

North Central Health District Strategic Plan 2023-2028



Georgia Department of Public Health


North Central Health District


Adopted on 3/15/2023


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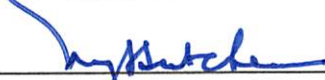
Strategic Plan Signature Page

This plan has been approved and adopted by the following
North Central Health District Executive Leadership Team and County Board of Health Members:

 Date 3/15/23
Thomas Craft, M.D.
Interim District Health Director


 Date 3/15/23
Amber Erickson, DrPH, MPH
Director of Epidemiology, Community Assessment, and Research Initiatives


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Nancy Jeffery, DrPH, MPH, RDN, LD
WIC Nutrition Services Director

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Morris Hutcheson, CPA
Development & Special Projects Director

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Marilyn Middlebrooks
Human Resources Director

 Date 3/15/23
Sylvia Woodford, MBA
District Financial Administrator

 Date 3/15/23
Judy McChargue, RN
District Nursing Director

 Date 3/15/23
Karen Ebey-Tessendorf, MPH
District Program Manager

 Date 03/15/2023
Laurice Bentley
Emergency Preparedness Director

 Date 3.15.23
Carla Coley, REHS
Environmental Health Director



Date

6/8/23

Dr. Janet Harrison

Chair, Baldwin County Board of Health



Date

6-6-2023

Dr. Freddy Gatton

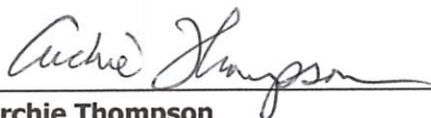
Chair, Crawford County Board of Health



Date

Helen (Sistie) Hudson

Chair, Hancock County Board of Health



Date

5/11/2023

Archie Thompson

Chair, Houston County Board of Health

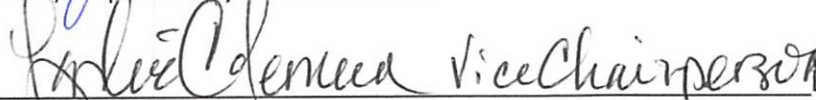


Date

4-12-2023

Don Jernigan

Chair, Jasper County Board of Health

 ViceChairperson

Date

6/27/23

Ed Barbee

Chair, Jones County Board of Health

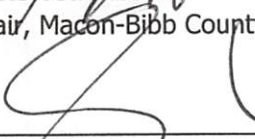


Date

4-17-23

Chris Tsavatewa

Chair, Macon-Bibb County Board of Health

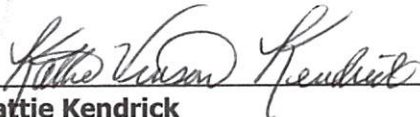


Date

6/12/23

Dr. Jeremy Goodwin

Chair, Monroe County Board of Health



Date

6-13-2023

Kattie Kendrick

Chair, Peach County Board of Health



Date

4/5/2023

Glenda Ridley

Chair, Putnam County Board of Health

Shannon Hart

Shannon Hart

Chair, Twiggs County Board of Health

Date 2 May 2023

Dr. Jennifer Tarbutton MD

Dr. Jennifer Tarbutton

Chair, Washington County Board of Health

Date 15 June 2023

Carla Sappe

Carla Sappe

Vice Chair, Wilkinson County Board of Health

Date 26 June 2023

Strategic Plan Record of Adoption & Changes

Strategic Plan Adoption Date:		
Date of Revision/ Alteration	Initials of Staff Responsible	Description of Changes
3/15/2023	AE	ADOPTED

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Introduction

North Central Health District (NCHD) has developed a strategic plan to create thoughtful interrelationships between the organization's mandates, priorities, opportunities, and to maximize resources. This document serves as the framework upon which the district can build in order better to serve its population by describing roles, responsibilities, threats, issues, and strategic direction.

The strategic plan serves as a tool to help the district promote a healthier Central Georgia community by setting the foundation to drive organizational improvement. This strategic planning document is a roadmap for NCHD from July 1, 2023 to June 30, 2028, and is supported by mandates, work plans, the Quality Improvement (QI) Plan, the Workforce Development Plan, the Performance Management System. A detailed list of organizational and programmatic mandates is in Appendix A.

Background

NCHD is part of the Georgia Department of Public Health (DPH) and serves a population of 548,019 individuals residing in 13 Central Georgia counties: Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, and Wilkinson. Each county has one health department, overseen by a County Board of Health that is composed of designated community leaders and led by the District Health Director (DHD) who serves as the executive director of each board. The district office, led by the DHD, serves as an administrative hub for all 13 counties and houses public health programs that serve each county.

Strategic Planning Process

NCHD utilized National Associations of County & City Health Officials (NACCHO) Strategic Planning Guide and the Public Health Accreditation Board (PHAB) Standards and Measures, Version 2022 to guide its process and ensure evidence-based standards and recommendations for strategic planning have been met. Due to competing priorities involving the response to the COVID-19 Pandemic, staff retention, and changes in leadership, the process started in November 2021 and was extended through March 2023. A strategic planning committee was convened to provide input into the process and to create a document that will guide the direction of NCHD from July 1, 2023 to June 30, 2028.

