

2022-2025

GEORGIA DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLAN

FY 2022 Update



COMMISSIONER'S MESSAGE

I am pleased to share the Georgia Department of Public Health's four-year strategic plan for state fiscal years 2022-2025. This plan establishes the Department's strategic goals and is based on a solid foundation of science and data.

The goals are organized within the core functions of public health – to prevent disease, disability and injury; to promote health and well-being; to prepare for and respond to disasters – and additionally to support Governor Brian P. Kemp's goals to make Georgia #1 for small business, reform state government, and put Georgian's first.

The Georgia Department of Public Health's strategic goals include:

- Reduce bureaucratic hurdles for small business
- Develop a skilled workforce to meet current and future needs of public health
- Exercise conservative budgeting by investing in initiatives that will provide long-term cost savings to the state
- Expand public-private partnerships and leverage technology to best utilize limited state resources
- Lower costs, improve quality, and increase access to quality healthcare in every region.

Our strategic goals reflect the Department's focus on evidence-based decision and policy making, health equity, collaboration and continuous quality improvement. A commitment to innovation, excellence, and performance are required to achieve these goals and to allow all Georgians to reach their highest health status.

The COVID pandemic, like no other public health issue in our time, has exemplified the critical work of the Georgia Department of Public Health. Our response to the pandemic has been -- and continues to be -- more complex than anything we have ever done previously even as the virus continues to change into new and more infectious forms. Working with new and multidisciplinary partners, our response included mass testing, disease investigation, prevention interventions, and administering vaccines throughout the State.

Together with our dedicated staff and partners, the Georgia Department of Public Health will meet and advance the goals set forth in this strategic plan, while supporting Governor Kemp's vision for making Georgia a better place to live, work and play. We look forward to making a difference in the health and lives of all Georgians!

Sincerely,



Kathleen E. Toomey, M.D., M.P.H.
Commissioner and State Health Officer



MISSION, VISION, CORE VALUES

MISSION

To prevent disease, injury and disability; promote health and well-being; and prepare for and respond to public health emergencies.

VISION

A Safe and Healthy Georgia.

CORE VALUES

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..

STRATEGIC GOALS

Governor Brian Kemp established his key priorities for the state during the strategic planning process. The Georgia Department of Public Health (DPH) has established its goals to align with Governor Kemp's priorities.

GOVERNOR'S GOAL 1:

MAKE GEORGIA #1 FOR SMALL BUSINESS

- DPH Goal: Develop a skilled workforce to meet current and future needs of public health. **5**
- DPH Goal: Reduce bureaucratic hurdles for small business by reforming licensure for mobile food service establishments. **8**

GOVERNOR'S GOAL 2:

REFORM STATE GOVERNMENT

- DPH Goal: Exercise conservative budgeting by investing in initiatives that will provide long-term cost savings to the state.
 - *HIV Prevention* **10**
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- DPH Goal: Expand public-private partnerships and leverage technology to best utilize limited state resources.
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GOVERNOR'S GOAL 3:

PUT GEORGIANS FIRST

- DPH Goal: Lower costs, improve quality, and increase access to quality healthcare in every region.
 - *Maternal & Infant Mortality/Morbidity* **27**
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WORKFORCE

GOVERNOR'S GOAL 1:

MAKE GEORGIA #1 FOR SMALL BUSINESS

DPH Goal: Develop a skilled workforce to meet current and future needs of public health.

Environmental Scan

DPH's workforce is divided into state office staff and district/county staff. Some district/county hiring processes, including recruitment and selection, are managed at the local level. The Office of Human Resources, Division of Workforce Management is managed at the state level.

Vacancy and turnover in key positions and understaffing are top concerns for the Department. The total turnover rate among state non-COVID positions for FY2022 was 50.47%, which represents more than a 100% increase from prior years.

During the COVID-19 pandemic, the Office of Human Resources hired more than 1,800 part-time staff, primarily contact tracers and investigators to assist with DPH's pandemic response. To date, via attrition and a recent reduction in force, that number has decreased by 66%, with 600 staff remaining. As more Georgians get vaccinated against COVID-19 and the need for additional contact tracers and case investigation lessens, it is expected that the remaining temporary staff will end their work assignment by June 30, 2023.

With understaffing continuing to increase, there is intense competition in many specialized job categories critical to public health such as nurses, epidemiologists, environmental health specialists, nutritionists, and lab technicians. Salaries for departmental employees are distinctly below the market rate which makes keeping qualified staff and building a skilled workforce problematic. The legislature made investments in several key workforce categories, including nursing, epidemiology, and environmental health to improve recruitment and retention by bringing salaries to market median in FY2023. We anticipate these funds will impact 15% state positions and 85% district/county positions.

Recognizing the challenges among all state agencies in recruiting and retaining staff, the Governor funded several initiatives in the FY2023 budget to provide some additional competitive benefits for state employees. DPH will implement these initiatives to improve employee recruitment and retention which include: a \$5,000 cost of living adjustment for all full-time benefit eligible employees; allowing eligible employees to withdraw up to 40 hours of earned annual leave each year from their accrued leave balance; and, increasing the employer 401(k) match for Georgia State Employees' Pension and Savings Plan (GSEPS) employees.

<https://www.ers.ga.gov/ers-georgia-state-employees-pension-and-savings-plan-gseps>

The following table provides a summary of workforce demographics for the Department categorized by state office personnel, COVID response personnel, and district/county office personnel:

Public Health Workforce (Monthly Average FY22)		State Employees	COVID Employees	District Employees
Total number of positions		1,272	2,000	5,410
Total number of filled positions		1,103	683	4,948
Vacancy Rate FY22		15.75%	48.79%	9%
Turnover Rate FY22		19.6%	81.43%	2.62%
Years of Service	< 1 year	130	33	
	1 to 9 years	623	650	
	10+ years	350	0	

DPH, like other state agencies and most other employers throughout the country, are facing the Great Resignation. The COVID-19 pandemic has redefined the concept of work/life balance. As we continue to transition away from the conventional brick and mortar way of working to a new normal "hybrid" way of working, DPH will downsize with an official return to work date, in its new form, on July 1, 2023.

A hybrid work policy will be developed allowing for the hoteling of most workspace and permitting most employees to work outside of the state office from 60% - 100% of time. When there is a requirement or need to come to the office, employees will reserve workspace via a newly implemented reservation system.

While the State of Georgia has provided a very fair fringe benefit package and continues to work on improving its compensation offerings to remain competitive, DPH will need to extend beyond those standards by establishing itself as an attractive employer. Since the pandemic, the public has become more aware of the important work of public health. DPH will capitalize on this new-found attention to recruit and retain its workforce.

Strategies/Actions Plan

- Implement public health recruitment and retention funding for targeted positions within public health (nursing, environmental health, and epidemiology).
- Implement increased employer contribution to 401K to public health staff to improve employee retention.
- Implement program to sell back vacation hours annually to public health staff to improve employee retention.
- Implement \$5,000 cost of living adjustment for all staff to improve employee retention.
- Address critical staffing shortages by developing partnerships with educational institutions in Georgia.
- Develop retention metrics and workforce management plans across state and local public health entities.
- Develop return-to-work plans that offer remote work flexibility to improve recruitment.
- Create a statewide marketing campaign encouraging people to consider Public Health for employment (TV and billboard advertising).
- Move the DPH careers link to a more visible location on the DPH website.

- Enhance academic partnerships to include internships, statewide, to increase awareness and interest in Public Health careers.

Mission to be impacted	To prevent disease, injury and disability; promote health and well-being; and prepare for and respond to public health emergencies
Associated funding	FY23 funded cost of living adjustment, withdrawal of annual leave, 401K contribution, & recruitment/retention
Responsible Teams	<ul style="list-style-type: none"> Office of Human Resources

Measurable Outcomes

- By June 30, 2025, reduce the number of vacancies in the public health workforce by 20% through recruitment, retention and professional development initiatives that focus on job specific and professional competencies.

Year	Target	Results
Baseline: 169		
SFY 2023	8%	14
SFY 2024	15%	20
SFY 2025	20%	34

- By June 30, 2025, increase the number of interns placed throughout DPH to 50 per year.

Year	Target	Results
Baseline: 40		
SFY 2023	43	+3
SFY 2024	46	+3
SFY 2025	50	+4

- By June 30, 2025, decrease state office non-COVID staff turnover rate to 2%.

Year	Target	Results
Baseline: 19.6%		
SFY 2023	13%	
SFY 2024	8%	
SFY 2025	2%	

- By June 30, 2023, finalize reduction in force for remaining 600 COVID-19 part-time staff.

FOOD TRUCKS

GOVERNOR'S GOAL 1:

MAKE GEORGIA #1 FOR SMALL BUSINESS

DPH Goal: Reduce bureaucratic hurdles for small business by reforming licensure for mobile food service establishments.

Environmental Scan

In recent years, the food truck industry voiced their concerns to DPH regarding the hurdles of the permitting process for mobile food service establishments. The permitting process for mobile food service establishments involves a plan review and fees for the base of operation and the mobile unit itself. The county boards of health perform the plan reviews, set the fee schedules, and perform the inspections. Mobile food service establishments must complete this process in each county where they seek to operate.

Many operators stated that too much time was spent in county offices with excessive paperwork and delays in verifying information. Specifically, there were concerns that the permitting process included inconsistent use of paperwork by county boards of health, incorrect or incomplete data in the public health permitting and inspection database, redundancy of completing an application for every county where they would like to operate, and inconsistency in the number of inspections a mobile food service establishment receives compared to regular restaurants.

In response to the concerns expressed by the industry, DPH worked collaboratively to develop House Bill 1443 during the 2022 legislative session to streamline this permitting process while still maintaining important public health requirements. Under this new law, DPH will allow an existing mobile food service establishment, who already has a permit in good standing, to seek or obtain authorization to operate outside their county of origin. This will reduce the burden on these small businesses caused by the old process. Additionally, DPH will leverage technology through a consistent use of the public health permitting and inspection database to allow information sharing across county health departments. All counties will be able to review records and add inspection reports to a mobile food service establishment's permit, even when it is permitted by another county board of health. This will require an information technology update to the system to allow all 159 counties access to all mobile food service information and will result in a fiscal impact to DPH. Lastly, there will be a need to implement a new approach to conducting routine inspections on mobile food service establishments to prevent an operator from becoming overburdened by inspections.

