



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

GEORGIA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

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 FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

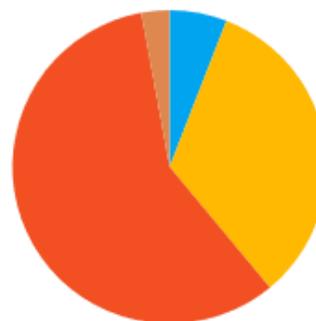
State Contacts

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Maternal and Child Health Director	Child Health Intervention Director	Parent Consultant
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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$15,634,663
State MCH Funds	\$87,873,596
Local MCH Funds	\$0
Other Funds	\$154,313,381
Program Income	\$7,652,922

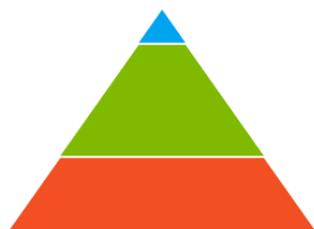
FY 2014 Expenditures



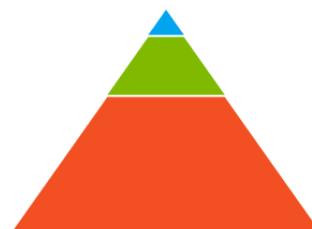
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$2,335,139	\$28,484,050
Enabling Services	\$7,901,186	\$65,707,170
Public Health Services and Systems	\$5,398,338	\$155,648,679

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



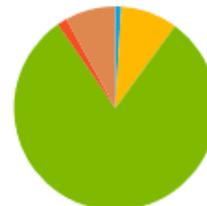
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	12,906	\$15,013,472	5.8%
Infants < 1 Year	128,426	\$80,795,397	31.5%
Children 1-22 Years	1,131,237	\$103,722,835	40.4%
CSHCN	21,912	\$40,360,705	15.7%
Others *	113,237	\$16,856,845	6.6%
Total	1,407,718	\$256,749,254	100%

FY 2014 Expenditures



FY 2014 Individuals Served



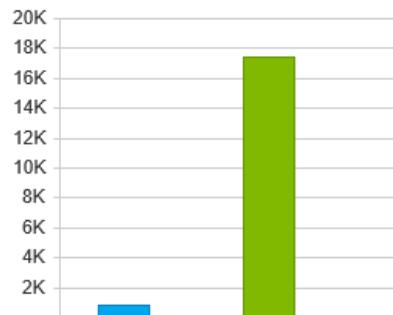
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 9	Bullying	Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	802
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	17,462
Other Toll-Free Calls:	0



Executive Summary

The Georgia Department of Public Health Maternal and Child Health Section (MCH) administers the Maternal and Child Health Services Title V Block Grant. The 2016 Application/2014 Annual Report provides an overview of MCH's recent successes and achievements, as well as a summary of the Five-Year Needs Assessment that MCH conducted. The needs assessment resulted in a new priority needs and a five-year plan with objectives and strategies designed to meet those needs.

Annual Report Highlights

MCH achieved several successes in the annual reporting year. Although not comprehensive, the following list provides several highlights of work that was accomplished:

- The Maternal Mortality Review Committee (MMRC) completed a review of all 2012 cases and developed the first report on the findings. The MMRC's important work continues to add to the knowledge around maternal deaths and will inform future interventions.
- The Georgia 5-STAR initiative was initiated to recognize hospitals that take steps toward becoming breastfeeding friendly. Hospitals are already participating in the initiative, and several more are expected to join.
- The Safe to Sleep campaign continues to be promoted throughout the state to alter community perceptions of safe sleep practices.
- Critical Congenital Heart Defects, Severe Combined Immunodeficiency and hearing screening were added to the Newborn Screening Panel.
- Parents as Partners has linked parents of children and youth with special health care needs to other parents for support.
- Georgia SHAPE continues to promote fitness assessments and school policies focused on physical activity among middle schools and high schools.

