



*Georgia Department of Public Health*

# Presentation to DCH Board Members 10-10-13

Brenda Fitzgerald, M.D.  
Commissioner GA DPH



*We Protect Lives.*

# Newborn Screening

- 108,000 newborns screened in 2012
- Screened within first 3 days of birth
- 28 genetic disorders
  - Sickle Cell Anemia
  - Cystic fibrosis
  - Amino Acid disorders (PKU, Maple Sugar Urine Disease)
- Untreated - physical and mental disabilities or death
- Treated - healthy lives, manageable conditions

# Vital Records

132,239 Births in Georgia in 2011

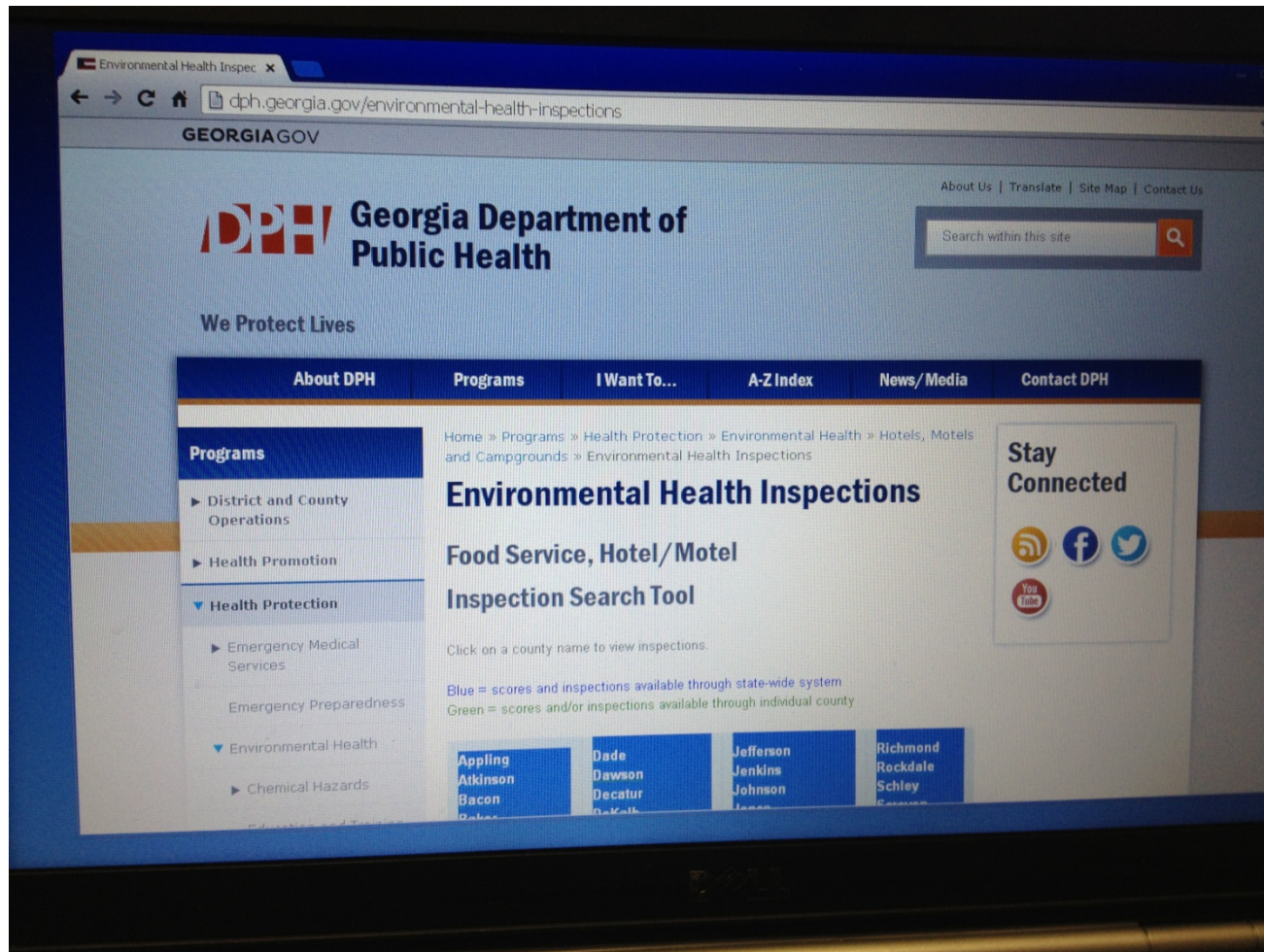


# 20<sup>th</sup> Century Peak & Current Morbidity for VPDs

	Prevaccine (in peak year)	2011	% Reduction of Cases
Diphtheria	30, 508	0	100
Measles	763,094	222	99.9
Mumps	212,932	404	99.8
Pertussis	265,269	18,719	92.9
Paralytic polio	63,302	0	100
Rubella	488,796	4	99.9
Tetanus	601	36	94.0
Hib, type b (age < 5 yrs)	20,000 (yearly average in 1980's)	4, plus 226 of unknown type	>99.8



# Restaurant Inspections



[dph.georgia.gov/environmental-health-inspections](http://dph.georgia.gov/environmental-health-inspections)

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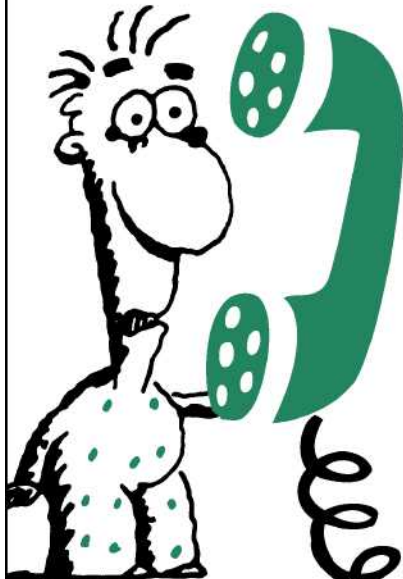
# GA Tobacco Quit Line

## Stop smoking. Start dialing.



### What is the Georgia Tobacco Quit Line?

The Georgia Tobacco Quit Line provides free counseling, a resource library, support and referral services for tobacco users. The Quit Line is available for all Georgia residents age 13 or older. It is easy to use and accessible for all Georgians because most have access to a phone, and there are no constraints such as transportation or support-group fees.



### How does it work?

Pick up the phone and start dialing the Georgia Tobacco Quit Line at 1-877-270-STOP. The call is free and so is the service. Callers to the Quit Line are connected to a trained counselor who provides:

- An assessment of readiness to quit