As we progress with fulfilling these goals, each one will require both operators and the current environmental health workforce to be trained. Guidance documents and trainings will be developed to ensure staff in county health departments implement these new procedures consistently throughout the state.

Strategies/Actions Plan

- Revise the current rules and regulations to implement House Bill 1443.
- Revise the interpretation manual for food service regulations that is deployed to local environmental health staff to facilitate a consistent approach to permitting mobile food service establishments.
- Create universal documentation for permitting mobile food service establishments to deploy at county health departments.
- Develop a process for county boards of health to issue an authorization to operate outside the county of origin.
- Update the public health permitting and inspection database to allow all 159 counties access to information on mobile food service establishments to determine whether authorization can be issued outside the county of origin.
- Develop guidance documents for operators and environmental health workforce to ensure an understanding of rules and processes.
- Train environmental health workforce on the revised rules and the authorization process.

Mission to be impacted	Prevent Disease
Associated funding	No additional funding provided; fiscal impact expected
Responsible Teams	<ul style="list-style-type: none">• State Environmental Health• District and local environmental health staff• Information Technology• Legal

Measurable Outcomes

- By October 30, 2022, complete revision of rules and regulations, interpretation manual, and universal documentation.
- By November 30, 2022, develop authorization process for mobile food service establishments to operate outside their county of origin.
- By November 30, 2022, develop online training for environmental health workforce on the authorization process.
- By November 30, 2022, train environmental health workforce on the revised rules and the authorization process
- By November 30, 2022, complete IT upgrades to the public health permitting and inspection database.
- By December 31, 2022, deploy guidance documents for operators and environmental health workforce.

HIV PREVENTION

GOVERNOR'S GOAL 2: REFORM STATE GOVERNMENT

DPH Goal: Exercise conservative budgeting by investing in initiatives that will provide long-term cost savings to the state.

Environmental Scan

Pre-Exposure Prophylaxis (PrEP) is a medication, that if taken as prescribed, can help reduce the risk of contracting HIV. Several county health departments in Georgia have established PrEP clinics to assist individuals at high risk of HIV transmission with access to PrEP medications through the individual's insurance coverage or pharmaceutical company patient assistance programs. Clients who are prescribed PrEP must see their health care provider every three months for repeat HIV/STD tests, prescription refills, and follow-up. PrEP is an effective HIV prevention tool that can help generate significant cost-savings and economic benefit for our state health system. According to a CDC High-Impact HIV Prevention report, for every HIV infection that is averted, there is an estimated \$360,000 saved in the cost of providing lifetime HIV treatment and more than \$125 billion in direct medical costs saved.¹ Despite the high estimated number of people who could benefit from PrEP medication, fewer than 25% are accessing the medications.

¹ Farnham PG, Holtgrave DR, Sansom SL, et. al. Medical Costs Averted by HIV Prevention Efforts in the United States, 1991–2006. *JAIDS* 2010; 54: 565-67.

Strategies/Actions Plan

- Enhance PrEP awareness and engagement among priority populations.
- Promote training among health providers for PrEP referrals, navigation, and prescriptions.
- Increase public health staff capacity to assist with PrEP service implementation.

Mission to be impacted	Prevent Disease
Associated funding	Insurance reimbursement; FY23 funded PrEP pilots
Responsible Teams	<ul style="list-style-type: none">• HIV Prevention Program• Public Health Districts

Measurable Outcomes

- By June 30, 2025, increase the number of public health districts offering PrEP services at a county health department to 18.

Year	Target	Results
Baseline: 15		
SFY 2023	16	
SFY 2024	17	
SFY 2025	18	

- By June 30, 2025, increase the number of public health departments offering Telehealth for PrEP service delivery by 50% annually.

Year	Target	Results
Baseline: 2		
SFY 2023	3	
SFY 2024	5	
SFY 2025	8	

- By June 30, 2025, increase the percentage of HIV negative clients screened for PrEP to 85%.

Year	Target	Results
Baseline: 76%		
SFY 2023	79%	
SFY 2024	82%	
SFY 2025	85%	

- By June 30, 2025, increase the percentage of PrEP screened, HIV negative clients referred to a PrEP provider to 50%.

Year	Target	Results
Baseline: 23%		
SFY 2023	32%	
SFY 2024	41%	
SFY 2025	50%	

- By June 30, 2025, establish a baseline for the number of clients screened for PrEP who decline a referral to PrEP provider.

- By June 30, 2025, increase the number of PrEP screened, HIV negative clients provided navigation or linkage to PrEP provider to 11,250.

Year	Target	Results
Baseline: 7,500		
SFY 2023	8,750	
SFY 2024	10,000	
SFY 2025	11,250	

HIV TREATMENT

GOVERNOR'S GOAL 2:

REFORM STATE GOVERNMENT

DPH Goal: Exercise conservative budgeting by investing in initiatives that will provide long-term cost savings to the state.

Environmental Scan

The Georgia Ryan White Part B program provides medical and support services to address the unmet health needs of persons living with HIV disease (PLWH). Part B funds are used for the Georgia AIDS Drug Assistance Program (ADAP) and Health Insurance Continuation Program (HICP). Georgia ADAP provides HIV/AIDS medications to low-income PLWH. HICP covers co-pays for health insurance premiums and medications for eligible Georgians. Georgia ADAP or HICP services are available to all eligible residents of Georgia as a payor of last resort, meaning these individuals are ineligible for Medicaid or other medical coverage.

This program is primarily federally funded with a state match requirement, and a limited amount of other funds. Current funding was not sufficient to serve the number of Georgians enrolled in the ADAP or HICP programs. When this shortfall was identified, DPH studied ways to reduce programmatic costs, while maintaining services for PLWH. One potential avenue for long-term reduction in cost is to transition clients using these services from enrollment in ADAP to enrollment in HICP. This transition would provide these clients with complete medical care, through a health insurance plan, as opposed to solely providing medications for the treatment of HIV in ADAP. In AFY21 and AFY22, additional funding was provided by the state to stabilize the shortfall being experienced by this program. In the base budget for FY23, the state allocated funding to fully meet the state match requirement set by the federal government. This additional funding will allow the program to implement a thoughtful transition to HICP as the primary program for clients, and ADAP as a secondary option when HICP does not meet the needs of the client. DPH has been seeing steady growth in the use of HICP and plans to continue this trajectory.

Strategies/Actions Plan

- Increase transition of ADAP clients to HICP to improve access to care and reduction in cost.
- Make improvements to the ADAP/HICP application process to eliminate unnecessary burdens.
- Enhance insurance enrollment training and education at ADAP/HICP enrollment sites.

Mission to be impacted	Prevent Disease
Associated funding	Federally and state funded; FY23 additional funding for ADAP
Responsible Teams	<ul style="list-style-type: none">• HIV Prevention Program• Public Health Districts

Measurable Outcomes

- By June 30, 2025, increase the total number of clients served annually by the Health Insurance Continuation Program (HICP) by 1,000.

Year	Target	Results
Baseline: 2,957		
SFY 2023	3,290	
SFY 2024	3,623	
SFY 2025	3,957	

RETURN TO WORK AND FACILITY RELOCATION

GOVERNOR'S GOAL 2: REFORM STATE GOVERNMENT

DPH Goal: Exercise conservative budgeting by investing in initiatives that will provide long-term cost savings to the state.

Environmental Scan

The COVID-19 pandemic has permanently changed the way that Georgians, including staff of DPH, live and work. Most DPH staff now have a hybrid work schedule - a combination of teleworking and commuting to 2 Peachtree. Some staff telework exclusively, while ensuring that service delivery is uninterrupted. Recognizing the opportunity of hybrid work schedules during the COVID-19 pandemic has allowed DPH, and state government as a whole, to think strategically about the size of our physical office setting and the size of our telecommunications footprint. To meet the new needs of the Department, DPH is re-locating from 2 Peachtree to a smaller office setting at the James H. "Sloppy" Floyd Building (Twin Towers) and is also significantly reducing the number of landline phones to more technologically advanced and cost-effective alternatives, such as Microsoft Teams.

DPH houses an average of 765 employees at 2 Peachtree, and occupies nine full floors, as well as significant space on two additional floors, at a total of 161,770 square feet. DPH will reduce its footprint to approximately 85,000 square feet when the relocation to the Twin Towers is completed. As such, the new location will accommodate no more than 60% of staff, or up to 460 employees at a given time. Due to the size and scope associated with DPH's move to the Twin Towers, a fiscal impact to the agency is expected. An external firm is assisting the agency with overall project management, to include planning, communications/change management, and execution of the move.

Strategies/Actions Plan

- Relocate DPH Offices to the Twin Towers and downsize office footprint through a permanent hybrid work plan for public health staff and reduce the number of desk phones through the deployment of more cost effective, technologically advanced alternatives such as Microsoft Teams.

Mission to be impacted	To prevent disease, injury and disability; promote health and well-being; and prepare for and respond to public health emergencies
Associated funding	A majority of costs will be covered by the Georgia Building Authority (GBA) who received funding in AFY22 budget; however, some relocation costs will not be reimbursed by GBA
Responsible Teams	<ul style="list-style-type: none">Human Resources

	<ul style="list-style-type: none">• Facilities• Information Technology• Finance
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Measurable Outcomes

- By June 30, 2025, reduce the number of square feet at the DPH state office from 161,770 to approximately 85,000, to better align with hybrid work schedules for DPH staff.
- By June 30, 2025, reduce the number of DPH desk phones, currently 604, by 75% to 151, and deploy more technologically advanced, cost-effective alternatives.

IT SYSTEMS

GOVERNOR'S GOAL 2:

REFORM STATE GOVERNMENT

DPH Goal: Expand public-private partnerships and leverage technology to best utilize limited state resources.

Environmental Scan

Information networks, computer systems and software all have critical roles in advancing the work of public health in Georgia. DPH currently operates significant technical infrastructure and has a suite of core data systems that address many of the Department's most pressing needs; however, there remain some key opportunities for DPH to improve how it functions and some key information challenges that DPH is working to address.

