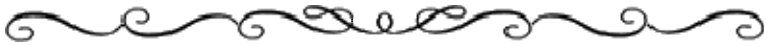
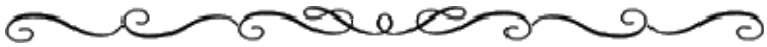


Maternal and Child Health Services
Title V Block Grant

State Narrative for Georgia

Perinatal

Application for 2015
Annual Report for 2013



National Performance Measures

Performance Measure 01: The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2009**	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	99.7	99.6	96.4	99
Numerator	327	318	230	268	264
Denominator	327	319	231	278	266
Data Source	Georgia NBS Program	Newborn Screening Program	Newborn Screening Program	Newborn Screening Program	Newborn Screening Program
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2014	**2015**	**2016**	**2017**	**2018**
Annual Performance Objective	100	100	100	100	100

Notes – 2013
Source: Emory Dept of Human Genetics and State Electronic Surveillance System

The numerator was total number of diagnosed cases for infants born in 2013. The date of diagnosis was subtracted by the date of treatment. 10 cases with missing dates of diagnosis were removed from the sample. The numbers of days > 180 were removed from the numerator.

Notes - 2012
2012 provisional data is supplied by Emory University Genetics Follow-up Program, contracted to investigate all positive metabolic newborn screens and provide services to confirmed cases.

Notes - 2010
As per Form 6, the data reported here are lagged by one year. Therefore, the data

reported in the 2010 column are data collected in 2009.

a. Last Year's Accomplishments

The Newborn Screening Program applied for and was awarded the CDC Severe Combined Immunodeficiency (SCID) screening cooperative agreement. In December 2012, the Georgia Newborn Screening and Genetics Advisory Committee recommended the addition of SCID to the Georgia NBS Panel. The NBS Program, Children's Medical Services Program and Children's Healthcare of Atlanta Cystic Fibrosis Center partnered to improve follow-up and coordination for infants with CFTR Related Metabolic Syndrome (CRMS).

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Making referrals for infants diagnosed with metabolic disease and hemoglobinopathies to appropriate CSHCN programs.			X	
2. Providing funds for special formula through NBS Follow-up.		X		
3. The Georgia Public Health Laboratory and Newborn Screening Program collaborate on policies, procedures and improving the exchange of electronic records.				X
4. Continuing MCH Epidemiology linkage of newborn screening records with electronic birth certificates.				X
5. Providing access to and monitoring hospital performance reports to identify each hospital's unsatisfactory specimens.				X
6. Following up on all abnormal screening test results.			X	
7. Holding regular advisory committee and work group meetings to gain stakeholder insight and advisement.				X
8. Providing NBS education to parents and providers.			X	
9. Providing genetic counseling to parents and legal guardians of newborns who are deemed carriers of a genetic mutation.		X		
10.				

b. Current Activities

Activity 1: Reduce the number of unsatisfactory specimens (unsats) by: identifying hospitals who submit unsats, notifying those submitters of their specimen collection performance and conducting site visits, and offering technical assistance and training to improve specimen collection techniques.

Last year, 31% of all hospitals met the unsatisfactory screening rate goal of less than 1%. There was an overall increase in compliance. Telephone consultations and on-site in-services continue.

Activity 2: Implement a protocol that identifies and tracks newborn screens from unsatisfactory to satisfactory.

The development of a follow-up system for unsatisfactory specimen is currently on hold until the improvements in the database have been completed. The Georgia Public Health Laboratory continues to notify providers when an unsatisfactory specimen has been submitted and the largest birthing hospitals actively request repeats on all unsatisfactory specimens submitted by their facility.

Activity 3: Educate pre- and postnatal families and healthcare professionals about newborn screening and the importance of follow-up of positive results by disseminating information via

multiple communication methods including PSAs, the NBS brochure, DPH website, social networking sites, newsletter articles and training/professional development.

Education was provided to primary care providers through the GAAAP, GOGS, and GAFP conferences. Hospital and primary care providers received site visits with training classes.

Activity 4: Improve the electronic database (SendSS) and monitoring capabilities by developing an unsatisfactory specimen tracking module, creating metabolic reports and improving matching algorithms.

SendSS IT staff are receiving and loading Emory follow-up data files daily. SendSS programmers and Emory IT staff are working on dumping historical files into the SendSS database. The NBS kit number has been added to the electronic birth certificate to improve the matching algorithm.

c. Plan for the Coming Year

Activity 1: Implement statewide screening and reporting for severe combined immunodeficiency (SCID), critical congenital heart disease (CCHD) and hearing impairment by incorporating these conditions into the six part newborn screening program and adding them to the Georgia NBS Panel.

Output Measure(s): Additional conditions added to the GA NBS Panel; a reporting system for hospital based screening test; and a system for education, screening, follow-up, diagnosis, treatment and evaluation measures developed and implemented for each new condition.

Monitoring: Regular meetings to revise the rules and regulations; adopted rules and regulations; and meetings to enhance or develop a system for SCID, CCHD and hearing impairment.

Activity 2: Reduce the number of unsatisfactory specimens (unsats) by: identifying hospitals who submit unsats, notifying those submitters of their specimen collection performance and conducting site visits, and offering technical assistance and training to improve specimen collection techniques.

Output Measure(s): Percent of hospitals with unsat rates less than or equal to 1%; percent of unsatisfactory newborn screens; and documentation of site visits, technical assistance and training activities.

Monitoring: Monthly review of site visits, technical assistance, and training activities; percent increase/decrease in unsats; and percent increase/decrease of all hospitals with unsats less than or equal to 1%.

Activity 3: Educate pre- and postnatal families and healthcare professionals about newborn screening and the importance of follow-up of positive results by disseminating information via multiple communication methods including, the NBS brochure, DPH website, social networking sites, newsletter articles and training/professional development.

Output Measure(s): Type and number of materials distributed; number of newsletter articles written; and number of presentations given.

Monitoring: Quarterly review of education activities; bi-monthly monitoring and updates of social networking sites.

Activity 4: Improve the electronic database (SendSS) and monitoring capabilities by creating metabolic reports improving the sickle cell disease patient tracking module, and improving matching algorithms.

Output Measure(s): Percent of newborn screens matched to the birth record; metabolic reports developed; and enhancements in patient tracking module developed.

Monitoring: Notes from bi-weekly IT meeting to review the progress towards the completion of the matching algorithm, enhancements and reports; meeting attendance.

Performance Measure 12: Percentage of newborns who have been screened for hearing before hospital discharge.

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2009**	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	99.1	99.5	97.8	97.8	97.8
Annual Indicator	99.3	99.6	99.9	92.2	98.5
Numerator	123021	118851	117588	125975	124308
Denominator	123912	119292	135781	136606	126174
Data Source	Newborn	Newborn	Newborn	Newborn	Newborn

	Hearing Program Data	Hearing Program Data	Hearing Program	Hearing Program Data	Hearing Program Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?			Provisional	Final	Provisional
	2014	**2015**	**2016**	**2017**	**2018**
Annual Performance Objective	99.9	99.9	99.9	99.9	

Notes – 2013
The denominator is the number of live births as reported by hospitals collected in SendSS. The numerator is the number of births screened as reported by hospitals this was collected from SendSS.

