

### **Board of Public Health Meeting**

Tuesday, January 13, 2015



## **Commissioner's Update**

Brenda Fitzgerald, MD Commissioner, DPH

#### **State Autism Initiative**

Donna M. Johnson Director, Child Health Projects, DPH

### What is Autism Spectrum Disorder?

Autism Spectrum Disorder is a developmental disability that can cause significant social, communication, and behavioral challenges

#### ☐ Associated symptoms or problems

- Hyperactivity
- Inattention
- Anxiety
- Aggression
- Obsessive-compulsive disorder
- Medical problems (i.e. gastrointestinal, seizures, etc.)
- □ Symptoms can change over time with development and treatment



### **Core Symptoms of Autism**

Social Skills and Communication Challenges: Inability to communicate and interact with others verbally and nonverbally

- Not every child has language problems
- ☐ Communication may not be spoken language
- ☐ Child may or may not be able to speak
- ☐ Many have difficulty using language effectively
- ☐ Many have difficulty reading social cues

#### **Core Symptoms of Autism**

**Behavioral Challenges:** Behavioral responses or reactions associated with feelings of frustration, confusion, anxiety or lack of control

- □ Autism does not cause challenging behavior
- □ Challenging behaviors are symptoms
- Behavior and communication are closely related
- Behavior is a form of communication
- Wants and needs may be expressed through behavior



### **Impact of Core Symptoms**

#### Social Skills, Communication, and Behavioral Challenges

- Affects participation and inclusion in the community
- Ability to live independently
- Can lead to involvement with juvenile court system



## **Enhancing Potential**

There is No Cure for autism, but appropriate interventions can improve Social Skills, Communication Skills, and Challenging Behaviors.

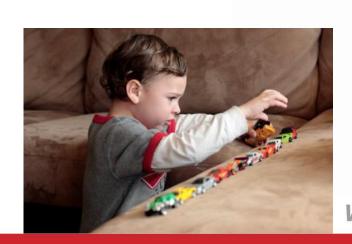
#### **Autism Facts**

- ✓ Autism occurs in all racial, ethnic, and socioeconomic groups
- ✓ Boys are 5 times more likely to be diagnosed with autism than girls
- ✓ Less than half (44%) of children identified with autism were evaluated for developmental concerns by the time they were 3 years old
- ✓ The American Academy of Pediatrics recommends all children should be screened using a standardized developmental screening tool during well-child visits at 9, 18, and 24 or 30 months

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#### **Autism Facts**

- ✓ Studies have shown that parents of children with autism notice a developmental problem before their child's first birthday
- ✓ A child can be diagnosed as early as 2 years of age.
- ✓ Average age of diagnosis is 4.5 years (nationally)
- ✓ Parents who have a child with autism have a 2%–18% chance of having a second child who is also affected





## Centers for Disease Control Autism Monitoring

- ☐ Autism and Developmental Disabilities Monitoring (ADDM)
- ☐ Conducts autism surveillance in 14 states, since 2000
- □ Report is based on data collected 4 years prior
- ☐ Counties tracked in Georgia (48,529 8 yr. olds in 2010)
  - Clayton
  - Cobb
  - DeKalb
  - Fulton
  - Gwinnett





## **Autism in Georgia**

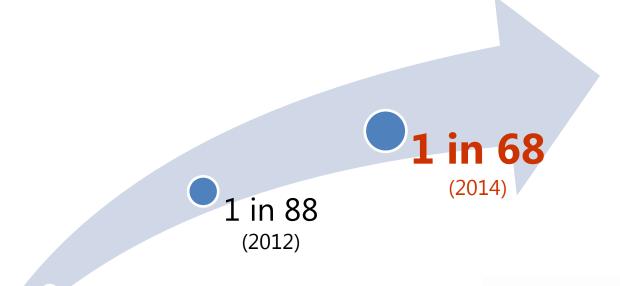
## 1 in 64

Compared to 1 in 68 nationally based on data collected in 2010 for 8 year olds



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#### **National Prevalence**

