Board of Public Health Meeting

Tuesday, June 14, 2016
Commissioner’s Update

Brenda Fitzgerald, MD
Commissioner, DPH
Public Health Champion Award

Brenda Fitzgerald, MD
Commissioner, DPH
Safe to Sleep Campaign

Terri Miller, MPH CHES
Safe to Sleep Campaign Coordinator, DPH
GEORGIA SAFE TO SLEEP CAMPAIGN
As of 2014, Georgia averaged 3 infant deaths per week due to sleep-related causes. The majority of these deaths were preventable.
Trend Over Time

Source: CDC WONDER, Mortality Files
Location at time of Infant Sleep-related Death
5 Year Totals 2009-2013

- Adult bed: 405
- Crib: 141
- Couch: 71
- Bassinette: 65
- Other: 43
- Carseat: 17
- Playpen: 14
- Chair: 11
- Floor: 9
- Unknown: 7
- Waterbed: 1
- Stroller: 1

Location at Time of Death
Sleep-Related Deaths by Age in Months, GA, 2013

Source: GA Death Certificate File, 2013
Georgia
Safe to Sleep Campaign
Hospital Initiative
My Baby Sleeps Safe –
Please follow these guidelines.

Alone – My baby should always have his or her own safe sleep space. Close by but, separate. No sharing of the sleep space with others, including children.

Back – My baby is placed on his or her back for every sleep, every time, even naps.

Crib – My baby needs a crib without blankets, quilts, crib bumpers or other items. Please no couches or adult beds.

For more Information on Safe Sleep for Babies – visit www.dph.ga.gov/safetosleep
Risk reduction is a behavioral change concept.

- Individuals make their own choices about what they are willing/able to change.
  - Informed choice is our goal.
Why Focus on Hospitals?

• We want every parent with a newborn to hear correct, consistent messaging and to also, see it being modeled while in the hospital.

  – Interventions not costly
    Burd et al. (2007), Moon et al. (2008), Issler et al. (2009)

  – Educating professionals increases their comfort in educating parents
    Price et al. (2007), Shaefer et al. (2010), Mason et al. (2013)
Why Focus on Hospitals?

• Increased compliance, by parents, in using safe sleep environments after discharge correlated with:
  
  – Safe Sleep education prior to discharge
  
  – Role modeling of a proper sleep environment by staff while in the hospital
What we see matters...

• 2001 study: Parents who saw exclusive back sleeping in nursery more likely to put baby on back at home.
Do we practice what we preach?

- 2009 Study showed that although 72% of nurses knew back sleeping was protective of SIDS; only 30% regularly placed infant on their backs.

- 2006 study: Only 52% of NICU nurses provided discharge instructions for exclusive back sleeping.
An Example from a Georgia Hospital, 2015

<table>
<thead>
<tr>
<th>Status of the Infant</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping on Back in Crib</td>
<td>54%</td>
<td>76%</td>
</tr>
<tr>
<td>Sleeping on Side in Crib</td>
<td>20%</td>
<td>3%</td>
</tr>
<tr>
<td>Sleeping on/in Caregivers Bed</td>
<td>10%</td>
<td>0%</td>
</tr>
</tbody>
</table>
1 - Policy & Education

Implementing a Hospital-Based Safe to Sleep Program
A Policy & Education Development Guide

This Side Up
Georgia Safe to Sleep Campaign

We Protect Lives.
2 - Infant “This Side Up” Gown

PLEASE TURN ME OVER

GEORGIA SAFE TO SLEEP CAMPAIGN
dph.ga.gov/safetosleep

We Protect Lives.
Safe and Snug Board Book

sleep baby
Safe and Snug

I love my crib, both day and night.
No pillows or blankets, just me - just right.
Travel Bassinet
Additional Resources Available

Educational Flipchart for Patient Education and/or training for staff on effective Safe Sleep education.

Patient Education handouts and other resources.
As of today we have, 77 out of 77 birthing centers voluntarily participating.
Any Questions or Concerns?

terri.miller@dph.ga.gov
Enterprise Systems Modernization

Paul Ruth
Chief Information Officer, DPH
ESM Update

To be *THE* trusted source of information
ESM Update

Background

• An incomplete view of the person based on program specific requirements
• Fragmented data – to gain a Statewide view, we must send manual data requests and aggregate
• Disparate data – individual approaches to the same effort
• Other business drivers/mandates
  – WIC/EBT 2020
  – Billing & Revenue
ESM Update

Background

• DOLCE’ – A Strategy Session designed to:
  – Identify the Issues
  – Develop Guiding Principles for IT and Data:
    • Eliminate Duplicate Data Entry
    • Administer Locally
    • Share Appropriately
    • Track Globally
ESM Update

