



Georgia Department of Public Health

North Central Health District



Fiscal Year 2015 ANNUAL REPORT

www.northcentralhealthdistrict.org

Table of Contents

Vision, Mission, Values	3
Director's Corner	4
District Demographics	5
Organizational Chart	6
Board of Health Members	7
Administrative Report	8
FY 2015 Highlights	9
Program Reports	
Academic Health Department	10
Adolescent Health and Youth Development	11
Children's Health Programs	12
Emergency Preparedness	14
Environmental Health	15
Epidemiology	18
Health Promotions	19
Infectious Disease	20
Nursing and Clinical Programs	22
Nutrition	23
Oral Health	24
Improvement Committee Reports	
Accreditation Team	25
Quality Improvement Committee	26
Strategic Plan Committee	27
Policy Committee	27
Worksite Wellness Committee	28
Contact Us	28

VISION

**Leaders in innovative public health practices
that advance the health and well-being of all
the communities we serve.**

MISSION

**The NCHD is dedicated to preventing,
promoting, and protecting the health of Central
Georgia communities through education,
service, advocacy, and collaboration.**

VALUES

Quality

We apply evidence-based practices that deliver superb programs and services.

Service

**We are responsive to the health needs of our communities and serve our
customers, colleagues, and partners with courtesy and respect.**

Diversity

**We value diversity in our workforce and in the communities we serve and
respect the role it plays in providing culturally appropriate services that
address health disparities.**

Trustworthy

**We act with integrity, provide credible information based in science and are
accountable for our actions.**

Collaboration

**We initiate and foster partnerships by sharing information, resources, and
ideas to improve health outcomes.**

DIRECTOR'S CORNER

I would like to congratulate the staff of the North Central Health District including the 13 county health departments for our accomplishments in FY 2015. With a small, but dedicated, workforce we have:

- provided thousands of immunizations to children and adults to prevent disease,
- served hundreds of children and their families through our child health programs,
- protected the population from food-borne illness through regular inspections of restaurants and other food service establishments,
- tested thousands for HIV and compassionately treated almost 1000 patients living with HIV or AIDS,
- responded to and prepared for emerging infectious disease threats,
- provided nutrition education and healthy food to thousands of women, infants, and children through WIC,
- prevented transmission of STDs through treatment, contact tracing, education, and condom distribution,
- enabled hundreds of women to plan their pregnancies or prevent pregnancy through expert care and access to birth control,
- AND MUCH MORE.

The North Central Health District made significant progress in FY 2015 toward creating a culture of quality. Several quality improvement projects have led to better service for clients and increased efficiency for staff. The district made great progress towards public health accreditation with the completion of 13 county Community Health Assessments and foundational work done on the Community Health Improvement Plan and a five-year Strategic Plan (2016-2020). The Academic Health Department and health promotions partnership with Mercer University continues to thrive. MPH students contributed by completing needed projects and were mentored by public health professionals while doing so. This is truly a win-win partnership!

In January 2012, under the leadership of Commissioner Brenda Fitzgerald, a team of district and state office leaders began studying the work of Jim Collins, Good to Great® and his research and philosophy of ideas regarding great organizations. As evidence of the benefits of application of these ideas to Georgia public health began to emerge, the team recommended the Good to Great® journey be expanded to include a broader group of district leaders and staff. The North Central Health District embraced this and trained all district and county health department staff in Good to Great® concepts. The culture of quality continues to strengthen throughout the organization.

The district also became more efficient administratively with the introduction of Infinity HR which has streamlined and automated the process of timekeeping, and requesting and approving leave. Each employee now has instant, web-based access to leave balances and pay stubs.

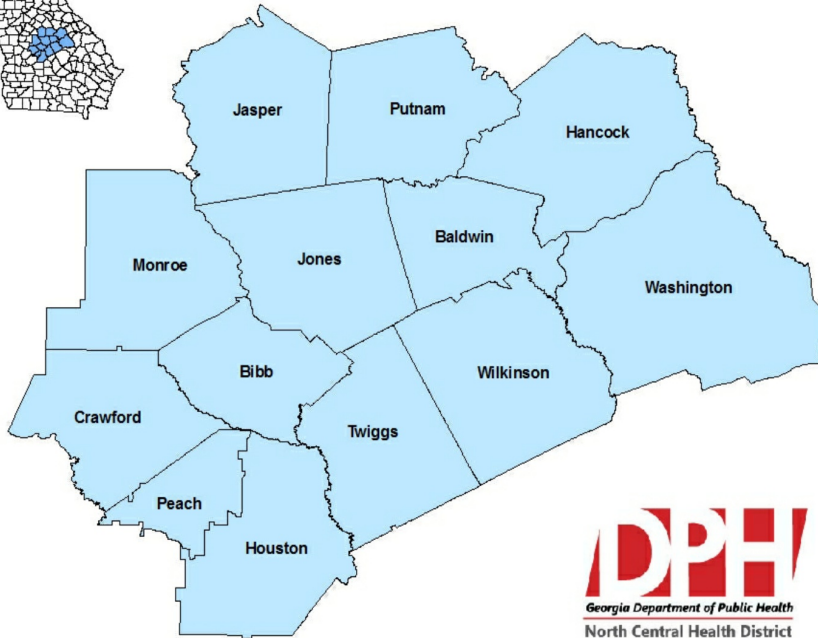
However, in spite of our achievements, there are significant challenges ahead! One of the biggest health threats of our time is obesity and we have done little to date to address it. Recognizing this, we have included prevention of chronic diseases, especially those related to obesity, as a priority focus area in our Community Health Improvement Plan and five-year Strategic Plan. We also will have a more intentional focus in the upcoming years in the prevention of teen pregnancy especially through ensuring that teens have access to appropriate education and birth control methods.



David N. Harvey, MD
District Health Director
North Central Health District
Georgia Department of Public Health

DEMOGRAPHICS

North Central Health District



2013 Population

525,929

Race/Ethnicity

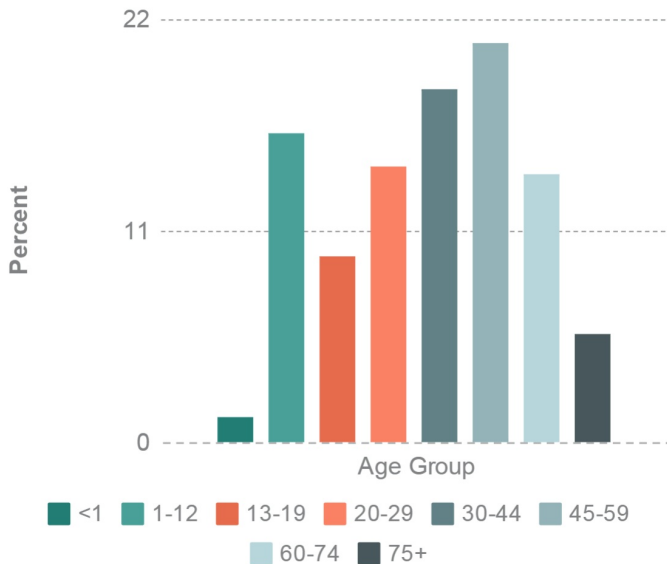


White (55%) Black (39%)

Asian/AI/AN/NH/PI (1%)

Multiracial (1%) Hispanic (4%)

