

2022-2026

GEORGIA DEPARTMENT OF PUBLIC HEALTH

STRATEGIC PLAN

FY 2025 Update

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COMMISSIONER'S MESSAGE

I am pleased to share the Georgia Department of Public Health's four-year strategic plan for state fiscal years 2022-2026. This plan establishes the Department's strategic goals and is based on a solid foundation of science and data.

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

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

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

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

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

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

Sincerely,



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



MISSION, VISION, CORE VALUES

MISSION

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

VISION

A Safe and Healthy Georgia.

CORE VALUES

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

STRATEGIC GOALS

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

GOVERNOR'S GOAL 1:

MAKE GEORGIA # 1 FOR SMALL BUSINESS

- DPH Goal: Develop a skilled workforce to meet current and future needs of public health. 5
- DPH Goal: Reduce bureaucratic hurdles for small business by reforming licensure for mobile food service establishments. 9

GOVERNOR'S GOAL 2:

REFORM STATE GOVERNMENT

- DPH Goal: Exercise conservative budgeting by investing in initiatives that will provide long-term cost savings to the state.
 - *HIV Prevention 12*
 - *HIV Treatment 15*
 - *Return to Work & Facility Relocation 17*
- DPH Goal: Expand public-private partnerships and leverage technology to best utilize limited state resources.
 - *IT Systems 19*
 - *Chief Technology Officer 22*
 - *Georgia Public Health Laboratory Renovation 24*
 - *Public Health Warehouse Transition 26*

GOVERNOR'S GOAL 3:

PUT GEORGIANS FIRST

- DPH Goal: Lower costs, improve quality, and increase access to quality healthcare in every region.
 - *Maternal & Infant Mortality/Morbidity 29*
 - *Lead Poisoning 40*
 - *Immunization 44*
 - *Opioids and Substance Misuse 49*
 - *Tobacco Use and Vaping 53*
 - *Congenital Infectious Disease 57*

WORKFORCE

GOVERNOR'S GOAL 1:

MAKE GEORGIA # 1 FOR SMALL BUSINESS

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

Environmental Scan

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

Vacancy and turnover in key positions and understaffing are top concerns for the Department. The total turnover rate among state non-COVID positions for FY 2022 was 50.47%, which represents more than a 100% increase from prior years.

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

With understaffing continuing to increase, there is intense competition in many specialized job categories critical to public health such as nurses, epidemiologists, environmental health specialists, nutritionists, and lab technicians. Salaries for departmental employees are distinctly below the market rate which makes keeping qualified staff and building a skilled workforce problematic. The legislature made investments in several key workforce categories, including nursing, epidemiology, and environmental health to improve recruitment and retention by bringing salaries to market median in FY 2023. We anticipate these funds will impact 15% state positions and 85% district/county positions.

Recognizing the challenges among all state agencies in recruiting and retaining staff, the Governor funded several initiatives in the FY 2023 budget to provide some additional competitive benefits for state employees. DPH will implement these initiatives to improve employee recruitment and retention which include: a

\$5,000 cost of living adjustment for all full-time benefit eligible employees; allowing eligible employees to withdraw up to 40 hours of earned annual leave each year from their accrued leave balance; and, increasing the employer 401(k) match for [Georgia State Employees' Pension and Savings Plan \(GSEPS\)](#) employees.

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

Public Health Workforce (Monthly Average FY 22)	State Employees	COVID Employees	District Employees
Total number of positions	1,272	2,000	5,410
Total number of filled positions	1,103	683	4,948
Vacancy Rate FY 22	15.75%	48.79%	9%
Turnover Rate FY 22	19.6%	81.43%	2.62%
<1 year of service	130	33	757
1 to 9 years of service	623	650	2,803
10+ years of service	350	0	1,442

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

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

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

STRATEGIES/ACTIONS PLAN

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

- Move the DPH careers link to a more visible location on the DPH website.
- Enhance academic partnerships to include internships, statewide, to increase awareness and interest in Public Health careers.

Mission to be impacted	To prevent disease, injury and disability; promote health and well-being; and prepare for and respond to public health emergencies
Associated funding	FY 23 funded cost of living adjustment, withdrawal of annual leave, 401K contribution, & recruitment/retention
Responsible Teams	• Office of Human Resources

Measurable Outcomes

- By June 30, 2026, reduce the number of vacancies in the public health workforce by 25% through recruitment, retention, and professional development initiatives that focus on job specific and professional competencies.

Year	Target	Results
Baseline:	183	N/A
SFY 2023	8% (168 vacancies)	240 vacancies (+57)*
SFY 2024	15% (155 vacancies)	119 vacancies (-121)
SFY 2025	20% (146 vacancies)	100 vacancies (-19)
SFY 2026	25% (137 vacancies)	Not yet available

*The SFY 2023 vacancies increased due to newly funded positions.

- By June 30, 2026, increase the number of interns placed throughout DPH to 55 per year.

Year	Target	Results
Baseline	40	N/A
SFY 2023	43	47
SFY 2024	46	57
SFY 2025	50	73
SFY 2026	55	Not yet available

- By June 30, 2026, decrease state office non-COVID staff turnover rate to 10%.

Year	Target	Results
Baseline	19.6%	N/A
SFY 2023	18.9%*	19.04%
SFY 2024	16%*	15.22%

SFY 2025	14%*	12.39%
SFY 2026	10%	Not yet available

*The targets for SFY 2023 and subsequent years were revised to reflect more achievable goals.

- By June 30, 2025, finalize reduction in force for remaining 600 COVID-19 part-time staff.

SFY 2025 update: Completed. As of March 2025, all of the remaining 170 COVID-19 staff were terminated because of a reduction in force due to a loss of federal funding.

FOOD TRUCKS

GOVERNOR'S GOAL 1:

MAKE GEORGIA # 1 FOR SMALL BUSINESS

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

Environmental Scan

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

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

In response to the concerns expressed by the industry, DPH worked collaboratively to develop House Bill 1443 during the 2022 legislative session to streamline this permitting process while still maintaining important public health requirements. Under this new law, DPH will allow an existing mobile food service establishment, who already has a permit in good standing, to seek or obtain authorization to operate outside their county of origin. This will reduce the burden on these small businesses caused by the old process.

Additionally, DPH will leverage technology through a consistent use of the public health permitting and inspection database to allow information sharing across county health departments. All counties will be able to review records and add inspection reports to a mobile food service establishment's permit, even when it is permitted by another county board of health. This will require an information technology update to the system to allow all 159 counties access to all mobile food service information and will result in a fiscal impact to DPH. Lastly, there will be a need to implement a new approach to conducting routine inspections on mobile food service establishments to prevent an operator from becoming overburdened by inspections.

As we progress with fulfilling these goals, each one will require both operators and the current environmental health workforce to be trained. Guidance documents and trainings will be developed to

ensure staff in county health departments implement these new procedures consistently throughout the state.

Strategies/Actions Plan

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

Mission to be impacted	Prevent Disease
Associated funding	No additional funding provided; fiscal impact expected
Responsible Teams	• State Environmental Health • District and local environmental health staff • Information Technology • Legal

Measurable Outcomes

- By October 30, 2022, complete revision of rules and regulations, interpretation manual, and universal documentation.
 - SFY 2025 update: Completed in SFY 2022
- By November 30, 2022, develop authorization process for mobile food service establishments to operate outside their county of origin.
 - SFY 2025 update: Completed in SFY 2022
- By November 30, 2022, develop online training for environmental health workforce on the authorization process.
 - SFY 2025 update: Completed in SFY 2022
- By November 30, 2022, train environmental health workforce on the revised rules and the authorization process.
 - SFY 2025 update: Trainings for environmental health workforce is ongoing. In SFY 2025, 430 workers were trained.
- By November 30, 2022, complete IT upgrades to the public health permitting and inspection database.

- SFY 2025 update: Completed in SFY 2022
- By December 31, 2022, deploy guidance documents for operators and environmental health workforce.
 - SFY 2025 update: Completed in SFY 2022. To support the implementation of House Bill 1443, which allowed food truck owners to operate in multiple counties in the state under one single permit, the food service program completed the following tasks:
 - Revised the rules
 - Developed and disseminated internal and external guidance documents
 - Updated our environment health information system (EHIS) inspection database
 - Conducted widespread training for EH workforce and the regulated food service industry

In addition, the program has continued to reinforce training through onboarding and refresher efforts, as needed. The program now has an online mobile authorization training module available to ensure consistent workforce knowledge and compliance.

HIV PREVENTION

GOVERNOR'S GOAL 2:

REFORM STATE GOVERNMENT

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

Environmental Scan

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

Strategies/Actions Plan

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

Mission to be impacted	Prevent Disease
Associated funding	Insurance reimbursement; FY 23 funded PrEP pilots
Responsible Teams	• HIV Prevention Program • Public Health Districts

Measurable Outcomes

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

- By June 30, 2026, increase the number of public health districts offering PrEP services at a county health department to 18.

