

**Georgia FY 2012
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2012

Submitted by: Georgia

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Executive Summary

The work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Fiscal Year 2012. It is submitted by the Georgia Department of Public Health as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award anticipated for the FY 2012 Preventive Health and Health Services Block Grant is \$2,370,084. This amount is based on funding update allocation table distributed by the CDC dated 06/13/2011.

Proposed Allocation and Funding Priorities for FFY 2012

Sexual Assault-Rape Crisis (HO 15-35): \$200,470 of this total amount is a mandatory allocation to the Department of Human Services, Division of Family and Children Services/Family Violence Services Program which provides this funding to provide access to twenty-four (24) hour rape crisis services, communities with sexual assault training, outreach and awareness programs, and prevention strategies that will change the attitudes of communities regarding non-consensual sex and violence.

Worksite Promotion of Nutrition Education and Weight Management (HO 19-16): \$370,084 of this total amount will be utilized to increase the number of Georgia worksites that develop healthy eating, nutrition education and weight management policies.

Worksite Physical Activity and Fitness (HO 22-13): \$380,000 of this total amount will be utilized to increase the number of Georgia worksites that develop physical activity and fitness policies, and provide opportunities for employees to participate in physical fitness activities.

Public Health Infrastructure (HO 23-6): \$1,419,530 of this total amount will be utilized to invest in the Georgia Department of Public Health Information Services Infrastructure to develop improvements to several key IT areas, and to build infrastructure to support enhanced tracking and reporting of clinical service data.

Funding Priority: State Plan (2011), Data Trend, Under or Unfunded

Statutory Information

Advisory Committee Member Representation:

Advisory Members have not been entered for this workplan.

Dates:	
Public Hearing Date(s):	Advisory Committee Date(s):

Current Forms signed and attached to work plan:
Certifications: No
Certifications and Assurances: No

Budget Detail for GA 2012 V0 R0	
Total Award (1+6)	\$2,370,084
A. Current Year Annual Basic	
1. Annual Basic Amount	\$2,169,614
2. Annual Basic Admin Cost	\$0
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$2,169,614
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$200,470
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$200,470
(9.) Total Current Year Available Amount (5+8)	\$2,370,084
C. Prior Year Dollars	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
13. Total Available for Allocation (5+8+12)	\$2,370,084

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$2,169,614
Sex Offense Set Aside	\$200,470
Available Current Year PHHSBG Dollars	\$2,370,084
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0
C. Total Funds Available for Allocation	\$2,370,084

Summary of Allocations by Program and Healthy People 2010 Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Family Violence/Sexual Assault Services	15-35 Rape or attempted rape	\$200,470	\$0	\$200,470
Sub-Total		\$200,470	\$0	\$200,470
Nutrition, Weight Status and Physical Activity	19-16 Worksite promotion of nutrition education and weight management	\$370,084	\$0	\$370,084
	22-13 Worksite physical activity and fitness	\$380,000	\$0	\$380,000
Sub-Total		\$750,084	\$0	\$750,084
Public Health Infrastructure	23-6 National tracking of Healthy People 2010 objectives	\$1,419,530	\$0	\$1,419,530
Sub-Total		\$1,419,530	\$0	\$1,419,530
Grand Total		\$2,370,084	\$0	\$2,370,084

State Program Title: Family Violence/Sexual Assault Services

State Program Strategy:

The Family Violence/Sexual Assault Program's goal is to provide awareness and education to Georgia's citizens on sexual assault prevention strategies that will change the attitudes of communities regarding nonconsensual sex and violence. Education and awareness are through trainings/presentations, technical assistance, community outreach and community collaboration. In addition, the program provides access to 24 hour rape crisis services.

The Family Violence/Sexual Assault Program's Health Priorities are:

1. Prevention and Education: To assist communities with developing and implementing primary prevention measures;
2. Response to Victims: To broaden a statewide, coordinated response to victims of rape and sexual assault; Strategize with statewide partners to improve service delivery.

