a Safe and Healthy Georgia

2016—2019 Strategic Plan

SECOND EDITION • FY 17 UPDATE & REPORT OF PROGRESS

Georgia Department of Public Health

TABLE OF CONTENTS

Message from the Commissioner

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

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

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

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

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

Brenda Fitzgerald MD

Department Overview

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

Organizational Structure

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

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

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

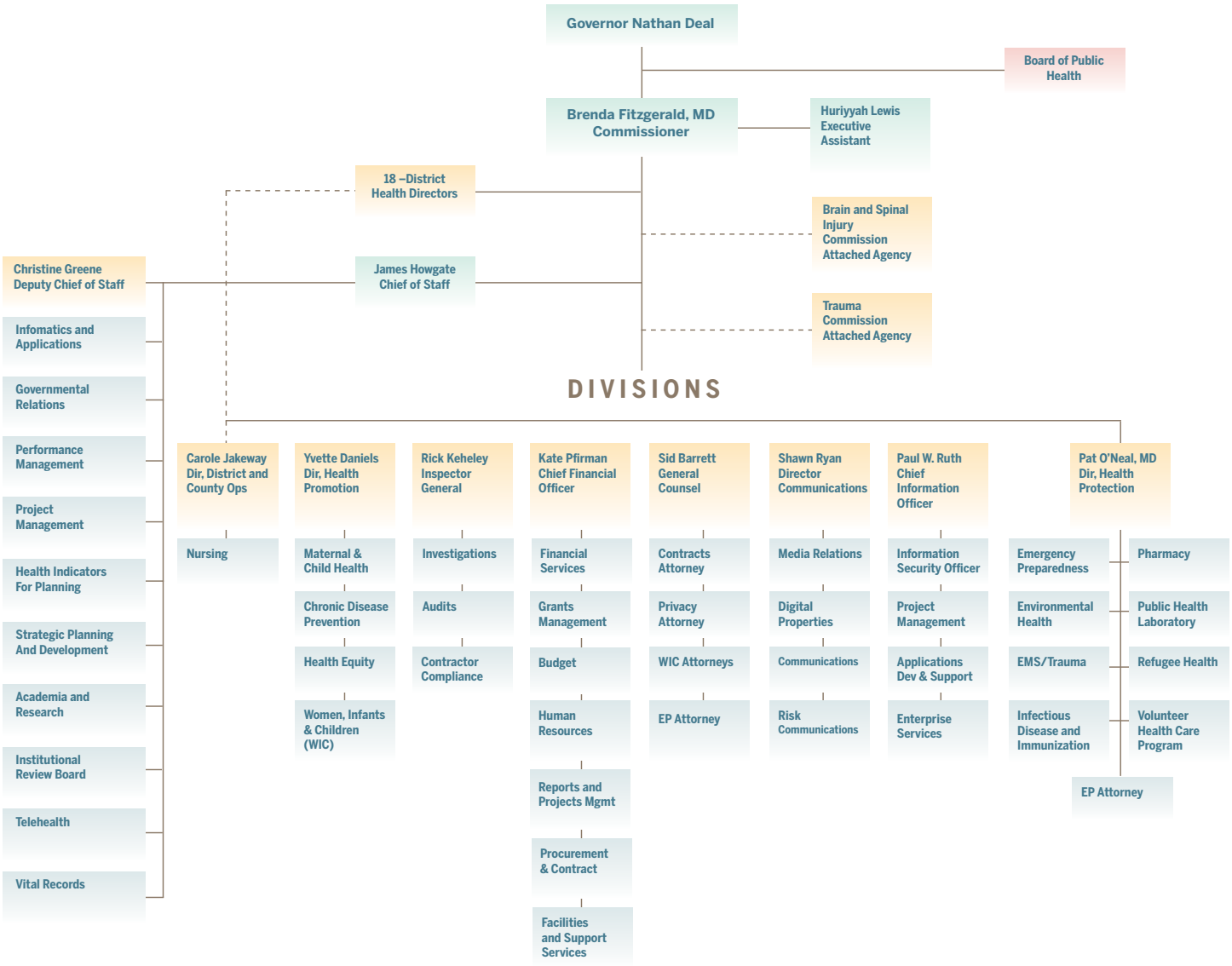
- County Boards of Health are legal entities that are independent county agencies without taxation authority. There is one exception, Fulton County's Department of Health and Wellness which is part of the county government pursuant to O.C.G.A. § 31-3-2.1, which indicates those counties of this state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

CORE ACTIVITES

Georgia DPH achieves its mission through the following Core Activities:

