



*Georgia Department of Public Health*

# **Board of Public Health Meeting**

Tuesday, June 9, 2015



*We Protect Lives.*

# Commissioner's Update

Brenda Fitzgerald, MD  
Commissioner, DPH

# **Skyland Building Resolution**

Kate Pfirman, CPA  
Chief Financial Officer, DPH





# Sale of Skyland Facility

- Skyland currently houses Vital Records, primarily, along with several other programs
- 1949 school facility
- Once sold, we would move to a rented facility that meets our customer and employee needs, is energy efficient and public transport accessible.

# Georgia Breast Cancer Genomics Project

Monique L. Martin, MPH, CHES  
Georgia Breast Cancer Genomics Project  
Program Manager, DPH

# GEORGIA & Breast/Ovarian Cancer Genomics



**Who?**

# **GEORGIA BREAST CANCER GENOMICS PROJECT**

## ***GEORGIA DEPARTMENT OF PUBLIC HEALTH***

Jean O'Connor, JD, DrPH

Barbara Crane, MN, APRN

Cathy Broom

Monique L. Martin, MPH, CHES

## ***GEORGIA CORE***

Nancy M. Paris, MS, FACHE

Alice Kerber, MN, APRN, ACNS-BC, AOCN, APNG

## ***ADVISORY COMMITTEE***

Cecelia Bellcross, PhD, MS, CGC

Sheryl G. A. Gabram-Mendola, MD, MBA, FACS

Victoria Green, MD, MHSA, MBA, JD

Roland Matthews, MD



**Who?**

# Best Practices

- **United States Preventive Services Task Force (USPSTF)** – primary care providers should screen women with 1 of several screening tools designed to identify a family history...
- **Healthy People 2020** – G1: Increase the proportion of women who receive genetic counseling...
- **GA's Cancer Plan** – increase the number of high risk Georgians with access...

**What?**

# Hereditary Breast and Ovarian Cancer Syndrome (HBOC)

1. HBOC syndrome is an inherited tendency to develop breast & ovarian cancer at a **younger age**.
2. The majority of cases are due to a mutation in either the **BRCA1** or **BRCA2** genes.
3. A **professional trained in genetics** can help an individual or family understand genetic test results. (Commission on Cancer Standard 2.3 - <https://www.facs.org/~media/files/quality%20programs/cancer/coc/programstandards2012.ashx>)

**What?**

# HBOC Red Flags

- Breast Cancer before age 50
- Ovarian Cancer at ANY age
- Multiple cancers in the same person
- Bilateral Breast Cancer
- Ashkenazi Jewish Ancestry
- A relative with a known BRCA mutation
- Triple Negative Breast Cancer
- Male Breast Cancer

**What?**

# Among the general population...

The likelihood of having any BRCA mutation is as follows:

- General population: 1 in 400 (~0.25%).
- Women with breast cancer (any age): 1 in 50 (2%).
- Women with breast cancer (younger than 40 years): 1 in 10 (10%).
- Men with breast cancer (any age): 1 in 20 (5%).
- Women with ovarian cancer (any age): 1 in 8 to 1 in 10 (10%–15%).
- Ashkenazi Jewish individuals: 1 in 40 (2.5%).

(Source: [http://www.cancer.gov/cancertopics/pdq/genetics/breast-and-ovarian/HealthProfessional/page2#\\_113\\_toc](http://www.cancer.gov/cancertopics/pdq/genetics/breast-and-ovarian/HealthProfessional/page2#_113_toc))

**When?**

# GEORGIA BREAST CANCER GENOMICS PROJECT

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Cooperative agreement  
awarded to DPH in **2011**

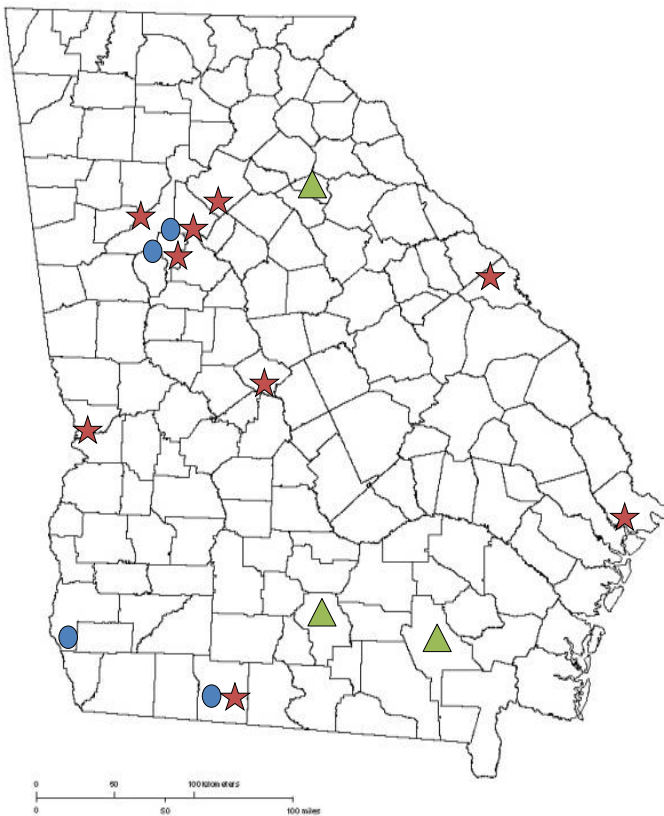


**4,233** completed screenings in  
public health centers via  
BreastCancerGeneScreen.org using  
the Breast Cancer Genetics Referral  
Screening Tool (B-RST™).

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**Where?**

## Health care providers adopting HBOC education and risk assessment



★ Current Health Center/District

● Partnering Sites

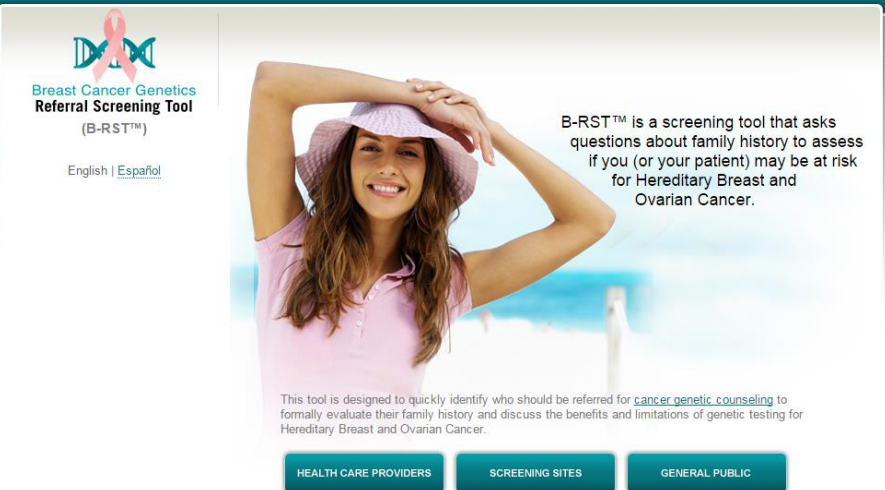
▲ Future Health Center/District



**How?**

**www.BreastCancerGeneScreen.org**

www.breastcancergenescreen.org



**Breast Cancer Genetics Referral Screening Tool (B-RST™)**

English | Español

B-RST™ is a screening tool that asks questions about family history to assess if you (or your patient) may be at risk for Hereditary Breast and Ovarian Cancer.

This tool is designed to quickly identify who should be referred for [cancer genetic counseling](#) to formally evaluate their family history and discuss the benefits and limitations of genetic testing for Hereditary Breast and Ovarian Cancer.

HEALTH CARE PROVIDERS | SCREENING SITES | GENERAL PUBLIC

**Our Partners and Sponsors**

GEORGIA BREAST CANCER GENOMIC CONSORTIUM EDUCATION SURVEILLANCE AND POLICY

Funded by a Cooperative Agreement to the Georgia Department of Public Health, and administered by the Georgia Center for Oncology Research and Education in partnership with Emory University, Georgia State University and Morehouse School of Medicine. For more information, contact Georgia CORE at 404-523-8735.

USPSTF's (Grade B) recommendation Breast Cancer Genetics Referral Screening Tool (B-RST\*) and [www.BreastCancerGeneScreen.org](http://www.BreastCancerGeneScreen.org)

- "Simplest and quickest to administer."