Primary Strategic Partners include the following:

The network of 24 Department of Human Services funded rape crisis centers who are also the statewide Advisory Committee; Georgia Network to End Sexual Assault (GNESA), the state's federally recognized coalition; and Department of Community Health, Division of Public Health. The Sexual Assault Program collaborated with GNESA to develop three new rape crisis centers. GNESA continues to provide support and technical assistance to the the community and new centers. The Family Violence/Sexual Assault Program meet three times per year with rape crisis centers to strategize on increasing education and awarness and on methods to increase service delivery. Other key strategic partners include the Criminal Justice Coordinating Council, Georgia State University and the Georgia Council Against Domestic Violence.

Evaluation Methodology:

The Family Violence/Sexual Assault Program will evaluate programs using an outcome evaluation process to target both education to the community and response to victims in two ways: a.) through community satisfaction survey's on local sexual assault education and awareness. Client and participant satisfaction survey or other feedback systems will be utilized and its effectiveness reviewed to determine the provision of program services. The Rape Prevention and Education Grant and the Family Violence Prevention Services Act require sub-grantees to utilize this evaluation methodology. Many states' evaluate their programs using this evaluation methodology.

State Program Setting:

Rape crisis center

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 15-35 Rape or attempted rape

State Health Objective(s):

Between 10/2011 and 09/2012, DHS Sexual Assault Program will maintain a reduction in rape and attempted rape to no more than 21.7 per 100,000 persons

Baseline:

21.7 per 100,000 persons

Data Source:

Georgia Bureau of Investigations

State Health Problem:

Health Burden:

Violence does not discriminate. It spans all racial, age, and economic boundaries for both genders. One in six males are sexually assaulted before the age of eighteen and one in four women report that they have been victims of violence or stalking by a spouse, partner or date. These acts of violence take several forms including domestic violence, intimate partner violence, sexual assault and abuse, rape, incest, and elder abuse. Often multiple types of violence may be perpetrated within the context of the same relationship. During 2007, an estimated 44,823 violent crimes were reported in Georgia (www.gbi.georgia.gov). Of these crimes, 2,069 were rape cases and another 25,205 were assaults; both an increase from 2006. These statistics are actual documented cases; we know that large numbers of cases go unreported. According to the National Crime Victimization Survey, only 40% of victims report their rape to law enforcement. Most of the victims were women. A recent study funded by National Institute of Justice on women who had been physically assaulted by an intimate partner found that two-thirds of the women had also been sexually assaulted by that partner.[1] Violence against women is a major contributor to morbidity and mortality in Georgia. The 1995 Georgia Women's Health Survey reported that 30 percent of the state's women aged 15 to 44, had experienced intimate partner violence and 20 percent reported having experienced sexual assault. In Georgia, which ranks 7th in the country for its rate of female homicide, most victims were killed by an intimate partner (Georgia Fatality Review Project, 2006).

Victims who are abused, assaulted, stalked, or raped are not the only ones who are profoundly affected by these crimes. Secondary victims such as children, extended family members, friends, and co-workers also suffer from witnessing violence or seeing the physical, emotional and psychological effects from the violence. In addition, violence against women can affect pregnancy outcomes, often resulting in pre-term delivery and low birth weight infants. Victims of violence are more likely to engage in high-risk behaviors such as substance abuse, school dropout, heavy smoking, and unhealthy weight-control behaviors. High school girls who are victims of violence by dating partners are also four to six times more likely than their non-abused peers to have been pregnant and eight to nine times more likely to have attempted suicide the previous year.

Critical issues facing Georgia in addressing rape and intimate partner violence include the lack of community knowledge and awareness about prevalence and factors associated with rape and intimate partner violence; lack of coordination among state and community entities servicing victims of violence against women; and lack of availability of education, outreach, and crisis services in certain parts of the state. The rape crisis centers will provide services to any victim, regardless of county of residence. However, the 24 rape crisis centers provide full services to 93 of 159 counties and limited services to an additional 25 counties.