Notes - 2012
The denominator is the number of live births as reported by hospitals. The numerator is the number of births screened as reported by hospitals. Source: Hospital quarterly reports

SENDSS retrieved 05/01/13

Notes - 2011
The denominator is the number of eligible births reported by the hospital, which equals live births minus newborn deaths, minus refused screening, minus transferred out without screen, plus transferred in without screen. The numerator is the number of births screened. It is common that hospitals report that they screen more births than are eligible and then have a report of screening over 100% of their births. The data reported adjusts for over reporting screening by not allowing any hospital to go over 100%.

The annual performance objectives reflect Georgia's goal and belief that 100% of all newborns should receive a hearing screen prior to hospital discharge and progress toward this goal.

2007 and 2008 data have been recalculated as follows:

2007: numerator is 140,201; denominator 148,403; and annual indicator is 94.5

2008: numerator is 127,191; denominator 128,532; and annual indicator is 99

Notes - 2010
The denominator is the number of eligible births reported by the hospital, which equals live births minus newborn deaths, minus refused screening, minus transferred out without screen, plus transferred in without screen. The numerator is the number of births screened. It is common that hospitals report that they screen more births than are eligible and then have a report of screening over 100% of their births. The data reported adjusts for over reporting screening by not allowing any hospital to go over 100%.

The annual performance objectives reflect Georgia's goal and belief that 100% of all newborns should receive a hearing screen prior to hospital discharge and progress toward this goal.

The data are not available for 2010. The data presented are an estimate based on data from 2008 and 2009.

a. Last Year's Accomplishments

The revised Surveillance of Hearing Impairment in Infants and Young Children form was implemented October 2012 to be used for reporting diagnostic hearing test results after referral from newborn hearing screening and for initial diagnosis of permanent hearing loss birth to age 5. The new form includes documentation for transient conductive.

UNHSI Program Staff attended the Georgia American Academy of Pediatrics (GA AAP) and Georgia Academy of Family Physicians (GAFP) conferences in November 2012 and the Pediatric Nurses Association Meeting in May 2013 as exhibitors to address questions/concerns from providers and to distribute materials about newborn hearing screening and follow-up including the revised UNHSI Guidelines for Pediatric Medical Home Provider. Presentations were made at the GA AAP conference addressing current issues in early hearing screening and referral; at the GAFP conference about childhood hearing screening – detecting hearing loss from newborn to adolescence; and at the Pediatric Nurses Association meeting to review follow-up for newborns that refer their hearing screening or are at risk for late onset hearing loss.

Georgia participated in the Improving Hearing Screening and Intervention Systems (IHSIS) Learning Collaborative from June 2011 through September 2012 and presented a webinar about the experience to UNHSI District Coordinators, Stakeholders, hospitals, audiologist,

and interested partners in December 2012.

UNHSI Program Coordinator presented to Healthy Mothers Healthy Babies (HMHB) Coalition of Georgia in December 2012 about the UNHSI Program's purpose, goals, and the message to be communicated to parents. The "Have You Heard" brochure is included in HMHB folder for expectant mothers. UNHSI Program Staff presented at UNHSI District/Regional Meetings in December 2012 on risk factors for hearing loss and March & May 2013 on mandatory reporting of newborn hearing screening and all follow-up testing. UNHSI Program Coordinator presented to parent advisors who work with families and children with hearing loss at the Georgia Parent Infant Network for Educational Services (Georgia PINES) in June 2013 about the UNHSI Program.

The UNHSI Stakeholders Committee Meetings continue to be held quarterly with work on the Action Team Plan. Presentation on tele-therapy was presented at the January 2013 meeting. The audiology newsletter/memo continues to be distributed at least quarterly to pediatric audiologists on program updates and best practices, reporting and upcoming events and trainings. Parent and physician letters have been revised or created in an effort to improve education on the importance of newborn hearing screening and appropriate follow-up. The parent letters are available in English and Spanish.

Collaborated with the Georgia Obstetrical and Gynecological Society (GOGS) to include information about newborn hearing screening in prenatal packets with mailing to members in February 2013. The survey for pediatricians developed with assistance from GA AAP and Chapter Champion regarding pediatric practices and newborn hearing screening and follow-up has been distributed, completed, and evaluated. Plans are to publish results in the GA AAP quarterly newsletter.

Revisions have been completed on Georgia's Resource Guide for families of children with hearing loss. The intent of the booklet is to assist families of children newly identified with hearing loss as a guide/resource about hearing loss, modes of communication, amplification, and professionals and organizations that are dedicated to helping families and children with hearing loss. The booklet has been reviewed by stakeholders –(parents and audiologists) and approved by leadership. The Resource Guide is with DPH – Communications for formatting.

September is National Newborn Screening Awareness month and multiple newborn hearing screening messages were posted on DPH Facebook and Twitter pages. Also in September 2013 the Georgia DPH revised website went live including the UNHSI section. Enhancements continue with the website.

The UNHSI Policies and Procedures Manual, after review by stakeholders and approval by leadership, was formatted by communications for printing. The manual has separate sections that address relevant issues for hospitals, audiologists, otorhinolaryngologists, and primary care physicians.

UNHSI District Coordinators Process Flow for follow-up from newborn hearing screening to intervention was completed and implemented in August of 2013. Coordinators were educated on the revised process flow at video conference.

State Electronic Notifiable Disease Surveillance System (SendSS) enhancements continue in improving the program's data management system for documenting and tracking hearing screening referrals to better assist UNHSI District Coordinators in follow-up. The loss to follow-up protocol has been built into SendSS ensuring all UNHSI District Coordinators will perform the same actions before closing a case as loss to follow-up. The parent and physician letters are incorporated in the loss to follow-up protocol with the letters accessible in SendSS.

UNHSI District Coordinators and four pilot hospitals entered third quarter aggregate data into the revised quarterly Hospital Report form that was built into SendSS. Issues with the data were addressed with hospitals individually, educating on accurate reporting not only for aggregate data, but also for child-specific data on infants who refer or who were not screened prior to discharge. This process continued from October 2012 through September 2013 with UNHSI District Coordinators contacting hospitals each quarter for direct online entry and follow-up on any issues encountered. Plan is to have all hospitals reporting online by first quarter 2014.

Data entry screen was developed in SendSS. In November 2012 a number of hospitals were contacted regarding manually entering newborn hearing screening results for infants born in their facility. None of the hospitals contacted have been able to assist due to the time and personnel needed to input the information in SendSS.

