Maternal and Child Health Services
Title V Block Grant

State Narrative for Georgia

Perinatal

Application for 2014
Annual Report for 2012

Health Systems Capacity Indicators

Introduction: The Health System Capacity Indicators identify opportunities to strengthen health care system in Georgia through improved collaboration between Medicaid and Georgia Title V. Health System Capacity Indicators 2, 3, 5A through D, 6A through C, 7A, and 7B are all associated with Medicaid. As described in this section, there are several MCH programs that support Medicaid enrollment and linkage to service. Improved collaboration between Medicaid and Georgia Title V may result in improvements in these indicators.

HSCI 5B: Infant deaths per 1,000 live births

MCH Epidemiology conducts analyses of infant deaths to identify groups at highest risk and to identify risk factors that may be potentially modifiable. Results from these analyses are being used to target intervention efforts in communities with the highest rates of infant death and to focus efforts on effective interventions.

The MCHP's Perinatal/Women's Health Unit is working with MCH Epidemiology to establish a Maternal Pregnancy Associated Mortality Review Committee. /2012/From 2002-2006, 5,743 babies in Georgia died before age one. While the National Infant Mortality Rate (IMR) decreased by 10% during this period, Georgia's IMR (8.23 per 1000 live births) remained 15 to 20 % higher than the average for the rest of the nation, and 42% higher than the Healthy People 2010 goal.

The most recent analysis identified six statistically significant geographic clusters with disproportionately high infant mortality rates among Georgia's 159 counties. The clusters fall into Bibb, Chatham, Fulton, Lowndes, Muscogee, and Richmond counties.

Each Peach Matters (EPM) is being developed as a collaborative initiative to implement multiple prevention and intervention strategies to improve conditions that underlie poor perinatal health outcomes related to infant mortality.

Baby LUV, a program developed in Lowndes County, was implemented in response to their high infant mortality rate (IMR) in 2004-2005. The rate in Lowndes County was 15.9, almost double the state of Georgia rate of 8.5. Enrollment is from admission to the infant's first birthday. Since the beginning of the program in 2008, 349 clients have been admitted with 1 infant death within that 3 year period. Title V funds have been provided to continue the program.//2012// /2013/Georgia is participating in the HRSA Region IV and VI infant mortality collaborative and drafted a state plan. A perinatal quality initiative is being developed.//2013//
/2014/Georgia participated in the ASTHO challenge to decrease PTB by 8% by 2014. As of 2012, Georgia has met and exceeded the ASTHO challenge target.//2014//

HSCI 5C: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Early and adequate prenatal care is encouraged and supported through MCH and Medicaid case management programs. Delivery of high risk infants at centers that are appropriate for their needs is encouraged through education efforts conducted by outreach educators in their perinatal region.

The MCHP's Perinatal/Women's Health Unit is collaborating with Medicaid and public health districts to increase the percentage of women with early entry into prenatal care. Program staff are also working with Healthy Start grantees and other community stakeholders to improve services for pregnant women in Georgia.
/2014/Program staff are working with internal and external stakeholders and community-based organizations to improve services for pregnant women in Georgia.//2014//

National Performance Measures

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

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

Annual Objective and Performance Data	**2008**	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	99.7	99.6	96.4
Numerator	210	327	318	230	268
Denominator	210	327	319	231	278
Data Source	Georgia NBS Progra	Newborn Screening Program	Newborn Screening Program	Newborn Screening	Newborn Screening
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	
	2013	**2014**	**2015**	**2016**	**2017**
Annual Performance Objective	100	100	100	100	100

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

Notes - 2010
As per Form 6, the data reported here are lagged by one year. Therefore, the data reported in the 2010 column are data collected in 2009.

