



Board of Public Health Orientation



Presentation to: Board of Public Health

Presented by: James C. Howgate

Date: September 26, 2011

Department of Public Health

- Entrusted by the people of the State of Georgia with the responsibility for the health of communities and the entire population.
- DPH consists of 18 health districts serving an estimated 9.6 million Georgians in 159 counties.

Core Functions and Essential Services

- **Assessment** refers to the obligation of every public health agency to monitor the health status and needs of its community regularly and systematically.
 - Monitor health status to identify and solve community health problems.
 - Diagnose and investigate health problems and health hazards in the community
- **Policy development** refers to the responsibility of every public health agency to develop comprehensive policies that are based on available knowledge and responsive to communities' health needs.
 - Inform, educate, and empower people about health issues.
 - Mobilize community partnerships and action to identify and solve health problems.
 - Develop policies and plans that support individual and community health efforts.
- **Assurance** is the guarantee of governments that agreed-upon, high-priority personal and community health services will be provided to every member of the community by qualified organizations.
 - Enforce laws and regulations that protect health and ensure safety.
 - Link people to needed health services and assure the provision of health care when otherwise unavailable.
 - Assure competent public and personal health care workforce.
 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
 - Research for new insights and innovative solutions to health problems

Core Functions and Essential Services

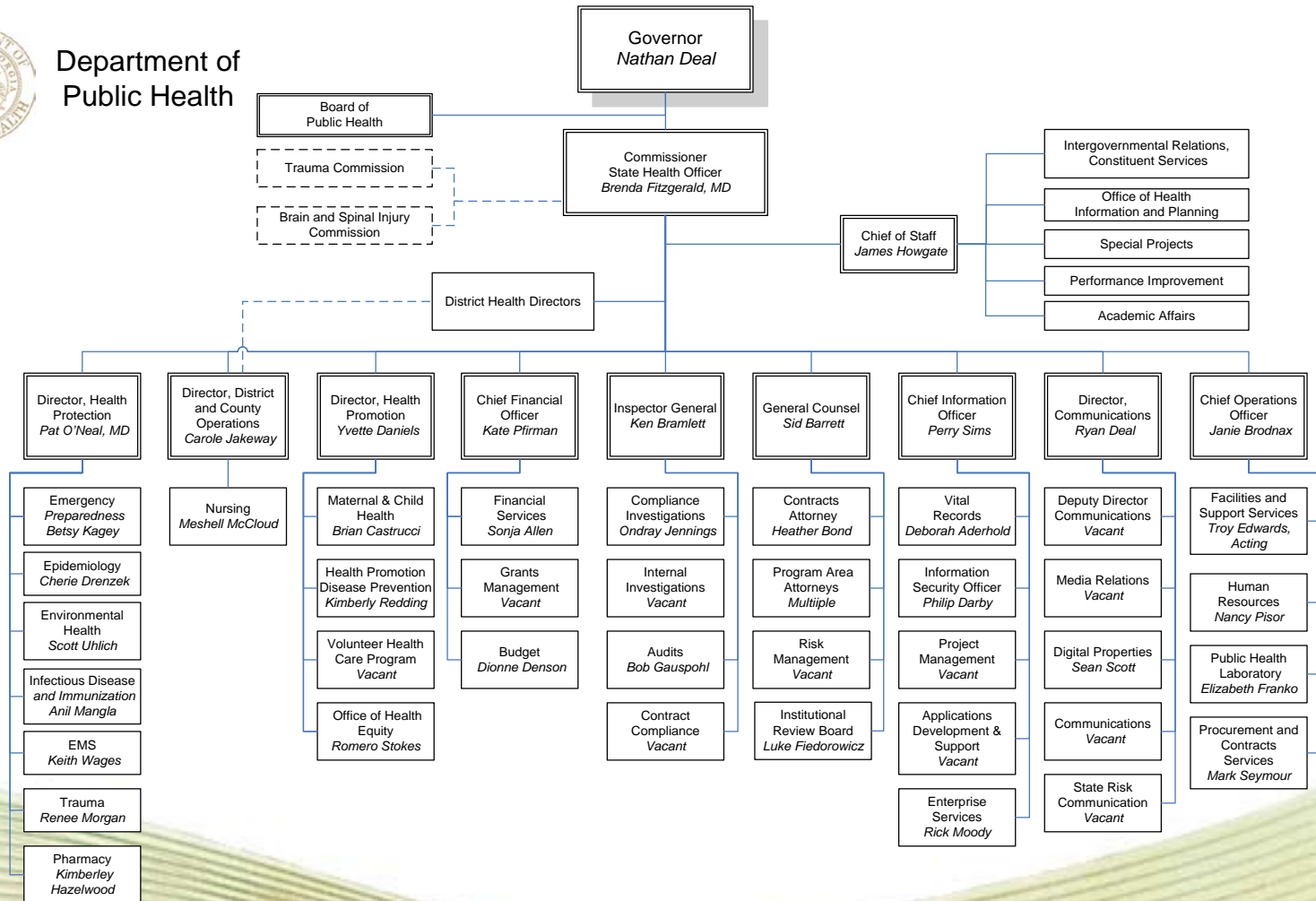
- In 1988 the Institute of Medicine issued a report that described disarray nationally in the public health system. The report made recommendations for *core functions* in public health; assessment, policy development, and service assurances. The report also identified the level of government--federal, state, and local--at which these functions would best be handled.
- These core functions were further developed into the *Ten Essential Public Health Services*, which provide a working definition of public health, describe the public health activities that should be undertaken in all communities and provide a guiding framework for the responsibilities of local public health systems.



Organization



Department of Public Health



Office of the Commissioner

- Board of Health
- Chief of Staff
 - Intergovernmental Relations / Constituent Services
 - Office of Health Indicators for Planning
 - Special Projects
 - Office of Performance Improvement
 - Office of Workforce Development
- Office administration

Division of Health Protection

Administer programs to protect citizens of and visitors to Georgia from health hazards.

5 Programs:

- Emergency Preparedness and Response
- Environmental Health
- Epidemiology
- Infectious Disease and Immunization (IDI)
- Pharmacy



District & County Operations

Districts and Counties:

- Support local public health
- District/County Liaison
- Foster collaboration in policy/planning

Office of Nursing:

- Set standards
- Support workforce
- Provide leadership for Public Health Nursing

Division of Health Promotion

- Maternal & Child Health
- Health Promotion & Disease Prevention
- Volunteer Health Care Program
- Office of Health Equity

Division of Finance

- Budget Office
 - Manages the budget process for Public Health.
- Accounting
 - Pays Invoices, Travel Reimbursements, and Payroll. Records revenue and manages cash and accounts receivable.
- Grants Management
 - Manages Public Health grants from pre-award to closeout.

Office of Inspector General

The Office of Inspector General has the primary responsibility for receiving, processing, investigating, and documentation of complaints of alleged violation of Department policies, procedures, rules or laws by the Department, its employees, or its contractors/vendors and to provide for audits of Departmental programs

- Investigate allegations of violations of Department policies, procedures, rules or laws.
- Provide audits of Departmental programs
- Ensure program integrity
- Provide for proper adjudication of cases by administrative or judicial means
- Background investigations on all new employees

General Counsel

The Office of General Counsel provides legal services to the Board, the Commissioner, and the various programs offered by the Department of Public Health. These services include:

- Legal research and interpretation of state and federal statutes and regulations;
- Review of contracts, advising on ethical matters and employment issues; and,
- Overseeing compliance with laws such as HIPAA and the Georgia Open Records Act.

Office of Information Technology

The DPH Office of Information Technology (OIT) is under the leadership and direction of the DPH Chief Information Officer (CIO). The DPH CIO is the senior executive advisor to the DPH Commissioner on the use of information technology to support DPH strategic objectives. Specifically, OIT:

- Ensures the programmatic and business needs of DPH are met with viable technology solutions
- Ensures DPH technology solutions integrates with other state healthcare service agencies, such as the Department of Community Health and the Department of Human Services
- Manages end-user-computer support through Georgia Enterprise Technology Services (GETS) contract

Division of Communications

- In-house team fosters open, transparent, holistic communication among staff and those we serve
- Coordinates risk communicators and public information officers in 18 districts
- 5 Core Areas:
 - Internal Communications
 - External Communications & Marketing
 - Vendor Management
 - Crisis Mitigation & Emergency Communication
 - Media Relations



Operations Division

- Facilities and Support Services
 - Management of State Owned buildings
 - Fleet Management
 - Asset Management
 - Support Services (ID, Safety, Evacuation, space, etc)
- Human Resources
 - Handles all requests for state office and district state funded positions
 - New Hires (Recruitment, Screening, On-boarding, Orientation)
 - Personnel Actions
 - Employee Relations
- Procurement and Contract Services
 - Purchasing
 - Solicitations
 - Contracts & Agreements
- Public Health Laboratories
 - Decatur
 - Albany
 - Waycross
 - Laboratory services – (i.e., Newborn Screening; Testing for STD, HIV, Tuberculosis)
 - Works with CDC on suspicious packages
- Policies and Procedures



Strategic Plan

- Health Outcomes
 - Obesity
 - Immunizations
 - Infant Mortality
 - Tobacco
- Infrastructure
 - Workforce Development
 - Information Services

