

DPH Priorities and Statewide Initiatives

School and Community Health Leadership Conference/ Sara Kroening/ November 7, 2018

Georgia Public Health

159 County Boards of Health

18 Public Health Districts

18 District Health Directors

1 State Office: **Multiple**
Programs

1 Commissioner

1 Board of Public Health



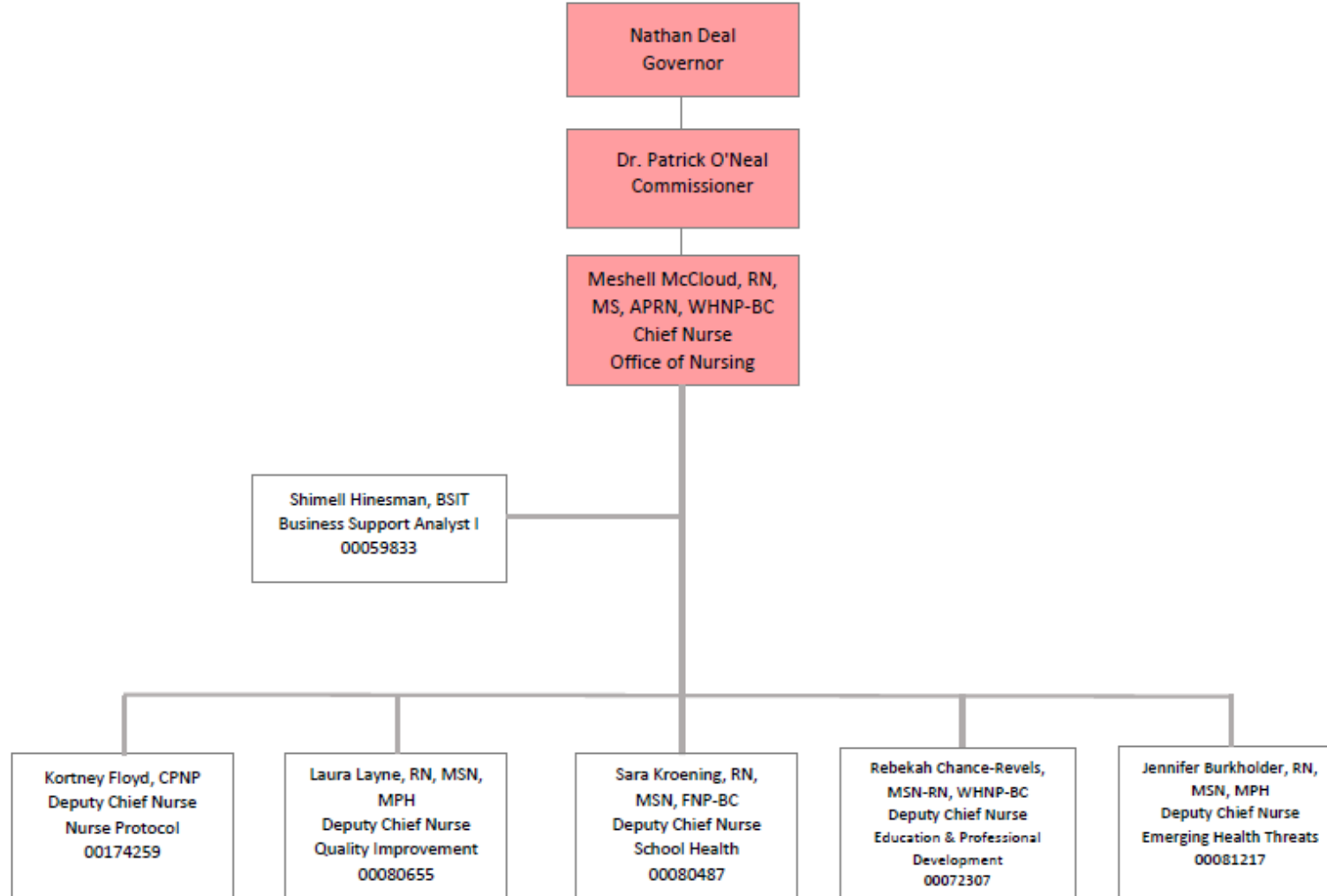
Roles of the County, District, and State

County: provide direct services (e.g., STD treatment, HIV screening and care, immunizations, restaurant inspections, emergency response activities, youth development programs, community education)

District: provide administrative infrastructure (e.g., future direction, data analysis, personnel, billing, planning, technical assistance to counties) and district-wide services (e.g., epidemiological investigations, TB Management and emergency response activities)

State: provide technical assistance, allocate funds, oversee programs, liaison to grant funding sources

Office of Nursing



DPH Priorities

- Early Brain Development
- Opioid and Substance Misuse
- Cardiac Centers
- Electronic Systems Modernization

Promoting Early Brain Development

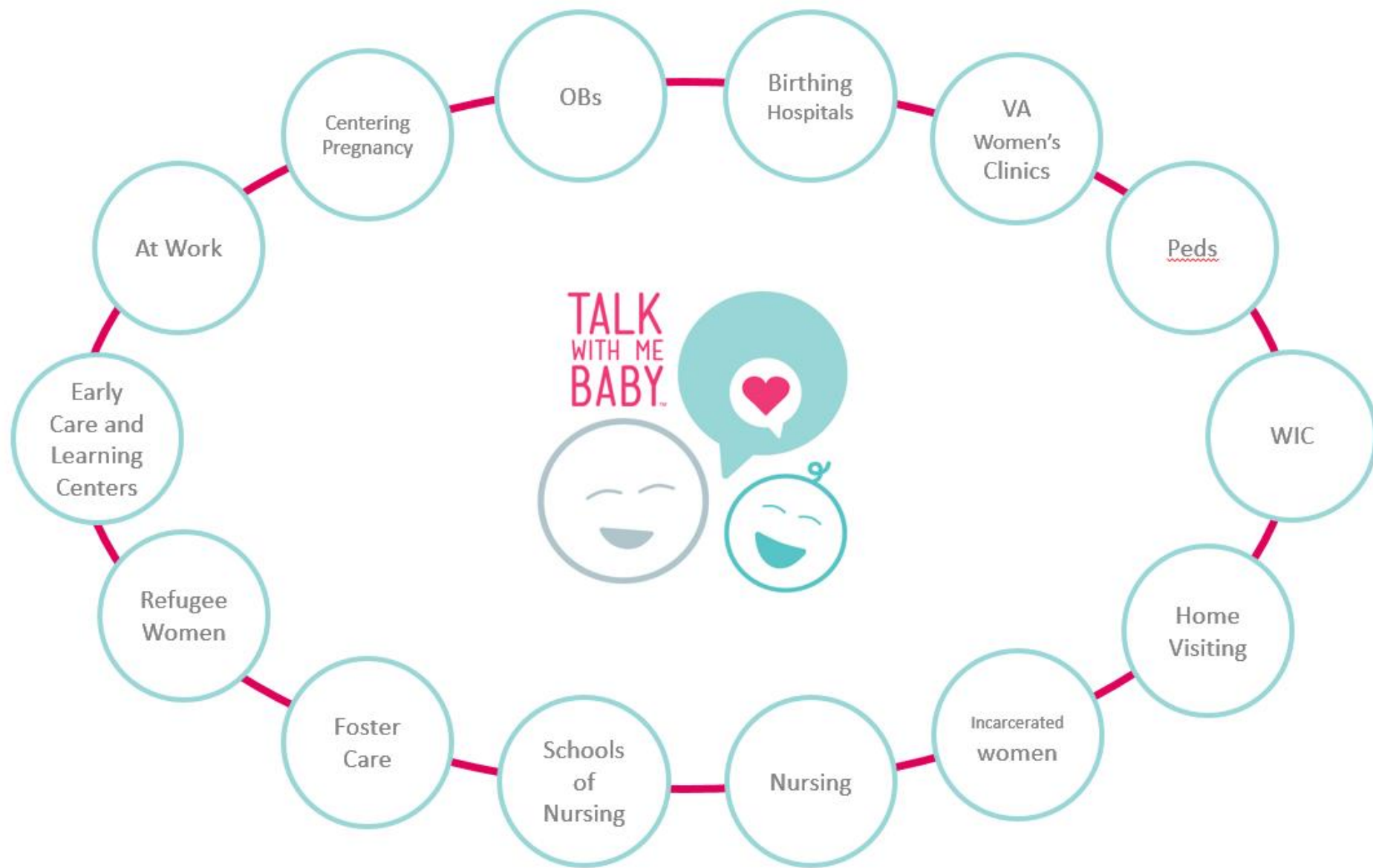
Early Brain Development

- Created **Brain Trust for Babies**
- **Newborn Screening** for 31 disorders
- **Early Hearing Detection and Intervention** 1-3-6 month benchmarks to screen, diagnose, intervene
- **Babies Can't Wait** increased **autism** screening and treatment
- **Talk with Me Baby (TWMB)**—one of four nationally-recognized initiatives to increase language nutrition
- **TWMB** partnered with **Scholastic** to develop the ***TWMB BOARD BOOK***
- **Children 1st** identifies developmental delays and links to interventions
- **Home Visiting** program promotes early language literacy
- **Oral Health** promotes oral health literacy
- **Centering Pregnancy Programs** to reduce preterm births
- **Safe to Sleep** campaign