Executive Leadership Team (ELT)

Thomas Craft, MD, Interim District Health Director (2022-present)
Nancy Jeffery, DrPH, MPH, RDN, LD, WIC Nutrition Services Director
Morris Hutcheson, CPA, Development & Special Projects Director
Marilyn Middlebrooks, Human Resources Director
Sylvia Woodford, MBA, District Financial Administrator
Judy McChargue, RN, District Nursing Director
Karen Ebey-Tessendorf, MPH, District Program Manager
Laurice Bentley, Emergency Preparedness Director
Carla Coley, REHS, Environmental Health Director
Amber Erickson, DrPH, MPH, Director of Epidemiology, Community Assessment, and Research Initiatives (Led Strategic Planning Process)
Reneé Haynes, MD, MPH, District Health Director (2018-2022)

Strategic Planning Committee

Includes all members of the ELT plus the individuals below.

Michael Hokanson, Public Information Officer/Risk Communicator
Dan Giammetta, IT Director
Julie Parson, QI/QA Coordinator

Kayla Mathis, MHS, WIC Strategic Planner
 Holly Ireland, Quality and Data Manager, HOPE Center
 Neal Modi, MPH, Deputy Director of Environmental Health Operations
 Shondreka Webster-Reese, MPH, Bibb County Environmental Health
 Jimmie Smith, MD, MPH, Macon-Bibb Health Department Administrator
 Belinda Hunt, LPN, Children 1st/EHDI District Coordinator
 Lisa Wiles, Babies Can't Wait District Coordinator
 Jami Pearson, IT System Analyst
 Kayla Walker, Epidemiology and Environmental Health Administrative Assistant

Small Group Feedback and Listening Session Participants

All staff and Board of Health members, along with some community partners, were invited to virtual small group listening and feedback sessions throughout the strategic planning process. The sessions were specifically held to review the following areas: Mission, Vision, Values (designated as M in session attended), SWOT Analysis (designated as S), Priority Area feedback (designated as P) session.

Name	Staff/External Partner	Session Attended
Sharon Pettit	Staff	M
Michaela Howell	Staff	M
Dan Stewart	External Partner	M, S
Linda Beasley	Staff	M
Alysia Johnson	Staff	M, S
Chambreé Harris	Staff	M
Melanie Lucas	Staff	M
Paula Upshaw	Staff	M
Vicki Huff	Staff	M
Miranda Helms	External Partner	M
Alan Wells	Staff	S
Carlene Robinson	External Partner	S
Millicent Jordan	Staff	S
Christina Samuel	External Partner	S
Octavia Richmond	Staff	S
Megan McIntosh	Staff	S
Lori Nix	Staff	S
Desiree McBride	Staff	S
Katherine Cannon	Staff	S
Chris Sikes	Staff	S
Stephanie Robinson	Staff	S
David Gowan	External Partner	P
Dan Perdue	External Partner	P
Teresa Cochran	Staff	P
Kristine Garner	Staff	P
Ranicka Walker	Staff	P
Jasmine Anderson	Staff	P

Priority Area 1: Funding and Resource Development Subcommittee

Judy McChargue, RN, District Nursing Director, Subcommittee Lead
Morris Hutcheson, CPA, Development & Special Projects Director
Jami Pearson, IT System Analyst
Danielle McNair, Billing Specialist
Marilyn Middlebrooks, Human Resources Director
Sylvia Woodford, MBA, District Financial Administrator
Jessica Green, MBA, Budget Analyst Supervisor
Richard Craft, Deputy Director of Training and Development
Erica Shaw, MPH, Assistant Resource Coordinator
Ramona Barnett, MPH, Informatics Epidemiologist

Priority Area 2: Re-Establishing Public Health's Identity Subcommittee

Michael Hokanson, Public Information Officer/Risk Communicator, Subcommittee Lead
Morgan Williams, MPH, Marketing Specialist
Alicia Wright, MPH, Health Equity Coordinator
Holly Ireland, Quality and Data Manager, HOPE Center
Shondreka Webster-Reese, MPH, Bibb County Environmental Health
Belinda Hunt, LPN, Children 1st/EHDI District Coordinator

