



*Georgia Department of Public Health*

# **Board of Public Health Meeting**

Tuesday, January 10, 2017



*We Protect Lives.*

# 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



# Early Brain Development

## Georgia's Brain Trust for Babies Advisory Board



Brenda Fitzgerald, M.D.  
Georgia Department of  
Public Health; Chair



Ami Klin, Ph. D.  
Marcus Autism Center  
Co-Chair



Mindy Binderman,  
Georgia Early Education  
Alliance for Ready  
Students



Heather Bond,  
Department of  
Community Health



Bobby Cagle, Department  
of Children and Family  
Services



Michelle Carter  
Georgia Association for  
Young Children



Ton de Graauw, M.D.,  
Ph.D. Children's  
Healthcare of Atlanta



Caitlin Dooley, Ph. D.,  
Georgia Department of  
Education



Amy Jacobs,  
Department of Early  
Care and Learning



Catrina McAfee, La  
Amistad



Linda McCauley, RN,  
PhD, FAAN, FAOHN,  
Emory University



Terri McFadden, M.D.  
GA Chapter,  
American of Pediatric  
Academy



Cynthia Mercer, M.D.  
Board of Public Health,  
OB/Gyn Society



Doug Patten, M.D.  
Georgia Hospital  
Association



Emily Pelton, Voices for  
Georgia's Children



Allison Setterlind,  
Georgia Head Start  
Collaboration



Gaye Smith, Georgia  
Family Connection  
Partnership



Yasmin Tyler-Hill,  
M.D. Morehouse  
School of Medicine



Comer Yates, J.D.,  
Atlanta Speech School

# 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

# Educating Workforces Who Care for Families



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 1<sup>st</sup> 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 5<sup>th</sup>, 2016

## **Shape Quality Rated Recognition**

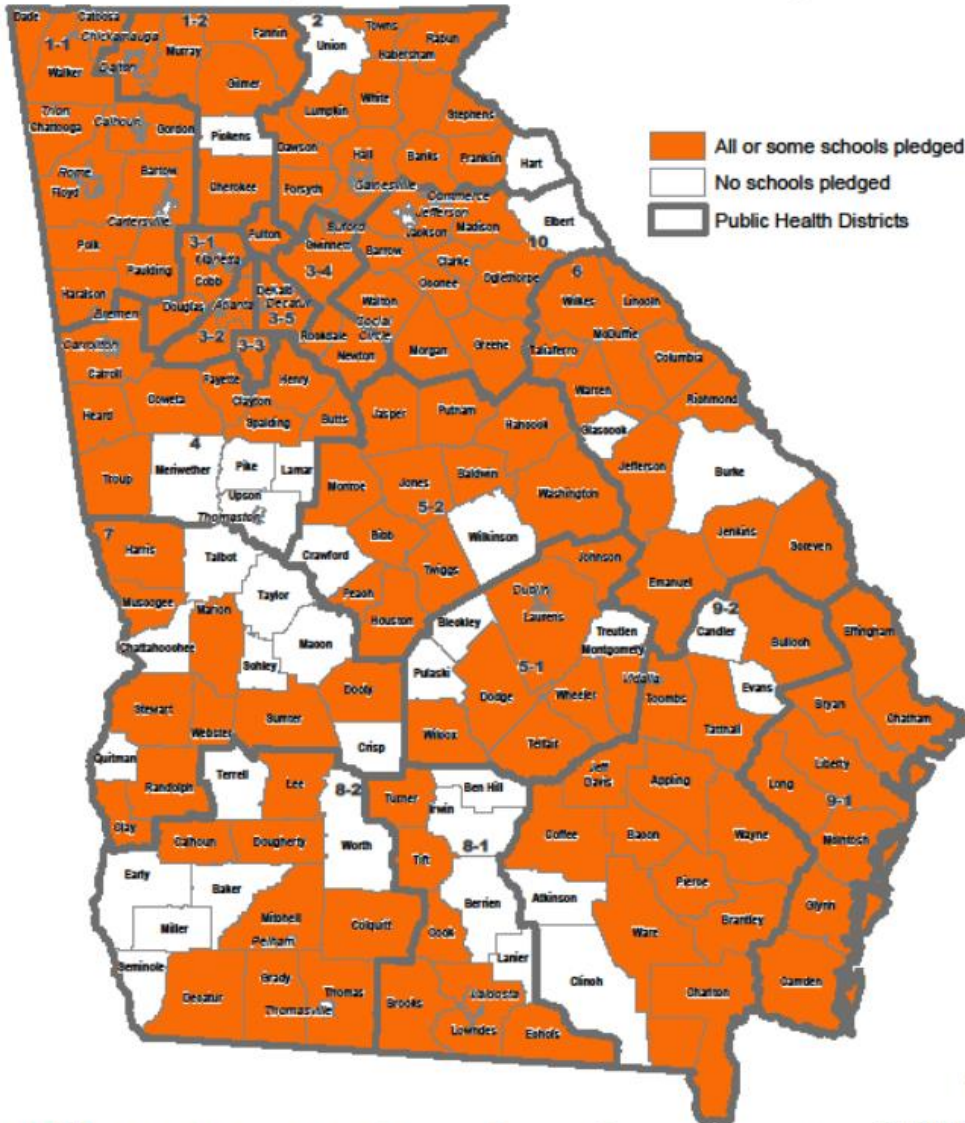
- 102 Early Care Centers Awarded to Date

