



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **GEORGIA**

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

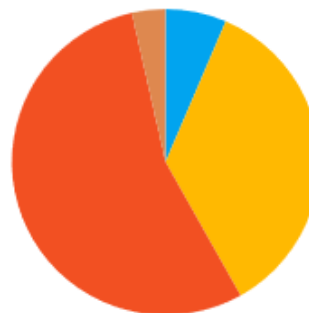
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Michelle Allen Maternal and Child Health Director Michelle.Allen@dph.ga.gov (404) 463-2579	Donna Johnson Children and Youth with Special Needs Director Donna.Johnson@dph.ga.gov (404) 232-1630	Sherry Richardson Family Engagement Leader Sherry.Richardson@dph.ga.gov (404) 651-7692

### Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$16,611,128
State MCH Funds	\$91,825,080
Local MCH Funds	\$0
Other Funds	\$141,371,383
Program Income	\$9,133,504

FY 2015 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$3,218,308	\$50,354,832
Enabling Services	\$6,638,153	\$27,801,818
Public Health Services and Systems	\$6,754,667	\$162,692,892

FY 2015 Expenditures  
Federal



FY 2015 Expenditures  
Non-Federal



### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	4,757	\$18,977,009	7.4%
Infants < 1 Year	131,942	\$89,543,258	34.7%
Children 1-22 Years	1,363,351	\$118,520,737	45.9%
CSHCN	16,047	\$25,766,152	10.0%
Others *	66,276	\$5,280,722	2.0%
<b>Total</b>	<b>1,582,373</b>	<b>\$258,087,878</b>	<b>100%</b>

FY 2015 Expenditures



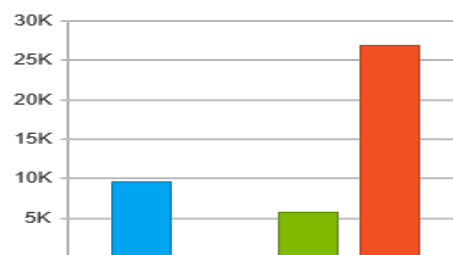
FY 2015 Individuals Served



\*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.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	9,656
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	5,782
Other Toll-Free Calls:	26,834



### 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

### Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	1.1.1. Number of public health districts with the Every Woman video in circulation
NPM 1	Well-Woman Visit	ESM 1.2	1.2.1. Proportion of staff that have been trained on preconception health appraisals
NPM 1	Well-Woman Visit	ESM 1.3	1.1.2. Number of focus groups across the state that assess what women know about and how they learn about their health during their reproductive years
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	3.5.1. Percentage of birthing hospitals that are in compliance with neonatal level of care requirements
NPM 4	Breastfeeding	ESM 4.1	3.1.1 Number of birthing hospitals that participate in the 5-STAR Hospital Initiative
NPM 4	Breastfeeding	ESM 4.2	3.1.2 Number of Train-the-Trainer workshops conducted
NPM 6	Developmental Screening	ESM 6.1	6.1.1. Percentage of public health districts using at least two developmental screening methods regularly
NPM 6	Developmental Screening	ESM 6.2	6.1.2. Number of partners reporting utilization of developmental screening tools
NPM 6	Developmental Screening	ESM 6.3	6.2.1. Number of formal training opportunities on developmental screening conducted in each public health district health districts each year
NPM 8	Physical Activity	ESM 8.1	7.1.1. Average HFZ measure (aerobic capacity) among students in grades 4-12
NPM 9	Bullying	ESM 9.1	8.1.1. Communication plan to promote awareness of bullying and bullying prevention among youth
NPM 9	Bullying	ESM 9.2	8.2.1. Number of schools participating in whole school bullying prevention initiatives
NPM 12	Transition	ESM 12.1	9.1.1 Number of health care transition education and training opportunities for youth, families and professionals
NPM 12	Transition	ESM 12.2	9.3.1. Number of pediatric and adult medical providers who have a health care transition policy within their practice
NPM 13	Preventive Dental Visit	ESM 13.1	11.1.1. Number of comprehensive webinars/presentations offered
NPM 13	Preventive Dental Visit	ESM 13.2	11.1.2. Number of dentists, hygienists and staff educated on four specific dental services for

			individuals with special needs and the oral health connection and services
--	--	--	--

### State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	By 2020, increase the percentage of women (ages 15-44) served in the Georgia Family Planning Program (GFPP) who use long-acting reversible contraceptives (LARC) from 11 to 15%.	Women/Maternal Health, Perinatal/Infant Health
SPM 2	By 2020, increase the rate of children and youth with special health care needs that have accessed their specialty health care visit through a telehealth clinic from 1.3 (per 1000 CYSHCN) to 2.0.	Children with Special Health Care Needs
SPM 3	By 2020, decrease the rate of congenital syphilis from 13 (infants per 100,000 live births) to 11.7.	Perinatal/Infant Health
SPM 4	By 2020, decrease the rate of infants diagnosed with Neonatal Abstinence Syndrome (NAS) from 3.2 (per 1,000 live births) to 2.0.	Perinatal/Infant Health

