

**Maternal and Child Health
Services
Title V Block
Grant**

**State Narrative for
Georgia**

Children 1-22

**Application for 2014
Annual Report for 2012**

National Performance Measures

Performance Measure 07: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Tracking Performance Measures

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

Annual Objective and Performance Data	2008	2009	2010	2011	2012
Annual Performance Objective	85	85	77	75.1	76.7
Annual Indicator	71.9	69.3	73.9	83.9	78.9
Numerator	149988	146680	144538	164312	167550
Denominator	208606	211659	195586	195843	212358
Data Source	NIS	NIS	NIS	NIS	NIS
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
	2013	2014	2015	2016	2017
Annual Performance Objective	78.1	79.7	81.3	81.7	

Notes-2012

Data retrieved from http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2011.htm on May 28th, 2013.

2011 data were updated with final numbers based on NIS. Linear projections were used to derive population estimates and the annual indicator for 2012.

Notes - 2011

2009 - tables retrieved from http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2009.htm on May 18th, 2012.

2010 - tables retrieved from http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2010.htm on May 18th, 2012.

The 2007 estimate was updated to 79.6 using the table: http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2007.htm retrieved on May 18th, 2012.

2011 indicator estimate is based on a linear projection of data for 2007 - 2010.

The denominator was derived from population estimates provided by OASIS. Linear projections for the population estimates were made for 2011.

The number of 19-35 months old is estimated by taking the number of children age 1 year, dividing by 12 and multiplying by 5 plus all children age 2 years.

2007 and 2008 data have recalculated as follows:

2007: numerator 165,284; denominator 207,643; and annual indicator 79.6

2008: numerator 149,988; denominator 208,606; and annual indicator 71.9

Notes - 2010

Data reflect the 4:3:1:3:3:1 immunization series. Data retrieved from http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2009.htm on July 2, 2011. Numerator and denominator are estimates based on the percentage reported by the National Immunization Survey. Data are unavailable for 2010. The 2010 estimate is developed using a linear projection with data from 2000 through 2009. The number of children 19 to 35 months is estimated by taking the number of children age 1 year dividing by 12 and multiplying by 5 plus all children age 2 years. Population estimates are provided by the Georgia Online Analytical Statistical Information System.

This indicator is trending in an undesired direction. Annual performance objective is based on a 2% annual increase from the 2010 estimated point estimate.

Notes - 2009

Data reflect the 4:3:1:3:3:1 immunization series. Data retrieved from <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nis> on May 13, 2010. Numerator and denominator are estimates based on the percentage reported by the National Immunization Survey. Data are unavailable for 2009. The 2009 estimate is developed using a linear projection with data from 2000 through 2008. The number of children 19 to 35 months is estimated by taking the number of children age 1 year dividing by 12 and multiplying by 5 plus all children age 2 years. Population estimates are provided by the Georgia Online Analytical Statistical Information System.

To ensure data integrity across previous years, data were updated for 2007, 2008, and 2009.

The average annual percent change for this indicator is approximately zero (-0.02%). The annual performance objective estimates reflect Georgia's goal of building on the projected increase in FY09 and making progress toward achieving rates previously reported in 2006.

a. Last Year's Accomplishments

The Perinatal Hepatitis B Prevention Program collaborated with the Georgia OBGyn Society to author articles about hepatitis B and pregnancy in their newsletter, OBGyn News.

The Perinatal Hepatitis B Prevention Program developed a health education print package targeting pediatric providers. The print package included a poster, tear-off pads, brochures and wallet cards. The educational materials provided hepatitis B post-exposure guidance along with hepatitis B vaccination recommendations for infants exposed to hepatitis B at birth. Materials were professionally printed and disseminated throughout the state by PHBPP case managers and Immunization Program Consultants.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Participating in quarterly immunization coordinators meetings.				X
2. Promoting childhood immunizations during all activities that target young children (Children 1st, Healthy Childcare Georgia, Health Check, etc.).			X	
3. Including immunization assessment during desk audits and in programs (e.g., WIC).		X		
4. Collaborating with the Department of Community Health (DCH) and GA-AAP to assure that private providers offer appropriate services, including immunizations and developmental screenings to children who are enrolled.				X

5. Monitoring health status of at-risk children birth to age five years through Children 1st.			X	
6. Assessing immunization information at childcare facilities to ensure children are protected against vaccine preventable disease.			X	
7.				
8.				
9.				
10.				

b. Current Activities

Activity 1: Implement a strategic plan and pilot project to improve immunization rates in WIC clinics.

Activity 2: Improve coordination with Children's Medical Services and Babies Can't Wait to increase immunization rates among children with special health care needs.

Activity 3: Improve compliance with recommended hepatitis B birth dose administration to decrease incidence of hepatitis B infection.

The PHBPP Coordinator conducted ten hospital site visits throughout metro-Atlanta to access hepatitis B policies and procedures. Paired maternal and neonatal records were reviewed to determine if HBsAg status was documented, documentation of administration of Hepatitis B Immune Globulin (HBIG) if warranted, and hepatitis B birth dose administration information. Data is being analyzed by a MPH student and results will be made available in the future

c. Plan for the Coming Year

Activity 1: Utilize WIC enrollment information sent monthly by WIC to assess immunization status by WIC enrollment.

Output Measure(s): Gather baseline data, monitor percent over baseline.

Monitoring: Quarterly reports.

Activity 2: Improve compliance with recommended hepatitis B birth dose administration to decrease incidence of hepatitis B infection.

Output Measure(s): Number of data sets queried to find mothers who are hepatitis B positive; number of hepatitis B surface antigen-positive women being tracked by the perinatal hepatitis B program.

Monitoring: Quarterly reports.

Activity 3: Use the best available data to identify coverage disparities among children and promote vaccination through key partnerships

Output Measure: Number of presentations, seminars, workshops and in-service trainings on immunization related topics for public and private health care professionals; number of collaborations with healthcare providers.

Monitoring: Quarterly reports.