Age Range

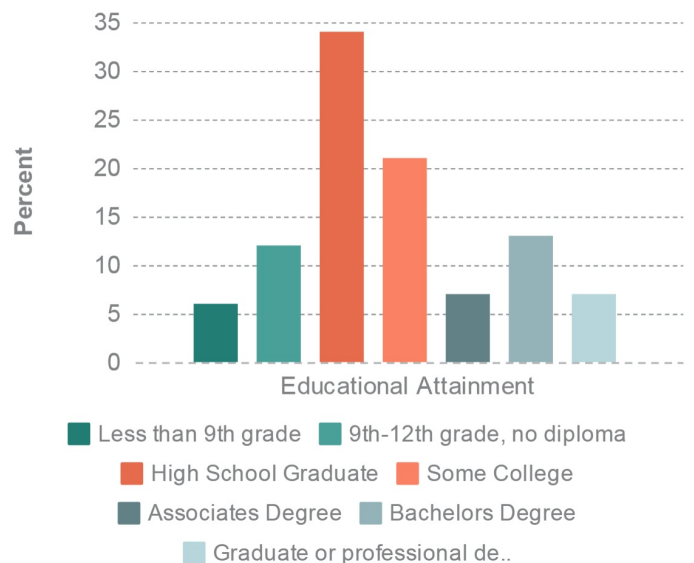


51% Female
49% Male

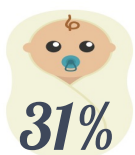


32% of Adults do not have Health Coverage

Educational Attainment



of Households are Single Parent Households

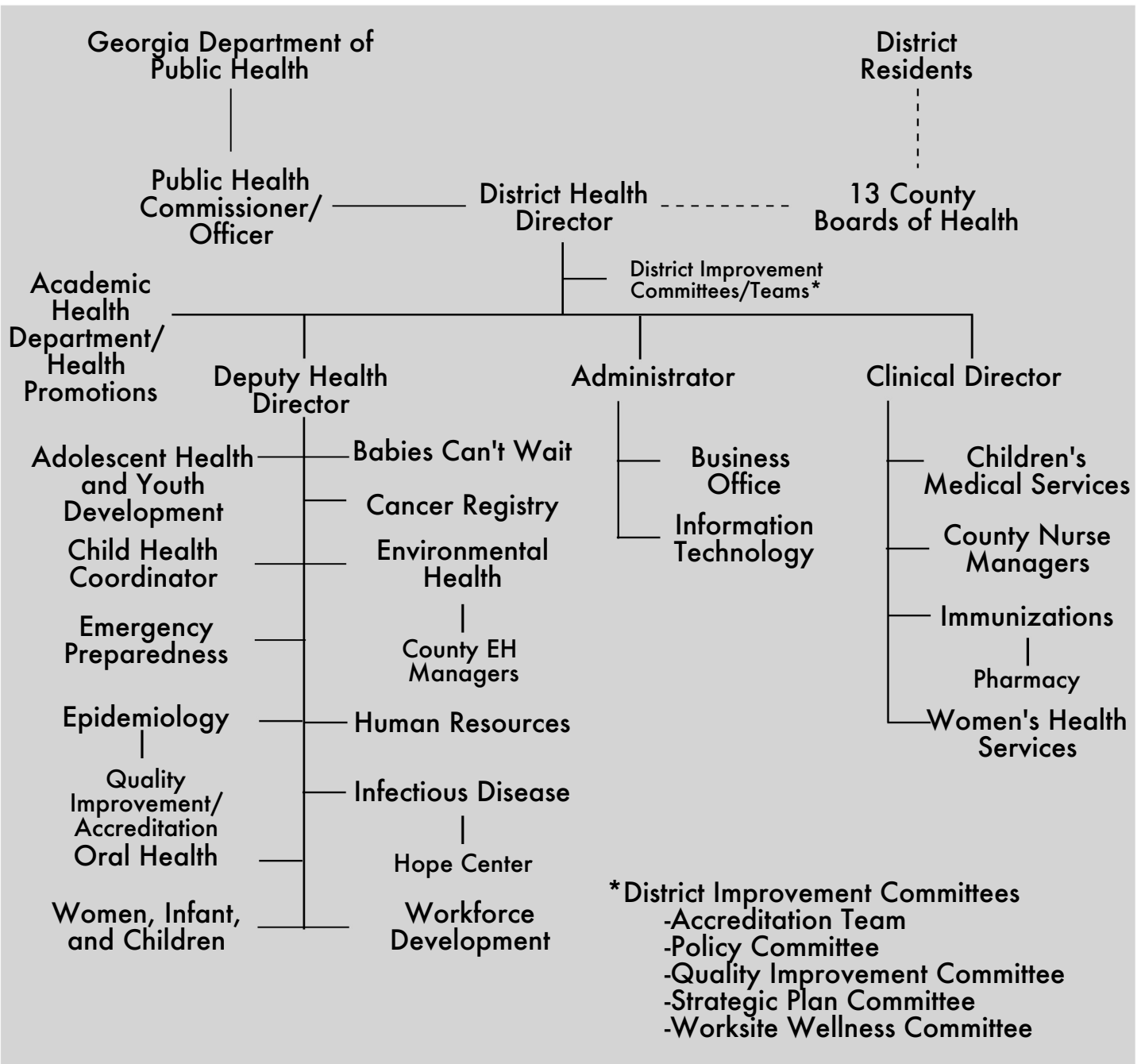


31%

of Children Live in Poverty

FY2015 ORGANIZATIONAL CHART

NCHD is part of the Georgia Department of Public Health (DPH) and serves 13 counties in Central Georgia: Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, and Wilkinson. The county health departments are overseen by a County Board of Health that is composed of designated community leaders and led by the District Health Director (DHD) who serves as the executive director of each board. The district office, led by the DHD, serves as an administrative hub for all 13 counties and houses public health programs that serve each county.



BOARD OF HEALTH MEMBERS

*Denotes Board of Health Chairperson

**Vice Chairperson

Information is current as of September 11, 2015

Baldwin County

Mr. Fielding Whipple*, Consumer Advocate
Mr. Tommy French, County Representative
Dr. Noris Price, County School Superintendent
Gary Thrower, Largest City Representative
Dr. Janet H. Harrison, Consumer Advocate
Faye Smith, Advocate for Needy,
Underprivileged, or Elderly

Bibb County

Mr. Bert Bivins*, County Representative
David Gowan**, County School Superintendent
Representative
Elaine Lucas, Largest City
Representative
Dr. Paul Mossman, Physician
Stacy Carr, Consumer Advocate
Ethel Cullinan, Consumer Advocate
Christopher Tsavatewa, Advocate for Needy,
Underprivileged, or Elderly

Crawford County

Dr. Freddy Gaton*, County Representative
Mayor Becky Smith**, Largest City
Representative
Mr. Brent Lowe, County School Superintendent
Dr. Orlando Balcos, Physician
Bobby Blasingame, Consumer Advocate
Mrs. Barbara Rowell, Advocate for Needy,
Underprivileged, or Elderly

Hancock County

Mayor William Evans, Jr.*, Largest City
Representative
Ms. Dulcie Moore, RN**, Nurse/Consumer
Advocate
Helen G. Hudson, County Representative
Charles Culver, County School Superintendent
Vickie Morgan, Nurse
Mrs. Joan Barksdale, RN, Consumer
Advocate
Al Butts, Advocate for Needy, Underprivileged,
or Elderly

Houston County

Mr. Archie Thompson*, Advocate for
Needy, Underprivileged, or Elderly
Dr. James Q. Whitaker**, Physician
Mr. Daron Lee**, Consumer Advocate
Mr. Tommy Stalnaker, County Representative
Mayor Randy Toms, Largest City
Representative
Dr. Mark Scott, County School
Superintendent

Jasper County

Ms. Beth Taylor*, Consumer Advocate
Dr. Shannon Barton**, Physician
Gene Trammell, County Representative
Katherine Alexander, Largest City
Representative
Dr. Mike Newton, County School
Superintendent
Ms. Colleen Tillman, Advocate for Needy,
Underprivileged, or Elderly
Mr. David Leach, Consumer Advocate

Jones County

Dr. Kara Moore*, Dentist
Mr. Preston Hawkins, County Representative
Chuck Gibson, County School Superintendent
Mayor Stephen Tingen, Largest City
Representative
Ms. Rhonda Findley, Consumer Advocate
Jennifer Goldsberry, Consumer Advocate
Mr. Rallie Cogburn, Advocate for Needy,
Underprivileged, or Elderly

Monroe County

Dr. Jeremy Goodwin*, Physician
Mr. Hugh Cromer**, Consumer Advocate
Mr. Larry Evans, County Representative
Dr. Mike Hickman, Interim County School
Superintendent
John T. Howard, Largest City Representative
Mrs. Libby Perry, Consumer Advocate
Lillian Davis, Advocate for Needy,
Underprivileged, or Elderly

Peach County

Dr. Curtis E. Waites, DDS*, Dentist
Daryl Fineran**, County School Superintendent
Mr. Walter Smith, County Representative
Mayor Barbara B. Williams, Largest City
Representative
Mr. James E. Dinkins, Consumer Advocate
Mrs. Ann Lanter, Advocate for Needy,
Underprivileged, or Elderly

Putman County

Mrs. Glenda Ridley*, Consumer Advocate
Dr. Thomas Brown, DDS**, Dentist
Dr. Steve Hersey, County Representative
Mr. Eric Arena, County School Superintendent
Mayor John Reid, Largest City Representative
Ms. Yvonne Harrell, Consumer Advocate
Mrs. Charlotte Griffin, Advocate for Needy,
Underprivileged, or Elderly