- A customized quit plan, including up to five additional counseling phone calls
- Motivation and problem-solving advice
- Up-to-date information about physician-recommended pharmacological support, such as nicotine gum, nicotine patches and other items
- Information about cessation insurance benefits
- Information about and referral to other cessation services, including local resources
- A Georgia Tobacco Quit Kit, including materials tailored to your readiness to quit

### Who can use the Georgia Tobacco Quit Line?

Georgia residents ages 13 or older.

### Who pays for the Quit Line?

The Quit Line is funded by the Master Tobacco Settlement through Georgia's Department of Human Resources, in partnership with the Georgia Cancer Coalition. That means there is no charge to you. You will receive free, professional support that's tailored to your needs.

### Why a Georgia Tobacco Quit Line?

Studies show that telephone-based cessation programs like the Quit Line produce significantly higher quit rates than programs that use self-help materials alone.

Trained professionals make a difference. You will get help from the Quit Line counselors who have special training and expertise in:

- Cessation from all forms of tobacco – cigarettes, pipes, cigars and spit
- Information and decision support about physician-prescribed pharmacological support
- Skill-building and problem-solving
- Relapse prevention

A few smokers achieve abstinence in an initial quit attempt. More than 70 percent of the 50 million U.S. smokers have tried to quit, and 46 percent of smokers try to quit each year. Tobacco dependence is an addiction where you may face periods of relapse and remission.

More than 11,000 people die in Georgia every year from tobacco-related illnesses. In spite of these chilling statistics, 23 percent of Georgia adults smoke. An estimated 30,000 Georgia children begin smoking every year and another 10,000 begin to use spit tobacco.