## **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**



Office of Health Indicators for Planning (OHIP)  
Georgia Department of Public Health

30 0 30  
Miles

Created: August, 2016  
Source: Department of Public Health  
Projection: Georgia Statewide Lambert Conformal Conic

# Power Up for 30- Sustainability Efforts

## Electronic K-5 PU30 Training

## 6-8 Middle School Pilot

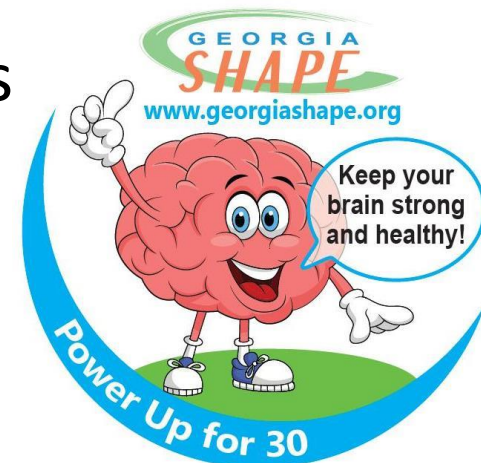
- Centene/Peach State Funded 6 Schools
- Currently Collecting MVPA Data
- New Resource Guide and Teacher Training

## Afterschool Training

- 200+ Trained Year 2 DFCS Centers
- Applied for Adolescent Funding

## Pre-Service Teacher Certificate

- University of West GA



# Data and Evaluation Updates

## **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**

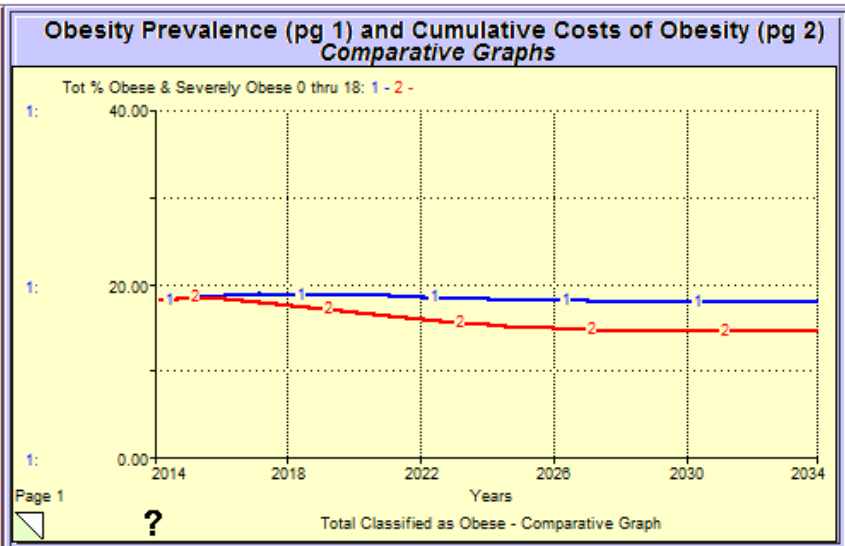
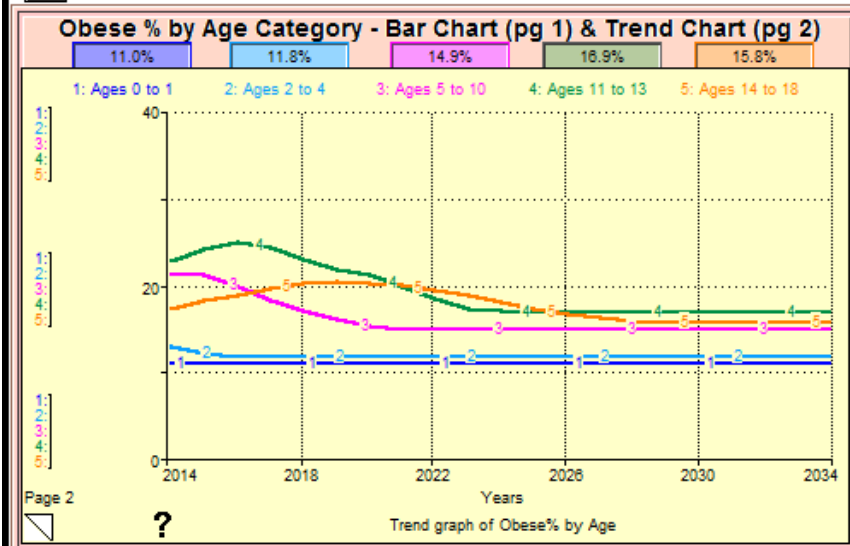
- Model intervention strategies show impact on obesity specific to Georgia
- Part of Legislator Certificate Program at GHPC
- Presentations to PTA, Food Technology Conference, ASTHO