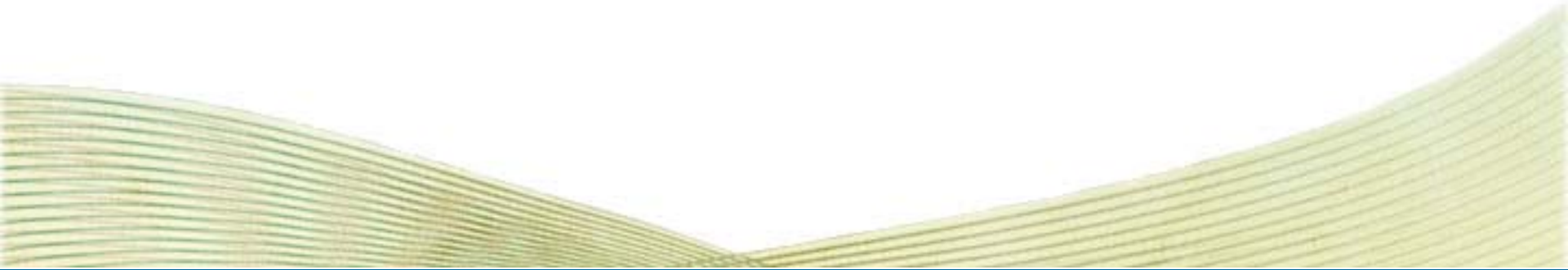


Vision

A Healthy and Safe Georgia

Mission

To prevent disease, injury, and disability, promote health and well being, and prepare for disasters.



Ethics Policy

Sidney R. Barrett, Jr.
General Counsel

Division of Health Protection

Cherie L. Drenzek, DVM, MS
State Epidemiologist

on behalf of

J. Patrick O'Neal, M.D., Director

Overview

- Description of Programs
- Programs in Action
- “Day in the Life”: Program Connectivity



Division of Health Protection

Administer programs to protect citizens of and visitors to Georgia from health hazards.

5 Programs:

- Emergency Preparedness and Response
- Environmental Health
- Epidemiology
- Infectious Disease and Immunization (IDI)
- Pharmacy



Emergency Preparedness and Response

- **Public Health Emergency Preparedness** - Assures the health and well being of individuals and communities in Georgia by preparing for, responding to, and recovering from events of public health significance.
- **Hospital/Healthcare Preparedness** - Provides support and training for hospitals and healthcare systems to deliver coordinated care to victims of public health emergencies.
- **Emergency Medical Services (EMS)** – Regulatory agency for certifying (licensing) EMS personnel and ambulances. Develops standards for pre-hospital triage, transport of patients, and emergency planning.
- **Trauma** – Oversees the designation of the 16 trauma centers in Georgia, monitors their performance, quality improvement, and compliance; participates in Trauma Registry data collection and analysis.



Emergency Preparedness and Response In Action

Receipt of Haitian
Medical Evacuees



Exercising for mass
vaccination, community
reception centers, and
mobile surge units



Providing resources
and guidance during
natural disasters



Dobbins AFB



Waycross Wildfires



Environmental Health

- **Inspects and Permits**

- Food service establishments
- Onsite sewage management systems
- Public swimming pools, tourist accommodations
- Tattoo parlors
- *Tanning Facilities (Registers)*

- **Investigates**

- Foodborne complaints and illnesses
- Waterborne illnesses
- Animal bites
- Residential housing to identify lead hazards
- General environmental health complaints, i.e. smoke-free air



Environmental Health

- **Educates, Trains, and Certifies**
 - Environmental Health Specialists
 - Food service operators
 - Septic tank contractors, soil scientists
 - Swimming pool operators
- **Emergency Preparedness**
 - Shelter inspections
 - Mass feeding facility inspections
 - Monitors water supply operations
 - Monitors sanitary controls for wastewater and solid waste disposal
 - Monitors vector control issues
 - Mass fatality planning under the GA Emergency Response Plan



Taylor County Man Dies Of Rabies Here

A young Reynolds man died of rabies on Oct. 10, 2000 according to a report from the Georgia Department of Human Resources in Atlanta.

George Edward Spivey, 27, S. Collins Street, Reynolds, died at The Medical Center of Central Georgia in Macon. He was initially treated at The Peach County Hospital in Fort Valley on Oct. 3. He was then transferred to Macon on the fifth.

The Department of Human Resources Division of Public Health suspects the man was infected by bats in the house where he was staying. The owner of the house, Katherine

transmission is extremely rare. In fact, the only recorded cases involved corneal transplants. It is possible to transmit the disease through saliva. The last known case of human rabies in Georgia dates back to 1991 in Walker County.

The best way to prevent rabies is to vaccinate pets, keep pets on a leash and call officials to collect stray animals. Several cats were noted around the house last Friday afternoon on S. Collins Street.

Never touch unfamiliar or wild animals. Bats are beneficial animals,

however, it is important to minimize contact between bats and people. It's potentially dangerous if bats live in the same building as people. If a bat is living in your home, call a pest control firm for assistance getting rid of the bats and sealing any entrances and exits to prevent bats from entering the building in the future.

Symptoms of rabies in people include pain or tingling at the site of the bite, hallucinations, fear of water due to spasms in the throat and paralysis. Once these symptoms appear, the disease is invariably fatal.



Environmental Health in Action



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News & Events

News Releases

Nebraska Firm Expands Recall of Beef Products Due To Possible *E. Coli* O157:H7 Contamination

Recall Release
FSIS-RC-029-2008

CLASS I RECALL
HEALTH RISK: HIGH

Congressional and Public Affairs
(202) 720-9113
Laura Reiser

Clarification: This recall affects only certain products produced at the **Nebraska Beef Ltd.** company, located in Omaha. It does not relate, implicate, or otherwise affect beef in the State of Nebraska. Please note this important distinction.

WASHINGTON, Aug 14, 2008 - Nebraska Beef, Ltd., an Omaha, Neb., establishment, is clarifying information from and



Epidemiology

- Assess and monitor the health status of Georgians
- Conduct notifiable disease surveillance
- Conduct outbreak investigations
- Provide data/analyses to inform Infectious Disease, Immunization, Chronic Disease, MCH, and other DPH Programs
- Provide support, resources, and subject matter expertise to District Epidemiologists, local public health, and community partners
- Maintain registries of priority health problems such as stroke, violent deaths, and cancer



Notifiable Disease Surveillance



All Georgia physicians, laboratorians, and other health care providers are required by law to report patients with the following conditions. Both lab-confirmed and clinical diagnosis are reportable within the time interval specified below.

NOTIFIABLE DISEASE / CONDITION REPORTING

Reporting enables appropriate public health follow-up for your patients, helps identify outbreaks, and provides a better understanding of disease trends in Georgia. For the latest information from the Department of Public Health, visit their web site at: www.health.state.ga.us

REPORT IMMEDIATELY	REPORT WITHIN 7 DAYS
<p>To Report Immediately Call District Health Office or 1-866-PUB-HEALTH (1-866-782-4104)</p> <p>any cluster of illnesses animal bites</p> <p>► anthrax</p> <p>all acute arboviral infections: -Eastern Equine Encephalitis (EEE) -LaCrosse Encephalitis (LAC) -St. Louis Encephalitis (SLE) -West Nile Virus (WNV)</p> <p>► botulism</p> <p>► brucellosis</p> <p>► cholera</p> <p>diphtheria <i>E. coli</i> O157</p> <p><i>Haemophilus influenzae</i> (invasive)*</p> <p>hantavirus pulmonary syndrome</p> <p>hemolytic uremic syndrome (HUS)</p> <p>hepatitis A (acute)</p> <p>measles (rubeola)</p> <p>meningitis (specify agent)</p> <p>meningococcal disease</p> <p>novel influenza A virus infections</p> <p>pertussis</p> <p>► plague</p> <p>poliomyelitis</p> <p>► Q fever</p> <p>rabies (human & animal)</p> <p>severe acute respiratory syndrome (SARS)</p> <p>shiga toxin positive tests</p> <p><i>S. aureus</i> with vancomycin MIC $\geq 4\mu\text{g/ml}$</p> <p>► smallpox</p> <p>syphilis (congenital & adult)</p> <p>tuberculosis</p> <p>latent TB infection in children <5 years old</p> <p>► tularemia</p> <p>► viral hemorrhagic fevers</p> <p>► Potential agent of bioterrorism: * Invasive - isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid.</p>	<p>To Report Within 7 Days Report cases electronically through the State Electronic Notifiable Disease Surveillance System at http://www.eandb.ga.gov (SEE REPORTING FOOTNOTES BELOW)</p> <p>AIDS aseptic meningitis blood lead level (all) campylobacteriosis chancroid <i>Chlamydia trachomatis</i> (genital infection) Creutzfeldt-Jakob Disease (CJD), suspected cases, under age 55 cryptosporidiosis cyclosporiasis whitishosis giardiasis gonorrhea</p> <p>HEP hearing impairment† (permanent, under age 5) hepatitis B acute hepatitis B newly identified HBsAg+ carriers** HBsAg+ pregnant women hepatitis C virus infection (past or present) influenza-associated death (all ages) legionellosis</p> <p>leptospirosis Esteriosis*** leprosy or Hansen's disease (<i>Mycobacterium leprae</i>) Lyme disease lymphogranuloma venereum malaria maternal death†† methicillin-resistant <i>S. aureus</i> (community-associated) mumps psittacosis Rocky Mountain spotted fever rubella (including congenital) salmonellosis shigellosis strepptococcal disease, Group A or B (invasive)* Streptococcus pneumoniae (invasive)* - report with antibiotic-resistance information tetanus toxic shock syndrome toxoplasmosis typhoid Varicella (Chickenpox) Vibrio infections yersiniosis</p> <p>* Invasive - isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid. HBsAg+ - hepatitis B surface antigen positive. ** I. immunoglobulin isolated from blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid, or other normally sterile site, or from placenta or products of conception in conjunction with fetal death or stillbirth, infant mortality is reportable to Vital Records. † Resulting in severe illness or death.</p> <p>REPORTING INFORMATION † Report forms and reporting information for HIV/AIDS available by telephone (1-800-827-9158). Call at http://health.state.ga.us/epi/hiv/aidsreportinginformation.asp. For mailing HIV/AIDS reports, please use double envelopes marked "confidential", addressed to Georgia Division of Public Health (epidemiology section, 1150 Lake Street, Atlanta, GA 30331). † Report forms and reporting information for hearing impairment available at http://health.state.ga.us/programs/urh/hipreporting.asp</p> <p>REPORT WITHIN 1 MONTH birth defects (under age 4) maternal deaths during pregnancy or within 1 year of delivery Report forms and reporting information for birth defects and maternal deaths available at http://health.state.ga.us/epi/birthdefectsreporting.asp</p> <p>REPORT WITHIN 6 MONTHS Swine flu and Central nervous system tumors cancer Report forms and reporting information for tumors and cancer found at http://health.state.ga.us/programs/tc/cancerreporting.asp</p>

