



Georgia Department of Public Health

Board of Public Health Meeting

Tuesday, January 12, 2015



We Protect Lives.

Commissioner's Update

Brenda Fitzgerald, MD
Commissioner, DPH

Prescription Drug Overdose

Lisa Dawson, MPH
Injury Prevention Program Director, DPH

Cassandra Price, GADC-II, MBA
Office of Addictive Diseases Director, GA DBHDD

Fall Prevention in Georgia

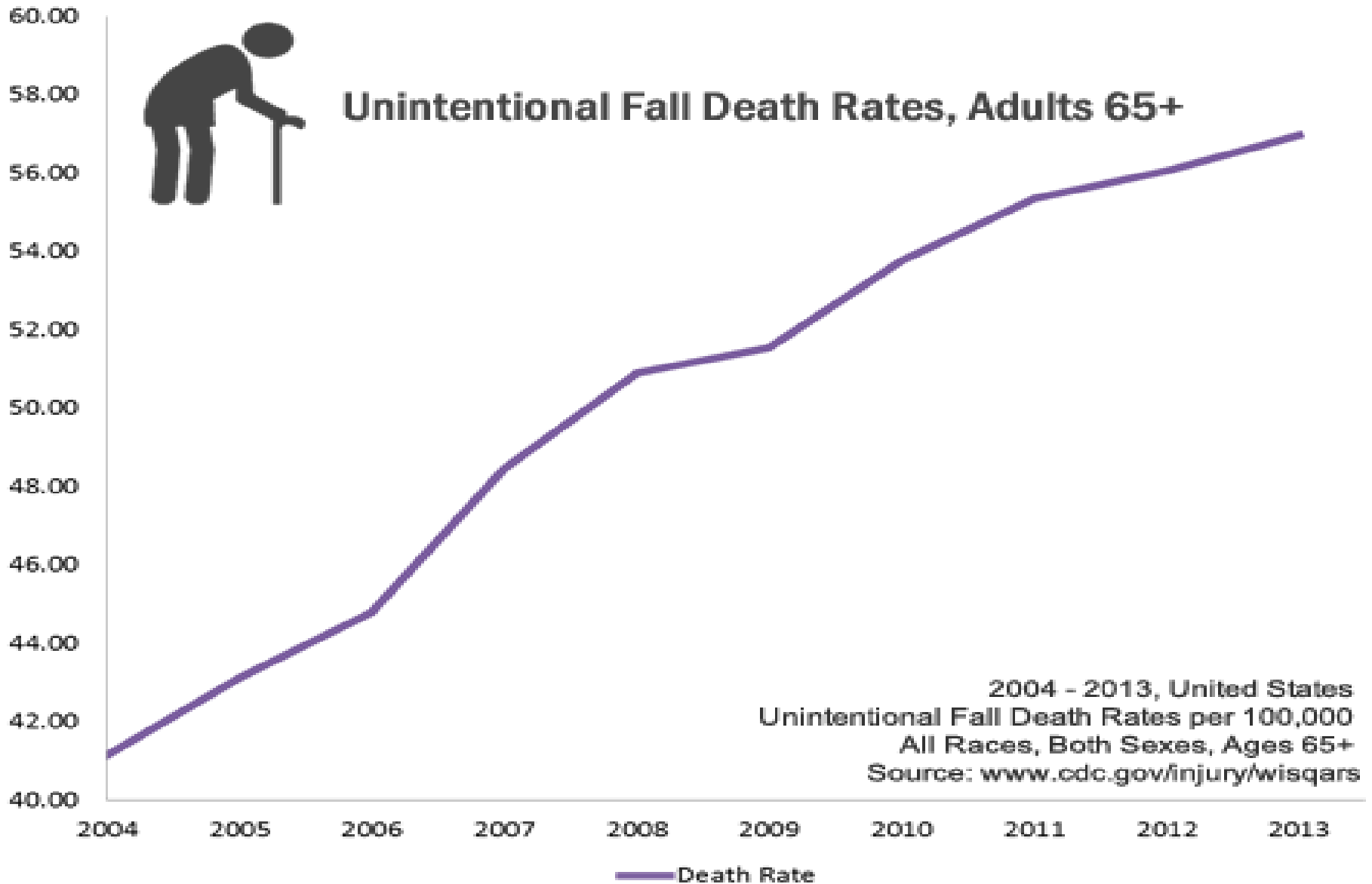
Elizabeth Head
Injury Prevention Program Manager, DPH

