Board of Public Health Meeting

Tuesday, January 10, 2017
Commissioner’s Update

Brenda Fitzgerald, MD
Commissioner, DPH
Georgia Department of Public Health
Year in Review
Early Brain Development
Year in Review

Kimberly Ross
Early Brain Development and Language Acquisition Program Manager, DPH
Brain Trust for Babies: Guiding Principles

- Leverage existing resources and instill collaboration across key stakeholders
- Change adult behavior to support optimal brain development
- Set a new baseline for optimal brain development, with expectations that all children should have the opportunity to achieve that potential
- Remain community-driven and focused as we seek to address and reduce disparities in all strategies
- Create foundational framework to support Governor’s commitment to achieve grade-level reading
Brain Trust for Babies Strategic Objectives

- Implement Talk With Me Baby language nutrition and early brain development trainings and resources for at least 3 high-impact workforces that support new and expectant families with the goal of reaching/training at least 1,000 professionals by 2020.
- Ensure that all children who are deaf or hard of hearing (D/HH) are on a path to 3rd grade reading by ensuring screening of hearing loss by 1 month, diagnosis by 3 months, and appropriate intervention by 6 months, by 2020.
- By 2020, achieve breakthrough outcomes for all children by building the self-regulation skills, executive function, and social-emotional health of the adults who care for them.
- By 2020, ensure that all children in Georgia are screened for Autism and Communication Delays by 18 to 24 months and connected to appropriate intervention.
- By 2020, ensure that all children 0-3 years old identified with medical or developmental concerns are connected to appropriate resources as early as possible.
Brain Trust for Babies Subcommittees

• Data and Evaluation
• Outreach and Awareness
• Integration and Training
• Access and Policy
WIC touches 61% of new babies born in Georgia, and many of those most vulnerable

Nurses see 99% of new parent and baby at regular intervals - prenatally and 1st year of life

Outside of family caregivers, early childhood educators spend more hours per day with babies
Questions?
Georgia Shape’s Statewide 2016 Progress
Emily Anne Vall, PhD
Georgia Shape Project Manager
Physical Activity Updates

Shape Grantees
• 26 Awards given in Fall 2016
• Summit on October 5th, 2016

Shape Quality Rated Recognition
• 102 Early Care Centers Awarded to Date

Shape Honor Role 2015-2016
• 217 K-12 Schools Awarded
• Large increase from 2015 to 2016 (+31)
Power Up for 30 Pledge District Participation
As of August 15, 2016

Power Up for 30 Pledge Status

881 Schools Pledged
Power Up for 30-Sustainability Efforts

Electronic K-5 PU30 Training
6-8 Middle School Pilot
  • Centene/Peach State Funded 6 Schools
  • Currently Collecting MVPA Data
  • New Resource Guide and Teacher Training

Afterschool Training
  • 200+ Trained Year 2 DFCS Centers
  • Applied for Adolescent Funding

Pre-Service Teacher Certificate
  • University of West GA
Post PU30 K-5 survey

- Almost 50% response rate
  - Increased perceived MVPA, recess minutes, classroom and before and after school PA
  - Barriers and facilitators study
  - Unintended positive effects- worksite wellness

Statewide Nutrition Survey

- Pilot Data being analyzed from 86 Schools

Childhood Obesity Systems Model

- Model intervention strategies show impact on obesity specific to Georgia
- Part of Legislator Certificate Program at GHPC
- Presentations to PTA, Food Technology Conference, ASTHO
COB Systems Model

**Single Intervention:** 50% of GA Elementary Classrooms Integrate PA

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**3. Practice Field: Test Policies**

**Obese % by Age Category - Bar Chart (pg 1) & Trend Chart (pg 2)**

<table>
<thead>
<tr>
<th>Age Category</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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<tbody>
<tr>
<td>Ages 0 to 1</td>
<td>11.0%</td>
<td>11.3%</td>
<td>11.5%</td>
<td>11.7%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Ages 2 to 4</td>
<td>14.5%</td>
<td>14.7%</td>
<td>15.0%</td>
<td>15.2%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Ages 5 to 10</td>
<td>16.9%</td>
<td>17.2%</td>
<td>17.5%</td>
<td>17.8%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Ages 11 to 13</td>
<td>16.9%</td>
<td>17.2%</td>
<td>17.5%</td>
<td>17.8%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Ages 14 to 16</td>
<td>16.9%</td>
<td>17.2%</td>
<td>17.5%</td>
<td>17.8%</td>
<td>18.1%</td>
</tr>
</tbody>
</table>