[1] Taylor, Lauren R.; Gaskin-Laniyan, Nicole Sexual Assault In Abusive Relationships, 2005.

Target Population:

Number: 9,685,744

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 7,526,668
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: ACCREDITATION STANDARDS –SEXUAL ABUSE/ ASSAULT VICTIM SERVICES STATE OF GEORGIA. The standards were developed by Florida and Pennsylvania and are considered to be best practices standards in becoming an accredited state. The standards are being adapted in Georgia.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$200,470
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$200,470
Funds to Local Entities: \$200,470
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Increase and Mobilize Partnerships

Between 10/2011 and 09/2012, The Family Violence Unit in the Georgia Department of Public Health will increase the number of partnerships related to Sexual Assault Program to include collaborative efforts with 28 additional state and local agencies from 5 to 7.

Annual Activities:

1. Attend State Advisory, Panel or Board Meetings

Between 10/2011 and 09/2012, The Sexual Assault Program staff will attend the State Advisory, Panel or Board meetings and discuss collaborative efforts needed regarding sexual assault awareness and education for the community and professional staff.

2. Conduct Advisory meetings

Between 10/2011 and 09/2012, Conduct 3 meetings yearly to discuss strategies towards actively engaging partners within the committee.

Essential Service 7 – Link people to services

Objective 1:

Direct Services from Community-based Sexual Assault and Prevention Agencies

Between 10/2011 and 09/2012, the community-based sexual assault and prevention agencies for Georgia (24) will provide a full range of direct services to **2,000** primary and secondary victims of sexual assault who request services.

Annual Activities:

1. Provision of Direct Services

Between 10/2011 and 09/2012, Through the contract process, the 24 community-based sexual assault and prevention agencies will provide direct services, including operating a 24 hour crisis line; crisis intervention; information and referral services; forensic medical examinations; medical, personal and legal advocacy; and follow up contact to all primary and secondary victims of rape and sexual assault.

2. Provision of Training

Between 10/2011 and 09/2012, through the contract process, the 24 community-based rape crisis centers will provide training to public health staff and other community agencies to increase awareness and enhance the use of resource referrals.

3. Provision of Technical Assistance/Site Visits

Between 10/2011 and 09/2012, the Family Violence/Sexual Assault Program will provide technical assistance in the form of site visits, technical assistance calls, and advisory group meetings for contractors to improve service delivery.

State Program Title: Nutrition, Weight Status and Physical Activity

State Program Strategy:

The obesity epidemic in the state of Georgia is due to a myriad of factors as highlighted above and includes: increased consumption of energy-dense foods, decreased fruit and vegetable consumption, decreased physical activity and increased sedentary behavior. These factors are all present when examining adult worksites; the increased reliance on unhealthy vending machine options, the loss of cafeterias in many worksites due to tough economic times, and the general increase in sedentary jobs have all contributed (Escofrey, 2011). Interventions aimed at increasing healthy behaviors at the workplace have had positive results and have identified strategies that could be useful for new worksite health initiatives (Hutchinson 2011, Gilson 2011). Without workplace health initiatives and interventions, there will be little progress in obtaining a healthier workforce and decreasing the prevalence of obesity in the state of Georgia.

State Program Setting:

Work site

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Title: Worksite Wellness Coordinator

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Title: Occupational Health Nurse

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Title: Registered Dietician

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 3

Total FTEs Funded: 3.00

National Health Objective: HO 19-16 Worksite promotion of nutrition education and weight management

State Health Objective(s):

Between 10/2011 and 09/2016, increase system supports that promote healthy eating among Department of Public Health employees.

Baseline:

TBD

Poor diet has contributed to the rise in obesity.

Only 1 in 4 (25%) adults in Georgia consumes five (5) or more servings of fruits and vegetables daily.