Performance Measure 09: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Tracking Performance Measures

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

Annual Objective and Performance Data	2008	2009	2010	2011	2012
Annual Performance Objective	17.2	24	39.8	37.6	37.6
Annual Indicator	39.0	39.0	37.4	37.4	37.4
Numerator	51170	51681	48574	50333	51064
Denominator	131206	132515	129876	134579	136536
Data Source	Basic Screening Survey	Basic Screening Survey	Basic Screening Survey	Basic Screening Survey	Basic Screening Survey
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	Final	
	2013	2014	2015	2016	2017
Annual Performance Objective	38	38.2	38.3	38.3	

Notes-2012

The denominator for 2012 was estimated by linear projection using Fall enrollments for K-12 Public Schools from 2000 to 2010 obtained from <http://gaosa.org/report.aspx> (Enrollment by demographics tab), and estimate of 2011 enrollments. Denominators for previous years were updated so that all denominators reflect Fall enrollments for 3rd graders for the respective years

Notes - 2011

Data Collected in Year: 2011. Children 0 to 17.

Data were updated for 2006, 2007, 2008, 2009, and 2010. New link for the Current Population Survey tables is: <http://www.census.gov/cps/data/cpstablecreator.html>

Denominator estimates were obtained from OASIS for the 0 to 17 year old population. We could not tell the source of the denominator for the previous years so we used OASIS and updated the denominators for 2006 to 2010. Population estimates for 2011 are not available and so were estimated by linear projection using values for 2000 to 2010.

Data have been recalculated for 2007 and 2008 as follows:

2007: numerator 311,656; denominator 2,513,356; and annual indicator 12.4

2008: numerator 286,619; denominator 2,536,452; and annual indicator 11.3

Notes - 2010

The percent of third grade children who have received a protective sealant on at least one permanent molar tooth is determined from the Basic Screening Survey. The Basic Screening Survey is a sample survey that includes an oral examination performed by a trained professional. The most recent Basic Screening Survey is for the 2010/2011 school year.

Denominator data from K-12 Public Schools Annual Report Card (<http://reportcard2010.gaosa.org/>). Denominator data are from the Fall enrollment. Data are not available for 2010, so a linear projection was estimated using data from 2003 through 2009.

Given the decline from the previous Basic Screening Survey, an annual increase of 0.5% will be projected for the Annual Indicator through 2015.

Notes - 2009

The percent of third grade children who have received a protective sealant on at least one permanent molar tooth is determined from the Basic Screening Survey. The Basic Screening Survey is a sample survey that includes an oral examination performed by a trained professional. The most recent Basic Screening Survey was for the 2005/2006 school year.

Denominator data from 2005-2006 K-12 Public Schools Annual Report Card (<http://reportcard2006.gaosa.org/k12/demographics.aspX?ID=ALL:ALL&TestKey=EnR&TestType=demographics>). All data reflect Fall enrollment except for 2006 which reflects Spring enrollment. Data for 2007, 2008, and 2009 are estimated with a linear projection methodology using data from 2003 through 2006.

Data were updated for 2007, 2008, and 2009.

As this indicator is populated using data from the 2005/2006 Basic Screening Survey until a new survey is completed, estimating the annual performance objective is difficult. Based on the data from the 2005/2006 survey (39% with sealants), a 0.5% increase would be expected annually from 2006 through 2014.

a. Last Year's Accomplishments

A Head Start Oral Health BSS is planned for fall of 2014.

Training materials for School Nurses on dental preventive measures were developed and over 180 school nurses were trained either in local sessions or at the Georgia Association of School Nurses Annual Session.

Implementation of fluoride varnish application during routine well baby and toddler visits has been slow although training of medical providers was offered. The OHU will be working with the Georgia Chapter of the Academy of Pediatrics on tracking how many practices have implemented this preventive treatment for high risk kids.

One OHU staff member presented baby oral health to new mothers at a hospital, "New Mom" update.

The OHU Epidemiologist and staff presented a poster presentation on ER non-traumatic oral health visits for children in Georgia at the National Oral Health Conference, April 2013.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continuing to visit schools to conduct screenings on children, place sealants when needed and provide prevention services, including education and fluoride treatments.			X	
2. Sharing best practices through quarterly Oral Health Coordinators' meetings with dental public health providers throughout the state.				X
3. Continuing to provide ongoing consultative support and technical assistance (TA) to the districts, including monitoring and evaluation.				X
4. Continuing to provide TA and monitoring to school-based sealant programs (offered in schools with high student participation in the free and reduced school lunch program).				X
5. Continuing to train school and public health nurses on oral disease prevention methods such as sealants and fluoride varnish. Providing oral screenings and emergency dental care.				X
6. Through the Oral Health Coalition, assessing strategies to improve oral health and develop and implement an oral health plan for Georgia.				X
7. Providing training to the medical and dental professional communities on infant oral health and application of fluoride varnish.				X
8.				
9.				
10.				

b. Current Activities

Activity 1: Increase the capacity to provide dental sealants through school-based programs.

In FY 2012, the oral health school based prevention program placed 7,461 dental sealants on 2,142 children.

Activity 2: Increase oral health surveillance capacity.

Activity 3: Promote the increased use of dental sealants to public health and community dental providers and educate them on evidence-based guidelines for the placement of sealants.

School nurse trainings occur year round.

Activity 4: Provide education and training for dental and non-dental health care providers on initiation of infant oral health screening and fluoride varnish application by age one year. Staff provided training during the Head Start State Conference in May 2013.

Activity 5: Disseminate information through various public mechanisms.

Georgia Health Coalition website is developed with more to come.

c. Plan for the Coming Year

Activity 1: Increase the capacity to provide dental sealants through school-based programs.

Output Measure(s): Number of sealant events occurring in school-based or community settings per year.

Monitoring: Quarterly review of data collected in the oral health database and CDC sealant-tracking system (SEALS).