Gwenyth Johnson, MS, RDN, LD
Livable Communities Section Manager, DHS DAS

Falls: A Major Public Health Problem

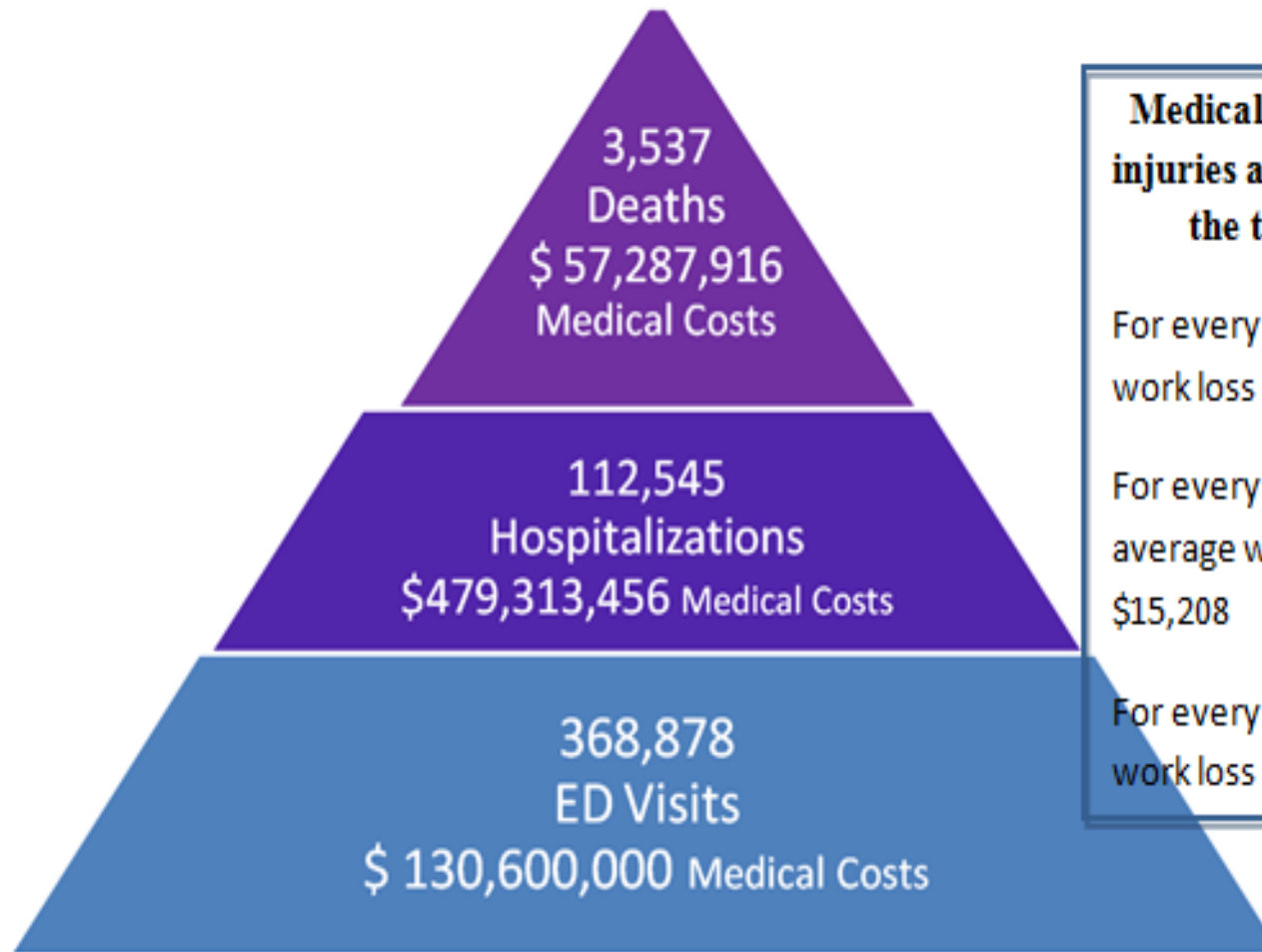


Unintentional Fall Death Rates, Adults 65+



Falls: A Major Public Health Problem

Older Adult Fall Deaths are Only the Tip of the Iceberg



Medical Costs from Older Adult Fall injuries and deaths in Georgia are only the tip of the injury iceberg...

For every Fall-related ED visit, the average work loss cost per person is \$1,669

For every Fall-related hospitalization, the average work loss cost per person is \$15,208

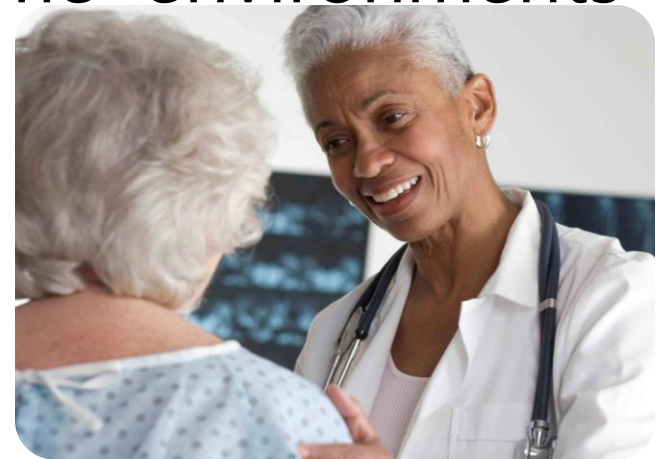
For every Fall-related death, the average work loss cost per person is \$96,340.

^{*}Data represents age 60 and older population in Georgia 2010²

¹2005-2010; excluded 2009 data. ²<http://oasis.state.ga.us/oasis/oasis/qryMorbMort.aspx>

Decreasing Fall Risk

- Engage in healthy habits—EXERCISE
- Talk about falls with your healthcare provider
 - Physician, Pharmacist, PA, RN, OT, PT
 - Medication Management
- Get your eyes checked regularly
 - Consider single vision lenses
- Promote safer, enriched home environments
- Participate in evidenced-based programs