Priority Area 3: Workforce Development Subcommittee

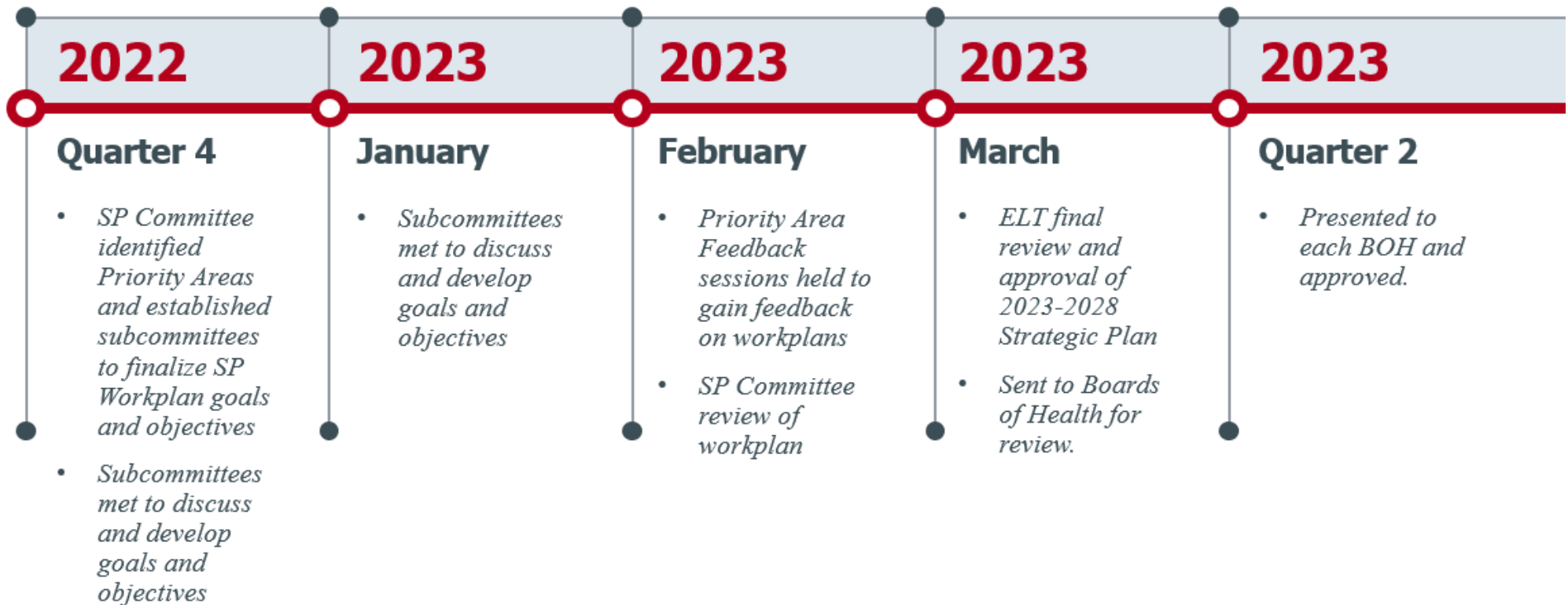
Patrice Lagroon, MPH, Training & Development Specialist/Workforce Development, Subcommittee Lead
Judy McChargue, RN, District Nursing Director
Jami Pearson, IT System Analyst
Kayla Mathis, MHS, WIC Strategic Planner
Ashton Shiver, Emergency Preparedness Training and Exercise Coordinator
Nancy Jeffery, MPH, RDN, LD, WIC Nutrition Services Director
Morgan Williams, MPH, Marketing Specialist
Richard Craft, Deputy Director of Training and Development
Lisa Wiles, Babies Can't Wait District Coordinator
Ernestine Taylor, District Administrative Support Supervisor