# COB Systems Model

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

### 3. Practice Field: Test Policies



#### Instructions

#### POLICIES

		Elementary	Middle	High
Physical Education	Keep status quo?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Require?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Increase quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Require & increase quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Programs	Keep status quo?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Increase afterschool participation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Add physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Increase participation & physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom activity	Increase classroom activity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
Recess	Keep status quo?	<input checked="" type="checkbox"/>	NA	NA
	Mandate recess?	<input type="checkbox"/>	NA	NA
	Modify recess?	<input type="checkbox"/>	NA	NA
	Mandate & modify recess?	<input type="checkbox"/>	NA	NA

**Preschool**

% of Students in Preschool Programs

% with high quality activity & nutrition

**School Nutrition**

% of schools w/o a la Carte Lunch Options

**Medicaid**

Reimbursement for nutrition counseling

**Breastfeeding**

Increase breastfeeding prevalence

**Community Based**

Develop Safe Routes to School

#### Performance Measures

Obesity %	14.6%
% chg in obesity	-18.7%
Obesity Cost/Child	\$32
Annual Obesity Cost \$M	\$77
Cume Obesity Cost \$M	\$1,783

#### Impacts at age 40

Cume obesity cases averted	99,684
Cume Additional QALYs	70,963
Cume medical costs averted \$M	\$384

#### Additional Assumptions

Run

Intervention Details  
Review Goals  
Detailed Output

# Nutrition Updates

## **Strong4Life Cafeteria Project**

- 3300+ School Cafeteria Staff Trained

## **Golden Radish Farm to School Awards**

- DPH, DAgriculture, 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

# Healthcare Updates

## **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>

## **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 10<sup>th</sup>
- Co-Hosted by LT Governor's office and Georgia Shape
- 4 Categories: Community, Non-Profit, School Districts, Corporate
- To learn more visit [Georgiashape.org](http://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](mailto:EmilyAnne.Vall@dph.ga.gov)