**Obesity Prevalence (pg 1) and Cumulative Costs of Obesity (pg 2)**

**Comparative Graphs**

**Instructions**

**POLICIES**

**Physical Education**
- Keep status quo?
- Require?
- Increase quality?
- Require & increase quality?

**After School Programs**
- Increase afterschool participation?
- Add physical activity?
- Increase participation & physical activity?

**Classroom activity**
- Increase classroom activity?

**Recess**
- Keep status quo?
- Mandate recess?
- Modify recess?
- Mandate & modify recess?

**% of Students in Preschool Programs**
- Elementary: 1%
- Middle: 2%
- High: 3%

**% with high quality activity & nutrition**
- Elementary: 1%
- Middle: 2%
- High: 3%

**% of schools w/o a la Carte Lunch Options**
- Elementary: 1%
- Middle: 2%
- High: 3%

**Reimbursement for nutrition counseling**
- Medicaid: 1%

**Breastfeeding**
- Increase breastfeeding prevalence

**Community Based**
- Safe Routes to School

**Performance Measures**

- Obesity %
- % change in obesity
- Annual Obesity Cost/Child
- Cumulative Obesity Cost

**Impacts at age 40**
- Cumulative obesity cases averted: 59,684
- Cumulative additional QALYs: 70,363
- Cumulative medical costs averted: $338,412
Nutrition Updates

Strong4Life Cafeteria Project
- 3300+ School Cafeteria Staff Trained

Golden Radish Farm to School Awards
- DPH, DAg, DOE, Governor’s Office
- 30 Districts Awarded October 2015, 53 in 2016!

Farm to School Coalition
- State strategy updated

Farm to ECE (Pre-School) Coalition
- Strategic plan in place and aligned with Farm to School
- Robust partnerships (USDA, CDC, Universities, State Agencies, Non-Profits)
- State to state sharing

Growing Fit Early Care Training and Toolkit
- 200 Early Care Directors/Staff Trained
- Organ Wise Guys Funding
Collective Impact WIC Work Group Formed
- Partners from across Georgia engaged
- Identifying innovative ways to 1) increase participation and fruit and vegetable consumption/redemption rates and 2) Share/compare data

WIC Strong4Life Motivational Interviewing Provider Program
- 100% WIC Staff trained (766)
- Champion program and continued MI training in 2017
- Gwinnett County provider pilot with FHIR technology

Georgia 5-Star Hospital Initiative
- 37 Birthing Hospitals formally engaged
- [https://dph.georgia.gov/georgia-5-star](https://dph.georgia.gov/georgia-5-star)

Children’s Healthcare of Atlanta MI Provider Training
- 0-2 focus, early feeding techniques, millennial parents
Communication and Marketing Updates

Healthy Georgia Awards
• First annual award ceremony on October 10th
• Co-Hosted by LT Governor’s office and Georgia Shape
• 4 Categories: Community, Non-Profit, School Districts, Corporate
• To learn more visit Georgiashape.org

Georgia to host 2017 Southern Obesity Summit
• Summit will be held in Atlanta October 2017
• Hopefully same week as HGA’s

Georgia Shape Social Media
• Follow us on Instagram, Facebook, Twitter
2017 Georgia Shape Goals

**Pumped up Nutrition Efforts**
- F2S, F2ECE, Nutrition Survey Statewide, Golden Radish

**Breast Feeding Objective Met!**
- Develop new BF objective with internal and external SMEs

**PU30 Sustainability**
- Complete MS pilot, pre-service certificate completion, Out-of-school time funding with adolescent focus

**Georgia Shape Grantee Evaluation Efforts**
- Prescriptive evidence based projects
- Evaluate past grantees success, barriers and facilitators
QUESTIONS?

EmilyAnne.Vall@dph.ga.gov

GeorgiaShape.org
Epidemiology 2016: The Year in Review

Cherie L Drenzek, DVM, MS
State Epidemiologist
Epidemiology Themes, 2016

1. Public health emergencies involving novel, travel-associated, or re-emerging infectious diseases are the “new normal”.
   - Ebola, Zika Virus, Lassa Fever, Malaria, MERS, Legionella, Measles, etc.

