



# Board of Public Health Meeting

Tuesday, June 11, 2013



*We Protect Lives.*

# Commissioner's Update

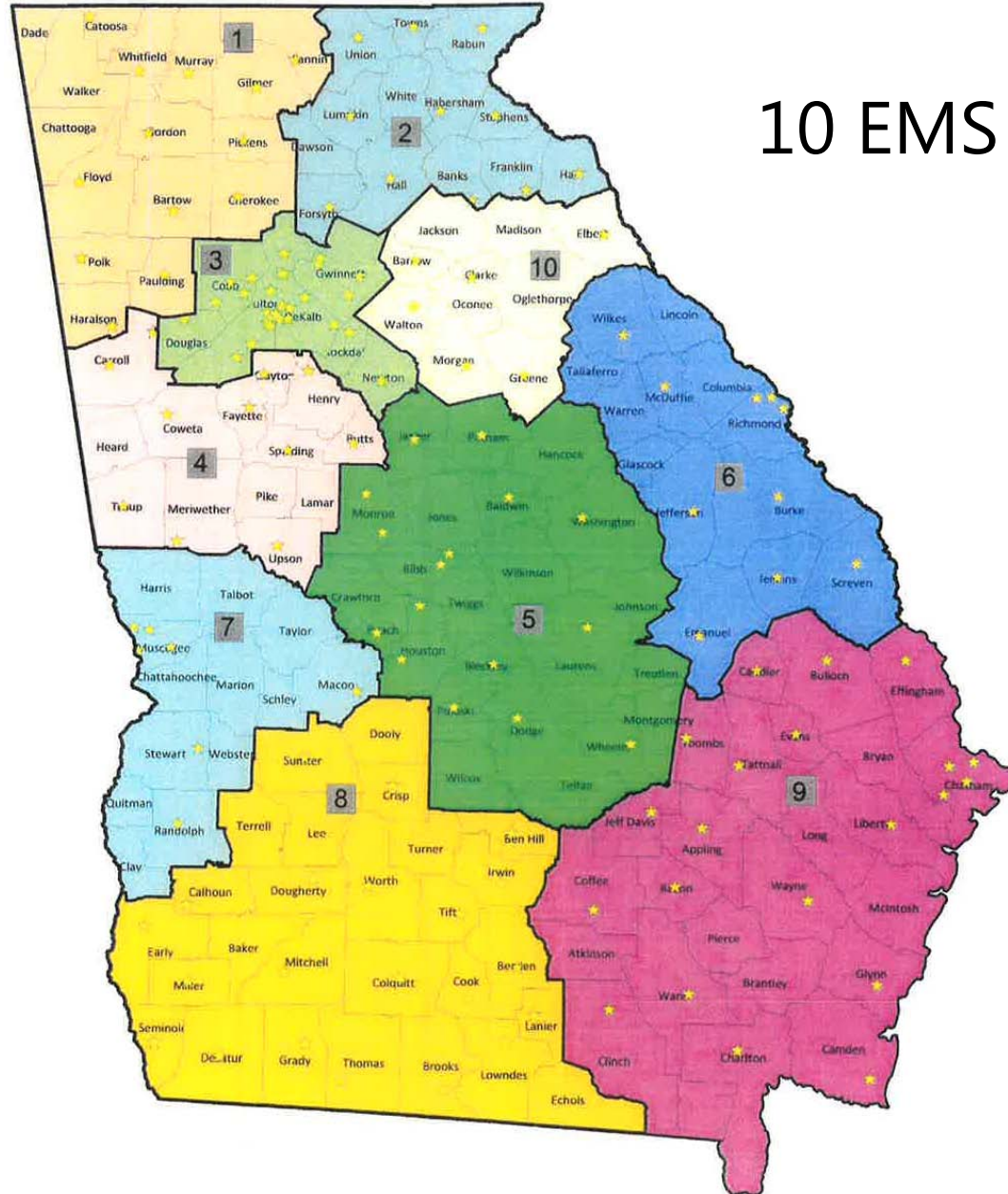
Brenda Fitzgerald, MD

# **EMS Communications Program Resolution**

Zain Farooqui, J.D., M.H.A.  
Associate General Counsel

# Emergency Medical Services Regions

10 EMS Regions



# **Appointment of Officers for FY2014**

Board Members

# Public Health Training Centers

Phillip Williams, Ph.D.

James Curran, M.D.

Board Members

# **Georgia's Cancer Prevention and Control Programs:**

## ***In a Glance***

Shonta Chambers, MSW  
Acting Director, Health Promotion and Disease  
Prevention Section, DPH

# Components

- CDC National Cancer Control Program
  - Breast and Cervical Cancer Program
  - Comprehensive Cancer Control Program
  - National Cancer Registry
- Cancer State Aid
- Breast Cancer Genomics
- Colorectal Cancer Screening





# Breast and Cervical Cancer Early Detection Program (BCCP)

## **Services:**

- Clinical breast examinations
- Mammograms
- Pap tests
- Pelvic examinations
- Human papillomavirus (HPV) tests
- Diagnostic testing if results are abnormal
- Referrals to treatment

## **Eligibility:**

- uninsured and underinsured women at or below 250% of federal poverty level; ages 21–64 for cervical cancer screening; ages 40–64 for breast cancer screening.

# Comprehensive Cancer Control Program

## **FOCUS**

- Promote healthy lifestyles
- Support recommended cancer screenings
- Educate people about cancer symptoms
- Increase access to quality cancer care
- Enhance cancer survivors' quality of life

# Comprehensive Cancer Control Program

## Implementation

- Population-based approaches aimed at increasing knowledge about cancer signs, symptoms and screenings
  - Provided foundational funding to Regional Cancer Coalitions (RCCG) to increase awareness of informed decision making for prostate cancer screening
- Reducing risk factors by promoting tobacco cessation, improving healthy eating and increasing physical activity
  - Promote adoption of local smoke free air ordinances
  - Promotion of the Georgia Tobacco Quitline