Strategic Plan Timeline



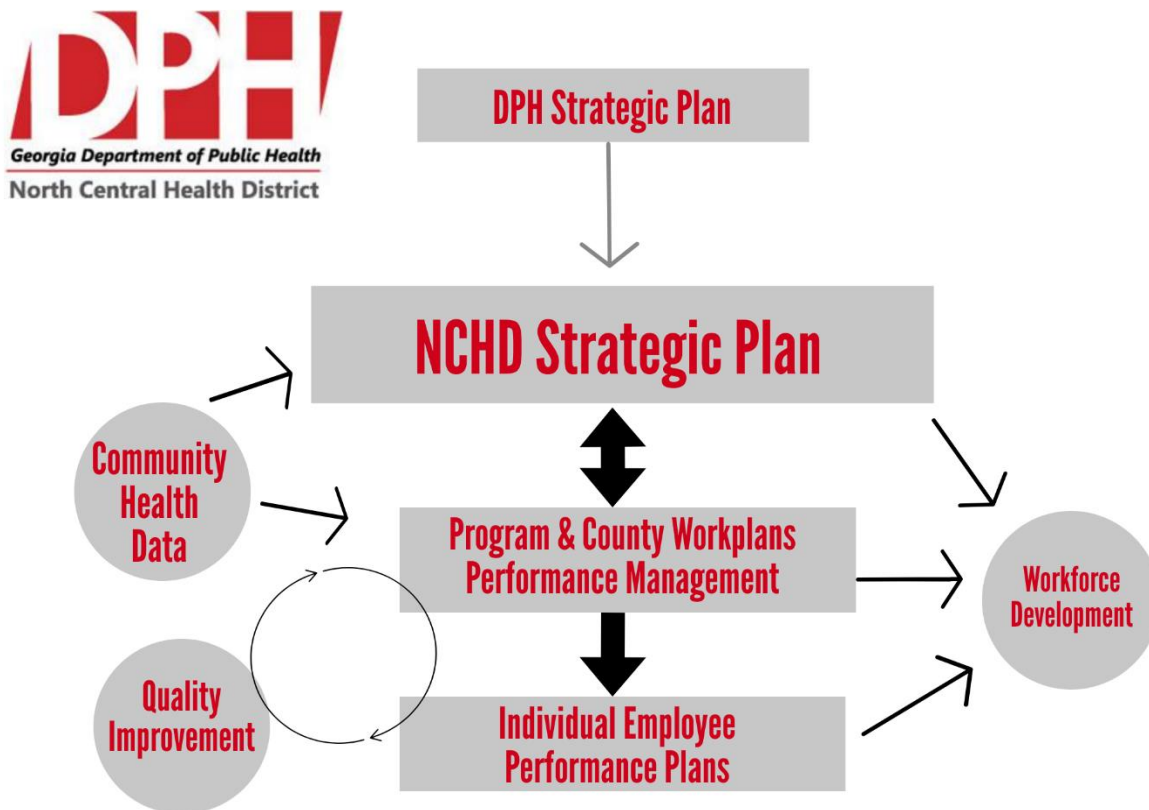
Strategic Plan Timeline



Plan Linkage

NCHD's Community Health Assessment (CHA) was published in July 2022. (See <https://northcentralhealthdistrict.org/health-assessment-and-improvement/> for the 2022 Community Health Assessment covering all 13 counties). NCHD's QI Plan was originally adopted in May 2014 with subsequent updates as needed and has successfully fostered a culture of quality to help support strategic priorities. The Workforce Development Plan was first adopted in March 2016, however, as found in the Strategic Priority: Workforce Development workplan, the plan needs an update due to changes in our workforce since its last iteration in 2018. The Performance Management System was also implemented in early of 2016, however, due to the 2020 COVID-19 Pandemic was placed on hold and the process is currently being updated and once finalized will align with the Strategic Plan.

The workplan of the NCHD Strategic Plan has been developed to fully document progress made towards reaching the plan's goals, objectives, and strategies. The work plan also includes a unique coding system that codes each strategy to other NCHD plans and program workplans as well as the five critical dimensions of Public Health 3.0.



Plan Review

NCHD will request the priority area leads to update the strategic work plan quarterly and will host an annual review of the Strategic Plan with NCHD's Management Team and ELT. During the annual review meetings each goal, objective and strategy is reviewed and discussed to identify updates and revisions to the plan and to document all work being done towards reaching the goals, objectives, and strategies. The work plan is not attached to this document due to its size; however, it can be found by all staff on the NCHD intranet and may be requested by partners via email to Amber Erickson at amber.erickson@dph.ga.gov or Julie Parson at julie.parson@dph.ga.gov.

Vision

Leaders in innovative, effective, accessible, and equitable public health practices that advance the health and wellbeing of all the communities we serve.

Mission

NCHD is dedicated to preventing disease; promoting health; preparing for and responding to public health emergencies through education, service, advocacy, and collaboration.

Values

Collaboration: We initiate and foster partnerships by sharing information, resources, and ideas to improve health outcomes.

Diversity & Inclusion: We value diversity and inclusion in our workforce and in the communities we serve. We respect the role they play in providing culturally appropriate services that address health disparities.

Integrity: We provide science-based information and exhibit professionalism while carrying out the principles of the ethical practice of public health.

Quality: We apply evidence-based practices that deliver excellent programs and services to create an environment in which public health continuously improves.

Service: We are responsive to the health needs of our communities and to the provision of accessible and equitable services by a dedicated workforce.

Strengths, Weaknesses, Opportunities, and Threats

NCHD Strategic Planning Committee's assessment of internal strengths and weaknesses, along with external threats and opportunities provided helpful context for the strategic plan. The results are listed in the graphic below. These will help NCHD's ability to move toward the mission and vision. The results will also be used to identify goals and objectives.

The data sources used to compile this analysis include:

- 2016-2020 Strategic Plan
- 2022 SWOT Small Group Listening Sessions
- 2022 NCHD Workforce Satisfaction Survey

Strengths

Data

- Large Amount of Data collected
- Reliable, consistent, and well utilized
- Improved health communication

Marketing

- Open to Innovate methods and a wide variety of sources.

Workforce

- Flexible, Adaptable, Committed
- Well skilled where trainings are present
- Knowledgeable about emergency preparedness

Partnerships

- Cooperated with medical community
- Good community awareness

Services

- Awareness, availability, and accessibility to programs
- Empowerment of the community through education

Opportunities

Grants, Funding and Research

- Utilize available grants for public health research and practice

IT

- Use of DocuSign to obtain signatures beyond business office processes (ie HR onboarding documents, clinic forms, etc)
- Update EMR

Workforce

- More professional development
- Increase nurse practitioners with prescriptive authority
- Manager and Leadership training
- Develop career paths for employees

Partnerships

- Increased collaboration and communication (e.g., BOH members, politicians, and community leaders)
- Ease of referrals

Services

- Use of social media platforms and creative marketing
- Program evaluation and quality improvement
- Expansion of dental services, counseling, acute care, and health education
- Adding more health specialties to telemedicine clinics

Policies and Systems

- Awareness of health disparities and health equity.

