



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

GEORGIA

State Snapshot

FY2024 Application / FY2022 Annual Report

November 2023

Title V Federal-State Partnership - Georgia

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2024 Application / FY2022 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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Diane Durrence Division of Women, Children, and Nursing Services Director Diane.Durrence@dph.ga.gov (404) 205-3112	Sharifa Peart CYSHCN Director, Children's Medical Services Sharifa.Peart@dph.ga.gov (470) 303-0264

State Family Leader	State Youth Leader
Sherry Richardson Title V Family Engagement manager Sherry.Richardson@dph.ga.gov (404) 651-7692	No Contact Information Provided

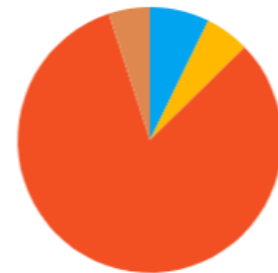
State Hotline

Name: Maternal and Child Health Hotline | Telephone: (855) 707-8277

Funding by Source

Source	FY 2022 Expenditures
Federal Allocation	\$19,818,387
State MCH Funds	\$14,878,044
Local MCH Funds	\$0
Other Funds	\$224,675,960
Program Income	\$13,734,543

FY 2022 Expenditures



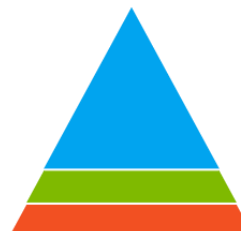
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$9,789,153	\$221,804,046
Enabling Services	\$4,713,042	\$43,671,217
Public Health Services and Systems	\$2,630,820	\$38,456,380

FY 2022 Expenditures Federal



FY 2022 Expenditures Non-Federal



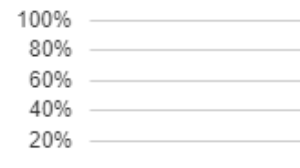
Percentage Served by Title V

Population Served	Percentage Served	FY 2022 Expenditures
Pregnant Women	100.0%	\$58,748,230
Infants < 1 Year	100.0%	\$10,690,112
Children 1 through 21 Years	64.0%	\$95,940,537
CSHCN (Subset of all infants and children)	15.0%	\$106,392,631
Others *	0.0%	\$0

FY 2022 Expenditures Total: \$271,771,510



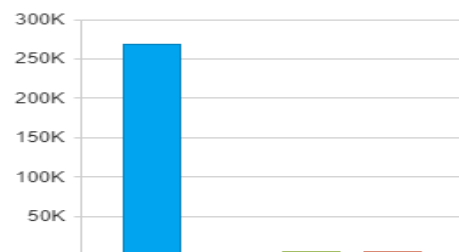
FY 2022 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	267,881
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	4,930
Other Toll-Free Calls:	4,930