Newborn hearing screening results are to be added to the state's Electronic Birth Certificate (EBC) which uploads into SendSS. This will eliminate the need for hospitals to manually enter hearing screening results. UNHSI and MCH have been working with Vital Records to add hearing screening results and risk factor information to the new Georgia Vital Events Registration System (GAVERS) birth file, which is under development. All information requested from the UNHSI Program has been provided. Birth certificate worksheet is in final approval with pilot set to begin by first quarter 2014.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Continuing analysis of quarterly hearing screening data to identify hospitals with unsatisfactory screening and referral performance.			X	
2. Continuing to promote UNHSI.				X
3. Providing training and technical assistance to hospitals and other health care providers screening newborns.				X
4. Developing data system to link newborn hearing screening information with the electronic birth certificate (EBC).				X
5. Providing technical assistance to Children 1st and UNHSI Follow Up Coordinators in health districts to link with children identified through screening reports from hospitals and other healthcare providers.				X
6. Developing UNHSI module in SendSS and providing access to healthcare providers statewide.				X
7.				
8.				
9.				
10.				

b. Current Activities

Activity 1: Provide professional development for pre- and postnatal families and healthcare professionals about newborn hearing screening (UNHSI) and the importance of follow-up hearing screening by disseminating information via multiple communication methods, including PSAs, the UNHSI brochure and website, social networking sites, newsletter articles and presentations.

UNHSI Program Coordinator presented at the Georgia Association of Young Children (GAYC) Conference October 2013 about the importance of newborn hearing screening and monitoring developmental milestones for hearing. UNHSI Program Staff attended the

Georgia American Academy of Pediatrics (GA AAP) and Georgia Academy of Family Physicians (GAFP) conferences in November 2013 as exhibitors to address questions/concerns from providers and to distribute UNHSI materials. Program Staff continue to attend UNHSI District/Regional Meetings to provide updates on state activities. The UNHSI Stakeholders Committee Meetings continue to be held quarterly with SWOT analysis at the October meeting to determine future program goals/objectives. The audiology newsletter/memo continues to be distributed at least quarterly to pediatric audiologists on program updates and best practices, reporting and upcoming events and trainings. The survey for pediatricians developed with assistance from GA AAP and Chapter Champion regarding pediatric practices and newborn hearing screening and follow-up has been submitted for publication in the GA AAP quarterly newsletter. Georgia's Resource Guide for families of children newly diagnosed with hearing loss is in the process of being submitted for printing and will be posted on the UNHSI website. The Resource Guide will be available in English and Spanish.

Activity 2: Improve the UNHSI system by developing and implementing a policy and procedure manual on early detection and intervention of children with suspected or confirmed hearing loss for hospitals, audiologists, and program staff.

Activity 2 has been completed. The UNHSI Policies and Procedures Manual was released October 2013. It is posted on the UNHSI website as a resource for hospitals, audiologists, otorhinolaryngologists, primary care physicians, health departments/districts, UNHSI District Coordinators, and stakeholders in following best practices for newborn hearing screening and follow-up.

Activity 3: Reduce the percentage of babies who are lost to follow-up.

SendSS enhancements continue in improving the program's data management system for the purpose of documenting and tracking hearing screening referrals to better assist UNHSI District Coordinators in follow-up. Paper version of the Surveillance of Hearing Impairment in Infants and Young Children form will be phased out as audiologists will be able to directly input hearing screening and diagnostic results directly into SendSS. Alerting function was implemented that notifies UNHSI District Coordinators whenever a record is updated allowing paper reporting to be phased out. All hospitals should be inputting quarterly hospital report data in directly into SendSS by first quarter 2014. SendSS genetics module was enhanced to include hearing screening results enabling primary care physicians to access hearing screening results that have been manually entered, when obtaining newborn screening (bloodspot) results.

Activity 4 Develop and pilot data entry screen in SendSS for hospitals to manual enter hearing screening results.

Activity 4 has been completed. The UNHSI Program is moving towards more efficient ways to document all hearing screening results. Newborn hearing screening results and risk factors for late onset hearing loss are to be added to the state's Electronic Birth Certificate (EBC) which uploads into SendSS. Training has begun on the new birth certificate worksheet which is in final approval with pilot set to begin by first quarter 2014. Newborn hearing screening results are to be added to the Newborn Screening bloodspot card. A draft card has been developed and RFP submitted for a vendor to supply cards. Newborn Screening Rules and Regulations have been revised to include hearing impairment requiring hospitals to conduct newborn hearing screening. Rules and Regulations to be posted for public comment.

c. Plan for the Coming Year

Activity 1: Provide educational materials and targeted, planned outreach for pre-and post-natal families, and healthcare professionals about newborn hearing screening (UNHSI) and the

importance of follow-up screening by disseminating information via multiple communication methods, including PSA's, the UNHSI brochure, resource guide and website, social networking sites, articles, and presentations.

Output Measure(s): Type and number of materials distributed; number of articles written; number of presentations given; surveying recipients of educational materials and outreach to assess effectiveness; information distributed on social networking sites.

Monitoring: Quarterly review of educational activities.

Activity 2: Reduce the percentage of babies who are loss to follow-up/documentation.

Output Measure(s): Number of UNHSI District Coordinator Scripts; number of hospitals participating in Loss & Found pilot.

Monitoring: Quarterly review of performance measures and loss to follow-up/documentation rates by hospitals, districts, and state.

Activity 3: Obtain individualized hearing screening results on all newborns that have been screened for hearing before hospital discharge through the electronic birth certificate and Newborn Screening bloodspot card uploading into SendSS.

Output Measure(s): Percent of live births with unduplicated complete and accurate hearing screening results.

Monitoring: Evaluate percent received hearing screening results by hospital, district, and state. Compare percent agreement between results via EBC versus bloodspot card.

Activity 4: Continued development of the UNHSI module in SendSS for accurate documentation of hearing screening results; diagnostic evaluations; intervention; follow-up activities and evaluation reports.

Output Measure(s): Number of enhancements; number of providers documenting accurate and complete follow-up hearing screening results; diagnostic evaluations and intervention enrollment online in SendSS.

Monitoring: Accurate and complete documentation in SendSS and loss to follow-up/documentation rates.

Activity 5: Provide training and technical assistance regarding UNHSI process/best practice to hospitals, and other healthcare providers who provide newborn hearing screening and follow-up.

Output Measure(s): Number of facilities visited or contacted; number of providers who participate in training activities.

Monitoring: Accurate and complete documentation; referral and percentage rates for hospital hearing screening; review of documented hearing screen and diagnostic evaluations for best practices.

Performance Measure 15: Percentage of women who smoke in the last three months of pregnancy.