Weaknesses

Funding

- Some programs lack sustainability due to time limited funding sources
- Funding is siloed

IT

- Software updates
- Lack of teleworking opportunities for county staff

Workforce

- Need competitive higher pay
- Poor worker mental health
- High staff turnover
- Lack of career development and training
- Limited communication between programs

Population Served

- Indigent and non-citizens have limited access
- Rural areas have limited access
- Limited Transportation
- Stigmatization of offered services

Governance

- Engagement with counties
- Transparency from state officials

Threats

Funding

- Budget cuts and overall low funding

IT

- Cybersecurity threats (e.g., malware, hacking, phishing, and ransomware)

Workforce

- Nursing and other staff shortages
- Knowledge gaps
- Large staff turnover
- Competing with private industry for staff

Resources

- Low resources in rural areas
- Low health literacy
- Strained partnerships, weaponized politicization, pandemic fatigue
- Limited ease of service
- Supply chain issues and office space
- Limited resources for behavioral health

Policies and Systems

- Passage of harmful legislation
- Systemic racism and health disparities
- Misinformation and misinterpretations

North Central Health District Strategic Priorities, Goals, and Objectives 2023-2028

Priorities

The three strategic priorities are:

- Funding and Resource Development
- Re-establishing Public Health's Identity
- Workforce Development

These strategic priorities were chosen because information collected across various platforms and through committee conversations indicated that they are key areas where the district needs to make significant progress.

In order to decrease the gaps in healthcare access and improve health outcomes, NCHD requires consistency in staffing and the ability to expand traditional and non-traditional public health services. The goals and objectives found within the priority area of funding and resource development are to increase funding, improve technology, break down programmatic silos, and improve infrastructure to ensure that staff can provide safe, collaborative, and evidence-based services.

Public Health visibility increased during the COVID-19 pandemic. That identity is very much intertwined with pandemic response and not our regular scope of programs and services. It is essential that we continue to educate our staff, partners, and community members about public health's roles and responsibilities in order to ensure access to care, which is an essential public health service.

NCHD recognizes the importance of having a workforce that possess the skills and knowledge necessary to carry out the essential services of public health as well as our mission, vision, and values. NCHD utilizes both general and discipline-specific competency sets, resources, and guidance materials available through the Public Health Foundation, CDC, NACCHO and others in order to provide the training and develop the skills of our current workforce.

Goals and Objectives

Priority Area 1: Funding and Resource Development

Person Responsible for Reporting: Director of Epidemiology, Community Assessment and Research

Team involved in meeting goals: Director of Development and Special Projects, Assistant Resource Coordinator, Human Resources Director, District Administrator, Director of Epidemiology, Community Assessment and Research, QI/QA Coordinator, Informatics Epidemiologist, Deputy District EH Director of Training and Development, IT Business Analyst, WIC Strategic Planner, Deputy Child Health Coordinator, IT Director, IT Systems Analyst, Billing Supervisor, District Nursing Director

Goal	Objective(s)
Goal 1: Establish and/or update Recruitment and Retention policies and procedures by June 2028.	Objective 1.1: Update internal process to provide funding allocations through general district funds for third party recruitment applications by July 2023.
	Objective 1.2: Increase attendance to job fairs that are applicable to public health career track by July 2024.
	Objective 1.3: Recruit positions at 100-120% of compa ratio's midpoint value using GDPH approved pay scale, contingent upon funding by July 2023.
	Objective 1.4: Define and/or update career paths for all positions by July 2025.
	Objective 1.5: Adjust current staff to appropriate positions based upon established career tracks contingent upon funding by July 2026.
	Objective 1.6: Establish and promote Succession Planning throughout the district for all positions by July 2025.
Goal 2: Develop and expand a broad range of both traditional and non-traditional Public Health Services that generate revenue and/or increase funding by June 2028.	Objective 2.1: Increase billing productivity by 15% for current services for the district.
	Objective 2.2: Explore new and innovative funding streams across all programs through grants, cross-sector collaborations, and strategic partnerships by June 2028.
	Objective 2.3: Expand clinic services by 10% to reach underserved populations within our health district by June 2028.

