

Georgia Department of Human Resources

DIVISION OF PUBLIC HEALTH

The Division of Public Health (DPH) is responsible for disease control and prevention, the reduction of avoidable injury-related deaths and disabilities, and the promotion of healthy lifestyles. The three basic functions of public health include assessing the health status of the population; assuring that people have the resources and skills necessary to remain healthy; and establishing and implementing sound public health policy.

A staff of approximately 6,800 state and county public health employees, located in the state office, 19 health districts and 159 county health departments, administer services that promote the health and well-being of the whole community. County public health departments also offer direct healthcare to low-income people and people in underserved areas of the state, and work with private medical providers to assure that these groups receive needed care.

The division's adjusted budget appropriation for fiscal year 2002 was \$361 million, which included \$170 million in state funds. For FY 2003 the budget is \$346 million, including \$175 million in state funds.

Assessing Georgians' health status

DPH regularly collects, analyzes and shares information about health conditions, risks and resources in Georgia communities, so that decision makers can create sound public health policies. A wide range of disease occurrence and prevention information is available to the public as well as to medical professionals and researchers through the Internet at www.health.state.ga.us.

The **Office of Health Information and Policy (OHIP)** maintains the division's web site, receives data and produces health information. OHIP is combining hospital discharge data, vital records, and other health data to provide information for decision-makers from county boards of health to state agencies. In 2002 OHIP created a data-reporting tool as part of a one-stop shop for public health information, the Online Analytical Statistical Information System (OASIS).

Reports published by DPH show the pattern and causes of chronic disease in Georgia and suggest interventions. For example:

- The *Georgia Arthritis Report 2002*, written by DPH in collaboration with the Georgia chapter of the Arthritis Foundation, shows that arthritis is the leading cause of disability in the state, affecting one of every three adult Georgians. Most of these people do not know their condition and are not under a physician's care.

- The *Georgia Physical Activity Report 2001* by DPH and the American Heart Association describes the pattern of physical activity in Georgia and strategies for making it easier for people to be active.

- The *Georgia Childhood Cancer Report 2002* provides a detailed picture of childhood cancer in Georgia, containing information on childhood cancer incidence, cancer deaths, risk factors and prevention.

- The *2001 Georgia Youth Tobacco Survey Summary Report* summarizes information on the prevalence of tobacco use among youth; tobacco-related knowledge and attitudes of youth and their parents; the role of media and advertising in youth's use of tobacco; minors' access to tobacco products; tobacco-related school curriculum; environmental tobacco smoke; and cessation of tobacco use.

- The *Georgia 2002 Cardiovascular Disease Report*, produced jointly with the American Heart Association, indicates trends in cardiovascular disease and stroke.

The **Epidemiology Branch** in the state office tracks mortality and morbidity patterns and health-related events and behavior of Georgia residents. With the advent of the State Electronic Notifiable Disease Surveillance System, a web-based system for reporting, disease surveillance is becoming easier and more rapid, accurate and useful, while protecting privacy and confidentiality. Additional resources from anti-bioterrorism efforts have further enhanced Public Health's capacity to detect and respond to unusual clusters of disease.

The branch oversees special surveys that are used by public and private groups to encourage individual behavior changes and guide overall health policy. The **Behavior Risk Factor Surveillance System** surveys Georgians annually about issues such as tobacco and alcohol use, seatbelt use, and exercise. The **Pregnancy Risk Assessment Monitoring System** collects information from women about prenatal care and their health-related behavior before and during pregnancy and after delivery. The **Cancer Registry** collects information on new cases of cancer.

