



# 2020-2024 Strategic Plan FY 2021 Update

*Updated September 2021*

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## A Message from the Commissioner

When COVID-19 reached Georgia in 2020, everything changed.

The COVID pandemic, like no other disaster in our time, exemplifies 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 - mass testing, disease investigation, providing technical assistance for infection prevention, tracking possible exposures, administering vaccines – all as the virus continues to change creating new challenges with each new variant.

DPH will continue to lead Georgia’s pandemic response, while also carrying out our mission to prevent disease, promote better health, and ensure families have the resources they need to prepare for and respond to disasters and health emergencies. This strategic plan reflects DPH’s commitment to evidence-based decision making, health equity, collaboration, and continuous quality improvement by:

- Addressing the state's high rates of maternal and infant mortality by improving access to pre- and post-natal care.
- Working throughout the state with partners and local health departments to improve access to HIV testing, prevention interventions such as pre-exposure prophylaxis (PrEP), comprehensive HIV treatment, and to ensure continuity of HIV care.
- Monitoring prescribing and dispensing of controlled substances, tracking overdose trends and providing drug surveillance data to the public and to partners working to end the opioid epidemic.
- Mitigating diabetes through nutrition and weight management programs and promoting nutritious food and physical activity among our children to help develop healthy habits at a young age that will last a lifetime.
- Strengthening DPH’s infrastructure to create a sustainable public health system to meet the needs of today while anticipating the challenges of the future.

Together with our dedicated staff and partners, DPH will continue to work to stop the spread of COVID-19 while meeting and advancing the goals set forth in this strategic plan. DPH – we protect lives.

Sincerely,



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

## DPH Overview

The Georgia Department of Public Health (DPH) was created as an independent department effective July 1, 2011. At the state level, DPH is divided into 15 divisions and more than 60 programs and offices. At the local level, DPH functions via 17 health districts to provide support and management for public health services and programs in all 159 counties and local health departments throughout Georgia. DPH employs approximately 6,000 people throughout the state and has the critical responsibility for promoting and protecting the health of communities and the entire population of Georgia.

### Mission Statement

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

### Vision Statement

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.

**Science:** The application of the best available research, data and analyses leading to improved outcomes.

**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.

### DPH Organization

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

- DPH's organizational areas include Health Promotion and Disease Prevention, Maternal and Child Health, Infectious Disease and Immunization, Environmental Health, Epidemiology, Emergency Preparedness and Response, Emergency Medical Services, Pharmacy, Nursing, Vital Records, the Georgia Public Health Laboratory and the Office of Office of Quality, Performance and Accreditation.

The 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 chair 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.

## COVID-19 Response

In January 2020, the Georgia Department of Public Health (DPH) mobilized a state-wide, multipronged and coordinated response to combat the spread of COVID-19 in Georgia. This initial response revolved around Covid-19 testing and epidemiological investigation to identify and isolate cases and quarantine contacts as the primary control measure.

With the availability of vaccines in December 2020, DPH's goals of testing and disease containment expanded to include the leveraging of established partnerships and the creation of new partnerships to assure equitable vaccine distribution and access to vaccination services for eligible Georgians. While testing remains an essential part of identifying, mitigating, and containing COVID-19, vaccination is essential to the prevention of new cases.

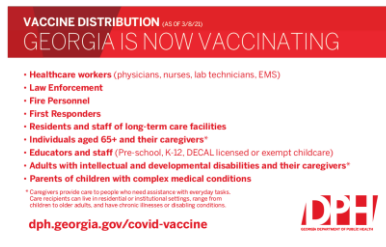
In July 2020, DPH convened a group of internal and external stakeholders to develop the DPH COVID-19 Vaccination Plan. Following the recommendations of our federal partners, this plan was designed to serve as a guide for state and local immunization partners in preparing for the release and administration of COVID vaccines.

In August 2020, DPH sent out a statewide survey to recruit and enroll COVID vaccine providers. The survey yielded responses from more than 3,000 providers, including primary care physicians, hospitals, chain and independent pharmacies, emergency medical services (EMS), local health departments (LHDs), long-term care facilities (LTCFs), department of corrections, colleges, and universities – all interested in becoming vaccine providers.

DPH began enrolling hospitals, LTCFs, LHDs and chain pharmacies in October 2020 as part of our phased enrollment process. Initially a paper-based enrollment process was used but later moved to an online process through the Georgia Registry of Immunization Transactions and Services (GRITS). In November 2020, provider enrollment was opened to all remaining providers who had expressed interest in being COVID vaccine providers. Active recruitment and enrollment of new providers is ongoing.

COVID vaccines were given emergency use authorization by the Federal Drug Administration (FDA) in December, 2020 and allocation from the federal government to states, including Georgia, began. DPH used a tiered approach to determine eligibility among Georgians due to limited quantities of vaccine available and to ensure equitable distribution among populations at the highest risk of

exposure and serious complications from COVID-19.



As the availability of vaccine increased, DPH was able to add eligible populations and ultimately made vaccine available to all Georgians aged 16 and older March 25, 2021. By May 11, the Pfizer COVID vaccine was available to children 12-15.

As the number of providers and eligible vaccine recipients continued to expand, the process for allocating vaccines also grew in complexity. In January 2021, DPH updated their vaccine allocation process to employ a more data driven approach. DPH was able to accelerate the allocation process and incorporate provider on-hand vaccine inventory, provider vaccine administration, provider vaccine requests, social vulnerability-index, and other population demographics to help assure equitable distribution throughout Georgia.

DPH continues to analyze data to identify vaccine deserts and help inform provider recruitment and vaccine distribution strategies. DPH is expanding partnerships with community partners to increase access to vaccines through the implementation of several vaccination outreach efforts, including:

- Community Organized Relief Effort (CORE) to implement statewide mobile vaccination clinics
- Implementation of vaccination clinics in corrections facilities statewide
- Provision of transportation services for those with developmental disabilities to and from vaccine clinic sites
- Implementation of nursing strike teams to reach hard to reach populations (homebound, homeless, etc.)

DPH partnered with private labs, community-based organizations, the university lab consortium, and private sector companies statewide to support a comprehensive approach to testing. These relationships are critical for the direct expansion of current and future testing capacity.

In January 2021, as the vaccine efforts were well underway in Georgia, DPH partnered with Mako Medical to offer Turn-Key SPOC (specimen point of collection) sites in the health districts across the state. This allowed health district staff to focus more of their efforts on vaccination.