Year	Target	Results
Baseline	15	N/A
SFY 2023	16	16
SFY 2024	17	17
SFY 2025	18	18
SFY 2026	18	Not yet available

- By June 30, 2026, increase the number of public health departments offering Telehealth for PrEP service delivery by 50% annually.

Year	Target	Results
Baseline	1	N/A
SFY 2023	3	1
SFY 2024	5	1
SFY 2025	8	1*
SFY 2026	8	Not yet available

*This objective was not met due, in part, to infrastructure and implementation challenges that delayed the expansion of TelePrEP services across participating health districts. Since the last strategic plan report, the Office of HIV/AIDS has hired a statewide prevention coordinator whose responsibilities include strengthening PrEP access and uptake across Georgia. This position will work collaboratively with health districts to assess readiness, identify barriers, provide technical assistance, and support the implementation and expansion of TelePrEP services statewide.

- By June 30, 2026, increase the percentage of HIV negative clients screened for PrEP to 85%.

Year	Target	Results
Baseline	76%	N/A
SFY 2023	79%	76%
SFY 2024	82%	77%
SFY 2025	85%	74%*
SFY 2026	85%	Not yet available

*Although health districts and funded partners have been routinely reminded that all individuals receiving an HIV test should be screened for PrEP, the target was not achieved. A small percentage of clients were not screened due to factors such as declining screening, workflow inconsistencies, or missed opportunities during service delivery. To improve performance, the Office of HIV/AIDS has reinforced guidance that all individuals receiving an HIV test should be screened for PrEP eligibility. In addition, the state developed an understanding the PrEP continuum guidance document, which will be distributed to all health districts to promote consistent implementation of PrEP screening, education, referral, and documentation practices statewide.

- By June 30, 2026, increase the percentage of PrEP screened, HIV negative clients referred to a PrEP provider to 50%.

Year	Target	Results
Baseline	23%	N/A
SFY 2023	32%	25%
SFY 2024	41%	29%
SFY 2025	50%	31%*
SFY 2026	50%	Not yet available

*The referral target was not met, in part, because some eligible clients declined a PrEP referral after receiving education about PrEP. To improve referral practices, the Office of HIV/AIDS has provided guidance emphasizing that all eligible clients should be offered a PrEP referral, regardless of their readiness to initiate PrEP. Districts have also been instructed to document when PrEP education is provided, when a referral is offered and declined, and to encourage clients to revisit PrEP in the future if their needs or readiness change. Additionally, the understanding the PrEP continuum guidance document was developed to provide standardized guidance for health districts, promote consistency in PrEP screening and referral practices, and strengthen implementation of the PrEP continuum across the state.

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

SFY 2025 update: Completed in SFY 2025. The following districts are currently participating in this assessment: 2 (Gainesville), 3-3 (Clayton), 9-2 Southeast (Waycross), and 10 North (Athens). Collectively, 12,147 clients were screened for PrEP across all participating districts. Of the 12,147 clients screened for PrEP, 6,629 (54.5%) were recommended for referral to a PrEP provider and subsequently declined the referral.

- By June 30, 2026, increase the number of PrEP screened, HIV negative clients provided navigation or linkage to PrEP provider to 14,600.

Year	Target	Results
Baseline	7,500	N/A
SFY 2023	8,750	13,607
SFY 2024	10,000	13,281
SFY 2025	11,250	13,824
SFY 2026	14,600	Not yet available

HIV TREATMENT

GOVERNOR'S GOAL 2:

REFORM STATE GOVERNMENT

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

Environmental Scan

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

This program is primarily federally funded with a state match requirement, and a limited amount of other funds. Current funding was not sufficient to serve the number of Georgians enrolled in the ADAP or HICP programs. When this shortfall was identified, DPH studied ways to reduce programmatic costs, while maintaining services for PLWH. One potential avenue for long-term reduction in cost is to transition clients using these services from enrollment in ADAP to enrollment in HICP. This transition would provide these clients with complete medical care, through a health insurance plan, as opposed to solely providing medications for the treatment of HIV in ADAP. In AFY 21 and AFY 22, additional funding was provided by the state to stabilize the shortfall being experienced by this program. In the base budget for FY 23, the state allocated funding to fully meet the state match requirement set by the federal government. This additional funding will allow the program to implement a thoughtful transition to HICP as the primary program for clients, and ADAP as a secondary option when HICP does not meet the needs of the client. DPH has been seeing steady growth in the use of HICP and plans to continue this trajectory.

Strategies/Actions Plan

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

Mission to be impacted	Prevent Disease
Associated funding	Federally and state funded; FY 23 additional funding for ADAP
Responsible Teams	• HIV Prevention Program • Public Health Districts

Measurable Outcomes

- By June 30, 2026, increase the total number of clients served annually by the Health Insurance Continuation Program (HICP) by 1,000.

Year	Target	Results
Baseline	2,957	N/A
SFY 2023	3,290	3,629
SFY 2024	3,623	3,858
SFY 2025	3,957	4,602
SFY 2026	4,290	Not yet available

RETURN TO WORK AND FACILITY RELOCATION

GOVERNOR'S GOAL 2:

REFORM STATE GOVERNMENT

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

Environmental Scan

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

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

Strategies/Actions Plan

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

Mission to be impacted

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

Associated funding	A majority of costs will be covered by the Georgia Building Authority (GBA) who received funding in AFY 22 budget; however, some relocation costs will not be reimbursed by GBA
Responsible Teams	• Human Resources • Facilities • Information Technology • Finance

Measurable Outcomes

- By June 30, 2025, reduce the number of square feet at the DPH state office from 161,770 to approximately 85,000, to better align with hybrid work schedules for DPH staff.
 - SFY 2025 update: Completed on June 2, 2023 and reduced square feet to under 80,000
- By June 30, 2025, reduce the number of DPH desk phones, currently 604, by 75% to 151, and deploy more technologically advanced, cost-effective alternatives.
 - SFY 2025 update: Completed in 2024. Retained an external consultant to assist in reducing desk phones. In 2023, DPH had approximately 1,100 active voice over internet protocols (VoIP) and analog phones. By the end of 2024, the goal to reduce the number of phones to 151 was met.

As of April 2026, there were 151 active VoIPs and analog phones. Please note that 151 does not include ports, mailboxes, or remote forwarding lines.

IT SYSTEMS

GOVERNOR'S GOAL 2:

REFORM STATE GOVERNMENT

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

Environmental Scan

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

Electronic Health Records (EHR)

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

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

DPH is working with stakeholders across the Department and with external subject matter experts to create a Request for Proposal (RFP) to address specific program needs of a unified EHR system. DPH secured a federal grant for this project. State appropriations will likely be needed to fund the on-going maintenance and operational support after the project is complete. Deploying a common EHR across the state with clinical management, pharmacy, and analytic capabilities will provide the technical platform necessary to support a more comprehensive understanding of the public health impact and public health operations.

Notifiable Disease Reporting System & Vaccine Records System

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

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

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

DPH worked through the procurement process to address the issues that were identified and to replace these two aging systems with state-of-the-art systems that will be more robust and flexible. A new GRITS vendor was secured in January 2023. The procurement to replace the surveillance system was cancelled after the evaluation team determine that none of the proposed vendors offered a comprehensive Commercial Off-the Shelf Software solution that fully met the needs of the agency. DPH will be moving forward in modernizing existing infrastructure internally and obtaining a supplier to develop upgrades for electronic case reporting. Deploying an upgraded surveillance system and immunization system will provide DPH and our providers with greater tools with which we can combat a future pandemic.

Cancer State Aid Portal

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

Transition Servers to the Cloud

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

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

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

Strategies/Actions Plan

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

Mission to be impacted	Prepare for and respond to public health emergencies
Associated funding	<u>SendSS and GRITS</u> - AFY 22 funded; M and O not yet funded <u>EHR</u> - not yet funded <u>Cancer State Aid Portal</u> - no additional funds provided <u>Transition to Cloud</u> - no additional funds provided
Responsible Teams	• Information Technology • Epidemiology • Immunization • Public Health Districts • Informatics • Chronic Disease

Measurable Outcomes

- By June 30, 2025, complete rollout of a new GRITS IT system.
 - SFY 2025 update: Not completed. The GRITS 2.0 rollout was suspended in September 2024 due to major implementation issues that affected all users. DPH has since migrated back to the legacy GRITS application effective November 8, 2024. DPH has stabilized the legacy GRITS environment and is now assessing the lessons learned and will work towards implementing improvements to the GRITS application.
- By June 30, 2025, complete rollout of a new SendSS system.
 - SFY 2025 update: Not completed. Effective February 2025, SendSS enhanced eCR (electronic case reporting) capabilities to increase data quality and capture of notifiable conditions. As of quarter two of SFY 2026, SendSS is migrating several condition modules from a legacy platform to Oracle Apex to provide a more current and up to date framework with greater flexibility.
- By June 30, 2025, secure funding for an EHR system for county health departments.
 - SFY 2025 update: Completed. DPH secured a federal grant for this project in November 2022. The project went through a formal procurement process, and the EHR contract was signed in March 2025. EHR implementation began in June 2025.
 - SFY 2026 update: DPH terminated the EHR vendor contract in May 2026. DPH will begin a new procurement process for an EHR.
- By June 30, 2025, establish a Cancer State Aid Portal.
 - SFY 2025 update: Completed in October 2023
- By June 30, 2023, complete transition of public health servers to the cloud.
 - SFY 2025 update: Completed in December 2023

CHIEF TECHNOLOGY OFFICER

GOVERNOR'S GOAL 2:

REFORM STATE GOVERNMENT

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

Environmental Scan

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

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

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

Strategies/Actions Plan

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

Mission to be impacted

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

Associated funding

Not funded

Responsible Teams

- Office of the Commissioner
- Office of Information Technology
- Office of Human Resources
- Office of Public Health Informatics

Measurable Outcomes

- By January 1, 2023, hire a chief technology strategy officer through a public/private partnership with Georgia Institute of Technology to serve as an advisor on public health technology solutions.
 - SFY 2025 update: Completed. The chief technology strategy officer position was filled in 2022 but became vacant in December 2023. This position is still vacant, and there are no plans to backfill the position.