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

Department of Public Health



DPH – A Good to Great® Organization

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

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

DPH – A Quality-focused Organization

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

Accreditation

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

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

Community Health Needs Assessment

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

Quality Improvement

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

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

Performance Excellence

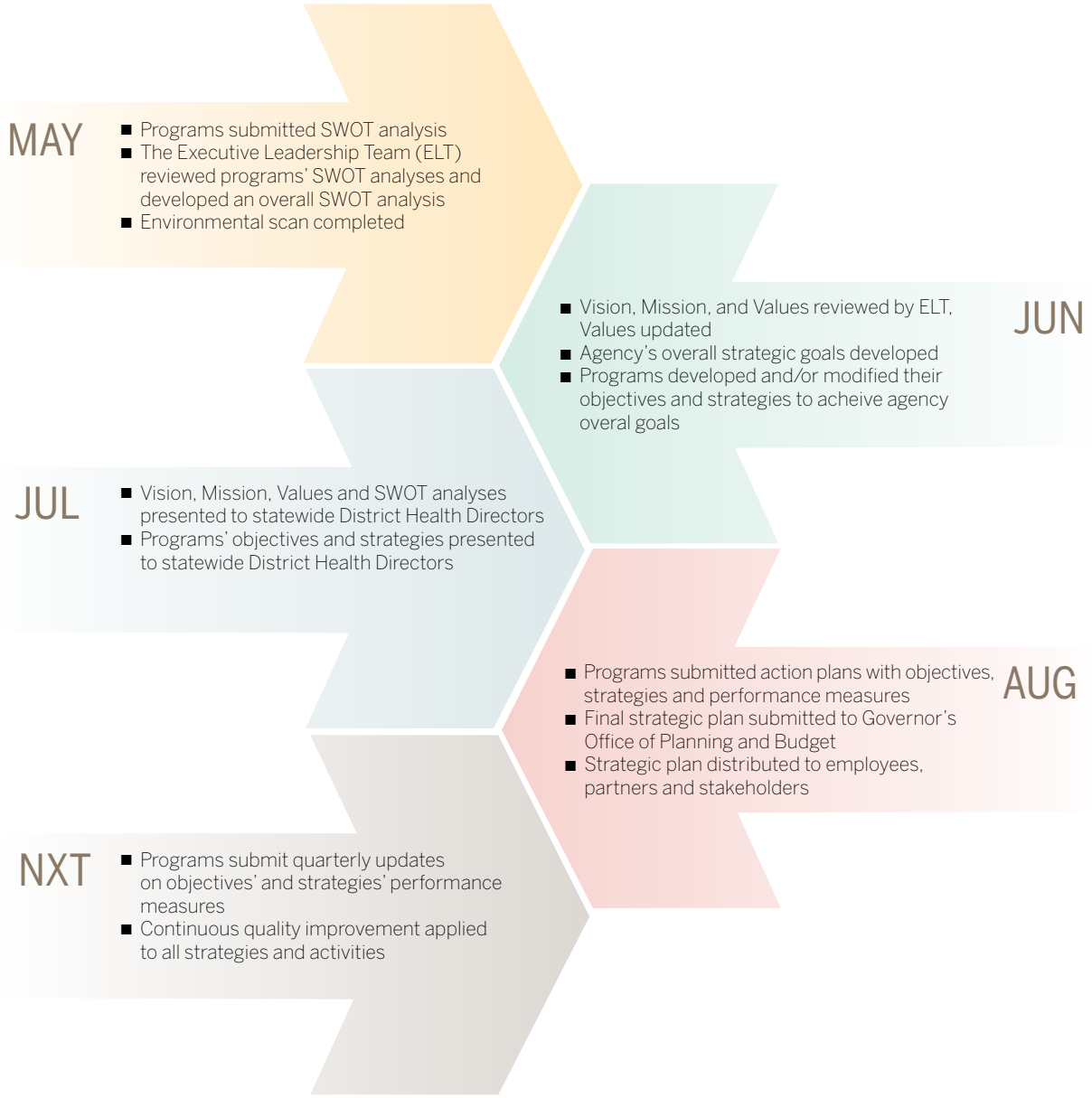
DPH is also committed to performance excellence. As such, DPH has implemented a new performance management system which assists programs in identifying and reporting performance measures on an ongoing and regular basis. Programs develop and submit action plans outlining their strategies and activities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

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

Strategic Planning Process

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

The 2015 strategic plan and process of obtaining program information is outlined below:



Strengths, Weakness, Opportunities & Threats (SWOT)

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

STRENGTHS

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

WEAKNESSES

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

OPPORTUNITIES

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

THREATS

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

Opportunities & Challenges

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

INFRASTRUCTURE

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

FUNDING

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

WORKFORCE ASSESSMENT

DPH has the advantage of having a knowledgeable and mature workforce. The majority of the workforce has been with public health for more than 5 years and the average age of our employees is over 45. Most salaries for departmental employees are significantly below the market salary which makes keeping qualified staff problematic as we compete with other health agencies in our community for competent employees. This problem has led to high vacancy and turnover rates in critical areas such as nursing, epidemiology, environmentalists, nutritionists and clinical laboratory personnel. This plan includes workforce development strategies designed to address these concerns.

Vision, Mission and Core Values

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

Vision — *A Safe and Healthy Georgia*

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

CORE VALUES

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

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

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

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

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

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

Goals, Objectives and Strategies for DPH Outcome Priorities

GOAL 1: Prevent disease, injury, and disability.

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

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

STRATEGY/**1.1.1**	Improve Aerobic Capacity (AC) HFZ measure for students in grades 4-12 by 1% each year for 4 years. By 2019, 63% of males and 49% of females will be inside the HFZ for AC.
UPDATE & REPORT OF PROGRESS **FY 17**	The percentage of males within HFZ remained at 55% for all quarters for FY 16. Percentage of females within HFZ remained at 41% for FY 16. Georgia SHAPE Continues to implement Power Up for 30 in elementary schools, in afterschool providers, and with pre-service teachers statewide. Current count is 872 schools and 167 afterschool providers to date, and over 450,000 students impacted.

STRATEGY/**1.1.2**	Increase the number of Quality Rated Early Care and Learning Centers that are Shape awarded by 100% over 4 years. By 2019, 150 centers will be Shape awarded.
UPDATE & REPORT OF PROGRESS **FY 17**	During FY 16, the number of early care and learning centers that were SHAPE awarded Quality Rated Early Care and Learning Centers increased from 79 to 81. Growing Fit Toolkit training (to approx. 50 people) scheduled for late summer 2016. This will increase policy awareness and allow ECEs to better adhere to 14 components measured through the Quality Rated Shape recognition.

Goals, Objectives and Strategies for DPH Outcome Priorities *(continued)*

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

STRATEGY/**1.1.3**	Increase Georgia's student population assessed via Fitnessgram assessment. By 2019, students assessed in school through Fitnessgram would improve from 76% to 90%.
UPDATE & REPORT OF PROGRESS **FY 17**	The percentage of Georgia students assessed via Fitnessgram will be reported at the end of fourth quarter. Fitnessgram weekly meetings were conducted throughout the year to help build capacity of end users of platform.

STRATEGY/**1.1.4**	Improve the Georgia Breastfeeding 6th month duration rate by 20% over 4 years, according to the CDC breastfeeding report card. The 6th month duration rate would improve from 40% to 48% by 2019.
UPDATE & REPORT OF PROGRESS **FY 17**	Georgia SHAPE increased awareness and participation of the Georgia 5 Star recognition program. Percentage of mothers breastfeeding to six month duration will be reported at the end of fourth quarter.

Students put their green thumbs to work while watering a garden built as part of the Georgia Shape Grantee project. These mini-grants enable schools to create nutrition and physical activity initiatives that promote health and wellness among students.