Electronic Health Records (EHR)

At present, county health departments do not share a common EHR platform. Instead, there is a disparate set of systems that have limited interconnectivity and interoperability. The lack of a common EHR makes it difficult:

- To perform enterprise level analytics on health department clients and services, e.g., unduplicated count and number of visits across all programs;
- For providers and staff to coordinate care across DPH services; and
- To realize clinic efficiency, with the increased amount of dual data entry due to lack of connectivity.

DPH is working with stakeholders across the Department and with external subject matter experts to create a Request for Proposal (RFP) to address specific program needs of a unified EHR system. DPH is also exploring potential funding sources for this process, including federal grant opportunities. Deploying a common EHR across the state with clinical management, pharmacy and analytic capabilities will provide the technical platform necessary to support a more comprehensive understanding of the public health impact and public health operations.

Notifiable Disease Reporting System & Vaccine Records System

The COVID-19 pandemic has put tremendous pressure on all aspects of DPH and specifically on our core data systems, our State Electronic Notifiable Disease Surveillance System (SendSS) and our Georgia Registry of Immunization Transaction Services (GRITS). Both of these systems are over 15 years old and have shown deficiencies during the pandemic related to infrastructure and to how data is managed and accessed.

With SendSS we experienced issues with how COVID data was collected and managed in the system. We experienced several instances of the system crashing due to the large amount of data being processed which caused reporting issues, notably on the public-facing dashboards on the DPH website.

With GRITS we experienced infrastructure issues but also had many problems with how the COVID vaccines were allotted. We were forced to go outside of GRITS to manage vaccine allotments for pandemic providers. New reports took too much time to develop which made the reports obsolete by the time they were completed.

DPH is currently working through the procurement process to address the issues that were identified and to replace these two aging systems with state-of-the-art systems that will be more robust and flexible. Deploying a new surveillance system and immunization system will provide DPH and our providers with greater tools with which we can combat a future pandemic.

Cancer State Aid Portal

The IT system that currently administers the Cancer State Aid program is 20 years old and is no longer viable for supporting the core functions within the system. The goal of this initiative is to replace the outdated application with a web-based application to meet the data entry, tracking and electronic processing needs for program operations. This will help streamline operations and deliver the needed aid to Georgians more efficiently.

Transition Servers to the Cloud

DPH had been using a long-standing model for infrastructure resources to be in a shared data center environment. This required the agency to commit to paying the full price of infrastructure resources, regardless of the actual usage. Predicting infrastructure needs in advance for both normal operations and peak volumes is challenging.

Transitioning mission critical servers to the cloud provides many new possibilities that are just not feasible in the current data center environment. Key benefits driving the importance of moving to a cloud solution include:

- The ability to increase or decrease servers as needed to match resource demands. This has the added benefit of providing the ability to better manage technology costs.
- Provides faster response times for new infrastructure requests, incidents, and resolutions.
- Aggregates IT spend in the cloud to deliver improved cost efficiency for DPH.
- Provides more robust business continuity and disaster recovery capabilities.
- Provides the ability to migrate older data to lower cost storage platforms or moving to faster storage when processing demands increase.

Strategies/Actions Plan

- Implement IT upgrades to various public health systems to improve user accessibility and system security, including GRITS, SendSS, EHR, Cancer State Aid Portal, and moving servers to the cloud.

Mission to be impacted	Prepare for and respond to public health emergencies
Associated funding	<u>SendSS and GRITS</u> - AFY22 funded; M and O not yet funded <u>EHR</u> - not yet funded <u>Cancer State Aid Portal</u> - no additional funds provided <u>Transition to Cloud</u> - no additional funds provided
Responsible Teams	<ul style="list-style-type: none">• Information Technology• Epidemiology• Immunization• Public Health Districts

	<ul style="list-style-type: none">• Informatics• Chronic Disease
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Measurable Outcomes

- By June 30, 2025, complete rollout of a new GRITS IT system.
- By June 30, 2025, complete rollout of a new SendSS system.
- By June 30, 2025, secure funding for an EHR system for county health departments.
- By June 30, 2025, establish a Cancer State Aid Portal.
- By June 30, 2023, complete transition of public health servers to the cloud.

CHIEF TECHNOLOGY OFFICER

GOVERNOR'S GOAL 2: REFORM STATE GOVERNMENT

DPH Goal: Expand public-private partnerships and leverage technology to best utilize limited state resources.

Environmental Scan

Since the Department became a stand-alone agency in 2011, there has been minimal investment in an overarching information technology strategy for DPH and its 159 county health departments. The COVID-19 pandemic highlighted the need for modern IT solutions and a strategic approach, so all systems work in harmony. DPH partnered with the Georgia Institute of Technology Health Emerging and Advanced Technologies (HEAT) Division to jointly fund a chief technology strategy officer (CTO) position. Leveraging the world renown expertise and IT resources at Georgia Tech, this new position combines two important leadership roles: serving as the chief scientist for the HEAT Division at the Georgia Tech Research Institute; and serving as the CTO for DPH.

As DPH's CTO, this individual will provide overarching leadership and vision for all data and technology efforts for the Department. The CTO's chief role is to make data accessible, usable, interoperable, and actionable across the statewide enterprise, while supporting and enabling the performance and resilience of systems that house and support it. The CTO will identify strategic opportunities to enhance and expand DPH technology options internally and with key external partners.

The HEAT chief scientist will work with the HEAT division director to guide and enrich the research activities of the division, particularly around public health information technology. The chief scientist will provide public health and informatics knowledge to support project execution, mentorship of HEAT personnel, and development of new innovations in health technology.

Strategies/Actions Plan

- Establish a partnership with Georgia Tech to appoint a chief technology strategy officer who serves as an advisor to public health on technology solutions.

Mission to be impacted	To prevent disease, injury and disability; promote health and well-being; and prepare for and respond to public health emergencies.
Associated funding	Not funded
Responsible Teams	<ul style="list-style-type: none">Office of the Commissioner

	<ul style="list-style-type: none">• Office of Information Technology• Office of Human Resources
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Measurable Outcomes

- By January 1, 2023, hire a chief technology strategy officer through a public/private partnership with Georgia Institute of Technology to serve as an advisor on public health technology solutions.

GEORGIA PUBLIC HEALTH LABORATORY RENOVATION

GOVERNOR'S GOAL 2: REFORM STATE GOVERNMENT

DPH Goal: Expand public-private partnerships and leverage technology to best utilize limited state resources.

Environmental Scan

The Georgia Public Health Laboratory (GPHL) in Decatur is a two-story building that opened in December 1997. The first-floor hosts administrative operations, a training lab, and a classroom. This training lab/classroom has been used by GPHL, the Association of Public Health Laboratories, and CDC to host state, national, and international training courses.

The second floor of the building is a combination of exterior office space surrounding the functional laboratory space. The lab itself was designed as an open concept lab. Each testing unit consists of 2-4 laboratory benches with additional biosafety level containment facilities and dark rooms in the rear.

As methodologies have evolved with a shift to molecular and automation, GPHL requires modifications to address current challenges and to be ready for accommodating future laboratory technologies:

- The open lab concept provides a challenge for separation of molecular workflows.
- Different areas of the lab have adopted molecular methods over time resulting in different platforms and automation in each of the testing units. This has resulted in a patchwork of workflow and equipment.
- The existing laboratory layout has challenged the placement of laboratory equipment. Laboratory equipment has increased in size, and the lack of flexibility in layout has limited functional lab space.
- Space has been re-purposed to support evolving testing methods which has led to significant issues with logistics and workflows.
- As a result of the COVID-19 pandemic response, GPHL had to add surge equipment to the first-floor training laboratory rendering it unusable for any future training initiatives.
- GPHL uses a modular laboratory trailer to support testing and equipment that cannot be accommodated in the main building.

To address these issues, GPHL was awarded \$28 million in federal funds to support construction and renovations to expand functional laboratory space. General Obligation Bonds will be needed for maintenance, repair, and renovations (MRR) for the existing GPHL space; and furniture, fixtures, and equipment (FFE) for the laboratory expansion.

Strategies/Actions Plan

- Implement an expansion of the Georgia Public Health Lab to prepare for the future needs of Georgia.

Mission to be impacted	Prevent disease and prepare for public health emergencies
Associated funding	Federally funded General Obligation Bonds for MRR and FFE
Responsible Teams	<ul style="list-style-type: none">• Georgia Public Health Lab• Finance• Georgia State Finance and Investment Commission• Non-government construction contractor

Measurable Outcomes

- By June 30, 2025, increase dedicated laboratory space by approximately 11,000 square feet.
- By June 30, 2025, build two additional BSL 3 laboratory suites to increase space dedicated for handling high consequence pathogens (e.g., monkeypox, anthrax, rabies, tuberculosis).
- By June 30, 2025, renovate approximately 5,000 square feet of additional laboratory space dedicated to advanced molecular detection and genomic surveillance.
- By June 30, 2025, renovate approximately 3,000 square feet of laboratory training facilities to support advanced molecular detection methods and bioinformatics courses.

PUBLIC HEALTH WAREHOUSE TRANSITION

GOVERNOR'S GOAL 2: REFORM STATE GOVERNMENT

DPH Goal: Expand public-private partnerships and leverage technology to best utilize limited state resources.

Environmental Scan

The Cities Readiness Initiative (CRI) federal grant requires awardees to plan and exercise warehouse locations to support product receipt, storage, and shipment from the federal Strategic National Stockpile (SNS). These sites are receipt, stage, and store (RSS) sites and must meet specific requirements to qualify, including temperature-controlled 12,000 square feet to receive and distribute medications and supplies. The Centers for Disease Control and Prevention (CDC) states, "as the hub of the jurisdiction's medical countermeasure (MCM) distribution network, the RSS site will be one of the most important considerations in MCM distribution and dispensing planning." The RSS requirement has been met previously through a Memorandum of Understanding (MOU) with a third-party logistics company to activate the required space and staff to assist with the receipt, staging, and distribution of medical countermeasures to the 18 public health districts.