# Cancer Registry

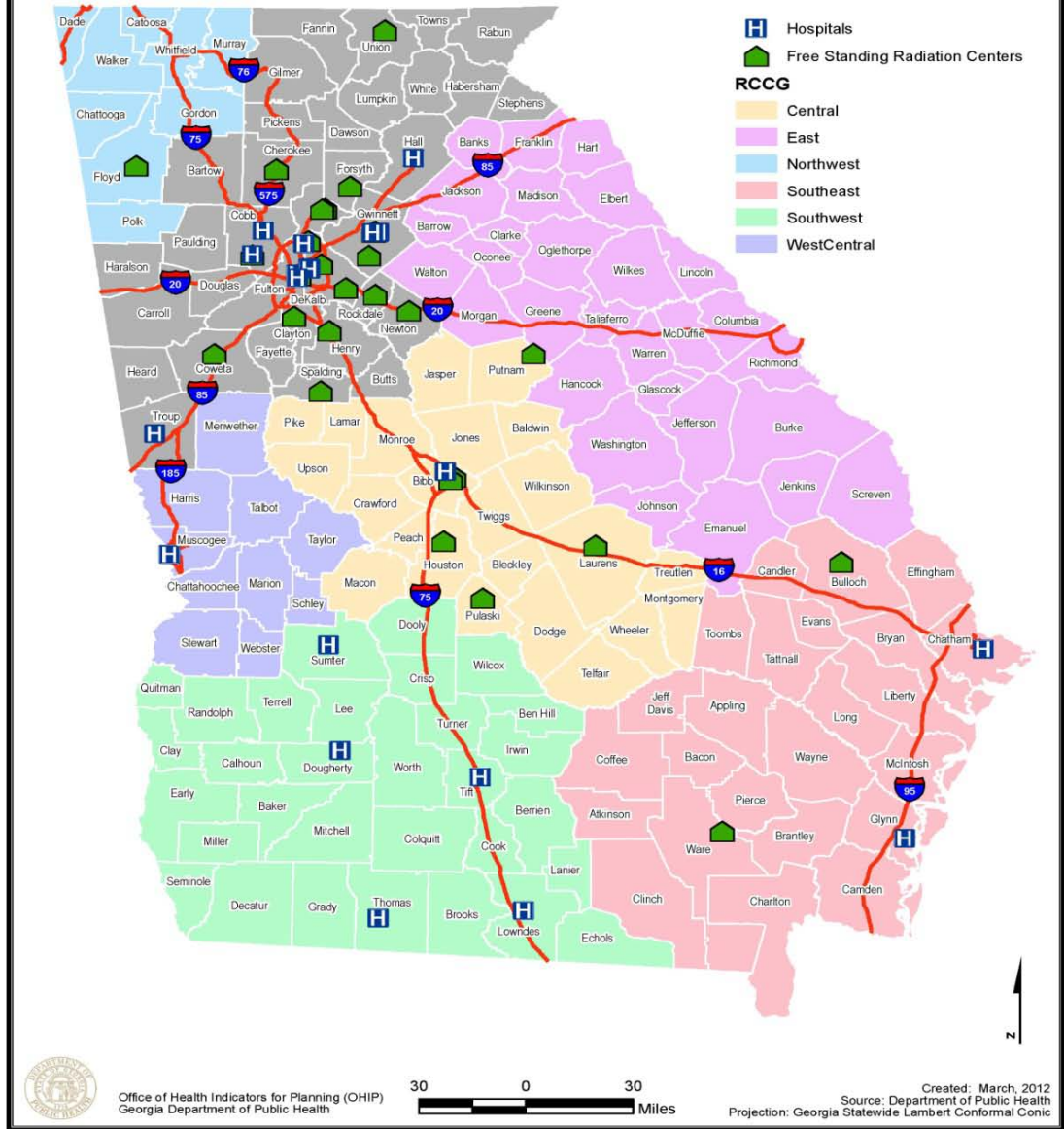
## GOALS

- Collect information on all newly diagnosed cancer cases
- Calculate cancer incidence rates for the state of Georgia
- Make data available to the public and health care professionals
- Identify and evaluate cancer morbidity and mortality trends and problems on an ongoing basis
- Provide cancer incidence and mortality data to cancer control programs to assist them in developing strategies and evaluating their effectiveness
- Stimulate cancer control research

# Cancer State Aid Program (CSA)

- Established in 1937 by GA Legislature
- **Participating providers**
  - 23 participating hospitals
  - 23 free-standing radiation center sites
  - 19 special vendors (RX, Home Health, Medical Supplies)
- **Eligibility**
  - Patients qualify by income – 300% of FPL and medical status – at least 25% likelihood of surviving 5 yrs with treatment; enrollment ends when CSA approved services are completed
- **SFY 13**
  - 203 patients rec'd services - 251 enrolled, 392 applied
  - \$6,138,000 paid of billed amount

# Cancer State Aid Facilities



# Georgia Breast Cancer Genomics, ESP

- Funded in 2011, by CDC, to improve breast cancer genomics practices
- **Focus:**
  - Educating healthcare providers and the public on Hereditary Breast and Ovarian Cancer (HBOC)
  - Surveillance to determining the number of women at high risk → B-RST (Breast Referral Screening Tool)
  - Policy changes to increase access to genetic counseling and testing by promote coverage of genetic counseling and testing as preventive service

# Colorectal Cancer Screening

- *Together We Can*: Georgia Colorectal Cancer Screening Program
- Initially funded in 2011 by CDC (1 of 25 states)
- Program Goals:
  - Establish a service delivery infrastructure for colorectal cancer screening in Georgia.
  - Increase colorectal cancer screening rates among Georgia residents 50-64 years of age.



# *Together We Can*

- Program components:
  - Screening Promotion
    - allocated funding the six RCCG's to implement community strategies to promote colorectal cancer screening within their regions.
  - Screening Provision
    - **Eligibility:** state residents who are uninsured and underinsured (no coverage for cancer screening), at or below 250% Federal Poverty Level, age 50 to 64, and never have been screened for CRC
    - Cancer Coalition of South Georgia (Albany) and Central Georgia Cancer Coalition (Macon)

# The Who: Partnership

- 18 public health districts
- Regional Cancer Coalitions of Georgia
- Non-profit Organizations
  - Georgia CORE
  - American Cancer Society
- Colleges and Universities
- Cancer Survivors
- Centers for Disease Control and Prevention
- Select federally qualified health centers
- Grady Health System
- Other local providers



# The Cancer Plan: The Blueprint for Action

- Plan development, implementation and evaluation guided by Georgia Cancer Control Consortium (GC3)
- Facilitated by the Georgia Department of Public Health-Comprehensive Cancer Control Program
- Originally linked to Georgia Cancer Coalition (GCC); Consortium now reorganizing
- Previous plan ended in 2012; Revised plan to be released in 2013