## 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. As Georgia's lead agency in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective, MCH provides and assures access to quality MCH services for mothers and children; provide and promote family-centered, community-based, coordinated systems of care for Children and Youth with Special Health Care Needs (CYSHCN) and their families; and facilitate the development of community-based systems of care for the MCH and CYSHCN populations. The 2017 Application/2015 Annual Report provides an overview of MCH's recent successes and achievements, as well as a summary of the Five-Year Needs Assessment and 2016 update to that assessment. The needs assessment resulted in a new set of 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 were accomplished:

- MCH increased the number of hospitals participating in the 5-STAR Hospital Initiative and Safe Sleep Initiative from 17 to 33. Five of which have attained both the 5-STAR Hospital Initiative and Baby-Friendly statuses.
- The Department of Public Health's STD Program joined the MCH section in 2016. This organizational change provides for a greater reach to the MCH population and increased access to improve women and adolescents sexual and reproductive health.
- The State of Georgia and MCH will partner with Emory University to provide metabolic foods (metabolic formula and low-protein modified foods) to all children diagnosed with a metabolic disease regardless of income and insurance type.
- MCH developed an Early Care Environment (childcare facility) toolkit that teaches educators how to implement healthy nutrition and physical activity policies.
- MCH provided care coordination services to over 8,000 children with special health care needs.
- MCH began Neonatal Abstinence Syndrome (NAS) surveillance.
- MCH Oral Health Program has achieved almost 97% fluoridation of community water.
- DPH MCH has been chosen by the Governor of the state of Georgia, Governor Nathan Deal, as the lead agency to administer the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant.
- MCH and the Department of Community Health's Medicaid Program have executed a Memorandum of Understanding to support Special Instructors serving children within the IDEA Part C Program Babies Can't Wait by providing a 50/50 funding match for their service.

### 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.

Ten 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, increase access to specialty care for CYSHCN, decrease maternal substance use and promote oral health among all populations.

### 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	National Immunization Survey	A. 2011	A. 70.3%	A. 79.2%
B. Percent of infants breastfed exclusively through 6 months		B. 2011	B. 14.5%	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	A. Pregnancy Risk Assessment Monitoring System	A. 2012	A. 38.0%	A. 50.3%
B. Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	B. National Survey of Children's Health	B. 2011/12	B. 75.9%	B. 77.2%

**State Performance Measures**

Four state performance measures (SPM) were also selected to address the priority needs. The table below shows Georgia's current annual indicator for each of these measures. 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.

State Performance Measure	Data Source	Year Available	Georgia
Percent of women (ages 15-44) served in the Georgia Family Planning Program who use long-acting reversible contraceptives (LARC)	Georgia Family Planning Program Clinic Data	2016	11%
Rate of CYSHCN that have seen a specialty provider within the last 12 months at the Children's Medical Services (CMS) Program Telehealth Clinic	Georgia's CMS Program Data, Kids Count	2016	1.3 per 100,000
		2016	
Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool	National Survey of Children's Health	2016	

**State Action Plan Summary**

Through the five year needs assessment ten priority needs were identified: prevent maternal mortality, increase access to family planning services, prevent infant mortality, reduce maternal substance use, 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, increase access to specialty care for CSHCN, and promote oral health among all populations. Twelve performance measures, national and state, will address the priority needs identified.

A summary of the state action plan is as follows.

Georgia's MCH action plan includes a variety of strategies, evidence-based and evidence-informed, that address the 10 priority needs. Health promotion/communication campaigns will be used to gain improvements in all performance measures, national and state. The health promotion/communication strategies are designed to increase awareness or promote behavior change among the MCH population, their families and/or providers working with women and children. Promoting oral health, safe-sleep, well-women visits, bullying prevention and developmental screening will include marketing positive behavior directly and indirectly with the MCH population. Health promotion strategies range from statewide media campaigns, to supporting legislative and policy adherence, to supporting physician to patient counseling.

MCH will also use other strategies that include; system building between partners who deliver service to the MCH population and policy development. Partnerships with MCH stakeholders is instrumental in realizing outcome goals and is also incorporated in all action plans for national and state performance measures. In such, MCH will be building new partnerships, identifying new MCH stakeholders and redefining the collective impact goals of existing partnerships in the upcoming years. For example, the Safe Sleep Coordinator will be working with first respondents and faith-based organizations to expand the safe sleep initiative.

MCH will not only expound existing partnerships and broaden its reach with new partnerships MCH and other Department sections will strategically collaborate to accomplish similar goals and reduce the burden on limited resources. The Department restructure to strategically place the STD Program under the supervision of the Title V Director within the MCH Section is an example of this type of partnership. In addition, the Chronic Disease Section is working closely with population domain leads to develop and implement evidence-based strategies that meet common goals and interest.

### **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.

During the reporting year, Georgia further assessed adolescent suicide and bullying in the state. After reviewing the data, MCH identified an increasing suicide rate among females, a geographic location to target bullying strategies and a potential target adolescent population at higher-risk for bullying and suicide. The findings will help guide the revision of the state action plan to prevent bullying among adolescents and track the changes in the suicide prevention priority need.

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.