Form 10a
National Performance Measures (NPMs)

State: Georgia

NPM 1 - Percent of women with a past year preventive medical visit

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	62.1	62.1	63.0	63.5	64.0	65.0

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2014	68.1 %	1.8 %	1,252,401	1,839,932
2013	68.1 %	1.5 %	1,261,902	1,852,487
2012	67.1 %	1.9 %	1,239,926	1,849,086
2011	69.4 %	1.5 %	1,247,498	1,797,224
2010	75.8 %	1.7 %	1,412,726	1,863,237
2009	73.9 %	1.8 %	1,373,616	1,859,677

Legends:
Indicator has an unweighted denominator <30 and is not reportable
Indicator has a confidence interval width >20% and should be interpreted with caution

Field Level Notes for Form 10a NPMs:

None

NPM 3 - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	81.8	82.8	83.9	84.9	85.1	85.3

FAD not available for this measure.

Field Level Notes for Form 10a NPMs:

None

NPM 4 - A) Percent of infants who are ever breastfed

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	79.3	80.9	82.5	84.1	85.5	85.9

Data Source: National Immunization Survey (NIS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2012	73.7 %	4.1 %	93,023	126,212
2011	70.3 %	5.0 %		
2010	72.3 %	3.6 %		
2009	66.1 %	3.3 %		
2008	67.4 %	3.0 %		
2007	61.2 %	3.1 %		

Legends:

Indicator has an unweighted denominator <50 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

Field Level Notes for Form 10a NPMs:

None

NPM 4 - B) Percent of infants breastfed exclusively through 6 months

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	20.2	21.6	23.2	24.8	25.5	25.9

Data Source: National Immunization Survey (NIS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2012	18.9 %	3.5 %	23,213	122,970
2011	14.5 %	3.6 %		
2010	6.9 %	1.6 %		
2009	11.7 %	1.9 %		
2008	9.9 %	1.7 %		
2007	9.5 %	1.5 %		

Legends:

Indicator has an unweighted denominator <50 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

Field Level Notes for Form 10a NPMs:

None

NPM 6 - Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	42.8	45.0	47.2	49.6	51.0	52.0

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2011_2012	40.8 %	3.2 %	257,898	632,599
2007	22.7 %	2.8 %	158,483	697,543

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

Field Level Notes for Form 10a NPMs:

None

NPM 8 - Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day (Child Health)

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	36.6	37.3	38.1	38.8	39.5	39.8

Data Source: National Survey of Children's Health (NSCH) - CHILD

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2011_2012	35.9 %	2.8 %	309,751	863,401
2007	39.2 %	3.3 %	320,877	819,218
2003	39.4 %	2.5 %	299,200	759,189

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

Field Level Notes for Form 10a NPMs:

None

NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	25.3	25.0	25.0	24.5	24.5	24.0

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2011_2012	16.4 %	2.3 %	129,553	790,591
2007	17.0 %	2.7 %	144,095	846,092

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2013	25.1 %	1.6 %	110,846	442,284
2011	24.9 %	1.9 %	112,919	454,357

Legends:

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

Field Level Notes for Form 10a NPMs:

None

NPM 12 - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	34.2	34.6	34.9	35.3	35.6	36.0

Data Source: National Survey of Children with Special Health Care Needs (NS-CSHCN)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2009_2010	33.9 %	3.4 %	48,646	143,452
2005_2006	37.0 %	3.2 %	43,123	116,600

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

Field Level Notes for Form 10a NPMs:

None

NPM 13 - A) Percent of women who had a dental visit during pregnancy

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	39.5	41.1	42.7	43.0	43.5	44.5

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2013	29.3 %	2.7 %	18,443	63,060
2012	38.0 %	2.0 %	47,208	124,225

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% and should be interpreted with caution

Field Level Notes for Form 10a NPMs:

None

NPM 13 - B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	76.7	77.4	78.2	79.0	79.8	79.9

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2011_2012	75.9 %	1.5 %	1,773,709	2,337,183
2007	80.3 %	1.5 %	1,892,253	2,357,427

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% and should be interpreted with caution

Field Level Notes for Form 10a NPMs:

None

Form 10a
State Performance Measures (SPMs)

State: Georgia

SPM 1 - Improve access to family planning services

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	11.0	12.0	13.0	14.0	15.0

Field Level Notes for Form 10a SPMs:

None

SPM 2 - Improve access to specialty care for CSHCN

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	1.3	1.5	1.7	1.9	2.0

Field Level Notes for Form 10a SPMs:

None

SPM 3 - Decrease congenital syphilis

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	13.0	12.7	12.4	12.0	11.7

Field Level Notes for Form 10a SPMs:

None

SPM 4 - Decrease Neonatal Abstinence Syndrome (NAS)

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	3.2	2.9	2.6	2.3	2.0

Field Level Notes for Form 10a SPMs:

None

Form 10a
Evidence-Based or-Informed Strategy Measures (ESMs)

State: Georgia

ESM 1.1 - 1.1.1. Promote well-woman visits through marketing and media

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	0.0	5.0	10.0	15.0	18.0

Field Level Notes for Form 10a ESMs:

None

ESM 1.2 - 1.2.1. Train staff on preconception health appraisals

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	5.0	25.0	50.0	75.0	100.0

Field Level Notes for Form 10a ESMs:

None

ESM 3.1 - 3.5.1. Promote compliance with neonatal level of care requirements

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	0.0	15.0	40.0	60.0	75.0

Field Level Notes for Form 10a ESMs:

None

ESM 4.1 - 3.1.1 Promote breastfeeding through the 5-STAR Hospital Initiative

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	0.0	10.0	20.0	30.0	40.0

Field Level Notes for Form 10a ESMs:

None

ESM 6.1 - 6.1.1. Identify new methods to administer developmental screens

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	0.0	1.0	2.0	3.0	4.0

Field Level Notes for Form 10a ESMs:

None

ESM 6.2 - 6.1.2. Partner attitudes and beliefs toward developmental screening

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	0.0	30.0	50.0	60.0	75.0

Field Level Notes for Form 10a ESMs:

None

ESM 6.3 - 6.2.1. Promote developmental screening among local communities

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	10.0	16.0	22.0	30.0	36.0

Field Level Notes for Form 10a ESMs:

None

ESM 8.1 - 7.1.1. Improve aerobic capacity of students in grades 4-12

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	61.0	62.0	63.0	64.0	65.0

Field Level Notes for Form 10a ESMs:

None

ESM 9.1 - 8.1.1. Promote bullying prevention among youth

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	No	No	Yes	Yes	Yes

Field Level Notes for Form 10a ESMs:

None

ESM 9.2 - 8.2.1. Increase the number of schools participating in whole school bullying prevention initiatives

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	0.0	2.0	4.0	6.0	8.0

Field Level Notes for Form 10a ESMs:

None

ESM 12.1 - 12.1.1 Promote health care transition through education and training

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	5.0	10.0	15.0	20.0	25.0

Field Level Notes for Form 10a ESMs:

None

ESM 12.2 - 12.2.1 Promote health care transition through marketing and media

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	25.0	35.0	50.0	75.0	100.0

Field Level Notes for Form 10a ESMs:

None

ESM 13.1 - 11.1.1. Promote oral health for pregnant women among health care professionals

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	4.0	8.0	12.0	16.0	20.0

Field Level Notes for Form 10a ESMs:

None

ESM 13.2 - 11.1.2. Promote oral health for pregnant women among health care professionals

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	4.0	8.0	12.0	16.0	20.0

Field Level Notes for Form 10a ESMs:

None

Form 10b
State Performance Measure (SPM) Detail Sheets

State: Georgia

SPM 1 - Improve access to family planning services
Population Domain(s) – Women/Maternal Health, Perinatal/Infant Health

Goal:	Increase the percentage of women (ages 15-44) served in the Georgia Family Planning Program (GFPP) who use long-acting reversible contraceptives (LARC)
Definition:	**Numerator:** Number of women ages 15-44 that used a LARC **Denominator:** Total number of women ages 15-44 served in GFPP **Unit Type:** Percentage **Unit Number:** 100
Healthy People 2020 Objective:	Related to Family Planning (FP) Objective 1: Increase the proportion of pregnancies that are intended
Data Sources and Data Issues:	Data Source: Georgia Family Planning Program Clinic Data
Significance:	The availability of family planning services allows individuals to achieve desired birth spacing and family size, and contributes to improved health outcomes for infants, children, women, and families. In 2002, 51% of all pregnancies were intended in the U.S. In Georgia unplanned births increased in percentage from 52.6% to 54.8% between 2009 and 2011. According to the American College of Obstetricians and Gynecologists, intrauterine devices and contraceptive implants, long-acting reversible contraceptives (LARCs), are the most effective reversible contraceptives. The major advantage of LARCs compared with other reversible contraceptive methods is that they do not require ongoing effort on the part of the user for long-term and effective use, and return fertility quickly after removal.