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2009**	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	9.2	7.4	8.7	8.4	8.1
Annual Indicator	8.5	8.3	6.2	7.0	6.7
Numerator	12013	11094	8212	9097	8481
Denominator	141332	133668	132239	129959	126575
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?			Final	Provisional	Provisional
	2014	**2015**	**2016**	**2017**	**2018**
Annual Performance Objective	7.8	7.5	7.3	7	

Notes-2013
The numerator for 2011 is calculated by multiplying the annual Indicator and the denominator. The denominator 2007-2012 comes from OASIS. The denominator for 2013 comes from the 2013 provisional birth file. The annual indicator for 2011 comes from the 2011 PRAMS survey. The 2012-2013 annual indicators have been estimated based on trend data from 2007-2011.

While PRAMS is a sample survey, the numerator is estimated by multiplying the rate from PRAMS and the total number of pregnancies in the year. The number of births to all mothers who are GA residents (from OASIS) is used as a proxy for the total number of pregnancies for that year. PRAMS data are available through 2011, a linear projection was made for 2012 and 2013 using PRAMS data from 2007 -2011. For the total number of pregnanices (births) the estimate for 2013 was obtained from the provisional birth file.

Notes - 2012
While PRAMS is a sample survey, the numerator is estimated by multiplying the rate from PRAMS and the total number of pregnancies in the year. The number of births to all mothers who are GA residents (from OASIS) is used as a proxy for the total number of pregnancies for that year. PRAMS data are available through 2010, a linear projection was made for 2011 and 2012 using PRAMS data from 2007 -2010. For the total number of pregnancies (births) the estimate for
2012 was made using data from 2000-2011.

Notes – 2011

While PRAMS is a sample survey, the numerator is estimated by multiplying the rate from PRAMS and the total number of pregnancies in the year. The number of births to all mothers who are Georgia residents (from OASIS) is used as a proxy for the total number of pregnancies for
that year. PRAMS data are available through 2010. A linear projection was made for 2011 using
PRAMS data from 2007-2010. For the total number of pregnancies (births), the estimated for

2011 was made using data from 2000-2010.

2007 and 2008 were recalculated as follows:

2007: numerator - 11,461; denominator - 150,804; annual indicator - 7.6
2008: denominator - 11,864; denominator - 146,464; annual indicator - 8.1

Notes - 2010
Previously, data for 2007 were not available. These data are now available and indicate a point estimate of 7.6 percent in 2007. Therefore, there were increases in this indicator in 2008 and
2009. Therefore, the projection for 2010 is based on data from 2007 through 2009 only. While PRAMS is a sample survey, the numerator is estimated by multiplying the rate from PRAMS and the total number of pregnancies in the year.

Given the trend in this indicator, the projections for the annual performance objective are done so to identify intermediate goals to achieve the same rate in 2015 that was identified in 2007.

a. Last Year's Accomplishments

Three major categories best describes last year's accomplishments. They include *Healthcare Provider Awareness and Engagement, Public Awareness and Tobacco Cessation Medication Suppo*rt as well as *Evaluation Support*.

1. Development of the customized evaluation report with the national quitline vendor entitled Georgia Tobacco Quitline Intensive 10-Call Pregnancy Program Evaluation Report.
2. Georgia Tobacco Use Prevention Program partnered with the Georgia OB/GYN Society to feature Georgia Tobacco Quitline promotional materials, healthcare provider clinical practice guideline resources and tobacco cessation counseling reimbursement information in the Society's statewide newsletter.
3. Press Release posted on state agency website announcing the availability of free nicotine replacement therapies medication support (4-week supply) in the form of patches or gum to all uninsured adult Georgians ages 18 and older statewide including non-breastfeeding postpartum women.
4. Georgia Tobacco Quit Line pregnant and postpartum ads (print and web) placed in the Georgia Nurses Association Quarterly Newsletter reaching over 100,000 Registered Nurses statewide.
5. Georgia cAARds Program (Ask, Advise, Refer with Follow-Up) entails health systems interventions for clinicians who provide services including pregnant, postpartum and women of child bearing age patient population groups who use tobacco products. The Georgia cAARds Program implementation continued in the two original public health districts in Central and South Georgia. The dissemination of the Georgia cAARds Program resources statewide (i.e. reference manual and lobby signage).
6. Development and dissemination of Spanish Georgia Tobacco Quit Line brochures and posters to the Hispanic Health Coalition of Georgia including materials tailored to pregnant and postpartum women who use tobacco products.
7. One hundred fifty thousand Georgia Tobacco Quitline brochures (English version) and 65,000 Georgia Tobacco Quitline posters (English version) were disseminated to healthcare organizations (including OB/GYN practices) and governmental local health departments statewide featuring the customized pregnant/postpartum version.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Partnered with Georgia Tobacco Quit Line vendor to develop the first annual evaluation report customized for pregnant and postpartum participants.				X
2. Partnered with the Georgia OB/GYN Society			X	
3. Composed and posted press release on the Georgia Dept of Public Health state agency website regarding the availability of free nicotine replacement therapies medication support to all uninsured adult Georgians (18 and older) including non-breastfeeding postpartum women statewide.			X	
4. Partnered with the Georgia Nurses Association to feature Georgia Tobacco Quit Line ads (print and web) in quarterly newsletter reaching Registered Nurses statewide			X	
5. Georgia cAARds Program implementation continued in the two original public health districts			X	
6. Development and dissemination of Georgia Tobacco Quit Line materials (Spanish version) tailored for Spanish speaking pregnant and postpartum population groups who use tobacco products.			X	
7. Statewide dissemination of Georgia Tobacco Quit Line brochures and posters (English version) including materials tailored pregnant and postpartum women who use tobacco products			X	
8.				
9.				
10.				

b. Current Activities

Activity 1: Scheduled to launch the Georgia Tobacco Cessation and Secondhand Smoke Television Media Campaign in targeted disparate public health districts based on several factors including infant mortality rates and tailored to vulnerable population groups including pregnant and postpartum women.

The Georgia Tobacco Cessation and Secondhand Smoke Television Media Campaign is scheduled to air from April 2014 thru June 30, 2014.

Activity 2: Offer 8 weeks of free nicotine replacement therapies (via the Georgia Tobacco Quitline vendor) to non- breastfeeding postpartum women who utilize the Georgia Tobacco Quitline tobacco cessation counseling services (telephone and web-based) to improve tobacco abstinence.

The Georgia Tobacco Quitline continues to maintain the 10-call module that provides specialized tobacco cessation counseling services to assist pregnancy and postpartum women with quitting tobacco use. Effective March 26, 2014, the Georgia Tobacco Quitline began offering 8 weeks of nicotine replacement therapies (NRTs) in the form patches or gum to adult (18 and older) members of vulnerable population groups including non-breastfeeding postpartum women, uninsured Medicaid beneficiaries as well as adults with lower levels of education.

Activity 3: Develop the “2014 Georgia Smoking During Pregnancy” Data Summary

The PRAMS data (2009 - 2011) pertaining to smoking prevalence and smoking

behaviors among women before, during, and after pregnancy have been recently reviewed. Plans include reviewing PRAMS data with epidemiology team for data summary development.