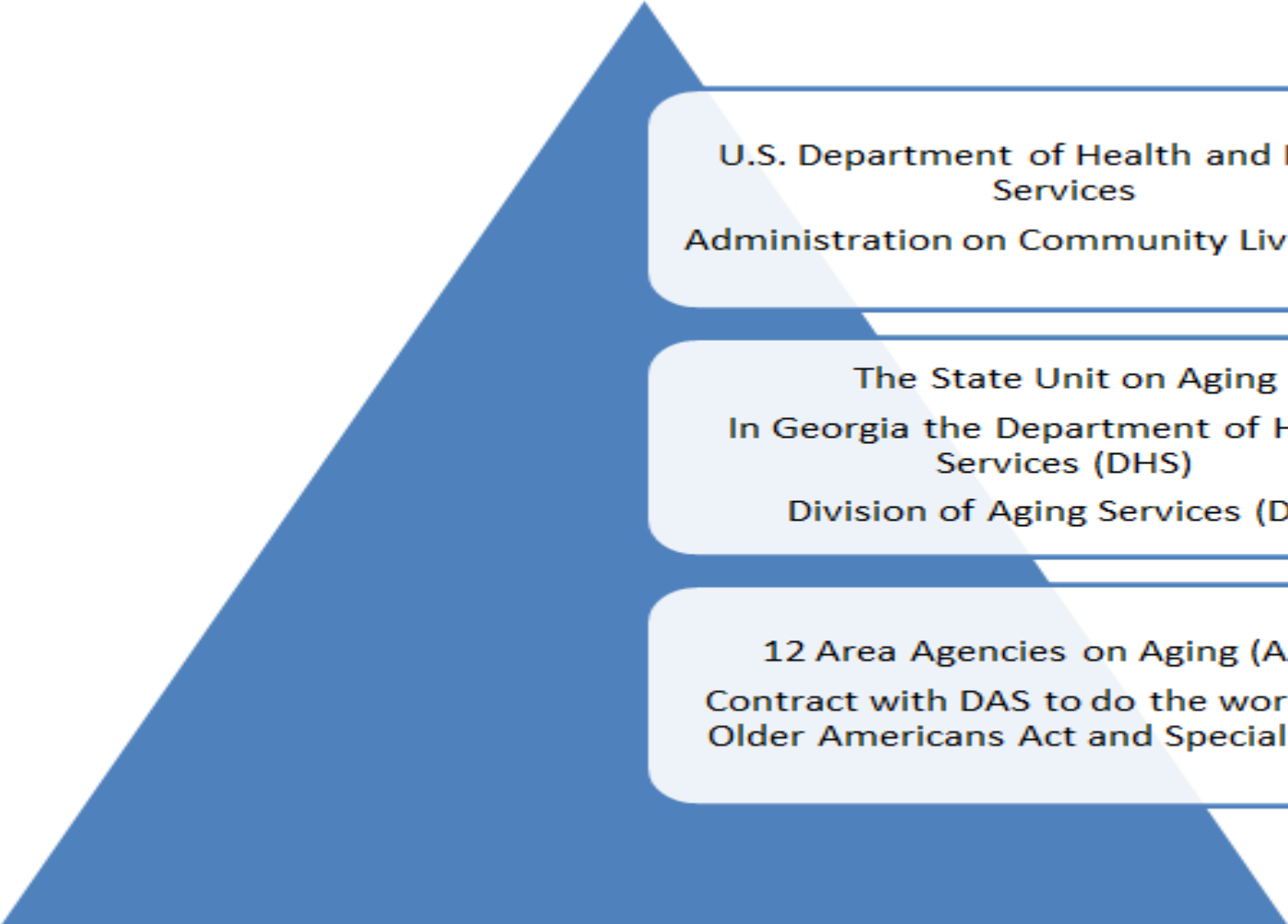


We Protect Lives.

Ga Department of Public Health

- The Injury Prevention Program sits in the Division of Health Protection
- Injury Prevention Program Mission
We prevent injuries by empowering state and local coalitions through the provision of data, training, and leadership, and the leveraging of resources for prevention programs.
- Five funded areas; Three funding sources
- Power of Partnership

The Aging Network Overview



U.S. Department of Health and Human Services
Administration on Community Living (ACL)

The State Unit on Aging
In Georgia the Department of Human Services (DHS)
Division of Aging Services (DAS)

12 Area Agencies on Aging (AAAs)
Contract with DAS to do the work of the Older Americans Act and Special Grants

Area Agencies on Aging/Aging & Disability Resource Connections

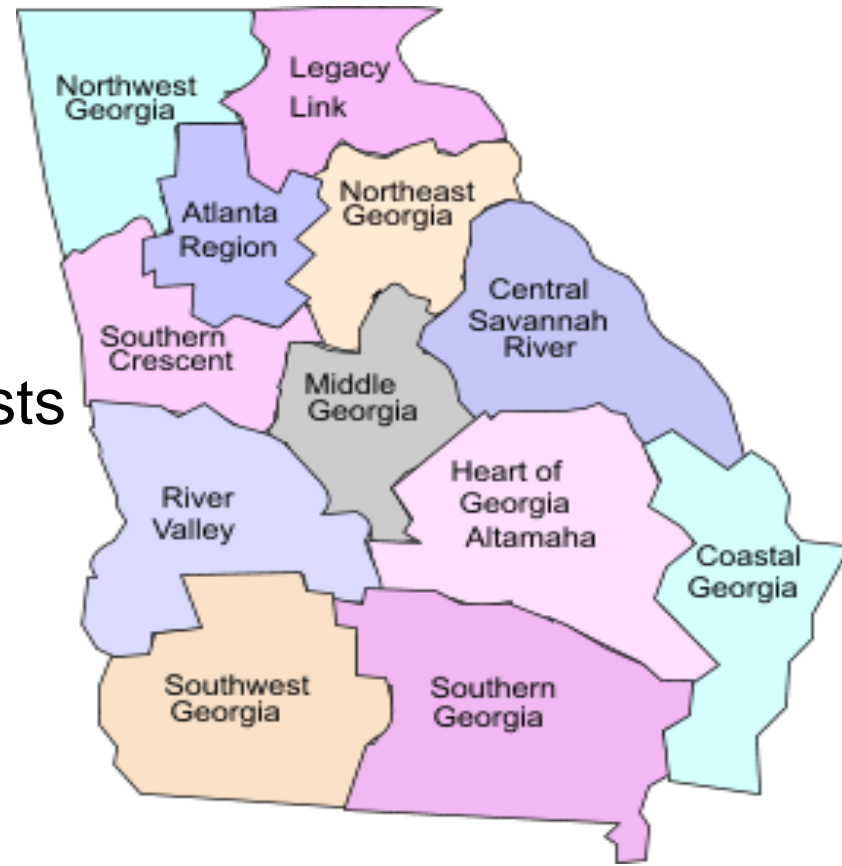
Best kept secret!

