Georgia Department of Public Health

Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
www.health.state.ga.us

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Chrisandra Stockmeyer, MPH, RD
Public Health Advisor
DHHS/CDC/ONDIEH/NCCDPHP/DPH/CSSB
Centers for Disease Control and Prevention
4770 Buford Hwy
Chamblee, Georgia 30341

Dear Ms. Stockmeyer,

On behalf of the Georgia Department of Public Health, we are pleased to submit our strategic direction for chronic disease prevention. This document is intended to fulfill our requirements for a strategic plan under the Coordinated Chronic Disease Cooperative Agreement.

Georgia looks forward to working further with CDC to further enhance and coordinate our chronic disease programs, and implement additional evidence-based strategies for chronic disease prevention.

Sincerely,

Brenda Fitzgerald, MD
Commissioner, State Health Officer

Strategic Direction for Chronic Disease Prevention: 2014-2019

Georgia Department of Public Health

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The Burden of Chronic Disease in Georgia

The U.S. spends more on health care than every other industrialized country in the world.[1] By 2021, health care is projected to consume an estimated 21 percent of the gross domestic product of the U.S.; yet, the U.S. ranks 37th in health outcomes.[2] These differences in outcomes are not attributable to age, income, or differences in quality of care. And, the increased expenditures are largely to pay for the treatment of what are preventable health conditions.[3] According to the U.S. Centers for Disease Control and Prevention, chronic health conditions account for 70 percent of all deaths and roughly 75 percent, or $1.95 trillion of the $2.6 trillion the nation spends on health care.[4]

Like other southern states and despite improvements in the last few years, Georgia has a high burden of chronic disease. According to the America's Health Rankings, Georgia is 38th among all states for health outcomes.[5] More than two in three adults in Georgia are overweight or obese. Nearly one in three of Georgia's children are overweight or obese. Nearly a quarter of adults do not achieve the recommended levels of physical activity, less than one fifth consume the recommended servings of fruits and vegetables, and one-fifth of adults smoke. While youth use of traditional tobacco products has declined significantly over the last decade with the implementation of public health interventions, youth use rates of alternative forms of tobacco products appear to be rising, with almost one in four 18 year old males reportedly having tried e-cigarettes.

Persons who are obese, who smoke, or who consume inadequate fruits and vegetables or do not get adequate physical activity are at significant risk for early disease and death. The leading causes of death in Georgia in 2010 were heart disease (20,661), followed by cancer and stroke (5,000). More than 136,000 years of potential life were lost in 2010 due to cardiovascular diseases, 13,460 due to cancer, 19,096 due to stroke, 18,750 due to diabetes, and 6,257 due to hypertension. That is approximately 200,000 years of potential life lost each year due to preventable chronic disease in Georgia.

And, the people of Georgia are living with over 5 million cases of seven common chronic diseases in any given year, including cancers; diabetes; heart disease; hypertension; history of stroke; mental disorders; and, pulmonary conditions. Most Georgians who have one chronic condition have multiple chronic conditions. These conditions frequently impact the most

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[1] World Health Organization, *Health Systems: Improving Performance Report, 2000,* Switzerland, Geneva, available from: http://www.who.int/whr/200/whr00_en.pdf (last visited July 17, 2014)

[2] Kaiser Family Foundation, "Health Care Spending in the United States and Selected OECD Countries," available from: http:www.kff.org/insurance/snapshot/oedc042111.efm (last visited July 17, 2014)

[3] Kaiser Family Foundation, "Health Care Costs to reach One-Fifth of GDP by 2021," available from: http://www.kaiserhealthnews.org/Home/Saily*Reports/2012/June/13/health*care*costs.aspx (last visited July 17, 2014)

[4] Martin A, Lassman D, Whittle L, Catlin A. Recession contributes to slowest annual rate of increase in health spending in five decades. *Health Aff (Millwood).* 2011;30(1):11–22.

[5] United Healthcare, *America's Health Rankings 2013 Annual Report,* Saint Paul, MN, available from: *http://cdnfiles.americashealthrankings.org/SiteFiles/Reports/AnnualReport2013-r.pdf* (last visited July 17, 2014)

vulnerable as well, which makes establishing interventions to improve chronic disease outcomes more challenging at the individual and community levels.

