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Our Mission:
To protect and improve the health of our communities through the prevention of disease, the promotion of healthy behaviors, access to quality services, strong community partnerships, and disaster preparedness.

Our Vision:
To lead the way for our communities to live healthier and safer lives.

Our Values:
· To create and nurture an **INNOVATIVE** culture that empowers staff and community to maximize their potential

· To promote **COLLABORATION** and community partner engagement to drive **CONTINUOUS QUALITY IMPROVEMENT**.

· To maintain **INTEGRITY, RESPECT** and **FLEXIBILITY** in performing core functions and providing essential public health services.

· To assure **ACCOUNTABILITY** through transparency, commitment and communication

· To acknowledge and value diversity to ensure **EQUITY** in all we do
Dear Reader,

Like the paradigm shift in public health that occurred following the publication of “The Future of Public Health” by the Institute of Medicine in 1988, we are living through a changing perspective in how Public Health is organized, delivered, reported and funded. Public Health will no longer passively respond to health issues for individuals and communities but will be looking upstream to identify causative factors and using our unique position to influence different and diverse stakeholders to identify and respond to emerging needs of populations in real time. Public health will become the Chief Health Strategist for the community, officially ushering us into the era of Public Health 3.0.

Over the last 5 years, District 4 Public Health has taken giant strides to be the Chief Health Strategist for all of our counties. This report is another significant step in the commitment of the Board and staff of District 4 Public Health on that road.

As mentioned, The Chief Health Strategist will be involved in diverse settings, receiving real time data from historically underutilized partners. To establish and grow these relationships, transparency and accountability are essential. The mission of Public Health is to protect and improve the health of communities, and almost inevitably because of the nobility of that mission there is an expectation of complacency from those we serve that unfortunately is frequently met.

As Chief Health Strategist for all the counties in District 4, we are committed to setting new standards, maximizing our influence in the community, communicating efficiently and strategically, and assuring the community that their investment in us is one that is worthy.

Please use email, phones, social media or regular mail (all included at the end of the report) to give feedback on this report, this is the only way we can be more accountable to you, whom we serve and give you the quality you deserve.

On behalf of all the Boards of Health and staff of District 4 Public Health, thank you for taking the time to read and review this report, and for your feedback.
Demographics

Race / Ethnicity

- White (61%)
- Black (29%)
- Hispanic (6%)
- Pacific Islander (0%)
- Multiracial (2%)
- Asian (2%)

Age Distribution

- 2016
- <18
- 18-64
- 65+

Population

2016

844,116

Single Parent Households: 35%

District-Wide High School Graduation Rate

2012-2016

83.4%

Percent of population, over the age of 24, with a 4-year degree

2012-2016

19.2%

26.5% of District 4 children live below the Federal Poverty Line.

48% Males

52% Females

% of Population Under the Age of 65 Without Health Insurance

16%
Joseph Barrow
Becky Smith
Tippie Conner, Consumer representing needy,
Cindy Barge
Steve Barker
Charles Rousseau
Ted Toles*
Terry Jones
nurse interested in promoting public health
Gloria Barnes, RN
Loy Howard, Consumer or licensed
nurse interested in promoting public health services

Steve Wirth, Consumer representing needy, underprivileged or elderly,
Karen Boyd, Largest City Representative
Mart Caputa, Consumer or licensed nurse interested in promoting public health services

Laura Larson, MD*, Physician
Cindy Barge**, Consumer representing needy, underprivileged or elderly
Marty Smith, County Representative
Kathryn Grams, Consumer/Advocate for health services
Terry Jones, County School Superintendent Representative
Walt Hollingsworth, Mayor, Largest City Representative
Loy Howard, Consumer or licensed nurse interested in promoting public health services

June Wood*, County Representative
Anthony Ford**, Mayor, Largest City Representative
Andrea Miles, MD, Physician
Charlie Tomlinson, Consumer/Advocate for health services
Mary Elizabeth Davis, County School Superintendent
Mike Carley, Consumer representing needy, underprivileged or elderly
Jill Bolton, RN, Consumer or licensed nurse interested in promoting public health

Lee T. Woodall, MD*, Physician
Samantha Bishopp, RN**, Consumer/Advocate for health services
Ryan Taylor, County Representative
Martha Holloway, RN, Consumer representing needy, underprivileged or elderly
Julian Wilson, County School Superintendent
Peter Banks, Mayor, Largest City Representative
Robert Taylor, Consumer or licensed nurse interested in promoting public health