\*Developed and validated by Cecelia Bellcross, PhD, MS, CGC, Emory University School of Medicine, Department of Human Genetics, Member of Winship Cancer Institute

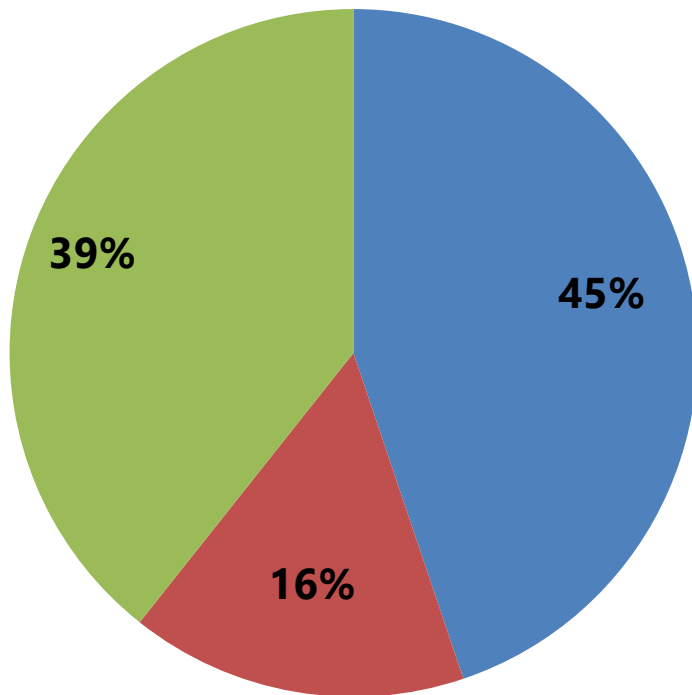
*We Protect Lives.*

**How?**

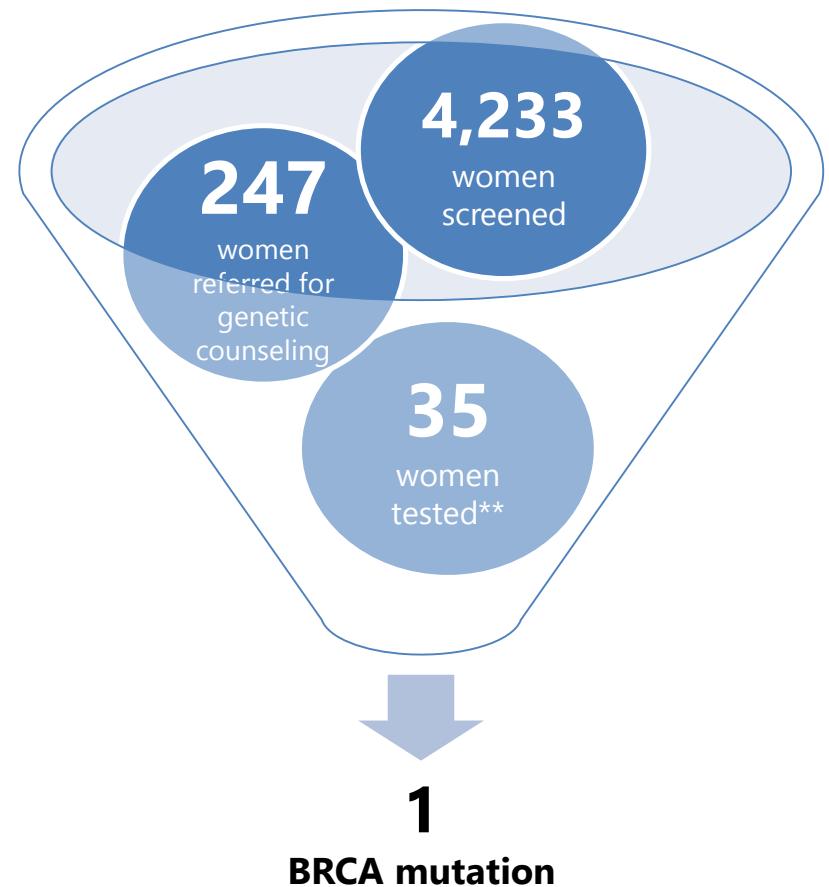
# Benefits of Using BreastCancerGeneScreen.org

## Screening Sources (n=9,445)

■ Public Health ■ Partner Sites ■ Public Usage



## Screening in Public Health (n=4,233)



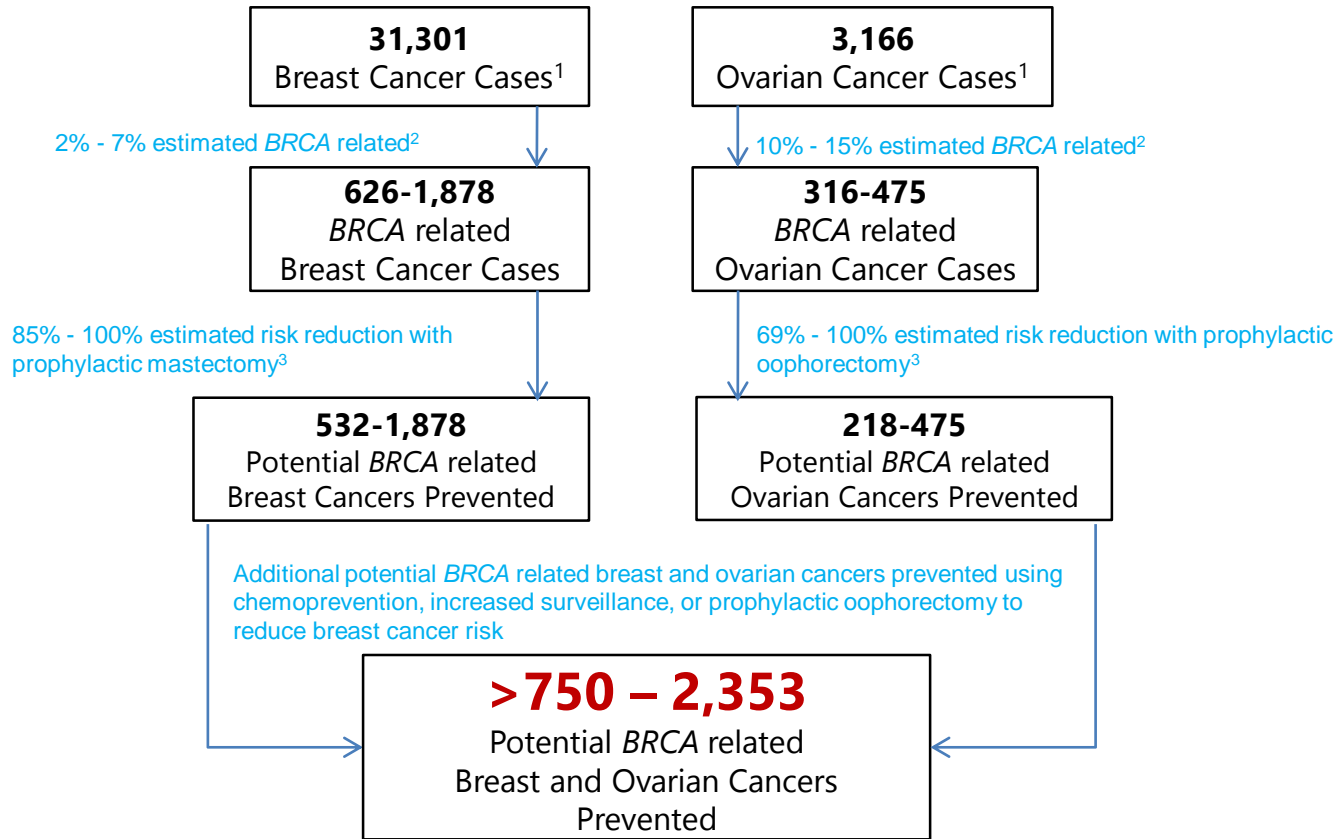
\* Data represents screenings performed from Nov 2012 – May 2015

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**Why?**

# The Impact

## Potentially Preventable BRCA related Breast and Ovarian Cancers, Georgia, 2007-2011



Bowen, et al. Public health action in genomics is now needed beyond newborn screening. Public Health Genomics 2012; 15(6):327-34  
Georgia Cancer Statistics, Breast and Cervical Cancer Program, 2007-2011 (Invasive Cancers only).