The Opportunity

• Create an Enterprise Strategy – a Roadmap
  – Care Management
  – Claiming & Payment
  – Reporting & Analytics
  – Managing the Gaps
ESM Update

The Opportunity - Care Management

- Determine system requirements based on the needs of the person – not the program
- Follow a simple “life of the case” approach – Intake, Assessment, etc.
- Provide a complete view of the person
  - It is currently limited by program and by county – not just district.
ESM Update

The Opportunity - Claiming & Payment

• Approach the solution as a service – transaction based
• Quicker Payment for Services
• Uniform Billing throughout the State
• Claims are managed at the District
ESM Update

The Opportunity - Reporting & Analytics

• Common set of tools and a common data set
• Ability to “reach in” instead of “push up” to the State
• Ability to combine information from multiple data sources
ESM Update

The Opportunity - Managing the Gaps

• Assess remaining applications and business services to make sure we have each appropriately covered

• Examples:
  – SENDSS – some aspects will be migrated to the clinical care solution
  – District Payroll – some districts use their current clinical care solution to manage HR and payroll
ESM Update

The Result

• A Consolidated View of the Person
• A Consistent View of the Population
• The Opportunity to Take Action Based on the Data

To be *THE* trusted source of Information
QUESTIONS?
Georgia Tobacco Quit Line

Kayla Lloyd, MPH, CHES
Chronic Disease Program, DPH
Georgia Tobacco Quit Line
Georgia Tobacco Quit Line

• Evidenced based, tobacco cessation service available to Georgia residents aged 13 years and older

• 5-call program

• 10-call specialty program

• Addresses the use of ALL tobacco products, including smokeless tobacco and ENDS

• Qualified interpreters for over 300+ languages
GTQL Participant Experience

**Registration**
- Demographics collected
- 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

**Follow Up Sessions**
- Proactive session scheduled near quit date & after to prevent slips & relapse
- Medication use support
- Unlimited inbound support

**Quit Guides**
- Mail within 24 hours direct
- Stage-based materials
- Low literacy level
- Includes Ally Guide

**NRT/Medication**
- Enrollment in Multiple Call Program
- Sent Directly to Eligible Participants

**End of Program Call**
- Outbound call 7 months post-enrollment by non-quit coach to assess quit status and satisfaction with program

Adapted from Optum Health
GTQL Services Utilization

Call Volume to the GTQL, Tobacco Users

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td>Value</td>
<td>10,482</td>
<td>14,197</td>
<td>14,101</td>
<td>10,973</td>
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</table>

NRT Packages sent

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>1,845</td>
<td>3,385</td>
<td>4,575</td>
<td>3,714</td>
</tr>
</tbody>
</table>
GTQL Call Volume by Month, 2016

- January: 1,279
- February: 1,769
- March: 1,512
- April: 1,530
- May: 1,998
Georgia cAARds: Ask, Advise and Refer with Follow-up
Georgia cAARds: Ask, Advise, and Refer with Follow-up

Ask.
  o Ask, all patients about tobacco use during each visit.

Advise.
  o Advise them about the benefits of tobacco use cessation

Refer.
  o Refer, your patient to an evidence-based resource (i.e. the Georgia Tobacco Quit Line to obtain a free "Quit Kit", individualized plan and behavioral counseling support. 1-877-270-STOP
GEORGIA TOBACCO QUIT LINE FAX REFERRAL FORM
Fax Number: 1-800-483-3114

Provider Information:

Provider Name: 
Provider Code: 
Health Care Provider: 
Contact Name: 
Fax Number: 
Phone Number: 
Fax Covered Entity (Please check one): 
Yes 
No 
Don't Know 

Patient Information:

Patient Name: 
Date of Birth: 
Gender: 
Male 
Female 
Address: 
City: 
State: 
Zip Code: 
Primary Phone Number: 
Secondary Phone Number: 
Language: 
Please check one: 
English 
Spanish 
Other 

We are ready to quit. Tobacco and request the Georgia Tobacco Quit Line to contact me to help with my quit plan. 
I am not giving permission to the Georgia Tobacco Quit Line to leave a message when contacting me. 
By not checking, you are giving your permission for the Quitline to leave a message. 
Patient Signature: 
Date: 

The Georgia Tobacco Quit Line will call you. Please check the best 3-hour time frame for them to reach you. NOTE: The Quitline is open 7 days a week; call attempts may be made at time other than during the designated times. 

