

# Georgia Board of Public Health

November 13, 2018

# Agenda

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- Call to order  
Cynthia Mercer, M.D., Board Chair
- Roll Call  
Robert Harshman, M.D., Board Secretary
- Approval/Adoption of Minutes  
Robert Harshman, M.D., Board Secretary
- Commissioner's Update  
J. Patrick O'Neal, M.D., Commissioner

# A1C Blood Sugar Reductions

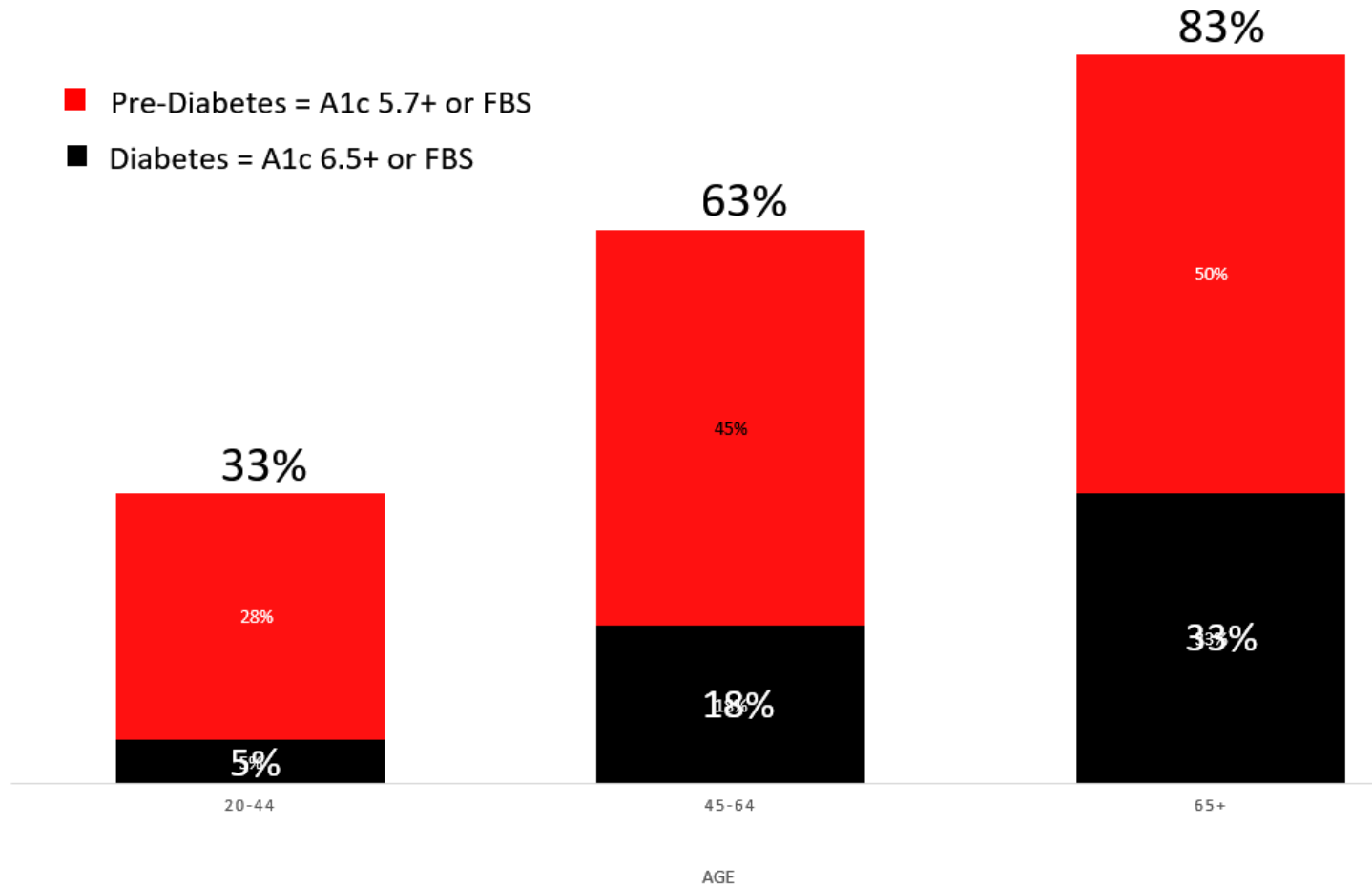
DPH Board Meeting / Claude A. Burnett, M.D., MPH / Nov. 13, 2018



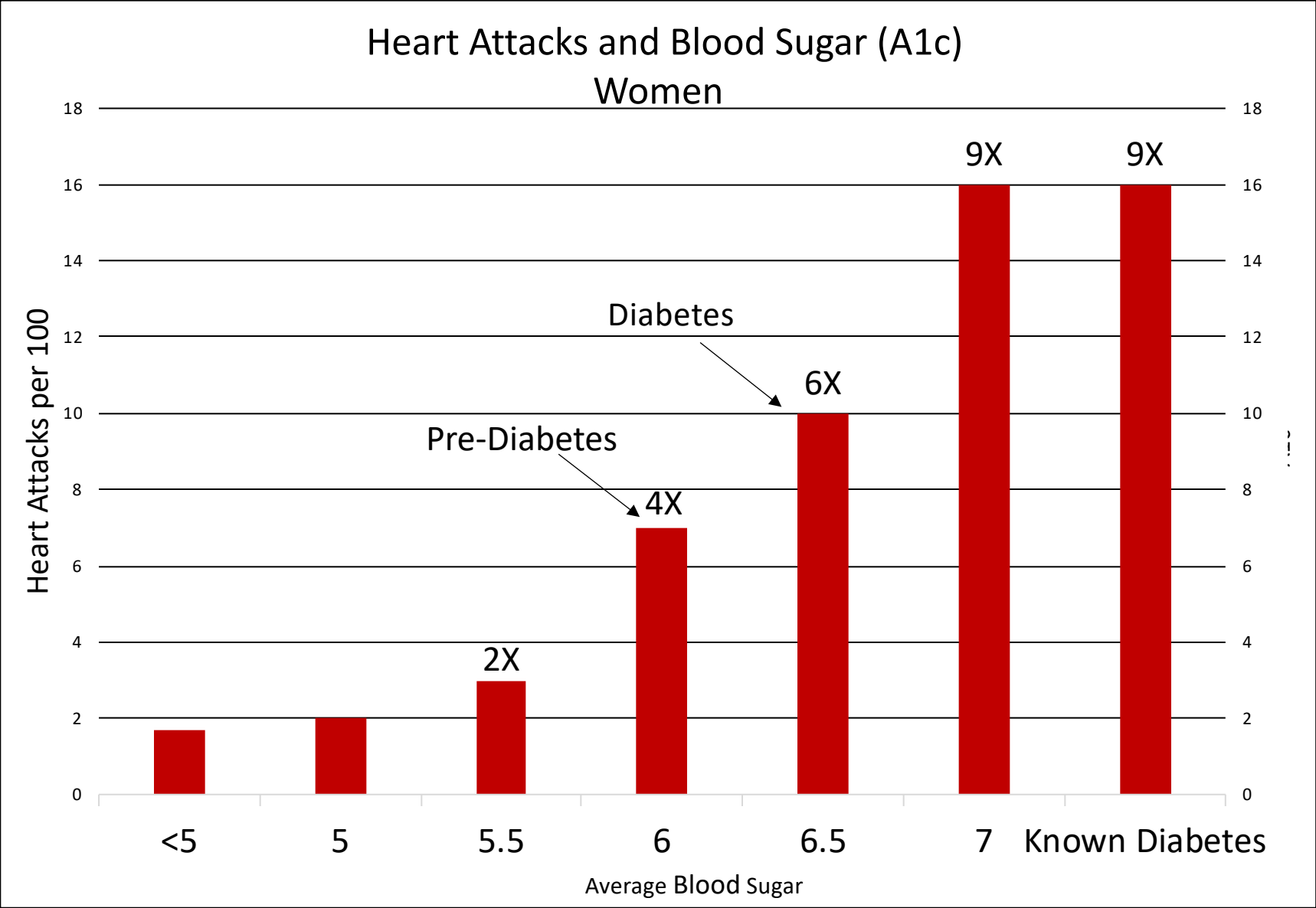
HALF OF ALL ADULTS  
have  
HIGH BLOOD SUGAR



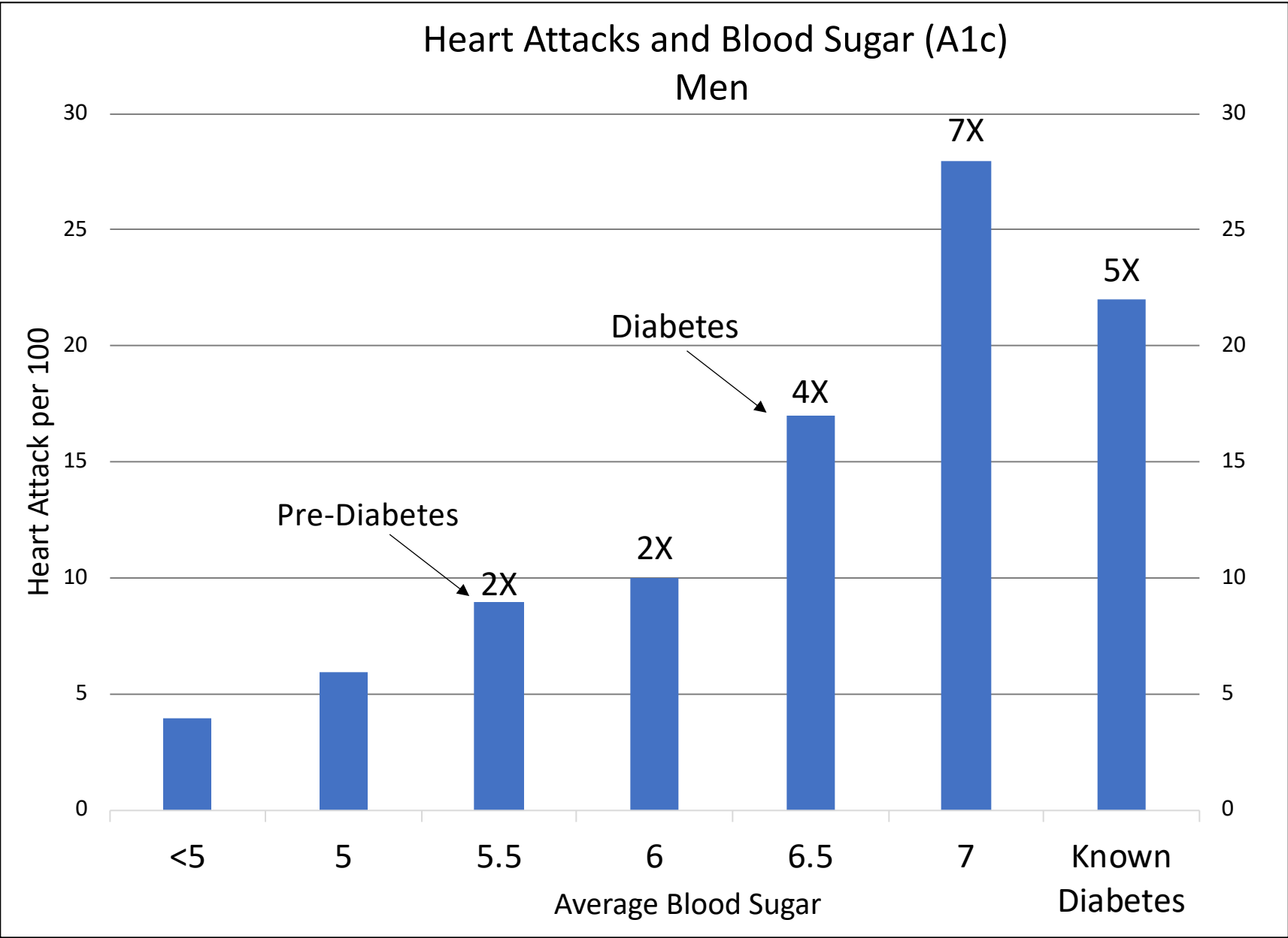
# Pre-Diabetes and Diabetes United States



Prevalence of and trends in diabetes among adults in the United States, 1988-2012. *JAMA*. 2015; 314(10):1021-1029. Menke A, Casagrande S, Geiss L.