GEORGIA PUBLIC HEALTH LABORATORY RENOVATION

GOVERNOR'S GOAL 2:

REFORM STATE GOVERNMENT

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

Environmental Scan

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

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

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

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

To address these issues, GPHL was awarded \$28 million in federal funds to support construction and renovations to expand functional laboratory space. General Obligation Bonds will be needed for

maintenance, repair, and renovations (MRR) for the existing GPLH space; and furniture, fixtures, and equipment (FFE) for the laboratory expansion.

Strategies/Actions Plan

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

Mission to be impacted	Prevent disease and prepare for public health emergencies
Associated funding	Federally funded General Obligation Bonds for MRR and FFE
Responsible Teams	• Georgia Public Health Lab • Finance • Georgia State Finance and Investment Commission • Non-government construction contractor

Measurable Outcomes

- By June 30, 2025, increase dedicated laboratory space by approximately 10,070 square feet.
 - SFY 2025 update: Completed. The work done to increase the dedicated laboratory space by approximately 11,000 square feet was completed in June 2024.
- By June 30, 2025, build two additional bio-safety level (BSL) 3 laboratory suites to increase space dedicated for handling high consequence pathogens (e.g., monkeypox, anthrax, rabies, tuberculosis).
 - SFY 2025 update: Completed. BSL 3 suite #1 was completed in June 2024, and suite #2 was completed in March 2025.
- By June 30, 2025, renovate approximately 5,000 square feet of additional laboratory space dedicated to advanced molecular detection and genomic surveillance.
 - SFY 2025 update: Completed. Laboratory renovations were completed in March 2025.
- By June 30, 2025, renovate approximately 1,890 square feet of laboratory training facilities to support advanced molecular detection methods and bioinformatics courses.
 - SFY 2025 update: Completed. Laboratory renovations were completed in March 2025, and total square footage renovated increased to 3,000.

PUBLIC HEALTH WAREHOUSE TRANSITION

GOVERNOR'S GOAL 2:

REFORM STATE GOVERNMENT

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

Environmental Scan

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

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

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

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

a system can be purchased and implemented throughout the state's 18 health districts and 14 healthcare coalitions.

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

Strategies/Actions Plan

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

Mission to be impacted	Prepare for and respond to public health emergencies
Associated funding	<u>Warehouse</u> - short term funding with COVID relief money, long-term sustainability will require additional investment <u>Inventory management system</u> - federally funded
Responsible Teams	• Emergency Preparedness • Healthcare Preparedness • Information Technology

Measurable Outcomes

- By June 30, 2025, DPH will partner with 3 state agencies to develop plans and procedures to maintain and activate the warehouse to meet the needs of the state. By June 30, 2026, DPH will partner with 3 state agencies and 2 federal agencies to develop plans and procedures to maintain and activate the warehouse to meet the needs of the state.

Year	Target	Results
Baseline	0 Partners	N/A
SFY 2023	1 state agency	1 state agency
SFY 2024	2 state agencies	5 state agencies
SFY 2025	3 state agencies	5 state agencies
SFY 2026	3 state agencies and 2 federal agencies	Not yet available

- By June 30, 2026, DPH will have 18 public health districts and 14 healthcare coalitions' assets tracked in the inventory management system.

Year	Target	Results
Baseline	0 Health Districts	N/A

SFY 2023	9 districts	17 districts
SFY 2024	12 districts	18 districts
SFY 2025	18 districts	18 districts
SFY 2026	18 districts	Not yet available

Year	Target	Results
Baseline	0 Health Coalitions	N/A
SFY 2023	4 coalitions	14 coalitions
SFY 2024	8 coalitions	14 coalitions
SFY 2025	12 coalitions	14 coalitions
SFY 2026	14 coalitions	Not yet available

- By June 30, 2026, DPH will conduct at least one statewide drill using the inventory management system.

Year	Target	Results
Baseline	0 Statewide Drills	N/A
SFY 2026	1 after action report detailing the efficacy of the inventory management system	Not yet available

MATERNAL AND INFANT MORTALITY/ MORBIDITY

GOVERNOR'S GOAL 3:

PUT GEORGIANS FIRST

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

Environmental Scan

Improving birth outcomes begins with addressing the health of women before, during, and after pregnancy. Georgia has some of the worst perinatal outcomes in the country. In 2012, the Georgia Maternal Mortality Review Committee (MMRC) was established to identify and understand the causes of pregnancy-related deaths. The MMRC identified the primary causes of pregnancy-related maternal deaths between 2018-2020 to be cardiovascular and coronary conditions, cardiomyopathy, hemorrhage, and mental health conditions. Black women are disproportionately affected, with 56% of maternal deaths making them 2.1 times as likely to die from pregnancy-related causes as White non-Hispanic women. The pregnancy-related mortality ratio in Georgia 2018-2020 is 30.2. Of the pregnancy-related deaths, 89% were preventable.

DPH recognizes infant outcomes as a significant public health challenge and is committed to implementing innovative interventions and encouraging systems change to improve outcomes. Georgia's infant mortality rates are higher than the national average. From 2017-2021, the infant mortality rate is 6.8 per 1,000 live births, compared to the national rate of 5.6 deaths per 1,000 live births. Among Black, non-Hispanic infants, the infant mortality rate is 10.7 per 1,000 live births. This is also higher than the national average of 8.4 per 1,000 live births for Black, non-Hispanic infants. The state ranks in the top five states in the country with the highest rate of infants born at low birth weight and the highest rate of infants born preterm. Research indicates that infant morbidity and mortality can be reduced if high-risk pregnant women and newborns receive risk-appropriate care including evidence-based home visiting (EBHV).

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

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

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

The Comprehensive Care Management Services pilot program, implemented by Augusta University, received funding in FY 2023 to provide patient navigation by implementing a system for remote monitoring of high-risk clinical indicators for pregnant and postpartum women in rural areas of the Augusta region.

The CardioObstetric Services pilot program, implemented by Augusta University and Wellstar MCG Health, also received funding in FY 2023 to provide patient navigation to increase access to echocardiograms and cardiology evaluations during pregnancy and postpartum for women with cardiovascular disease and those at high risk of pregnancy-related cardiovascular complications.

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

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

DPH was allocated funding in FY 2020 to screen, refer, and treat maternal depression, and related disorders in rural and underserved areas. Women’s Health, in collaboration with the Emory Brain Health Center, launched the “PEACE (Perinatal Psychiatry, Education and Community Engagement) for Moms” program to support mental health care needs during pregnancy and postpartum. PEACE for Moms provides phone and face-to-face consultations with providers and patients of enrolled providers who require further assessment for the psychiatric needs of pregnant or postpartum women.

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

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

Topics	2019	2021
Breastfeeding	38% of mothers were breastfeeding their child at 6 months	37% of mothers were breastfeeding their child at 6 months
Well-Child Visit	81% of children received their last well-child visit	83% of children received their last well-child visit
Safe Sleep	80% of primary caregivers consistently practiced safe sleep methods with their infants	89% of primary caregivers consistently practiced safe sleep methods with their infants

Child Maltreatment	99% of families had no reports of child maltreatment	99% of families had no reports of child maltreatment
Depression Screening	91% of caregivers were screened for depression within 3 months of enrollment or 3 months of delivery.	94% of caregivers were screened for depression within 3 months of enrollment or 3 months of delivery.
Postpartum	97% of mothers received a postpartum visit with a healthcare provider within 8 weeks of delivery.	92% of mothers received a postpartum visit with a healthcare provider within 8 weeks of delivery.

Strategies/Actions Plan

- Improve maternal and infant mortality and morbidity by investing in pilot projects to improve outcomes and inform future state investments.
- Increase implementation of maternal and neonatal quality improvement initiatives in Georgia birthing facilities.
- Increase the number of birthing facilities participating in maternal and neonatal quality improvement initiatives and services.
- Review maternal deaths within two years of the date of death to identify opportunities for prevention of future morbidity and mortality.
- Disseminate and implement recommendations of the Maternal Mortality Review Committee.
- Aggressively seek opportunities to diversify funding to increase access to home visiting services in counties with the highest rates of infant mortality.
- Provide training to home visiting staff so they can assist families with preventive health and prenatal practices (i.e., safe sleep train the trainer and certified lactation counselor's certification training opportunities).