Talk With Me Baby

- A population-based initiative to ensure every child, beginning in utero, receives essential “language nutrition”
- The quantity and quality of nourishing language are critical to healthy brain development
- Abundant language nutrition ensures a strong foundation for
 - Social-emotional, cognitive development
 - Language and literacy
 - Pathway to third grade reading proficiency, high school graduation, lifelong success





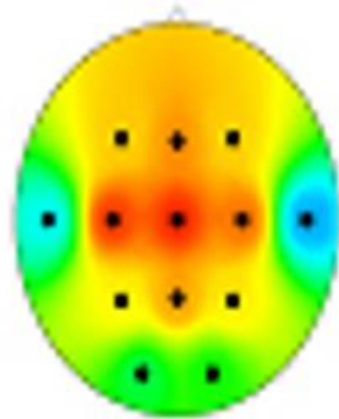
Build My Brain

- Connecting the science of early childhood development to work in early childhood education, public health, and social services.
- No matter your role, you can be a change agent for children's healthy brain development and lifelong well-being.
- [Build My Brain](#) course on Cox Campus Read Right from the Start



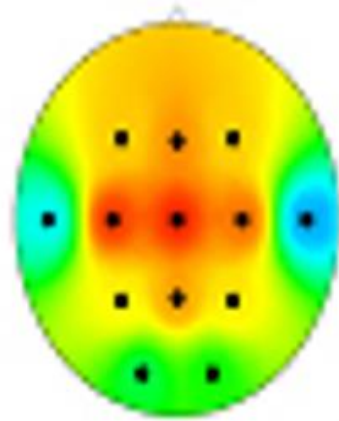
Brain Activity in an 8 Year Old Child

EEG in an 8 year
old child, never
been in
institutional care

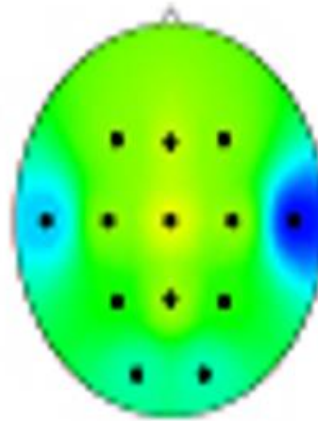


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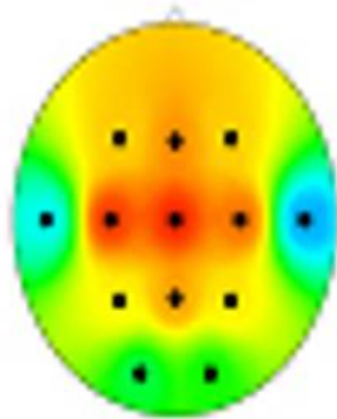


EEG at 8 years old among children in institutional care

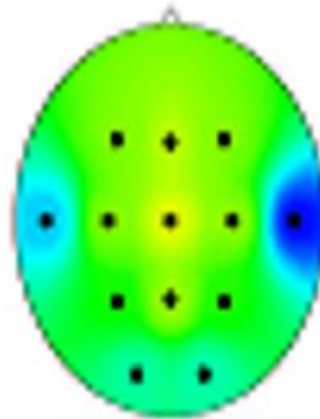


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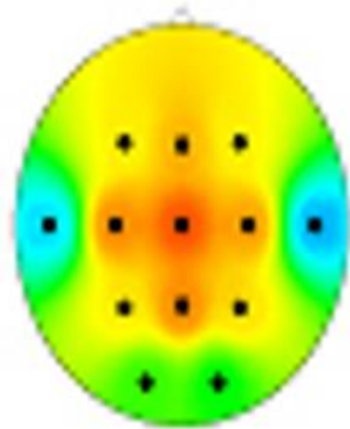
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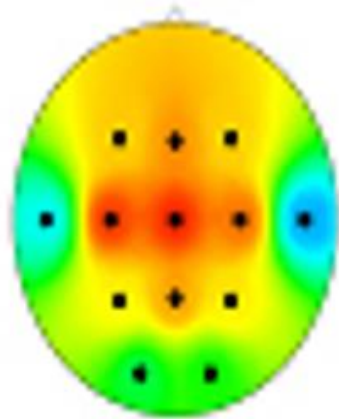


EEG of children in foster care before 24 months of age

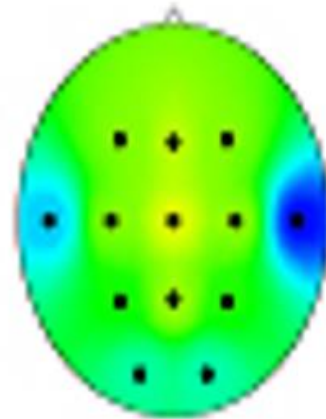


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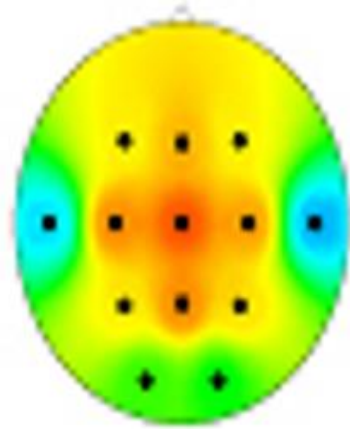
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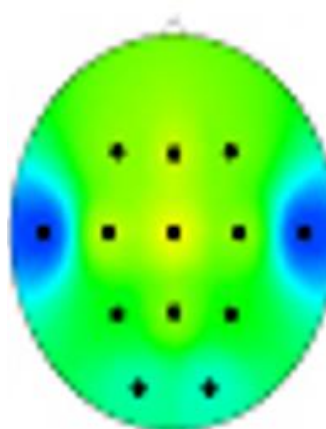
EEG at 8 years old among children in institutional care



EEG of children in foster care before 24 months of age



EEG of children in foster care after 24 months of age



Physical Nutrition

- **Approximately 40% of Georgia's students are outside of the healthy fitness zone for Body Mass Index.**
- Georgia SHAPE—recognized by CDC in 2017 as a Hi 5 Best Practice



Email Georgia.Shape@dph.ga.gov for more information!

Initiatives to Address the Opioid Crisis

Program Objectives

1. Establish a strong interagency Steering Committee.
2. Conduct surveillance to describe the opioid epidemic in Georgia, identify opioid overdose hotspots, and respond to clusters of overdoses.
3. Establish a statewide Strategic Plan on opioid and prescription drug misuse and overdose.
4. Enhance the Prescription Drug Monitoring Program (PDMP).

Opioid Overdose Surveillance

Background: The U.S. Opioid Epidemic

- In 2017, >49,000 people died of an opioid overdose, and 16,000 of a heroin overdose
- From 2000–2016
 - Opioid overdose deaths increase 5X
 - >600,000 people died from drug overdoses (~115 deaths/day)
- Prescription opioids are a driving factor
 - Prescription opioid sales quadrupled from 1999–2010
- Illicit opioids are driving recent increases in overdose deaths
- How do we determine the scope of the problem in Georgia?