Needs Assessment Summary

In accordance with the guidance requiring states to conduct a needs assessment every five years, Georgia conducted a comprehensive needs assessment that included a thorough review of all available quantitative data sources and collection of qualitative data among members of the community and key leaders in MCH throughout Georgia beginning in 2014. After reviewing the data collected, MCH program and epidemiology staff identified a set of needs. Stakeholders were then given the opportunity to review the findings and assist MCH in prioritizing the identified needs. Throughout the entire process, stakeholders were able to give input into the selection of priorities and development of strategies to address priority needs through a survey, participation in stakeholder meetings and an ongoing public comment period. A SWON (Strength, Weakness, Opportunity, Need) analysis was used to determine program capacity and ensure that the Title V program had sufficient capacity and authority to properly address the need.

Eight priority needs were identified: prevent maternal mortality, increase access to family planning services, prevent infant mortality, promote developmental screenings among children, promote physical activity among children, prevent suicide among adolescents, improve systems of care for children and youth with special health care needs and promote oral health among all populations.

A summary of the findings and rationale supporting each priority need, as well as a description of activities to address each priority need are as follows.

Prevent maternal mortality

Maternal mortality is a topic of increasing importance to public health professionals in Georgia. Georgia has been ranked among states with the highest maternal mortality ratio, with the most recent data for 2013 showing a ratio of 43.6. The MMRC has provided the state with rich data on factors leading to maternal death and determined that poor health status prior to pregnancy is a primary contributor. Other data show that morbidity is prevalent among women of reproductive age in Georgia, with about half of women entering pregnancy obese.

The strategies implemented over the next five years to address this need will center around two primary activities: improving the MMRC's policies and procedures to improve data quality and promoting well-woman visits to ensure excellent health status in the pre and interconception periods. As the MMRC is just beginning, it is critical to ensure that all maternal deaths are being identified accurately, that there is sufficient access to case information and that a process for implementing data to action projects is in place. MCH plans to build on the existing infrastructure in the public health family planning clinics to promote preventive medical visits. It is intended that linking women of reproductive age to preventive care will improve the overall health status of women before they enter pregnancy and prevent maternal death.

Increase access to family planning services

Unplanned pregnancies are associated with poor outcomes for both mothers and infants. In Georgia, approximately half of all births are unplanned. By increasing access to family planning services, there is an opportunity for MCH to improve the health of both women and infants throughout the state. MCH plans to increase the number of women accessing services through local family planning clinics, as well as improve the quality of the services provided. MCH will also increase the supply of long-acting reversible contraception (LARC) in the family planning clinics to ensure the availability of reliable forms of contraception.

Prevent infant mortality

Georgia's infants experience a higher rate of mortality than the average nationally. The needs assessment showed that breastfeeding and safe sleep practices, behaviors that impact infant morbidity and mortality, are underperformed in the state. Although a perinatal regionalization system is in place, it is recognized that all high-risk infants are not ultimately receiving care in a facility most equipped to treat their conditions.

To prevent infant mortality, MCH will promote breastfeeding initiation and duration, safe sleep practices and neonatal level of care guidelines to improve perinatal regionalization. MCH will continue to support and recognize hospitals that take steps toward becoming breastfeeding friendly and increase the number of worksite lactation programs using the Business Case for Breastfeeding. In order to change community norms regarding safe sleep practices, Georgia plans to ensure consistent messaging and encourage hospitals to teach safe sleep. MCH will promote neonatal level of care guidelines among birthing hospitals to ensure that all infants are born in a facility with the appropriate resources.

Promote developmental screenings among children

Developmental screenings are an area of success and need in Georgia. While Georgia is leading the nation in offering developmental screenings, less than half of all Georgia's children receive this important service.

Steps have been taken to ensure that children in the public health system are screened for developmental delays, however there is an opportunity to raise awareness for children who receive services outside of public health. MCH's programmatic efforts will focus on improving data collection systems at the public health districts and promoting the use of the Ages and Stages Questionnaires (ASQ-3) throughout primary care settings in Georgia.

Promote physical activity among children

With the increase in obesity and chronic conditions seen across the nation in the past decades, it is important that public health promote physical activity among children to instill a healthy lifestyle at an early age. Approximately 35% of Georgia's children are currently performing the recommended amount of physical activity. Although on par with national averages, opportunity for improvement remains.