Contact tracing is a core public health response to infectious disease prevention, monitoring and control. This function is performed by state and local public health using highly trained staff, including epidemiologists and disease investigators. Contact tracing is being conducted statewide across all 18 health districts using existing staff, such as epidemiologists, who have historically done this work, and deploying other public health staff to provide additional support for the work.

DPH established a COVID-19 Workforce Surge Plan to be responsive to the increase in the number of close contacts identified and to facilitate greater and timely outreach to close contacts, ensuring they are quarantining and monitoring symptoms to prevent further spread of the disease.

- SURGE 1 Workforce: DPH augmented the existing public health workforce by recruiting and hiring hundreds of students from medical schools, schools of public health, and other academic health institutions and departments.
- SURGE 2 Workforce: DPH has hired and placed over 1,400 temporary health workers to serve as case investigators and contact tracers within each of the 18 health districts.
- SURGE 3 Workforce: Over 46 DPH state employees across various programmatic areas have been temporarily deployed to public health districts to provide support for immediate contact tracing needs.

DPH has incorporated the use of a disease monitoring and control application to enhance contact tracing efforts and increase identification and outreach to contacts. Additionally, a communications and community engagement strategy has been implemented to:

- Ensure that Georgians understand what the state is doing to combat the spread of COVID-19 and protect the health, safety and well-being of its people.
- Educate all constituents (agencies, partners, health systems, business leaders and, most importantly, the general public) about the importance of contact tracing, how it works and what their roles are in keeping Georgians safe.
- Build trust, reduce stigma, and encourage maximum participation among residents in testing and contact tracing efforts across all communities, especially those at highest risk.
- Continuously support Georgians, especially the most vulnerable, in adopting new behaviors to manage their health and adjust to life during this prolonged recovery.

As we look forward, DPH will continue to maintain the appropriate and necessary infrastructure to support and provide testing and contact tracing services to Georgians:

- Proactively support and assess the value of serology-based tests. One of these efforts included DPH participation with the Centers for Disease Control and Prevention (CDC) in a city of Atlanta (Fulton/DeKalb counties) study to determine population-based seroprevalence.
- DPH also worked with the University of Georgia to support the development of additional high sensitivity and high specificity serological tests. DPH has partnered with the Rollins School of Public Health at Emory to support a population-based statewide serologic survey with funding from the National Institutes of Health and the Woodruff Foundation. In this survey, up to 1,200 households across Georgia will receive home test kits for both PCR and serologic testing with planned follow up.
- In addition, DPH has developed a plan to use the Georgia Public Health Laboratory (GPHL) and two turn-key vendors for future serological testing. Collectively, these activities will help determine the extent of virus spread throughout Georgia communities.



- Maintenance of SPOCs for specimen collection for testing and quickly stand-up “pop-up” SPOCs in areas of increased or emergent community spread.
- Implementing additional and focused testing on vulnerable populations
- Purchase and distribution of Binax Rapid Antigen testing cards. Distribution will be to the Health Districts, EMS agencies, and some hospitals and long-term care centers.
- Ramp up efforts to hire and onboard an additional 1,000 case investigators and contact tracers, as needed.
- Analyzing and leveraging data to identify opportunities to increase contact yield.
- Employing culturally competent, targeted strategies and tailored messaging to reach and impact vulnerable populations.

## Accreditation

In March 2019, the Georgia Department of Public Health received 5-year national public health accreditation status through the Public Health Accreditation Board (PHAB.) PHAB's public health accreditation process seeks to advance quality and performance within public health departments, provides a means for the department to foster relationships with community partners and identify opportunities for improvement in performance, processes and customer service. DPH will maintain it's 5-year accreditation status by documenting areas of improvement and continued conformity to PHAB's Standards and Measures through annual reporting. DPH will apply for reaccreditation in January 2024.

## Quality Improvement

Quality improvement is a foundational component of DPH. Quality improvement refers to a continuous and ongoing effort to achieve measurable improvements in efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

DPH, as a high-performing, quality improvement-driven organization, does business by:

- Continuously focusing on customer needs
- Using data to reveal and analyze performance problems and concerns
- Involving employees who know and are impacted by the improvement opportunity
- Developing solutions and improvements based on analysis
- Embracing and engaging customers and stakeholders
- Implementing improvements based on data
- Monitoring and evaluating performance
- Continuously making improvements over time

## Performance Excellence

In 2019, DPH implemented a web-based performance management system to assist programs in identifying and reporting performance measures. As part of DPH's performance management, programs develop action plans that include performance measures, baselines and targets that ensure quality services are consistently provided. The performance management system also allows staff and supervisors to monitor the work of programs within DPH to identify both successes and opportunities for improvement. DPH continues to enhance and strengthen programs performance management efforts with increased and expanded use of the organization's cloud-based performance management system.

## Health Equity

The Georgia Department of Public Health (DPH) seeks to eliminate health disparities and promote a healthy quality of life for all Georgians. To accomplish this, DPH is ensuring divisions and programs use a comprehensive set of approaches to advance health equity. These approaches include community engagement, data collection and analysis, evaluation and policy development. Additionally, the Department is providing health equity and health disparities workforce development and training for DPH staff at state and local levels.

This DPH Strategic Plan directly aligns with the Governor's identified goals to make Georgia #1 for small business, reform state government, strengthen rural Georgia and put Georgians first. These goals address determinates of health and health disparities throughout Georgia while improving health equity for all.

## Environmental Scan - External Trends

### 1. Demographics

- a) Georgia's population is 10,711,908 (U.S. Census bureau 2020)
- b) Each year ~ 130,000 babies are born in Georgia
- c) Georgia's population aged 65+ is expected to increase 143% between 2000 and 2030, placing a heavy burden on health care resources
- d) Georgia continues to be a young state with 24% of the population under age 18
- e) Minorities
  - White 60.2% (White non-Hispanic 52%)
  - Black or African American 32.6%
  - Hispanic/Latino 9.9%(any race)
  - Asian 4.4%
  - American Indian/Alaska Native 0.5%
  - Native Hawaiian/Pacific Islander 0.01%

- f) Fulton, Cobb, DeKalb and Gwinnett counties together represent 33% of the state's population
- g) As of 2020, the State Office of Rural Health considers 120 of Georgia's 159 counties as rural counties (population less than 50,000).
- h) Rural, underserved Georgians represent a population disproportionately experiencing poor health outcomes; higher death rates due to heart disease, stroke, cancer and motor vehicle accidents; higher rates of smoking; increased prevalence of chronic conditions such as diabetes; and disproportionate adverse maternal and child health outcomes, including teen births and low birthweight babies.