Opioid Overdose Surveillance

- The success of any disease prevention or containment strategy is founded upon epidemiology and surveillance
- Surveillance is hard to do!
 - How do you know how many people are at risk of addiction, overdose, death? Many limitations to every data source!
- Use available data to describe the extent of the epidemic, and examine trends/hot spots
- Inform partners to direct prevention, treatment, enforcement, and policy decisions

Drug Overdose Surveillance Unit

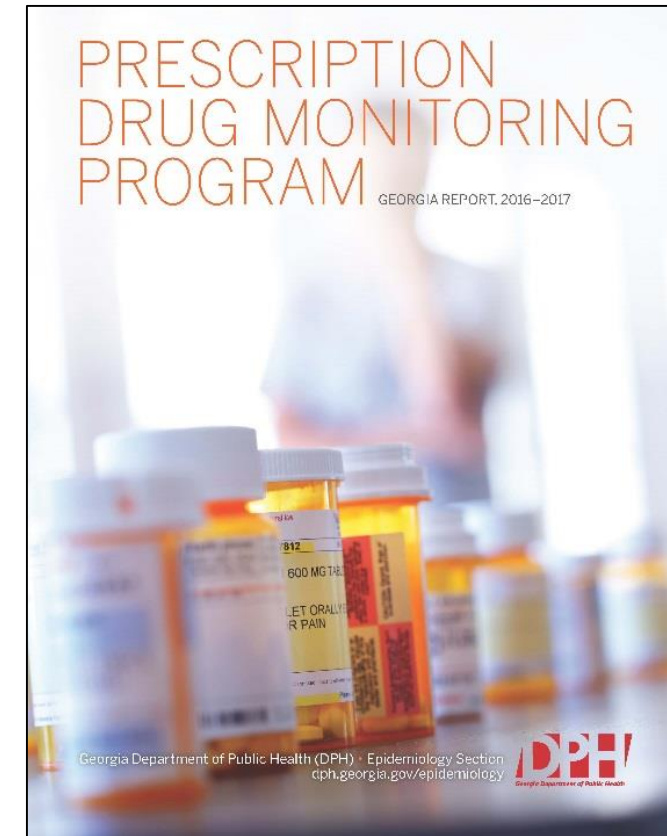
Began in 2017, funded by 3 CDC grants to conduct opioid overdose surveillance

Team of epidemiologists, biostatisticians, and information technologists

Goals

- Identify and respond to overdose clusters
- Produce data reports
- Fulfill data requests
- Facilitate data access
- Create visual displays

Website: <https://dph.georgia.gov/drug-overdose-surveillance-unit>



Current Surveillance Data Sources

- Hospital and Emergency Department (ED) discharge data
- Syndromic surveillance (SS)
- Emergency Medical Services (EMS) reports
- Neonatal Abstinence Syndrome (NAS) reports
- Prescription Drug Monitoring Program (PDMP)
- Death certificates, Coroner/Medical Examiner & toxicology reports
- GBI Drug seizure data
- Overdose Detection Mapping Application Program (ODMAP)
- Potential data sources: Behavioral surveys
 - Behavioral Risk Factor Surveillance System (BRFSS)
 - Youth Risk Behavior Surveillance System (YRBSS)
 - National HIV Behavioral Surveillance (NHBS)
 - Global School-based student health survey (GSHS)

Surveillance Reports

Annual opioid overdose surveillance reports

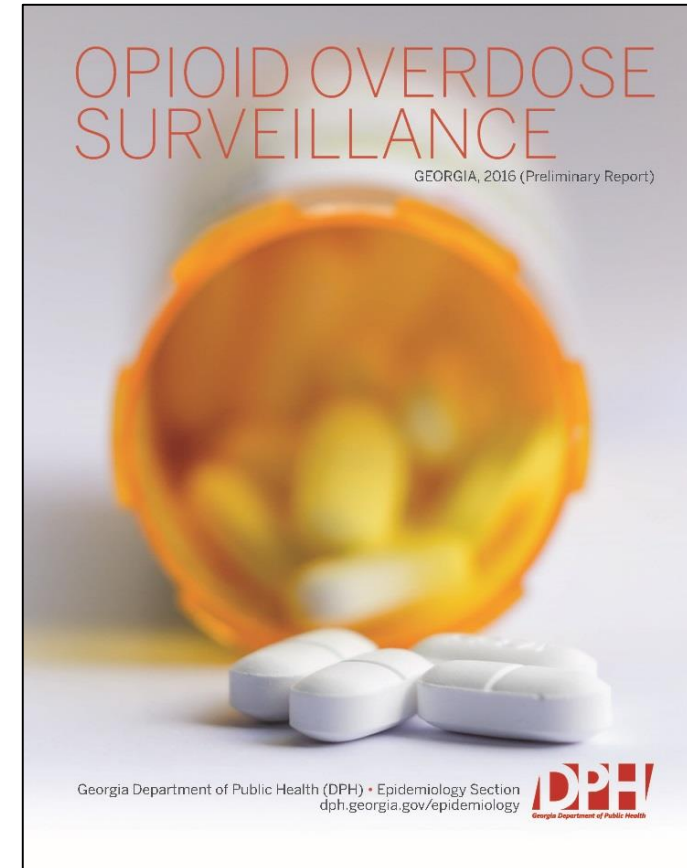
- Hospital discharge data, vital records death certificates, GBI Crime Lab seizure data
- 2016 report
- Preliminary 2017 report
- County level data tables

2016-2017 PDMP report

- County-level data tables

Monthly Syndromic Surveillance reports

<https://dph.georgia.gov/drug-overdose-surveillance-unit>



Annual Opioid Overdose Report

Mortality Data

- Georgia DPH Vital Records death certificates
- Death counts based on ICD-10 classification and text search

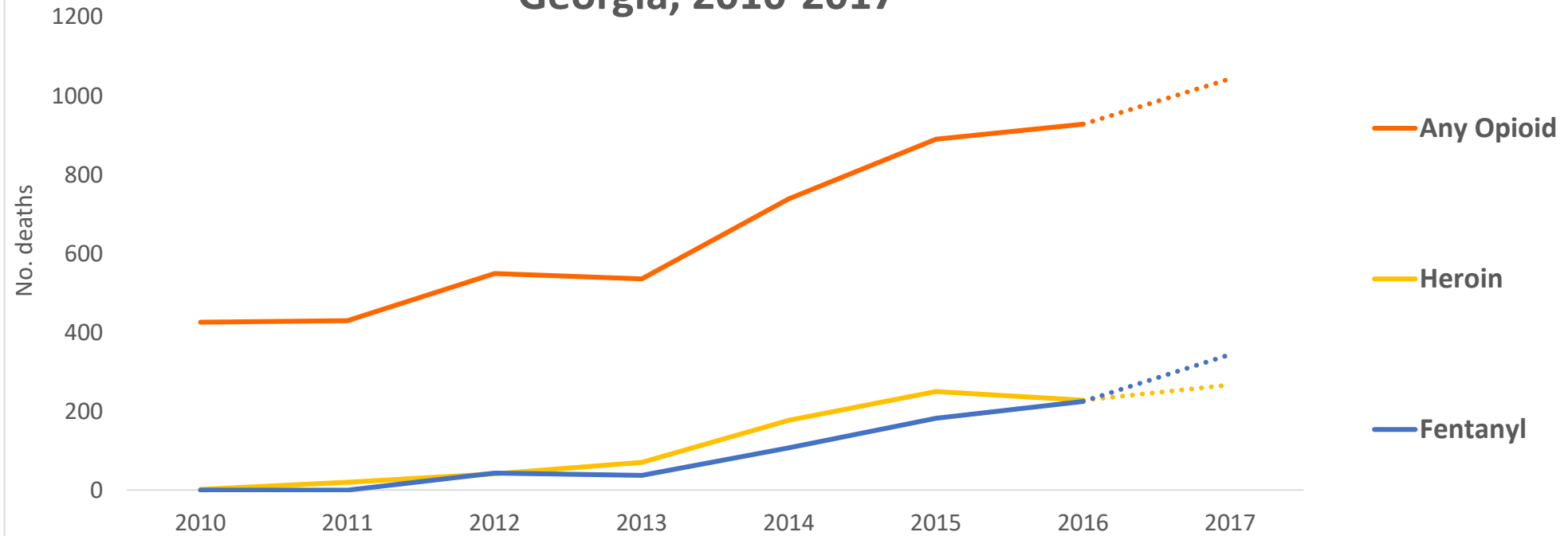
Morbidity Data

- Hospital discharge data from all Georgia hospitals
 - Outpatient Emergency Department (ED) Visits
 - Inpatient Hospitalizations
- ED visit and hospitalization counts based on ICD-10 classification

Note: Data records are continuously updated (corrected, amended or deleted) as more information becomes available, therefore, reports represent the most current data, and future reports may reflect updated data.

