Agenda

• Call to order       Cynthia Mercer, M.D., Board Chair
• Roll Call          Judy Greenlea Taylor, D.D.S., Board Secretary
• Approval/Adoption of Minutes Judy Greenlea Taylor, D.D.S., Board Secretary
• Commissioner’s Update Kathleen E. Toomey, M.D., M.P.H., Commissioner
Maternal and Neonatal Levels of Care

Board of Public Health / Katie Kopp, M.P.H. / July 9, 2019
Risk-Appropriate Care

- Risk-appropriate care is a strategy developed to improve health outcomes for pregnant women and infants.
- Helps ensure that pregnant women and infants at high risk of complications receive care at a birth facility that is best prepared to meet their health needs.

Meta Analysis

- Conclusion: For VLBW (<1500 g) and VPT (<32 weeks) infants, birth outside of a level III hospital is significantly associated with increased likelihood of neonatal or predischarge death.

# Levels of Maternal and Neonatal Care

## Levels of Maternal Care
- American College of Obstetricians/Society of Maternal Fetal Medicine are the leading authorities
  - Guidelines initially published in 2015
  - Revision to be released in 2019
  - Levels I-IV

## Levels of Neonatal Care
- The American Academy of Pediatrics is the leading authority
  - Guidelines initially published in 1970s
  - Most recent version published in 2012
  - Levels I-IV
Certificate of Need Program

- Hospitals receive a certificate of need authorizing hospitals to provide a level of perinatal services
  - Level I, II, or III
- Emphasis is on neonatal care with some maternal requirements
- The purpose of certificate of need is health planning
Georgia Birthing Hospitals

<table>
<thead>
<tr>
<th>CON Perinatal Services</th>
<th>Birthing Hospitals*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I</td>
<td>23</td>
</tr>
<tr>
<td>Level II</td>
<td>21</td>
</tr>
<tr>
<td>Level III</td>
<td>24</td>
</tr>
<tr>
<td>Level IV (RPC)</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>75</td>
</tr>
</tbody>
</table>

*Excludes children’s hospitals, military hospitals, or hospitals with a CON for perinatal services, but that do not currently deliver
Levels of Care Assessment Tool (LOCATe)

- Developed by CDC
- Georgia implemented the survey in 2017
# Level Assessment Discrepancies

<table>
<thead>
<tr>
<th>LOCATE higher than CON</th>
<th>Neonatal</th>
<th>Neonatal %</th>
<th>Maternal</th>
<th>Maternal %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>1%</td>
<td>7</td>
<td>11%</td>
</tr>
<tr>
<td>LOCATE and CON Match</td>
<td>33</td>
<td>49%</td>
<td>29</td>
<td>45%</td>
</tr>
<tr>
<td>LOCATE lower than CON</td>
<td>34</td>
<td>50%</td>
<td>28</td>
<td>44%</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td>100%</td>
<td>64</td>
<td>100%</td>
</tr>
</tbody>
</table>
Response

DPH established a voluntary designation program

• Separate designations for maternal and neonatal centers
• Uses requirements based on most recent AAP and ACOG/SMFM guidelines
• Ensures ongoing onsite verification (site survey conducted every 3 years)
• Site surveys provide consultation to hospitals from the leading authorities
Success Stories

Georgia

Georgia Department of Public Health staff wanted to use LOCAtE to compare hospitals’ self-assessment of levels of maternal and neonatal care to national guidelines. In addition, staff aimed to learn about the distribution of resources across the state for maternal and neonatal care. Health Department staff sent letters to all birth hospitals encouraging participation and then emailed the LOCAtE assessment link to nursing leadership. CDC analyzed the data and the Georgia Department of Public Health staff provided results to participating hospitals and to a research group to examine the role of level of care among maternal outcomes. As a result of participation in LOCAtE, stakeholders working in maternal and infant health started conversations about the need for a standardized state levels of care certification program. In 2018, the GA Legislature passed a level of care bill that established a voluntary program for assessment of levels of care.
Advisory Structure

Maternal and Neonatal Advisory Council
- Neonatologist
- Maternal Fetal Medicine Specialist
- Nursing Representative
- Georgia Chapter AAP
- Georgia Obstetrical and Gynecological Society
- Department of Community Health