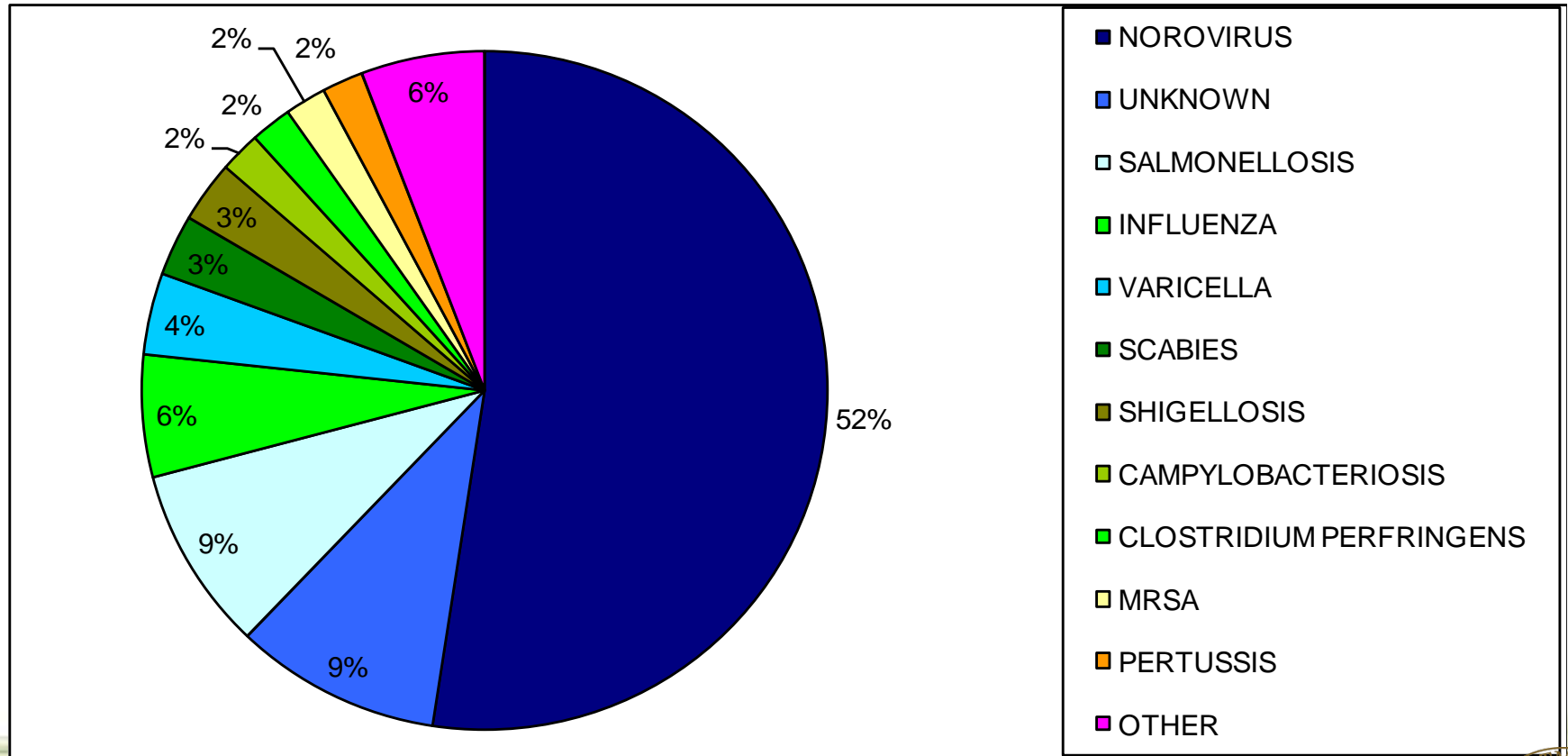
(Rev 07-14-15)

- It's the law!
- >70 conditions
- Any cluster of illness
- Immediately, within 7 days, within 1 month, within 6 months
- Phone, fax, mail, or electronic (web)

<http://health.state.ga.us/pdfs/epi/notifiable/ND%20Reporting%20Poster.pdf>



Etiologies of Georgia Outbreaks, 2010 (n=103)



Infectious Disease and Immunization (IDI)

Reduce the spread of infectious diseases through prevention, care, testing, screening, and surveillance

- HIV/AIDS Program
- Immunization Program
- Refugee Health Program
- STD Program
- Tuberculosis Program



Georgia Immunization Program

Ensures that our population is protected from vaccine-preventable diseases

1. Vaccines for Children Program (VFC)

Provides public-purchased vaccine (VFC, 317, or other federal funds) for eligible children at no charge to VFC-enrolled public and private providers

2. Georgia Registry of Immunization Transactions and Services (GRITS)

Database that collects and maintains accurate and current vaccination records to promote disease prevention and control

3. Education and Training Program

Provide education about vaccine-preventable diseases to healthcare providers and consumers

4. Special Populations Program

Targets adult and adolescent populations

5. Assessment-Feedback-Incentive-eXchange (AFIX)

Quality improvement strategy to raise immunization coverage levels and improve standards of practices at the provider level



Georgia Immunization Program in Action

GEORGIA IMMUNIZATION STUDY 2008 Final Report



Conduct a population-based survey of immunization coverage among 2-year-old children living in Georgia

2011-2012 School Based Flu Immunization Project: 16 participating Districts (99 counties). School vaccine clinics will be held October 1, 2011 to March 31, 2012 and will target children 6 months to 18 years of age.

GRITS
Georgia Registry of Immunization
Transactions and Services



Refugee Health Program

The purpose of the Refugee Health Program is to promote and facilitate the physical, mental, and social well-being of all newly-arriving refugees in the state of Georgia.

- **Overview**

- Federally-mandated program under the Refugee Act of 1980
- Georgia is one of the top 10 states for refugee resettlement
- 96% of refugees reside in metro Atlanta (92% resettle in DeKalb County)
- Ensures that refugees receive adequate healthcare not provided in their native country
- Screening refugees within 30 days of their arrival reduces risk of contagious disease spread



Tuberculosis (TB) Program

Mission:

- Control transmission, prevent illness, and ensure treatment of TB disease

Accomplished by:

- Identifying and treating persons with active TB disease
- Finding and evaluating persons exposed to TB
- Treating persons found to be infected with TB (latent TB infection/LTBI)

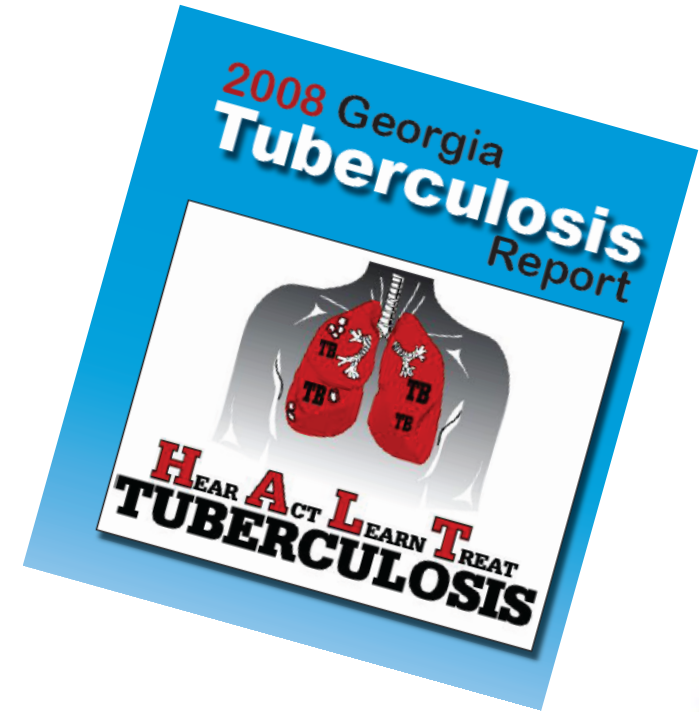
Responsibilities:

- Legal responsibility for all TB clients in Georgia (regardless of direct service provider)
- Services provided statewide in Health Districts and County Health Departments (at no charge to TB suspects, TB cases, and contacts to cases)



TB Program in Action

1. Investigated a cluster of tuberculin skin test (TST) conversions among six persons who had stayed at substance abuse facility in DeKalb County during April-June (exposed to a TB case there?)
2. Conducted investigation of a TB case in a high school in metro Atlanta, including notification, evaluating exposures via skin test, and clinical follow up.



