Georgia Department of Public Health

Board of Public Health Meeting

Tuesday, August 11, 2014

We Protect Lives.

Commissioner's Update

Brenda Fitzgerald, MD
Commissioner, DPH

AFY2015 and FY2016 Budget Update

Kate Pfirman, CPA
Chief Financial Officer, DPH

Asthma in Georgia

5-Year Program Accomplishments and Next Steps

- Jean O'Connor, JD, DrPH
- Franscesa Lopez, MPH, AE-C
- Francis Annor, MPH
- Julie Swann, PhD
- Chris Rustin, DrPH, MPH REHS

Asthma Control in Georgia

- Georgia has been awarded a new 5-year Cooperative Agreement from CDC, to start Sept 1, 2014
  - Total of approximate $3M over 5 years
  - Funding increase from $300k per year to $599k per year
  - New activities and increased emphasis on promoting evidence-based care

- In this presentation—
  - Summary of the Georgia Asthma Control Program's 5 year accomplishments
  - Overview of the epidemiology of asthma in Georgia
  - Summary of asthma in the Medicaid population
  - Partnership with the Healthy Homes Program
  - Summary of the direction over the next 5 years

ASTHMA PROGAM 5 YEAR ACCOMPLISHMENTS

2013-2018 Strategic Plan

	Environmental Work Group **Goal 1:** Decrease exposure to environmental triggers for people with asthma.
	Family Support Work Group **Goal 2**: Promote/support self management in children ages 0-17 diagnosed with asthma and their families.
	Health Care Delivery Systems **Goal 3:** Increase access to asthma services and resources. **Goal 4:** Promote and increase implementation of National Asthma Education and Prevention Program (NAEPP) guidelines in standards of care for the diagnosis, treatment, and management of asthma. **Goal 5:** Improve coverage and reimbursement rates for comprehensive asthma care. **Goal 6**: Improve asthma health information exchange.
	Schools and Childcare Settings **Goal 7:** Reduce the negative impact of asthma on the development and academic success of Georgia children. **Goal 8:** Improve the integration of care management between health care providers and schools/childcare settings.

Sustainable Partnerships

Georgia Asthma Advisory Board

Who they Are:

Membership includes health professionals, CBOs, educators, asthma coalitions, academia, public health professionals from local, state, federal and private sector stakeholders.

Purpose:

Inform the development of Georgia's Asthma Strategic Plan, guide GACP's programmatic direction and contribute to the accomplishment of the strategic plan activities and objectives within their respective organizations.

While this is not a comprehensive list of participating partners, it is reflective of the cross-section of federal, state and local agencies that enriched our 2013-2018 Strategic Plan.

Members

- Georgia Head Start Association (GHSA)
- Environmental Protection Agency (Region IV) Asthma Program
- Mother's & Others for Clean Air
- DHHS Admin. for Children and Families
- Children's Healthcare of Atlanta
- Pediatric Health Improvement Coalition
- Three Rivers Area Health Education Center
- Healthcare Georgia Foundation
- Annie E. Casey Atlanta Civic Site
- Public Health Districts
- Georgia Association of School Nurses (GASN)
- Georgia Department of Early Care and Learning (DECAL)
- Georgia Tobacco Use Prevention Program (TUPP)
- Rite Aide
- Georgia Lead Hazard Control & Green and Healthy Homes Initiative
- American Lung Association – Georgia (ALA)
- Choice Healthcare Network (ACO)
- FQHCs-Southside Medical Center (SMC)
- Not One More Life

Clinical Collaborations

Key Partners

- Not One More Life Inc.
- Dr. Leroy Graham
- Pediatric Health Care Improvement Coalition
- PHIC Practices
- CHOA

Accomplishments

- 150 clinicians completed Didactic session
- Positive change in clinician adherence for:
  - ✓ Spirometry,
  - ✓ Asthma Action Plans
  - ✓ Allergy prescriptions
  - ✓ Coaching on symptom recognition
  - ✓ Identifying triggers at home and school

School Nurse Collaborations

Key Partners

Georgia Association of School Nurses (GASN)

Coastal Health District

Three Rivers AHEC

Accomplishments

- Development of an Asthma Task Force in GASN.
- 1st Annual Survey of School nurses by Asthma Task Force (250+ responses)
- 450+ attendees in course offerings for nursing credit
  - Understanding Asthma Triggers
  - Becoming an Asthma Educator and Care Manager
  - Prep course for Asthma Educator Exam

Childcare Collaborations

Key Partners

- GA Dept. of Early Care and Learning (DECAL)
- East Central, Cobb Douglas, and Clayton Health Districts
- EPA Region IV
- Georgia Head Start Association

Accomplishments

- Development of asthma management curriculum for childcare providers
- Approved Entity status with DECAL to offer ECE credits
- Positive outcomes in knowledge and self efficacy among participating providers
- Over 100 participating centers across the state

National Recognition

- ✓ Georgia launched the National **Care for Their Air** as part of an Region IV EPA & DHHS ACF Collaborative
- ✓ GACP recognized as a model for its 2013-2018 Strategic Plan and invited to present at 2012 CHEST conference by Director of the CDC National Asthma Program
- ✓ Program Manager, elected to National Board of the Association of Asthma Educators.
- ✓ APHA accepted abstracts for Oral (GAME-CS) and Poster (School Policy Survey) presentation for 2014 conference.
- ✓ CSTE accepted poster presentation for Asthma Epi trends

EPIDEMIOLOGY

Overview of Asthma in Georgia

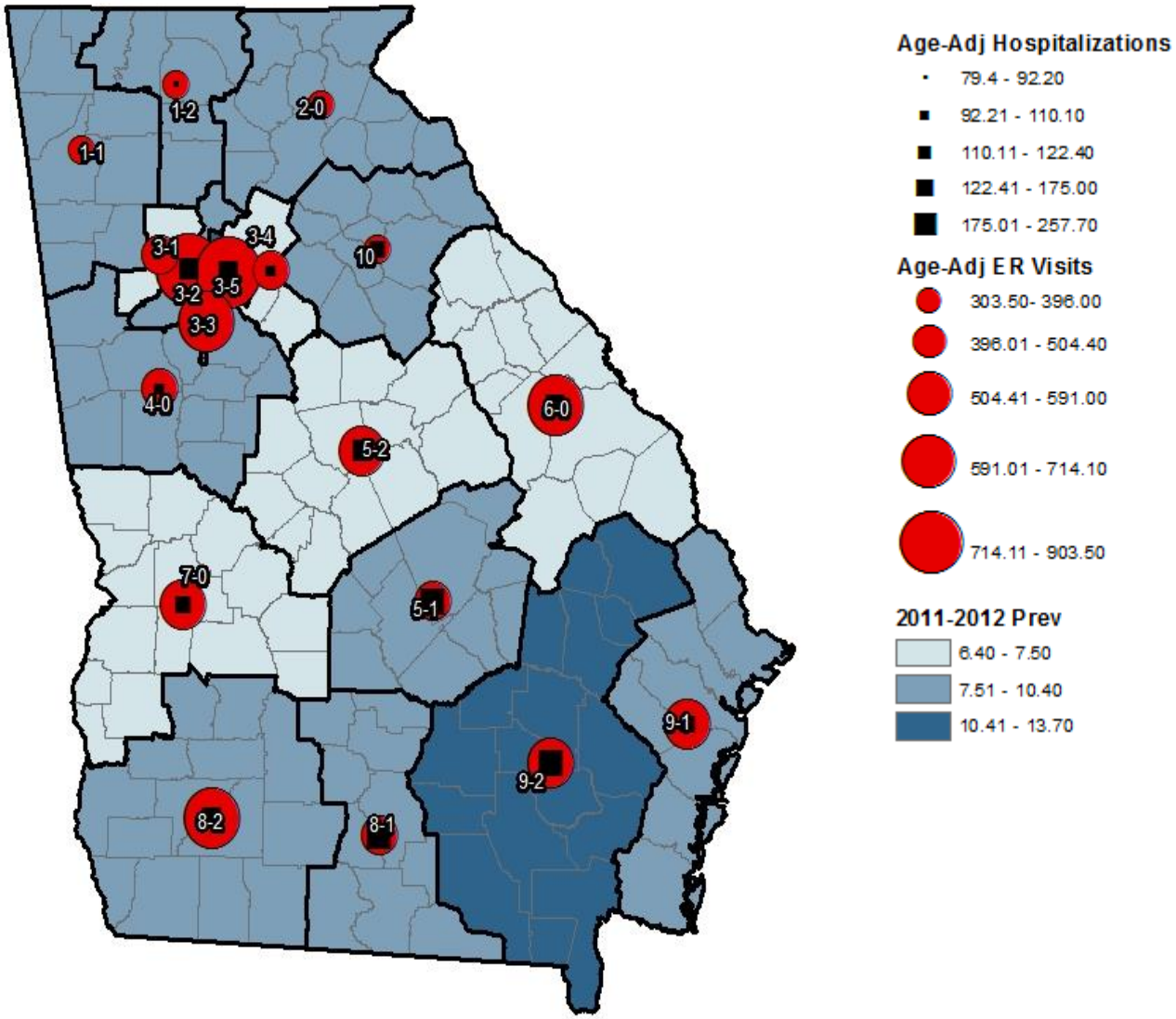
- An estimated 909,984 individuals in Georgia have *current* asthma; 605,186 (8.2%) adults, and 304,798 (12.0%) children
  - The prevalence of asthma among Georgia adult was consistently lower than the national median. However prevalence among Georgia's children was higher than the national median

- An average of 11,000 asthma hospitalizations occurred in Georgia annually from 2002 to 2012

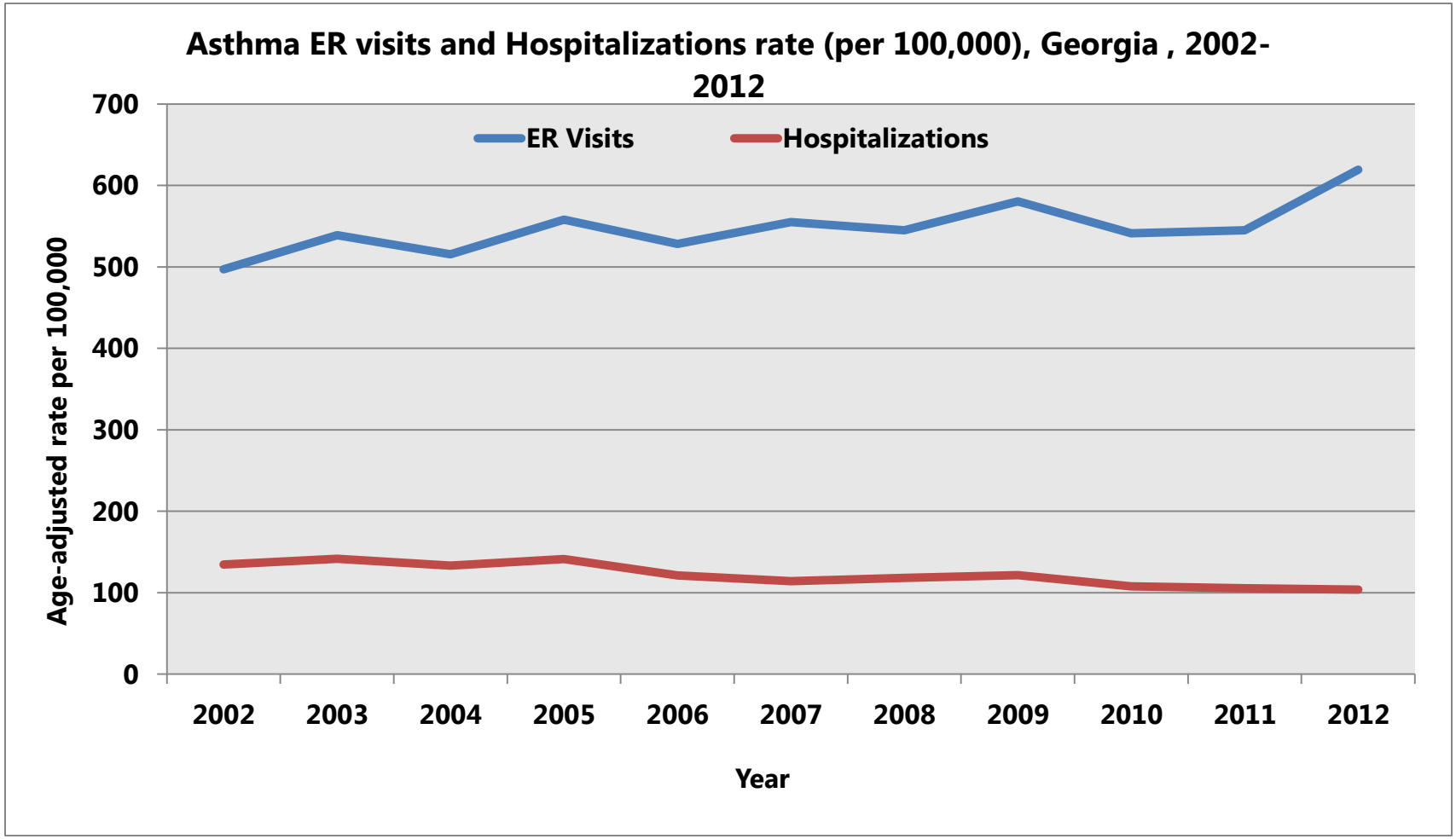
- An average of 51,400 asthma ER visits occurred annually in Georgia between 2002-2012 (555/100,000 per year). Highest ER visits was in 2012 (about 61,000)
  - Rate decreased with increasing age

- Between 2001 and 2011, there were 1,145 asthma deaths in Georgia (about 116/year from '01-'06; 90/year from '07-11)