# Highlighted Achievement

- Supportive environment
  - Creation of the Georgia Cancer Genetics Network
- Improved Outcome
  - Increased cancer screening, particularly colorectal cancer screening
- Leveraging resources
  - Increased funding for cancer state aid program (from \$5M-6M in 2008)
  - Secured one funding totaling \$1M from the Department of Community Health for breast cancer screening

# Highlighted Achievement

- System engagement, improvement and integration
  - Evolution of Regional Cancer Coalitions to be the “go to” community-based cancer control entities across the state
  - Maturation of the RCCGs and their role in facilitating multi-sector collaboration in prevention/screening; ongoing partnerships between state and coalition

# Impact

## A. Reduced burden (Outcomes)

- ⬇️ Prevalence
- ⬇️ Morbidity
- ⬇️ Mortality
- ⬇️ Risk
- ⬇️ Healthcare Cost

## (Outputs)

- ⬆️ Primary care wellness visits
- ⬇️ ER utilization for chronic disease care
- ⬇️ Hospital readmission rates

## B. Improved Quality of Life

- ⬆️ Perception of well-being
- ⬆️ Productivity
- ⬆️ Survivorship
- ⬆️ Economic Growth

## C. Changes in cultural and behavioral norms

Thank you



# **Cancer Coalition/CORE**

Kate Pfirmman, CPA  
Chief Financial Officer, DPH



# Georgia Tobacco Quit Line

*A Few Minutes to Save a Life*

“Smokers cite a health professional’s advice as an important motivator for quitting tobacco.”

Yvette Daniels, J.D.

Director, Health Promotion, DPH

# Presentation Highlights



IF AT FIRST YOU DON'T SUCCEED  
**QUIT, QUIT AGAIN.**



Call the Georgia Tobacco Quit Line Today  
1-877-270-STOP (1-877-270-7867)  
[www.livehealthygeorgia.org](http://www.livehealthygeorgia.org)

Available for Georgia adults and teens ages 13 and older

DEPARTMENT OF  
STATE OF GEORGIA  
PUBLIC HEALTH  
1877

Live  
healthy  
georgia



- Overview: Comprehensive Tobacco Control Program National Goals
- Tobacco Use Among Georgia Families
- Overview: Georgia Tobacco Quit Line Services
- Additional Resources

# National Goals for Comprehensive Tobacco Control Programs

## PREVENTION

Prevent tobacco use initiation among youth and young adults

## PROMOTION

Promote tobacco cessation among adults and youth

## PROTECTION

Eliminate exposure to secondhand smoke

## ELIMINATION

Identify and eliminate tobacco-related disparities among population groups



# Georgia: Smoking Rates Among Adults by Age Group

Age Group (Years)	Smoking Prevalence
18-24	25% (240,000)
25-34	24% (330,000)
35-44	23% (320,000)
45-54	24% (320,000)
55-64	19% (200,000)
65+	11% (110,000)

## FINANCIAL IMPACT IN GEORGIA

- \$1.8 billion in healthcare costs each year among adults aged 18 years and older.
- \$3.2 billion in lost productivity costs among adults aged 35 years and older.

[Reference: 2012 Georgia Tobacco Data Summary-Georgia Tobacco Quit Line and Smoking Cessation  
http://health.state.ga.us/pdfs/epi/cdiee/2012/Cessation\\_Quitline\\_Data\\_Summary\\_Final.pdf](http://health.state.ga.us/pdfs/epi/cdiee/2012/Cessation_Quitline_Data_Summary_Final.pdf)

# Brief Overview: Tobacco Use Among Georgia Families

## Cigarette Use

- 850,000 male adults (24%)
- 670,000 female adults (18%)

## Smokeless Tobacco Products

- 315,000 adults (4% of Georgia adults)

## Tobacco Use Among Pregnant Women

11,000 births (8%) occurred where the mother reported tobacco use during the last 3 months of pregnancy.



References: 2012 Georgia Data Summary-Tobacco Use and 2009 Georgia OASIS-Maternal/Child Data  
Reference: IOM (Institute of Medicine). 2007. *Ending the Tobacco Problem: A Blueprint for the Nation*. Washington, DC: The National Academies Press.

# Overview: Attempts to Quit Tobacco



## In the United States

- Approximately 70% of the 45 million smokers report that they want to quit.
- Approximately 40% report that they try to quit each year.
- Almost two-thirds (2/3) of smokers who relapse, want to try quitting again within 30 days.

## In Georgia

- Approximately 62% or 940,000 adult smokers made a quit attempt in the past year.

Reference: US Public Health Services Clinical Practice Guidelines, *Treating Tobacco Use and Dependence*, 2008 Update  
Reference: [http://health.state.ga.us/pdfs/epi/cdiee/2012/2012AdultTobacco\\_DS\\_Final.pdf](http://health.state.ga.us/pdfs/epi/cdiee/2012/2012AdultTobacco_DS_Final.pdf)

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# Addressing Smoking in Georgia

