Board of Public Health Meeting

Tuesday, January 12, 2015
Commissioner’s Update

Brenda Fitzgerald, MD
Commissioner, DPH
Prescription Drug Overdose

Lisa Dawson, MPH
Injury Prevention Program Director, DPH

Cassandra Price, GADC-II, MBA
Office of Addictive Diseases Director, GA DBHDD
Fall Prevention in Georgia

Elizabeth Head
Injury Prevention Program Manager, DPH

Gwenyth Johnson, MS, RDN, LD
Livable Communities Section Manager, DHS DAS
Falls: A Major Public Health Problem

Unintentional Fall Death Rates, Adults 65+

2004 - 2013, United States
Unintentional Fall Death Rates per 100,000
All Races, Both Sexes, Ages 65+
Source: www.cdc.gov/injury/wisqars
Falls: A Major Public Health Problem

Older Adult Fall Deaths are Only the Tip of the Iceberg

- 3,537 Deaths
  - $57,287,916 Medical Costs
- 112,545 Hospitalizations
  - $479,313,456 Medical Costs
- 368,878 ED Visits
  - $130,600,000 Medical Costs

Medical Costs from Older Adult Fall injuries and deaths in Georgia are only the tip of the injury iceberg...

- For every Fall-related ED visit, the average work loss cost per person is $1,669
- For every Fall-related hospitalization, the average work loss cost per person is $15,208
- For every Fall-related death, the average work loss cost per person is $96,340.

*Data represents age 60 and older population in Georgia 2010
1 2005-2010; excluded 2009 data. 2 http://oasis.state.ga.us/oasis/oasis_qrvMorbMort.aspx
Decreasing Fall Risk

• Engage in healthy habits—EXERCISE
• Talk about falls with your healthcare provider
  – Physician, Pharmacist, PA, RN, OT, PT
  – Medication Management
• Get your eyes checked regularly
  – Consider single vision lenses
• Promote safer, enriched home environments
• Participate in evidenced-based programs
The Injury Prevention Program sits in the Division of Health Protection.

Injury Prevention Program Mission

*We prevent injuries by empowering state and local coalitions through the provision of data, training, and leadership, and the leveraging of resources for prevention programs.*

Five funded areas; Three funding sources

Power of Partnership
The Aging Network Overview

U.S. Department of Health and Human Services
Administration on Community Living (ACL)

The State Unit on Aging
In Georgia the Department of Human Services (DHS)
Division of Aging Services (DAS)

12 Area Agencies on Aging (AAAs)
Contract with DAS to do the work of the Older Americans Act and Special Grants
Area Agencies on Aging/Aging & Disability Resource Connections

Best kept secret!
1-866-552-4464

www.georgiaaadrc.com

Call lines staffed by Certified Information & Referral Specialists in Aging

• ESP Database (ARC)
• Online access to resources
• Demographic information
• Policy & Planning
Georgia Fall Prevention Activities

• Georgia Fall Prevention Coalition
  • Formed in 2008

• Annual Falls Prevention Awareness Day

• Partnership Development
  • The Division of Aging Services
  • The Aging Network
Georgia Fall Prevention Activities

- Evidence-based Program Implementation
  - Stopping Elderly Accidents, Deaths, and Injuries (STEADI)
- Matter of Balance (MOB)
- Tai Chi for Health (*formerly Tai Chi for Arthritis*)
- Otago
CDC: Return on Investment of Falls Prevention Programs

- Tai Chi Moving for Better Balance
  - $1.60 return on a $1 investment in direct medical costs

- Stepping On Fall Prevention Program
  - $70 return on a $100 investment in direct medical costs