Activity 4: Continuation of healthcare provider engagement via Georgia cAARds Program Webinar Series

A total of six webinars have developed and posted on the Georgia Department of Public Health (DPH) state agency website in the Georgia cAARds Program-Webinars and Training Section. A total of three additional webinars are scheduled.

Activity 5: Partnered with Georgia Tobacco Quit Line vendor to develop the second annual evaluation report customized for pregnant and postpartum participants

The second annual evaluation report customized for pregnant and postpartum participants has been ordered.

Activity 6: Tobacco Cessation Resources – Pregnant and Postpartum section of the Georgia DPH state agency website

The Tobacco Cessation Resources for Pregnant and Postpartum Women Section was developed and launched on the Georgia DPH state agency website. Additionally, the Section includes links to the Georgia Maternal and Child Health Program website as well as customized Georgia Tobacco Quitline resources.

Activity 7: Georgia Quit Line Healthcare Provider Fax Referral form updated with expanded inclusion of Perinatal Case Management referrals.

The Georgia Quit Line Healthcare Provider Fax Referral form updated to include Perinatal Case Management and Medicaid Provider referrals.

c. Plan for the Coming Year

Activity 1: Expansion of Georgia cAARds into 3-5 public health districts

Output Measure(s): Number of calls to the Georgia Tobacco Quitline, number of local health departments implementing Georgia cAARds Program

Monitoring: Georgia Tobacco Quit Line Reports

Activity 2: Georgia Tobacco Cessation and Secondhand Smoke Television Media Campaign (Phase II)

Output Measure(s): GRPs, number of calls to the Georgia Tobacco Quitline, Georgia DPH Website Activity Data - Tobacco Cessation Resources – Pregnant and Postpartum Section

Monitoring: Georgia Tobacco Quitline Reports, Media Vendor Reports, Georgia DPH Website Activity Report

Activity 3: Partnered with Georgia Tobacco Quit Line vendor to develop the third annual evaluation report customized for pregnant and postpartum participants

Output Measure(s): Quit rates among Georgia Tobacco Quit Line pregnant and postpartum women participants

Monitoring: Annual Evaluation Report

Activity 4: Maintaining the Tobacco Cessation Resources – Pregnant and Postpartum Section of the Georgia DPH state agency website

Output Measure(s): Georgia DPH Website Activity Data - Tobacco Cessation Resources – Pregnant and Postpartum Section

Monitoring: Georgia DPH Website Activity Report

Activity 5: Develop the "2015 Georgia Smoking During Pregnancy" Data Summary

Output Measure(s): "2015 Georgia Smoking During Pregnancy" Data Summary posted on the Georgia DPH state agency website, the number of data summaries shared with multiple major stakeholders, the number of presentations featuring the "2015 Georgia Smoking During Pregnancy" Data Summary

Monitoring: Georgia DPH Website Activity Data – Georgia Tobacco Use Data and Fact Sheets Section

Performance Measure 17: Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2009**	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	70	73.4	73.3	73.6	77.8
Annual Indicator	74.9	73.0	77.8	77.1	
Numerator	1945	1846	1868	1785	
Denominator	2596	2529	2400	2316	
Data Source	Vital	Vital	Vital	Data	

	Records	Records	Records	Warehouse (final data)	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?			Provisional	Provisional	
	2014	**2015**	**2016**	**2017**	**2018**
Annual Performance Objective	77.8	78.2	78.6	78.8	

Notes - 2012
Data source: data warehouse (final birth data)
Numerator: number of VLBW (<1500g) resident births delivered at level III or IV facilities
Denominator: number of VLBW (<1500g) resident births

Notes-Birth record data are unavailable for 2012. The provisional estimates are developed using a linear projection with data from 2008 through 2011. The facility table that was used to obtain estimates for 2000 to 2007 was recently updated with 6 new level 3 (former level 2) facilities. The exact date these facilities became level 3s is unknown but they were included in the analysis for
2008 to 2011 as level 3s.

Notes - 2011
Birth record and population data are unavailable for 2011. The provisional estimates were developed using a linear projection with data from 2008 through 2010. The facility table that was used to obtain estimates for 2000 to 2007 was recently updated with six new level 3 (formerly level 2) facilities. The exact date these because level 3's is unknown, but they were included in the analysis for 2008 to 2010 as level 3's.

The 2007 data was recalculated as follows:

2007: numerator 1931; denominator 2682; and annual indicator 69.5.

Notes - 2010
Georgia has five perinatal levels. Level 0 has no delivery capacity. Level I is basic care. Level II is specialty care. Level III is subspecialty care. Level IV is the state designated perinatal centers. Level I through III are self-designated at the time of application for Certificate of Need. Facilities for high-risk deliveries and neonates are defined as Level III and IV facilities.

Data are unavailable for 2009 and 2010. The provisional estimates are developed using a linear projection with data from 2000 through 2008.

The average annual percent change for this indicator is declining. With an expectation to improve this indicator, the annual performance objective reflects a 0.5% increase.

a. Last Year's Accomplishments

The Perinatal Health Program collaborated with the Office of Contracts to establish a new 5-year contract for Regional Perinatal Centers (RPC). Site visit audit tools were created and Core Requirements and Recommended Guidelines for Designated RPCs were completed. A 2-year training plan was developed to conduct trainings for RPCs. Training topics include Infant Mortality (Improving Birth Outcomes), Maternal Risk and Protective Factors, Perinatal Substance Abuse Intervention and Prevention, High Risk Neonatal Infants and High Risk Pregnant Women. Face-to-face and bi-monthly Video Interactive Conferencing System (VICS) meetings were conducted.

Grant-In-Aid Annexes were revised and quarterly conference calls were conducted. GIA programs provide education to increase awareness on preventing preterm babies.

The Perinatal Health Program conducted strategic planning to establish goals and objectives and developed a work plan with a prevention framework.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Conducting annual performance audits at each regional perinatal center.				X
2. Continuing to work with the Georgia Obstetrical Gynecological Society (GOGS) on increasing the number of very low birth weight facilities for high risk deliveries and neonates.				X
3. Collaborating with statewide partners to increase awareness on preventing preterm delivery.				X
4. Working with RPCs to focus on primary prevention of preterm delivery.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Activity 1: Collaborating with Epi team to develop a standardized reporting tool for the RPC's

RPC Quarterly reporting tool will be completd by July 2014.

Activity 2: Conducting RPC annual site visits

RPC site visits will start by FY2015.

Activity 3: Revise Standard Operating Procedures for Perinatal Health Program

Standard Operating Procedures have been revised.

Activity 4: Collaborating with the RPC coordinators to conduct a Perinatal Capacity Survey

The Perinatal Capacity Survey is in progress and should be completed by end of FY15.