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Prevent Maternal Mortality</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> ○ ESM 1.1: Percent of women (30 years or older) who have never been screened or not screened within the last 10 years, who received an initial program cervical screening test ○ ESM 1.2: Percent of women (ages 15-44) served in Georgia Family Planning Program who use long-acting reversible contraceptives (LARCs) 	<p>Women/Maternal Health</p>
<p>Prevent Infant Mortality</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) <ul style="list-style-type: none"> ○ ESM 3.1: Number of hospitals verified annually through the Levels of Neonatal Care Designation Program ● NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months <ul style="list-style-type: none"> ○ ESM 4.1: Percent of the 10-Steps to Successful Breastfeeding training slots utilized by staff and providers from the state's birthing hospitals ○ ESM 4.2: Number of home visitors who report increased knowledge of breastfeeding best practices ○ ESM 4.3: Number of MIECHV and Healthy Start women who are referred to WIC services ○ ESM 4.4: Percent of Georgia hospitals actively implementing the Optimizing Nutrition for Georgia Newborns ● NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding <ul style="list-style-type: none"> ○ ESM 5.1: Percent of hospitals and birthing facilities providing education and modeling safe infant sleep to parents with newborns or infants ○ ESM 5.2: Number of professionals trained to education on, identify, and model safe infant sleep environments ○ ESM 5.3: Number of safe infant sleep educational materials distributed by the Program <p>SPMs</p>	<p>Perinatal/Infant Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ● SPM 1: Percent of congenital syphilis cases averted ● SPM 2: Rate of infant mortality (per 1,000 live births) in the Black Population 	
<p>Promote developmental screenings among children</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year <ul style="list-style-type: none"> ○ ESM 6.1: Number of providers that receive developmental screening education and training who report promoting developmental screenings with parents in their practices ○ ESM 6.2: Percent of children that screen with concern that are referred to appropriate intervention services by providers ○ ESM 6.3: Number of community partners who promote developmental screenings and make referrals to their local public health district ○ ESM 6.4: Percent of children, ages 0 through 5, who receive a developmental screening from DeKalb Board of Health Refugee Clinic ○ ESM 6.5: Percent of children participating in Home Visiting with at least one developmental screening using a validated instrument. 	<p>Child Health</p>
<p>Increase the number of children, both with and without special health care needs, who have a medical home</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home <ul style="list-style-type: none"> ○ ESM 11.1: Number of telehealth/telemedicine patient encounters ○ ESM 11.2: Number of telehealth/telemedicine providers in the network ○ ESM 11.3: Number of callers connected to resources through Help Me Grow (HMG) ○ ESM 11.4: Percent of families that receive a follow-up call from HMG that report they were linked to a medical home, or any other service to meet their needs 	<p>Child Health, Children with Special Health Care Needs</p>
<p>Increase bullying and suicide prevention</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others <ul style="list-style-type: none"> ○ ESM 9.1: Number of schools, individuals, and organizations that receive guidance on evidence-based strategies to prevent bullying 	<p>Adolescent Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Improve systems of care for CYSHCN</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care <ul style="list-style-type: none"> ○ ESM 12.1: Percent of youth/young adults enrolled in the Department's Title V program for Children and Youth with Special Health Care Needs (CYSHCN) that transfer to an adult provider. ○ ESM 12.2: Number of stakeholders, state agencies, and community partners that collaborate with the Department to improve health care transition for youth/young adults with or without special health care needs. 	<p>Children with Special Health Care Needs</p>
<p>Promote oral health among MCH populations</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 13.1: Percent of women who had a preventive dental visit during pregnancy <ul style="list-style-type: none"> ○ ESM 13.1.1: Percent of medical providers who reported an increase of oral health knowledge from trainings and presentations ○ ESM 13.1.2: Number of oral health resource bags distributed to pregnant women and caregivers of young children through internal and external partners ● NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year <ul style="list-style-type: none"> ○ ESM 13.2.1: Number of children screened at school-based/ school-linked programs ○ ESM 13.2.2: Number of Hispanic children who are provided with oral health education 	<p>Women/Maternal Health, Child Health</p>
<p>Increase father involvement among MCH populations</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Percent of fathers (ages 18-55) whose knowledge increased using a Father Involvement curriculum in Georgia Healthy Start sites. 	<p>Cross-Cutting/Systems Building</p>

Executive Summary

Program Overview

Georgia's Title V program, in partnership with the Health Resources and Services Administration (HRSA), is responsible for promoting the health of all mothers and children, including children and youth with special health care needs, and their families. The Georgia Department of Public Health (DPH) Division of Women, Children, and Nursing Services administers the MCH Services Title V Block Grant. The division includes the Office of Women's Health, the Office of Child Health, and the Office of Nursing. The Title V Program serves as the backbone of maternal and child health policy and program administration, providing the core public health system for women, infants, children, children and youth with special health care needs (CYSHCN), and families in the state's 18 public health districts comprised of 159 counties.

Title V activities are driven by data to ensure activities address the needs of communities throughout the state. Data are used to track the impact and effectiveness of services, activities, and strategies. The Title V program relies on state and local partnerships with numerous organizations, including the local public health districts, to implement activities and create coordinated systems of care for MCH populations. Title V activities are coordinated across funding sources to maximize impact. Title V continues to address the goal of establishing a foundation of health early in life by investing in and fulfilling its commitment to improve the health of women, infants, and children, including those with special health care needs and addressing social determinants of health, creating strategies and practices to improve health equity and reduce disparities.

Family and community partners, as well as people with lived experience, are engaged in strategic planning, program development, quality improvement initiatives, and workforce development to assess and build capacity around family engagement. The Division of Women, Children, and Nursing Services hosts multiple committees and councils for which families, organizations, and partners participate throughout the health districts.

Assessing State Needs

The five-year needs assessment and needs assessment update during interim years drive Georgia's Title V programs. State priorities were selected through the needs assessment process and cover each of the five health domains. These priorities determined the National Performance Measures (NPMs) chosen for programmatic focus.