Notes - 2009
As per Form 6, the data reported here are lagged by one year. Therefore, the data reported in the 2009 column are data collected in 2008.

a. Last Year's Accomplishments
The Newborn Screening (NBS) Program identified and monitored the top ten facilities with the highest unsatisfactory screening rates each month. Those hospitals were contacted and provided technical assistance. The NBS Program, Children's Medical Services Program and Memorial Health Medical Center partnered to improve follow-up for infants with sickle cell disease in Savannah, GA.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Monitoring referrals of infants diagnosed with metabolic and hemoglobinopathies to appropriate CSHCN programs.			X	
2. Providing funds for special formula through NBS Follow-up contract.		X		
3. Through the Georgia Public Health Laboratory and Newborn Screening Program, collaborating on policies, procedures, and the development of SendSS Newborn.				X
4. Continuing MCH Epidemiology linkage of newborn screening records with electronic birth certificates.			X	
5. Providing access to and monitoring hospital reports to identify each hospital's unsatisfactory specimens.				X
6. Following up on all abnormal screening test results.				X
7. Holding regular advisory committee and work group meetings to address and resolve issues within the NBS system.				X
8. Providing NBS education to parents and providers.			X	
9.				
10.				

b. Current Activities

Activity 1:
In the first quarter, 28% of all hospitals met the unsatisfactory screening rate goal of less than 1%. The significant decrease in the percent of hospitals that have met the goal could be due to a change in the screening assessment process done in the laboratory. Telephone consultations and on-site in-services with hospitals to improve satisfactory screens continue.

Activity 2:
SendSS Newborn is continuously being enhanced. Current enhancements include: improving the HL7 messages and updating the database tables. The Georgia Public Health Laboratory contacted hospitals that submitted specimens collected under 24 hours of age. Unsatisfactory screening rates have been included in the NBS Annual Performance Measures.

Activity 3:.
Education was provided during the GAAAP and GAAFP conferences.

Activity 4:
IT staff continue to work with Emory University to receive data in the appropriate format. An HL7 message is being tested to send files securely between the Emory database and SendSS Newborn.

c. Plan for the Coming Year

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

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

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

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

Output Measure(s): Percent of newborns that receive an unsat screen who have a repeated screen; percent of newborns that receive a repeated satisfactory screen; and a protocol that identifies and tracks newborn screens from unsatisfactory to satisfactory.

Monitoring: Monthly review of newborns that receive repeated screens and repeated satisfactory screens.

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

Output Measure(s): Type and number of materials distributed; number of newsletter articles written; number of presentations given; number of friends and networks on social networking sites.

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

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

Output Measure(s): Percent of newborn screens matched to the birth record; metabolic reports developed; completed module for unsatisfactory specimen tracking; protocol for the follow-up of unmatched birth certificates and newborn screens.

Monitoring: Notes from meetings to review the progress towards the completion of the module, the reports, and matching algorithm; meeting attendance.

Performance Measure 08: The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

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	**28**	**27**	**26.3**	**25.4**	**29.4**
Annual Indicator	**27.7**	**23.7**	**21.0**	**18.9**	**20.6**
Numerator	**5493**	**4816**	**4297**	**3814**	**4356**
Denominator	198043	203359	204871	202149	211241
Data Source	Vital	Vital	Vital	Vital	Vital

Check this box if you cannot report					
Is the Data Provisional or Final?			Provisiona	Provisional	Provisional
	2013	2014	2015	2016	2017
Annual Performance Objective	23.9	23.2	22.5	22.5	

Notes - 2011
Birth record and population data are unavailable for 2011. The provisional estimates have been developed using a linear projection with data from 2000 to 2010.

2007 and 2008 data have been recalculated as follows:

2008: numerator 5,493; denominator 198,403; and annual indicator 27.7.

2007: numerator 5,785; denominator 193,272; and annual indicator 29.4.

Notes - 2010
Birth record 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.

Annual performance objective estimates are developed by applying the average annual percent change (-3.0%) between 2000 through 20010 to the 2010 point estimate.

Notes - 2009
Birth record 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.

Data were updated for 2007, 2008, and 2009.

Annual performance objective estimates are developed by applying the average annual percent change (-3.0%) between 2000 through 2009 to the 2009 point estimate.

a. Last Year's Accomplishments

In January 2012, the AHYD program sustained a substantial budget reduction resulting in the closing of 40% of the Teen Center Programs and staff loss across the 18 public health districts. Of the more than 30 Teen Center Programs, only 15 remained open and provided limited services until June 30, 2012. Despite the reductions, staff loss and Teen Center closings, the Teen Center Programs exceeded FY2012 performance goals.