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

STRATEGY/1.2.1	Implement pilot project in high-burdened health districts to demonstrate the value of a comprehensive approach to control asthma in high-risk children through increased access to guidelines-based care, asthma healthy homes visits, and self-management education.
UPDATE & REPORT OF PROGRESS FY 17	Two pilot projects have been implemented. Caregivers of 24 asthmatic children in Augusta health district have completed self-management education (SME). Four of the 24 caregivers have completed the initial healthy homes visits. Environmental health (EH) resource constraints and caregivers scheduling barriers has slowed the home visit process. DPH Healthy Homes coordinator is working on a solution that may include having Macon EH specialists help with the completion of Augusta Healthy Homes visits.
STRATEGY/1.2.2	Reach early care centers and K-12 school environments statewide with opportunities to implement asthma-friendly policies and best practices.
UPDATE & REPORT OF PROGRESS FY 17	MOU exists between Clayton County BOH and Clayton County Public Schools. Contract to be initiated with Coffee County Schools in 2016. Approximately 900 children in early care settings have been impacted by GAME-CS training. As a result, two childcare centers have received Asthma-Friendly recognition. The Georgia Asthma Control Program (GACP) is partnering with the Allergy and Asthma Network on a multi-state initiative to develop standard online training for nursing and non-licensed delegates for the emergency administration of albuterol in schools for Fall 2016.
STRATEGY/1.2.3	Support health systems and health care providers in providing evidence-based asthma care and self-management education to children with asthma and their caregivers, especially children from families with low socio-economic status.
UPDATE & REPORT OF PROGRESS FY 17	Identifying real-time updated CNAs from hospital systems across the states presents a challenge as it is not readily available - may need modification to focus in health systems within high burden health systems only. GACP program has provided data, training and technical assistance to 4 health systems that have resulted in implementation of team-based care approaches.
STRATEGY/1.2.4	Increase the number of care management organizations and/or health plans providing reimbursement for comprehensive asthma care based in National Asthma Education and Prevention Program (NAEPP) guidelines.
UPDATE & REPORT OF PROGRESS FY 17	GACP plans to leverage resources from the CDC 6|18 project to provide technical assistance with a state specific business case model. Estimated completion September 2016.

Goals, Objectives and Strategies for DPH Outcome Priorities

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

STRATEGY/1.3.1	By 2019, 40 of the current 83 birthing hospitals will participate in the 5-STAR Hospital Initiative.
UPDATE & REPORT OF PROGRESS FY 17	Five presentations on the 5-STAR Hospital Initiative were conducted during FY 16 - baseline was 2 and the target was 10. Seven trainings were presented to the hospitals participating in the 5-STAR Hospital Initiative - baseline was four and target was five. Five hospitals participating in the 5-STAR initiative received recognition - baseline was 3 and target was 10. The program experienced barriers in making contact with key personnel within the respective hospital systems in attempting to achieve their target goals.
STRATEGY/1.3.2	Provide educational material to all birthing hospitals on the American Academy of Pediatrics (AAP) safe sleep guidelines.
UPDATE & REPORT OF PROGRESS FY 17	During FY 16, 77 hospitals were given a guide on implementing a Safe to Sleep Program - baseline was 0 and target was 5. Program experienced challenges and delays in securing funding to produce costly hardcopy guides which hospitals preferred over electronic copy.
STRATEGY/1.3.3	By 2019, birthing hospitals in targeted high infant mortality areas as well as the Regional Perinatal Centers will have adopted policies based on the AAP safe sleep guidelines.
UPDATE & REPORT OF PROGRESS FY 17	During FY 16, five hospitals submitted pre and post crib audits and policy statements - baseline was 0 and target was 5.
STRATEGY/1.3.4	By 2019, increase the percentage of women (ages 15 – 44) served in public health family planning clinics who use long-acting reversible contraception (LARC) to 15%.
UPDATE & REPORT OF PROGRESS FY 17	During first quarter of FY 16, 2,272 LARCs were added to the inventory in public health family planning clinics. During second quarter of FY 16, 2,144 LARCs were added to the inventory in public health family planning clinics. The program experienced a decrease in patients seeking services at public health family planning clinics in addition to an inability to market to promote and advocate for LARCs.

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

STRATEGY/**1.3.5**	By 2019, increase postpartum long-acting reversible contraception (PPLARC) in high-risk birthing hospitals.
UPDATE & REPORT OF PROGRESS **FY 17**	During FY 16, 11 hospitals collected data on PPLARC utilization - the baseline was 7 and the target was 10.

STRATEGY/**1.3.6**	By 2019, increase the number of County Health Departments providing Perinatal Case Management (PCM) services from 93 to 104.
UPDATE & REPORT OF PROGRESS **FY 17**	During FY 16, 93 county health departments provided Perinatal Case Management - baseline was 93 and target was 95.

Goals, Objectives and Strategies for DPH Outcome Priorities

Objective 1.4 | By 2019, decrease the annual rate of hospitalizations for diabetes by 25% (from 180.2 to 135) and for hypertension by 10% (from 73.3 to 65.7) over 2013 rates.

STRATEGY/**1.4.1**	Develop and test approaches to improve the delivery and use of quality clinical and other health services aimed at preventing and managing high blood pressure and diabetes, reducing tobacco use, and improving nutrition and weight management.
UPDATE & REPORT OF PROGRESS **FY 17**	**ACTIVITIES INCLUDED:** submitted T32 grant along with Emory to NIH to recruit and train fellows to work on cardiovascular disease disparities; pilot project in Coffee County to engage employers and the hospital in new approaches; implemented the Georgia Ask, Advise, Refer model in the EHRs of multiple health systems; testing a new text messaging support service for Quitline; completed the Georgia Diabetes Action Plan; collaborating with Blank Foundation on a Diabetes Prevention Program; the Georgia Clinical Transformation Team continues to produce its webinar series for healthcare providers on clinical quality issues.
STRATEGY/**1.4.2**	Increase links between aging, faith based organizations, other community organizations, EMS, public health, and health care systems to support prevention, self-management and control of diabetes, high blood pressure, and obesity.
UPDATE & REPORT OF PROGRESS **FY 17**	**ACTIVITIES INCLUDED:** participated in the Million Hearts project which specifically focuses on prevention and management of hypertension and building linkages between health systems and other partners; identifying and supporting additional sites (5 in SFY16) in becoming accredited providers of Diabetes Self-Management Education; partnering with the Georgia Pharmacy Association and South University to train community pharmacists in medication therapy management approaches; partnering with Kaiser and United Way to identify successful community health worker models that support diabetes and hypertension control.
STRATEGY/**1.4.3**	Expand access to local public health services that screen for and help to control chronic conditions, including hypertension, diabetes/pre-diabetes/tobacco use as well as improve nutrition and weight management.
UPDATE & REPORT OF PROGRESS **FY 17**	In SFY16; new nurse protocols for diabetes and hypertension were written and the trainings were developed (2 workshops and 4 webinars); training of 93 public health nurses completed in partnership with the medical school at Augusta University; 60 DPH staff trained as certified diabetes educators in partnership with Emory University and Grady Hospital; new protocols will launch September 2016. DPH sponsored DSME programs and clinical equipment inventory to determine health districts needs is underway. Training and pharmacologic protocols are being refined; and more than 8 districts have adopted the department's recommended tobacco cessation model.