SPM 2 - Improve access to specialty care for CSHCN
Population Domain(s) – Children with Special Health Care Needs

Goal:	Increase the rate of children and youth with special health care needs that have accessed their specialty health care visit through a telehealth clinic
Definition:	**Numerator:** Number of children and youth that have seen a specialty provider within the last 12 months at the Children's Medical Services (CMS) Program telehealth clinic **Denominator:** Total number of children and youth with special health care needs **Unit Type:** Rate **Unit Number:** 1,000
Healthy People 2020 Objective:	Related to Maternal, Infant, and Child Health (MICH) Objective 31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive and coordinated systems Related to Access to Health Services (AHS) Objective 5.2: Increase the proportion of children and youth age 17 years and under who have a specific source of ongoing care
Data Sources and Data Issues:	Data Sources: Georgia Children's Medical Services Program Database, Kids Count Data Center
Significance:	According to the American Telemedicine Association, telemedicine/telehealth has been used to bring health care services to patients in distant locations, improving access to patients in both rural and urban areas.Georgia's CSHCN families travel on average 300 miles round trip for specialty care visits. Often resulting in missed appointments, disruption in health care, missed school, and increased emergency room visits. Telehealth is a proven effective tool in providing specialty care services and care coordination to children with special health care needs.

SPM 3 - Decrease congenital syphilis
Population Domain(s) – Perinatal/Infant Health

Goal:	Decrease the rate of infants born with congenital syphilis
Definition:	**Numerator:** Number of infants born with congenital syphilis **Denominator:** Total number of live births **Unit Type:** Rate **Unit Number:** 100,000
Healthy People 2020 Objective:	Sexually Transmitted Diseases-Objective 8: Reduce congenital syphilis
Data Sources and Data Issues:	Data Source: State Electronic Notifiable Disease Surveillance System (SendSS)
Significance:	Congenital syphilis can cause miscarriage, stillbirth, deformed bones, meningitis, and nerve problems leading to blindness or deafness. The CDC considers Congenital Syphilis to be a winnable battle, partly because it can be prevented by testing the mother in the first and third trimesters and providing treatment at least 30 days before delivery. In 2014, Georgia ranked 12th in the U.S. for the congenital syphilis case rate (13 cases per 100,000 live births). There were 20 U.S. states with no congenital syphilis cases reported. Between 2010-2015, Georgia has had no less than 11 cases in a given year.

SPM 4 - Decrease Neonatal Abstinence Syndrome (NAS)
Population Domain(s) – Perinatal/Infant Health

Goal:	Decrease the rate of infants diagnosed as having NAS
Definition:	**Numerator:** Number of infants discharged with NAS **Denominator:** Total number of live births **Unit Type:** Rate **Unit Number:** 1,000
Healthy People 2020 Objective:	Related to Maternal, Infant, and Child Health (MICH) Objective 11: Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women
Data Sources and Data Issues:	Data Source: Georgia Resident Hospital Discharges, Georgia Resident Births, State Electronic Notifiable Disease Surveillance System (SendSS)
Significance:	There has been a significant increase in the prevalence of NAS, from 1.20 per 1,000 U.S. hospital births in 2000 to 3.39 per 1,000 U.S. hospital births in 2009. In Georgia, NAS increased from 1.4 per 1000 live births in 2010 to 3.2 per 1000 live births in 2014. A public health approach to NAS that includes averting maternal substance use and routine screening for unhealthy substance use in women at every health care visit will help increase the opportunities for primary prevention. According to the Association of State and Territorial Health Officials (ASTHO), state health agencies play a key role in linking various resources and providers by tracking substance-exposed infants through screening, assessment, and service delivery.

Form 10b
State Outcome Measure (SOM) Detail Sheets

State: Georgia

No State Outcome Measures were created by the State.

Form 10c
Evidence-Based or –Informed Strategy Measure (ESM) Detail Sheets

State: Georgia

ESM 1.1 - 1.1.1. Promote well-woman visits through marketing and media
NPM 1 – Percent of women with a past year preventive medical visit

Goal:	Increase the number of public health districts that air the Every Woman video
Definition:	**Numerator:** Number of public health districts with the Every Woman video in circulation **Denominator:** Not applicable **Unit Type:** Count **Unit Number:** 18
Data Sources and Data Issues:	Data Source: Perinatal/Women's Health Section Program Data
Significance:	A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, can be advanced within a well woman visit to promote women's health prior to and between pregnancies and improve subsequent maternal and perinatal outcomes. The annual well-woman visit has been endorsed by the American College of Obstetrics and Gynecologists (ACOG) and was also identified among the women's preventive services required by the Affordable Care Act (ACA) to be covered by private insurance plans without cost-sharing.