During the COVID-19 pandemic response, DPH was the only agency in the state with access to a sizeable, temperature-controlled, and secured space; our location expanded its scope to operate as the state warehouse receiving and shipping personal protective equipment (PPE), ventilators, vaccine, and testing supplies to over 2,000 state and local partners. Due to the expansion in our mission, DPH enlarged the warehouse through the activation of the MOU and the later transition to an emergency contract to provide 80,000 square feet of warehousing, staffing, and office space to support the logistical needs of the state. Staff from multiple state and local agencies were also included to ensure the logistical needs of the state were met.

Additionally, a flexible inventory management system that could be used by supporting agencies was not available to track inventory and assets throughout the state in real-time. Staff developed online spreadsheets, tracking documents, and inventory reporting procedures to close this gap during the response. These methods allowed the warehouse to report deliveries and current inventory numbers accurately and anticipate shortages.

The DPH warehouse is now the largest logistical staging area managed by a state agency in Georgia, supporting the PPE, ventilator, testing supplies, and vaccine needs for all state and local agencies. The site currently holds the state's PPE stockpile to address future needs and supply chain issues. The stockpile includes N-95 masks, surgical masks, gloves, gowns, face shields, ventilators, and medications. Inventory is

tracked through spreadsheets and regular inventory control activities until a system can be purchased and implemented throughout the state's 18 health districts and 14 healthcare coalitions.

Further development of the warehouse with key agency partners, both private and public, would improve the state's ability to respond to any incident requiring significant logistical support. The warehouse and a well-implemented inventory management system will improve the state's ability to purchase, store appropriately, and distribute supplies to partners to better prepare for and respond to disasters.

Strategies/Actions Plan

- Transition the DPH warehouse to a cross-agency partnership to maintain robust logistical support for all incidents requiring state-level support.
- Select and implement an inventory management system to track, maintain and deploy all emergency preparedness and response assets across the state.

Mission to be impacted	Prepare for and respond to public health emergencies
Associated funding	<u>Warehouse</u> - short term funding with COVID relief money, long-term sustainability will require additional investment <u>Inventory management system</u> - federally funded
Responsible Teams	<ul style="list-style-type: none">• Emergency Preparedness• Healthcare Preparedness• Information Technology

Measurable Outcomes

- By June 30, 2025, DPH will partner with 3 state agencies to develop plans and procedures to maintain and activate the warehouse to meet the needs of the state.

Year	Target	Results
Baseline: 0 Partners		
SFY 2023	1 State Agency	
SFY 2024	2 State Agencies	
SFY 2025	3 Stage Agencies	

- By June 30, 2025, DPH will have 18 public health districts and 14 healthcare coalitions' assets tracked in the inventory management system.

Year	Target	Results
Baseline: 0 Health Districts		
SFY 2023	9 districts	
SFY 2024	12 districts	
SFY 2025	18 districts	

Year	Target	Results
Baseline: 0 Healthcare Coalitions		
SFY 2023	4 coalitions	
SFY 2024	8 coalitions	
SFY 2025	12 coalitions	

MATERNAL AND INFANT MORTALITY/MORBIDITY

GOVERNOR'S GOAL 3:

PUT GEORGIANS FIRST

DPH Goal: Lower costs, improve quality, and increase access to quality healthcare in every region.

Environmental Scan

Improving birth outcomes begins with addressing the health of women before, during and after pregnancy. Georgia has some of the worst perinatal outcomes in the country. In 2012, the Georgia Maternal Mortality Review Committee (MMRC) was established to identify and understand the causes of pregnancy-related deaths. The MMRC identified the primary causes of pregnancy-related maternal deaths between 2015-2017 to be cardiovascular and coronary conditions, cardiomyopathy, hemorrhage, infection, and cerebrovascular accidents. Black women are disproportionately affected, with 67% of maternal deaths making them 2.3 times more likely to die from pregnancy related causes than White non-Hispanic women. The pregnancy-related mortality ratio in Georgia 2015-2017 is 25.1. Of the pregnancy-related deaths, 87% were preventable.

DPH recognizes infant outcomes as a significant public health challenge and is committed to implementing innovative interventions and encouraging systems change to improve outcomes. Georgia's infant mortality rates are high compared to the national average. The infant mortality rate is 6.3 per 1,000 live births (compared to 5.69 deaths per 1,000 live births nationally), with a 9.6 infant mortality rate among Black, non-Hispanic infants. The state ranks in the top five states in the country with the highest rate of infants born at low birth weight and the highest rate of infants born preterm. Research indicates that infant morbidity and mortality can be reduced if high-risk pregnant women and newborns receive risk-appropriate care including evidence-based home visiting (EBHV).

There are several impactful initiatives in the maternal and infant space to improve outcomes for Georgia mothers and babies. The DPH led Georgia Perinatal Quality Collaborative (GaPQC) initiative is uniquely positioned to improve maternal and neonatal outcomes. Importantly, GaPQC leverages strong relationships between public health agencies, hospital leaders, subject-matter experts, front-line clinicians, and community stakeholders to accelerate improvement.

The Alliance for Innovation on Maternal Health's (AIM) Cardiac Conditions in Obstetrical Care (CCOC) Patient Safety Bundle launched in June 2022 to impact the leading cause of maternal death, cardiovascular and coronary conditions. This important initiative will provide training and exercises to increase recognition, referral, and response for early intervention and prevention of pregnancy and postpartum cardiac emergencies. Georgia is the first state to launch the cardiac bundle.

The Optimizing Nutrition for Georgia Newborns Program is a hospital-based initiative focused on increasing the percent of newborns provided human milk (maternal or donor) as the first feeding, and breastfeeding or expression of breastmilk within six hours of birth, launched during June 2022. According to the CDC, breastfed babies have a lower risk of asthma, obesity, type 1 diabetes, ear infections, stomach bugs, and sudden infant death syndrome (SIDS).

The Comprehensive Care Management Services pilot program received funding in FY2023 to provide patient navigation by implementing a system for remote monitoring of high-risk clinical indicators for pregnant and postpartum women in rural areas of the Augusta region.

The CardioObstetric Services pilot program also received funding in FY2023 to provide patient navigation to increase access to echocardiograms and cardiology evaluations during pregnancy and postpartum for women with cardiovascular disease and those at high risk of pregnancy-related cardiovascular complications.

The Maternal Extension for Community Health Outcomes (ECHO) project provides virtual learning sessions for providers to address high-impact topics related to maternal morbidity and mortality, share recommendations for preventable causes of pregnancy-related deaths, and provide education to support the rollout and implementation of the AIM CCOC bundle.

In 2018, legislation was passed that delegated responsibility to DPH for establishing maternal and neonatal level of care designations in Georgia birthing facilities. This bill established a process to assure maternal and neonatal care at specific standards or levels and is provided in accordance with the Joint Commission Maternal Levels of Care Verification Program and the American Pediatric Association.

DPH was allocated funding in FY20 to screen, refer, and treat maternal depression and related disorders in rural and underserved areas. Women's Health, in collaboration with the Emory Brain Health Center, launched the "PEACE (Perinatal Psychiatry, Education and Community Engagement) for Moms" program to support mental health care needs during pregnancy and postpartum. PEACE for Moms provides phone and face-to-face consultations with providers and patients of enrolled providers who require further assessment for the psychiatric needs of pregnant or postpartum women.

EBHV empowers families with the tools they need to thrive. EBHV supports pregnant women and families with children in communities at risk for poor maternal and child health outcomes. The program is built on scientific research that shows that home visits (families volunteer to participate) by a nurse, social worker, early childhood educator, or other trained professional during pregnancy improve the lives of children and families. Home visitors evaluate families' strengths and needs and provide services tailored to those needs, such as providing information and guidance on a wide range of topics, including breastfeeding, safe sleep practices, injury prevention, and nutrition. The major goals are to improve maternal and child health; prevent child abuse and neglect; encourage positive parenting; and promote child development and school readiness.

Below are some of the data from Georgia's EBHV from 2019 and 2021:

	2019	2021
Breastfeeding	38% of mothers were breastfeeding their child at 6 months	37% of mothers were breastfeeding their child at 6 months
Well-Child Visit	81% of children received their last well-child visit	83% of children received their last well-child visit

Safe Sleep	80% of primary caregivers consistently practiced safe sleep methods with their infants	89% of primary caregivers consistently practiced safe sleep methods with their infants
Child Maltreatment	99% of families had no reports of child maltreatment	99% of families had no reports of child maltreatment
Depression Screening	91% of caregivers were screened for depression within 3 months of enrollment or 3 months of delivery.	94% of caregivers were screened for depression within 3 months of enrollment or 3 months of delivery.
Postpartum	97% of mothers received a postpartum visit with a healthcare provider within 8 weeks of delivery.	92% of mothers received a postpartum visit with a healthcare provider within 8 weeks of delivery.

Strategies/Actions Plan

- Improve maternal and infant mortality and morbidity by investing in pilot projects to improve outcomes and inform future state investments.
- Increase implementation of maternal and neonatal quality improvement initiatives in Georgia birthing facilities.
- Increase the number of birthing facilities participating in maternal and neonatal quality improvement initiatives and services.
- Review maternal deaths within two years of the date of death to identify opportunities for prevention of future morbidity and mortality.
- Disseminate and implement recommendations of the Maternal Mortality Review Committee.
- Aggressively seek opportunities to diversify funding to increase access to home visiting services in counties with the highest rates of infant mortality (Atkinson, Banks, Ben Hill, Brooks, Burke, Dodge, Dougherty, Heard, Irwin, Johnson, Lamar, Laurens Lowndes, Macon, Marion, Mitchell, Muscogee, McDuffie, Randolph, Richmond, Screven, Telfair, Twiggs, Wilcox).
- Provide training to home visiting staff so they can assist families with preventive health and prenatal practices (i.e., safe sleep train the trainer and certified lactation counselor's certification training opportunities).
- Assist local implementing agencies with establishing Community Action Networks (CANs) that provide a forum for collective impact through encouraging the community's voice to improve the health of mothers and babies.