*"Now you can rely on the Georgia Tobacco Quit Line. It's free, easy to use and proven effective."*

—Dr. Louis Sullivan, former Secretary of the Department of Health and Human Services

# 1-877-270-STOP

**We Protect Lives.**



# GA DPH Disaster Response

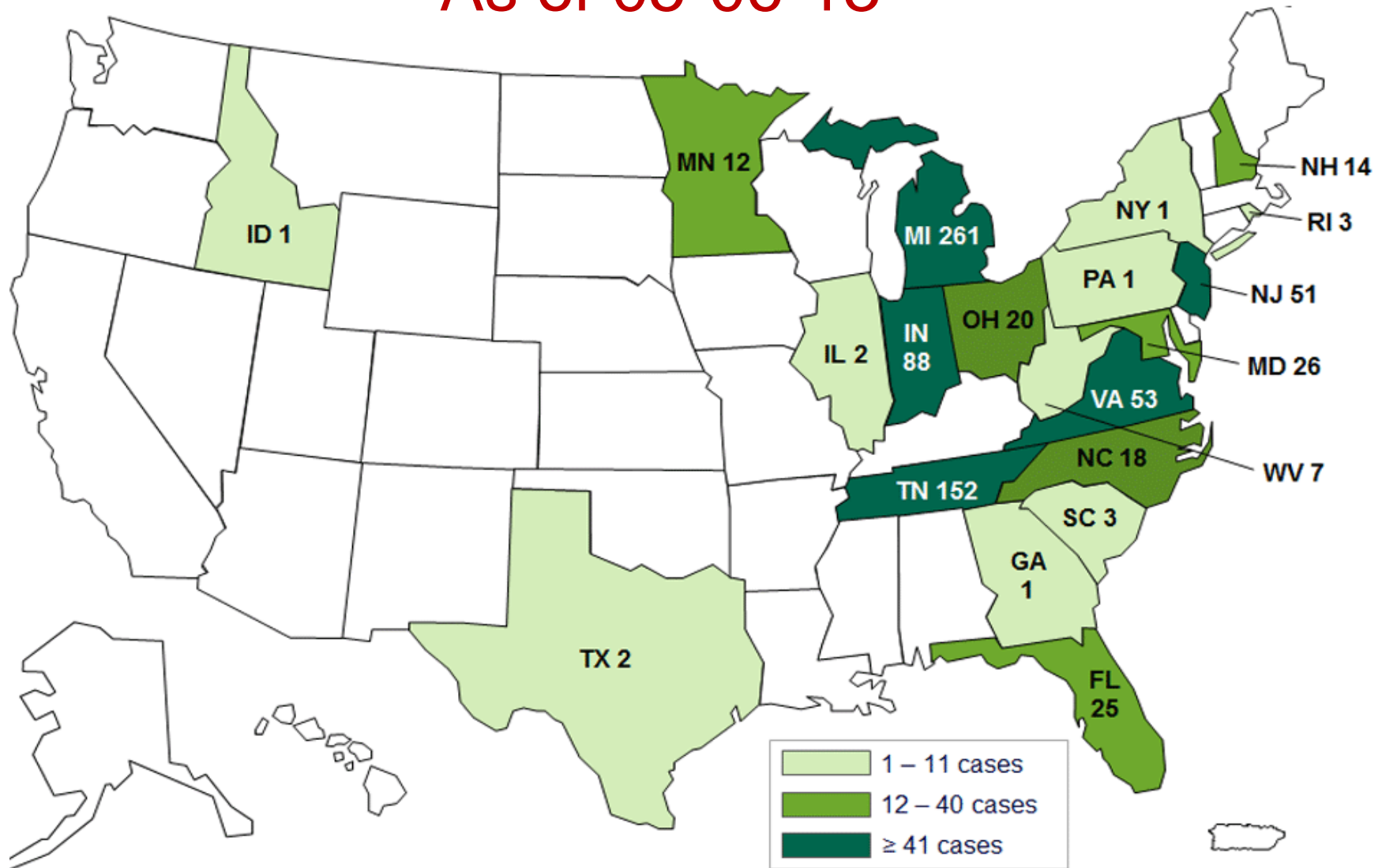
- Water
- Food
- Shelter
- Sanitation
- Medicine
- Solid Waste
- Electric Power
- Heat
- Transportation
- Communication



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# Multi-State Meningitis Outbreak