Hannah Flynn, RN*, Consumer or licensed nurse interested in promoting public health
Bryan Threadgill**, County Representative
Victor Lambert, MD, Physician
Norma Phillips, Consumer representing needy, underprivileged or elderly
Robert Griffin, County School Superintendent
Travis Ferguson, Largest City Representative
Alma Cox, Consumer/Advocate for health services,

Briar Johnson**, County Representative
Donna Haney, MD, Physician
Rodney Hilley, Consumer representing needy, underprivileged or elderly
Michael Duncan, County School Superintendent
Bobby Blalock, Mayor, Largest City Representative
Lynn Vickers, RN, Consumer or licensed nurse interested in promoting public health
VACANCY, Consumer/Advocate for health services

Johnie McDaniel*, Consumer representing needy, underprivileged or elderly
Jim Smith**, County School Superintendent
Raymond Ray, County Representative
Adesola Fabayo, MD, Physician
Millie Stull, NP, Consumer/Advocate for health services
Holly Murray, Largest City Representative
Drew Miller, Consumer or licensed nurse interested in promoting public health

Rev. W.T. Edmondson*, Largest City Representative
Erin Meeks, MD**, Consumer representing needy, underprivileged or elderly
Lewis Davis, County Representative
Shauldre Brown, MD, Physician
Roy Nichols, County School Superintendent
Thomas Whitworth, Consumer/Advocate for health services
Carrie Hightower, RN, Consumer or licensed nurse interested in promoting public health

Glenda VanHouton, RN*, Consumer representing needy, underprivileged or elderly
Martha Bentley, RN**, Consumer or licensed nurse interested in promoting public health
Anita Whitmore, Consumer/Advocate for health services
Christine Cunningham, County School Representative
Mayor J.D. Stallings, Largest City Representative
Norman Allen, County Representative
Patricia Hall, MD, Physician

* Denotes Chairperson  ** Denotes Vice Chairperson

Current as of 8/29/18
Accreditation

District 4 Public Health began its Accreditation journey in 2015. In the early days of this process, county-level assessments were conducted, community feedback was given, and domain teams were formed. Since December of 2017, the district has approved and/or adopted the following documents:

- Quality Improvement Plan January 23, 2018
- Strategic Plan February 6, 2018
- Performance Management System Plan February 6, 2018
- Community Health Assessment April 15, 2018
- Community Health Improvement Plan July 23, 2018

On August 31, 2018, the district will officially apply for accreditation through the Public Health Accreditation Board (PHAB). Years of hard work and planning have led to this moment, but this is not the end. Once the application has been submitted, the Accreditation Coordinator and the District Health Director will travel to the PHAB headquarters to participate in e-PHAB training. This training will prepare them for the uploading of all of the domain documentation. Approximately 335 documents must be uploaded into e-PHAB along with a cover sheet, narrative, and description for each document. Our projected deadline for this part of the process is December 28, 2018. Once the domain documents are uploaded into e-PHAB, a site visit team will be selected, and a date will be set for the site visit. We anticipate that the site visit will take place sometime during the summer of 2019. Once the site visit is complete, the PHAB Board will make an Accreditation decision. We hope to receive the results of that decision in Fall of 2019. Once we are accredited, we will remain accredited for 5 years (while maintaining annual reports, and working on the goals and objectives that were set in the documents that were submitted). After 5 years, we will apply for re-accreditation.

The purpose of this endeavor is to become a better Health District that is more accountable to its residents as well as its stakeholders and employees.
District 4 strives everyday to foster a culture of Continuous Quality Improvement in the District Office and in each of our 12 County Health Departments. In an effort to make all employees feel heard, we have implemented two QI Project forms.

The QI Project Suggestion Form: This form is available to all employees on the District 4 Employee Intranet, and is to be used for suggesting large-scale QI projects... Projects that require a team that moves through the PDSA (Plan, Do, Study, Act) Cycle.

The Just Did It Form: This form is also available to all employees on the intranet, and it is used for projects that are small enough for a person to handle on their own, without a team working through the PDSA Cycle.