Maternal and Neonatal Subcommittees comprised of approximately 20 members each (physicians, nurses, and hospital administrators)
## Maternal Centers

<table>
<thead>
<tr>
<th>Level I (Basic Care)</th>
<th>Level II (Specialty Care)</th>
<th>Level III (Subspecialty Care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide care for uncomplicated pregnancies</td>
<td>Provide care for appropriate high-risk conditions</td>
<td>Complex maternal medical conditions, obstetric complications, and fetal conditions</td>
</tr>
<tr>
<td>Obstetric provider available for emergency cesarean delivery</td>
<td>OB available to be onsite at all times</td>
<td>OB onsite at all times</td>
</tr>
<tr>
<td></td>
<td>MFM available for consultation</td>
<td>MFM with inpatient privileges available at all times</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subspecialists available for consultation</td>
</tr>
<tr>
<td></td>
<td>Medical and surgical consultants available</td>
<td>Medical and surgical ICUs</td>
</tr>
<tr>
<td>Labor analgesia and surgical anesthesia</td>
<td>Anesthesiologist available at all times</td>
<td>Anesthesiologist available to be onsite at all times</td>
</tr>
<tr>
<td></td>
<td>CT scan and ideally MRI with interpretation available</td>
<td>Advanced imaging services available at all times</td>
</tr>
</tbody>
</table>
# Neonatal Centers

<table>
<thead>
<tr>
<th>Level I (Well Newborn Nursery)</th>
<th>Level II (Special Care Nursery)</th>
<th>Level III (NICU)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide infants for ≥35 weeks and who remain physiologically stable</td>
<td>Provide care for infants of ≥32 weeks gestation and weighing ≥1500 grams who have physiologic immaturity, or who are moderately ill with problems that are expected to resolve rapidly</td>
<td>Provide comprehensive care for infants born &lt;32 weeks gestation and weighing &lt;1500 grams</td>
</tr>
<tr>
<td>MD is pediatrician or family physician</td>
<td>MD is pediatrician Neonatologist available for consultation at all times</td>
<td>MD is a neonatologist Neonatal coverage at all times</td>
</tr>
<tr>
<td>Provide mechanical ventilation for up to 24 hours or CPAP</td>
<td></td>
<td>Pediatric subspecialists available for consultation at all times</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Full range of respiratory support onsite at all times</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advanced imaging onsite at all times</td>
</tr>
</tbody>
</table>
Considerations

- Voluntary
- Hospital’s certificate of need and the requirements for obtaining a certificate of need will not change
- Hospitals must apply under their current level of perinatal level of care
  - Only Levels I-III
Designation Process

- Hospital submits pre-review questionnaire
- Hospital participates in site survey
  - Site surveys for Neonatal Center Designations will be conducted by the American Academy of Pediatrics
  - Site surveys for Maternal Center Designations will be conducted by a similar organization
  - Hospitals will pay $7,000 for each site survey (DPH is contracting with the survey organizations to reduce the cost for Georgia hospitals)
- Site survey report is sent to hospital and DPH (opportunity to correct deficiencies)
- DPH issues designation
Questions?

For more information, please contact:

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Infectious Disease Update

Board of Public Health / Cherie L. Drenzek, DVM, MS / State Epidemiologist & Chief Science Officer / July 9, 2019
Overview

• Hepatitis A Outbreak in Georgia
• Measles Update (National and Georgia)
• Questions
Hepatitis A Outbreak Georgia
Hepatitis A Virus (HAV) Infections in Georgia, June 1, 2018-June 28, 2019 (n=468)

- Total confirmed HAV infections: 468 (+170)
- Median Age: 45 (4-86 Years)
- 67% male, 78% White
- Hospitalizations: 317 (68%)
- Deaths: 2 (0.4%)
Geographic Distribution of Confirmed HAV Infections, Georgia, June 1, 2018-June 28, 2019 (n=468)
Confirmed HAV Infections, by Public Health District, Georgia, June 1, 2018-June 28, 2019 (n=468)