STD Program

Mission: To provide technical assistance and programmatic support to Public Health Districts and community-based organizations to prevent sexually-transmitted infections and ensuring the availability of quality prevention, intervention, and treatment.

Georgia ranks...

- 2nd for primary and secondary syphilis rates
- 10th for gonorrhea rates
- 11th for congenital syphilis rates
- 20th for *Chlamydia* infection rates

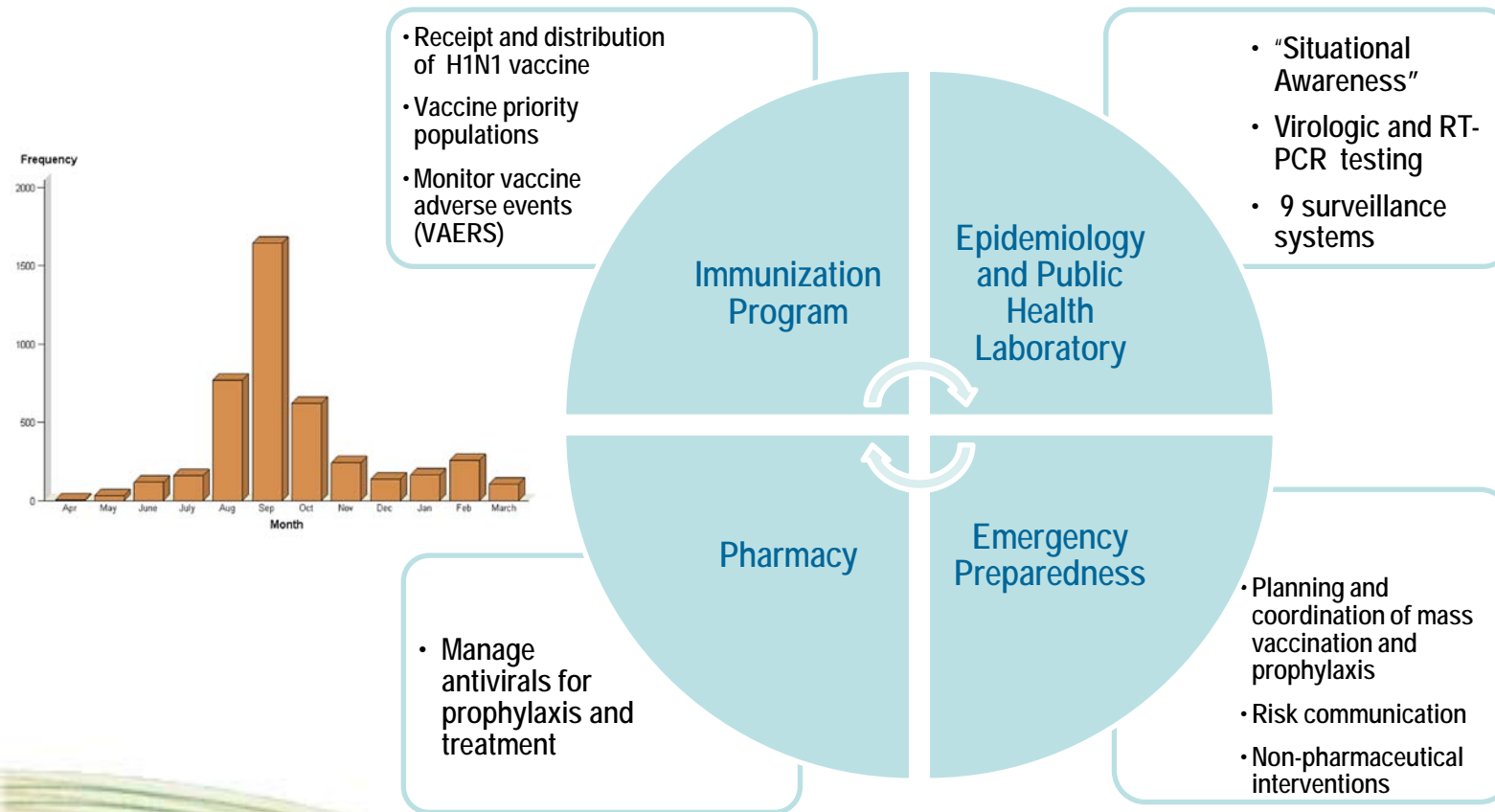


HIV/AIDS Program

- Administers the federal Ryan White Comprehensive AIDS Resources Emergency Act, which funds primary health care and support services for PLWHA that enhance access to and retention in care.
- Manages the Georgia AIDS Drug Assistance Program (ADAP) and Health Insurance Continuation Program (HICP)
- Administers CDC HIV grants which fund health education/risk reduction efforts, HIV screening, and perinatal HIV prevention efforts.
- Conducted 126,732 HIV screenings and 92,991 patient care visits in 2010.



“A Day in the Life”: H1N1 Pandemic Influenza Response, 2009-10

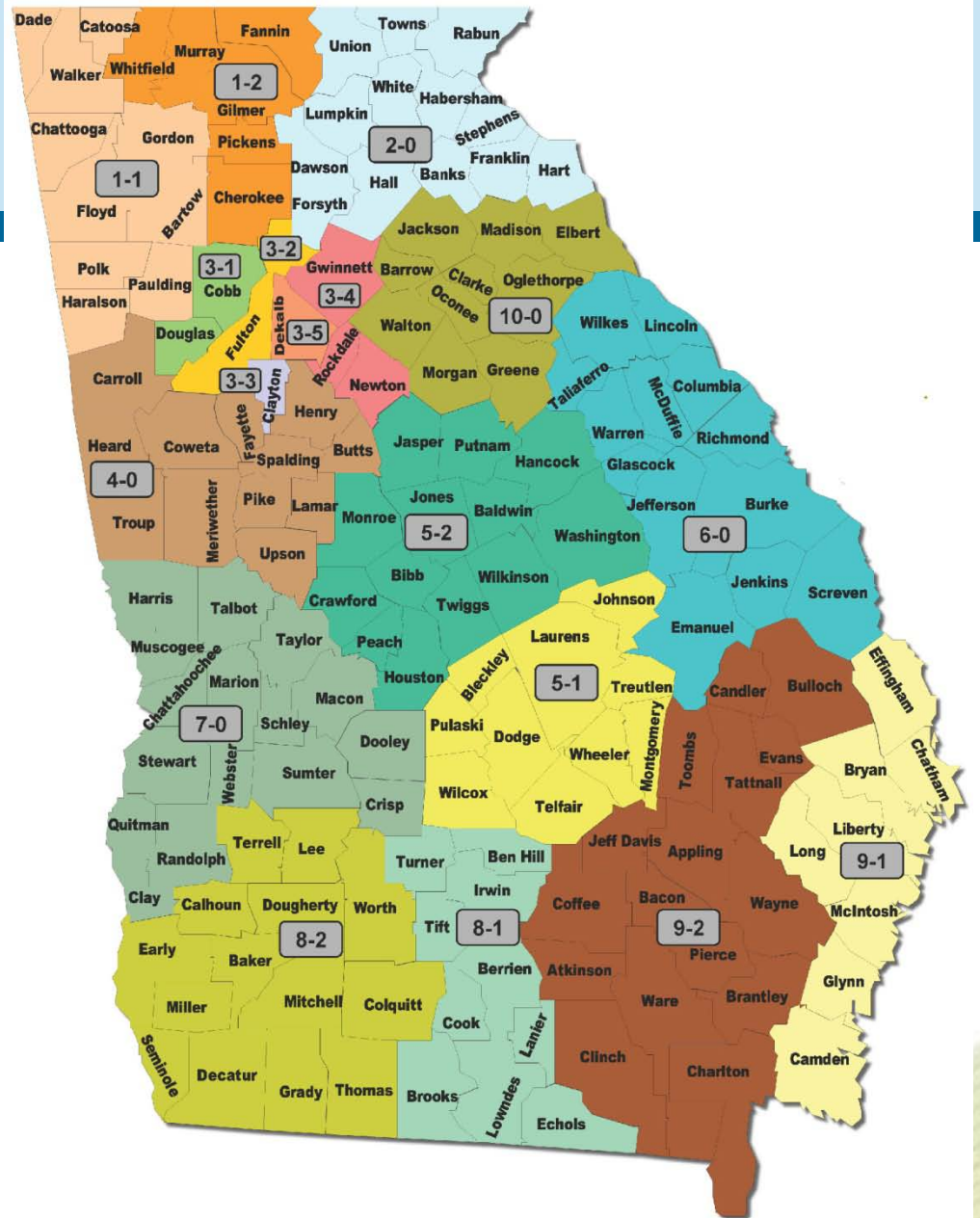


District & County Operations

Carole C. Jakeway, RN, MPH
Director

Georgia Public Health

- 159 County Health Depts.
- 159 County Boards of Health
- 18 Public Health Districts
- 18 District Health Directors
- 1 State Office: **Multiple** Programs
- 1 Department: 1 Commissioner
- 1 Board of Public Health