The five-year needs assessment process utilized a mixed methods approach relying on input from a diverse network of stakeholders, partners, and community members. The needs assessment identified two overarching principles to be applied across all priorities, performance measures, and strategies: (1) to ensure health equity for MCH populations and (2) to promote partnerships with individuals, families, and family-led organizations to ensure family engagement in decision-making, program planning, service delivery, and quality improvement activities. Across all MCH programs, implementation efforts include activities specific to health equity, community and family engagement, performance management, quality improvement and evaluation. The priority needs identified are:

1. Prevent maternal mortality
2. Prevent infant mortality
3. Promote developmental screening among children
4. Increase the number of children, both with and without special health care needs, who have a medical home
5. Improve systems of care for children and youth with special health care needs
6. Increase bullying and suicide prevention
7. Promote oral health among MCH populations
8. Increase father involvement among MCH populations

Nine NPMs and three State Performance Measures (SPMs) were chosen to align with the priority needs. Through the NPMs, Georgia focuses on reducing racial disparities and preventing maternal and infant mortality, increasing breastfeeding rates, promoting safe infant sleep practices, ensuring developmental screening, preventing bullying, increasing the number of all children with a medical home, planning transition for children with special health care needs, and promoting oral health care for MCH populations. The SPMs include preventing congenital syphilis, reducing the rate of infant mortality in Black infants, and improving father involvement.

Strategies, activities, and programming have evolved throughout the year and will continue to see enhancements in the coming years due to ongoing evaluation and needs assessments. Strengthening family partnerships, engaging communities, and improving health equity remain a focus of Title V programming and serve as the foundation for improving outcomes for MCH populations in Georgia.

The 2024 Application and 2022 Annual Report provides an overview of Title V's previous and recent successes and achievements as well as upcoming plans.

Women/Maternal Health

Title V continues its focus and efforts on improving maternal health and eliminating racial disparities in maternal mortality. Data shows that the pregnancy-related death rate for Black, non-Hispanic women in Georgia is twice that of White, non-Hispanic women. The Georgia Maternal Mortality Review Committee (MMRC) was established to understand the burden of pregnancy-related deaths in Georgia, the factors that contribute to deaths, and opportunities for prevention. The MMRC has made efforts to ensure the review identifies social determinants of health and drivers of disparities. Key Informant Interviews with family members or other key informants provide qualitative data and contextual information on the woman's life, pregnancy, and events surrounding her death to help the committee better identify contributing factors and recommendations for prevention. The MMRC also collaborates with stakeholders to ensure recommendations for prevention are implemented. The MMRC has reviewed deaths from 2012-2020 and is currently reviewing 2021 cases.

The Women's Health program builds infrastructure and capacity to promote well-women visits, health and wellness among women of childbearing age through the efforts of women's health programming including the Family Planning program, Regional Perinatal System, Perinatal Psychiatry Education and Community Engagement (PEACE) for Moms, Maternal Health ECHO, and the implementation of the Alliance for Innovation on Maternal Health (AIM) bundles to include implementation of the AIM Obstetric Hemorrhage Bundle and the AIM Severe Hypertension in Pregnancy Bundle and upcoming Cardiac Conditions in Obstetrical Care AIM Bundle. There are 58 of the 70 (83%) birthing hospitals participating in one or both initiatives.

Perinatal/Infant Health

Infant mortality is a leading indicator of the overall health and well-being of a population. In the 2020 needs assessment, stakeholders identified preventing infant mortality as a priority due to Georgia's infant mortality rate (IMR) with Black, non-Hispanic infants dying at twice the rate of White, non-Hispanic or Hispanic infants. The major evidence-based strategies recommended nationally for addressing infant mortality are regionalized perinatal care, designating levels of neonatal care, safe sleep initiatives, and improving breastfeeding rates. In 2018, DPH began an initiative to designate hospitals according to the appropriate level of maternal and neonatal care provided. DPH continues to strengthen the perinatal regionalization system by coordinating Regional Perinatal Centers (RPC) to help ensure access to risk-appropriate care in each perinatal region. Efforts to improve breastfeeding initiation and continuation and the Georgia Safe to Sleep initiative that provides birthing hospitals with safe infant sleep education to eliminate Sudden Unexplained Infant Deaths (SUID), are ongoing Title V initiatives that are integral parts of Georgia's strategic plan to reduce infant mortality.

Although Georgia has made progress in reducing infant mortality, data continues to show disparities between Black and White birth outcomes. Georgia developed a SPM to reduce the racial disparity in Black infant mortality by improving community engagement to promote awareness of and access to public health interventions in Georgia. As part of the Georgia Perinatal Quality Collaborative's (GaPQC's) focus on health equity, the maternal and neonatal committees continued the two phased approach to address racism and improve health equity. In partnership with the Institute for Perinatal Quality Improvement (IPQI), multiple sessions of the SPEAK UP Against Racism trainings were offered. The training allows participating clinicians to become Speak Up Champions and create and implement action plans to support their hospital specific equity projects.