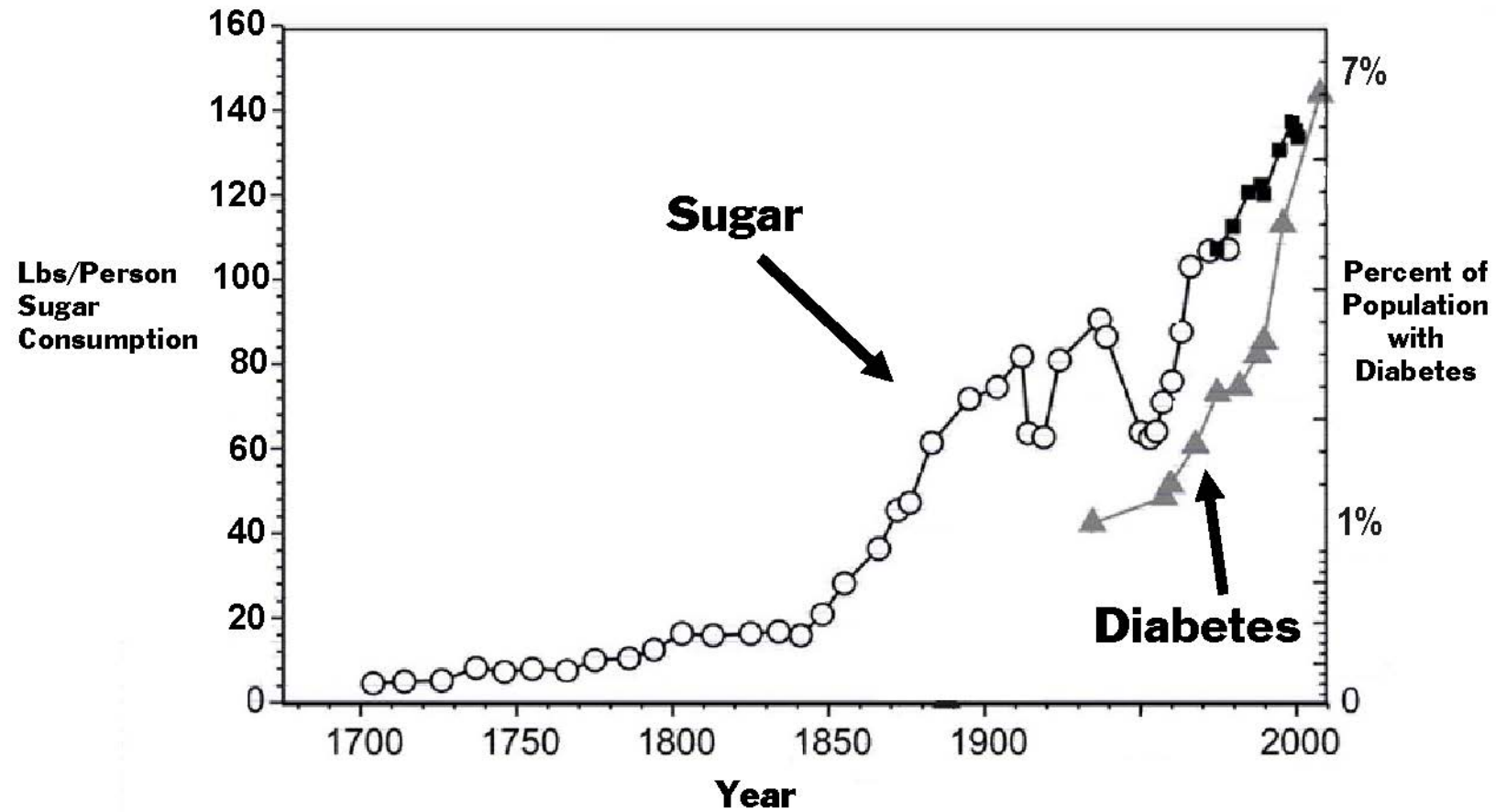


Adapted from Annals of Internal Medicine, 2004 141:6:413, Assoc of HgBA1c with CVD and Mortality in Adults; Epic in Norfolk, Khaw, K T 3et al



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# Sugar and Diabetes



Sugar Intake (based on data from retailers) in the USA and United Kingdom correlates with the obesity rate (60 year old men) and the rate of diabetes in the USA. Adapted from the Am J Clin Nutr 2007; 86:899 and Endo Rev 2009; 30:96-116. Copyright 2007, American Society of Nutrition and 2009, The Endocrine Society.

