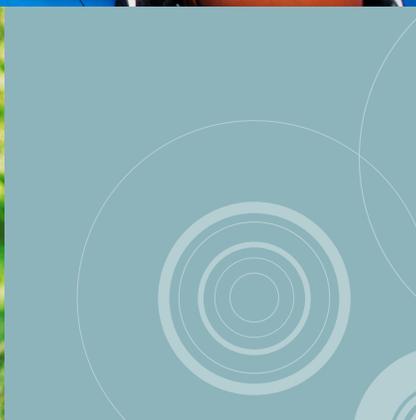


a Safe and Healthy Georgia



FY 19 Strategic Plan Update | July 2018
FOURTH EDITION • FY 19 UPDATE & REPORT OF PROGRESS



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Message from the Commissioner



Transition brings change, and this past year has been a year of change. However, the **Georgia Department of Public Health's** (DPH) mission as a department—to prevent disease, injury and disability; promote health and well-being; and prepare for and respond to disasters—does not change. Our strategic plan and the vision of a safe and healthy Georgia do not change. DPH is built on strong leadership and the support of solid partnerships with stakeholders—state agencies, businesses, academic and community partners—these do not change. Most importantly, the citizens we serve and the need to improve the health of Georgians do not change.

As DPH develops goals, objectives and strategies to achieve positive health outcomes throughout the state, we are focused on our vision of safe and healthy Georgia. Our commitment to people, innovation, excellence, partnership and science supports that vision and the mission of DPH.

This strategic plan was developed with input from DPH's executive leadership team, district health directors, program directors and their staff, along with focus groups around the state. Aligning with Governor Nathan Deal's vision for the State of Georgia, this plan includes carefully developed strategies and tactics that help us achieve measurable results and reduced health disparities, while our performance management system ensures periodic progress reporting.

When we increase immunization rates, when we reach Georgians who smoke and give them the help they need to quit, when each school in the state pledges to Power Up for 30, when we protect Georgians from infectious disease like Ebola or Zika or measles, that's DPH. When we emphasize early brain development and language nutrition as a public health imperative we create the opportunity to change the outcomes of millions of Georgia children. Science and data to support all our initiatives are the foundation of DPH.

Our mission is vital. Our data are sound. Our foundation is solid. **The Georgia Department of Public Health** stands ready to meet the needs of today while carefully anticipating the needs of tomorrow.

J. Patrick O'Brien M.D.

Department Overview

The Department of Public Health (DPH) was created as an independent department effective July 1, 2011 continuing the public health focus of improving the health of Georgians. At the state level, DPH is divided into 9 divisions including 40 programs and offices which are reflected in the organizational chart. At the local level, DPH functions via 18 health districts to provide support and management for public health services and programs in all 159 counties and local health departments across Georgia. DPH employs approximately 7,000 people throughout the state and has the critical responsibility for promoting and protecting the health of communities and the entire population of Georgia.

Organizational Structure

The Commissioner of the Georgia Department of Public Health (DPH) serves as the State Health Officer and reports to the Governor.

The State Board of Public Health consists of nine members appointed by the Governor and confirmed by the Senate. This Board establishes the general policy to be followed by the Department of Public Health.

Each of the 159 counties has a County Board of Health with seven members including: the lead of the county commission, the superintendent of schools, a mayor, a representative of the largest city, a practicing physician and two citizen representatives.

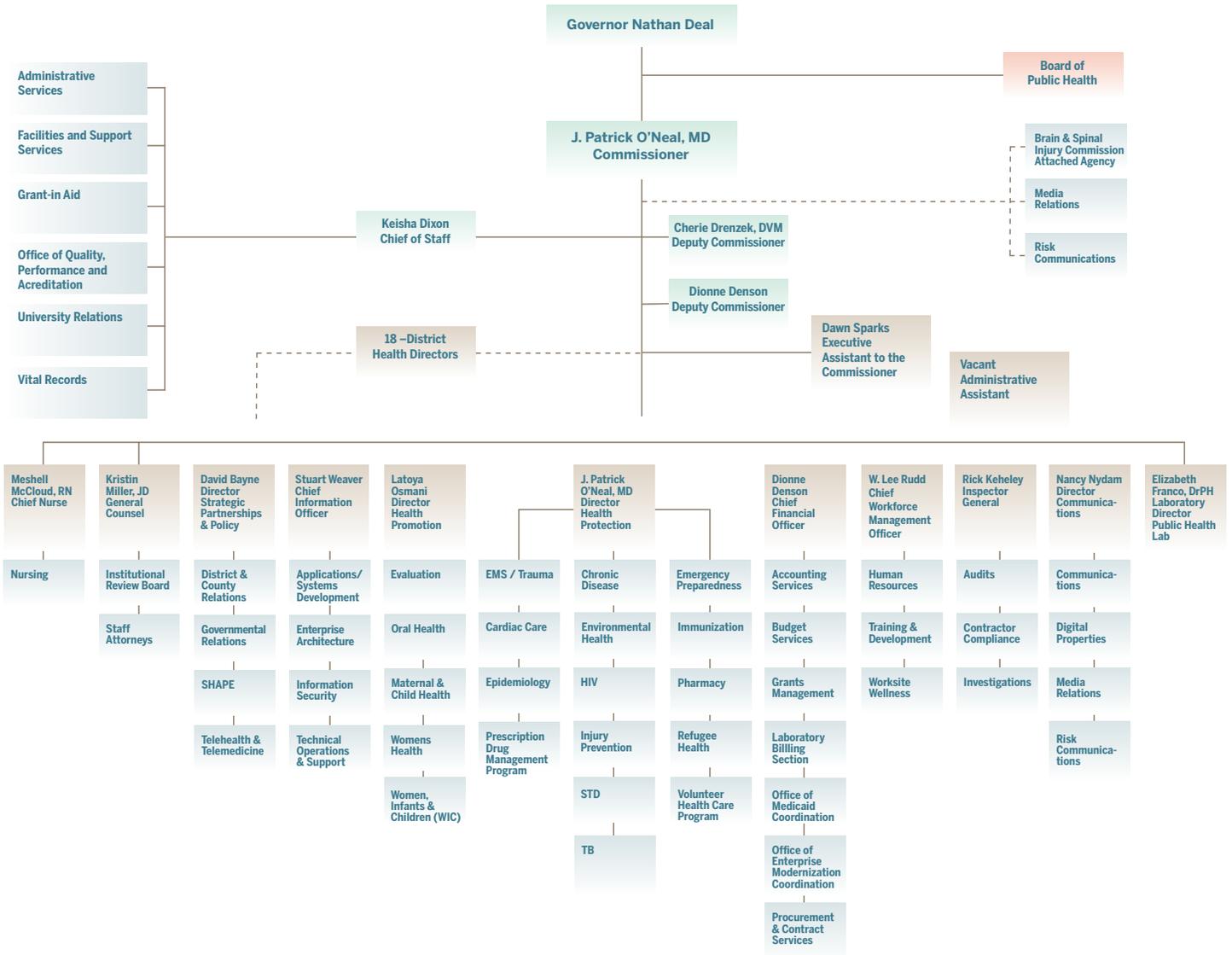
- County Boards of Health are legal entities that are independent county agencies without taxation authority. There is one exception, Fulton County's Department of Health and Wellness which is part of the county government pursuant to O.C.G.A. § 31-3-2.1, which indicates those counties of this state having a population of 800,000 or more according to the United States decennial census of 2000 or any future such census shall be authorized to provide by ordinance duly adopted by the governing body of such county for the creation of a county board of health in lieu of the county board of health provided for by Code Section 31-3-2.

CORE ACTIVITIES

Georgia DPH achieves its mission through the following Core Activities:

- Providing population-based programs and service
- Providing treatment services
- Providing **preventive** services
- Advocating for and **promoting** health through policy and systems to enable healthy choices
- Protecting against environmental hazards, conducting disease surveillance and epidemiological investigations
- **Preparing** for and responding to emergencies
- Being fiscally responsible
- Being the state lead in collecting, analyzing and reporting health data
- Tracking disease and health determinants and educating the public, practitioners and government
- Supporting and maintaining an efficient, effective and quality public health organization and system

Department of Public Health



DPH – A Good to Great® Organization

The Georgia Department of Public Health begin expanding the **Good to Great®** journey to include a broader group of district and state leaders and staff in 2014. Over this past year, the internal Good to Great program was aligned with the organization's quality improvement and performance management initiatives as each of these efforts promote the agency's culture of quality. Also during this time, Good to Great concept trainings were held to provide staff with in-depth review and understanding of each program stage and concept. Over the next year, the Good to Great program will work with programs to complete the Good to Great diagnostic tool and develop work plans to assist programs on this journey. Additionally, the agency is looking forward to presenting the Built to Last concepts agency-wide over the next year. This broader engagement by district and state office teams will continue to strengthen the culture of quality throughout the organization.

**Georgia DPH
Good to Great®
Mega Meeting held at
University of Georgia's
School of Public Health,
May 28-29, 2015.**



The GOOD TO GREAT® trademark is owned by The Good to Great Project, LLC. used under license.

DPH – A Quality-focused Organization

For the past three years, DPH has been putting in place Good to Great® concepts. A logical outcome of this activity was the department's commitment to become accredited and the establishment of quality improvement and performance management programs. Additionally, these initiatives help to establish a culture of quality within DPH.

Accreditation

In 2014, the Georgia Department of Public Health announced the department would pursue accreditation with the National Public Health Accreditation Board (PHAB). PHAB's public health department accreditation process seeks to advance quality and performance within public health departments. Accreditation through PHAB provides a means for the department to identify performance improvement opportunities, to improve management, develop leadership, and improve relationships with the community.

The DPH has established an accreditation steering committee to oversee the accreditation process. Accreditation work is ongoing related to identifying examples of work that document DPH's demonstration of the PHAB Standards and Measures. Documentation of accreditation work began with an organizational self-assessment to engage and orient public health staff in the accreditation purpose and requirements. Subject matter experts are assigned as Domain Leads to coordinate the collection of documentation related to the 10 essential service domain area standards and measures. The DPH applied for accreditation to the Public Health Accreditation Board in January 2017.

Community Health Needs Assessment

As part of the accreditation efforts, DPH produced the Georgia Community Health Assessment Report and the Georgia Community Health Improvement Plan based on input gathered from focus groups at which health status assessment data was presented to regional partners. These documents were provided for public comment and final versions are located on the DPH website at dph.georgia.gov. DPH also partners with the Georgia Hospital Association (GHA), to collaborate with hospitals throughout the state on how to develop and implement programs and strategies. Keeping in alignment with statewide goals, these strategies address local needs to improve the health of our communities.

DPH – A Quality-focused Organization

Quality Improvement

As a cornerstone of accreditation, quality is also a foundational component within DPH. In improving the health of Georgians, it is important that DPH is continuously improving its programs and services in order to improve the health of the communities. Each of the strategies presented in this plan are based on the principle of continuous quality improvement in the manner in which DPH delivers its programs and services.

DPH encourages a culture of quality and exhibits this commitment in several initiatives including continuous quality improvement training for staff, the establishment of a Quality Improvement Council and a Quality Improvement Plan and implementing quality improvement projects throughout the agency.

