

Name of Source	Comparable to National Data Sets?	Strategic Data Need	Geographic Units	Age Group	Data Indicator(s)	Strengths	Limitations	Availability/Timeframe	Current Data Format	Current Data Gate Keeper or Link for Publicly Available Data	Current Data Owner
Georgia Student Health Survey 2.0 (GSHS 2.0)	Yes - some Substance Abuse questions in line with SAMHSA	Used for evaluation and social indicator studies	Statewide, System-level, School-level	6-12th grades	Substance Use, social norms, perceptions of harm, mental health indicators, serious thoughts of suicide (number, reasons), suicide attempts (number, reasons), trusted adult in school, weapons in school (access to means)	Includes all Georgia public school students	Self-reported, does not include out-of-school youth or private school students, permission needed by agencies outside DOE to access numbers lower than 6	Annual - usually available around May	Access via MOU, PDFs publicly available online	Cheryl Benefield (cbenefield@doe.k12.ga.us), Jeff Hodges (jhodges@doe.k12.ga.us), http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Curriculum-and-Instruction/GSHS-II/Pages/GSHS-Results.aspx	Georgia Department of Education (DOE)
Online Analytical Statistical Information System (OASIS)		Mortality, Hospital Discharge, Emergency Room Visits, mapping & tables, Community Health Needs Assessment dashboard, Leading Causes dashboard	Georgia, Rural vs. Non-Rural counties, County-level	ALL	Drug overdose deaths (with opioid types broken down - natural/semi-synthetic/synthetic, synthetic other than Methadone, Heroin, and Methadone), suicide deaths/hospital discharges/ER visits, mental & behavioral disorder deaths/hospital discharges/ER visits (including disorders related to drug use)	Depends on the data source/set	Depends on the data source/set	Annual	Display or download tables and/or maps through OASIS interface	Laura Edison, https://oasis.state.ga.us/	Georgia Department of Public Health (DPH), Office of Health Indicators for Planning (OHIP)
ER Visit Discharges	No	Identification of emerging events			Morbidity measures		Transition to ICD-10 codes, timeliness			Laura Edison	Georgia Department of Public Health (DPH), Office of Health Indicators for Planning (OHIP)
ER Visit Admissions	Varies a lot	Identification of emerging events			Morbidity measures		Transition to ICD-10 codes, timeliness			Laura Edison	Georgia Department of Public Health (DPH), Office of Health Indicators for Planning (OHIP)
Hospital Discharge and Emergency Department Discharges			Census tract-level	ALL	Morbidity measures for drug overdose, suicide ideation, and suicidal behavior/attempts		Transition to ICD-10 codes, timeliness (delay in hospital discharge data)			Laura Edison; HCPS data at https://bphc.hrsa.gov/datareporting/research/hcpsurvey/index.html	Georgia Department of Public Health (DPH), Office of Health Indicators for Planning (OHIP)
Georgia Vital Records Data	National Center for Health Statistics (NCHS), Vital Statistics Online Data Portal	Birth, infant death, fetal death, mortality multiple cause		ALL	Birth, birth-infant death (period linked vs. birth cohort linked), mortality multiple cause, fetal death			Annual depending on indicator (birth up to 2017, mortality up to 2016)	PDFs, zip files, or CDC WONDER interface for national data	Laura Edison, DPH Death Records; NCHS data at https://www.cdc.gov/nchs/data_access/vitalst atonline.htm	Georgia Department of Public Health (DPH); Centers for Disease Control & Prevention (CDC), National Center for Health Statistics (NCHS)
National Electronic Injury Surveillance System (NEISS)	NEISS is national data	All injuries (non-fatal and fatal), primary purpose of consumer product-related injuries occurring in the U.S.		ALL	Product (groups, subgroups), injury (including drug overdose, firearms), self-harm, age, sex	Total number of product-related hospital emergency department visits nationwide can be estimated from sample of cases reported in NEISS		Annual for most recent 20 years, most recent calendar year available in April of following year	Excel, tab delimited text, SAS, PDF reports	https://www.cpsc.gov/Research--Statistics/NEISS-Injury-Data	United States Consumer Product Safety Commission (CPSC)
Georgia Emergency Medical Services Information System (GEMSIS)	National Emergency Medical Services Information System (NEMSIS)	Naloxone administration, identifying current geographic and/or temporal trends, including documenting drug overdose-related EMS trips/ED visits	County-level	ALL	Number of EMS responses where Naloxone was administered (by incident county & incident counts), patients using EMS services, EMS trip records					David Newton (Deputy Director, Office of EMS and Trauma)	Georgia Department of Public Health (DPH), Office of EMS and Trauma