ESM 1.2 - 1.2.1. Train staff on preconception health appraisals
NPM 1 – Percent of women with a past year preventive medical visit

Goal:	Increase the proportion of staff that have been trained on preconception health appraisals
Definition:	**Numerator:** Number of staff trained on preconception health appraisals **Denominator:** Number of family planning staff **Unit Type:** Percentage **Unit Number:** 100
Data Sources and Data Issues:	Data Source: Perinatal/Women's Health Program Data
Significance:	A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, can be advanced within a well woman visit to promote women's health prior to and between pregnancies and improve subsequent maternal and perinatal outcomes. The annual well-woman visit has been endorsed by the American College of Obstetrics and Gynecologists (ACOG) and was also identified among the women's preventive services required by the Affordable Care Act (ACA) to be covered by private insurance plans without cost-sharing.

ESM 3.1 - 3.5.1. Promote compliance with neonatal level of care requirements
NPM 3 – Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

Goal:	Increase the proportion of birthing hospitals that are in compliance with neonatal level of care requirements
Definition:	**Numerator:** Number of birthing hospitals that are in compliance with neonatal level of care requirements **Denominator:** Total number of birthing hospitals **Unit Type:** Percentage **Unit Number:** 100
Data Sources and Data Issues:	Data Source: Perinatal Health Program Data
Significance:	Very low birth weight infants (<1,500 grams or 3.25 pounds) are the most fragile newborns. Although they represented less than 2% of all births in 2010, VLBW infants accounted for 53% of all infant deaths, with a risk of death over 100 times higher than that of normal birth weight infants (≥2,500 grams or 5.5 pounds). VLBW infants are significantly more likely to survive and thrive when born in a facility with a level-III Neonatal Intensive Care Unit (NICU), a subspecialty facility equipped to handle high-risk neonates. In 2012, the AAP provided updated guidelines on the definitions of neonatal levels of care to include Level I (basic care), Level II (specialty care), and Levels III and IV (subspecialty intensive care) based on the availability of appropriate personnel, physical space, equipment, and organization. Given overwhelming evidence of improved outcomes, the AAP recommends that VLBW and/or very preterm infants (<32 weeks' gestation) be born in only level III or IV facilities. This measure is endorsed by the National Quality Forum (#0477).

ESM 4.1 - 3.1.1 Promote breastfeeding through the 5-STAR Hospital Initiative
NPM 4 – A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

Goal:	Increase the number of birthing hospitals that participate in the 5-STAR Hospital Initiative
Definition:	**Numerator:** Number of birthing hospitals participating in the 5-STAR Hospital Initiative **Denominator:** Number of birthing hospitals **Unit Type:** Count **Unit Number:** 40
Data Sources and Data Issues:	North Carolina Maternity Center Breastfeeding Friendly Designation Program
Significance:	Preventing infant mortality is a clear need that came out of the Needs Assessment. Quantitative analysis showed that Georgia's infant mortality rate increased from 6.3 in 2010 to 7.2 in 2013. Strong racial disparities are present and should be addressed to achieve health equity. Although preventing infant mortality was not independently ranked at the Stakeholder Meetings, factors impacting infant mortality were considered. Low birth weight and preterm deliveries were among the highest ranked needs, displaying strong community support to address the overarching issue of infant mortality. Although breastfeeding, perinatal regionalization and safe sleep received lower ratings, quantitative analysis revealed that Georgia needs to make significant improvements to be comparable to national averages and achieve Healthy People 2020 goals. Strong community support to address breastfeeding was displayed through the public input period.

ESM 6.1 - 6.1.1. Identify new methods to administer developmental screens
NPM 6 – Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Goal:	Increase the number of innovative and effective strategies to administer developmental screens
Definition:	**Numerator:** Number of innovative and effective strategies to administer developmental screens **Denominator:** Not applicable **Unit Type:** Count **Unit Number:** 4
Data Sources and Data Issues:	Data Source: Child Health Program Data
Significance:	Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics recommends screening tests begin at the nine month visit.