Activity 2: Increase oral health surveillance capacity: PRAMS, BRFSS, YRBS, utilize data from Head Start Oral Health Survey

Output Measure(s): Number of questions asked about oral health on PRAMS; number of questions asked about oral health on YRBS; number of questions asked about oral health on BRFSS; data from 3rd Grade Oral Health and Nutrition/Obesity Survey and Head Start Oral Health Surveys conducted annually; full data review every 2-3 years to determine gaps in oral health services.

Monitoring: Quarterly review of surveillance instruments and survey progress.

Activity 3: Promote increased capacity to provide oral health services in Georgia through partnership with the Oral Health Coalition.

Output Measure(s): Number of publication materials developed for Oral Health Coalition (OHC) website; use of social media to increase public awareness of oral health activities; number of volunteer dentists and hygienists maintained through the OHC; number of presentations given to Public Health and community dental providers; # of people trained.

Monitoring: Quarterly monitoring reports.

Activity 4: Provide education and training for dental and non-dental health care providers on initiation of infant oral health screening and fluoride varnish application by age one year.

Output Measure(s): WIC-Oral Health pilot programs implemented in select county public health departments to provide oral health education and fluoride varnish to pregnant and new mothers, and fluoride varnish to their infant children; number of presentations to dental and non-dental providers on infant oral health care; number of dental and non-dental providers trained.

Monitoring: Yearly review of PH data to determine number of children and prenatal patients receiving at least one dental prevention service; development and implementation of training plans for non-dental providers and quarterly updates.

Activity 5: Maintain Community Water Fluoridation program.

Output Measure(s): Number of water plant operators trained; number of CDC quality awards for fluoridation.

Monitoring: Quarterly monitoring reports.

Performance Measure 10: The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Tracking Performance Measures

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

Annual Objective and Performance Data	2008	2009	2010	2011	2012
Annual Performance Objective	4	3.5	3.2	3	
Annual Indicator	3.5	2.9	4.0	3.2	2.9
Numerator	74	54	82	67	64
Denominator	2127815	2064991	2074416	2076584	2222955
Data Source	Vital Records	Vital Records	Vital Records	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?			Provisional	Provisional	Provisional
	2013	2014	2015	2016	2017
Annual Performance Objective	2.8	2.7	2.7	2.7	

Notes-2012

Data are from OASIS. The population denominator for 2011 was estimated by linear projection using data for 2000 to 2010.

The numerator for 2009 to 2011 was estimated by linear projection using data from 2000 to 2008.

The Annual Indicator-number of deaths to children ages 15- to 17 years by motor vehicle crashes was calculated using the numerator and denominator and expressed per 100,000 children

Notes - 2011

Death record data is unavailable for 2009, 2010, and 2011 and population data is unavailable for 2011. The provisional estimates for the number of deaths were developed using a linear projection with data from 2000 to 2008 and for the population using a linear projection with data from 2000 through 2010.

Notes - 2010

Death record data are unavailable for 2009 and 2010. The number of deaths are developed using a linear projection with data from 2000 through 2008. Population data provided by the Georgia Online Analytic Statistical Information System. Population data for 2009 and 2010 are estimated using a linear projection with data from 2000 through 2008.

Annual performance objective estimates are developed by applying an annual decline of 3% to the 2010 point estimate based on the annual decline between 2000 and 2010.

Notes - 2009

Death record data are unavailable for 2008 and 2009. The number of deaths are developed using a linear projection with data from 2000 through 2007. Population data provided by the Georgia

Online Analytic Statistical Information System. Population data for 2009 are estimated using a linear projection with data from 2000 through 2008.

Data were updated for 2007, 2008, and 2009.

Annual performance objective estimates are developed by applying the average annual percent change between 2000 through 2009 to the 2009 point estimate.

a. Last Year's Accomplishments

The COSP expanded the CPS Mini-Grant Program to include 142 counties, compared to the 135 participating the previous year. The COSP distributed 9,957 child safety seats statewide, including 53 seats for children with special needs and 20 car beds. Requests for assistance continue to increase and the referrals come from Children's Medical Services, local Child Passenger Safety Technicians, and Mini-Grantees.

The COSP received 48 TBS fax forms from health department documenting 48 children saved from serious injury and death. Injury Prevention staff participated in Southeast Georgia EMS-C Conference and the State EMS-C Advisory Council meeting in September 2012. Injury prevention staff also exhibited at the Annual Georgia Fire Safety Symposium in July 2012.

Injury prevention staff provided technical assistance and/or training in basic child passenger safety to 15 hospitals, including 3 hospitals new to the program. A total of 12,187 pocket cards illustrating the GA CPS law, age/weight of a child guideline, and best practices were distributed to healthcare providers at various events/trainings. The COSP conducted 20 trainings, 1 conference, 8 meetings and 2 "Rodeos" for approximately 1,647 participants. The COSP conducted nine briefings at Traffic Enforcement Networks meetings with over 300 law enforcement officers in attendance. Injury prevention staff also assisted in the field with eight road checks/safety seat checkpoints or Click It Or Ticket events. Project staff co-taught five National Child Passenger Safety Certification Training Program courses. Additionally, the COSP built better relationships with the state WIC and DFCS management and provided 316 CPS posters (including 115 in Spanish) to all GA DPH WIC and DFCS offices. Injury Prevention staff led, assisted, and participated in the 2012 Traffic Injury Prevention Caravan event.

After the development of Georgia's "Transporting Georgia's Special Children Safely" last year, the COSP partnered with Children's Healthcare of Atlanta and Safe Kids East Central to provide two trainings during 2012. Classes were offered in May (Hall County) with 23 participants and August (Cobb County) with 31 participants. A total of 54 CPSTs completed this special needs training in FFY 2012.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Providing child passenger safety training, technical assistance and monitoring.			X	
2. Distributing car safety seats.		X		
3. Providing education child passenger safety.		X		
4.				
5.				
6.				
7.				

8.				
9.				
10.				

b. Current Activities

Activity 1: Distribute conventional seats and children with special health care needs-specific child safety seats.