Mission to be impacted	Prevent injury and promote health and well-being
Associated funding	1. Comprehensive Care Management Pilot- FY 23 funded 2. CardioObstetric Services Pilot- FY 23 funded 3. Long-Acting Reversible Contraceptive Pilot- FY 23 funded 4. PEACE for Moms- FY 20 funded 5. Maternal & Neonatal Levels of Care- FY 20 funded 6. EBHV- 100% federally funded 7. DPH Home Visiting Program – FY 24, FY 25, FY 26, FY 27 funded
Responsible Teams	• Women's Health • Child Health

Measurable Outcomes

- By June 30, 2026, increase the number of women who receive long-acting reversible contraceptives (LARCs) in public health departments by 10% each year.

Year	Target	Results
Baseline	4,923*	N/A

SFY 2023	5,415	5,673
SFY 2024	5,957	6,158
SFY 2025	6,553	6,034**
SFY 2026	7,208	Not yet available

*The original baseline of 1,560 was changed to 4,923 to correct the reported data. Subsequently, the targets were updated to reflect a 10% increase each year.

**The number of patients seeking LARC services remains relatively stable. This could be because LARCs are effective for such a long period of time, anywhere from 5-10 years. Other factors, such as staffing capacity in some districts, could have also contributed to the decline.

- By June 30, 2025, increase the number of women covered by Emergency Medicaid (EM) at the time of delivery who received a LARC or an injectable contraceptive method in two rural hospital pilot sites to 80. By June 30, 2026, increase the number of women covered by Emergency Medicaid (EM) at the time of delivery who received a LARC or an injectable contraceptive method in three rural hospital pilot sites to 80.

Year	Target	Results
Baseline	0	N/A
SFY 2023	27	1
SFY 2024	54	21
SFY 2025	80	46*
SFY 2026	80**	Not yet available

*Although there has been an increase in the number of women covered by EM at the time of delivery who received a LARC or an injectable contraceptive method in rural hospital sites, participating hospitals have experienced difficulty providing this service.

**In SFY 2026, the program onboarded a third hospital to help achieve the target of 80.

- By June 30, 2026, decrease the incidence of severe maternal morbidities among women with existing and pregnancy related cardiac conditions through the 12 weeks postpartum by 20% for facilities participating in the AIM COCC quality improvement initiative through GaPQC.

Year	Target	Results
Baseline	15.3%*	N/A
SFY 2023	14.2%	11.2%
SFY 2024	13.2%	10.1%
SFY 2025	12.2%	11.6%
SFY 2026	12.2%	Not yet available

*Facility enrollment in the CCOC initiative has been staggered. Twelve facilities enrolled in January 2023; 4 facilities were added in January 2024; 8 facilities were added in January 2025; 4 facilities were added in January 2026. The baseline includes data from all 28 facilities from 1/1/2021-12/31/2022. Results reflect each facility's time period of participation.

- By June 30, 2026, on-board 28 of Georgia hospitals in the AIM COCC bundle.

Year	Target	Results
Baseline	0	N/A

SFY 2023	9	12
SFY 2024	18	16
SFY 2025	28	22*
SFY 2026	28	Not yet available

*In 2025, DPH recognized that hospitals were facing barriers to enrolling and implementing the AIM CCOC bundle so an additional maternal clinical liaison was hired. Also, internal processes were streamlined to more effectively on-board and coach local hospital QI teams to increase enrollment and improve implementation.

- By June 30, 2026, on-board 25 Georgia hospitals in the Optimizing Nutrition for Georgia Newborns initiative.

Year	Target	Results
Baseline	0	N/A
SFY 2023	8	36
SFY 2024	16	42
SFY 2025	25	44*
SFY 2026	25	Not yet available

*Results include hospital units (mother/baby and specialty care nurseries or NICUs).

- By June 30, 2026, enroll 480 women during pregnancy and through six months postpartum in Comprehensive Care Management to increase early recognition of perinatal complications.

Year	Target	Results
Baseline	0	N/A
SFY 2023	160	116
SFY 2024	320	198
SFY 2025	480	312*
SFY 2026	480	Not yet available

*The Comprehensive Care Management program, implemented by Augusta University, uses a referral-based enrollment model to recruit participants. This approach enables the program to provide ongoing, comprehensive support to current mothers while continuing to enroll new participants. As a result, program success is most appropriately measured by the number of women actively managed each year, rather than by increasing annual enrollment targets. Beginning in SFY 2027, DPH will adjust the annual target to 125 participants actively managed annually to better align with the program's care management model and emphasis on sustained, ongoing support.

- By June 30, 2026, establish CardioObstetric services and increase the number of women who receive echocardiograms to 200 and increase the number evaluated by a cardiologist to 250 to increase early recognition of cardiac conditions during pregnancy and postpartum period.

Year	Target	Results
Baseline	0 Echocardiograms	N/A
SFY 2023	66	110

SFY 2024	133	187
SFY 2025	200	213
SFY 2026	200	Not yet available

Year	Target	Results
Baseline	0 Cardiologist Evaluation	N/A
SFY 2023	83	141
SFY 2024	166	307
SFY 2025	250	381
SFY 2026	250	Not yet available

- By June 30, 2026, increase the average number of providers participating in DPH Maternal Health ECHO sessions by 20%.

Year	Target	Results
Baseline	10	N/A
SFY 2023	10	30
SFY 2024	11	43
SFY 2025	12	26
SFY 2026	14	Not yet available

- By June 30, 2026, increase the number of birthing facilities that complete Level of Care Designation for Maternal to 25 and Neonatal to 25.

Year	Target	Results
Baseline	1* (Maternal)	N/A
SFY 2023	10	2
SFY 2024	17	14
SFY 2025	25	21**
SFY 2026	25	Not yet available

*The original baseline of 3 was based on a pilot. Officially, there was only 1 hospital (at baseline) verified prior to data collection in SFY 2023.

**DPH identified that the cost to hospitals was a barrier to participation which was preventing DPH from meeting the target. To address this, DPH now funds the full cost of the surveys for hospitals, ensuring the target can be met moving forward.

Year	Target	Results
Baseline	1 (Neonatal)	N/A
SFY 2023	8	1

SFY 2024	16	2
SFY 2025	25	4*
SFY 2026	25	Not yet available

*DPH identified that the cost to hospitals was a barrier to participation which was preventing DPH from meeting the target. To address this, DPH now funds the full cost of the surveys for hospitals, ensuring the target can be met moving forward.

- By June 30, 2025, increase the number of providers registered with the provider psychiatric help line, PEACE for MOMs, by 30%, to increase access to mental health resources, care, and treatment when indicated. By June 30, 2026, increase the number of providers registered with the provider psychiatric help line, PEACE for MOMs, by 10% (from SFY 2025 result), to increase access to mental health resources, care, and treatment when indicated.

Year	Target	Results
Baseline	277	N/A
SFY 2023	304	402
SFY 2024	331	518
SFY 2025	360	611
SFY 2026	672	Not yet available

- By June 30, 2026, review 100% of pregnancy-associated deaths identified for the Maternal Mortality Review Committee within two years of the date of death.

Year	Target	Results
Baseline	75%	N/A
SFY 2023	83%	98%
SFY 2024	91%	100%
SFY 2025	100%	49%*
SFY 2026	100%	Not yet available

*SFY 2025 and SFY 2026 update: There were fewer pregnancy-associated deaths reviewed by the Maternal Mortality Review Committee within two years of the date of death because members were being reseated, and deaths were then reviewed within 2.5 years of the date of death. However, the committee is currently reviewing all deaths within 2 years of the date of death; two new staff were hired to enable the committee to review deaths within 18 months of the date of death in SFY 2027.

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

Year	Target	Results
Baseline	0	N/A
CY 2023	8	120
CY 2024	16	82
CY 2025	25	84

*SFY 2025 update: DPH held webinars with hospital staff in June-July 2026 to increase hospital education on when to refer a pregnancy-associated death to a coroner or medical examiner. Please note that all data are for pregnancy-associated deaths.

- By June 30, 2026, decrease Georgia's infant mortality rate by .3 deaths per 1,000 live births each year.

Year	Target	Results
Baseline	7.0 deaths/1,000*	N/A
CY 2023	6.7	7.2 (CY 2023)**
CY 2024	6.4	6.5 (CY 2024)***
CY 2025	6.1	Not yet available
CY 2026	6.1	Not yet available

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

**The increase observed in CY 2023 is likely attributable to a combination of factors, including residual impacts of the COVID-19 pandemic on access to prenatal and postpartum care and workforce shortages affecting access for care continuity. These factors contributed to delays in care utilization and exacerbated underlying risks among high-priority populations.