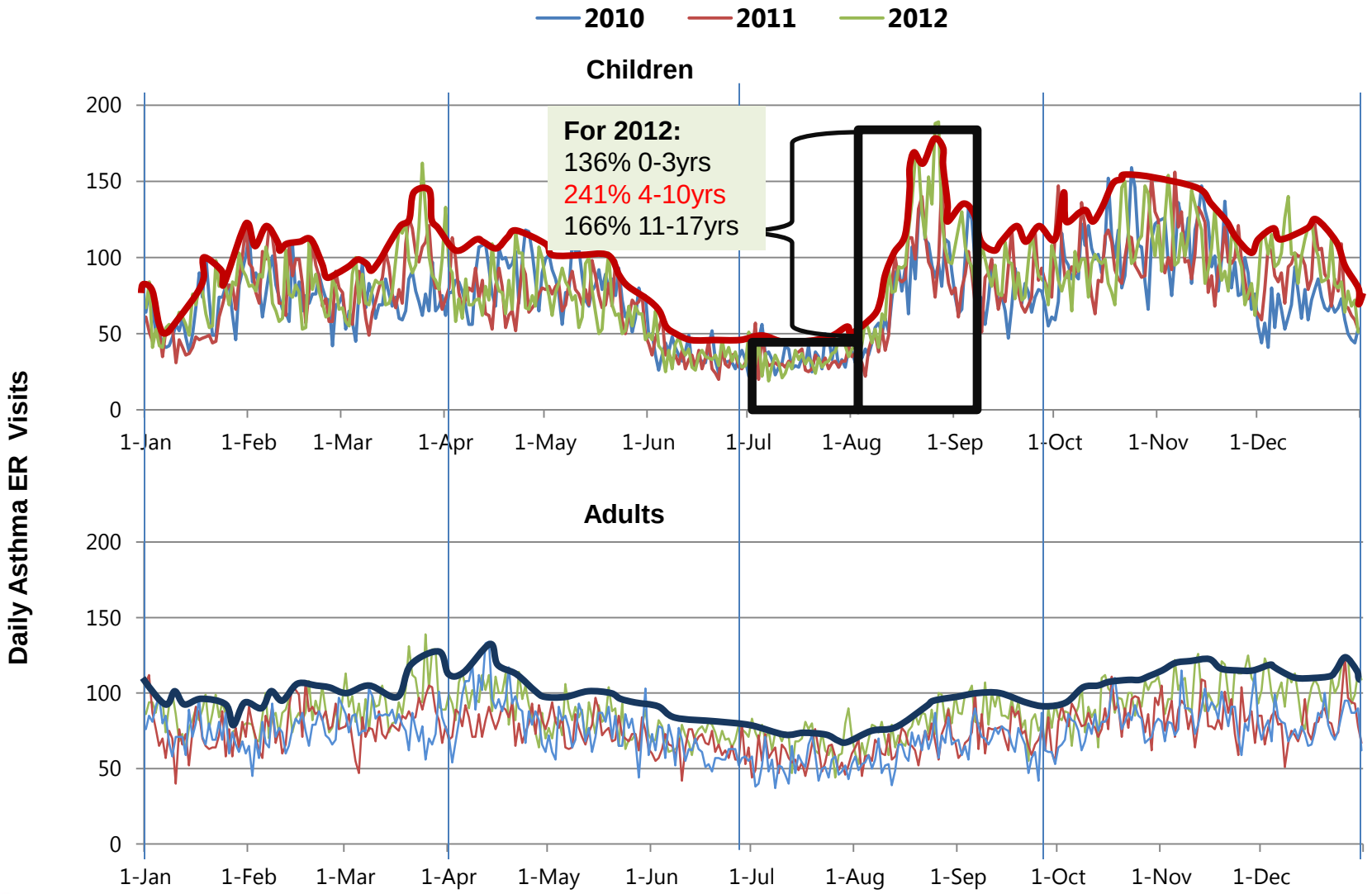
Overview of Asthma in Georgia



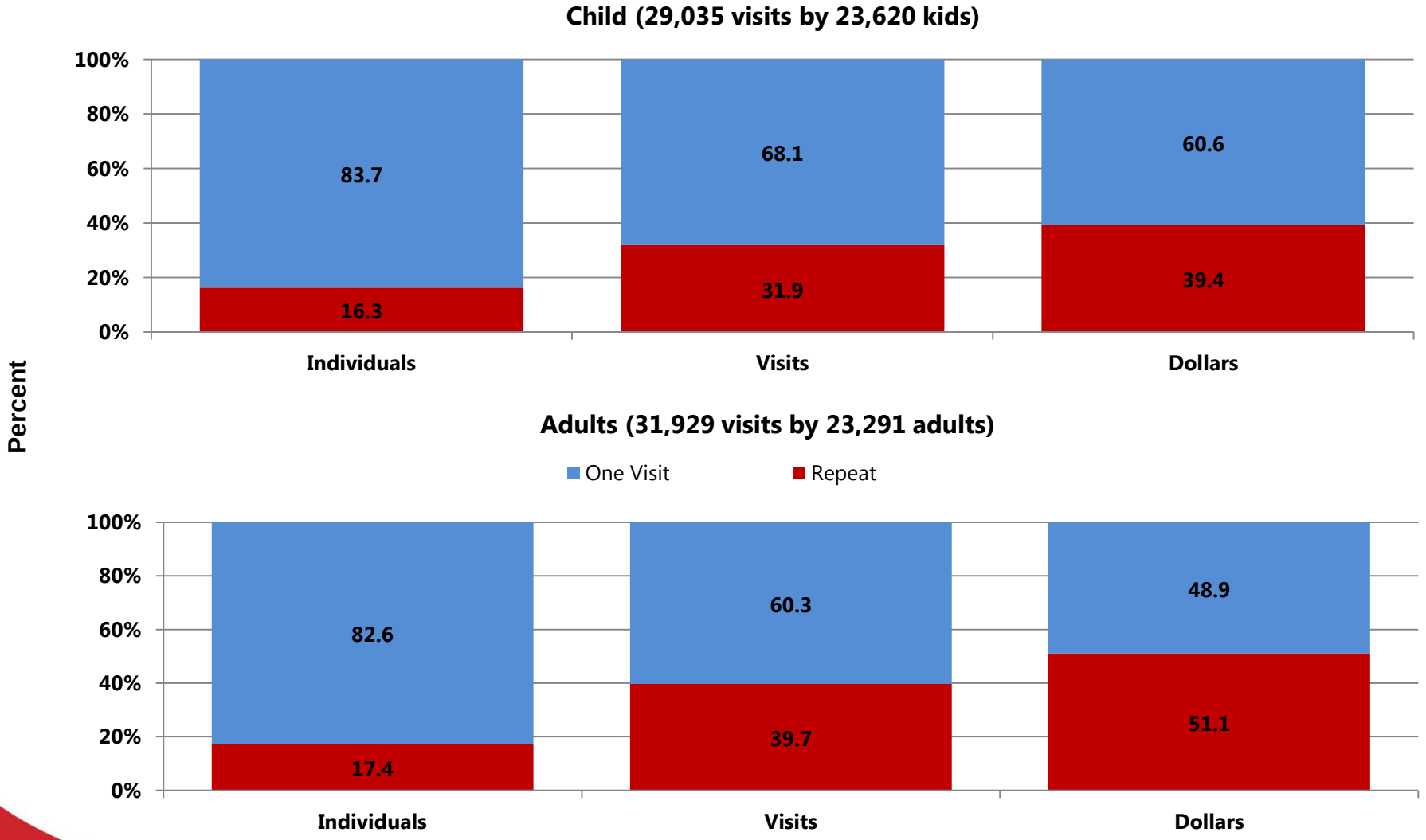
Asthma ER and Hospitalizations Trend, 2002-2012



Daily Asthma ER Visits among Georgia Children and Adults, 2010-2012



Repeat Asthma ER Visits, Child and Adults, 2012



ASTHMA AND MEDICAID

Data and Methods

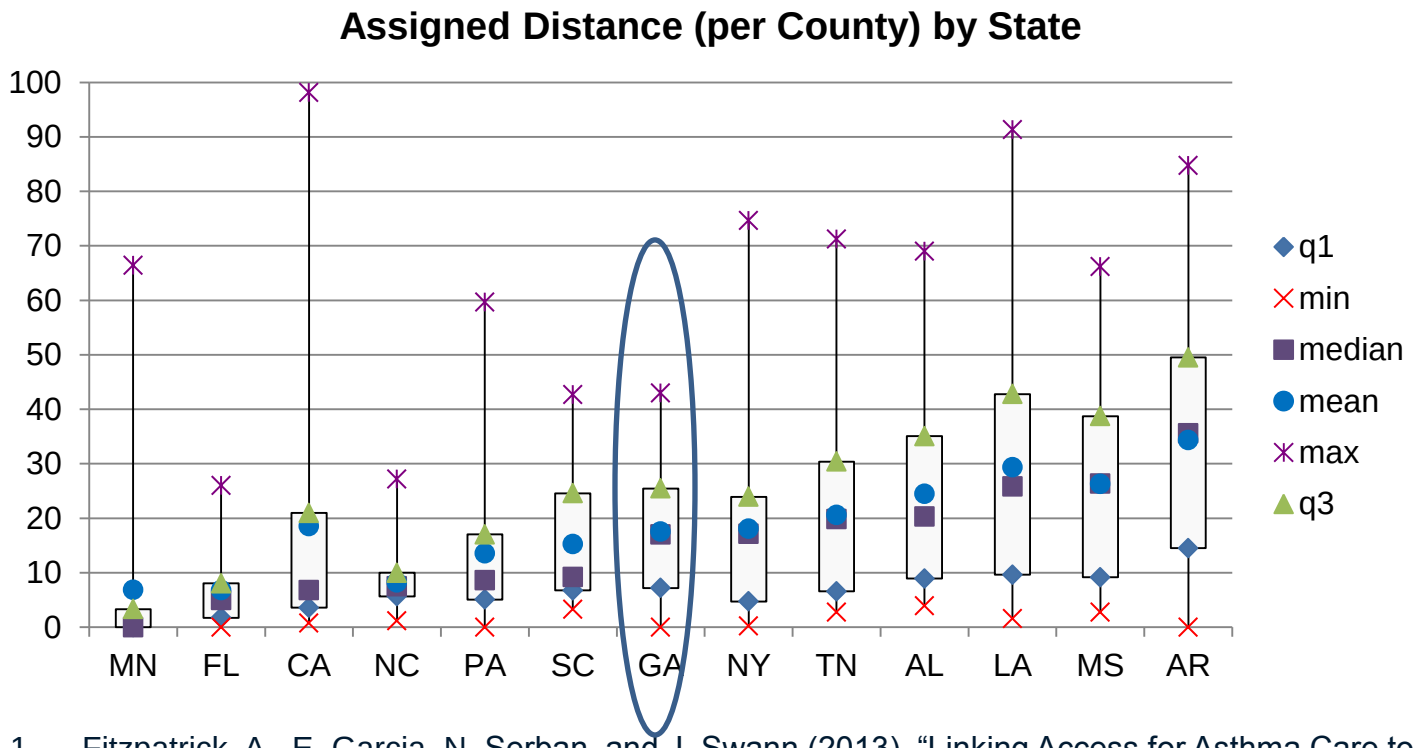
- Data
  - Medicaid claims (obtained from CMS) for 2005 -2009 for Georgia and 13 other states
  - Contains ICD-9 codes, charges, personal information, provider ID (National ID 2009 and forward), etc.
  - Other data (Census, National Provider Index, etc.)
  - Research on protocol approved by GT-IRB and CMS

- Methods (to Understand, Predict, Optimize, or Evaluate)
  - Statistics
  - Optimization and other math models
  - Systems Engineering
  - Health Economics

- Goals: Efficiency (cost), Effectiveness (outcomes), Equity (fairness)

Access to Asthma Care across States

- Distances to asthma care estimated using population of children, prevalence of asthma, location of physicians, etc.
- Access varies greatly across and within states[1]

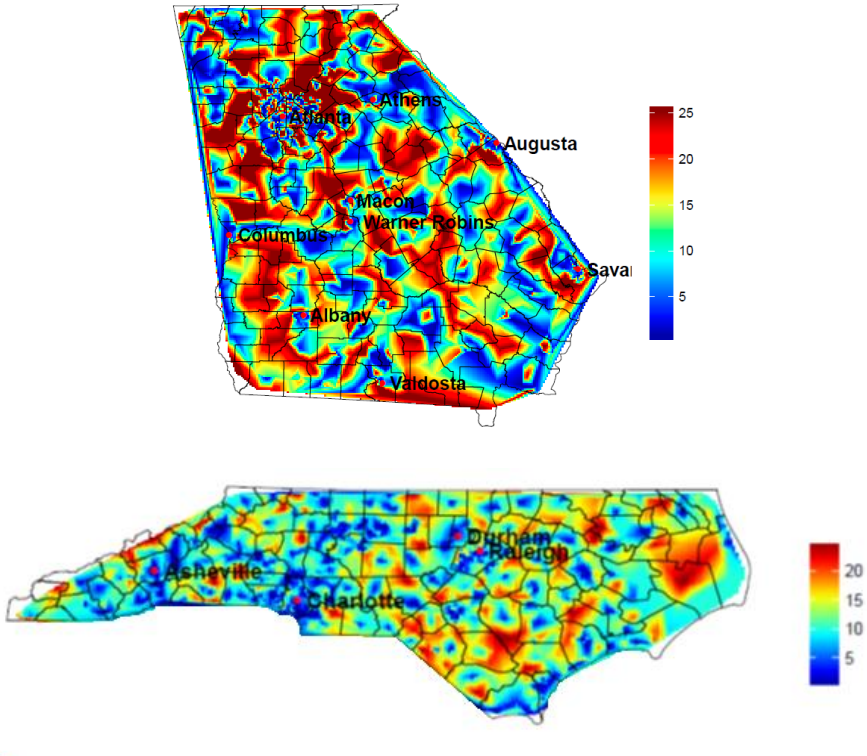


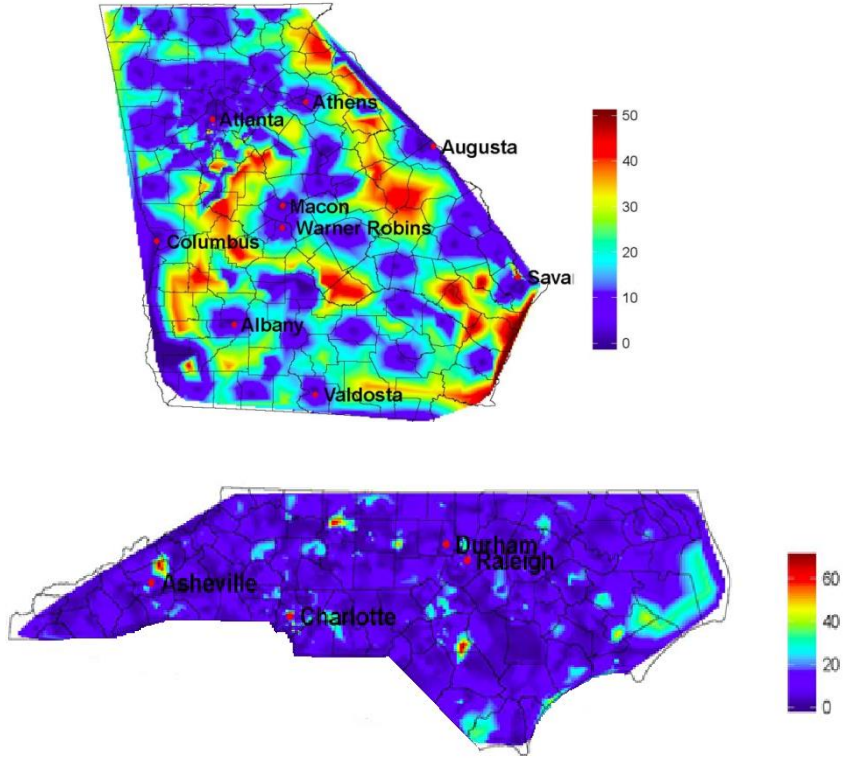
1. Fitzpatrick, A., E. Garcia, N. Serban, and J. Swann (2013), "Linking Access for Asthma Care to Emergency Department Visits and Hospitalizations", Working paper at Georgia Institute of Technology.