Twiggs County

Mayor Shannon Hart*, Largest City
Representative
Mr. Ken Fowler, County Representative
Elgin Dixon, County School
Superintendent
Mrs. Ellestene V. Stephens, Consumer Advocate
Mr. Charles Keily, Consumer Advocate
Charlene Kipe, Advocate for Needy,
Underprivileged, or Elderly

Washington County

Dr. Jennifer Tarbutton*, Physician
Ms. Kathleen Taylor**, Consumer Advocate
Mr. Horace Daniel, County Representative
Dr. Donna Hinton, County School
Superintendent
Mr. James W. Andrews, Largest City
Representative
Mrs. Bernice Strickland, Consumer Advocate
Ms. Janise Thompson, Advocate for Needy,
Underprivileged, or Elderly

Wilkinson County

Dr. Dennis Smith, DDS*, Consumer Advocate
Mr. Tommy Smallwood**, Largest City
Representative
Mr. John Williams, County Representative
Dr. Aaron Geter, County School Superintendent
Dr. Cyler Garner, Physician
Carla Sappe, Consumer Advocate
Marian Wright, Advocate for Needy,
Underprivileged, or Elderly

**Thank you for your
time and service!**

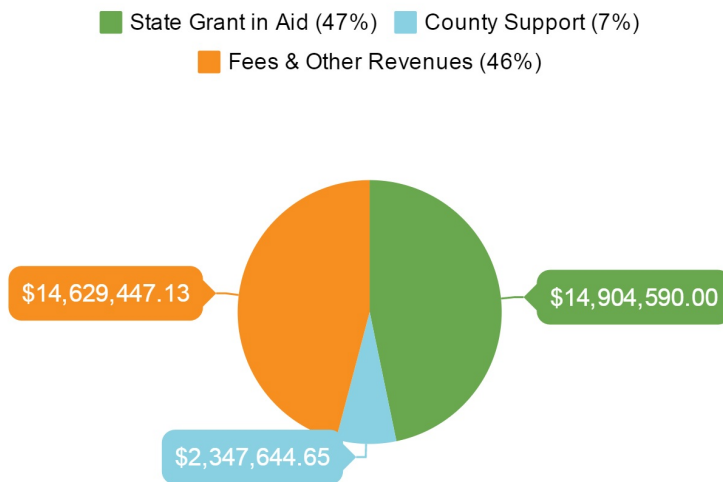
ADMINISTRATIVE REPORT

Business Office

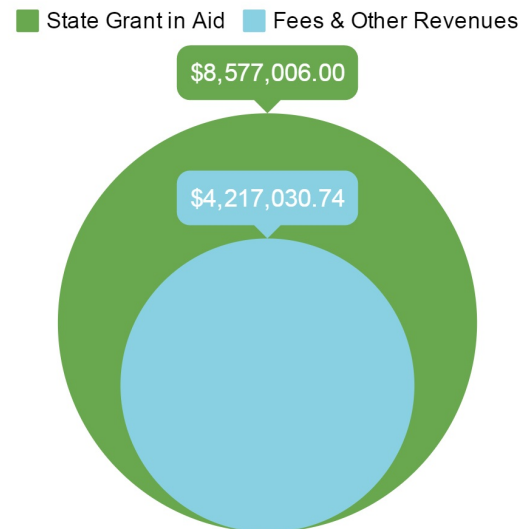
In FY 2015 the total District budget was \$31,881,681.78. The NCHD budget office passed the FY 2015 Audit with zero recommendations, exceptions, and findings.

Each of the district programs within the NCHD receive funding through state grant in aid, fees, and other revenues.

District 5-2 Total Revenue

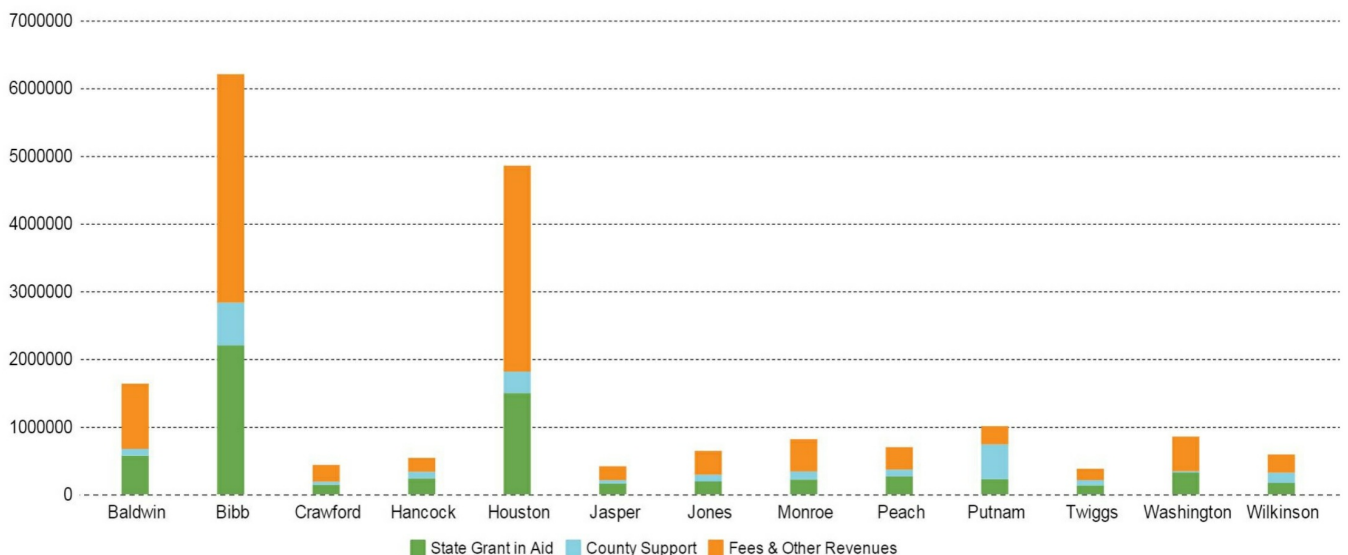


District 5-2 Program Revenue



Each of the counties within the NCHD receive funding through state grant in aid, county support, fees, and other revenues.

District 5-2 Revenues by County



Human Resources

In FY 2015, the Human Resources Department implemented the following improvements:

- Electronic requisition process and secure applicant tracking are now available through Neogov
- Applicant screening process was created.
- Electronic Leave/Time Keeping Process through Infinity
- Supervisor Training Program done 2 x year
- Clerical Testing for applicants considering to hire
- Self-service process for direct deposition/tax changes
- District-wide employee orientation program

2015 HIGHLIGHTS

The NCHD has a goal of providing quality women's health prevention services within our communities. We offer birth control pills and Depo-Provera onsite at clinics and we have increased access to Long Acting Reversible Contraceptives (LARCS) like Nexplanon and Intra-uterine Devices by reducing the cost to the patient and increasing staff capabilities.

Women's Health Services

In order to embrace our values and move toward our vision, the NCHD hired a workforce development coordinator to oversee the development of our staff within the ever changing environment of public health. Through this initiative we have trained all district and county health department staff in Good to Great® concepts and continue to strengthen the culture of quality throughout the organization.

Workforce Development

The Academic Health Department and Immunization Program collaborated on a survey project assessing immunization policies for daycare workers. The study revealed a need to improve the immunization status of daycare workers through advocacy by the Immunization Program for the adoption of an immunization policy by daycare owners.

Immunization Program and Academic Health Department

The Epidemiology and Emergency Preparedness programs led the district's Ebola planning efforts. These activities included training for local health professionals and district staff and monitoring of at-risk travelers.

Ebola Preparedness and Response

The use of Electronic Medical Records has been adopted across clinics within the district. This practice will improve patient care, care coordination, and outcomes.

Electronic Health Records

A QI plan was adopted in May 2014 and in FY 15 a total of 9 improvement projects have been completed resulting in increased efficiency in our services, reducing wait time, streamlined processes, and improved employee and patient satisfaction rates.

Quality Improvement

The WIC Farmers' Market Nutrition Program (FMNP) provided a variety of fresh, nutritious, unprepared, locally grown fruits, vegetables and herbs to 12,050 clients.

WIC Farmers Markets

Since its development in September 2014, the worksite wellness committee has put together a fitness room at the district office and hosted several wellness challenges for all district employees.

