

# Georgia Board of Public Health

July 9, 2019

# Agenda

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- 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

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- 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

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## 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

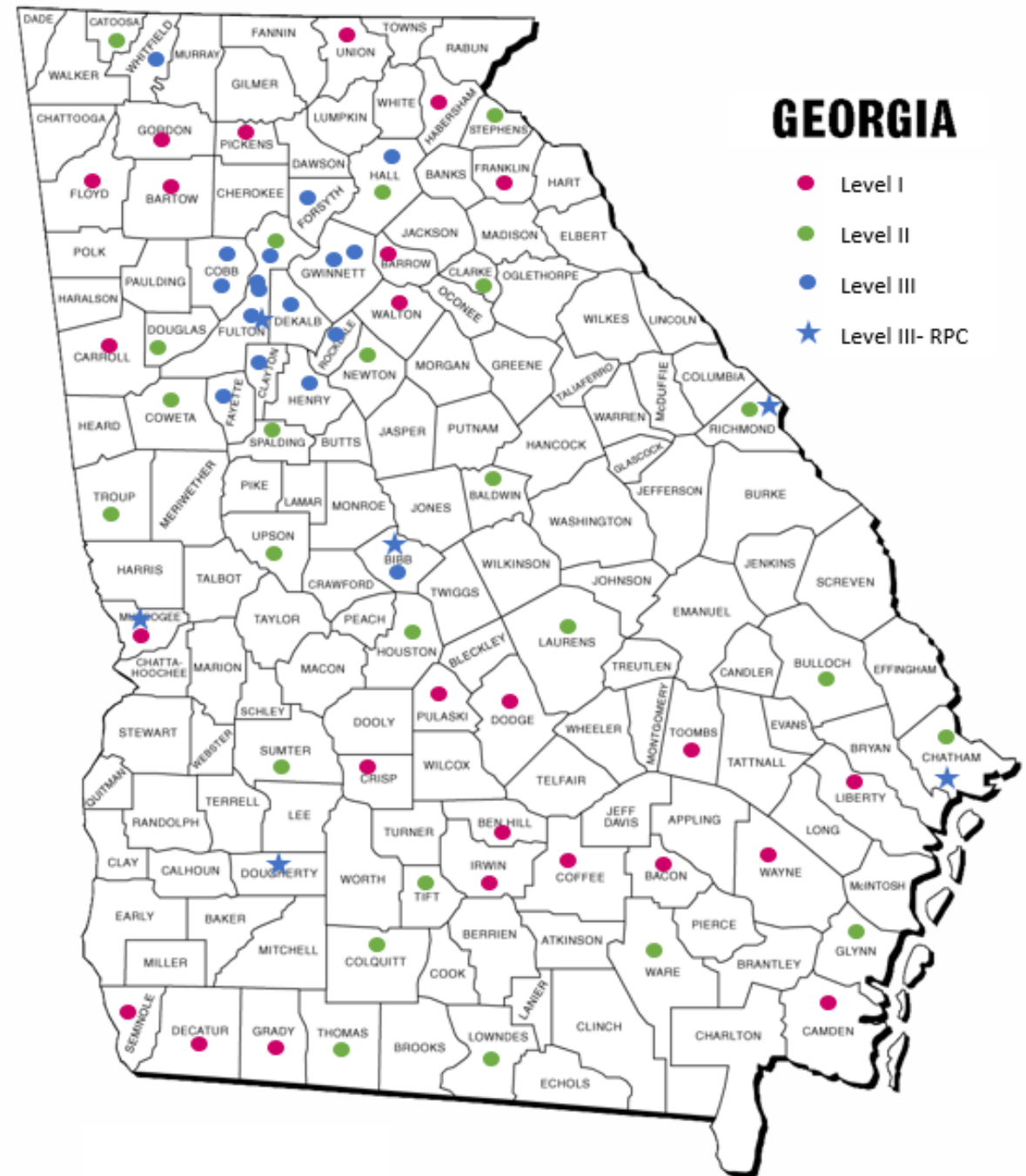
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- Hospitals receive a certificate of need authorizing hospitals to provide a level of perinatal services
  - Level I, II, or III
- Emphasis is on neonatal care with some maternal requirements
- The purpose of certificate of need is health planning