Performance Excellence

DPH is also committed to performance excellence. As such, DPH has implemented a new performance management system which assists programs in identifying and reporting performance measures on an ongoing and regular basis. Programs develop and submit action plans outlining their strategies and activities which support the overall strategic goals and objectives outlined in this strategic plan. Action plans also include performance measures, baselines and targets for ongoing review of performance and improvement opportunities. Programs' performance measures are reviewed and assessed by the Performance Management Team. Overseeing the agency's performance helps ensure the organization is operating in an efficient and effective manner.

**District and state staff
Continuous Quality
Improvement training
held at Emory University's
Rollins School of Public
Health, Sept. 16, 17, 18,
24, and 25, 2015.**





Health Equity

Georgia Department of Public Health (DPH) seeks to improve the health of all Georgians by promoting and advancing health equity to all statewide public health programs and services and into the organizational culture of the department. This is accomplished via the following:

Develop a departmental action plan around health equity and capture and track health equity efforts.

Convene an internal health equity committee to develop organizational health equity strategies and lead health equity efforts.

Ensure divisions, sections, and programs will use a comprehensive set of approaches to advance health equity including community engagement, data collection and analysis, evaluation, and policy development.

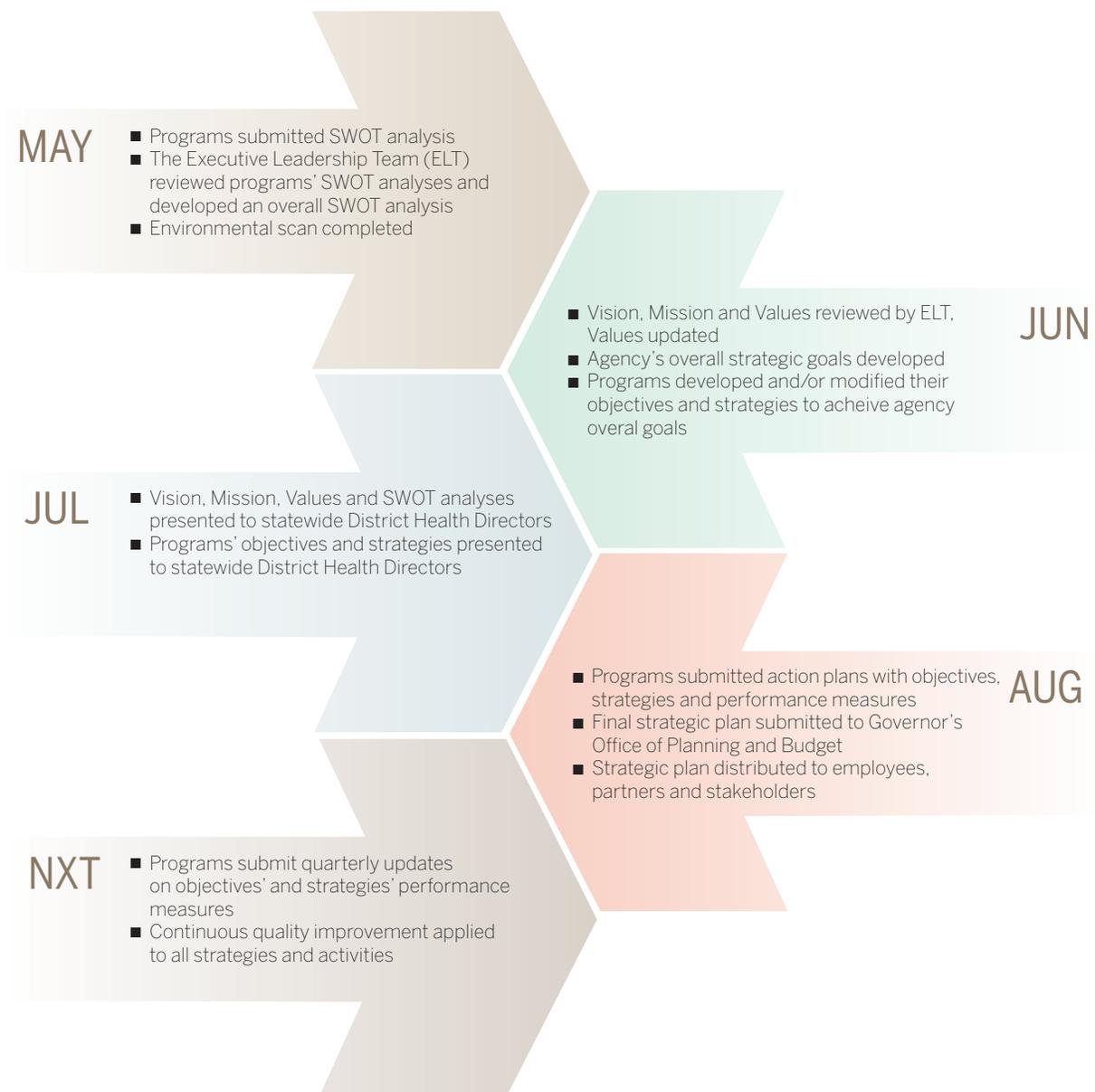
Ensure workforce development and training for all staff around health equity and health disparities are provided annually, at minimum.



Strategic Planning Process

This Strategic Plan provides a roadmap for programs and activities within DPH. The Plan aligns with the Goals of the State Strategic Plan and identifies three overarching goals based on the organizational direction set by the agency mission.

The 2016 strategic plan process is outlined below:



Strengths, Weakness, Opportunities & Threats (SWOT)

In developing the current strategic plan, DPH embarked upon the opportunity to re-examine the agency's strategic challenges and opportunities in determining how to develop and leverage the best strategies to achieve its mission. Below is the chart of the overall agency SWOT analysis.

STRENGTHS

Partnerships • Respected and successful programs • Fiscally responsible • Knowledgeable, skilled, dedicated and committed workforce
• Focus on science • Level 5 Leadership • Data and data systems • Internal partnerships • District and state communications • Continual improvement efforts • Innovation • Emergency response and management

WEAKNESSES

Communication challenges (inherent)
• Recruiting and retaining qualified workforce
• Technology • Data management • Silos
• Internal communication mechanisms and practices • Not "telling our story"
• Competing priorities

OPPORTUNITIES

New partnerships • New technology
• Business process reengineering for Enterprise Systems Modernization • Legislative support
• New funding • Contributions to the science of public health • Social media • Partnerships with academic community

THREATS

Federal funding • Healthcare policies and regulations (changes to) • Economic cycle
• Shortage of qualified and skilled PH workforce
• Siloed federal funding • Globalization and spread of diseases • Competing with agencies with greater resources

Opportunities & Challenges

Several key opportunities and challenges were identified as a result of the SWOT analysis which impact agency-wide goals and objectives. Those key priorities include:

INFRASTRUCTURE

The Department of Public Health has experienced a steady decline in infrastructure due to budgetary constraints, leadership changes, and recent organizational modifications. Furthermore, for a variety of salient reasons related to funding requirements, public health tended to underemphasize infrastructure needs when planning and implementing health intervention initiatives.

FUNDING

The majority of DPH's funding comes from federal fund sources. Reductions in federal funding are expected to continue in the coming years and this plan takes into account the reality that as a department we are required to continue and even increase service levels with less funding. Recognizing the increasing importance of leveraging remaining dollars, Public Health will utilize its strong history of partnering in the community as a component of our strategies in order to achieve our goals.

WORKFORCE ASSESSMENT

DPH has the advantage of having a knowledgeable and mature workforce. The majority of the workforce has been with public health for more than five years and the average age of our employees is over 45. Most salaries for departmental employees are significantly below the market salary which makes keeping qualified staff problematic as we compete with other health agencies in our community for competent employees. This problem has led to high vacancy and turnover rates in critical areas such as nursing, epidemiology, environmentalists, nutritionists and clinical laboratory personnel. This plan includes workforce development strategies designed to address these concerns.

Vision, Mission and Core Values

We bring to all Georgians a commitment to improving health status through community leadership, expertise in health information and surveillance, and assurance of a safer environment. We are responsive to public health needs, valued for our expertise and innovation, dedicated to excellence, and known for promoting healthy communities through partnerships. We are a leader, an advocate, and a resource for Public Health in Georgia and our work is directed by the following vision and mission:

Vision *A Safe and Healthy Georgia*

Mission *To prevent disease, injury, and disability; promote health and well-being; and prepare for and respond to disasters.*

CORE VALUES

DPH's workforce is guided by the following core values in carrying out its public health work:

- People** We value our employees as professional colleagues. We treat our customers, clients, partners, and those we serve with respect by listening, understanding and responding to needs.
- Excellence** Commitment, accountability, and transparency for optimal efficient, effective and responsive performance.
- Partnership** Internal and external teamwork to solve problems, make decisions, and achieve common goals
- Innovation** New approaches and progressive solutions to problems. Embracing change and accepting reasonable risk.
- Science** The application of the best available research, data and analysis leading to improved outcomes.

Goals, Objectives and Strategies for DPH Outcome Priorities

GOAL 1: Prevent disease, injury, and disability.

Provide population-based programs and preventive services to prevent disease, injury, and disability by advocating for and promoting health, leading change in health policies and systems, and enabling healthy choices.

Objective 1.1 | Increase the percentage of Georgia's Fitnessgram assessed student populations that fall in the Healthy Fitness Zone (HFZ) for Body Mass Index (BMI) by 1 percent each year for four Years. By 2019, 64 percent of Georgia's students will fall inside the HFZ for BMI.

STRATEGY/1.1.1

Improve Aerobic Capacity (AC) HFZ measure for students in grades 4-12 by 1 percent each year for four years. By 2019, 63 percent of males and 49 percent of females will be inside the HFZ for AC.

UPDATE & REPORT OF PROGRESS FY 19

In 2017, Georgia Shape and the Arthur M. Blank Family Foundation made it a strategic priority to close the AC gender gap. In early 2018 a landscape evaluation was initiated to identify how to better engage, motivate and build capacity for adolescent females to become more physically active. This evaluation includes interviews with state and national subject matter experts (SME), front line staff, brands that target this population, and rural/suburban and urban girls. Strategic program planning will begin upon completion.

STRATEGY/1.1.2

Increase the number of Quality Rated Early Care and Learning Centers that are SHAPE awarded by 100 percent over four years. By 2019, 150 centers will be Shape awarded.

UPDATE & REPORT OF PROGRESS FY 19

Georgia SHAPE has conducted regular meetings with the Georgia Department of Early Care and Learning (DECAL) to identify how to improve the number of quality rated SHAPE Schools. Policy training, farm-to-early care environment (ECE) efforts, and curricular mini-grants are being implemented statewide to allow more sites to adhere to this level of recognition. To date, 145 centers have been recognized.

STRATEGY/1.1.3

Increase Georgia's student population assessed via Fitnessgram. By 2019, students assessed in school through Fitnessgram would improve from 76 percent to 90 percent.

UPDATE & REPORT OF PROGRESS FY 19

The Cooper Institute cleaned the Georgia SHAPE 2016-2017 data and matched longitudinal samples by including only schools that have submitted data across all six years. Body mass index (BMI) measures for Georgia students improved significantly over the first three years, but have leveled off over the last three years, although there was a slight improvement this year. Likewise, the aerobic capacity (AC) measures improved over the first two years, but also have leveled off over the last three years.