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

STRATEGY/1.5.1	By 2019, identify and develop evidence-based training and resources for at least 3 high impact workforces that support expectant and new families in Georgia, with a goal of reaching and training at least 1,000 professionals.
UPDATE & REPORT OF PROGRESS FY 17	DPH has identified six high impact workforces that support expectant and new families in Georgia. The six workforces are: nurses (OB, pediatric, NICU, and public health), WIC staff (including nutritionists and front line staff) foster parents, Department of Family and Children Services caseworkers, early intervention specialists, and early care and learning instructors. Training of early care and learning teachers is set to begin in the fall. OB/NICU/Pediatric nurse training is ongoing, with public health nurse training to begin in the fall. WIC staff in all 159 counties have been trained and a second round of continuing education will begin in the fall. Training for foster parents, Department of Family and Children Services caseworkers, and early intervention specialists will begin in late 2016.

STRATEGY/1.5.2	By 2019, create a common language, data set and measurements across agency, provider and geography to enable data collection, sharing and performance monitoring to assess progress toward common goals children ages 0-3.
UPDATE & REPORT OF PROGRESS FY 17	The data and evaluation subcommittee of the Brain Trust for Babies has met to begin conversations around the creation of a common language, data set, and measurements across agency, provider and geography. Partners are currently identifying existing data sources and future data needs.

GOAL 2: Promote health and wellbeing.

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

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

STRATEGY/2.1.1	Identify opportunities to embed telehealth into systems of care, including ensuring integrated strategies for increasing access to specialty care services, to enhance patient experience while creating supportive environments, particularly in rural areas.
UPDATE & REPORT OF PROGRESS FY 17	The DPH Telehealth Hub was recently moved from Ware County to Pierce County to ensure rural status and rebated network costs. This has been a major undertaking but will truly allow DPH to continue providing services to hard to reach populations through county health departments. In addition, DPH is currently working on a pilot clinic/feasibility study for a Behavioral Health (Psychiatry) School Based Health Center Telemedicine Clinic in Lamar County.

STRATEGY/2.1.2	Foster collaboration between public health and primary care providers to increase access to care and improve health outcomes.
UPDATE & REPORT OF PROGRESS FY 17	programs will share an overview of their partnerships at the Health Care Partnership/Collaboration Summit scheduled for August 31, 2016. As of June 24, 2016, DPH has received 17 abstracts describing partnerships that are associated with increased access to care to be shared at the summit.

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

STRATEGY/2.2.1	Develop an enterprise platform to provide the technology support necessary for all of the Department's programs and services starting with care management, billing and payment and reporting/business intelligence/shared analytics (Informatics) to support performance and predictive analytics.
UPDATE & REPORT OF PROGRESS FY 17	DPH WIC/Care Management has completed the assessment, strategic plan and roadmap for the DPH IT Enterprise Platform. Requirements have been developed and procurement support has been established for the Enterprise Clinical Case Management System. The DPH WIC/Care Management initiative has completed an update version of IAPD based on FNS' preliminary feedback. The draft Care Management RFP has also been posted on the DPH Intranet website for review by the district management teams. **THE CLAIMS & PAYMENT (C&P) INITIATIVE IS:** • Developing the requirements and obtaining procurement support for the Enterprise Claiming and Payment System • D&P Work Groups are currently work on: Process Standard and Guidelines, Payment Methods, Types of Roles, Permissions, Programs Naming

STRATEGY/2.2.2	Increase utilization of technology and social media for educating public on public health information and for data monitoring and reporting.
UPDATE & REPORT OF PROGRESS FY 17	As social media continues to evolve and expand, Communications is evaluating the potential use of additional social media platforms for the dissemination of both emergency public health communications. One example currently in development is the use of Pinterest to educate parents and caregivers about reducing the number of preventable sleep-related infant deaths by soliciting photos of safe sleep practices being modeled from the public. With the assistance of epidemiology, a web-based tool for clinicians to aid in evaluation of patients was developed and launched this spring. This tool lists diseases from 231 countries for clinicians to consider when treating a returning traveler, as well as basic clinical tips, infection control information, and reporting requirements.

Goals, Objectives and Strategies for DPH Outcome Priorities

GOAL 3: Prepare for and respond to emergencies.

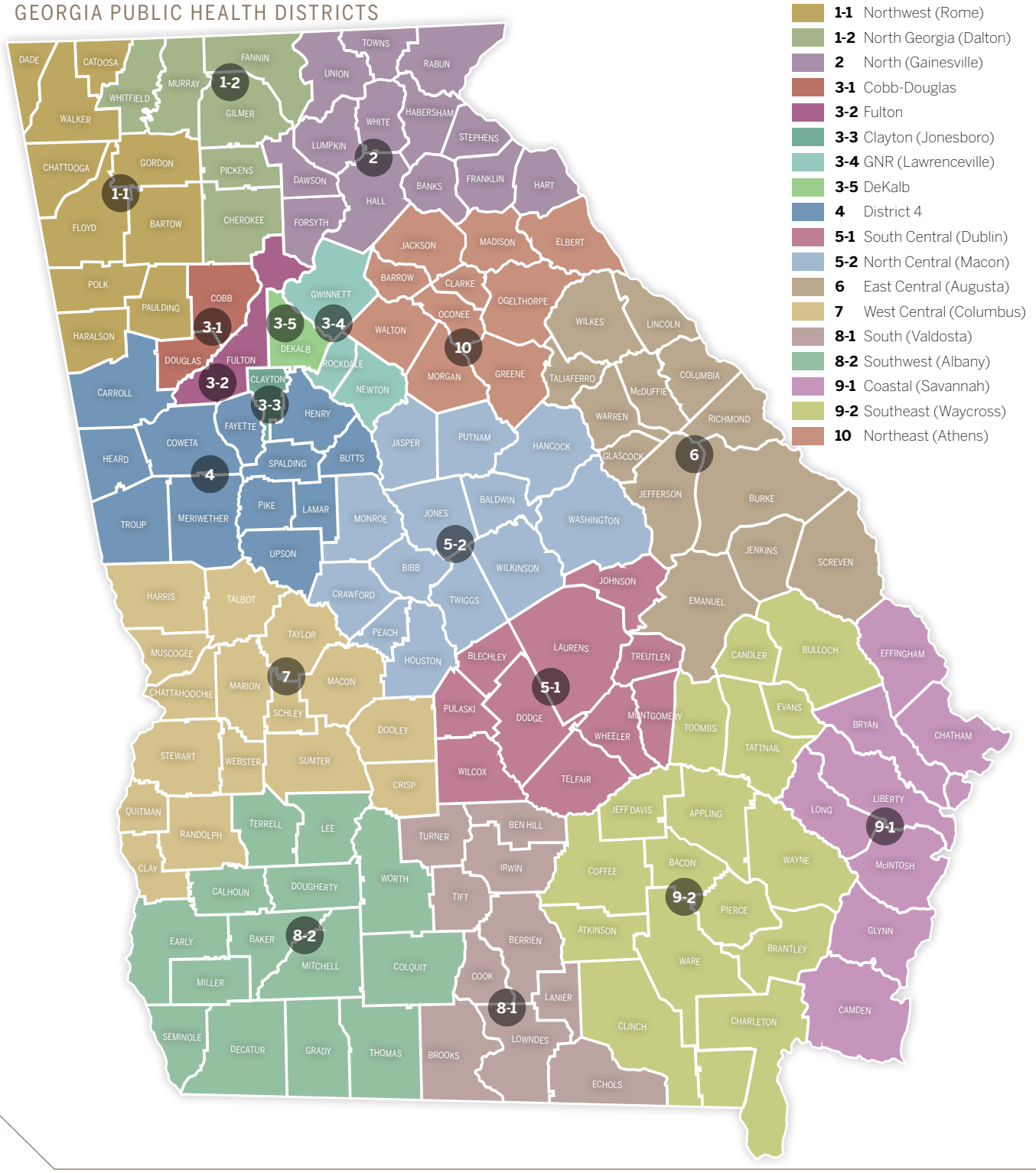
Insure efficient, effective and quality Public Health infrastructure to prepare for and respond to emergencies to safeguard the health and wellbeing of Georgians.