The Teen Center Programs have exceeded the FY 2012 performance goal of providing 6,665 unduplicated adolescents youth-focused group activities by nearly five-fold (31,638). The Teen Center Programs exceeded the FY 2012 performance goal of providing 78 professional trainings by more than 240% (267). They also provided 143 public awareness and community education activities, 26.5% more than the FY 2012 performance goal of 113.

The State AHYD Program continues to participate as an active member of P3, participating in 3 meetings to identify target populations and geographic areas across the state.

One fact sheet was developed by the State AHYD program and distributed to P3 members. The fact sheet included data teen pregnancy rates by race/ethnicity, geographic areas and age groups.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continuing training, technical assistance (TA) and monitoring of contract and Grant-in-Aid (GIA), both of which include deliverables that address community and parent education/collaboration, outreach, and youth development activities for adolescents				X
2. Collaborating with the Department of Community Health (DCH) to provide linkage with Medicaid and PeachCare for Kids for case management and receipt of medical services.				X
3. Collaborating with the Department of Juvenile Justice to provide services to youth. Collaborating with DCH to provide linkage with Medicaid and PeachCare for Kids for case management and				X
4. Operating family planning clinics for adolescents in health departments and non-traditional sites (e.g., night clinic, vans, jails, DFCS offices).	X			
5. Funding Southside Medical Hospital Project, working with adolescent males to encourage them to get involved in health care.		X		
6. Providing abstinence and adolescent pregnancy information and contraceptive services in teen centers.			X	
7. Participating in the development of Regional Comprehensive youth Development Systems throughout Georgia.				X
8.				
9.				
10.				

b. Current Activities

Activity 1: Increase opportunities to engage in teen pregnancy prevention activities at state and local levels.

Activity 2: Partner with external and internal stakeholders and a selected university partner to increase surveillance capacity identify gaps in teen pregnancy prevention knowledge and develop and implement a plan to resolve these gaps.

Activity3: Convene multi-state agency workgroup to identify opportunities and develop a strategic plan for teen pregnancy activities.

c. Plan for the Coming Year

Activity 1: Partner with Title X, WIC and DHS and PREP to increase opportunities to engage in teen pregnancy prevention activities at the state and local levels.

Output Measure(s): Number of programs trained to provide evidence-based pregnancy prevention curricula; the number of teens receiving evidence-based pregnancy prevention programs; the number of Teen Center programs implementing an evidence-based program/curriculum

Monitoring: Review quarterly and annual reports submitted to DHS for PREP and from districts for Centers of Excellence, Title X, and WIC.

Activity 2: Partner with external and internal stakeholders to develop a report on the state of teen pregnancy and repeat teen pregnancy in Georgia and implement a plan to reduce rates.

Output Measure(s): Development of report.

Monitoring: quarterly updates.

Activity 3: Work with the Public Private Partnership to Prevent Teen Pregnancy (P3), a multi-state agency workgroup, to identify opportunities and develop a strategic plan for teen pregnancy activities.

Output Measure(s): Partner-approved strategic plan; work plan to implement teen pregnancy prevention activities.

Monitoring: Number of meetings; strategic plan developed.

Performance Measure 11: The percent of mothers who breastfeed their infants at 6 months of age.

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	**33**	**35**	**42**	**40.4**	**44.2**
Annual Indicator	**36.7**	**40.8**	**40.1**	**41.2**	**42.2**
Numerator	**53752**	**57663**	**53663**	**54459**	**60144**
Denominator	**14646**	**141332**	**133668**	**132239**	**142460**
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?			Provisional	Provisional	Provisional
	2013	2014	2015	2016	2017
Annual Performance Objective	42.8	44.1	45.4	46.6	

Notes - 2011
2007 data is based on the 2007 birth cohort - Final (changed from the way it was done before; we need to discuss that)
2008 data is provisional data obtained from the Breastfeeding report card for 2011

Indicator estimates for 2009 to 2011 are based on projections using 2004-2008 data

The denominator, number of births was obtained from OASIS. The births for 2011 were projected using data for 2000 to 2010.