No complacency—Florida has 2000+ cases
HAV Infections by Week of Symptom Onset and County, District 6, June 1, 2018 to June 28, 2019 (n = 96)
Identified Risk Factors, Confirmed HAV Infections, Georgia, June 1, 2018-June 28, 2019 (n=468)

- Illicit Drug Use: 49%
- Contact to a Confirmed HAV Case: 21%
- Men who have sex with men: 11%
- Homeless: 6%
- Incarcerated at Time of Diagnosis: 5%
- Travel Outside the US/Canada: 2%

58% IDU, 70% non-IDU, 41% both
• Overarching response strategy: target hepatitis vaccination to populations at risk (focus on county jails)

• Parallel response strategy is education for healthcare providers about vaccination and reporting (focus on EDs)
Scorecard: Hepatitis A Vaccination

- About 50% of almost 6000 Hep A vaccines administered via District PH outreach were to **contacts** of cases (including infected foodhandlers).

- We need to continue to ramp up efforts to reach/vaccinate **drug users** (our population at risk).
Measles
Measles, United States – 2019

• From January 1 to June 27, 2019, 1,095 cases of measles were reported from 28 states--by far the highest number since 1992.

• Currently, there are 4 ongoing large measles outbreaks--2 in NY, 1 in CA, and 1 in WA (close-knit communities).

• More than half of all cases are from NYC, and the median case-patient age is 5 years.

• The vast majority of these cases were unvaccinated.

• Epi pattern: Most outbreaks here were initiated by travelers returning from parts of the world where measles is common, followed by further spread in the U.S. among groups of people who are unvaccinated.

Number of Measles Cases Reported by Year

2010-2019* (as of June 27, 2019)
Measles, Georgia – 2019

- Two measles outbreaks (defined as 3 or more cases) occurred in Georgia during 2019 (each consisted of 3 cases)--one in January and one in April.

- BOTH outbreaks involved unvaccinated children/siblings in the same family; both resulted from travel.

- In June, we also documented a single confirmed measles case among an unvaccinated international traveler, our seventh total measles case in Georgia this year.
Measles in an International Traveler, Georgia June 2019

• On June 20, the Georgia Public Health Laboratory (GPHL) confirmed measles infection in an unvaccinated teenager who had recently traveled to Europe.

• Overarching investigation goal was to stop spread by identifying exposed contacts, particularly those who may be susceptible to measles and: 1) offer prophylaxis (MMR or IG) as appropriate; 2) educate them about symptoms and infectious period; 3) monitor for development of symptoms; 4) recommend exclusion from venues where spread may occur.

• We used our newly-developed web-based Measles Contact Tracing Module in SendSS, which centrally tracks all identified contacts, including phone interviews, exposures, immunity status, risk assessment, and any follow up recommendations provided by DPH.
1. **Not Attempted**: Has not been called by anyone
2. **Attempted**: Called but did not talk to anyone; had to leave Voicemail message
3. **Contacted**: Called and spoke to someone; however needs additional follow-up
4. **Completed**: Needs no additional follow-up or additional tracking (i.e. evidence of immunity)

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**Introduction**

This contact tracing module should be used to evaluate persons exposed to the measles case who was infectious between 1/6/19 and 1/14/19. Follow the script below when interviewing possible contacts of this case.

**Phone Script**

Hello. My name is __________ with (employer) __________. I am calling to let you know that you may have been exposed to measles while you were at (location) __________ on __/__/____. Measles is a viral illness which causes runny nose, cough, red eyes, fever and rash. Most people in the US have been vaccinated against measles but I would like to ask you a few questions with regard to your risk. This should only take a few minutes.

1. My information indicates that you were at (location) __________ on __/__/____. Is that correct?
   - Yes
   - No

Phone script - If no answer and you’re unsure if correct number or first attempt at reaching the contact, then leave this message:

Hello, my name is __________ and I’m calling from __________ in regard to an urgent issue. Please call me (name) __________ at (phone) __________ as soon as possible.
**Exposed Person Immunity Assessment**

1. Has this person received 1 or more doses of measles-containing vaccine on or after 12 months of age, or have evidence of positive measles IgG?
   - Yes - Based on written documentation with dates (complete through question 10 then move to next section)
   - Yes - Based on self report or verbal confirmation but NO documentation (skip to question 13)
   - No (skip to 11)
   - Unknown or Not Sure (skip to 13)