***We Protect Lives.***

**Why?**

BreastCancerGeneScreen.org

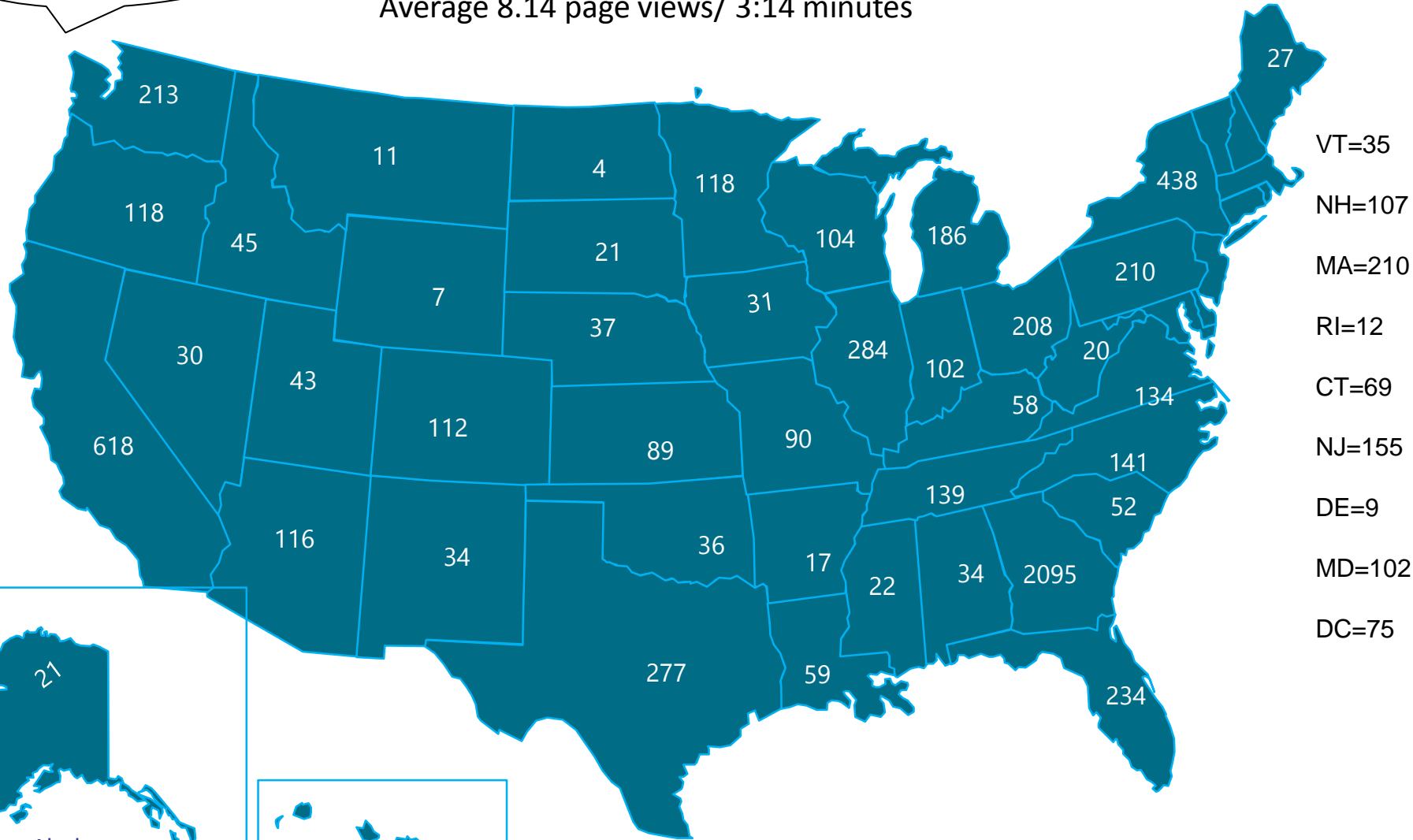
10/1/14 – 5/31/15

7,432 Sessions

Average 8.14 page views/ 3:14 minutes

GEORGIA  
**core** CENTER for ONCOLOGY  
RESEARCH & EDUCATION

**DPH**  
Georgia Department of Public Health



Alaska

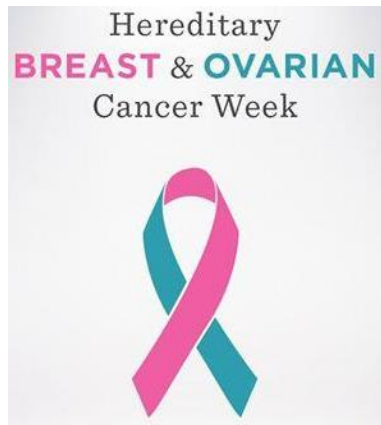
Hawaii

Developed June 1, 2015

Data collection for states outside Georgia  
initiated September 24, 2014

*We Protect Lives.*

# Questions?



09.27.15 – 10.4.15



**Monique L. Martin, MPH, CHES**

Georgia Breast Cancer Genomics Project

Cube 16-482

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[monique.martin@dph.ga.gov](mailto:monique.martin@dph.ga.gov)

*We Protect Lives.*

# **Georgia Post-Arrival Ebola Monitoring**

Pat O'Neal, MD  
Health Protection Director, DPH



# Georgia Post-Arrival Ebola Monitoring

- From October 24, 2014 – June 8, 2015:
  - 1,627 travelers have been monitored
  - 138 are currently being monitored (~50% CDC employees)
  - 92 children have been monitored
  - Cumulatively, 33 travelers have been medically evaluated for fever or symptoms. They were diagnosed with flu, URI, gastroenteritis, and malaria.
  - We have directly (in-person) monitored 31 healthcare workers with risk of Ebola exposure, including 6 with high-risk exposures who needed to be quarantined. All remained asymptomatic.
  - We have cumulatively tested 6 travelers for Ebola in GA since last August—all test results were negative

# Global Ebola Situation

- As of June 5, a total of 27,225 cases of EVD have been reported cumulatively, with 11,164 deaths.
- Twenty-five (25) total new EVD cases were reported last week (13 cases in Guinea and 12 cases in Sierra Leone), an increase from 9 total cases reported in the prior week.
- On May 9, the Ebola virus outbreak in Liberia was declared **over** after 42 days had elapsed since the burial of the last confirmed case in the country.
- Implications for monitoring travelers from Liberia:
  - Active monitoring has been continuing in the U.S., but this week CDC may recommend a “step-down” approach (passive rather than active monitoring), likely for a period of 90 days after May 9.

# **Georgia Maternal Mortality 2012 Review**

Seema Csukas, MD, PhD  
Maternal and Child Health Director, DPH

# Introduction

- In 2010 Amnesty International “Deadly Delivery: The Maternal Health Care Crisis in the USA”
- GA 50<sup>th</sup> MM
- Pregnancy-Related Maternal Mortality Rate
  - 2001-2006 20.2 deaths/100,000 live births
  - 2010 23.2 deaths
  - 2011 28.7 deaths

# Acknowledgements

- Georgia Obstetric and Gynecological Society
- Centers for Disease Control and Prevention
- Georgia General Assembly and Governor Nathan Deal

# Georgia Maternal Mortality Review Committee (MMRC)

- Multidisciplinary, geographically diverse
- Meets quarterly
- Identifies medical and nonmedical problems that contribute to death
- Formulate possible interventions



Questions?



# Georgia Maternal Mortality 2012 Review

Michael K. Lindsay, MD, MPH  
Associate Professor  
Department of Gynecology and Obstetrics  
Emory University School of Medicine

