II.F. Five Year State Action Plan

II.F.1 State Action Plan and Strategies by MCH Population Domain

The following narrative provides activities, accomplishments, challenges and revisions over the past year for the previously national and state performance measures as well as plans for the future based on newly identified priority needs and selected national performance measures. The narrative is organized by the six federally-recognized population domains with corresponding NPMs and SPMs. The following areas are reported:

- Accomplishments: October 1, 2014 to September 30, 2015
- Current Activities: October 1, 2015 to September 30, 2016
- Plans for Upcoming Year: October 1, 2016 to September 30, 2017

Women/Maternal Health

State Action Plan Table

State Action Plan Table - Women/Maternal Health - Entry 1

Priority Need

Prevent maternal mortality

NPM

Percent of women with a past year preventive medical visit

Objectives

1.1. Partner with the Chronic Disease Section to develop and implement targeted education and marketing campaign to promote well woman visits.

1.2. Increase the number of patients receiving preconception health appraisals to promote wellness

Strategies

1.1.a. Implement the use of the "Every Woman" video in primary care facilities and family planning clinics throughout the state

1.1.b. Conduct statewide focus groups to assess what women know and how they learn about pregnancy-related health during their reproductive years.

1.1.c. Establish an inter-agency work group to develop tiered education and marketing strategies to promote well woman visits to women's health stakeholders such as medical providers, health districts, and members of community.

1.2.a. Increase awareness about preconception health appraisals in the 18 health districts

1.2.b. Provide training to family planning staff specific to preconception health appraisals and documentation requirements

ESMs

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

ESM 1.2 - 1.2.1. Train staff on preconception health appraisals

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

State Action Plan Table - Women/Maternal Health - Entry 2

Priority Need

Improve access to family planning services

SPM

Improve access to family planning services

Objectives

2.1. By 2020, increase the number of unduplicated patients in family planning clinics by 5%

2.2. By 2020, increase the percentage of teens (under age 19) served in GFPP who use long-acting reversible contraceptive (LARC)

2.3. By 2020 increase the percentage of women (ages 15-44) served in family planning clinics who use long-acting reversible contraception (LARC) from 11% to 15%

Strategies

2.1.a. Increase partnerships with internal and external stakeholders to create awareness about family planning services

2.1.b. Provide professional development training to GFPP health district staff on marketing and developing awareness campaigns for public health programs

2.2.a. Provide counseling to 75% of teens served with GFPP

2.2.b. Provide a minimum of two (2) trainings to family planning providers on the provision of appropriate care to teens; training will include a component addressing cultural competence.

2.3.a. Guide 85% of GFPP clients through creating a Reproductive Life Plan, guidance will include LARC education

2.3.b. Increase inventory of LARCs in GFPP clinics

2.3.c. Increase the number of Advanced Practice Registered Nurses (APRN) in GFPP clinics to improve access to LARCs

Measures

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	63.5	64	65

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

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

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

Women/Maternal Health - Plan for the Application Year

Priority Need: Prevent maternal mortality

Maternal mortality was identified as a priority need in Georgia that will be addressed through promoting well-women visits (State Action Plan Table objectives 1.1-1.2), continuing work with the Maternal Mortality Review Committee (MMRC) and continuing local public health district programs that promote healthy pregnancies.

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Promoting Well-Women Visits

Promoting well-woman visits among women of reproductive age will be an important component of preventing maternal mortality. In order to utilize the capacity of family planning clinics, MCH will spend the upcoming year working with the Chronic Disease Section to develop promotional campaigns and the family planning clinics to air the “Every Woman" video.

MMRC

MCH and the MMRC recently completed the first Maternal Mortality Report with cases from 2012. The MMRC is currently reviewing 2013 cases and will continue in the upcoming year. In the upcoming year, the MMRC will develop a 2013 report after reviewing the 2013 cases.

MCH will also work to increase passive surveillance efforts. Maternal death is a notifiable condition in Georgia that must be reported within 7 days of occurrence. However, reports are rarely submitted. Improving this reporting mechanism can greatly increase the data capacity of the MMRC. Based on the 2012 MMRC Report recommendation to improve the efficiency of identifying possible cases, and the abstraction and review of cases. In the upcoming year, MCH Epidemiology will be 1 in 4 states participating in the pilot pregnancy checkbox quality assurance project which will improve the data for case identification.

Other Efforts

Public health districts will continue to provide services to women during inter-conception and pregnancy to promote healthy pregnancies. Services and programs offered through local communities include; healthy start, family planning, perinatal case management and the Baby Luv Program.

Priority Need: Improve access to family planning services

Increasing access to family planning services was identified as a priority need that will be addressed through marketing, health promotion and education on long-acting reversible contraception (LARC).

The number of clients receiving services through family planning clinics has been decreasing. As a result, MCH plans to implement promotional campaigns in the districts to raise awareness about the services offered. In the upcoming year, MCH will plan potential marketing strategies with district offices.

MCH will also focus on increasing the use of LARC among women receiving family planning services in the public health clinics. One strategy to increase LARC utilization will be to develop educational packets for providers and clients. Providing accurate information on LARCs is intended to make providers feel more confident in recommending LARCs and make clients more likely to choose a LARC as their method of contraception. MCH will also work to increase the inventory of LARCs in public health family planning clinics.

Women/Maternal Health - Annual Report

Annual Report 2015-2016

2015-2016 NPM 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Last Year’s Accomplishments

Perinatal Case Management (PCM) is intended to improve perinatal outcomes by linking high-risk women who test positive for pregnancy with the appropriate prenatal care. MCH continued to provide PCM through DPH's 18 public health districts. Clients who received PCM were referred to OB providers, WIC and Medicaid to receive services to assist with their pregnancy.

Current Activities

MCH is working with the Centering Georgia Workgroup, Emory Rollins School of Public Health and Georgia State Health Policy Center to collect and analyze data from established Centering sites throughout the state. Moreover, MCH is participating in the Social Determinants of Health (SDOH) CoIIN and using the Centering model of prenatal care to reduce health disparities for pregnant women throughout the state.

During the reporting year MCH and the Centering Georgia workgroup (co-led by March of Dimes and United Way of Greater Atlanta) bridged discussions between Medicaid and the managed care organizations to explore funding for the Centering model.