Child Health

Promoting developmental screenings for children, including refugee children, and increasing the number of children who have a medical home were identified as Child Health priorities in the 2020 needs assessment. According to 2020/21 National Survey of Children's Health (NSCH), approximately 33.1 percent of children, ages 9 through 35 months, received a developmental screening using a parent-completed screening tool. The Children 1st program facilitates trainings for the Ages and Stages Questionnaire (ASQ) developmental screening tool, developmental milestones, and Child Health Referral System to hospitals, public health programs, community organizations, daycare centers, head start programs and primary care offices. Strategies prioritize the use of a patient-centered medical home to provide accessible, comprehensive, family-centered, coordinated, and culturally effective medical care.

Plans to improve access to a medical home include expanding the use of telehealth technology, facilitating efforts to educate families about telehealth as an option for care, and providing ongoing evaluation of DPH's telehealth network to ensure pediatric services meet the needs of families and patients. The Office of Child Health focuses on activities to strengthen HMG® as a resource for ensuring a medical home for all children and expand the capacity of HMG® liaisons to increase capacity to help families navigate and access comprehensive services.

Adolescent Health

Title V addresses risk and protective factors for children, ages eight through 17, at the local, regional, and state levels and provides evidence-based interventions and evidence informed strategies. Bullying and suicide prevention was identified as a priority in the 2020 needs assessment due to suicide being the second-leading cause of death for children ages 10 through 17 behind

unintentional injury. The Division of Women, Children, and Nursing Services expanded the partnership with the DPH Injury Prevention program to address the need in this area.

State suicide prevention partners were engaged to develop an Injury and Violence Prevention Strategic Plan using a Shared Risk and Protective Factors framework to identify the risk and protective factors shared across multiple forms of violence and injury to inform guidance and/or recommendations provided to partners regarding laws, policies, and evidence-based strategies to prevent bullying. While prevention efforts continue to focus on schools and youth, the program aims to help adult support systems provide safe, stable, and nurturing relationships and environments needed to support youth and help prevent bullying, death by suicide, and other forms of youth violence.

Children and Youth with Special Health Care Needs (CYSHCN)

Georgia's Children and Youth with Special Health Care Needs (CYSHCN) program, Children's Medical Services (CMS), works to strengthen the systems of care for families and their children with particular emphasis on medical home access and successful transition from pediatric to adult health care. The CMS program provides a statewide network of care coordination and pediatric specialty care programming, innovative opportunities to engage families and youth in decision making, service delivery improvements and program outreach, linkages to community resources and supports and workforce development opportunities for staff, health care providers and community stakeholders. CMS provides comprehensive, family centered, community based, and culturally competent services to more than 6,000 families on an annual basis. With many counties across the state without pediatric subspecialists, the CMS specialty clinics serves as the primary source of care for many children. Utilizing the Department's telemedicine and telehealth infrastructure is a strategy currently used to improve access to medical home for children with and without special health care needs.

The services provided by CMS help to prevent complications due to untreated condition(s), offer continuity of care, promote healthy growth and development as well as improved quality of life. CMS works closely with primary care providers, pediatric subspecialists, and healthcare vendors to facilitate timely access to early and continuous screenings, comprehensive care within a medical home, face to face and telemedicine specialty clinics, linkages to social services, financial assistance for medical expenditures and health care transition planning for youth/young adults moving from pediatric to adult health care.

Cross-Cutting/Life Course

Oral Health

Oral health is a priority for MCH and a strategic focus to improving health outcomes for women, infants, and children. The Oral Health program provides training to organizational stakeholders and services which include fluoride varnish, dental sealants, prevention education and comprehensive restorative treatment. School-based prevention programs targeting high-risk children, teledentistry, and tobacco prevention programs to pregnant women are also provided.

Oral Health conducts training and presentations on best practices and the importance of oral health in all MCH domains at the local, state, and national levels.

Fatherhood Involvement

Title V explores and develops targeted approaches to best engage fathers to improve maternal and birth outcomes and provide a valuable contribution in helping children and families thrive. The Fatherhood Initiative continues to engage community partners and strengthen programming and resources to support fathers. Strategies to increase father involvement throughout all MCH population domains are developed to positively impact birth outcomes.

To improve outcomes related to these initiatives, Georgia strives to maintain the infrastructure, capacity and engagement opportunities with families, people with lived experience, community, local and state agency and organization stakeholders and partners across all population domains.