Access to Care Varies Locally (GA & NC)

Distances are higher in rural areas and tend to be higher in GA than NC

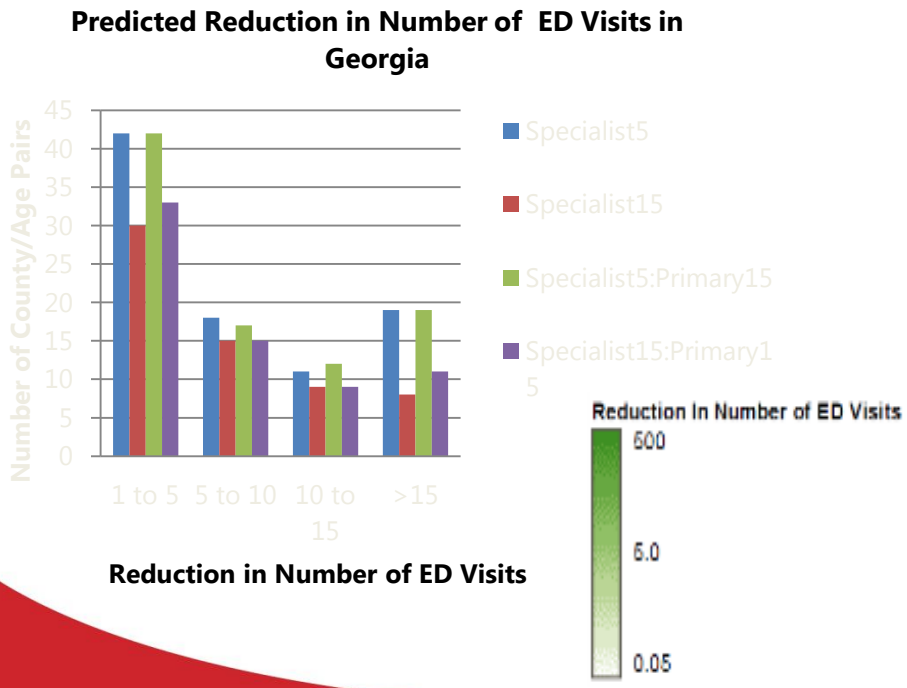
- Primary care (max 25 miles)
- Specialist Care (max 50 miles)

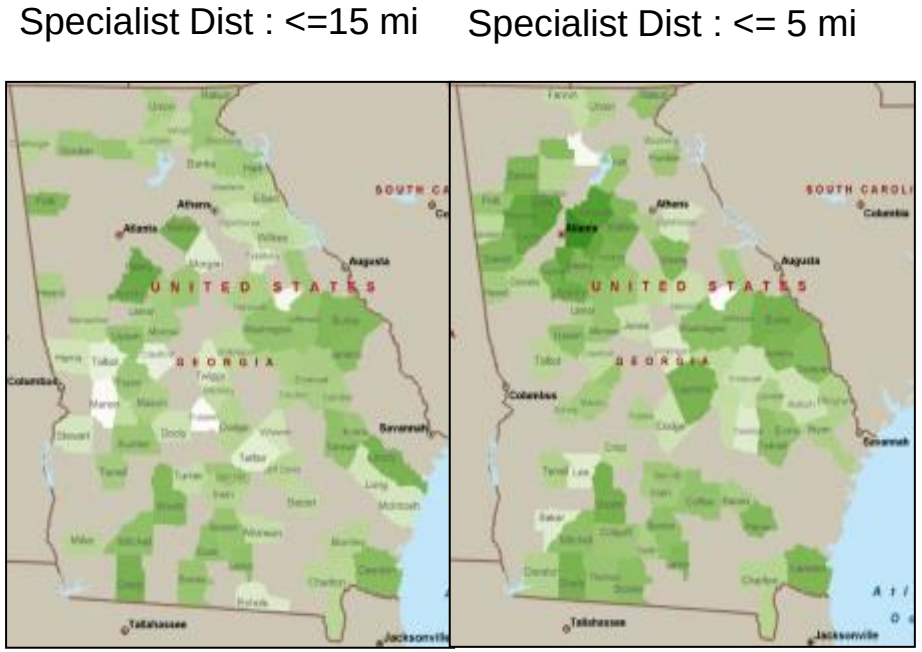




Better Access → Better Outcomes

- Access is significant alone and in interactions with other factors
- Improvement opportunities impact youngest children the most in the study
- Improving access to specialists is key, especially in some locations





Pediatric Asthma Baseline

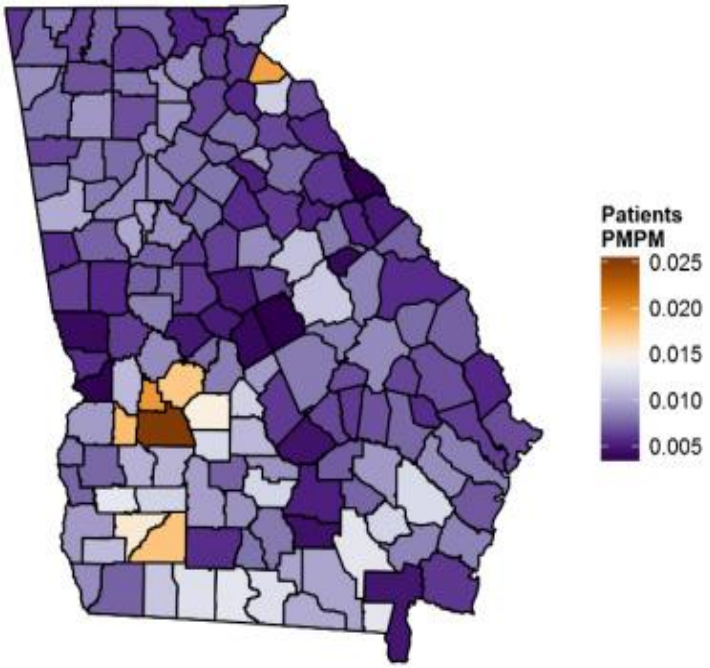
- Objective: develop a set of baseline metrics for pediatric asthma across populations, geography, and time to be used in designing and evaluating interventions to have the greatest impact with limited resources.
  - Utilization of services (ED, hospital, other)
  - Charges per visit or per patient
  - Treatment (adherence to medication, or ratio of controller to emergency use)

- Pilot Study: Children covered by Medicaid ages 4-17 in Georgia, 2009, with >= 1 visit with asthma ICD-9 code

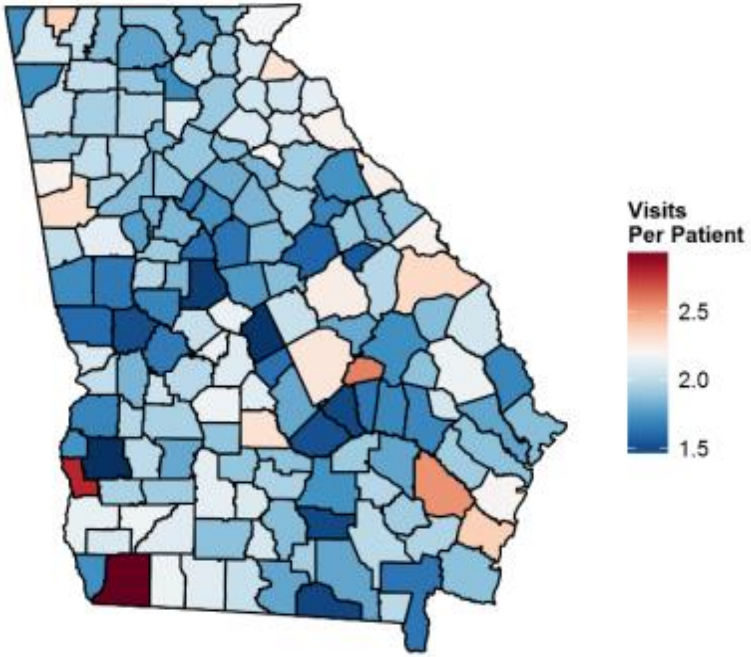
Asthma Baseline: Utilization Metrics

- We generally find fewer patients who have a visit with an asthma diagnosis than expected given its prevalence
- We generally find fewer visits than needed to manage it well

Number of Patients PMPM



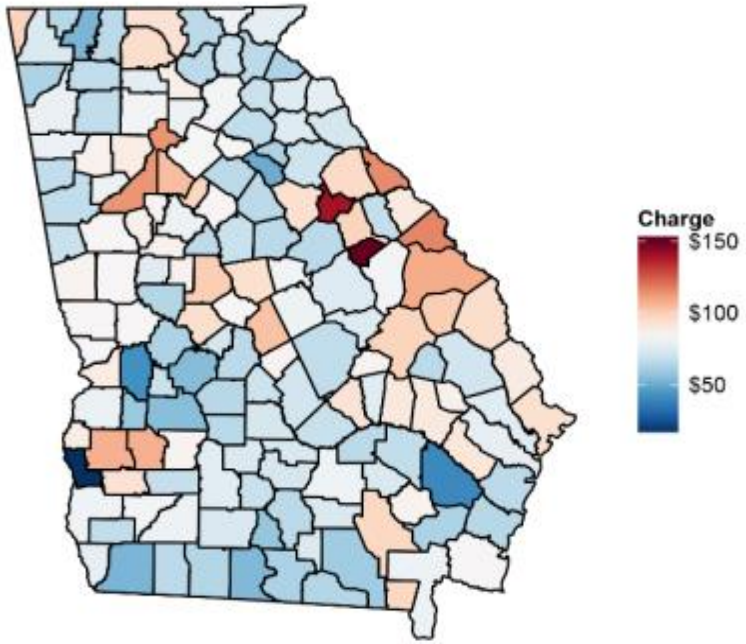
Number of Visits Per Asthma Patient



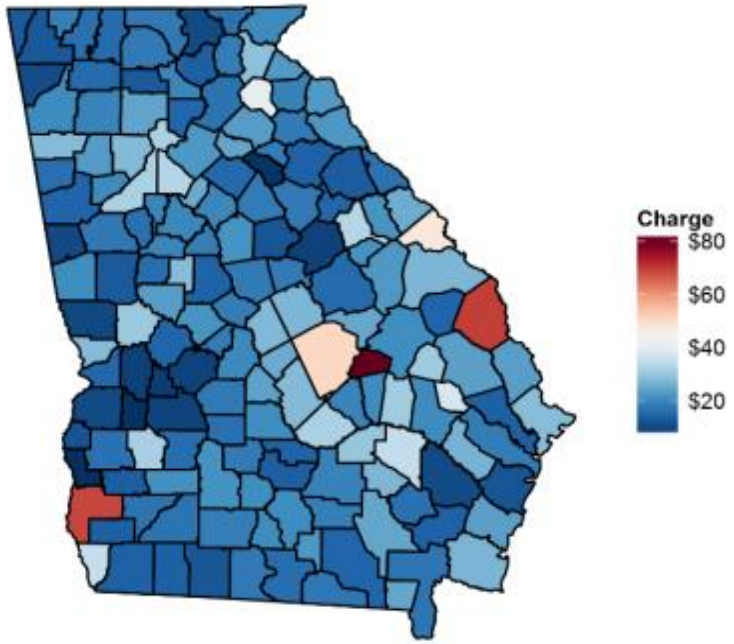
Asthma Baseline: Cost Metrics

- Charges vary geographically
- Source of charges also varies (not pictured)