As of 05-06-13






# GA Epidemiologic Investigation

## Priority #1

### Rapid recognition of illness and prompt initiation of therapy to prevent severe complications


- Notified 180 patients
- Warned patients to pay attention to symptoms and alerted physicians to consider fungal meningitis
- Electronic communication to 32,000 physicians/PAs in GA
- Monitored exposed cohort for at least 6 week period (last injection September 24)



Georgia Department of Public Health

Important Message from the Commissioner

*We Protect Lives.*



Brenda Fitzgerald, M.D.  
Commissioner, Georgia  
Department of Public  
Health




Dear Dr. Clanton,

The Georgia Department of Public Health (DPH) is working with the CDC and the FDA to investigate an outbreak of fungal (*Aspergillus*) meningitis among patients who received an epidural steroid injection. Several of these patients also suffered strokes that are believed to have resulted from their infection. As of October 4, 2012, five deaths have been reported - none, however, occurring in Georgia and no infections have been found in Georgia to date. Because the greatest risk for patients infected with fungal meningitis is delayed diagnosis, I feel it important as your State Health Officer to convey this important information. Similar alerts are occurring throughout the nation.

Current U.S. cases are associated with a potentially contaminated medication. Investigation into the exact source is ongoing; however, interim data show that all infected patients received injection with preservative-free methylprednisolone acetate (80mg/ml) prepared by New England Compounding Center, located in Framingham, MA. **DPH has been notified that affected medication was delivered to a healthcare facility in the Macon area and clinicians in that area should be extra vigilant. To date, DPH is aware of no other affected shipments arriving in Georgia.**

As of October 4, 2012, a total of 35 cases in the following six states have been identified: Florida (2 cases), Indiana (1 case), Tennessee (25 cases, including 3 deaths), Maryland (2 cases, including 1 death), North Carolina (1 case), and Virginia (4 cases, including 1 death).

Follow Us!



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# GA Department of Public Health

- Health Promotion and Disease Prevention
- Maternal and Child Health
- Infectious Disease and Immunization
- Environmental Health
- Epidemiology
- Emergency Preparedness and Response
- Volunteer Health Care
- Office of Health Equity
- Vital Records
- State Public Health Laboratory
- Refugee Health Program
- Emergency Medical Services, Pharmacy, Nursing