# Georgia Birthing Hospitals

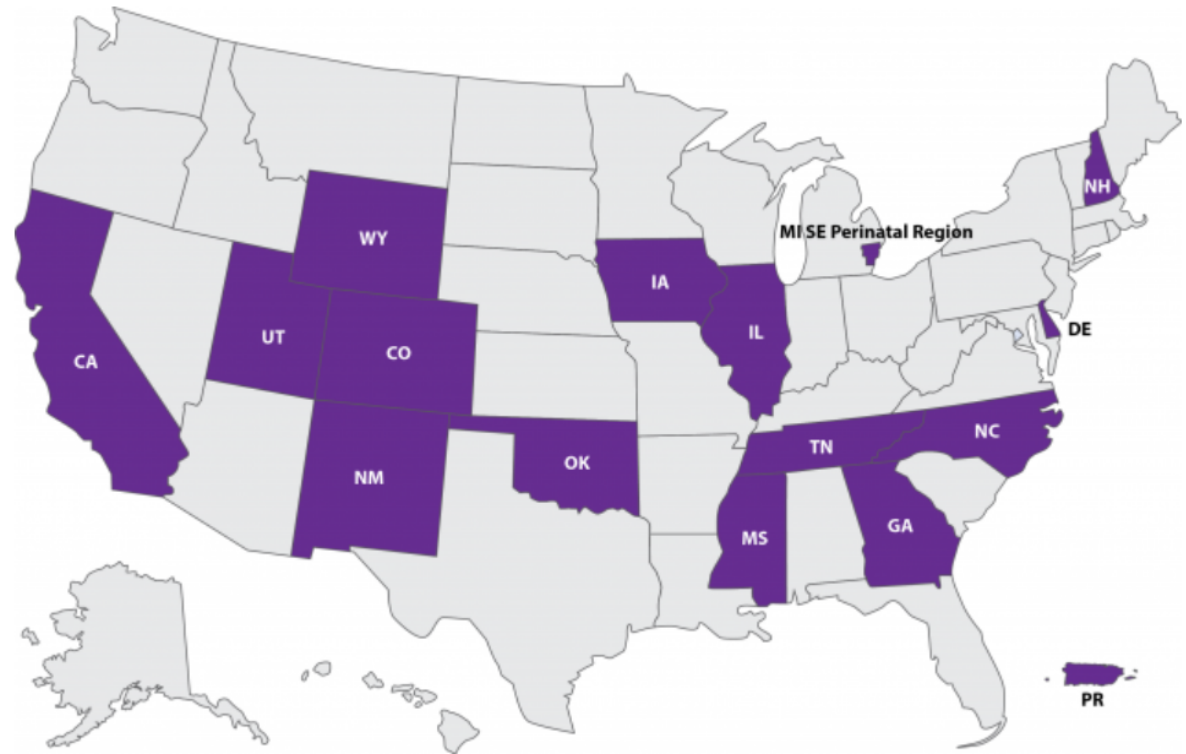
CON Perinatal Services	Birthing Hospitals*
Level I	23
Level II	21
Level III	24
Level IV (RPC)	6
<b>TOTAL</b>	<b>75</b>

\*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

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	Neonatal	Neonatal %	Maternal	Maternal %
LOCATe higher than CON	1	1%	7	11%
LOCATe and CON Match	33	49%	29	45%
LOCATe lower than CON	34	50%	28	44%
Total	68	100%	64	100%

# Response

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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

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## 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

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## 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

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

# Neonatal Centers

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

# Considerations

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- 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

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- 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?

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For more information, please contact:

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Georgia Department of Public Health  
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[kaitlyn.kopp@dph.ga.gov](mailto:kaitlyn.kopp@dph.ga.gov)