## 2. Economy

- a) The overall poverty rate in Georgia is 13.3% (2019 American Community Survey)
- b) The poverty rate for children 0-17 in Georgia is 20% or 519,000 children (2021 County Health Rankings), a decrease of 9% since 2017 and 1% decrease since 2019.
- c) Georgia's high school graduation rate is 87% (2021 County Health Rankings)
- d) Georgia's median income is \$62,000 (U.S. Census bureau 2021 estimates)

## 3. Health

- a) The percentage of persons uninsured in Georgia was 13.4%, 3rd highest in the nation (rank of 48). The CDC ranks Georgia first nationally in the rate of new HIV diagnoses (2018) and fifth in the rate of persons living with HIV (2018). In 2018, Georgia ranked fourth in the nation for primary and secondary syphilis rates, 10th for congenital syphilis rates, 15th for gonorrhea rates, and seventh for *Chlamydia* rates.
- b) The drug death rate was 13.3 for Georgia compared to 19.2 nationally. Since 2010, the number of deaths due to opioids rose from 491 to a peak of 1,007 in 2017, 853 in 2019, and 1,907 in 2020.(OASIS).
- c) Between 2014-2016, 26 maternal deaths were pregnancy-related, and of those, 70% were preventable. There were 66 pregnancy-associated deaths.
- d) Georgia's infant mortality rate was 7.2 per 1,000 live births (compared to 5.8 per 1,000 live births nationally), which ranked 43rd. Related, the rate of low birth weight in Georgia ranked 47th. The vaccine preventable disease pertussis' rate was 2.2 with a Georgia ranking of 9<sup>th</sup>. The foodborne disease Salmonella ranked 39<sup>th</sup> with a rate of 20.1. As of 2020, immunizations in children ranked 14<sup>th</sup> with 79.5% of Georgia's children immunized.
- e) Prevalence of obesity continues to increase. The percentage of adults who are obese is 33.1% in Georgia, 28<sup>th</sup> in the nation.
- f) Although smoking prevalence has decreased in Georgia, smoking is the leading cause of preventable death in Georgia - 16.3% of the state's population smokes or uses tobacco products, 28<sup>th</sup> 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.

#### **4. Health Policy**

- a) Management of the state's public health response to COVID-19 has been the focus of public health's efforts since early 2020. This includes the passage of legislation to expand the scope of practice for pharmacists and EMS professionals in Georgia to expand access to vaccination throughout Georgia.
- b) Vaccination outreach that reaches more children through a broad range of facilities may help promote higher rates of vaccination coverage, and in turn, lower rates of vaccine-preventable diseases.
- c) Georgia has one of the highest maternal mortality rates nationwide, with approximately 60% of pregnancy-related deaths determined to be preventable. In response, DPH has begun several initiatives, with the support of the General Assembly, to address maternal mortality issues. This includes the initiation of prenatal care in health departments, creation of the Georgia Perinatal Quality Collaborative, and development of the perinatal levels of care for hospitals in Georgia. DPH continues to examine and implement innovative solutions to address maternal health in Georgia.
- d) The General Assembly recently funded a pilot program to include Krabbe Disease in the state's newborn screening panel. Implementation to begin testing for this new condition is ongoing and effectiveness of the pilot program will be examined to determine whether permanent addition to the screening panel is recommended.
- e) Georgia's laws on childhood lead poisoning and prevention have not kept up with the Centers for Disease Control and Prevention's best practices governing lead prevention and abatement. DPH is actively engaged in efforts with the legislature to examine these laws and pursue statutory and programmatic changes to improve these efforts.

## **Environmental Scan - Internal Trends**

### **1. Information Technology**

- a) Information networks, computer systems and software all have a critical role 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. At present, DPH district clinics do not share a common electronic health record (EHR) platform. Instead, there are 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 due to lack of transparency--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.
- b) 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 through a unified EHR system. DPH expects to release this RFP in 2022. 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.
- c) 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.
  - o For 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 load of data being processed and this caused serious reporting issues, notably on the public-facing dashboards on the DPH website.
  - o For GRITS we experienced infrastructure issues but also had major problems with how the COVID vaccines were allotted. We had to go outside of GRITS to manage vaccine allotments for pandemic providers and this caused major issues. We also had problems with reporting as new reports took too much development time which made them obsolete by the time they were developed.
- d) DPH is currently working with stakeholders across the Department and with external subject matter experts to create a Request for Proposal (RFP) 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. DPH expects to release the RFP's for these two systems in late 2021. Deploying a new surveillance system and immunization registry will provide DPH and our providers with greater tools with which we can combat the COVID pandemic.

## **2. Public Private Partnerships**

- a) DPH has established a strong network of public private partnerships.
- b) Public private partnerships provide opportunities for greater health impact, cost reductions, and efficiencies to accelerate health impact.
- c) Examples of critical partnerships in action include hurricane response efforts, addressing the opioid crisis, responding to public health threats such as Ebola or outbreaks of foodborne illness.
- d) Partnering with the private sector helps extend Public Health's reach to save lives by generating broad public support, addressing specific populations and reaching large segments of the population.

### 3. Workforce

- a) The Department of Public Health'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 is managed at the state level.
- b) The average age of the DPH state office workforce is 41 and the average age of the district public health workforce is 45. These numbers are significant when assessing the impact of approaching retirements.
- c) Vacancy and turnover in key positions and understaffing are key concerns. The turnover rate for FY2021 was 16.88%, which represent an increase from prior years.
- d) With understaffing continuing to increase, there is intense competition in many job categories critical to public health such as nurses, epidemiologists, environmental health specialists, nutritionists and lab technicians.
- e) Salaries for departmental employees are distinctly below the market which makes keeping qualified staff and building a skilled workforce problematic
- f) As part of the COVID-19 pandemic and DPH's response, the state office's workforce increased to 2260 employees, as of 06/30/2021.
- g) The following table provides a summary of workforce demographics for the agency divided by state office personnel and district/local office personnel:

Public Health Workforce		State Employees	District Employees
<b>Total number of positions</b>		*	**
<b>Total number of filled positions</b>		2260	5026
<b>Sex</b>	Male	445	657
	Female	1815	4343
	Unknown	N/A	26
<b>Race</b>	Black	1230	1940
	White	735	2451
	Hispanic	112	465
	American Indian	5	10
	Asian	123	86
	Hawaii/Pac.	2	13
	Multi-race & N/A	53	61
<b>Average Age</b>		41	45
<b>Years of Service</b>	< 1 year	279	954
	1 to 9 years	1645	2600
	10+ years	336	1475

## **Strengths, Weakness, Opportunities & Threats (SWOT)**

In developing this strategic plan, DPH examined the Department's challenges and opportunities in determining how to develop and leverage the best strategies to achieve its mission. Below is the SWOT analysis for the Department.