HEALTH DEPARTMENT

**D**iabetes ★  
**O**verweight ★  
**H**ypertension  
**C**ardiac Disease

**FREE:**

**Insulin** (fasting)

**Lipids** (fasting)

**Average Blood Sugar**

**Blood Pressure & Pulse**

**Height & Weight**

**Waist Size** ★

★ **LOSE WEIGHT** ★  
**WITHOUT HUNGER**  
**NO SUGAR, NO STARCH**

Lowers Insulin, Burns Fat  
Lowers Blood Sugar and Pressure

Trained Nurses and Coaches

Doctor Supervised

Dietary Management

★ **VIDEOS**  
**★ COOKBOOKS**

Public Health Is For Everyone.com

**800.4PD.HELP**

# Starch is Sugar

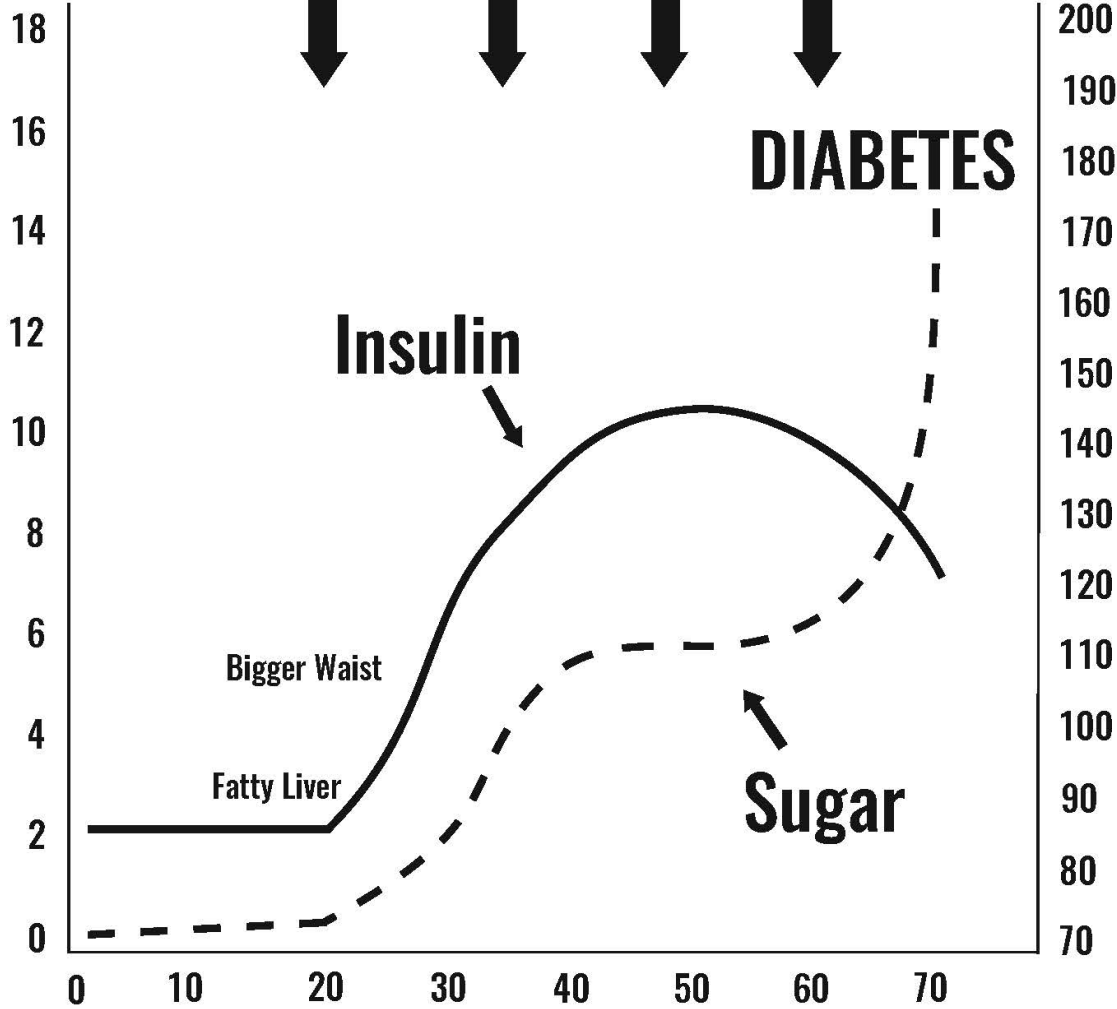
# EATING SUGAR AND STARCH



**DIABETES**

FASTING  
**INSULIN**

FASTING  
**SUGAR**



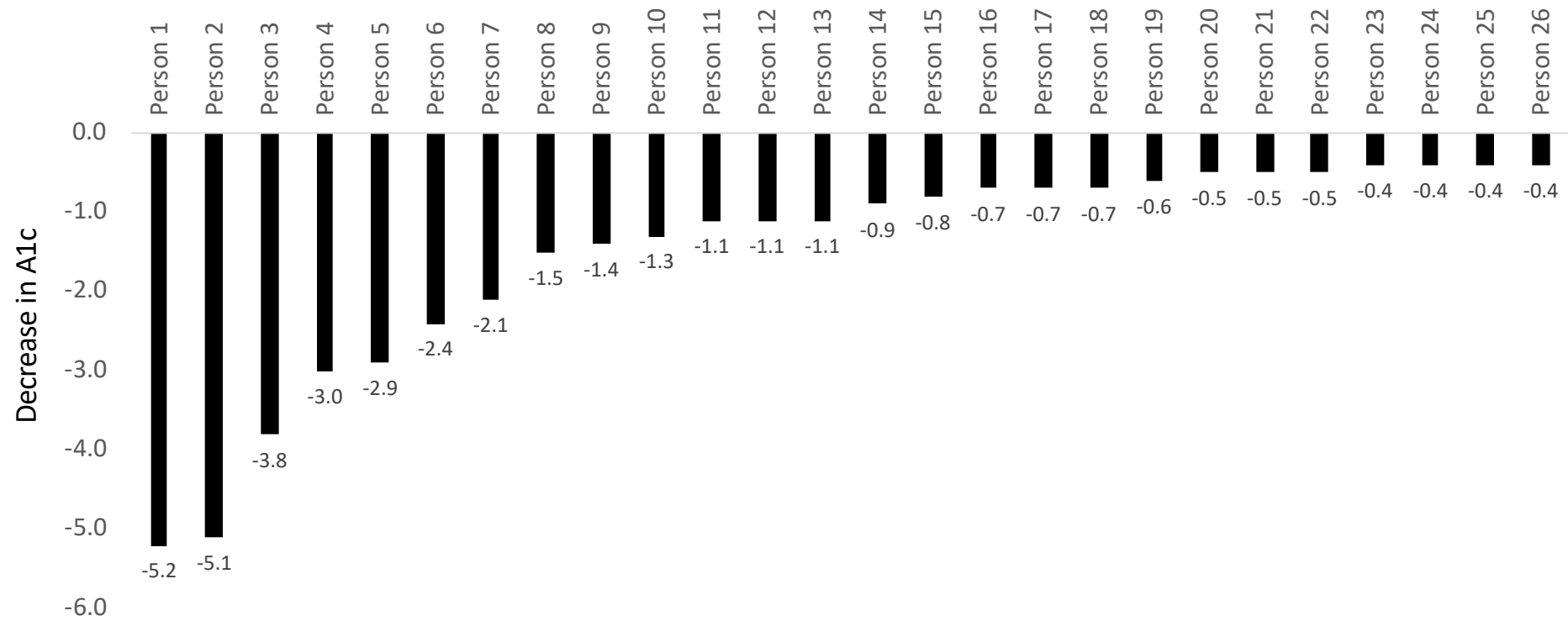
**AGE**

## HOW TO REVERSE IT

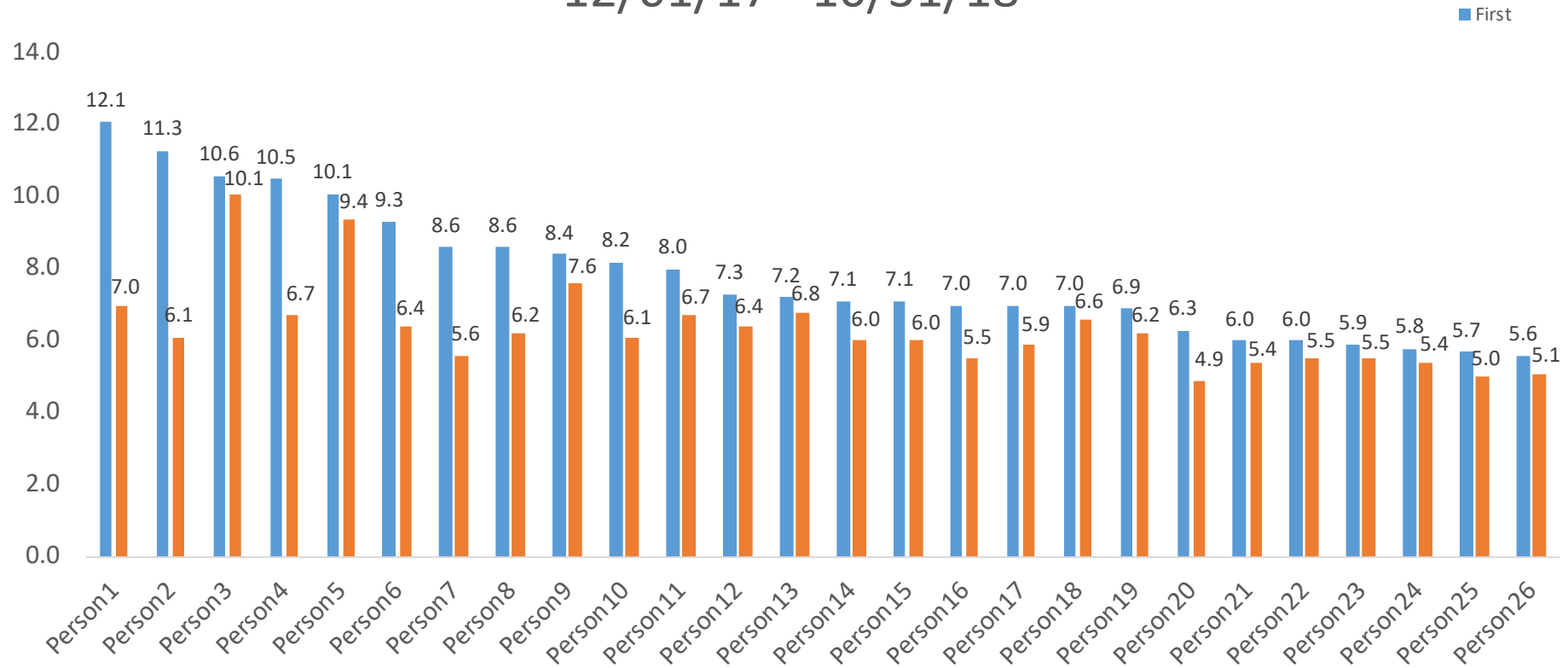
1. No Sugar, No Starch
2. Insulin goes Down
3. Fat Splitting Enzymes Wake Up
4. Ketones go Up
5. Lose Weight Without Hunger



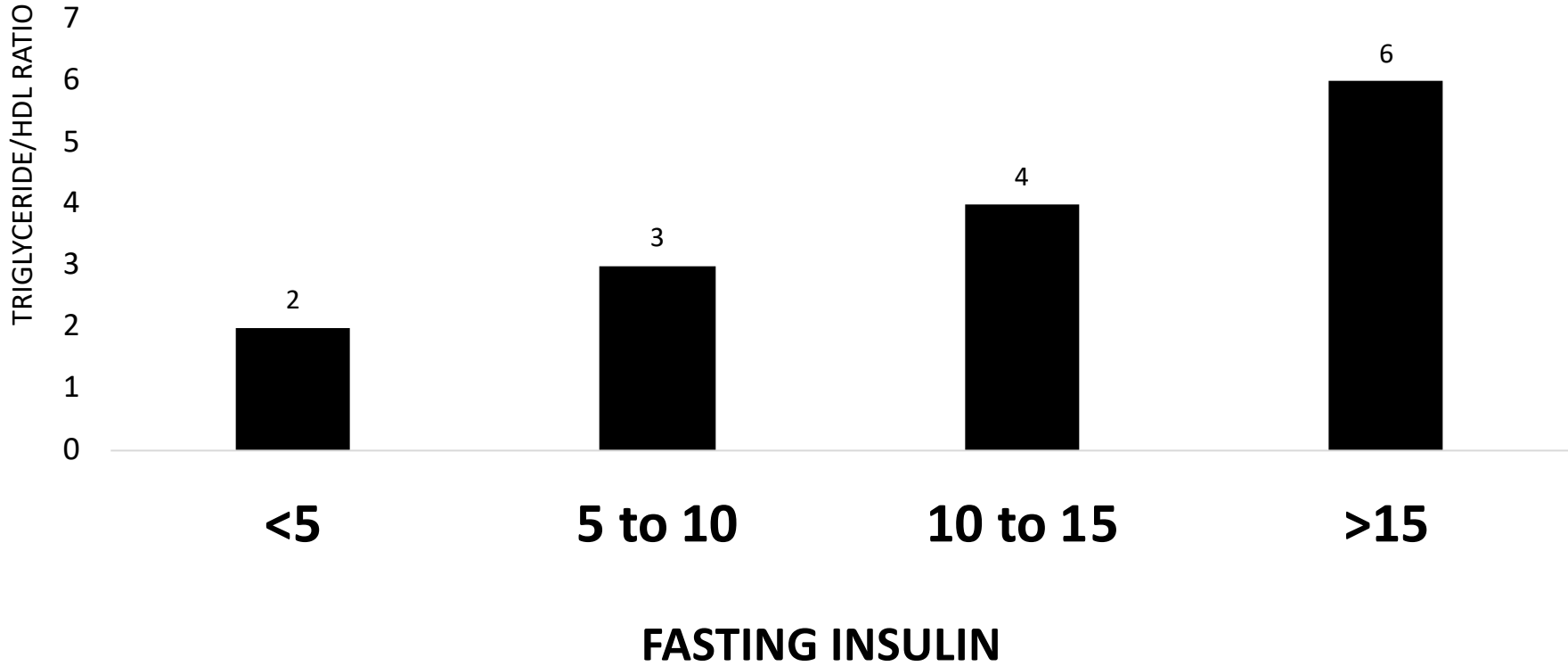
## Decrease in A1c of 0.4 or More Units 12/01/17 - 10/31/18