In FY 2002, a total of 52 disease outbreaks were reported to the branch. Twelve outbreaks were caused by Norwalk-like virus (NLV). The largest outbreak of NLV affected 94 people at a high school. Bacterial outbreaks included *Salmonella muenchen* (one), *E. coli O157:H7* (two), *Staphylococcus aureus* (two), *Clostridium perfringens* (two), Group A Streptococcus (one), and *Shigella* (one). Several outbreaks occurred in detention centers, including Methicillin-resistant *Staphylococcus aureus* skin infection outbreaks transmitted among inmates (three), and an *E. coli O157:H7* outbreak with 35 cases. Other outbreaks included non-pneumonic legionellosis from a private hot tub (one), Influenza B (one), chicken pox (two), *Mycobacterium gordonae* (one), Hepatitis A (one), and carbon monoxide (one).

In 2001, the **Vital Records Branch** of DPH registered more than 350,000 births, deaths, marriages and divorces and over 52,000 other documents. Over 550,000 copies of records were made for customers and researchers.

The **Public Health Laboratory** plays a major role in detecting and controlling infectious diseases and environmental health threats. It also screens for metabolic diseases and blood disorders in newborns. The laboratory consists of a central facility in Decatur and regional laboratories in Albany and Waycross. The staff processed nearly 750,000 specimens and performed almost 2.4 million tests in FY 2002. During fall 2001, the laboratory worked closely with the FBI, local law enforcement and other public safety agencies, testing over 600 specimens for anthrax and providing anthrax testing for the United States Postal Service.

Assuring the health of Georgians

Assurance means making sure that Georgia citizens can get the health services

they need and that measures to protect the public's health are in place, from both public and private sources. The state and district health offices have initiated a broad range of state, district, and county level activities to strengthen the public health infrastructure and the ability to detect, investigate and respond to emergency events.

Following the events of 9/11 and the anthrax outbreak, Congress funded every state to improve public health's ability to respond to bioterrorism, terrorism and other public health emergencies. Georgia was awarded \$26.6 million for the current year, which is being used at the state and local levels. This effort involves work both within public health agencies and with community partners such as hospitals, emergency medical service providers, private physicians and other health professionals, laboratories, and universities to develop and detect plans and, when necessary, respond to emergency situations.

The **Office of Pharmacy** manages all pharmaceutical aspects of the state's preparedness for bioterrorism and natural disasters, including planning, training, and assistance to local communities, and guidelines for relating to the National Pharmaceutical Stockpile. This office also oversees the state's pharmacy warehouse and ships supplies for preventing and treating disease to all public health departments; over 1,200 Vaccine for Children providers; nursing homes; substance abuse treatment centers and other sites in Georgia. The Office of Pharmacy also maintains quality assurance, provides information about pharmaceuticals, helps develop disease treatment guidelines and nurse protocols, and helps train health professionals.

Since reaching a peak of 909 cases in 1991, tuberculosis has declined in Georgia, with 575 cases in 2001. The **Tuberculosis Section** works with local health agencies and with private physicians to deal with active cases and increase directly observed therapy.

The **Sexually Transmitted Disease (STD)/Human Immunodeficiency Virus (HIV) Section** offers STD and HIV testing, counseling, education, treatment, partner notification and technical assistance in all 19 public health districts and related organizations. In 2001, Georgia reported 923 cases of early syphilis, 24 cases of congenital syphilis, 18,777 cases of gonorrhea and 33,587 cases of chlamydia. In 2001, of 82,031 Georgians tested for HIV, only 1,951 (2.4 percent) tested positive.

The section's HIV/AIDS prevention efforts include education, counseling, testing, voluntary partner counseling, and referral services. DPH provided federal funds to 26 community-based organizations, six health departments and six county jails to promote science-based interventions, health education and risk reduction and skill building workshops for populations at highest risk for HIV infection. Funding and program priorities are developed by the community planning council in a formal process.

The STD/HIV program also distributed federal **Ryan White Care Act Title II** funds to 17 county health departments and community-based organizations for primary care and support services for Georgians living with HIV/AIDS. The **AIDS Drug Assistance Program** provided medications to over 4,700 Georgians in 2001. The **Health Insurance Continuation** program paid premiums for more than 300 people to help them maintain their health insurance coverage.