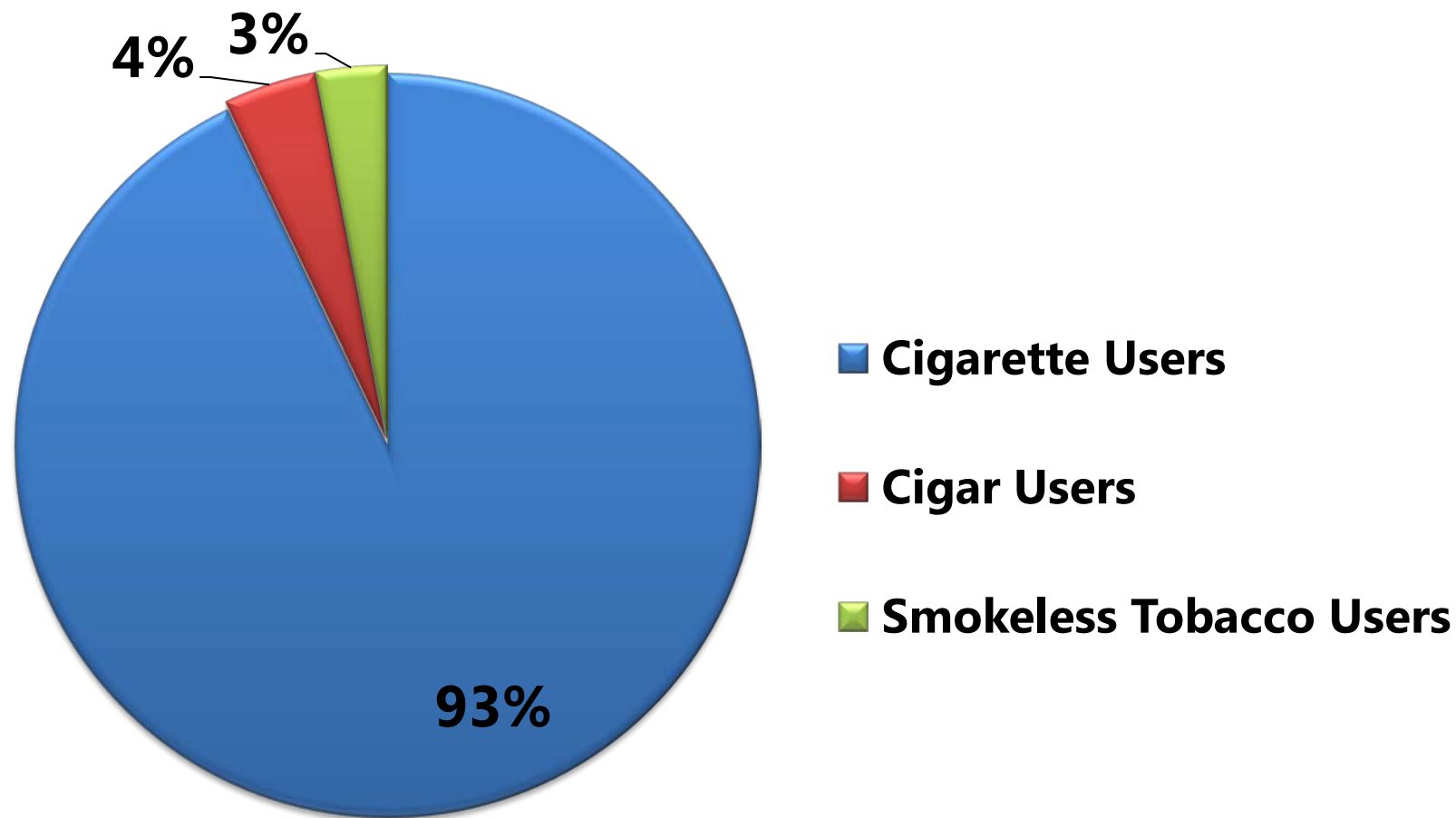
- **Georgia Tobacco Control Program goal areas:**
  - Prevent initiation among youth and young adults
    - Tobacco Free Schools/Campuses
  - Promote quitting among adults and youth
    - Georgia Tobacco Quitline
  - Eliminate exposure to secondhand smoke
    - Local smoke free air ordinances

# Georgia Tobacco Quitline (GTQL)

- Offers effective, evidence-based interventions to help Georgians quit smoking and using tobacco products.
- Provides **free** & confidential, professional tobacco cessation telephone & web-based counseling to Georgia tobacco users aged 13 years and older as well as pregnant and postpartum women
- Cessation services address the use of all tobacco products



# Tobacco Products Consumed by GTQL Callers\*



\*2012 Georgia Tobacco Quit Line and Smoking Cessation Data Summary

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# Free Nicotine Replacement Therapies (NRTs)

Georgia Tobacco Quitline offers a four week supply of *free* NRTs (in the form of patch or gum) to *all adult Georgians*, aged 18 or older, regardless of healthcare insurance status, who enroll in the GTQL multiple call program

# Tobacco Quitline Nicotine Replacement Therapy Tracking Log SFY13

Month	Dosages
November 2012 (Nov 15-30)	111
December 2012	209
January 2013	373
February 2013	256
March 2013	1,771
April 2013	
May 2013	
June 2013	
Total – SFY 2013	2,720
Remaining Doses Available	(220)

**Note:** Dosage is equal to four week supply of Nicotine Replacement Therapy in the form of gum or patch

# Georgia Tobacco Quitline Service Utilization\*

Between January 2013 through June 9, 2013  
the Georgia Tobacco Quitline provided  
services to 7,672 registered callers

# Tobacco Cessation Quitline

- Telephone-based cessation services (also known as Quitlines) eliminates many barriers and offers several advantages.
- **How does the Georgia Tobacco Quit Line Reduce Barriers, Costs and Burden for Tobacco Users?**
- The Georgia Tobacco Quit Line offers confidentiality, require no transportation, and provides free professional telephone-based cessation services to tobacco users statewide including rural areas and remote areas, where they may be few resources.
- The Georgia Tobacco Quit Line is available at the tobacco user's convenience and is tailored for diverse language and cultural needs.
- These advantages led the Interagency Committee on Smoking and Health, Cessation
- Subcommittee, to recommend the establishment of a national network of state-managed quitlines to provide universal coverage for tobacco cessation telephone counseling services.

Reference: Fiore MC, Croyle RT, Curry SJ, et al. Preventing 3 million premature deaths and helping 5 million smokers quit: a national action plan for tobacco cessation. *American Journal of Public Health* 2004; 94(2): 205-210

# Brief Overview: Georgia Tobacco Quit Line

## Effectiveness

- Evidence shows that proactive outbound “staff initiated” and reactive “caller initiated” telephone counseling are effective interventions for smoking cessation.

## History

- Established since 2001, the Georgia Tobacco Quit Line is a public service that provides free and confidential telephone counseling services and educational support.

### References:

Lichtenstein E, Glasgow RE, Lando HA, et al. Telephone counseling for smoking cessation: rationales and meta-analytic review of evidence. *Health Education Research* 1996; 11 (2): 243-257.

Hopkins DP, Briss PA, Ricard CJ, et al. Review of evidence regarding intervention to reduce tobacco use and exposure to environmental tobacco smoke. *American Journal of Preventive Medicine* 2001; 20(Suppl2): 16-66.



# Quitline Experience



## What Happens When Someone Calls the Georgia Tobacco Quit Line or National 1-800-Quit-Now Telephone Number?

<http://www.livehealthygeorgia.org/quitline.shtml>

### Accessibility

The Georgia Tobacco Quit Line is a free and confidential service available to all Georgia adults, pregnant women and adolescents (aged 13 and older).



