a Safe and Healthy Georgia

2016—2019 Strategic Plan

THIRD EDITION • FY 18 UPDATE & REPORT OF PROGRESS

DPH
Georgia Department of Public Health

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Message from the Commissioner

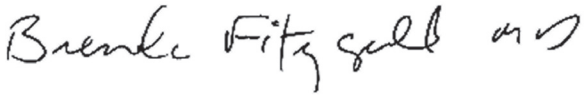
We are living in times of change and great uncertainty that have had or have the potential to have a profound impact on human lives around the world. Georgia is no exception. With that backdrop, the mission of the **Georgia Department of Public Health** remains clear and consistent – to **prevent** disease, injury and disability; **promote** health and well-being; and **prepare** for and respond to disasters. We embrace the opportunities to meet challenges head-on through strong leadership and solid partnerships, including other state agencies, businesses, academia, community partners and the citizens we serve.

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

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

As a department, we have built a strong network of partnerships and created a firm foundation for the future of DPH. Nowhere is this more evident than in our response to Ebola and other emerging diseases, and now as we prepare for the possibility of avian influenza. Our initiatives, such as **Georgia Shape** and reducing infant mortality rates, are having a positive impact around the state. We continue to work to take our agency from **Good to Great®** by strengthening our leadership and hiring the best and most dedicated public health employees.

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



Department Overview

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

Organizational Structure

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

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

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

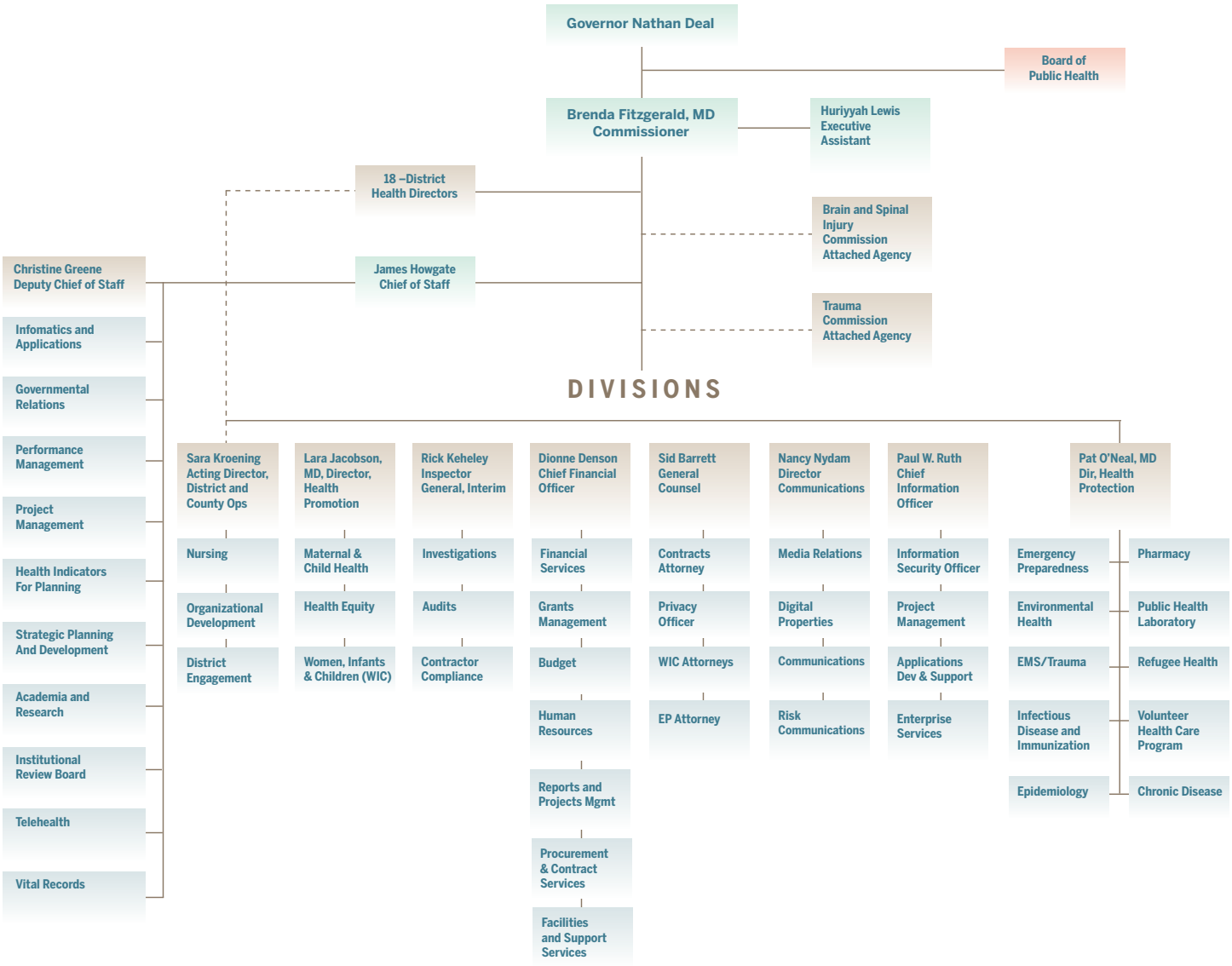
- County Boards of Health are legal entities that are independent county agencies without taxation authority. There is one exception, Fulton County's Department of Health and Wellness which is part of the county government pursuant to O.C.G.A. § 31-3-2.1, which indicates those counties of this state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

CORE ACTIVITES

Georgia DPH achieves its mission through the following Core Activities:

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

Department of Public Health



DPH – A Good to Great® Organization

In January 2012, under the leadership of Commissioner Brenda Fitzgerald, a team of district and state office leaders began studying the Good to Great® work of Jim Collins, his research, and philosophy of ideas regarding great organizations. Work sessions were held which focused on exploring how this framework could be applied to Georgia public health. The sessions included work on such components as the "Hedgehog" or core of public health, culture of discipline, getting the right people on the bus, decision making, leadership and district-state relationships and communication. Components were refined and multiple trainings including annual "mega meetings" to train staff on moving the organization from good to great were held with a larger group of state and district leadership. As evidence of the benefits of application of these ideas began to emerge, the team recommended the Good to Great® journey be expanded to include a broader group of district and state leaders and staff. The broader engagement by district and state office teams continues as the culture of quality strengthens throughout the organization.