Data Source:

Behavioral Risk Factors Surveillance Survey

State Health Problem:

Health Burden:

The prevalence of adult obesity in Georgia is at an all-time high. Nearly 30% of adults are obese, and another 35% are overweight (BRFSS, 2010). These estimates have nearly doubled over the past 25 years and continue to rise. This burden affects all individuals, regardless of age, race, gender, income or education level. Physical activity levels among adults in Georgia is also low, with less than half (46%) of adults meeting recommendations. Furthermore, only 28% of Georgia adults meet recommendations for fruit and vegetable consumption.

Target Population:

Number: 1,392
Ethnicity: Hispanic
Race: African American or Black, Asian
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:

Number: 1,197
Ethnicity: Hispanic
Race: African American or Black
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Behavioral Risk Factors Surveillance Survey

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$370,084
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:

Policies that support healthy eating

Between 10/2011 and 09/2012, DPH Worksite Wellness Coordinator will increase the number of policies that support healthy eating for Department of Public Health employees from 0 to 1.

Annual Activities:

1. Environmental Scan

Between 01/2012 and 03/2012, conduct an environmental scan to assess healthy eating supports within DPH.

2. Implementation of Environmental Scan Recommendations

Between 03/2012 and 09/2012, develop guidelines for healthy vending options; develop vending point of decision prompts; develop healthy eating communication plans.

3. Breastfeeding policy

Between 03/2012 and 08/2012, institute a Breastfeeding Friendly Workplace Policy.

National Health Objective: HO 22-13 Worksite physical activity and fitness

State Health Objective(s):

Between 10/2011 and 09/2016, increase system supports that promote physical activity among Department of Public Health employees.

Baseline:

TBD

Adults do not get enough regular physical activity. The percentage of regularly active adults in Georgia are as follows:

- 1 in 2 adults are regular active.
- Men (51%) are more likely to be regularly active than women (45%)
- Young adults aged 18-24 years (62%) are more likely to be active than older adults aged 65 and older (39%).

Data Source:

Behavioral Risk Factors Surveillance Survey

State Health Problem:

Health Burden:

The prevalence of adult obesity in Georgia is at an all-time high. Nearly 30% of adults are obese, and another 35% are overweight (BRFSS, 2010). These estimates have nearly doubled over the past 25 years and continue to rise. This burden affects all individuals, regardless of age, race, gender, income or education level. Physical activity levels among adults in Georgia is also low, with less than half (46%) of adults meeting recommendations. Furthermore, only 28% of Georgia adults meet recommendations for fruit and vegetable consumption.

The obesity epidemic in the state of Georgia is due to a myriad of factors as highlighted above and includes: increased consumption of energy-dense foods, decreased fruit and vegetable consumption, decreased physical activity and increased sedentary behavior. These factors are all present when examining adult worksites; the increased reliance on unhealthy vending machine options, the loss of cafeterias in many worksites due to tough economic times, and the general increase in sedentary jobs have all contributed (Escofrey, 2011). Interventions aimed at increasing healthy behaviors at the workplace have had positive results and have identified strategies that could be useful for new worksite health initiatives (Hutchinson 2011, Gilson 2011). Without workplace health initiatives and interventions,

there will be little progress in obtaining a healthier workforce and decreasing the prevalence of obesity in the state of Georgia.

Target Population:

Number: 1,392
Ethnicity: Hispanic
Race: African American or Black, Asian
Age: 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 1,197
Ethnicity: Hispanic
Race: African American or Black
Age: 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Behavioral Risk Factor Surveillance Survey

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$380,000
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:

System supports that promote physical activity

Between 10/2011 and 09/2012, DPH Worksite Wellness Coordinator will increase the number of policies that support increased physical activity for DPH employees from 0 to 1.

Annual Activities:

1. Environmental Scan

Between 11/2011 and 02/2012, conduct an environmental and policy scan to assess physical activity supports within DPH.