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

STRATEGY / 3.1.1	Develop and institutionalize culture of quality to continuously evaluate and improve processes, programs, and services provided by DPH.
UPDATE & REPORT OF PROGRESS FY 17	DPH's Quality Improvement and Performance Management programs have grown tremendously over the last year. The agency has established its initial performance management system including an internal performance dashboard. Development is in progress for an external facing dashboard to report high level program measures to partners, stakeholders and constituents. DPH has also developed its first Quality Improvement plan, supported by its QI Council and QI Champions, and has completed the first cycle of QI project solicitation and selection. Performance Management and QI trainings will be held July and September of 2016 and all staff will be required to complete an online QI training course by December 31, 2016.
STRATEGY / 3.1.2	Recruit, retain, and develop a workforce with skills focused on the following competencies: core, organizational, leadership, and job specific/professional.
UPDATE & REPORT OF PROGRESS FY 17	Beginning July 1, 2016, all programs will be required to submit interview questions along with their "request to fill" to ensure they are aligned with the behavioral interview standards. DPH Human Resources has also developed three new competency focused courses: Performance Management Form management training, E-performance management training, and Leadership Courses 1 & 2
STRATEGY / 3.1.3	Develop a system within the healthcare and public health communities of Georgia and the SE USA for the identification, isolation, transportation, and treatment of individuals with serious infectious diseases.
UPDATE & REPORT OF PROGRESS FY 17	Effective June 23, 2016, all 14 Healthcare Coalition regions in GA have received training on Ebola Viral Disease. The planning efforts and meetings that took place to develop and strengthen the Tiered Hospital concept and the EMS transport system, the Infectious Disease Transportation Network exemplified the collaboration of DPH and our partners this past year. PH emergency planners, Epidemiologists and EMS staff in 8 states in SE USA, the Unified Planning Coalition (UPC), participated in the first of its kind, CDC based virtual table top exercise.
STRATEGY / 3.1.4	Prepare, equip, credential, and maintain through training five Environmental Health Strike Teams to support and assist state and local jurisdictional disaster response.
UPDATE & REPORT OF PROGRESS FY 17	During FY 16, five of the eighteen health districts have implemented the Environmental Health Workforce Plan. Additionally, DPH's Environmental Health (EH) program conducted four EH Strike Team Call Down exercises and participated in the state's Hurrex Exercise. EH has also worked to review and maintain credential requirements for the EH strike team members.

Appendix A

GEORGIA PUBLIC HEALTH DISTRICTS



Appendix B
Environmental Scan

External Trends and Issues

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

STATE OF GEORGIA DEMOGRAPHICS

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

STATE OF GEORGIA ECONOMIC ISSUES

- The economy at the state and national levels is showing steady improvement.
- Between 2008 and 2012, the percentage of children in poverty increased from 20% to 27% of persons under age 18.
- Since the Great Recession the state unemployment has dropped from over 10% to 5.3%, but it remains higher than the national rate of 4.7%.
- State revenue collections have been growing steadily in recent years. Through May 2016 there has been an 9.9% increase over the previous year.

Appendix B
Environmental Scan *(continued)*

HEALTH POLICY

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

- All insurance plans will provide for expanded services encompassing prevention, chronic disease management, tobacco cessation, maternal and newborn care, and prescription drugs.
- Before implementation of the ACA, Georgia had the fifth highest number of uninsured in the U.S. with 19% of the population (1.67 million individuals) lacking coverage. According to the latest information from Kaiser Family Foundation, 18% of the state's residents are uninsured, the second highest rate in the country.
- An increase in Medicaid eligible population, coupled with a decrease in the number of providers accepting Medicaid patients could result in a significant increase in demand for local public health services.
- In 2013, 69.8% of children 19-35 months were fully immunized, a slight decline from previous years.
- Throughout the state, there are significant health disparities by race, ethnicity, population density, education, and county of residence. According to the UHF, the difference between the healthiest and unhealthiest counties in terms of overall mortality rates within Georgia is getting worse.
- There are substantial shortages of health professionals in the state especially in rural areas.

PUBLIC PERCEPTION AND EDUCATION

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

INTERNAL TRENDS AND ISSUES

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

WORKFORCE

- The Department of Public Health's workforce is divided into State Office staff and District/County staff. Some District/County staff hiring processes, including recruitment and selection are managed at the local level, while State Office human resources processes are completely managed at the state level. There are several issues facing the entire DPH workforce, however, including vacancy and turnover in key position classifications. Understaffing is also a concern throughout DPH as evidenced by a projected vacancy rate of 10% for FY 2016.
- The average age of the DPH state office workforce is 45 and the average age of the district public health workforce is 46. These numbers are significant when assessing the impact approaching retirements.
- DPH is currently one of the most understaffed agencies in state government. The turnover rate for FY 2016 is projected to be 18%, which is a 4% increase over the past year.
- Salaries for departmental employees are markedly below the market, which makes keeping qualified staff and building a skilled workforce problematic.
- All qualified state employees will receive a 3% performance based merit increase for FY 2017. Public health nurses will receive an additional increase in pay.
- Since the healthcare sector is continuing to expand, there is intense competition in many job categories critical for public health such as nurses, epidemiologists, nutritionists and lab technicians.
- The following table provides a summary of workforce demographics for the agency divided by state office personnel and district/local office personnel:

DPH Workforce Demographics (Current as of 5/31/2016)	**State Office Staff** (405)	**District/County Staff** (128)
Total number of positions	1,112	5,058
Total number of filled positions	999	5,431
Sex		
Male	24.82%	11.83%
Female	75.18%	88.17%
Race		
African American	57%	34%
Caucasian	35%	55%
Hispanic	3%	8%
Other	5%	3%
Average age	45.7 Years	44.9 Years
Years of Services		
<5 years	44.54%	44.39%
5 to 10 years	23.52%	20.56%
10 years	31.93%	35.24%

Appendix B
Environmental Scan *(continued)*

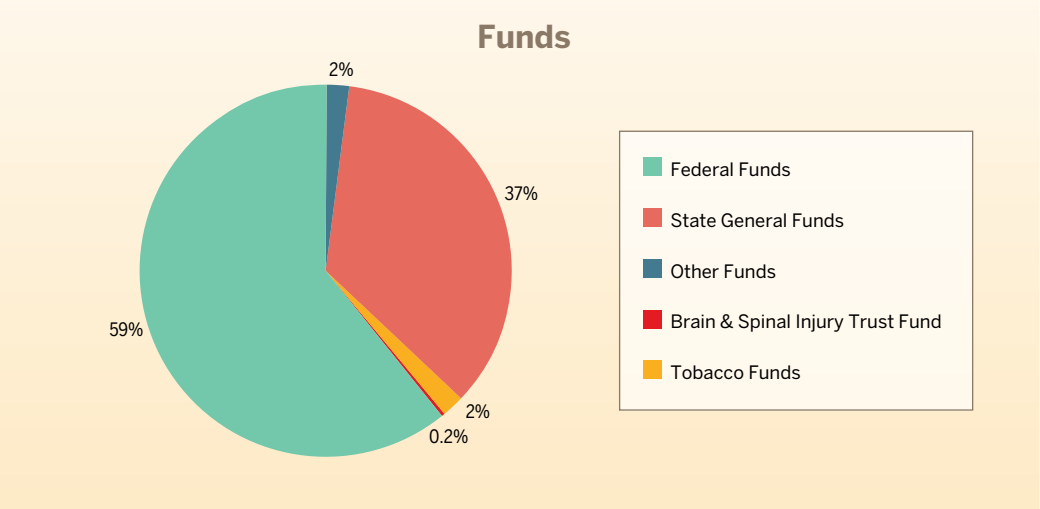
INFORMATION TECHNOLOGY

- Commonly sought information on health department clients and services—e.g., unduplicated count and number of visits across all programs—is not available.
- There is not a common platform for clinic information services.
- DPH worked with Gartner, Inc. to complete an assessment of our IT infrastructure which will be incorporated into a request for proposals for an Enterprise Care Management solution, to be released by the end of the year.
- Enterprise Care Management encompasses statewide clinical management, EHR, WIC and WIC/EBT, billing, claiming/payment and reporting/analytics.
- Funding for the initial phase has been made available from bonds.

FINANCE OVERVIEW:

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

The Department of Public Health's FY2017 Budget of $671,753,606 is comprised of various funding sources. The Department's budget includes funding that is appropriated for the two administratively attached agencies; the Georgia Trauma Care Network Commission of $16.3 million and the Brain and Spinal Trust $1.3million. The following graph illustrates the FY 2017 budget by fund source:



- The Department of Public Health budget is used to support the state public health office, the 18 district health offices and the 159 county boards of health. These funds provide direct support of local (district and county) public health activities. The FY2017 budget includes $113M for general grant-in-aid funding, and $25 million in state programmatic grant-in-aid and $110 million in federal programmatic grant-in-aid funds. The programmatic grant-in-aid funds along with the technical support and additional resources provided by the state office are the primary funding mechanisms for several of the initiatives outlined in the strategic plan. For the statewide clinical and billing system, the budget plan includes the use of federal dollars and additional capital outlay funding.

DISTRICT-STATE COMMUNICATIONS

When the department was established, district and state communications was identified as an opportunity for improvement. Since then, regular evaluations have been done, with the 2014 questionnaire marking the third year of the communications assessment, the second year measuring district customer satisfaction, and the baseline year for state customer satisfaction.

- Although there has been steady improvement over the past three years, state offices need to improve in the areas of timeliness, clear messaging, clear expectations and transparency.
- Among district staff surveyed, 45% said they are seldom or never included in state decisions affecting them; 34% of state respondents said their perspectives are not taken into account in district decision making.
- The range of positive satisfaction ratings for specific state programs goes from less than 80% of the district respondents to over 95%.
- State staff are highly satisfied with district customer service: 14 districts received positive responses from at least 95% of the respondents, with six rated at 99%; of the four at less than 95%, only one had a score lower than 90%.

Appendix B
Environmental Scan *(continued)*

QUALITY IMPROVEMENT AND ACCREDITATION

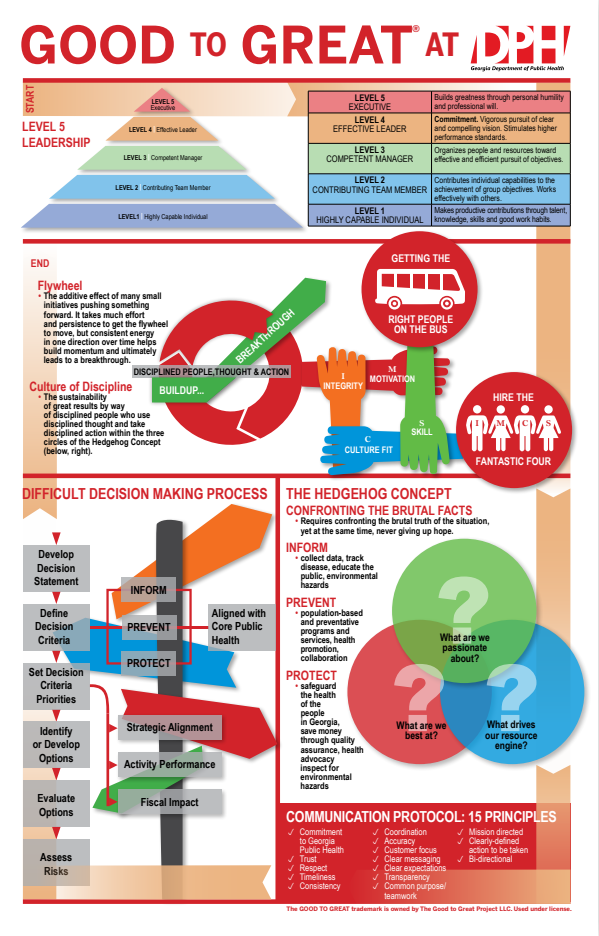
For the past three years, DPH has been putting in place Good to Great® concepts. A logical outcome of this activity was the department's commitment to become accredited and the establishment of a quality improvement program.