Mission to be impacted	Prevent injury and promote health and well-being
Associated funding	<u>Comprehensive Care Management Pilot</u> - FY23 funded <u>CardioObstetric Services Pilot</u> - FY23 funded <u>Long-Acting Reversible Contraceptive Pilot</u> - FY23 funded <u>PEACE for Moms</u> - FY20 funded <u>Maternal & Neonatal Levels of Care</u> - FY20 funded <u>EBHV</u> - 100% federally funded
Responsible Teams	<ul style="list-style-type: none"> • Women's Health • Maternal and Child Health

Measurable Outcomes

- By June 30, 2025, increase the number of women who receive long-acting reversible contraceptives (LARCs) in public health departments by 10% each year.

Year	Target	Results
Baseline: 1,560		
SFY 2023	1,716	
SFY 2024	1,888	
SFY 2025	2,077	

- By June 30, 2025, increase the number of women covered by Emergency Medicaid (EM) at the time of delivery who received a LARC or an injectable contraceptive method in two rural hospital pilot sites to 80.

Year	Target	Results
Baseline: 0		
SFY 2023	27	
SFY 2024	54	
SFY 2025	80	

- By June 30, 2025, decrease the incidence of severe maternal morbidities among women with existing and pregnancy related cardiac conditions through the 12 weeks postpartum by 20% for facilities participating in the AIM COCC quality improvement initiative through GaPQC.

Year	Target	Results
Baseline: 15.6%		
SFY 2023	14.56%	
SFY 2024	13.52%	
SFY 2025	12.48%	

- By June 30, 2025, on-board 28 of Georgia hospitals in the AIM COCC bundle.

Year	Target	Results
Baseline: 0		
SFY 2023	9	
SFY 2024	18	
SFY 2025	28	

- By June 30, 2025, on-board 25 Georgia hospitals in the Optimizing Nutrition for Georgia Newborns initiative.

Year	Target	Results
Baseline: 0		
SFY 2023	8	
SFY 2024	16	
SFY 2025	25	

- By June 30, 2025, enroll 480 women during pregnancy and through six months postpartum in Comprehensive Care Management to increase early recognition of perinatal complications.

Year	Target	Results
Baseline: 0		
SFY 2023	160	
SFY 2024	320	
SFY 2025	480	

- By June 30, 2025, establish CardioObstetric services and increase the number of women who receive echocardiograms to 200 and increase the number evaluated by a cardiologist to 250 to increase early recognition of cardiac conditions during pregnancy and postpartum period.

Year	Target	Results
Baseline: 0 Echocardiograms		
SFY 2023	66	
SFY 2024	133	
SFY 2025	200	

Year	Target	Results
Baseline: 0 Cardiologist Evaluation		
SFY 2023	83	
SFY 2024	166	
SFY 2025	250	

- By June 30, 2025, increase the average number of providers participating in the DPH Maternal Health ECHO sessions by 20%.

Year	Target	Results
Baseline: 10		
SFY 2023	10	
SFY 2024	11	
SFY 2025	12	

- By June 30, 2025, increase the number of birthing facilities that complete Level of Care Designation for Maternal to 25 and Neonatal to 25.

Year	Target	Results
Baseline: 3 (Maternal)		
SFY 2023	10	
SFY 2024	17	
SFY 2025	25	

Year	Target	Results
Baseline: 1 (Neonatal)		
SFY 2023	8	
SFY 2024	16	
SFY 2025	25	

- By June 30, 2025, increase the number of providers registered with the provider psychiatric help line, PEACE for MOMs, by 30%, to increase access to mental health resources, care, and treatment when indicated.

Year	Target	Results
Baseline: 277		
SFY 2023	304	
SFY 2024	331	
SFY 2025	360	

- By June 30, 2025, review 100% of pregnancy-associated deaths identified for the Maternal Mortality Review Committee within two years of the date of death.

Year	Target	Results
Baseline: 75%		
SFY 2023	83%	
SFY 2024	91%	
SFY 2025	100%	

- By June 30, 2025, increase the number of medical inquiries for maternal deaths to 25 per year, as recommended by the Maternal Mortality Review Committee.

Year	Target	Results
Baseline: 0		
SFY 2023	8	
SFY 2024	16	
SFY 2025	25	

- By June 30, 2025, decrease Georgia's infant mortality rate by .3 deaths per 1,000 live births each year.

Year	Target	Results
Baseline*: 7.0 deaths/1,000		
SFY 2023	6.7	
SFY 2024	6.4	
SFY 2025	6.1	

*Baseline may be adjusted following a review of the impact the pandemic may have had on births and infant deaths in Georgia

- By June 30, 2025, increase the number of EBHV families receiving services to 2,000.

Year	Target	Results
Baseline: 1,919		
SFY 2023	1,946	
SFY 2024	1,973	
SFY 2025	2,000	

- By June 30, 2025, increase the number of EBHV babies breastfeeding at 6 months to 38%.

Year	Target	Results
Baseline: 37%		
SFY 2023	37.33%	
SFY 2024	37.66%	
SFY 2025	38%	

- By June 30, 2025, increase the number of EBHV families exercising safe sleep methods to 92%.

Year	Target	Results
Baseline: 89%		
SFY 2023	90%	
SFY 2024	91%	
SFY 2025	92%	

- By June 30, 2025, increase the number of EBHV children receiving the recommended well child visits to 86%.

Year	Target	Results
Baseline: 83%		
SFY 2023	84%	
SFY 2024	85%	
SFY 2025	86%	

- By June 30, 2025, increase the number of EBHV mothers receiving post postpartum visits with a healthcare provider within eight weeks of delivery to 95%.

Year	Target	Results
Baseline: 92%		
SFY 2023	93%	
SFY 2024	94%	
SFY 2025	95%	

- By June 30, 2025, increase the number of EBHV families having no reports of child maltreatment to 100%.

Year	Target	Results
Baseline: 99%		
SFY 2023	99.33%	
SFY 2024	99.66%	
SFY 2025	100%	

LEAD POISONING

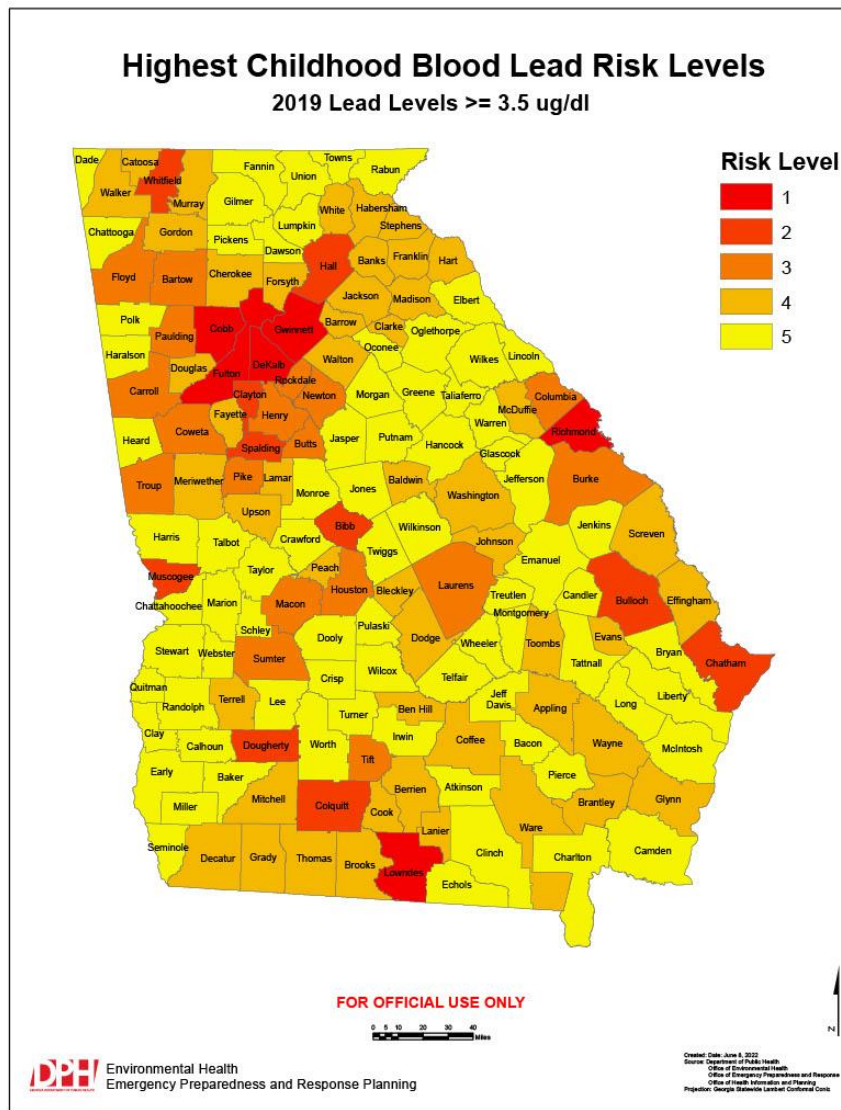
GOVERNOR'S GOAL 3: PUT GEORGIANS FIRST

DPH Goal: Lower costs, improve quality, and increase access to quality healthcare in every region.

Environmental Scan

Georgia's laws on childhood lead poisoning and prevention have not kept up with the CDC best practices governing lead prevention and abatement. DPH pursued statutory changes in the 2022 legislative session to bring Georgia law in line with best practices. This legislation dropped the environmental intervention level from 20 µg/dL to 3.5 µg/dL, allowing more lead investigations to be undertaken within the state, including follow up care for all children at or above 3.5 ug/dl. Additionally, the General Assembly allocated \$1,845,384 in the FY2023 budget to fund additional lead inspectors and testing equipment to support the anticipated increase in lead poisoning cases requiring intervention in Georgia. Prior to this investment by the General Assembly, this program was primarily funded by federal grants and limited state dollars that did not meet the true need for lead poisoning intervention activities.

Georgia struggles with inconsistent blood lead testing of children. The statewide testing rate in Georgia is 28.32% (2019). DPH advocates for at-risk children to be screened to ascertain the prevalence and to help identify locations of the highest risk within the state to inform targeted screening activities. Our analysis indicates that only 46.6% (2019) of children living in high-risk areas are being screened (high-risk counties are identified below in red as Risk Level 1). Many children being served by Medicaid are not receiving the blood lead screens at ages 12 months and 24 months, as required by the Centers for Medicare and Medicaid Services (CMS). This lack of testing impedes DPH's ability to provide rapid response to identify the source of lead and reduce the risk of continued harm to children with elevated blood lead levels. After lead poisoned children are identified, DPH's program assists families and providers with education and offering to conduct an environmental assessment to locate the source of lead in the home. The program then makes recommendations on risk reduction or abatement measures that would reduce or eliminate the risk of lead poisoning. Our analysis shows that 84 homes were made lead safe in 2021.