2. The success of any disease prevention or containment strategy is founded upon epidemiology and surveillance.

**Highlights:** Legionella, Zika, Travel Clinical Assistant
Legionella Cases in U.S. Nearly Quadrupled from 2000 to 2014

• 20% cases travel-associated, 20% healthcare-associated;
• Six GA outbreaks in 2016 – hospitals, hotel, manufacturing facility
Legionella Outbreaks: Prevention

- Almost all outbreaks are preventable with more effective water management.
- **Prevention is key**, remediation of outbreaks is **extremely** difficult, labor-intensive, and expensive.
- Hospitals, healthcare facilities, and building managers should develop and use a *Legionella* water management program according to new industry standards ([http://www.cdc.gov/legionella/WMPtoolkit](http://www.cdc.gov/legionella/WMPtoolkit))
• A year ago, the mosquito-borne Zika virus was beginning to reveal itself as a threat to pregnant women and their unborn babies.

• Zika remains an unprecedented public health emergency in geographic scope and clinical impact.
Zika Epidemiology, 2016

- Zika virus spread from Brazil to 50 countries in the Americas, and 61 worldwide.

- In the continental U.S, over 4,600 travel-associated Zika infections were documented (38 sexually transmitted); 1,292 in pregnant women.

- Nationally, 41 Zika-related adverse pregnancy outcomes were documented (5 pregnancy losses and 36 live born infants with birth defects)

- On July 29, 2016, the first instance of local Zika transmission in the continental U.S. occurred in Miami, Florida (total number of local cases is 256).

- On November 28, 2016, local Zika transmission was also documented in Brownsville, Texas (total number of locally-acquired cases is 6).
Zika Epidemiology Response, 2016, Georgia

• In 2016, DPH Epidemiology triaged 2,100 Zika clinical inquiries

• Facilitated Zika testing for 1,408 persons (70% among pregnant women; 93% asymptomatic).

• We documented 111 travel-related Zika infections in Georgia; seven in pregnant women, two were sexually-transmitted (both from symptomatic male partners), and one congenital infection.

• 18 dengue infections were documented among those testing Zika negative.

• DPH epidemiologists enrolled Zika-infected pregnant women into U.S. Zika Pregnancy Registry, collected all appropriate data from providers, and established a new surveillance system for birth defects.

• Zika Epidemiology Team (lead by Amanda Feldpausch) new staff: 2 Zika epidemiologists, 1 Pregnancy Registry Coordinator, and 1 Zika Birth Defects Surveillance Coordinator
Zika Tracking

We rapidly modified our existing electronic system for Ebola Active Monitoring in SendSS to a Zika Monitoring System (ZAMS) to track all patients tested for Zika; can also link to the Pregnancy and Birth Defects registries.
DPH Travel Clinical Assistant

http://dph.georgia.gov/TravelClinicalAssistant
## DPH Travel Clinical Assistant Web Tool

### Brazil

<table>
<thead>
<tr>
<th>Disease</th>
<th>Epi Facts</th>
<th>Infection Control</th>
<th>DPH Guidelines</th>
</tr>
</thead>
</table>
| **DENGUE 2016** | **Incubation:** 5d-8d (range 2d-15d)  
**Clinical hints:** Headache, myalgia, arthralgia, relative bradycardia, leukopenia and macular rash; dengue hemorrhagic (DHF) = dengue + thrombocytopenia and hemocencentration; dengue shock = DHF + hypotension  
**Transmission:**  
*Reservoir:* Human, Mosquito, Monkey  
*Vector:* Mosquito - Stegomyia (Aedes) aegypti, S. albopictus, S. polynesiensis, S. scutellaris  
*Vehicle:* Sexual transmission, Blood transfusion | N/A | Testing can be done at commercial labs; report confirmed cases to DPH |
| **ZIKA 2016** | **Incubation:** 5d-8d (range 2d-15d)  
**Clinical hints:** A mild dengue-like illness with conjunctivitis and a pruritic maculopapular rash that starts on the face and spreads to the rest of the body; joint pain is common; myalgia, retroorbital pain and leg edema may occur; may be associated with congenital neurological defect.  
**Transmission:**  
*Reservoir:* Human, Mosquito, Monkey  
*Vector:* Mosquito - Stegomyia (Aedes) species  
*Vehicle:* Blood, Breastfeeding | N/A | Contact DPH (1-866-PUB-HLTH) for triage and testing |
Evaluation of the Returning Traveler With Fever