### **Strengths**

- Partnerships - public, private, academic respected and evidence-based programs
- Knowledgeable, skilled, dedicated and committed workforce
- Focus on science Data-driven
- District and state communications Ongoing improvement efforts Emergency preparedness and response

### **Weaknesses**

- Recruiting and retaining qualified workforce
- Technology and data management
- Programmatic silos
- Internal communication mechanisms and practices
- 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
- Internal and external collaboration and communication to decrease silos

### **Threats**

- Federal funding
- Health care policies and regulations (changes to) Economic cycle
- Shortage of qualified and skilled public health workforce Siloed federal funding
- Globalization and spread of diseases
- Social Media

## **GOAL 1: PREVENT DISEASE, INJURY, AND DISABILITY**

Provide population-based programs and evidence-based 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: Improve the Health of Georgia's Children**

In 2018, Georgia ranked 39<sup>th</sup> in the U.S. for overall child well-being and health, 40<sup>th</sup> in family and community and 34<sup>th</sup> in education. Early childhood interventions can help prevent the achievement gap, improve health outcomes and economic productivity as children reach adulthood. By 2024, DPH will:

1.1.1: Increase access to care and early intervention services using telehealth.

1.1.2: Increase timely referrals from programs into early intervention services.

1.1.3: Partner with community health center networks to develop a more robust referral system for oral health services and access to resources.

1.1.4: Require that each designated EMS 911 zone provider have a pediatric emergency care coordinator by the end of 2021.

1.1.5: Increase the number of Quality Rated early care and learning centers receiving an early language and literacy endorsement.

1.1.6: Increase the number of statewide opportunities used to promote and the consumption of healthy foods and vegetables with an emphasis on rural Georgia.

1.1.7.: Expand screening of infants born in Georgia to include all conditions on the Recommended Uniform Screening Panel (RUSP).

1.1.8: Reduce by 10% the rate of asthma-related emergency department visits in children ages 0-17.

### **Objective 1.2: Improve Birth Outcomes**

Improving birth outcomes begins with addressing the health of women before, during and after pregnancy. Georgia's infant mortality rate is 7.2 per 1,000 live births. 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. By 2024, DPH will:

1.2.1 : Increase the percentage of infants who have ever been breastfed and infants



who have been exclusively breastfed for six months.

1.2.2: Increase the percentage of pregnant women who receive prenatal care beginning in the first trimester.

1.2.3: Increase the percentage of very low birth weight infants born in a hospital with a Level III Neonatal Intensive Care Unit (NICU)

1.2.4: Increase the number of women of childbearing age who receive prenatal education (including oral health) to decrease preterm births.

1.2.5: Monitor Hepatitis B exposed infants through case management to ensure completion of the Hepatitis B vaccine series and receive post-exposure prophylaxis.

1.2.6: Reduce congenital syphilis rates from 24 per 100,000 to 20 per 100,000 by increasing the number of physicians performing 3rd trimester syphilis testing on pregnant females, confirming prenatal care status for syphilis positive pregnant females, and maintaining the congenital syphilis review board to identify missed opportunities.

1.2.7: Reduce number of perinatal HIV cases to Oby 2024 by promoting 1st and 3rd trimester screenings through increased training of providers and by increasing outreach to women of childbearing age, promoting HIV education.

1.2.8: Enhance coordination of obstetrical and HIV care for pregnant HIV positive mothers to prevent vertical transmission through the development and implementation of a standard operating procedure that will improve communication between Ryan White providers and obstetrical providers

### Objective 1.3: Reduce Maternal Mortality

Georgia ranks 50th in the U.S. for maternal mortality. Central to DPH's approach to improving maternal mortality is the recognition that improved outcomes are connected to greater provider awareness of the underlying patterns of associated risk and ensuring a patient's access to the required level of care as dictated by maternal morbidity. By 2024, DPH will:

1.3.1: Increase the number of birthing facilities that participate in maternal quality improvement initiatives.

1.3.2: Increase the number of birthing facilities that participate in neonatal quality improvement initiatives.

1.3.3: Decrease the incidence of severe maternal morbidities for hemorrhage and hypertension in facilities participating in maternal quality improvement initiatives through Georgia Perinatal Quality Collaborative.

1.3.4: Provide detection of infectious disease of hepatitis B, HIV, sexually transmitted infections (STI), TB and other infectious diseases through GPHL

testing.

1.3.5: Increase access to mental health resources through effective and efficient use of the provider help line.

1.3.6: Require that each statewide and regional EMS advisory council have a perinatal/obstetrics subject matter representative on the council membership.

1.3.7: Explore opportunities for prenatal care through telemedicine at health departments located in rural areas of Georgia.

#### Objective 1.4: Prevent Infectious Disease

A key component of addressing the health of Georgians is to ensure that communicable diseases are identified and characterized early to mitigate spread and reduce overall risk. DPH will maintain its core surveillance activities and disease specific interventions in the ongoing effort to control and to reduce the scope and spread of infectious disease epidemics in Georgia. By 2024, DPH will:

1.4.1: Reduce the number of new diagnosis for HIV by 10% by 2021.

1.4.2: Enhance awareness of Pre-exposure Prophylaxis (PrEP) among targeted populations by providing education throughout Georgia about the availability of PrEP and increase capacity among health departments to make PrEP available.

1.4.3: Increase the number of HIV positive persons who are linked to and retained in care by improving access to HIV medical care, especially in rural Georgia, through telemedicine and increased infectious disease workforce capacity.

1.4.4: Reduce primary and secondary syphilis transmission rates from 15.8 per 100,000 to 13.43 per 100,000 by ensuring treatment of patients and their partners and continued use of priority grid for better targeting of partner services interventions.

1.4.5: Improve completeness and timeliness of sexually transmitted infections data by increasing automated transmission of electronic laboratory result data from 55% to 90% of inbound lab results within the State Electronic Notifiable Disease Surveillance System (SendSS).

1.4.6: Reduce the case incidence rate of tuberculosis in Georgia by 20% by expanding Interferon-Gamma Release Assays (IRGA) testing; improving turnaround time for drug susceptibility testing at the Georgia Public Health Laboratory; updating surveillance systems to enhance data collection; improve ability to use genotyping data in contact tracing and linking; improving access to TB trainings in rural Georgia through e-learning and train-the-trainer programs.

1.4.7: Improve collaboration between internal and external partners to increase Tuberculosis (TB) screening and testing leading to early intervention.