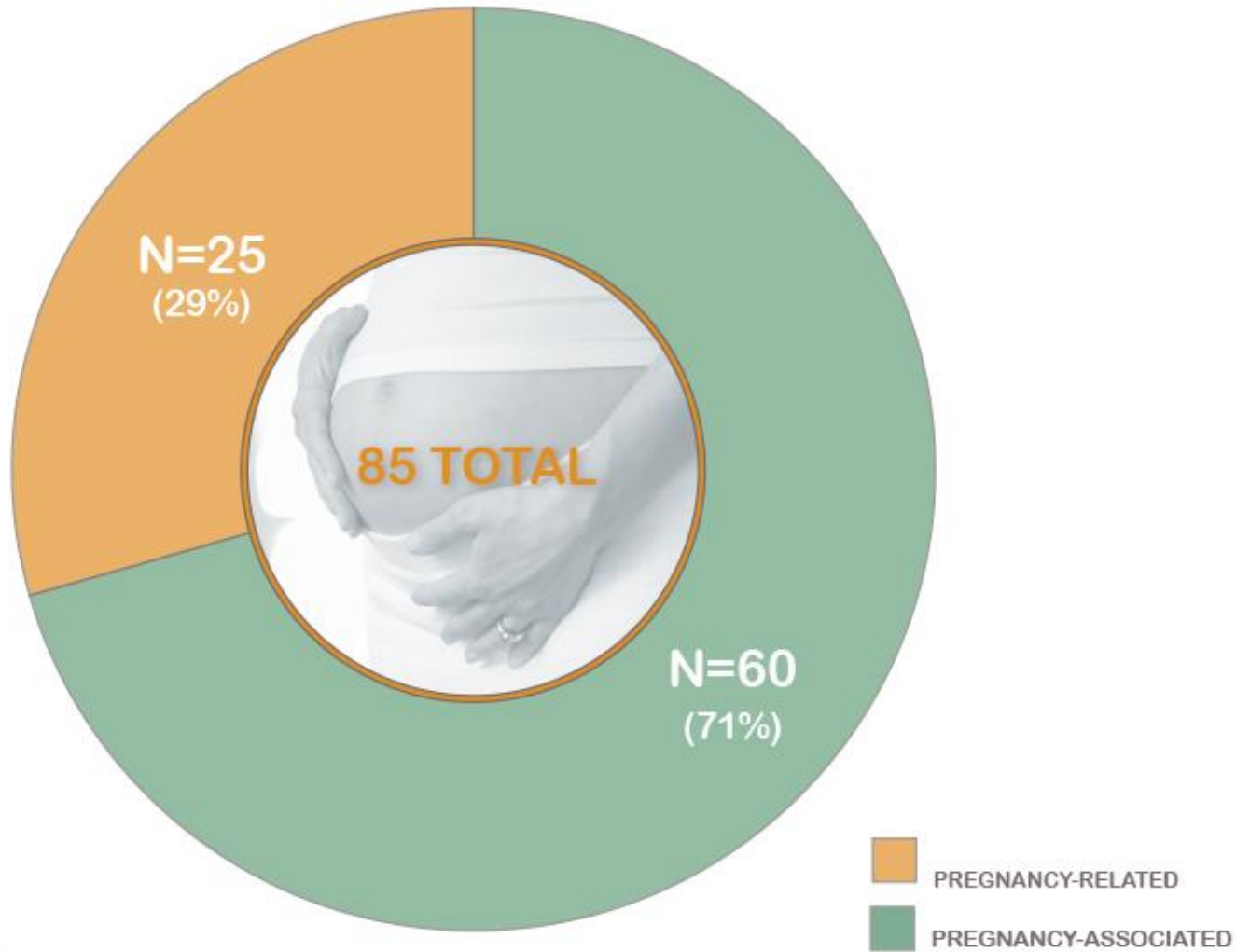
# Case Identification



# Definitions

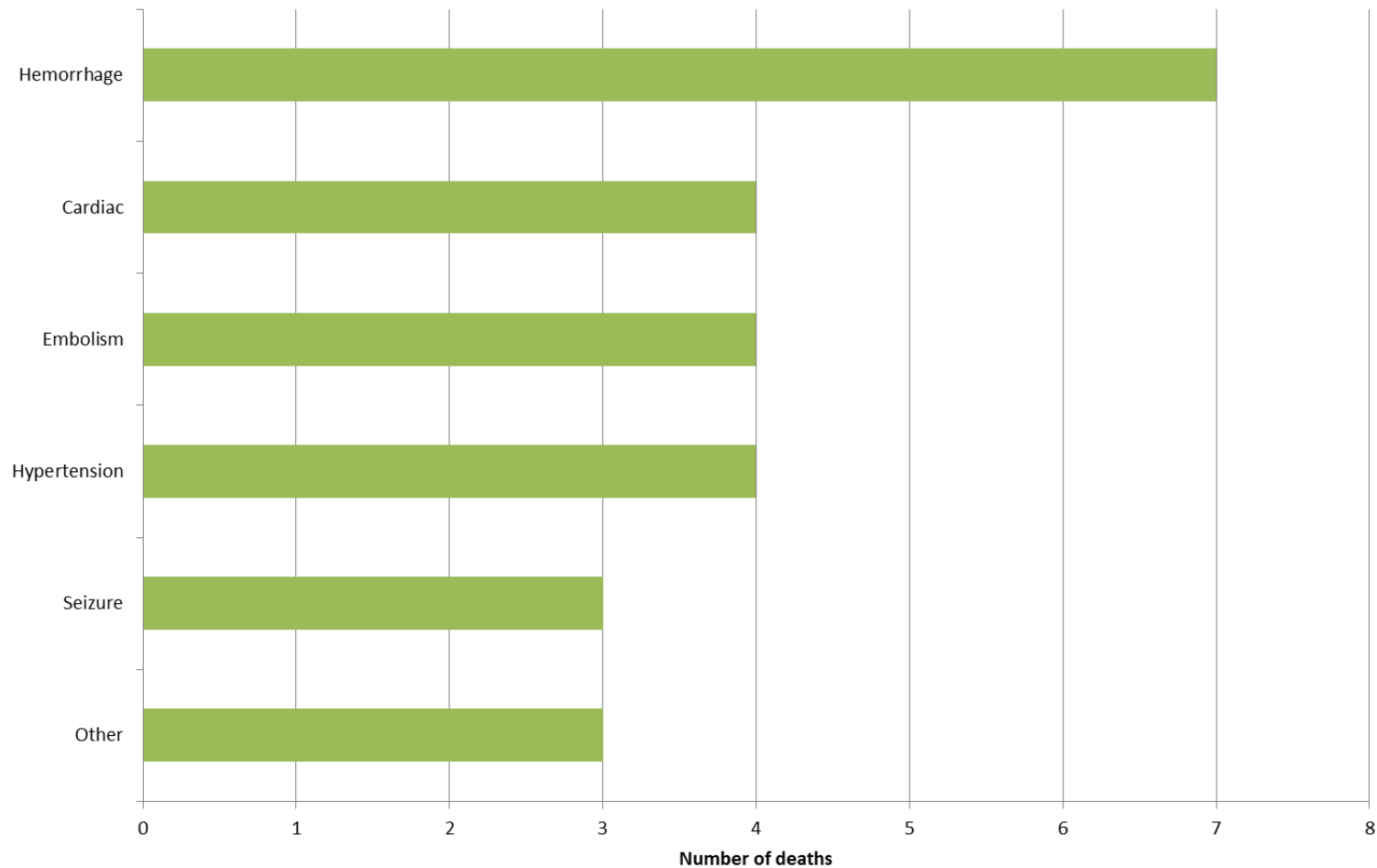
- **Pregnancy-Related** : a death during or within one year of pregnancy that was caused by a complication of pregnancy
- **Pregnancy-Associated**: death of a woman from any cause while she is pregnant or within one year of termination of pregnancy

# Findings



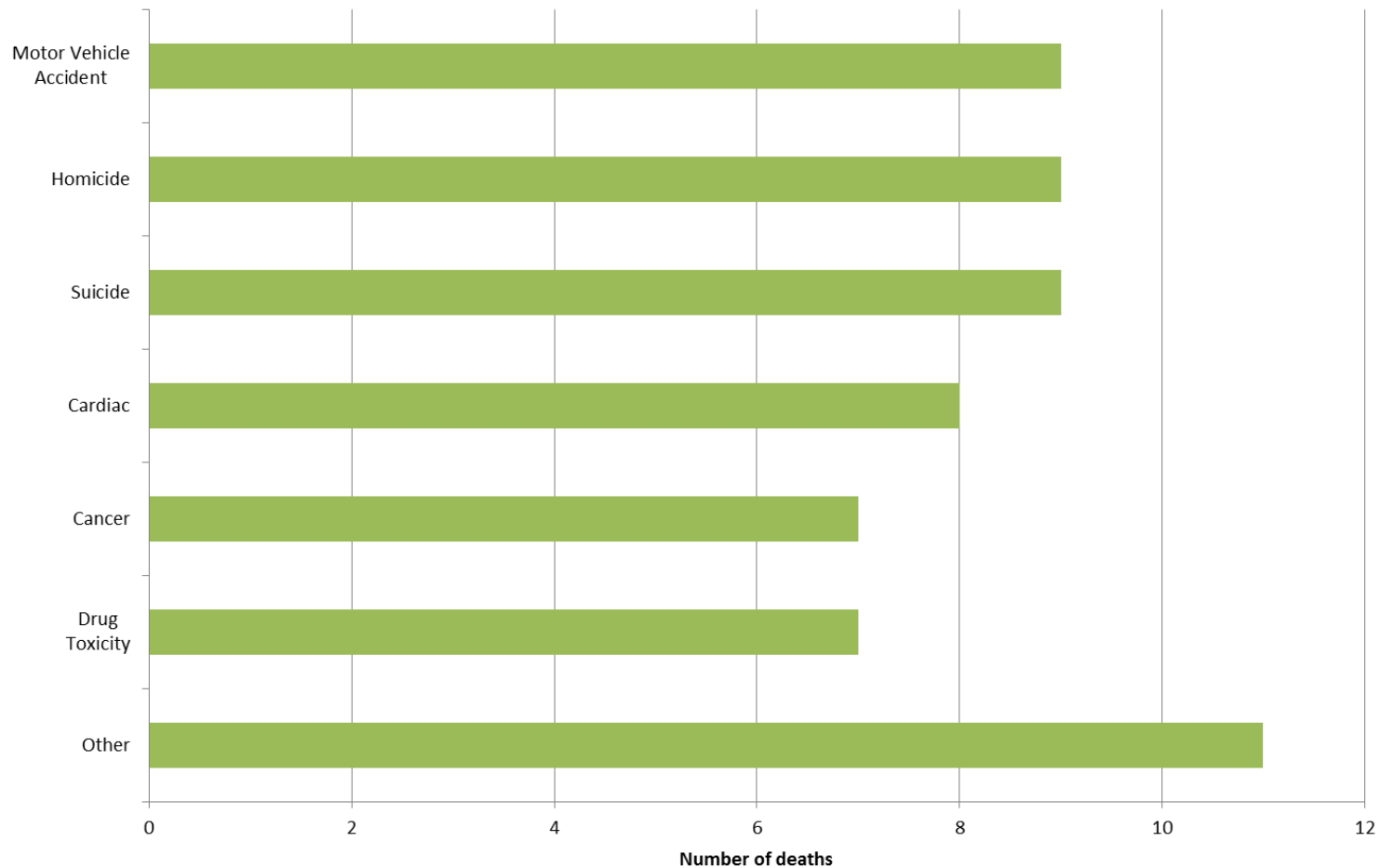
# Causes for Pregnancy-Related Deaths

**Pregnancy-Related Deaths by Cause of Death, Georgia, 2012**  
**N=25**



# Causes for Pregnancy-Associated Deaths

**Pregnancy-Associated Deaths by Cause of Death, Georgia, 2012  
(N=60)**



# Additional Key Findings

- Obesity
- Chronic medical conditions
- General provision of care



# Recommendations

1. Clinical Practice and Education
2. Public Health Vital Statistics
3. MMRC Committee Development
4. GA MMRC Policy Initiatives