Goal 3: Seek funding opportunities and resources that are specific to advancing technology and improving infrastructure throughout the district by June 2028.	Objective 3.1: Ensure staff have access to technology that will assist them in effectively providing public health services by December 2027.
	Objective 3.2: Continue to improve and expand technology capabilities throughout the district by December 2027.
Goal 4: Utilize internal resources to create, evaluate, inform, and manage data for quality improvement and program management to meet NCHD's mission and vision on an ongoing basis by June 2028.	Objective 4.1: Re-establish the NCHD Program Performance Management System and incorporate necessary changes into an updated protocol that links to the strategic plan, quality improvement plan, and workforce development plan by December 2023.
	Objective 4.2: Incorporate all district programs, county health departments, and clinic workplans, goals, and objectives into the district program performance program system by December 2024.
	Objective 4.3: Create NCHD Informatics workgroup that consists of internal subject matter experts on internal data systems, data management processes, and program performance system across all district programs by June 2025 to establish program evaluation procedure and to identify data process needs.
Goal 5: Increase access to external resources by June 2028.	Objective 5.1: Establish a contract by December 2023 with an attorney to advise the district on county board of health issues.
	Objective 5.2: Further develop a grant and resource application process by December 2023 focused on funding existing programs and staff inclusive of competitive marketplace salaries and advancement.

Priority Area 2: Re-establishing Public Health's Identity

Person Responsible for Reporting: Public Information Officer

Team involved in meeting goals: Public Information Officer, Marketing Coordinator, Director of Epidemiology, Community Assessment and Research, QI/QA Coordinator, Informatics Epidemiologist, Director of Development and Special Projects, Assistant Resource Coordinator, Health Educators, Program Managers

Goals	Objective(s)
Goal 1: Educate Public, Stakeholders, Board of Health, Etc by June 2028.	Objective 1.1: Conduct community survey on Public Health - perception, service knowledge, etc. by December 2023.
	Objective 1.2: Present survey results to leadership, program managers, for buy in and feedback by April 2024.
	Objective 1.3: Create action plan based on survey results and feedback received by August 2024.
Goal 2: Expansion of Health Education, Communication, and Community Outreach Staff by June 2028.	Objective 2.1: Identify additional funding opportunities for communication and outreach programs that align with current NCHD mission, vision, and values along with community health needs by December 2024.
	Objective 2.2: Create talking points and implement process to educate city/county governments about the importance of investing in Public Health by December 2023.
Goal 3: Develop Marketing Policy and update processes to align with NCHD mission, vision, and values by June 2028.	Objective 3.1: Review and update existing branding guidelines and review changes with NCHD staff by September 2023.
	Objective 3.2: Develop branding policy to ensure that all materials, etc. are consistent and on-brand and NCHD staff are held to the developed standards by June 2024.

Priority Area 3: Workforce Development

Person Responsible for Reporting: Training & Development Specialist/Workforce Development

Team involved in meeting goals: Training & Development Specialist/Workforce Development, Deputy District EH Director of Training and Development, Emergency Preparedness Training and Exercise Coordinator, Public Information Officer, Marketing Coordinator, Director of Epidemiology, Community Assessment and Research, QI/QA Coordinator, Workforce Development, WIC Strategic Planner, District Administrative Support Supervisor

Goals	Objective(s)
Goal 1: Update and Implement a Workforce Development and Training Plan by June 2028.	Objective 1.1: Conduct workforce needs assessment by December 2023.
	Objective 1.2: Update Workforce Development Plan to ensure that current workforce needs are identified, diversity and inclusion are prioritized, and that all training, leadership development, and mentorship opportunities align with NCHD's Mission, Vision, and Values by June 2024.
	Objective 1.3: Prioritize and develop training initiatives that will create a highly trained, competent, customer-focused front-line work force by June 2024.
	Objective 1.4: Create and implement 3–5-year district training calendar, to include program and position specific requirements, by December 2024.
	Objective 1.5: Create and implement training communication protocol by December 2024.
Goal 2: Update and Implement a Workforce Appreciation and Recognition Policy by June 2028.	Objective 2.1: Update NCHD employee appreciation plan and standardize procedures to ensure they align with current processes and NCHD's Mission, Vision, and Values by December 2023.
Goal 3: Develop and implement internal processes and procedures that continuously orient public health workforce to available public health programs and internal resources by June 2028.	Objective 3.1: Update public health program orientation to include a written procedure for NCHD staff by December 2023.
	Objective 3.2: Develop internal program quick reference guide that is inclusive to all NCHD programs by June 2024.
	Objective 3.3: Create NCHD program specific videos, to also include county programs as well, to educate NCHD staff, partners, stakeholders, and the public on available resources by June 2025.
	Objective 3.4: Create and distribute annual report and state of district presentation to NCHD staff, partners, stakeholders, and the public by December 2023.

Appendix A: NCHD Mandates

Updated March 2023.