1.4.8: Increase laboratory surveillance for antibiotic resistance to improve quality health care in every region of the state.

### Objective 1.5: Prevent Injury

The leading cause of death for Georgians ages 1--44 is injuries. For all ages, it is third behind heart disease and cancer. Almost 4,300 Georgians die from injuries each year, taking a toll on families, friends, neighbors and the community. By 2024, DPH will:

1.5.1: Utilize EMS and Trauma Registry data to identify injury trends, such as falls in Georgia's elderly population, and require reporting of all injury prevention activities by designated trauma centers.

1.5.2: Leverage and enhance existing electronic platforms to increase the coordination of injury and violence prevention resources and services across agencies and organizations, ensuring considerations for rural Georgia.

1.5.3: Increase data-informed decisions across injury and violence prevention efforts through data mapping integration and linkage models.

1.5.4: Increase education on policies and laws aligned with best available evidence or best practices.

1.5.5: Reduce the number of Georgians living in isolation, with special consideration for rural Georgia, to protect against suicide, abuse, neglect, exploitation and injury.

### Objective: 1.6: Reduce Environmental Health Risks

Environmental Health is the cornerstone of public health and is essential to safe and healthy communities. Through inspections of restaurants, hotels and pools, or proper disposal of wastewater, rabies control or emergency response, environmental health ensures our food, water and air are safe and clean. By 2024, DPH will:

1.6.1: Reduce the percentage of Centers for Disease Control and Prevention's (CDC) top-five food safety risk factor violations by 5% through outreach, education and annual monitoring.

1.6.2: Reduce the percentage of disinfection residual violations cited out of all critical violations by 2.5% through outreach, education and annual monitoring.

1.6.3: Reduce the percentage of critical violations cited out of all violations by 5% through outreach and annual monitoring.

1.6.4: Reduce response time for sewage complaints to an average of 3-days to investigation and 30-days to final abatement through training land standards, data analytics and management review.

1.6.5: Reduce response time for general EH complaints to an average of 4-days to investigation and 17-days to final abatement through training, data analytics and management review.

1.6.6: Prevent or reduce childhood lead poisoning related to environmental exposures by increasing the number of children tested for lead poisoning and increasing the number of children tested in high risk areas by 25% through outreach to physicians and caregivers.

1.6.7: Increase the number of hazardous site-related public health recommendations from Chemical Hazards program investigations that are adopted and implemented by regulatory agencies and policymakers to 75% through partnerships.

### Objective 1.7: Enhance Emergency Systems of Care

Ensuring the right care, at the right place and at the right time saves lives. Designating the capabilities of emergency systems of care will provide EMS with a better understanding of the resources hospitals have to provide patients. By 2024, DPH will:

1.7.1: Designate Emergency Cardiac Care Centers throughout the state.

1.7.2: Analyze EMS and hospital data related to out-of-hospital cardiac arrest (OHCA) and heart attack patients.

1.7.3: Utilize the Department's license management system to streamline all processes related to the: designation of trauma, stroke, emergency cardiac care and perinatal/maternal specialty care centers, licensing of EMS agencies, medics and instructors, and approval of EMS initial and continuing education programs.

### Objective 1.8: Improve Vaccination Rates

Vaccines are essential for protecting children against infectious diseases such as measles, mumps, rubella and whooping cough. Many of these diseases were largely forgotten in the U.S., but the recent resurgence of measles is a critical reminder of the toll diseases can take. By 2024, DPH will:

1.8.1: Identify populations with low coverage rates by geographic location by Dec. 31 every year.

1.8.2: Select two population subgroups or geographic areas every year to conduct root cause analysis to determine causes of low vaccination coverage rates and develop intervention strategies to address the identified root causes.

1.8.3: Implement the developed/identified intervention strategies in the two identified population subgroups or geographic areas every year by June 30.

1.8.4: Identify long-term care facilities in Georgia by June 2020 that have low vaccination coverage rates to implement targeted outreach and engagement.

1.8.5: Expand public awareness campaigns targeting parents and guardians of youth ages 11 and older to increase knowledge and inform decision-making related to HPV vaccination as cancer prevention. Increase vaccination of this targeted group by 10% overall.

### Objective 1.9: Increase Surveillance Data Use

DPH will increase use of surveillance data to improve our understanding of disease and to better target public health action. By 2024, DPH will:

1.9.1 : Develop standard processes for developing, disseminating and publishing epidemiologic analyses.

1.9.2 : Engage in trainings to formalize the processes by which DPH Epidemiology and programmatic resources interact to cultivate better use of surveillance data.

1.9.3 : Explore novel data sources, including molecular epidemiology, to expand DPH's ability to rapidly identify and characterize events of public health significance.

1.9.4 : Develop an epidemiology knowledge repository to support future actions and future investigations to ensure maximum use of scientific work products.

1.9.5 : Develop a DPH master patient index to readily facilitate cross systems data sharing to improve quality and completeness of surveillance data.

## **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 well-being. By 2024, DPH will:

### Objective 2.1: Improve Telemedicine Capacity

Georgia DPH seeks to understand and effectively respond to the health needs of Georgians with an emphasis on those living in underserved and rural areas by improving telemedicine capacity.

2.1.1: Increase access to care and early intervention services by leveraging telehealth services.

2.1.2: Establish access to prenatal care at local health departments located throughout rural Georgia via telemedicine.

2.1.3: Increase access to medically underserved children through expansion of school-

based telehealth.

2.1.4: Provide technical assistance and guidance to partners interested in integrating telehealth at their organizations/institutions/offices.

2.1.5: Promote engagement of health system insurers to establish telehealth reimbursement mechanisms which lead to enhanced levels of efficient and cost-effective care.

## Objective 2.2: Improve Analytic Capacity

Georgia DPH seeks to promote health and well-being by collecting, analyzing and reporting health data; tracking disease and health determinants; and applying science, laboratory testing and epidemiologic studies to support data-driven decision making. By 2024, DPH will:

2.2.1: Increase the quantity and quality of information and surveillance reports provided to DPH programs.

2.2.2: Implement statewide electronic health records and electronic benefit transfer data systems.

2.2.3: Increase systems interoperability through an electronic information exchange with medical data providers to improve the timeliness and accuracy of death records.

## Objective 2.3: Reduce Chronic Disease Burden in Georgia

Chronic diseases such as cancer, diabetes and hypertension, obesity and tobacco use, cost Georgia approximately \$40 billion each year, keep children out of school, impact Georgia employers, and result in more than 200,000 years of life lost. By 2024, DPH will:

2.3.1: Promote routine, screening and treatment for hypertension and cholesterol.