***In CY 2024, Georgia made measurable progress toward the targeted reduction and came close to meeting the annual goal. Continued investments in programs like home visiting and perinatal regionalization supported improved outcomes; however, the target was not fully achieved due to ongoing systemic challenges, potentially including limited provider capacity in rural areas and sustained disparities in birth outcomes. Georgia's efforts remain focused on strengthening access to early and continuous prenatal care and expanding programs like home visiting to accelerate progress toward the strategic goal.

- By June 30, 2026, increase the number of EBHV families receiving services to 2,000.

Year	Target	Results
Baseline	1,919*	N/A
FFY 2023	1,946	1,581
FFY 2024	1,973	1,629
FFY 2025	2,000	1,577**
FFY 2026	2,000	Not yet available

*The program operates on a federal fiscal year (FFY) calendar (October 1 – September 30). Reported data reflect FFY totals.

**The FFY 2025 decrease may be attributed to turnover and recruitment difficulties, which resulted in fewer families who could be served. Additionally, the DPH Home Visiting Program continued to expand in FFY 2025, providing service to families within a different program.

- By June 30, 2025, increase the number of EBHV babies breastfeeding at 6 months to 38%. By June 30, 2026, increase the number of EBHV babies breastfeeding at 6 months to 47%.

Year	Target	Results
Baseline	37%*	N/A
FFY 2023	37.33%	40.1%
FFY 2024	37.66%	36.9%

FFY 2025	38%	41.4%
FFY 2026	47%	Not yet available

*The program operates on a federal fiscal year (FFY) calendar (October 1 – September 30). Reported data reflect FFY totals.

- By June 30, 2026, increase the number of EBHV families exercising safe sleep methods to 92%.

Year	Target	Results
Baseline	89%*	N/A
FFY 2023	90%	91.4%
FFY 2024	91%	88.6%
FFY 2025	92%	91.7%
FFY 2026	92%	Not yet available

*The program operates on a federal fiscal year (FFY) calendar (October 1 – September 30). Reported data reflect FFY totals.

- By June 30, 2026, increase the number of EBHV children receiving the recommended well child visits to 86%.

Year	Target	Results
Baseline	83%*	N/A
FFY 2023	84%	82.4%
FFY 2024	85%	79.9%
FFY 2025	86%	84.3%**
FFY 2026	86%	Not yet available

*The program operates on a federal fiscal year (FFY) calendar (October 1 – September 30). Reported data reflect FFY totals.

**Although Georgia's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program fell just short of the 86% target, we made substantial progress this year. The percentage of children receiving recommended well-child visits increased from 79.9% to 84.3%, representing a significant improvement in one year. As the performance target has increased each year—from 84% to 85% to 86%—Georgia MIECHV has continued moving in the intended direction despite ongoing barriers including healthcare access (e.g., difficulty obtaining appointments, transportation barriers, provider shortages), family level factors (e.g., competing priorities such as child care needs for siblings, financial stress, employment demands) and documentation challenges (the visit might have occurred but was not documented sufficiently by the home visitor). Overall, the current results demonstrate positive momentum and provide a strong foundation for continued improvement.

- By June 30, 2026, increase the number of EBHV mothers receiving post postpartum visits with a healthcare provider within eight weeks of delivery to 95%.

Year	Target	Results
Baseline	92%*	N/A
FFY 2023	93%	84.7%
FFY 2024	94%	83.8%
FFY 2025	95%	86.50%**

FFY 2026	95%	Not yet available
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*The program operates on a federal fiscal year (FFY) calendar (October 1 – September 30). Reported data reflect FFY totals.

**Additionally, the decrease in FFY 2025 may also be attributed to two programs that serve rural communities. In those communities, the program encountered challenges such as insufficient health care providers and/or a lack of public transportation and childcare, which hindered clients' access.

- By June 30, 2026, increase the number of EBHV families having no reports of child maltreatment to 100%.

Year	Target	Results
Baseline	99%*	N/A
FFY 2023	99.33%	99.5%
FFY 2024	99.66%	99.4%
FFY 2025	100%	99.66%**
FFY 2026	100%	Not yet available

*The program operates on a federal fiscal year (FFY) calendar (October 1 – September 30). Reported data reflect FFY totals.

**Georgia's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program achieved a rate of 99.66% of enrolled families with no reports of child maltreatment during the reporting period, narrowly missing the target of 100%. While the program strives for every enrolled family to remain free from child maltreatment reports, a target of 100% means that even a single substantiated report among participating families results in performance below the benchmark. The FFY 2025 result indicates that child maltreatment reports remained exceedingly rare among families served by the program, reflecting continued success in promoting child safety and family well-being while recognizing that home visiting programs cannot eliminate all risk factors outside of their control.

LEAD POISONING

GOVERNOR'S GOAL 3:

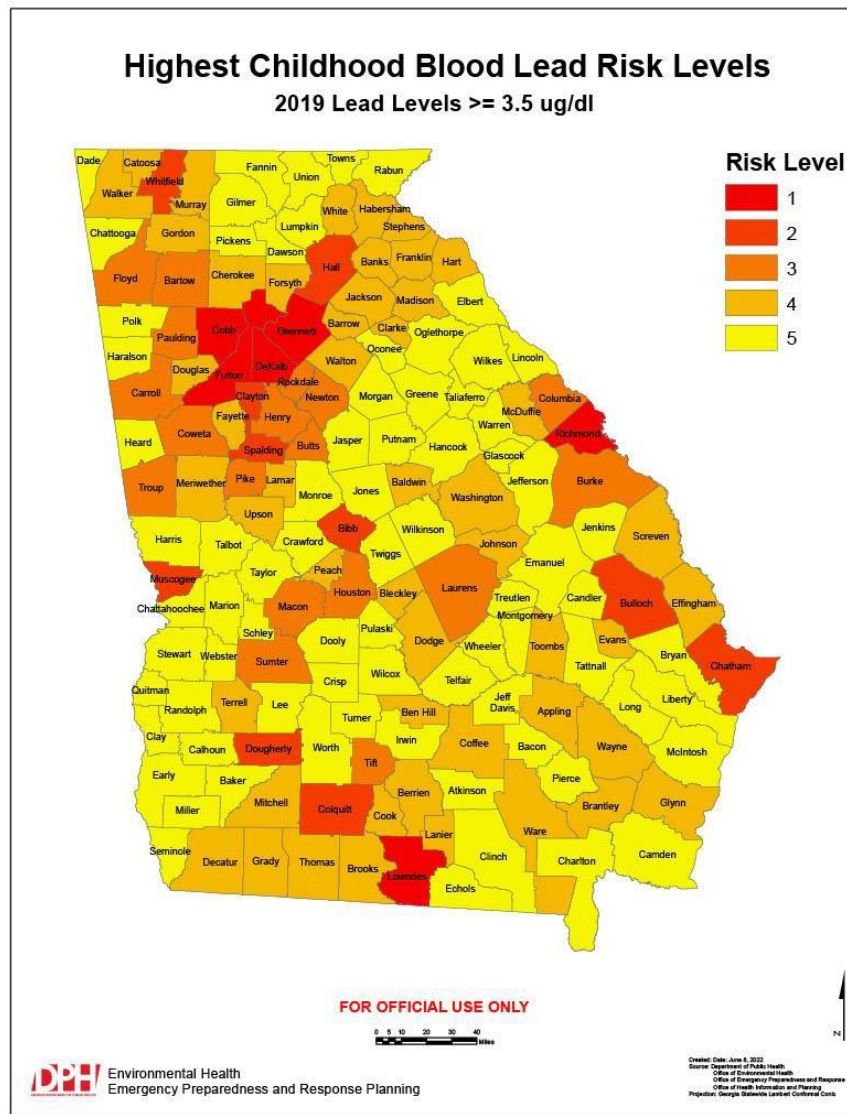
PUT GEORGIANS FIRST

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

Environmental Scan

Georgia's laws on childhood lead poisoning and prevention have not kept up with the CDC best practices governing lead prevention and abatement. DPH pursued statutory changes in the 2022 legislative session to bring Georgia law in line with best practices. This legislation dropped the environmental intervention level from 20 µg/dL to 3.5 µg/dL, allowing more lead investigations to be undertaken within the state, including follow up care for all children at or above 3.5 ug/dl. Additionally, the General Assembly allocated \$1,845,384 in the FY 2023 budget to fund additional lead inspectors and testing equipment to support the anticipated increase in lead poisoning cases requiring intervention in Georgia. Prior to this investment by the General Assembly, this program was primarily funded by federal grants and limited state dollars that did not meet the true need for lead poisoning intervention activities.

Georgia struggles with inconsistent blood lead testing of children. The statewide testing rate in Georgia is 26.70% (2023). DPH advocates for at-risk children to be screened to ascertain the prevalence and to help identify locations of the highest risk within the state to inform targeted screening activities. Our analysis indicates that only 48.97% (2023) of children living in high-risk areas are being screened (high-risk counties are identified below in red as Risk Level 1). Many children being served by Medicaid are not receiving the blood lead screens at ages 12 months and 24 months, as required by the Centers for Medicare and Medicaid Services (CMS). This lack of testing impedes DPH's ability to provide rapid response to identify the source of lead and reduce the risk of continued harm to children with elevated blood lead levels. After lead poisoned children are identified, DPH's program assists families and providers with education and offering to conduct an environmental assessment to locate the source of lead in the home. The program then makes recommendations on risk reduction or abatement measures that would reduce or eliminate the risk of lead poisoning. Our analysis shows that 255 homes were made lead safe in 2023.