# Program Design: Calls

## Registration

- ✓ Demographics collected
- ✓ Eligibility verified
- ✓ Descriptions of service provided
- ✓ Ship stage-based Quit Guide
- ✓ Direct transfer to Quit Coach

## Initial Intervention

- ✓ Tobacco use history
- ✓ Develop personal profile
- ✓ Develop Quit Plan
- ✓ Set Quit Date
- ✓ Decision support for medication
- ✓ Community Referrals

## Follow Up Sessions

- ✓ Proactive session scheduled near quit date & after to prevent slips & relapse.
- ✓ Medication use support
- ✓ Unlimited inbound support



## Quit Guides

- ✓ Mail within 48 hours direct
- ✓ Stage-based materials
- ✓ Low literacy level
- ✓ Includes Ally Guide

## Medication

- ✓ Decision support for \*NRT and prescription medication by Quit Coach
- ✓ If benefit available, Direct Mail Order NRT
- ✓ Medical screening provided by Quit Coach

## End of Program Call

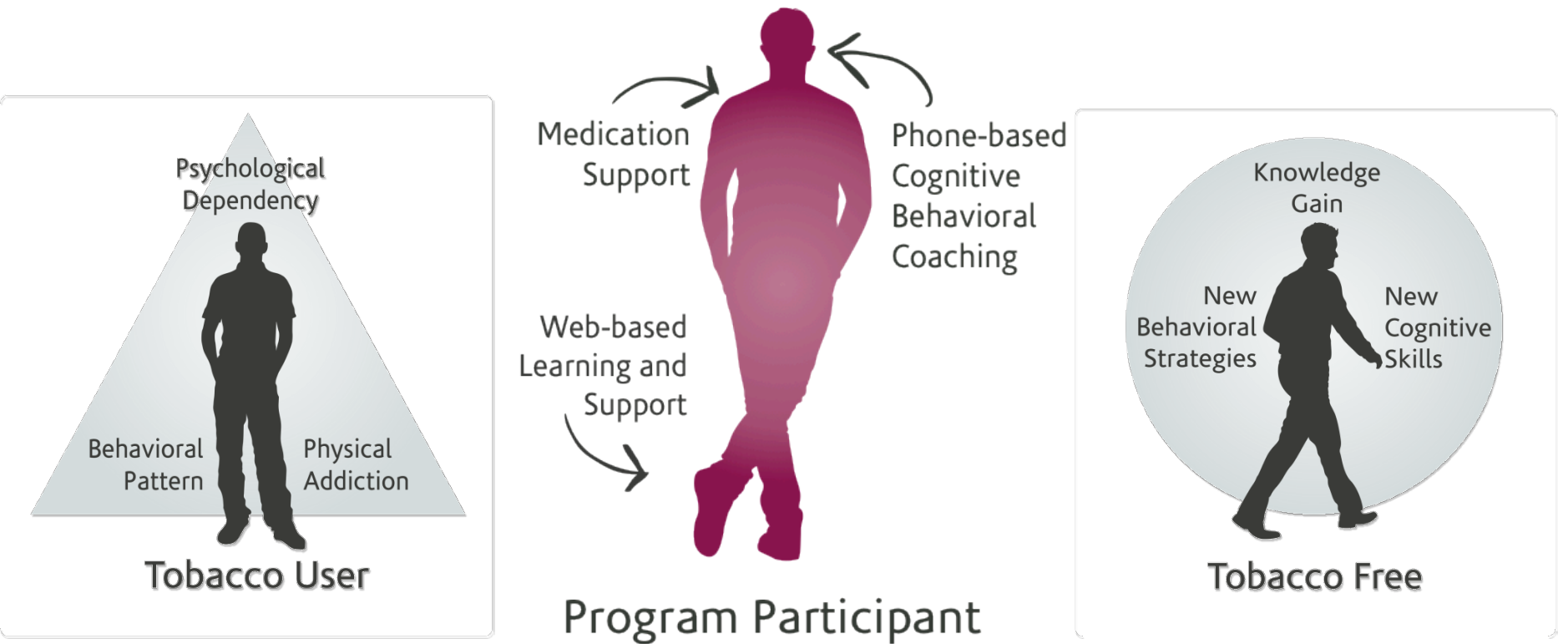
- ✓ Outbound call 7 months post-enrollment by non-quit coach to assess quit status and satisfaction with program

NRT is defined as: Nicotine Replacement Therapy medication support.  
Reference: Courtesy from Georgia Tobacco Quitline Vendor.

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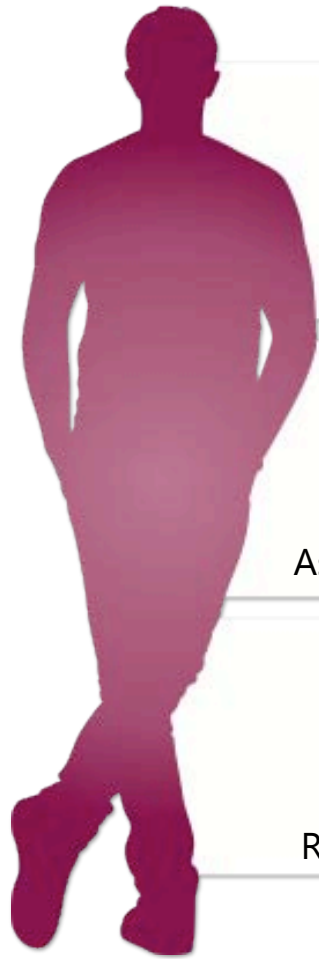
# Program Design: Counseling



Reference: Courtesy from Georgia Tobacco Quitline Vendor.

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# Program Design: Timing



## Enrollment



Quit Guide Sent

## Month 1



Assessment & Planning



Quit Date



Quit Date Follow-up



Inbound Support

## Months 2-7



Relapse Prevention Coaching



Outcomes Survey

# Frequently Asked Questions (FAQs)

## **How is the Georgia Tobacco Quit Line funded?**

This is a public health service is funded by the Tobacco Master Settlement Agreement (MSA). As a result, professional telephone and web coach counseling services are free to all Georgia adults, pregnant women and adolescents (aged 13 and older).

## **Who operates the Georgia Tobacco Quit Line?**

The Georgia Tobacco Quit Line is population-based service operated by a national tobacco cessation service vendor under a contract with the Georgia Department of Public Health (GPH) through the Georgia Tobacco Use Prevention Program (GTUPP).