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

DPH – A Quality-focused Organization

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

Accreditation

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

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

Community Health Needs Assessment

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

Quality Improvement

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

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

Performance Excellence

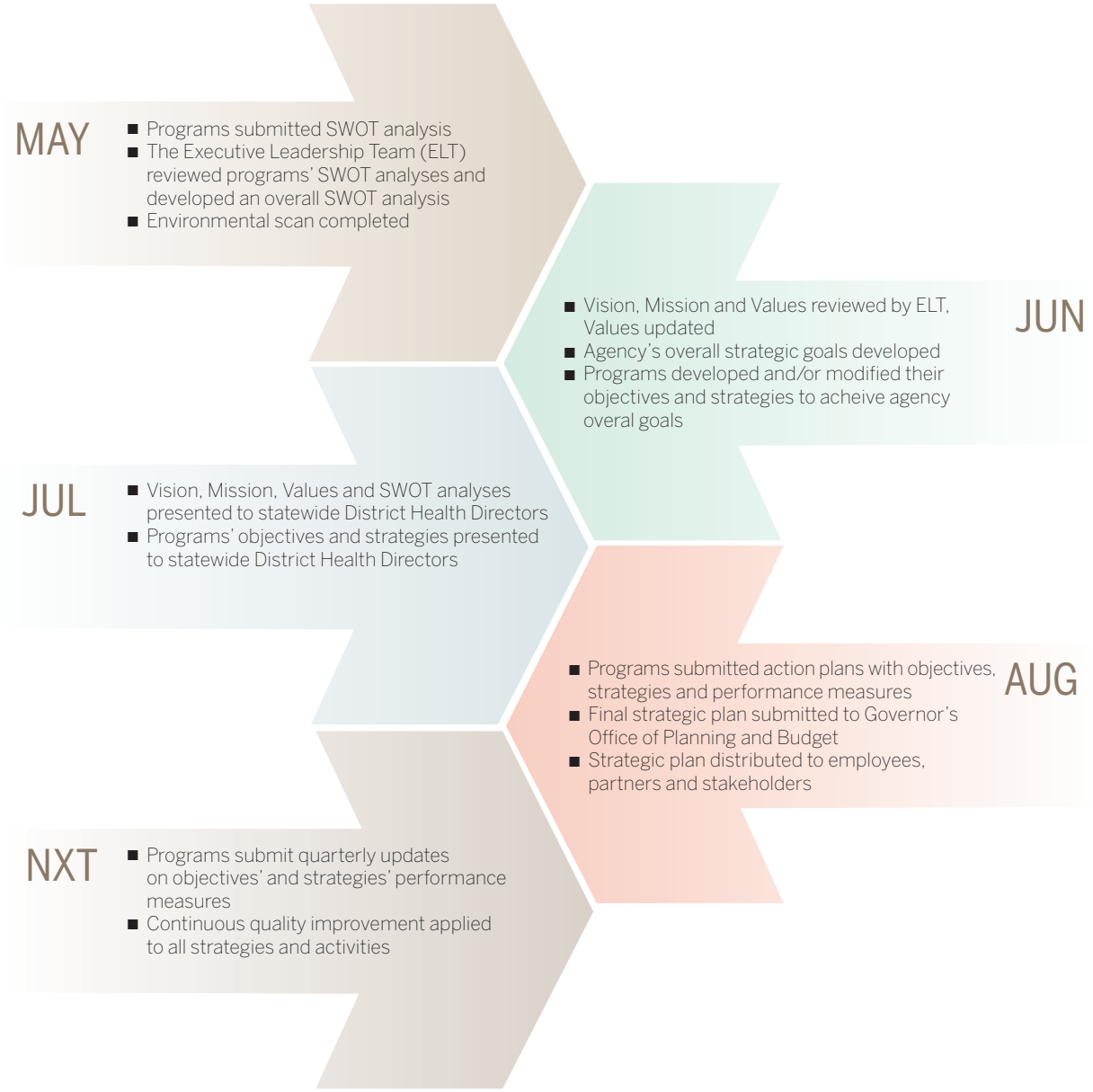
DPH is also committed to performance excellence. As such, DPH has implemented a new performance management system which assists programs in identifying and reporting performance measures on an ongoing and regular basis. Programs develop and submit action plans outlining their strategies and activities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

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

Strategic Planning Process

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

The 2016 strategic plan process is outlined below:



Strengths, Weakness, Opportunities & Threats (SWOT)

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

STRENGTHS

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

WEAKNESSES

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

OPPORTUNITIES

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

THREATS

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

Opportunities & Challenges

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

INFRASTRUCTURE

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

FUNDING

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

WORKFORCE ASSESSMENT

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

Vision, Mission and Core Values

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

Vision — *A Safe and Healthy Georgia*

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

CORE VALUES

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

People — We value our employees as professional colleagues. We treat our customers, clients, partners, and those we serve with respect by listening, understanding and responding to needs.

Excellence — Commitment, accountability, and transparency for optimal efficient, effective and responsive performance.

Partnership — Internal and external teamwork to solve problems, make decisions, and achieve common goals

Innovation — New approaches and progressive solutions to problems. Embracing change and accepting reasonable risk.

Science — The application of the best available research, data and analysis leading to improved outcomes.

Goals, Objectives and Strategies for DPH Outcome Priorities

GOAL 1: Prevent disease, injury, and disability.

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

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

STRATEGY/1.1.1	Improve Aerobic Capacity (AC) HFZ measure for students in grades 4-12 by 1 percent each year for four years. By 2019, 63 percent of males and 49 percent of females will be inside the HFZ for AC.
UPDATE & REPORT OF PROGRESS FY 18	The Cooper Institute cleaned the Georgia SHAPE 2015-2016 data and matched longitudinal samples by including only schools that have submitted data across all five years. BMI measures for Georgia students improved significantly over the first three years, but has leveled off over the last two years. Likewise, the aerobic capacity (AC) measures improved over the first two years, and have also leveled off over the last three years. The 2015-2016 data showed a slight drop in AC measures. This may be due to large school districts not submitting data this year, as well as the new platform for teachers' data submission. Overall, a slight decline was seen in both males and females.

STRATEGY/1.1.2	Increase the number of Quality Rated Early Care and Learning Centers that are SHAPE awarded by 100 percent over four years. By 2019, 150 centers will be Shape awarded.
UPDATE & REPORT OF PROGRESS FY 18	Georgia SHAPE has conducted regular meetings with DECAL to identify how to improve the number of quality rated SHAPE Schools. Policy training, farm-to-early care environment (ECE) efforts, and curricular mini-grants are being implemented statewide to allow more sites to adhere to this level of recognition.

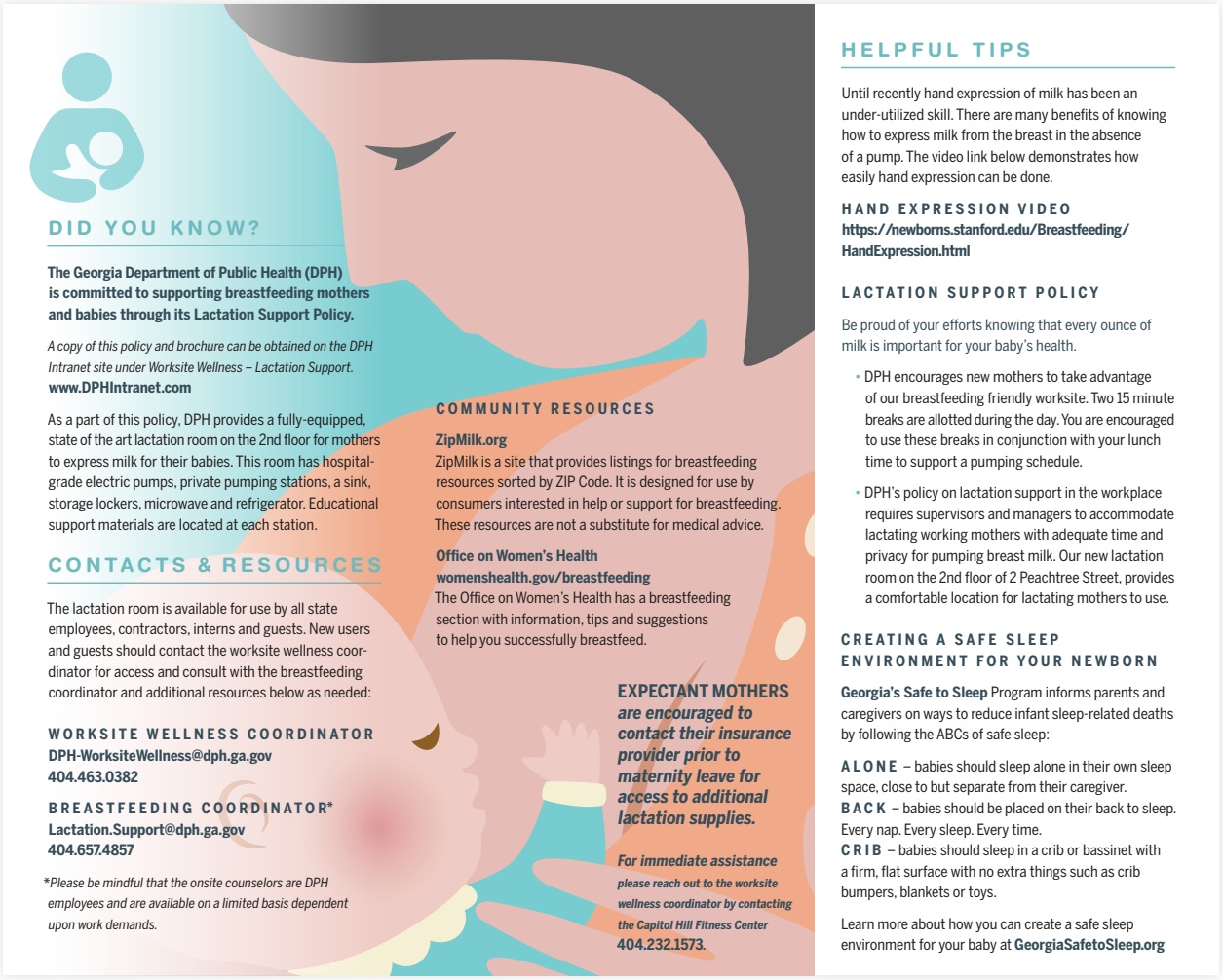
STRATEGY/1.1.3	Increase Georgia's student population assessed via Fitnessgram. By 2019, students assessed in school through Fitnessgram would improve from 76 percent to 90 percent.
UPDATE & REPORT OF PROGRESS FY 18	The Cooper Institute cleaned the Georgia SHAPE 2015-2016 data and matched longitudinal samples by including only schools that have submitted data across all five years. BMI measures for Georgia students improved significantly over the first three years, but has leveled off over the last two years. Likewise, the aerobic capacity (AC) measures improved over the first two years, and also have leveled off over the last three years. The 2015-2016 data showed that there was a slight drop in AC measures. This may be due to large school districts not submitting data this year, as well as the new platform for teachers' data submission. Overall, a slight decline was seen in both males and females.