2. MMR1 date:
3. MMR2 date:
4. MMR3 date:
5. Number of doses received on or after 1st birthday and at least 28 days apart:
6. Were measles vaccines given in 1958 or later? Yes No
7. Source of documented vaccine information
8. Documentation of positive measles IgG? Yes No
9. Source of documented positive measles IgG
10. Does this person have DOCUMENTED immunity to measles based on information above? Yes No

If NEVER VACCINATED against measles, why? (select all that apply and explain below)
- Medical contraindication
- Religious contraindication
- History of previous measles infection
- Too young for vaccination (<12 months)
- Born before 1957
- Other
- Unknown

Provide details on reason for lack of vaccination.

If NEVER VACCINATED against measles or vaccine status is NOT DOCUMENTED with dates or is UNKNOWN, please answer these questions to help determine if contact has PRESUMPTIVE immunity.
## Exposed Person Risk Assessment

1. Please select yes or no for each category to determine if exposed person is a **HIGH RISK CONTACT** (i.e. healthcare worker, childcare worker, household contact of case, pregnant, immunocompromised, daycare attendee, <12 months of age).

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Works in healthcare setting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works in child care setting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household contact of confirmed measles case</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunocompromised (due to disease or medication i.e. HIV/AIDS, bone marrow transplant, chemotherapy, high dose steroids)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attends daycare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 12 months of age</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **Is this person a HIGH RISK CONTACT** (i.e. if yes to any of above)?

   - Yes
   - No
   - Unknown

3. IF YES, please provide details such as place of employment/contact, immunocompromising condition and physician/contact, obstetrician/contact, and/or daycare/contact. IF UNKNOWN, please provide details.
## Prophylaxis Determination

NOTE: This section is to be completed in accordance with DPH prophylaxis guidelines.

### HIGH RISK CONTACT

1. **Is this person a HIGH RISK CONTACT?**
   - Yes (Proceed To 2)  
   - No (Skip To 8)

2. **Does this HIGH RISK person have DOCUMENTED immunity?**
   - Yes (Proceed To 3)  
   - No (Skip To 7)

3. **If yes, is prophylaxis still recommended?**
   - Yes  
   - No (Skip To 6)

4. **If yes, justify here why prophylaxis is still recommended**

5. **If prophylaxis is still recommended, which type?**
   - [ ] MMR (within 3 days of exposure)
   - [ ] IMIG (within 6 days of exposure if <30 kg)
   - [ ] IVIG (within 6 days of exposure)

6. **If prophylaxis is not recommended, document why here**

7. **If person is a HIGH RISK CONTACT and has NO documented immunity, which prophylaxis is recommended?**
   - [ ] MMR (within 3 days of exposure)
   - [ ] IMIG (within 6 days of exposure if <30 kg)
   - [ ] IVIG (within 6 days of exposure)

### LOW RISK CONTACT

8. **Is this person a LOW RISK CONTACT?**
   - Yes - continue below  
   - No - this section is complete

9. **Does this LOW RISK contact have DOCUMENTED immunity?**
   - Yes - NO FURTHER ACTION IS REQUIRED
   - NO - continue below

10. **Does this LOW RISK contact have PRESCRIPTION of immunity, or only 1 DOCUMENTED MMR?**
    - Yes - Contact may receive MMR prophylaxis IF DESIRED as an extra precaution; IG not recommended
    - No - continue below

11. **Is this LOW RISK contact known to have NO vaccinations and/or a documented NEGATIVE measles IgG?**
    - Yes - prophylaxis with MMR (within 3 days of exposure) or IMIG (within 6 days of exposure if <30 kg) is recommended
    - No - continue below
## Post Exposure Monitoring

1. Did exposed person undergo IgG testing for measles immunity during this investigation?  
   - Yes  
   - No

2. Date of IgG testing

3. Result of IgG testing  
   - Positive  
   - Negative  
   - Indeterminate

4. Did this exposed person receive prophylaxis?  
   - Yes  
   - No  
   - Not Recommended Based On Immunity  
   - Unknown