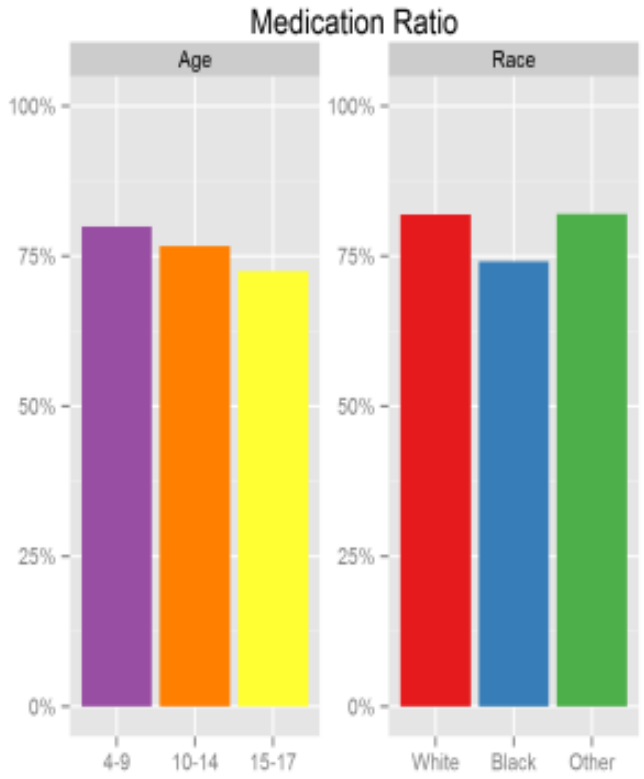
Median Charge Per Asthma Visit



Total Charge PMPM

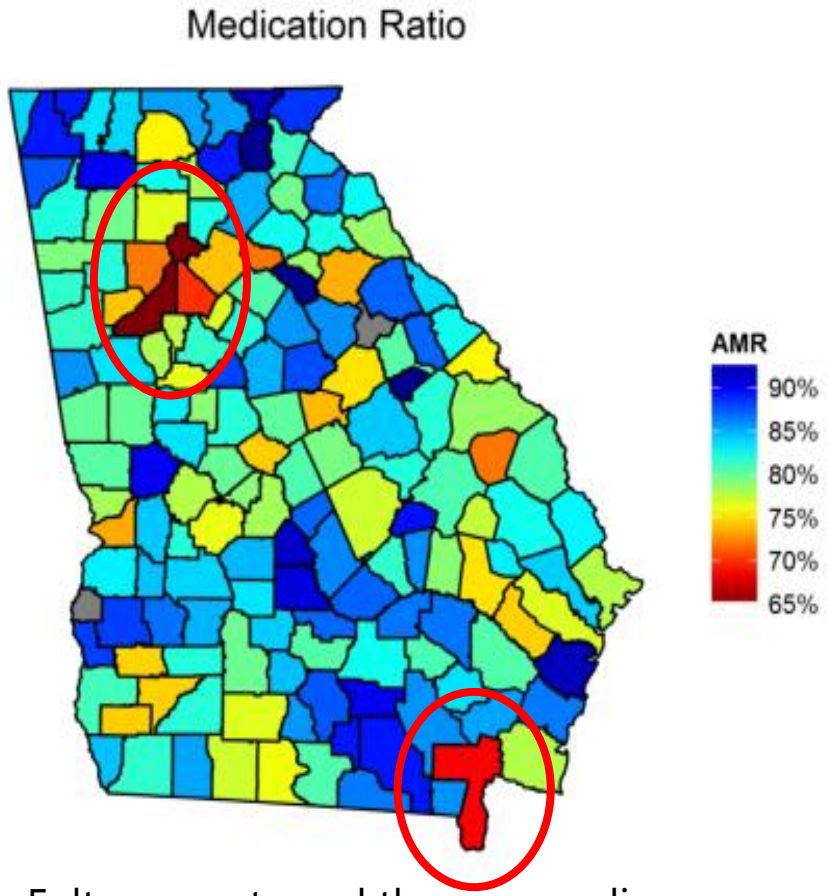


Baseline: Treatment Control Metrics



The African American population has a lower medication ratio than the other two populations, indicating a lower use of long term controller medication.

Youths also have lower medication ratios than younger ages.

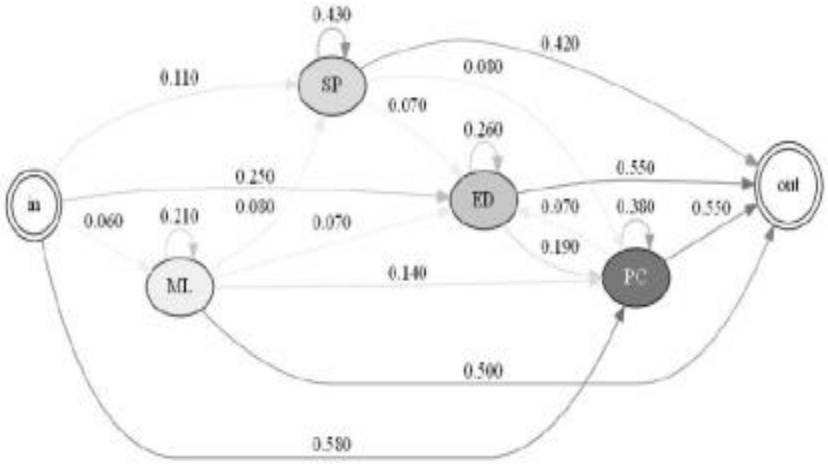


Fulton county and the surrounding areas have the lowest medication ratio in the state.

Asthma Care Pathways: Utilization & Cost

Objective: To identify underlying care pathways and to visualize the utilization relational system for pediatric asthma care in the Medicaid system using large patient-level claims data.

Pilot Study: Children population with Medicaid insurance ages 4-17 in Georgia, 2009. Initial results (by Nicoleta Serban and co-authors) quantifies pathways for care in GA, probabilities pictured



Future Work

- **Ongoing or Future Work**
  - Asthma Baseline (multiple years, across states)
  - Cost profiling of children in Medicaid
    - Interventions to improve cost or outcomes (e.g., chronic diseases)
  - Projections (Pediatric Obesity in GA, Demand & Supply after ACA)
  - Understanding which interventions in which locations
    - Telemedicine, patient education, provider practices, policies

- **Contact Us**
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- Thanks for support from GT's IPaT, Children's Healthca
  Science Foundation

Georgia Tech Health Analytics
Stewart School of Industrial & Systems Engineering

HEALTHY HOMES

Georgia Healthy Homes Program (GHHP)Mission

The mission of the GHHP, keeping within the CDC's Healthy People 2020 Objectives, is to promote a dynamic and coordinated effort to improve housing factors that affect health for all Georgians.

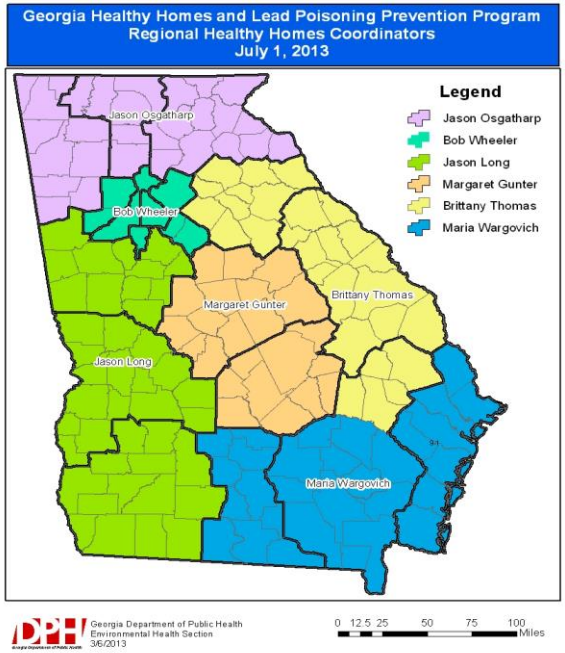
Healthy Homes Program

- Holistic approach to identifying a connection between health and housing
- Home is designed, built, and maintained to support health
  - 90% of time spent indoors
- Respiratory health
- Home safety
- IPM
- Indoor Air Quality
- Lead Poisoning Prevention

Georgia Healthy Homes Program

- State Staff:

  Director, Two Program Coordinators, Epidemiologist, Program Intern, Six Regional Healthy Homes Coordinators
- 50 NEHA certified Healthy Homes Specialists statewide
- 30 EPD certified Lead Inspectors/Risk Assessors statewide
- Capacity Building:
  - ❑ National Centers for Healthy Housing trainer for the State of Georgia in partnership with the University of Georgia and Georgia Southern University
  - ❑ Leadership for the Georgia Healthy Homes Coalition in conjunction with the EPA, EPD, CDC, HUD, and other strategic partners including the DPH Asthma Program
  - ❑ Currently conducting an Emory Smoke Free Homes research project
  - ❑ National leader in Lead Poisoning program activities and education



DPH Healthy Homes Program Focus Areas

- Indoor air quality
  - Asthma triggers
  - Mold and moisture
  - Radon
  - Carbon monoxide
  - Secondhand smoke
  - Volatile organic compounds
- Lead based paint
- Toxins
- Pest management
- Emergency & disaster preparedness and response
- Unintentional injury & home safety
  - Falls
  - Burns
  - Accidental poisonings
  - Childhood injury and senior care

Asthma Triggers

- 40% of Asthma episodes are caused by triggers in the home
  - Mold
  - Mice and rats
  - Cockroaches
  - Dust Mites
  - Pet hair and dander
  - ETS
  - VOC and chemical odors

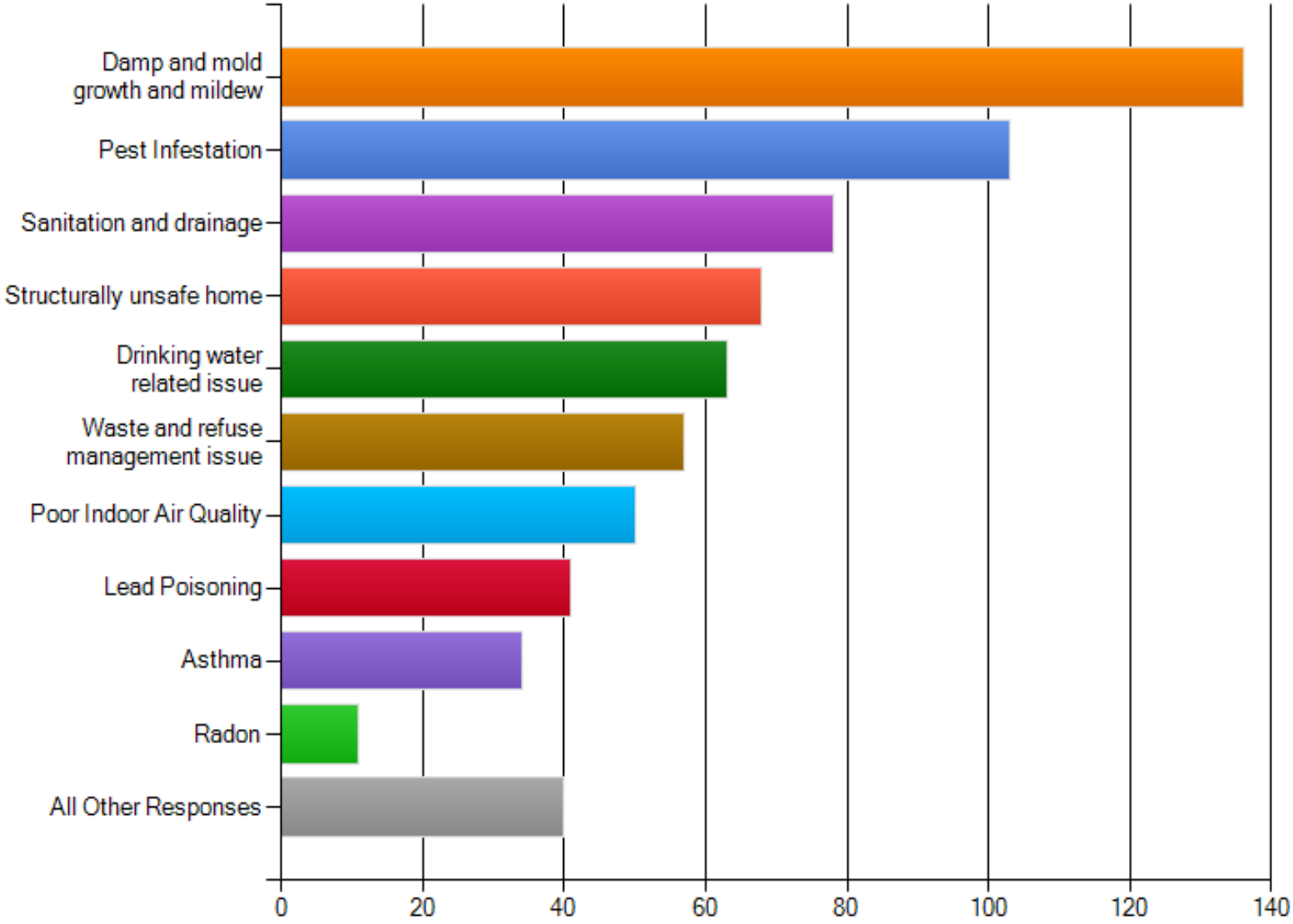
Partnership

- EH assistance with Asthma Strategic Plan
- Participate in cross departmental leadership meetings to focus on Asthma
- Local EH Inspection Staff will receive specific training to provide Asthma Management Training to clients

Key GHHP Activities

- Maintain accurate surveillance database
- Policy development & research
- Provide prevention and intervention programs
- Cooperate and partner with other stakeholders who share common goals
- Educate internal and external audiences
- Environmental investigations for in-home exposures
- Provide homeowners and tenants with appropriate home-based services
- Target at-risk housing, communities and populations to provide outreach services
- Work to eliminate home-hazard exposure as a public health problem
- Case management and environmental investigation of children with elevated blood lead.
- Implement statewide childhood blood lead screening policies
- Lead based paint enforcement activities as necessary
- Ensure a trained, competent statewide workforce of Healthy Homes and Lead credentialed Environmental Health Specialists for DPH

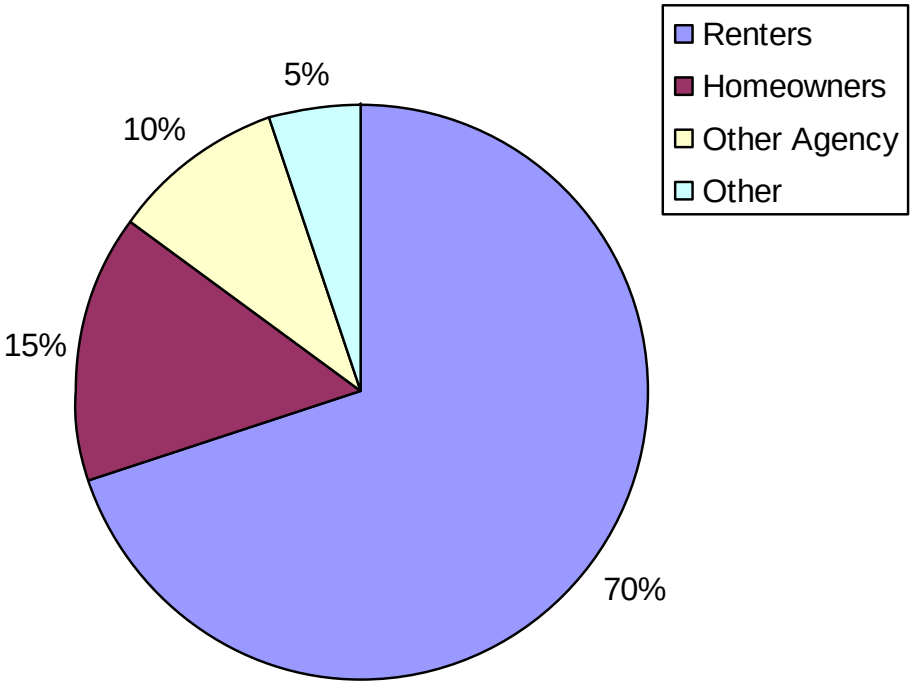
What are the five major public health issues related to healthy homes in your city, county, district, region? Please check five from the list below.