Activity 5: Implement 2-year training plan

Implementation of trainings will begin by FY15.

c. Plan for the Coming Year

Activity 1: Collaborating with GOGS to conduct a Regional Perinatal Meeting

Output Measure(s): Meeting conducted by August 21, 2014

Monitoring: Planning Meetings

Activity 2: Strengthen and enhance RPC's Capacity

Output Measure(s): Technical assistance and training

Monitoring: Annual site visits and quarterly reports

Activity 3: Implement standardized reporting tool

Output Measure(s): Provide tool to RPC's by July 2014

Monitoring: Quarterly Reports

Activity 4: Implement findings for Perinatal capacity survey to ensure all birthing hospitals are operating at appropriate level of care

Output Measure(s): Review level of care

Monitoring: Annual Reports

Activity 5:Provide technical assistance to hospitals to ensure level of care matches designated levels

Output Measure(s): Hospitals level of care matches designated levels

Monitoring: Annual Reports

Performance Measure 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2009**	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	64.5	70	81.8	82.6	83.5
Annual Indicator	80.8	71.4	70.3	71.0	78.9
Numerator	73160	70188	74810	77745	73537
Denominator	90491	98343	106350	109432	93165
Data Source	Vital Records	Vital Records	Vital Records	OHIP Warehouse	Vital Records
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?			Final	Final	Provisional
	2014	**2015**	**2016**	**2017**	**2018**
Annual Performance Objective	84.3	85.1	85.1	85.1	

Notes - 2013
Final 2013 statistic is unavailable so 2013 provisional data were used.

Numerator: number of infants born to pregnant women who received prenatal care beginning in the first trimester (Provisional)
Denominator: number of infants born to women who reported prenatal care information. Does not include missing values. (Provisional)

2012 data is updated using final birth data from OHIP-warehouse. The percent of women with unknown entry into prenatal care was 15.8% in 2012 down from 19.6% in 2011. The denominator does not include the missing values.
Denominator statistic is updated using final birth data from OHIP warehouse.

Notes - 2012
The impact of the adoption of 2003 Revised Birth certificate in the middle of 2007 has been documented in previous notes. The percent of women with unknown entry into prenatal care is
19.6% in 2011 down from 26.4% in 2010. The denominator does not include the missing values. The numerator and denominator for 2012 were calculated by linear projection methods using data from 2008 to 2011.

Notes - 2011
The impact of the adoption of the 2003 Revised Birth Certificate in the middle of 2007 has been documented in previous notes. The percent of women with unknown entry into prenatal care was
26.4% in 2009. The denominator does not include the missing values. The numerator and denominator for 2011 were calculated by linear projection methods using data from 2008 to 2010.

Notes - 2010
In 2007, Georgia adopted the 2003, Revised Birth Certificate part way through the year. This had two impacts on NPM18. First, it changed how the entry into prenatal care question was asked from asking for month of entry into prenatal care to asking for date of entry into prenatal care. Second, the vitals reporting system changed. The impact of the first change is well described by NCHS. The impact of the second change was that the percent of women with unknown entry into prenatal care increased beyond what would be expected to happen from the wording change alone.

Data for 2008 and 2009 are actual final data. 2010 is a projection based on these two data points. The denominator differs here from other measures because we did not include the missing values. In 2008, 45.8 percent of the data were missing. In 2009, 36.0 percent of the data were missing.

The annual performance objective is projected using a 1 percent increase to indicate the desire on the part of the state to increase this rate. There are no data that allow for an accurate projection.

a. Last Year's Accomplishments

The Perinatal Health Program partnered with March of Dimes on Centering Pregnancy. March of Dimes provided education to the RPCs increasing their awareness on the benefits of Centering Pregnancy. The Perinatal Health Program participated in Centering Pregnancy quarterly conference calls.

MCH Staff met with United Way to increase the numbers of Medicaid clients participating in Centering Pregnancy.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continuing to provide referrals to private OB providers, WIC and Medicaid for all clients enrolled in Perinatal Case Management (PCM).			X	
2. Continuing to provide training and TA to the Regional Perinatal Centers and statewide partners on improving birth outcomes in Georgia.				X
3. Partnering with GOGS to provide opportunities to increase education on early access to prenatal care.			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Activity 1: Partner with stakeholders to strategically expand Centering Pregnancy Projects.

The Perinatal Health Program participated in quarterly conference calls with stakeholders regarding building capacity to expand Centering Pregnancy Project.

c. Plan for the Coming Year

Activity 1: Hire a Perinatal Nurse that will partner with March of Dimes to increase the numbers of providers hosting Centering Pregnancy classes.

Output Measure(s): Perinatal Nurse hired

Monitoring: Ongoing recruitment

State Performance Measures

State Performance Measure 2: Infant mortality rate among infants born weighing 1,500 grams or more who survive past the first 27 days of life

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2009	2010	2011	2012	2013
Annual Performance Objective			1.9	1.9	1.9
Annual Indicator	1.9	1.7	1.8	1.8	
Numerator	290	226	257	254	
Denominator	153842	131004	143046	144084	

Data Source	Linked Birth-Death Record	Linked Birth-Death Record	Linked Birth-Death Record	Linked Birth-Deaths	Linked Birth-Deaths
Is the Data Provisional or Final?			Provisional	Provisional	
	2014	**2015**	**2016**	**2017**	**2018**
Annual Performance Objective	1.8	1.8	1.8	1.8	

Notes - 2012
Source is the Linked Birth-Death Record. Linked birth and death records are only available through 2010. Data (Numerator and Denominator) for 2011 through 2012 were projected usng linear estimation based on data from 2000 to 2010.

Notes - 2011
Source is the Linked Birth-Death Record. Linked birth and death records are only available through 2007. Data (Numerator and Denominator) for 2008 through 2011 were projected usng linear estimation based on data from 2000 to 2007

Notes - 2010
Linked birth and death records were only available through 2007. Data for 2008, 2009, and 2010 were projected usig a linear estimation based on data from 2000 through 2007. Based on trends in this indicator, a decline of 0.2 percent is expected for 2011 through 2015.

TVIS rounds to the tenths place, but this is a measure more accurately expressed to the hundredths place.

a. Last Year's Accomplishments

An Infant Mortality Reduction Initiative Task Force meeting was held in May 2013. Discussion of the mission and vision of the task force occurred. Also, updates from the 5 COIIns was provided:
1) Early Elective Deliveries-We have worked with March of Dimes and Georgia Hospital Association to decrease EED in Georgia. The rate has reduced, and numbers have been suggested to be as low as 3%. When looking at the state data, we haven't seen the decrease in our data yet. But Medicaid has elected to end payments for early elective deliveries starting July
1, 2013 which is projected to save Medicaid $7M over the next two years.
2) Safe Sleep--The COIIN strategy to provide a standardized education to providers regarding the updated AAP safe sleep recommendations was discussed.
3) Smoking Cessation-The focus will be on capacity and capability for comprehensive systems. Currently, we are supporting providers by providing free Nicotine replacement patches and gum to all pregnant and postpartum women, developing a marketing strategy and partnerships.
4) Perinatal Regoinization-a survey regarding the level of NICUs in each state is being considered.
5)Interconception Care-Work is being done to educate providers on the 1115 waiver.