5. Prophylaxis type received  
   - MMR  
   - IMIG  
   - IVIG

6. Date prophylaxis received

7. If contact susceptible but prophylaxis not administered, why not?  
   - outside of window for prophylaxis  
   - within window for prophylaxis but defined  
   - other

8. Does exposed person require ACTIVE MONITORING for symptoms?  
   - Yes  
   - No  
   - Unknown  
   - Not Applicable

9. Active monitoring start date

10. Active monitoring end date

11. Reason for monitoring:

12. Does exposed person require QUARANTINE?  
   - Yes  
   - No  
   - Unknown  
   - Not Applicable

13. Quarantine start date

14. Quarantine end date

15. Reason for quarantine:

16. Does exposed person require EXCLUSION from high risk setting (i.e. healthcare, childcare, daycare)?  
   - Yes  
   - No  
   - Unknown  
   - Not Applicable

17. Exclusion start date

18. Exclusion end date

19. Reason for exclusion:

20. Name and contact info for facility:
Measles in International Traveler, Georgia, June 2019

- In this investigation, we identified less than 50 total contacts, only two of whom were susceptible (both unvaccinated children).

- Both children were recommended to remain at home (excluded from daycare, school, etc.) throughout the incubation period and were monitored for symptoms by daily phone calls from health department epidemiologists.

- No secondary measles cases were identified.
Implications/Recommendations

• Europe is currently experiencing extremely high measles activity and outbreaks, including a record number of deaths associated with measles infection.
  
• Two weeks ago, CDC authors published a paper in *Pediatrics* ([https://pediatrics.aappublications.org/content/144/1/e20190414](https://pediatrics.aappublications.org/content/144/1/e20190414)) and an affiliated alert reminding all international travelers to ensure that they are fully up-to-date on MMR vaccine before traveling.
  
• Infants younger than 12 months of age are at greatest risk of severe measles infection.
  
• Infants aged 6 through 11 months should receive one early dose of MMR vaccine before international travel (at least two weeks before).
  
• For infants traveling domestically, it is not routinely recommended that they receive an early MMR dose, but this should be considered if visiting areas with outbreaks in close-knit communities that have demonstrated ongoing, community-wide transmission.
Questions?

For more information, please contact:

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Georgia Department of Public Health
(404) 657-2609
cherie.drenzek@dph.ga.gov
Alzheimer’s and Dementia

THINK ABOUT IT!

Board of Public Health / Elizabeth Head, Deputy Director, Injury Prevention / July 9, 2019
Alzheimer’s Disease

- **EVERY 65 SECONDS**: Someone develops Alzheimer’s
- **5.8 MILLION**: Americans with Alzheimer’s
- **2/3**: Women with Alzheimer’s

**Georgians 65+ with Alzheimer’s**
- **2019**: 150K
- **2025**: 190K
- **27% Increase**

Most people with Alzheimer’s or a related dementia are over age 65, but **younger onset can begin at age 40**
Burden of Alzheimer’s and Dementia

- Number of people living with Alzheimer’s and dementia is growing
- Alzheimer’s burden is growing
- Alzheimer’s and related dementias impact all communities

- Health disparities among Alzheimer’s patients
  - African Americans and Hispanics
- Burden of care
  - Caregivers’ financial, physical, psychological burdens endanger their own health
  - Workforce shortage
  - Workforce currently untrained to meet the need
Prevent Alzheimer’s and Dementia

THINK ABOUT IT

Ask your doctor to do a brief cognitive assessment during each annual checkup.

BEFORE the assessment, your doctor may ask:

• Do you get lost while walking or driving in familiar places?
• Do you have problems writing checks, paying bills or balancing the checkbook?
• Do you have difficulty shopping for groceries by yourself?

DURING the assessment, your doctor may ask:

• Please remember this name and address.
• Can you tell me something that happened in the news recently?
• What was the name and address I asked you to remember?

REDUCE YOUR RISK

CARDIO EXERCISE — HEART HEALTHY
EAT HEALTHY — SLEEP
QUIT SMOKING — MENTAL HEALTH
PREVENT BRAIN INJURY — CHALLENGE YOUR MIND
• BE SOCIAL • TAKE A CLASS • GET REGULAR CHECKUPS
Forget the way to the grocery store ... again?
THINK ABOUT IT.