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Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not remove, disclose, copy, or distribute.
Steps to Implementing Georgia cAARds

• Make contact to GTUPP or GTUPP makes outreach to entity

• Determine method of referral, fax back or EMR

• Participate in 1 on 1 training with the Cessation Coordinator and through the Online Provider Training

• Begin Asking, Advising and Referring patients to the GTQL

• Follow up with patients on quit attempt(s)

• Evaluate Patient Outcome Reports

We Protect Lives.
Engaging Tobacco Users: Tips for Health Care Providers in Georgia
Tools for Helping Your Patients Quit

Free online training and CME credits at:

www.GAtobaccointervention.org

Training provided for free by the Georgia Tobacco Use Prevention Program.
Georgia cAARds Referrals

- Employee Wellness Clinics
- Community Health Clinics
- Health Systems
- Programs/Divisions in DPH
- Health Districts
- State Agencies
# Georgia cAARds Partnerships

## Internal Partners

**Health Districts**
- District 1-2-North Georgia
- District 2-North
- District 3-5 DeKalb
- District 4- LaGrange
- District 5-2-North Central
- District 7-West Central
- District 8-1-South
- District 8-2- Southwest
- District 9-2- Southeast
- District 10-Northeast

**Division of HIV**

**Women’s Infant and Children (WIC)**

**Maternal Child Health (MCH)**

**Safe Sleep**

**Diabetes Program**

## External Partners

**Employee Wellness Clinics/Centers**
- Glynn County Employee Wellness Clinic (Brunswick, GA)

**Community Health Centers**
- Healing Hands Community Clinic (Blueridge, GA)
- The Health Initiative, Inc. (Atlanta, GA)
- Hispanic Health Coalition (Atlanta, GA)

**Department of Behavioral Health and Developmental Disabilities**
- Central State Hospital (Milledgeville, GA)
- East Central Regional Hospital (Augusta, GA)
- Georgia Regional Hospital (Atlanta, GA)
- Georgia Regional Hospital (Savannah, GA)
- West Central Georgia Regional Hospital (Columbus, GA)

**Department of Education**
- School Nurses
## Georgia cAARds Partnerships

<table>
<thead>
<tr>
<th>External Partners</th>
<th>Awaiting Final Decision</th>
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<tbody>
<tr>
<td><strong>Health Systems/Centers</strong></td>
<td></td>
</tr>
<tr>
<td>Memorial Health Hypnotherapy Study</td>
<td>Northside Hospital</td>
</tr>
<tr>
<td>Northside Hospital – Fresh Start Program (Atlanta, Cherokee County, Forsyth County)</td>
<td>Wellstar Hospital</td>
</tr>
<tr>
<td>Coverdell Stroke Registries</td>
<td>Piedmont Hospital</td>
</tr>
<tr>
<td>Tanner Health System</td>
<td>Community Health Care Systems, Inc.</td>
</tr>
<tr>
<td>Fannin Regional Hospital</td>
<td></td>
</tr>
<tr>
<td>St Joseph’s Hospital of Emory Healthcare</td>
<td></td>
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</table>
Future of the GTQL

• Increase partnerships internally and externally for Systems Change

• CDC’s Tips from Former Smokers, Spring 2017

• Text2Quit for Pregnant women aged 18-24
Questions
Zika Update

Cherie Drenzek, DVM, MS
State Epidemiologist, DPH

Chris Rustin, DrPH, MS, REHS
Environmental Health Section Director, DPH
Zika Virus: Epidemiology Update

Cherie L Drenzek, DVM, MS
State Epidemiologist
Let’s Set the Stage...

• Zika is an unprecedented public health emergency

• Zika outbreak “firsts”:
  – First-ever mosquito-borne cause of serious birth defects and poor pregnancy outcomes
  – First mosquito-borne sexually transmitted disease (STD)

• The top priority for the Zika public health response is to protect pregnant women and their fetuses.
Overview

- Zika Science Update
- Global Epidemiology
- National Epidemiology
- Georgia Epidemiology/Epi Response
- Epidemiology Informs Mitigation/Control
Zika: Science Update

• There is scientific consensus that Zika virus is a cause of congenital microcephaly and also post-infection Guillain-Barre Syndrome (GBS).

• CDC recently estimated the risk of microcephaly to be between 1% to 13% among women infected during their first trimester.

• Besides microcephaly, Zika infection during pregnancy can be associated with a wide range of severe pregnancy outcomes, including fetal death, intrauterine growth restriction, retinal lesions/bleeding, spasticity, seizures, irritability, and brainstem dysfunction.

• On June 3, WHO stated that the constellation of Zika-related birth defects constitutes a new congenital syndrome (still to be defined, collecting surveillance data).

• Sexual transmission of Zika initially seen to be spread from symptomatic men who had traveled to Zika-affected areas to their sexual partners.

• However, recent case reports demonstrated Zika sexual transmission among asymptomatic individuals and also that Zika may be transmitted by oral sex.
Zika Virus: Global Epidemiology

- Since May 2015, Zika virus has spread from Brazil to 39 countries in the Americas and 48 worldwide (no new areas within the last 2 weeks).
- Eleven countries have documented congenital microcephaly or other CNS malformations associated with Zika infection (including 3 in the U.S., all with travel).
- Ten countries have reported evidence of sexual transmission of Zika.