Goals, Objectives and Strategies for DPH Outcome Priorities

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

STRATEGY/**1.1.4**	Improve the Georgia Breastfeeding 6 month duration rate by 20 percent over four years, according to the CDC breastfeeding report card. The 6 month duration rate would improve from 48 percent to 58 percent by 2020.
UPDATE & REPORT OF PROGRESS **FY 18**	According to the CDC 2016 breastfeeding report card, the 2019 target has been achieved ahead of schedule. Internal and external subject matter experts are currently discussing how to modify the target for future strategy goals and improvement.

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



DID YOU KNOW?

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

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

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

CONTACTS & RESOURCES

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

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

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

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

COMMUNITY RESOURCES

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

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

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

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

HELPFUL TIPS

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

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

LACTATION SUPPORT POLICY

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

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

CREATING A SAFE SLEEP ENVIRONMENT FOR YOUR NEWBORN

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

ALONE – babies should sleep alone in their own sleep space, close to but separate from their caregiver.
BACK – babies should be placed on their back to sleep. Every nap. Every sleep. Every time.
CRIB – babies should sleep in a crib or bassinet with a firm, flat surface with no extra things such as crib bumpers, blankets or toys.

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

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

STRATEGY/1.2.1	Implement pilot project in high-burdened health districts to demonstrate the value of a comprehensive approach to control asthma in high-risk children through increased access to guidelines-based care, asthma healthy homes visits, and self-management education.
UPDATE & REPORT OF PROGRESS FY 18	New school-based asthma self-management pilot was implemented in Coffee County DPH is working toward implementation of additional pilot projects with Amerigroup CMO.

STRATEGY/1.2.2	Reach early care centers and K-12 school environments statewide with opportunities to implement asthma-friendly policies and best practices.
UPDATE & REPORT OF PROGRESS FY 18	Thirty-nine early care centers and 31 K-12 school environments have been educated on asthma friendly policies and best practices. Approximately 5970 children in early care settings have been impacted by GAME-CS training conducted by the approved facilitators in 35 child care centers.

STRATEGY/1.2.3	Support health systems and health care providers in providing evidence-based asthma care and self-management education to children with asthma and their caregivers, especially children from families with low socio-economic status.
UPDATE & REPORT OF PROGRESS FY 18	Twenty-one health systems in Georgia have been engaged in providing evidence-based education to children with asthmas and their caregivers.

STRATEGY/1.2.4	Increase the number of care management organizations and/or health plans providing reimbursement for comprehensive asthma care based in National Asthma Education and Prevention Program (NAEPP) guidelines.
UPDATE & REPORT OF PROGRESS FY 18	The DPH Georgia Asthma Control Program (GACP) continues to work with CMOs and/or health plans to increase the number of organizations providing reimbursement for comprehensive asthma care based on NAEPP guidelines. GACP is working to implement a pilot program to address coverage and reimbursement for asthma subject matter experts and home visits to begin in June 2017.

Goals, Objectives and Strategies for DPH Outcome Priorities

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

STRATEGY/1.3.1	By 2019, 40 of the current 79 birthing facilities, including 75 public birthing hospitals, two military facilities and two birthing centers will participate in the 5-STAR hospital initiative.
UPDATE & REPORT OF PROGRESS FY 18	As of April 2017, 39 birthing hospitals participate in the 5-STAR Hospital Initiative. Maternal and Child Health (MCH) presented at the Breastfeeding Coordinator's Meeting and made connections with the district staff in an effort to promote the program at the district level. Gwinnett Medical Center received their Baby Friendly designation in March and will be recognized next quarter. Currently, seven hospitals are officially baby friendly, with another two pending. MCH continues to work with Georgia Hospital Association, birthing hospitals, WIC, and Georgia SHAPE to achieve this strategy.

STRATEGY/1.3.2	By 2019, 20 birthing hospitals will have policies and education that adhere to the American Academy of Pediatrics (AAP) safe sleep guidelines.
UPDATE & REPORT OF PROGRESS FY 18	Seventy-eight hospitals completed in-person evaluations of the safe sleep guidelines. DPH Communications conducted a statewide media campaign with billboards, bus ads and social media to encourage participation. Having a central database for crib audits that includes the ability to pull reports on variables would significantly reduce staff time. Currently, audits are submitted in paper form. MCH continues to partner with all Georgia birthing hospitals, GA Children's Cabinet under the leadership of First Lady Sandra Deal, GA Hospital Association, GA Chapter of the American Academy of Pediatrics, and GA Bureau of Investigation on this effort.

STRATEGY/1.3.3	By 2019, increase the percentage of women (ages 15-44) served in public health family planning clinics who use long-acting reversible contraception (LARC) to 15 percent.
UPDATE & REPORT OF PROGRESS FY 18	The number of LARC insertions in 2016 increased by 38 percent over the previous year. In 2016, 5703 LARCs were placed and 5486 have already been placed at the end of the third quarter of 2017. The services of a temporary staffing agency will continue to be used to support sufficient numbers of midlevel providers needed for LARC insertions. Statewide LARC training and education will be held at two locations during June 2017 for health department nurses and administrative staff.

Goals, Objectives and Strategies for DPH Outcome Priorities

STRATEGY/**1.3.4**	By 2019, increase the number of high-risk birthing hospitals using postpartum long-acting reversible contraception (PPLARC)
UPDATE & REPORT OF PROGRESS **FY 18**	The Georgia Department of Community Health has recently updated their banner on PPLARCs resolving challenges with reimbursement. which fixed issues being encountered on the back end. As a result, fee for service for PPLARCs will be paid. Still encountering reimbursement issues for PPLARC placement. MCH continues to work with 5-STAR Advisory Board-GHA, District Staff, birthing hospitals, Georgia Hospital Association, Georgia OBGYN Society, March of Dimes, United Way, DCH and CMOs on this effort.

STRATEGY/**1.3.5**	By 2019, increase the number of County Health Departments providing Perinatal Case Management (PCM) services from 93-104.
UPDATE & REPORT OF PROGRESS **FY 18**	A curriculum and strategic plan around PCM has been developed in order to disseminate the information for training. Currently 88 health department locations provide PCM services. MCH is partnering with Medicaid, CMOs, PH Districts, OB providers, Family Physicians, and Centering locations on this effort.

Goals, Objectives and Strategies for DPH Outcome Priorities

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

STRATEGY/**1.4.1**	Develop and test approaches to improve the delivery and use of quality clinical and other health services aimed at preventing and managing high blood pressure and diabetes, reducing tobacco use, and improving nutrition and weight management.
UPDATE & REPORT OF PROGRESS **FY 18**	As of 05/01/2017 there is one fully recognized program and 28 sites pending full recognition. DPH will be hosting four Diabetes Prevention Program lifestyle coach trainings, training up to 40 individuals before June 30, 2018, to assist in increasing this number.