Past and Present QI Projects:
- Updated Contracts
- EH Contracts
- Dropped Calls
- WIC Nutrition Counseling
- Electronic Intake Forms

The QI Council
The QI Council is comprised of staff from all levels, and from many different areas of the District. They are responsible for selecting new QI Projects and PM System Reviews.
An academic health department (AHD) partnership is formed by the formal affiliation of a health department and an academic institution that trains future health professionals. This relationship is sometimes described as the public health equivalent of the “teaching hospital” affiliation found between hospitals and medical schools. AHD partnerships can enhance public health education and training, research, and service and may offer a variety of benefits, both for the organizations involved and for the community as a whole.

AHD partnerships help to strengthen the links between public health practice and academia and to lessen the separation between the education of public health professionals and the practice of public health. AHDs can serve as sites for joint education, research, and practice, enabling the practice and academic communities to work together to develop the current and future public health workforce, build the evidence base for public health, and better deliver the Essential Public Health Services.

District 4 Public Health entered into a formal contract with Columbus State University and their Center for Health Disparities and Community Based Research in May 2018 to assist with the CHIP process as well as the county work plans. This partnership will be beneficial to the district as well as the students in the Health Science program at CSU. While the students will be assisting with the work plans and the CHIP, D4 employees with a Masters Degree will be guest lecturers in Health Science classes at CSU. Internship opportunities will be offered to the Health Science students as they become available.
Program Reports
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 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 with our community partners.

In FY18, BCW received 1,041 Referrals:
Of 1,041 referrals, 436 children were found to eligible for services and enrolled into District 4’s Babies Can’t Wait Program

- 432 came from private physicians
- 317 came from parent
- 100 came from neonatal intensive care units
- 192 came from other various agencies
The Goal of Children 1st at District 4 is for all children birth to five years old be referred to the program who need resources and/or interventions. Children 1st handles all child health referrals to identify children with development, medical, or socio-environmental conditions that place them at risk for poor health or developmental outcomes.

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.

**Total Referrals for FY18:** 771

Any child in Georgia can be referred to Children 1st; however, Children 1st is especially interested in referrals for children with the following factors:

- Premature birth
- Extended stays in the hospital/ NICU
- Congenital infections/abnormalities
- Low/very low birth weight
- History of maternal alcohol or substance abuse
- Lack of prenatal care
- Illness or traumatic injury during pregnancy
- Prenatal exposure to therapeutic drugs with known potential for developmental implications
- Exposure to environmental lead or other toxins
- Suspected or confirmed hearing or vision impairment
- Congenital and heritable disorders
- Traumatic injury to the child
- Parental concern about the child’s development
- Parental developmental disabilities or mental illness
- Homelessness or parental unemployment
- Family history of child abuse or neglect
All babies should be screened for hearing loss before 1 month of age. The screening is typically done before the baby leaves the birthing facility.

Along with the Newborn Metabolic Screening Program and Children 1st, the EHDI Program maintains and supports a comprehensive, coordinated, statewide screening and referral system. EHDI includes screening for hearing loss in the birthing hospital. It also includes referral of those who do not pass the hospital screening for rescreening, for newborns who do not pass the rescreening referral for diagnostic audiological evaluation, and linkage to appropriate intervention for those babies diagnosed with hearing loss. Technical assistance and training about implementing and maintaining a quality newborn hearing screening program is provided to hospitals, primary care physicians, audiologists, early interventionists, and public health staff.

9,750
LIVE BIRTHS BETWEEN 7/1/17 AND 6/30/18

81,766
Total Hearing Screen Reports

419
Total Hearing Screen Reports

5
Babies diagnosed with hearing loss

422
Babies that referred or did not pass hearing screen at birth

5
Babies linked to intervention with hearing loss
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 hospitalizations, medications and other medical treatments, durable medical equipment, hearing aids, and dental care related to the child’s CMS-eligibility condition.

**FY 2018**

**Community Outreach**

In FY18, outreach to physicians and other partners was a priority.