Worksite Wellness

Healthcare Georgia Foundation Accreditation Grant Recipient. This grant will assist with completion of the NCHD accreditation requirements.

Accreditation

New Body Art Regulations have been adopted in 12 out of 13 counties. This will increase the safety of body art within our district.

Environmental Health

ACADEMIC HEALTH DEPARTMENT



An academic health department is a formal agreement between an academic institution training public health students or other health professional students and a local or state health department that demonstrates mutual benefits by (1) enhancing local health departments' expertise in assessing community needs and meeting demands for services; (2) better preparing public health students and public health department staff in meeting community needs; and (3) increasing community-based research focused on solving real-world problems (Livingood, WC, et al., 2007). Academic health departments have been proposed as a mechanism to foster academia-agency partnerships, for one of the core responsibilities of academia is to provide the public health system with well-trained, highly committed professionals to solve complicated public health problems in communities (Conte, C., Chang, C., Malcom, J., and Russo, P., 2006; Turner, N., et al, 2013)

The North Central Health District, in collaboration with Mercer University, College of Health Professions, Master of Public Health Program, established a liaison-based academic health department in November 2012. Secondary champions for this collaboration include the Georgia Department of Public Health, Health Promotions Section, and the Public Health Foundation's Academic Health Department Learning Community.

The North Central Health District and Mercer University Master of Public Health Program are the primary supporters and funders of the Academic Health Department. Both organizations have committed office space, computers, printers, and access to support personnel. The organizations provide 50% of salary and benefits costs, for both organizations agreed to hire a liaison position that would serve in the health district as Health Promotions Coordinator and simultaneously serve as faculty in the MPH program as a faculty member with internship/practicum coordinator responsibilities. Jimmie Smith, MD, MPH serves as the liaison for the Academic Health Department.

A few of the projects completed by Mercer MPH students through the Academic Health Department include, but are not limited to:

- Workforce Development: An Assessment of the North Central Health District Workforce
- Assessing Influenza Vaccination Provision within Georgia North Central Health District Pharmacy and Grocery Sites
- Implementation of a Condom Distribution and Health Education Intervention in Black Barbershops (Bibb, Peach, and Putnam Counties)
- The Risk Factors and Foodborne Illnesses in Georgia & the NCHD
- Workforce Immunization Policies for Daycare Employees within the North Central Health District
- Adolescent Pregnancy: A Sex Education Policy Analysis and Recommendation
- North Central Health District Environmental Health Report: Key Environmental Health Indicators
- Rabies Program Activity in Georgia & the North Central Health District (NCHD)
- Breast Cancer Screening: Georgia Department of Public Health- North Central Health District (NCHD) vs. Komen Central Georgia (KCG)

ADOLESCENT HEALTH & YOUTH DEVELOPMENT

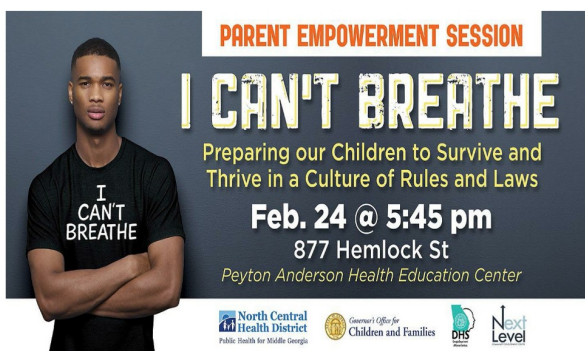
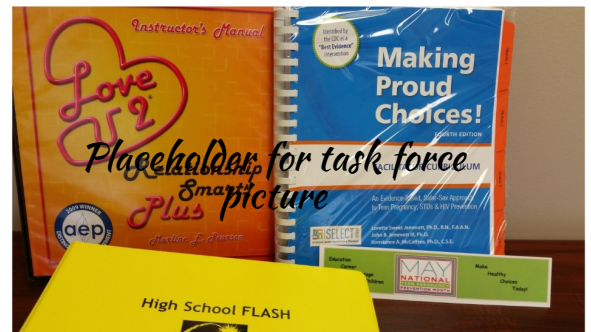
The Office of Adolescent Health & Youth Development (AHYD) is responsible for creating awareness and educating teenagers, ages 10-19, regarding risky behaviors that jeopardize their health and well-being. This effort is accomplished by trained health professionals providing evidenced-based programs and strategies that prevent teenage pregnancy, HIV/AIDs, Sexually Transmitted Diseases and chronic diseases.

This was our fourth year of providing Personal Responsibility Education Program (PREP) to foster homes. PREP is funded by the Department of Human Services (DHS) to provide evidenced-based education, healthy relationships and life skills. Students are educated on both abstinence and contraceptives for the prevention of pregnancy and sexually transmitted diseases. PREP is offered in 10 Georgia counties.



AHYD thrives on establishing partnerships that allows us to reach those adolescents who are most at-risk and expand services to parents of these adolescents. A new partnership with Mercer University Upward Bound Program where we were able to teach nearly 70 students the Personal Responsibility Education Program in June 2015. We maintained our relationship with two (2) foster homes where we provided PREP to 40 adolescents

A Teen Pregnancy Task Force was formed by AHYD's Youth Development Coordinator in FY 2015. The purpose of the Task Force is creating awareness regarding the social and economic effects of teen pregnancy on the community and its negative impact on the high school graduation rate. The Task Force was charged with thoroughly reviewing the current sex education policy, accessing data regarding the annual number of teen pregnancies and re-writing the Bibb County School District's current Sex Education policy. The Task Force is in the process of submitting the revised policy and proposal to the school superintendent.



AHYD co-sponsored a community Parent Empowerment Session at the Medical Center's Eversole Auditorium in February that drew nearly 300 people. Session titled, "I Can't Breath: Preparing Our Children to Thrive & Survive in a Culture of Rules & Laws. Expert Panel included: Family Therapist & Psychologist from Mercer School of Medicine; Bibb County's Sheriff & District Attorney.

YDC coordinated school assemblies in Washington County's middle & high schools and Bibb County's Southwest High & Ballard Middle School for approximately 1200 students in September. Nationally known motivational speaker and sex educator, Jackie Brewton, presented an intellectually stirring session regarding "Making Healthy Choices".

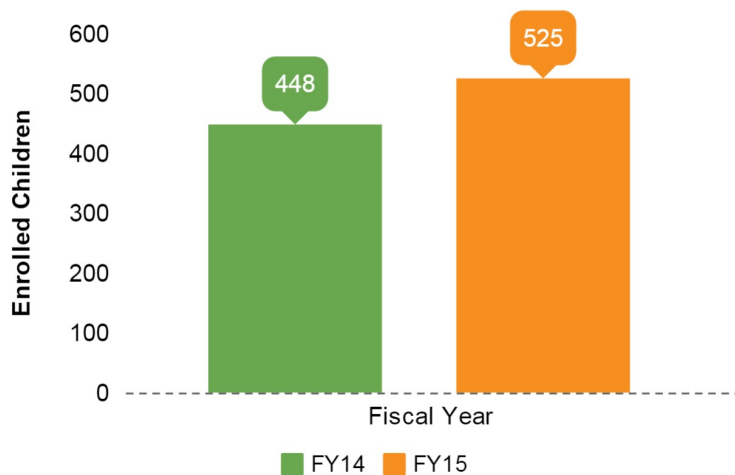


CHILDREN'S HEALTH PROGRAMS

Babies Can't Wait

Babies Can't Wait (BCW) is Georgia's early intervention program for infants and toddlers with developmental disabilities and their families. As a federally mandated program under the Individuals with Disabilities Education Act (IDEA), BCW coordinates developmental, educational, and community supports within natural environments for children under three and their families. BCW's Local Interagency Coordinating Council is involved in the provision of early intervention services for the purpose of advising the local program on increasing program enrollment, marketing, and ideas regarding collaboration for the good of the children in this district. The program also participates in a variety of community events. BCW collected approximately \$20,886 in Medicaid revenue for fiscal year 2015 and is expecting to exceed that amount for the next fiscal year.