2.3.2: Facilitate use of self-measured blood pressure monitoring (SMBP) to empower adults with hypertension to partner with the health care team by providing data to improve blood pressure control.

2.3.3: Increase the number of CDC-recognized National DPP organizations throughout Georgia, with an emphasis on programs that focus on serving vulnerable populations.

2.3.4: Collaborate with health care organizations across Georgia to implement evidence-based guidelines for screening and treatment of prediabetes and diabetes.

2.3.5: Decrease the current cigarette smoking rate in adults and youth.

2.3.6: Create and disseminate electronic nicotine delivery system messaging that targets users 18-25 and includes new warnings about vaping-related illness that can be fatal.

2.3.7: Maintain the existence and capabilities of the Georgia Tobacco Quit line, and work with health care providers to increase referrals to the Georgia Tobacco Quit line.

2.3.8: Increase the number of public settings (hospitals, colleges, and behavioral health organizations) that maintain a tobacco-free policy.

2.3.9: Improve aerobic capacity in children in grades 4 through 12 to lower childhood obesity rates.

2.3.10: Increase opportunities to promote the consumption of healthy foods and increase physical activity statewide, with special emphasis on rural Georgia.

#### Objective 2.4: Cancer Prevention and Control

Cancer is the second leading cause of death in Georgia. Approximately 45,000 Georgians are diagnosed with invasive cancer every year. By 2024, DPH will:

2.4.1: Reduce barriers to accessing and completing cancer screening and diagnostics by implementing client navigation and fostering new collaborations with health systems.

2.4.2: Increase by 5% the number of low-income, uninsured and underinsured Georgians who receive financial assistance for cancer diagnostic and treatment services.

2.4.3: Improve access to breast and cervical screening and diagnostic services for low income, uninsured and underinsured women in Georgia.

#### Objective 2.5: Improve Response to the Opioid Crisis

In 2017, there were more than 8 million opioid prescriptions dispensed to 2.1 million patients in Georgia. DPH has a key role in informing Georgia's response to the opioid crisis by ensuring that the best data are available to understand the epidemic's impact on health.

2.5.1: Increase the percentage of opioid prescribers registered in the Prescription Drug Monitoring Program (PDMP) by 2% from the current 96% registration rate to help improve prescribing practices.

2.5.2: Disseminate timely data about the opioid epidemic to inform state and county level programs. Provide data through static reports available online, and an online interactive data dashboard. Data will include hospital and emergency department discharge data, death data and PDMP data.

2.5.3: Respond rapidly to overdose clusters identified through syndromic surveillance or external partners, in order to prevent additional overdoses and deaths.

2.5.4: Secure Drug Enforcement Administration (DEA) registration for GPHL to conduct analytical laboratory testing under the Controlled Substances Act.

2.5.5: Provide enhanced surveillance for suspect overdose cases presenting at hospital emergency departments or through calls made to the Georgia Poison Center.

2.5.6: Offer accurate and timely laboratory testing for fentanyl and fentanyl analogs by offering both primary and enhanced drug testing.

2.5.7: Improve timeliness of laboratory-confirmed test results and specimen characterization to support outbreak and emergency response.

### **GOAL 3: PREPARE FOR AND RESPOND TO PUBLIC HEALTH EMERGENCIES**

Hazards to human health occur, sometimes with little or no warning, and the Department must be prepared to identify them and to respond. DPH will help safeguard the health and well-being of

Georgians by ensuring that an efficient and effective public health infrastructure is in place to prepare for and respond to all emergencies, man-made and natural.

#### **Objective 3.1: Rapidly Respond to Public Health Emergencies**

DPH assures the health and well-being of individuals and communities throughout Georgia by preparing for, responding to and recovering from public health emergencies. Additionally, the Emergency Preparedness and Response section of DPH is tasked under the Georgia Emergency Operations plan to lead efforts related to Emergency Support Function 8 (health and medical)

and Emergency Support Function 6 (mass care). By 2024, DPH will:

3.1.1: Establish Disaster Assistance Response Taskforce (DART) teams across Georgia by conducting no-cost disaster response training.

3.1.2: Increase the number of nurse volunteers registered in the Georgia Nurse Alert System.

3.1.3: Coordinate care and transportation for highly infectious disease patients to appropriate receiving facilities designated in the Infectious Disease Network (IDN) using grant funding to assist EMS agencies that participate in the Georgia Infectious Disease Transportation Network (IDTN).

3.1.4: Maintain and expand IDN by designating hospitals and EMS agencies with demonstrated competencies in responding to serious communicable diseases such as Ebola, etc.



### Objective 3.2: Effectively Plan for Public Health Emergencies

DPH monitors and assesses public health readiness to minimize the impact of Public Health emergencies on affected communities, and foster safe and healthful environments before, during and after an emergency.

- 3.2.1: Conduct quarterly, statewide communication drills with after action reporting to ensure environmental health strike team response readiness.
- 3.2.2: Increase by 10% the number of vector surveillance sites with initial surveillance data each year through training and community collaboration.
- 3.2.3: Sustain and improve upon the 15 Public Health preparedness capabilities as defined by the Centers for Disease Control and Prevention.
- 3.2.4: Meet all specified requirements as defined by the Centers for Disease Control and Prevention Operational Readiness Review.
- 3.2.5: Improve Georgia Public Health Lab (GPHL) infrastructure to detect and effectively respond to biological/chemical terrorism, infectious diseases or other emergencies.
- 3.2.6: Create a continuity of operations plan, including a comprehensive communications plan covering a range of potential emergencies or disasters.

### Objective 3.3: Strengthen Georgia's Emergency Medical Service (EMS) System

Georgia EMS has 382 licensed EMS agencies and more than 22,000 licensed medics who provide emergency medical services for 10 million people in 159 counties. Agencies operate more than 2,500 ground ambulances, 17 air ambulances and over 1,000 medical first responder vehicles and respond to 2.2 million EMS calls per year. By 2024, DPH will:

- 3.3.1: Use EMS regional training coordinators to guide EMS education programs in addressing industry and community needs, particularly in rural Georgia.
- 3.3.2: Modify the EMS instructor licensure process to ensure that education provided to EMS students prepares them for the changing needs of the industry and their communities.
- 3.3.3: Use the Department's License Management System to gather and analyze data regarding the EMS workforce demographics and future needs, and to identify potential EMS personnel shortages in rural Georgia.
- 3.3.4: Develop key EMS performance measures related to various systems of care (trauma, stroke, cardiac, pediatrics) to identify areas of improvement for all 911 Emergency Response Zones.
- 3.3.5: Use EMS, Trauma Registry and Cardiac Registry data to identify rural areas where trauma and/or emergency cardiac care centers are needed, encourage

hospitals to seek designation, and assist these hospitals through the designation process.