Along with social and health consequences there are significant economic and health systems costs and consequences of chronic disease for the entire state of Georgia. Heart disease resulted in 87,508 hospitalizations, costing $3.9 billion in health care claims. Claims related to stroke totaled $783 million. Obesity costs Georgia an estimated $2.4 billion dollars annually, in both direct and indirect costs. Health care costs for obesity make up approximately 10 percent of all healthcare expenditures in Georgia. In 2012, the cost of diabetes in Georgia totaled $7.6 billion and Medicaid expenditures for diabetes were more than $370 million.

All told, preventable and controllable chronic diseases result in costs to Georgia of an estimated $40 billion dollars each year, including more than $7 billion in direct treatment costs and $32 billion in lost productivity and economic costs.[6, 7] In 2012, to contrast the burden, state and CDC investments in chronic disease prevention totaled less than $30 million..[8]

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[6] Trust for America's Health. Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. July 2008.

[7] Devol, R., and A. Bedroussian. An Unhealthy America: The Economic Burden of Chronic Disease, Milken Institute, October 2007. Available at: http://www.chronicdiseaseimpact.com/.

[8] U.S. Centers for Disease Control and Prevention Financial Management Office. CDC Funds for State and Local Health Departments, Universities, & Other Public and Private Agencies FY 2012. Available at: http://healthyamericans.org/states.

Role of the Georgia Department of Public Health

Georgia is well positioned to become a leader among southern states in radically changing the trajectory of its chronic disease risk factor rates and outcomes. Senior state executive leadership is committed to using measured and sustainable approaches to strengthen the public health system and ultimately improving Georgia's outcomes.

In 2011, the Georgia General Assembly restored the Department of Public Health (DPH) to its own state agency. This elevation of public health to a cabinet level agency is instrumental in elevating public health concerns to a statewide platform with high visibility in legislative, public, and private arenas. At the state level, DPH is divided into nine divisions including 40 programs and offices. Locally, DPH funds and collaborates with Georgia's 159 county health departments and 18 public health districts.

DPH is now the State's lead agency in preventing disease, injury, and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective. DPH carries out the three core functions of public health: 1) assessing the health status of the population; 2) assuring that people have the resources and skills necessary to remain healthy; and 3) supporting the development, and implementation of, sound public health policy. DPH is committed to performance and quality improvement, as well as advancing accreditation efforts across our public health system. In January 2014, DPH announced its intent to apply for accreditation as a state agency; a decision endorsed by its Board, and has formed a steering committee for its own accreditation effort.

As Georgia's lead agency charged with promoting and protecting the public's health, DPH seeks to be a statewide leader on chronic disease prevention. DPH convenes other state agencies and seeks to promote systematic alliances across the state to create opportunities for a healthier Georgia. Within its Chronic Disease Prevention Section and across its other Sections, Georgia has a number of programs that are essential to its vision for Chronic Disease Prevention. Along with nutrition and physical activity initiatives, some of the other critical programs are listed below.

Asthma Control Program

The Georgia Asthma Control program (GACP) is part of a national initiative launched by the Centers for Disease Control and Prevention, National Center for Environmental Health (Air Pollution and Respiratory Health Branch). GACP aims to reduce the burden of asthma and improve the health and quality of life among Georgians affected by asthma through effective control of the disease. The mission of the program is to improve asthma control and reduce its burden in Georgia among children (aged 0-17 years) and aging adults (aged 65 years and older) through a focused commitment to policy and environmental change, education, and an integrated care delivery system. The program is particularly focused on multi-component, multi-trigger interventions to control asthma among Georgia's children.

Cancer Screening and Treatment Programs

Georgia has one of the strongest networks of cancer programs and resources of any state in the U.S. These programs include community-based programs, federally funded programs, and state prevention, screening and treatment programs. The Georgia Comprehensive Cancer Control Program (GCCCP) is part of a national effort launched by CDC aimed at reducing cancer-related morbidity and mortality. The GCCCP supports a collaborative process through which a community and its partners pool resources to promote cancer prevention, improve cancer detection, increase access to health and social services, and reduce the burden of cancer. These efforts will contribute to a reduction of cancer risk, earlier detection of cancers, an improvement in treatments, and the enhancement of survivorship and quality of life for cancer patients. Georgia also maintains a number of cancer screening and treatment programs including a breast cancer genomics program, a breast and cervical cancer screening program, and a colorectal cancer screening program. Cancer State Aid pays for cancer care for some low income individuals without access to health insurance. In each of these programs, along with providing direct services, Georgia is working with the health care and insurance communities to transform the system of care to improve cancer screening and treatment.