Keren Z. Landman, MD | October 25, 2016

A Traveler With Fever

Picture it: Your next patient—either in an emergency room or an outpatient clinic—is a 30-year-old woman who has had 2 days of high fever, headache, and runny nose. While taking her history, you remark on a healing sunburn on her neck. "Oh, I got that in Brazil," she says. "You should've seen it when I first came back a week ago!"

What would you do if this happened tomorrow? What would you have done if this had happened 5 years ago?

Think Zika First

"In somebody coming back [with a fever] from Latin America or the Caribbean, Zika rings all the bells and the flags and the whistles," says Phyllis Koziarsky, MD, a travel medicine expert at the Centers for Disease Control and Prevention (CDC) and professor of infectious diseases at Emory University.

"But if we look at all people who come back with fevers from the tropics, we think about other things," she says. "Things that are common happen commonly."

Zika's explosive spread has resulted in over 3800 travel-associated cases in the United States and US territories combined in 2016. The mass media has covered the epidemic extensively, and with every spike in Zika news coverage, people search for Zika information more frequently online.¹²

At the same time, front-line physicians in primary care practices and emergency rooms are asking patients about recent travel more now than they did before the Ebola outbreak, says Dr Koziarsky. And when evaluating returning travelers from Latin America and the Caribbean, assessing them for Zika infection often takes top priority.

Zika testing may be indicated in select patients with recent travel to this region (see the CDC’s Zika Virus site for up-to-date testing recommendations). However, while evaluating ill returning travelers in the outpatient setting for this relatively new kid on the block, providers shouldn’t forget to also assess for the common infections with similar symptoms that have not stopped causing disease in the tropics—even if they’re not receiving much press for it.

Beyond Zika: Where to Start

Specialists in infectious disease or tropical medicine may be able to generate an extensive differential diagnosis for a returning traveler’s illness based on the patient’s history and physical. However, for a primary care or emergency room clinician conducting an initial outpatient evaluation, creating an exhaustive list is not as important as identifying diseases that are rapidly progressive, treatable, transmissible, or all three.

History. The evaluation starts with a careful history. A sample form is available from the CDC. Establish where the patient has

What’s Next for Epi in 2017?

1. Health emergencies are the “new normal”. What’s next?

2. We don’t know, but 100 percent certain that there will be a next one.

3. Epidemiology allows us to:

   - Begin surveillance work to inform our response to the opioid abuse crisis.
Low THC Oil Registry
Year in Review

Sheila Pierce, MPA
Constituent Services Deputy Director, DPH
Low THC – Cannabis Oil Program

**End of 2016**
- 311 Physicians Registered
- 1309 Patients Registered
- 1574 Caregivers Listed
- **Our Journey:**
  - Card cancellations
  - CMB Coordination
  - Physicians leaving the state
  - Physician Assistants
  - Patient/caregiver unable to pickup card
  - Physician referrals
  - Notification to physicians when there is a problem contacting caregiver listed
  - Vendor inquiries

**2017**
- End of first 2 year period
- First card renewal process
- Hosting a summit at VR in Spring
- Consider additional distribution locations (Counties) in the State (18)
- Proposed 2017 legislation expands conditions from 8 to 20

*July 10, 2015*
First card
Safe to Sleep Campaign

Year in Review

Terri Miller, MPH, CHES
Safe Sleep Campaign Coordinator, DPH
The **Georgia Safe to Sleep** campaign provides tools and resources that strengthen policy, provide consistent education and change infant sleep environments to:

- Prevent infant sleep-related deaths in Georgia
- Empower professionals to educate parents
- Empower families to make informed decisions about infant sleep
- Increase access to resources that support behaviors that protect infants from sleep-related deaths
- Promote ABCs of Safe to Sleep
  - Alone – in their own sleep space
  - Back – on their back, every sleep, every nap, every time
  - Crib - in a crib or bassinet with a firm, flat surface
Why A Safe to Sleep Campaign?