Strategies/Actions Plan

- Increase testing and environmental assessment as an early intervention for lead poisoned children.
- Increase the number of homes made lead safe through environmental interventions.

Mission to be impacted	Prevent disease
Associated funding	FY23 funded
Responsible Teams	<ul style="list-style-type: none"> • Environmental Health Section, Georgia Healthy Homes and Lead Poisoning Prevention Program • DPH lead inspectors

Measurable Outcomes

- By June 30, 2025, prevent or reduce childhood lead poisoning related to environmental exposures by increasing the number of children tested for lead poisoning by 10% through outreach to physicians and caregivers.

Year	Target	Results
Baseline: 28.32%		
SFY 2023	31.65%	
SFY 2024	34.98%	
SFY 2025	38.32%	

- By June 30, 2025, prevent or reduce childhood lead poisoning related to environmental exposures by increasing the number of children tested for lead poisoning in high-risk areas by 10% through outreach to physicians and caregivers.

Year	Target	Results
Baseline: 46.6%		
SFY 2023	49.93%	
SFY 2024	53.26%	
SFY 2025	56.6%	

- By June 30, 2025, increase the number of homes made lead safe through environmental investigation and intervention by 25%.

Year	Target	Results
Baseline: 84		
SFY 2023	91	
SFY 2024	98	
SFY 2025	105	

IMMUNIZATION

GOVERNOR'S GOAL 3: PUT GEORGIANS FIRST

DPH Goal: Lower costs, improve quality, and increase access to quality healthcare in every region.

Environmental Scan

Vaccines are one of the greatest achievements in public health, and safely prevent the spread of many communicable diseases. Vaccinations have brought about the eradication of several communicable diseases in the United States, such as polio, measles, rubella, and smallpox, which helps protect our country's most vulnerable from the devastating impacts of these illnesses.

Vaccination is a safe and effective method of preventing communicable diseases like measles, mumps, and pertussis. In addition to protecting individual children, high vaccination coverage helps prevent outbreaks in communal settings. The DPH immunization team regularly reviews vaccination data to determine coverage rates.

Coverage Rate by Vaccine among Children aged 19-35 months in Georgia 2020 Q1

Vaccine	Estimated Coverage Rate
Pneumococcal conjugate vaccine (PCV)	92%
Poliovirus	91%
Hepatitis B (HepB)	90%
Varicella	89%
Measles, Mumps, Rubella (MMR)	89%
<i>Haemophilus influenzae</i> type b (Hib)	87%
Diphtheria, Tetanus, acellular Pertussis (DTaP)	82%
Hepatitis A (HepA)	74%

Coverage Rate among Children aged 19-35 months by Race in Georgia 2020 Q1

Race	7-Vaccine Series*
White	80%
Asian	79%
Native Hawaiian or Other Pacific Islander	78%
Other Race	75%
American Indian or Alaska Native	74%
Black or African American	73%
Unknown	71%

*7-vaccine series: ≥ 4 doses of DTaP, ≥ 3 doses of poliovirus vaccine, ≥ 1 dose of measles-containing vaccine, the full series of Hib (≥ 3 or ≥ 4 doses, depending on product type), ≥ 3 doses of HepB, ≥ 1 dose of VAR, and ≥ 4 doses of PCV.

Influenza (flu) is a contagious respiratory illness, mainly spread person-to-person through tiny droplets when people with flu cough, sneeze or talk. The best way to reduce the spread of seasonal flu and its complications is to get an annual influenza vaccine. The Advisory Committee on Immunization Practices (ACIP) recommends an annual flu vaccination for all persons aged 6 months and older who do not have contraindications. The Georgia Immunization Program provides seasonal flu vaccines at no cost to providers through the Vaccines for Children Program, Georgia Adult Vaccination Program, and the Georgia School Based Flu Program for their eligible patient population (children 18 years or older who are Medicaid recipients, uninsured or underinsured; American Indian/Alaskan Native; PeachCare for Kids recipients; and uninsured or underinsured adults).

Strategies/Actions Plan

- Improve the hepatitis B vaccine series completion rate for HBV-exposed infants.
- Improve the annual influenza vaccination rates for Georgia residents.
- Improve or maintain vaccination coverage rates for ACIP-recommended vaccines for 2-year-olds.
- Reduce disparities in vaccination coverage rates by race.

Mission to be impacted	Prevent disease
Associated funding	Federally funded
Responsible Teams	<ul style="list-style-type: none"> • Immunization Program

Measurable Outcomes

- By June 30, 2025, increase the hepatitis B vaccine series completion by 8 months of age rate by 5% for HBV-exposed infants.

Year	Target	Results
Baseline: 82%		
SFY 2023	85%	
SFY 2024	86%	
SFY 2025	87%	

- By June 30, 2025, increase the influenza vaccination rate for adults 65 years of age and older by 5%.

Year	Target	Results
Baseline: 66%		
SFY 2023	69%	
SFY 2024	70%	
SFY 2025	71%	

- By June 30, 2025, increase the influenza vaccination rate for adults 18-64 years of age by 5%.

Year	Target	Results
Baseline: 35%		
SFY 2023	38%	
SFY 2024	39%	
SFY 2025	40%	

- By June 30, 2025, increase the hepatitis A vaccine series completion rate for 2 years of age by 6%.

Year	Target	Results
Baseline: 74%		
SFY 2023	76%	
SFY 2024	78%	
SFY 2025	80%	

- By June 30, 2025, increase the diphtheria, tetanus, acellular pertussis vaccine series completion rate for children 2 years of age by 8%.

Year	Target	Results
Baseline: 82%		
SFY 2023	86%	
SFY 2024	88%	
SFY 2025	90%	

- By June 30, 2025, increase the 7-Vaccine Series completion rate for Black and African American children 2 years of age by 7%.

Year	Target	Results
Baseline: 73%		
SFY 2023	76%	
SFY 2024	78%	
SFY 2025	80%	

OPIOIDS AND SUBSTANCE MISUSE

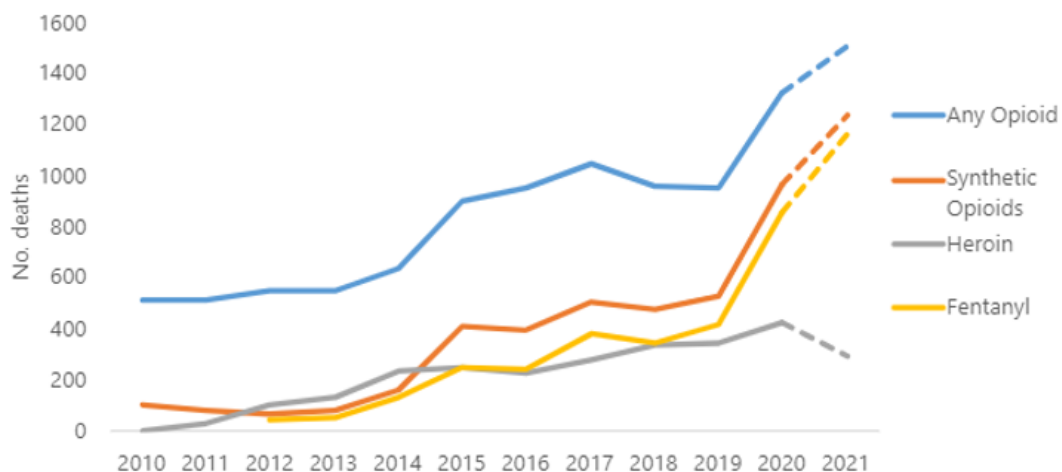
GOVERNOR'S GOAL 3: PUT GEORGIANS FIRST

DPH Goal: Lower costs, improve quality, and increase access to quality healthcare in every region.

Environmental Scan

Drug overdoses involving opioids continue to make a deadly impact in Georgia. Since 2019 and the start of the COVID-19 pandemic, fentanyl overdoses have dramatically increased. Fentanyl is one hundred times more potent than morphine and is contributing to increases in fatal and non-fatal drug overdoses across the United States. From 2019 to 2021 in Georgia, all drug overdose deaths increased by 56% leading to 2,327 lives lost. Fentanyl-related overdose deaths more than doubled and are attributed to 1,248 lives lost.

Drug-Involved Overdose Deaths Occurring in Georgia, by Drug Type, 2010-2021



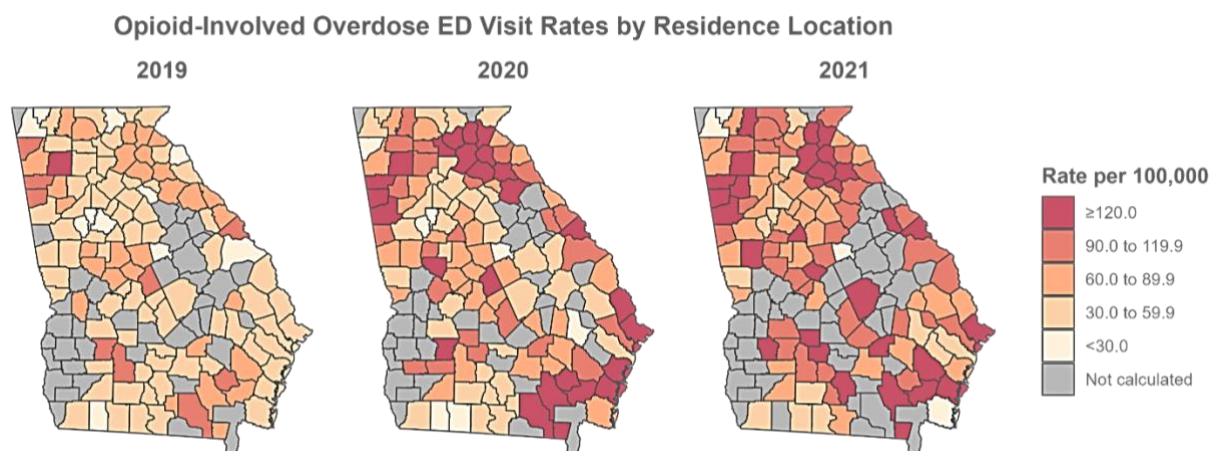
An important aspect of the drug overdose epidemic recently is the role of polysubstance use. 90% of opioid involved unintentional drug overdose deaths in Georgia during July 2018 to June 2019 tested positive for more than two substances, and the median number of substances present was six. In 2020, 93.9% of fentanyl-involved overdose deaths involved at least one substance. From 2019 to 2020, fentanyl-involved overdose deaths increased 131.1% among cases that also tested positive for amphetamines and 162.4% among cases that also tested positive for benzodiazepines. Prescription Drug Monitoring Program data has

shown the number of opioids, benzodiazepines, and stimulant prescriptions in Georgia has decreased steadily since 2016.