Hypertension Management and Outreach Program

Established in 2011, HMOP builds on the structure of what was once the Georgia Stroke and Heart Attack Prevention Program (SHAPP). The current program offers screening and case management for hypertension through county health departments as well as referrals to doctors. Enrolled clients are provided hypertension medications and services at low or no cost. Once blood pressure is under control, clients' long-term health status is managed jointly with a private doctor or through public health clinics. There are currently five local health districts operating the HMOP in Georgia. Public Health nurses serve as the principle program coordinators for the HMOP and follow the JNC8 and ATPIII guidelines for treating adults with hypertension. Nurses serve as case managers, handling problems; counseling on self-management, physical activity, healthy eating, tobacco cessation, referrals to the States quit line, and other lifestyle interventions.

Georgia SHAPE

Georgia SHAPE is a key partner in the prevention of chronic disease. Led by staff reporting to the DPH Commissioner, SHAPE is a statewide, multi-agency, multi-dimensional initiative of the Governor that brings together governmental, philanthropic, academic, and business communities to address childhood obesity in Georgia. Georgia SHAPE grew from a 2009 mandate that required all students in grades 1-12 enrolled in physical education to participate in the Fitnessgram fitness test (which was recently named the national standardized fitness assessment). Georgia SHAPE is governed by the 16 member Governor's Advisory Council on Childhood Obesity, which includes the business community, academic experts,

community experts, and subject matter professionals. While initially focused on children, SHAPE now also recognizes the importance of breastfeeding, healthy early care settings, and the built environment in reducing and preventing obesity in children and adults. The existing SHAPE Council offers a ready-made opportunity to engage statewide stakeholders in the environmental changes.

Georgia Tobacco Use Prevention Program

The Georgia Tobacco Use Prevention Program (GTUPP) provides statewide infrastructure and support to Georgia to carry out the goals of the National Tobacco Control Program, Healthy People 2020 National Goals and, state goals. Specifically, the program works with partners across the state to prevent tobacco initiation among youth and young adults, promote tobacco cessation among youth and adults, eliminate exposure to secondhand smoke; and identify and eliminate disparities among population groups. Along with becoming one of the first states with a tobacco-free public colleges and universities system and a tobacco-free public health agency in 2014 Georgia has made significant other progress in tobacco control. Efforts include state, county, and city smoke-free air policies; agency-level changes around tobacco-free properties; and adopting systems changes to offer better quit support for its Medicaid beneficiaries; and 98 of 181 school districts in Georgia have adopted the 100% tobacco-free school policy. Hospitals, parks, faith-based organizations and other entities across the state have also gone tobacco-free as a result of GTUPP's efforts.

Georgia Tobacco Quit Line

The Georgia Tobacco Quit Line (GTQL) is a statewide source for evidence-based telephonic tobacco use cessation counseling. The GTQL is available for free to all callers over the age of 13, 24 hours a day, 7 days a week. GTUPP partners with a national tobacco cessation vendor to provide telephone and web-based counseling services in accordance with the United States Public Health Service Treating Tobacco Use and Dependence Clinical Practice Guidelines. Independent evaluations of the GTQL have demonstrated it is effective. When nicotine replacement therapy is offered to GTQL callers, more than 30 percent of callers quit for 6 months or more, and those who do not quit use less tobacco. GTQL also offers bi-directional reporting that can be utilized as a part of the Healthcare Fax Referral Process, whereby providers can refer patients and the GTQL can refer patients to providers. Together with comprehensive cessation face-to-face and pharmaceutical benefits for Medicaid participants, Georgia has recently taken several steps to strengthen its Quit resources and make available a wide range of resources to the populations with the highest burden of tobacco use in the state. Recently, Georgia negotiated an agreement between its Medicaid program and DPH to draw down federal administrative match on Medicaid callers to the GTQL.