How Federal Title V Funds Complement State-Supported MCH Efforts

The Division of Women, Children, and Nursing Services provides services through federal Title V funds and state funds that reflect Georgia's commitment to improve the health and well-being of mothers, infants, children, adolescents, and children and youth with special health care needs (CYSHCN). Title V funds provide infrastructure and resources to complement and support state-led MCH efforts.

Direct services are provided for preventive and primary care services for pregnant women, mothers, and infants up to age one, children, and preventive and primary care services. For example, Children's Medical Services (CMS) is the payer of last resort for medical expenses for CYSHCN when Title V funds are used for patient benefits (i.e. diagnostic testing, medications, audiology, durable medical equipment). The Regional Perinatal Centers provide direct services to high-risk women and infants requiring tertiary care. Both programs use a combination of federal and state funds to deliver services. Direct services are also provided through the autism initiatives, BCW, and newborn screening programs.

Title V also provides enabling services for MCH populations. CMS provides enabling services for CYSHCN by providing travel assistance for specialty medical services and interpretation services. Children 1st, which serves as the single point of entry for infants and children into MCH programs, relies on a complementary relationship between Title V and state funding. Title V funds the Children 1st program and epidemiology staff at DPH, while state funds are provided to all 18 public health districts to support the local staff and infrastructure needed for program implementation.

Federal Title V funds are used to support public health services and systems, including the Maternal Mortality Review Committee, the Georgia Perinatal Quality Collaborative, and oral health initiatives to support community water fluoridation. Title V leadership and staff that support programs within the Division of Women, Children, and Nursing Services are funded by Title V. Epidemiology staff who provide data analysis for MCH population needs assessment and impact evaluation of interventions, are funded by Title V and state funds. Staff responsible for overseeing family engagement in Title V programs are funded by federal Title V funds.

Title V, other federal funds, and state funds complement one another to support MCH programs at the local level. DPH administers federal and state funds to the state's 18 public health districts through Grant-in-Aid to implement programs locally, including funds for Children's Medical Services, C1st, Babies Can't Wait, and Early Hearing Detection and Intervention.

MCH Success Story

Georgia's Maternal Mortality Review Committee (MMRC), led by the Office of Women's Health, has made significant efforts to conduct a thorough and timely review of all pregnancy-associated deaths. As a result of increased staff capacity and a concerted effort by the MMRC staff and committee members, the MMRC is currently reviewing all deaths within two years of the date of death. The review process was also revised to allow for more time to discuss each case.

Georgia has been a leader in conducting key informant interviews. A Licensed Clinical Social Worker conducts culturally sensitive interviews with family and other close contacts of the decedent to learn contextual information surrounding the death. Informant interviews have enhanced the ability of the MMRC to center the deceased person in the review and identify social determinants of health. The interview information is woven into the case narrative to create a comprehensive narrative that captures the decedent's story and experiences. The MMRC staff now incorporate descriptors of clinical information into the narratives to enhance the ability of non-clinical members to meaningfully engage in the review process and identify contributing factors and recommendations that address social determinants of health.

Women's Health has also made efforts to implement committee recommendations for prevention. The MMRC has collaborated with the Georgia Perinatal Quality Collaborative (GaPQC) to implement the AIM Severe Hypertension patient safety bundle and the AIM Cardiac Conditions in Obstetrical Care patient safety bundle. These two bundles address the leading causes of pregnancy-related deaths among Black women in Georgia and address the main drivers of disparity. The MMRC also collaborates with the Maternal Health ECHO, which provides monthly education sessions to clinicians and community stakeholders to address leading causes of pregnancy-related deaths and to facilitate the implementation of recommendations from the MMRC. The MMRC also collaborates with the Levels of Maternal Care Designation Program to ensure patients are transferred to risk-appropriate facilities when needed. PEACE for Moms through Emory University implements the MMRC recommendation to educate obstetric providers on treating mental health conditions during the perinatal period and to increase access to mental health treatment and skills groups.

The MMRC has been successful in providing information that resulted in legislative action. Senate Bill 338 passed in April 2022, extending the previous year's expansion of postpartum coverage under Medicaid from six months to one year following the end of the pregnancy. This bill also provides lactation care and services to pregnant and lactating women and children who are breastfeeding or receiving their mother's milk. House Bill 977 passed in April 2022, which provided \$500,000 to fund a comprehensive care management pilot for high-risk pregnancy populations. This bill also provides \$680,000 to fund a Cardio-Obstetrics pilot program to perform echocardiograms of pregnant and postpartum patients to address maternal mortality.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Georgia

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2022.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.