# Infectious Disease Update

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

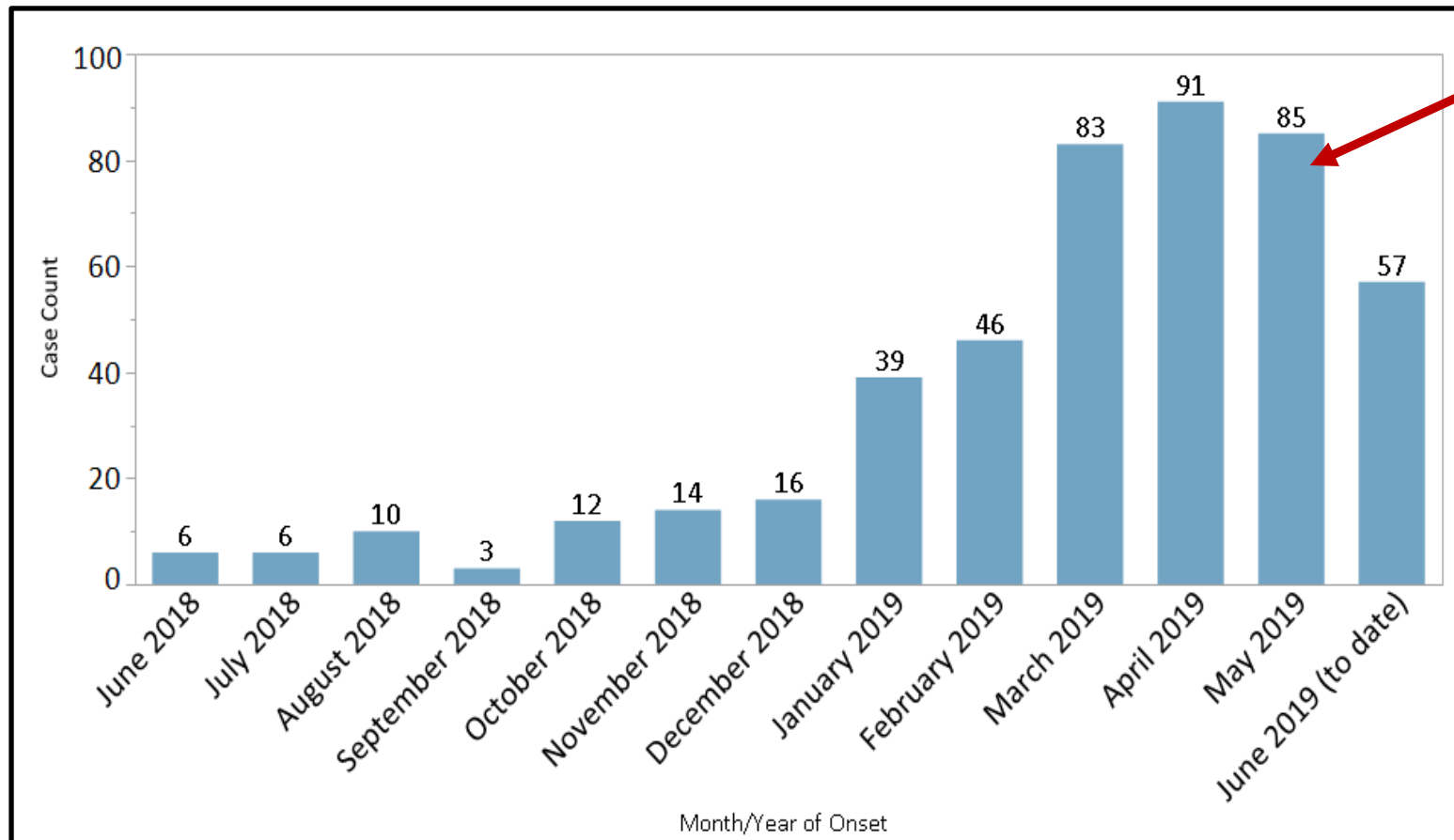
# Overview

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- Hepatitis A Outbreak in Georgia
- Measles Update (National and Georgia)
- Questions

# Hepatitis A Outbreak Georgia

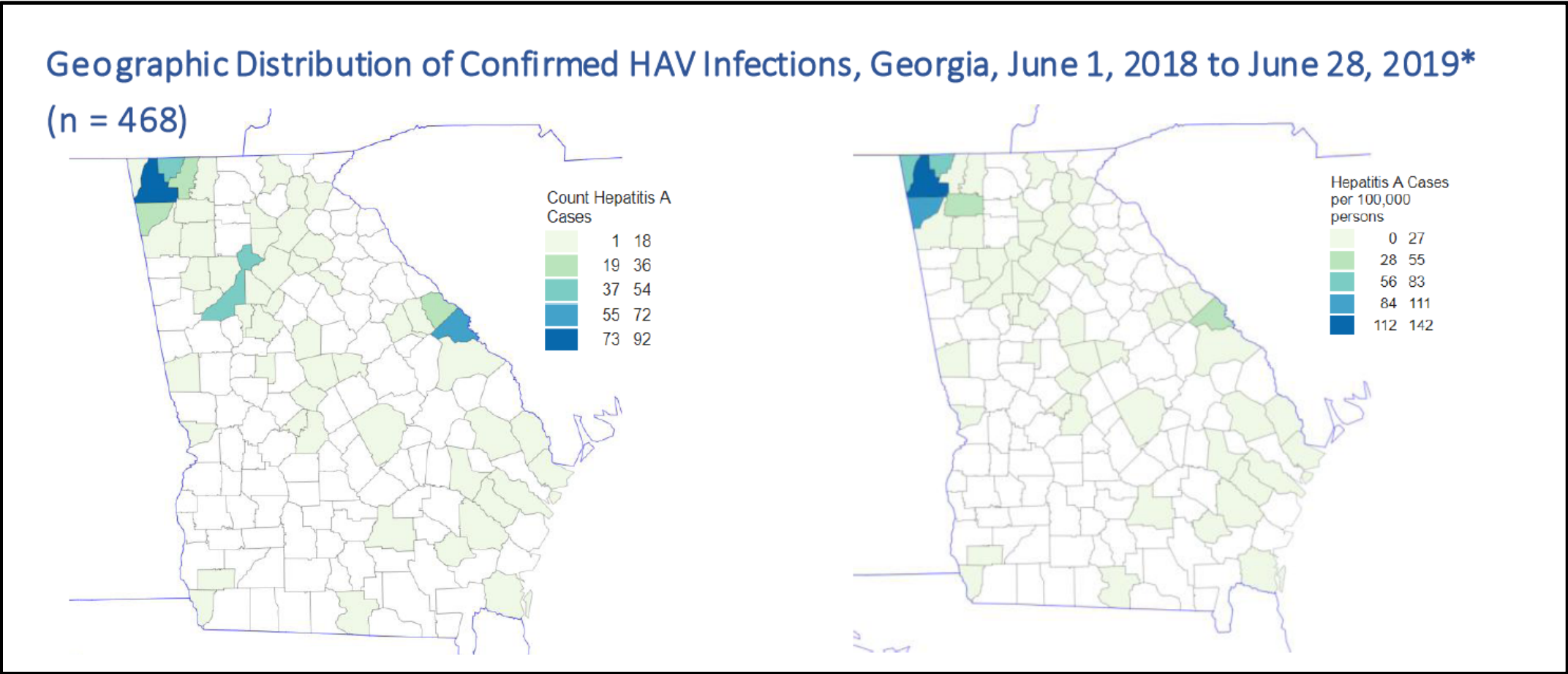
# Hepatitis A Virus (HAV) Infections in Georgia, June 1, 2018-June 28, 2019 (n=468)