Chronic diseases: risk reduction, screening and care

Tobacco use is the number one preventable cause of death. Evidence from other states shows that the most effective way to prevent tobacco-related illness is through a comprehensive, long-term program. Georgia's **comprehensive tobacco prevention**

program aims to 1) reduce the number of youth who start using tobacco; 2) eliminate secondhand smoke exposure; 3) promote quitting tobacco use; 4) reduce the use and effect of tobacco use among hardest-hit populations.

Stroke and Heart Attack Prevention programs served more than 15,000 Georgians with hypertension and other risk factors for cardiovascular disease. New programs seek to reduce the risk of high blood pressure, diabetes and other disabling conditions through policy and environmental changes that promote better nutrition and increased physical activity.

DPH's **Cancer Control** programs, in collaboration with the Georgia Cancer Coalition, the Centers for Disease Control and Prevention, the Department of Community Health and nonprofit agencies, have expanded to serve more low-income, uninsured cancer patients; increase education and screening in rural counties with high cancer mortality and in minority communities; initiate a cancer awareness campaign; train health educators and public health staff about prostate cancer screening and treatment; screen more low-income, uninsured women for breast and cervical cancer; and increase the capacity of the cancer registry to collect incidence data in a timely manner.

Environmental health protection and injury prevention

DPH environmentalists inspected more than 60,700 food service facilities and 3,600 tourist accommodations, approved nearly 47,700 new sewage systems, tested 10,000 well water samples, and found more than 2,600 contaminated wells. Under a new mandate from the General Assembly they inspected over 13,200 swimming pools and closed 1,100 pools due to unacceptable water quality. They also investigated over 400 waterborne illnesses, 10,000 animal bites, and 25,300 other environmental health complaints.

The division's regulatory functions include licensing and monitoring 250 ambulance services, medical first responders and neonatal transport services. Last year DPH certified approximately 750 emergency medical technicians and was responsible for the designation and review of trauma centers at 15 hospitals.

The **Injury Prevention Section** seeks to minimize injuries and their human and economic costs by raising public awareness of injury risks, implementing best practices among high-risk populations, collecting data to assist decision making and evaluation, and helping organizations work together to prevent injuries. In FY 2002, the program and its partners distributed over 5,000 child safety seats and 2,000 smoke alarms to low-income, high-risk families.

Maternal and Child Health

DPH's **Family Health Branch** works to improve health outcomes for women, infants and children through prevention, early intervention, and treatment services in collaboration with the private sector.

Children 1st gives families a single point of entry into a wide range of public health and community programs to help children ages birth through five who may be at risk for poor health or development. In FY 2002, Children 1st identified 41,000 infants and children at risk (over 77,000 were screened), and offered families assessments and links to services as needed.

In order to prevent or minimize disabilities, DPH operates **newborn screening** programs for all Georgia newborns in collaboration with hospitals. In the first half of

2002, birthing hospitals were screening 98 percent of newborns for hearing loss. Newborns are also screened for seven metabolic disorders and hemoglobinopathies.

A **Sudden Infant Death Syndrome** program gives risk reduction information to new parents, grandparents and child care providers. **Healthy Child Care Georgia** informs child care providers about health and safety issues. A **School Health** program gives public school nurses materials, technical assistance and training, and school children are screened for **vision, hearing, dental health, and scoliosis**.

Health Check is a preventive and primary health care program for children enrolled in Medicaid or PeachCare, offered by both public and private health care providers. The Well Child Team in the Office of Infant and Child Health Services collaborated with the Department of Community Health and the American Academy of Pediatrics, Georgia Chapter, to provide quality assurance and technical assistance to 83 public health centers and 32 private health care providers of Health Check services in 2002.

Early intervention can minimize and in some cases prevent disabilities. In FY 2002, the **Babies Can't Wait** program provided early intervention services to 7,300 infants and toddlers to minimize their developmental delays. Most of these services were provided by private sector practitioners. The **Children's Medical Services (CMS)** program partners with private doctors to care for chronically ill and disabled children from birth to age 21. In FY 2002, CMS helped some 13,000 children.