STRATEGY/**1.4.2**	Support prevention, self-management and control of diabetes, high blood pressure, and obesity in private clinical settings and communities.
UPDATE & REPORT OF PROGRESS **FY 18**	As of 4/10/17, 37 worksites have pledged to improve nutrition standards and increase physical activity in their worksite. Additionally, there are currently 151 pharmacists providing medication therapy management to diabetic and hypertensive patients based on the chronic care model. Twenty individual hospitals have adopted Georgia cAARds in the past 12 months. Between July 2016 and March 2017, 21.48 percent of callers to the Quitline who are referred by a healthcare provider. 29 percent of respondents had been abstinent for 30 days or longer and 35 percent of respondents had been tobacco free for seven days or longer.

STRATEGY/**1.4.3**	Expand access to local public health services that screen for and help to control chronic conditions, including hypertension, diabetes/pre-diabetes/tobacco use as well as improve nutrition and weight management.
UPDATE & REPORT OF PROGRESS **FY 18**	As of 05/31/2017- 22 percent of local health departments offering/connected to an offering of DMSE/T. There are four health departments offering or connected to telehealth for diabetes self-management education.

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

STRATEGY/**1.5.1**	By 2019, identify and develop evidence-based training and resources for at least three high impact workforces that support expectant and new families in Georgia, with a goal of reaching and training at least 1,000 professionals.
UPDATE & REPORT OF PROGRESS **FY 18**	Six hundred fifty-five OB/NICU/PED/PH nurses and 405 early care staff have completed evidence-based early brain development training.

Goals, Objectives and Strategies for DPH Outcome Priorities

GOAL 2: Promote health and well-being.

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

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

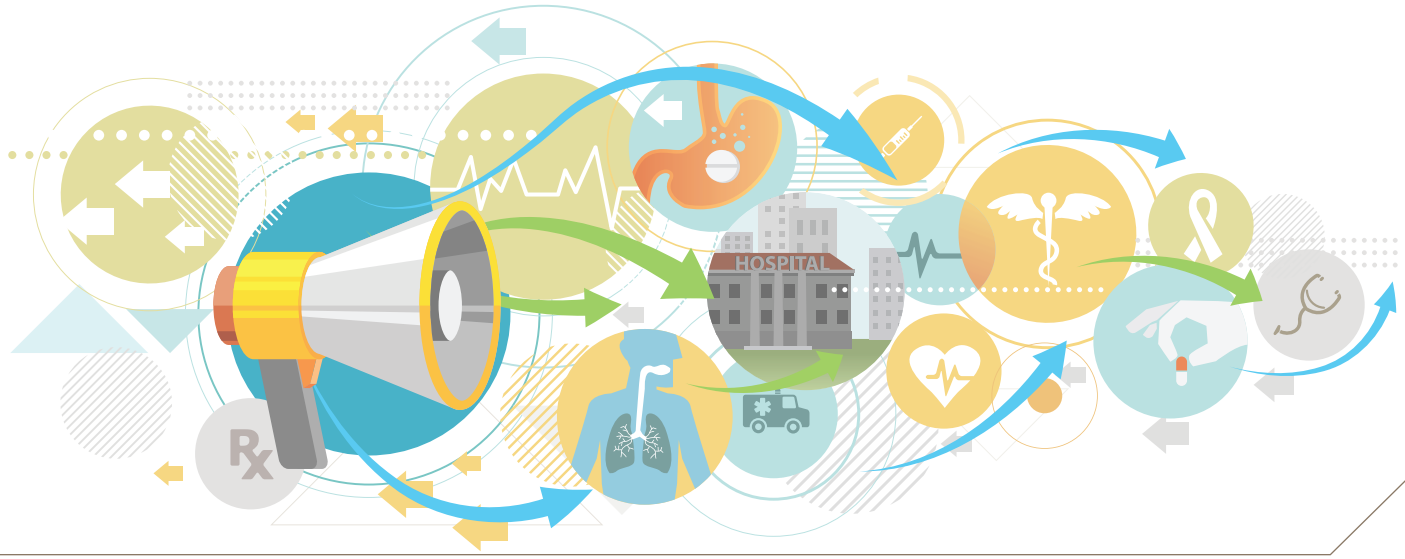
STRATEGY / 2.1.1	By 2019, increase the number of local county health departments (rural environments) utilizing telemedicine services from 13 to 25.
UPDATE & REPORT OF PROGRESS FY 18	This quarter (Q3) five telemedicine carts were deployed (Cordele, Crisp, Athens, Dublin, Albany). An additional three telemedicine programs are slated to be deployed by end of summer 2017. In addition, funding was provided to replace all WIC video conferencing equipment needing upgrades, bringing our state public health network connectivity to 100 percent. In addition, 58 employees were trained in telehealth technology. A cost allocation plan is in place to be able to track usage by program of the network. This cost allocation plan is submitted quarterly to budget for funding. This cost allocation plan helps with assessing circuits and maintenance cost at the state level.

STRATEGY / 2.1.2	By 2019, develop five public health primary care collaborations that increase access to care.
UPDATE & REPORT OF PROGRESS FY 18	Wheeler County Primary Care Clinic was developed to increase access to care. They have served a 152 clients and conducted 178 visits. DPH worked with the South Central Health District to bring awareness about the project to Rep. Butch Parrish. An academic partner was identified for this project during a webinar regarding the Wheeler County Clinic March 30. A survey will be administered in the spring of 2017 to determine any new partnerships that have been established across the state.

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

STRATEGY / 2.2.1	By 2019, develop an enterprise platform for care management, administrative claiming and billing and payment reporting, business intelligence and shared analytics (informatics) to support performance and predictive analytics.
UPDATE & REPORT OF PROGRESS FY 18	The DPH Enterprise Systems Modernization (ESM) has 4 primary business components: the Enterprise Platform, Enterprise Care Management for WIC and clinical services, Claiming and Payment, and Shared Analytics. With the completed and adopted strategic plan/roadmap, requirement and procurement documents have been completed for Enterprise Care Management and the Enterprise Platform which will be implemented jointly through our first procurement. The department is resolving the final comments and questions raised by our federal and state partners. The Claiming and Payment workgroup has established standards, policies and recommendations that will allow DPH to have a more defined set of requirements and procurement documents for those services. DPH intends to closely align these first two procurements/implementations. The DPH Information Technology division is reviewing all existing technology, services and standards for alignment to the strategic plan/roadmap and our ESM initiative. It has also identified the necessary staffing structure and hired the leadership team. DPH IT is on track to complete the remaining transformation for existing staff in the next quarter and continues to acquire appropriate project and staff resources as needed.

STRATEGY / 2.2.2	By 2019, develop a social media campaign to educate public on public health information and for data monitoring and reporting.
UPDATE & REPORT OF PROGRESS FY 18	In an effort to increase DPH's social media presence, 180 posts have been made across DPH Facebook and Twitter accounts between January and April 2017. Additionally, 53 comments have been made on posts across all DPH social media accounts during this same timeframe.



Goals, Objectives and Strategies for DPH Outcome Priorities

GOAL 3: Prepare for and respond to emergencies.

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

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

STRATEGY / 3.1.1	Develop and institutionalize culture of quality to continuously evaluate and improve processes, programs, and services provided by DPH.
UPDATE & REPORT OF PROGRESS FY 18	In response to information obtained from the 2015 staff QI assessment, DPH has worked fervently on establishing a culture of quality in response to the needs identified. As such, the first all staff online training was launched October 2016 to January 2017. Over 50 percent of staff completed this inaugural training. Additionally, a customer satisfaction training was also offered for the first time to train programs on how to conduct an annual customer satisfaction assessment to determine customer needs and responses to improving DPH programs and services. Regular annual performance management and QI in-person trainings were also conducted. The first ever DPH Culture of Quality Day was held in January 2017, following several months of planning and preparation. Twenty-one DPH programs presented quality improvement projects that were either recently completed or well within progress. DPH also excitedly launched its statement of intent for public health accreditation application and hopes to achieve accreditation status within the next year.