Goals, Objectives and Strategies for DPH Outcome Priorities

Objective 1.1 | Increase the percentage of Georgia's Fitnessgram assessed student populations that fall in the Healthy Fitness Zone (HFZ) for Body Mass Index (BMI) by 1 percent each year for 4 Years. By 2019, 64 percent of Georgia's students will fall inside the HFZ for BMI.

(Below): Interior spread of a lactation support brochure produced by DPH Communications for the Worksite Wellness Lactation Support Policy.

STRATEGY/1.1.4	Improve the Georgia Breastfeeding six month duration rate by 20 percent over four years, according to the CDC breastfeeding report card. The six month duration rate would improve from 40 percent to 48 percent by 2019.
UPDATE & REPORT OF PROGRESS FY 19	According to the CDC 2016 breastfeeding report card, the 2019 target has been achieved ahead of schedule. Internal and external subject matter experts have met multiple times and defined a new goal of improving the six month duration rate from 48 percent to 58 percent by 2020.

DID YOU KNOW?

The Georgia Department of Public Health (DPH) is committed to supporting breastfeeding mothers and babies through its Lactation Support Policy.

A copy of this policy and brochure can be obtained on the DPH Intranet site under Worksite Wellness – Lactation Support. www.DPHintranet.com

As a part of this policy, DPH provides a fully-equipped, state of the art lactation room on the 2nd floor for mothers to express milk for their babies. This room has hospital-grade electric pumps, private pumping stations, a sink, storage lockers, microwave and refrigerator. Educational support materials are located at each station.

CONTACTS & RESOURCES

The lactation room is available for use by all state employees, contractors, interns and guests. New users and guests should contact the worksite wellness coordinator for access and consult with the breastfeeding coordinator and additional resources below as needed:

WORKSITE WELLNESS COORDINATOR
 DPH-WorksiteWellness@dph.ga.gov
 404.463.0382

BREASTFEEDING COORDINATOR*
 Lactation.Support@dph.ga.gov
 404.657.4857

*Please be mindful that the onsite counselors are DPH employees and are available on a limited basis dependent upon work demands.

COMMUNITY RESOURCES

ZipMilk.org
 ZipMilk is a site that provides listings for breastfeeding resources sorted by ZIP Code. It is designed for use by consumers interested in help or support for breastfeeding. These resources are not a substitute for medical advice.

Office on Women's Health
womenshealth.gov/breastfeeding
 The Office on Women's Health has a breastfeeding section with information, tips and suggestions to help you successfully breastfeed.

EXPECTANT MOTHERS are encouraged to contact their insurance provider prior to maternity leave for access to additional lactation supplies.

For immediate assistance please reach out to the worksite wellness coordinator by contacting the Capitol Hill Fitness Center 404.232.1573.

HELPFUL TIPS

Until recently hand expression of milk has been an under-utilized skill. There are many benefits of knowing how to express milk from the breast in the absence of a pump. The video link below demonstrates how easily hand expression can be done.

HAND EXPRESSION VIDEO
<https://newborns.stanford.edu/Breastfeeding/HandExpression.html>

LACTATION SUPPORT POLICY

Be proud of your efforts knowing that every ounce of milk is important for your baby's health.

- DPH encourages new mothers to take advantage of our breastfeeding friendly worksite. Two 15 minute breaks are allotted during the day. You are encouraged to use these breaks in conjunction with your lunch time to support a pumping schedule.
- DPH's policy on lactation support in the workplace requires supervisors and managers to accommodate lactating working mothers with adequate time and privacy for pumping breast milk. Our new lactation room on the 2nd floor of 2 Peachtree Street, provides a comfortable location for lactating mothers to use.

CREATING A SAFE SLEEP ENVIRONMENT FOR YOUR NEWBORN

Georgia's Safe to Sleep Program informs parents and caregivers on ways to reduce infant sleep-related deaths by following the ABCs of safe sleep:

A L O N E – babies should sleep alone in their own sleep space, close to but separate from their caregiver.
B A C K – babies should be placed on their back to sleep. Every nap. Every sleep. Every time.
C R I B – babies should sleep in a crib or bassinet with a firm, flat surface with no extra things such as crib bumpers, blankets or toys.

Learn more about how you can create a safe sleep environment for your baby at GeorgiaSafeToSleep.org

Goals, Objectives and Strategies for DPH Outcome Priorities

Objective 1.2 | By 2019, eliminate all pediatric asthma deaths in Georgia.

STRATEGY/1.2.1

Implement pilot project in high-burdened health districts.

UPDATE & REPORT OF PROGRESS FY 19

Coffee County in the Waycross Health District has one of the highest asthma-related emergency department rates. With the support of the Georgia Asthma Control Program (GACP), the county has continued to offer a self-management education curriculum in the middle school and have conducted pre- and post-intervention spirometry testing to assess results.

In a partnership with Amerigroup, DPH has hired two asthma health educators to deliver self-management education to children with poorly controlled asthma and their caregivers. Families enrolled in this pilot also receive a Healthy Homes Assessment through the Environmental Health Section of DPH.

There are also two pilot projects within Health Systems that are in high-burdened health districts. Please see Strategy 1.2.3 for a discussion of these projects.

NEXT STEPS | GACP will continue to offer support and technical assistance to these partners.

STRATEGY/1.2.2

Reach early care centers and K-12 school environments statewide with asthma-friendly policies and best practices.

UPDATE & REPORT OF PROGRESS FY 19

GACP has worked with six health districts to adopt the Asthma Friendly Schools policy, impacting approximately 246,387 students in Georgia. Additionally, our program has created a document that collects detailed information on each district's progress toward policy adoption. To date, 35 child care centers have received the Georgia Asthma Management Education for Child Care Settings (GAME-CS) training, impacting 5970 children.

GACP has funded three public health districts to work toward adoption of the Asthma-Friendly Schools policy. We have also received approval for an asthma-friendly child care policy, which can be adopted once child care centers have completed the GAME-CS training. We are currently in the process of converting the GAME-CS training to a web-based format to make it more accessible.

NEXT STEPS | GACP will continue providing support and technical assistance to school districts working toward adoption of an asthma-friendly school policy. Additionally, we will complete conversion of GAME-CS to a web-based platform, which will allow more child care centers to complete the training and adopt an asthma-friendly child care center policy.

STRATEGY/1.2.3

Support health systems and health care providers in providing evidence-based education to children with asthma and their caregivers.

UPDATE & REPORT OF PROGRESS FY 19

Wellstar Health System is working to deliver asthma education in their Cobb county emergency room to children who present with an asthma exacerbation. A pharmacist, who is also a certified asthma educator, provides on-site asthma education, including review of the asthma action plan and trigger identification and reduction. Additionally, Wellstar has purchased the "Asthma Coach"TM software from the Carolinas Health System. Using an iPad, this software provides interactive asthma education if no pharmacist is available. They are in the process of scheduling an in-service training to instruct providers on how to use the software.

Choice Healthcare Network serves Dekalb Health District, which had the highest rate of asthma-related ED visits for children from 2012-2014. Since January, they have enrolled nine patients with asthma in their comprehensive program which provides asthma self-management education and healthy homes assessments.

NEXT STEPS | GACP will continue to provide support and technical assistance to Wellstar Health System and Choice Healthcare Network.

Goals, Objectives and Strategies for DPH Outcome Priorities



Is Your Child's **Asthma** Under Control?

 **ASTHMA ACTION PLAN**  **MEDICATIONS FILLED**  **FLU SHOT**

FOR MORE INFORMATION VISIT: dph.georgia.gov/Asthma 

STRATEGY/1.2.4

Increase the number of CMOs and/or health plans providing reimbursement for comprehensive asthma care based on National Asthma Education and Prevention Program guidelines.

UPDATE & REPORT OF PROGRESS FY 19

GACP proposed a Medicaid state plan amendment to executive leadership at the Department of Community Health. The amendment proposed reimbursement for asthma self-management education and healthy homes assessments based on a positive return on investment for providing these services. We are awaiting next steps.

GACP has also worked with Amerigroup, one of the CMOs, to provide comprehensive asthma care. This work is outlined in Strategy 1.2.1.

NEXT STEPS | GACP will continue to follow up with executive leadership on the state plan amendment.

(Above): The Division of Communications designed this ad for the Atlanta Braves Playbill which included back-to-school tips for parents to keep their child's asthma under control.

Goals, Objectives and Strategies for DPH Outcome Priorities

Objective 1.3 | By 2019, reduce the preventable infant mortality rate from 6.3 (2013) to 5.3 per 1,000 births.

<p>STRATEGY/1.3.1</p>	<p>By 2019, 40 of the current 79 birthing facilities, including 75 public birthing hospitals, two military facilities and two birthing centers will participate in the 5-STAR hospital initiative.</p>
<p>UPDATE & REPORT OF PROGRESS FY 19</p>	<p>Twelve of the 13 Baby Friendly (BF) Hospitals attended DPH 10-step preparation trainings before receiving BF status. Seven hospitals completed applications and received one or more stars. Two hospitals submitted incomplete applications - technical assistance is being provided by DPH. Four hospitals are in process of submitting applications</p>
<p>STRATEGY/1.3.2</p>	<p>By 2019, 20 birthing hospitals will have policies and education that adhere to the American Academy of Pediatrics (AAP) safe sleep guidelines.</p>
<p>UPDATE & REPORT OF PROGRESS FY 19</p>	<p>Forty-nine of the 77 birthing hospitals have submitted updated policies on safe infant sleep to reflect the most recent AAP guidelines. All 77 birthing hospitals have provided staff with at least one training on safe infant sleep and provided education to parents of infants before discharge.</p>
<p>STRATEGY/1.3.3</p>	<p>By 2019, increase the percentage of women (ages 15-44) served in public health family planning clinics who use long-acting reversible contraception (LARC) to 15 percent.</p>
<p>UPDATE & REPORT OF PROGRESS FY 19</p>	<p>17.55 percent of women aged 15-44 who received FP services July - December 2017 used LARCs.</p>

Goals, Objectives and Strategies for DPH Outcome Priorities



STRATEGY/1.3.4

By 2019, increase the number of high-risk birthing hospitals using postpartum long-acting reversible contraception (PPLARC)

UPDATE & REPORT
OF PROGRESS
FY 19

Twenty hospitals inserted PPLARCs in 2017.

STRATEGY/1.3.5

By 2019, increase the number of County Health Departments providing Perinatal Case Management (PCM) services from 93-104.

UPDATE & REPORT
OF PROGRESS
FY 19

The number of county health departments that provide PCM has increased from 88 to 92.

Goals, Objectives and Strategies for DPH Outcome Priorities

Objective 1.4 | By 2019, decrease the annual rate of hospitalizations for diabetes by 25 percent (from 180.2 to 135) and for hypertension by 10 percent (from 73.3 to 65.7) over 2013 rates.

STRATEGY/1.4.1

UPDATE & REPORT
OF PROGRESS
FY 19

Develop and test approaches to improve services aimed at preventing and managing high blood pressure and diabetes, reducing tobacco use and improving nutrition and weight management. These approaches, not previously used in Georgia, would be offered in public and private clinical settings, as well as community health settings.