In order to reduce high-risk behaviors in teens, DPH manages a comprehensive **Adolescent Health and Youth Development (AHYD)** program. The AHYD program collaborates with families and communities to foster abstinence and promote healthy behavior among youth through positive activities. Each county adolescent health program is required to establish a parent and youth advisory committee. Programs also engage local businesses, civic associations, schools, volunteers and the faith community in positive adolescent health promotion.

In FY 2002, AHYD programs provided abstinence-only education to 51,400 youth; health services to almost 35,600 youth; community involvement programs for 39,300 youth; male involvement activities for 5,800 young men; 8,400 health education and prevention events; and 8,500 youth and family outreach events.

The **Nutrition** Section has implemented a statewide "Take Charge of Your Health" campaign to raise awareness of the importance of healthy eating and physical activity in preventing many chronic diseases. The section also provides educational materials and promotes strategies to improve healthy weight, healthy pregnancy outcomes, breastfeeding, and fruit and vegetable consumption. In collaboration with the Department of Community Health and the University of Georgia, the section conducted an assessment of overweight among Georgia's children and adolescents.

In FY 2002, each month approximately 237,000 women, infants and children received nutritious supplemental foods along with nutrition education, through the **Women, Infants and Children** program. WIC also encourages participating mothers to breastfeed so their babies will be healthier. In addition, the WIC Farmer's Market Nutrition Project helped participants to purchase fresh fruits and vegetables from local farmers in 30 counties.

The **Immunization** program works with county health departments, community health centers and private providers to assure children are immunized against 11 vaccine-preventable diseases. This includes administering the federal Vaccines for Children

program in Georgia, which gives free vaccine for eligible children up to age 19, and educating providers on immunization issues. A statewide registry is being developed to track children's immunization records. The program also works to prevent flu and pneumonia among the elderly and chronically ill and to reduce Hepatitis A and Hepatitis B in high-risk groups.

The **Oral Health Prevention** program has greatly expanded school-based preventive services using portable dental equipment, nine mobile dental trailers and two vans to serve poor children, especially in rural areas. In FY 2001, 124,250 children in 88 counties in all 19 health districts participated. In some rural areas more than 90 percent of the low-income children served have never been to the dentist. They are given preventive services including dental sealants, and referrals or emergency treatment.

In order to lower Georgia's infant mortality rates, DPH provides **comprehensive women's health** services in all 159 counties. To ensure that women have access to these services, services are also provided in non-traditional sites such as housing projects and local malls. In FY 2002, 176,000 men and women received family planning services (97 percent of these were women). Folic acid supplements are available to all family planning clients to prevent neural tube defects such as spina bifida.

Once pregnant, it is critical that a woman receive early, ongoing, comprehensive prenatal care that appropriately addresses health risks involving the mother and baby. To make sure more women entered prenatal care early DPH provided **perinatal case management** services to 37,250 pregnant women in FY 2002. The **Resource Mothers** program, which pairs pregnant teens with experienced mothers, conducted 3,850 home visits in FY 2002 to encourage the young women to get prenatal care, and provide them with information and resources to care for their babies. The **Babies Born Healthy** program paid for prenatal care for 3,200 women in FY 2002 who were uninsured or underinsured. DPH also manages contracts with the state's six tertiary **perinatal centers** to provide pregnancy, labor, delivery and neonatal services to high-risk women and their newborns. Through these centers, comprehensive, community-based perinatal planning activities link hospitals, health departments, and communities in addressing barriers to perinatal health at the regional level. In FY 2002, this comprehensive program funded high-risk services in the perinatal centers to over 5,300 infants and 10,700 women.

Refugee Health

The **Refugee Health** program provides interpretation, outreach, information and referrals for refugees who need health care. The program not only benefits refugees but also detects and treats communicable diseases before they become a public health problem. It is one of over 40 such programs funded by the federal Office of Refugee Resettlement.