# First and Last A1c 12/01/17 - 10/31/18

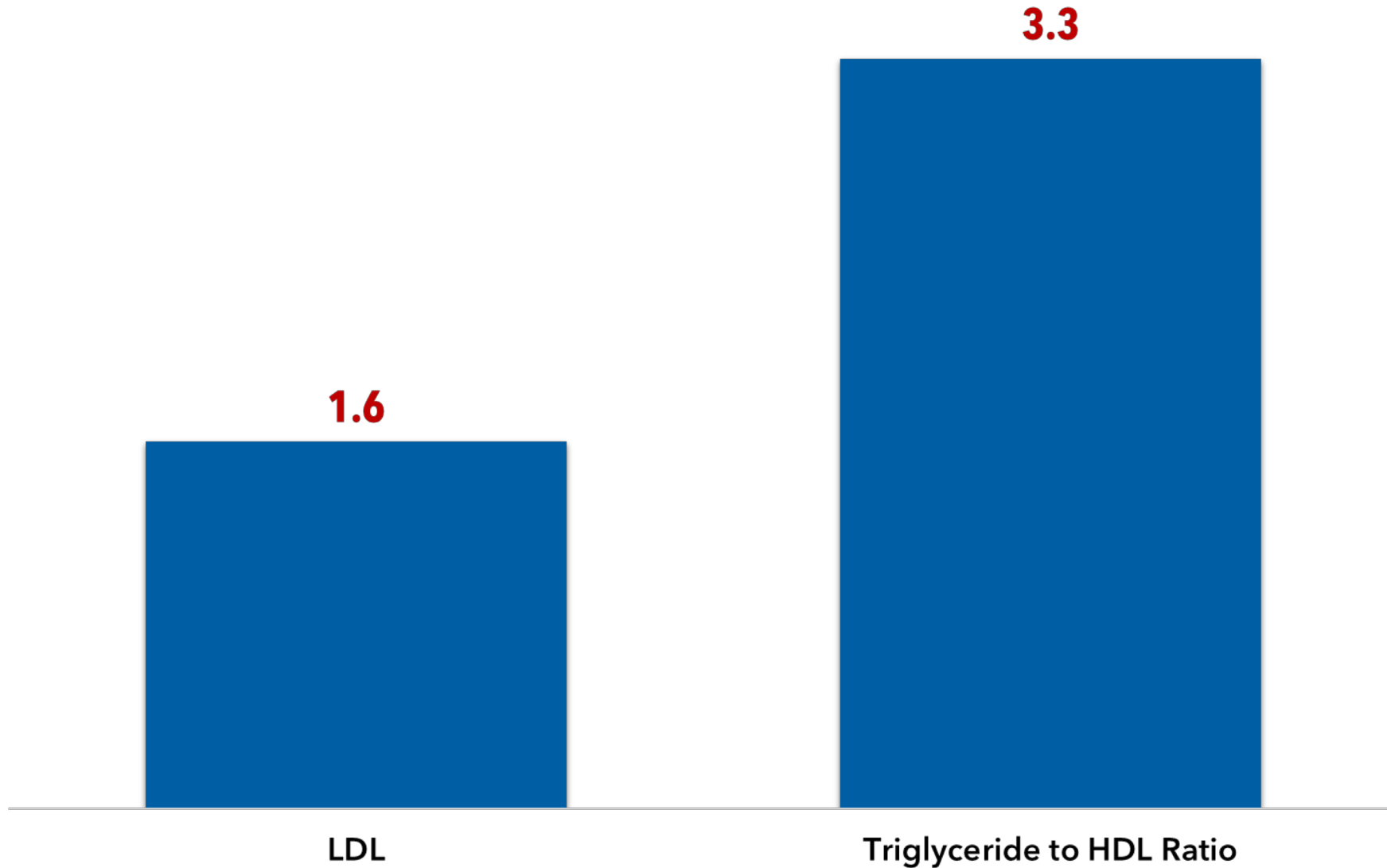


# TRIGLYCERIDE/HDL RATIO (Best Predictor of Heart Disease)



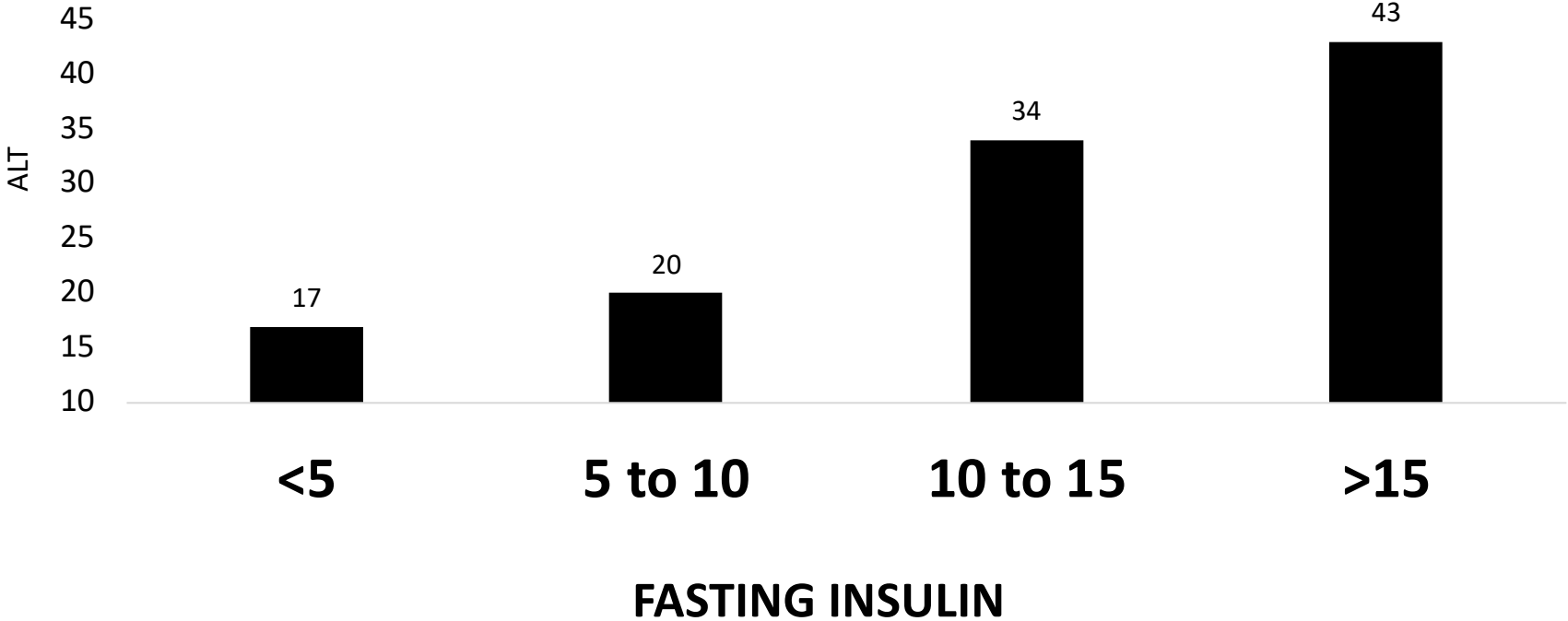
# Cardiovascular Disease Risk

Ratio of Triglycerides to HDL is **TWICE** as predictive as LDL.

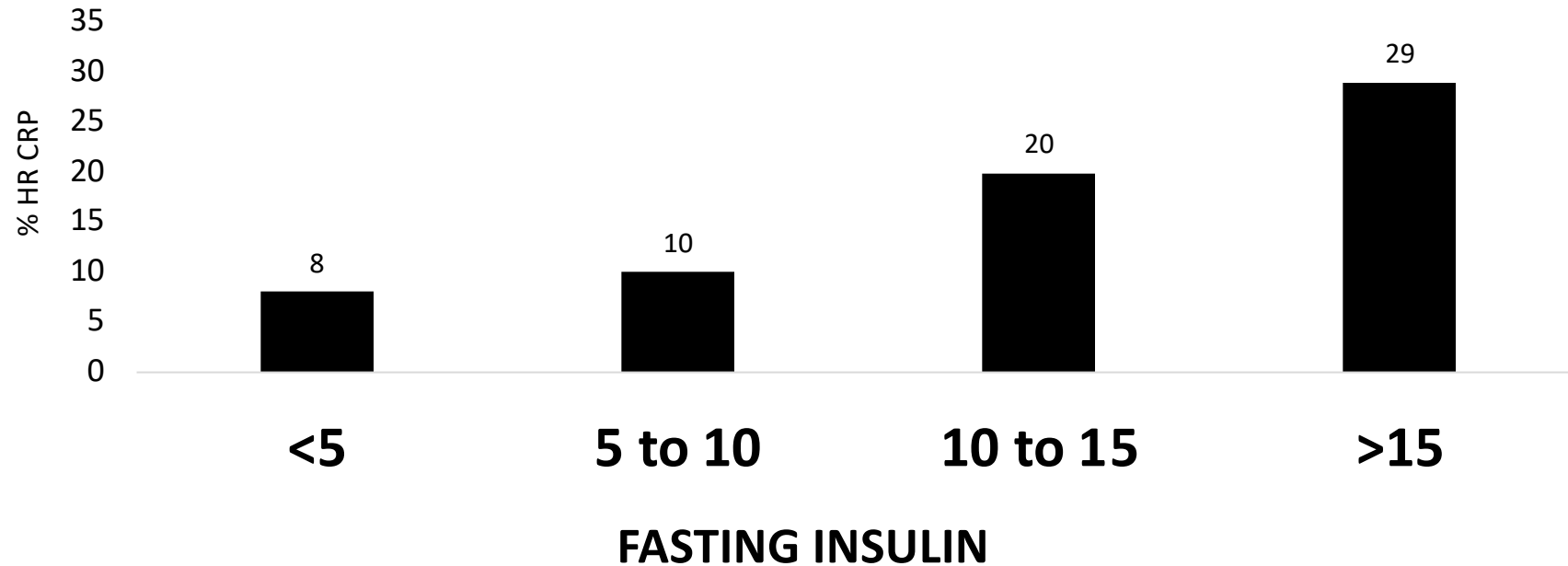


da Luz PL, et al. High ratio of triglycerides to HDL cholesterol predicts extensive coronary disease. Clinics(Sao Paulo). 2008 Aug;63(4):427-32.