Individualized Family Service Plan Enrollment



Increase in Enrollment



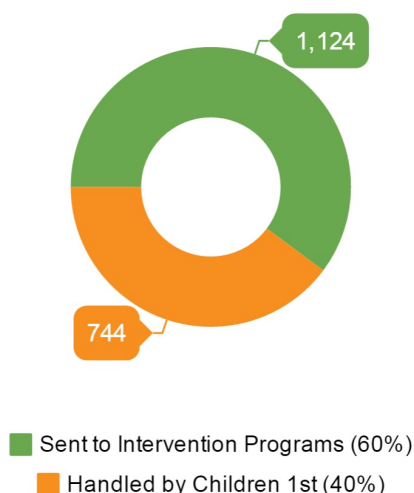
Increase in active children, enrolled, and pending

Children 1st

Children 1st handles all North Central Health District child health referrals to identify children with development, medical, or socio-environmental conditions that place them at risk for poor health or developmental outcomes. Thus, Children 1st is considered the "single point of entry" to connect with other district child health programs.

Infants, children and families are assessed and referred to appropriate programs or services. Children 1st conducts developmental screenings and family assessments for infants and children up to their fifth birthday.

Children 1st Referrals



of the middle school students screened for Scoliosis were referred to physicians for follow-up

Children's Medical Services

Children's Medical Services (CMS) directly provides or coordinates specialty medical/health care services including however not limited to, evaluations and treatment for eligible children (birth to age 21) with chronic medical conditions who meet medical and financial eligibility. CMS services are family-centered, culturally/linguistically competent, & community-based.

CMS provides or pays for comprehensive physical evaluations, diagnostic tests, inpatient/outpatient hospitalization, medications and other medical treatments, durable medical equipment, hearing aids, and dental care related to the child's CMS-eligible condition. The genetics program provides diagnosis, counseling, and treatment for a wide variety of genetic conditions as a CMS service.

634

Children
Served

380

Home
Visits



In 2015, CMS converted from a completely paper charting system to an electronic charting system. This included the addition of tablets for RN field use and the addition of telemedicine capabilities for clinical services.



In 2015, outreach with physicians and other stakeholder's was a priority. The following is a list of outreach events that occurred:

- 2 (Winter & Spring) quarterly newsletters were distributed to all CMS families
 - Local Interagency Coordinating Council – LICC
 - Title V Stakeholders Meeting
- Asthma Outreach w/ Children's Hospital Navicent Health
 - Asthma Outreach – Houston County
- CMS Educational Outreach w/ Pediatric Orthopedists
- Newborn Screening Program – Hemoglobin Subcommittee
- NuMotion – Vendor Presentation
- CMS Internship Presentation @ Quarterly CMS Meeting
- Sickle-cell Clinics – Monthly
- 4 Health Fairs in which CMS staff attended and/or CMS information was distributed
 - Real Life Church Health Fair / Back to School Bash (July 2014)
 - Straight Street Ministries – Milledgeville (May 2015)
 - WIC Health Fair (May 2015)
 - Putnam County Health Fair (June 2015)



EMERGENCY PREPAREDNESS

The NCHD Emergency Preparedness Program (EP Program) works to coordinate and provide support to the counties by addressing the public health and medical needs of residents, incident victims and response workers in disasters or potential disasters. The district-based EP Program coordinates resources as a liaison to the counties and state.

Ebola Preparedness

Starting in April 2014, the epidemiology program began tracking the movement of the Ebola Virus outbreak in West Africa. Concern over the possibility of a case of Ebola in middle Georgia increased in October 2014 as did disease surveillance efforts of the epidemiology program. Every individual that travels from a country of concern in West Africa that has an end destination in middle Georgia undergoes symptom surveillance for 21 days (the incubation period of Ebola). In October 2014, the epidemiology program along with the emergency preparedness program led the Ebola preparedness efforts in middle Georgia. Disease and personal protective equipment education was conducted with all district employees, hospitals, and other individuals who requested information.



Accomplishments

On a daily basis, the Emergency Preparedness Program provides situational awareness and shares applicable information to support a common operating picture. Below is a list of our work with partners that has increased our abilities to respond to public health events.

Confirmed Coastal Evacuation Plans with the Coastal Health District for Hurricane Preparedness.

Increased the number of Trainers for the CDC's Mass Antibiotic Dispensing from 1 to 3 for the district.

Worked with Trauma Commission to expand School Response Bag Program to include all counties in the district and Regional Healthcare Coalition area.

Increased District's planning and exercise knowledge by having 2 staff members attend the week long Department of Homeland Security National Planners Course and had a 1 staff member complete the Emergency Management Institutes (EMI) Master Exercise Practitioner Program (MEPP).

Held a District-wide SNS table top exercise. All 13 county health departments and their county partners participated in this exercise via VICS. Purpose of the tabletop exercise was to have each of the 13 counties have the opportunity to discuss their county SNS plans with their county partners, identify gaps, areas for improvement and strengths in the plan; as well as serve as an opportunity to strengthen relationships in the county. This exercise was a part of the exercise cycle leading up to the November 2015 Statewide SNS Full Scale Exercise.



ENVIRONMENTAL HEALTH

Food Service Program

The goal of the food service program is to reduce the risk of food-borne illness associated with the improper storage, preparation and cooking of food through education and routine inspection. The EH Section permits facilities and conducts food service inspections at a minimum of twice annually with most counties achieving three and four unannounced inspections each year. The EH Section also provides education, investigates complaints, and assists the Epidemiology Section with Food-borne Illness Investigations. Environmental Health Specialists operate under the auspices of the Georgia Rules and Regulations governing Food Service, Chapter 511-6-1.

1,501

Total Food
Facilities
Permitted



260

Food
Complaints
Inspected

858

Food Service
Personnel
Trained

263

Temporary
Food Events
Inspected

Body Art Program

The goal of the Body Art program is to create a safe environment for the artists as well as the patrons, to ensure safe industry practices, and to prevent the transmission of disease. Health risks associated with body crafting include infection, hepatitis B and C, MRSA (methicillin-resistant *Staphylococcus aureus*), and other blood-borne pathogens. The regulatory framework for this program is established by each individual county Board of Health.



17

Regulated
Facilities

12

Counties within
NCHD have current
body art rules

Land Use Program

The goal of the Land Use Program is to reduce and prevent the existence of many diseases such as dysentery, infectious hepatitis, typhoid and paratyphoid, and various types of gastrointestinal problems that may be transmitted from one person to another through fecal contamination associated with untreated human sewage through regulation and inspections of onsite wastewater. The regulatory framework for this program is found in the Rules for the Department of Public Health for On-Site Sewage Management Systems (OSSMS), Chapter 511-3-1.

1,289

OSSMS
Permits
Issued

400

OSSMS
Repairs
Inspected

628

OSSMS New
Systems
Inspected



Healthy Homes and Chemical Hazards Program

The mission of the Healthy Homes and Childhood Lead Poisoning Prevention program is to help eliminate childhood lead poisoning in the North Central Health District and in Georgia as proposed in the Healthy People 2020 objectives. We also serve to educate the public regarding mold, environmental triggers for asthma, and chemical hazards related to the environment.



4

Children
reported
with blood
lead levels \geq
9 ug/dL

8

Lead
inspections
performed

18

Children
reported
with blood
lead levels \geq
5 ug/dL

48

Mold
Education
Packets
distributed

Tourist Accommodation Program

The goal of the Tourist Accommodation Program is to minimize illnesses and injuries associated with unsanitary or hazardous conditions in Georgia's tourist accommodations. The EH Section permits facilities, conducts routine inspections at a minimum of twice per year, investigates complaints, provides on-going education to facilities and staff, and assures compliance with regulatory policies found in the Department of Public Health Rules for Tourist Accommodations, Chapter 511-6-2.

335

Facility Inspections
conducted for 182
Permitted Facilities



Swimming Pool Program

The goal of the Swimming Pool Program is to minimize illnesses and injuries associated with contaminated or hazardous conditions in or around swimming pools that are permitted for operation in the State of Georgia. The EH Section permits facilities and conducts Swimming Pool inspections at a minimum of twice per year. The EH Section also provides education, investigates complaints, and assists the Epidemiology Section with Water-borne Illness Investigations. The regulatory framework for this program is found in the Department of Human Resources Rules for Swimming Pools, Spas, and Recreational Water Parks, Chapter 511-3-5.

1,003

Facility Inspections
conducted for 353
Permitted Facilities



Rabies Control Program

The goal of the Rabies Control Program is to minimize the spread of the rabies virus in the human population. The EH Section conducts investigations and provides technical assistance to private physicians, veterinarians, hospital emergency rooms, and local animal control shelters by following the Rabies Control Law, O.C.G.A. 31-19, and the Department of Human Resources Rules 290-5-2. The EH section coordinates specimen testing with the Georgia Public Health Laboratory.