Vision for Chronic Disease Prevention in Georgia

More than 60 percent of a person's health is determined by lifestyle, behavior, and environmental and social factors; very little of a person's overall health status is the result of clinical health services.[9] Policy and systems change that reduces exposure and risk factors, known as primary prevention, is more effective than clinical services in keeping injury and illness from happening in the first place, and avoid the health care and social costs associated with treating disease.[10] Secondary prevention through clinical health services, including preventive care screenings, also play an important role in assuring health. The public health system in Georgia is dedicated to promoting approaches to primary prevention, and to serve as a safety net to deliver high quality, innovative critical preventive health services to meet gaps in the healthcare system.

DPH envisions a healthy Georgia where communities and organizations are continuously assessing their burden of chronic diseases and cancer, planning to address this burden through primary and secondary prevention, and carrying out activities intended to eliminate chronic diseases. The term community includes Health Districts, cities and counties, and other self-identifying groups of people who have common factors such as religious affiliation, race/ethnicity, age, or location. Organizations may include any public or private organization, including but not limited to businesses, health care systems, faith-based institutions, educational institutions, and government agencies.

In 2013, DPH designated 3 chronic disease issues (obesity, tobacco, and asthma) among the state's nine public health priorities. Georgia recently released a 5 year asthma strategic plan and a 5 year cancer plan that includes clinical approaches as well as policy, systems, and environmental change approaches. In 2014, Georgia will release a new 5 year tobacco control plan. However, the vision for chronic disease prevention in Georgia includes and extends beyond these individual conditions and single risk factors. Georgia recognizes the complex nature of chronic disease, and the multiple factors that contribute to the burden of disease in its population.

To achieve this vision, Georgia seeks to implement evidence-based strategies and best practices, while also piloting innovative approaches to meet the social, economic, and cultural needs of the state and its communities. For evidence, Georgia will look to Georgia specific data and recommendations from Georgia-based research institutions; the U.S. Preventive Services

[9] J.M. McGinnis, P. Williams-Russo, and J.R. Knickman, "The Case for More Active Policy Attention to Health Promotion," *Health Affairs* 21, no. 2 (2002): 78-93, and J. C. O'Connor, B.J. Gutelius, K.E. Girard, D.D. Hastings, L. Longoria, and M.A. Kohn, "Paying for Prevention: A Critical Opportunity for Public Health," *American Journal of Law, Medicine and Ethics* 41, no. 1-Supplement (3013): 69-72.

[10] T.R. Frieden, "A Framework for Public Health Action: The Health Impact Pyramid," *American Journal of Public Health* 100, no. 4 (2010): 590-595; and B. Turnock, *Public Health: What It Is and How It Works* (New York, NY: Jones and Bartlett, 2009), and J. C. O'Connor, B.J. Gutelius, K.E. Girard, D.D. Hastings, L. Longoria, and M.A. Kohn, "Paying for Prevention: A Critical Opportunity for Public Health," *American Journal of Law, Medicine and Ethics* 41, no. 1-Supplement (3013): 69-72.

Task Force recommendations; the Community Guide; the National Prevention Strategy; and existing DPH strategic plans.

Strategic Challenges and Opportunities

Like any other state, Georgia faces strategic challenges and opportunities in seeking improvements in improving health outcomes, particularly its health outcomes. The barriers to reducing the burden of chronic disease are significant, while at the same time, small changes may have significant impacts on the quality of life of hundreds of thousands, or even millions of people. These systems-level factors that are both challenges and opportunities for Georgia in creating these changes include the following: population growth and diversity; geographic factors; health system factors; public health infrastructure; academic and research institutions; and, the business community.

Population Growth and Diversity

From 2000 to 2010, Georgia's population grew by 1.5 million (18.3%), to 9.7 million residents.[11] Of Georgia's 9.9 million residents, 62.8 percent identify as white, 31 percent as black, and 9 percent as Hispanic. Georgia has a significant refugee population as well. Nearly one in four people in Georgia live below 100 percent of the federal poverty level. Rapid population growth, a diverse population, and a significant population with low socioeconomic status pose important implications for the design and maintenance of prevention strategies and programs, and calls for an innovative approach.