# **Title V Needs Assessment Update**

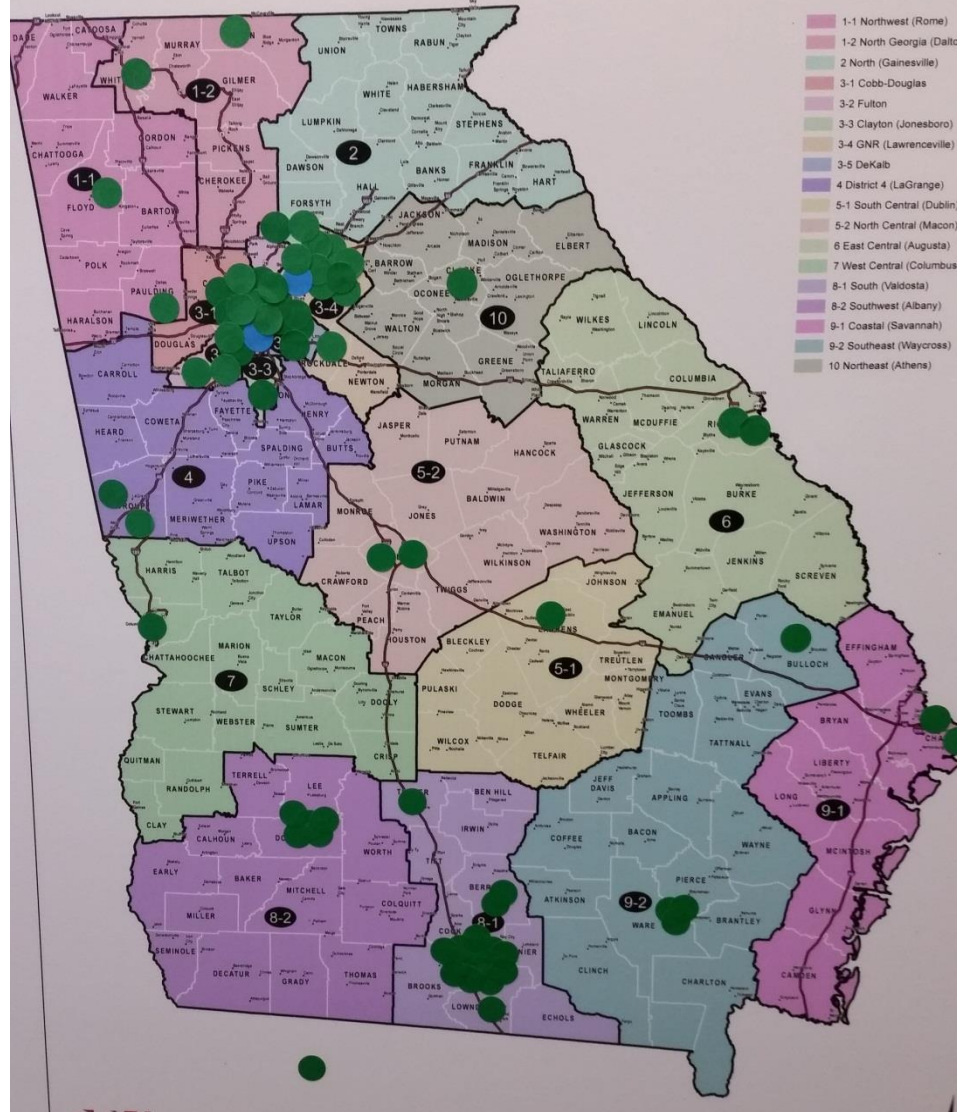
Tiffany L. Fowles, DrPH, MSPH  
MCH Office of Strategy Deputy Director, DPH

# Needs Assessment Goals

- Identify 7 to 10 Priority Needs for 2016 to 2020
- Align Priority Needs with 8 National Performance Measures

# Stakeholder Meetings

## Public Health Districts



Valdosta

37

Atlanta

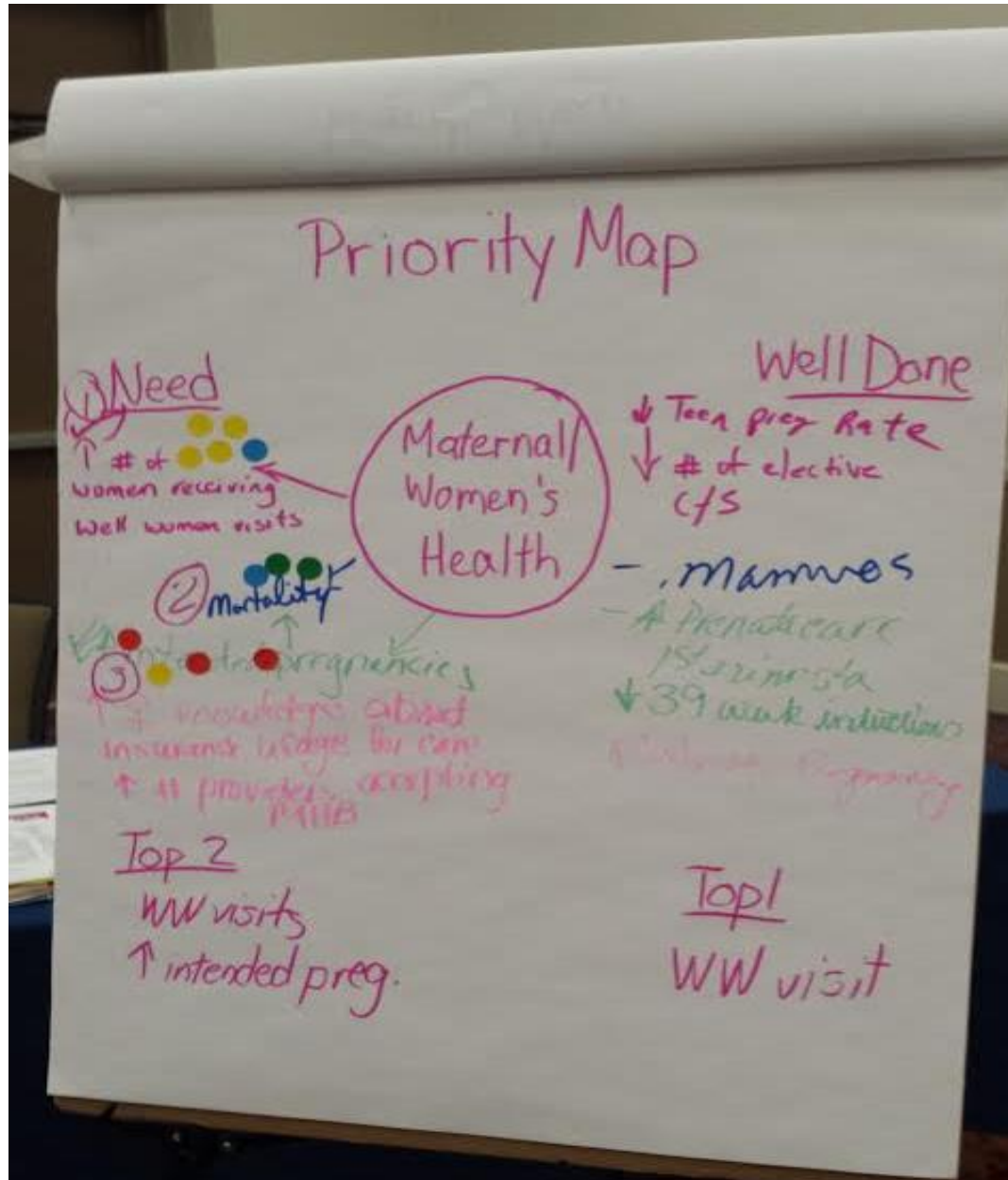
68

# Stakeholder Meetings

## Tasks

- Review findings
- Select priority need (group and individual)
  - Seriousness of the issue
  - Health equity
  - Economic impact
  - Trend
  - Magnitude
  - Importance
- Identify strategies to address needs

# Maternal/Women's Health





# Priority Needs

1. Reduce maternal mortality
2. Improve access to family planning services
3. Reduce infant mortality
4. Increase developmental screenings among children
5. Increase physical activity among children
6. Decrease suicide among adolescents
7. Improve oral health among all populations