Roles of County, District and State

- **County:** provide direct services (e.g., STD treatment, HIV screening and care, immunizations, restaurant inspections, emergency response activities, youth development programs, community education)
- **District:** provide administrative infrastructure (e.g., future direction, data analysis, personnel, billing, planning, technical assistance to counties) and district-wide services (e.g., epidemiological investigations, TB Management and emergency response activities)
- **State:** provide technical assistance, allocate funds, oversee programs, liaison to grant funding sources

Role of the District Health Director

- Serve as County Health Officer
- Serve as Medical Director - CBOH clinical services
- Manage the district/county resources - as CEO
- Supervise all county health department staff
- Serve as liaison between the CBOH and Department of Public Health (DPH)
- Report to DPH Commissioner

County Board of Health Members: 7

- Elected member of county governing authority
- Elected member of largest municipality
- School superintendent or designee
- Physician
- 3 Consumers

Duties of County Board of Health

- Assess health needs and resources of the county (through research and data collection, analysis, and evaluation)
- Develop programs/activities to meet county's health needs
- Secure compliance with rules and regulations
- Enforce health laws
- Build coalitions/collaborate with health providers
- Approve annual county budget
- Recommend Environmental Health fees to Commission

Funding Sources for County Board of Health

- Local county funds
- Non-programmatic state funds (GGIA)
- Programmatic state funds (PGIA)
- Fees earned
- Other--Grants, donations

Public Health Staff: Vital Resource in Serving the Community



Public Health Workforce

- County Board of Health : 5540 (85%)
- Districts: 204 (3%)
- State Office: 779 (12%)
- **Total: 6523**

Public Health Workforce Challenges and Opportunities

Challenges:

- Non-competitive Salaries
- Lack Career Tracks
- High turnover and vacancy
- Training Needs

Opportunities:

- New hiring policies & salary guidelines
- New career tracks for environmentalists, nurses, epidemiologists, laboratory personnel, nutritionists
- Collaboration with Emory and UGA Training Centers

District and County Operations Created

- July 1, 2009
- Purpose: Support public health at local level
- Liaison role includes:
 - Identify local public health issues
 - Advocate for District and County public health needs
 - Foster collaboration in policy/planning

District Health Director Council

- Purpose: provide a forum to address Public Health issues that impact Districts statewide
- Monthly conference calls
- 5-6 DHDs serve a 6-month term

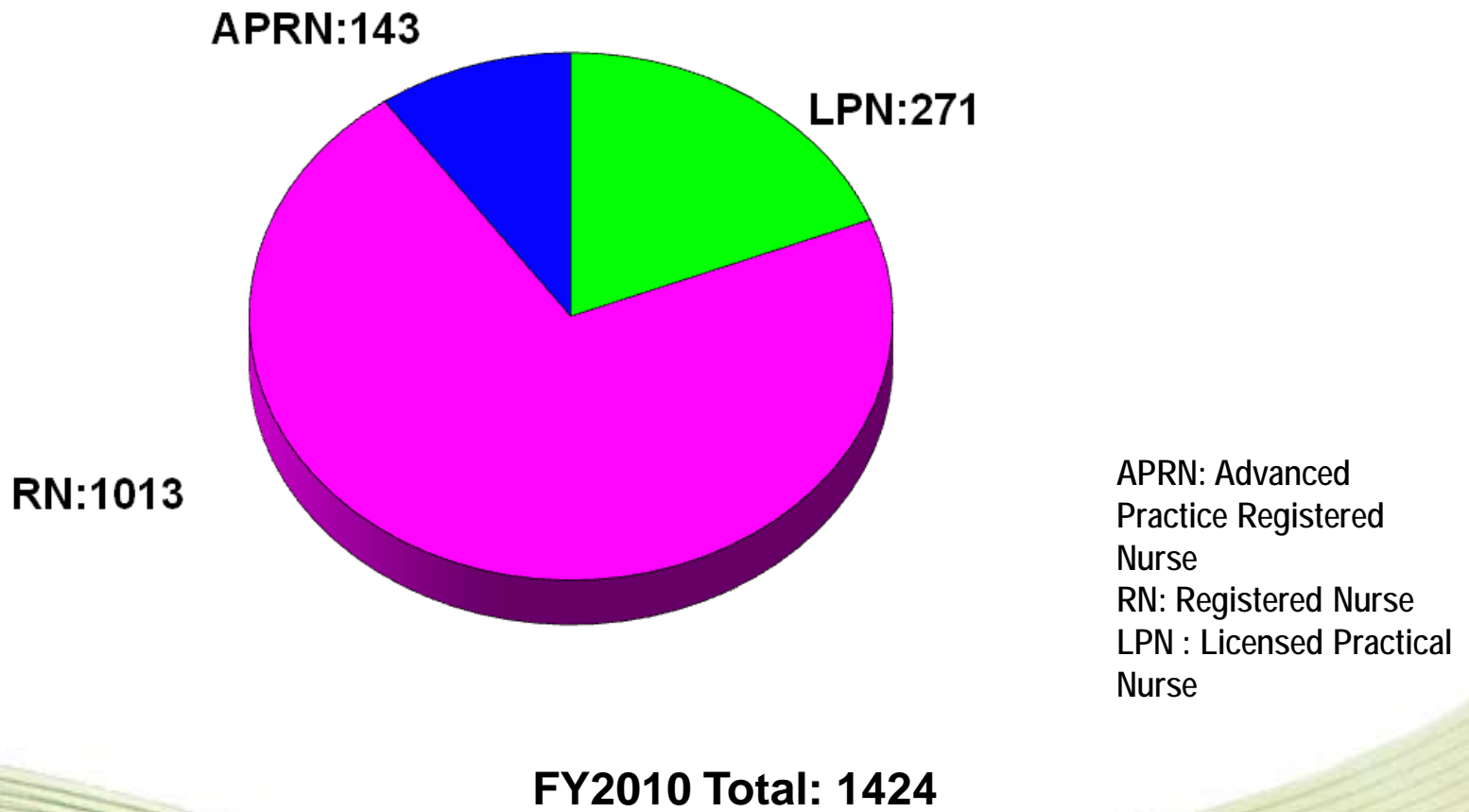
New General Grant-In-Aid Formula Implementation

- DHD Taskforce focused on implementation issues
- Implementation Plan approved by DHDs
- Implementation Procedures developed
- Evaluation plans being developed in collaboration with University of Georgia College of Public Health