3.3.6: Develop an online training program for EMS medical directors with a greater focus on the needs of rural EMS systems and their communities.

3.3.7: Utilize EMS run data to enhance surveillance related to opioid overdoses, flu-like symptoms, out-of-hospital cardiac arrest, heart attacks, strokes, falls, sepsis and other potential public health threats.

## **GOAL 4: OPERATE AN EFFICIENT AND EFFECTIVE PUBLIC HEALTH AGENCY**

DPH has set forth a set of objectives to enhance the public health workforce, improve information technology and organizational infrastructure, engage public and private partnerships, increase targeted communications and sustain National Public Health Accreditation through the Public Health Accreditation Board (PHAB.)

### **Objective 4.1: Improve Public Health Infrastructure**

Strengthening DPHs infrastructure is paramount in institutionalizing a sustainable public health system to improve the health of all Georgians. DPH will improve its infrastructure by 2024 through the following strategies:

4.1.1: Eliminate obsolete and unnecessarily burdensome regulatory provisions and comply with legislative mandates by drafting updated, efficient and clear regulations, addressing a minimum of six legislative mandates or process improvements each fiscal year.

4.1.2: Secure external funding sources to support the public health infrastructure and evidenced-based program implementation with an emphasis on rural Georgia.

4.1.3: Ensure the integrity of the state vital records system by conducting site audits and standardize county operations.

4.1.4: Maintain compliance audits and investigations to proactively identify and mitigate risk to Georgians.

4.1.5: Review, revise and publish nursing practice, protocols and policy standards for adoption in all 18 public health districts.

### **Objective 4.2: Strengthen Public Health Workforce**

Developing and retaining a competent and skilled workforce is critical to improving the health of all Georgians. By 2024, DPH will:

4.2.1: Develop retention metrics and workforce management plans across state and

local public health entities.

4.2.2: Increase the public health workforce through recruitment, retention and professional development initiatives that focus on job specific and professional competencies to include PHAB Accreditation and state identified core competencies.

4.2.3: Create a succession planning framework that can be utilized in all parts of the organization to ensure business continuity.

4.2.4: Diversify the public health workforce to better respond to public health issues.

4.2.5: Increase the number of interns placed throughout the Department from 40-50 per year to 50-60 per year.

4.2.6: Increase the number of paid internships provided by outside organizations by 10%.

4.2.7: Use web -based tools to provide educational opportunities and training to ensure a skilled and effective workforce, while being fiscally responsible.

### **Objective 4.3: Strengthen Public-Private Partnerships**

To ensure an efficient and effective department of public health, DPH must increase collaboration through public- private partnerships. By 2024, DPH will:

4.3.1: Support the efforts of the agency in data sharing agreements to strengthen collaboration across statewide entities.

4.3.2: Build and maintain relationships with colleges and universities across the state by increasing the number of executed student affiliation agreements by 5%.

4.3.3: Provide updated information on DPH initiatives and programs to the Governor and General Assembly to increase awareness of the Department's ongoing work in protecting the health of Georgians.

### **Objective 4.4: Provide Accountable and Consistent Customer Service**

DPH recognizes the importance of putting Georgians first and providing stellar customer service. By 2024, DPH will:

4.4.1: Institute a process for public inquiries to ensure timely, thorough and courteous responses to public inquiries.

4.4.2: Build public trust and agency accountability through 100% compliance with Open Record Act requests, including the statutory timeframes.

### **Objective 4.5: Increase Targeted Communications**

DPH recognizes that communicating with targeted populations to educate and drive action toward improving health outcomes is vital to improving the health of Georgians. By 2024, DPH will:

4.5.1: Employ multiple communication platforms and earned and unearned media to provide data-driven messaging to target audiences.

4.5.2: Conduct communications strategy sessions to increase awareness among program staff about the impact communications have in leading to improved health outcomes and the many methods of communication available.

4.5.3: Update the DPH website per GTA requirements to ensure easy navigation for multiple audiences to locate information.

#### **Objective 4.6: Enhance DPHs Technical Infrastructure**

DPH must maintain a functional and appropriate technical infrastructure to support efficient operations and protect sensitive data across the entire agency. By 2024, DPH will:

4.6.1: Identify applications and server functions that can be consolidated to reduce overall infrastructure footprint and IT costs while maintaining application performance and allowing for increased recovery protections.

4.6.2: Collaborate more closely with the Georgia Technology Authority (GTA) to ensure that all applications and data are appropriately protected, and information security best practices are observed.

4.6.3: Implement a digital records management system to improve timely access to birth certificates.

4.6.4: Increase use of technology to improve fraud detection and use data-driven strategies to target and prioritize compliance investigations.

#### **Objective 4.7: Synchronize DPH Technology Solutions and Business Processes**

DPH seeks to ensure that its technology solutions and business processes are well-aligned to ensure data and information are gathered and used in the most efficient way. By 2024, DPH will:

4.7.1: Increase interoperability of systems to allow more effective and efficient processes for exchanging data internally and externally.

4.7.2: Build and expand foundational business intelligence and analytics to provide support and expertise in performing analyses of data, leading to better decision making.

4.7.3: Drive knowledge management discipline and methods-based approaches to documenting and cataloging information flows, data sets and business processes.