# ALT (Fatty Liver)

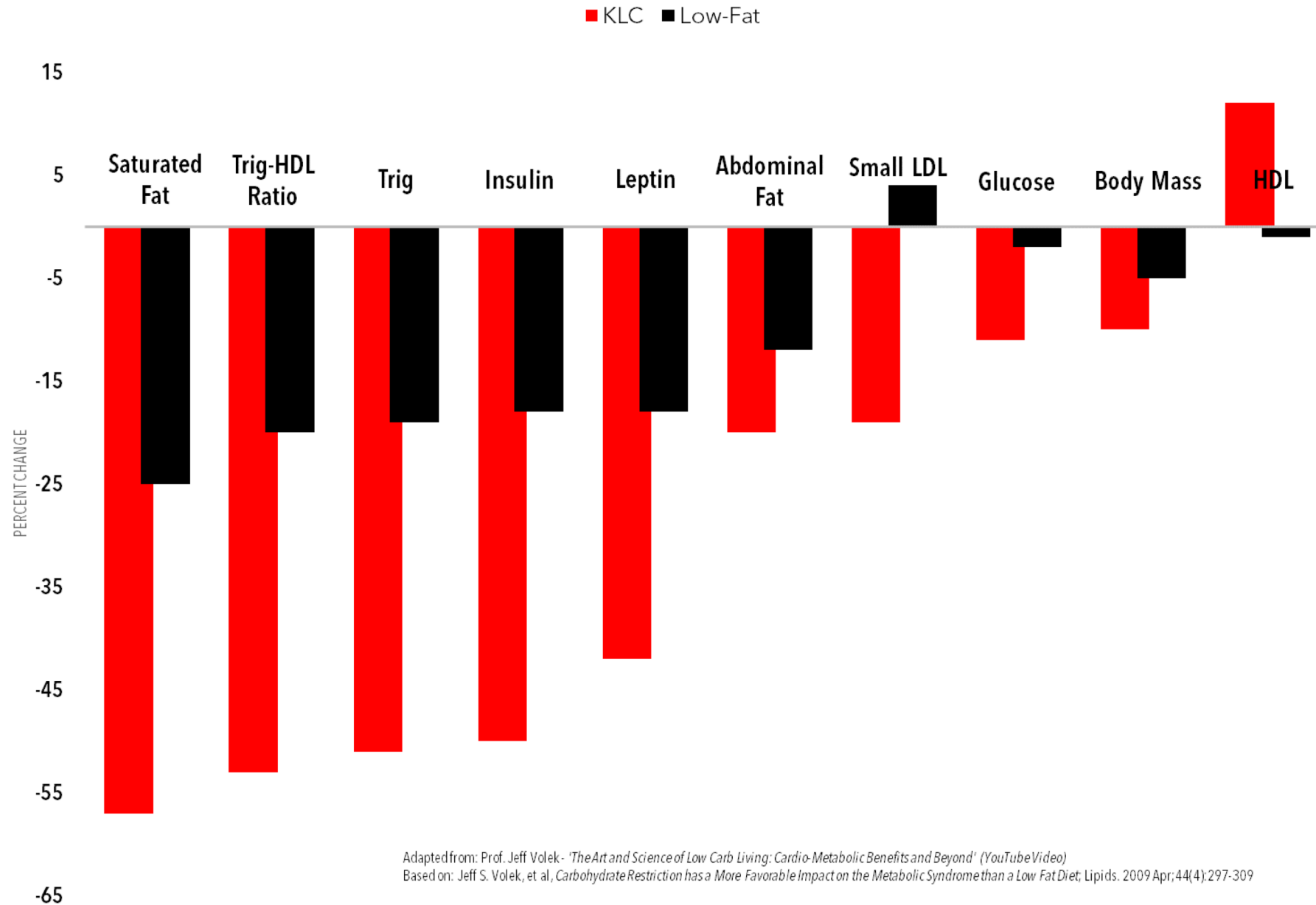


# (Inflammation) HIGH CRP



\* Adjusted for: sex, age, alcohol, smoking, exercise, total energy intake

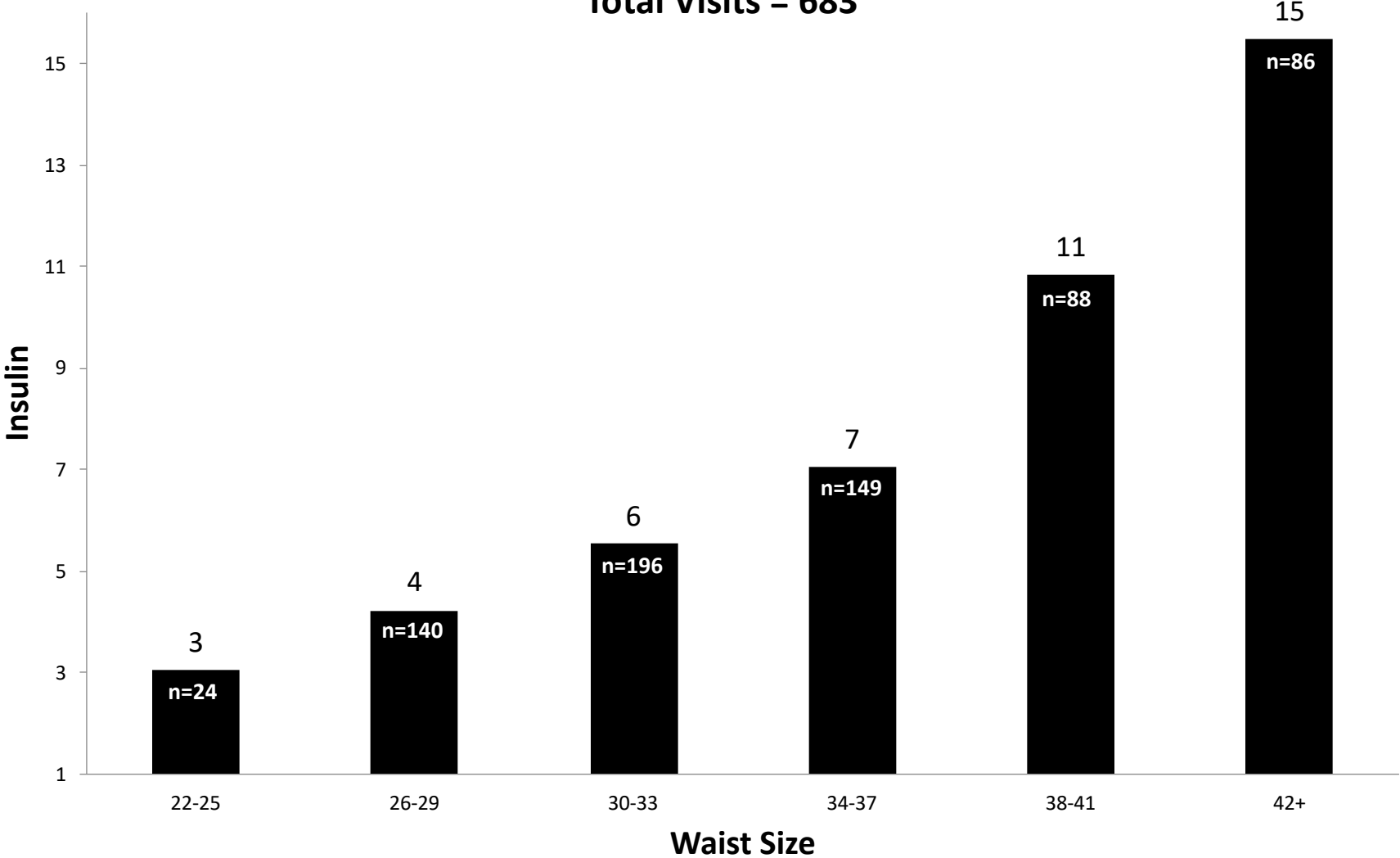
# Low Carbohydrate vs. Low-Fat Diet Effect on Metabolic Markers



# Insulin by Waist Size

Workplace Wellness • 2012-2015

Total Visits = 683





# Questions?

Claude A. Burnett, M.D., MPH  
706-583-2770  
[claude.burnett@dph.ga.gov](mailto:claude.burnett@dph.ga.gov)

# Maternal Mortality in Georgia

DPH Board Meeting / Diane Durrence / Nov. 13, 2018



# Georgia Maternal Mortality

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- High maternal mortality ratios
  - 2013 43.6
  - 2016 40.8
  - National ratio is in low 20s
- All maternal deaths in Georgia are reviewed
  - Georgia Maternal Mortality Review Committee (MMRC) represents various specialties and systems that impact maternal and child health
  - DPH contracts with GA Ob/Gyn Society to provide case abstraction and coordinate MMRC case review
- Pregnancy-associated deaths
- Pregnancy-related deaths

# Maternal Mortality in Georgia

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## **2012 Maternal Deaths**

- 86 maternal deaths
- 60 pregnancy associated
- 26 pregnancy related

## **2013 Maternal Deaths**

- 79 maternal deaths
- 47 pregnancy associated
- 32 pregnancy related

# Pregnancy-Related Deaths

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## **2012** Top Causes

- Hypertension
- Hemorrhage
- Cardiac
- Embolism

## **2013** Top Causes

- Cardiomyopathy
- Hemorrhage
- Embolism
- Cardiovascular and Coronary Conditions

50% Determined Preventable

# Pregnancy-Related Deaths: Key Findings

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- Black moms affected three times more than white moms
- Over half were under age 30
- Over 75% had high school education or less
- Over 60% occurred during pregnancy or within 42 days of delivery

# MMRC Opportunities

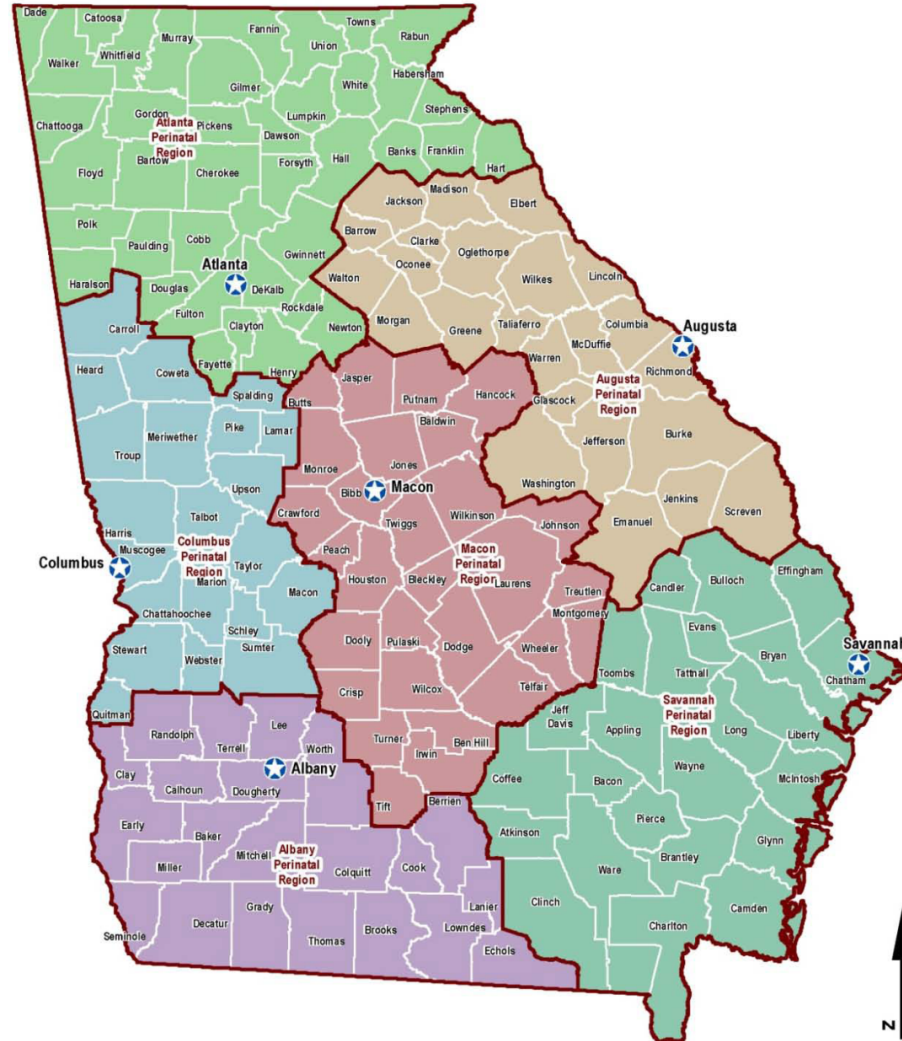
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- Increase efficiency of review process
- Examine relationships between case variables: race/age and cause of death
- Establishment of MMRC subcommittee:
  - Explore socioeconomic, access, inequity issues
  - Identify interventions to address

# Perinatal Regionalization

## Perinatal Regions

-  Albany
-  Atlanta
-  Augusta
-  Columbus
-  Macon
-  Savannah





# Perinatal Levels of Care Legislation

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Initiated by DPH to define levels of care and create a mechanism for designation and ongoing on-site verification.