Georgia Violent Death Reporting System (GA VDRS)	Yes, to 32 other National Violent Death Reporting System (NVDRS) States	In-depth details about suicide deaths	State-level (NVDRS-funded states only)	ALL	Cause or mechanism of injury (including weapon type - e.g. firearm/poisoning), known circumstances, known place of injury, manner of death (suicide or homicide), toxicology results by drug type, pregnancy status, homeless status, military status	Granular data on mental health issues, known circumstances, toxicology (alcohol/other substances), linked with GBI/ Child Fatality Review/Domestic Violence Review, linked by relationship (related incidents across sources)	Data depends on how well the coroners/law enforcement/medical examiners document information; active cases not included	Annual - CDC WISQARS publicly available data 3 years behind; DPH possibly 1-2 years behind		Rana Bayakly	Georgia Department of Public Health (DPH), Epidemiology Section
Youth Risk Behavior Surveillance System (YRBS)	CDC's Youth Risk Behavior Surveillance System (YRBSS)	Prevalence and age of initiation of various health risk behaviors (substance use, suicide, physical activity, eating habits, behaviors that contribute to unintentional injuries/violence)	State-level on OASIS (national data has DeKalb County only - not representative of the state)	Middle school, high school	Age of initiation, alcohol use, drinking and driving, HIV/AIDS, lifetime drug use, suicide, tobacco use, unintentional injuries, victimization, violent behaviors, weapon carrying, current drug use (high school only), drug transactions (high school only)		Self-reported, smaller sample size, national data only includes DeKalb County and isn't representative of Georgia, cannot be compared with GSHS 2.0	Every other year (odd years only) - up to 2013 on OASIS	Excel, Text File, SAS	Rana Bayakly, OASIS https://oasis.state.ga.us/oasis/yrbs/ , CDC https://www.cdc.gov/healthyyouth/data/yrbs/index.htm	Georgia Department of Public Health (DPH), Epidemiology Section
Georgia Behavioral Risk Factor Surveillance System (BRFSS)	CDC's Behavioral Risk Factor Surveillance System (BRFSS)	Knowledge, attitudes, and health behaviors (alcohol use, cardiovascular disease, general health, health care access, tobacco use, more)	Public health district-level (on OASIS), state-level (OASIS and CDC), or metropolitan statistical area (CDC)	Adults 18 years and older	OASIS: Chronic conditions, risk behaviors (binge drinking, heavy drinking, no health coverage, no medical due to cost, physical inactivity, poor health, smokeless tobacco, smoking), preventive practices (doctor visit in past 12 months, HIV testing 18+, no personal doctor, pap smear, seatbelt use, more); CDC: E-cigarette use, alcohol consumption, health care access/coverage, chronic health indicators (depression), demographics (age, disability, education, employment, hearing, income, internet, marital status, number of children, race, rent/own home, sex, veteran status), injury (drink and drive), tobacco use	Comparable across states, 2014 methodology maintains representativeness/coverage/validity while reducing potential for selection bias with new weighting	Self-reported, modules depend on funding	Annual - CDC BRFSS up to 2018; DPH up to 2014 / 2010 and before grouped in 5-year blocks	Excel, Text File, SAS	Rana Bayakly, OASIS https://oasis.state.ga.us/oasis/brfss/qryBRFSS.aspx , CDC https://www.cdc.gov/brfss/data_tools.htm	Georgia Department of Public Health (DPH), Epidemiology Section
Prescription Drug Monitoring Program (PDMP)	Some comparable indicators among states, but states may have different systems/policies, determined by state law; no comprehensive national PDMP data and no uniform way of accessing PDMP data across states	All Schedule II-V drug prescriptions dispensed and reported	County-level, state-level	ALL	Opioid analgesic prescriptions, opioid prescription patients and prescription rates, days per opioid prescriptions, % patients receiving average daily dose >= 90 morphine milligram equivalents of opioid analgesic drugs, multiple provider episodes for opioids (5+ prescribers dispensed at 5+ pharmacies), opioid naive patients receiving long-acting opioids, patient days with overlapping opioid prescription, patient days with overlapping opioid & benzodiazepine prescription		Some prescriptions obtained in another state or by mail could be missing (out-of-state pharmacies data), rates not age-adjusted	2016-2017 data and report available	PDF Reports (https://dph.georgia.gov/drug-overdose-surveillance-unit)	Sheila Pierce (Director of PDMP, Opioid Program Director), Nicholas Heaghney (Opioid Compliance Specialist)	Georgia Department of Public Health (DPH), Epidemiology Section, Drug Overdose Surveillance Unit