1-866-552-4464

www.georgiaadrc.com

Call lines staffed by Certified
Information & Referral Specialists
in Aging

- ESP Database (ARC)
- Online access to resources
- Demographic information
- Policy & Planning



Georgia Fall Prevention Activities

- Georgia Fall Prevention Coalition
 - Formed in 2008
 - Annual Falls Prevention Awareness Day
 - Partnership Development
 - The Division of Aging Services
 - The Aging Network

Georgia Fall Prevention Activities

- Evidence-based Program Implementation
 - Stopping Elderly Accidents, Deaths, and Injuries (STEADI)
 - Matter of Balance (MOB)
 - Tai Chi for Health (*formerly Tai Chi for Arthritis*)
 - Otago

CDC: Return on Investment of Falls Prevention Programs

- ❑ Tai Chi Moving for Better Balance
 - \$1.60 return on a \$1 investment in direct medical costs

- ❑ Stepping On Fall Prevention Program
 - \$70 return on a \$100 investment in direct medical costs

- ❑ Otago Exercise Program delivered to persons aged 80 and older
 - \$1 return on a \$1 investment in direct medical costs



We Protect Lives.

STEADI

Stopping Elderly Accidents, Deaths & Injuries

- STEADI includes tools and resources to assist health care providers reduce the risk of falls and accomplish three things:
 - Identify patients at low, moderate and high risk for a fall.
 - Identify modifiable risk factors.
 - Offer effective interventions.
- The CDC estimates that if 5,000 health care providers adopted STEADI
 - **5.5 million** more patients could be screened
 - **1.1 million** more falls could be prevented
 - **\$4.8 billion** more in direct medical costs could be saved.

STEADI- Stay Independent Brochure

| Please circle "Yes" or "No" for each statement below. | | | Why it matters |
|---|--------|---|---|
| Yes (2) | No (0) | I have fallen in the last 6 months. | People who have fallen once are likely to fall again. |
| Yes (2) | No (0) | I use or have been advised to use a cane or walker to get around safely. | People who have been advised to use a cane or walker may already be more likely to fall. |
| Yes (1) | No (0) | Sometimes I feel unsteady when I am walking. | Unsteadiness or needing support while walking are signs of poor balance. |
| Yes (1) | No (0) | I steady myself by holding onto furniture when walking at home. | This is also a sign of poor balance. |
| Yes (1) | No (0) | I am worried about falling. | People who are worried about falling are more likely to fall. |
| Yes (1) | No (0) | I need to push with my hands to stand up from a chair. | This is a sign of weak leg muscles, a major reason for falling. |
| Yes (1) | No (0) | I have some trouble stepping up onto a curb. | This is also a sign of weak leg muscles. |
| Yes (1) | No (0) | I often have to rush to the toilet. | Rushing to the bathroom, especially at night, increases your chance of falling. |
| Yes (1) | No (0) | I have lost some feeling in my feet. | Numbness in your feet can cause stumbles and lead to falls. |
| Yes (1) | No (0) | I take medicine that sometimes makes me feel light-headed or more tired than usual. | Side effects from medicines can sometimes increase your chance of falling. |
| Yes (1) | No (0) | I take medicine to help me sleep or improve my mood. | These medicines can sometimes increase your chance of falling. |
| Yes (1) | No (0) | I often feel sad or depressed. | Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls. |

Centers for Disease Control and Prevention National Center for Injury Prevention and Control.
 Stay Independent Brochure. 2014. Available at:http://www.cdc.gov/homeandrecreationalafety/pdf/steady-2015.04/Stay_Independent_brochure-a.pdf

Matter of Balance FAQs

- Evidence-based, award-winning, train-the-trainer fall prevention program designed for older adults.
- Focus on strategies to manage falls.
 - *Decrease fears of falling*
 - *View falls as controllable*
 - *Set goals for increasing activity*
 - *Make changes to lessen the risk of falls at home*
 - *Exercise to increase strength and balance*

Who Can benefit from A Matter of Balance?

- Anyone who:
 - Is concerned about falls
 - Has sustained a fall in the past
 - Restricts activities because of concerns about falling
 - Is interested in improving flexibility, balance and strength
 - Is age 60 or older, ambulatory and able to problem-solve.

Tai Chi FAQs

- Chinese exercise system that uses slow, smooth body movements to achieve a state of relaxation of both body and mind.
- CDC recommends taking a tai chi class tailored to participant needs and is offered at least twice a week.
- Tai chi needs to be practiced for at least 50 hours to reduce fall risk.

- *Tai Chi: Moving for Better Balance (Contact Dr. Fuzhong Li at fuzhongl@ori.org)*
- *Tai Chi Fundamentals (Contact Tricia Yu at tyu@taichihealth.com)*
- *Tai Chi for Arthritis (Contact Dr. Paul Lam at service@taichiforhealthinstitute.org)*

Evidence Based Fall Prevention Progress in Georgia

- A Matter of Balance
 - State Fiscal Year 16 shows 106 completers and currently 24-30 Master Trainers across the state.
 - Potentially next year we could offer as many as 75-10 workshops after training 75 Coaches.

Evidence Based Fall Prevention Progress in Georgia

- OTAGO
 - Currently 162 Physical Therapists trained
 - There are 238 spaces to get additional PTs trained by August 2016
 - This is a potentially billable service for PTs and patient referral source.
 - Potentially we could serve as many as 2000 frail or homebound individuals if all trainings are filled and each PT serves just 5 clients.

Evidence Based Fall Prevention Progress In Georgia

- Tai Chi for Arthritis (aka. Tai Chi for Health)
 - Currently for this fiscal year we have 152 completers
 - We have approximately 90 instructors trained
 - DHS DAS is continuing to coordinate annual trainings and recertification's to ensure the program grows and continues. Trainings are fee based and planned with community partners.

OTAGO

FALL PREVENTION PROGRAM

- ❑ **A physical therapist (PT) conducts eight contacts with the participant**
 - Visiting the patient four times at home or at an in-patient setting over the course of the intervention
 - Other contacts are telephonic

- ❑ **During the visits, the PT prescribes a set of in-home exercises and a walking plan**
 - Strength training
 - Balance and stability
 - Active range of motion
 - Walking plan

- ❑ **Participants are encouraged to complete the exercises three times a week and to walk outside the home at least two times a week**



Innovation in Falls Prevention

- Evaluating technology for reducing Falls
- Implementing STEADI in Electronic Medical Records
- Infusing STEADI across systems

Questions?