The following is a list of outreach events that occurred in addition to new employee orientations and BOH Meetings:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/2017</td>
<td>3 Back to School Bash events within our district: 2 in Troup county and 1 in Pike</td>
</tr>
<tr>
<td>8/2017</td>
<td>West Georgia Home School Association Meeting</td>
</tr>
<tr>
<td>9/2017</td>
<td>Local TV Station Presentation (LGTV) presentation for CMS and C1st Programs</td>
</tr>
<tr>
<td>10/2017</td>
<td>0-3 Initiative @ Douglas County Judicial Court House with Judge Key</td>
</tr>
<tr>
<td>11/2017</td>
<td>Family Connections in Upson County meeting with DFCS, school counselors</td>
</tr>
<tr>
<td>12/2017</td>
<td>Meeting with local school nurses and pediatricians offices in Upson county</td>
</tr>
<tr>
<td>1/2018</td>
<td>Visit with pharmacies, providing program information</td>
</tr>
<tr>
<td>2/2018</td>
<td>SBRRP (School Based Risk Reduction Program) juvenile courts</td>
</tr>
<tr>
<td>3/2018</td>
<td>LIPT (Local Interagency Planning Teams) and Encore Leadership Program</td>
</tr>
<tr>
<td>4/2018</td>
<td>Shine Disability Health Fair and visited pharmacies and physician’s offices</td>
</tr>
<tr>
<td>5/2018</td>
<td>Faith Medical Services presentation and 3 school nurse meetings</td>
</tr>
<tr>
<td>6/2018</td>
<td>Family Connection meeting in Carroll county</td>
</tr>
</tbody>
</table>
Public Health Nurses have been instrumental in preventing disease and protecting the health of communities for over 100 years. As a part of the nation's largest health care workforce, public health nursing has changed dramatically over the years adapting to the changes in health and society. Nursing responsibilities require a broad range of skills; disease investigation, physical assessment, health promotion and wellness, treatment, case management, home visits, ordering and dispensing of medications and community education. As educators, it is our job to work with community partners to explore opportunities for new avenues to assure health promotion and disease prevention.

Clinical Services are provided through all 12 county health departments and 1 satellite clinic. Services are provided within health departments but also in a wide variety of community settings; including the use of telehealth. The clinical services team is led by licensed professional nurses (NPs, RNs and LPNs) and includes various support staff (lab techs and health techs). Nurses work in collaboration with the Health Director and all program staff to assure adherence to all state program requirements, guidelines, and nursing protocols. Clinical competency and continuous quality improvement is at the center of all services. Grounded on the principles of population health practice, evidence-based practice and the core public health functions, Public Health Nurses (PHNs) partner with environmentalists, epidemiologists, nutritionists, physicians and community leaders to address an ever-growing list of health challenges.

Programs:

BCCP
Women's Health
Immunizations
Infectious Disease
Tuberculosis
STDs
Notifiable Diseases
BCCP

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 all the eighteen public health districts and selected nonprofit agencies to low income, uninsured women.

IN FY18:

- 603 Women were screened for breast cancer
- 165 Women required diagnostic follow-ups for breast cancer
- 16 Women were diagnosed with breast cancer
- 83 Women required diagnostic follow-ups for cervical cancer
The Women's Health program offers comprehensive health services that provide women with physical exams, pap smears, contraceptives and STD screenings to support them with planning when to have children, using effective birth control methods and improving their wellbeing.

In FY 18:

4,422 WOMEN RECEIVED FAMILY PLANNING SERVICES

1,090 PAP TESTS PERFORMED

198 Abnormal results required further follow-up
Immunizations

County and District staff work with private providers and other stakeholders to increase immunization rates for all age Georgians and to decrease the incidence of vaccine-preventable diseases.

Total number of vaccines administered during FY18:

33,618

TOTAL NUMBER OF PATIENTS SERVED DURING FY 2018:

15,820

Travel vaccines (for international travel) are available at Carroll, Coweta, Fayette, Henry, Pike, and Upson clinics.

District 4 Clinic staff work with their local schools and day care facilities to assure attendees are vaccinated as required in the Rules of the Department of Public Health, Chapter 511-2-2, Immunization of School Children.

During FY18, staff completed immunization record reviews at 344 day-care facilities and 270 schools with an average compliance rate of 99.7%.
The Infectious Disease program is responsible for contacting and notifying/tracing partners, providing counseling, health education, case management, referral services and continuous collaboration with healthcare providers.

Surveillance of STDs and HIV allows one to deliver the appropriate and necessary STD prevention, treatment, and HIV care. The Infectious Disease program has the legal obligation to ensure and/or provide Tuberculosis (TB) care to all Georgia residents regardless of who provides the direct care. TB is a reportable notifiable disease and requires identifying and treating persons who have active TB disease. This program is also responsible for finding, screening, and treating contacts, and screening “high-risk” populations.