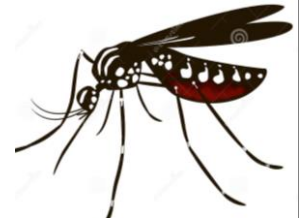


**GeorgiaShape.org**

# Epidemiology 2016: The Year in Review

Cherie L Drenzek, DVM, MS  
State Epidemiologist

# Epidemiology Themes, 2016

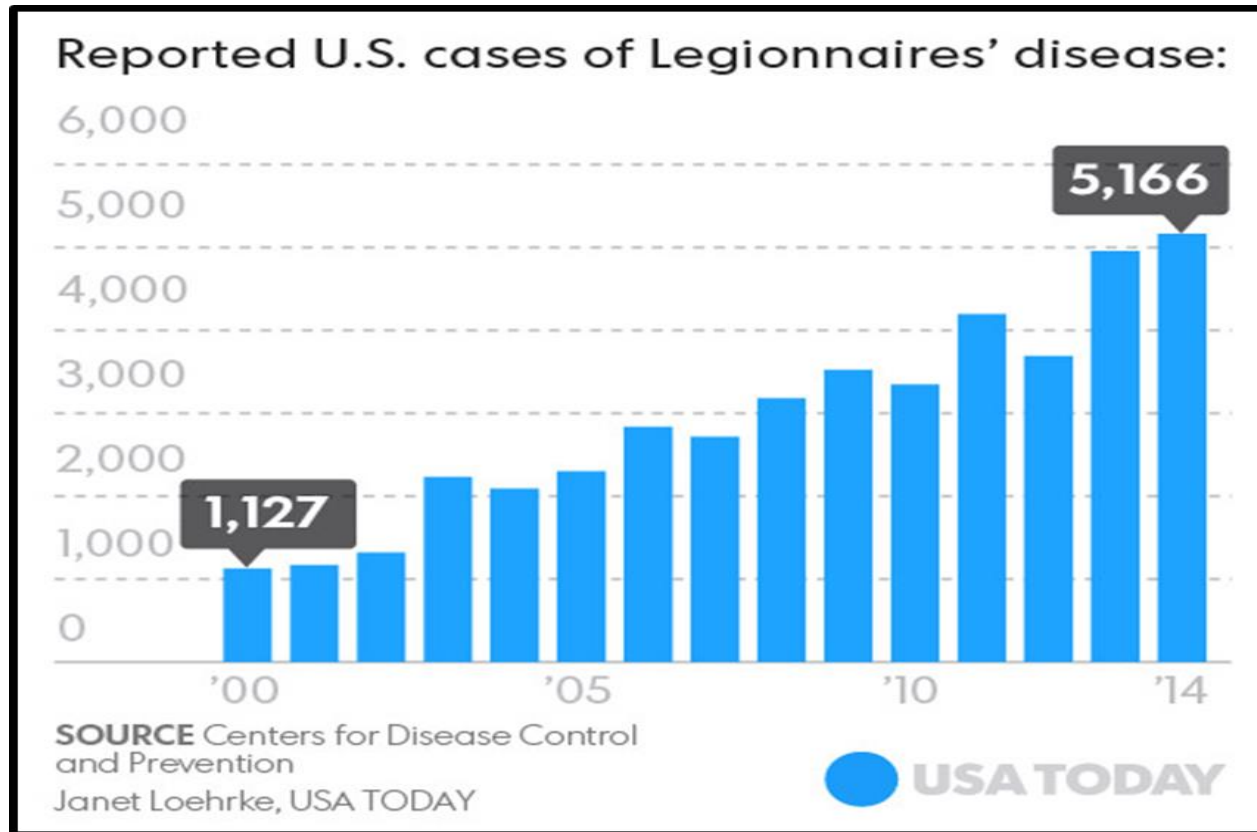


1. Public health emergencies involving novel, travel-associated, or re-emerging infectious diseases are the “new normal”.
  - **Ebola, Zika Virus, Lassa Fever, Malaria, MERS, Legionella, Measles, etc.**
2. The success of any disease prevention or containment strategy is founded upon epidemiology and surveillance.

