



## State Report

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### Projects/Issues Addressed This Year:

#### Transformation of Public Health

In 2003, the Division of Public Health commissioned the Georgia Health Policy Center to study the role of public health in Georgia from the perspective of diverse stakeholders, including the private perspective, community partners and public health professionals. The recommendations from that study included reexamining the core business of public health. On November 29-30, 2005 the Division of Public Health convened the Summit for a Healthy Georgia with approximately 800 public health workers and community stakeholders. The summit produced seven areas of emphasis as a framework for achieving the vision of a safe and healthy Georgia. Action plans to follow the summit are underway and include producing an executive summary of the summit activities, the development of a strategic plan, collaboration with academic partners in compiling the success stories from the local communities to be used as best practices, completion of the Frequently Asked Questions, formation of an advisory group to assist and guide the journey to health and regular and frequent progress updates via the website ([www.healthygeorgiasummit.org](http://www.healthygeorgiasummit.org)), the Video Interactive Conferencing System (VICS) and various meetings.

#### Office of Nursing Infrastructure

The Emergency Preparedness Nurse Consultant position was upgraded to Assistant Chief Nurse. A vacant Program Associate position was assigned to the Office and filled. A contract nurse was hired to focus on updating the *Manual of Biological and Chemical Protocols*. The Office staff is now comprised of 1 Chief Nurse, 3 Assistant Chief Nurses, 1 contract nurse, 1 full-time Program Associate and 1 part-time Program Associate.

#### Population Health Competency Development

In June 2005, the HRSA, Division of Nursing grant (#D11HP00368) to develop Population Health Competencies for public health nurses ended. During this 3-year program, the Office of Nursing collaborated with multiple schools of nursing in Georgia to provide a Population Health Online Course and a Population Health 3-day training for CE credit. The population health online course and CE program included several components to support learning and application of population health concepts including computer skills training from a distance-learning expert prior to the online course, Office of Nursing support during application, enrollment, and class participation by the Population Health Nurse Coordinator, mentors, communication with faculty and other students, and two scholars' CE programs each year on population health related issues. The online course also included a required project implemented in the community/workplace that incorporated at least one

of the priority population health competencies.

Evaluation results from participants, faculty, mentors, and supervisors were instrumental in shaping the program. Participant feedback regarding the value of population health, the online course, and CE program were strongly positive. The most frequent comments centered on participants' broadened and enriched perspective of, and their role in, public health. Although supervisors often were unable to encourage PHNs to participate in the online course due to time, staffing, and budget shortages, they rated the course well and supported the more manageable three-day CE programs. A new online version of the population health course, administered through DHR, is currently being developed; a pilot of this course is scheduled to begin in June.

### **History of Georgia Public Health Nursing 1898 – 2002**

The Division of Public Health recently unveiled its new publication, *The History of Georgia Public Health Nursing 1898 – 2002* at the annual meeting of the Georgia Public Health Association on December 15, 2005. This important document showcases Georgia's rich history and provides a strong platform for building the future practice within the context of the transformation journey. It will soon be posted on our Website.

### **Quality Assurance/Quality Improvement (QA/QI) Initiative**

A statewide assessment of Phase III of the QA/QI Initiative has been completed and we are in the process of developing Phase IV using a framework that is more multidisciplinary and supportive of the transformation journey being led by the Division of Public Health. In the interim, other projects designed to enhance the practice and policies of public health nursing are underway, including the creation of a documentation training program and the revision of retention policies for clinical records.

### **Emergency Preparedness**

Georgia Public Health was an integral and indispensable part of our state's huge hurricane relief effort. Hospitals, nursing homes, the VA, EMS and EMA, law-enforcement, churches, local governments, faith-based organizations, American Red Cross, and other organizations and private individuals all pulled together to make those efforts successful. It truly takes a total community effort to respond to a major disaster.