Hepatitis C: The Era of Eradication

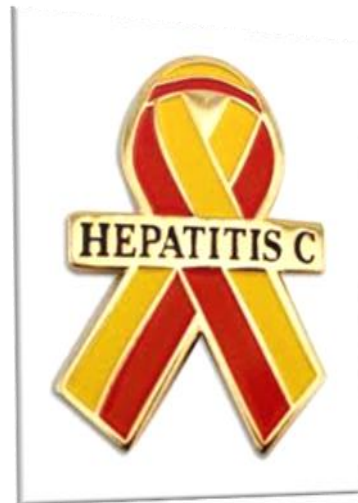
Gregory S. Felzien, M.D. AAHIVS

Diplomat: Internal Medicine and Infectious Disease

Georgia Department of Public Health
Medical Advisor

Division of Health Protection/IDI-HIV

January 12, 2016



We Protect Lives.

Disclosure

I have **no** vested interests that relate to this presentation

Nor do I have any relationships with;
pharmaceutical companies
biomedical device manufacturers
and/or other corporations

Whose products or services are related to pertinent therapeutic areas

Hepatitis C: Where are We Today

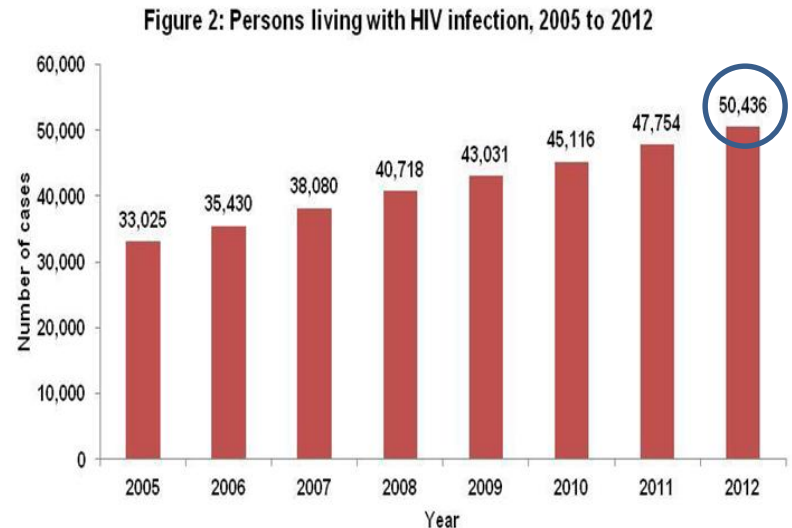
National: 3.2 to 5.9 million individuals infected