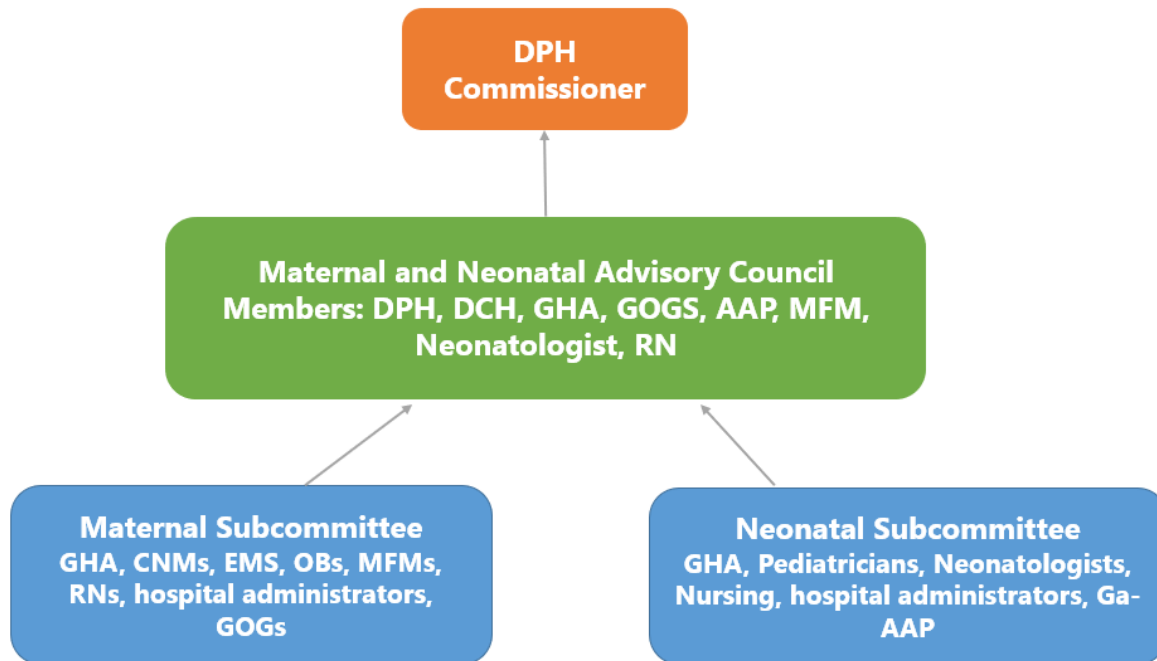
Became effective July 1, 2018 (O.C.G.A. 31-2A-50 through 31-2A-57).

Key elements:

- Hospitals are not required to apply for designation.
- Maternal and neonatal levels will be designated separately. Hospitals can choose to be designated for only maternal or neonatal.
- Ensure consistent application of national recommendations.
- Ensure facilities have a clear understanding of their capabilities.
- Encourage risk-appropriate care.

# Project Structure and Timeline

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**January 2019:** Complete draft requirements for levels of care

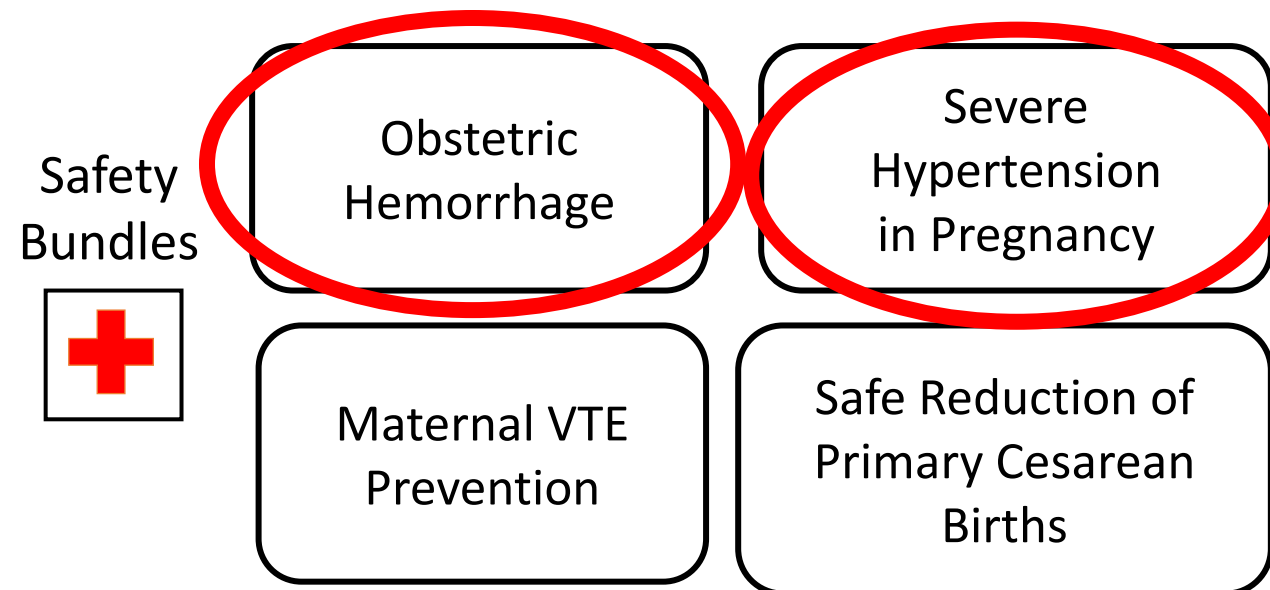
**February 2019:** Solicit input from hospitals and stakeholders

**April 2019:** Finalize designation process and requirements

**July 2019:** Begin designations

# GaPQC Maternal Initiative: AIM Bundles

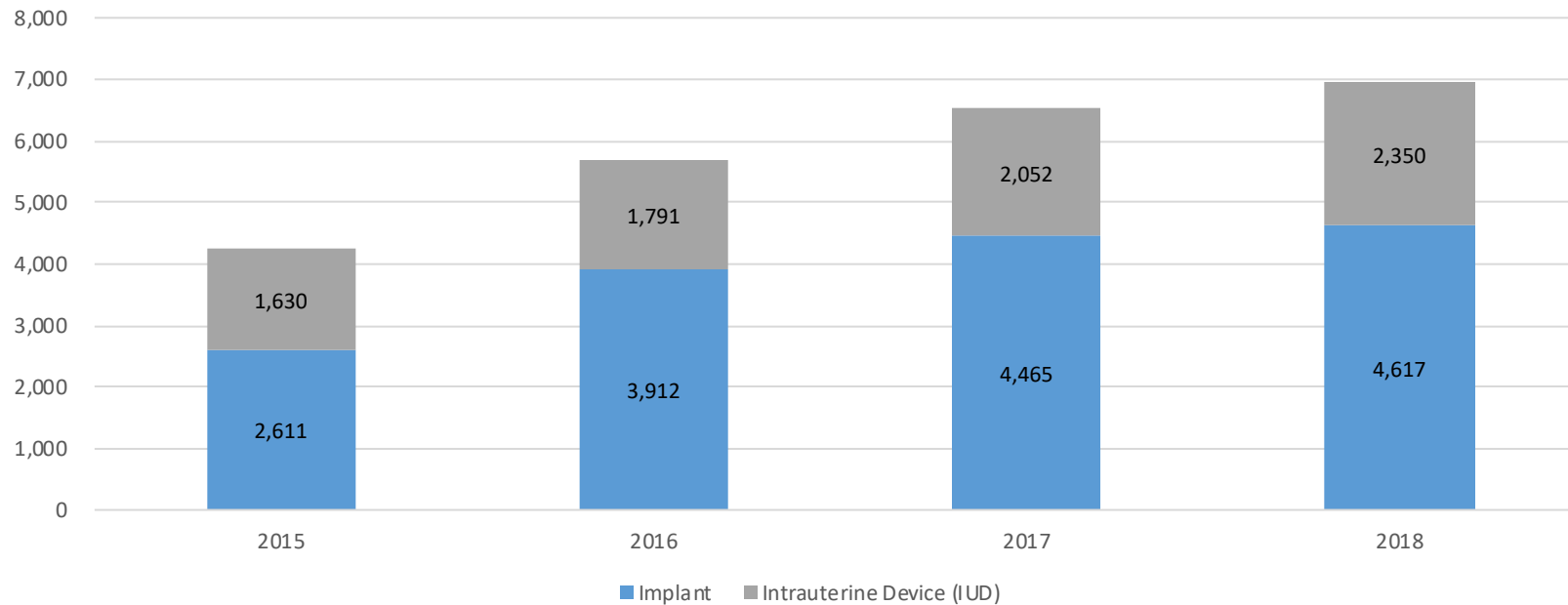
- National and data-driven initiative
- Implement established best practice to impact maternal mortality and morbidity



- As of Nov. 1, 2018:
  - 43 participating hospitals
  - 63% of GA births covered (80,000 births)

# Long-acting Reversible Contraceptives (LARC)

Georgia Family Planning Program Long Acting Reversible  
Contraception Insertions  
FY15 - FY18



# Family Planning Marketing Campaign

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# Questions?

Diane Durrence APRN, MSN, MPH  
404-657-2742  
[diane.durrence@dph.ga.gov](mailto:diane.durrence@dph.ga.gov)

# Child Occupant Safety Project

DPH Board Meeting / Traci Reece/ Nov. 13, 2018

# Child Occupant Safety Project

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- Grant funded through the Governor's Office of Highway Safety
- COSP distributes car seats to low-income caregivers and provides education on proper use
- COSP conducts training for public safety and healthcare professional on Georgia car seat law, proper use, and best practice recommendations



# COSP Distribution Program

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- Provides education and equipment distribution to low income caregivers through local partners on a voluntary basis in 141 out of 159 counties (and we are working to identify partners in the remaining counties)
- Local partners include not only local public health but other disciplines include fire, EMS, and law enforcement
- Classes/Resources are also available in Spanish

# COSP Program Outreach

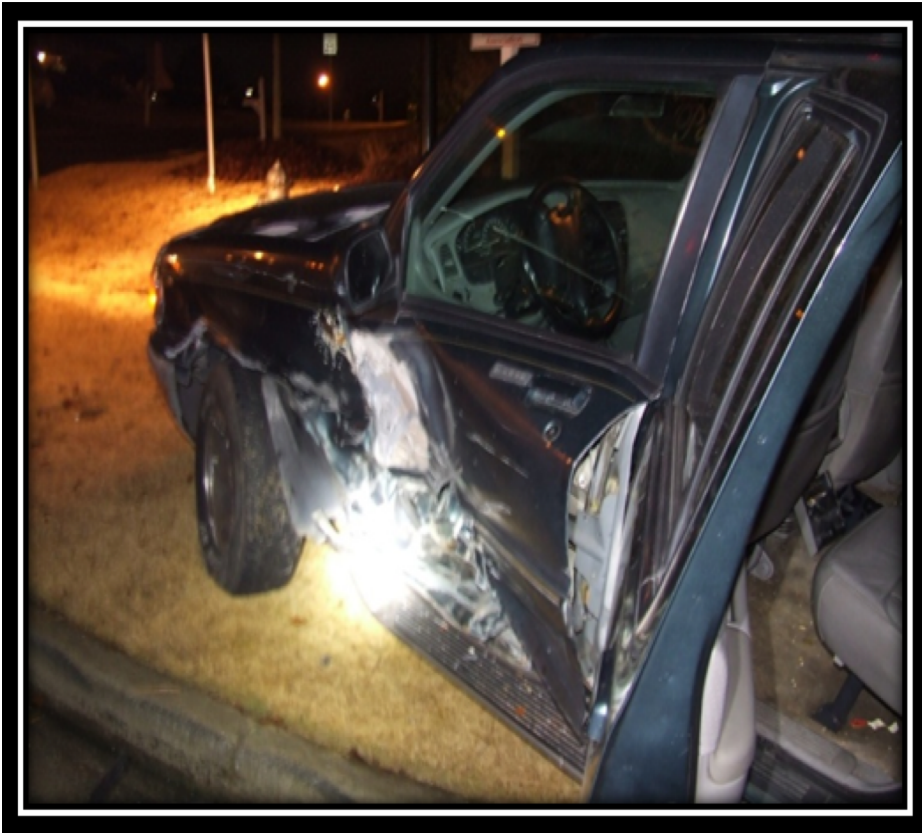
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- COSP operates on a regional model with staff based in 8 regions across the state
- COSP has additional staff specializing in transportation for children with special healthcare needs and minority outreach
- Since 2007, more than 390 children have been saved thanks to equipment distributed by COSP
- Barrow County Crash