- Every week three infants in Georgia die due to sleep-related causes, many of which are preventable.
- Raise awareness about infant mortality rates in GA
- Provide tools to help parents and caregivers with ABCs of safe-sleep
- Partner with birth centers and perinatal centers
- Reduce infant mortality
Safe to Sleep Campaign

• Launched campaign on May 19, 2016
• Led by First Lady Sandra Deal, the Georgia Children’s Cabinet, the Academy of Pediatrics, Georgia Bureau of Investigation, Georgia Public Health, Georgia Hospital Association and Georgia Obstetrical and Gynecological Society
• Held at Wellstar Kennestone Hospital, one of the first health systems to sign the ‘Safe to Sleep’ pledge
• Presented “This Side Up” gown to mother with newborn
Safe to Sleep – Hospital Initiative

- **78 birthing hospitals participating** (100%)

  Hospitals agreed to:
  - Educate staff
  - Educate parents
  - Update/create safe sleep policy
  - Model safe sleep in the hospital
  - Distribute educational support items
Safe to Sleep - Milestones

• “This Side Up” Gown – 48,186 provided to mothers with newborns
• Bassinet – 24,818 provided to Medicaid recipients
• Sleep Baby Safe and Snug – 46,389 books provided to mothers with newborns
Safe to Sleep Outreach

- Social Media
- MARTA Ads
- Radio (:30 sec)
- Billboards (near birthing centers)
- Satellite Media Tour
- PH Insider (e-newsletter)
Educational Materials Distributed:
- 153 Safe Sleep Environment posters
- 336 pads of 50 one-page educational handouts
- 544 educational flipbooks to caregiver educators
- 2,700 Sleep Safe and Snug Baby Books to Home visiting sites
- 2,500 Sleep Baby Safe and Snug books to local car seat programs
- Webinars and trainings provided throughout the year and in partnership with Georgia Hospital Association, GA Chapter of the AAP, First Candle and many others
- Conference exhibits
Safe to Sleep – Crib Study

- Partnered with Children’s Healthcare of Atlanta, Fulton County Department of Health, Atlanta VA Medical Center and University of Georgia
Program Goals for 2017

• **Continue the Hospital Initiative**
  – Recognize hospitals that have fully implemented all aspects of the program
  – Continue to train and mentor staff

• **Evaluate the Hospital Initiative**
  – In-person hospital evaluations are complete and UGA is currently analyzing the data.
  – New Parent survey’s were also randomly collected and that information is being analyzed as well. Report expected March 2017
Program Goals for 2017

- **Implement 1st Responder Initiative**
  - EMS, Fire and Law Enforcement
- **Outreach to non-traditional partners**
  - Local food banks, pharmacists and retailers
- **Educational Efforts**
  - Provide “toolkit in a box” to regional perinatal centers and other partners for training and display

- Outreach
- Hospital-based initiative
- General Awareness
- Policy Guidance
- New Parent Outreach
- Professional Training
- 1st Responder Initiative
- Faith-based initiative
Healthy Aging/Georgia Alzheimer’s and Related Dementias
Year in Review

Elizabeth Head, MPH
Georgia Department of Public Health

Victoria Helmly, MSW
Georgia Department of Human Services
Aging and Public Health Partnership: Year in Review
01/10/2017
Victoria Helmly and Elizabeth Head
Partnership History & Year in Review

• Dept. Human Services (DHS)/Division of Aging Services (DAS) and GA Dept. Public Health (DPH) long standing partnership
  • Fall Prevention
  • Transportation (Older Driver Safety)
  • Yellow Dot
  • Healthy Aging
  • Elder Abuse
  • Alzheimer’s and related Dementia (GARD) Registry and activities

• 2016 Activities
  • Conference, grant, and program support
  • GARD support
Alzheimer’s & Related Dementias: Why a State Plan?

• In U.S.: Over 5 million, may reach 16 million by 2050
• Population aging, highest risk factor is age
• The cost of care: estimated $236 billion in 2016
• In Georgia: 130,000 with AD/dementia and expected to reach 190,000 by 2025
Alzheimer’s & Related Dementias: Why a State Plan?