In October 2017 DPH launched CATAPULT, a framework the agency created for health systems to support Georgia in improving the diagnosis and control of chronic disease and reduce disparities.

The goal is to improve population health outcomes for patients with hypertension and type 2 diabetes, and improve the quality of care for chronic conditions in health systems in Georgia. Specifically, DPH is seeking to do the following:

- Reduce hospitalizations for type 2 diabetes by 25 percent by 2020;
- Reduce hospitalizations for hypertension by 10 percent by 2020;
- Improve hospital and health system performance on NQF 18 & 59 and corresponding Physician Quality Reporting System and Uniform Data System measures; and
- Build a community of health systems and health care providers engaged in continuous quality improvement

CATAPULT stands for:

COMMIT | Health Systems commit to participating;

ASSESS | The practice using Georgia's Health System Assessment Tool;

TRAINING | Health systems review assessment results and identify training opportunities in needed areas;

ACTIVATE | Work with community-based organizations to activate community resources;

PLAN | Develop a plan of action;

UTILIZE | Utilize the developed action plan;

LEVERAGE | Leverage data and data systems;

TEST | Test and spread approach.

As of March 30, 2018, CATAPULT is no longer a pilot. Eleven health systems including hospitals, FQHCs, and pharmacies are using the CATAPULT framework with their adult patient populations with hypertension and/or diabetes to improve health outcomes. The focus of the quality improvement projects is related to the identification and management of patients with hypertension and diabetes and EHR clinical integration.

The pEACHhealth project was implemented to promote the engagement of pharmacists as non-physician members of the health care team to improve health outcomes by providing management of diabetes and hypertension. The project is conducted in the Coastal and Southern regions of the state. In this initiative, South University School of Pharmacy, in collaboration with DPH, uses pharmacy students to conduct cardiovascular risk assessments, counseling in self-management (healthy eating, physical activity and tobacco cessation), and management of high blood pressure, diabetes and high cholesterol medications. The pharmacy students, who work under the supervision of licensed pharmacists, also provide feedback to the patients' health care providers, including recommendations for medication changes. During the reporting period, 10 pharmacies were involved in the project which focuses on diabetes, hypertension and high cholesterol. Over 350 patients have been enrolled in the project.

Goals, Objectives and Strategies for DPH Outcome Priorities

STRATEGY/1.4.2

Support prevention, self-management and control of diabetes, high blood pressure, and obesity in private clinical settings and communities.

UPDATE & REPORT OF PROGRESS FY 19

Through Meadows Regional Health, the Department has been able to provide Diabetes Self-Management Education (DSME) to underserved public health districts. Health districts that were served include LaGrange, Augusta and Coastal. LaGrange and Augusta are currently pursuing DSME Accreditation for their districts.

The 2017 Health Systems Symposium was held in June 2017. The attendees included over 80 health care providers, public health professionals, and leaders from a variety of health care, public health, and community organizations. The attendees received education and engaged in a broad dialog of issues to improve the health of communities and integrate clinical and community health prevention strategies.

STRATEGY/1.4.3

Expand access to local public health services that screen for and help to control chronic conditions, including hypertension, diabetes/pre-diabetes/tobacco use as well as improve nutrition and weight management.

UPDATE & REPORT OF PROGRESS FY 19

Coastal Health District is continuing its efforts to partner with Richmond Hill Pharmacy to set up a satellite site to expand the reach of DSME services throughout the Health District.

DPH has implemented the Hypertension Management Outreach Program (HMOP) to prevent and control hypertension and diabetes through local public health clinics. The program was created to increase access to healthcare for the uninsured and underinsured residents of Georgia. The initiative also promotes a team-based approach to care management in the adult population. During the reporting period four public health districts implemented HMOP. Preparations are underway to offer the next iteration of the Hypertension and Diabetes Protocol Workshop. The projected number of registrants for the workshops that will be held in May and June is 50.

Goals, Objectives and Strategies for DPH Outcome Priorities

Objective 1.5 | In support of the Governor’s goal, by 2020, to get all children in Georgia on a path to reading proficiency by the end of third grade, the Georgia Dept of Public Health is working with partners across the state to establish early brain development as a statewide priority, by redefining the concept of prenatal, infant and toddler wellness to include neuro-developmental and social-emotional health, enhancing our early intervention system and developing strategies to support optimal brain development and school readiness.

<p>STRATEGY/1.5.1</p>	<p>By 2019, identify and develop evidence-based training and resources for at least three high impact workforces that support expectant and new families in Georgia, with a goal of reaching and training at least 6,000 professionals.</p>
<p>UPDATE & REPORT OF PROGRESS FY 19</p>	<p>The Talk With Me Baby (TWMB) program has been established at Grady hospital. This will allow all mother/baby unit staff to be trained in TWMB.</p>

<p>STRATEGY/1.5.2</p>	<p>Identify and train TWMB trainers throughout the state</p>
<p>UPDATE & REPORT OF PROGRESS FY 19</p>	<p>During FY18, the program achieved its target goal of training 3,000 early care staff in TWMB. During this same time, 2,640 nurses were trained in TWMB. DPH also conducted a train the trainer session in Macon for district staff.</p>



Goals, Objectives and Strategies for DPH Outcome Priorities

GOAL 2: Promote health and well-being.

Increase access to health care throughout the State of Georgia and educate the public, practitioners, and government to promote health and wellbeing.

Objective 2.1 | By 2019, identify, establish and maintain programs and services to increase healthcare access and access to primary care.

STRATEGY/2.1.1

By 2019, increase the number of local county health departments (rural environments) utilizing telemedicine services from 13 to 25.

UPDATE & REPORT OF PROGRESS FY 19

Currently, 21 telemedicine carts are deployed in county health departments in Georgia. A wide array of services is offered including but not limited to infectious disease, pulmonology, nephrology, endocrinology, sickle cell, high risk OB, teledentistry and more. Additionally, 12 telemedicine backpacks have been deployed to health departments for routine use, and to expand the capabilities of providers in shelters during times of disaster.

A state appropriation of \$2.3 million was provided to DPH for telehealth infrastructure. The current efforts were highlighted during the 2018 legislative session when telehealth was recognized by the Georgia House and Senate. Over 100 staff were trained on telehealth this year alone.

Currently, all 159 counties in Georgia have access to telehealth (video conferencing) through their local county health departments. We will be working over the next fiscal year to expand the scope of services, meet with partners to pilot a community paramedic program, and re-evaluate the network infrastructure in hopes of reducing costs, increasing partnerships, and making it even more convenient and accessible to patients.

STRATEGY/2.1.2

By 2019, identify, establish and maintain programs and services to increase healthcare access and access to primary care

UPDATE & REPORT OF PROGRESS FY 19

At the end of each year a survey is distributed to state programs and each of the 18 health districts to assess the number and types of partnerships/collaborations and their impact on health care access. This information is compiled into an annual report.

A statewide Public Health-Primary Care Collaboration Summit was held in August 2017. At the summit, district and state DPH staff met with staff from community-based centers and FQHCs to exchange ideas and discuss approaches for increasing healthcare access, with emphasis on rural areas.

As part of the Prescription Drug Monitoring Program (PDMP), work sessions were held in December 2017 to encourage partnering efforts across a variety of agencies to increase access to opioid treatment and recovery. One of the considerations is public health's role might evolve as drug dependency and addiction patterns change. Attendees included primary care, public health and community stakeholders. As a result of these work sessions, the PDMP Program developed a model for working across agencies to address the opioid epidemic, as well as completed a strategic plan.

In February of this year, the Georgia Prevention and Care Council (GPACC) held a statewide planning meeting that engaged stakeholders, community members, providers, and other representatives interested in HIV/AIDS prevention and care in Georgia. They shared resources and explored partnership opportunities to improve access to HIV treatment and care, emphasizing the Ryan White Part B HIV/AIDS Drug Assistance Program (ADAP) and the Health Insurance Continuation Program (HICP).

Goals, Objectives and Strategies for DPH Outcome Priorities

Objective 2.2 | By 2019, improve technological infrastructure to promote health and well-being by collecting, analyzing and reporting health data, tracking disease and health determinants and applying science and epidemiological principles to support decisions.

<p>STRATEGY/2.2.1</p>	<p>By 2019, develop a statewide platform for care management, administrative claiming and billing and payment reporting, business intelligence and shared analytics (informatics) to support performance and predictive analytics.</p>
<p>UPDATE & REPORT OF PROGRESS FY 19</p>	<p>As of November 2017, the procurement strategy for Enterprise System Modernization (ESM) has been revised to separate the WIC specific workflows (WIC MIS and WIC EBT) from the electronic health records, claiming and payment and shared analytics. The procurements for WIC workflows are slated for release in June 2018. The procurements for the remaining ESM components are scheduled to follow in August 2018.</p>

<p>STRATEGY/2.2.2</p>	<p>By 2019, develop a social media campaign to educate public on public health information.</p>
<p>UPDATE & REPORT OF PROGRESS FY 19</p>	<p>During Q3 (Jan-Mar), there were 109 posts made across all DPH social media accounts. Additionally, posts on our Facebook page reached 103,575 unique users (people). Posts include statuses, photos, links, videos and more. While tweets during this same period, received 234 engagements. Engagement includes retweets, replies and likes.</p>

(Right): The Division of Communications designed this Facebook graphic to alert WIC users to the new foods available under the program.



Goals, Objectives and Strategies for DPH Outcome Priorities

GOAL 3: Prepare for and respond to emergencies.

Insure efficient, effective and quality Public Health infrastructure to prepare for and respond to emergencies to safeguard the health and wellbeing of Georgians.

Objective 3.1 | By 2019, improve infrastructure to prepare for and respond to emergencies.

STRATEGY/3.1.1

By 2019, develop and institutionalize a culture of quality to continuously evaluate and improve processes, programs and services provided by DPH; and train staff on QI and PM principles.

UPDATE & REPORT OF PROGRESS FY 19

DPH celebrated its second annual Culture of Quality Day in January 2018. Seventeen quality improvement projects were submitted by programs throughout the agency. This day also included the agency's documentation submission for public health accreditation, culminating several years of work. The agency expects to achieve accreditation status by the end of 2018.

Several staff members participated in quality improvement and performance management trainings throughout the year, including the three selected QI projects within Vital Records, Accounts Payable, and the Georgia Public Health Lab.

DPH continues to modify and improve its performance management system to track the progress of programs working to meet established goals and objectives.

DPH is also working to identify a performance management dashboard.

STRATEGY/3.1.2

By 2019, retain and develop DPH workforce with skills focused on core, organizational and job specific/professional competencies.

UPDATE & REPORT OF PROGRESS FY 19

DPH Human Resources changed its name to Workforce Management to better reflect focus on the development of the workforce. During fiscal year 2018, implementation of the workforce plan continued along with the implementation of a new learning management system which enables the launch of more training classes and the tracking progress of each employee. Customized training and personal training and development plans will be developed for each employee during fiscal year 2019. Succession planning and mentoring both at state and district offices continued to grow. The approximately 100 new hires continued taking required courses, HIPAA, FMLA, and Safety and Security. A required information security training course was also added this year. Quarterly courses were held to explain the hiring process and the "Fantastic Four" interview process to help the hiring managers select the best candidates. During the last two fiscal years, the training and development staff have launched five instructor led courses, four online training courses. Nearly 400 employees have attended instructor led classes and more than 45-hundred employees have participated in online courses.