Geographic Factors

Georgia is a large and diverse state. It is the largest state east of the Mississippi. It has 159 counties and 18 Public Health Districts. Some districts consist of more than 18 counties and more than half of the state's population lives in rural areas, and the delivery and assurance of public health and preventive services is more complex. Georgia also has significant urban and suburban population health needs.

Health Systems Factors

Twenty-eight community health centers operate 163 delivery sites, serving more than 275,000 patients annually. As compared with the national averages, Georgia is doing well in access to primary care; however, between 4 and 18 percent of the population in Georgia still live in a designated primary care provider shortage area.[12] In access to acute care, there are 172 licensed hospitals in Georgia, and 32 of which are critical access hospitals. Fifty of Georgia's counties are without a licensed hospital.[13] The Georgia Department of Public Health and local

[11] U.S. Census. 2010 Census Briefs. "Population distribution and change: 2000 to 2010." March 2011. Publication #C2010BR-01. Available at: http://www.census.gov/prod/cen2010/briefs/c2010br-01.pdf.

[12] National Conference of State Legislatures, *Primary Care: State Profiles,* "Georgia," Available from: http://www.ncsl.org/research/health/primary-care-state-profiles.aspx (last visited July 20, 2014).

[13] Georgia Hospital Association, *Fact Book*, May 2014, Available from: https://publications.gha.org/Home/GHAFactBook.aspx (last visited July 20, 2014).

health departments operate clinics that provide safety net services in all 159 counties across the state.

Public Health Infrastructure

Georgia is one of only a few states with an independent Department of Public Health. However, as federal funds have been reduced over the past 5 years, the public health infrastructure in Georgia, as elsewhere, has been challenged to expand services, improve technology, and increase statewide support to meet the needs of its expanding population. The improve the quality and functioning of its public health system, Georgia has adopted Jim Collins Good to Great model, and it is pursuing public health accreditation at the state level and in some public health districts. It is also notable that Georgia is the location of the headquarters of the United States Centers for Disease Control and Prevention.

Academic and Research Institutions

Georgia has several schools of public health, including Emory University's Rollins School of Public Health, the University of Georgia's College of Public Health, the College of Public Health at Georgia Southern University, and Georgia State University's College of Public Health. Georgia also has two medical schools, several nursing schools, and is the home of more than 150 academic institutions overall. These academic and research institutions prepare Georgia's public health workforce of the future, as well as perform important research functions that inform public health issues.

Business Community

Georgia benefits from a strong business-orientation and employer community, including the manufacturing, technology, agricultural, and government sectors. Georgia is home to 14 Fortune 500 companies. The employer community is diverse, with more than 50 percent of the workforce in Georgia is employed by businesses with less than 50 employees. Agriculture remains an important component of the state's economy. Any shift in chronic disease outcomes will require continuing to build strong partnerships with large and small employers, including in rural areas. In some places across the nation, business growth and promoting health have been seen as opposing forces; in Georgia, we view them as mutually reinforcing and essential to the other.

DPH seeks to support those communities and organizations in moving toward the vision for Georgia. Specifically, Georgia seeks to meet national Healthy People 2020 targets to—

- Reduce tobacco use and secondhand smoke exposure
- Increase physical activity and access to healthy foods
- Increase access to and utilization of evidence-based clinical and community preventive services

Georgia plans to do this by working with and through partners to—

1. Support communities and institutions in adopting policy, systems and environmental changes to prevent chronic disease;
2. Implement data and evidence-driven statewide prevention strategies;
3. Strengthen the public health infrastructure to carry out prevention practices; and
4. Facilitate the delivery of high quality clinical preventive care in the private sector and in public clinical service delivery locations.

1. Supporting communities in adopting policy, systems and environmental changes to prevent chronic disease

Health is, in part, determined by behavior and environment. In fact, health, behavior and environment, are reciprocal, each influencing the other. Georgia seeks to support communities in creating healthy environments in which people can make healthy choices by providing communities the tools to create healthy places. To support healthy Georgia communities, DPH will work with partners to—

1.1 Continuously support and/or carry-out community health assessments
- Support Georgia's Public Health Districts in maintaining accreditation-related prerequisites

1.2 Recognize Georgia's healthiest communities and communities making improvements in health outcomes.

1.3 Create and sustain statewide support and infrastructure to engage key stakeholder groups with community influences, including youth, employers, faith-based organizations, and colleges and universities.