**Highlights: Legionella, Zika, Travel Clinical Assistant**

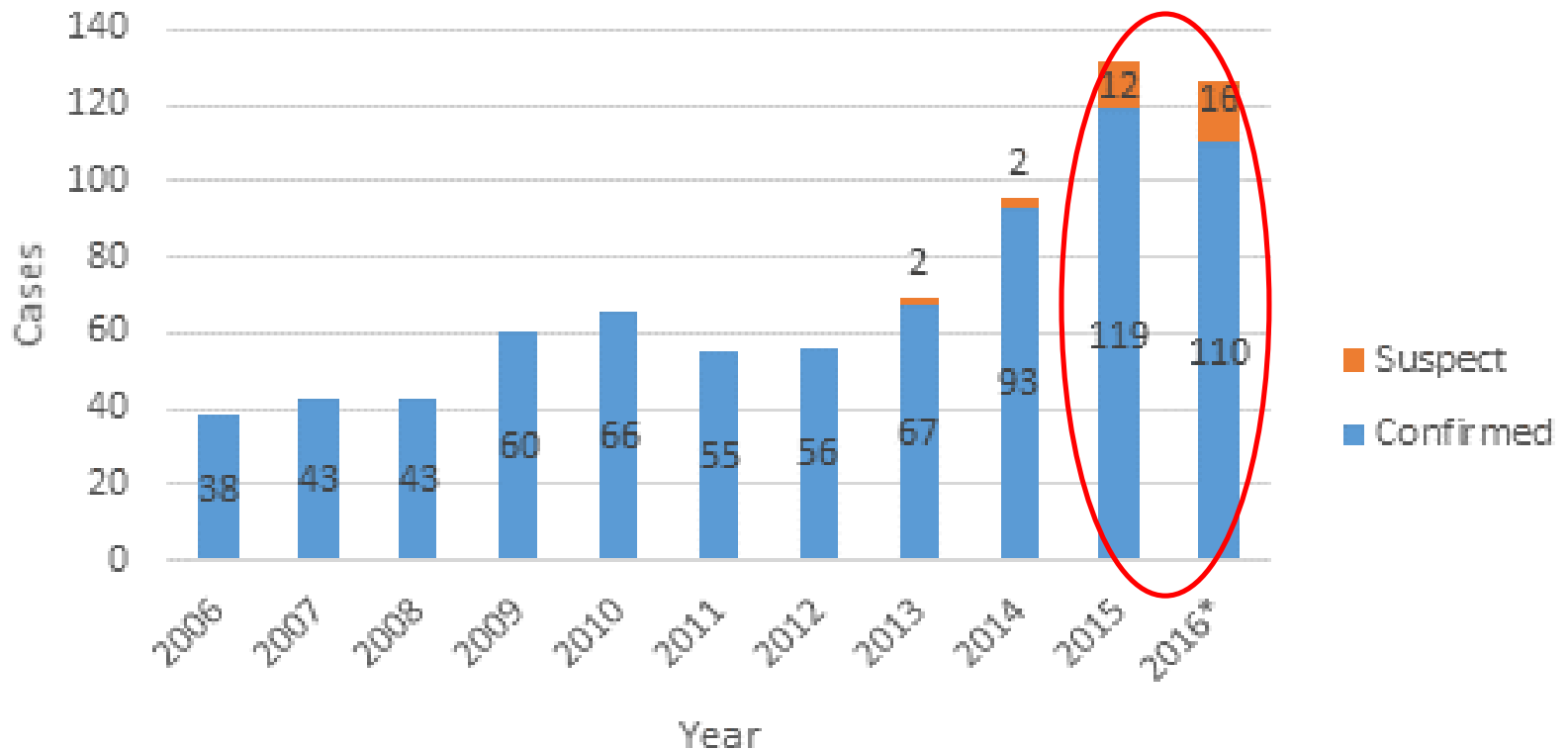


# Legionella Cases in U.S. Nearly Quadrupled from 2000 to 2014



<https://www.cdc.gov/vitalsigns/pdf/2016-06-vitalsigns.pdf>

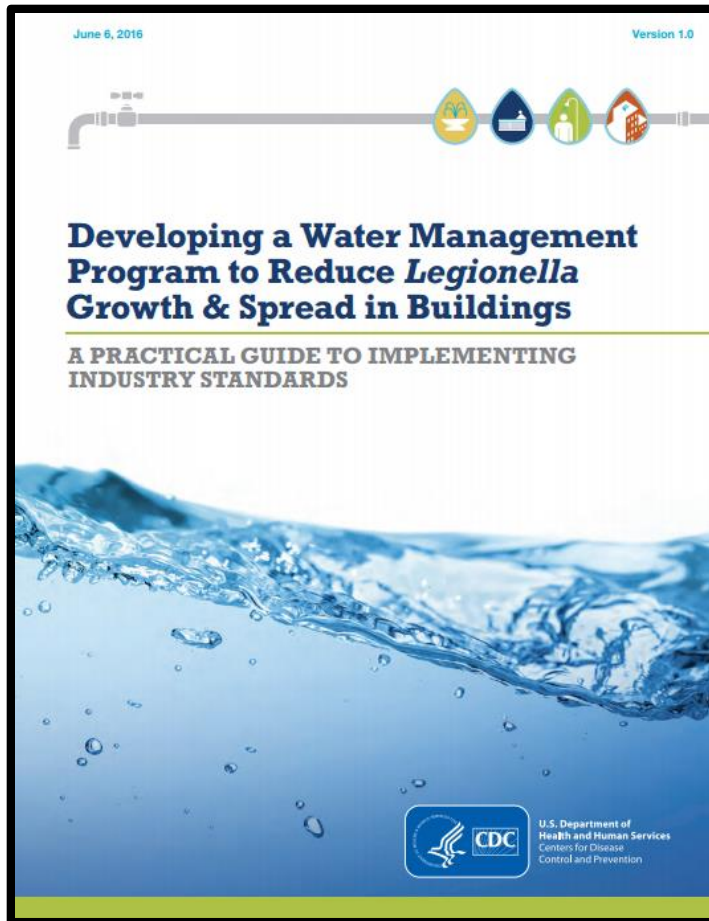
## Confirmed and Suspect Legionella Cases in Georgia (2006-2016)



\*2016 prelim data

- 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>)

- 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.