STRATEGY / 3.1.2	Recruit, retain, and develop a workforce with skills focused on the following competencies: core, organizational, leadership, and job specific/professional.
UPDATE & REPORT OF PROGRESS FY 18	To address skills and competency gaps, DPH created a comprehensive workforce plan that will be an ongoing document for the organization. It provides a roadmap along with goals specific to developing our workforce. DPH also launched a new training class for first time supervisors. Our initial class was held in April 2017 with 30 participants. This class along with our Fundamentals of Management which is a more advanced class for managers are offered quarterly. During FY17 we held 8 classes with 120 participants. We also launched mandatory training classes for the entire organization that include the following: HIPAA, FMLA, and Safety and Security. We have 95 percent completion for these classes. Finally, we piloted a diversity training class with two locations: Decatur Lab and 2 Peachtree. During this fiscal year, we also moved our mentoring program and succession planning program from pilot status to implementation. We have 15 mentors in the organization and 3 departments that have completed succession planning programs. We continued to partner with universities such as Georgia State and Emory where DPH employees have access to courses offered through their institutions. Four course offerings alone were provided by Emory where public health specific skills could be improved. During the hiring process, DPH continued the rollout of the "Fantastic Four" Interview process where behavioral interview questions are used and an updated interview evaluation sheet was introduced that focuses on core competencies. To date, 80 percent of the organization is using this new format.

STRATEGY/3.1.3	Develop a system within the healthcare and public health communities of Georgia and the SE USA for the identification, isolation, transportation, and treatment of individuals with serious infectious diseases.
UPDATE & REPORT OF PROGRESS FY 18	DPH Emergency Preparedness (EP) successfully participated in Reg IV exercise; based on AAR. DPH EP staff feel confident the process is well functioning and the GA system can move to maintenance mode.

STRATEGY/3.1.4	Prepare, equip, credential, and maintain through training five Environmental Health Strike Teams to support and assist state and local jurisdictional disaster response.
UPDATE & REPORT OF PROGRESS FY 18	To Date, DPH Environmental Health (EH) has conducted two quarterly call down exercises / one real world response call down and EH Strike Team Alert, Readiness and an EHST Deployment. DPH EH will be conducting training with vector response trailers in May 2017.

***(Below):* Emergency Preparedness Program spread from the current Environmental Health Report (fiscal year 2016), produced by DPH Communications.**

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EMERGENCY PREPAREDNESS OBJECTIVE: Enhance environmental health emergency response preparedness, communication and training to expedite community recovery.

EH Strike Team Activities:

- Recruitment, training and credentialing
- Responder Safety and Health Program participation
- Partnership communication
- Planning and exercise
- Real world deployment

Other EH Preparedness Activities:

- Mass Fatality Coordination and Support Planning and Exercise
- Multi-jurisdictional, multi-agency planning, training and exercise participation
- Maintain mass fatality mobile morgues for surge events
- Provide support tools to enhance emergency response

Other EH Preparedness Activities:

- Increase EH Strike Team credentialing by 10 percent annually
- Provide planning and exercise support for internal and external partners by participating in quarterly meetings

Emergency Preparedness Program

(O.C.G.A. 31-12-1.1, 31-27)

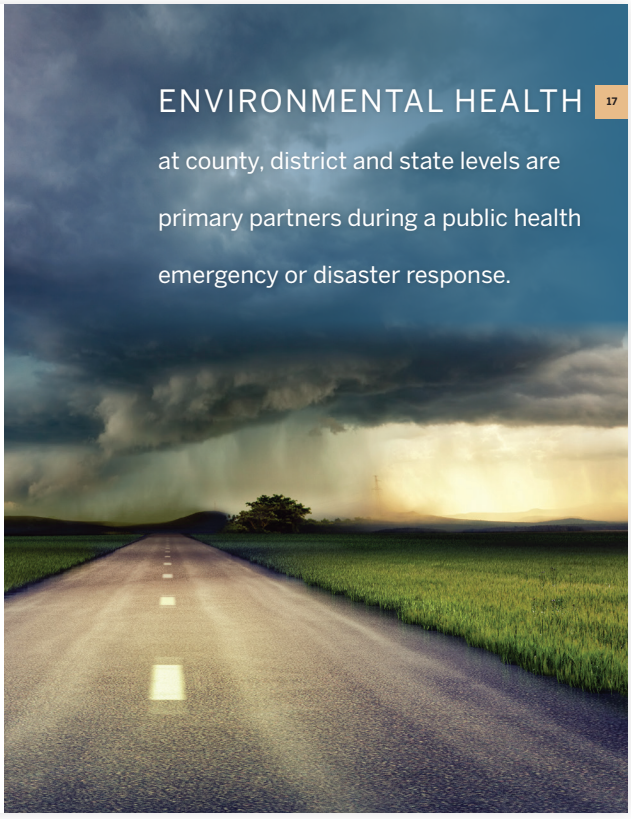
ENVIRONMENTAL HEALTH (EH) at county, district and state levels are primary partners during a public health emergency or disaster response. EH ensures safe shelter, food and water, as well as supports protections and communications when the emergency involves pathogens or hazardous materials. The county environmental health specialists, with support from the districts and state, prepare to respond to emergencies in their communities by:

- Verifying sanitation controls during mass gathering events
- Inspecting emergency shelters before and during an event to ensure their ability to safely support evacuees
- Inspecting food and water supplies at shelter locations and mass feeding locations
- Assist EH permitted facilities to prepare for water advisories such as boil water alerts and outages along with food recall notifications
- Advising county and city agencies on solid waste, wastewater and vector control concerns during sheltering and recovery operations
- Communication with local, regional and state emergency management staff about conditions and needs in the impacted communities

The EH Strike Teams are needed in incidents where the conditions overwhelm the local ability to address environmental health hazards. Ten strike teams are regionally assigned to provide EH support for affected areas within Georgia. Ensuring that the personnel on these teams are well trained and equipped is the responsibility of the EH Emergency Planner.

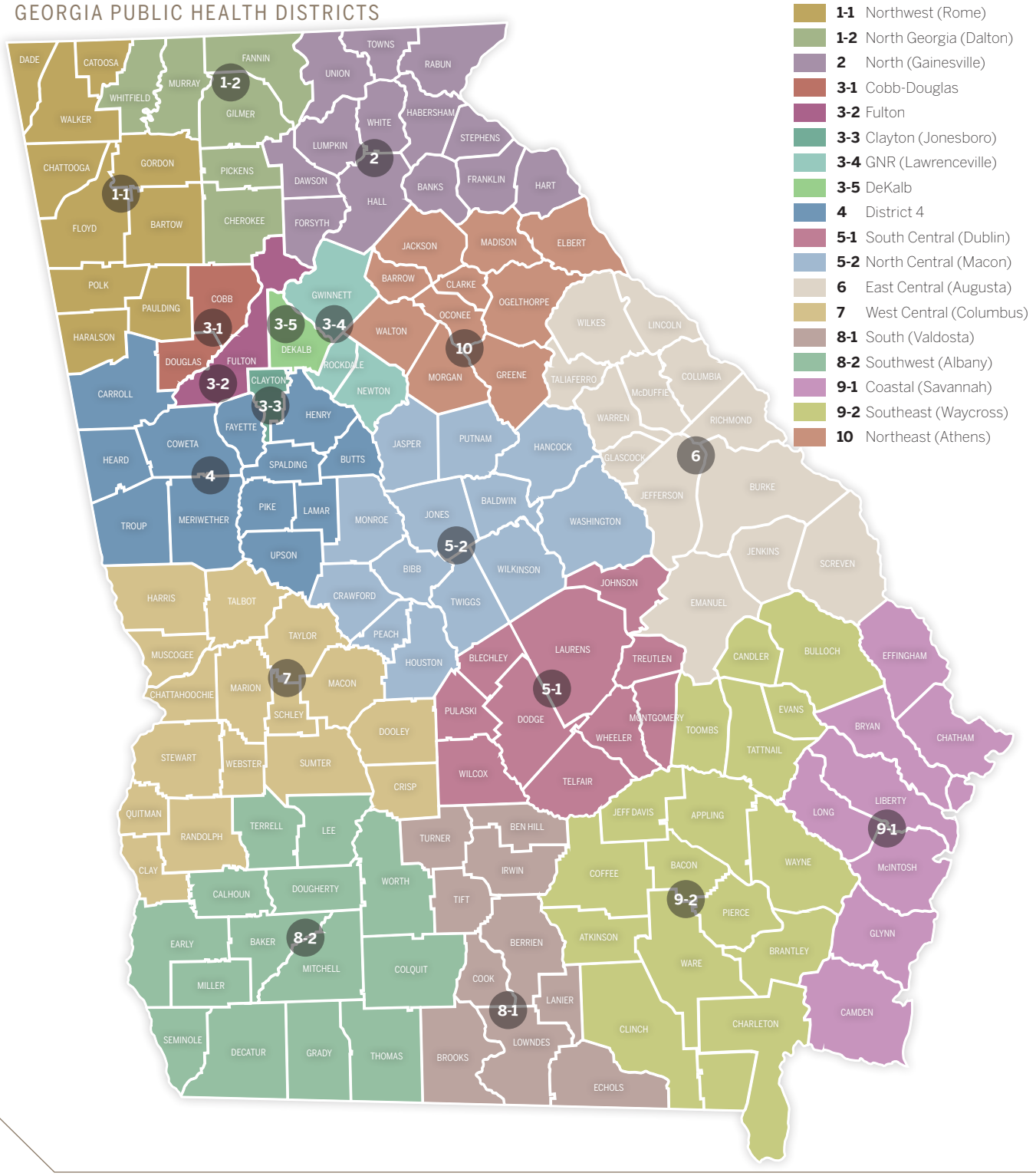
The EH Emergency Planner actively participates in presentations, planning, training, exercises and real world incident responses, such as the Hurricane Matthew response. A Proactive Alert Notification Tools System was developed for county and district EH offices to use for emergencies, such as boil water alerts, to enhance information sharing to keep the public safe at EH permitted facilities.