ESM 6.2 - 6.1.2. Partner attitudes and beliefs toward developmental screening
NPM 6 – Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Goal:	Increase the proportion of trained individual partners that have positive attitudes and beliefs toward developmental screening
Definition:	**Numerator:** Number of trained individual partners with positive attitudes and beliefs toward developmental screening **Denominator:** Number of individual partners trained on developmental screening tools **Unit Type:** Percentage **Unit Number:** 100
Data Sources and Data Issues:	Data Source: Child Health Program Data
Significance:	Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics recommends screening tests begin at the nine month visit.

ESM 6.3 - 6.2.1. Promote developmental screening among local communities
NPM 6 – Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Goal:	Increase the number of communities that become aware of developmental screens and resources to access them
Definition:	**Numerator:** Number of community outreach events **Denominator:** Not applicable **Unit Type:** Count **Unit Number:** 100
Data Sources and Data Issues:	Data Source: Child Health Program Data
Significance:	Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics recommends screening tests begin at the nine month visit.

ESM 8.1 - 7.1.1. Improve aerobic capacity of students in grades 4-12
NPM 8 – Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day

Goal:	Increase aerobic capacity of students in grades 4-12 by 4%
Definition:	**Numerator:** Aerobic capacity, HFZ measure, for students grades 4-12 **Denominator:** Total HFZ measure for students assessed **Unit Type:** Percentage **Unit Number:** 100
Data Sources and Data Issues:	Data Source: Georgia SHAPE
Significance:	Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Physical activity in children and adolescents reduces the risk of early life risk factors for cardiovascular disease, hypertension, Type II diabetes, and osteoporosis. In addition to aerobic and muscle-strengthening activities, bone-strengthening activities are especially important for children and young adolescents because the majority of peak bone mass is obtained by the end of adolescence.

ESM 9.1 - 8.1.1. Promote bullying prevention among youth
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Goal:	Create a communications plan to promote awareness of bullying and bullying prevention among youth
Definition:	<table><tr><td>**Numerator:**</td><td>Communications plan to promote awareness of bullying and bullying prevention among youth</td></tr><tr><td>**Denominator:**</td><td>Not applicable</td></tr><tr><td>**Unit Type:**</td><td>Text</td></tr><tr><td>**Unit Number:**</td><td>Yes/No</td></tr></table>
Data Sources and Data Issues:	Data Source: Adolescent Health Program Data
Significance:	Bullying, particularly among school-age children, is a major public health problem. Current estimates suggest nearly 30% of American adolescents reported at least moderate bullying experiences as the bully, the victim, or both. Specifically, of a nationally representative sample of adolescents, 13% reported being a bully, 11% reported being a victim of bullying, and 6% reported being both a bully and a victim. Studies indicate bullying experiences are associated with a number of behavioral, emotional, and physical adjustment problems. Adolescents who bully others tend to exhibit other defiant and delinquent behaviors, have poor school performance, be more likely to drop-out of school, and are more likely to bring weapons to school. Victims of bullying tend to report feelings of depression, anxiety, low self-esteem, and isolation; poor school performance; suicidal ideation; and suicide attempts. Evidence further suggests that people who are the victims of bullying and who also perpetrate bullying (i.e., bully-victims) may exhibit the poorest functioning, in comparison with either victims or bullies. Emotional and behavioral problems experienced by victims, bullies, and bully-victims may continue into adulthood and produce long-term negative outcomes, including low self-esteem and self-worth, depression, antisocial behavior, vandalism, drug use and abuse, criminal behavior, gang membership, and suicidal ideation.

ESM 9.2 - 8.2.1. Increase the number of schools participating in whole school bullying prevention initiatives
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Goal:	Expand the Step Up Step In Sexual Bullying Prevention Initiative to 5 additional schools
Definition:	**Numerator:** Number schools participating in the Step Up Step In Sexual Bullying Prevention Initiative **Denominator:** Not applicable **Unit Type:** Count **Unit Number:** 15
Data Sources and Data Issues:	Data Source: Adolescent Health Program Data
Significance:	Bullying, particularly among school-age children, is a major public health problem. Current estimates suggest nearly 30% of American adolescents reported at least moderate bullying experiences as the bully, the victim, or both. Specifically, of a nationally representative sample of adolescents, 13% reported being a bully, 11% reported being a victim of bullying, and 6% reported being both a bully and a victim. Studies indicate bullying experiences are associated with a number of behavioral, emotional, and physical adjustment problems. Adolescents who bully others tend to exhibit other defiant and delinquent behaviors, have poor school performance, be more likely to drop-out of school, and are more likely to bring weapons to school. Victims of bullying tend to report feelings of depression, anxiety, low self-esteem, and isolation; poor school performance; suicidal ideation; and suicide attempts. Evidence further suggests that people who are the victims of bullying and who also perpetrate bullying (i.e., bully-victims) may exhibit the poorest functioning, in comparison with either victims or bullies. Emotional and behavioral problems experienced by victims, bullies, and bully-victims may continue into adulthood and produce long-term negative outcomes, including low self-esteem and self-worth, depression, antisocial behavior, vandalism, drug use and abuse, criminal behavior, gang membership, and suicidal ideation.