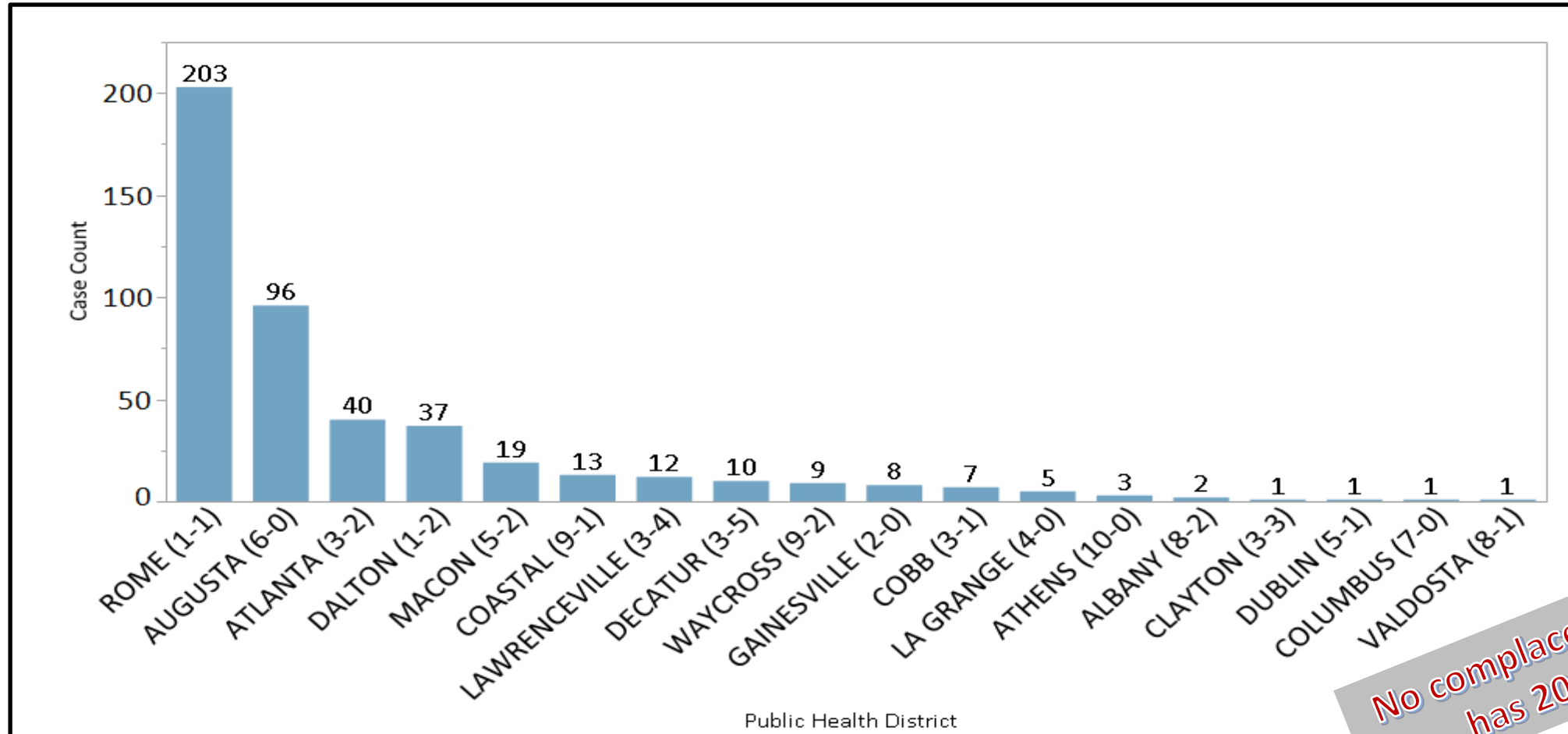
**No complacency!**

- 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)