Hepatitis C: Georgia 2014

- Confirmed Chronic HCV: **5643**
- Pending* HCV cases: 4457
- Total: **10,100**

*Insufficient data to determine past or chronic disease

HIV



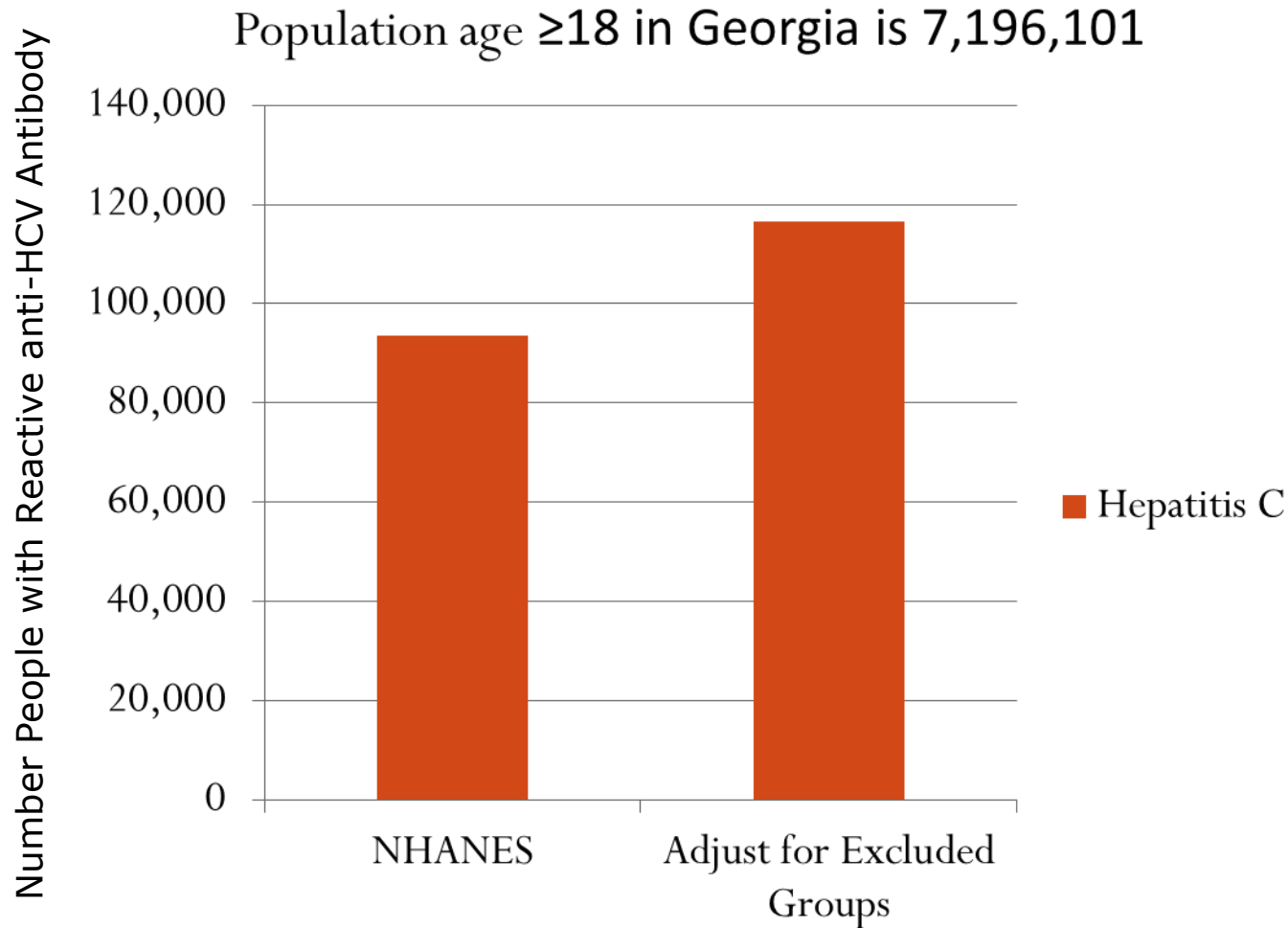
National data: 25% are co-infected

Georgia: **12,609**

Data based on State Electronic Notifiable Disease Surveillance System (SendSS) information. Data in Georgia is limited, therefore, data depicted does not show the true burden of disease in Georgia.

<https://dph.georgia.gov/sites/dph.georgia.gov/files/HIV%20EPI%202012%20Georgia%20Fact%20Sheet.pdf>

Estimates of People with Hepatitis C in Georgia



United States Census Bureau 2010: Age and Sex Compositions (<http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf>; accessed 7/23/14); Ditah et al. J Hepatology 2014; 60:691 - NHANES HCV survey found 1.3% prevalence anti-HCV in US population age >18; Chak et al. Liver International 2011; 31:1090 - Adjustment for groups excluded from NHANES including homeless, incarcerated, active military and nursing home residents
National Health and Nutrition Examination Survey

OraQuick[®] Rapid Antibody Test HCV

- CLIA-waived rapid antibody HCV test
 - 15 years or older
- Fingerstick and venipuncture whole blood
 - 20 - 40 minutes
- Greater than 98% accurate
- Seroconversion detection:
 - 59.2 days: OraQuick / 62.7 days: EIA
- About \$20 a test



We Protect Lives.

Treatment Guidelines

| Genotype | Treatment | Time |
|----------|---------------------------|----------------|
| 1a | Harvoni | 12 weeks |
| | Daclatasvir + SOF +/- RBV | 12 or 24 weeks |
| | VIEKIRA PAK + RBV | 12 or 24 weeks |
| | SOF + SMV +/- RBV | 12 or 24 weeks |
| 1b | Harvoni | 12 weeks |
| | Daclatasvir + SOF +/- RBV | 12 or 24 weeks |
| | Technivie | 12 weeks |
| | SOF+SMV +/- RBV | 12 or 24 weeks |
| 2 | Daclatasvir + SOF | 12 weeks |
| | SOF + RBV | 12 or 16 weeks |
| 3 | Daclatasvir + SOF +/- RBV | 12 or 24 weeks |
| | SOF + RBV | 24 weeks |
| | SOF + RBV + PEG | 12 weeks |
| 4 | Harvoni | 12 weeks |
| | VIEKIRA PAK + RBV | 12 weeks |
| | SOF + RBV | 24 weeks |
| | SOF+RBV+PEG | 12 weeks |
| 5 and 6 | Harvoni | 12 weeks |
| | SOF + RBV + PEG | 12 weeks |

<http://www.hcvguidelines.org/full-report/initial-treatment-hcv-infection>

Potential Medication Cost

Wholesale Acquisition Cost

- Harvoni \$94,500 (12 weeks):
 - 118,000: \$11,151,000,000
 - 50% cost reduction: \$5,575,500,000
- Viekira Pak with Ribavirin: \$83,300+ \$5,000
 - 118,000: \$10,419,400,000
 - 50% cost reduction: \$5,209,700,000

Recurrence Rates after Sustained Virologic Response (CROI 2015)

| Patient Group | Number of Patients | 5-Year Recurrence Rate | Rate per 100 person years |
|------------------------------|--------------------|------------------------|---------------------------|
| HCV Mono-Infected, low risk | 9419 | <u>1.14%</u> | 0.23 per 100 person years |
| HCV Mono-Infected, high risk | 819 | <u>13.22%</u> | 2.80 per 100 person years |
| HIV/HCV Co-infected | 833 | <u>21.72%</u> | 4.78 per 100 person years |

High risk defined as Injection Drug Users and Incarcerated

<http://www.projectinform.org/hepc/croi2015-hepatitis-c-re-infection-rates-in-people-after-an-svr/>

1ST International HEPATITIS CURE & ERADICATION MEETING

- November 5 and 6, 2014
- Toronto, Canada



<http://www.virology-education.com/event/upcoming/1st-international-hepatitis-cure-eradication-meeting-2014/>

Long-Term Economic Model

- Estimate work productivity gains associated with curing genotype-1 chronic hepatitis C patients
 - results indicated: reduced absenteeism and incr. productivity would total approx. \$2.67 billion for the U.S. (1)
- A “routine” liver transplant (from a cadaver) costs close to \$300,000
 - 6000 liver transplants are performed annually in the U.S
 - Hepatitis C accounts for 40% = 2400 transplants = 720,000,000 (2)
- Estimated U.S. average in 2011 per transplant: \$577,100
 - 40% = 2400 = \$1,385,040,000
 - \$36,528 annual medication cost post-transplant (3)
- Costs exclude office visits, labs, complications

(1) abstract 228: Digestive Disease Week® (DDW) 2015

(2) <http://www.liverfoundation.org/patients/organdonor/about/>

(3) [http://www.cpmc.org/advanced/liver/patients/topics/finance.html#Transplantation Costs](http://www.cpmc.org/advanced/liver/patients/topics/finance.html#Transplantation%20Costs)

Georgia Economic Model

- Emory
 - performs more than 110 adult liver transplants each year
 - one-year survival rate for liver transplantation is 92.43%
- Use national data
 - 40% have hepatitis C = 44 clients annually
 - \$577,100 per transplant = \$25,392,400
- 78% three-year and 73% five year survival rate
 - 32: \$1,168,896 annual / \$5,844,480 at 5 years - meds
 - 32: treat: \$94,000 (meds) \$3,024,000