## **Medical Oversight**

The Georgia Tobacco Quit Line clinical team also includes a physician and clinical psychologist available on-site to address questions and urgent concerns.

# Georgia Tobacco Quit Line: Primary Services

**For Tobacco Users who are thinking about quitting tobacco or ready to quit, free services include:**

**Assessment and Planning:** Individualized cessation assessment, plan of care and intervention services are provided based on a caller's readiness to quit.

**Education:** Self-management cessation materials (i.e. Quit Kit) for various forms of tobacco (i.e. chew tobacco) along with other materials for vulnerable population groups: pregnant women and adults diagnosed with chronic medical conditions such as: diabetes, asthma, etc. are provided.

**Community Linkage:** Referrals to local community cessation resources are provided.

**Medication Support:** General information about approved tobacco cessation medication options (i.e. Nicotine Replacement Therapy, etc.) is provided. Callers are encouraged to work with their healthcare provider team for guidance regarding safe and effective tobacco cessation medication options.

# Tobacco Control: Georgia Healthcare Team Professionals Are Important Partners



Nearly 70% of adult smokers visit a healthcare provider each year.



An integration of tobacco cessation interventions which includes routine screening by members of the healthcare team represents an opportunity to:

- increase rates of delivering tobacco dependence treatments, quit attempts and successful smoking and tobacco cessation.

Tobacco Quitlines (i.e. Georgia Tobacco Quit Line) serve as a resource for busy health care providers, who can ask patients about their tobacco use status and then link them to free and confidential population-based tobacco cessation services for additional counseling, education and support.

Reference: Fiore, et al. (2008). *Treating Tobacco Use and Dependence*. 2008 Update. Clinical Practice Guidelines. Rockville, MD. USDHHS, PHS, May 2008.

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# Healthcare Teams Work

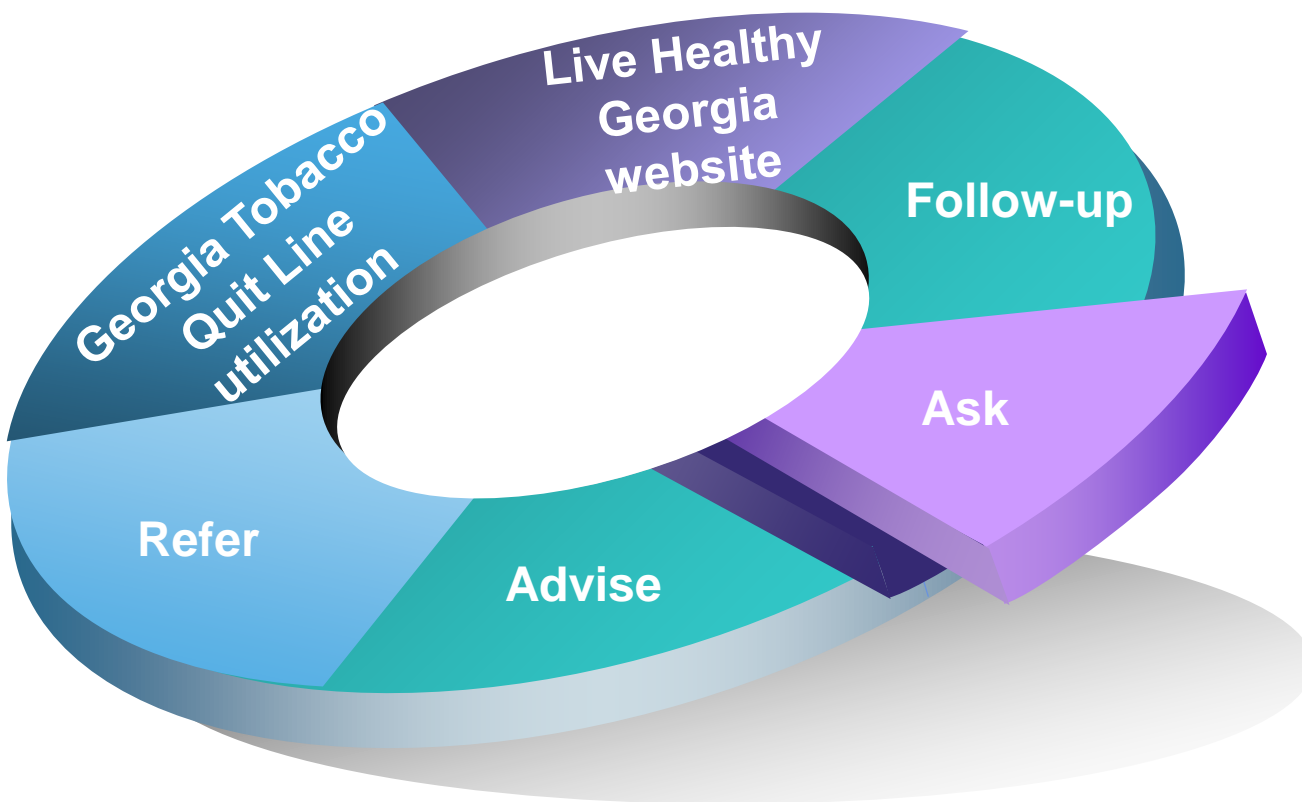


Compared to patients who receive no assistance from a healthcare professional, smokers who receive assistance from two or more healthcare professionals are 2.4 to 2.5 times as likely to quit successfully for 5 or more months.

Reference: Fiore, et al. (2008). *Treating Tobacco Use and Dependence*. 2008 Update. Clinical Practice Guidelines. Rockville, MD. USDHHS, PHS, May 2008.

# Georgia Tobacco Quit Line Fax Back Referral Program

"A Few Minutes to Save a Life"



Reference: Fiore, et al. (2008). *Treating Tobacco Use and Dependence*. 2008 Update. Clinical Practice Guidelines. Rockville, MD. USDHHS, PHS, May 2008.