Medical Examiner Drug Overdose Database	No			ALL	Toxicology, demographics (record numbers - can be traced back to medical examiners/coroners)				Online interface, spreadsheets available	Georgia Bureau of Investigation	Georgia Bureau of Investigation
		Outlet density for alcohol/tobacco			Alcohol licensures, tobacco licensures			Annual	Excel	Howard Tyler	Georgia Department of Revenue (DOR)

		Underage retail sales for alcohol/tobacco			Underage alcohol compliance, underage tobacco compliance			Annual	Excel	Howard Tyler	Georgia Department of Revenue (DOR)
Fatality Analysis Reporting System (FARS)	FARS is national data	Alcohol-related crash deaths	State-level for specific indicators, otherwise national-level		Motor vehicle traffic fatalities by state and highest driver BAC in the crash (total fatalities, numbers and percentages by BAC breakdowns)		Does not include non-traffic crashes (e.g. driveways or other private property) or deaths that occur >30 days after the motor vehicle crash; BACs not available for all fatalities, so BAC estimates use multiple imputation process	Annual	PDF - "Alcohol-Impaired Driving Traffic Safety Fact Sheet"	https://crashstats.nhtsa.dot.gov/#/	National Highway Traffic Safety Administration (NHTSA), calculated by CDC
National Forensic Laboratory Information System (NFLIS)	NFLIS is national data	State, local, and federal forensic laboratory drug chemistry analysis results of substances secured in law enforcement operations, monitoring illegal drug abuse and trafficking, diversion of legally manufactured pharmaceutical drugs into illegal markets, supports drug regulatory and scheduling efforts and informs drug policy/enforcement initiatives	Mostly national-level, but also some regional, state, and city data		Overall drug seizure trends, drugs tested in the state, drug breakdowns and quantities (including synthetic cannabis, other synthetic drugs)		Measurements - require a lot of cleaning	Semiannual, annual, and special reports	PDF Reports (https://www.nflis.deadversion.usdoj.gov/)		Drug Enforcement Administration (DEA)
Treatment Episode Data Set (TEDS)	TEDS is national data; state-level data not necessarily directly comparable to other states in dataset	Treatment admissions (TEDS A) represent admissions rather than individuals, as a person may be admitted more than once; treatment discharges (TEDS-D) collects data on discharges from substance abuse treatment facilities	National-level and state-level	12 and older, some data split into 12-17 and 18 and older	Trends in substance abuse treatment admissions 12 and older - by selected primary substance (alcohol, marijuana, heroin, cocaine, methamphetamine/amphetamine, non-heroin opiates/synthetics), type of service at admission, gender, race, ethnicity; Discharges - by type of treatment service, state/jurisdiction, reason for discharge, characteristics at admission, completing treatment, transferring to further treatment, outpatient treatment discharges, intensive outpatient treatment discharges, short-term residential treatment discharges, long-term residential treatment discharges, hospital residential treatment discharges, detoxification discharges, outpatient medication-assisted opioid therapy discharges, medication-assisted opioid detoxification discharges; treatment referral source (including criminal justice/DUI); usual route of administration (oral, smoking, inhalation, injection, other); payment source; health insurance	TEDS accepts data revisions for admissions occurring in the previous 5 years to improve data quality (but admissions numbers reported may differ slightly from those in earlier/subsequent data)	Does not represent total national demand for substance abuse treatment; differences in state systems of licensure, certification, accreditation, and disbursement of public funds affect scope of facilities included in dataset; may not include private for-profit agencies, hospitals, and State correctional system if not licensed through the state; does not include federal agency-operated facilities	Annual, up to 2016 data available online	PDF reports, Delimited, R, SAS, SPSS, STATA, SAS Format	https://www.dasis.samhsa.gov/webt/information.htm	Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), Office of Addictive Diseases or Data & Information Management