#### **Objective 4.8: Maintain National Public Health Accreditation**

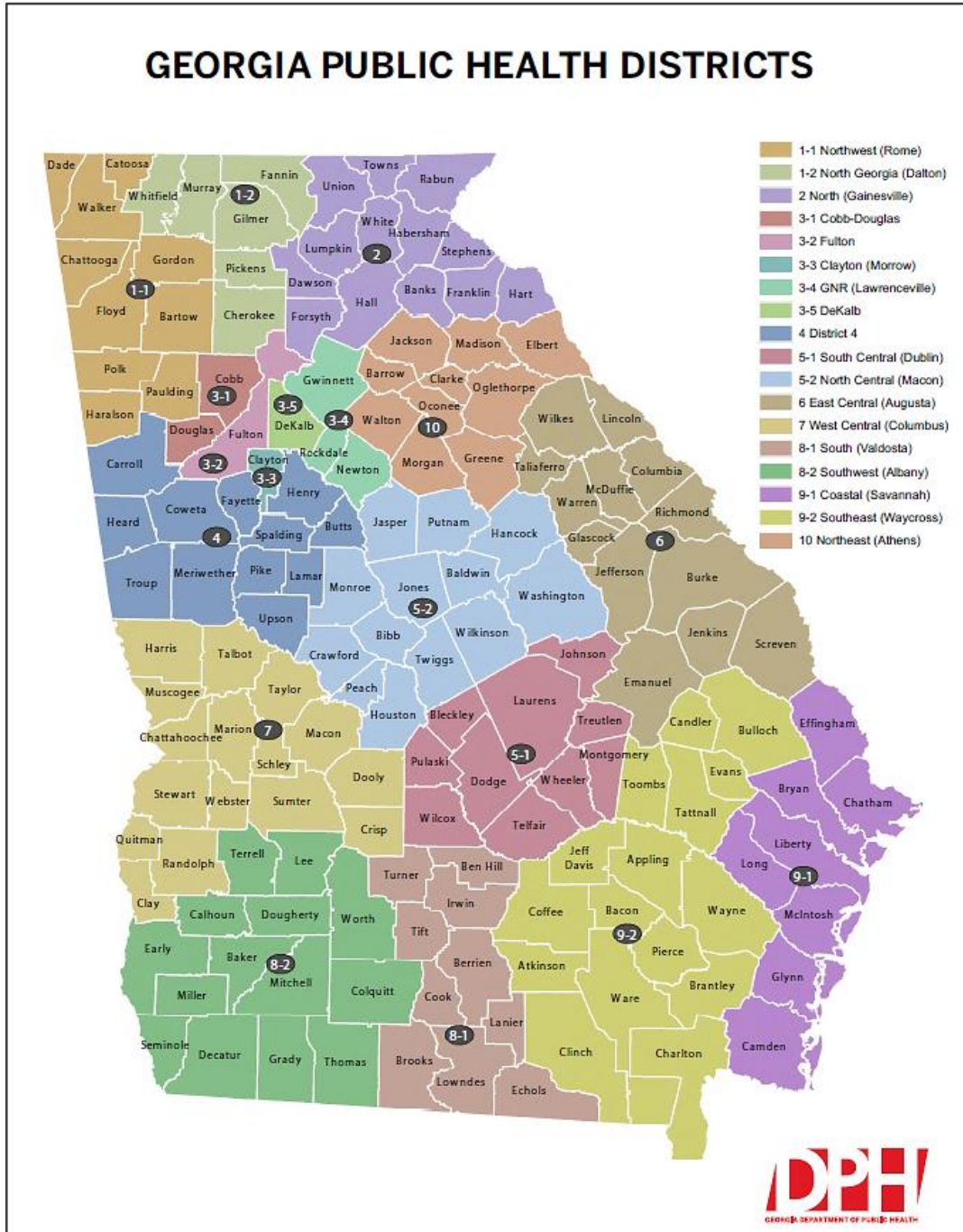
DPH will support ongoing quality improvement and performance management initiatives across the state, while preparing for reaccreditation in 2023. By 2024, DPH will:

- 4.8.1: Institute a culture of quality by regularly evaluating and improving processes, programs and services.
- 4.8.2: Provide quality improvement resources, training and technical assistance to state and district staff, and increase the number of DPH quality improvement projects completed each year.
- 4.8.3: Update annually the State Health Assessment, the State Health Improvement Plan and the Strategic Plan based on ongoing analysis of progress and performance measures.
- 4.8.4: Increase the number of DPH programs that address social determinants of health to improve health outcomes and health equity for Georgians.

## **Conclusion**

The Georgia Department of Public Health's 2020-2024 Strategic Plan was developed through a collaborative process, engaging a cross section of programs. Governor Kemp's four strategic goals for state agencies helped establish our departmental objectives and strategies. The Strategic Plan was coordinated by the Office of Public Health Informatics, the Office of Quality, Performance and Accreditation and the Division of Communications. The plan adheres to guidance provided by the Governor's Office of Planning and Budget (OPB) as well as Public Health Accreditation Board (PHAB) requirements. This document will be used to continuously evaluate and improve processes, programs and services provided by DPH, and will be updated regularly to track the Department's progress.

## Appendix A GEORGIA PUBLIC HEALTH DISTRICTS



## **APPENDIX B GEORGIA DPH PROGRAM DESCRIPTIONS**

### **Emergency Medical Services**

Emergency Medical Services (EMS) is a system that provides emergency medical care and if needed, transportation of patients to definitive care. Once it is activated by an incident that causes serious illness or injury, the focus of EMS is emergency medical care of the patient (s). EMS is a system of coordinated response and emergency medical care, involving multiple people and agencies, and is integrated with other services and systems intended to maintain and enhance the community's health and safety. Georgia's Office of EMS and Trauma leads the design and implementation of the EMS system across the state, including the designation of trauma, stroke and emergency cardiac care centers, which allows patients to get the right treatment, in the right place, at the right time.

### **Emergency Preparedness**

The Office of Emergency Preparedness ensures Georgia's capacity to respond to emergency 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.

### **Environmental Health**

The Environmental Health Program protects the well-being of citizens and visitors to Georgia by assuring the environmental conditions in which people live, work and play are healthy. This is accomplished through primary prevention and a combination of surveillance, education, enforcement and assessment programs. These programs identify, prevent and abate the biological, chemical and physical conditions that adversely impact human health.

### **Epidemiology**

The Epidemiology Program improves the health 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.

### **Health Promotion and Disease Prevention**

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

### **Infectious Disease and Immunization**

The Infectious Disease and Immunization Program (1D1) works 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.

### 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 that have an impact on the health of women and infants.

### 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.

### Office of 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 and 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 two facilities including the Central Facility/Decatur and the Waycross Laboratory.

### Quality Improvement, Performance and Accreditation

The Office of Quality, Performance and Accreditation (OQPA) is responsible for implementing quality improvement, performance management, health equity, and diversity programs and initiatives to sustain National Voluntary Public Health Accreditation through the Public Health Accreditation Board (PHAB). OQPA assists DPH programs in developing goals and SMART objectives, that are tracked, monitored and analyzed through the agency's web-based performance management system. The programs and services provided by OQPA provide the foundation for programs to operate efficiently and effectively.

### Vital Records

The State Office of Vital Records is the repository for all Georgia vital record events. Vital records and vital events are defined as birth, death, fetal deaths (stillbirth), induced termination of pregnancy, marriage and divorce certificates. Vital Records provides a host of services to the general public and to various government and social service agencies such as recording and entering all occurrences of Georgia vital events into the vital records database and preparing certified copies of birth and death records.