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# Additional Resources

Tobacco  
Cessation  
Resources for  
Georgia  
Businesses

Tobacco  
Cessation  
Education  
Opportunities  
for the  
Healthcare  
Teams



Tobacco  
Cessation  
Resources for  
Georgia Colleges  
and Universities

New Georgia  
Tobacco Quit Line  
Referral Form, and  
free educational  
materials

*Quitting takes Practice....*

***Becoming Healthier Georgia Adults, Families &  
Communities***

<http://www.livehealthygeorgia.org/peoplesmokefree.shtml>

*We Protect Lives.*



# **School Based Flu**

J. Patrick O'Neal, MD  
Director, Health Protection, DPH

# **Strategic National Stockpile (Medical Countermeasures)**

J. Patrick O'Neal, MD

Director, Health Protection, DPH

Dawona Hough, MPH

Operations Deputy Director, Health Protection, DPH

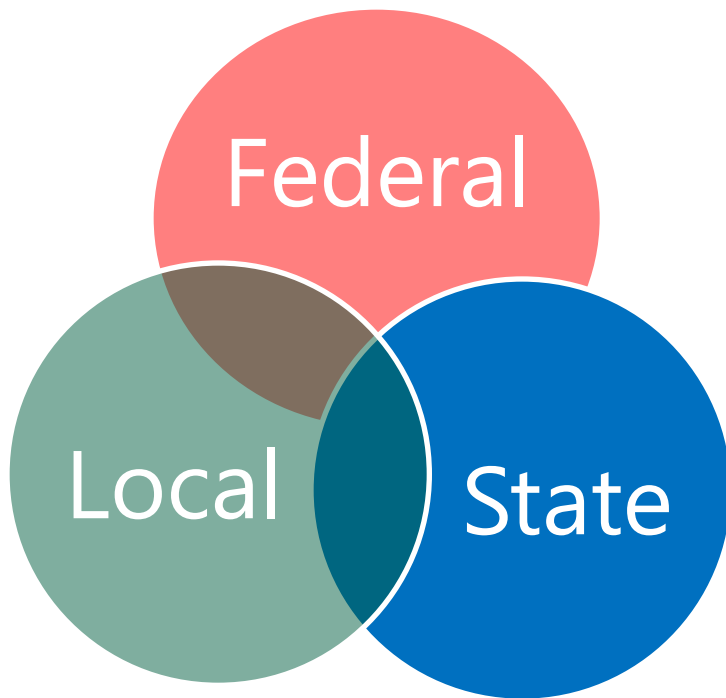
# Public Health Preparedness

The Centers for Disease Control and Prevention (CDC) works to support public health preparedness for all hazards, including natural, biological, chemical, radiological, and nuclear events

In 2002, Congress authorized funding for the Public Health Emergency Preparedness (PHEP) cooperative agreement to support preparedness nationwide in state, local, tribal, and territorial public health departments.

# Partners in Public Health Preparedness & Response

## Public Health Emergency Preparedness Cooperative Agreement



- Surveillance
- Epidemiology
- Laboratory
- Response Readiness
  - ✓ Strategic National Stockpile (SNS)
    - Receive
    - Distribute
    - Dispense

# What is the Strategic National Stockpile?

The SNS is a national repository of **critical medicines** and **medical supplies** established to protect the American public if there is a public health emergency severe enough to cause local supplies to run out.



## Mission

To prepare and support partners and provide the right resources at the right time to **secure the nation's health.**

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# Strategic National Stockpile

- Program created in 1999
- \$4+ billion portfolio of antibiotics, medical supplies, antidotes, antitoxins, antivirals, vaccines and other pharmaceuticals
- Network of strategically located repositories



# SNS Deployment

**1. Need Exceeds Local  
and State Resources**

**2. State Requests  
Federal Assistance**

**3. CDC Director  
Deploys SNS  
Assets**

**4. SNS  
Augments Local/  
State Medical  
Materiel  
Resources**

# SNS Functions

- Critical component of **state** planning is countermeasure **distribution**
- Critical component of **local** planning is countermeasure **dispensing**
- All within a critical **time frame**





# Technical Assistance Review (TAR)

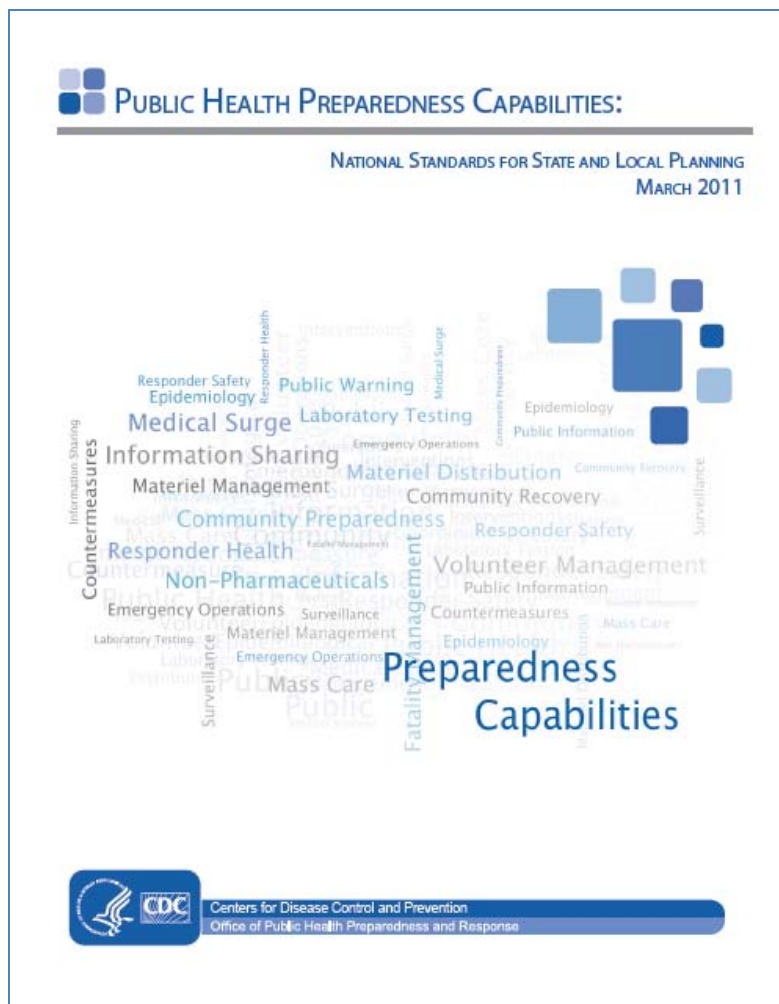
CDC reviews the state and local's SNS plans **annually** to measure their capacity to effectively receive, distribute and dispense medical countermeasures (MCM) during a large scale public health emergency.