Strategies/Actions Plan

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

Mission to be impacted	Prevent disease
Associated funding	<u>FY 23 funded</u>
Responsible Teams	• Environmental Health Section, Georgia Healthy Homes and Lead Poisoning Prevention Program • DPH lead inspectors

Measurable Outcomes

- By June 30, 2026, prevent or reduce childhood lead poisoning related to environmental exposures by increasing the number of children tested for lead poisoning by 10% through outreach to physicians and caregivers.

Year	Target	Results
Baseline	28.32%	N/A
SFY 2023	31.65%	19.52%
SFY 2024	34.98%	26.70%
SFY 2025	38.32%	22.78%*
SFY 2026	38.32%	Not yet available

*During SFY 2025, the Childhood Lead Poisoning Prevention Program operated at approximately 78% staffing capacity, with vacancies and extended leave. These gaps required staff to temporarily shift their efforts toward ensuring adequate coverage for case management for children with elevated blood lead levels. This limited ability to fully execute planned outreach to physicians and caregivers.

- By June 30, 2026, prevent or reduce childhood lead poisoning related to environmental exposures by increasing the number of children tested for lead poisoning in high-risk areas by 10% through outreach to physicians and caregivers.

Year	Target	Results
Baseline	46.6%	N/A
SFY 2023	49.93%	48.38%
SFY 2024	53.26%	48.97%
SFY 2025	56.6%	50.11%
SFY 2026	56.6%	Not yet available

- By June 30, 2026, increase the number of homes made lead safe through environmental investigation and intervention by 25%.

Year	Target	Results
Baseline	84	N/A
SFY 2023	91	355
SFY 2024	98	255
SFY 2025	105	229
SFY 2026	112	Not yet available

IMMUNIZATION

GOVERNOR'S GOAL 3:

PUT GEORGIANS FIRST

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

Environmental Scan

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

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

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

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

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

Race	7-Vaccine Series*
White	80%
Asian	79%

Native Hawaiian or Other Pacific Islander	78%
Other Race	75%
American Indian or Alaska Native	74%
Black or African American	73%
Unknown	71%

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

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

Strategies/Actions Plan

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

Mission to be impacted	Prevent disease
Associated funding	Federally funded
Responsible Teams	• Immunization Program

Measurable Outcomes

- By June 30, 2026, increase the hepatitis B vaccine series completion by 8 months of age rate by 5% for HBV-exposed infants.

Year	Target	Results
Baseline	82%	N/A
SFY 2023	85%	86%
SFY 2024	86%	83%
SFY 2025	87%	84%*

SFY 2026	91%	Not yet available
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*The Perinatal Hepatitis B Prevention Program (PHBPP) monitors outcomes by birth cohort rather than by state fiscal year. As a result, state fiscal year performance measures may not fully capture all infants who are still within the recommended timeframe for completing the hepatitis B vaccine series by 8 months of age. Infants included in the reporting period may not yet have reached 8 months of age or may still be actively followed by the program. Therefore, vaccine series completion rates reported by state fiscal year may appear lower than final birth cohort completion rates. Once the birth cohort has matured and all eligible infants have had the opportunity to complete the series, the completion rate is expected to increase. In addition, completion of the vaccine series depends on timely provider reporting, family follow-up, and documentation in the Georgia Registry of Immunization Transactions and Services (GRITS), which may also affect performance measures reported within a single fiscal year.

- By June 30, 2026, increase the influenza vaccination rate for adults 65 years of age and older by 5%.

Year	Target	Results
Baseline	66%	N/A
CY 2023	69%	62%
CY 2024	70%	59%
CY 2025	71%	Not yet available
CY 2026	71%	Not yet available

- By June 30, 2026, increase the influenza vaccination rate for adults 18-64 years of age by 5%.

Year	Target	Results
Baseline	35%	N/A
CY 2023	38%	30%
CY 2024	39%	30%
CY 2025	40%	Not yet available
CY 2026	40%	Not yet available

- By June 30, 2026, increase the hepatitis A vaccine series completion rate for 2 years of age by 6%.

Year	Target	Results
Baseline	74%	N/A
SFY 2023	76%	70%
SFY 2024	78%	67%
SFY 2025	80%	62.2%
SFY 2026	80%	Not yet available

- By June 30, 2026, increase the diphtheria, tetanus, acellular pertussis vaccine series completion rate for children 2 years of age by 8%.

Year	Target	Results
Baseline	82%	N/A
SFY 2023	86%	80%
SFY 2024	88%	79%
SFY 2025	90%	77.6%
SFY 2026	90%	Not yet available

- By June 30, 2026, increase the 7-Vaccine Series completion rate for Black children 2 years of age by 7%.

Year	Target	Results
Baseline	73%	N/A
SFY 2023	76%	73%
SFY 2024	78%	73%
SFY 2025	80%	70.2%*
SFY 2026	80%	Not yet available

*The Immunization Program's immunization partners in public health districts across the state have reported vaccine hesitancy as barriers to increasing vaccination. The Immunization Program and its partners are working to address these and other barriers by onboarding providers into the Adult Vaccine Program (AVP) and Vaccines for Children (VFC) Program, disseminating educational materials, conducting outreach, and implementing interventions to promote vaccine confidence and vaccine access.

OPIOIDS AND SUBSTANCE MISUSE

GOVERNOR'S GOAL 3:

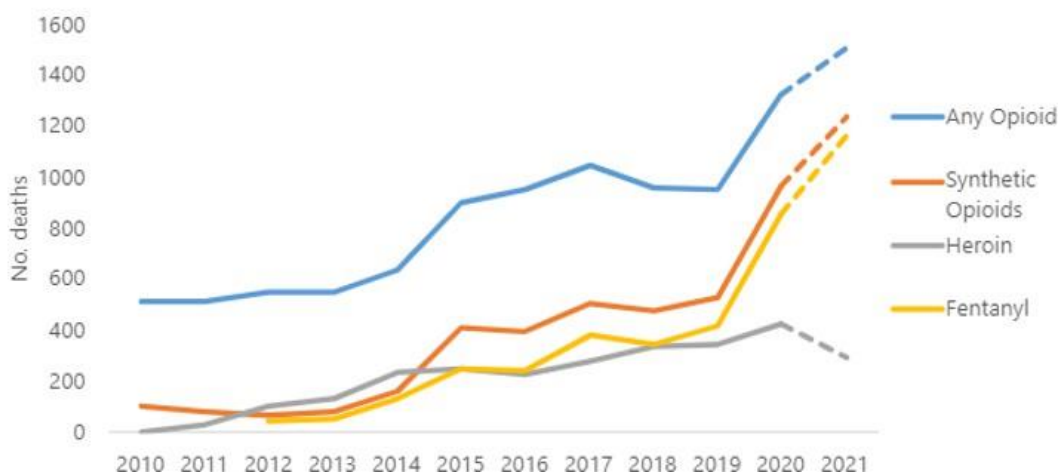
PUT GEORGIANS FIRST

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

Environmental Scan

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

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



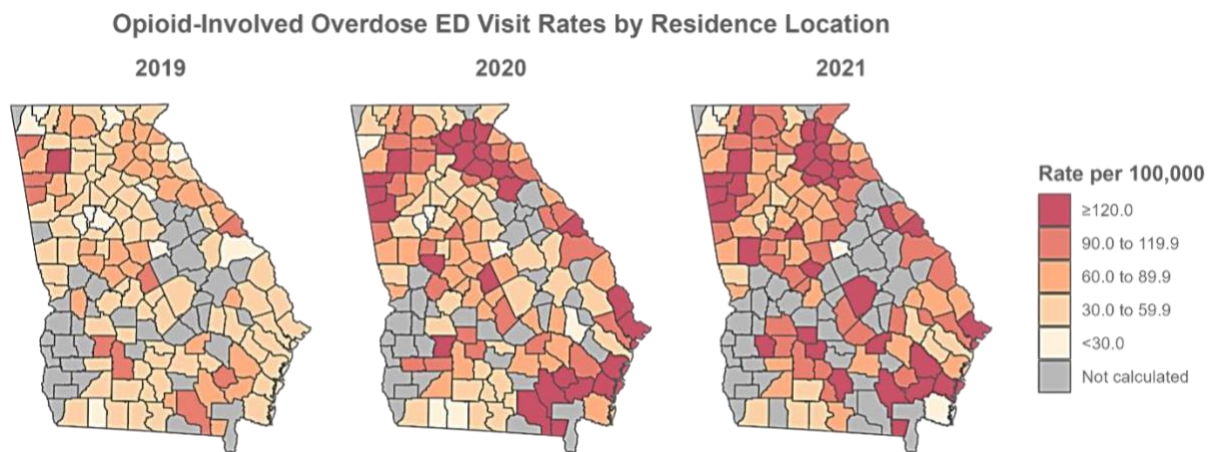
An important aspect of the drug overdose epidemic recently is the role of polysubstance use. 90% of opioid involved unintentional drug overdose deaths in Georgia during July 2018 to June 2019 tested positive for more than two substances, and the median number of substances present was six. In 2020, 93.9%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

among cases that also tested positive for benzodiazepines. Prescription Drug Monitoring Program data has shown the number of opioids, benzodiazepines, and stimulant prescriptions in Georgia has decreased steadily since 2016.