Goals, Objectives and Strategies for DPH Outcome Priorities

STRATEGY/3.13

By 2019, develop a system within the health care and public health communities of Georgia and HHS Region 4 for the identification, isolation, transportation and treatment of individuals with serious infectious diseases.

**UPDATE & REPORT OF PROGRESS
FY 19**

Conduct exercises and reviews to improve the process of isolation, transportation and treatment of highly infectious patients. Through collaboration between DPH, EMS, the Infectious Disease Treatment Network (IDTN), law enforcement and Emory University Hospital, Georgia is a leader within HHS Region 4 for executing and strengthening this model of care. Many components of the IDTN are also used to receive patients from outside the continental U.S. via Dobbins Air Reserve Base, Atlanta.

STRATEGY/3.14

By 2019, train, equip, credential and maintain five Environmental Health Strike Teams to support and assist state and local disaster response.

**UPDATE & REPORT OF PROGRESS
FY 19**

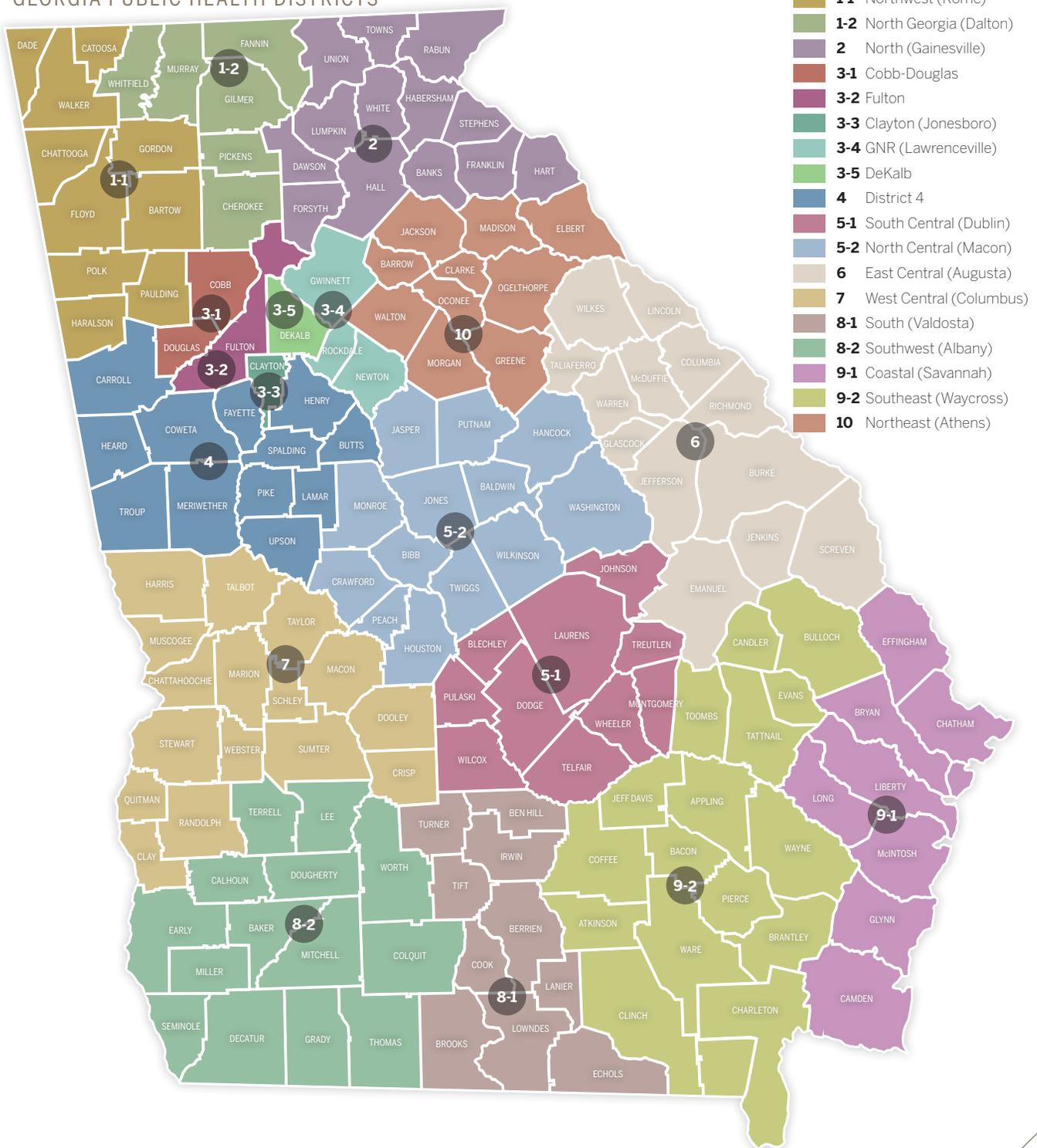
Environmental health (EH) completed four emergency response exercises with the EH Strike Team members. Included in these response exercises was the Hurricane Irma response that included Alert, Activation and Deployment call downs. Call down drills are conducted quarterly along with five regional seminars and an annual EH Strike Team Summit. The summit included lessons learned from the Hurricane Irma response along with a table top exercise. The EH Strike Team program is a considerable asset to be enhanced over the coming years to ensure surge support for local jurisdictions during environmental health disaster response.

Forty-two of 76 EH Strike Team members are credentialed. Credentialing is promoted throughout the year and is reviewed in the fourth quarter.

NEXT STEPS | Continue to promote EH Strike Team disaster response training and credentialing; and increase credentialing target by 10 percent.

Appendix A

GEORGIA PUBLIC HEALTH DISTRICTS



External Trends and Issues

The external trends that will have the greatest impact on the Georgia Department of Public eHealth can be categorized into four major areas: demographics, economics, policy and health. Since each of these areas is vast and complex, they are being summarized, highlighting factors having the most significant effect in the near and intermediate future.

STATE OF GEORGIA DEMOGRAPHICS

- In just three decades—from 2000 to 2030—Georgia’s elderly population (over 65) will increase by over 140 percent, one of the fastest rates of increase in the country.
- While the population is aging, the number of working age residents will decline from about 6 persons per elderly resident to around 3.5 in 2030.
- An aging population will place a heavy burden on healthcare resources, including those that are provided by the state.
- Georgia’s population has been growing at twice the national average.
- More counties are becoming “majority minority”; between 2000 and 2013, five counties, including four in Metro Atlanta, have undergone this change.

STATE OF GEORGIA ECONOMIC ISSUES

- The economy at the state and national levels is showing steady improvement.
- Between 2008 and 2015, the percentage of Georgia children under the age of 18 in poverty increased from 20 percent to 25 percent.
- While the Georgia unemployment rate has dropped from over 10 percent to 5.1 percent, it remains above the national rate of 4.5 percent.
- State revenue collections have grown steadily in recent years. Based on collections through March 2018, there is a 5.4 percent increase over 2017.

Appendix B

Environmental Scan *(continued)*

HEALTH POLICY

The Patient Protection and Affordable Care Act took effect in 2014 and will result in the following changes.

- All insurance plans provide for expanded services encompassing prevention, chronic disease management, tobacco cessation, maternal and newborn care, and prescription drugs.
- Before implementation of ACA, Georgia ranked fifth in the U.S. for uninsured residents with 19 percent of the population (1.67 million individuals) lacking coverage. According to a new Kaiser Family Foundation poll, 14 percent of Georgia's residents are now uninsured, ranking the state second in the country. Nationally, 9 percent of the population is uninsured.
- An increase in Medicaid eligible population, coupled with a decrease in the number of providers accepting Medicaid patients could result in a significant increase in demand for local public health services.
- In 2014, 75.6 percent of children 19-35 months were fully immunized, a significant increase over the previous year, above the national rate of 72.2 percent.
- Throughout the state, there are significant health disparities by race, ethnicity, population density, education, and county of residence.
- Georgia ranked 41 according to America's Health Rankings® 2016.
- There are substantial shortages of health professionals in the state especially in rural areas.
- Consistent with national trends, Georgia's premature mortality rate has been increasing. As measured in years of potential life lost before age 75, the Georgia rate has gone from 7,104 in 2012 to 7,648 in 2015 (OASIS), an 8 percent increase. There was an 11 percent increase for blacks, an 11 percent increase for whites and a 23 percent for Hispanics.
- Disconnected youth are persons 16 to 24 who are not in school and not working. According to the Robert Wood Johnson County Health Rankings, in 2015, 15.5 percent of individuals in this age group were disconnected, with the rate for Blacks at 20.9 percent, for Hispanics 12.8 percent and for Whites 12.7 percent. The national rate for all races and ethnic groups is 12.3 percent.

PUBLIC PERCEPTION AND EDUCATION

The Georgia Department of Public Health and the New York State Health Department were selected 2014 winners of the America's Health Rankings Champion Award by the Association of State and Territorial Health Officials (ASTHO) and United Health Foundation. The winners were recognized for demonstrating consistent progress in improving health in their states by collaborating with nontraditional partners, and working to address health disparities through their programs and initiatives. The America's Health Rankings Champion Award recognizes state and territorial health departments that use data from United Health Foundation's America's Health Rankings® reports to develop initiatives and programs that

improve health outcomes in their jurisdictions, including addressing health disparities and building stronger relationships with local health departments and other partners.

INTERNAL TRENDS AND ISSUES

The department is working on overcoming operational difficulties in maintaining a professional workforce, information technology, funding, and internal communications. It has initiated a quality improvement program and will be applying for accreditation.