897

Animal Bite
Reports
Investigated

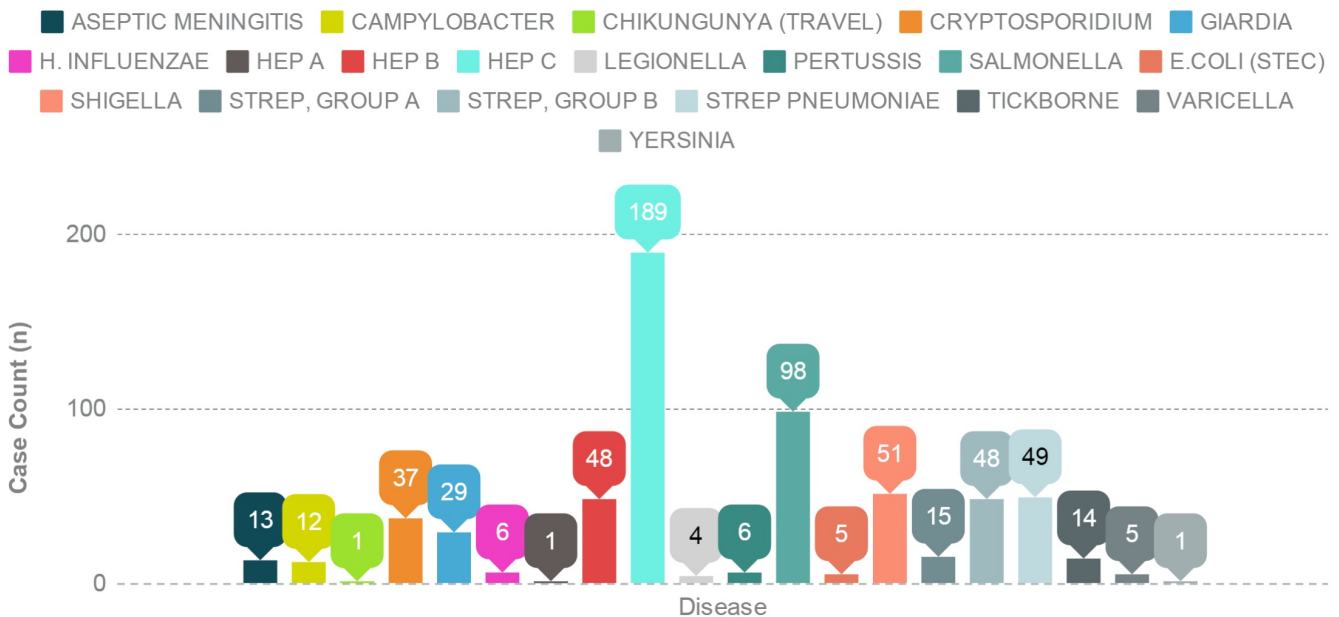
13

Rabies
Positive
Animals



EPIDEMIOLOGY

Notifiable Disease Investigations



*Only confirmed, probable or suspect disease reports

675

Disease Reports Investigated

For each disease reported the epidemiology program conducted provider and patient interviews to track the source, prevent or reduce the spread, and provide medical referrals.

Outbreaks

12

The Epidemiology Program investigated 12 Outbreaks in FY2015. These outbreaks ranged from Norovirus and respiratory illness in long term care facilities to assisting in the response of National Salmonella Clusters. Testing of patients was coordinated between the epidemiology program and County Nursing. Facility inspections and infection control guidelines were completed through the epidemiology program and County Environmental Health.

District Program/County Health Department Collaborations

County Nursing and Environmental Health programs work closely with the District Epidemiology Program on a daily basis. The following is a list of activities that are coordinated between the programs.

- *Disease/Cluster Notifications
- *Need for Prophylaxis
- *Disease Education
- *Data Analysis
- *Facility Complaints



HEALTH PROMOTION

Chronic disease in Georgia is preventable and controllable. Through better nutrition, increased physical activity, eliminating tobacco use, and providing access to high quality, guidelines-based health, Georgia can improve its overall health outcomes and support better educational outcomes, economic development, and families and communities.

The Chronic Disease Prevention Section of the Georgia Department of Public Health, through the Health Promotions Coordinators, aims to reduce the burden of chronic diseases in Georgia by (1) informing Georgia communities about all of the opportunities to create healthy people in healthy places; (2) protecting Georgians by reducing exposure to risk factors for chronic disease and warning them about those risk factors; and (3) preventing and controlling chronic diseases across the population and lifespan through tools like self-management education.

Health promotions activities in the North Central Health District include the promotion of community garden activities to promote the availability of fresh fruits, vegetables, and exercise in Baldwin, Bibb, Hancock, Twiggs, Washington, and Wilkinson counties with community-based nonprofit organizations, Head start programs, high school agricultural programs, and senior citizen centers. In Twiggs County, Health Promotions has participated in their annual Healthy Night Out in Twiggs County events and facilitated the inclusion of Mercer MPH students and football players.

As tobacco use is the leading preventable cause of death in Georgia each year, costing the state more than 11,500 lives per year and nearly \$5 billion dollars in direct healthcare and indirect costs, the Health Promotions Coordinator participates on the Georgia Youth Tobacco Prevention Workforce and actively collaborates with local school systems to promote 100% tobacco free school policies. Within the thirteen counties comprising the North Central Health District, the following counties have adopted the model 100% tobacco-free policy- Hancock (2007), Washington (2008), Baldwin and Putnam (2009), Bibb, Crawford, Monroe, and Wilkinson (2010), Peach and Twiggs (2013).

A number of youth of the North Central Health District (NCHD) provide daily reminders of a public health system that has not adequately, nor strategically addressed an issue that literally steals the “wind beneath their wings”...asthma. As a recurring, chronic respiratory disease that affects the lungs that causes incidents of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing, asthma can be controlled by medication and by staying away from environmental triggers that include tobacco smoke, dust mites, pollution, cockroaches, pets, and mold. This reminder is often measured by absences from school, emergency department visits, hospitalizations, and deaths. With funding provided by the GA Department of Public Health, Health Promotions, in collaboration with Children’s Medical Services and Environmental Health, have partnered with Navicent Health and school health nursing teams across the District to educate staff, students, and families by providing educational materials to schools throughout the District, continuing education opportunities for local nurses and physicians, working with local daycare centers, and facilitating data sharing with respect to asthma related illness.



INFECTIOUS DISEASE

Sexually Transmitted Diseases and HIV

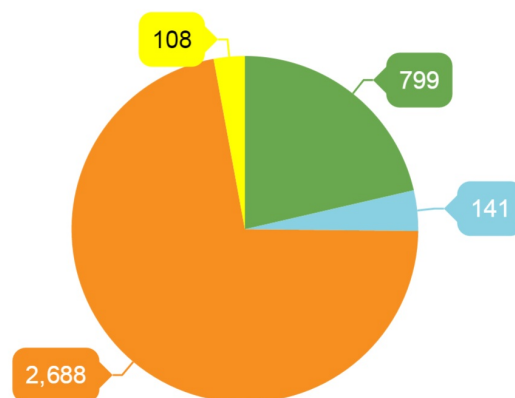
Surveillance of sexually transmitted diseases (STD) and HIV provides data critical to targeting the delivery of HIV prevention, care, and treatment. The Infectious Disease Program is responsible for contact tracing, partner notification, counseling, health education, case management, referral services, and collaboration with healthcare providers.