There are 2 types of TB cases the Infectious Disease program follows: Active TB infection patients requiring Direct Observation Therapy (DOT) treatments and Latent TB Infection (LTBI), which have a positive reaction to the tuberculin skin test and do not have an active infection. Latent TB patients cannot spread TB infection to others, but without treatment the patient can develop TB in the future.
Notifiable Diseases

For each disease reported, the Epidemiology Program conducted provider and patient interviews to identify the source of disease, prevent or reduce the spread, and provide medical referrals.

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 coordinated between the programs.

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

FY18 Case Count:

- **64** PERTUSSIS CASES
- **17** legionella
- **49** SHIGELLA CASES
- **252** SALMONELLA CASES

Shiga Toxin e.Coli

54
Oral Health

School-Based Dental Program

The Dental Program focuses on providing school-based dental prevention services to underprivileged children that have no insurance or access to care issues. The school-based Dental Program is provided at Head Start Centers and Elementary schools. Every child that has written permission to participate receives a dental screening and fluoride varnish application. If they have their adult molars we put dental sealants on to protect those teeth. A sealant is a barrier that is painted onto the tooth surface to keep bacteria out of the natural cracks and crevices. It helps prevent cavities in the most vulnerable teeth. *The first set of adult molars start to come in by age 6, the second ones around age 12!*

Every child that is screened receives a screening results form to take home to their parents. The school nurse is also notified if any child is found to be in critical need of emergency dental services.

**ON-SITE ELEMENTARY SCHOOL DENTAL EXAMS AND FLUORIDE VARNISH APPLICATIONS**

- **179** On-site Head Start dental exams and fluoride varnish applications
- **1202** On-site Elementary School dental exams and fluoride varnish applications
- **644** Elementary school students received
- **2213** Sealants

Dental Program

District 4 Public Health also has two dental clinics that accept all forms of Medicaid and Peachcare coverage for both children and adults. For the uninsured a sliding-scale fee program is available.

Exams, X-Rays, Cleanings, Sealants, Fillings, and Extractions

Clinics are located in Heard and Lamar counties

**Heard County Dental Clinic**
- 132 patients visit:
  - 52 Cleanings
  - 55 Fillings
  - 59 extractions

**Lamar County Dental Clinic**
- 183 patients visit:
  - 63 Cleanings
  - 98 Fillings
  - 70 extractions
Health Promotion

The current health promotion project for District 4 focuses on nutrition and health behavior improvement. This year District 4 selected the strategy for improved nutrition (Healthy Eating) to help people recognize and make healthy food and beverage choices. A partnership was established with the Lagrange Housing Authority and its residents in Troup county to carry out this strategy and address the area’s top three health concerns which were obesity, hypertension and asthma. Obesity is the leading cause of years of potential life lost among Americans. It can lead to and cause other conditions such as hypertension, diabetes and Georgia’s number one killer cardiovascular disease. Asthma a chronic (long-term) lung disease that inflames and narrows the airways is also a high priority health condition in Georgia. Asthma can impact anyone and can only be controlled.

Health promotions has collaborated with several sectors as a means of intervention for the Lagrange Housing Authority. Through the development of these partnerships the following actions were taken to implement nutrition and healthy behavior improvement. Troup county’s health department provided health screenings to the housing authority residents which included measurements of body mass index and blood pressure. The residents were then given education on their screening and ways to make better choices to maintain or improve their health. Troup county’s environmental health department also met with the residents to discuss asthma triggers and safe ways to control the condition. A series of cooking matters classes provided by WIC was also utilized as part of the nutrition program for residents. The latest intervention in the Lagrange Housing Authority is the collaboration with UGA-extension to promote the utilization of their established community garden.