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

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

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



Strategies/Actions Plan

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

Mission to be impacted	Prevent disease, injury and disability
Associated funding	<u>FTS</u> - Federally funded <u>Naloxone</u> - McKinsey Settlement Funds
Responsible Teams	• Opioid and Substance Misuse Program

Measurable Outcomes

- By June 30, 2026, increase the hepatitis B vaccine series completion by 8 months of age rate by 5% for HBV-exposed infants.
 - SFY 2024 update: A dashboard was developed and is available to partners from the drug surveillance unit (DSU).
- By June 30, 2026, improve accessibility and usability of Georgia's PDMP by increasing the percentage of queries conducted using electronic health record integration to 72%.

Year	Target	Results
Baseline	62%	N/A
SFY 2023	66%	66%
SFY 2024	69%	69%
SFY 2025	72%	77.14%
SFY 2026	72%	Not yet available

- By June 30, 2026, prevent or reduce opioid overdose deaths by increasing the number of EMS providers receiving naloxone through DPH to 150 agencies.

Year	Target	Results
Baseline	0	N/A
SFY 2023	50	224
SFY 2024	100	80
SFY 2025	150	156
SFY 2026	150	Not yet available

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

Year	Target	Results
Baseline	0	N/A
SFY 2023	25,000	25,000
SFY 2024	30,000	0*
SFY 2025	35,000	0*

*There was a 23% reduction in funding from 2023 to 2024, which affected the program's ability to purchase and distribute fentanyl test strips. The program hopes to designate funds for this initiative in the near future, but it will not be at the same level as before.

- By June 30, 2026, distribute naloxone to each of the 18 public health districts and community

amounting to 7,000 boxes.

Year	Target	Results
Baseline	0*	N/A
SFY 2026	7,000	Not yet available

*The Opioid and Substance Misuse Response Program has experienced an inconsistent supply of naloxone. Recent funding changes have increased ability to purchase naloxone.

TOBACCO USE AND VAPING

GOVERNOR'S GOAL 3:

PUT GEORGIANS FIRST

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

Environmental Scan

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

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

Almost 1 in 5 high school students (21%) in Georgia are current tobacco users (i.e., cigarettes, electronic cigarettes, smokeless tobacco, hookah, or cigars). Almost 1 in 5 Georgia high school (HS) students (19%) said they ever tried cigarette smoking, even one of two puffs in their lifetime.⁵ Of high school students, 7.1% reported trying cigarettes were before age 13.²

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

Strategies/Actions Plan

- Implement evidence-based strategies to educate Georgia's youth on vaping and reduce the number of youths who initiate tobacco use.

² Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. *Extinguishing the Tobacco Epidemic in Georgia*. 2021. [accessed Jun 08, 2022].

³ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. *BRFSS Prevalence & Trends Data* [online]. 2015. [accessed Jun 08, 2022].

⁴ Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. *Youth and Tobacco Use*. 2022. [accessed Jun 09, 2022].

⁵ Park-Lee E, Ren C, Sawdey MD, et al. *Notes from the Field: E-Cigarette Use Among Middle and High School Students — National Youth Tobacco Survey, United States, 2021*. *MMWR Morb Mortal Wkly Rep* 2021;70:1387–1389.

- Establish and strengthen tobacco-free policies in and on college/university campuses.
- Promote awareness and use of evidence-based cessation treatment, including the Georgia Tobacco Quitline.

Mission to be impacted	Promote health and well-being
Associated funding	Federally funded and tobacco settlement funds
Responsible Teams	• Chronic Disease

Measurable Outcomes

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

Year	Target	Results
Baseline	3	N/A
SFY 2023	5	45
SFY 2024	7	384
SFY 2025	10	141*

*The total includes the number of messaging campaigns from July to December. The Georgia Tobacco Use Prevention Program's federal funding was eliminated on April 28, 2025.

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

Year	Target	Results
Baseline	0	N/A
SFY 2023	0%	0%
SFY 2024	100%	100%*

*The toolkit is available on the DPH website: [Tobacco Free Schools Policy Toolkit 3rd Edition](#)

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

Year	Target	Results
Baseline	51	N/A
SFY 2023	52	52
SFY 2024	53	52
SFY 2025	55	54*

*Total number of adopted policies as of December 2024. The Georgia Tobacco Use Prevention Program’s funding was eliminated on April 28, 2025.

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

Year	Target	Results
Baseline	3.8%	N/A
SFY 2023	3.9%	2.7%
SFY 2024	4.1%	5.6%
SFY 2025	4.2%	5.0%

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

Year	Target	Results
Baseline	.09%	N/A
SFY 2023	.73%	0.2%
SFY 2024	1.37%	0.2%
SFY 2025	2%	1.15%*

*National research and the data from this measure over the past two years show youth are not accessing Quitline services in general, as its methods are not adolescent friendly but are geared toward individuals ages 50 and up. In July 2025, the program shifted to Live Vape Free, a cessation program designed for youth.

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

Year	Target	Results
Baseline	.44%	N/A
SFY 2023	.46%	4.5%
SFY 2024	.48%	5.5%
SFY 2025	.50%	2.63%*

*In July 2025, the program began to offer Live Vape Free for this population, which could explain the decrease in Georgia Tobacco Quitline access, as users were provided two cessation options.

CONGENITAL INFECTIOUS DISEASE

GOVERNOR'S GOAL 3:

PUT GEORGIANS FIRST

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

Environmental Scan

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

Hepatitis B

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

Nationwide best practices have developed over the years:

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

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

Perinatal HBV-Exposed Births

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

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

Hepatitis C

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

not case managed since the exposure risk is unknown. Currently, there is no designated funding for perinatal hepatitis C case management services in Georgia.

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

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

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

HIV

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

Program data highlights key gaps in prevention. In 2019, women were more likely to receive HIV care during pregnancy than in the 12 months postpartum, regardless of the timing of their diagnosis. Of pregnant women living with HIV, 87% were diagnosed before delivery and achieved viral suppression during pregnancy. Among women who were not virally suppressed at delivery, 78% were diagnosed

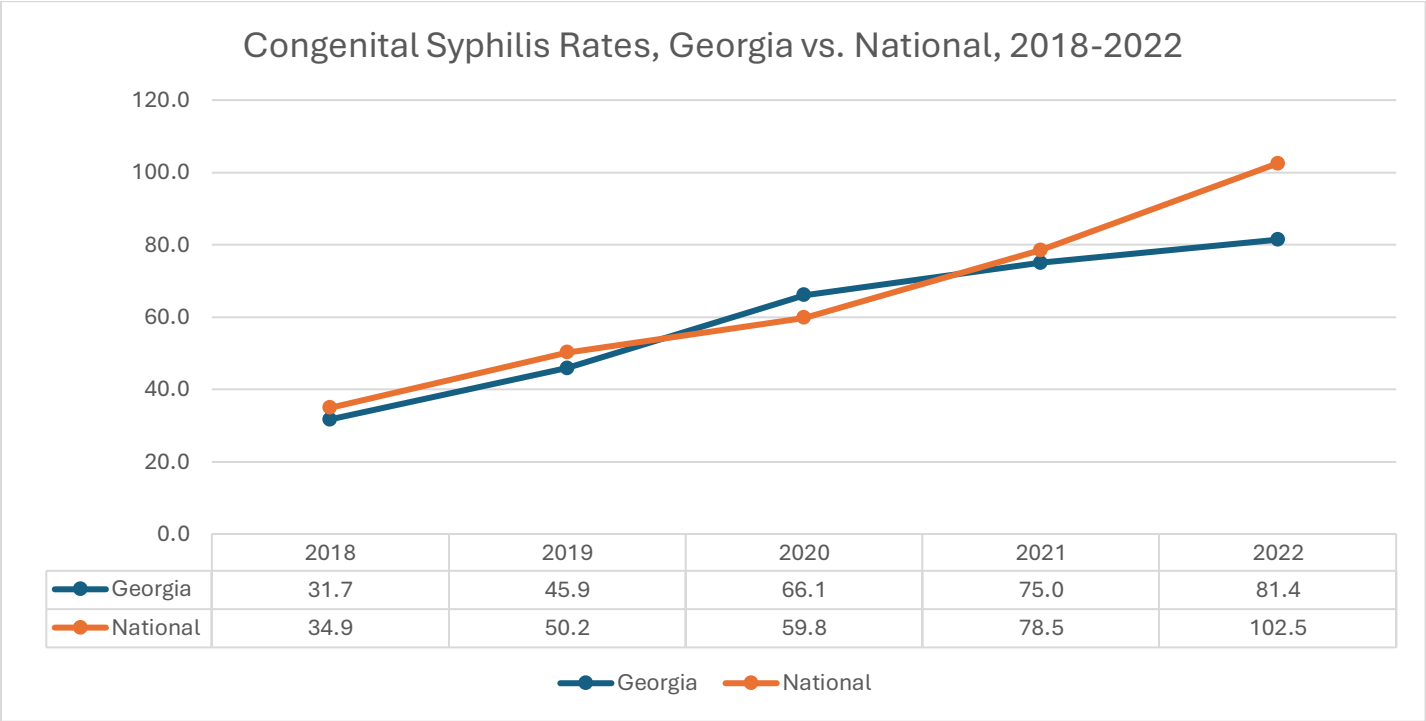
⁶ 2019 CDC PHBPP Peritable

before pregnancy. Almost one third (29%) of HIV-positive mothers in 2019 had inadequate prenatal care; 15% had no or very little prenatal care.