ESM 12.1 - 12.1.1 Promote health care transition through education and training
NPM 12 – Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

<table>
<tr><td>Goal:</td><td>Increase health care transition education and training opportunities for youth, families and professionals</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Numerator:</td><td>number of youth, families, professionals trained on health care transition</td></tr>
<tr><td>Denominator:</td><td>number of health care transition education opportunities offered</td></tr>
<tr><td>Unit Type:</td><td>Count</td></tr>
<tr><td>Unit Number:</td><td>25</td></tr>
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</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Data Source: Six core elements of health care transition</td></tr>
<tr><td>Significance:</td><td>Data examined during the Needs Assessment identified several areas where the system of care for CYSHCN should be improved. Therefore, this priority need was phrased to reflect the need to improve the overarching system that families engage with. Themes from qualitative data revealed that families are not aware of existing services, provide their own care coordination and medical home, lack access to specialty providers and do not feel prepared to transition to adulthood.</td></tr>
</table>

ESM 12.2 - 12.2.1 Promote health care transition through marketing and media
NPM 12 – Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Goal:	Increase
Definition:	**Numerator:** Number of materials distributed **Denominator:** Number of materials developed **Unit Type:** Count **Unit Number:** 100
Data Sources and Data Issues:	Data Source: Florida Hata
Significance:	Data examined during the Needs Assessment identified several areas where the system of care for CYSHCN should be improved. Therefore, this priority need was phrased to reflect the need to improve the overarching system that families engage with. Themes from qualitative data revealed that families are not aware of existing services, provide their own care coordination and medical home, lack access to specialty providers and do not feel prepared to transition to adulthood.

ESM 13.1 - 11.1.1. Promote oral health for pregnant women among health care professionals
NPM 13 – A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

Goal:	Increase the number of health professionals caring for pregnant women that encourage a dental visit
Definition:	**Numerator:** Number of comprehensive webinars/presentations offered **Denominator:** Not applicable **Unit Type:** Count **Unit Number:** 20
Data Sources and Data Issues:	Data Source: Oral Health Program Data
Significance:	Oral health is a vital component of overall health. Access to oral health care, good oral hygiene, and adequate nutrition are essential component of oral health to help ensure that children, adolescents, and adults achieve and maintain oral health. People with limited access to preventive oral health services are at greater risk for oral diseases. Oral health care remains the greatest unmet health need for children. Insufficient access to oral health care and effective preventive services affects children's health, education, and ability to prosper. Early dental visits teach children that oral health is important. Children who receive oral health care early in life are more likely to have a good attitude about oral health professionals and dental visits. Pregnant women who receive oral health care are more likely to take their children to get oral health care. State Title V Maternal Child Health programs have long recognized the importance of improving the availability and quality of services to improve oral health for children and pregnant women. States monitor and guide service delivery to assure that all children have access to preventive oral health services. Strategies for promoting oral health include providing preventive interventions, such as dental sealants and use of fluoride, increasing the capacity of State oral health programs to provide preventive services, evaluating and improving methods of monitoring oral diseases and conditions, and increasing the number of community health centers with an oral health component.

ESM 13.2 - 11.1.2. Promote oral health for pregnant women among health care professionals
NPM 13 – A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

<table>
<tr><td>Goal:</td><td>Increase the number of health professionals caring for pregnant women that encourage a dental visit</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Numerator:</td><td>Number of health care professionals that attend a comprehensive webinar/presentation</td></tr>
<tr><td>Denominator:</td><td>Not Applicable</td></tr>
<tr><td>Unit Type:</td><td>Count</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Data Source: Oral Health Program Data</td></tr>
<tr><td>Significance:</td><td>Oral health is a vital component of overall health. Access to oral health care, good oral hygiene, and adequate nutrition are essential component of oral health to help ensure that children, adolescents, and adults achieve and maintain oral health. People with limited access to preventive oral health services are at greater risk for oral diseases.

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