1.4 Provide training and technical assistance to local communities and organizations on—
- Creating access to healthier food options in communities
- Increasing physical activity and transforming the built environment
- Worksite wellness programs, policies, and tools
- Tobacco use prevention and tobacco-free policies

- Opportunities to create healthy schools, specifically around physical activity, nutrition, and school climate
- Reducing teen pregnancy, using evidence-based approaches
- Decreasing rates of sexual violence
- Linking people to services for early detection and treatment of chronic diseases and self-management

2. Implement data and evidence-driven statewide prevention strategies

Georgia values community-level adoption of approaches and policies. However, there is a need for statewide infrastructure and coordination to promote evidence-driven strategies to prevent chronic disease. The Georgia Department of Public Health will convene and coordinate stakeholders to ensure data and evidence-driven statewide prevention strategies, and strengthen existing approaches. Specifically, Georgia will—

2.1 Strengthen its chronic disease surveillance and epidemiologic capacity

2.2 Promote evidence-driven statewide prevention strategies, such as the adoption of statewide policies to reduce the burden of chronic disease in the areas of tobacco control, nutrition, physical activity, worksite wellness, and clinical health services

2.3 Conduct research and evaluation to assess the effectiveness and reach of policy, systems, and environmental changes, as well as clinical service implementation

2.4 Create plans and establish partnerships for chronic disease prevention

2.5 Carry out statewide, targeted education campaigns on chronic disease prevention and specific risk-factors. Targeted education campaigns in conjunction with evidenced-based policy, system and environmental changes have shown effectiveness in reducing the number of youth and adults who start smoking and increase the number of youth and adults smokers who quit. Taking a page from the tobacco control playbook, similar strategies will be employed to further educate Georgians on the benefits of physical activity, portion and plate control, and obtaining routine checks from a healthcare professional.

3. Strengthen the public health infrastructure for prevention

The public health system plays an important role in chronic disease prevention. No other single entity is charged with protecting and promoting the public's health at the systems level. Public health organizations perform three critical functions—assessment of the health status of communities, development of new policies to promote the public's health, and assurance of health outcomes through the delivery of clinical services and regulations of other environments, such as food service establishments. In order to carry out critical chronic disease prevention

initiatives, Georgia must strengthen its public health infrastructure. And, specifically, Georgia will—

3.1 Create chronic disease prevention leadership at the District and local level by—

- Assessing its chronic disease prevention workforce needs
- Identifying best-practice models across the state for chronic disease prevention within the public health system
- Creating health promotion and chronic disease prevention coalitions to inform and support community groups seeking to create healthy communities

3.2 Build partnerships and prevention initiatives across programs within DPH with extensive population reach, such as—

- Chronic Disease Prevention programs, like tobacco, asthma, and cancer screening
- The Women, Infants and Children (WIC) Program, which provides supplemental nutrition critical for healthy brain development and growth to more than half of the pregnant women and their babies each year
- Immunizations, which provides the infrastructure for the Vaccines for Children Program in Georgia and ensures the delivery of vaccines such as the Human Papilloma Virus vaccine
- Environmental Health, which conducts Healthy Homes inspections, helping to identify and prevent environmental triggers for lead-related developmental disabilities and asthma, among others

3.3 Seek to model clinical best-practices in its local health department clinics through—

- Training of staff on key national recommendations and guidelines related to tobacco use, hypertension, and diabetes
- Partnerships with private providers to ensure state of the art care
- Implementation of continuous quality improvement initiatives

4. Facilitate the delivery of high-quality clinical preventive care

Georgia is committed to disseminating, and encouraging providers to rapidly adopt, new clinical guidelines for preventive services. Georgia is also committed to facilitating the delivery of high quality clinical preventive services statewide. The public health system has a role to play in ensuring access to these services, even among populations utilizing safety net services. In the areas of diabetes, tobacco use, and cancer screening, public health can lead the way.