# Georgia Childhood Obesity

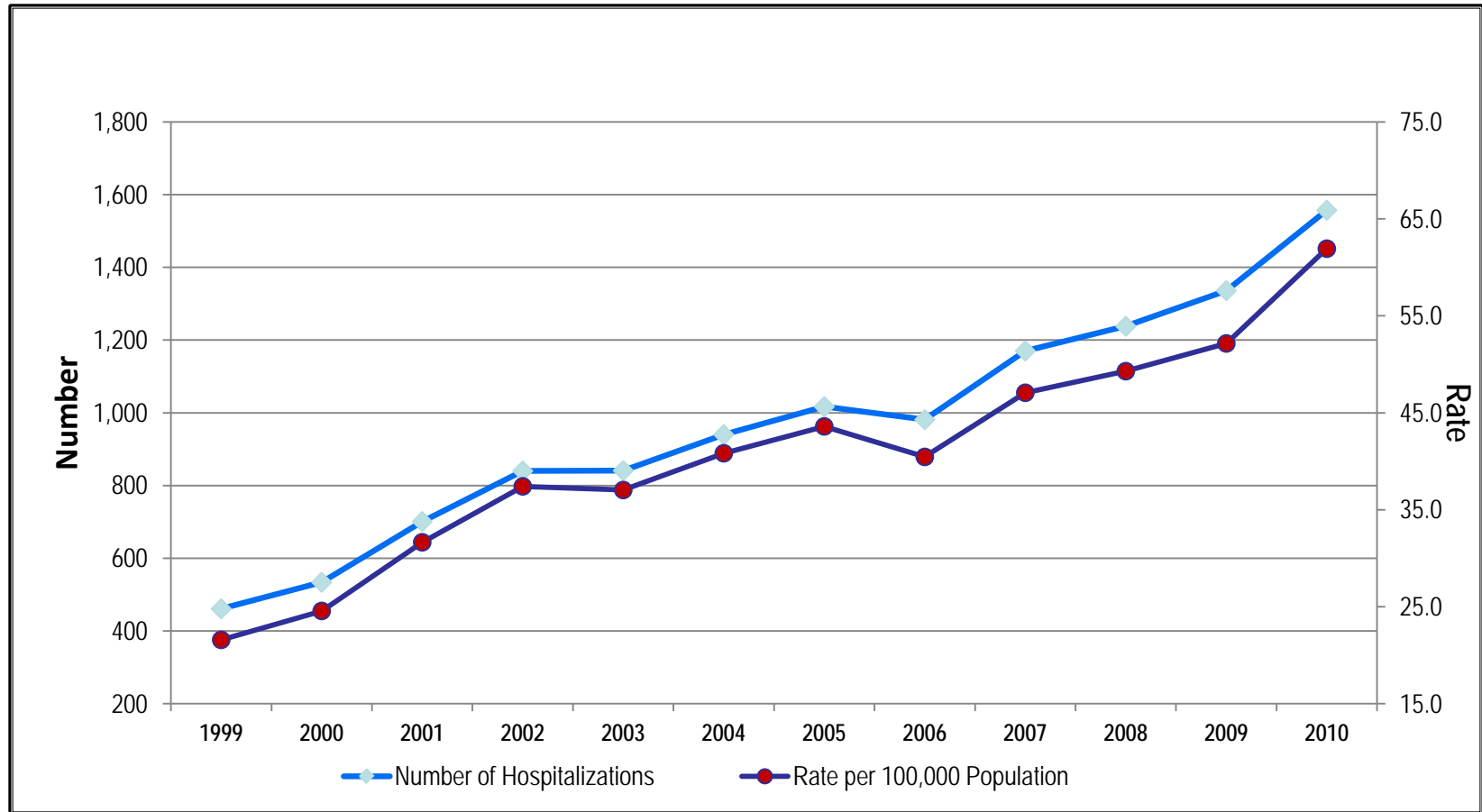
Georgia ranks 17th **in the nation**  
for childhood obesity  
(Georgia ranked second in 2009)



*One **child** at a time | One **step** at a time | One **healthy meal** at a time*

*We Protect Lives.*

# Obesity/Overweight Related Hospitalizations, Ages 2-19



338% Increase



# Rising Cost of Obesity

- \$2.4 Billion in direct medical costs and lost productivity in 2008
- Obesity-related health costs could climb by 24.3% by 2030
- Five percent reduction in BMI could save 7.7% in health care costs

# Georgia SHAPE



Georgia SHAPE is a statewide, multi-agency, multi-dimensional initiative of Governor Nathan Deal that brings together governmental, philanthropic, academic and business communities to address childhood obesity in Georgia



# Georgia SHAPE

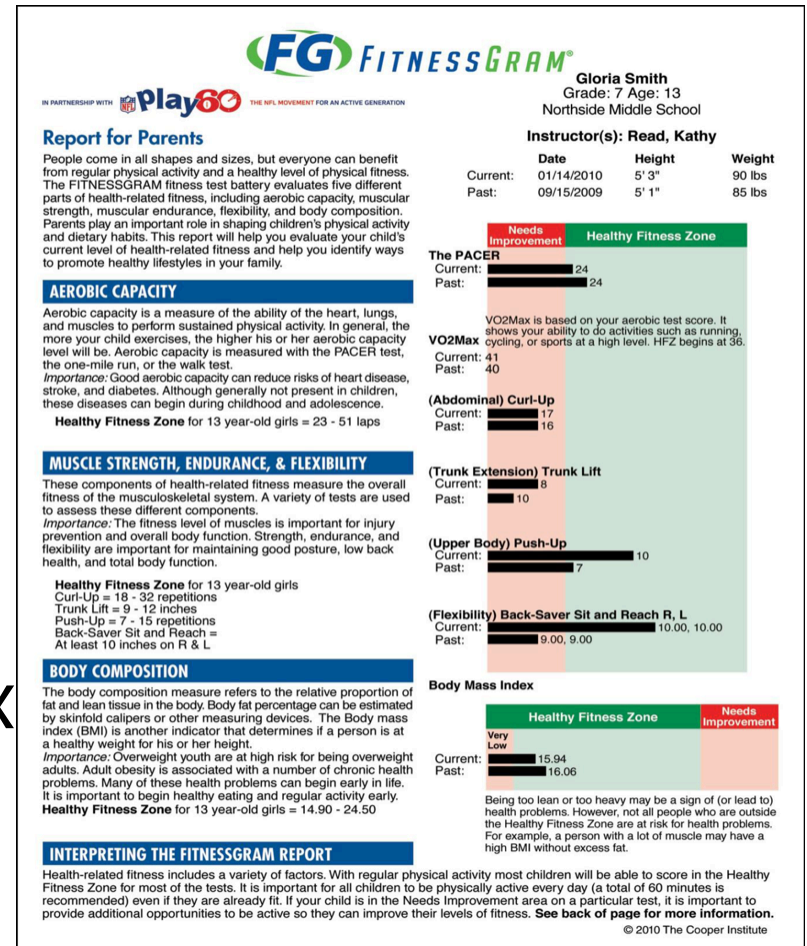
- 2011-2012 school year
- Annual fitness assessment, all local school districts
- Grades 1-12, enrolled in fitness classes taught by certified physical education teachers
- 998,774 students tested