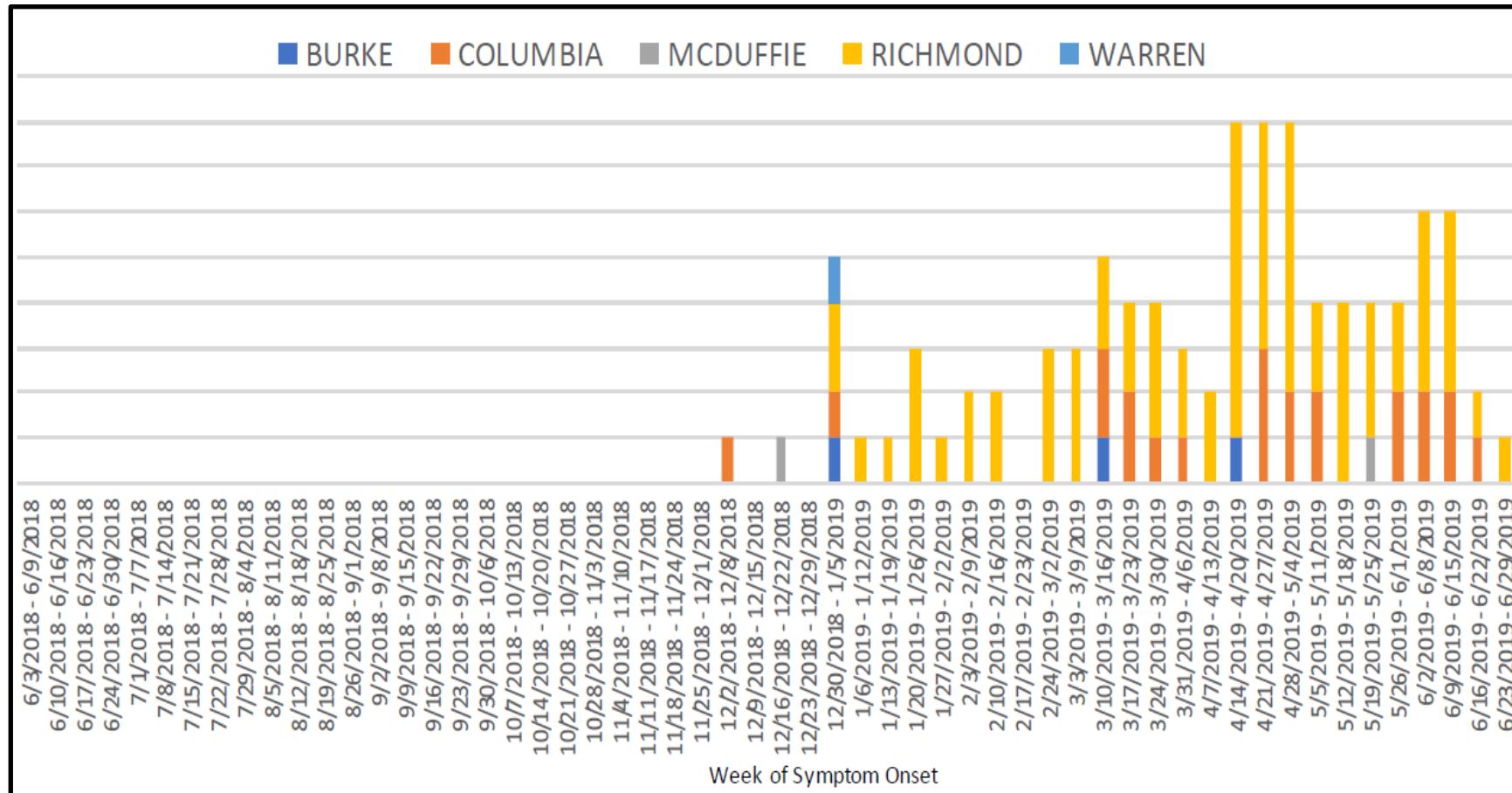


# Confirmed HAV Infections, by Public Health District, Georgia, June 1, 2018-June 28, 2019 (n=468)



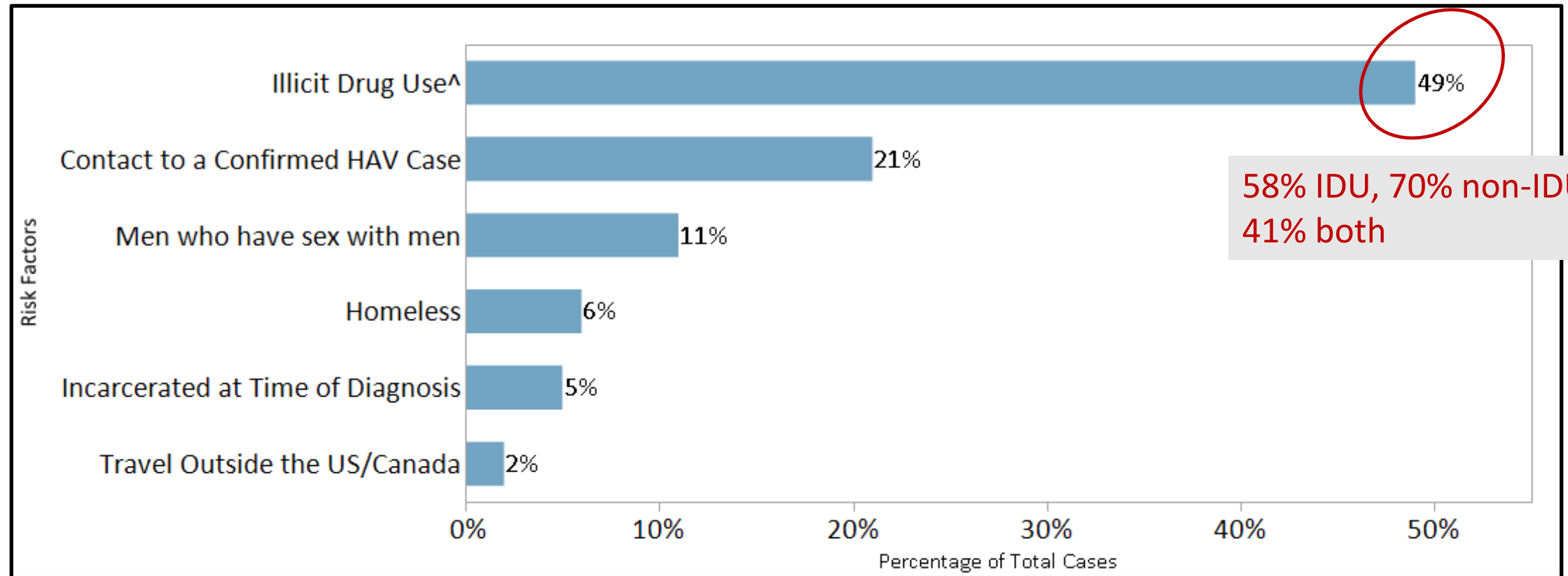
No complacency—Florida has 2000+ cases

# HAV Infections by Week of Symptom Onset and County, District 6, June 1, 2018 to June 28, 2019 (n = 96)





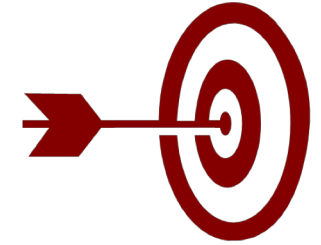
# Identified Risk Factors, Confirmed HAV Infections, Georgia, June 1, 2018-June 28, 2019 (n=468)