- Began in 2004
- Designed tools to assess planning at the state and local level
- Moved in 2006 from a color-coded system (red, amber, green) to a numerical system (0-100)
- Tools have not been updated since 2008

# Technical Assistance Review Intent

- Assess readiness to receive, distribute, and dispense medical countermeasures
- Identify gaps in planning
- Provide accountability for funding and planning

# National Preparedness Standards



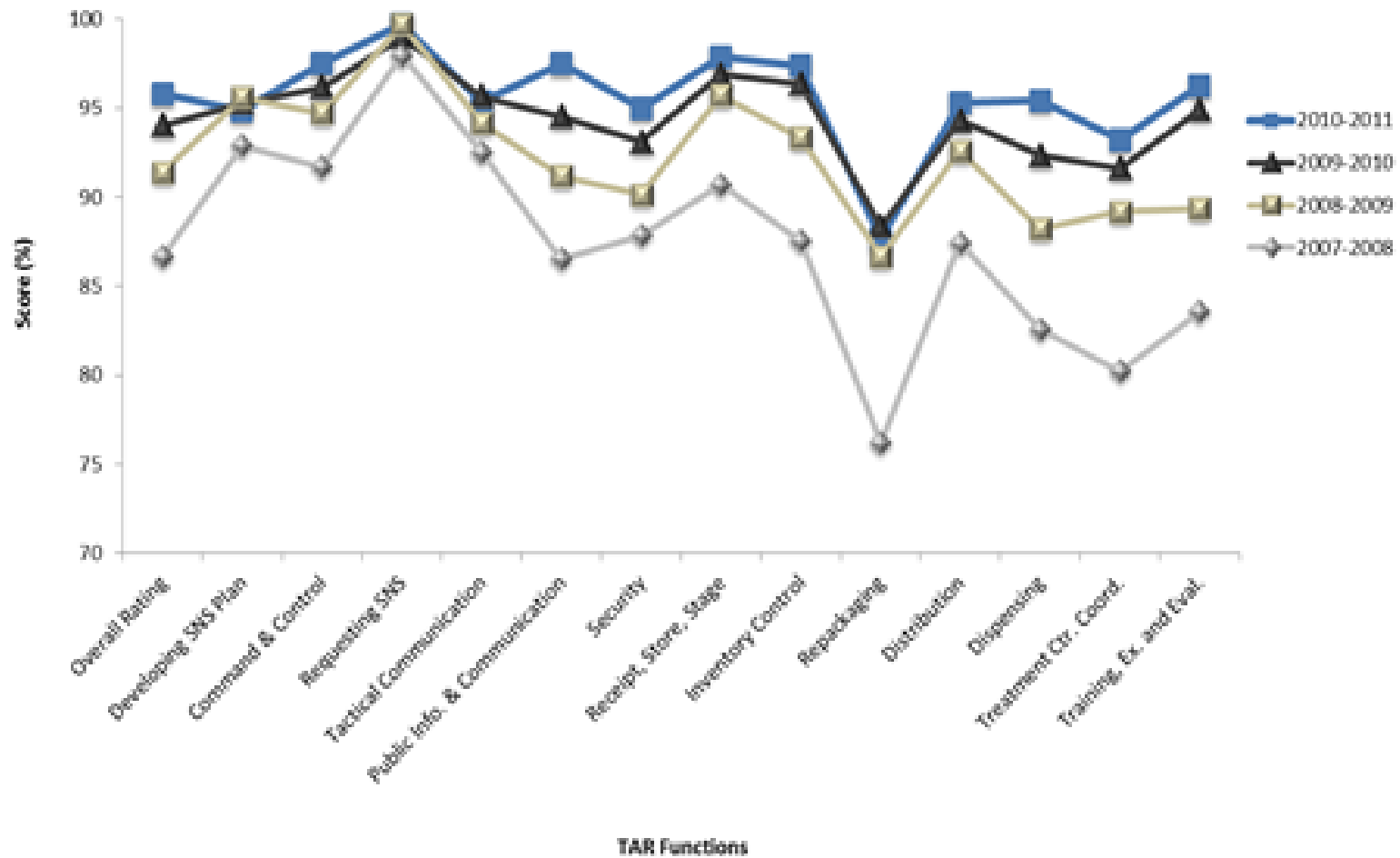
## Overarching Categories

- Biosurveillance
- Community Resilience
- Incident Management
- Information Management
- **Countermeasures and Mitigation**
- Surge Management

# Technical Assistance Review: Why Update?

- No updates to tools since 2008
- Align with CDC's public health preparedness capabilities
- Taking holistic look at public health preparedness capabilities associated with medical countermeasure distribution and dispensing
- Reduce the administrative (i.e., paperwork and time) burden on jurisdictions

## United States of America State Technical Assistance Review (TAR) National Averages 2007 - 2011



# Technical Assistance Review: Workgroup Findings

- Tools are outdated
- Review process is time consuming and labor intensive
- Review process overlaps with Public Health Emergency Preparedness (PHEP) cooperative agreement requirements
- Alignment is needed between assessment processes for
  - Medical countermeasure distribution and dispensing (previously SNS) planning
  - PHEP
  - Hospital Preparedness Program (HPP)

# Technical Assistance Review: Initiating New Process

Budget Period 2 (BP2) July 1, 2013: transitional period between old and new assessments

- Conduct modified TAR assessment, or TAR Progress Report, in BP2
- Design medical countermeasure operational capabilities assessment for implementation in Budget Period 3 (BP3)

# Medical Countermeasures BP3

## BP3 Operational Readiness Assessment Themes:

- Eliminate TAR redundancies with public health preparedness capabilities
- Re-examine scoring
- Determine if the TAR really assesses the status of state/local preparedness and if it demonstrates measurable progress
- Coordinate TAR observations and PHEP application work to present united front to state jurisdictions



# Medical Countermeasures Tool

What should a MCM Operational Assessment Tool Look Like?

June 2013 - Stakeholder and Partner Brainstorm Session

- Identifying the question
- I like the TAR except....
- Compare TAR against the PHEP Capabilities
- Overview of assessment models current used

# Questions



# Hurricane Season/Readiness Plans

J. Patrick O'Neal, MD  
Director, Health Protection, DPH

# Closing Comments

Gary Nelson, Ph.D.  
Chair

The next Board of Public Health meeting  
is currently scheduled on  
Tuesday, July 9, 2013 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send  
an e-mail to [rmshaw@dhr.state.ga.us](mailto:rmshaw@dhr.state.ga.us)