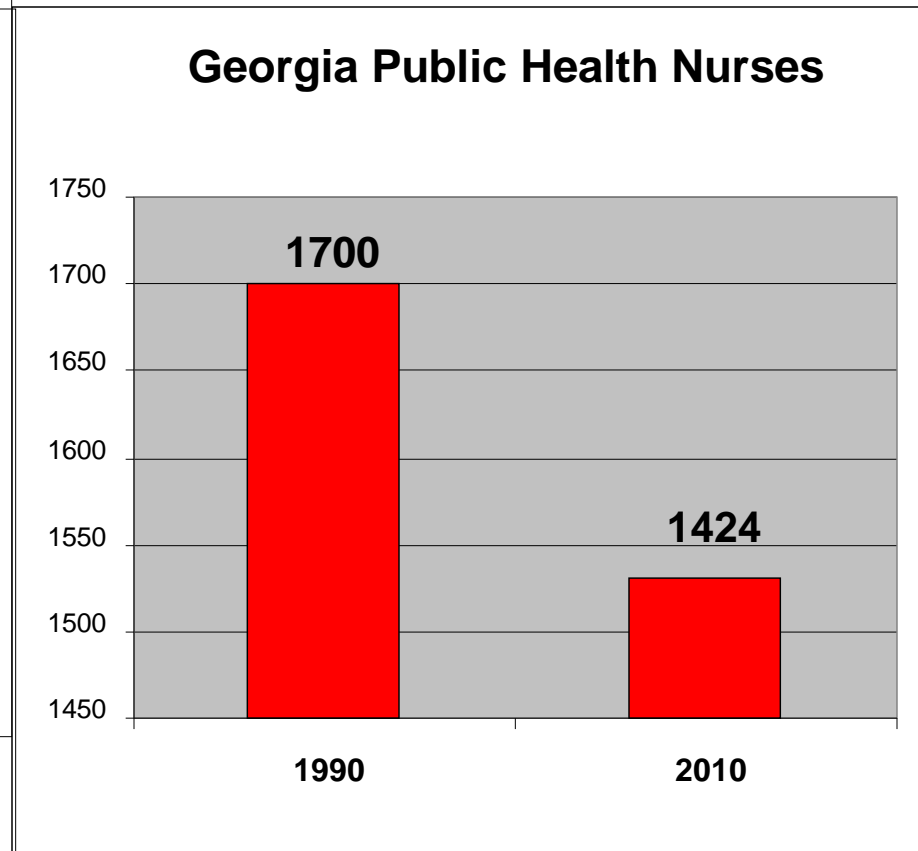
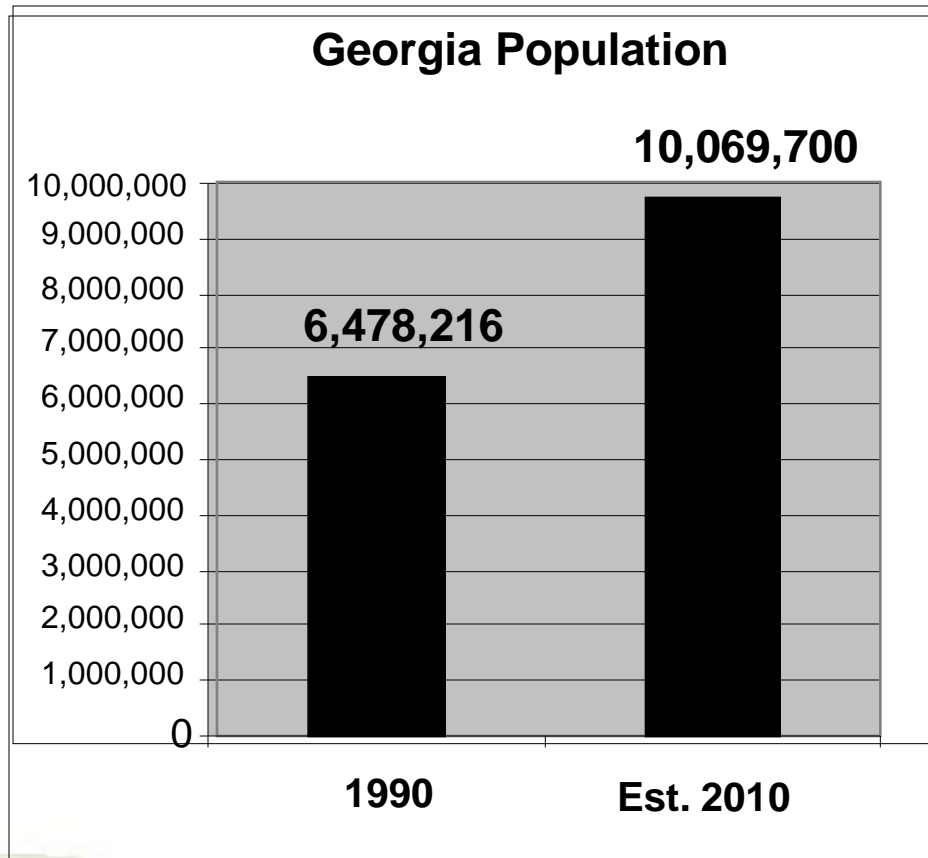
Office of Nursing

- The Office of Nursing develops standards, products and tools that are used by Counties, Districts and State Office. Examples include:
 - Nurse Protocols
 - Health Assessment Training
 - Quality Assurance/Quality Improvement
 - Emergency Preparedness and Response

GA Public Health Nursing Workforce



Georgia's Population Grows While Public Health Nursing Workforce Falls





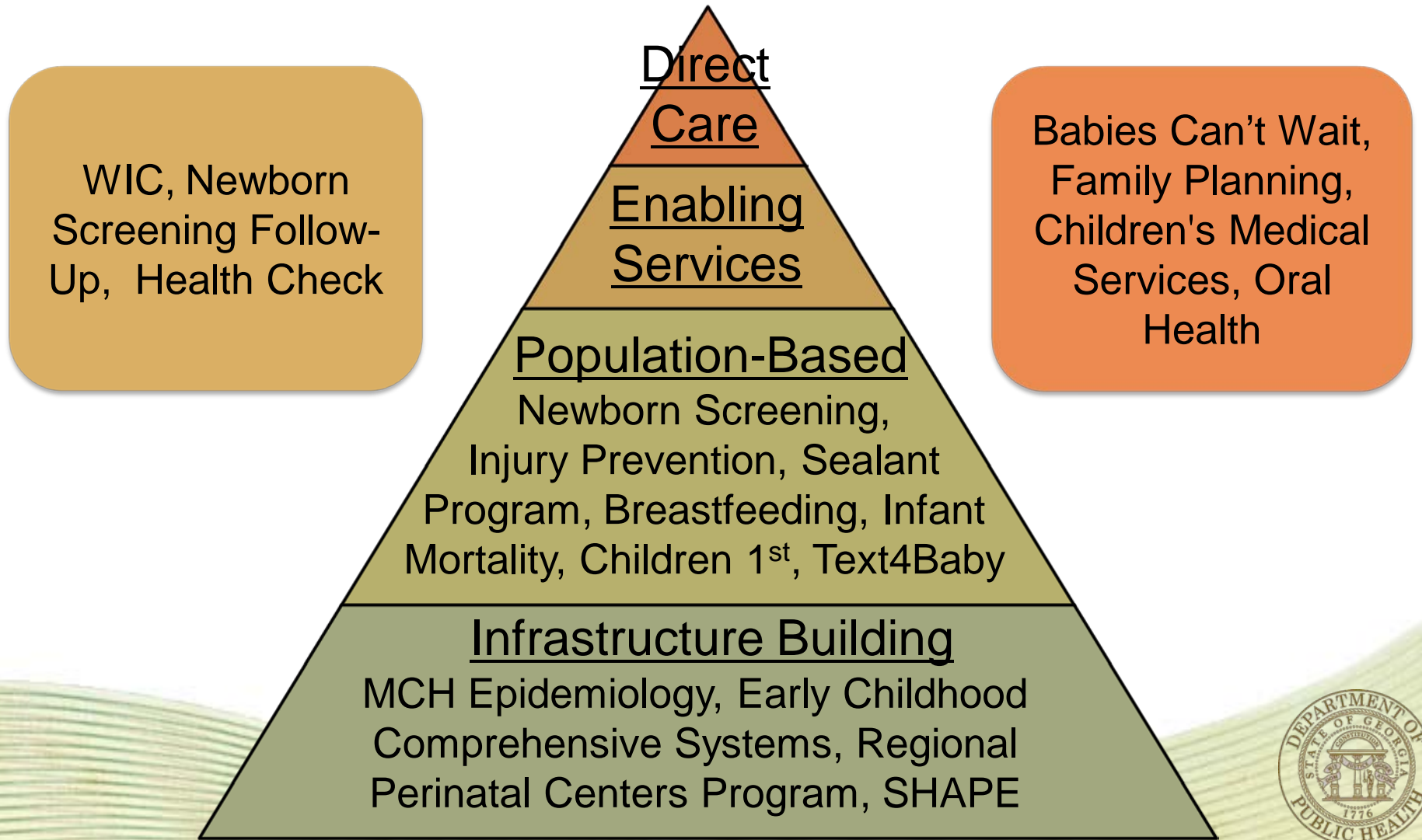
Division of Health Promotion

Yvette Daniels, J.D.

Director



Maternal and Child Health Functions and Programs



Health Promotion & Disease Prevention

- 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.
- Activities to prevent primary sexual violence.
- Technical assistance to worksites on the development and implementation of worksite wellness policies and practices.

Office of Health Equity

- Responsible for developing and implementing initiatives that address health inequities in Georgia.
- Builds statewide capacity in cultural competency, health equity literacy and collaborative development at the community level.
- Partnerships formed with federal, state and county health offices, local, regional and national nonprofit organizations to build this statewide capacity.