The COSP has distributed 37,642 pieces of PI&E materials; this includes 2,425 seats. It is estimated that 4.8 individuals have been reached. IP staff received 37 referrals for children with special health care needs through local CMS staff and 21 child restraints were provided. During CPS monthly classes, a total of 2,877 caregivers were trained and counties distributed 2,392 child safety seats in the class. OIP staff continued to work with counties on the 2013 CPS Mini-Grant guidelines and application process. Staff fielded multiple calls and emails from county representatives and continued to work with other partners to support the program.

Activity 2: Document number of children saved from serious injury or death due to program-funded child safety seats by applying Teddy Bear Stickers (TBS) to program-funded seats

Thirteen TBS forms were received documenting lives saved. Some were not using a program related car seat but the word is spreading to inform the COSP of lives saved in car seats.

Activity 3: Offer child passenger safety training and presentations to internal and external stakeholders.

Training and presentations included: local school bus trainings, exhibits at GA AAP and GA AFP conferences, 2 "Keeping Kids Safe" training sessions, providing technical assistance to counties, trainings to the EMS community, webinar trainings for DFCS staff, presentations to Head Start's Board of Directors, 4 CPST certification classes, and a video conference meeting for Mini-Grantees with 109 participants from 62 counties. Staff also taught a Special Needs Transportation class called SNAP (Special Needs Access Program) with EMS-C and local county Safe Kids staff.

Activity 4: Host and participate in statewide Transporting Children with Special Health Care Needs conference.

IP staff hosted the 2013 Specialized Child Restraint Manufacturers' Workshop on January 17, 2013 at MCGG Hospital. Seventy participants attended representing CMS, health department, certified CPSTs, Safe Kids, hospital staff, law enforcement, fire, physical and occupational therapists, etc.

Activity 5: Review report on child deaths resulting from motor vehicle crashes and develop prevention policy recommendations and activities.

IP staff have been asked to sit on the Statewide GOHS Occupant Safety Task Force in order to identify the strategic Highway Safety Plan objectives needed for 2013. Staff continue to work and strategize with GA DECAL to provide best practice recommendation for their policy/regulations regarding childcare center usage of commercial vehicles not covered in the GA CODE.

c. Plan for the Coming Year

Activity 1: Distribute conventional seats and children with special health care needs-specific child safety seats.

Output Measure(s): Number of counties where seats were distributed; number of seats distributed.

Monitoring: Quarterly monitoring of the number of seats distributed to participating organizations and the number of safety seats distributed.

Activity 2: Document the number of children saved from serious injury or death due to program-funded child safety seats by applying Teddy Bear Stickers (TBS) to program-funded seats, encourage participation in the TBS program, and processing TBS Fax Back Forms.

Output Measure(s): Number of presentations given about reporting; annual report of children saved.

Monitoring: Quarterly report on number of TBS Fax Back Forms received; develop and implement strategic plan for encouraging participation in TBS program.

Activity 3: Offer child passenger safety training and presentations to internal and external stakeholders.

Output Measure(s): Audience trained; number of reporting presentations and associated educational and equipment distribution; number of people trained; number recertified; number of recertification trainings; number of Traffic Enforcement Network briefings conducted; number attending Traffic Enforcement Network briefings.

Monitoring: Quarterly monitoring reports.

Activity 4: Host and participate in statewide Transporting Children with Special Health Care Needs training.

Output Measure(s): Number of attendees; participant evaluation report; number of people trained to assess and respond to transportation challenges among children with special health care needs.

Monitoring: Review of notes from planning meetings.

Performance Measure 13: Percent of children without health insurance.

Tracking Performance Measures

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

Annual Objective and Performance Data	2008	2009	2010	2011	2012
Annual Performance Objective	13.2	11.7	10.8	11.2	11.2
Annual Indicator	11.5	10.2	11.9	10.0	11.2
Numerator	288837	263520	296495	248531	277753
Denominator	2516819	2583533	2491552	2493574	2490275
Data Source	Current Population	Current Population	Current Population	Current Population	Current Population
	Survey	Survey	Survey	Survey	

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
	2013	2014	2015	2016	2017
Annual Performance Objective	11.2	11.2	11.1	11.1	11.1

Notes-2012

Data collected in year 2012. Children 0 to 17. The link to the Current Population Survey table is as follows: <http://www.census.gov/cps/data/cpstablecreator.html>

2012 denominator estimates were obtained from OASIS for the 0 to 17 year old population. The 2011 denominator based on linear projection was updated to the final number.

Population estimates for 2012 are not available and were estimated by linear projection using values for 2000 to 2011.

Notes - 2011

Data Collected in Year: 2011. Children 0 to 17.

Data were updated for 2006, 2007, 2008, 2009, and 2010. New link for the Current Population Survey tables is: <http://www.census.gov/cps/data/cpstablecreator.html>

Denominator estimates were obtained from OASIS for the 0 to 17 year old population. We could not tell the source of the denominator for the previous years so we used OASIS and updated the denominators for 2006 to 2010. Population estimates for 2011 are not available and so were estimated by linear projection using values for 2000 to 2010.

2007 and 2008 data have been recalculated as follows:

2007: numerator 311,656; denominator 2,513,356; and annual indicator 12.4

2008: numerator 286,619; denominator 2,536,452; and annual indicator 11.3

Notes - 2010

Between 2003 and 2010, there has been a slight decline on average of 0.2%. This is applied to the 2010 point estimate to project the annual performance objective for 2011 through 2015.

Notes - 2009

For the FY11 submission, the data source was changed to the Current Population Survey (http://www.census.gov/hhes/www/cpstc/cps_table_creator.html). Data for 2009 are not available. These data will be available with the release of data for the 2010 Current Population Survey. For 2009, data were estimated using a linear projection with data from 2002 through 2008.

Data were updated for 2007, 2008, and 2009.