Other internal and external partners include Georgia Regional Coordinating Hospitals, Georgia Hospital Association, GBI forensic unit, GBI body recovery team, the American Red Cross, Georgia funeral directors, coroners, Vital Records Office and more. When EH hazards are at their greatest, maintaining the readiness of the local, district and state EH offices in concert with the state EH Strike Team program, Georgians and the 100 million annual visitors, can be assured of safe food, water, and shelter during and after a disaster strikes. The whole community is more resilient to disasters and can recover quickly with a lower impact to their health care systems and economy when EH programs are well supported.



Appendix A

GEORGIA PUBLIC HEALTH DISTRICTS



Appendix B
Environmental Scan

External Trends and Issues

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

STATE OF GEORGIA DEMOGRAPHICS

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

STATE OF GEORGIA ECONOMIC ISSUES

- The economy at the state and national levels is showing steady improvement.
- Between 2008 and 2015, the percentage of children in poverty increased from 20 percent to 25 percent of persons under age 18.
- While unemployment has dropped from over 10 percent to 5.1 percent, the state unemployment rate remains above the national rate of 4.5 percent.
- State revenue collections have been growing steadily in recent years. Based on collections through April 2017, there has been a 4.1 percent increase over the previous year.

Appendix B
Environmental Scan *(continued)*

HEALTH POLICY

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

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

PUBLIC PERCEPTION AND EDUCATION

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

INTERNAL TRENDS AND ISSUES

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

WORKFORCE

- The Department of Public Health's workforce is divided into State Office staff and District/County staff. Some District/County staff hiring processes, including recruitment and selection are managed at the local level, while State Office human resources processes are completely managed at the state level. There are several issues facing the entire DPH workforce, however, including vacancy and turnover in key position classifications. Understaffing is also a concern throughout DPH as evidenced by the combined vacancy rate for the first quarter (July - Sept), which is 14 percent.
- The average age of the DPH state office workforce is 46 and the average age of the district public health workforce is 46. This number is significant when assessing the impact approaching retirements.
- DPH is currently one of the most understaffed agencies in state government. The turnover rate for May 2017 was 17.5 percent, which has increased by 2 percent over the past couple of years.
- Salaries for departmental employees are below the market, which makes keeping qualified staff and building a skilled workforce problematic.
- Since the healthcare sector is continuing to expand, there is intense competition in many job categories critical for public health such as nurses, epidemiologists, nutritionists and lab technicians.
- The following table provides a summary of workforce demographics for the state office:

DPH Workforce Demographics (Current as of 5/31/17)		**State Office Staff** (405)
Total number of positions		1,112
Total number of filled positions		1,021
Sex	Male	24%
	Female	76%
Race	African American	57%
	Caucasian	34%
	Hispanic	4%
	Asian	5%
	Other	5%
Average age		46.5 Years
Tenure	>1 year	8%
	1 to 9 years	56%
	10 to 19 years	26%
	20 to 29 years	10%

Appendix B
Environmental Scan
(continued)

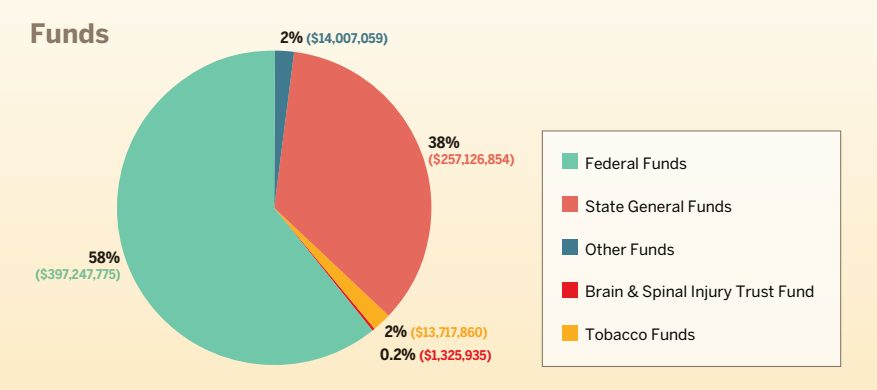
INFORMATION TECHNOLOGY

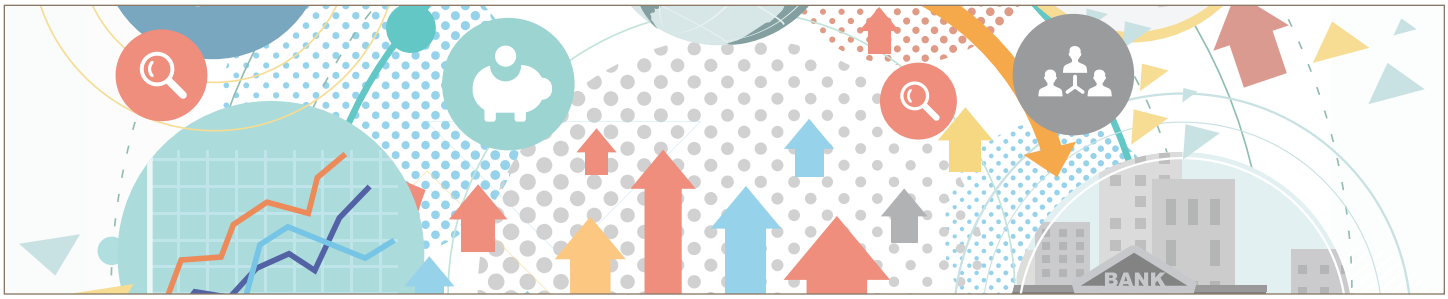
- Commonly sought information on health department clients and services—e.g., unduplicated count and number of visits across all programs—is not available.
- There is not a common platform for clinic information services.
- DPH worked with Gartner, Inc. to complete an assessment of our IT infrastructure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

FINANCE OVERVIEW:

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

The Department of Public Health's FY2017 budget of $683,425,483 is comprised of various funding sources. The Department's budget includes funding that is appropriated for the two administratively attached agencies; the Georgia Trauma Care Network Commission of $17.5 million and the Brain and Spinal Trust $1.33 million. The following graph illustrates the FY 2017 budget by fund source:





- The Department of Public Health budget is used to support the state public health office, the 18 district health offices and the 159 county boards of health. These funds provide direct support of local (district and county) public health activities. In FY2016, the department spent $97 million in state funds for general grant-in-aid, $27 million in state funds for programmatic grant-in-aid and $106 million in federal funds for programmatic grant-in-aid.