DPH's initiative to promote physical activity is Georgia SHAPE. SHAPE, a collaborative effort between state agencies and private partnerships, works with the school system to promote overall health and fitness by assessing children's performance on five components of physical activity and empowering schools to incorporate physical activity into their school day. SHAPE also promotes nutrition in the school systems. MCH will continue to provide support to this program to promote childhood physical activity, improve nutrition and reduce obesity.

Prevent suicide among adolescents

Suicide is an important emerging need identified through Georgia's needs assessment. The adolescent suicide death rate was 5.1 in 2013. The issue is of particular concern due to the high prevalence of bullying. Addressing adolescent health is an important new initiative for MCH. MCH will develop an inter-agency task force and a resource portal aimed at bullying prevention. MCH will also look to expand partnerships throughout the reporting period and fill an important gap in public health work being done to address this issue.

Improve systems of care for children and youth with special health care needs

Georgia will be working to improve the overall system of care for children and youth with special health care needs (CYSHCN) to ensure they are able to navigate the system and receive needed services. Results from the needs assessment show that families are unaware of available services, lack a medical home and are unprepared to transition their CYSHCN to adulthood.

The Title V program will address all aspects of a well-functioning system for CYSHCN, with a particular focus on transitions to adulthood. MCH will focus on ensuring that all children in Children’s Medical Services (CMS), the state program for CYSHCN, have a satisfactory transition plan and are linked with a medical home prior to discharge from the program. In order to increase awareness about available services, MCH will create a resource database for CYSHCN. Access to specialty care will be improved through promoting the use of telehealth.

Promote oral health among all populations

Oral health is an important need affecting all populations throughout the state. There are racial disparities among pregnant women who access dental services during pregnancy and only three-fourths of children are receiving preventive dental care each year. Increasing oral health care utilization during pregnancy can impact the likelihood that the child will receive appropriate oral health care.

MCH will continue to promote oral health among all populations by continually supporting the community water fluoridation program and specifically focusing on outreach to pregnant women and children. In order to assist CYSHCN in finding oral health care providers, a resource database listing all locations of CYSHCN providers will be developed.

National Performance Measures

Eight national performance measures (NPM) were selected to address the priority needs. The table below shows Georgia’s current annual indicator for each of these measures and the national average if possible. These data will continue to be updated throughout the reporting cycle to assess the impact of programmatic approaches and refine activities based on noted trends.

National Performance Measure	Data Source	Year Available	Georgia	United States
Percent of women with a past year preventive medical visit	Behavioral Risk Factor Surveillance System	2013	68.1%	65.2%
Percent of very low birth weight infants born in a Level III facility with a Neonatal Intensive Care Unit (NICU)	Vital Records	2012	78.5%	Data not available
A. Percent of infants who are ever breastfed B. Percent of infants breastfed exclusively through 6 months	National Immunization Survey	A. 2011 B. 2011	A. 70.3% B. 14.5%	A. 79.2% B. 18.8%
Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool	National Survey of Children’s Health	2011/12	40.8%	30.8%
Percent of children ages 6 through 11 who are physically active at least 60 minutes per day	National Survey of Children’s Health	2011/12	35.9%	35.7%
Percent of adolescents, 12 through 17, who are bullied or who bully others	Youth Risk Behavioral Surveillance System	2013	25.1%	25.3%
Percent of adolescents with special health care needs who receive services necessary to make transitions to adult health care	National Survey of Children with Special Health Care Needs	2009/10	33.9%	40.0%
A. Percent of women who had a dental visit during pregnancy B. Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	A. Pregnancy Risk Assessment Monitoring System B. National Survey of Children’s Health	A. 2012 B. 2011/12	A. 38.0% B. 75.9%	A. 50.3% B. 77.2%

Ongoing Needs Assessment

The Title V needs assessment provided an opportunity for MCH to redefine priorities based on the most current data available and strategically plan to address those needs. The needs assessment has resulted in new priorities, new partnerships and an action plan that will move the needle on the eight selected national performance measures to impact the identified priority needs.

In the upcoming year, MCH will continue to conduct needs assessment activities and engage stakeholders to build consensus around state performance measures and evidence-based or –informed strategy measures. The upcoming year provides the exciting opportunity to build upon and refine the state action plan based on input from stakeholders, including partners and families.