# **Title V Needs Assessment Update**

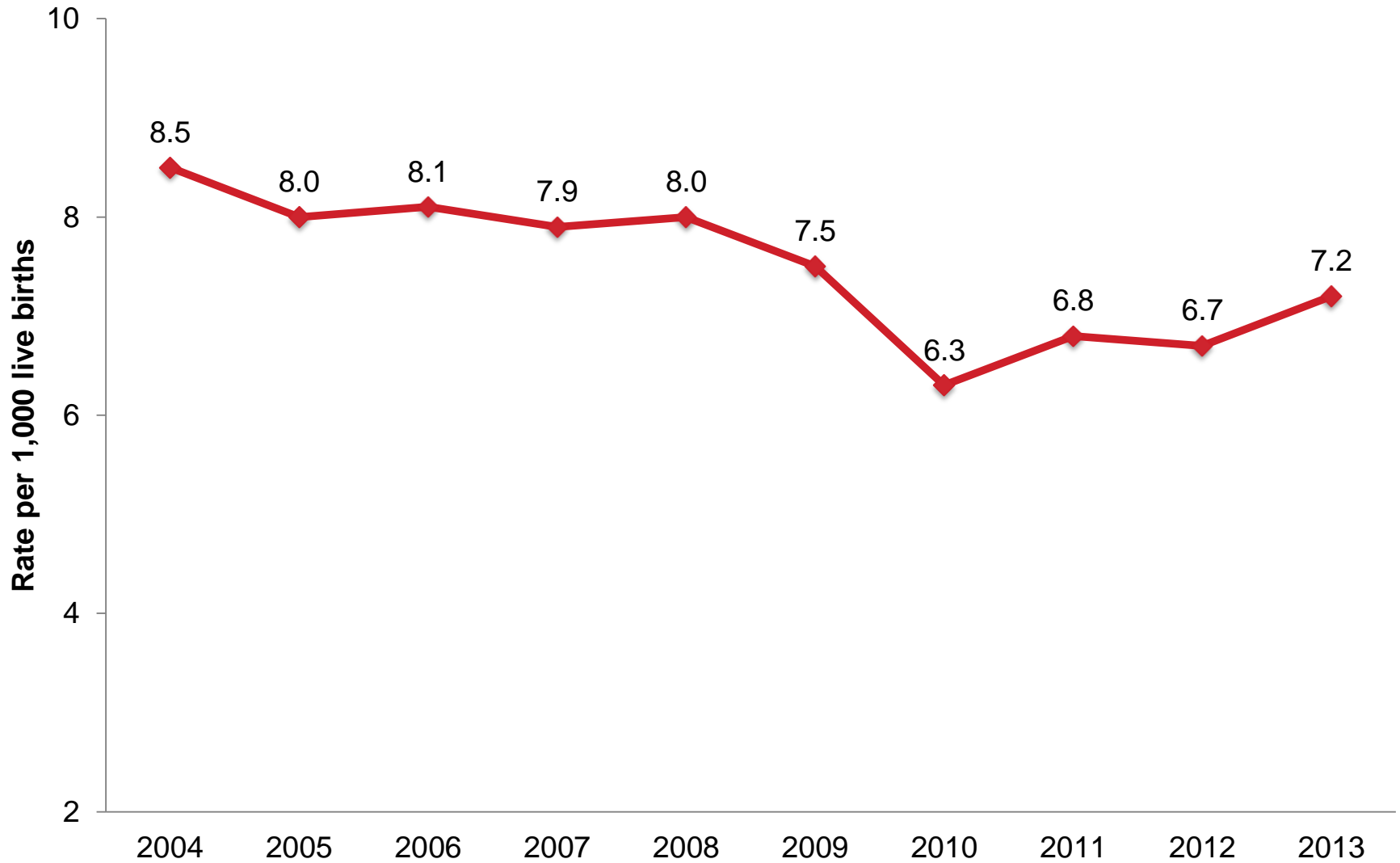
Katie Kopp, MPH  
MCH Office of Strategy, DPH

# Maternal/Women's Health

Themes	Supporting Quotes
Birth Spacing	<p data-bbox="1031 476 1773 582">“I’ve heard it’s easier to have them [babies] close together.”</p> <p data-bbox="981 648 1827 753">“One lady told me that it’s good to get it [another pregnancy] out of the way.”</p>
Limited or no preparation for a healthy pregnancy	<p data-bbox="1016 838 1792 943">“I didn’t really go anywhere, I wasn’t trying to get pregnant.”</p>