ALZHEIMER'S / DEMENTIA
gahhealthybrain.org
Can’t make the numbers add up ... again?
THINK ABOUT IT.
Can’t find the right word... again?
THINK ABOUT IT.

connect

ALZHEIMER’S / DEMENTIA
gahealthybrain.org
Public Health Role

**Surveillance/monitoring data**
- Develop strategies and interventions
- Inform public policy
- Guide research
- Evaluate programs and policies

**Prevention**
- Promote risk reduction for Alzheimer’s and related dementias
- Promote overall cognitive health
- Promote early detection and diagnosis

**Education**
- Warning signs of dementia
- Benefits of early detection

**Training**
- Health care providers
- Newly diagnosed individuals
- Families and caregivers

**Partner Support**
- GA Alzheimer’s Association
- DHS, Division of Aging Services
GA Alzheimer’s Disease and Related Dementias

2014 GA Alzheimer’s Disease and Related Dementias (GARD)
• Created GARD State Plan Task Force (OCGA § 31-8-300)
• Established six work groups
  o Workforce Development
  o Service Delivery
  o Outreach & Partnerships
  o Healthcare, Research, & Data Collection
  o Public Safety
  o Policy

2018 Legislative Session
• Re-established Advisory Council for GARD
• Provides structure and guidance to GARD
• Council meeting quarterly in 2019
  o Bylaws and Officers to be established
Primary Care Physician Annual wellness visit and screen for cognitive decline

Primary Care Physician refers to Memory Assessment Clinic

Memory Assessment Clinic hands off to Primary Care Physician

Memory Assessment Clinic Diagnosis and care plan

Memory Assessment Clinic Comprehensive evaluation

Alzheimer's and Related Dementia

Primary Care Physician continued care and community services support

Georgia Memory Net
Brain Strong

Ask for a memory screen
Did you know your Medicare Annual Wellness Visit is free and that it includes a memory screening? Take control of your brain health now.

Take control of chronic diseases
- Heart disease, diabetes, COPD, and high blood pressure can cause strokes. Strokes can cause some types of dementia.
- Diabetes control with A1C less than 8
- Blood pressure controlled with systolic less than 130 / diastolic less than 90
- Cholesterol less than 200; HDL greater than 60
- Stop smoking
- Take your prescribed medications daily
- Get screened for hearing loss
- See your dentist every six months or more if you have problems with your teeth.
- If you have dentures, see your dentist every year.

Eat healthy foods
The proper diet can help slow decline in reasoning and understanding.
- Eat heart-healthy low-fat, lean meat and vegetable-rich meals
- Mediterranean, MIND and DASH diets are suggested
- Visit www.myplate.gov for specific recommendations

Be active
Daily physical exercise is recommended to maintain strength, stamina, control chronic disease and the ability to live independently.
- 15-30 minutes of physical activity per day is recommended for improved health
- Examples are walking, swimming, dancing, cycling and gardening

Learn new things
Memory and thinking ability improve when we learn something new.
- Take a class: photography, language, music, computer processing, quilting
- Play card games, play chess or work crossword puzzles

Connect with family, friends, and communities
Positive interactions with other people improve well-being and mood. Untreated mood disorders can affect memory and thinking.
- Maintain your connection to church, family and community activities
- Engage in activities that give purpose and meaning to your life

Schedule your Medicare Annual Wellness Visit (AWV) today!
This establishes your Personalized Prevention Plan for health. This visit includes:
- Memory loss and depression screening
- Screening for all chronic diseases
- Update medical history, medications, family history
- Update immunizations

Adapted from DHS, Division of Aging Services Presentation
Dementia Friends

• Dementia is not a normal part of aging
• Dementia is caused by diseases of the brain
• Dementia is not just about having memory problems
• It is possible to have a good quality of life with dementia
• There’s more to the person than the dementia

Adapted from DHS, Division of Aging Services Presentation
Questions?

For more information:

gahealthybrain.org

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The next Board of Public Health meeting is scheduled for Tuesday, Aug. 13, 2019 @1 p.m.