Georgia Child Fatality Review	Other State Child Fatality Review Systems	Youth suicides		Birth to 17 years old	Suicide			Annual		Georgia Bureau of Investigation; report prepared by John T. Carter, Ph.D, MPH, Emory University, Rollins School of Public Health	Georgia Bureau of Investigation (GBI)

Georgia Domestic Violence Fatality Review Project		Domestic violence suicide deaths		ALL	Suicide, murder-suicide			Annual		Georgia Coalition Against Domestic Violence (GCADV), Georgia Commission on Family Violence	Georgia Coalition Against Domestic Violence (GCADV), Georgia Commission on Family Violence
State Electronic Notifiable Disease Surveillance System (SendSS)		Maternal/infant substance exposure (e.g. marijuana, stimulants), Neonatal Abstinence Syndrome				Mandated reportable conditions as of January 1, 2016		Annual - 2016, possibly almost 2017		Michael Bryan, https://sendss.state.ga.us/sendss/login.screen	Georgia Department of Public Health (DPH)
Atlanta-Carolinas High Intensity Drug Trafficking Areas (HIDTA), Overdose Detection Mapping Application Program (ODMAP)	No	Drug trafficking, ODMAP mobile mapping tool for real-time overdose spikes for first responders, used for public safety and public health real-time alerts for prevention, response, treatment strategies	Only available for key metropolitan areas - counties in Georgia (Atlanta metro), North Carolina, and South Carolina		Incident date (i.e. last 7 days), type of overdose, search by place or address	Real-time	Only available for specific metro areas			William Trivelpiece wtrivelpiece@achidta.org , Stephanie Gitukui stephanie.gitukui@dph.ga.gov , http://www.hidta.org/odmap/	Atlanta-Carolinas HIDTA, Atlanta Police Department, Georgia Department of Public Health (DPH)
Georgia Poison Center Data	National Poisoning Data System (NPDS)							Annual Reports, Monthly Statistics	PDFs https://www.georgiapoisoncenter.org/data/ ; NPDS https://aapcc.org/data-system	Alison Jones, Georgia Poison Center	Georgia Poison Center, Grady Health System
Synar Program Data		Alcohol and tobacco underage compliance check rates	County, Violators, Zip Code		Underage tobacco and alcohol investigation non-compliance rates, total investigations, total number of sales, by agent, by date, by trade name			Quarterly, Annually by Fiscal Year	Excel	Cathy Wendholt-McDade, cathy.wendholt-mcdade@dbhdd.ga.gov	Georgia Department of Revenue (DOR), Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
Atlanta Harm Reduction, State Opioid Response (SOR) Grant Data	No	Opioid overdose reversal data, naloxone training data	County, Zip Code		Self-reported reversal data, location of naloxone distribution		Self-reported, grant-specific			Chika Adibe, chikaodili.adibe@dbhdd.ga.gov	Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
Georgia HIV Behavioral Surveillance Project, Injection Drug Use (IDU) Cycle	22 National HIV Behavioral Surveillance System (NHBS) project sites	Surveillance system for behavioral risk factors for HIV (e.g. sexual behaviors, drug use), access to and utilization of prevention services and strategies (e.g. HIV testing, condom use, PrEP), monitor prevalence and trends in HIV infection	Atlanta Metro area (29 counties, 140 cities)		HIV infection status, behavioral interview (risk behaviors e.g. sex, drug use), HIV test history, other health conditions, access to and use of HIV prevention services, demographics, socioeconomic status, county of residence, alcohol and drug use history, use of drug treatment programs; IDU5 cycle local questionnaire - knowledge and access to naloxone, knowledge and experiences with fentanyl, overdose prevention and response, history of prescription opioid use (addiction to prescription opioids prior to first injection, source of prescription opioids), new HIV diagnoses attributed to injection drug use, receptive sharing (using syringes and other injection equipment after someone else)	Qualitative methods (key informants, focus groups, observation and intercepts, ethnographer), respondent-driven sampling, incentives, HIV counseling	Annual rotating cycles don't track injection drug use annually (rotate with MSM, IDU, HET), respondent-driven sampling	Injection drug use (IDU) about every 3 years - 2005, 2009, 2012, 2015, 2018	PDF fact sheets and data reports https://dph.georgia.gov/georgia-hiv-behavioral-surveillance-nhbs	David Melton, charles.melton@dph.ga.gov	Georgia Department of Public Health (DPH)