2008 data has been recalculated as follows:

numerator: 53,752
denominator: 146,464
annual indicator: 36.7

Notes - 2010
Data accessed on July 3, 2011 at http://www.cdc.gov/breastfeeding/data/nis_data. Data are based on birth cohorts. Therefore, the data reported for the 2007 reporting year is from the 2006 birth cohort. Data from the 2008 birth cohort (2009 and 2010 reporting years) are not available. Data are estimated using a linear projection with data from reporting years 2001 through 2008. While NIS is a sample survey, the numerator is estimated by multiplying the number of birth reported for the specific birth cohort.

Based on trends in the data, an increase of 3 percent annually is expected in the annual indicator through 2015.

Notes - 2009
The specific source for these data are http://www.cdc.gov/breastfeeding/data/nis_data accessed on May 14, 2010. Data are based on birth cohorts. As such, the measure of six month breastfeeding in the National Immunization Survey reports on activity in 2006 and 2007. Therefore, the data reported for the 2007 reporting year are from the 2006 birth cohort. Data from the 2007 and 2008 birth cohorts are not available. For the 2008 and 2009 reporting year,
data were estimated using a linear projection with data from the 2000 through 2006 birth cohorts. While NIS is a sample survey, the numerator is estimated by multiplying the number of births reported for the specific birth cohort.

Data were updated for 2008 and 2009.

Annual performance objective estimates are developed by applying the average annual percent change (3.6%) between 2000 through 2009 to the 2009 point estimate.

a. Last Year's Accomplishments
In the process of updating.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Maintaining breastfeeding coalitions and collaborative efforts at the state and district level.			X	
2. Assisting districts implement breastfeeding education and support plans.				X
3. Continuing monitoring and surveillance of breastfeeding initiation and duration data.				X
4. Integrating breastfeeding promotion into relevant MCH, public health and community-based programs to prevent obesity.				X
5. Continuing to implement revised data collection systems in the Office of Nutrition and WIC and monitoring new data on duration rates.				X
6. Distributing revised Peer Counselor Program Guidelines to district programs as standard of care and best practices.				X
7. Making site visits to district Peer Counselor Programs to offer technical assistance and conduct program evaluation.				X
8. Expanding outreach to Georgia businesses and corporation via "The Business Care for Breastfeeding" tool kit.			X	
9. Maintaining the lactation room at the state office building.		X		

10. Continuing contract for peer counselor training and supervisor in-service training and education.				X

b. Current Activities

Activity 1: Increase surveillance of breastfeeding rates and community attitudes to breastfeeding.

Activity 2: Standardize and improve breastfeeding messaging statewide.

Activity 3: Develop strategy implementation plan and timeline for establishing breastfeeding-friendly hospitals in Georgia.

Activity 4: Establish Baby Cafés in Georgia to support breastfeeding mothers.

Activity 5: Expand WIC Peer Counseling program to include all 18 public health districts and two contracted WIC sites.

Activity 6: Ensure implementation of a mother-friendly worksite program in Georgia.

c. Plan for the Coming Year

Activity 1: Increase surveillance of breastfeeding rates and community attitudes to breastfeeding.

Output Measure(s): Development of a biennial survey to be implemented in WIC clinics; data from state BRFSS.

Monitoring: Quarterly reports.

Activity 2. Standardize and improve breastfeeding messaging statewide.

Output Measure(s): Development and implementation of a statewide media campaign to promote breastfeeding.

Monitoring: Project plan and implementation timeline; quarterly reports.

Activity 3: Develop strategy implementation plan and timeline for establishing breastfeeding-friendly hospitals in Georgia.

Output Measure(s): Guidelines for new program; hospitals participating in Georgia adaptation of Ten Steps to Successful Breastfeeding; number of hospitals to express interest and commitment in achieving Baby Friendly Certification from Baby Friendly USA.