<http://www.emoryhealthcare.org/transplant-liver/index.html>
<http://www.liverfoundation.org/patients/organdonor/about/>

Number Needed to Treat

- Estimated: 25% of patients with hep C have cirrhosis
- By 2040: estimated 45% with cirrhosis if left untreated
- The number needed to treat:
 - decompensation and liver transplantation was 4
 - cause of death and liver failure was 4

Hepatitis C: Toolkit

Hepatitis C Testing Toolkit for Primary Care Providers

*Resources to Support Hepatitis C
Testing in Georgia*

2014

dph.georgia.gov/viral-hepatitis

GEORGIA AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY

| HEPATITIS C PILOT MEDICATIONS | |
|-------------------------------|---|
| BRAND NAME | GENERIC NAME |
| Daklinza | Daclatasvir |
| Harvoni | Ledipasvir/Sofosbuvir |
| Sovaldi | Sofosbuvir |
| Technivie | Ombitasvir/Paritaprevir/Ritonavir |
| Viekira Pak | Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir |
| | Ribavirin |

These medications will be available on the formulary until the funds for the pilot are exhausted
The program will provide notification when the pilot program is closed
Prior Approval Application is required prior to dispensing

Prior Approval

- 1) Client has been stable on ADAP for **one** year.
- 2) Client Weight: _____ 3) Client Age: _____ 4) Client Sex: _____
- 5) Current antiretroviral regimen: _____
- 6) List of current non-HIV medications: _____
- 5) Does the client have a history of moderate/severe adverse events/interactions/allergies to medications?
If yes, specify medication. Describe the reaction.
- 7) Please attach copies of the client's recent lab work: _____
- 8) Hepatitis C stage: 0, 1, 2, 3, 4 compensated, decomp. cirrhosis
liver biopsy, FIB-4 calculation, Non-Invasive Biomarker testing
- 9) Please attach the client's MELD or Child-Pugh score.
- 10) Does the client have a history of Hepatitis C treatment?
- 11) The requesting provider is asking for the State Medical Advisor to make the treatment recommendation.

P.A.P.

DENIAL

Georgia Department of Public Health Specialty Clinic

Reason for consultation

- HIV
 - Initial treatment recommendations
 - Switch therapy
 - Salvage therapy
 - Multiple mutations review
 - Treatment recommendations in renal/liver failure
 - Treatment recommendations in pregnancy
 - Treatment recommendations for clients with pill intolerance
- Hepatitis
 - Hepatitis B
 - Hepatitis C
- Other: Dependent upon client's needs

Thank You

Gregory S. Felzien, M.D. AAHIVS
Diplomat: Internal Medicine and Infectious Disease
Georgia Department of Public Health
Medical Advisor
Division of Health Protection/IDI-HIV



“If you wish to move mountains tomorrow,
you must start by lifting stones today,”

– African Proverb



Emily Anne Vall, PhD
Georgia Shape Project Manager



Our Goal



By 2023,
69% of GA
Students will be
in the *Healthy
Fitness Zone* for
BMI



A Framework for Change: Collective Impact





**Members of the Governor's
Advisory Council on
Childhood Obesity**



Nathan Deal
Council Co-Chair
Governor,
State of Georgia



John Bare
Council Co-Chair
Vice President,
Arthur M. Blank Foundation



Brenda Fitzgerald, MD
Commissioner,
Georgia DPH



Casey Cagle
Lieutenant Governor,
State of Georgia



John Alpers
VP of Sales and Marketing, Royal Food
Service



Jim Clark
President and Chief Executive Officer,
Boys & Girls Clubs of America



Jennifer Glover, PhD
Asst Principal at White County
Intermediate School,
Owner Glo Crest Dairy



Evelyn Johnson, MD
Vice President, Georgia Chapter,
American Academy of Pediatrics



Melvin Lindsey
Senior Government Relations
Director, Amerigroup Georgia



Linda Matzigkeit
Chief Administrative Officer,
Children's Healthcare of Atlanta



Teya Ryan
President and Executive Director,
Georgia Public Broadcasting



Ron Shipman
Vice President. Environmental Affairs,
Georgia Power



David Satcher, MD, PhD
Director, Satcher Health Leadership
Institute; Director, Center of
Excellence on Health Disparities,
Morehouse School of Medicine



Phillip Williams, PhD
Dean, College of Public Health,
University of Georgia

2014-2015 Fitnessgram Assessment



■ **Statewide *Preliminary* Results:**

- **60.3%** of Georgia children are *inside* the BMI Healthy Fitness Zone (HFZ)
- **59%** of boys and **46%** of girls were *inside* the HFZ for Aerobic Capacity
 - Assessed via Pacer or Mile Run
- **19%** of Georgia's children were *inside* the HFZ for all 5 fitness components
- **20%** of Georgia's children were *not in* the HFZ for **ANY** fitness component