# FitnessGram

## Assessments:

1. Aerobic Capacity
2. Flexibility
3. Muscular Strength
4. Muscular Endurance
5. BMI (Body Mass Index)





# Georgia SHAPE FitnessGram Results

- 43% of Georgia children are overweight or obese
- Only 16% of Georgia children were able to pass all SHAPE basic fitness tests
- 20% of Georgia children were not able to pass **ANY** SHAPE basic fitness tests

# Obesity Prevalence Among Preschool Children

**Y. Claire Wang et al / American Journal  
of Preventive Medicine (2012)**

Change needed = **33** kcal a day for  
children ages 2- 5

# Small Changes – Big Impact



One chocolate sandwich  
cookie = 55 kcal



Half a cup of  
oat cereal = 55 kcal



2 graham crackers = 59 kcal

# Small Changes – Big Impact

20 minutes  
bike riding = 32 kcal



15 minutes  
kicking  
a soccer  
ball = 33 kcal



15 minutes  
jumping  
rope = 38 kcal





# Georgia SHAPE State Collaboration

- 5-Star Hospital Initiative (GHA)
- Bright from the Start (DECAL)
- Georgia Grown (Dept. of Agriculture)
- Tons of Fun (DNR)
- Power Up for 30 (DOE)
- Physician Training (CHOA & GAAAP)
- Walk Georgia (UGA)



# Power UP for 30

• **MOVE Your Body** • **SHAPE Your Mind** •

Daily exercise challenges the brain so it can grow. Incorporating **30 MINUTES** of additional physical activity into the daily school routine, without altering academic schedules, can create an enhanced learning environment.

## Where can you **FIND 30 MINUTES** & **WHAT WORKS?**

### **BEFORE School**

**Morning Cardio &  
Group Workouts  
10-30 Minutes**

Yoga  
Spin Class  
Zumba  
Zero Hour Run  
Walk to School  
Open Gym  
Brains & Bodies

### **DURING School**

**Breaks & Active  
Lessons**

**2 – 10 Minutes**  
Brain Breaks  
Fitness for Life  
Lesson Plans  
Active Academics  
Deskercise  
Just a Minute  
Energizers

### **AFTER School**

**Clubs & After Hours  
30 Minutes**

Safe Routes  
Web Log  
Move More  
Unlock the Playground  
Walk/Run Clubs  
Facility Joint Use  
Scavenger Hunts  
Fundraisers

# GeorgiaSHAPE.org



GEORGIA  
**SHAPE**

One child at a time | One step at a time | One healthy meal at a time

at your fingertips locator  
**Fitness**

Enter Zip  Distance  go

News: Action for Healthy Kids announces grant opportunities

[f](#) [t](#) [You Tube](#)

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Your **FITNESSGRAM** is here  
Understand the Numbers

[Read More](#)

**Easy Resources**

 Eating **Healthy** at Home is **Easy**  
[Click for Recipes](#)

 Find **Fitness** Near **You**  
[Search Now](#)

 Offering **Fitness?** Share your program **Here**  
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 Good **Sports** Equipment