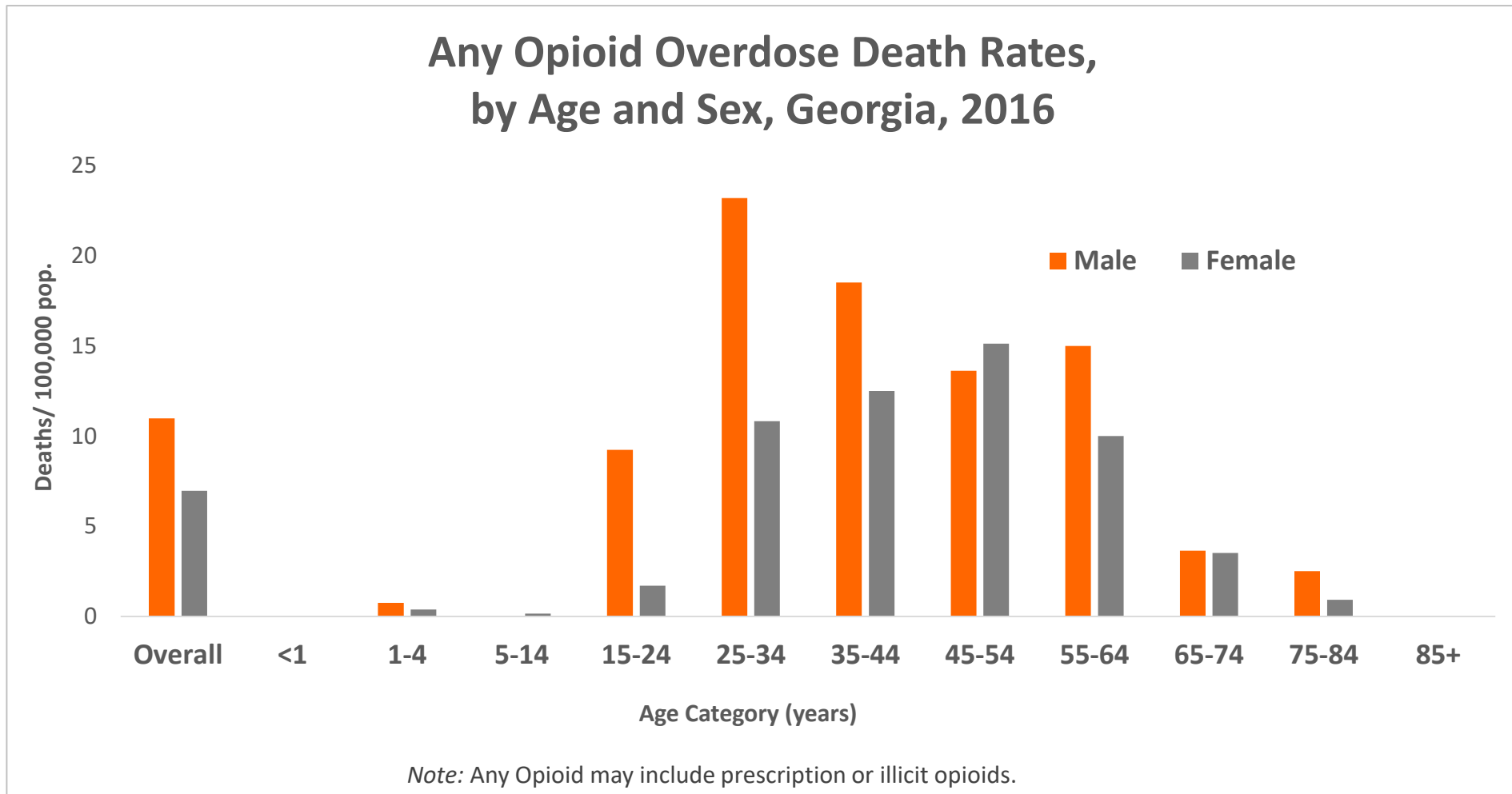


Opioid Overdose Deaths, by Drug Type and Year, Georgia, 2010-2017



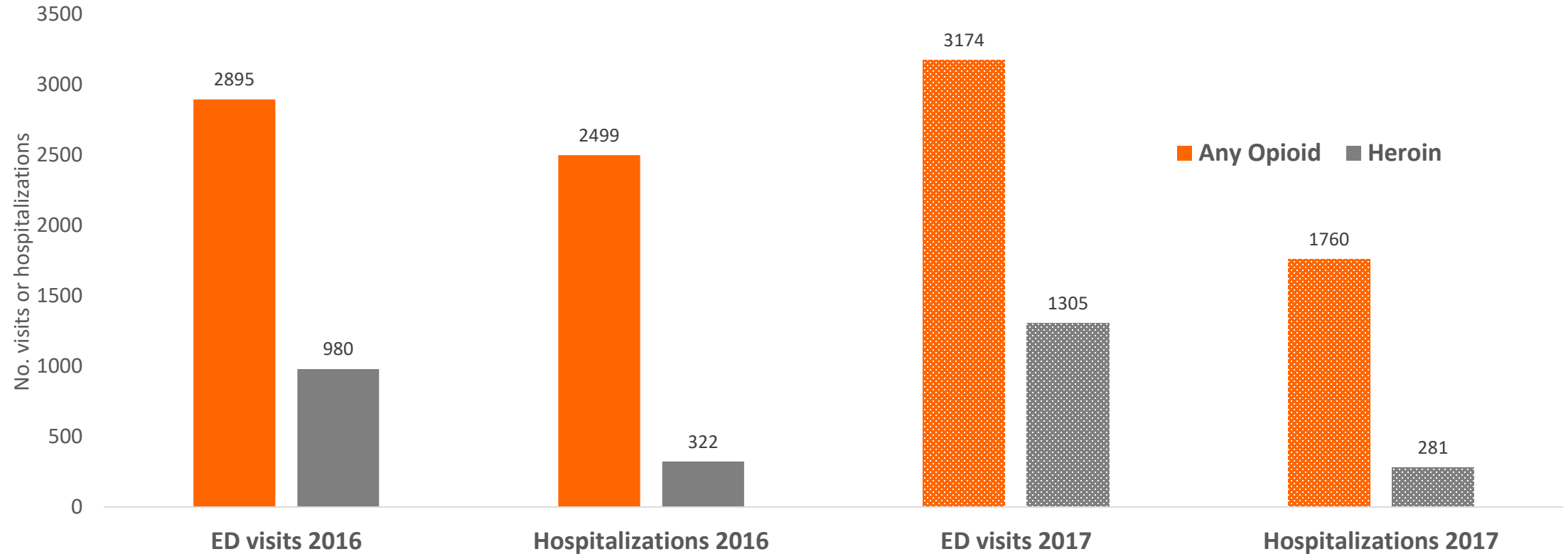
Note: All drugs may include any over-the-counter, prescription, or illicit drug. Any Opioid may include prescription or illicit opioids. Fentanyl is included in the synthetic opioid category. Categories are not mutually exclusive. 2017 data is **preliminary** and subject to change.

- Beginning in 2013, illicit opioids (e.g., heroin and fentanyl) drove the sharp increase in opioid-involved overdose deaths
- From 2010 to 2017, the number of opioid-involved overdose deaths increased by 245%, from 426 to 1,043 deaths



In 2016, males aged 25-34 years died from an opioid-involved overdose more frequently than persons of any other age category, and were 2 times more likely to die from an overdose than females of the same age category

Drug Overdose Involved Emergency Department (ED) Visits and Hospitalizations, by Drug Type, Georgia, 2016-2017

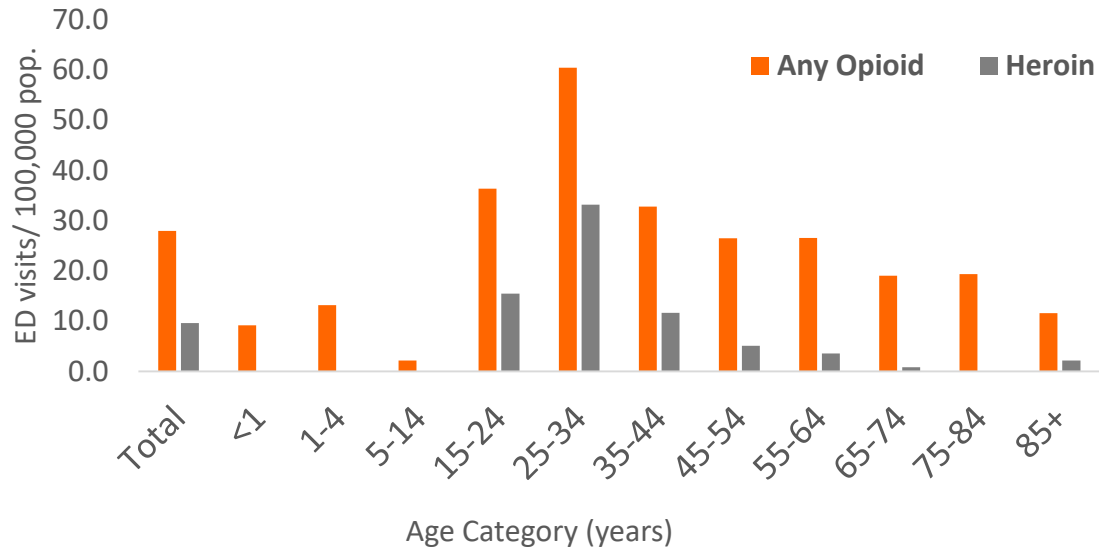


*Note: Any Opioid may include prescription or illicit opioids. Categories are not mutually exclusive. 2017 data is **preliminary** and subject to change.*