- 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



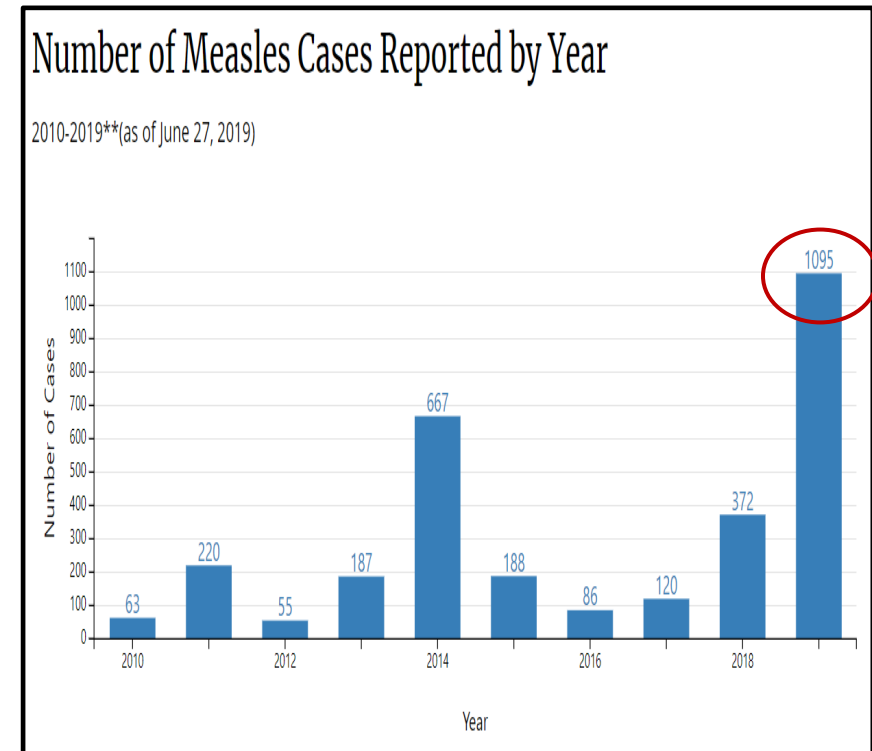
Total Hepatitis A Vaccines Administered at Outreach Events by Public Health Districts as of June 21 2019							
Public Health District and Outreach Facility	Number of Vaccines Given	At Risk Group					
		Homeless	Drug Users	Incarcerated	MSM	Contact of Confirmed Case	Other
<b>DISTRICT 1-1</b>	3847	Yes	Yes	Yes	Yes	Yes	Yes
CLINIC	2425	Yes	Yes	Yes	Yes	Yes	Yes
JAIL	1071	Yes	Yes	Yes	Yes	Yes	Yes
OTHER	344	Yes	Yes	Yes	Yes	Yes	Yes
(unknown)	7	Yes	Yes	Yes			Yes
<b>DISTRICT 1-2</b>	437	Yes	Yes	Yes		Yes	Yes
CLINIC	25						Yes
HEALTH FAIR	27						Yes
HOMELESS SHELTER	10	Yes					
JAIL	149		Yes	Yes			
SUBSTANCE ABUSE FACILITY	124		Yes			Yes	
(unknown)	102	Yes	Yes	Yes		Yes	
<b>DISTRICT 2-0</b>	207	Yes		Yes			Yes
HOMELESS SHELTER	3	Yes					
JAIL	187			Yes			Yes
OTHER	17						Yes
<b>DISTRICT 3-1</b>	141	Yes	Yes				
HOMELESS SHELTER	43	Yes					
<b>DISTRICT 3-3</b>							
<b>DISTRICT 3-4</b>							
<b>DISTRICT 3-5</b>							
<b>DISTRICT 4-0</b>	258			Yes			
JAIL	258			Yes			
<b>DISTRICT 5-1</b>	5		Yes		Yes		
CLINIC	2		Yes		Yes		
SUBSTANCE ABUSE FACILITY	3		Yes				
<b>DISTRICT 5-2</b>	232			Yes			Yes
JAIL	185			Yes			Yes
OTHER	47						Yes
<b>DISTRICT 6-0</b>	119	Yes		Yes		Yes	
CLINIC	72					Yes	
HOMELESS SHELTER	22	Yes					
JAIL	25			Yes		Yes	
<b>DISTRICT 7-0</b>							
<b>DISTRICT 8-1</b>							
<b>DISTRICT 8-2</b>	5						Yes
HEALTH FAIR	5						Yes
<b>DISTRICT 9-1</b>	57	Yes	Yes			Yes	
OTHER	52	Yes	Yes			Yes	
(unknown)	5	Yes	Yes				
<b>DISTRICT 9-2</b>							
<b>DISTRICT 10-0</b>	87	Yes	Yes				Yes
HOMELESS SHELTER	63	Yes	Yes				
OTHER	10						Yes
SUBSTANCE ABUSE FACILITY	14	Yes	Yes				
<b>Grand Total</b>	<b>5545</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

- 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.



# Measles, Georgia – 2019

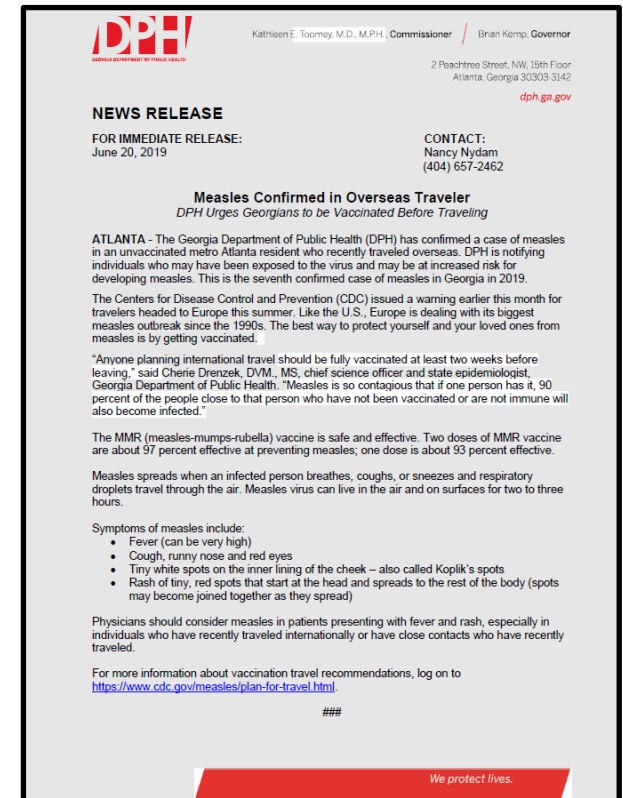
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- Two measles **outbreaks (defined as 3 or more cases)** occurred in Georgia during 2019 (each consisted of 3 cases)--one in January and one in April.
- BOTH outbreaks involved **unvaccinated** children/siblings in the same family; both resulted from 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.