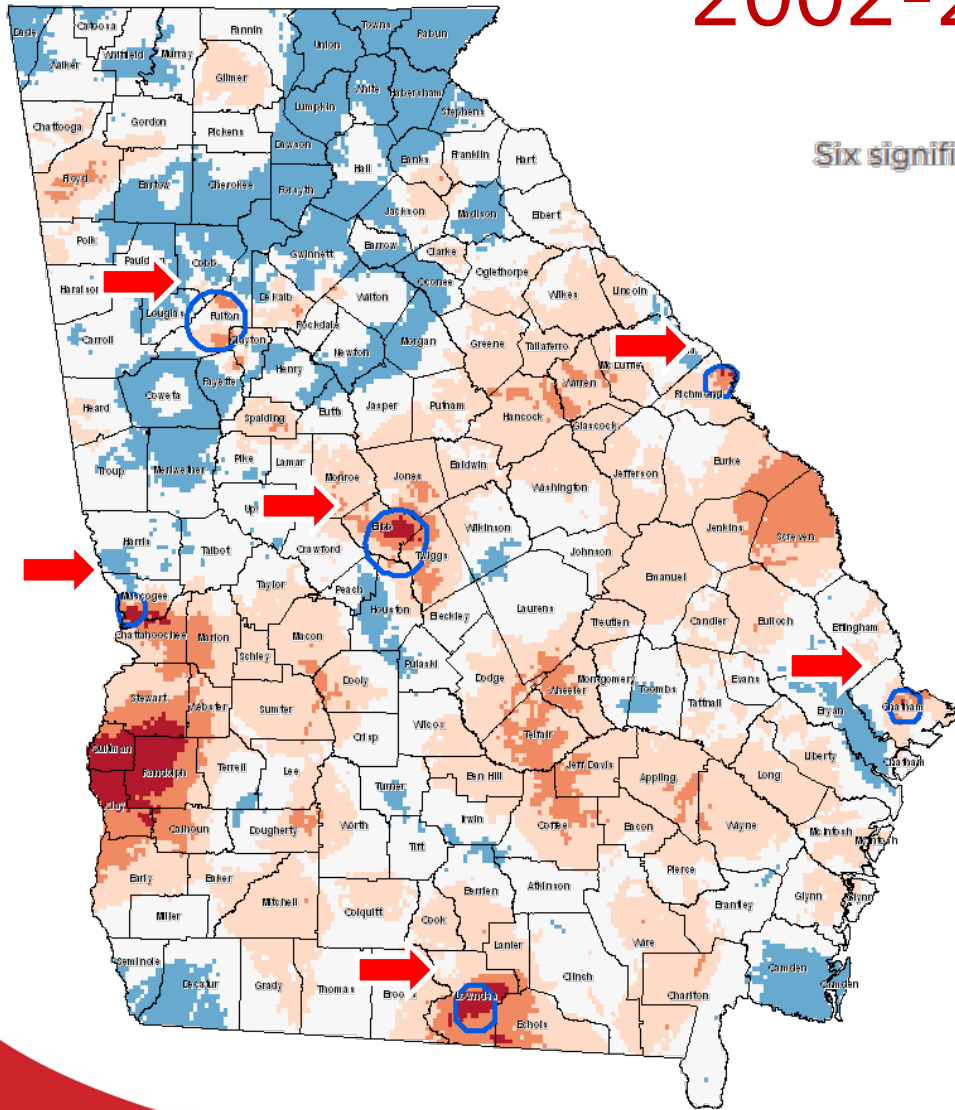
**An Amazing Cookbook**

**Gov. Deal Talks GA SHAPE**

**Easy Exercise**

*We Protect Lives.*

# Georgia Infant Mortality Clusters 2002-2006



Six significant clusters of infant deaths were found across the state:

### Cluster A: Fulton, Douglas, Cobb and Clayton Counties

### Cluster B: Bibb, Twiggs, Houston and Jones Counties

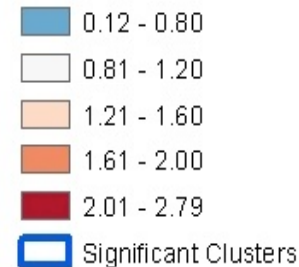
### Cluster C: Muscogee and Chattahoochee Counties