- Otago Exercise Program delivered to persons aged 80 and older
  - $1 return on a $1 investment in direct medical costs
• STEADI includes tools and resources to assist health care providers reduce the risk of falls and accomplish three things:
  – Identify patients at low, moderate and high risk for a fall.
  – Identify modifiable risk factors.
  – Offer effective interventions.
• The CDC estimates that if 5,000 health care providers adopted STEADI
  – 5.5 million more patients could be screened
  – 1.1 million more falls could be prevented
  – $4.8 billion more in direct medical costs could be saved.
<table>
<thead>
<tr>
<th>Please circle “Yes” or “No” for each statement below.</th>
<th>Why it matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have fallen in the last 6 months.</td>
<td>People who have fallen once are likely to fall again.</td>
</tr>
<tr>
<td>I use or have been advised to use a cane or walker to get around safely.</td>
<td>People who have been advised to use a cane or walker may already be more likely to fall.</td>
</tr>
<tr>
<td>Sometimes I feel unsteady when I am walking.</td>
<td>Unsteadiness or needing support while walking are signs of poor balance.</td>
</tr>
<tr>
<td>Steady myself by holding onto furniture when walking at home.</td>
<td>This is also a sign of poor balance.</td>
</tr>
<tr>
<td>I am worried about falling.</td>
<td>People who are worried about falling are more likely to fall.</td>
</tr>
<tr>
<td>I need to push with my hands to stand up from a chair.</td>
<td>This is a sign of weak leg muscles, a major reason for falling.</td>
</tr>
<tr>
<td>I have some trouble stepping up onto a curb.</td>
<td>This is also a sign of weak leg muscles.</td>
</tr>
<tr>
<td>I often have to rush to the toilet.</td>
<td>Rushing to the bathroom, especially at night, increases your chance of falling.</td>
</tr>
<tr>
<td>I have lost some feeling in my feet.</td>
<td>Numbness in your feet can cause stumbles and lead to falls.</td>
</tr>
<tr>
<td>I take medicine that sometimes makes me feel light-headed or more tired than usual.</td>
<td>Side effects from medicines can sometimes increase your chance of falling.</td>
</tr>
<tr>
<td>I take medicine to help me sleep or improve my mood.</td>
<td>These medicines can sometimes increase your chance of falling.</td>
</tr>
<tr>
<td>I often feel sad or depressed.</td>
<td>Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.</td>
</tr>
</tbody>
</table>

Matter of Balance FAQs

• Evidence-based, award-winning, train-the-trainer fall prevention program designed for older adults.

• Focus on strategies to manage falls.
  • *Decrease fears of falling*
  • *View falls as controllable*
  • *Set goals for increasing activity*
  • *Make changes to lessen the risk of falls at home*
  • *Exercise to increase strength and balance*
Who Can benefit from A Matter of Balance?

• Anyone who:
  – Is concerned about falls
  – Has sustained a fall in the past
  – Restricts activities because of concerns about falling
  – Is interested in improving flexibility, balance and strength
  – Is age 60 or older, ambulatory and able to problem-solve.
Tai Chi FAQs

• Chinese exercise system that uses slow, smooth body movements to achieve a state of relaxation of both body and mind.

• CDC recommends taking a tai chi class tailored to participant needs and is offered at least twice a week.

• Tai chi needs to be practiced for at least 50 hours to reduce fall risk.

  • Tai Chi: Moving for Better Balance (Contact Dr. Fuzhong Li at fuzhongl@ori.org)
  • Tai Chi Fundamentals (Contact Tricia Yu at tyu@taichihealth.com)
  • Tai Chi for Arthritis (Contact Dr. Paul Lam at service@taichiforhealthinstitute.org)
Evidence Based Fall Prevention Progress in Georgia

• A Matter of Balance
  – State Fiscal Year 16 shows 106 completers and currently 24-30 Master Trainers across the state.
  – Potentially next year we could offer as many as 75-10 workshops after training 75 Coaches.
Evidence Based Fall Prevention Progress in Georgia

• OTAGO
  – Currently 162 Physical Therapists trained
  – There are 238 spaces to get additional PTs trained by August 2016
  – This is a potentially billable service for PTs and patient referral source.
  – Potentially we could serve a many as 2000 frail or homebound individuals if all trainings are filled and each PT serves just 5 clients.
Evidence Based Fall Prevention Progress In Georgia