The Georgia Department of Public Health has named tobacco use as 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. Health promotions has partnered with Twin Cedars Youth & Family Services, Inc. for the Alcohol and Substance Abuse Prevention Project. Through this partnership, health promotions provided education to several community sectors of Meriwether county on the link between alcohol and tobacco use and chronic disease. Health promotions also worked with the GA Department of Public Health to implement Georgia Working on Health a new initiative promoting a healthier workforce, improving public health programs and promoting self-management of chronic conditions. Several organizations/worksites within Meriwether county have pledged to this initiative to promote physical activity, create a healthy eating environment, support breastfeeding, and/or become tobacco free.
Worksite Wellness

District 4 initiated an employee worksite wellness program in order to promote healthy lifestyles and a culture of well-being among staff. This program aims to develop or improve upon current worksite wellness programs and/or policies. The worksite wellness program strives to create a supportive, health promoting environment that increases physical activity, reduces tobacco use, promotes better nutrition, improves workstation ergonomics, reduce unintended on-the-job injuries, better manage and reduce job-related stress and increase participation among all employees for organizational benefits.

The Wellness Coordinator reintroduced this program to employees across the district by hosting worksite wellness kickoff events in all 12 counties as well as the district office. Employees of District 4 have participated in the utilization of JOOL health a mobile application that serves a purposeful life coach for promoting individual healthy change. The wellness program has also offered yoga classes, mindfulness-based stress reduction and employee interest surveys on wellness needs and barriers. District 4’s most current activity is the participation in the Georgia’s 100 Days of Summer challenge. The challenge supports the Surgeon General’s Call to Action through the Step It Up! Initiative, which promotes walking and walkable communities for people of all ages and abilities. This year the worksite wellness program decided to incorporate more than just physical activity but also nutrition and option of choice that relate to improving current worksite wellness programs and/or policies such as healthy eating and stress management. The policy improved upon this year was the wellness break policy that allows employees a thirty-minute break each day for physical activity, mindfulness practices and/or other wellness related activity. The Wellness coordinator is currently developing a wellness team that will serve the entire district for all wellness initiatives moving forward.
The Women, Infants, and Children (WIC) Supplemental Nutrition Program is a federally-funded health and nutrition program for Infants and Children age 1 to 5 years (including foster children) and Pregnant Women.

Currently, WIC has the following participants enrolled in the District 4 WIC Program, which is made up of 14 clinics throughout the district:

- 1,953 Prenatal Participants
- 1,452 Non-Breastfeeding Participants
- 1,422 Breastfeeding Participants
- 5,380 Infants
- 7,762 Children

**TOTAL ENROLLED:** 17,969
District 4 Public Health’s Office of Emergency Preparedness (EP) is one of 18 Emergency Preparedness and Response programs located in health districts throughout the state. This program develops operational plans that enable the district health office and its 12 county health departments to effectively address community needs during naturally occurring public health emergencies. Public health professionals may be called upon for many tasks including diagnosing and containing the spread of disease and responding to areas where people may have been exposed to infectious or harmful materials, providing medications or vaccinations to protect the public.

To accomplish this purpose we prepare staff, partnering agencies and citizens to rapidly respond to acts of terrorism, natural disasters and other hazards through awareness, planning and training. We recognize that building inter-agency relationships is essential to effectively responding to an emergency. To aid the health district in disaster response the Office of Emergency Preparedness has established partnerships with several agencies at the local, state and federal levels.

District 4 EP supports four Healthcare Coalitions, more than any other District in the State. This area of support reaches from Rome to Columbus to Macon and to Atlanta and every place in-between. District 4 also has the most Cities Readiness Initiative (CRI) counties of any District in the State. CDC has determined that these counties, due to population and size, need special planning in the event of an act of terrorism in which the entire population of these counties must receive medication within 48 hours. This responsibility lies with District 4 Public Health for our 12 counties.

To prepare for such an event, District 4 EP plans, trains, and exercises with the county health departments and community partners. Last year we facilitated 3 Full Scale Dispensing Exercises within the District. This year we will be conducting 4 exercises.

Over the course of the last year we have trained staff on Emergency Operations Center activation, Shelter Operations, CPR and Risk Communication among others. District 4 EP facilitated the development and training of nursing strike teams that are capable of being deployed during a disaster. Through recruiting, we have bolstered our volunteer numbers within the Medical Reserve Corps.
IT is Responsible for:

• Research, Recommend, and Purchase Equipment
• Hardware repairs, upgrades, maintenance, and relocation
• Provide Training
• Access Control, Video Surveillance and Physical Security
• Remote Access to all Devices
• Repair and upgrade existing equipment
• Data Backup, System Conversion, & Disaster Recovery
• VoIP, PBX phone systems & Cell Phones
• Video Conference capabilities at all sites
• HIPAA Security
• Project and Technical Services Management

D4 IT is responsible for equipment in multiple sites:

• 22 public health Sites
• 35 Servers
• 600 PCs District Wide
• 125 Laptops, iPads and other Tablets
• 30 Meraki Wireless Access Points
• 55 Network Switches
• 21 Routers / Security Appliances
• Over 1200 devices attached to Network
• Access Control – Alarm Systems
• Mobile Phones and VoIP Systems
The mission of Environmental Health is to provide primary prevention through a combination of surveillance, education, enforcement, and assessment programs designed to identify, prevent and abate the environmental conditions that adversely impact human health.