### Cluster D: Lowndes County

### Cluster E: Richmond County

### Cluster F: Chatham County

## SMR

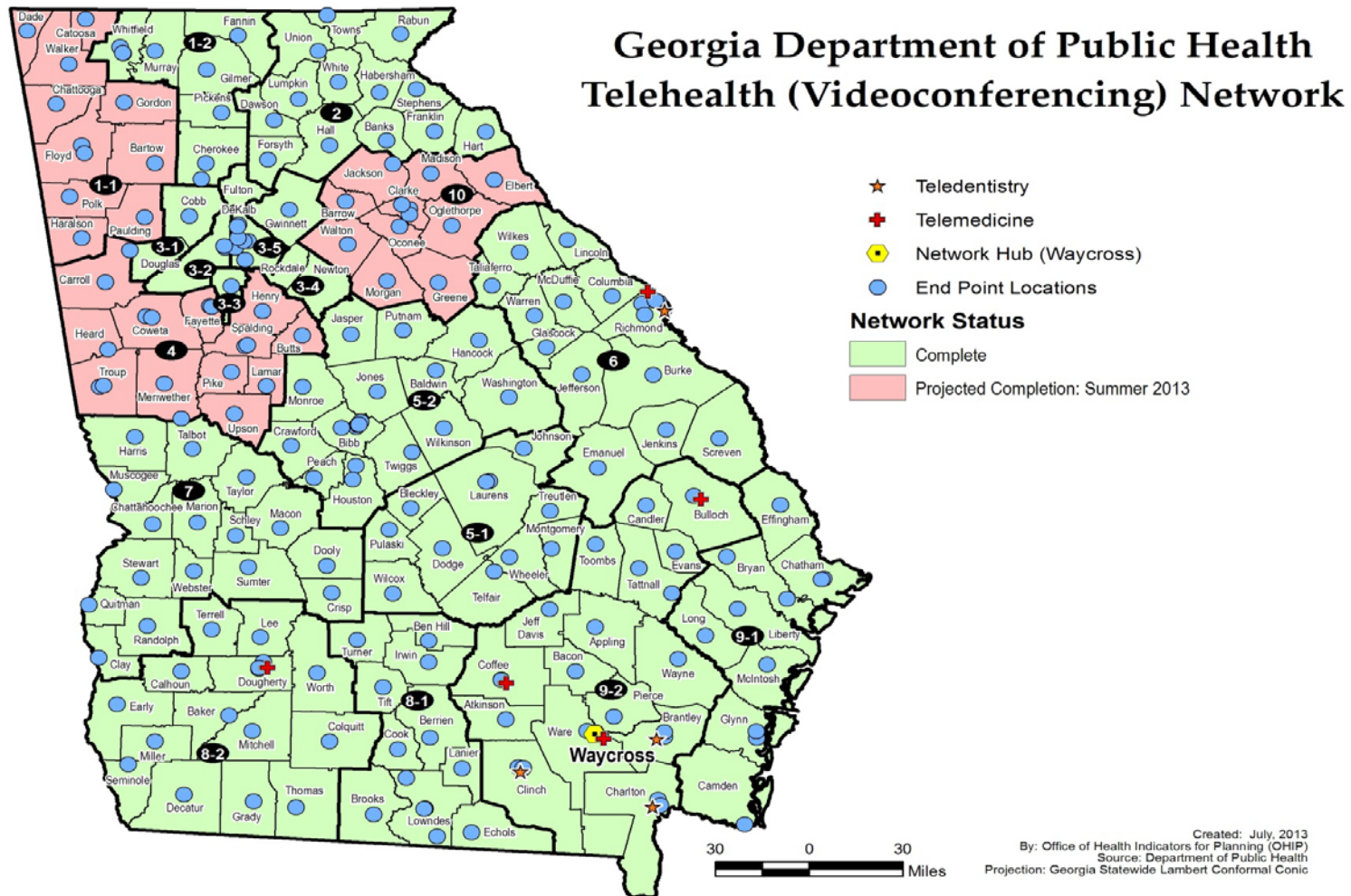




# 19 Georgia counties with a deficit of OB services



# Georgia Telehealth



# Georgia Infant Mortality

- Decreased infant mortality in Georgia from
  - 8.4 in 2006
  - to
  - **6.8 in 2011**



# Thank You!

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