Annual performance objective estimates are developed by applying the average annual percent change (-0.6%) between 2002 through 2009 to the 2009 point estimate.

a. Last Year's Accomplishments

In the process of being updated.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Providing training, technical assistance and monitoring of Grant-in-Aid (GIA) annex deliverables related to PeachCare for Kids and Medicaid outreach, referral and administrative case management.				X
2. Continuing collaborations with DFCS and the Department of Community Health to plan and coordinate "Cover the Uninsured Week" activities for adolescents throughout Georgia.				X
3. Providing training, technical assistance and monitoring of Grant-in-Aid annex deliverables related to ensuring a medical home for all children and adolescents and their families who lack insurance.				X
4. Continuing to assist families during the Children 1st Family Assessment in completing necessary forms for enrollment in Medicaid or PeachCare for Kids.		X		
5. Sharing Medicaid and PeachCare for Kids information at community health fairs, trainings, exhibits, etc.		X		
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Activity 1: Monitor and report percentage of children without healthcare insurance by utilizing various sources of data.

Activity 2: Screen all children participating in MCH programs for eligibility for public insurance options and make appropriate referrals.

c. Plan for the Coming Year

Activity 1: Monitor and report percentage of children without healthcare insurance by utilizing various sources of data.

Output Measure(s): Child health insurance status report.

Monitoring: Quarterly progress reports.

Activity 2: Screen all children participating in MCH programs for eligibility for public insurance options and make appropriate referrals.

Output Measure(s): Number of children screened; number of children referred.

Monitoring: Quarterly data reports.

Performance Measure 14: Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Tracking Performance Measures

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

Annual Objective and Performance Data	2008	2009	2010	2011	2012
Annual Performance Objective	29	28	30.4	28.8	28.3
Annual Indicator	31.4	30.6	29.3		31.3
Numerator	25994	23650	39959		
Denominator	82782	77286	136379		
Data Source	PedNSS	PedNSS	PedNSS	PedNSS	PedNSS
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		
	2013	2014	2015	2016	2017
Annual Performance Objective	27.8	27.4	26.9		

Notes - 2010

Data from Georgia PedNSS report as provided by Georgia WIC.

The average annual percent change between 2008 and 2009 is an decrease of 3.4%. The annual performance objective is decreased by half of this increase through 2015.

Notes - 2009

Data from Georgia PedNSS report as provided by Georgia WIC.

The average annual percent change between 2000 and 2008 is an increase of 2.4%. While there was a decrease between 2008 and 2009, this was the first decrease between 2000 through 2009. The annual performance objective will be set for a 0.5% decline in each year through 2014.

a. Last Year's Accomplishments

Continued changes in leadership in the WIC program and competing priorities of addressing vendor fraud, strengthening vendor authorization, and addressing a previous management evaluation from USDA delayed progress on this performance measure during the reporting period.

1. The Georgia WIC Program established policies and procedures for utilizing the new WHO CDC Growth Charts for Infants. Revised policies require all children above two years of age to be plotted on the standard CDC Growth Chart.
2. Department of Public Health, Georgia WIC, and Children's Healthcare of Atlanta (CHOA) coordinated an obesity initiative titled Strong 4 Life. WIC Public Health Staff in the Macon and Columbus Health District received training, education materials and technical assistance.
3. Established monthly child weight reports for the WIC population. Children age 2-5 are classified as one of the following:
 - High Risk Underweight \leq 5th Percentile
 - Underweight >5 to \leq 10th Percentile
 - Normal Weight >10 to <85 th
 - At Risk for Overweight ≥ 85 to <95 th Percentile
 - High Risk Overweight/Obese ≥ 95 th Percentile

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Providing individual counseling to WIC participants on a variety of nutrition topics addressing healthy weight (i.e., Strong-4-Life, healthy eating, stress-free feeding and physical activity).	X			
2. Providing nutrition education to WIC participants through eating and physical activity programs (i.e., Individual counseling sessions, group nutrition education classes, healthy			X	
3. Providing training to WIC staff on nutrition education best practices that result in improved behaviors, including children who are overweight or obese.				X
4. Providing via contracts Lunch and Learn sessions with private providers and sharing information about services available to children who may be eligible for WIC, Medicaid and/or PeachCare for Kids.		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Activity 1:

Draft State level nutrition education reports have been prepared and discussed, but further progress has been delayed due to limited staff availability, changes in leadership, and higher priority system projects.

Draft policies and procedures have been developed to implement internet based nutrition education modules. The state anticipates piloting internet based nutrition education in three health districts (Columbus, Gwinnett, Cobb / Douglas)

Activity 2: Establish comprehensive obesity-related risk behavior data surveillance system through Georgia's WIC electronic child and adult nutrition assessment forms.

c. Plan for the Coming Year

Activity 1: Monthly, quarterly and annual reports will be available at the clinic, county, district and state levels.

Output Measure(s): Reports available.

Monitoring: Monthly and quarterly reports.

Activity 2: Review monthly and quarterly reports to identify clinics, counties or districts with improved rates in order to identify their best practices.

Output Measure(s): Clinics, counties, and districts identified with improved rates.

Monitoring: Monthly and quarterly reports.

Activity 3: Identify at least two nutrition education best practices.

Outcome Measure (s): Best practices identified,

Monitoring: Monthly and quarterly reports.

Activity 4: Implement internet based nutrition education modules.

Output Measure(s): Rate of WIC clients who received nutrition education.

Monitoring: Monthly and quarterly reports

Activity 5: Provide Strong 4 Life Obesity Training and related resources to an additional three districts.

Output Measure (s): Number of districts trained using Strong 4 Life Obesity Intervention training.
Challenges:

Note: The Georgia WIC program is working through a state level reorganization and does not have staff currently in place to complete all of the activities listed above.

Performance Measure 16: The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Tracking Performance Measures

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

Annual Objective and Performance Data	2008	2009	2010	2011	2012
Annual Performance Objective	5.4	4.5	4.2	4.6	4.6
Annual Indicator	6.0	6.0	6.1	5.7	5.2
Numerator	41	43	43	40	38
Denominator	687846	712243	707249	700944	732313
Data Source	Vital Record	Vital Records	Vital Records	Vital Records	Vital Records

Check this box if you cannot report the numerator because					
Is the Data Provisional or Final?			Provisional	Provisional	Provisional
	2013	2014	2015	2016	2017
Annual Performance Objective	4.5	4.5	4.5	4.5	

Notes - 2011

Death record data are unavailable for 2009, 2010, and 2011 and population are unavailable for 2011. The provisional estimates for the number of deaths were developed using a linear projection with data from 2000 through 2008, and for the population, using a linear projection with data from 2000 through 2010.