STD/HIV Cases, FY 2015

3,628

STD and
HIV/AIDS
investigations
completed in FY
15

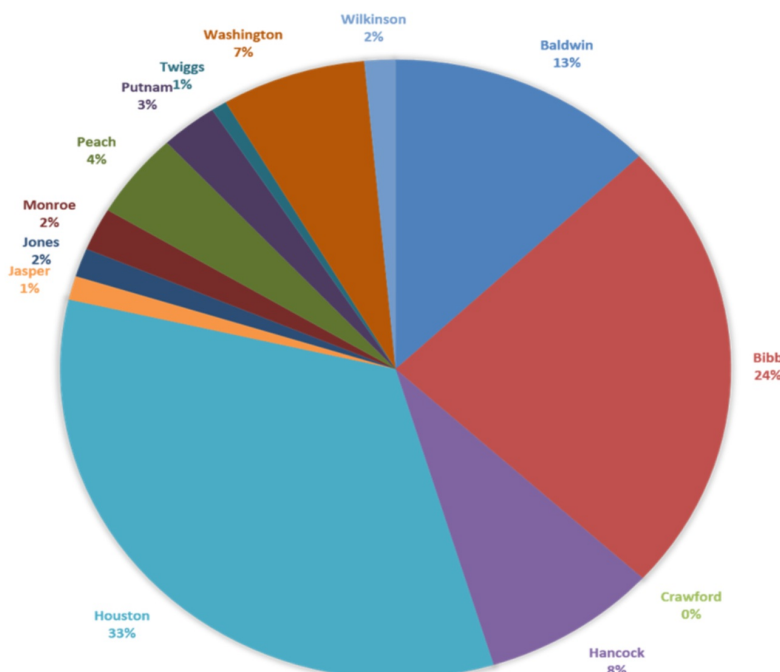
Gonorrhea (21%) HIV/AIDS (4%) Chlamydia (72%)
Syphilis (3%)



Tuberculosis

The Infectious Disease Program has the legal responsibility for all Tuberculosis (TB) clients in Georgia regardless of who provides the direct services. TB services are available to all who fall within the service criteria without regard to the client's ability to pay. This is accomplished by identifying and treating persons who have active TB disease, finding, screening and treating contacts, and screening high-risk populations.

PERCENT OF LTBI CASES OVER 5 YEAR PERIOD BY COUNTY 2011-2015



8

Active TB
Patients
completed DOT
in FY15

Persons with latent TB infection (LTBI) do not have symptoms but usually have positive reaction to the tuberculin skin test. They are infected with *M. tuberculosis* but do not have active disease and cannot spread TB infection to others. However, without proper treatment the patient may develop TB in the future. In order to prevent the infection from progressing, persons with LTBI are given treatment.

53

Latent TB
Infections were
Identified in
FY15

NURSING & CLINICAL SERVICES

The Clinical and Nursing Services Section provides direct patient care at thirteen local health departments and through specific District-wide initiatives. Public health nurses collaborate with a multi-disciplinary public health team and other key community partners to advance the health and wellness of individuals, families and communities. Public health nursing practice in Georgia is evidence-based and is consistent with core public health functions, essential public health services, the Georgia Nurse Practice Act, current technology and national standards.

Immunizations Program

Perinatal Hepatitis B



children born to
HBV positive
mothers in
NCHD

The Perinatal Hepatitis B (HBV) Program ensures that post-exposure prophylaxis is given within 12 hours of birth to all infants born to HBV positive women. This is followed by completion of the HBV vaccine series and post-vaccination serologic testing at 9-18 months of age.

● Subject matter expert

Provides consultation on proper immunization practices and changes in policy and practice guidelines

● Equipment and Storage

Provides essential equipment for proper handling and storage

● Continuing Education

Provides essential continuing education to nursing staff and community partners.

● Employee Health

Ensures a safe work environment by reducing occupational work hazards

GA Immunization Study



of children in
NCHD enrolled
in the this study
in 2014 were up
to date by the
end of the study.

The annual Georgia Immunization Study (GIS) employs a retrospective cohort research design to ascertain the up-to-date (UTD) immunization rate for 2-year-old children born in the State of Georgia.

School Based Influenza Vaccination Program

All 13 counties within the North Central Health District conduct mass school-based influenza vaccination programs in public and private schools.



doses of influenza vaccines were given through the SBF Program. Enough to vaccinate approximately 16% of our school population.

Women's Health

7,894

Women received family planning services

Our Women's Health program offers comprehensive health care services designed to provide women support with planning when to have children, reduce unintended pregnancies, determine effective birth control methods and improve the wellbeing of families statewide.

5,843

Pap test performed

255

Abnormal results required further follow-up



Breast & Cervical Cancer Prevention Program

The Breast and Cervical Cancer Program (BCCP), was established in 1992 with funding from the Centers of Disease Control and Prevention and the State of Georgia. It was an expansion of the Cervical Cancer Screening Program, which was established in 1965. The Breast and Cervical Cancer Program is a statewide breast and cervical cancer early detection program that is offered by more than 200 public health clinics and selected nonprofit agencies to low income, uninsured women.

112%

Breast cancer screenings exceeded the State screening goal for the District

789

Women were screened for breast cancer

93

Required diagnostic follow-ups

8

Diagnosed with breast cancer



NUTRITION

WIC was established as a permanent program in 1974 to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk. The mission of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is to improve the health of low-income women, infants, and children up to age five (5) years who are at a nutritional risk by providing nutritious foods to supplement diets, information on healthy eating and referrals to health care.

17,175

Women, Infants, and Children Served through WIC clinics in FY 15

Talk with Me Baby

Talk With Me Baby is a dynamic public health program that focuses on word development and daily interaction between adults and children. WIC staff encourages parents and guardians to read and frequently speak to their children. To promote this initiative, a DVD that models how to talk with a baby is played at clinic sites throughout the district. Also, WIC nutritionists have created specifically designed nutrition educational classes each month to encourage families to talk to each other.



Strong 4 Life

As part of Strong for Life, WIC nutritionists use motivational interviewing and open-ended questions to talk with families about healthy habits for children. From these conversations, families are encouraged to develop realistic and time sensitive goals on their own. Strong for Life has a designated Champion who goes out to different WIC clinic sites randomly and unannounced to monitor the nutritionists. WIC nutritionists are given feedback after the monitoring sessions. From this, they continue to improve their skills at motivational interviewing and asking permission. With Strong for Life, WIC is empowering families to create their own healthy habits and goals.



Breastfeeding Peer Counselors

The use of breastfeeding peer counselors adds a critical dimension to WIC's efforts to help women initiate and continue breastfeeding. WIC breastfeeding peer counselors provide a valuable service to their communities, addressing the barriers to breastfeeding by offering breastfeeding education, support, and role modeling.

400

Prenatal and Breastfeeding women served monthly

Farmer's Market

12,050

Clients served through WIC FMNP in FY 15

The WIC Farmers' Market Nutrition Program (FMNP) is associated with the Special Supplemental Nutrition Program for Women, Infants and Children, popularly known as WIC and served 12,050 clients in 2015. The WIC FMNP was established by Congress in 1992, to provide fresh, unprepared, locally grown fruits and vegetables to WIC participants, and to expand the awareness, use of, and sales at farmers' markets.

ORAL HEALTH

The Dental Program focuses on prevention, screening and referral, treatment, and oral health education. The most common dental problems that children have are dental decay, gum disease, and malocclusion. Most of these problems are preventable. Early diagnosis and prompt treatment can eliminate pain, infection, and progressive oral diseases.

New Clinic in Hancock County

This clinic added Hancock Middle School and M. E. Lewis Elementary (Hancock County) to our School Based Sealant Program. This clinic saw 29 patients during FY15.



958

Students were provided Oral Health Services through the school based sealant program

ACCREDITATION TEAM

2015 Healthcare Georgia Grant Recipient

The Healthcare Georgia Foundation awarded NCHD a grant to assist with accreditation efforts. This grant will be used to fund 50% of our application fees along with assisting the district complete the Community Health Improvement Plan, Strategic Plan, Workforce Development Plan, and Program Performance Management System that are required in order to apply for Public Health Accreditation.

- Strategic Planning Process:
Project expected to be complete November 2015.
- Performance Management System:
Project expected to be complete January 2016
- Workforce Development:
Project expected to be complete January 2016

Community Health Assessments

A Community Health Assessment (CHA) has been created for all thirteen counties we serve. The community-wide health assessment, which examines the county's health status, is intended to help shape the collaborative efforts to improve the health of residents.

Community Health Improvement Plan

A Community Health Improvement Plan (CHIP) is being developed for all 13 counties we serve. The community-wide improvement plan, which is based on the community health assessments, is intended to help set priorities and strategies that will improve the health of Central Georgia residents.

#1

Chronic Disease:
Focus on Obesity

#2

Access to Quality
Healthcare and
Preventive
Services

#3

Maternal, Infant,
and Child Health

The District Accreditation Team meets quarterly with district and county partners through our Virtual Meeting System.

**All Accreditation documents can be found here:
northcentralhealthdistrict.org/accreditation**

QUALITY IMPROVEMENT COMMITTEE

NCHD's QI Plan was adopted in May 2014, and has successfully fostered a culture of quality to help support strategic priorities.