Work continues in the Perinatal Quality Collaborative.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Participating in HRSA's Regions IV and VI Infant Mortality Collaborative.				X
2. Developing an infant mortality strategic plan.				X
3. Establishing a statewide perinatal quality collaborative.				X
4. Strengthening Georgia's 1115 Family Planning Waiver.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

All efforts to reduce infant mortality were led by our Infant Mortality Reduction Initiative Task Force. We continued to be active members of the CoIIN, participating in all five teams. We also hired an Infant Mortality Director who started in May 2014. We are funding and providing technical assistance to two home visitation programs throughout the state to address high-risk women and infants by providing intensive case management. We also created a Perinatal Quality Improvement Initiative named GaPQC that has a pediatric arm that is examining opportunities to improve pediatric care.

c. Plan for the Coming Year

Activity 1: Start working in the Eastern part of the state to create a local infant mortality program.

Output Measure(s): Identify a community to work with in the Eastern part of the State; Identify an evidence based or evidence informed program to replicate; Number of people enrolled in the program; Birth outcomes associated with those enrolled in the program compared to the rest of the county

Monitoring: Once a community is identified and contracted with, quarterly reports will be requested to monitor progress.

Activity 2: Continue working with GaPQC to address quality in areas of pediatric care

Output Measure(s): At least one unique program addressing quality of care for the pediatric population

Monitoring: The group meets monthly and has members of DPH MCH program on it. While no reports are submitted, monitoring occurs by the creation of timelines and the monitoring of progress as it compares to the timelines.

State Performance Measure 7: Percent of very low birth weight infants (<1,500 grams at birth) enrolled in First Care

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2009	2010	2011	2012	2013

Annual Performance Objective			25	25	25
Annual Indicator		14.4	21.5	19.2	10.3
Numerator		364	516	445	282
Denominator		2529	2400	2322	2728
Data Source		Children 1st quarterly reports	Children 1st quarterly reports	Children 1st quarterly reports	Children 1st quarterly reports
Is the Data Provisional or Final?			Final	Provisional	
	2014	**2015**	**2016**	**2017**	**2018**
Annual Performance Objective	25	25	25	25	

Notes – 2013
The numerator was taken from the count of infants with birth weight <1500g enrolled in 1st Care in 2013 and the denominator was estimated by the 5 year trend of rate of low birth weights.

Notes - 2012
The 2012 numerator data is from FY2012 enrollment numbers from First Care. Denominator data on the number of very low birthweight births in 2012 was estimated from 2007 to 2011 data from OASIS.

Notes - 2011
The 2011 numerator data is from FY2011 enrollment numbers from First Care. Denominator data on the number of very low birthweight births in 2011 was estimated from 2006 to 2010 data from OASIS.

Notes - 2010
The numberator data are 0 because the MCH Program continues to develop the First Care program for implementation. Implementation is targeted for October 1, 2011.

Denominator data are projected as data for 2010 are not yet available. Actual data from 2000 through 2008 are used to estimate the number of very low birth weight births in 2010.

As there are no data on which to project the annual performance indictor, the goal in year one is to engage at least 25 percent of all very low birth weight infants. This will change as more data become available.

a. Last Year's Accomplishments

In this last year, the twelve out of 18 health districts providing 1st Care services to VLBW infants have continued to provide those services.

The Children 1st and 1st Care Standard Operating Procedures (SOP) manuals were published and distributed to the health districts, standardizing both services and providing districts with a framework for conducting their programs. All forms were standardized and included in the SOP manuals and are also uploaded into a web-based Saba Community for easy access by the district staff.

The requirements for a 1st Care enhancement to the web-based data system utilized by Children 1st have been completed. The IT development team is currently working on incorporating these data elements into the system. At this time, limited data is available for

1st Care, such as number enrolled per quarter, number referred via the Regional Perinatal Centers, number receiving a referral to Part C Early Intervention or Children's Medical Services.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Identifying and implementing evidence-based interventions to support children and families enrolled in 1st Care.				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Activity 1: Monitor implementation of districts providing home visiting to infants weighing less than 1500 grams.

State program staff provides review of monthly data in web-based data tracking system. Staff is working toward improving data system to include all standardized forms.

c. Plan for the Coming Year
Activity 1: Complete enhancements of SendSS-NB data system to include increased data monitoring of district performance in 1st Care service delivery.

Output Measure(s): Inclusion of the 1st Care data in SendSS Newborn

Monitoring: Quarterly reports, SendSS-NB data

Activity 2: Implement Quality Assurance/Quality Improvement protocol for 1st Care services in the district.

Output Measure(s): District Programmatic Audit Results

Monitoring: Quarterly Reports, SendSS-NB data, site visits

Health Status Capacity Indicators

Health Systems Capacity Indicator 05A: Percent of low birth weight (<2,500 grams)

INDICATOR #05 Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of low birth weight (<2,500 grams)					

Narrative:

Health Status Indicators

Health Status Indicators 01A: The percent of live births weighing less than 2,500 grams.

Health Status Indicators Forms for HSI 01A - Multi-Year Data

Annual Objective and Performance Data	2009	2010	2011	2012	2013
Annual Indicator	9.5	9.8	9.4	9.4	9.3
Numerator	13412	13052	12419	12157	11752
Denominator	141332	133668	132239	129959	126575
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?			Final	Final	Provisional

Notes – 2013
Final 2013 birth data is not available so Provisional data from Vital Records was used
Numerator: number of LBW (<2500g) resident births
Denominator: number of resident births

Data for 2012 were updated using final Georgia birth data 2012 from OASIS.
Data for the year 2013 are provisional data obtained from Vital Records.

Notes - 2012
Data Source: OASIS (birth data)
Numerator: number of LBW (<2500g) resident births
Denominator: number of resident births

Notes-Data are unavailable for 2012. The provisional estimates are developed using a linear projection with data from 2000 through 2011.

Notes - 2011
Data are unavailable for 2011. The provisional estimates were developed using a linear projection with data from 2000 through 2010. The data was OASIS (birth datat).

Numerator: number of LBW (<2500g) resident births
Denominator: number of resident births

Notes - 2010
Data are unavailable for 2009 and 2010. The provisional estimates are developed using a linear projection with data from 2000 through 2008.

Narrative:

Health Status Indicators 01B: The percent of live singleton births weighing less than 2,500 grams.

Health Status Indicators Forms for HSI 01B - Multi-Year Data

Annual Objective and Performance Data	**2009**	**2010**	**2011**	**2012**	**2013**
Annual Indicator	7.6	8.0	7.6	7.6	7.5
Numerator	10368	10269	9699	9470	9206
Denominator	136388	129056	127701	125079	122286
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?			Final	Final	Provisional

Notes – 2013
Final 2013 birth data is not available so Provisional data from Vital Records was used
Numerator: number of singleton LBW (<2500g) resident births
Denominator: number of singleton resident births

Data for 2012 were updated using final Georgia birth data from OHIP warehouse. Data for the year 2013 are provisional data obtained from Vital Records .