• In Georgia: over 12 percent age 45+ reported they are experiencing confusion or memory loss that is happening more or is getting worse (2013)
  • Over 72 percent of those people have not talked to a health care provider about this

• According to GA Behavioral Risk Factor Surveillance Survey (BRFSS), ~385,492 (13 percent) of Georgians 45 years and older self-reported Perceived Cognitive Impairment (PCI)
History & Timeline

• Developed state plan after years of discussion
• Used the National Alzheimer’s Project Act (NAPA) as a model (signed into law in 2011)
• Written by six Task Force members+ over 65 advisors, collaborative effort
• Signed by Governor Deal in 2014
• Task Force → Advisory Council
• Creation of Work Groups (now serve as “advisors”)

+ These Task Force members were over 65 years old.
Current Advisory Council

• Abby Cox (Chair of Advisory Council)
  • Director, Division of Aging Services
• Senator Renee Unterman, District 45
  • Chairman, Senate Health & Human Services
• Representative Sharon Cooper, District 43
  • Chairman, House Health & Human Services
• Representative Tommy Benton, District 31
  • Chairman, House Human Relations & Aging
• Commissioner Frank Berry
  • GA Department of Community Health
• Commissioner Brenda Fitzgerald
  • GA Department of Public Health
2014-2016 Accomplishments of GARD

• Alzheimer’s Registry (DPH)
• Coordinator position created and funded
• Training for professionals including direct care, DPH staff, law enforcement
• Continuing Medical Education (CME)-Credit Physician Training through DPH
• Abuse, Neglect, & Exploitation app (GANE)
• HR 304 (2015)—urges higher education to infuse gerontology and dementia topics into curricula
Current GARD Work Groups

- Workforce Development
  - Assess needs of workforce, increase/improve worker education/training

- Service Delivery
  - Improve/enhance services

- Healthcare, Research, & Data Collection
  - Assess research gaps/needs, improve/increase data

- Public Safety
  - Reduce injury & prevent abuse, neglect, exploitation

- Outreach & Partnerships
  - Public awareness, collaborate resources and create partnerships

- Policy
  - Develop legislative platform
Looking Ahead

• Alzheimer’s & Related Dementias Summit in 2017
• Expand work group projects to reach goals
• Increase and expand work group membership
• Policy change
• Expand reach of evidence-based fall prevention programs
• Consider statewide implementation of Yellow Dot
• Continued partnership on funding and policy initiatives
Contact

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404-657-5275

Elizabeth Head
Elizabet.Head@dph.ga.gov
404-657-2894
Eat Move Talk

Audrey Idaikkadar, MPH
Food and Language Nutrition Program Manager, DPH
Agenda

- Program Goals
- Convening Partners
- Health Disparities Profile
- Community Listening Sessions
- Professional Development and Toolkit
- Manuscripts
- Discussion/Questions
Program Goals

Improve the health outcomes for children 0-5 years old in three target communities in Georgia (Clarkston, Dalton, and Valdosta) through promoting evidence-based messages on healthy eating and physical activity in combination with Language Nutrition, supporting brain development and language acquisition.
Program Goals

- Fruits and vegetables
- Quantity and quality of physical activity
- Quantity and quality of words spoken

To support healthy body and brain development in early childhood and school readiness.
Convening Partners

Georgia Department of Public Health

Georgia Coalition for Dual Language Learners

Bright Start

Emory University

Nell Hodgson Woodruff School of Nursing

Talk with Me Baby

Atlanta Speech School

Friends of Refugees

Georgia Early Education Alliance for Ready Students

Eat.Move.Talk!
Health Disparities Profile

Leading Health Indicator 1: Fruit and Vegetable Consumption
(Nutrition, Physical Activity, and Obesity)

Percent Adults with inadequate fruit/vegetable consumption*

<table>
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<th>Region</th>
<th></th>
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<tbody>
<tr>
<td>U.S.</td>
<td>75.7%</td>
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<tr>
<td>Georgia</td>
<td>75.7%</td>
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<tr>
<td>DeKalb County</td>
<td>70.9%</td>
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</table>

Leading Health Indicator 2: High School Graduation Rates
(Social Determinants of Health)