Notes - 2010

Data are unavailable for 2009 and 2010. The provisional estimates are developed using a linear projection with data from 2000 through 2008. Population data provided by the Georgia Online Analytic Statistical Information System. Population data for 2009 and 2010 are estimated using a linear projection with data from 2000 through 2008.

Given the increase in 2008, the last year for which there are final data, the annual performance indicator will use a 0.5% reduction to determine estimates from 2011 through 2015.

Notes - 2009

Data were updated for 2007, 2008, and 2009.

Data are unavailable for 2008 and 2009. The provisional estimates are developed using a linear projection with data from 2000 through 2007. Population data provided by the Georgia Online Analytic Statistical Information System. Population data for 2009 are estimated using a linear projection with data from 2000 through 2008.

The average annual percent change is -2.3%. This is applied to the 2009 projected rate of 4.3 to project the annual performance indicator for 2010 through 2014.

a. Last Year's Accomplishments

Suicide Prevention Coalitions have been built on a local level bringing awareness, education, resources, support and trainings out into communities across GA. There are now 11 active community coalitions. Broad training in gatekeeper programs, QPR (Question, Persuade, Refer) and Mental Health First Aid has occurred.

Three Statewide Stakeholders Conferences were organized and executed with one having more than 400 attendees from all over the state. Additionally, three Statewide College Conferences to introduce program and resources were held. Also, conferences were hosted and/or supported for the aging population, military, and veterans.

Training, assistance and ongoing support in leading Survivors of Suicide Support Groups was provided. There are now 26 groups in GA with 5 more in progress. As an extension of this work, we have been able to offer families that have lost a loved one to suicide an annual family grief support camp-Camp SOS.

Thousands of "Purple Packets" were developed, printed and distributed to deliver comfort and resource information to survivors statewide. A GA model for SOS Groups for Children and teens are in development and a "train-the-trainer" training was held in May. A statewide suicide prevention

information network, www.GSPIN.org with a broadcast network, was built and maintained to connect all stakeholders.

We are partnering with NAMI GA to train First Responders in Crisis Intervention Team Training, arming officers and EMS with skills to work with suicide attempters and survivors of suicide loss. We are also rolling out CSSRS (Columbia Suicide Severity Rating Scale) and safety planning to the provider network statewide.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Providing training, technical assistance and monitoring of district activities and progress related to suicide prevention plans and objectives.				X
2. Continuing collaborations with the Department of Behavioral Health and Developmental Disabilities, Office of Injury Prevention and other agency staff to develop a statewide suicide prevention plan that includes staff development.				X
3. Continuing development of MCH referral, intake and assessment processes to identify adolescents "at risk" and to assure timely receipt of appropriate mental health resources.				X
4. Continuing to develop outcome and contract requirements, performance expectations/indicators and policies and procedures for contracts and Grant-in-Aid annexes related to adolescent mental health resources.				X
5. Continuing to fund and implement youth development programs and activities that provide adult-supervised activities, caring adult mentors and peer educators for targeted youth.			X	
6. Providing training and technical assistance to the Georgia Association of School Nurses and other school health professionals related to suicide prevention.				X
7. Providing information to CMS staff on identification and referral of at-risk clients.				X
8.				
9.				
10.				

b. Current Activities

Activity 1: Work with GVDRS to produce an age range specific fact sheet and map with overlay of high schools for distribution to the school systems.

Fact Sheet and Map were created and distributed statewide.

Activity 2: Activity 2: Follow up on survey of existing protocols in high schools regarding suicide ideation and attempts.

Work within the Suicide Prevention Action Network has included implementing Suicide Prevention, Help Seeking and Resiliency Building programs for the middle and high schools, and bringing prevention and post-vention programs to schools to give them a model for building teams within the school and community to help them respond appropriately at the moment of a crisis.

Activity 3: Review report on child deaths resulting from suicide completions through Child Fatality Review and develop policy recommendations and activities aimed at reducing such deaths.

Partnership between child fatality review and the Georgia Violent Death Reporting system was developed for data collection and reporting.

Activity 4: Track DBHDD policy to utilize the Columbia Suicide Severity Risk Scale for all providers.

Staff position was vacant as of December 2012 and is currently being filled. All work within suicide prevention has been done by the Georgia Suicide Action Network and the Georgia Suicide Prevention Information Network.

c. Plan for the Coming Year

Activity 1: Work with the GVDRS to produce an age range (age 8 -- 19) specific fact sheet and map with overlay of high schools for distribution to the school systems every two years.

Output Measure(s): Number of suicide attempts by age group; number of suicide completions by age group; production of fact sheets; distribution of reports to school systems; number of health districts receiving fact sheets.

Monitoring: Quarterly progress reports; draft fact sheets.

Activity 2: Follow up on school-based Postvention training and survey of protocols in high schools regarding suicide ideation, attempts, and school response.

Output Measure(s): Survey designed; survey distributed; report of survey results;

Monitoring: Survey validation report; plan for survey implementation.

Activity 3: Review report on child deaths resulting from suicide completions through Child Fatality Review, in combination with other data sets, and develop policy recommendations and activities aimed at reducing such deaths.

Output Measure(s): Annual Child Fatality Review Team Report across multiple sources of data on child deaths that includes suicide deaths and policy recommendations.

Monitoring: Quarterly reports.

Activity 4: Track DBHDD policy to utilize the Columbia Suicide Severity Risk Scale for all providers.

Output Measure(s): Policy developed; percent of providers utilizing tool.

Monitoring: Quarterly reports.