Notes - 2012
Data source: data warehouse (final birth data)
Numerator: number of singleton LBW (<2500g) resident births
Denominator: number of singleton resident births

Notes-Data are unavailable for 2012. The provisional estimates are developed using a linear projection with data from 2000 through 2011.

Notes - 2011
Data are unavailable for 2011. The provisional estimates were developed using a linear projection with data from 2000 through 2011.

Data source: data warehouse (final birth data)
Numerator: number of singleton LBW (<2500g) resident births
Denominator: number of singleton resident births

2008 data has been recalculated as follows:

Numerator: 11,002

Denominator: 141,386
Annual Indicator: 7.8

Notes - 2010
Data are unavailable for 2009 and 2010. The provisional estimates are developed using a linear projection with data from 2000 through 2008.

Narrative:

Health Status Indicators 02A: The percent of live births weighing less than 1,500 grams.

Health Status Indicators Forms for HSI 02A - Multi-Year Data

Annual Objective and Performance Data	**2009**	**2010**	**2011**	**2012**	**2013**
Annual Indicator	1.8	1.9	1.8	1.8	1.9
Numerator	2596	2529	2400	2343	2342
Denominator	141332	133668	132239	129959	126575
Check this box if you cannot report the numerator because					
1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?			Final	Final	Provisional

Notes – 2013
Final 2013 birth data is not available so Provisional data from Vital Records was used
Numerator: number of VLBW (<1500g) resident births
Denominator: number of resident births

Data for 2012 were updated using final Georgia birth data from OASIS. Data for the year 2013 are provisional data obtained from Vital Records.

Notes - 2012
Data Source: OASIS (birth data)
Numerator: number of VLBW (<1500g) resident births
Denominator: number of resident births

Notes-Data are unavailable for 2012. The provisional estimates are developed using a linear projection with data from 2000 through 2011.

Notes - 2011
Data are unavailable for 2011. The provisional estimates were developed using a linear projection with data from 2000 through 2011.

Data source: OASIS (birth data)

Numerator: number of VLBW (<1500g) resident births
Denominator: number of resident births

Notes - 2010
Data are unavailable for 2009 and 2010. The provisional estimates are developed using a linear projection with data from 2000 through 2008.

Narrative:

Health Status Indicators 02B: The percent of live singleton births weighing less than 1,500 grams.

Health Status Indicators Forms for HSI 02B - Multi-Year Data

Annual Objective and Performance Data	2009	2010	2011	2012	2013
Annual Indicator	1.5	1.5	1.4	1.5	1.5
Numerator	2015	1995	1830	1815	1774
Denominator	136388	129056	127701	125079	122286
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?			Final	Final	Provisional

Notes - 2013
Final 2013 birth data is not available so Provisional data from Vital Records was used
Numerator: number of singleton VLBW (<1500g) resident births
Denominator: number of singleton resident births

Data for 2012 were updated using final Georgia birth data from OHIP warehouse. Data for the year 2013 are provisional data obtained from Vital Records.

Notes - 2012
Data source: data warehouse (final birth data)
Numerator: number of singleton VLBW (<1500g) resident births
Denominator: number of singleton resident births

Notes-Data are unavailable for 2012. The provisional estimates are developed using a linear projection with data from 2000 through 2011.

Notes - 2011
Data are unavailable for 2011. The provisional estimates were developed using a linear projection with data from 2000 through 2011.

Data source: data warehouse (final birth data)

Numerator: number of singleton VLBW (<1500g) resident births
Denominator: number of singleton resident births
2008 data has been recalculated: Numerator: 2051
Denominator: 141,386
Annual Indicator: 1.5

Notes - 2010
Data are unavailable for 2009 and 2010. The provisional estimates are developed using a linear projection with data from 2000 through 2008.

Narrative:

Health Status Indicators 07A: Live births to women (of all ages) enumerated by maternal age and race. (Demographics)

HSI #07A - Demographics (Total live births)

CATEGORY Total live births	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Women < 15	179	39	106	0	2	1	9	22
Women 15 through 17	3196	1175	1556	2	11	0	121	331
Women 18 through 19	8236	3551	3656	11	40	7	289	682
Women 20 through 34	100316	51308	33005	118	3622	122	2922	9219
Women 35 or older	18032	9292	4887	15	1134	27	580	2097
Women of all ages	129959	65365	43210	146	4809	157	3921	12351

Notes - 2013
Data source: OASIS (birth data), 2012

Notes - 2012
0 represents either 0 or a number less than 5. These numbers were suppressed due to small numbers.

American Indian or Native Alaskan and Asian = 0
Native Hawaiian or Other Pacific Islander = 1

0 represents either 0 or a number less than 5. These numbers were suppressed due to small numbers.

American Indian or Native Alaskan=4
Native Hawaiian or Other Pacifiic Islander=4

Narrative:

In 2012 there were a total of 129,959 births in Georgia. The majority of Georgia births were to women aged 20-34, although underage mothers (< 18 years) accounted for 3,375 births. Black or African American mothers accounted for the majority of births to underage mothers (1,662 births), followed by White mothers (1,214). In general, White mothers accounted for most of the births in Georgia (65,365), followed by births to Black or African mothers (43,210), births to Asian mothers (4,809), births to multiracial mothers (3,921), Native Hawaiian/Pacific Islander (157), and American Indian/Alaskan Natives (146).

Overall the birth rate for 2012 (40.4) fell slightly from 2011 (41.3). This was due to a decrease in births to White, Black or African American, and multiracial mothers.

Health Status Indicators 07B: Live births to women (of all ages) enumerated by maternal age and Hispanic ethnicity. (Demographics)

HSI #07B - Demographics (Total live births)

CATEGORY	**Total NOT Hispanic or**	**Total Hispanic or**	**Ethnicity Not**
Total live births	**Latino**	**Latino**	**Reported**
Women < 15	134	36	9
Women 15 through 17	2550	526	120
Women 18 through 19	6839	1128	269
Women 20 through 34	84338	12712	3266
Women 35 or older	14815	2628	589
Women of all ages	108676	17030	4253

Notes – 2013

Data source: OASIS (birth data), 2012

Narrative:

In 2012 there were a total of 129,959 births in Georgia. The majority of Georgia births were to women aged 20-34, although underage mothers (<18 years) accounted for 3,375 births. Non-Hispanic mothers accounted for the majority of births to underage mothers (2,684 births). In general, Non-Hispanic mothers accounted for most of the births in Georgia (108,676), followed by births to Hispanic or Latino mothers (17,030). The ethnicity for 4,253 mothers was not reported.

In 2012, the Hispanic birth rate (59.2) fell from the 2011 rate (65.2). For non-Hispanic mothers the decrease in birth rate was smaller, 37.1 in 2012 compared to 37.4 in 2011.