ZAMS Zika Patient Tracking
Summary

Last Name:

First Name:

Status:

District:

CDC ZIKV ID:

Date Added:

Date of Birth:

Is Traveler:

Is Pregnant:

Gender:

Patient Id:

Translator Needed:

Symptomatic:

Special Investigation:

In pregnancy registry:

Is Cdc Employee:

Zika Result Int:

Dengue Result Int:

Chick Result Int:

**Zika Patient Tracking Summary for:**  Status:

---

Summary as of 10/13/16 17:54:33

Pending:

Pending At Cdc:

Pcr Received Pending Igm:

Complete - Zika Negative:

Complete - Zika Positive:

Delete:

Complete - Dengue Positive:

Complete - Chik Positive:

Complete - Pregnancy Registry:

---

**Zika Patient Tracking:**

ID	Name	Status	District Assigned	Pregnant	Symptomatic	Special Investigation
<b>10/13/2016</b>						
177730	<input type="text"/>	Pending	<input type="text"/>	Y	N	Y
177702	<input type="text"/>	Pending	<input type="text"/>	Y	N	Y
177662	<input type="text"/>	Pending At Cdc	<input type="text"/>			
177722	<input type="text"/>	Pending	<input type="text"/>	Y	N	
177703	<input type="text"/>	Pending	<input type="text"/>	Y	N	Y
177688	<input type="text"/>	Pending	<input type="text"/>	Y	N	
177687	<input type="text"/>	Pending	<input type="text"/>	N	Y	
<b>10/12/2016</b>						

# DPH Travel Clinical Assistant

The screenshot shows the Georgia Department of Public Health website. At the top right, there are links for "About Us", "Contact Us", "Site Map", and "Translate". Below these is a search bar with the text "Search this site" and a magnifying glass icon. The main header features the DPH logo and the text "Georgia Department of Public Health". Below the header is the slogan "We Protect Lives". A navigation menu contains five items: "About DPH", "Programs", "I Want To...", "Contact DPH", and "PHInsider Blog". The main content area features a blue box with the title "New Web Tool for Travel-Related Illness" and a "Read More" button. To the right of the text is a photograph of a female doctor in a white coat with a stethoscope, holding her hands out, with an airplane flying in the background. At the bottom of the blue box, there is a pagination control with a "||" icon and numbered buttons 1 through 6, where button 3 is highlighted.

<http://dph.georgia.gov/TravelClinicalAssistant>

*We Protect Lives.*



# DPH Travel Clinical Assistant Web Tool

## Brazil

### Recent Outbreaks (3)

Disease	Epi Facts	Infection Control	DPH Guidelines
DENGUE 2016	<p><b>Incubation:</b> 5d-8d (range 2d-15d)</p> <p><b>Clinical hints:</b> Headache, myalgia, arthralgia, relative bradycardia, leukopenia and macular rash; dengue hemorrhagic (DHF) = dengue + thrombocytopenia and hemoc concentration; dengue shock = DHF + hypotension</p> <p><b>Transmission:</b>  <b>Reservoir:</b> Human, Mosquito, Monkey  <b>Vector:</b> Mosquito - <i>Stegomyia (Aedes) aegypti</i>, <i>S. albopictus</i>, <i>S. polynesiensis</i>, <i>S. scutellaris</i>  <b>Vehicle:</b> Sexual transmission, Blood transfusion</p>	N/A	Testing can be done at commercial labs; report confirmed cases to DPH
ZIKA 2016	<p><b>Incubation:</b> 5d-8d (range 2d-15d)</p> <p><b>Clinical hints:</b> 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.</p> <p><b>Transmission:</b>  <b>Reservoir:</b> Human, Mosquito, Monkey  <b>Vector:</b> Mosquito - <i>Stegomyia (Aedes) species</i>  <b>Vehicle:</b> Blood, Breastfeeding</p>	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 Kozarsky, 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.<sup>[1]</sup>

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 Kozarsky. 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

[http://www.kerenlandman.com/uploads/6/9/5/2/69523983/medscape\\_article\\_-\\_fever\\_in\\_returned\\_travelers.pdf](http://www.kerenlandman.com/uploads/6/9/5/2/69523983/medscape_article_-_fever_in_returned_travelers.pdf)

# 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:

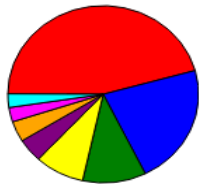


Begin surveillance work to inform our response to the opioid abuse crisis.