Public Health nurses were involved with every aspect of operations including: support for airlift operations, shelter management, clinic management and staffing at mega service centers and shelters, and accompanying strike teams who targeted hotels to assess evacuee health needs. The Georgia Nurse Alert System (GNAS) was used by the Office of Nursing to obtain additional nursing resources. Within 72 hours of initiating the system there were 180 nurses on the roster of nursing volunteers. Over 35,000 displaced persons were received in Georgia, and support efforts continue. Public health nursing not only played a vital role in coordination of nursing resources, but was also responsible for coordinating the deployment of volunteer physicians to the mega centers.

One nurse who participated as a GNAS volunteer reported back to us about her experiences. She states: "It was my pleasure to work in the field under the guide of Georgia public health nurses who greatly impressed me with their organizational and professional skills, and collaborative sense of mission." We are very proud of the effort, expertise, caring, and compassion shown by all who

participated in this effort; and we support those who continue to work to meet the needs of those individuals and families who have lost so much. We are also working, through research, surveys of the emergency preparedness community, and the Developing a Curriculum (DACUM) process, to develop a set of competencies for the role of the public health nurse in emergency preparedness and response. Next steps include creating a curriculum to impart these competencies to the public health nursing workforce. Additionally, in light of the great importance that volunteer recruitment, training, mobilization, and deployment plays in many emergency situations: the Office of Nursing has developed a job description for a position that it proposes will support the nurse volunteer program and well as ensure that bio-chemical protocols are updated yearly.

A new MOU with the American Red Cross was finalized, signed and disseminated in August 2005. The MOU is a component of the new document, *Guidelines for the Care of Populations with Special Needs during Disasters and Emergencies*. A communication plan is in process to clarify the contents of the guidelines and the MOU and to promote successful implementation of the new guidelines and MOU at the various levels within the organization as well as with the various community partners and stakeholders.

The Office of Nursing is involved in the development and exercise of all major emergency operations plans at the state level to include: the Georgia Emergency Operations Plan, Pandemic Influenza Plan and Standard Operating Guidelines, The Emergency Evaluation and Response Plan for Hartsfield-Jackson Atlanta International Airport, and others.

#### **Medicaid Managed Care**

Medicaid managed care has come to Georgia as a new initiative in 2006. The Office of Nursing is participating on a statewide workgroup that has developed manuals for local boards of health to use for contracting and credentialing. The workgroup is also meeting with all Care Management Organizations (CMOs) to discuss public health services, streamline billing and claims issues and to advocate for coverage of public health services in CMO contracts.

#### **Projects/Issues Pending:**

##### **Legislative**

1. The legislation passed by the 2006 Georgia General Assembly that gives Prescriptive Authority to Advanced Practice Registered Nurses awaits the pen of Governor Perdue. Plans are underway to develop guidelines for implementation of the new legislation in public health by July 1, 2006.
2. A resolution was approved by the Georgia General Assembly to appoint a Public Health Study Committee is expected to produce a report on the role of public health and a study of salaries of public health workers, including salaries of public health nurses, due by December 31, 2006.
3. A resolution was approved by the Georgia General Assembly to commend the Public Health Nurses of Georgia for their vital role as an integral part of the health system in Georgia.
4. Legislation was passed expanding the scope of newborn metabolic screening by increasing the number of screening tests performed from 13 to 29.

#### **The Future of Georgia Public Health Nursing Committee**

This new committee is being formed for the purpose of developing strategies to enhance the

capacity and support the leadership and practice roles that Public Health Nurses need to assume in order to improve the health status of Georgians. Committee membership will include a mix of stakeholders outside governmental public health who bring diverse perspectives on health and leaders who represent local and state level public health. The work of this committee will be preparatory for the Public Health Study Committee referred to in the above list of legislative issues.

**Issues and Special Concerns for Public Health Nursing:**

1. Uncertainty regarding the scope of public health services that will be covered by Care Management Organizations.
2. The loss of 215 Public Health Nurses during the past 2 years due to budget cuts and retirements and the need to significantly alter the compensation structure.
3. The increasing demand to devote nursing resources to Emergency Preparedness without any additional funding for nursing positions at the local level.
4. The challenge of balancing the transformation process with the need to generate new revenue.