Healthy Homes Calls

Callers are:

- 70% renters
- 15% homeowners
- 10% other agencies
- 5% Other (home repair contractors, employees)



FOCUS OF 5-YEAR AWARD

New Funded Work

- **Goal:** Decrease rates of uncontrolled asthma, emergency room visits, and asthma-related hospitalizations by implementing health systems and services support strategies.

- **Target Population:** Low income children statewide and expand its target populations over the five-year project period.

- **During the first year of the award period, Georgia will build on its existing infrastructure and existing partnerships to—**
  1. Rapidly expand access to and reimbursement for evidence-based, multi-component environmental interventions such as Healthy Homes inspections;
  2. Establish a baseline and develop the tools necessary to increase the number of asthma-friendly environments; and,
  3. Increase linkages to guidelines-based care for persons with asthma through pediatric primary care quality improvement initiatives and school-based influenza immunization efforts.

Specific Outcomes

- **Increase access to step-wise asthma care based on the Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (2007) (EPR-3), particularly for Medicaid participants and children in order to—**
  1. Decrease hospitalizations of children with asthma in the 0-9 range
  2. Increase the number of children with an asthma action plan
  3. Increase the percentage of persons with asthma who receive the seasonal flu vaccine
  4. Increase provider prescribing and patient uptake of controller pharmacotherapies statewide
  5. Increase the number of providers that offer and payors (including Medicaid) that cover in-home asthma education and interventions by Certified Asthma Educators and Health Home practitioners.

- **Establish the policies and trained personnel necessary to expand access to home based multi-trigger, multicomponent interventions home-based asthma interventions (Healthy Homes, CAE)**

- **Increase the number of asthma-friendly environments, especially child and youth-centered environments such as schools and early care settings, to reduce asthma triggers and increase opportunities for asthma self-management**

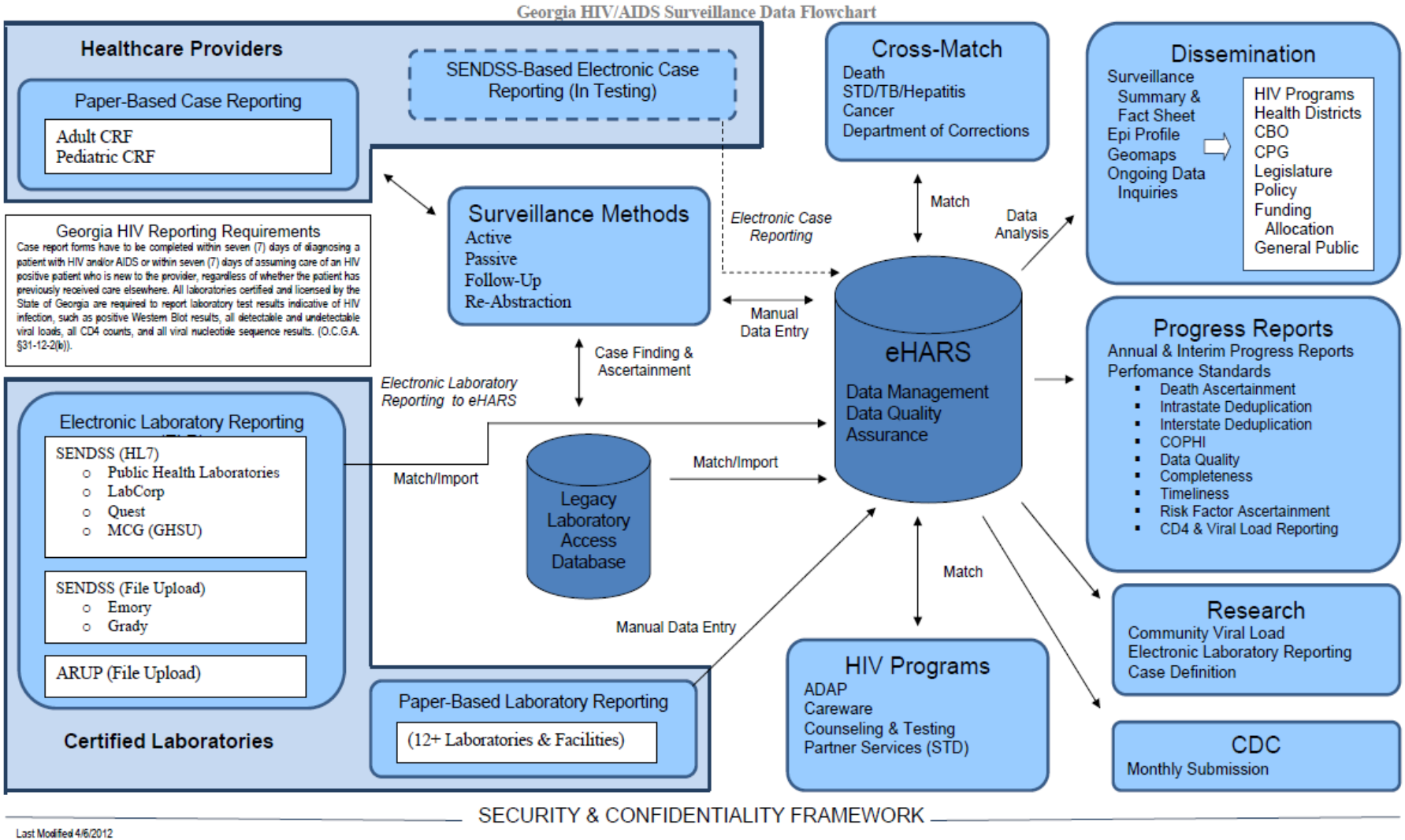
HIV Care Continua

Jane Kelly, MD
Georgia Department of Public Health

Objectives

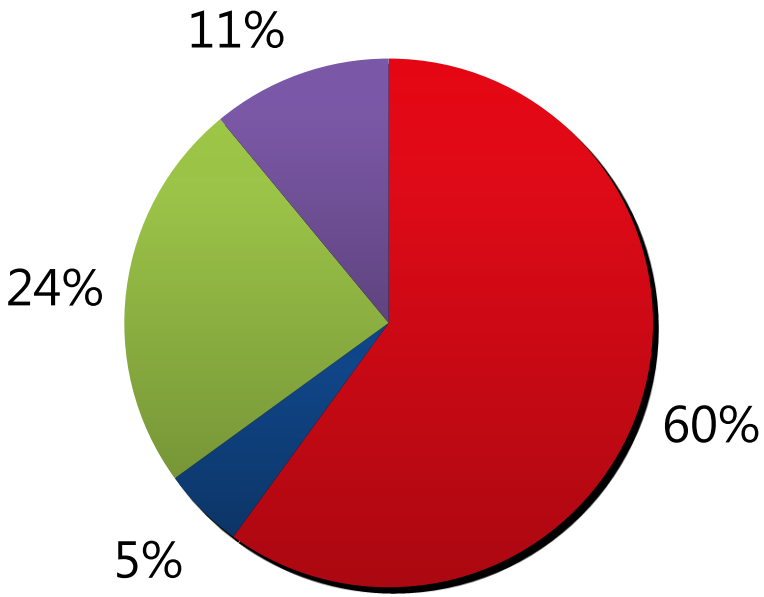
- Review HIV Surveillance system in Georgia
- Describe demographics of HIV in Georgia
- Discuss the HIV Care Continuum
- Identify trends in HIV/AIDS
- Describe future directions

Georgia HIV/AIDS Surveillance Data Flowchart

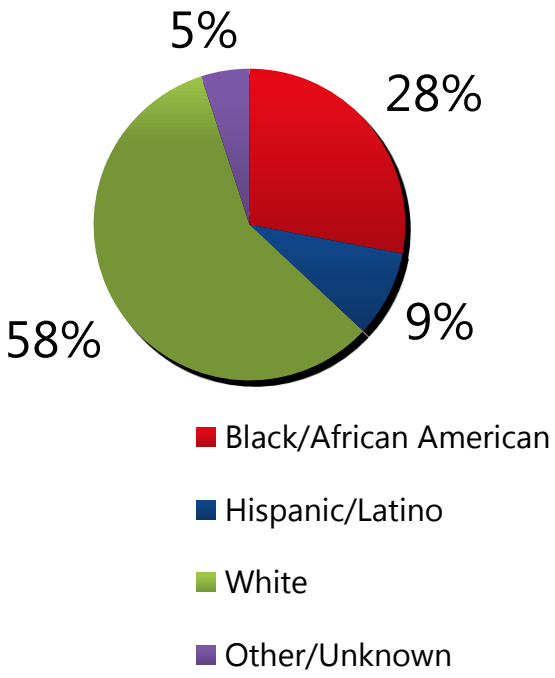


Males living with HIV, by race/ethnicity, Georgia, 2011

Living with HIV



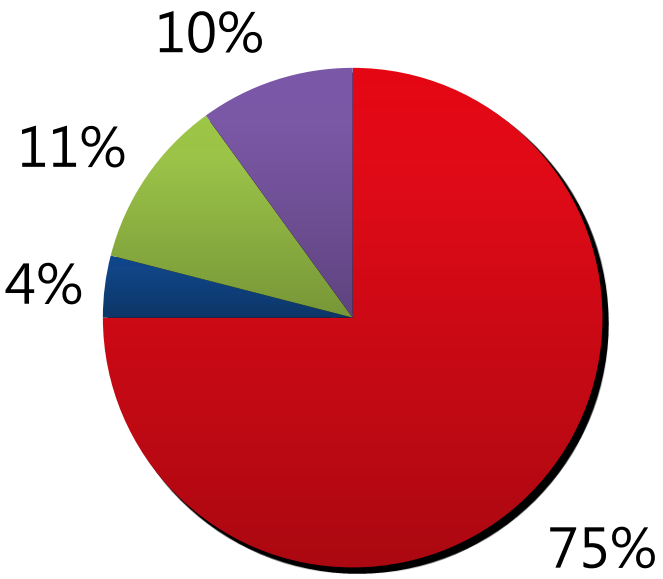
Georgia census



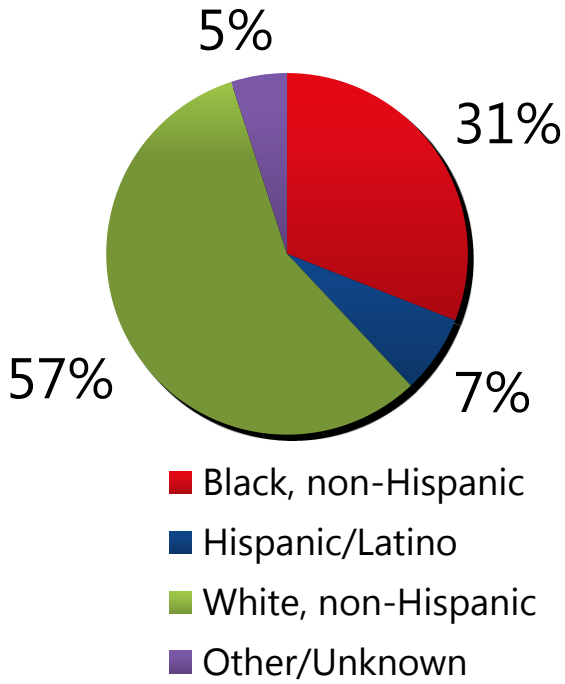
Adults >= age 13, diagnosed by12/31/2010, living as of 12/31/2011, Georgia = 30,696

Females living with HIV, by race/ethnicity, Georgia, 2011

Living with HIV

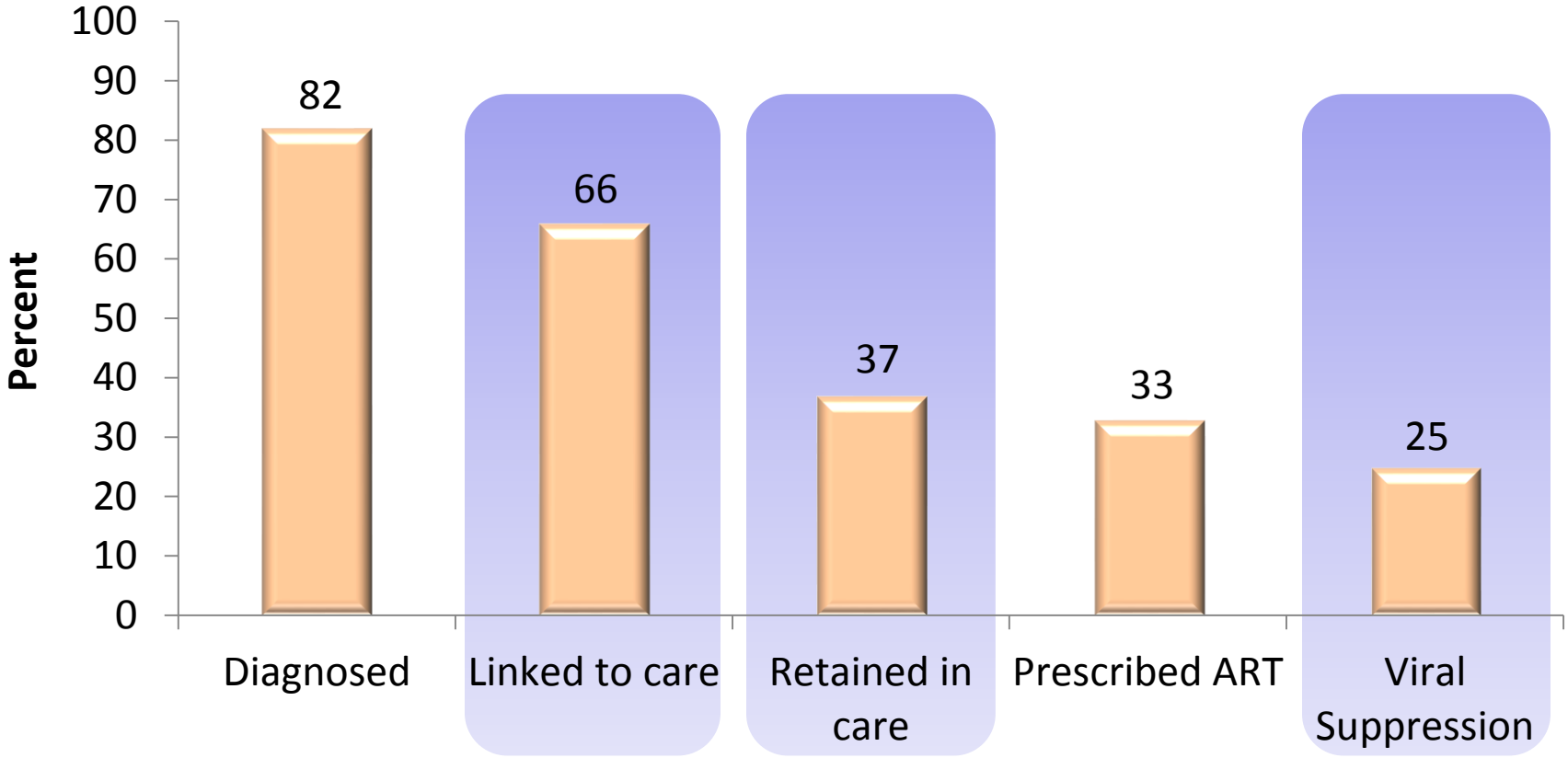


Georgia Census



Adults >= age 13, diagnosed by12/31/2010, living as of 12/31/2011, Georgia = 10,576