DISTRICT-STATE COMMUNICATIONS

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

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

Appendix B
Environmental Scan
(continued)

QUALITY IMPROVEMENT AND ACCREDITATION

Over the past few years, DPH has made tremendous progress in its effort to establish a culture of quality throughout the organization. A logical outcome of this activity has the department's commitment to become accredited and the establishment of a quality improvement program.

In quality improvement:

- The 2017 QI staff assessment showed remarkable improvements in nearly all areas. A few examples include:
  - Staff agreeing that there is an established process for identifying priorities for quality improvement in DPH increased from 39 percent to 66 percent
  - Staff agreeing that the quality of many programs and services in DPH is routinely monitored increased from 49 percent to 75 percent
  - Staff agreeing that DPH staff use data to identify quality improvement opportunities in order to achieve objectives increased from 58 percent to 77 percent
- Two agency supported QI projects were completed while nearly another 20 QI projects were recognized and celebrated at the January 2017 Culture of Quality Day.
- The first ever Culture of Quality day was held January 25, 2017. This was a day to celebrate the agency's quality efforts including the many QI projects taking place throughout the organization. This was also the day that Commissioner Fitzgerald officially submitted DPH's application for accreditation.
- The DPH performance management (PM) system continues to grow and improve. A new format has also been added to the PM system process to increase the role and involvement of districts via review and feedback from the District Health Directors.

The Good to Great® journey led to the decision to seek accreditation and strengthened quality improvement activities at DPH. This poster developed by DPH Communications announced the Culture of Quality Day event when the accreditation application was submitted.

Related to accreditation:

- The department made the decision to apply for accreditation in early 2014.
- An accreditation coordinator manages the process of completing the prerequisites and guiding the collection of documents for each of the domains.
- DPH applied for accreditation in January 2017 and it is anticipated the department will be accredited in 2018.

Appendix C

State of Health

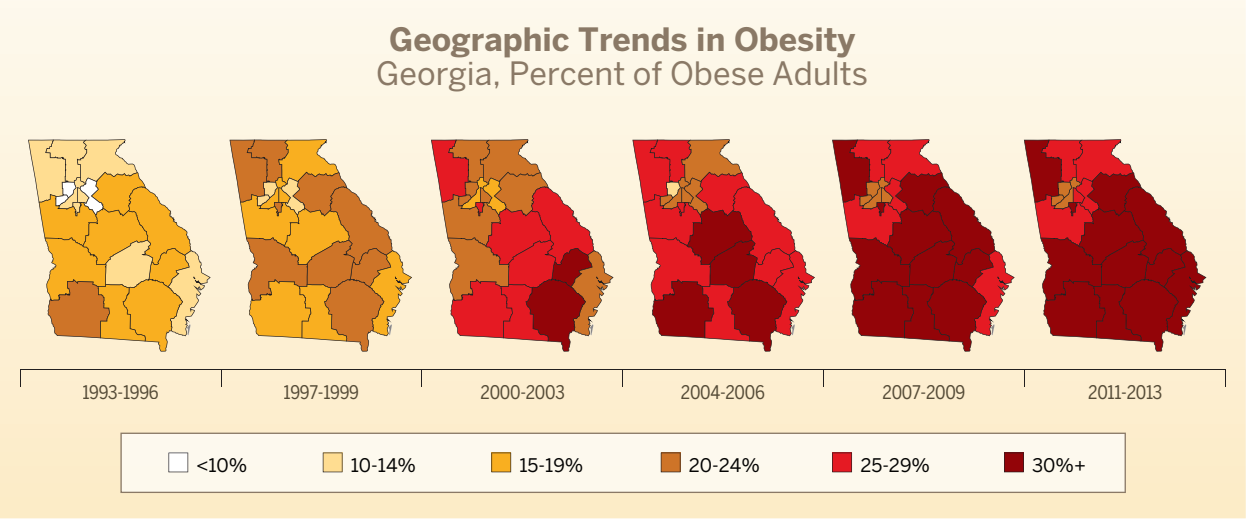
The State of Georgia was ranked 38th by the United Health Foundation (UHF) in a national health status comparison for 2014. This ranking has held steady since 2010 when it was 37th and represents a 5-position improvement from 43rd ranking in 2009.

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

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

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

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



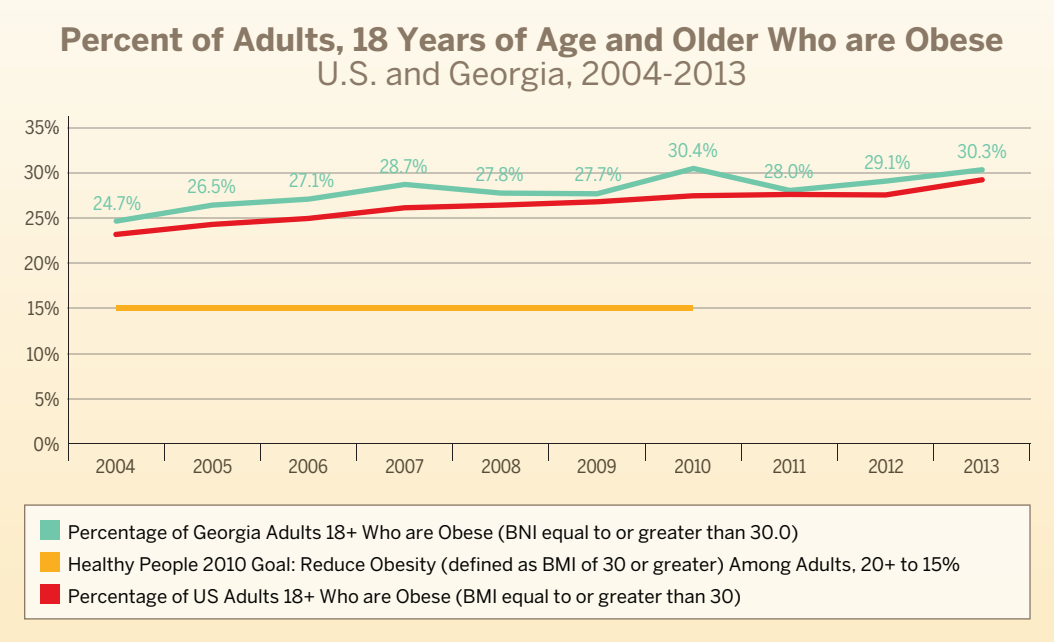
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

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

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

Geographic Trends in Obesity

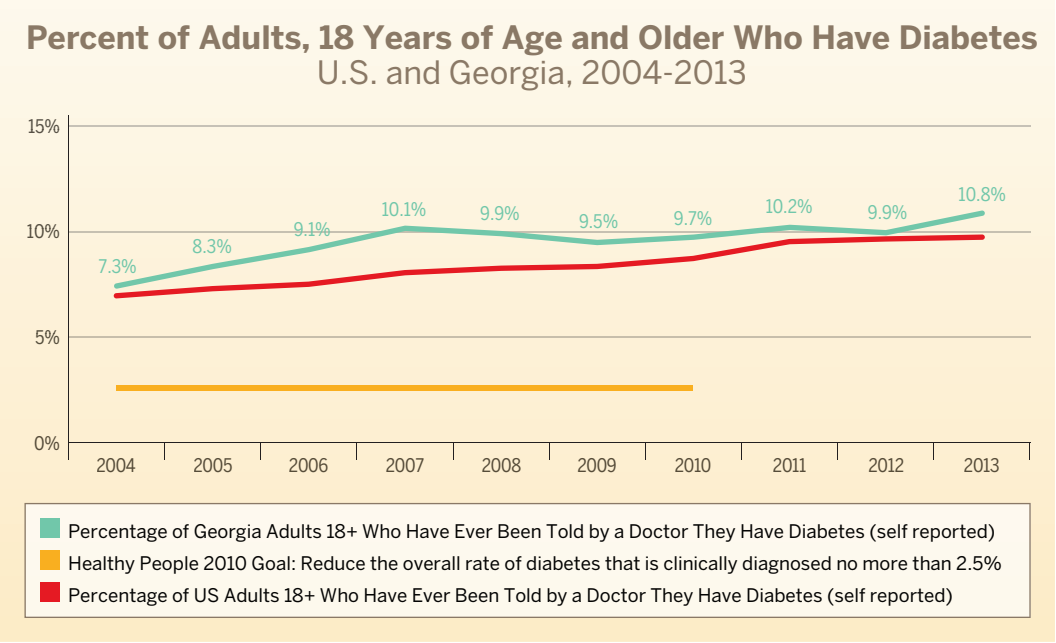
The graph below illustrates the growth in the obesity rate in adults in Georgia:



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

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

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

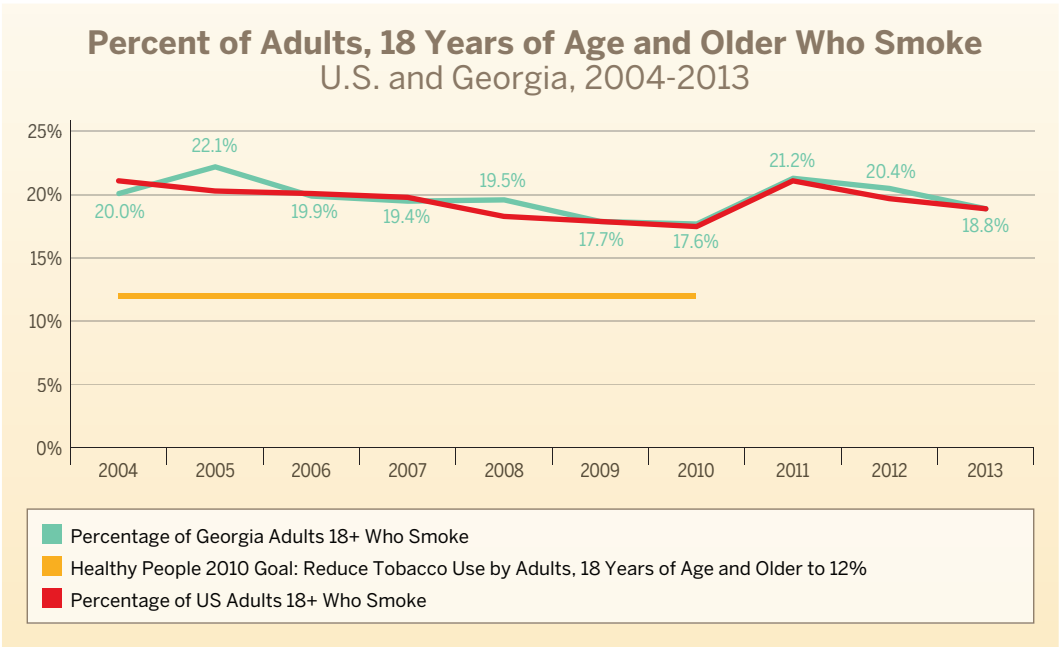


Source: Centers for Disease Control & Prevention (CDC), Behavioral Risk Factor Surveillance System Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2013 (accessed January 28, 2015) http://apps.nccd.cdc.gov/brfss/

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

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

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



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

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

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

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

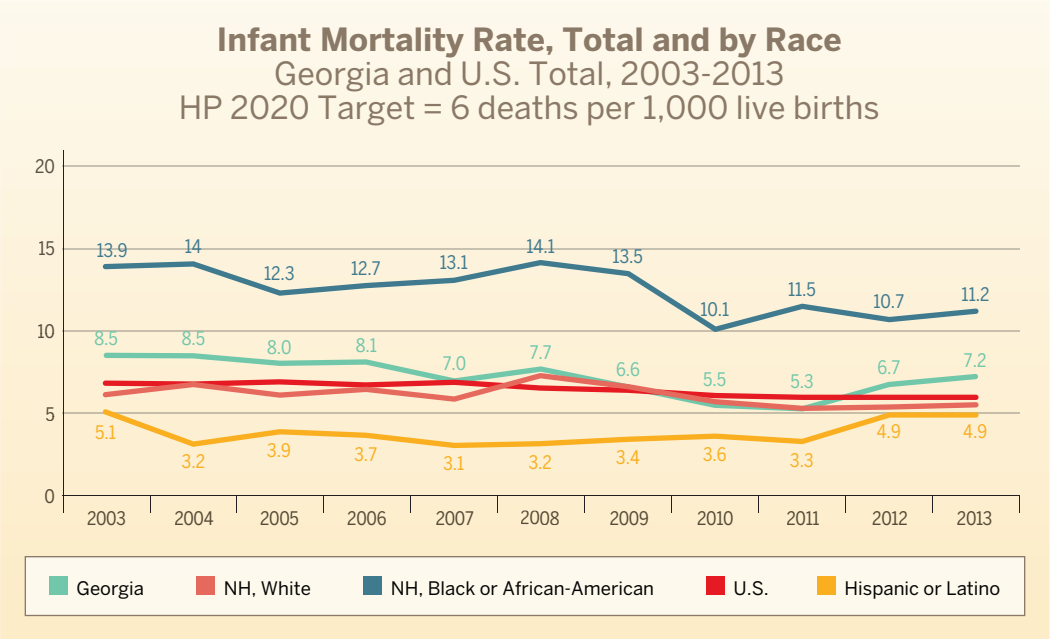
(*Below*): The Infant Mortality Report was produced by Georgia's Infant Mortality Task Force and DPH and was distributed to the Regional Perinatal Centers, legislatures, and stakeholders. It is also available as a PDF on the DPH website.

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

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

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

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



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

Appendix D
Division/Program Descriptions

HEALTH PROTECTION

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

Epidemiology

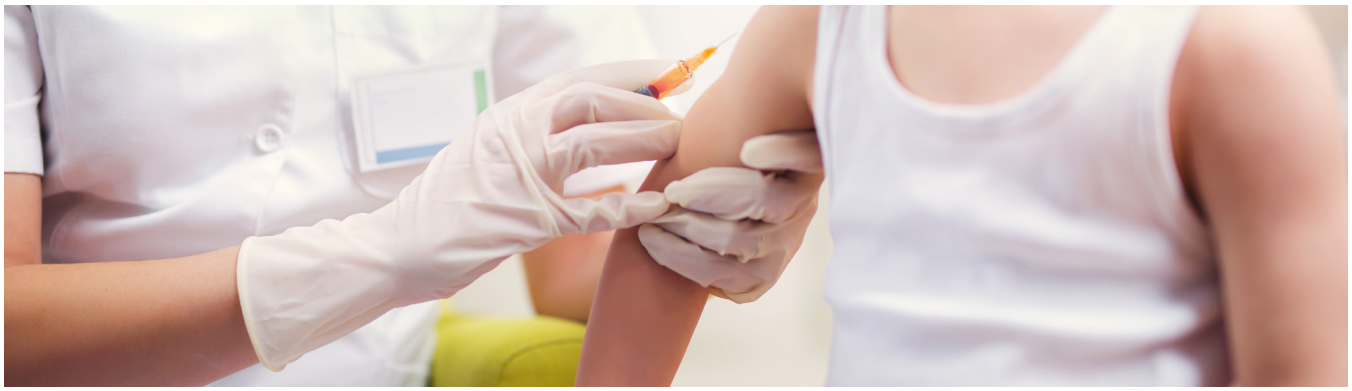
The Epidemiology Program (Epi) improves the health status of Georgians by monitoring the distribution and determinants of health-related states or events in the population. This information is used to guide strategic planning at state and local levels and to improve public health programs and Georgia's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

Environmental Health

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

Emergency Preparedness/Trauma System Improvement

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



Infectious Disease and Immunization (IDI)

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

Pharmacy

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

Public Health Laboratory

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

DISTRICT AND COUNTY OPERATIONS

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

Office of Nursing

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

HEALTH PROMOTION

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

Health Promotion and Disease Prevention

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

Maternal and Child Health

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

Volunteer Health Care Program

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

FINANCIAL SERVICES AND OPERATIONS

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

INSPECTOR GENERAL

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

GENERAL COUNSEL

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

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

INFORMATION TECHNOLOGY

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

COMMUNICATIONS

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

CHIEF OF STAFF

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

Georgia Department of Public Health

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