From 2016 to 2017:

- ED visits related to any opioid and heroin increased by 10% and 33%, respectively
- Hospitalizations related to any opioid and heroin decreased by 30% and 13% respectively

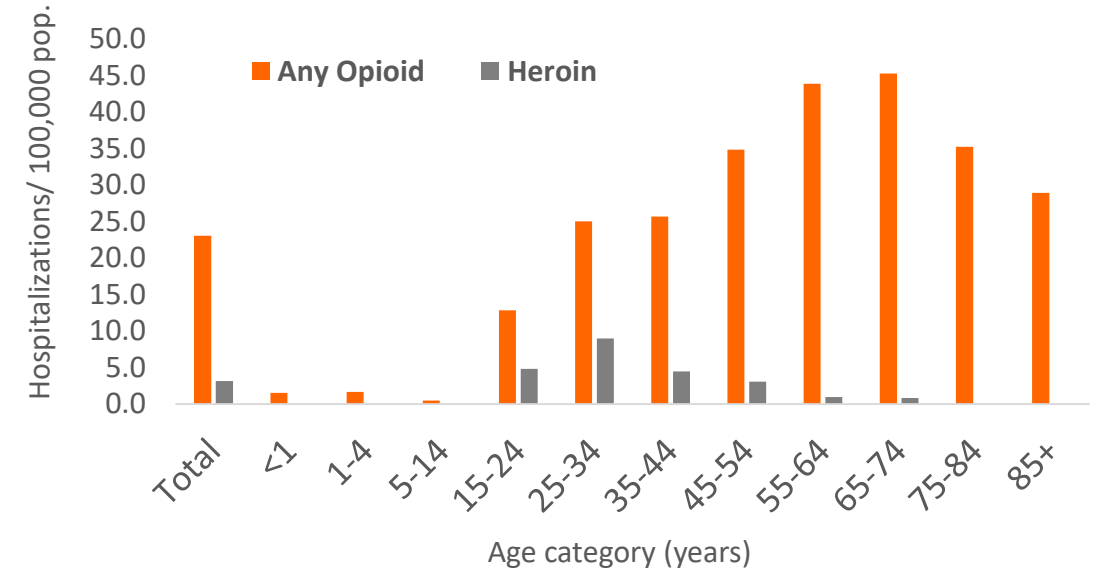
Overdose ED Visit Rates, by Drug Type and Age, Georgia 2016



Note: Any Opioid may include prescription or illicit opioids.

Persons aged 25-34 years were more likely to visit an ED because of an opioid-involved overdose than any other age category