Georgia Volunteer Health Care Program

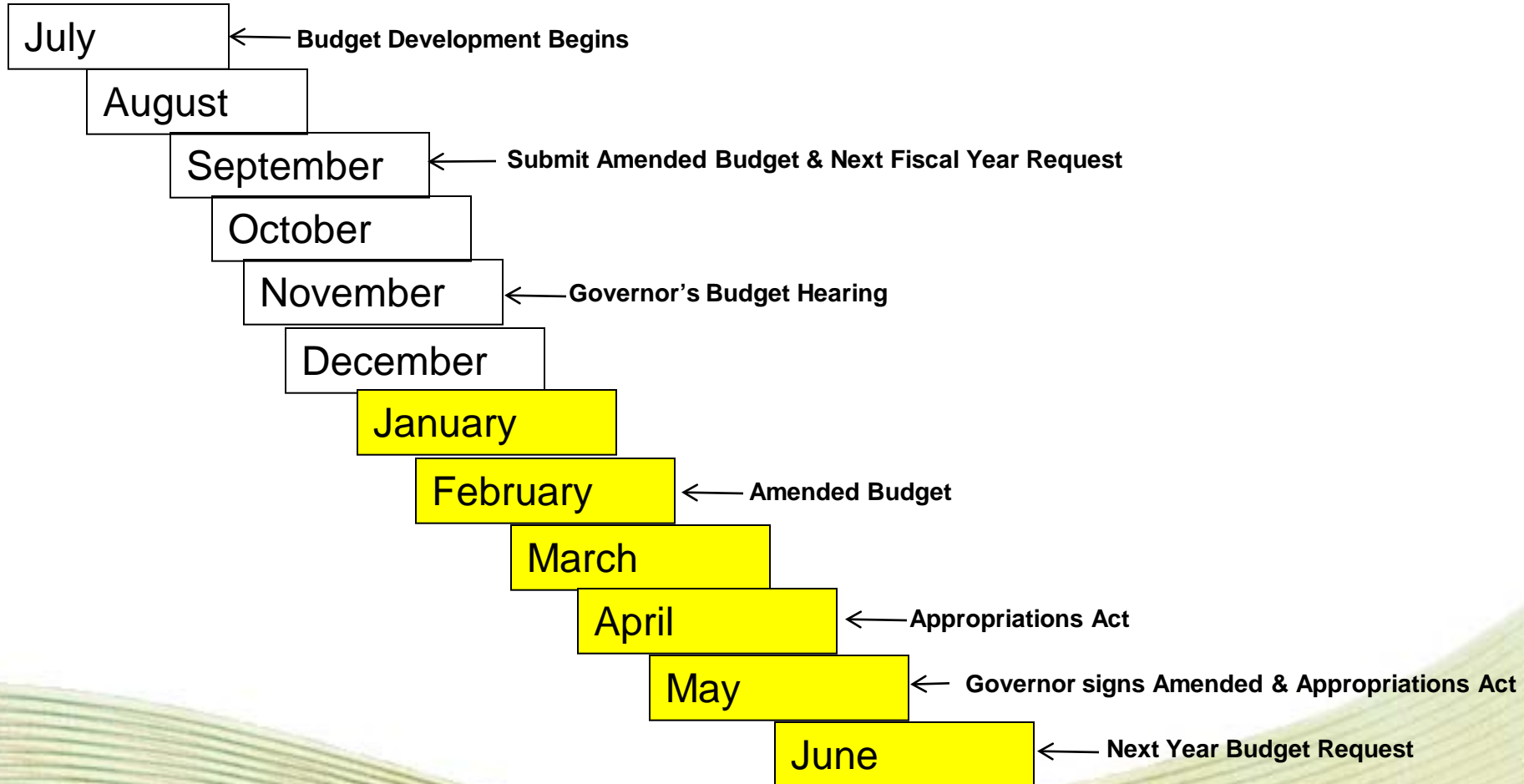
- The “Healthshare Volunteers in Medicine Act” was created in 2005 under House Bill 1224
- The Mission: to provide sovereign immunity protection to health care professionals donating medical and dental services to eligible clients.
- Program Goals
 - to increase access to quality health and dental care
 - to encourage volunteerism



Division of Finance

Kate Pfirman
Chief Financial Officer

BUDGET CYCLE

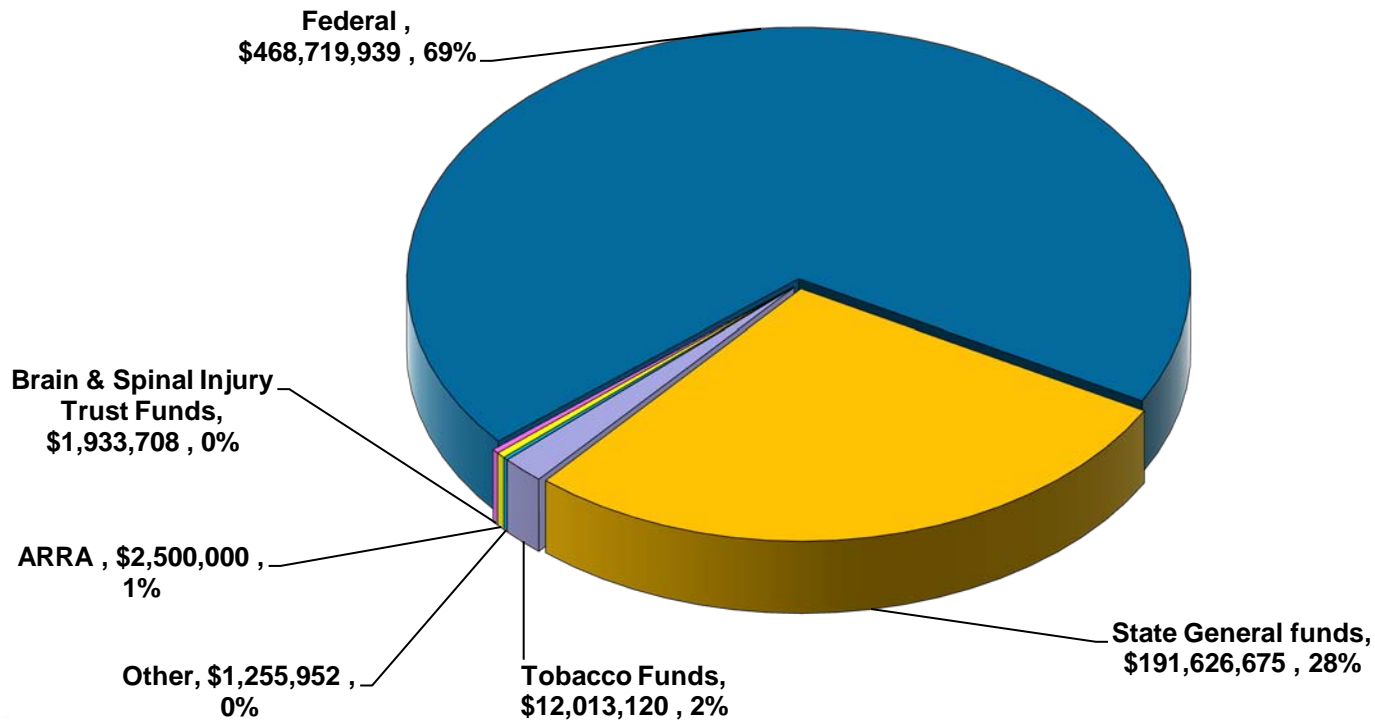


PROGRAM BASED BUDGETING

- Beginning with the FY2005 budget, Governor Perdue instituted Prioritized Program Based Budgeting (PPB)
- Prioritized Program Based Budgeting appropriates funds by program and fund source
- Definitions:
 - **Program**- a discrete set of activities undertaken to carry out an agency's core business
 - **Budget**-complete financial plan for the fiscal year as proposed in the budget report and modified and adopted by appropriation and revenue Acts.