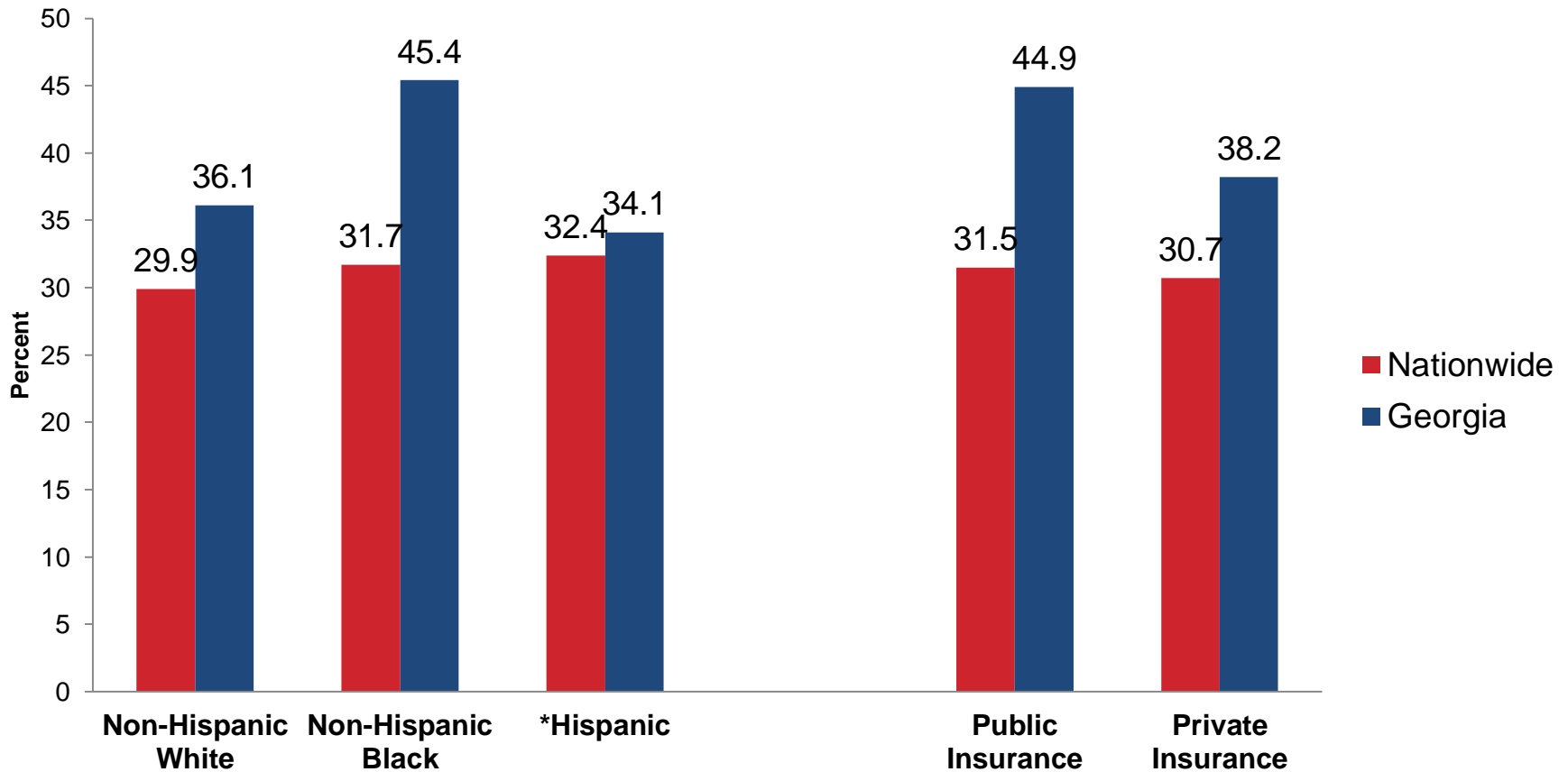
# Perinatal Health

Infant mortality rate by year, Georgia, 2004-2013



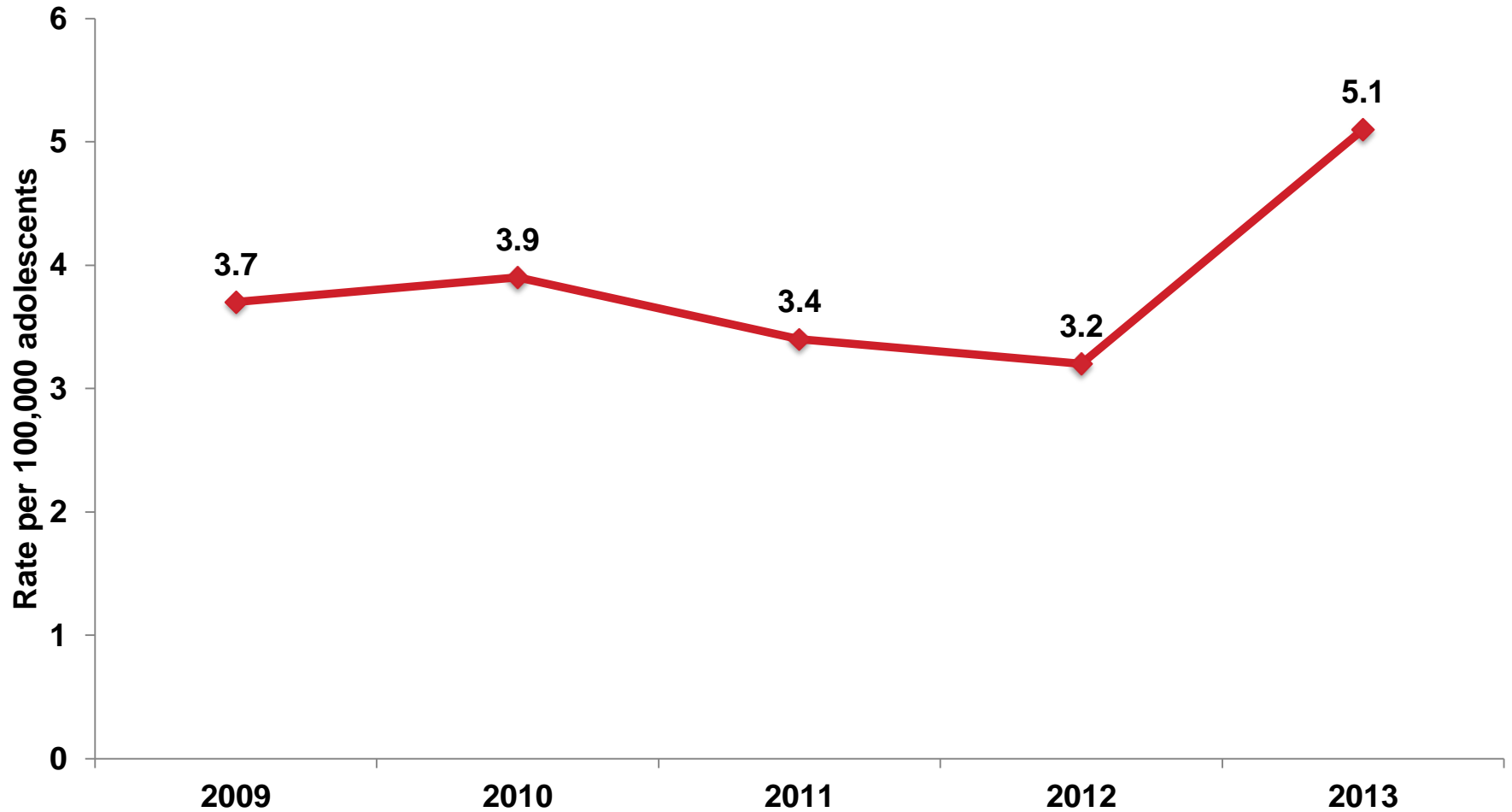
# Child Health

Percent of children 10 months to 5 years screened for developmental, behavioral and social delays by race/ethnicity and type of insurance, Georgia compared to the US, 2011/12



# Adolescent Health

Rate of death due to suicide per 100,000 adolescents ages 10-19 by year, Georgia, 2009-2013

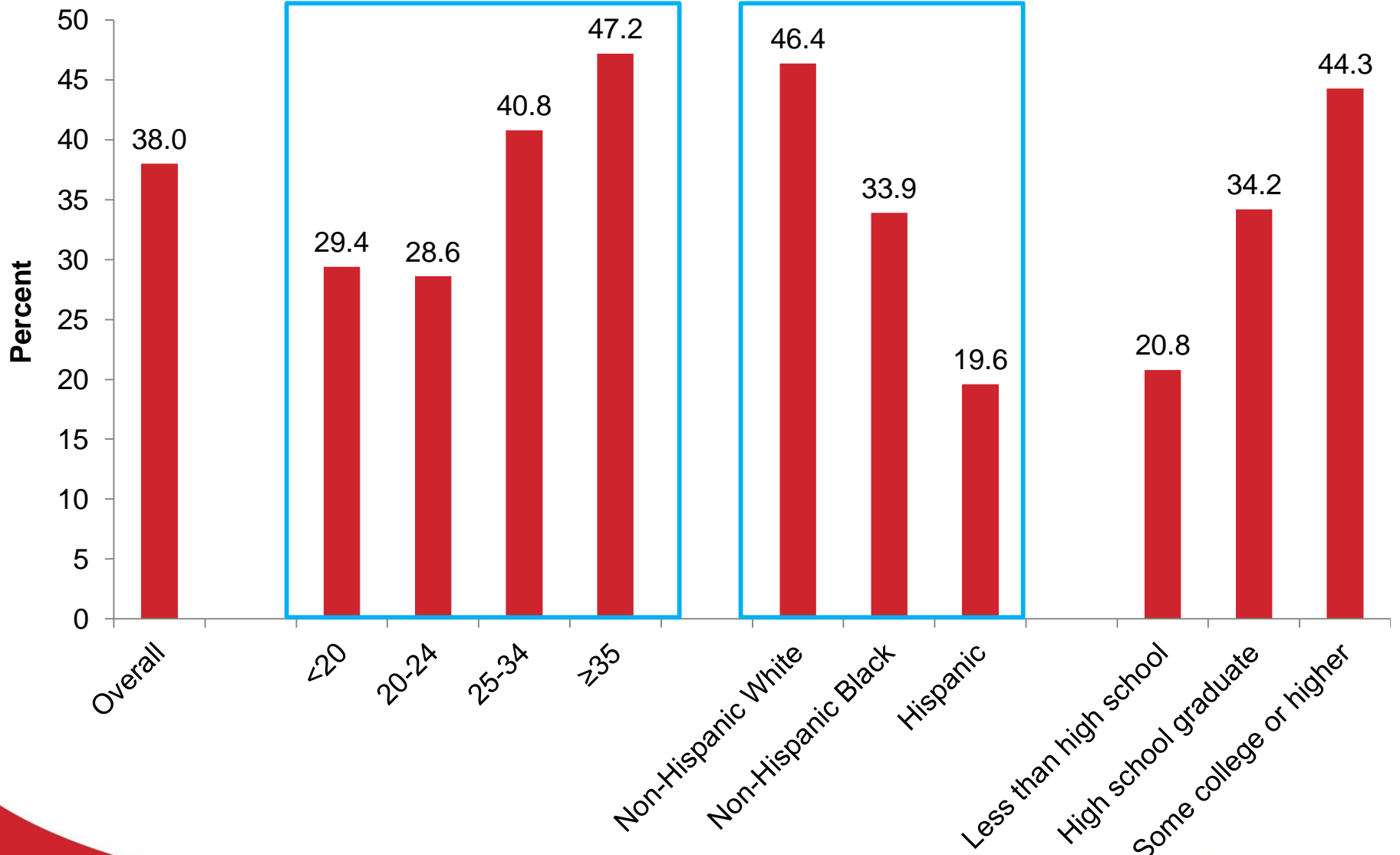


# Children & Youth with Special Health Care Needs (CYSHCN)

Themes	Supporting Quotes
Transition to Adulthood	<i>“He is scared to death [about transition to adulthood]. I’m scared to death. We all are scared.”</i>
Medical Home	<i>“Could I be my own medical home? I’m serious. I do everything. I have to find these people, hunt them down.”</i>
Knowledge of Services	<i>“There is that gap where your pediatrician isn’t referring you to things. And you don’t even know about it or how to even look for it.”</i>

# Cross-Cutting

Percent of women who had their teeth cleaned during pregnancy, Georgia, 2012



# Selected National Performance Measures

Domain	National Performance Measure
Maternal/Women's Health	Well-Woman Visit
Maternal/Women's Health	Low-Risk Cesarean Sections
Perinatal Health	Perinatal Regionalization
Perinatal Health	Breastfeeding
Perinatal Health	Safe Sleep
Child Health	Developmental Screening
Child Health; Adolescent Health	Physical Activity
Child Health; Adolescent Health	Non-Fatal Injury
Adolescent Health	Bullying
Adolescent Health	Adolescent Well-Visit
CYSHCN	Medical Home
CYSHCN	Transitions to Adulthood
Cross-Cutting	Smoking
Cross-Cutting	Oral Health
Cross-Cutting	Health Insurance



# Interim State Action Plan Chart

Domain	Priority Need	National Performance Measure	Potential State Performance Measures
<b>Maternal/Women's Health</b>	1. Reduce maternal mortality 2. Increase access to family planning services	Well-Woman Visit	Planned Pregnancies
<b>Perinatal Health</b>	3. Reduce infant mortality	Perinatal Regionalization Breastfeeding	Safe Sleep
<b>Child Health</b>	4. Increase developmental screenings among children	Developmental Screening	
<b>Child Health</b>	5. Increase physical activity among children	Physical Activity	
<b>Adolescent Health</b>	6. Reduce suicide among adolescents	Bullying	
<b>CYSHCN</b>	7. Improve systems of care for CYSHCN	Transitions to Adulthood	
<b>Cross-Cutting</b>	8. Improve oral health among all ages	Dental Visits during Pregnancy; Preventive visits among Children	

# Public Comment

- The State Action Plan Chart will be posted to DPH website ([www.dph.ga.gov/titlev](http://www.dph.ga.gov/titlev)) in mid-June
- Comments can be submitted to DPH-MCHEPI@dph.ga.gov
- The public comment period will be open through July 12, 2015

# Acknowledgements

- Yvette Daniels
- LaToya Osmani
- Seema Csukas
- Tiffany Fowles
- Judy Taylor
- Mitch Rodriguez
- Department of Public Health
- Stakeholders
- Families

# **Asthma Legislative and Regulatory Updates**

**Bridgette Massey Blowe, MPH**  
GA Asthma Control Program Coordinator, DPH

**Francesca Lopez, MSPH, AE-C**  
GA Asthma Control Program Manager, DPH

# Developments in Asthma Policy

Two developments in asthma-related policy in Georgia—

1. Passage and signature of Senate Bill 126—Rescue Asthma Medication in Schools
2. Pediatric Asthma Mortality Reporting Rules by the Georgia Department of Public Health

**Does your child have asthma?**

Protect them by getting their flu vaccine and reducing their exposure to triggers.