WORKFORCE

- The Georgia Department of Public Health’s workforce is divided into State staff and District/County staff. Some District/County staff hiring processes, including recruitment and selection, are managed at the local level, while State hiring processes are completely managed at the state level.
- There are several issues facing the entire DPH workforce, including vacancy and turnover in key position classifications. The state’s vacancy rate averaged 10.14 percent during fiscal year 2017.
- Within the next 1-5 years, 11.9 percent or 564 district employees will be eligible for retirement. Six to 10 years from now, an additional 18.7 percent or 890 employees will be eligible for retirement.
- Within the next 1-5 years, 12.9 percent or 135 state employees will be eligible for retirement. Six to 10 years from now, an additional 15.7 percent or 165 employees will be eligible for retirement. Recruiting and retaining the workforce will continue to be a challenge.
- While measures have been taken to help address salaries for departmental employees, many are below the market rate which creates a challenge for keeping qualified staff in place for more than 12- 24 months.
- As the health care sector continues to expand, there is intense competition in many job categories critical to public health such as nurses, epidemiologists, nutritionists and lab technicians.
- The following table provides a summary of workforce demographics for the Department, divided by state personnel and district/local personnel:

DPH Workforce Demographics (Current as of 5/31/17)		State Office Staff (405)
Total number of filled positions		1,049
Sex	Male	25%
	Female	75%
Race	African American	58%
	Caucasian	32%
	Hispanic	3%
	Other	7%
Tenure	1 to 9 years	65%
	10 to 19 years	23%
	20 to 29 years	12%

Appendix B Environmental Scan (continued)

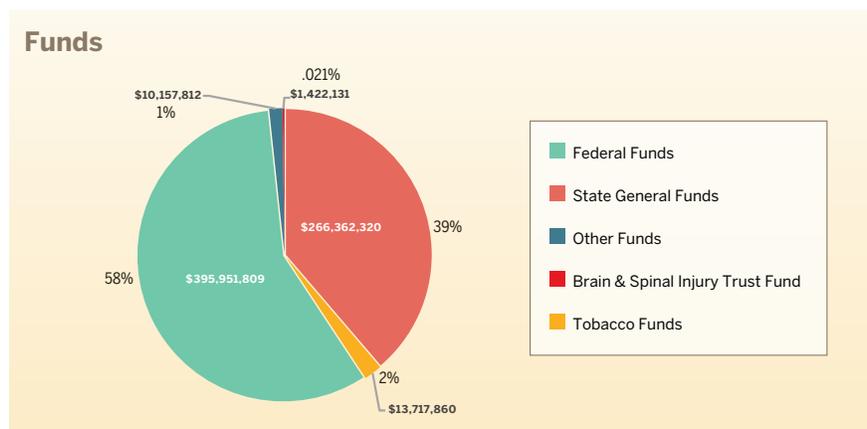
INFORMATION TECHNOLOGY

- Commonly sought information on health department clients and services— e.g., unduplicated count and number of visits across all programs—is not available.
- There is not a common platform for clinic information services.
- DPH worked with Gartner, Inc. to complete an assessment of our IT infrastructure which will be incorporated into a request for proposals for an Enterprise Care Management solution, to be released this year.
- Enterprise Care Management encompasses statewide clinical management, EHR, WIC and WIC/EBT, billing, claiming/payment and reporting/analytics.
- In addition to federal funds, state funds to support this system have been appropriated.

FINANCE OVERVIEW:

Sixty percent of the funding for DPH's public health services comes from federal fund sources. As the federal funding for public health continues to shift toward less funding for treatment, the Department recognizes the need to strengthen its billing infrastructure and practices. The Department is in the process of procuring a statewide clinical billing system that will maximize revenue for our clinical services, ensuring that we can maintain critical health care needs for the citizens of Georgia. A new integrated WIC system will be a part of this infrastructure that will improve services to Georgians who count on this important nutrition program.

The Department of Public Health's FY2018 budget of \$687,611,932 is comprised of various funding sources. The Department's budget includes funding that is appropriated for the two administratively attached agencies; the Georgia Trauma Care Network Commission of \$21.8 million and the Brain and Spinal Trust \$1.4 million. The following graph illustrates the FY 2018 budget by fund source:





- The Department of Public Health budget is used to support the state public health office, the 18 district health offices and the 159 county boards of health. These funds provide direct support of local (district and county) public health activities. In FY2017, the department spent \$109 million in state funds for general grant-in-aid, \$30 million in state funds for programmatic grant-in-aid and \$104 million in federal funds for programmatic grant-in-aid.

DISTRICT-STATE COMMUNICATIONS

When the department was established in 2011, district and state communications was identified as an opportunity for improvement. Since then, regular evaluations have been done, with the 2016 questionnaire marking the fifth year of the communications assessment. Over the past few years, district and state customer satisfaction questionnaires have been added to the communications survey.

- Although there has been steady improvement over the past three years, state offices need to improve in the areas of timeliness, clear messaging, clear expectations and transparency.
- Among district staff surveyed, 42 percent said they are seldom or never included in state decisions affecting them; 38 percent of state respondents said their perspectives are not taken into account in district decision making.
- The range of positive satisfaction ratings for specific state programs goes from less than 85 percent of the district respondents to over 90 percent.
- State staff are highly satisfied with district customer service: 12 districts received positive responses from at least 95 percent of the respondents, with six rated at 99 percent and one at 100 percent; of the four at less than 95 percent, three had a score lower than 90 percent.

Appendix B

Environmental Scan

(continued)

QUALITY IMPROVEMENT AND ACCREDITATION

For the past three years, DPH has been putting into place Good to Great® concepts. A logical outcome of this activity was the department's commitment to become accredited and the establishment of a quality improvement program.

In quality improvement:

- The 2017 QI staff assessment showed remarkable improvements in nearly all areas. A few examples include:
 - › Staff agreeing that there is an established process for identifying priorities for quality improvement in DPH increased from 39 percent to 66 percent
 - › Staff agreeing that the quality of many programs and services in DPH is routinely monitored increased from 49 percent to 75 percent
 - › Staff agreeing that DPH staff use data to identify quality improvement opportunities in order to achieve objectives increased from 58 percent to 77 percent
- Three agency supported QI projects were completed while nearly another 20 QI projects were recognized and celebrated at the January 2018 Culture of Quality Day.

Related to accreditation:

- The department made the decision to apply for accreditation in early 2014.
- An accreditation coordinator manages the process of completing the prerequisites and guiding the collection of documents for each of the domains.
- DPH submitted its documentation for accreditation to the Public Health Accreditation Board in early 2018, and it is anticipated the department will be accredited by the end of the year.

State of Health

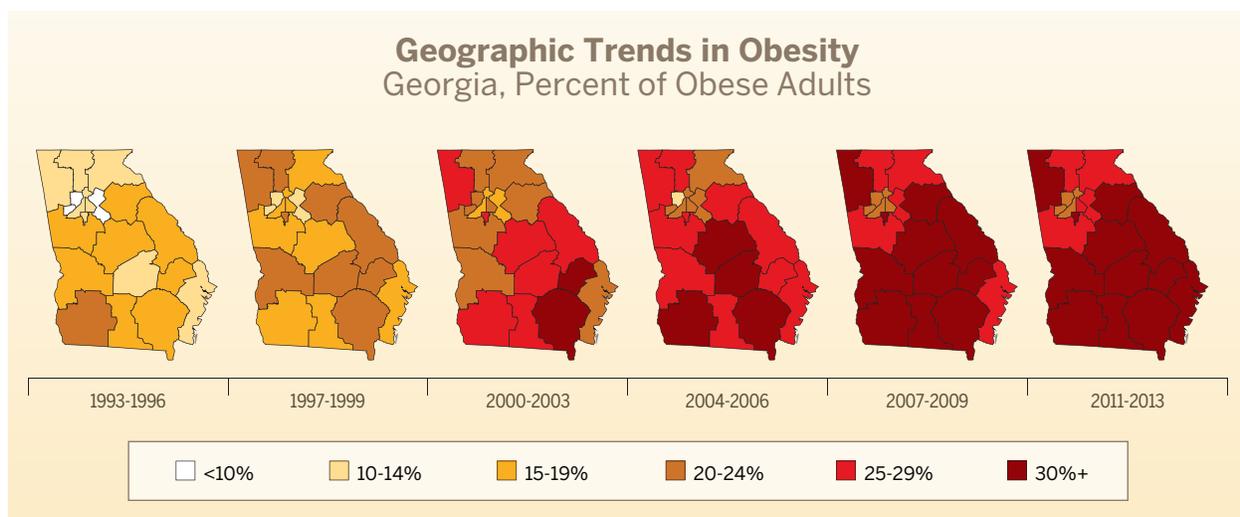
The State of Georgia was ranked 38th by the United Health Foundation (UHF) in a national health status comparison for 2014. This ranking has held steady since 2010 when it was 37th and represents a 5-position improvement from 43rd ranking in 2009.

Major challenges for public health identified in the UHF report include:

OBESITY – Adult Obesity of 30.3 percent (2009 data) / Rank 33rd

Georgia's percentage of adults that are considered obese has increased tremendously in the last 20 years, from 10.8 percent in 1990 to 30.4 percent in 2010. According to the UHF, the state ranks 33rd in adult obesity with 30.3 percent of the population having a BMI of 30 or higher in 2014, up from 29.1 percent in 2013. This rate far exceeds the Health People 2010 goal of 15 percent. The percentage of adults who reported consuming fruits and vegetables five times per day in Georgia is only 24.5 percent. The effects of obesity are reflected in other poor health outcomes such as the percentage of the adult population with diabetes of 9.5 percent, which results in a ranking of 38th. Obesity also affects the state's economy in direct and indirect medical costs and productivity costs.

The following graph illustrates obesity trends by health district according to results from the 2009 Behavioral Risk Factor Surveillance System (BRFSS):



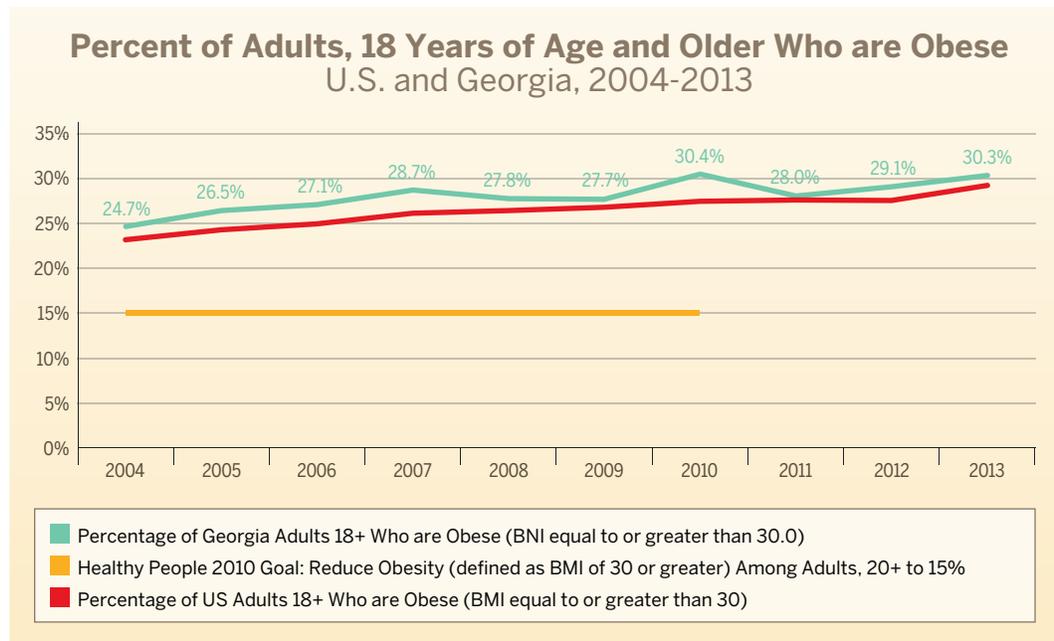
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

NOTE: Several updates were made to BRFSS methodology in 2011 that impact estimates of state-level adult obesity prevalence. Because of these changes, data collected in 2011 and forward cannot be compared to estimates from previous years.

Population Attributable Risk (PAR) calculations show that if all Georgians were of normal weight, an estimated 6,560 fewer deaths would occur annually, 40,821 fewer hospitalizations each year, and \$1.3 billion fewer hospital charges due to obesity related conditions. For Georgians, diabetes, arthritis, and high blood pressure were more prevalent in overweight and obese adults as compared to adults of normal weight. The direct medical costs of obesity in the U.S. are approximately \$147 billion a year. In 2008, Georgians spent \$2.4 billion on the direct medical cost of obesity, or \$385 per Georgian per year.