DPH is responsible for oversight, maintenance and enhancement of the Prescription Drug Monitoring Program (PDMP) that provides prescribers and pharmacists access to critical information regarding a patient's controlled substance prescription history to help eliminate duplicative prescribing and overprescribing of controlled substances and protect patients at risk of misuse.

Resources to address the opioid and drug overdose epidemic have expanded over the past 5-10 years as the crisis has gained national attention and become a federal priority. Announced in 2021, federal funding may now be used to purchase rapid fentanyl test strips (FTS) to address the increases in drug overdose deaths largely driven by synthetic opioids such as fentanyl. According to the CDC, "FTS can be used to determine if drugs have been mixed or cut with fentanyl, providing people who use drugs and communities with important information about fentanyl in the illicit drug supply so they can take steps to reduce their risk of overdose." During the 2022 legislative session, House Bill 1175 was passed to allow FTS to be no longer considered a drug related object. This allows DPH to use CDC funding to purchase and disseminate FTS through our public health districts.

Additional funding is beginning to become available through opioid settlements with manufacturers, marketers, and pharmaceutical distributors. In February 2022, Georgia received \$13 million from a settlement with McKinsey & Company that will expand prevention and treatment initiatives including strategies to expand naloxone availability. Of this amount, DPH will receive approximately \$2 million to provide naloxone to EMS providers.



Strategies/Actions Plan

- Maintain and enhance data surveillance activities to inform and facilitate timely overdose prevention and response strategies at the state and local level.
- Implement and expand strategies to reduce the number of opioid related overdoses in Georgia.

Mission to be impacted	Prevent disease, injury and disability
Associated funding	<u>FTS</u> - Federally funded <u>Naloxone</u> - McKinsey Settlement Funds
Responsible Teams	<ul style="list-style-type: none"> • Opioid and Substance Misuse Program

Measurable Outcomes

- By June 30, 2025, produce public-facing and internal data dashboards to inform partners and the general public on fatal and non-fatal overdose trends to guide prevention and response strategies in Georgia.
- By June 30, 2025, improve accessibility and usability of Georgia's PDMP by increasing the percentage of queries conducted using electronic health record integration to 72%.

Year	Target	Results
Baseline: 62%		
SFY 2023	66%	
SFY 2024	69%	
SFY 2025	72%	

- By June 30, 2025, prevent or reduce opioid overdose deaths by increasing the number of EMS providers receiving naloxone through DPH to 150 agencies.

Year	Target	Results
Baseline: 0		
SFY 2023	50	
SFY 2024	100	
SFY 2025	150	

- By June 30, 2025, prevent or reduce opioid overdose deaths by increasing the number of fentanyl test strips distributed to public health districts to 35,000.

Year	Target	Results
Baseline: 0		
SFY 2023	25,000	
SFY 2024	30,000	
SFY 2025	35,000	

TOBACCO USE and VAPING

GOVERNOR'S GOAL 3: PUT GEORGIANS FIRST

DPH Goal: Lower costs, improve quality, and increase access to quality healthcare in every region.

Environmental Scan

Although smoking prevalence has decreased in Georgia, smoking remains the leading cause of preventable death in the state - 16.3% of the state's population smokes or uses tobacco products (28th in the nation). Smoking can lead to heart disease, stroke, COPD, multiple types of cancer, and puts pregnant women at a higher risk of preterm birth, low birthweight babies, and premature infant death.

According to the 2015 Behavioral Risk Factor Surveillance System (BRFSS), 15.8% adults are current smokers in Georgia.³ While this rate has decreased from 16.3% in 2019, tobacco use remains the leading cause of preventable disease, disability, and death. In addition, 11,700 adults die from smoking-related illnesses each year in Georgia.²

Almost 1 in 5 high school students (21%) in Georgia are current tobacco users (i.e., cigarettes, electronic cigarettes, smokeless tobacco, hookah, or cigars). Almost 1 in 5 Georgia high school (HS) students (19%) said they ever tried cigarette smoking, even one of two puffs in their lifetime.⁵ Of high school students, 7.1% reported trying cigarettes were before age 13.³

In addition, e-cigarettes have been the most used tobacco products among youth since 2014. The emergence of flavored tobacco products makes using these products more appealing to youth.⁴ According to the Georgia Youth Risk Behavior Surveillance System, 42% of high school students ever tried e-cigarette.⁵ According to the 2021 Morbidity and Mortality Weekly Report, 11.3% of high school students and 2.8% of middle school students reported current e-cigarette use.⁵

² Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Jun 08, 2022]. URL: <https://www.cdc.gov/brfss/brfssprevalence/>.

³ Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. Extinguishing the Tobacco Epidemic in Georgia. 2021. [accessed Jun 08, 2022]. URL: <https://www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/georgia/>.

⁴ Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. Youth and Tobacco Use. 2022. [accessed Jun 09, 2022]. URL: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm.

⁵ Park-Lee E, Ren C, Sawdey MD, et al. Notes from the Field: E-Cigarette Use Among Middle and High School Students — National Youth Tobacco Survey, United States, 2021. MMWR Morb Mortal Wkly Rep 2021;70:1387–1389. DOI: <http://dx.doi.org/10.15585/mmwr.mm7039a4external> icon

Strategies/Actions Plan

- Implement evidence-based strategies to educate Georgia's youth on vaping and reduce the number of youths who initiate tobacco use.
- Establish and strengthen tobacco-free policies in and on college/university campuses.
- Promote awareness and use of evidence-based cessation treatment, including the Georgia Tobacco Quitline.

Mission to be impacted	Promote health and well-being
Associated funding	Federally funded and tobacco settlement funds
Responsible Teams	<ul style="list-style-type: none">• Chronic Disease

Measurable Outcomes

- By June 30, 2025, Georgia will increase Electronic Nicotine Delivery System (ENDS) messaging campaigns that target youth and young adult users, ages 13-24, on the harmful effects of vaping to 10.

Year	Target	Results
Baseline: 3		
SFY 2023	5	
SFY 2024	7	
SFY 2025	10	

- By June 30, 2024, 100% of Georgia schools will have access to the Tobacco Free Schools Policy Toolkit 3rd Edition which will include recommendations on evidence-based curriculum on vaping prevention for schools.

Year	Target	Results
Baseline: 0		
SFY 2023	0%	
SFY 2024	100%	

- By June 30, 2025, Georgia will increase the number of tobacco-free policies adopted by colleges/universities to 55.

Year	Target	Results
Baseline: 51		
SFY 2023	52	
SFY 2024	53	
SFY 2025	55	

- By June 30, 2025, Georgia will increase the percentage of provider referrals to the Georgia Tobacco Quitline annually to 4.2% in 2025.

Year	Target	Results
Baseline: 3.8%		
SFY 2023	3.9%	
SFY 2024	4.1%	
SFY 2025	4.2%	

- By June 30, 2025, Georgia will increase the percentage of current youth tobacco users ages 13-17 accessing the Georgia Tobacco Quitline to 2%.

Year	Target	Results
Baseline: .09%		
SFY 2023	.73%	
SFY 2024	1.37%	
SFY 2025	2%	

- By 2025, Georgia will increase the percentage of current young adult tobacco users ages 18-24 accessing the Georgia Tobacco Quitline to .50%.

Year	Target	Results
Baseline: .44%		
SFY 2023	.46%	
SFY 2024	.48%	
SFY 2025	.50%	

CONGENITAL INFECTIOUS DISEASE

GOVERNOR'S GOAL 3: PUT GEORGIANS FIRST

DPH Goal: Lower costs, improve quality, and increase access to quality healthcare in every region.

Environmental Scan

Several infectious diseases can be transmitted vertically from an infected mother to her newborn at birth. Prenatal testing for hepatitis B (HBV), hepatitis C (HCV), HIV, and syphilis can identify infected pregnant women and prompt a public health response to implement interventions to prevent disease transmission and linkage to additional testing and care, if needed.

Hepatitis B

All pregnant women are recommended to be tested for hepatitis B during each pregnancy at an early prenatal visit. Those with positive results should receive further testing to guide the use of antiviral treatment during the pregnancy to prevent transmission. HBV-exposed infants are recommended to receive postexposure prophylaxis to reduce risk of transmission within 12 hours of birth with hepatitis B immune globulin (HBIG) and hepatitis B vaccine, complete the hepatitis B vaccine series at 6 months of age, and complete follow up testing at 9-12 months of age. Infected infants have a 90% risk of becoming a chronic carrier, increasing their risk of liver cancer or premature death. The Perinatal Hepatitis B Prevention Program (PHBPP) at DPH provides case management services to hepatitis B positive pregnant women and their infants to ensure recommended interventions are completed through a network of district case managers and state PHBPP staff. The program is 100% federally funded.

Nationwide best practices have developed over the years:

- 2018: Universal hepatitis B vaccination within 24 hours of birth for all medically stable newborns
- 2018: Test positive pregnant women for HBV DNA to guide antiviral treatment
- 1991: Universal hepatitis B vaccination of infants before hospital discharge
- 1988: All pregnant women should be routinely tested for HBV during an early prenatal visit in each pregnancy
- 1984: Pregnant women in certain groups at high risk for HBV infection be screened during a prenatal visit

CDC estimates that 476-673 HBV-exposed births occur in Georgia annually;⁶ Georgia identifies less than half of these HBV-exposed births annually.