State Performance Measures

State Performance Measure 1: Percent of high school students who are obese (BMI > or = 95th percentile)

Tracking Performance Measures

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

Annual Objective and Performance Data	2008	2009	2010	2011	2012
---------------------------------------	------	------	------	------	------

Annual Performance Objective				12.3	
Annual Indicator	13.8	12.4	12.4	15.0	15.0
Numerator	62543	56528	57026	694502	70007
Denominator	453210	455871	459886	462998	466712
Data Source	YRBS	YRBS	YRBS	YRBS	YRBS
Is the Data Provisional or Final?			Final	Final	
	2013	2014	2015	2016	2017
Annual Performance Objective	12	11.9	11.8	11.8	

Notes – 2012

The 2012 population denominator was estimated by linear projection and the numerator was obtained, as in other years, by applying the indicator to the denominator.

Notes - 2011

Data are from Georgia YRBS. Actual surveys were conducted in 2007, 2009, 2011. For the intervening years when the survey is not conducted, the same estimate is maintained.

Previous notes state that the denominator and numerator were updated using current population estimates. We have searched census.gov and OASIS and cannot locate the actual source for the denominator. It is not also clear which age range was used for high schoolers (14-18 years OR 14-17 years OR 15-18 years OR 15-17 years) to enable exact calculation of the population.

The 2011 population denominator was estimated by linear projection and the numerator was obtained as in other years, by applying the indicator to the denominator.

Notes - 2010

Data are from the Georgia YRBS. These data are available every other year. In even numbered years, when data are not collected, the indicator from the previous year is repeated. While the YRBS provides a point estimate based on a sample survey, the numerator and denominator are updated using current population estimates. The annual performance objective is based on a 1 percent annual decline.

a. Last Year's Accomplishments

In the process of being updated.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Leading development and implementation of Georgia's Childhood Obesity Initiative.				X
2. Serving on Fitness Testing Steering Committee.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Activity 1: Support policy and practice change to reduce childhood obesity rates.

Activity 2: Participate in a public/private partnership with the Department of Education (DOE) to implement statewide fitness assessments.

Activity 3: Identify key projects to support obesity prevention.

Activity 4: In collaboration with other organization stakeholders regarding childhood obesity prevention, provide data and technical assistance to support selected communities in designing a nutrition and physical activity strategies tailored to local target population needs; partner to support evaluation design and implementation.

c. Plan for the Coming Year

Activity 1: Support policy and practice change in childcare centers and public school systems to reduce childhood obesity rates.

Output Measure(s): Number of partnerships created; number of mini-grants offered to schools/childcare centers for nutrition and physical activity standards; number of practice changes; number of policy changes.

Monitoring: Quarterly reports.

Activity 2: Participate in a public/private partnership with the Department of Education to implement statewide fitness assessments in schools with a goal of reaching all school systems in Georgia.

Output Measure(s): number of school systems implementing fitness assessments; number of individual data records entered.

Monitoring: Quarterly reports.

Activity 3: Implement statewide social media campaign to promote childhood nutrition and physical activity.

Output Measure(s): Number of public service announcements (PSAs); number of website hits; number of click-throughs on interactive geo-coded on-line resource directory.

Monitoring: Quarterly reports.

Activity 4: In collaboration with other organization stakeholders regarding childhood obesity prevention, provide data and technical assistance to support selected communities in designing a nutrition and physical activity strategies tailored to local target population needs; partner to support evaluation design and implementation.

Output Measure(s): DPH points of contact to support strategy design and provide TA identified; initial review and summary of a variety of public health data sources to inform strategy development completed; number of local strategies developed; evaluation plan developed.

Monitoring: Quarterly reports.

State Performance Measure 4: Deaths to children ages 15 to 17 years caused by motor vehicle crashes per 100,000 children

Tracking Performance Measures

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

Annual Objective and Performance Data	2008	2009	2010	2011	2012
Annual Performance Objective				14.5	14.3
Annual Indicator	12.0	9.2	10.7	9.6	8.0
Numerator	49	39	45	40	35
Denominator	408637	423461	420430	416990	439208
Data Source	Vital Records	Vital Records	Vital Records	Vital Records	Vital Records/OAS
Is the Data Provisional or Final?	Final	Final	Final	Provisional	Provisional
	2013	2014	2015	2016	
Annual Performance Objective	14.2	14	13.9	13.9	

Notes-2012

Data are from OASIS. The population denominator for 2012 was estimated by linear projection using data for 2002-2011.

The numerators for 2011 and 2012 were estimated using 2001 to 2010 data. The numerators for 2009 and 2010 were updated with final data.

The Annual indicator – number of deaths to children ages 15 to 17 years by motor vehicle crashes was calculated using the numerator and denominator and expressed per 100,000 children.

Notes - 2011

Data are from OASIS. The Population denominator for 2011 was estimated by linear projection using data for 2000 to 2010

The numerator for 2009 to 2011 was estimated by linear projection using data from 2000 to 2008

The Annual indicator -number of deaths to children ages 15 to 17 years by motor vehicle crashes was calculated using the numerator and denominator and expressed per 100,000 children.

2008 was recalculated as follows:

Annual indicator: 12.1

Numerator: 289

Denominator: 148,501

Notes - 2010

Data for 2008 are final. Data for 2009 and 2010 are not available. Data are projected using a linear estimate derived from data from 2000 through 2008. The average change in this indicator between 2000 and 2010 is positive. Therefore, a 1 percent decline is applied to estimate the annual performance objective.

a. Last Year's Accomplishments

By the end of the fiscal year there were Community Mobilization groups functioning in 26 counties.

There were a total of 74 activities conducted during the year, including teen traffic safety events, seat belt surveys, and child safety seat classes.

Crash data from the hospital inpatient discharge data base on crash injuries were provided to local injury prevention groups. Two hundred thirty data variable maps were provided to NE GA RRI and their enforcement networks.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Establishing/maintaining Community Mobilization Groups.				X
2. Hosting traffic safety events.		X		
3. Providing car seat classes and other injury prevention education.		X		
4. Providing survey and crash data sets.		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Activity 1: Establish or maintain rural Community Mobilization Groups (CMGs).