Geographic Trends in Obesity

The graph below illustrates the growth in the obesity rate in adults in Georgia:



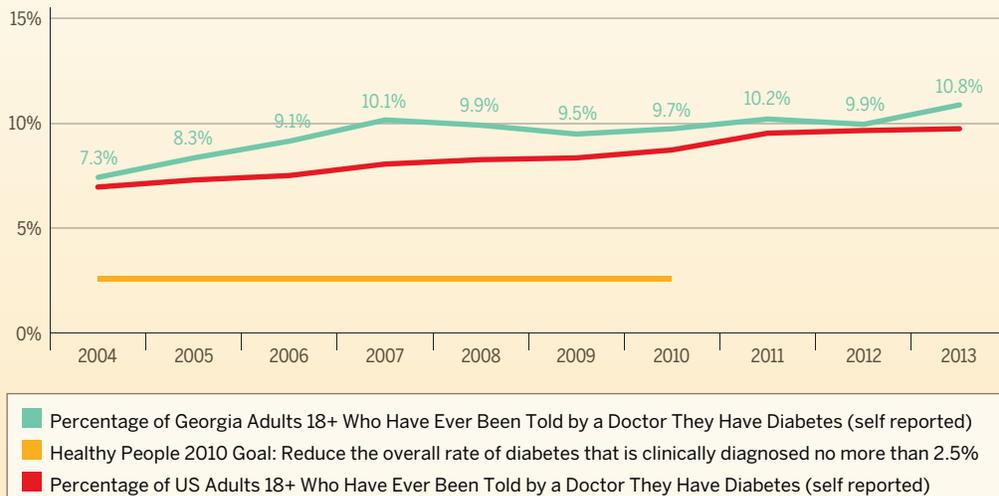
Obesity is self-reported. Body Mass Index (BMI) is measured as weight in kilograms/height in meters.
 Source: Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS), <http://www.cdc.gov/BRFSS/>

Obesity Among High School – OASIS data indicate obesity in high school students increased from 12.4 percent in 2009 to 12.7 percent in 2013.

Diabetes – Georgia ranks 37th in diabetes with a prevalence of 10.8 percent in the adult population (UHF). In the past 10 years, diabetes increased from 6.8 percent to 10.8 percent of the adult population.

Appendix C

Percent of Adults, 18 Years of Age and Older Who Have Diabetes U.S. and Georgia, 2004-2013



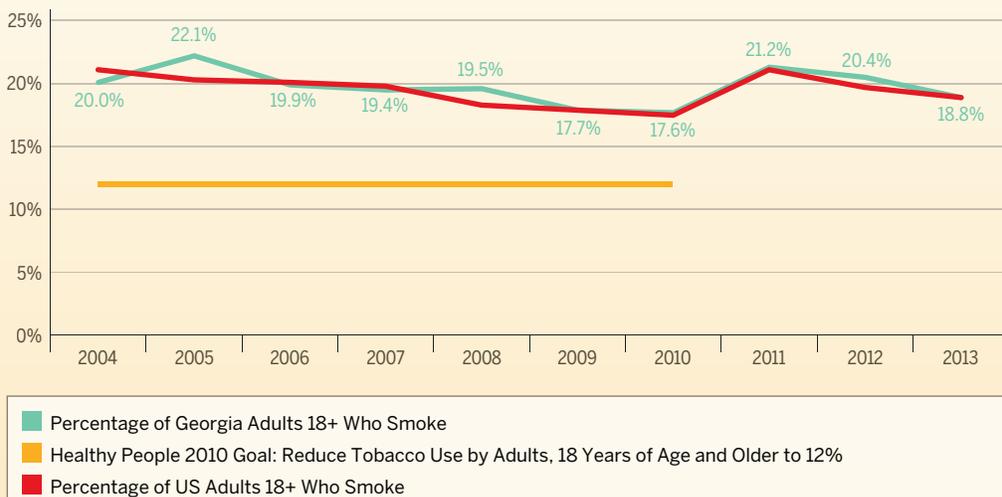
Source: Centers for Disease Control & Prevention (CDC), Behavioral Risk Factor Surveillance System Data. Atlanta, Georgia; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2013 (accessed January 28, 2015) <http://apps.nccd.cdc.gov/brfss/>

TOBACCO – Prevalence of Smoking (17.6 percent) / Rank 21st

Funding for tobacco prevention and intervention efforts has reduced significantly (\$27 million to \$2 million) while the percentage of adults 18 years of age or older who smoke in Georgia continues to remain well above the Healthy People 2010 goal of 12 percent. The percentage of adults who smoke in Georgia, which had declined overall since 2000, remained about the same from 2009 (17.7 percent) to 2010 (17.6 percent).

The following graph illustrates the trend in adult smoking over the last 20 years:

Percent of Adults, 18 Years of Age and Older Who Smoke U.S. and Georgia, 2004-2013



Source: Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS), <http://www.cdc.gov/BRFSS/>

INFANT MORTALITY – Infant Mortality Rate is 7.2/1,000 live births / Rank 34th

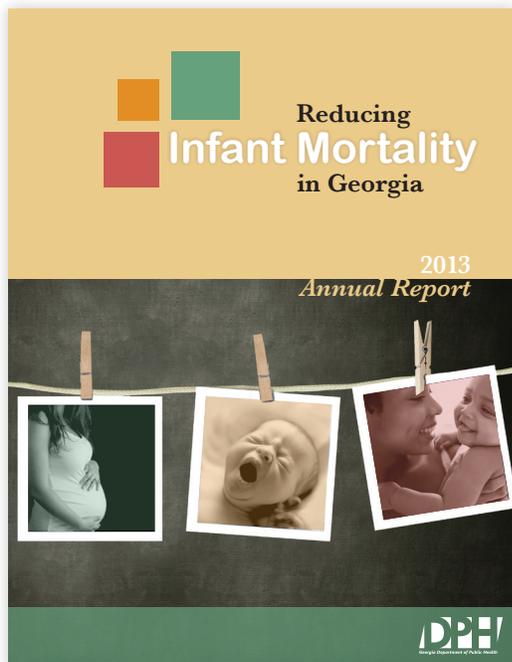
Infant mortality is a key measure of the health a community or population. Over the last two decades Georgia's infant mortality rate (IMR) has notably declined. In 2013, Georgia's IMR was 7.2 infant deaths per 1,000 live births, a 29 percent decrease from the state's IMR of 10.1 infant deaths per 1,000 live births in 1994. America's Health Ranking placed Georgia 34th in the nation for infant mortality in 2013.

Georgia's IMR has consistently been higher than the national average. Moreover, Georgia's IMR has been trending upward since 2010. Infant mortality has been identified as a high-priority health issue for the nation by the United States Department of Health and Human Services, a leading federal agency of Healthy People 2020 (HP2020). As of 2013, Georgia has not met the HP2020 target of 6.0 infant deaths per 1,000 live births.

Infant mortality disproportionately affects racial-ethnic groups. Between 2011 and 2013, the IMR for Black non-Hispanics was two times higher than their White counterparts, 11.2 and 5.5 respectively.

In general, the neonatal mortality (within the first 28 days of life) rate has mirrored the trend of the IMR. Over the last two decades the neonatal IMR overall steadily declined until 2010. Between 2011 and 2013, the neonatal IMR was 4.6 infant deaths in the first 28 days of life per 1,000 live births. As of 2013, Georgia had a neonatal IMR of 5.0; this exceeds the HP2020 target of 4.1 infant deaths in the first 28 days of life per 1,000 live births.

(Below): The Infant Mortality Report was produced by Georgia's Infant Mortality Task Force and DPH and was distributed to the Regional Perinatal Centers, legislatures, and stakeholders. It is also available as a PDF on the DPH website.



GEORGIA'S MATERNAL MORTALITY RATE HAS INCREASED FROM 14.6 DEATHS PER 100,000 LIVE BIRTHS IN 2007 TO 35.5 PER 100,000 IN 2011.

FIGURE 4: Maternal Mortality Rate by Race/Ethnicity and Georgia, 2007-2011

PRETERM, LOW BIRTH WEIGHT BIRTH IS THE PRIMARY CAUSE OF INFANT MORTALITY IN GA.

TO IMPROVE THE BIRTH OUTCOMES and reduce infant mortality and preterm birth rates in our state, the Georgia Department of Public Health has contracted partners from across the state, created an Infant Mortality Task Force and outlined a strategic plan to identify measurable objectives.

OBJECTIVE #1: Strengthen the regional perinatal system of care.

OBJECTIVE #2: Develop targeted educational campaigns on infant mortality related issues.

OBJECTIVE #3: Develop external collaborations to support infant mortality initiatives.

FIGURE 5: Infant mortality by race/ethnicity, Georgia, 2002-2006

FIGURE 6: Percent of early neonatal, neonatal, and perinatal deaths, Georgia, 2002-2006

12.8% Early Neonatal Deaths (0-7 days)
53.8% Perinatal Deaths (0-364 days)

12 | GEORGIA DEPARTMENT OF PUBLIC HEALTH

Infant Mortality Task Force

Each RPN is responsible for complying with the same requirements and recommended guidelines of the standards of care for perinatal health. In April 2013, the Perinatal Standards of Care were revised to reflect the following:

- 1) Advance in technology and care practices
- 2) Consistent utilization of the American Academy of Pediatrics and American Congress of Obstetricians and Gynecologists Guidelines for Perinatal Care
- 3) Increase regionalization for hospitals through the Department of Community Health (DCH), Office of Regulatory Services.

Infant Mortality Strategic Plan Initiatives

- Establish verifiable perinatal hospital designation requirements
- Establish a perinatal advisory committee
- Establish minimum quality assurance requirements within the perinatal region
- Consider expanding requirements between hospital divisions and neonatal nurseries
- Increase hospital and providers to detect very low birth weight (VLBW) deliveries to appropriate levels of care
- Provide for policies and procedures to ensure appropriate documentation and access to case management services for program evaluation
- Generate quarterly delivery prior to 39 weeks

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IN FANT WHO WERE BLACK, NON-HISPANIC EXPERIENCE AN IMR NEARLY 2.5 TIMES HIGHER THAN INFANTS WHO WERE WHITE, NON-HISPANIC.