⁶ 2019 CDC PHBPP Peritable

Perinatal HBV-Exposed Births

- 2018: 297
- 2019: 282
- 2020: 253

Confirmed Perinatal HBV Cases (transmission to baby): 4 (2017-2021)

Hepatitis C

All pregnant women are recommended to be tested for hepatitis C during each pregnancy, at an early prenatal visit. There is no postexposure prophylaxis or vaccine to prevent HCV transmission. However, in order to best guide their care and treatment, HCV-exposed infants are recommended to be tested at 2 months of age and older to determine their HCV status. DPH Viral Hepatitis Program staff provide case management services to infants born to mothers with an HCV RNA positive test result within the 365 days prior to the infant's date of birth. Case management includes outreach to the infant's pediatric provider to notify the provider of the infant's exposure and to coordinate testing. Infants that are born to mothers with an HCV-positive test history but who do not have an HCV RNA test documented during the pregnancy are not case managed since the exposure risk is unknown. Currently, there is no designated funding for perinatal hepatitis C case management services in Georgia.

In 2020, the CDC recommended HCV screening for all pregnant women during each pregnancy. The opioid epidemic has increased HCV infections among women of childbearing age.

Year	HCV RNA positive during pregnancy ~Case Managed	Historical HCV-positive result, but current status unknown ~Not Case Managed	Total
2019	176	301	477
2020	171	294	465
2021	160	284	444

Confirmed Perinatal HCV Cases (transmission to baby): 17 (2018-2021)

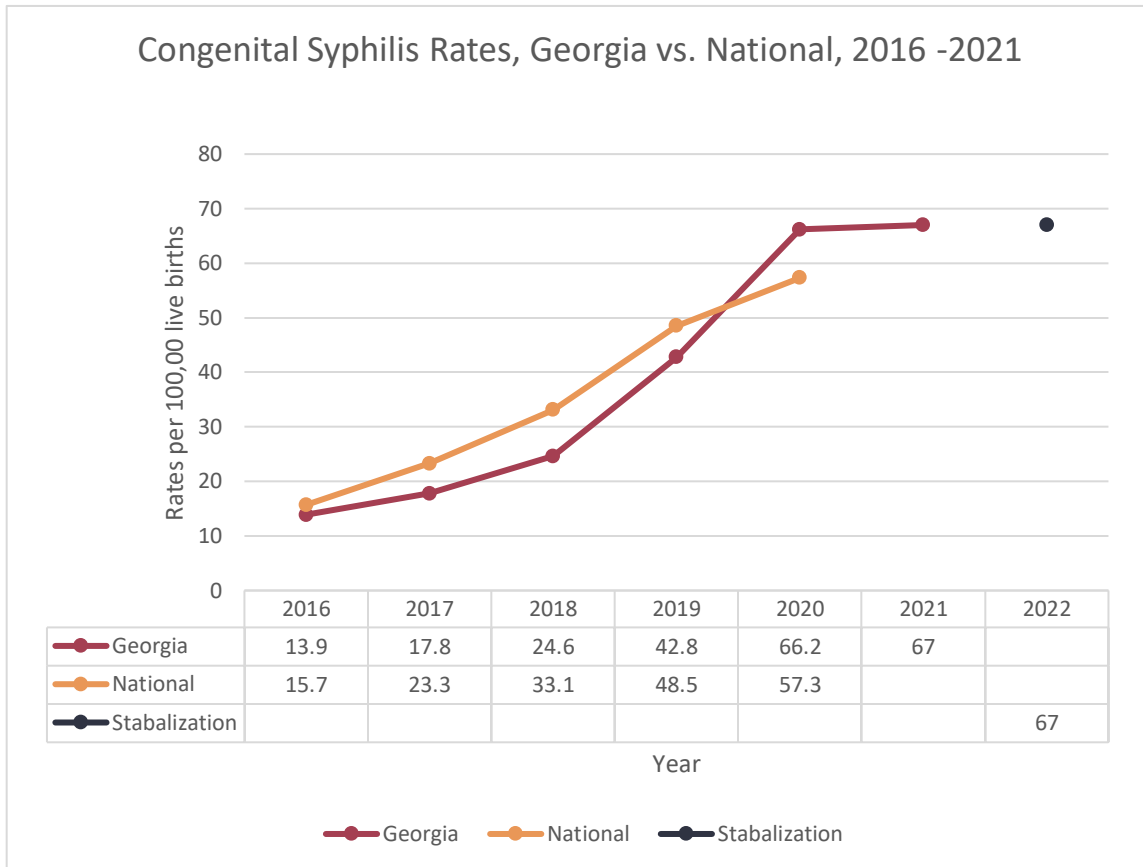
HIV

Overall, perinatal transmission of HIV has declined nationwide. However, between 2009 and 2021, 52 infants were perinatally transmitted with HIV in Georgia. Mother to child transmission of HIV can occur during pregnancy, labor and delivery, or postpartum through breastfeeding. Without any intervention, the risk of transmission of HIV from mother to child ranges from 15-45% but can be reduced to less than 5% when appropriate preventive action is taken.

Program data highlights key gaps in prevention. In 2019, women were more likely to receive HIV care during pregnancy than in the 12 months postpartum, regardless of the timing of their diagnosis. Of pregnant women living with HIV, 87% were diagnosed before delivery and achieved viral suppression during pregnancy. Among women who were not virally suppressed at delivery, 78% were diagnosed before pregnancy. Almost one third (29%) of HIV-positive mothers in 2019 had inadequate prenatal care; 15% had no or very little prenatal care. Improved retention in care for all women living with HIV reduces the number of high-risk births. In addition, earlier diagnosis allows for retention in care and viral suppression as early as possible, either before conception or as early as possible during pregnancy.

Syphilis

Nationally, the congenital syphilis (CS) rate increased 254% from 2016 to 2020. These increases mirror increases in syphilis among reproductive aged women.⁷ In 2020, Georgia's primary and secondary syphilis rate among females ages 15-44 increased 119% from 2016 to 2020. Georgia's congenital syphilis rate increased 306% from 2016 to 2020. In 2020, Georgia reported 896 female syphilis cases which required follow up for pregnancy status, correct syphilis diagnosis, appropriate syphilis treatment, and 3rd trimester testing if needed. Maternal follow-up is essential to congenital syphilis prevention efforts.



All pregnant women in Georgia should be tested for syphilis at the first prenatal visit and again during the third trimester (28-32 weeks) of pregnancy, such testing is mandated by state law. Prenatal care or regular medical care during pregnancy including tests for STDs can prevent congenital syphilis cases.

Timely treatment for pregnant women with syphilis is essential to preventing congenital syphilis cases. Treatment must occur at least 30 days prior to delivery with CDC recommended treatment regimen (Benzathine Penicillin G) which is the only known effective antimicrobial for treating fetal infection and preventing congenital syphilis.

⁷ <https://www.cdc.gov/std/statistics/2020/overview.htm#CongenitalSyphilis>

Strategies/Actions Plan

- Improve rates of congenital infectious disease transmission in Georgia, include hepatitis B, hepatitis C, syphilis, and HIV.
- Implement rules and regulations to require prenatal hepatitis B and hepatitis C testing.
- Educate healthcare providers about prenatal testing requirements.
- Identify and provide case management to infants exposed to hepatitis B and hepatitis C at birth.

- Promote 1st & 3rd trimester HIV/Syphilis testing through partnership with health providers and OB/Gyns, including technical assistance on recommended standards of care for HIV positive women and those susceptible of contracting HIV.
- Establish effective systems to identify, link, re-engage, and retain HIV positive pregnant women into care after diagnosis to achieve maximum viral suppression before, during, and after delivery.
- Provide follow up testing & treatment with providers for HIV positive postpartum women and their infants to reduce seroconversion after delivery.
- Provide technical assistance to private and public sectors on re-engagement of HIV positive pregnant women and/or postpartum women that have fallen out of care.
- Obtain pregnancy status for all female syphilis cases (pregnancy ascertainment).
- Conduct partner services follow-up with patients to ensure adequate treatment at least 30 days prior to delivery for all pregnant females with syphilis.

Mission to be impacted	Prevent disease
Associated funding	Federally Funded
Responsible Teams	<ul style="list-style-type: none"> • HIV Prevention Program • Perinatal Hepatitis B Prevention Program • Epidemiology • Sexually Transmitted Disease Program

Measurable Outcomes

- By June 30, 2025, increase hepatitis B postvaccination testing for HBV-exposed infants by 5%.

Year	Target	Results
Baseline: 83%		
SFY 2023	84.66%	
SFY 2024	86.32%	
SFY 2025	88%	

- By June 30, 2025, increase the number of HCV-exposed infants identified and case managed by 10%.

Year	Target	Results
Baseline: 170		
SFY 2023	175	
SFY 2024	181	
SFY 2025	187	

- By June 30, 2025, increase the number of HBV-exposed infants identified by 10%.

Year	Target	Results
Baseline: 253		
SFY 2023	261	
SFY 2024	269	
SFY 2025	278	

- By December 31, 2022, implement rules and regulations to require prenatal hepatitis B and hepatitis C testing.
- By July 1, 2023, educate healthcare providers about the new prenatal testing requirements through webinar.
- By June 30, 2025, reduce the number of perinatal HIV cases to 0.

Year	Target	Results
Baseline: 1		
SFY 2023	0	
SFY 2024	0	
SFY 2025	0	

- By June 30, 2025, increase the number of HIV positive pregnant women diagnosed before delivery to 90%.

Year	Target	Results
Baseline: 78%		
SFY 2023	82%	
SFY 2024	86%	
SFY 2025	90%	

- By June 30, 2025, increase the percentage of HIV-exposed births where the mother achieves viral suppression by delivery to 100%.

Year	Target	Results
Baseline: 86%		
SFY 2023	90%	
SFY 2024	95%	
SFY 2025	100%	

- By June 30, 2025, reduce congenital syphilis rates in Georgia to 60.3.

Year	Target	Results
Baseline: 67		
SFY 2023	65	
SFY 2024	63	
SFY 2025	60.3	



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