Parents, daycare and schools can reduce asthma attacks by creating asthma-friendly environments.

Asthma is a chronic disease that affects the lungs.

About 1 in 10 Georgia children have asthma.

ER visit costs are prevented if asthma is controlled.

Make sure your child takes their controller medication and has an asthma action plan.

Common asthma triggers include, cigarette smoke, mold, dust mites, and pets.

Asthma causes coughing, wheezing, chest tightness and shortness of breath.

Children 0-9 years old make up 14% of Georgia's population, but account for 25% of asthma ER visits.

Asthma emergency care is costly. In 2011, the asthma ER visits for children was \$27.8 million.

**DPH** Georgia Department of Public Health

For more information about asthma please visit [dph.georgia.gov/Asthma](http://dph.georgia.gov/Asthma).

# Senate Bill 126—Emergency Medication

## Part A

### *School Stocking and Administration of Albuterol*

1. Authorizes schools\* to stock Albuterol/Levalbuterol.
2. Authorizes its administration to any student believed in good faith to be in respiratory distress.
3. Does not require diagnosis of asthma to administer.
4. School may designate a properly trained employee or agent to administer to albuterol students.
5. Provides immunity for school, employee and agent.

DPH and DOE will collaborate on development of school guidance protocol on emergency administration and training requirements. July 2015

## Part B

### *Expansion of EpiPen Authorization*

1. Provides for authorized entities to acquire and stock a supply of auto-injectable epinephrine;
2. Authorizes its administration to an individual believed in good faith to be experiencing anaphylaxis.
3. Entity shall designate a properly trained employee or agent to administer auto-injectable epinephrine
4. Provides immunity for entity, employee and agent.

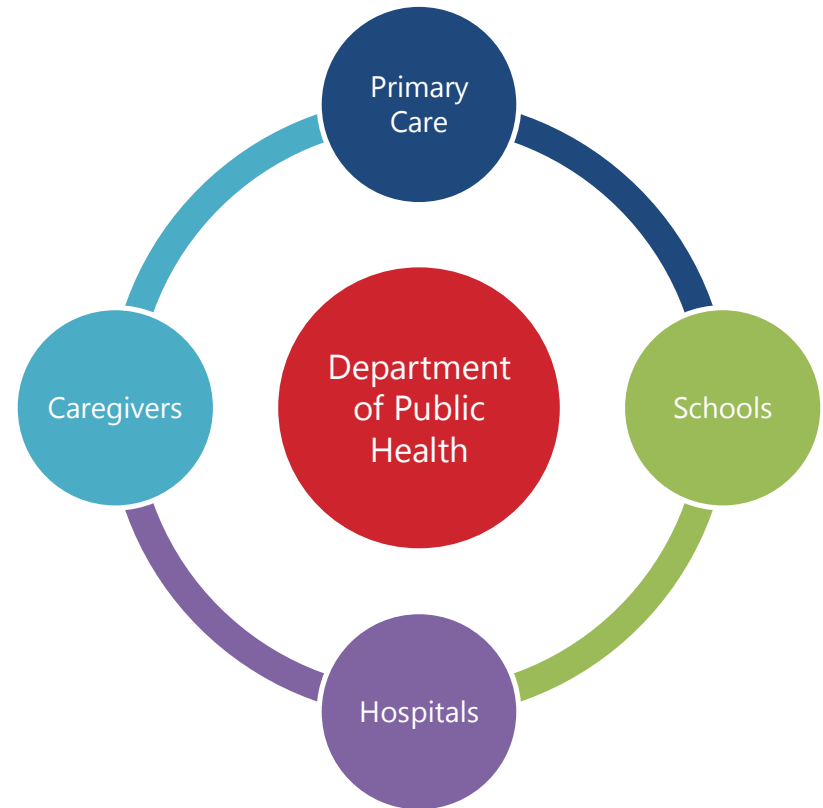
DPH shall designate types of organizations to be considered authorized entities. January 2016.

# Senate Bill 126—Albuterol Provisions

- **Schools:** SB126 covers both Private and Public schools at the Elementary and Secondary levels
- **Forms of Administration:** Nebulized solution or Metered Dosed Inhaler
- **Costs:** Estimated <\$50 per school for nebulizer, tubing, face mask, 10 stock solution vials
- **Partnership with DOE:** Development of an emergency/rescue medications implementation toolkit for schools covering albuterol, epinephrine, and glucagon

# Pediatric Asthma Mortality Reporting

- High number of pediatric asthma deaths in 2014 identified need for more frequent sharing of information
- Development and promulgation of new regulation
- Benefits:
  - DPH can quickly respond to pediatric asthma morbidity cases
  - Streamline communication between PCPs, Schools, Hospitals, and caregivers
  - Development of new interventions
- GA is first state to implement such a reporting system





# Pediatric Asthma Mortality Reporting Form

## Content

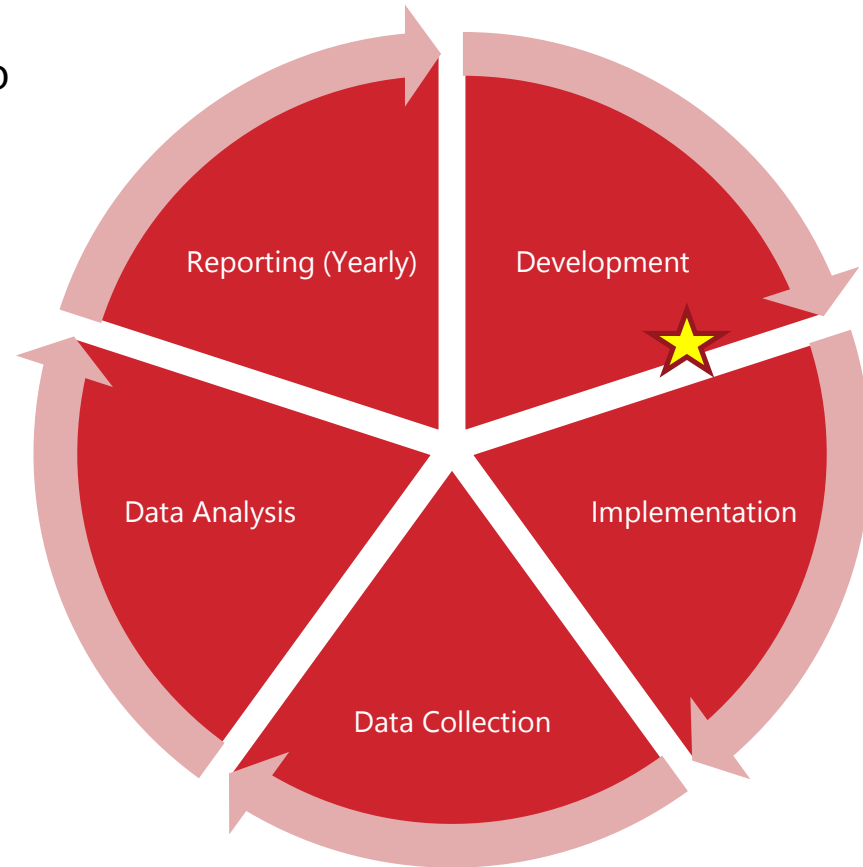
- Start of asthma symptoms (date, time, place)
- Suspected exposures (24 hours prior to death)
- Place of death
- Symptoms observed at hospital admission
- Reported patient history (allergies, comorbid conditions, smoke exposure, etc.)

## Data Submission

- Fax
- SENDSS

## External Contributors

- Dr. Anne-Marie Brooks
- Dr. Daniel Salinas
- Dr. Burt Lesnick
- Dr. Dennis Ownby



# Closing Comments

Kathryn Cheek, MD, FAAP  
Chair

The next Board of Public Health meeting  
is currently scheduled on  
Tuesday, July 14, 2015 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send  
an e-mail to [huriyyah.lewis@dph.ga.gov](mailto:huriyyah.lewis@dph.ga.gov)