2. Policy recommendations implementation

Between 03/2012 and 09/2012, implement phase one of environmental recommendations to support physical activity: 1) identify and promote walking trails; 2) develop stairwell beautification projects; 3). institute on-going structured physical activity opportunities; 4) implement policy recommendations to support physical activity.

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State Program Title: Public Health Infrastructure

State Program Strategy:

The Georgia Department of Public Health is proposing to invest in the information services infrastructure to develop a core capability around a Master Patient Index (MPI). This MPI would create a data system to collect and store patient and clinical service data from 159 counties across the state. The DPH strategy will leverage several existing capabilities within DPH. These capabilities include the DPH State Electronic Notifiable Disease Surveillance System (SENDSS) which currently provides state-wide, real-time interconnectivity for data collection to entities across the state. This effort will also leverage DPH's On-Line Analytical Statistical Information System (OASIS) which provides an extensive analytical toolset based on a data warehouse of a wide range of health indicators for the State of Georgia.

The proposed effort will combine the demonstrated data collection and data management, integration and analytic capability and apply that expertise to the clinical data that currently exists within the local PH entities to create a new DPH capability. This capability will enhance both delivery of clinical services and management of the PH operation on a state-wide basis. The infrastructure developed to enable creation MPI will be designed to be scalable to satisfy needs beyond clinical service data to enable integration of non-clinical PH program data. The ability to link clinical data with program data will enable significant improvement program tracking and success as well as enabling assessment of potential improvement in health outcomes demonstrated by clinical data.

State Program Setting:

Other: State of Georgia Department of Public Health

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 23-6 National tracking of Healthy People 2010 objectives

State Health Objective(s):

Between 10/2011 and 09/2012, The Georgia Department of Public Health proposes to develop and build a state-wide infrastructure to support enhanced tracking and reporting of clinical service data.

Baseline:

No existing state-wide system.

Data Source:

State of Georgia environmental scan of data tracking and surveillance capabilities.

State Health Problem:

Health Burden:

The Georgia Department of Public Health (DPH) is a highly federated system composed of 159 autonomously governed Counties grouped into 18 State Administrative Districts. Each of these counties has pursued individual strategies in the acquisition of key technology infrastructure- foremost of which is the Clinical Information System (CIS). The independence of the county technology solution and the lack

of infrastructure investment at the State level have led to key gaps in information capacity and the ability to conduct state-wide analyses.

A critical capability gap is the inability to capture, track and analyze clinical service at a state-wide level. DPH is currently unable to analyze or report on the number of patients seen or number and type of services delivered across the state at local health departments without pursuing a manually intensive, multi-month data collection effort.

In order to better track and manage Public Health service delivery across the state, DPH needs to build infrastructure to support enhanced tracking and reporting of clinical service data. Enhancing this capability will greatly improve the DPH's ability to effectively allocate state resources (dollars and staff) across the state to optimize achievement of state-wide PH goals as well as support the state's mandated move towards Electronic Medical Records and Health Information Exchange.

Target Population:

Number: 159

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 159

Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Assessment of Objective Data Availability (AODA), CDC, NCHS

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$1,419,530

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$1,419,530

Funds to Local Entities: \$1,419,530

Role of Block Grant Dollars: Start-up

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 5 – Develop policies and plans

Objective 1:

Information Services Infrastructure

Between 10/2011 and 09/2012, Georgia Department of Public Health Information Services Task Force will develop 1 integrated data collection and data management infrastructure.

Annual Activities:

1. Integration of Non-Clinical DPH Program Data

Between 10/2011 and 09/2012, the Georgia Department of Public Health will develop the Information Services infrastructure's capability to integrate non-clinical DPH program data into the Master Patient Index (MPI)

2. Link Clinical Data with DPH Program Data

Between 10/2011 and 09/2012, the Georgia Department of Public Health will increase the ability of Information Services to link clinical data with DPH program data, track program successes, and assess improvements in health outcomes.

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