## Measles Interview Log (2019033)

**Interview Log**

1 . Interviewer

2 . Interview Date:  /  /

3 . Primary Contact Name:

4 . PC Phone number 1  -  -

5 . PC Phone Number 2  -  -

6 . PC Email

7 . Interview Status

8 . Interview Comment

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)

**Measles Call Attempts**

Time	Comment	Phone number used	Date	Time	Comment	Phone number used	Date
Cannot be added until the survey has been Sav							

**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 1968 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

11 . 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

12 . Provide details on reason for lack of vaccination

13 . 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).

	Yes	No	Unk
Works in healthcare setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works in child care setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household contact of confirmed measles case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunocompromised (due to disease or medication ie HIV/AIDS, bone marrow transplant, chemotherapy, high dose steroids)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attends daycare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less than 12 months of age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 PRESUMPTION 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?	<input type="radio"/> Yes <input type="radio"/> No
2 . Date of IgG testing	<input type="text"/> / <input type="text"/> / <input type="text"/>
3 . Result of IgG testing	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Indeterminate
4 . Did this exposed person receive prophylaxis?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Recommended Based On Immunity <input type="radio"/> Unknown
5 . Prophylaxis type received	<input type="radio"/> Mmr <input type="radio"/> Imig <input type="radio"/> Ivig
6 . Date prophylaxis received	<input type="text"/> / <input type="text"/> / <input type="text"/>
7 . If contact susceptible but prophylaxis not administered, why not?	<input type="radio"/> outside of window for prophylaxis <input type="radio"/> within window for prophylaxis but declined <input type="radio"/> other
8 . Does exposed person require ACTIVE MONITORING for symptoms?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not Applicable
9 . Active monitoring start date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
10 . Active monitoring end date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
11 . Reason for monitoring:	<input type="text"/>
12 . Does exposed person require QUARANTINE?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not Applicable
13 . Quarantine start date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
14 . Quarantine end date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
15 . Reason for quarantine:	<input type="text"/>
16 . Does exposed person require EXCLUSION from high risk setting (i.e. healthcare, childcare, daycare)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not Applicable
17 . Exclusion start date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
18 . Exclusion end date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
19 . Reason for exclusion:	<input type="text"/>
20 . Name and contact info for facility:	<input type="text"/>

# 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.

### Health Since Exposure

1. Did this person report any signs or symptoms of measles in the 21 days following this exposure?  Yes  No  Unknown

If no, survey is complete. If yes, begin a new case investigation.

2. Date of symptom onset  /  /

3. Check all signs or symptoms of measles reported.

Fever

Rash

Cough

Coryza

Conjunctivitis

4. At the time measles was suspected, was this person seen by a healthcare provider?  Yes  No  Unknown  Other

5. Healthcare provider name/contact number

6. If other, specify:

7. If measles was confirmed, indicate how (check all that apply)

Positive IgM

Positive PCR

Positive Culture

met clinical case definition; epi-linked

Other, specify

8. If measles was ruled out, indicate how (check all that apply)

Negative IgM

Negative PCR

Negative Culture

Did not meet clinical case definition

Other, specify

Save

# Implications/Recommendations

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- 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>) 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?

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For more information, please contact:

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# Alzheimer's and Dementia

**THINK ABOUT IT!**

Board of Public Health / Elizabeth Head, Deputy Director, Injury Prevention / July 9, 2019



# Alzheimer's Disease



SOMEONE DEVELOPS  
ALZHEIMER'S

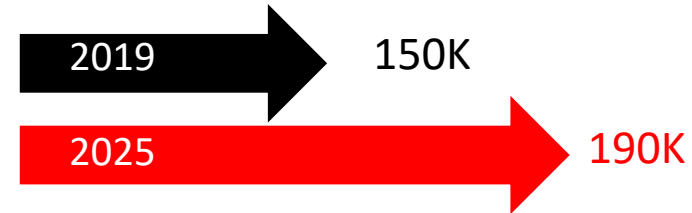


AMERICANS WITH  
ALZHEIMER'S



WOMEN WITH ALZHEIMER'S

GEORGIANS 65+ WITH ALZHEIMER'S



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

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- 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

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## 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

[gahealthybrain.org](http://gahealthybrain.org)



Can't make the numbers add up ... **again?**

THINK ABOUT IT.

3 8 4 05 97 1

ALZHEIMER'S / DEMENTIA

[gahealthybrain.org](http://gahealthybrain.org)

**DPH**  
GEORGIA DEPARTMENT OF PUBLIC HEALTH

Can't find the right word... **again?**

THINK ABOUT IT.