FIGURE 5: Infant mortality by race/ethnicity, Georgia, 2002-2006

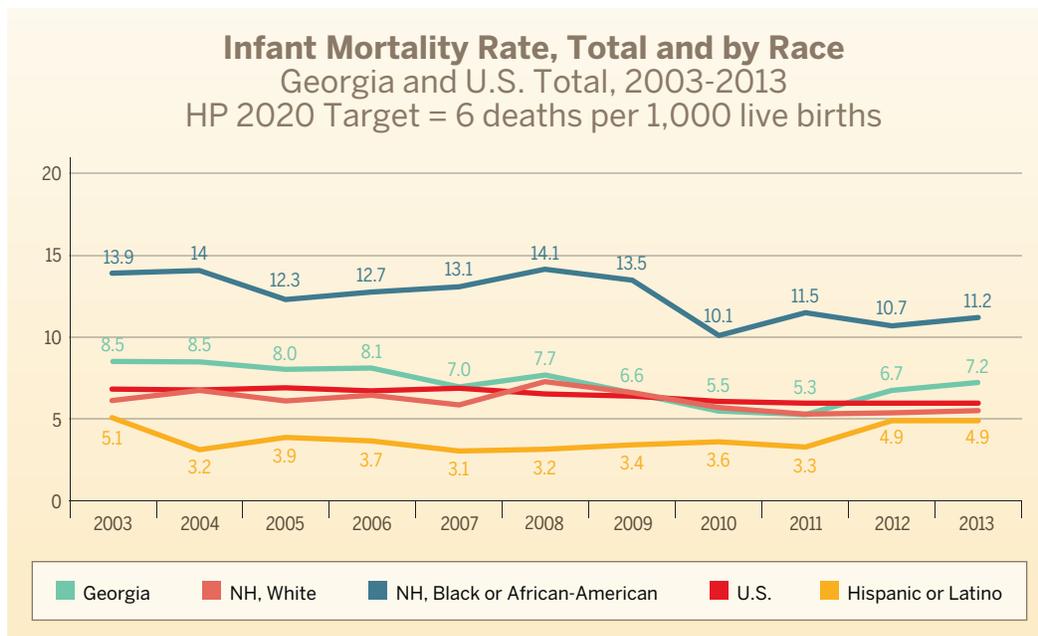
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12.8% Early Neonatal Deaths (0-7 days)
53.8% Perinatal Deaths (0-364 days)

12 | GEORGIA DEPARTMENT OF PUBLIC HEALTH

Examination of fetoinfant mortality rates help to assess and define the nature of preventable mortality. This facilitates the setting of realistic objectives with targeted cause- and intervention-specific approaches to reduce mortality. The Perinatal Periods of Risk (PPOR) is a model used to define the nature of preventable mortality based on gestational age and birthweight. The PPOR for Georgia indicates that targeted interventions in Women’s Health would have the greatest impact on the fetoinfant mortality rate. Women’s health interventions include preconceptional, periconceptional and early prenatal interventions such as folic acid intake.

Tactically, Georgia will focus IMR strategies that target preventable infant deaths. A preventable infant death is classified as all infant deaths excluding non-neural tube birth defects. In 2013, the preventable IMR was 6.3 preventable infant deaths per 1,000 live births. By 2020, the state is expected to reduce the preventable IMR to 5.5.



Note: 2010 is underreported.
 Source: Centers for Disease Control, Vital Statistics System, Mortality Data. September 14, 2009.
<http://www.cdc.gov/nchs/deaths.htm>

Appendix D

Division/Program Descriptions

HEALTH PROTECTION

The Health Protection Division includes Epidemiology, Environmental Health, Emergency Preparedness, Infectious Disease and Immunization, Emergency Medical Services and Pharmacy Programs and Offices:

Epidemiology

The Epidemiology Program (Epi) improves the health status of Georgians by monitoring the distribution and determinants of health-related states or events in the population. This information is used to guide strategic planning at state and local levels and to improve public health programs and Georgia's health status.

Environmental Health

The Environmental Health Program promotes and protects the well-being of citizens and visitors of Georgia by assuring the environmental conditions in which people live, work and play can be healthy. This is accomplished by providing primary prevention through a combination of surveillance, education, enforcement and assessment programs designed to identify, prevent and abate the biological, chemical and physical conditions that adversely impact human health and thereby reduces morbidity and premature death related to environmental hazards.

Emergency Preparedness/Trauma System Improvement

The Office of Emergency Preparedness ensures Georgia's capacity to respond to events, and to prevent or reduce morbidity and mortality by coordinating the prevention, detection, investigation, and response to bioterrorism, terrorism and other public health emergencies, including man-made and natural events. This office reduces preventable death and disability in the population receiving care from EMS providers, and uses this system as a part of the overall disaster response and assures quality within the trauma system by conducting evaluations based on criteria established by the American College of Surgeons Committee on Trauma at the designated trauma centers.



Infectious Disease and Immunization (IDI)

The Infectious Disease and Immunization Program (IDI) Offices work to increase awareness of and improve prevention of Infectious disease among Georgians through early detection, prevention, treatment, education, surveillance, collaboration, partnerships, and efficient use of all available resources. IDI services cover a wide array of critical prevention, treatment, and ongoing care services for Georgians who are either infected with communicable diseases and/or at risk of acquiring communicable or vaccine preventable diseases.

Pharmacy

The Office of Pharmacy provides current drug and disease information and high quality, cost-effective pharmaceuticals to health professionals working within the public health system, for use in disease prevention, promotion of the health and the well-being of Georgians.

Public Health Laboratory

The Georgia Public Health Laboratory (GPHL) provides screening, diagnostic and reference testing services to residents of Georgia through county health departments, public health clinics, private physicians, hospitals, other clinical laboratories, and state agencies. GPHL is comprised of three facilities including the Central Facility/Decatur, the Albany Regional PH, and the Waycross PH Laboratory.

DISTRICT AND COUNTY OPERATIONS

The District and County Operations Division serves as the liaison to the district health offices and is responsible for coordination of District and County Operation Division's Office of Nursing.

Office of Nursing

The Office of Nursing provides leadership, guidance, technical assistance and tools to assure that the practice of public health nursing in Georgia is evidence- and competency-based; consistent with the Georgia nurse practice acts, rules and regulations and scope of practice; and focused on improving the health and safety of Georgians. The Office of Nursing develops standards, products and tools that are used by districts, counties, and the State Office in each of the following areas: Nurse Protocols and Personal/Preventive Health Practice, Health Assessment Training and Quality Assurance/Quality Improvement, and Emergency Preparedness and Response.

HEALTH PROMOTION

The Health Promotion Division includes Health Promotion and Disease Prevention Program, Maternal and Child Health Program, the Georgia Volunteer Health Care Program, and the Office of Health Equity.

Health Promotion and Disease Prevention

The Health Promotion and Disease Prevention Program is dedicated to reducing chronic disease risk factors, improving disease management, early detection and screening of cancer, and teen pregnancy prevention through comprehensive youth development. Targeted risk behaviors include smoking, physical inactivity, unhealthy eating, lack of preventive healthcare, sexual violence, and reducing risky behaviors in youth.

Maternal and Child Health

The Maternal and Child Health Program implements measurable and accountable services and programs to improve the health of women, infants, children and their families in Georgia. Through the implementation of evidence-based strategies and the use of program and surveillance data, this program identifies and delivers public health information, provides direct services, and population-based interventions such as WIC, Children 1st, Newborn Screening and Babies Can't Wait that have an impact on the health status of women and infants.

Volunteer Health Care Program

The goal of the Georgia Volunteer Health Care Program is to increase access to quality health and dental care for the underserved and uninsured residents of Georgia through the commitment of Volunteers. The program builds bridges between DPH and communities throughout Georgia to provide health and dental care to needy persons.

FINANCIAL SERVICES AND OPERATIONS

The Financial Services and Operations Division, consisting of Financial Services, Human Resources, Contracts Administration and Procurement Services is responsible for all financial services for the department including budget and grants accounting and management. This Division also includes Facilities and Support Services for state owned buildings and equipment including fleet management and space management.

INSPECTOR GENERAL

The Inspector General Division conducts internal audits and investigations in order to prevent, detect, identify, expose and eliminate fraud, waste, abuse and corruption with the department, its employees, contractors, subcontractors and vendors.

GENERAL COUNSEL

The General Counsel Division provides overall legal guidance, services and direction for the operations of the Department including reviewing contracts and policies, drafting rules, regulations and policies for consideration by the Board of Public Health and providing staff support for the Institutional Review Board.

Heading out on a trip?
PREVENT ZIKA
Virus Infection

FIND OUT WHAT IT TAKES TO STOP ZIKA
dph.georgia.gov/zika

Prevalence Of Perceived Cognitive Impairment (PCI) Among Georgia Adults

Although Alzheimer's Disease and Related Dementias is not a reversible part of aging, increasing age increases perceived cognitive impairment. The majority of people with MCI are 65 years and older. Most are those who have witnessed an MCI, beginning at any age.

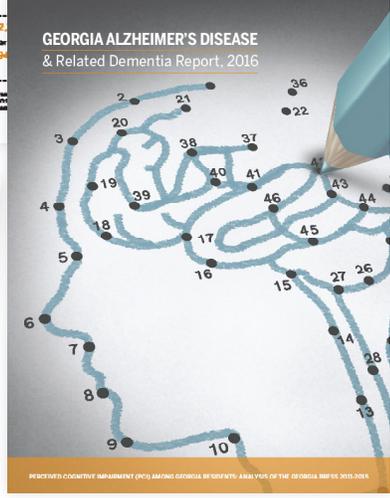
INSIGHTS
 Over 1.2 million Georgia residents are 65 and older.
 Approximately 285,500 (13 percent) are over 75.
 The prevalence of PCI was highest among those aged 75 and older.
 Over 75 percent of those aged 75 and older reported a higher prevalence of PCI.
 (Overall Prevalence: 17 percent, 17 percent) from those aged 65-74 years.
 Over 60 percent of those aged 75 and older reported a higher prevalence of PCI.
 (Overall Prevalence: 22 percent) from those aged 75-84 years.
 Over 60 percent of those aged 75 and older reported a higher prevalence of PCI.
 (Overall Prevalence: 21 percent) from those aged 85 years and older.
 Over 60 percent of those aged 75 and older reported a higher prevalence of PCI.
 (Overall Prevalence: 21 percent) from those aged 75-84 years.
 Over 60 percent of those aged 75 and older reported a higher prevalence of PCI.
 (Overall Prevalence: 21 percent) from those aged 85 years and older.

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TIPS FOR USING INSECT REPELLENT

- AVOID mosquito bites. Use EPA-registered insect repellents with DEET.
- USE insect repellents as directed for mosquitoes and prophylactic use.
- USE of DEET is not recommended for babies under 2 months.
- APPLY insect repellent before applying sunscreen.
- USE insect repellent after applying sunscreen 30 minutes after finishing.

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From publications such as the Alzheimer's Report (below) to public health campaigns such as a large Zika campaign (left and below), DPH Communications creates evocative creative materials to get out the message.

PREVENT THE SPREAD OF ZIKA Infection can cause birth defects
dph.georgia.gov/zika

INFORMATION TECHNOLOGY

The Information Technology Division is responsible for information technology infrastructure and support as well as development to include management of the SENDSS notifiable disease system.

COMMUNICATIONS

The Communications Division operates across all of the Department's divisions, sections and programs to ensure consistent messaging and communication across all platforms with internal and external audiences and stakeholders. Essential functions include media relations, crisis and risk communication, reputation management, graphic design, social media and social marketing integration, collateral development, and the construction of health marketing and communication plans. The Division manages the Department's external marketing and public relations vendors.

CHIEF OF STAFF

The Office of the Chief of Staff is responsible for Telehealth/Telemedicine, Special Projects including management of the Georgia SHAPE Initiative, Worksite Wellness and Quality Improvement, the Early Brain Development Initiative, the Institutional Review Board and the Office of Health Indicators for Planning. This Office is also responsible for Vital Records which registers, archives, and provides State of Georgia birth and death records to the public.



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