In quality improvement:

- A recent survey of state-level employees revealed an overwhelming majority, 93%, support committing time and resources to quality improvement.
- Less than 40 percent of the survey respondents regularly use QI tools and techniques.
- Only 1 in 10 of employees indicated they have been trained in QI.
- A Performance Management Team and a Quality Improvement Council have been established.

Related to accreditation:

- The department made the decision to apply for accreditation in early 2014.
- An accreditation coordinator manages the process of completing the prerequisites and guiding the collection of documents for each of the domains.
- It is anticipated the department will apply for accreditation in early 2017.



The Good to Great® journey, components of which are illustrated in this diagram led to the decision to seek accreditation and strengthened quality improvement activities at DPH.

Appendix C

State of Health

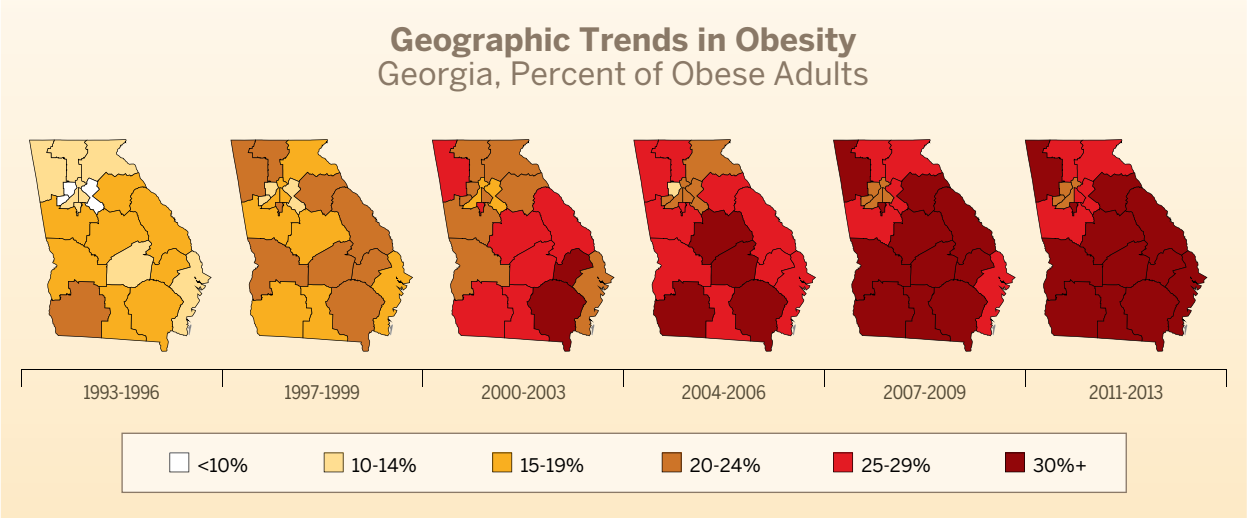
The State of Georgia was ranked 38th by the United Health Foundation (UHF) in a national health status comparison for 2014. This ranking has held steady since 2010 when it was 37th and represents a 5-position improvement from 43rd ranking in 2009.

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

OBESITY – Adult Obesity of 30.3% (2009 data) Rank 3

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

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



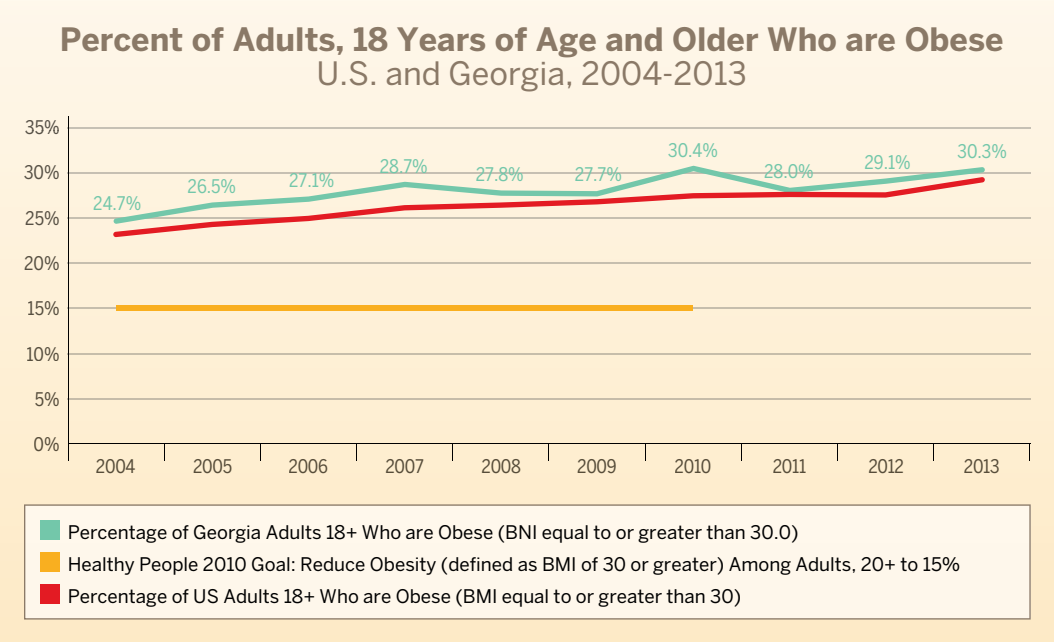
Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