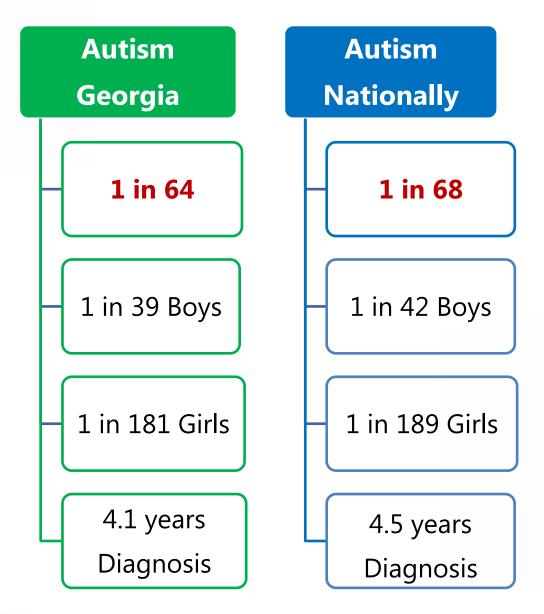


1 in 110 (2009)

Based on data collected in 2010 for 8 year olds







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## **National Perspective**

Childhood Disease/Condition	Prevalence Rate
Muscular Dystrophy	1 in 20,000
Cystic Fibrosis	1 in 5,000
Juvenile Diabetes	1 in 500
Childhood Cancer (all types)	1 in 330
Congenital Heart Defects	1 in 125
Autism	1 in 68

### **Impact of Autism**

#### Challenges

- State –Identification of autism for early intervention services
- Physicians –
   Appropriate screening tools and referral for diagnosis
- Families Getting a diagnosis, improving communication skills, and addressing challenging behaviors

#### Economic

- Estimated additional cost of \$17,000 per child/year (\$21,000 / severe) for health care, education, therapy, services, and caregiver time
- Average annual medical cost for Medicaid-enrollment is 6 times higher than non ASD
- Estimated societal cost over \$11.5 billion in 2011

#### Family

Parents have high stress levels because of:

- Lack of access to needed services (screening, diagnosis, and interventions)
- Access to quality care
- Difficulty maintaining employment because of child's challenging behaviors





#### **DPH's Core Focus Areas**

- Improve early identification and screening practices for autism
- ➤ Increase the number of providers trained to diagnose autism

Provide early intervention and family support for children diagnosed and suspected of having autism



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#### **State Autism Initiative**

#### State Leadership

Autism Program Manager

## **Early Intervention** & Family Support

- Positive Behavior Interventions and Support
- Visual Supports

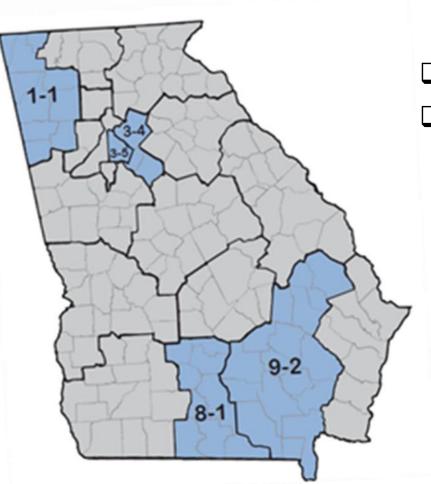
# Early Identification & Screening

- Physician Developmental Screening Survey
- Developmental Screening Training
- Autism Navigator® for Early Intervention Providers

#### **Diagnosis**

Psychologist Autism Assessment Training

#### **Autism Initiative Areas of Impact**



- □ Statewide
- ☐ 5 Public Health Districts (40 Counties)
  - Rome
  - DeKalb
  - Gwinnett
  - Valdosta
  - Waycross







## **Questions?**





### **Chronic Disease Prevention Update**

- Million Hearts/Hypertension
- Chronic Disease Council
- Strategic Chronic Disease Strategic Plan