• Tai Chi for Arthritis (aka. Tai Chi for Health)
  – Currently for this fiscal year we have 152 completers
  – We have approximately 90 instructors trained
  – DHS DAS is continuing to coordinate annual trainings and recertification's to ensure the program grows and continues. Trainings are fee based and planned with community partners.
A physical therapist (PT) conducts eight contacts with the participant
- Visiting the patient four times at home or at an in-patient setting over the course of the intervention
- Other contacts are telephonic

During the visits, the PT prescribes a set of in-home exercises and a walking plan
- Strength training
- Balance and stability
- Active range of motion
- Walking plan

Participants are encouraged to complete the exercises three times a week and to walk outside the home at least two times a week
Innovation in Falls Prevention

- Evaluating technology for reducing Falls
- Implementing STEADI in Electronic Medical Records
- Infusing STEADI across systems
Questions?
Hepatitis C: The Era of Eradication

Gregory S. Felzien, M.D. AAHIVS
Diplomat: Internal Medicine and Infectious Disease
Georgia Department of Public Health
Medical Advisor
Division of Health Protection/IDI-HIV

January 12, 2016
Disclosure

I have no vested interests that relate to this presentation

Nor do I have any relationships with;

pharmaceutical companies
biomedical device manufacturers
and/or other corporations

Whose products or services are related to pertinent therapeutic areas
Hepatitis C: Where are We Today

National: 3.2 to 5.9 million individuals infected

Hepatitis C: Georgia 2014

- Confirmed Chronic HCV: **5643**
- Pending* HCV cases: **4457**
- Total: **10,100**

*Insufficient data to determine past or chronic disease

HIV

National data: 25% are co-infected

Georgia: **12,609**

Data based on State Electronic Notifiable Disease Surveillance System (SendSS) information. Data in Georgia is limited, therefore, data depicted does not show the true burden of disease in Georgia.

Estimates of People with Hepatitis C in Georgia

Population age ≥18 in Georgia is 7,196,101

• CLIA-waived rapid antibody HCV test
  – 15 years or older

• Fingerstick and venipuncture whole blood
  – 20 - 40 minutes

• Greater than 98% accurate

• Seroconversion detection:
  – 59.2 days: OraQuick / 62.7 days: EIA

• About $20 a test
# Treatment Guidelines

<table>
<thead>
<tr>
<th>Genotype</th>
<th>Treatment</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Harvoni</td>
<td>12 weeks</td>
</tr>
<tr>
<td></td>
<td>Daclatasvir + SOF +/- RBV</td>
<td>12 or 24 weeks</td>
</tr>
<tr>
<td></td>
<td>VIEKIRA PAK + RBV</td>
<td>12 or 24 weeks</td>
</tr>
<tr>
<td></td>
<td>SOF + SMV +/- RBV</td>
<td>12 or 24 weeks</td>
</tr>
<tr>
<td>1b</td>
<td>Harvoni</td>
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<tr>
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</tr>
<tr>
<td></td>
<td>Technivie</td>
<td>12 weeks</td>
</tr>
<tr>
<td></td>
<td>SOF+SMV +/- RBV</td>
<td>12 or 24 weeks</td>
</tr>
<tr>
<td>2</td>
<td>Daclatasvir + SOF</td>
<td>12 weeks</td>
</tr>
<tr>
<td></td>
<td>SOF + RBV</td>
<td>12 or 16 weeks</td>
</tr>
<tr>
<td>3</td>
<td>Daclatasvir + SOF +/- RBV</td>
<td>12 or 24 weeks</td>
</tr>
<tr>
<td></td>
<td>SOF + RBV</td>
<td>24 weeks</td>
</tr>
<tr>
<td></td>
<td>SOF + RBV + PEG</td>
<td>12 weeks</td>
</tr>
<tr>
<td>4</td>
<td>Harvoni</td>
<td>12 weeks</td>
</tr>
<tr>
<td></td>
<td>VIEKIRA PAK + RBV</td>
<td>12 weeks</td>
</tr>
<tr>
<td></td>
<td>SOF + RBV</td>
<td>24 weeks</td>
</tr>
<tr>
<td></td>
<td>SOF+RBV+PEG</td>
<td>12 weeks</td>
</tr>
<tr>
<td>5 and 6</td>
<td>Harvoni</td>
<td>12 weeks</td>
</tr>
<tr>
<td></td>
<td>SOF + RBV + PEG</td>
<td>12 weeks</td>
</tr>
</tbody>
</table>

http://www.hcvguidelines.org/full-report/initial-treatment-hcv-infection
Potential Medication Cost