2015 Four-Year graduation rate by race, ethnicity, and English-learner status

<table>
<thead>
<tr>
<th>Region</th>
<th>Overall</th>
<th>American Indian/Alaskan Native</th>
<th>Asian/Pacific Islander</th>
<th>Hispanic</th>
<th>Black or African-American</th>
<th>White</th>
<th>Multiracial</th>
<th>English Learners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia</td>
<td>79%</td>
<td>73.6%</td>
<td>88%</td>
<td>72%</td>
<td>75%</td>
<td>80%</td>
<td>No data</td>
<td>56%</td>
</tr>
<tr>
<td>DeKalb County</td>
<td>71%</td>
<td>Too few students</td>
<td>65%</td>
<td>58%</td>
<td>71%</td>
<td>85%</td>
<td>77%</td>
<td>47%</td>
</tr>
<tr>
<td>City of Clarkston</td>
<td>63%</td>
<td>Too few students</td>
<td>55%</td>
<td>Too few students</td>
<td>71%</td>
<td>Too few students</td>
<td>53%</td>
<td></td>
</tr>
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</table>

Source: Governor’s Office of Student Achievement, 2015
# Health Disparities Profile Measures

<table>
<thead>
<tr>
<th>Leading Health Indicator/ Proxy</th>
<th>Clarkston, DeKalb</th>
<th>Dalton, Whitfield</th>
<th>Valdosta, Lowndes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean daily intake of total vegetables for age 2+</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Percent adults with inadequate fruit/vegetable consumption</td>
<td>70.9%</td>
<td>79.3%</td>
<td>74.8%</td>
</tr>
<tr>
<td>Percent of 3rd graders in the Healthy Fitness Zone for Body Mass Index</td>
<td>Boys: 69.05% Girls: 70.74%</td>
<td>Boys: 57.41% Girls: 64.81%</td>
<td>Boys: 65.94% Girls: 62.11%</td>
</tr>
<tr>
<td>Percent of the population living in census tracts designated as food deserts</td>
<td>25.05%</td>
<td>31.26%</td>
<td>18.68%</td>
</tr>
<tr>
<td>Percent population with no leisure time physical activity</td>
<td>21.4%</td>
<td>31.4%</td>
<td>28.9%</td>
</tr>
<tr>
<td>High school graduation rate</td>
<td>63%</td>
<td>81%</td>
<td>78%</td>
</tr>
<tr>
<td>Proficient and Distinguished Learners for the 3rd grade English Language Arts</td>
<td>15.60%/ 14.18%</td>
<td>23.70%</td>
<td>25.30%</td>
</tr>
</tbody>
</table>


Eat. Move. Talk!
Community Listening Sessions

- 70 participants (39 teachers and 31 parents)
- 59% spoke a primary language other than English, including Spanish, Arabic, Burmese, Karen, and Oromo
- 51% of the total participants were Caucasians; 39% were Black while 10% were Asians. 21% (15) of the participants were Hispanics, 79% (55) were non-Hispanics
Community Listening Sessions

• Teachers felt that families saw them as resources and were open to recommendations. Some challenges included language barriers and limited time.
• Families identified drop off, pick up, parent teacher conferences, and email and mail communication as times that they interacted with teachers.
• Participants identified challenges including access, expense of healthy food and physical activity facilities, and time to prepare food and to support reading.
Early Child Care and Education Professional Development and Toolkit

- Five Bright From the Start credit hour training
- Toolkit and Resources
- Follow Up and Technical Assistance
- Online Coaching Training: Talk With Me Baby for Infant and Toddler Teachers
  www.readrightfromthestart.org
Early Child Care and Education
Professional Development and Toolkit
Early Child Care and Education
Professional Development and Toolkit

• 90 early childhood educators trained
• 7 centers trained
• Centers have reported using resources from the training and in the toolkit to implement physical activity in the classroom, create newsletters for their parents, and to plan parent engagement meetings
Manuscripts

- “Reducing health disparities among Georgia’s children through an integrated food and Language Nutrition intervention for early care and education environments”

- “Evaluating Public and Private Partnership to Improve Food and Language Nutrition among Children 0-5 years”
Discussion/Questions
Thank You!

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Closing Comments

Phillip Williams, PhD
Chair
The next Board of Public Health meeting is currently scheduled on Tuesday, February 14, 2016 @ 1:00 PM.

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