**connect**

ALZHEIMER'S / DEMENTIA

[gahealthybrain.org](http://gahealthybrain.org)



# Public Health Role

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## **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

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## 2014 GA Alzheimer's Disease and Related Dementias (GARD)

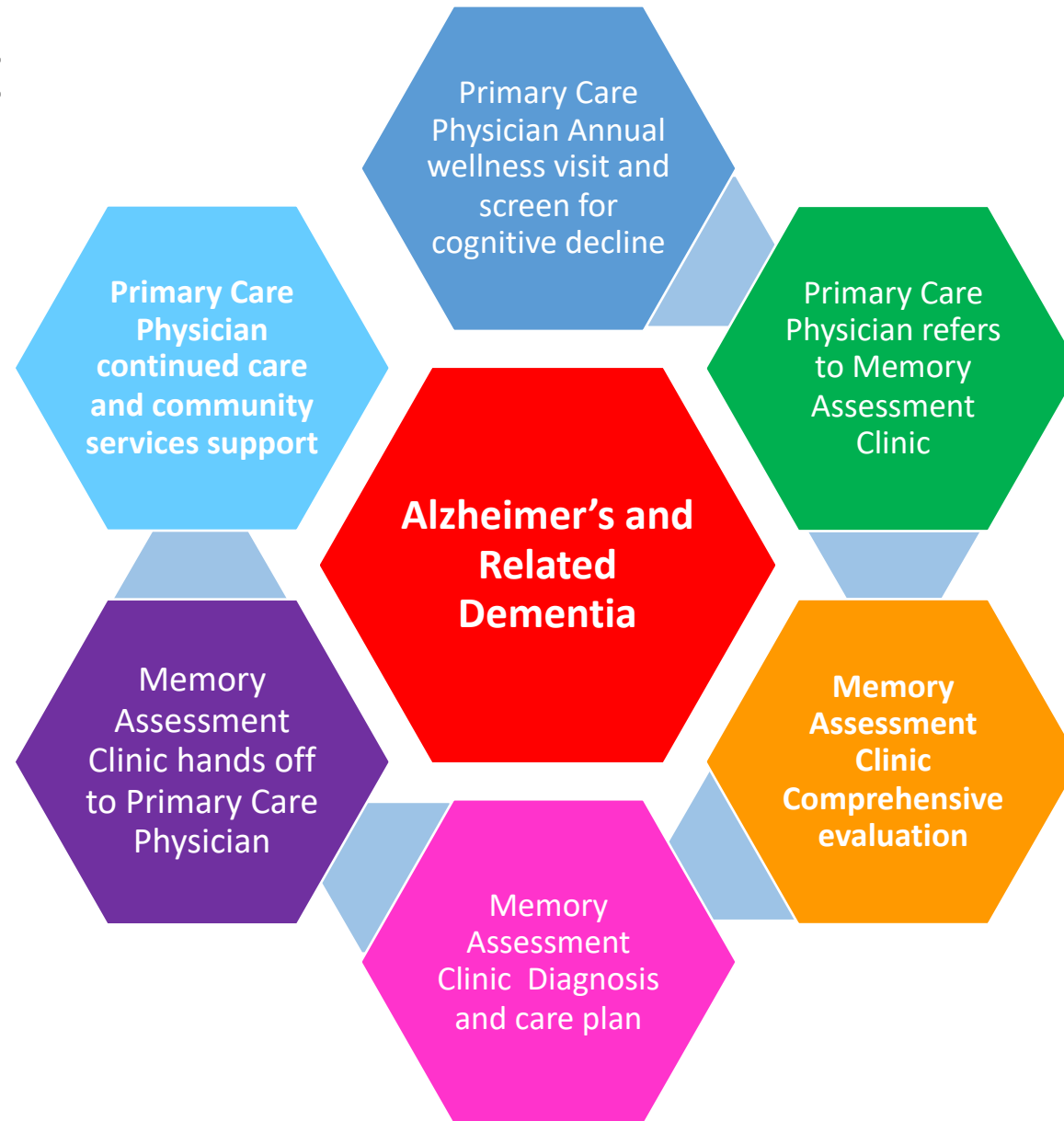
- Created GARD State Plan Task Force (OCGA § 31-8-300)
- Established six work groups
  - Workforce Development
  - Service Delivery
  - Outreach & Partnerships
  - Healthcare, Research, & Data Collection
  - Public Safety
  - Policy

## 2018 Legislative Session

- Re-established Advisory Council for GARD
- Provides structure and guidance to GARD
- Council meeting quarterly in 2019
  - Bylaws and Officers to be established



# Georgia Memory Net




# Brain Strong


KEEP YOUR  
**brain strong**  
Maintaining your brain's health beyond age 65


<p><b>Ask for a memory screen</b></p> <p>Did you know your Medicare Annual Wellness Visit is free and that it includes a memory screening? Take control of your brain health now.</p>	 <p><b>Take control of chronic diseases</b></p>
 <p><b>Eat healthy foods</b></p>	 <p><b>Be active</b></p>
 <p><b>Learn new things</b></p>	 <p><b>Connect with friends, family, your community</b></p>





KEEP YOUR  
**brain strong**  
Maintaining your brain's health beyond age 65


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**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
- 

**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 150 / diastolic less than 90
  - Cholesterol less than 200; HDL greater than 60
  - Stop smoking
  - Take your prescribed medicines 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](http://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
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**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

For more information, visit [aging.ga.gov](http://aging.ga.gov).

Adapted from DHS, Division of Aging Services Presentation

# Dementia Friends

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- 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

# Alzheimer's Association Georgia Chapter

Kathy Simpson, Director of Public Policy & Advocacy

# Questions?

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For more information:

[gahealthybrain.org](http://gahealthybrain.org)

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# Next Meeting

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