Wholesale Acquisition Cost

- Harvoni $94,500 (12 weeks):
  - 118,000: $11,151,000,000
  - 50% cost reduction: $5,575,500,000

- Viekira Pak with Ribavirin: $83,300+ $5,000
  - 118,000: $10,419,400,000
  - 50% cost reduction: $5,209,700,000
## Recurrence Rates after Sustained Virologic Response (CROI 2015)

<table>
<thead>
<tr>
<th>Patient Group</th>
<th>Number of Patients</th>
<th>5-Year Recurrence Rate</th>
<th>Rate per 100 person years</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV Mono-Infected, low risk</td>
<td>9419</td>
<td>1.14%</td>
<td>0.23 per 100 person years</td>
</tr>
<tr>
<td>HCV Mono-Infected, high risk</td>
<td>819</td>
<td>13.22%</td>
<td>2.80 per 100 person years</td>
</tr>
<tr>
<td>HIV/HCV Co-infected</td>
<td>833</td>
<td>21.72%</td>
<td>4.78 per 100 person years</td>
</tr>
</tbody>
</table>

High risk defined as Injection Drug Users and Incarcerated

1ST International
HEPATITIS CURE & ERADICATION MEETING

- November 5 and 6, 2014
- Toronto, Canada

http://www.virology-education.com/event/upcoming/1st-international-hepatitis-cure-eradication-meeting-2014/
Long-Term Economic Model

• Estimate work productivity gains associated with curing genotype-1 chronic hepatitis C patients
  – results indicated: reduced absenteeism and incr. productivity would total approx. $2.67 billion for the U.S. (1)

• A “routine” liver transplant (from a cadaver) costs close to $300,000
  – 6000 liver transplants are performed annually in the U.S
  – Hepatitis C accounts for 40% = 2400 transplants = $720,000,000 (2)

• Estimated U.S. average in 2011 per transplant: $577,100
  – 40% = 2400 = $1,385,040,000
  – $36,528 annual medication cost post-transplant (3)

• Costs exclude office visits, labs, complications

(1) abstract 228: Digestive Disease Week® (DDW) 2015
(2) http://www.liverfoundation.org/patients/organdonor/about/
(3) http://www.cpmc.org/advanced/liver/patients/topics/finance.html#Transplantation Costs
Georgia Economic Model

- Emory
  - performs more than 110 adult liver transplants each year
  - one-year survival rate for liver transplantation is 92.43%

- Use national data
  - 40% have hepatitis C = 44 clients annually
  - $577,100 per transplant = $25,392,400

- 78% three-year and 73% five year survival rate
  - 32: $1,168,896 annual / $5,844,480 at 5 years - meds
  - 32: treat: $94,000 (meds) $3,024,000

http://www.emoryhealthcare.org/transplant-liver/index.html
http://www.liverfoundation.org/patients/organdonor/about/
Number Needed to Treat

• Estimated: 25% of patients with hep C have cirrhosis

• By 2040: estimated 45% with cirrhosis if left untreated

• The number needed to treat:
  – decompensation and liver transplantation was 4
  – cause of death and liver failure was 4

Hepatitis C: Toolkit

Hepatitis C
Testing Toolkit
for Primary Care Providers

Resources to Support Hepatitis C Testing in Georgia
2014

dph.georgia.gov/viral-hepatitis
GEORGIA AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY

<table>
<thead>
<tr>
<th>BRAND NAME</th>
<th>GENERIC NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daklinza</td>
<td>Daclatasvir</td>
</tr>
<tr>
<td>Harvoni</td>
<td>Ledipasvir/Sofosbuvir</td>
</tr>
<tr>
<td>Sovaldi</td>
<td>Sofosbuvir</td>
</tr>
<tr>
<td>Technivie</td>
<td>Ombitasvir/Paritaprevir/Ritonavir</td>
</tr>
<tr>
<td>Viekira Pak</td>
<td>Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir</td>
</tr>
<tr>
<td>Ribavirin</td>
<td></td>
</tr>
</tbody>
</table>

These medications will be available on the formulary until the funds for the pilot are exhausted. The program will provide notification when the pilot program is closed. Prior Approval Application is required prior to dispensing.
1) Client has been stable on ADAP for one year.
2) Client Weight:
3) Client Age:
4) Client Sex:
5) Current antiretroviral regimen:
6) List of current non-HIV medications:
5) Does the client have a history of moderate to severe adverse events/ intolerances/ allergies to medications? If yes, what medications? Describe the reaction:
7) Please attach copies of the most recent lab work:
8) Hepatitis C stage: 0 1 2 3 4 compensated / decomp. cirrhosis (liver biopsy, FIB-4 Calculation, Non-Invasive Biomarker Testing)
9) Please attach the client’s MELD or Child-Pugh score.
10) Does the client have a history of Hepatitis C treatment?
11) The requesting provider is asking for the State Medical Advisor to make the treatment recommendation.
Georgia Department of Public Health Specialty Clinic

Reason for consultation

• HIV
  – Initial treatment recommendations
  – Switch therapy
  – Salvage therapy
  – Multiple mutations review
  – Treatment recommendations in renal/liver failure
  – Treatment recommendations in pregnancy
  – Treatment recommendations for clients with pill intolerance

• Hepatitis
  – Hepatitis B
  – Hepatitis C

• Other: Dependent upon client’s needs
Thank You

Gregory S. Felzien, M.D. AAHIVS
Diplomat: Internal Medicine and Infectious Disease
Georgia Department of Public Health
Medical Advisor
Division of Health Protection/IDI-HIV

“If you wish to move mountains tomorrow, you must start by lifting stones today,"

– African Proverb
Emily Anne Vall, PhD
Georgia Shape Project Manager
Our Goal

By 2023, 69% of GA Students will be in the Healthy Fitness Zone for BMI

How do we achieve this goal?
A Framework for Change: Collective Impact
Members of the Governor’s Advisory Council on Childhood Obesity

- Nathan Deal
  Council Co-Chair
  Governor, State of Georgia

- John Bare
  Council Co-Chair
  Vice President, Arthur M. Blank Foundation

- Brenda Fitzgerald, MD
  Commissioner, Georgia DPH

- Casey Cagle
  Lieutenant Governor, State of Georgia

- Phillip Williams, PhD
  Dean, College of Public Health, University of Georgia

- Jim Clark
  President and Chief Executive Officer, Boys & Girls Clubs of America

- Jennifer Glover, PhD
  Asst Principal at White County Intermediate School, Owner Glo Crest Dairy

- Melvin Lindsey
  Senior Government Relations Director, Amerigroup Georgia

- Linda Matzigkeit
  Chief Administrative Officer, Children’s Healthcare of Atlanta

- Teya Ryan
  President and Executive Director, Georgia Public Broadcasting

- Evelyn Johnson, MD
  Vice President, Georgia Chapter, American Academy of Pediatrics

- Ron Shipman
  Vice President, Environmental Affairs, Georgia Power

- David Satcher, MD, PhD
  Director, Satcher Health Leadership Institute; Director, Center of Excellence on Health Disparities, Morehouse School of Medicine

- Phillip Williams, PhD
  Dean, College of Public Health, University of Georgia
2014-2015 Fitnessgram Assessment

**Statewide Preliminary Results:**

- **60.3%** of Georgia children are *inside* the BMI Healthy Fitness Zone (HFZ)
- **59%** of boys and **46%** of girls were *inside* the HFZ for Aerobic Capacity
  - Assessed via Pacer or Mile Run
- **19%** of Georgia’s children were *inside* the HFZ for all 5 fitness components
- **20%** of Georgia’s children were *not in* the HFZ for **ANY** fitness component
Physical Activity Updates