Twenty-six community mobilization groups were maintained.

Activity 2: Host at least ten traffic safety events or projects, carried out within the Southeast Rural Road Initiative region during the program year.

The project provides technical assistance visits to locations to support the development of community groups which carry on traffic safety events. Fifty-four safety projects were conducted October 2012-March 2013.

Activity 3: Provide survey and crash data charts and maps from at least six counties detailing at least four risk factors to Regional Traffic Enforcement Networks and the Northeast Georgia Rural Roads Initiative groups for use in planning.

Four crash data charts have been provided so far this year.

c. Plan for the Coming Year

Activity 1: Establish or maintain at least 16 rural Community Mobilization Groups (CMGs).

Output Measure(s): Number of functioning CMGs.

Monitoring: Quarterly reports.

Activity 2: Support the development of at least thirty safety events, projects or surveys carried out within the Southeast Rural Road initiative region during the program year.

Output Measure(s): Number of projects or events conducted

Monitoring: Quarterly reports.

Activity 3 Provide motor vehicle crash related data, charts and/or maps from at least six counties detailing risk factors for community mobilization groups and Regional Traffic Enforcement Networks and other interested groups

Output Measure(s): Number of data reports, charts and maps provided to CMGs or other networks

Monitoring: Quarterly reports.

Activity 4: Provide at least 60 on-site technical assistance visits to counties to develop and support highway safety community mobilization groups, needs assessment, evaluation, safety resources and projects.

Output Measure(s): # of technical assistance visits provided

Monitoring: Quarterly reports

State Performance Measure 5: Among children five years of age and younger who received services through the MCH Program, the percent who received a developmental screen

Tracking Performance Measures

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

Annual Objective and Performance Data	2008	2009	2010	2011	2012
Annual Performance Objective				35	35
Annual Indicator				38.6	38.6%
Numerator				7490	7490
Denominator				19382	19382
Data Source				Children 1st quarterly reports	Children 1 st Quarterly report
Is the Data Provisional or Final?				Provisional	Provisional
	2013	2014	2015	2016	2017
Annual Performance Objective	35	35	35	35	35

Notes - 2011

This is a new measure. The 2011 data was compiled using the Children 1st Quarterly Report Item I1 for fiscal quarters 2 and 3. Collection of this item began in the second quarter of Fiscal year 2012. It is anticipated that the annual performance objective should be estimated at approximately 35 percent but this will likely change as more data become available.

Notes - 2010

This is a new measure. The MCH Program is currently working to develop measurement processes to adequately capture the data. It is difficult to project the annual performance objective without baseline data. However, through discussions with staff, it is anticipated that this performance

objective should be estimated at approximately 35 percent. This will likely change as more data become available.

a. Last Year's Accomplishments

All of the local boards of health utilize the Ages and Stages Questionnaire-3 (ASQ) and the Ages and Stages Questionnaire for Social Emotional for developmental screening including Children 1st, Health Check and Babies Can't Wait. Through the Early Childhood Comprehensive Systems grant and the Third Grade Reading Campaign, efforts were made to increase the numbers of developmental screenings outside of public health and develop a process for making referrals into MCH programs, as appropriate. A joint training between the DPH Children 1st and Babies Can't Wait program staff and the DFCS staff was conducted across the state. A statewide, web-based system was rolled out to all 18 public health districts. This data will eventually have the ability to track ASQ:3 and ASQ:SE scores on children referred to Children 1st or Babies Can't Wait.

Children 1st worked on requirements gathering to add the scores of the ASQ:3 to the web-based Children 1st data system that is being rolled out to the health districts. The Children 1st screening and referral form was revised and use of the form began 10/1/12. The ability to attach developmental screening results to referrals into Children 1st or Babies Can't Wait is a part of this revised form. Additionally, the Children 1st web-based data system is being enhanced to include these scores from either public health or non-public health providers.

Funding to support developmental screening specialists in WIC clinics ended in September 2011. The recommendation was made to continue providing developmental screening to those children referred through Child Abuse Prevention and Treatment Act (CAPTA) and those referred to Children 1st with suspected developmental delay. Through a contract with the Governor's Office for Children and Families (GOFC) Children 1st will begin work as the Central Intake provider to support the Maternal Infant Early Childhood Home Visiting Grant (MIECHV). As the Central Intake provider, DPH in the seven MIECHV counties will provide a Comprehensive Core Screening to determine the needs of the families of expectant mothers or children birth to age five. If it is determined that the child is at-risk for developmental delay, Central Intake will also conduct an ASQ:3.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Utilizing the Ages and Stages Questionnaire-3 (ASQ-3) and Ages and Stages Questionnaire - Social Emotional (ASQ-SE) at the local level.			X	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Activity 1: Identify a standard tool and protocol for developmental screening to be used in all MCH programs.

The local boards of health continue to utilize the ASQ:3 for developmental screening in several child health programs, including Children 1st, Health Check, and Babies Can't Wait. Through grants within MCH, efforts are being made to survey developmental screening throughout the state and increase the numbers of community providers conducting screens and linking the results back to public health programs.

Activity 2: Develop a reporting and measurement strategy that can be applied throughout all MCH programs.

The Children 1st online screening and referral form will be rolled out in the next quarter. It will include the ability to attach developmental screening results to referrals into Children 1st or Babies Can't Wait. Additionally, the Children 1st web-based data system is also being enhanced to include these scores from either public health or non-public health providers.

Activity 3: Develop a strategic plan and pilot sites to implement developmental screens for all WIC clients.

Through the contract with the GOCF, Children 1st and Central Intake staff continue to provide developmental screens to those children identified as at-risk to developmental delays via the Central Intake referral. Many of the families screened as part of the Central Intake process are identified in the WIC clinics.

c. Plan for the Coming Year

Activity 1: Implement a reporting and measurement strategy that can be applied throughout all MCH programs.

Output Measure(s): Inclusion of the ASQ scores in the Children 1st module of SendSS Newborn

Monitoring: Quarterly reports.