Improved retention in care for all women living with HIV reduces the number of high-risk births. In addition, earlier diagnosis allows for retention in care and viral suppression as early as possible, either before conception or as early as possible during pregnancy.

Syphilis

Nationally, the congenital syphilis (CS) rate increased 194% from 2018 to 2022. These increases mirror increases in syphilis among reproductive aged women.⁷ In 2022, Georgia’s primary and secondary syphilis rate among females ages 15-44 increased 155% from 2018 to 2022. Georgia’s congenital syphilis rate increased 157% from 2018 to 2022. In 2022, Georgia reported 504 female syphilis cases which required follow up for pregnancy status, correct syphilis diagnosis, appropriate syphilis treatment, and 3rd trimester testing. Maternal follow-up is essential to congenital syphilis prevention efforts.



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

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

In 2022, the Office of Women’s Health, Office of Nursing, and the STD Program collaborated on the dissemination of congenital syphilis awareness and testing requirement materials to hospitals and

⁷ Centers for Disease Control and Prevention, Sexually Transmitted Infections Surveillance, 2022 (Atlanta, GA: U.S. Department of Health and Human Services, 2024)

prenatal care providers statewide. An ECHO session targeting providers was held to increase education and awareness about syphilis trends in Georgia, testing, diagnosis, and treatment of syphilis during pregnancy, and share treatment resources for syphilis and congenital syphilis cases. The STD Program collaborated with Georgia OB/Gyn Society (GOGS) to publish an article in its bi-monthly newsletter providing over 1,600 physicians with a congenital syphilis update. The office also collaborated with the Georgia Perinatal Quality Collaborative (GaPQC) to provide congenital syphilis information to perinatal providers. In 2023, Georgia’s HIV and Syphilis Pregnancy Screening law (O.C.G.A. § 31-17-4.2) was amended to mandate testing during at the first prenatal visit, during the third trimester at 28-32 weeks gestation and again at delivery. This information was disseminated statewide to hospitals and OB/Gyn providers in an updated Dear Colleague Letter from the DPH Commissioner in June 2023.

Strategies/Actions Plan

- Improve rates of congenital infectious disease transmission in Georgia, include hepatitis B, hepatitis C, syphilis, and HIV.
- Implement rules and regulations to require prenatal hepatitis B and hepatitis C testing.
- Educate healthcare providers about prenatal testing requirements.
- Identify and provide case management to infants exposed to hepatitis B and hepatitis C at birth.
- Promote 1st & 3rd trimester HIV/Syphilis testing through partnership with health providers and OB/Gyns, including technical assistance on recommended standards of care for HIV positive women and those susceptible of contracting HIV.
- Establish effective systems to identify, link, re-engage, and retain HIV positive pregnant women into care after diagnosis to achieve maximum viral suppression before, during, and after delivery.
- Provide follow up testing & treatment with providers for HIV positive postpartum women and their infants to reduce seroconversion after delivery.
- Provide technical assistance to private and public sectors on re-engagement of HIV positive pregnant women and/or postpartum women that have fallen out of care.
- Obtain pregnancy status for all female syphilis cases (pregnancy ascertainment).
- Conduct partner services follow-up with patients to ensure adequate treatment at least 30 days prior to delivery for all pregnant females with syphilis.

Mission to be impacted	Prevent disease
Associated funding	Federally funded
Responsible Teams	• HIV Prevention Program • Perinatal Hepatitis B Prevention Program • Epidemiology • Sexually Transmitted Disease Program

Measurable Outcomes

- By June 30, 2026, increase hepatitis B postvaccination testing for HBV-exposed infants by 5%.

Year	Target	Results
Baseline	83%	N/A
SFY 2023	84.66%	86%
SFY 2024	86.32%	61%
SFY 2025	88%	71.25%*
SFY 2026	91%	Not yet available

*The Perinatal Hepatitis B Prevention Program evaluates postvaccination serologic testing (PVST) by birth cohort, while the performance measure is reported by state fiscal year. PVST is recommended after completion of the hepatitis B vaccine series and at 9–12 months. Consequently, many infants included in the state fiscal year reporting period had not yet reached the recommended age for testing or were still under active case management. Because of this timing difference, state fiscal year results may underestimate final PVST completion rates. The program continues to monitor these infants until they become eligible for testing and complete follow-up. In addition, completion of the PVST depends on timely provider reporting, family follow-up, and documentation in the Georgia Registry of Immunization Transactions and Services (GRITS), which may also affect performance measures reported within a single fiscal year.

- By June 30, 2026, increase the number of HCV-exposed infants identified and case managed by 10%.

Year	Target	Results
Baseline	170	N/A
SFY 2023	175	162
SFY 2024	181	191
SFY 2025	187	223
SFY 2026	193	Not yet available

- By June 30, 2026, increase the number of HBV-exposed infants identified by 10%.

Year	Target	Results
Baseline	253	N/A
SFY 2023	261	224
SFY 2024	269	214
SFY 2025	278	333
SFY 2026	287	Not yet available

- By December 31, 2022, implement rules and regulations to require prenatal hepatitis B and hepatitis C testing.
 - SFY 2025 update: Completed

- By July 1, 2023, educate healthcare providers about the new prenatal testing requirements through webinar.
 - SFY 2025 update: Completed. The program held a training webinar for healthcare providers on October 3, 2024; it addressed prenatal testing requirements.
- By June 30, 2026, reduce the number of perinatal HIV cases to 0.

Year	Target	Results
Baseline	1	N/A
CY 2023	0	2
CY 2024	0	4*
CY 2025	0**	Not yet available

*For the 2024 year, the Georgia Department of Public Health (DPH) found evidence of four cases of vertical transmission of HIV from mother to child. When further investigating the circumstances of the four transmissions, the most probable reasons for vertical transmission were maternal acute infection of HIV during the 3rd trimester in pregnancy or issues with antiretroviral adherence during pregnancy leading to HIV viral loads being uncontrolled.

**CY 2025 data will be finalized in the fall of 2026.

- By June 30, 2025, increase the number of HIV positive women diagnosed before delivery to 90%. By June 30, 2026, increase the number of HIV positive pregnant women diagnosed before delivery to 100%.

Year	Target	Results
Baseline	78%	N/A
CY 2023	82%	99%
CY 2024	86%	99%
CY 2025	90%*	Not yet available
CY 2026	100%	Not yet available

*CY 2025 data will be finalized in the fall of 2026.

- By June 30, 2026, increase the percentage of HIV-exposed births where the mother achieves viral suppression by delivery to 100%.

Year	Target	Results
Baseline	86%	N/A
CY 2023	90%	85%
CY 2024	95%	89%*
CY 2025	100%**	Not yet available
CY 2026	100%	Not yet available

*For the 2024 year, 11% of pregnant women with HIV were determined to have been not virally suppressed or had an unknown viral load at labor and delivery. Among women with HIV who were diagnosed before pregnancy, they had on

average fewer prenatal care visits compared to women with HIV who were virally suppressed. New diagnoses of HIV in the third trimester also have contributed to some women with HIV not becoming virally suppressed by labor and delivery.

**CY 2025 data will be finalized in the fall of 2026.

- By June 30, 2025, reduce congenital syphilis rates in Georgia to 85* per 100,000 live births. By June 30, 2026, reduce congenital syphilis rates in Georgia to 80.0* per 100,000 live births.

Year	Target	Results
Baseline	95*	N/A
CY 2023	95	100.7
CY 2024	90	99.7***
CY 2025	85	91.9****
CY 2026	80*	Not yet available

*In calendar year 2026, the baseline and program targets were changed to reflect calendar year totals instead of state fiscal year totals. Calendar year data allows the program to align births occurring within the same epidemiological year.

**Although prevention efforts continued to expand statewide, congenital syphilis remains driven by complex factors such as lack of, delayed, or inadequate prenatal care, missed opportunities for timely screening and treatment during pregnancy, and ongoing social and structural barriers to accessing care. Because congenital syphilis is an outcome that reflects events occurring throughout pregnancy, improvements in prevention strategies may take time to be reflected in annual surveillance rates.

***CY 2024 and 2025 data are considered provisional with CDC and subject to change. Data should be certified in the fall of 2026.