Physical Activity Updates

Georgia Shape Chronic Disease 1305 Summits

- 2015 Success in Waycross
- Valdosta and Jesup, January 28 & 29, 2016

Shape Grantees

- 93 Awarded to Date, 29 School Year 2015-2016

Growing Fit Early Care Training and Toolkit

- 112 Early Care Directors Trained

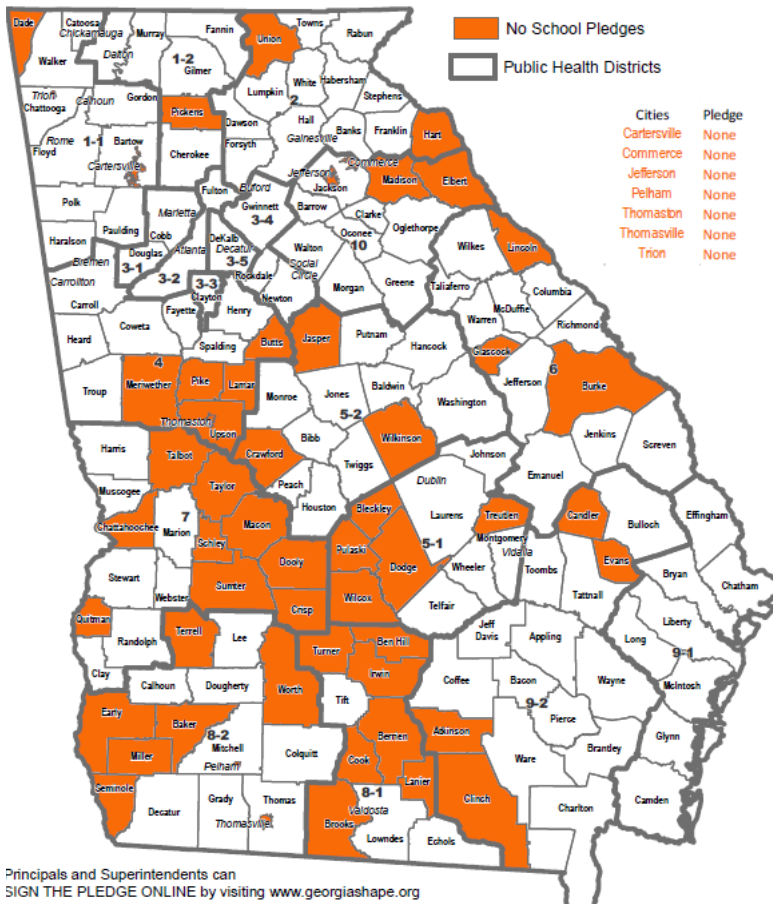
Shape Quality Rated Recognition

- 111 Early Care Centers Awarded to Date


Shape Honor Role 2014-2015

- 186 K-12 Schools Awarded

Power Up for 30 Pledge Status



782 Schools
Pledged
607 Schools
Trained

 No School Pledges

Power Up for 30

Electronic K-5 PU30 Training

- Coming March 2016; Rural Schools

6-8 Middle School Pilot

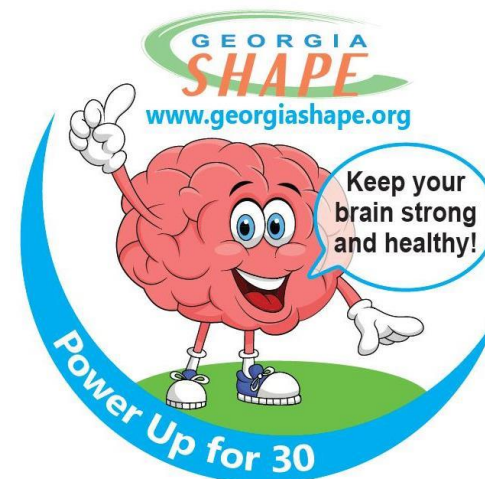
- Centene/Peach State Funded 4 Schools
- New Resource Guide and All Star Meeting 12/2015

DFCS Afterschool Training

- 167 Trained

Pre-Service Teacher Certificate

- University of West GA and GSU



Power Up for 30 Studies and Publications

PU30 Pilot Data:

- BMI and AC Improvements (Accelerometer)*
- Relationship b/t AC and School Demographics
- Impact of Intervention on Changes in Fitness and Academic Outcomes

Year 1 PU30 Survey Data: >70% Statewide Response Rate

- Facilitators & Barriers: Qualitative Teacher Report*
- Opportunities Across Race/Ethnicity, Geography & School Size
- Relationship b/t PA opportunities for Students & Staff
- Characteristics of Non-Responders

PU30 Training Evaluation

- Impact on BMI, MVPA, AC
- Virtual vs In-Person

Year 2 PU30 Follow Up Survey Data

- PA Environment Improvements
- Trained vs Untrained Academic Achievement

Data and Evaluation Updates

Georgia Shape Research Symposium and Public Health Reports Special Supplement

- Foreword by former Surgeon General and Georgia Shape Council Member, Dr. David Satcher
- 15 Manuscripts Submitted for Publication

Childhood Obesity Systems Model

- Created 2009; Updated 2015
- Model Intervention Strategies Show Impact on Obesity

Georgia Shape Overarching Evaluation

- February 2015 Convening and Data Book
- CHOA K-12 Intervention and Program Platform

Statewide Nutrition Survey

- Draft Completed December 2015

Nutrition Updates

Strong4Life Cafeteria Project

- 1198 School Cafeteria Directors and Managers Trained
- Funding Need for 2016

Golden Radish Farm to School Awards

- DPH, DAg, DOE, Governor's Office
- 30 Districts Awarded October 2015

Farm to Pre-School Coalition

- Georgia Organics Organizing and Building
- Quarterly Meetings
- Strategic Plan 2016

Healthcare Updates

WIC Strong4Life Motivational Interviewing Provider Program

- 531 WIC Staff Trained (100% Districts)
- Champion Program and Cont. MI Training in 2016

Georgia 5-Star Hospital Initiative

- 8 New Hospitals
- <https://dph.georgia.gov/georgia-5-star>

Children's Healthcare of Atlanta Obesity Coding Training

- Available to Providers late January- early February 2016

Communication and Marketing Updates

Georgia Shape Social Media

- Follow Us on Instagram, Facebook, Twitter

New Videos and Website Updates

- Visit Georgiashape.org
- National Superintendent of the Year Dr. Philip Lanoue

Power Up for 30 Day

- 117 New Pledges
- Visit Home Page to view Success Video
- Over 8,000 Classroom Views of Leader Videos
 - First Lady Deal, Dr. Brenda Fitzgerald, Superintendent Richard Woods, Christi Kay

QUESTIONS?

EmilyAnne.Vall@dph.ga.gov



GeorgiaShape.org

We Protect Lives.

Closing Comments

Judy Greenlea Taylor
Secretary

The next Board of Public Health meeting
is currently scheduled on
Tuesday, February 9, 2016 @ 1:00 PM.

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