Program/Administrative Area	Mandate	Mandate Description
Children's Medical Services Program	The MCH Services Block Grant	Defines the major purposes of the State Block Grants. The Block Grant provides funds to improve the health of all mothers and children consistent with national health objectives and the state's identified needs.
Children's Medical Services Program	Title V of the Social Security Act, as amended by the Omnibus Budget Reconciliation Act of 1989 (OBRA-89), Public Law 101-239. Section (sec.) 501(a)(1)(A)-(D)	As one of the largest federal block grant programs, Title V is a key source of support for promoting and improving the health and well-being of the nation's mothers, children, including children with special needs, and their families. Outlines the state and federal programmatic requirements.
Children First: Early Hearing Detection and Intervention	O.C.G.A 31-12-2; 31-1-3.2	Reporting certain diseases and neonatal abstinence syndrome; confidentiality; reporting required of pharmacists; immunity from liability as to information supplied; notification of potential bioterrorism; hearing screenings for newborns.
Children First	Title V	As one of the largest federal block grant programs, Title V is a key source of support for promoting and improving the health and well-being of the nation's mothers, children, including children with special needs, and their families.
Babies Can't Wait	Babies Can't Wait/Early Intervention-- Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA)	to the maximum extent appropriate, early intervention services must be provided in natural environments, including home and community settings in which children without disabilities participate.

Environmental Health: Childhood Lead Poisoning Prevention	O.C.G.A. 31-41-10.	Seeks to eliminate lead poisoning through screening, monitoring and educating on the causes of lead poisoning, conducts environmental inspections to identify lead hazards; and requires lead hazard abatement of rental residential property and facilities identified with lead hazards. Provides training and education to medical providers and environmental health specialists.
Environmental Health: Body Art	O.C.G.A. 31-40; O.C.G.A. 16-12-5; O.C.G.A. 16-5-71	Establishes reasonable standards for individuals performing body art procedures and for the facilities from which the procedures are provided.
Environmental Health: Rabies Control and Vector borne Disease	O.C.G.A. 31-19; O.C.G.A. 31-2A-4(1)(2)	Reduces exposure to rabies through regulation requiring vaccination of animals; conducts animal bite investigation; and requires and monitors quarantine of exposed animals. Conducts surveillance and recommends management options for rabies control, mosquito control, rodent control and other vector disease carriers.
Environmental Health: Tanning Facilities	O.C.G.A. 31-38	Reduces illness and injury associated with tanning beds and devices. Requires tanning facilities to register with the Department of Public Health and provide information related to the model number and type of ultraviolet lamp used. Requires the posting of warning signs related to tanning and restricts tanning facilities from advertising and promoting tanning as safe and free from risk or that the use of a tanning device will result in medical or health benefits.
Environmental Health: Non-Public Water Supply	O.C.G.A. 31-2A-4; 31-3-4; O.C.G.A. 12-5-134 through MOU with Environmental Protection Division	Reduces water-borne illness associated with contaminated well water supplies through well assessments and well water sampling; advises individuals on well disinfection; conducts education outreach to consumers; and conducts training on well construction, location, protection and water-borne illness investigation.
Environmental Health: Control of Mass Gatherings	O.C.G.A. 31-27	Reduces illness and injury associated with events likely to attract 5,000 people or more and to continue for 15 or more consecutive hours. Requires permitting and inspection activities. Requires detailed plans for water and sewer service; food service; medical facilities; evacuation plans and emergency access.

Environmental Health: Emergency Preparedness	O.C.G.A. 31-12-1.1; 31-2A-4 (6) Georgia Emergency Response Plan ESF 8 responsibilities	Environmental health is responsible for shelter inspections, temporary food service operations, temporary water supplies and sewage disposal, insect and rodent control and other mitigation & recovery response activities.
Environmental Health: Chemical Hazards Program	O.C.G.A. 31-12-8; 31-12-1	Prevents illness and promotes quality of life through reduction and elimination of exposures to hazardous chemicals in the environment. Services include health assessments and health consultations; risk communication; technical assistance; community education and environmental health specialist training.
Environmental Health: Indoor Air	O.C.G.A. 31-12A; 31-2A-4, 31-3-4	"Smoke Free Act" Reduces illness and injury through enforcement, consultation and educational outreach on indoor air issues associated with secondhand tobacco smoke, mold, formaldehyde, radon, and other pollutants found in an indoor environment. Assists schools and other governmental facilities with investigation and managing indoor air complaints.
Environmental Health: Evaluation and Support Program	O.C.G.A. 31-2A-4(2); 31-2A-9; 31-3-5; 31-12-1	The DPH is responsible for oversight and/or supervision of all preceding programs. This is accomplished through policy and rule development, training, monitoring, assessment, auditing and evaluation activities provided by the programs with expert support by the Evaluation and Support program. This program oversees the collection and analysis of all data from the Statewide environmental health information system and works with each program to audit and evaluate data and develop performance metrics for measuring quality of each program area.
Environmental Health	GIA 040: EH Risk Assessment Communication	To identify people at risk for health problems from exposure to hazardous substances in the environment, determine relationships between exposure to hazardous substances and human diseases, coordinate/conduct lead and healthy homes investigations, and reduce or eliminate exposures of health concern.
Environmental Health: Food Service	O.C.G.A. 26-2	Protect the public health from the adverse consequences of unsafe foods