DPH FY 2012 Total Funds Budget

Total Funds=\$678,049,394

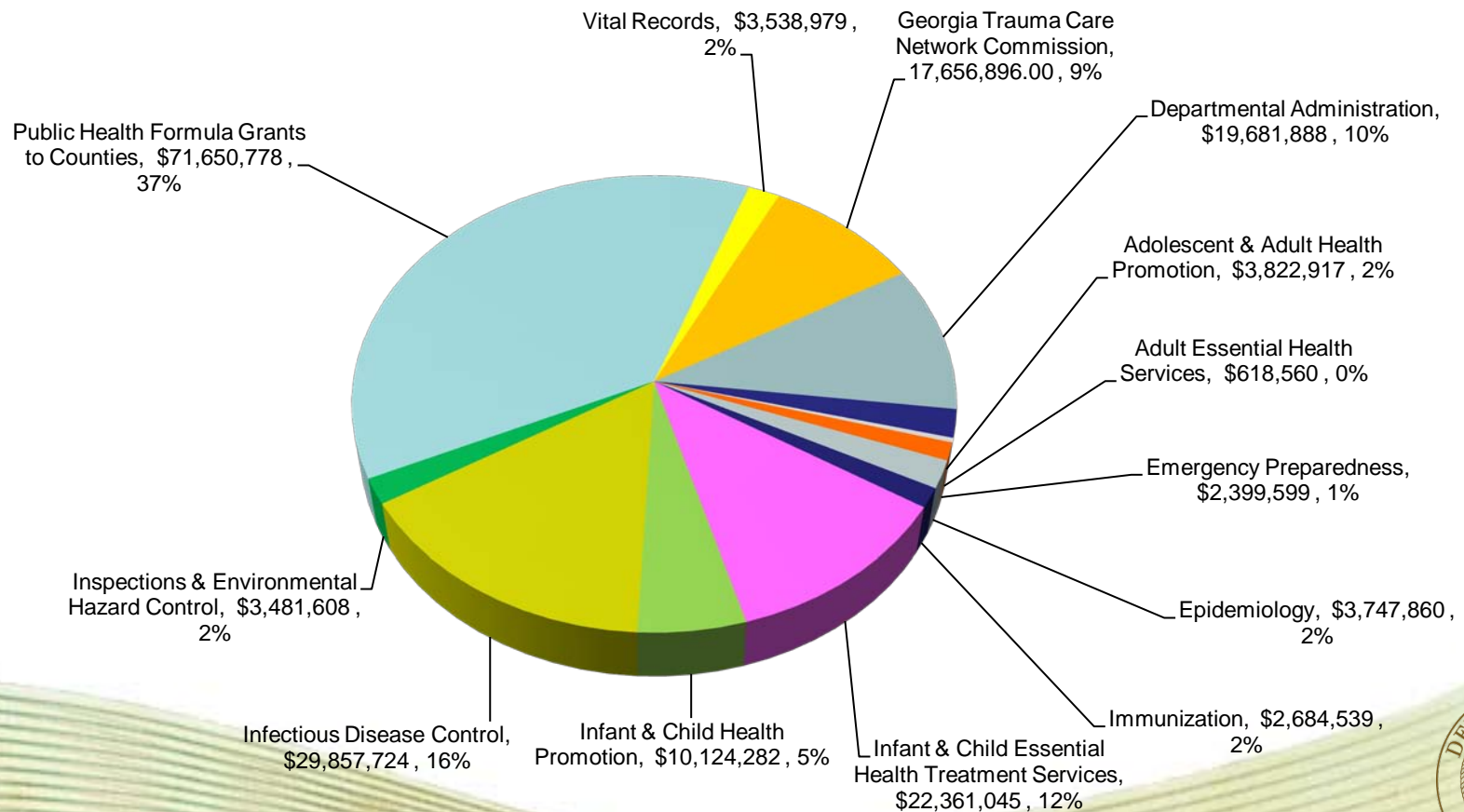


State funds includes Trauma Commission

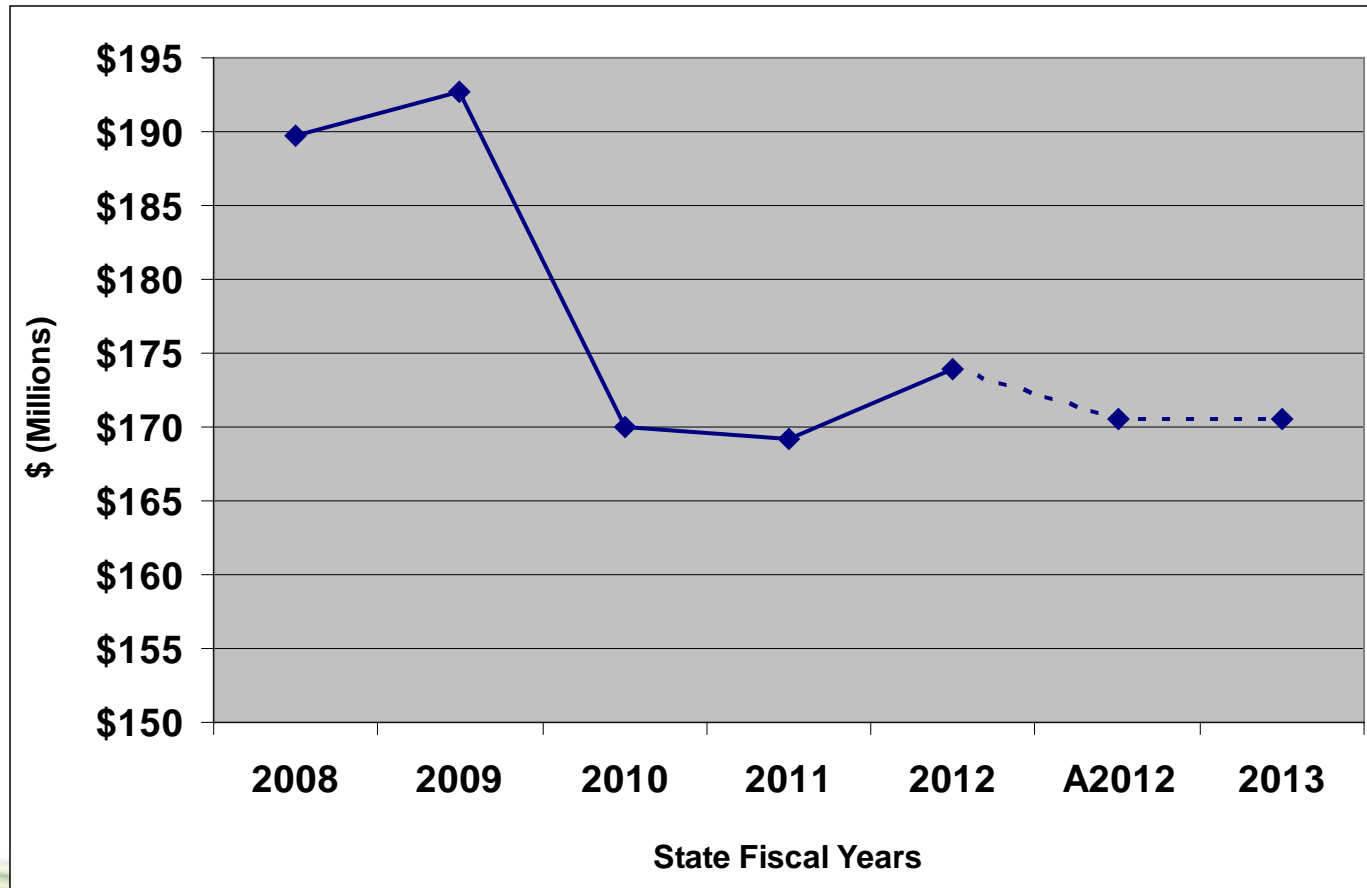


DPH FY 2012 State Funds Budget

Total State Funds=\$191,626,675



DPH FY 2008-2013 State Funds



Budget Instructions

- Governor's Office of Planning and Budget requested reductions of 2% of funds in AFY12 and FY13
- For Department of Public Health, this amounted to \$3.47 M.



Amended FY2012 Request

Reductions:

- Eliminate SHAPP Program as of November 30, 2011 -\$384,000
- Eliminate Adult Immunizations (Prison Population) -\$122,000
- Eliminate Auditory Verbal Contract-\$137,500
- Reduce Hemophilia Contract-\$349,000
- Reduce Personal Services funding for Epidemiology-\$183,000
- Reduce Regional Tertiary Care Contracts-\$150,000
- Reduce Children's 1st-\$150,000
- Reduce Family Planning funds-\$80,000



Amended FY2012 Request

Funding Reallocations:

- Reduce State funds in Children's 1st-\$1,000,000
 - Utilize TANF funding
- Reduce State funds for Vital Records -\$923,896
 - Utilize federal revenue contract funding



Amended FY2012 Request

- Enhancement Request-State General Funds
 - \$1,300,000 GIA
 - 1st year hold harmless
 - \$467,000 Laboratory HIV/Syphilis Testing



FY2013 Request

Reductions:

- Eliminate SHAPP Program-\$611,737
- Eliminate Adult Immunizations (Prison Population) -\$186,826
- Eliminate Auditory Verbal Contract-\$137,500
- Eliminate Hemophilia Contract-\$698,000
- Reduce Personal Service funding for Epidemiology-\$91,844
- Reduce Regional Tertiary Center Contracts-\$200,000
- Reduce Children's 1st-\$200,000
- Reduce Personal Services for Tuberculosis- \$70,000
- Reduce Personal Services for Emergency Preparedness-\$80,000
- Reduce Personal Services for Cancer State Aid- \$6,823
- Reduce Personal Services for Tobacco Youth Prevention-\$339
- Reduce Personal Services for Perinatal /Maternal Health-\$9,619



FY2013 Request

Funding Reallocations:

- Reduce State funds in Children's 1st-\$1,000,000
 - Utilize TANF funding
- Reduce State funds for Adolescent and Youth Development-\$106,708
 - Utilize TANF funding



FY2013 Request

- **Enhancement Request-State General Funds**
 - \$660,000 Laboratory HIV/Syphilis Testing
- **General Obligation (G.O) Bond Request**
 - \$500,000 Facilities Repair



Grant-In-Aid

- First used in 1967
- Frozen in 1970

Formula Elements:

- Tax base (50%)

$$\frac{(\text{County Population}^2 / \text{County Tax Digest})}{(\text{Georgia Population}^2 / \text{GA Gross Digest})}$$

- Population (50%)

$$(\text{County Population} / \text{Georgia Population})$$

- Match

$$\frac{(\text{County Tax digest} / \text{County Population}) \times \text{State Allotment}}{(\text{State Tax digest} / \text{State Population})}$$



Grant-In-Aid

- **Population Share (40%)**

- Measures % of county population compared to the overall state population.

- **Poverty Share (40%)**

- Measures per-person risk (but actual number of people might be low). e.g. Quitman county: low number of people in poverty compared to total number of people in poverty statewide.

- **Poverty Rate (20%)**

- Measures number of people in poverty in a county, out of all people in poverty in that county. e.g. Quitman– high poverty rate, small population.



GGIA-UGA Evaluation

- Evaluate effects of the new GGIA funding formula on public health infrastructure
 - Conduct an analysis of the public health infrastructure within all 159 counties to serve as a baseline measurement
- Evaluate the changes in public health infrastructure 12-months following implementation of the new funding allocation
- Assess the impact of GGIA funding changes on “peer” counties



GGIA-Implementation Plan

- Gradual Phase-In for All Counties
 - October 2011
 - Increase 15%; Decrease 15%
 - For 7 years
- Amended FY2012 Request -\$1.3M for first year hold harmless



Human Resources

Nancy Pisor
Director