# **Low THC Oil Registry Year in Review**

Sheila Pierce, MPA  
Constituent Services Deputy Director, DPH

THC Patients by Condition



Condition	Number	% of Total
SEIZURES	607	45.64%
CANCER	293	22.03%
MULTIPLE_SCLEROSIS	143	10.75%
CROHNS	112	8.42%
MITOCHONDRIAL	57	4.29%
PARKINSONS	50	3.76%
SCLEROSIS	35	2.63%
SICKLE_CELL	33	2.48%
<b>Total</b>	<b>1330</b>	<b>100%</b>

# 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



*We Protect Lives.*

# **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

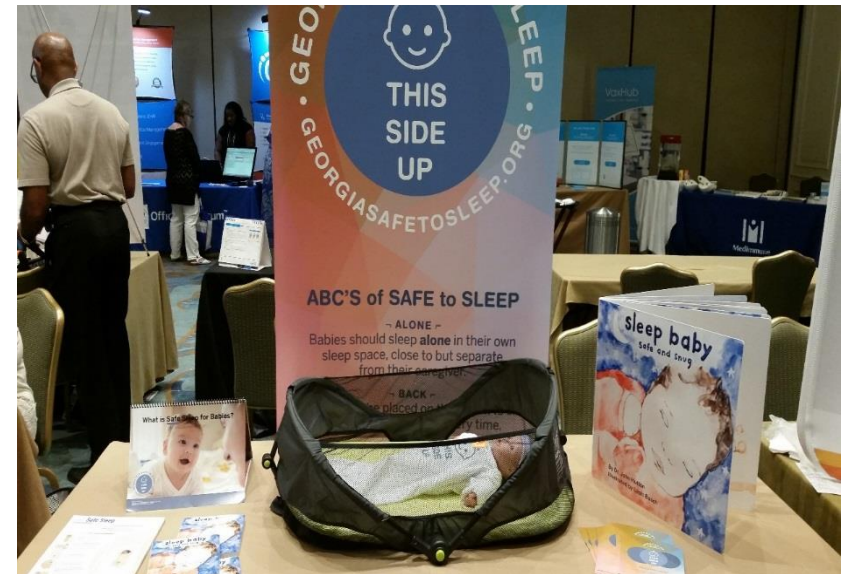
# Safe to Sleep Outreach



- Social Media
- MARTA Ads
- Radio (:30 sec)
- Billboards (near birthing centers)
- Satellite Media Tour
- PH Insider (e-newsletter)

# Safe to Sleep – Community Education

- **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
  - 3,500 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



## New Parent Survey



We want to hear from you!



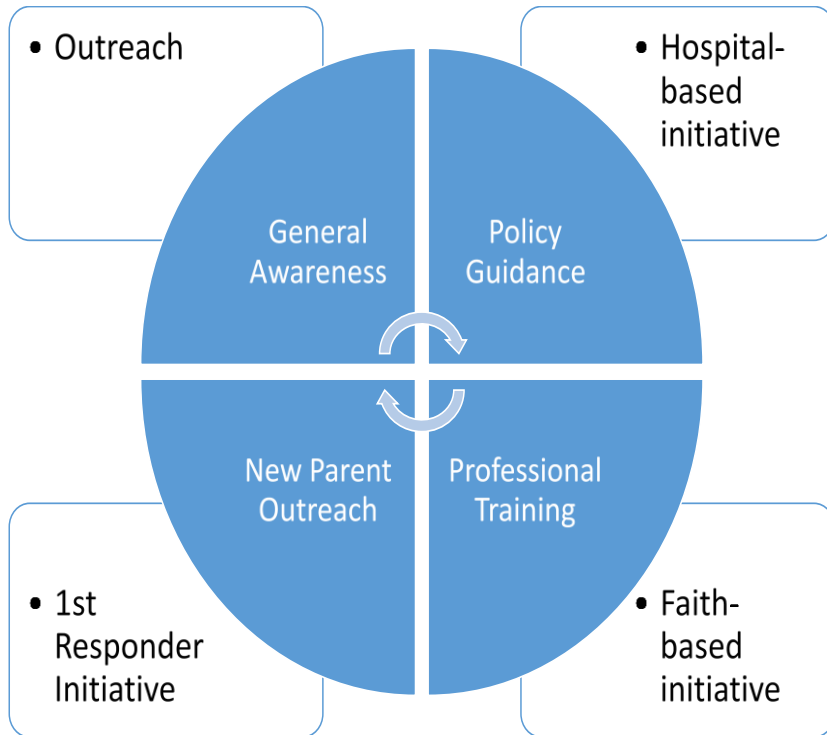
The University of Georgia and the Georgia Department of Public Health are conducting a research survey to learn about infant safe sleep practices and how helpful the Safe to Sleep Hospital Initiative is for families. The survey should take about 10-20 minutes to complete.