The Institute for Healthcare Improvement's Model for Improvement calls for those working on improving the quality of health care to ask "What are we trying to accomplish? How will we know when a change is an improvement? What changes can we make that will result in an improvement?" And, then the Plan-Do-Study-Act cycle is used to understand if the changes resulted in the intended effects. This model, along with changes in reimbursement and alternative

payment methodologies, can drive changes in the health care system to improve control of costly chronic conditions conditions, like hypertension.

In Georgia, the public health system has led the way on state-of-the-art clinical health services. For example, in Georgia, public health has adopted and is rolling out genetic screening for breast cancer through its health departments. Georgia public health has also promoted and is using new guidelines for screening for colorectal cancer. To continue this work, Georgia will—

4.1 Partner with health professional organizations statewide to ensure communication between public health and provider groups to disseminate innovations and new recommended best practices.

4.2 Continue to work with insurers and third-party administrators, including the state health benefit plan and Medicaid, to ensure coverage for evidence-based services recommended by the U.S. Preventive Services Task Force and organizations like the American Cancer Society.

4.3 Increase access to chronic disease self-management programs, including Stanford's Chronic Disease Self-Management Program the American Diabetes Association's Diabetes Self-Management Education Program (CDSMP).

4.4 Work with provider groups to expand access to care in community settings, such as pharmacies.

4.5 Increase bi-directional referrals to community-based preventive services, like the Georgia Tobacco Quit Line.

Achieving Collective Impact on Outcomes through Partnerships

Along with strong internal functions, DPH leadership recognizes the critical importance of building and sustaining partners to impact rates of chronic disease. DPH has identified the Collective Impact Framework as its partnership philosophy for chronic disease and cancer prevention and control efforts. The Collective Impact Framework calls for partners in a collaboration to have a common agenda, shared approaches to measurement, mutually reinforcing activities, continuous communication, and a backbone organization.

Over the past 3-5 years, Georgia has successfully overcome challenges and built formal and informal partnerships with 3 types of strategic partners—1) health systems partners; 2) public health system partners, and 3) community-based partners. Georgia has a very strong network of cancer partners, including health insurers, regional cancer coalitions, and community-based organizations, and plans to build on these partnerships to create a network of chronic disease partners. Georgia will be working to focus a common agenda with these partners on chronic disease prevention, a shared system of measurement of outcomes through Georgia's chronic disease surveillance activities, a backbone organization, and building mutually reinforcing activities and continuous communication.

Georgia will also seek to learn from successes in chronic disease prevention across the state. By learning from success, Georgia will be better able to adapt its strategic direction and replicate what works, when it works.

Appendix: Process for Developing this Document

This document was developed with input from multiple stakeholders starting in November 2013, with a strategic assessment of the Chronic Disease Prevention Section, which was called the Health Promotion and Disease Prevention Section at that time. As a part of the strategic assessment, interviews were conducted with more than 50 staff members; a survey of Georgia's eighteen District Health Directors was conducted; and interviews were conducted with more than 20 stakeholder organizations. The budgets, personnel, prior plans, and overall approach of the Section's programs were assessed for readiness for change, coherence, alignment with Departmental vision, direction, quality, and performance.

Stakeholder interviews were used to assess the strengths and opportunities for improvement of the program and Georgia's chronic disease prevention efforts. Staff and stakeholder interviews were conducted both by DPH managers as well as external consultants from the Georgia State University Health Policy Center as well as Non-Profit Impact, a Colorado-based government consulting firm. In addition, data about the self-assessed performance of the Georgia chronic disease programs was collected by the National Association of Chronic Disease Directors through a staff assessment.

In April 2014, chronic disease staff for Georgia met with the Georgia Department of Public Health Board to assess their ideas, areas of interest, and views on opportunities for Georgia to move its chronic disease prevention initiatives forward, as well as the Board's interest in ongoing engagement in those efforts. Internal discussions regarding the role of public health in primary care were held as well. Georgia's executive leadership and chronic disease management then met and created this strategic direction document to synthesize the ideas and input from the various stakeholders.

This document is a living document; it will be used to inform the development of future Georgia plans, including around the integration of primary care and public health.