Completed Projects Spotlight

HIV Testing Rates

- removed 1 extra consent form
- improved from 26% to 77% and saved 5 minutes per visit

February 2014



July 2014



HIV Testing Rate at Peach County

Bibb County Patient Wait Times

Time study reflected that most of the patient wait time is spent with the check-in process.

Improvements made with the schedule:

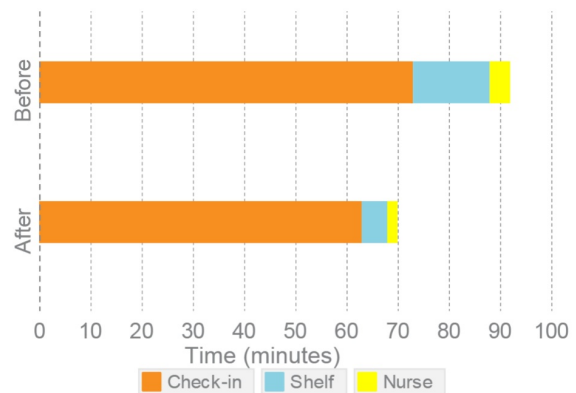
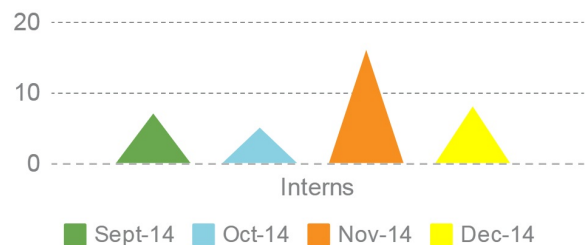
- Distinguishing between walk-ins and appts
- Overflow time at noon
- Providing the option for overflow walk-ins to schedule an appt the next day

Project Ongoing.

Internships

- streamlined application process on website
- reduced confusion and made it easier to apply for an internship
- received 50% more applications after implementation

Internships Requested



Wait Times by Checkpoint

HR Hiring Process

Improvements:

- reduced 2 interviews into 1
- provided program managers opportunity to conduct second screening of applications

Next steps:

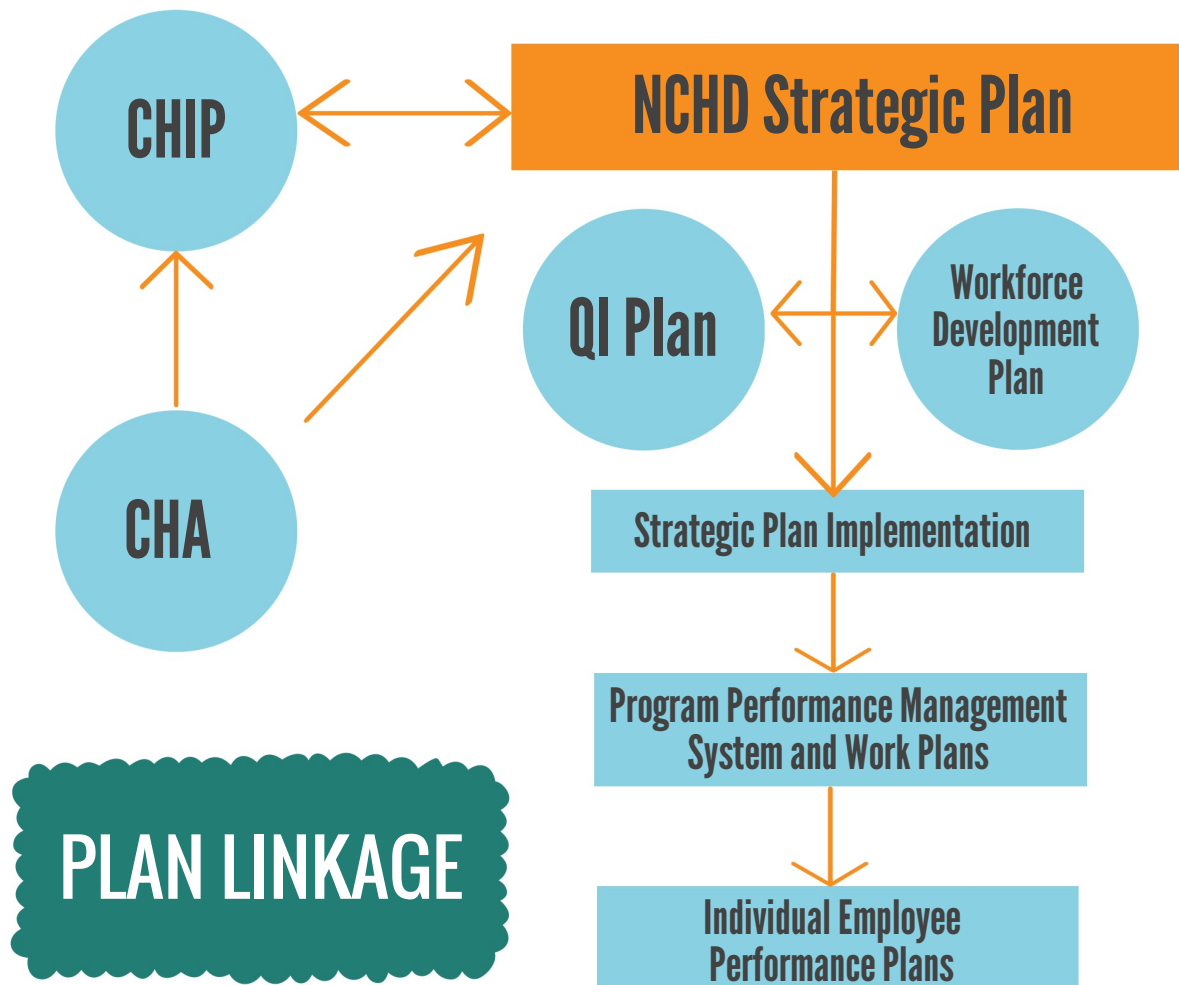
- addressing the time delay between interview and start date



The District Quality Improvement Committee meets every other month.
To submit Quality Improvement Project Suggestions:
<http://goo.gl/forms/MFazTHJ4X3>

STRATEGIC PLAN COMMITTEE

NCHD's strategic planning process was funded by a grant from the Healthcare Georgia Foundation that allowed NCHD to contract with Georgia Southern University's Center for Public Health Practice and Research to provide facilitation and technical support. A strategic planning committee was developed in June 2015 to provide input into the process and to create a document that will guide the direction of NCHD from January 1, 2016 to December 31, 2020 and is supported by work plans, the Community Health Improvement Plan (CHIP), the Quality Improvement (QI) Plan, the Workforce Development Plan, the Performance Management System, and the Public Health Accreditation Board's Standards and Measures version 1.5 for public health accreditation.



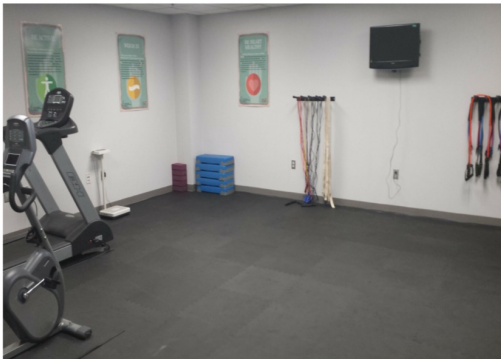
POLICY COMMITTEE

The Policy Committee was established to streamline the policy development and approval process. The committee, along with subject-matter experts, meets twice a month, and follow the procedure outline in the Policy Development and Management Policy.

WORKSITE WELLNESS COMMITTEE

NCHD developed an employee worksite wellness committee in order to design, plan, and implement worksite policies and employee health promotions that will lead to reduced risk of chronic diseases, increased productivity, and reduced health care costs. The committee uses a proactive approach to supporting employee health, with the responsibility shared between employees and the district.

During its inaugural year, the committee hosted quarterly wellness challenges, offered health education and CPR training, guided active meeting breaks, hosted group walks, reviewed and updated district wellness policies, surveyed employees on wellness needs and barriers, and put together a group fitness room at the district office.



lbs lost in 12 weeks during the New Year New You Weight loss challenge held January 2014-March 2014



CONTACT US



(478)751-6303



201 Second St.
Ste 1100
Macon, GA 31201



northcentralhealthdistrict.org



[facebook.com/
NorthCentralHealthDistrict](https://facebook.com/NorthCentralHealthDistrict)