Georgia Shape Chronic Disease 1305 Summits
• 2015 Success in Waycross
• Valdosta and Jesup, January 28 & 29, 2016

Shape Grantees
• 93 Awarded to Date, 29 School Year 2015-2016

Growing Fit Early Care Training and Toolkit
• 112 Early Care Directors Trained

Shape Quality Rated Recognition
• 111 Early Care Centers Awarded to Date

Shape Honor Role 2014-2015
• 186 K-12 Schools Awarded
Power Up for 30 Pledge Status

782 Schools Pledged
607 Schools Trained

No School Pledges
Power Up for 30

Electronic K-5 PU30 Training
• Coming March 2016; Rural Schools

6-8 Middle School Pilot
• Centene/Peach State Funded 4 Schools
• New Resource Guide and All Star Meeting 12/2015

DFCS Afterschool Training
• 167 Trained

Pre-Service Teacher Certificate
• University of West GA and GSU
Power Up for 30 Studies and Publications

**PU30 Pilot Data:**
- BMI and AC Improvements (Accelerometer)*
- Relationship b/t AC and School Demographics
- Impact of Intervention on Changes in Fitness and Academic Outcomes

**Year 1 PU30 Survey Data: >70% Statewide Response Rate**
- Facilitators & Barriers: Qualitative Teacher Report*
- Opportunities Across Race/Ethnicity, Geography & School Size
- Relationship b/t PA opportunities for Students & Staff
- Characteristics of Non-Responders

**PU30 Training Evaluation**
- Impact on BMI, MVPA, AC
- Virtual vs In-Person

**Year 2 PU30 Follow Up Survey Data**
- PA Environment Improvements
- Trained vs Untrained Academic Achievement
Data and Evaluation Updates

Georgia Shape Research Symposium and Public Health Reports Special Supplement

• Foreword by former Surgeon General and Georgia Shape Council Member, Dr. David Satcher
• 15 Manuscripts Submitted for Publication

Childhood Obesity Systems Model

• Created 2009; Updated 2015
• Model Intervention Strategies Show Impact on Obesity

Georgia Shape Overarching Evaluation

• February 2015 Convening and Data Book
• CHOA K-12 Intervention and Program Platform

Statewide Nutrition Survey

• Draft Completed December 2015
Nutrition Updates

**Strong4Life Cafeteria Project**
- 1198 School Cafeteria Directors and Managers Trained
- Funding Need for 2016

**Golden Radish Farm to School Awards**
- DPH, DAg, DOE, Governor’s Office
- 30 Districts Awarded October 2015

**Farm to Pre-School Coalition**
- Georgia Organics Organizing and Building
- Quarterly Meetings
- Strategic Plan 2016
Healthcare Updates

WIC Strong4Life Motivational Interviewing Provider Program
• 531 WIC Staff Trained (100% Districts)
• Champion Program and Cont. MI Training in 2016

Georgia 5-Star Hospital Initiative
• 8 New Hospitals
• https://dph.georgia.gov/georgia-5-star

Children’s Healthcare of Atlanta Obesity Coding Training
• Available to Providers late January- early February 2016
Communication and Marketing Updates

Georgia Shape Social Media
• Follow Us on Instagram, Facebook, Twitter

New Videos and Website Updates
• Visit Georgiashape.org
• National Superintendent of the Year Dr. Philip Lanoue

Power Up for 30 Day
• 117 New Pledges
• Visit Home Page to view Success Video
• Over 8,000 Classroom Views of Leader Videos
  • First Lady Deal, Dr. Brenda Fitzgerald, Superintendent Richard Woods, Christi Kay
QUESTIONS?

EmilyAnne.Vall@dph.ga.gov

GeorgiaShape.org
Closing Comments

Judy Greenlea Taylor
Secretary
The next Board of Public Health meeting is currently scheduled on Tuesday, February 9, 2016 @ 1:00 PM.

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