[Map showing reported active transmission of Zika virus]
Zika Virus: National Epidemiology

- Currently, no local zika transmission in the continental U.S., but 691 travel-associated cases have been reported (11 were sexually-transmitted).
- 2 cases of Guillain-Barre Syndrome (GBS) (post-Zika infection) have been confirmed in continental U.S.
- U.S. Territory of Puerto Rico experiencing extensive local transmission of Zika (more than 1300 cases; 7 cases of GBS).
- 206 pregnant women in the continental U.S. have lab evidence of Zika infection and are being followed in the CDC U.S. Zika Pregnancy Registry, which tracks any adverse pregnancy outcomes and the infants up to 12 months after delivery.
Zika Epidemiology/Response in Georgia

- Since January, DPH Epidemiology has triaged >1,450 Zika clinical inquiries
- Facilitated Zika testing for about 430 persons (70% among pregnant women)
- We have documented 20 travel-related Zika infections in Georgia (one in a pregnant woman, one was sexually-transmitted).
- Counsel suspect and confirmed cases to strictly avoid mosquito bites here in Georgia.
Zika Epidemiology: Laboratory Testing

- The Georgia Public Health Laboratory (GPHL) performs RT-PCR testing to detect Zika genetic material and serology for IgM and neutralizing antibodies.

- Because of extensive cross-reactivity with other flaviviruses like dengue, IgM positives are sent to CDC for Plaque Reduction Neutralization Test (PRNT) confirmation.

- FDA issued an Emergency Use Authorization (EUA) for the first commercial (Quest) PCR test for Zika (serum) on April 29.

- **Urine** recently approved as clinical specimen for Zika testing with PCR up to 14 days after onset of symptoms (at GPHL only, must also test serum concurrently).

- Recommend that healthcare providers still contact DPH Epidemiology to triage/facilitate testing at GPHL and interpretation of results.
Zika: Epidemiology Informs Containment

Risk reduction strategies for three priority populations

1. Travelers to Zika-affected areas
2. Pregnant Women (and their sexual partners)
3. Infected (or Unknown) Travelers Returning Home to Georgia

KEY: PREVENT INFECTING MOSQUITOES HERE!

4. Vector surveillance and control
5. Education/outreach
Zika Virus: Environmental Health Update

Chris Rustin, DrPH, MS, REHS
Environmental Health Section Director, DPH
Environmental Health (EH)
Zika Virus Prevention + Control

- **Public Health Entomologist**
  - Complaint Response
  - Mosquito Surveillance
  - Public Education
    - ACCG Conference
    - Solid Waste Conference
    - Media

- **New Vector Surveillance Staff**
  - May 16, 2016-Start Date
    - 2-weeks Training
      - PH 101
      - Mosquito ID
      - Surveillance Techniques
      - CDC Risk Categories
      - Emergency Vector Control
      - Communication
  - June 1, 2016
    - Out in Regions and Introductions
    - Surveillance
    - Education
Door Hangers

PUBLIC HEALTH NOTICE

ZIKA VIRUS IN YOUR NEIGHBORHOOD

- Drain – containers after every rain, get rid of unnecessary containers
- DEET – use EPA-registered insect repellents with 20%-30% DEET
- Dress – light-weight clothing, long sleeves, long pants, socks
- Daytime – be aware of mosquitoes that bite during the day
- Doors, windows and screens – in good repair and fit tightly

PREVENT ILLNESS

Spread by MOSQUITOES
Zika, Chikungunya, Dengue fever, West Nile Virus

- Drain – containers after every rain, get rid of unnecessary containers
- DEET – use EPA-registered insect repellents with 20%-30% DEET
- Dress – light-weight clothing, long sleeves, long pants, socks
- Daytime – be aware of mosquitoes that bite during the day, most active at dusk and dawn
- Doors, windows and screens – in good repair and fit tightly

TIP ’N TOSS ALL STANDING WATER

- cans and bottles
- buckets
- old tires
- flower pots
- pet dishes
- children’s toys
- wading pools
- tarps
- magnolia leaves
- gutters

NOTES
Mosquito Surveillance 2016

• Early surveillance around the state via local mosquito control

• Wet spring has led to early emergence, but low counts overall
  • Cooler nights have limited mosquito activity

• New Vector Surveillance Staff conducting surveillance
*Culex quinquefasciatus* (WNV)

*Aedes vexans*

*Aedes albopictus*

*Culiseta melanura* (EEE)

*Anopheles crucians*

*Coquillettidia perturbans*
Closing Comments

Phillip Williams, PhD
Chair
The next Board of Public Health meeting is currently scheduled on Tuesday, July 12, 2016 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send an e-mail to huriyyah.lewis@dph.ga.gov