county limits, is a consideration.

Mr. Wade indicated that in general counties like Fulton and DeKalb probably have some of the same issues as Grady Hospital in that people present for service who do not reside in the county. However, he said, to his knowledge, they do not provide any particular services that are not provided in neighboring counties. The Districts, he said, do have different programs they emphasize simply because they are being responsive to the local health needs. He referenced the looming threat of hurricanes and the military presence on coastal Georgia and the resulting emphasis on emergency preparedness in that district more so than in a district that is not impacted by those particular issues.

Dr. Holloway indicated that the budget of the county health department consists of funds from the state, county government and fees to support all staff and operations. He said the most significant cuts on the funding map seem to impact the headquarter county of each affected district. Dr. Holloway indicated that in a large district a lot of the sources of specialty care is concentrated in the headquarter county. He urged the Division to review closely the impact of the decreased funding on headquarter counties.

Dr. Patton responded that the increased funding needs of lead counties were a consideration for the committee.

Mr. Wade, likewise, indicated Divisional awareness of the lead county issue.

Dr. Koenig inquired about the ability of an undocumented resident of a county to access that county's resources and if the population share accounts for the presence of undocumented residents in the county.

Mr. Wade indicated that undocumented residents can utilize local services. He said the population data used in the formula is based on census data and would account for the undocumented population to the extent that this information is captured by the census.

Dr. Koenig suggested this issue might be a factor for metropolitan areas such as DeKalb and Gwinnett counties.

There being no further questions, Dr. Patton called on Dr. Holloway to provide an update on the work of the Public Health Commission.

PUBLIC HEALTH COMMISSION

Dr. Holloway led a brief discussion on the work of the Public Health Commission. He reminded the Council of the Commission's charge which is to make a recommendation to the Governor as to whether the Division should 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.

Dr. Hardy questioned if the group reviewed data on how other states are organized.

Dr. Holloway responded affirmatively and indicated that the Commission identified twenty seven (27) states have an independent public health department with a number having an umbrella (divisional) structure combined with the Medicaid agency. Dr. Holloway went on to generally discuss issues with the degree of variation in the data, citing the challenge of obtaining reliable data on public health funding per capita, as a point of consideration, as an example. Data from the Trust for America's Health, he said, indicates that Georgia is ranked approximately 38th in per capita funding in the country. Dr. Holloway suggested that it was difficult to interpret this ranking because in some states, like South Carolina, the Environmental Protection division is a part of the public health department. Consequently, public health is responsible for community water systems and community sewage which is not the case in some of the other states. This difference makes meaningful comparisons across states difficult, he said.

Dr. Hardy suggested that matching the type of organizational structure with outcome data might provide some direction.

Dr. Holloway responded that it would and encouraged Council members to forward any other ideas for the Public Health Commission to him. He also invited members to the October meeting of the Commission if they are interested in making a public statement consistent with its charge.

NEXT MEETING DATE

The Council meets quarterly. The next meeting date is December 2, 2010.

PUBLIC COMMENTS AND OTHER BUSINESS

No additional business was brought before the Council. There being no further business, the Council adjourned at 11:05 a.m.

Minutes taken by Karesha Berkeley Laing 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—A Framework for Public Health Action-The Health Impact Pyramid
2—Difference in General Grant in Aid Funding Level between Current Formula and Proposed Scenario-Draft