Jean O'Connor, JD, DrPH Director, Chronic Disease Prevention, DPH

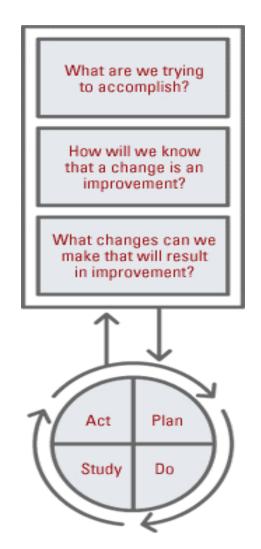
Daniel Thompson, MPH
Deputy Director, Chronic Disease Prevention, DPH

### **Heart Disease Priority Area**

- Like the rest of the US, heart disease remains the leading cause of death in Georgia
  - More than 20,000 total deaths a year, or about 1 in 5
  - Growing proportion attributable to hypertensive heart disease
- Georgia has a high rate of hypertension, like other SE states
  - More than 1 in 3 adults in Georgia
  - Unknown number of undiagnosed persons with hypertension (est. 1M plus)
  - High rates of hypertension-related hospitalizations and ED use
  - Significant issue in both the insured and uninsured populations
  - Geographic distribution—rural and south Georgia
- High cost of morbidity and mortality
  - 136,000 years of potential life are lost each year in Georgia
  - 88,000 hospitalizations
  - \$7 billion dollars a year in direct and indirect costs

### **Quality Improvement Focus**

- Small "tests of change" to improve hypertension management for patients in 5 health districts
  - 1. Rome
  - 2. East Metro
  - 3. Augusta
  - 4. Valdosta
  - 5. Coastal
- Examples: BP monitoring, nutrition/PA education
- Tests of change will conclude at the end of May 2015



**IHI PDSA Cycle for Healthcare Improvement** 

### Georgia's Million Hearts Aim Statement

By July 2015, at least 5 health districts will do the following—

- Increase the percentage of patients age 18 to 85 who have a diagnoses of hypertension who are adequately controlled by 10 percentage points (above the baseline within 9 months; NQF 18)
- Who have 2 or more BP readings within 12 months at or above 140/90 and who have not been diagnosed with HTN will decrease 10%
- Reduce ER Visits for hypertension by 5%

# UPDATE ON CHRONIC DISEASE PREVENTION COUNCIL

#### **Chronic Disease Prevention Council**

Feb 2014	Chronic Disease organizational assessment identified unmet need for stakeholder governance approach
April 2014	DPH Board work session informed governance model
June 2014	Section Deputy for Partnerships and Planning hired
Aug 2014	Council approach solidified and members identified
Sept 2014	Invitations disseminated to members
Nov 2014	Council convened for first meeting
Dec 2014	Council convened its second meeting

#### **Chronic Disease Prevention Council**





























#### **Chronic Disease Prevention Council**

Organization	Member	Organization	Member
Alliant (Medicare QIO)	Adrienne Mims, MD	Georgia CORE	Nancy Paris
American College of Physicians - Georgia Chapter	Mary Daniels	Georgia Health Policy Center	Karen Minyard, PhD
American Heart Association	Marsi Thrash	Georgia Hospital Association	Doug Patten, MD
American Lung Association	June Deen	Georgia Organics	Alice Rolls
DCH, Medical Assistance Plans	Heather Bond	Georgia Public Health District	Bill Grow, MD
Emory Prevention Research Center	Michelle Kegler, PhD	Georgia Public Private Partnership for Teen Pregnancy Prevention	Kim Nolte
Employers Like Me	Don Betts	Georgia State University School of Public Health	Michael Eriksen, ScD
Georgia Cancer Consortium	Jim Hotz, MD	Hispanic Health Coalition of Georgia	Eduardo Montana, MD
Georgia Chamber of Commerce	John Cushnie	Pediatrics	Dennis Ownby, MD
Office of Rural Health	Charles Owens		

# Chronic Disease Prevention Council November 4, 2014



# STATEWIDE CHRONIC DISEASE STRATEGIC PLAN

# Chronic Disease Prevention Strategic Planning Effort

 All states required by CDC as of FFY14 to have a statewide chronic disease prevention plan