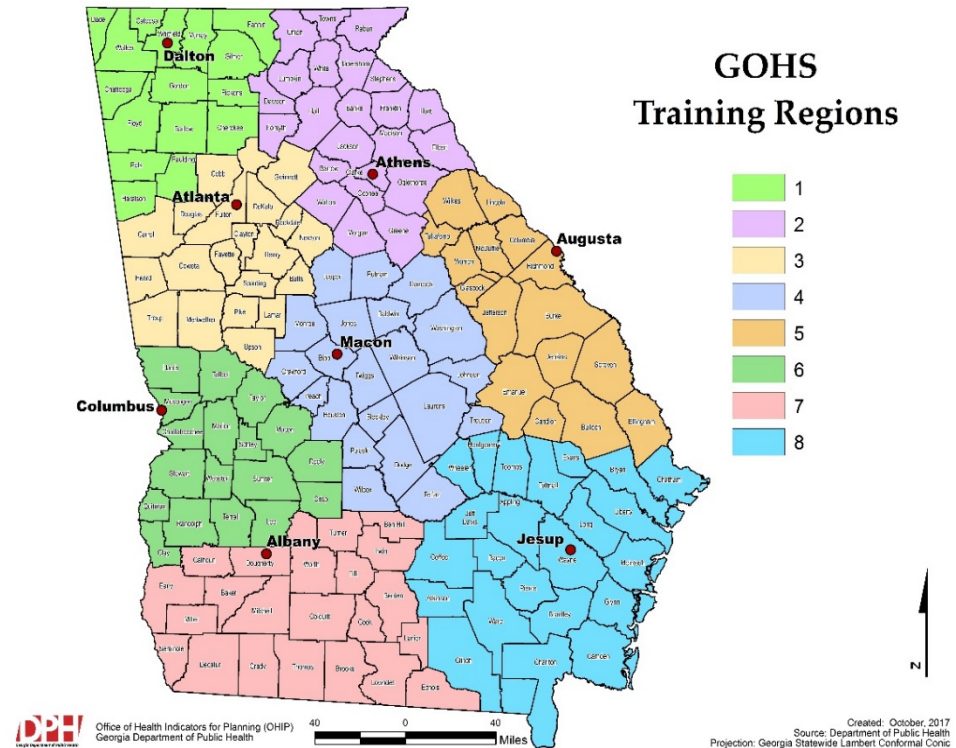
# COSP Program Outreach

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# Regional Coordinators

- CPST classes
- Training classes for: fire, EMS, law enforcement, healthcare and hospital professionals
- Minority outreach
- Special needs transportation evaluations



# Looking Forward

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- COSP is looking to secure funding to support the special health care transportation evaluations and trainings
- COSP is looking for additional ways to support local car seat programs, including assistance in expanding Georgia's Operation Save the Child (a community service buy-out program that provides car seats to local agencies)

# Child Safety Seats Save Lives!

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Child Occupant Safety Program  
Georgia Department of Public Health

Program Funded by the Governor's Office of Highway  
Safety

Please contact us if you have any questions regarding  
child passenger safety or our programs!

Injury Prevention Program

[Injury@dph.ga.gov](mailto:Injury@dph.ga.gov) 404-46301487





# Employee Engagement Update

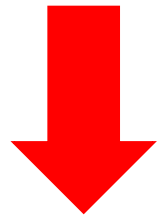
DPH Board Meeting / Lee Rudd, Chief Workforce Management Officer / Nov. 13, 2018

# Employee Engagement – Why Do We Care?

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Extent to which employees:

- Feel passionate about their jobs
- Are committed to the organization
- Put discretionary effort into their work



- Employee turnover decreases by 25%
- Increases our ability to attract talent.
- Employee absenteeism reduce by 20%
- Workforce “well being” improves
- Negative correlation to depression, exhaustion, and efficiency

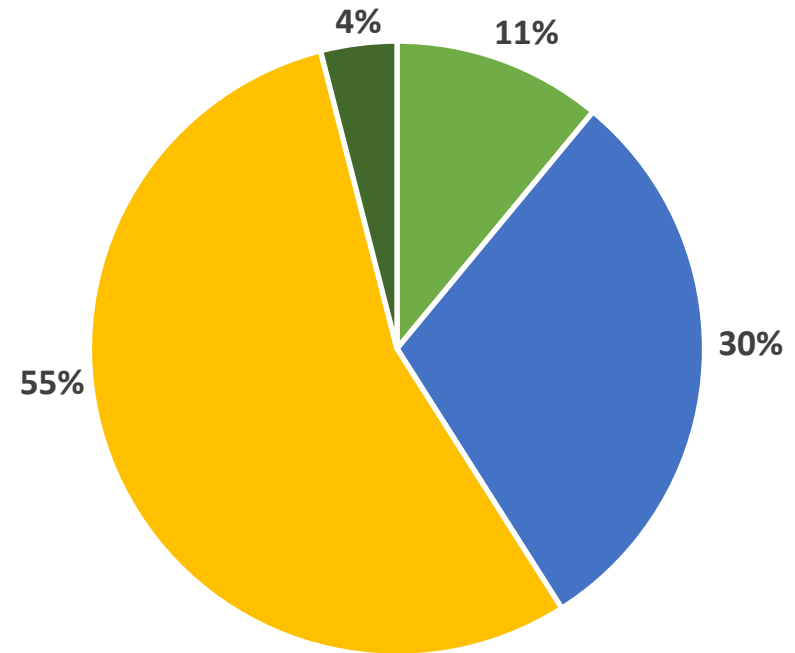




# Background

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- Survey included 30 scaled items and two open-ended questions
- 1,029 employees invited to participate in the online survey May and June 2018
- 625 surveys completed, overall response rate 61% (statistically valid sample size)
- Response levels followed normal patterns for large organizations

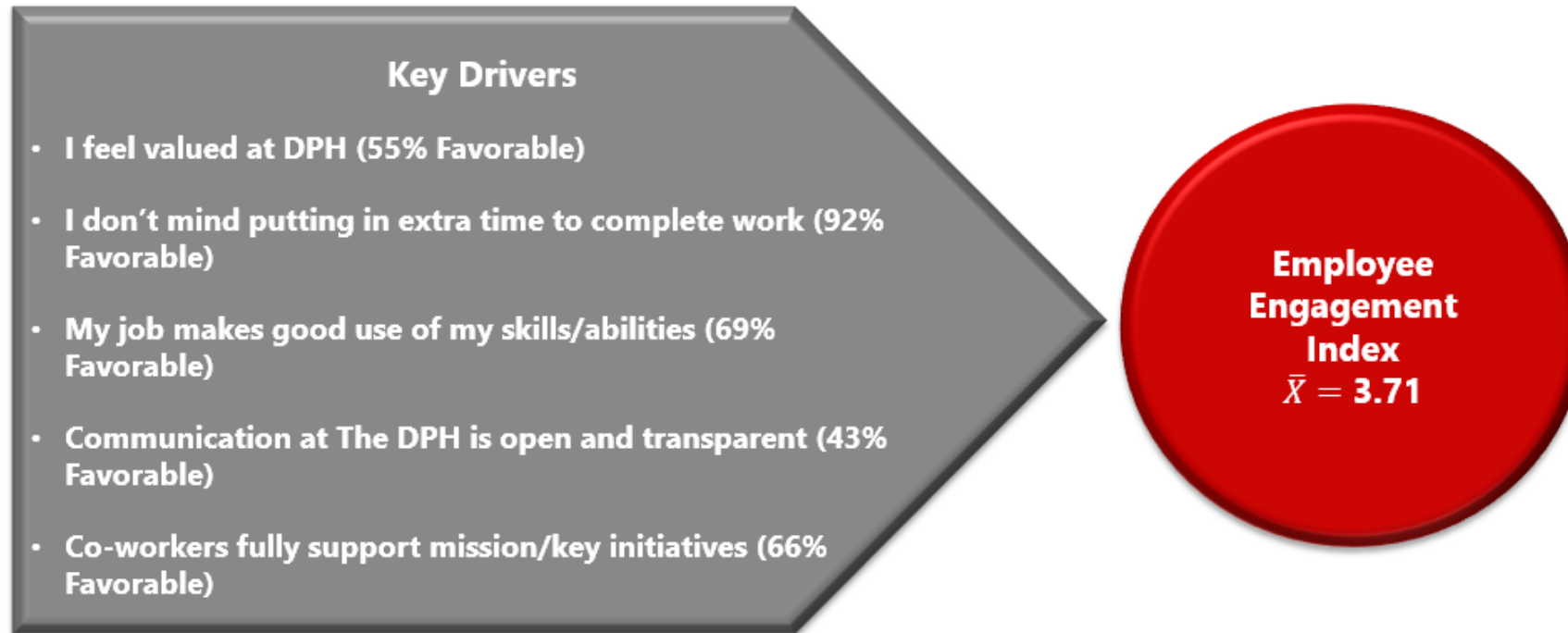


■ Leadership (Director/Executive Leadership) ■ Manager/Supervisor  
■ Non-managerial ■ Not-specified