Persons with HIV Engaged in Selected Stages of the Continuum of Care, United States



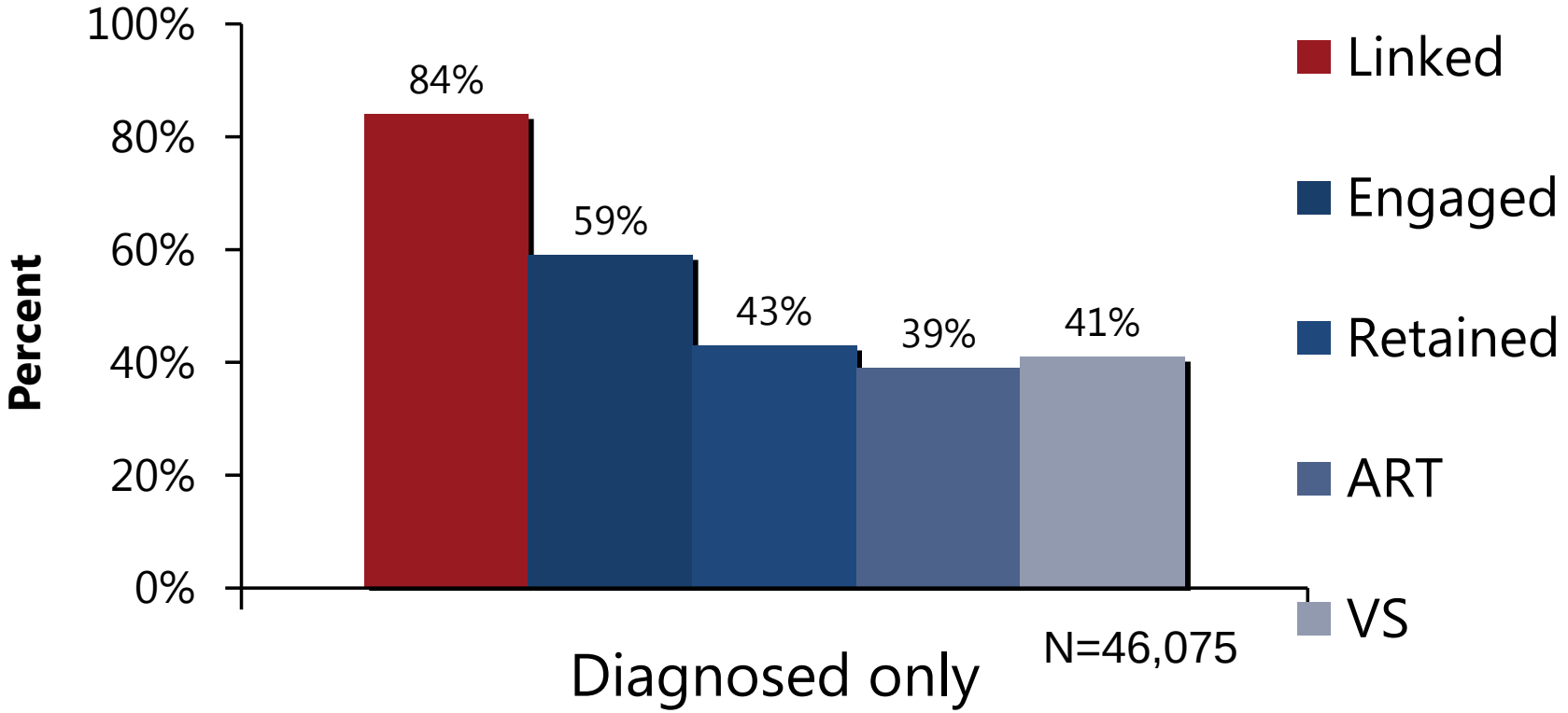
Hall et al. XIX International AIDS Conference, 2012

ART, antiretroviral therapy

HIV Care Continuum Methodology, Georgia, 2012

- Adults and adolescents are those aged >= 13 years
- Diagnosed by 12/31/2011, living as of 12/31/2012, including those missing race, sex, and/or risk behavior
- Current address within Georgia
- Linked to care = CD4 or viral load (VL) within 3 months of diagnosis date including the day of diagnosis for those diagnosed between 01/01/2011 and 12/31/2011, inclusively
- Engaged in care >= 1 CD4 or VL in 2012
- Retained in care >= 2 CD4 or VL at least 3 months apart in 2012
- Proportion on ART estimated from the Medical Monitoring Program (MMP) 2009-2010 study for Georgia
- Viral suppression (VS) = VL<200 copies/ml in most recent VL in 2012
- Each bar in the continuum is independent of those preceding it; all percentages are of the total number of persons (N) diagnosed with HIV in each category

Adults and adolescents living with HIV, Georgia, 2012

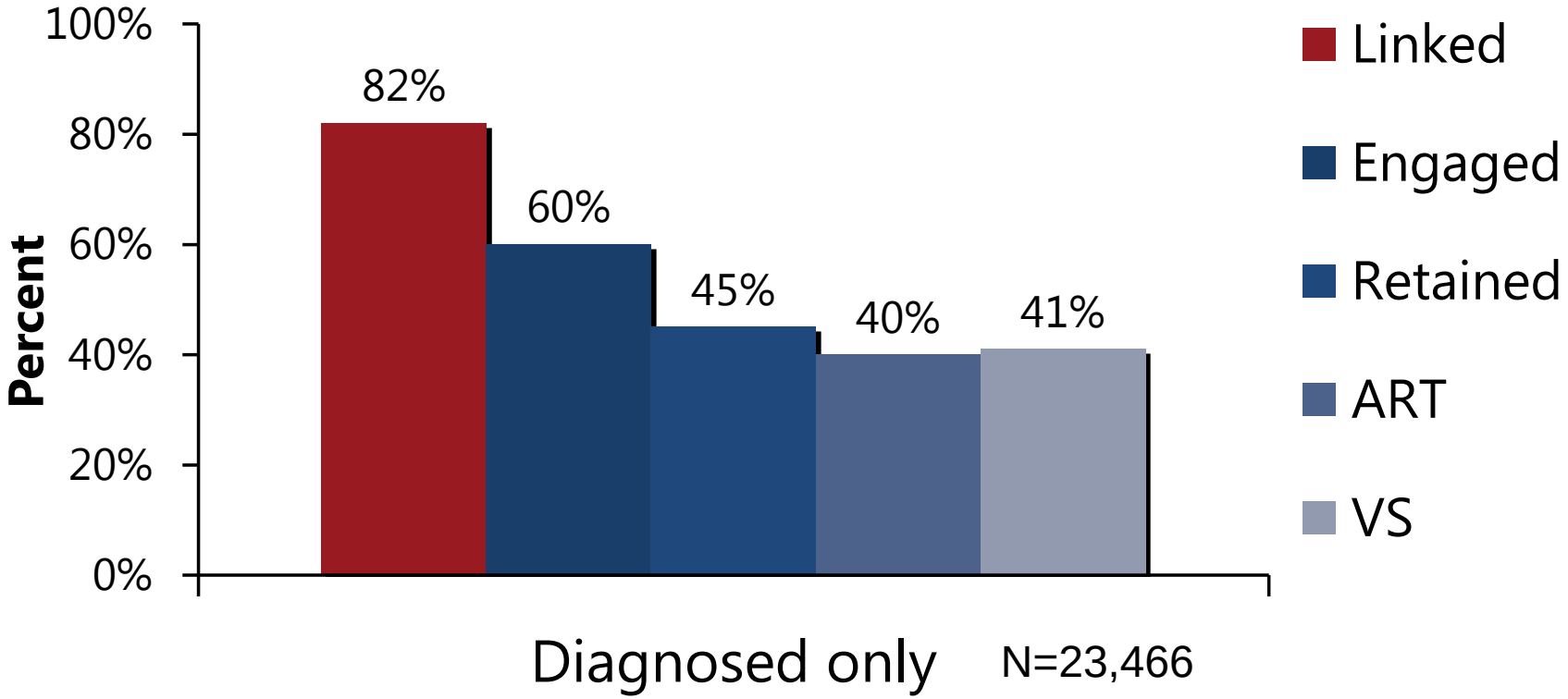


Adults and adolescents >= age 13, diagnosed by 12/31/2011, living as of 12/31/2012
Current address in Georgia
Linked to care= CD4 or VL within 3 months of diagnosis, among those diagnosed 01/01/11-12/31/11 (N=2964)
Engaged in care>= 1 CD4 or VL in 2012
Retained in care >= 2 CD4 or VL at least 3 months apart in 2012
ART = Antiretroviral therapy use estimated from the Medical Monitoring Project sample in Georgia
Viral suppression (VS) = VL<200 copies/ml on most recent viral load in 2012

HIV Care Continuum Methodology, Atlanta Eligible Metropolitan Area, 2012

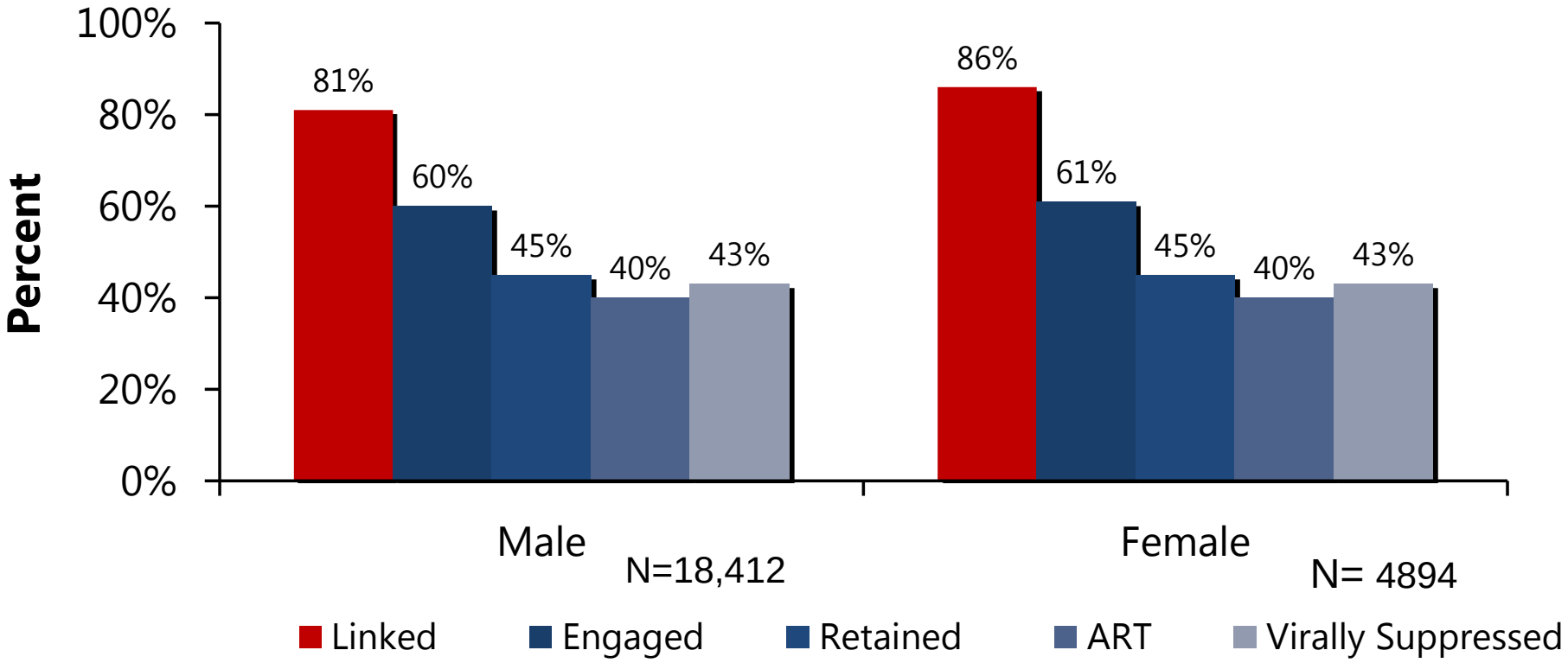
- Adults and adolescents are those aged >= 13 years
- Diagnosed by 12/31/2011, living as of 12/31/2012, including those missing race, sex, and/or risk behavior
- Current address within **Cobb-Douglas, DeKalb, Fulton, Clayton, East Metro (Lawrenceville) Health Districts**
- Linked to care = CD4 or viral load (VL) within 3 months of diagnosis date including the day of diagnosis for those diagnosed between 01/01/2011 and 12/31/2011, inclusively
- Engaged in care >= 1 CD4 or VL in 2012
- Retained in care >= 2 CD4 or VL at least 3 months apart in 2012
- Proportion on ART estimated from the Medical Monitoring Program (MMP) 2009-2010 study for Georgia
- Viral suppression (VS) = VL<200 copies/ml in most recent VL in 2012
- Each bar in the continuum is independent of those preceding it; all percentages are of the total number of persons (N) diagnosed with HIV in each category