If your infant was born in Georgia and is between the ages of 1 to 6 months, visit the following link (or call 706-713-2707) to enter a drawing for a \$50 gift card and/or to take the survey: <https://goo.gl/yP8mDw> (disponible en Español) Or scan the QR code to the right →



For questions about the study, please contact Dr. Trina Salem Ward at (706) 542-2585 or [salemward@uga.edu](mailto:salemward@uga.edu).

# Program Goals for 2017



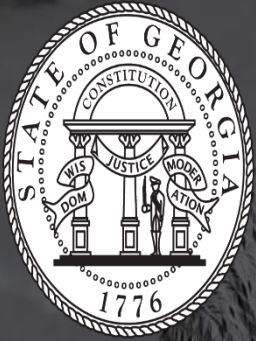
- **Implement 1<sup>st</sup> Responder Initiative**
  - EMS, Fire and Law Enforcement
- **Outreach to non-traditional partners**
  - Local food banks, pharmacists and retailers
- **Educational Efforts**
  - Provide “toolkit in a box” to regional perinatal centers and other partners for training and display



# **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



**Georgia Department  
of Human Services**

Division of Aging 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”)



# 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

Victoria Helmly

[Victoria.Helmly@dhs.ga.gov](mailto:Victoria.Helmly@dhs.ga.gov)

404-657-5275

Elizabeth Head

[Elizabeth.Head@dph.ga.gov](mailto:Elizabeth.Head@dph.ga.gov)

404-657-2894



# **Eat Move Talk**

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

# Agenda

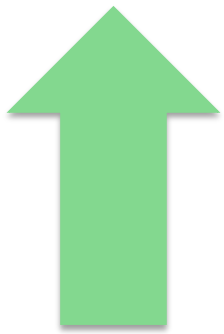
- Program Goals
- Convening Partners
- Health Disparities Profile
- Community Listening Sessions
- Professional Development and Toolkit
- Manuscripts
- Discussion/Questions

# 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 Coalition  
for Dual Language Learners



Friends  
of  
Refugees





# Health Disparities Profile



## Georgia State Partnership for Food and Language Nutrition

### Health Disparities Profiles

DeKalb county and the city of Clarkston  
Whitfield county and the city of Dalton  
Lowndes county and the city of Valdosta



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

Percent Adults with inadequate fruit/ vegetable consumption\*

Region	
U.S.	75.7%
Georgia	75.7%
DeKalb County	70.9%

\*Source: Behavioral Change, Georgia Department of Education, 2016  
Health Indicators Measurement (by Department of Health & Human Services, Health Indicators Measurement, 2008-09  
with six measures, namely: intelligence, risk factors, nutrition, physical activity, and fruit/vegetable consumption)

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

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

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

Source: Governor's Office of Student Achievement, 2015

# Health Disparities Profile Measures

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

Data Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09. Source geography: County; Georgia Department of Education, 2016; US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010; Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012; Governor's Office of Student Achievement, 2015; Governor's Office of Student Achievement, 2015

# 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

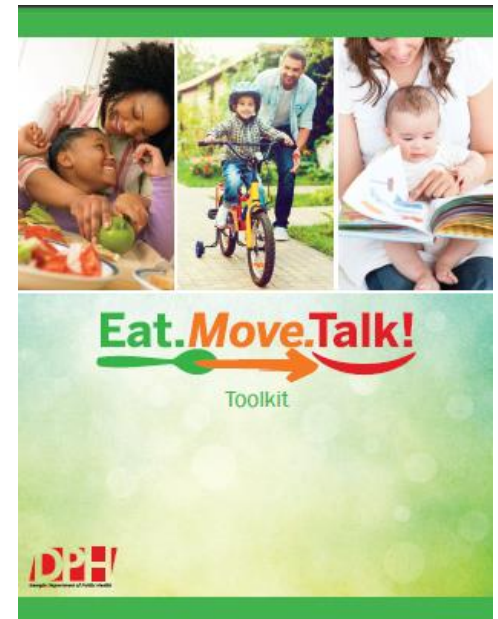


# Community Listening Sessions

- 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](http://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!

Audrey Idaikkadar

[Audrey.Idaikkadar@dph.ga.gov](mailto:Audrey.Idaikkadar@dph.ga.gov)

404-657-0614



# 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](mailto:huriyyah.lewis@dph.ga.gov)