Overdose Hospitalization Rates by Drug Type and Age, Georgia, 2016

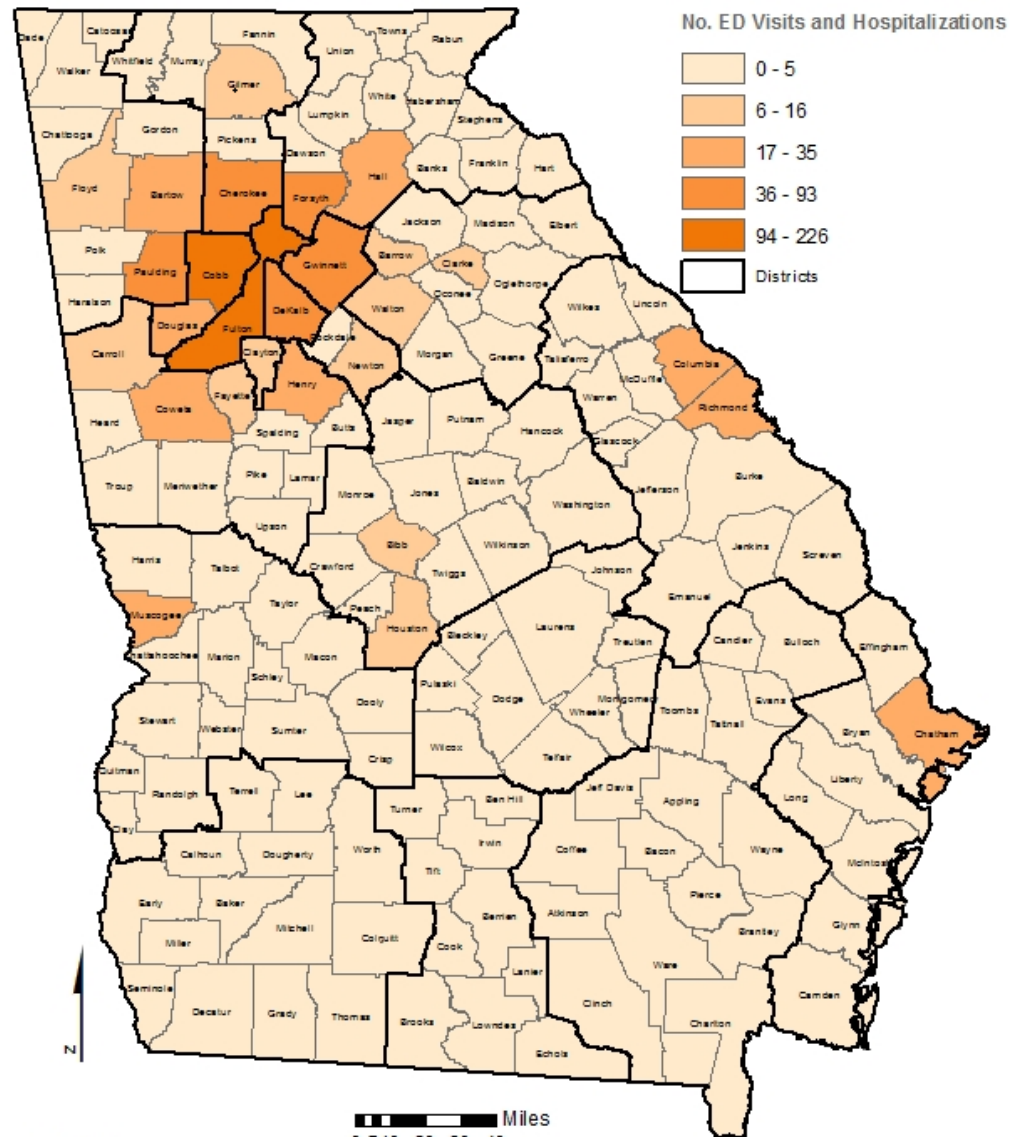


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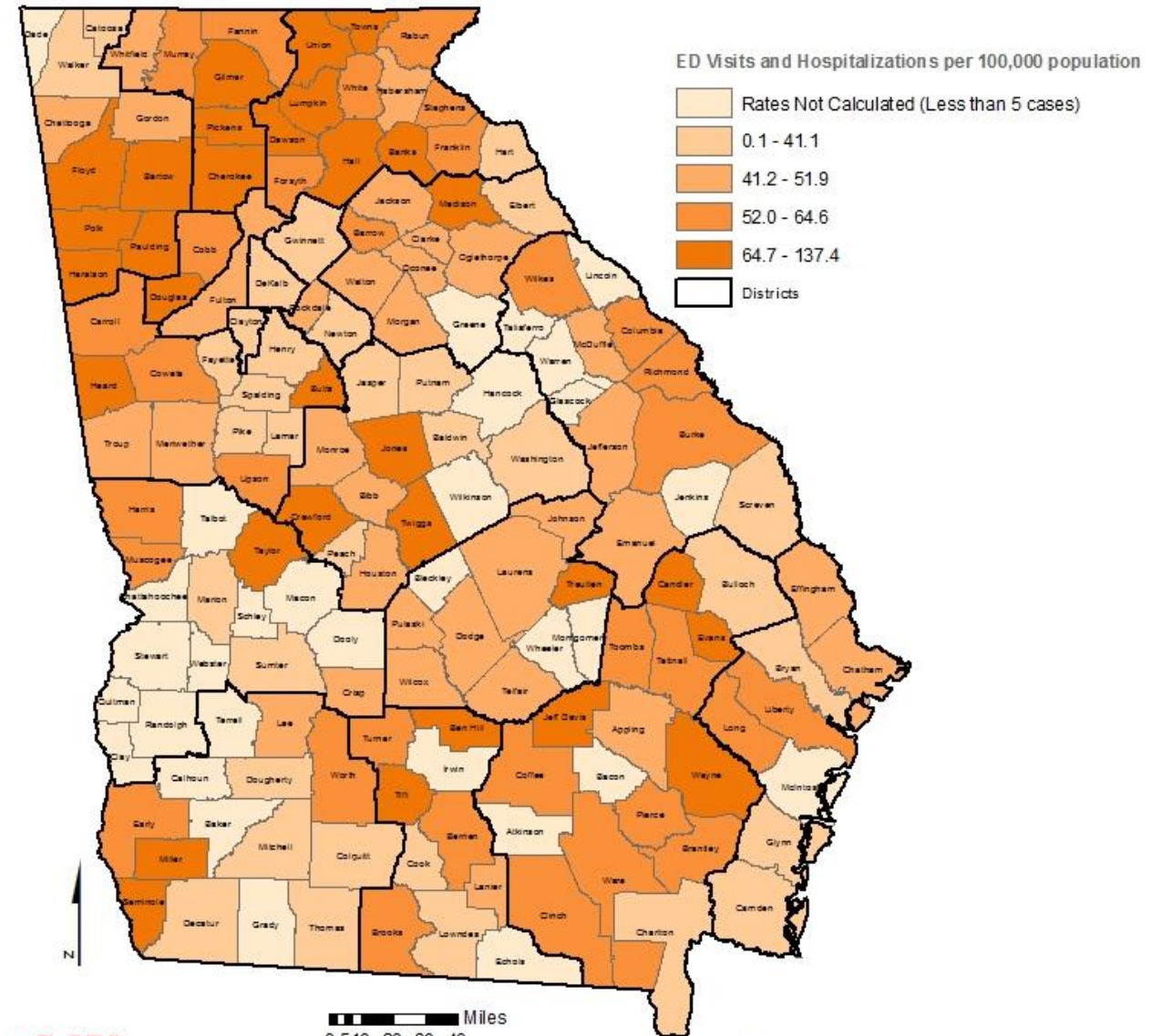
Persons aged 65-74 years were most likely to be hospitalized because of an opioid-involved overdose than any other age category

For both ED visits and hospitalizations, heroin-involved overdoses occurred most frequently among the 25-34 year old age category

Heroin-Involved Overdose Emergency Department Visits and Hospitalizations, by County, Georgia, 2016



Any Opioid-Involved Overdose Emergency Department Visits and Hospitalization Rates, by County, Georgia, 2016



Drug Overdose Syndromic Surveillance

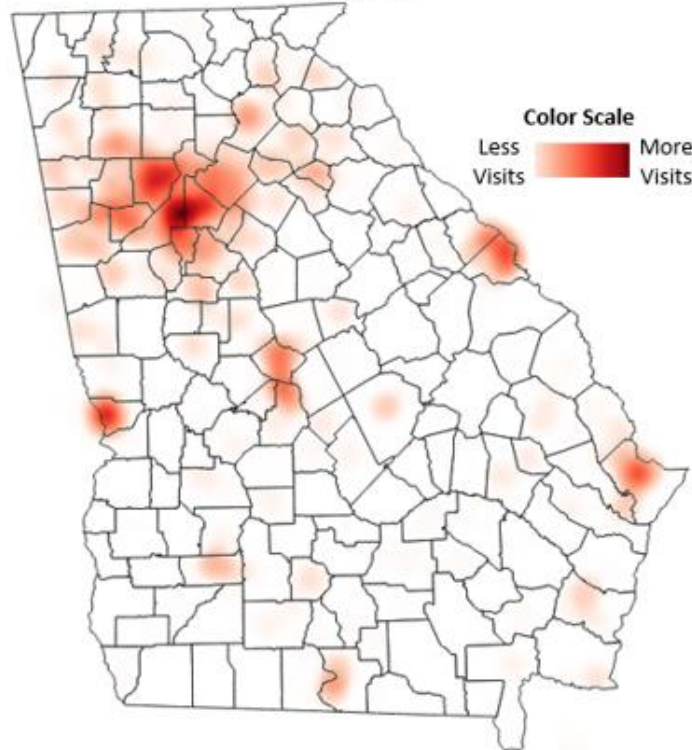
- Near real-time method of identifying **possible** drug overdose-involved emergency department visits
- Facilities send data to DPH daily
- Search patient chief admission complaint and/or discharge diagnosis
- Can rapidly identify drug overdose spikes/clusters and trends; data is monitored daily
- Monthly report published on website
- When spikes occur, epidemiologists review the data and implement the overdose response plan if warranted
- Many data limitations

Monthly Syndromic Surveillance Report

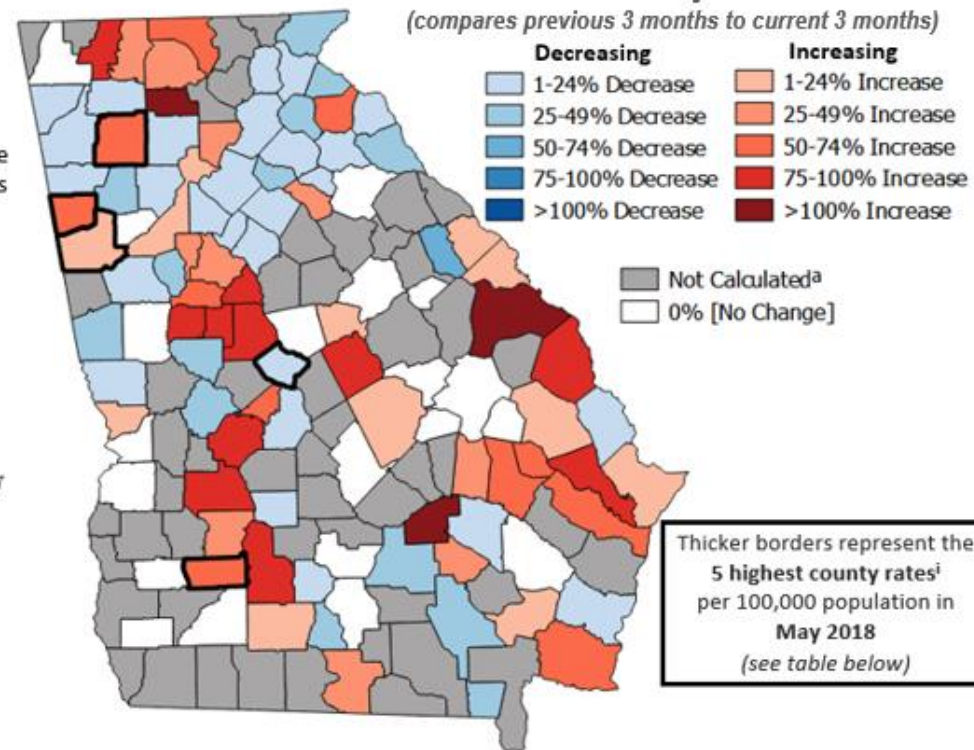
Syndromic Surveillance Drug Overdose Emergency Department Visits: Georgia, May 2018

What is Syndromic Surveillance (SS)? SS is used as an early detection method for potential outbreaks, by tracking drug overdose-related emergency department (ED) visits based on the patient's chief complaint upon admission and/or discharge diagnosis. Information is obtained from participating Georgia hospitals and urgent care facilities that share data within the State Electronic Notifiable Disease Surveillance System (SendSS).