Adults and adolescents living with HIV, Atlanta Eligible Metropolitan Area, 2012



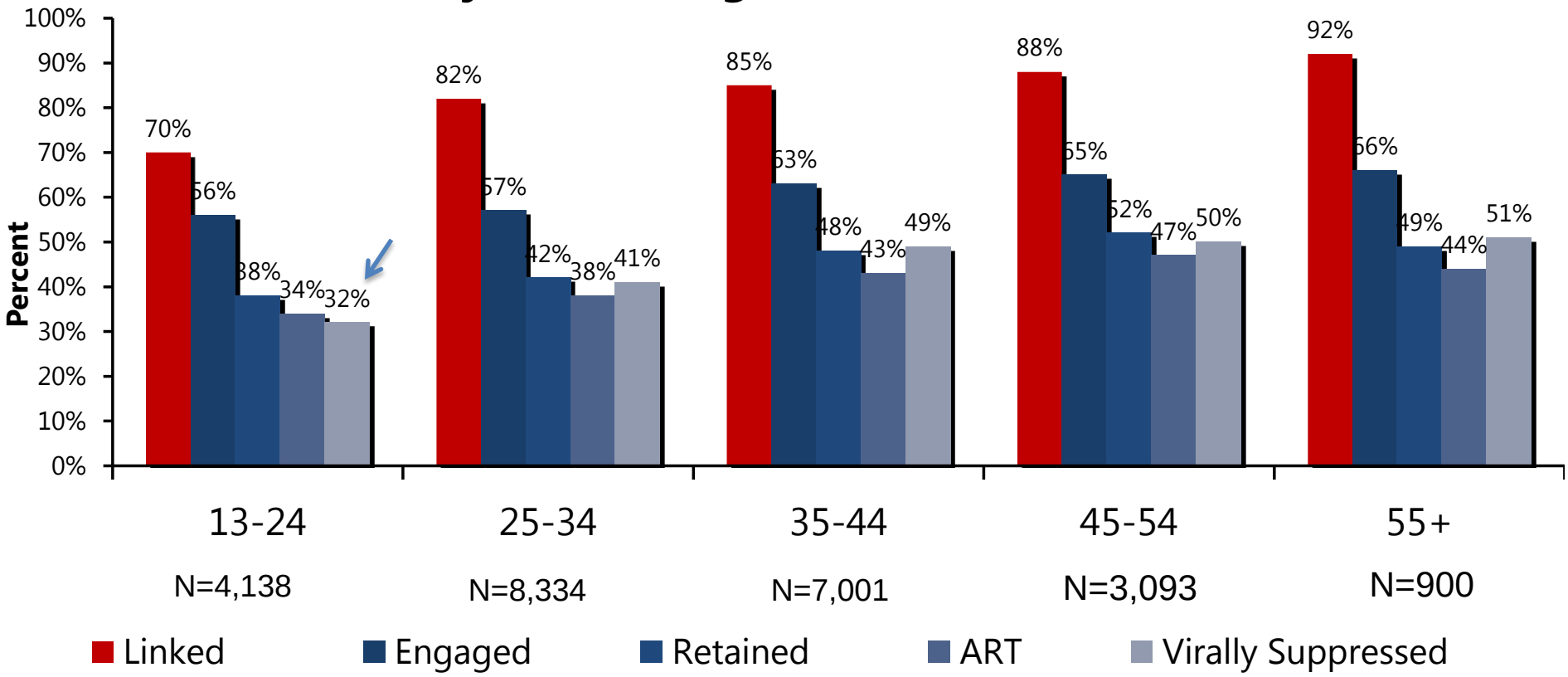
Adults and adolescents >= age 13, diagnosed by 12/31/2011, living as of 12/31/2012
Current address within Cobb-Douglas, DeKalb, Fulton, Clayton, East Metro (Lawrenceville) Health Districts
Linked to care= CD4 or VL within 3 months of diagnosis, among those diagnosed 01/01/11-12/31/11 (N=1721)
Engaged in care>= 1 CD4 or VL in 2012
Retained in care >= 2 CD4 or VL at least 3 months apart in 2012
ART = Antiretroviral therapy use estimated from the Medical Monitoring Project sample in Georgia
Viral suppression (VS) = VL<200 copies/ml on most recent viral load in 2012

Adults and Adolescents Living with HIV, Atlanta Eligible Metropolitan Area, 2012, by Sex



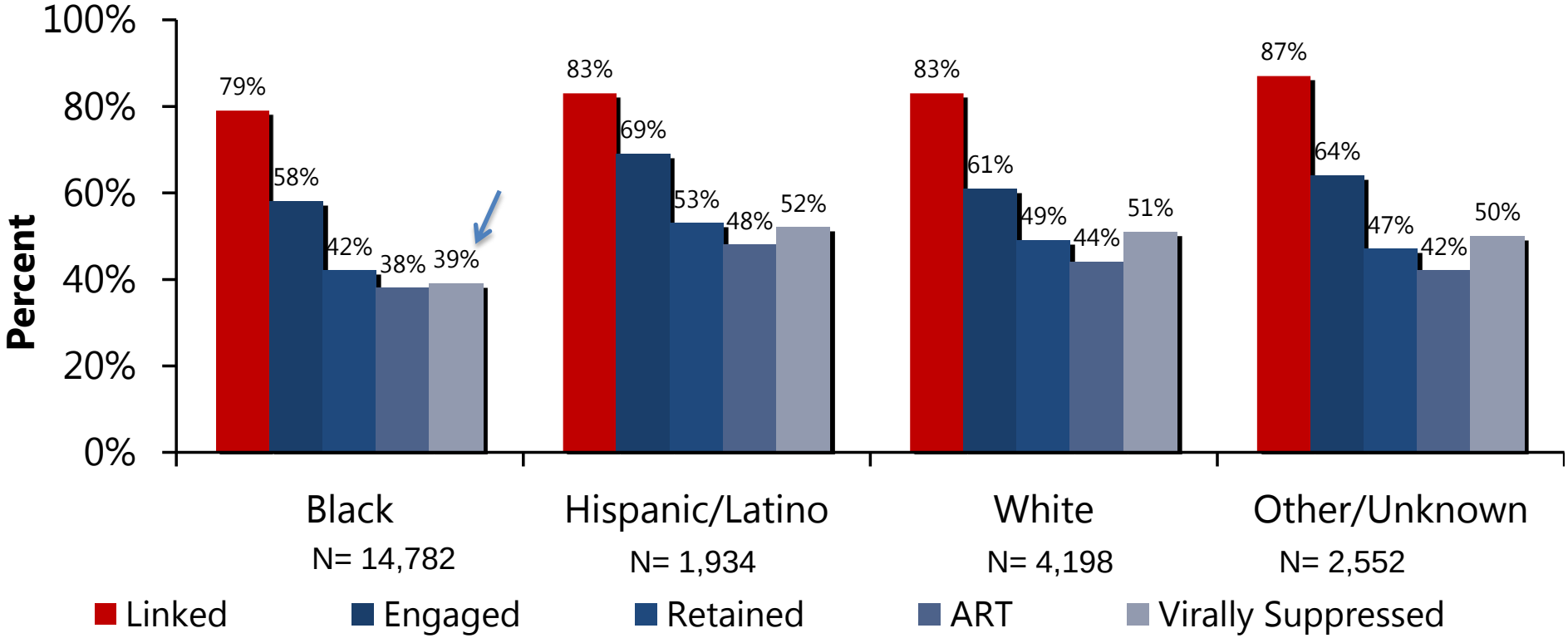
Adults and adolescents >= age 13, diagnosed by 12/31/2011, living as of 12/31/2012
Current address within Cobb-Douglas, DeKalb, Fulton, Clayton, East Metro (Lawrenceville) Health Districts, Excludes 160 persons for whom sex was not reported
Linked to care= CD4 or VL within 3 months of diagnosis, among those diagnosed 01/01/11-12/31/11 (N=1712)
Engaged in care >= 1 CD4 or VL in 2012
Retained in care >= 2 CD4 or VL at least 3 months apart in 2012
ART = Antiretroviral therapy use estimated from the Medical Monitoring Project sample in Georgia
Viral suppression (VS) = VL<200 copies/ml on most recent viral load in 2012

Adults and Adolescents Living with HIV, Atlanta Eligible Metropolitan Area, 2012, by Current Age (in Years)



Adults and adolescents >= age 13, diagnosed by 12/31/2011, living as of 12/31/2012
Current address within Cobb-Douglas, DeKalb, Fulton, Clayton, East Metro (Lawrenceville) Health Districts
Linked to care= CD4 or VL within 3 months of diagnosis for those diagnosed 01/01/11 - 12/31/11 (N=1721)
Engaged in care >= 1 CD4 or VL in 2012
Retained in care >= 2 CD4 or VL at least 3 months apart in 2012
ART = Antiretroviral therapy use estimated from the Medical Monitoring Project sample in Georgia
Viral suppression (VS) = VL<200 copies/ml on most recent viral load in 2012

Adults and adolescents living with HIV, Atlanta Eligible Metropolitan Area, 2012 by Race/Ethnicity

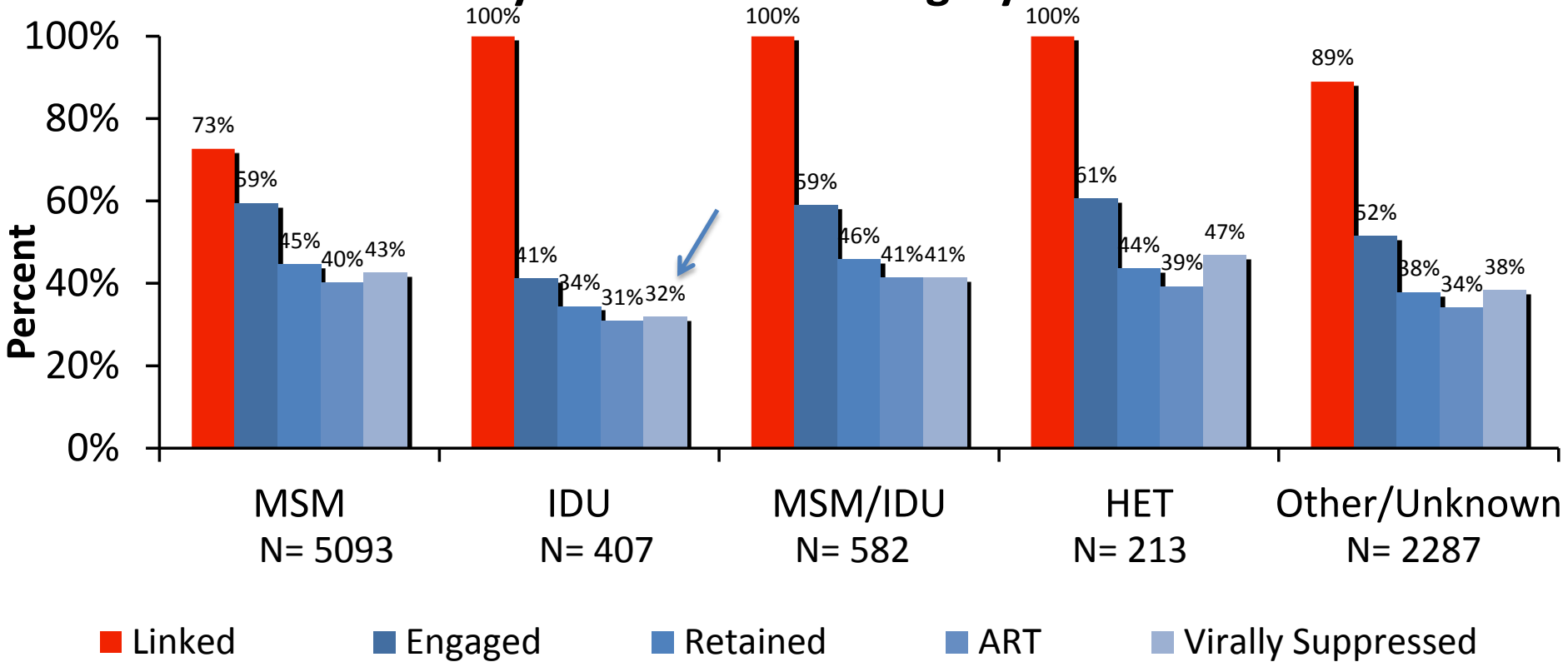


Adults and adolescents >= age 13, diagnosed by 12/31/2011, living as of 12/31/2012
Current address within Cobb-Douglas, DeKalb, Fulton, Clayton, East Metro (Lawrenceville) Health Districts Linked to care = CD4 or VL within 3 months of diagnosis, among those diagnosed 01/01/11-12/31/11 (N=1712)
Engaged in care>= 1 CD4 or VL in 2012
Retained in care >= 2 CD4 or VL at least 3 months apart in 2012
ART = Antiretroviral therapy use estimated from the Medical Monitoring Project sample in Georgia
Viral suppression (VS) = VL<200 copies/ml on most recent viral load in 2012