# Key Drivers of Employee Engagement

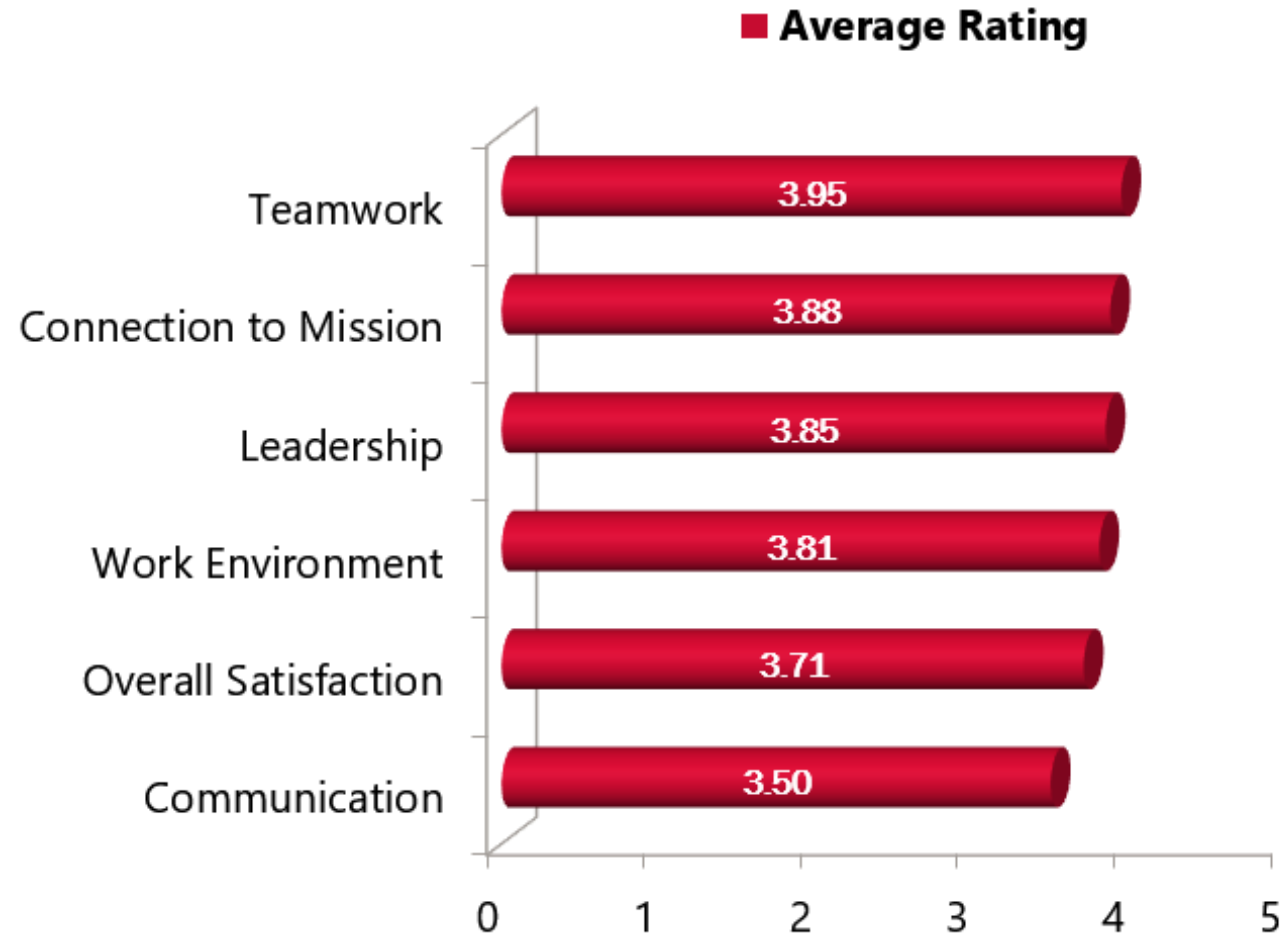
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Regression analyses show us which items, or “key drivers,” are likely to have the greatest impact on employee engagement.

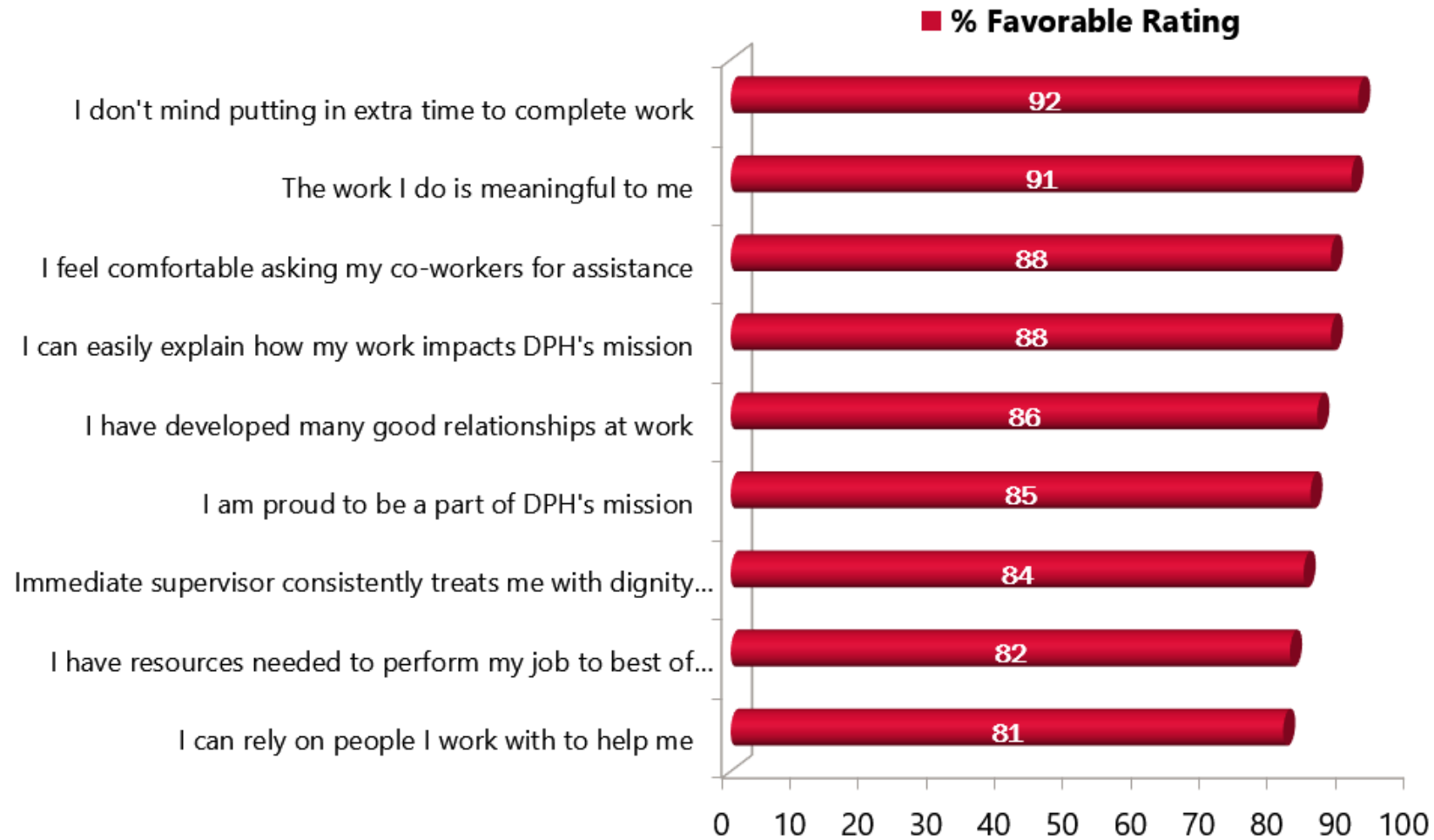


# Dimension Results

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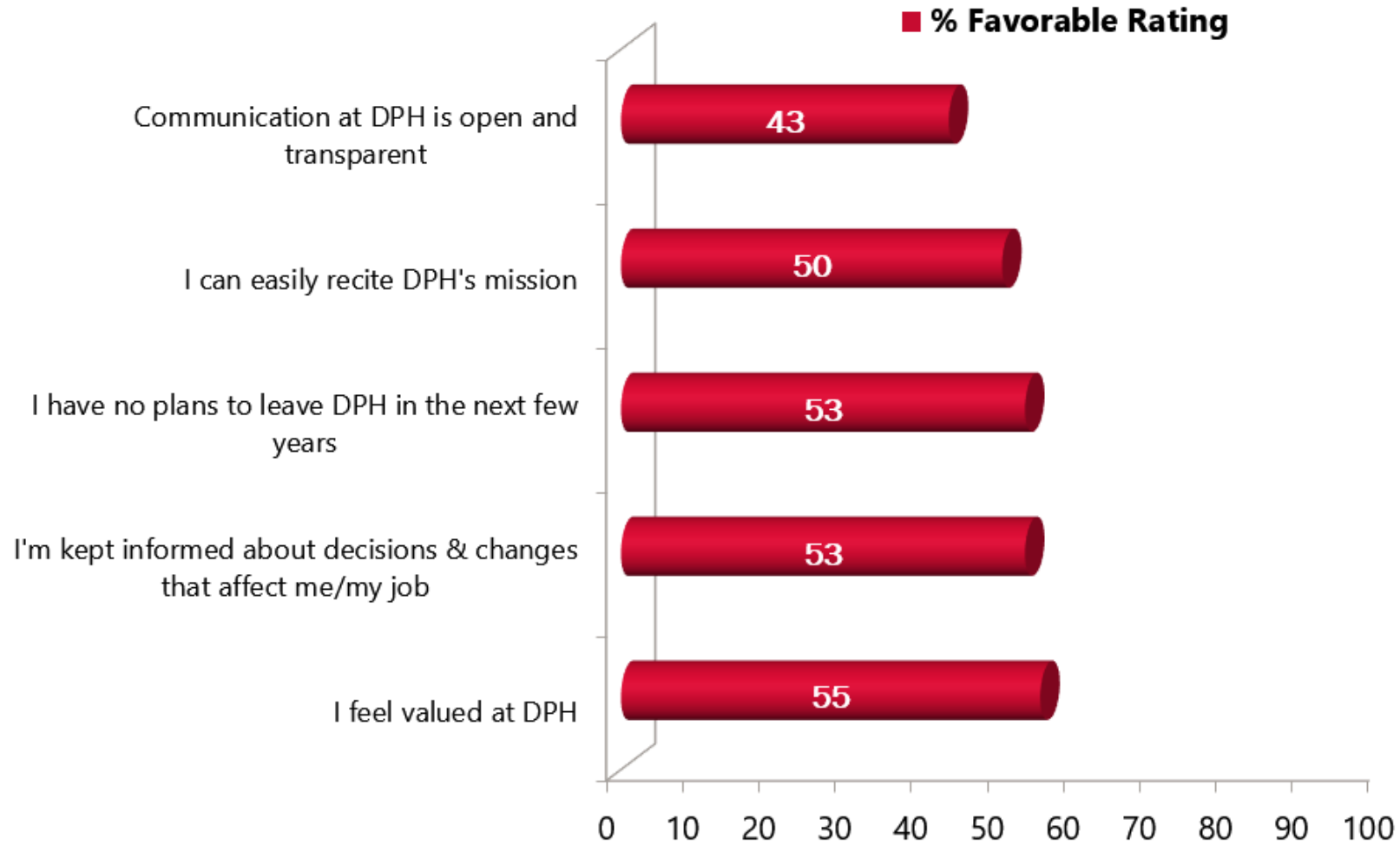


# Top Items: Highest Percentage Favorable



# Bottom Items: Lowest Percentage Favorable

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# Next Steps

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- Leadership team reviewed results, discussed the findings and targeted areas for change.
- Results shared with ALL employees - face to face and email.
- Organizational, departmental and individual work plans are being created that will positively impact the organization.
- Progress on the areas targeted for change will be shared through regular communications.
- Survey will be re-administered in approximately one year to determine how much progress has been made.

# Questions?

Lee Rudd

404-657-2709

[lee.rudd@dph.ga.gov](mailto:lee.rudd@dph.ga.gov)

The next Board of Public Health meeting is scheduled for  
Tuesday, Dec. 11, 2018 @ 1 p.m.

To be added to the notification list for upcoming meetings,  
e-mail: [angelica.mcgrier@dph.ga.gov](mailto:angelica.mcgrier@dph.ga.gov)