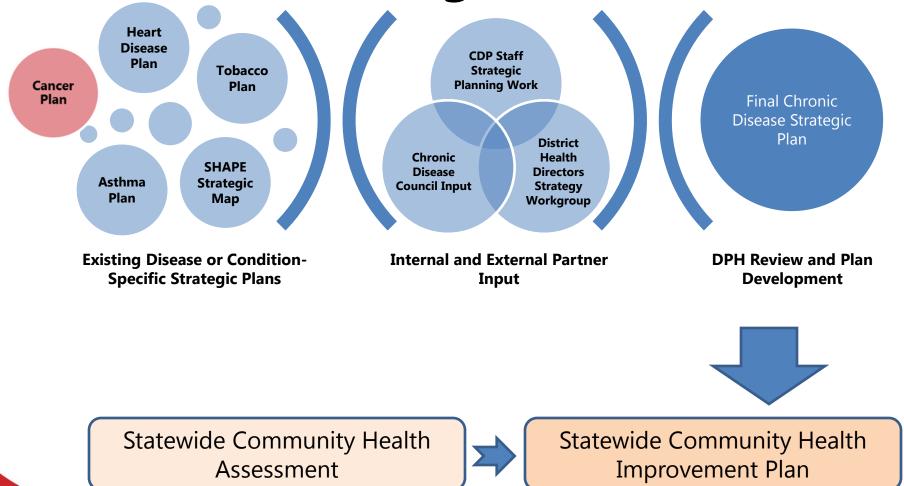
#### Purpose

- Guiding principles and goals for statewide action
- Identification of high priority areas for action by state health departments

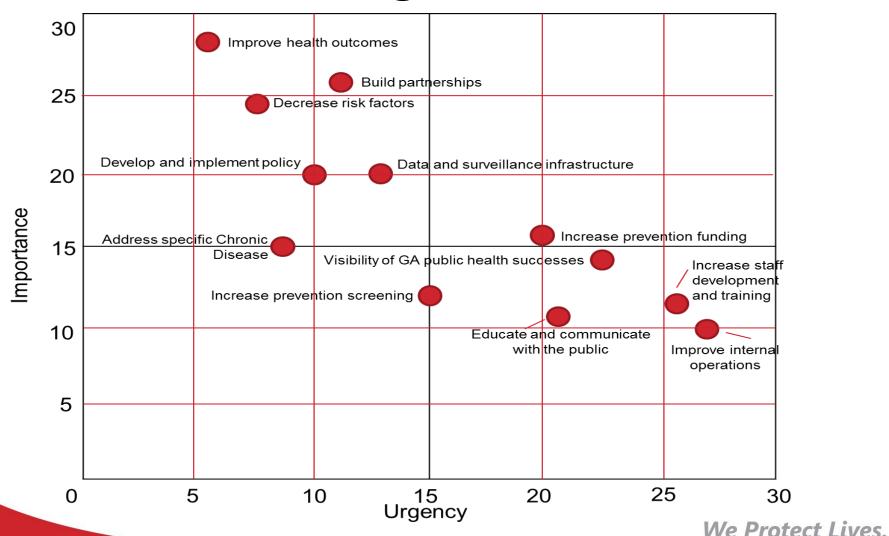
#### Process

- Data-driven approach to priorities
- Consideration of HP2020 objectives
- Partners engaged in development and implementation

# Georgia's Statewide Chronic Disease Planning Process



# Outcome of Initial CDP Staff Strategic Planning Exercise



#### Most Frequently Prescribed Non-Control Substances in Georgia

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

## Most Frequently Prescribed

Amlodipine

Furosemide

Simvastatin

Gabapentin

Lisinopril

Metformin

Levothyroxin

Metoprolol

Omeprazole

# Our Chinese curse—cardiometabolic syndrome!



"May you live in interesting times"

### Questions?

## **Closing Comments**

Kathryn Cheek, MD, FAAP Chair

# The next Board of Public Health meeting is currently scheduled on Tuesday, February 10, 2015 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send an e-mail to <a href="mailto:huriyyah.lewis@dph.ga.gov">huriyyah.lewis@dph.ga.gov</a>