Transmission category definitions

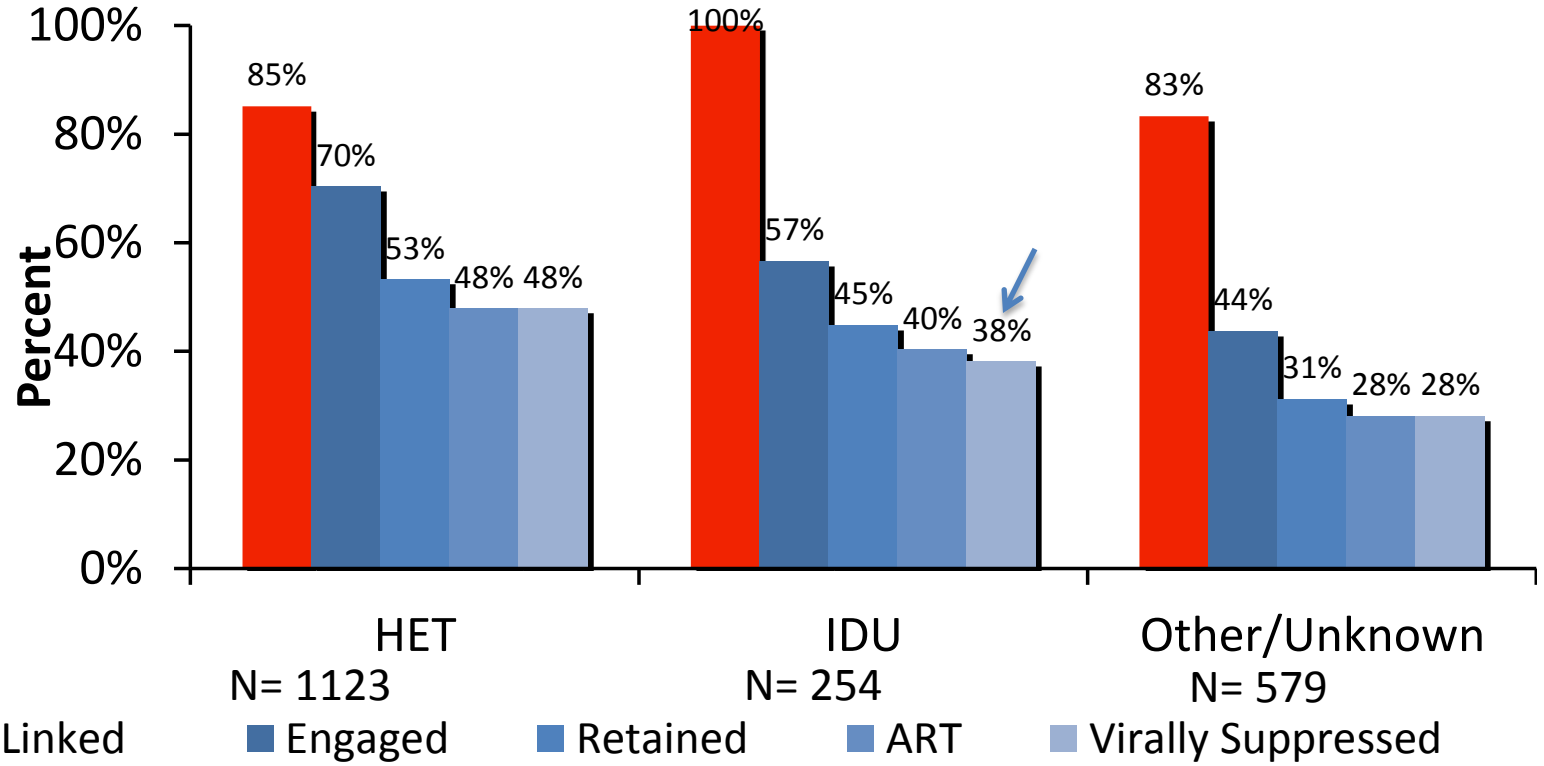
- Multiple imputation was used to re-distribute transmission category where missing
- MSM = Male to male sexual contact
- IDU = Injection drug use
- MSM/IDU = Male to male sexual contact and injection drug use
- HET = Heterosexual contact with a person known to have, or to be at high risk for, HIV infection
- Other = hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified

Adult and Adolescent Males Living with HIV, District 3-2 Fulton, Georgia, 2012, by Transmission Category



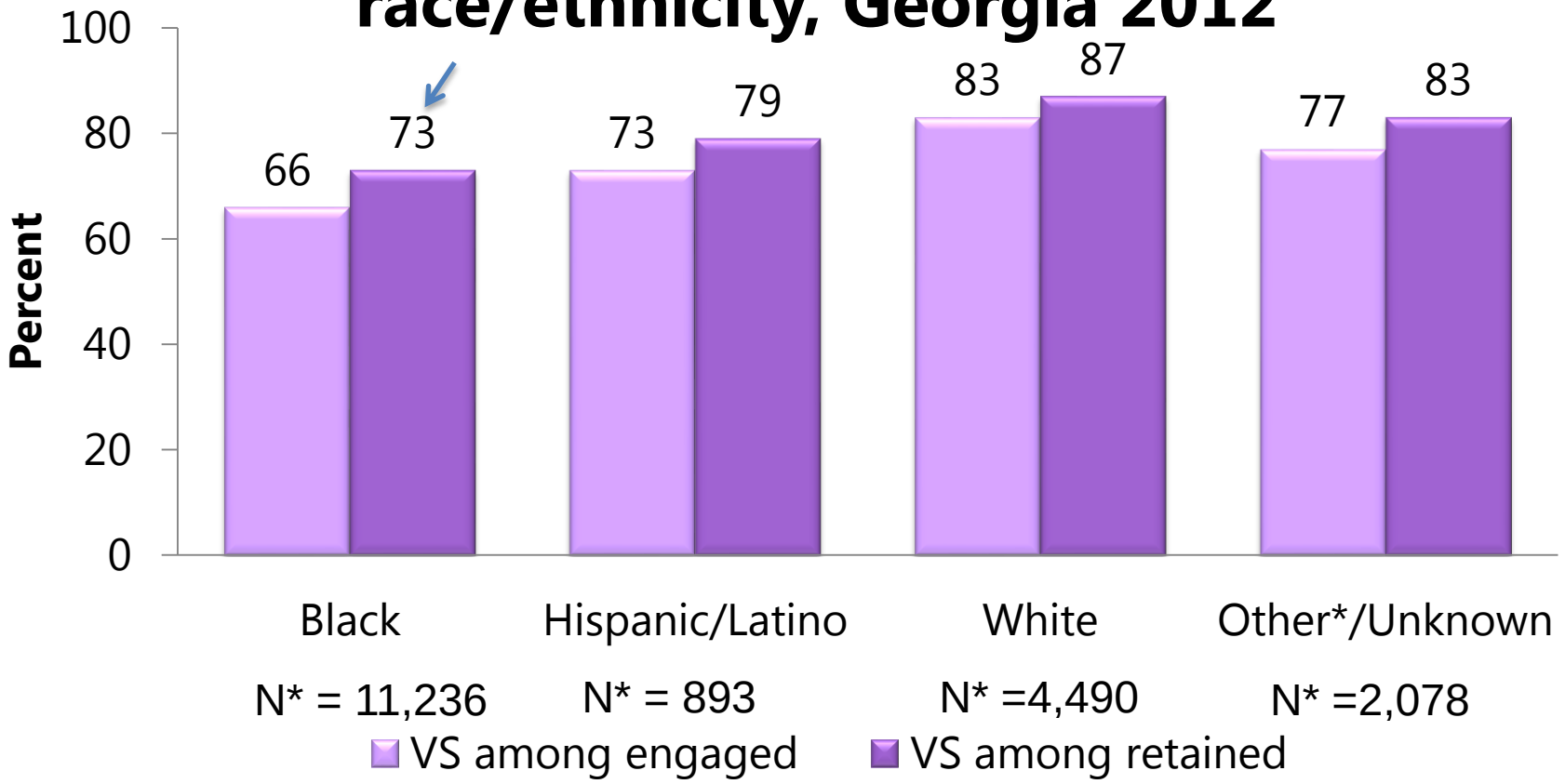
Adults and adolescents >= age 13, diagnosed by 12/31/2011, living as of 12/31/2012
Current address in District 3-2 Fulton, Georgia , Excludes persons for whom sex is unknown
Linked to care= CD4 or VL within 3 months of diagnosis for those diagnosed 01/01/11 - 12/31/11 (N=)
Engaged in care >= 1 CD4 or VL in 2012
Retained in care >= 2 CD4 or VL at least 3 months apart in 2012
ART = Antiretroviral therapy use estimated from the Medical Monitoring Project sample in Georgia
Viral suppression (VS) = VL<200 copies/ml on most recent viral load in 2012

Adult and Adolescent Females Living with HIV, District 3-2 Fulton, Georgia, 2012, by Transmission Category



Adults and adolescents >= age 13, diagnosed by 12/31/2011, living as of 12/31/2012
Current address in District 3-2 Fulton, Georgia, Excludes persons for whom sex is unknown
Linked to care= CD4 or VL within 3 months of diagnosis for those diagnosed 01/01/11 - 12/31/11 (N= 426)
Engaged in care >= 1 CD4 or VL in 2012
Retained in care >= 2 CD4 or VL at least 3 months apart in 2012
ART = Antiretroviral therapy use estimated from the Medical Monitoring Project sample in Georgia
Viral suppression (VS) = VL<200 copies/ml on most recent viral load in 2012

Viral suppression (VS) among adult and adolescent males engaged and retained in care, by race/ethnicity, Georgia 2012



*N= number retained in care
Adult and adolescent males >= age 13, diagnosed by 09/30/2011, living 12/31/2012, Georgia
Engaged in care >= 1 CD4 or VL in 2012
Retained in care >= 2 CD4 or VL at least 3 months apart in 2012
Viral suppression (VS) = VL<200 copies/ml
*American Indian/Alaska Native, Asian and Native Hawaiian/Pacific Islander groups together constitute <2% of males living with HIV in Georgia and are grouped with those of mixed or unknown race/ethnicity

The HIV Care Continuum can help us…

- Focus our efforts for linkage, retention and viral suppression.
- Identify groups at increased risk for dropping out of each step in the continuum.
- Monitor our progress in improvement of linkage, retention, and viral suppression.
- Identify disparities not only in prevalence but in care
- Evaluate efforts addressing specific populations with low viral suppression.
- Monitor efforts in improving viral suppression in specific counties, census tracts, zip codes and some specific facilities
- Encourage improvement in surveillance data completeness (race, sex, transmission category)

Limitations

- Incomplete reporting
- Missing data for race/ethnicity, sex, and current address
- Lack of transmission category information
- Multiple imputation use to redistribute risk when missing
- Definition of heterosexual transmission (sexual contact with a known HIV infected partner or person with increased risk, i.e., MSM or IDU)
- Missing laboratory reports may lead to underestimation of engagement, retention and viral suppression
- Cannot distinguish lack of prescription of ART, failure of ART adherence, or inappropriate medication choice
- Laboratory measures may be a poor proxy for engagement and retention in HIV care

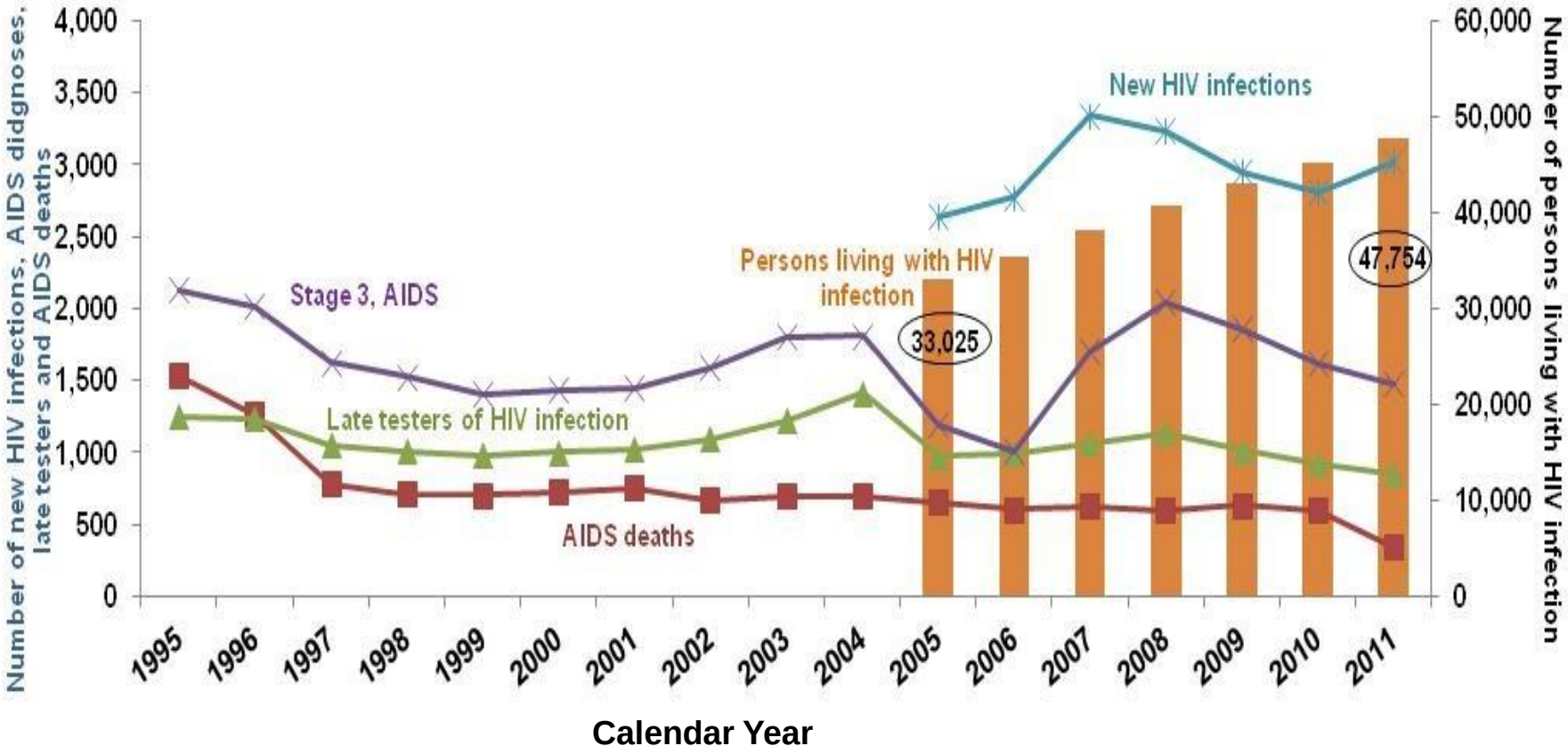
Uncertainties

- Populations for which data are missing may be fundamentally different
- How to obtain data for transgender category
- How to improve completeness of reporting
- Data on ART use difficult to capture
- Understanding barriers to ART adherence
- Prioritizing further research

Future Directions

- Improve quality and timeliness of HIV case reporting and HIV-related laboratory data import
- Improve linkage to other databases (e.g. Ryan White CAREWare)
- Actively solicit stakeholder data needs
- Refine the Care Continuum
- Improve transgender data
- Monitor trends
- Estimate the undiagnosed in Georgia
- Estimate 5 and 10 year HIV prevalence projections

HIV/AIDS Profile, Georgia, 1995-2011



QUESTIONS?

Contact information:
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Georgia Department of Public Health
Jane.kelly@dph.ga.gov

Closing Comments

Kathryn Cheek, MD, FAAP
Chair

The next Board of Public Health meeting
is currently scheduled on
Tuesday, September 9, 2014 @ 1:00 PM.

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