Drug* Overdose ED Visits by Patient Zip Code[^]:
May 2018



Percent Change^a of Drug* Overdose ED Visits:
Dec 2017-Feb 2018 to March 2018-May 2018

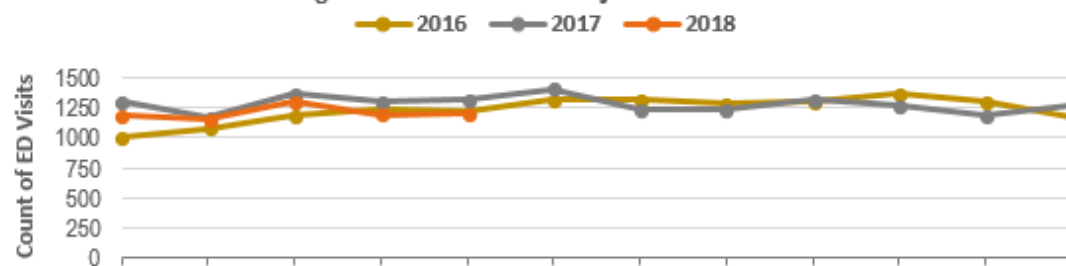


Top 5 Counties^ with 15 or More Drug* Overdose ED Visits in May 2018



1,204 ED visits for Drug* overdoses occurred in May 2018, compared to 1,315 in May 2017

Drug* Overdose ED Visits by Month: 2016-2018



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2016 Count of ED Visits	1006	1081	1182	1240	1225	1319	1321	1292	1311	1366	1308	1167	14818
2017 Count of ED Visits	1308	1173	1373	1305	1320	1405	1240	1239	1325	1275	1181	1272	15416
% Change from 2016 to 2017	(+30%)	(+9%)	(+16%)	(+5%)	(+8%)	(+7%)	(-6%)	(-4%)	(+1%)	(-7%)	(-10%)	(+9%)	(+5%)
2018 Count of ED Visits	1187	1154	1296	1195	1204								2341
% Change from 2017 to 2018	(-9%)	(-2%)	(-6%)	(-8%)	(-9%)								(-5%)

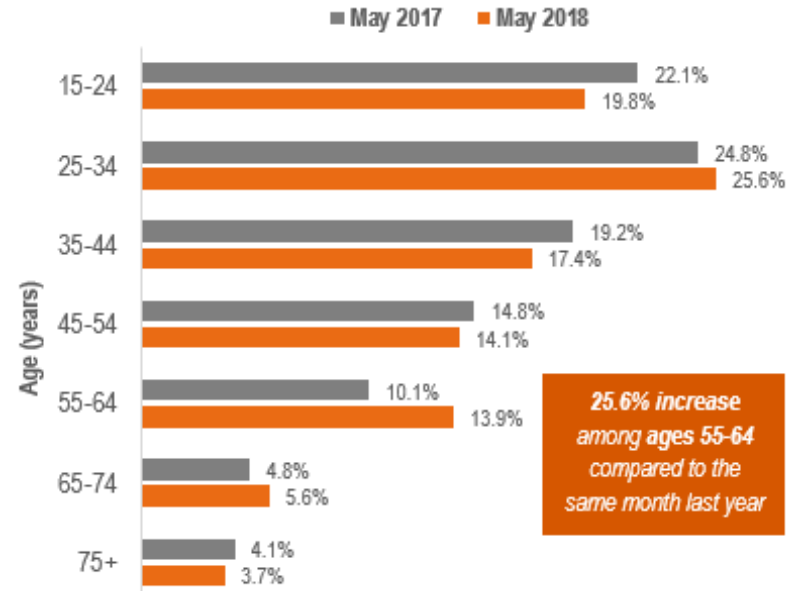
Drug* Overdose ED Visits by Sex, Race, and Age Group

Rateⁱ of Drug* Overdose ED Visits

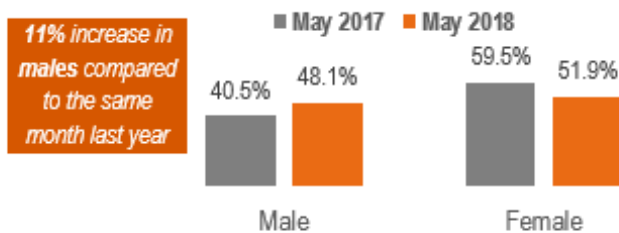
	May 2017 Rate ⁱ (per 100,000 Population)	May 2018 Rate ⁱ (per 100,000 Population)
Overall	16.0	14.6
Sex*		
Male	13.2	14.6
Female	18.0	14.6
Race*		
White	17.6	15.2
Black	9.8	9.9
Other	7.9	10.1
Age Group*		
15-24	20.2	16.5
25-34	22.9	21.7
35-44	18.6	15.3
45-54	13.8	12.0
55-64	10.8	13.5
65-74	7.5	8.1
75+	10.5	8.5

**Drug*
overdose
cases in
May 2018
were
predominantly:
Female
(51.9%),
White
(71.8%),
and
between
25-34
years of age
(25.6%)**

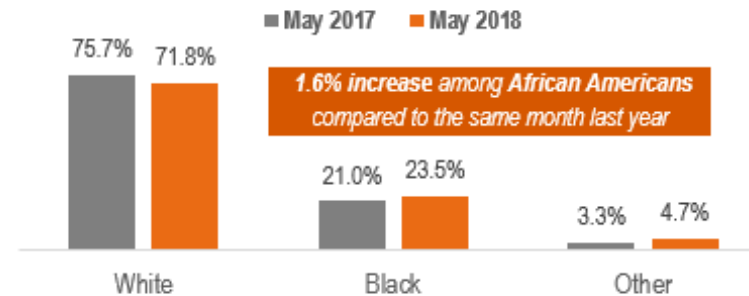
Percent of Drug* Overdose ED Visits by Age Group^o



Percent of Drug* Overdose ED Visits by Sex^o



Percent of Drug* Overdose ED Visits by Race^o

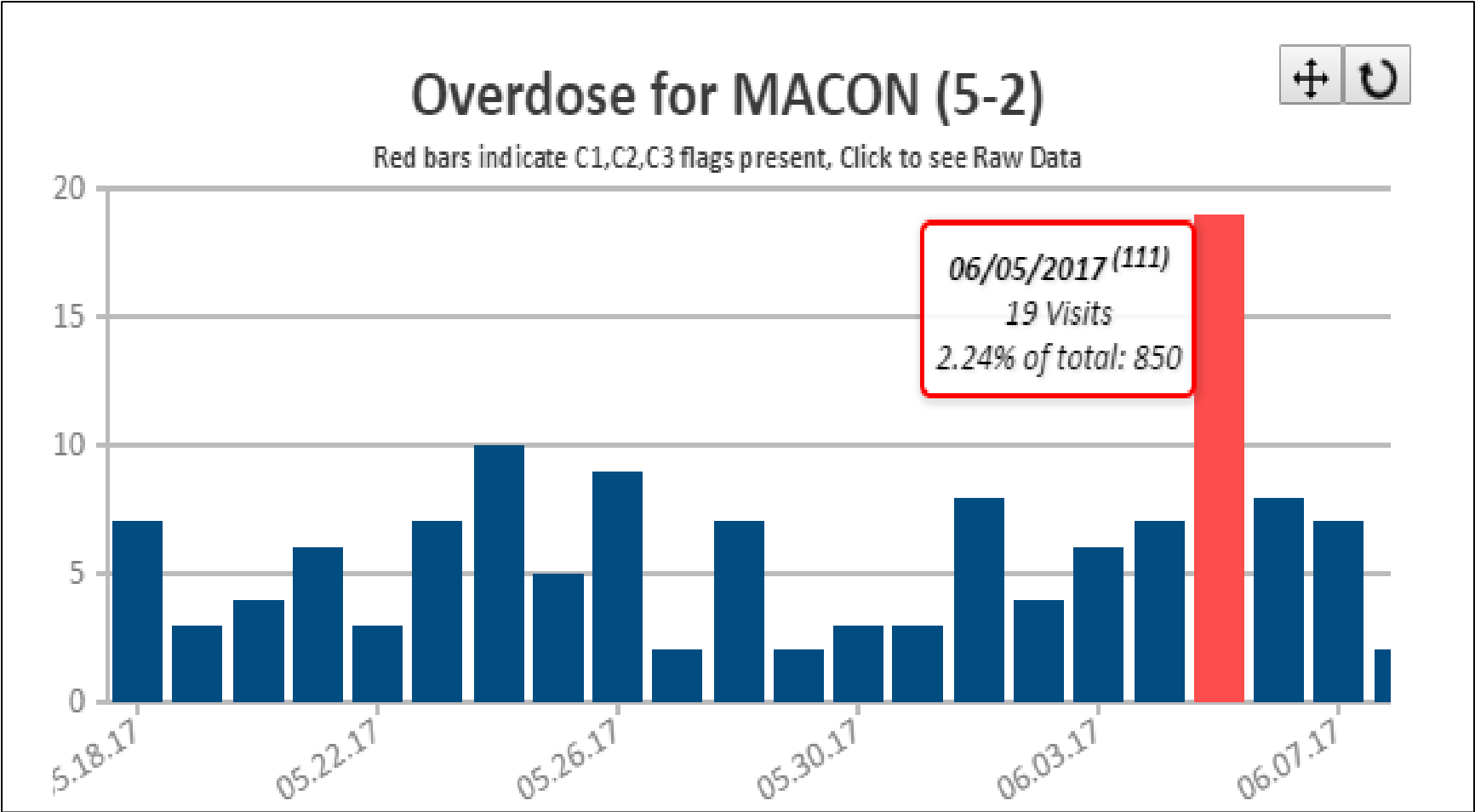


Link(s) of interest this month:

[CDC Vital Signs: Trends in Emergency Department Visits for Suspected Opioid Overdoses — United States, July 2016–September 2017](#)

[Annals of Emergency Medicine Article – Opportunities for Prevention and Intervention of Opioid Overdose in the Emergency Department](#)

Counterfeit Percocet Overdose Cluster, June 2017

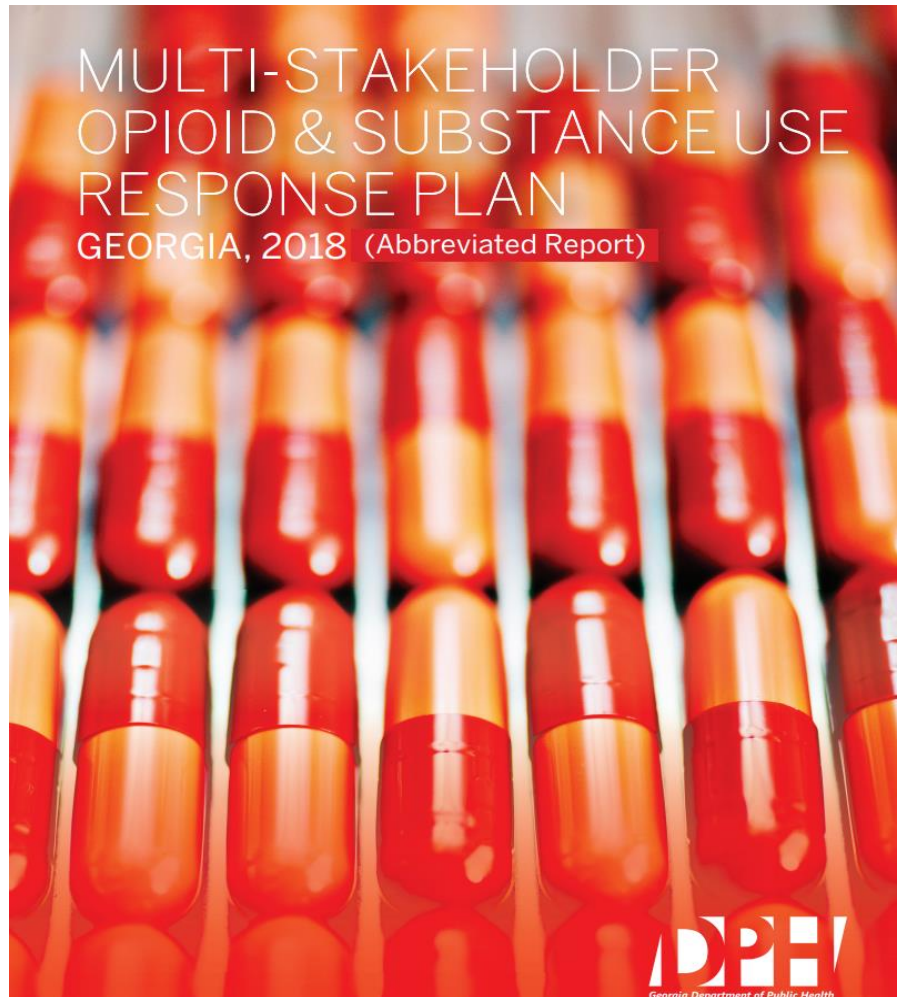


Developing Georgia's Response Plan

Georgia's Opioid Epidemic Response

ONE AGENCY OR ORGANIZATION
CANNOT ADDRESS GEORGIA'S
OPIOID EPIDEMIC ALONE

Georgia's Multi-stakeholder Opioid & Substance Use Response Plan



- A statewide prevention, treatment, and mitigation strategy to address illegal and illicit drug use, and prescription drug misuse, overprescribing, overdose, death and subsequent socio-economic impact in Georgia through 2021.
 - Multi-disciplinary, coordinated and collaborative response.
- Includes six (6) key priority areas.
- Intended to be a "mature" living document and an actionable strategy that shall not remain static as needs and resources arise and change.

Prevention Education

- **MAGF**
- **GA Pharmacy Assoc.**
- **GA Society of Health System Pharm.**
- **GA Dentist Assoc.**
- **Council on Alcohol and Drugs** (Secure Disposal & Storage)
- **SARA** (Youth)
- **University System of GA** (Collegiate)
- **GA Nursing Assoc.**
- **GA Assoc. of Physician Assistants**
- **Assoc. of Nurse Practitioners**
- **GA Office of EMS & Trauma** (First Responders)
- **Troup County Coalition** (Rural)
- **Depart. of Education**
- **Metro ATL Chamber**
- **3 Steps to Save a Life**
- **Dept. of Human Services**

Data & Surveillance

- **HIDTA** (Law Enforcement)
- **DPH** (Epi Team)
- **GA Poison Control**
- **GA Coroners Assoc.**
- **CDC**
- **GA Hospital Assoc.**
- **GSU**
- **Emory**
- **UGA**
- **Mercer**
- **Criminal Justice Coordinating Council**
- **Georgia Municipal Assoc.**

PDMP

- **DPH** (PDMP Team)
- **DPH Legislative**
- **Brandeis University**
- **ASTHO**
- **APPRISS Health**
- **Composite Medical Board**
- **GA Nursing Board**
- **GA Pharmacy Board**
- **GA Board of Optometry**
- **GA State Board of Podiatry**
- **CVS**
- **Walgreens**

Treatment & Recovery

- **Dept. of Behavioral Health and Developmental Disabilities** (Mental Health, and MAT)
- **KSU Collegiate** (High School, NA)
- **DPH/Emory** (NAS)
- **Testimonials** (Robin Elliot)
- **GA Assoc. of Health Insurance Plans** (Kaiser, BCBS, Anthem)
- **Council on Accountability Court Judges** (Criminal Justice, Corrections, Drug Courts)
- **DPH/DHDs**
- **GA Council on Substance Abuse** (Peer Support)
- **Dept. of Family and Children's Services**
- **Department of Community Supervision**
- **Northeast GA Health System, Inc.**

Control & Enforcement

- **GBI**
- **HIDTA**
- **DEA**
- **FBI**
- **ATL PD**
- **OIG**
- **US Attorneys Office** (Law Enforcement)
- **Composite Medical Board**
- **GA Drug & Narcotics**
- **Dept. of Community Health** (Limits by Medicaid, Insurance providers)
- **Centers for Medicare and Medicaid Services**
- **Prosecuting Attorney Council** (Criminal Justice)
- **GA Legislation**

Prevention Education

- Secure substance misuse prevention funding and other resources needed in Georgia from new, additional funding streams.
- Using education and awareness best practices, educate patients, their families, and the health care industry on substance misuse, prevention, and the opioid epidemic.
- Increase statewide public awareness on substance misuse, prevention and the opioid epidemic.

Maternal Substance Use

- Develop a map of systems and collaborations to help with the delivery of and access to data, resources and services targeting women of child-bearing age.
- Using best practices, educate women of child-bearing age, their partners, and their health care providers on substance misuse, prevention, interventions, treatment, the opioid epidemic, and Neonatal Abstinence Syndrome (NAS).
- Expand access to treatment and recovery support services targeting women of child-bearing age.

Data and Surveillance

- Develop a data and surveillance oversight committee.
- Identify, understand, and define relevant data.
- Assess data needs.
- Determine and operationalize a data and surveillance infrastructure.

PDMP

- Implement PDMP interoperability between states of interest.
- Connect death data with the PDMP to ensure that the prescriptions of deceased patients are not filled.
- Establish capacity and regulatory pathways for clinical work flow integration with the PDMP.
- Develop PDMP reports for distribution to the public and stakeholders.

Treatment and Recovery

- Increase access to treatment and recovery support services.
- Reduce stigma and discrimination related to Opioid and/or Substance Use Disorders (OUDs/SUDs) and their treatment.
- Provide community and provider education about Opioid and/or Substance Use Disorder (OUD/SUD) diagnosis, treatment, and recovery.
- Identify harm reduction efforts.

Control and Enforcement

- Improve communication between physicians, pharmacists, and law enforcement.
- Reduce the supply of opioids on the street.
- Increase training and education for law enforcement and first responders.



Thank You!

For more information:

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School Health: <https://dph.georgia.gov/school-health>

Opioid and Substance Misuse: <https://dph.georgia.gov/drug-overdose-surveillance-unit>