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

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

Geographic Trends in Obesity

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



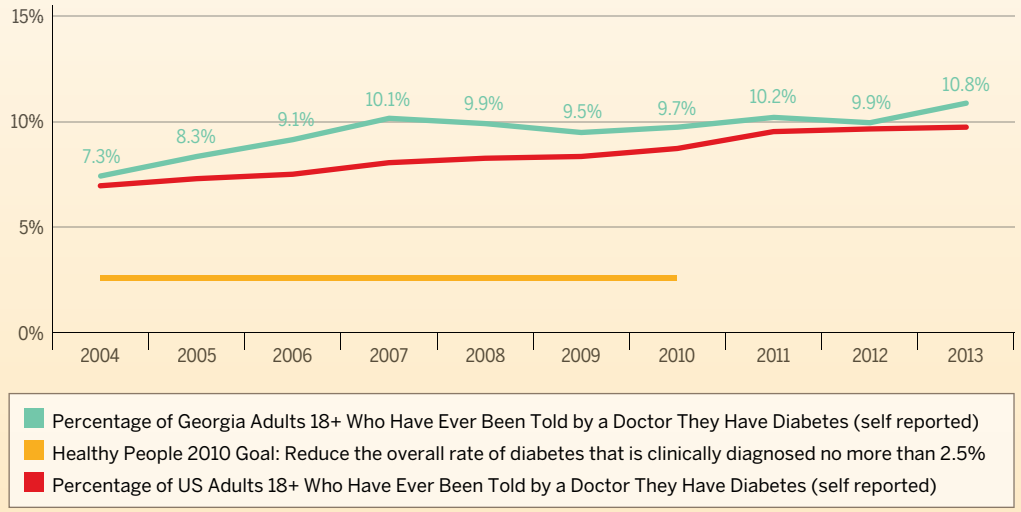
Obesity is self-reported. Body Mass Index (BMI) is measured as weight in kilograms/height in meters.
Source: Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS), http://www.cdc.gov/BRFSS/

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

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

Appendix C

Percent of Adults, 18 Years of Age and Older Who Have Diabetes
U.S. and Georgia, 2004-2013



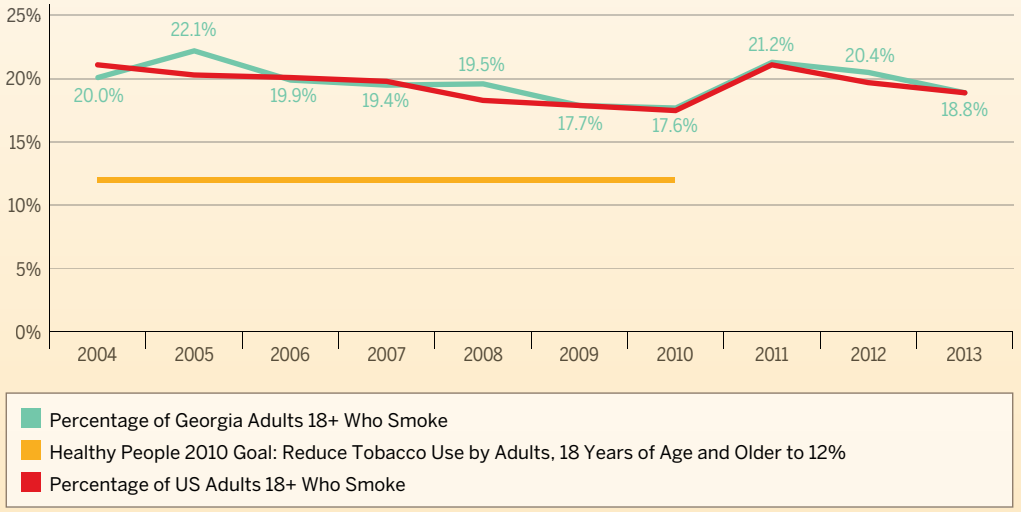
Source: Centers for Disease Control & Prevention (CDC), Behavioral Risk Factor Surveillance System Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2013 (accessed January 28, 2015) http://apps.nccd.cdc.gov/brfss/

TOBACCO - Prevalence of Smoking (17.6%) Rank 21st

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

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

Percent of Adults, 18 Years of Age and Older Who Smoke
U.S. and Georgia, 2004-2013



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

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

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

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

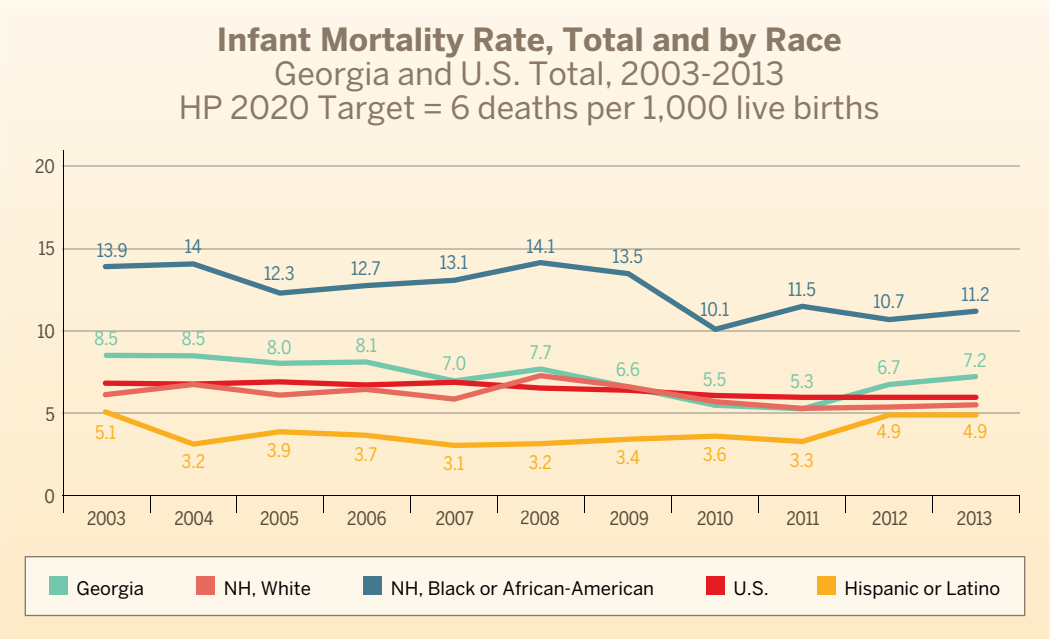
Infant mortality disproportionately affects racial-ethnic groups. Between 2011 and 2013, the IMR for Black non-Hispanics was two times higher than their White counterparts, 11.2 and 5.5 respectively.

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

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

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

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



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

Appendix D
Division/Program Descriptions

HEALTH PROTECTION

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

Epidemiology

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

Environmental Health

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

Emergency Preparedness/Trauma System Improvement

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

Infectious Disease and Immunization (IDI)

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

Pharmacy

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

Public Health Laboratory

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

DISTRICT AND COUNTY OPERATIONS

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

Office of Nursing

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

HEALTH PROMOTION

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

Health Promotion and Disease Prevention

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

Maternal and Child Health

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

Volunteer Health Care Program

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

FINANCIAL SERVICES AND OPERATIONS

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

INSPECTOR GENERAL

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

GENERAL COUNSEL

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

INFORMATION TECHNOLOGY

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

COMMUNICATIONS

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

CHIEF OF STAFF

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

Georgia Department of Public Health

2 Peachtree Street, NW
Atlanta, Georgia 30303-3142
dph.ga.gov