### Food Service

- Total Food Facilities Permitted: 1824
- Inspections: 3482
- Remove complaints and personnel trained: 271

### Body Art/Tattoos

- Regulated Facilities: 33
- Counties within District 4 have current local body art rules: 12

### On-Site Sewage Management Program

- OSSMS Permits Issued: 2,942
- OSSMS Repairs Inspected: 974
- New OSSMS Inspected: 1,652
Swimming Pool Program

859 Inspections for 479 Facilities

Individual Water Wells

418 Well Permits

1,037 Bacterial Samples Taken

323 Samples Positive for Coliform Bacteria

Tourist Accommodations

282 Inspections for 125 Facilities

Rabies Control Program

588 Animal Bite Reports Investigated

13 Animals Positive for Rabies

114 Lab Specimens Sent in for Testing
Billing

District 4 has a billing team comprised of 7 people. District 4 contracts with Macon-Bibb (District 5-2), Fulton (District 3-2), Dalton (District 1-2), and the Georgia Department of Health State Lab. They also just contracted with Clayton (District 3-3) to start their billing on September 1, 2018.

District 4 FY18 Payer Mix

The pie chart shows the payer mix for District 4’s Health Departments. 50% of the clientele are self-pay.

This graph shows the number of claims that have been filed for both MDCD/CMO as well as third party insurance. There was a slight increase in FY18.

In FY18, the Billing Department billed for $1,370,562.34 and collected $1,213,075.13 in payments.
The Business Office

Workforce Development

D4PH has developed a workforce development plan designed to cultivate a viable workforce which is empowered to provide quality service to meet the needs of our diverse communities. Progressive training and development of the workforce is one part of a comprehensive strategy toward District 4’s goal to create an environment that values, supports, and promotes lifelong learning and continuous quality improvement. We provide our staff at all levels with a broad range of training opportunities.

Beginning in 2017:

- All staff has received training in the following core competencies and these trainings are also incorporated into New Employee Orientation Cultural Competency, Structure and Function of Public Health in Georgia, Financing PH in Ga.

- **60** Staff members received training in Public Health Informatics via Region 4 Public Health Training Center - Core Competency

- **ALL STAFF** Have received training in Good to Great, Crucial Conversations, and Customer Service Skills

- **114** Staff members have completed a 15-week Leadership Certificate Program through Mercer University

District 4 contracts with Enduring Legacy for leadership/management skills training and coaching sessions for the Executive Leadership Team and other managers.

**GOALS FOR NEXT YEAR:**
To continue offering trainings to address gaps in knowledge of the Core Competencies. Health Equity is a hot topic to be addressed.
Human Resources

In FY18, District 4:

Launched Exceed LMS in conjunction with the State office (Training and Development)

Recruiter given Peoplesoft access to verify applicants in a more timely manner and assist with employment verifications

Recruiter now receives and processes Personnel Action Requests

Expanded Number of Career Fairs to increase D4 Exposure

Completed 'True Colors' training for entire District (Training and Development)

Developed interviewing packets (with measurable scoring system) to increase objectivity in the hiring process
### District 4 Public Health

**Total Revenue:** $30,328,820

- **State Grant in Aid:** $16,293,588 (54%)
- **County Support:** $1,872,545 (6%)
- **Fee & Other Revenues:** $12,162,687 (40%)

#### District 4 Program Revenue

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Online: www.district4health.org

By Phone:
For Reporting Notifiable Conditions: 1-866-PUB-HLTH

To Make a Clinic Appointment: 1-800-847-4262

To Make a WIC Appointment: 1-866-636-7942

District Office: 706-845-4035

By Mail:
301 Main Street, LaGrange, GA 30240