Environmental Health: On-Site Sewage Management	O.C.G.A. 31-3-5(b); O.C.G.A. 31-2A-11; O.C.G.A. 31-2A-12; O.C.G.A. 12-15	Minimize health problems related to untreated human sewage
Environmental Health: Public Swimming Pools	O.C.G.A. 31-45	Minimize illnesses and injuries associated with contaminated or hazardous conditions in or around swimming pools.
Environmental Health: Tourist Accommodations	O.C.G.A. 31-28	Minimize illnesses and injuries associated with insanitary or hazardous conditions in Georgia's tourist accommodations.
GA WIC Breastfeeding Support - Learn Together, Grow Together	7 CFR 246	Provide support to women enrolled on WIC to initiate and continue breastfeeding. Address barriers to breastfeeding by offering breastfeeding education, support, and role modeling
GA WIC, WIC Farmer's Market Nutrition Program and WIC Breastfeeding	7CFR 246	Provide supplemental foods, nutrition education, and nutrition counseling to eligible pregnant, postpartum breastfeeding, and non-breastfeeding women, infants, and children from birth to 5 years of age.
TB	O.C.G.A § 31-14-1	"Active tuberculosis"; definition; declaration of policy
TB	O.C.G.A § 31-14-2	Conduct of diseased person likely to expose others; Petition for commitment
TB	O.C.G.A § 31-14-3	Hearing on petition; notice of hearing; physical examination; court costs; attorney's fee; conduct of hearing
TB	O.C.G.A § 31-14-4	Service of copy of petition and order; penalty for failure to comply
TB	O.C.G.A § 31-14-5	Procedure where there is danger of diseased person absconding
TB	O.C.G.A § 31-14-6	Report of persons making examination; service of copies
	O.C.G.A § 31-14-7	Results of hearing; commitment to hospital or facility; dismissal of petition and release from custody; cost of transportation; review of commitment order
TB	O.C.G.A § 31-14-8	Period of confinement of patients committed under chapter
TB	O.C.G.A § 31-14-8.1	Continuation of confinement of patient; report required hearing

TB	O.C.G.A § 31-14-8.2	Appeal from orders of superior court or hearing examiner; costs; right to counsel
TB	O.C.G.A § 31-14-9	Procedure for securing discharge; petition for habeas corpus
TB	O.C.G.A § 31-14-10	Enforcement of rules and regulations by county boards of health
TB	O.C.G.A § 31-14-11	Taking into custody and return of committed person leaving hospital without authority
TB	O.C.G.A § 31-14-12	Applicability of commitment provisions to persons who obey rules and regulations of department
TB	O.C.G.A § 31-14-13	Order directing compliance with plan of evaluation or outpatient treatment; contempt
TB	O.C.G.A § 31-14-14	Immunity from liability
Epidemiology, TB, STD, EP	O.C.G.A § 31-12-2	Reporting disease; confidentiality; reporting required of pharmacists; immunity from liability as to information supplied; notification of potential bioterrorism
Epidemiology	O.C.G.A § 31-17-1	Enumeration of diseases deemed dangerous to public health
Epidemiology	O.C.G.A § 31-17-2	Report of diagnosis or treatment to health authorities
Epidemiology	O.C.G.A § 31-17-3	Examination and treatment by health authorities
Epidemiology	O.C.G.A § 31-19-4	Duty of notification; animal bites
Epidemiology	O.C.G.A § 31-12-2.1	Investigation of potential bioterrorism activity; regulations and planning for public health emergencies
Epidemiology	O.C.G.A § 31-12-3	Power to require immunization and other preventive measures
Epidemiology	O.C.G.A § 31-12-4	Isolation and segregation of diseased persons; quarantine
Epidemiology	O.C.G.A § 31-12-4.1	Smallpox vaccination and treatment program
Epidemiology	O.C.G.A § 31-17-4	Serologic tests of pregnant women
STD	O.C.G.A § 31-17-4.1	Chlamydia screening test
STD	O.C.G.A § 31-17-4.2	HIV and Syphilis Pregnancy Screening
STD	O.C.G.A § 31-17-5	Prophylactic treatment at childbirth
STD	O.C.G.A § 31-17-6	Regulation of laboratories
STD	O.C.G.A § 31-17-7	Consent of minor to medical or surgical care services; informing spouse, parent, custodian, or guardian
STD	O.C.G.A § 31-17-8	Penalty

BOH	O.C.G.A § 19-7-5	Georgia Child Abuse Reporting Law
BOH	O.C.G.A § 31-12-1	Power to conduct research and studies
BOH	O.C.G.A § 31-2A-2	Obligation to safeguard and promote health of people of the state, and empowered to employ all legal means appropriate to that end
BOH	O.C.G.A § 31-3-2.1	County board of health and wellness; power to quarantine
BOH	O.C.G.A § 31-5-3	Appeals
BOH	O.C.G.A. § 31-2A-4	Obligation to safeguard and promote health of people of the state, and empowered to employ all legal means appropriate to that end.
BOH	O.C.G.A. § 31-3-1	Creation of county boards of health.
BOH	O.C.G.A. § 31-3-2.1	county board of health and wellness; power to quarantine.
EP	O.C.G.A. § 31-12-1.1	"Bioterrorism" and "public health emergency" defined.