Monitoring: Quarterly reports.

Activity 4: Establish Baby Cafés in Georgia to support breastfeeding mothers.

Output Measure(s): Number of Baby Cafés in Georgia; number of clients served; number of families of infants/children with special health care needs served.

Monitoring: Implementation plan and timeline; contract/procurement developed.

Activity 5: Expand WIC Peer Counseling program to include all 18 public health districts and two contracted WIC sites.

Output Measure(s): Number of peer counselors; percentage of districts/contracted sites with participating in program; number of clients who receive peer counseling services.

Monitoring: Quarterly reports.

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

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

Annual Objective and Performance Data	**2008**	**2009**	**2010**	**2011**	2012
Annual Performance Objective	98.7	99.1	99.5	99.7	97.8
Annual Indicator	99.0	99.3	99.6	97.8	97.6
Numerator	127191	123021	118851	113042	124308
Denominator	128532	123912	119292	115617	127408
Data Source	Newborn Hearing Program Data	Newborn Hearin g Progra	Newborn Hearing Program	Newborn Heari ng Progr	Newborn Hearing Program Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?			Final	Provisional	Provisional
	2013	**2014**	**2015**	**2016**	2017
Annual Performance Objective	99.9	99.9	99.9	99.9	99.9

Notes-2012
The denominator is the number of live births as reported by hospitals. The numerator is the number of births screened as reported by hospitals. Source: Hospital quarterly reports SENDSS retrieved 05/01.

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

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

2007 and 2008 data have been recalculated as follows:

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

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

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

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

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

Notes - 2009
The denominator is the number of eligible births reported by the hospital, which equals live births minus newborn deaths, minus refused screening, minus transferred out without screen, plus transferred in without screen. The numerator is the number of births screened. It is common that hospitals report that they screen more births than are eligible and then have a report of screening over 100% of their births. The data reported adjusts for over reporting screening by not allowing any hospital to go over 100%.

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

a. Last Year's Accomplishments

Georgia participated in the Improving Hearing Screening and Intervention Systems (IHSIS) Learning Collaborative from June 2011-September 2012. Two articles on newborn hearing screening were written and published in the GAAFP newsletter and two in the GAAAP newsletter. Chapter Champion conducted outreach activities in addressing best practices for newborn hearing screening and follow-up. UNHSI Program Staff attended GAAFP and GAAAP conferences in the fall and summer. The Georgia UNHSI Guidelines for Pediatric Medical Home Provider was completed and distributed at the GAAFP and GAAAP conferences in June 2012. “Have You Heard?” newborn screening brochure was completed and is available in English and Spanish. The brochure has been distributed to all birthing facilities, health districts, and health departments and is posted on the UNHSI website. UNHSI Program began distributing quarterly newsletters to audiologists addressing updates from DPH, education and training opportunities, reporting, and best practices procedures.

Risk Factor protocol was approved and presented at the Child Health Meeting in September 2012. Risk Factor protocol birth through 6 months has been implemented. Revised Quarterly Hospital Report Form, to improve aggregate data collection, was implemented statewide June 2012. The report has been built into the UNHSI data management system, SendSS, for online entry. Audiologist survey, initiated in 2011, was completed and used to create the Georgia UNHSI Audiology Facility Locator in September 2012 and can be assessed on the UNHSI website.

UNHSI Stakeholders Committee resumed quarterly meetings in July 2012. UNHSI Program staff presented at Georgia PINES and UNHSI District/Regional meetings.

The Georgia Hearing Aid Loaner Bank was opened in September 2012 and provides temporary hearing aids for children while they are waiting to receive their personal hearing aids.

Table 4a, National Performance Measures Summary Sheet

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

b. Current Activities

Activity 1: Provide professional development for pre- and postnatal families and healthcare professionals about newborn hearing screening (UNHSI) and the importance of follow-up hearing screening by disseminating information via multiple communication methods.

UNHSI Program Staff presented at UNHSI District/Regional meetings focusing on reporting, risk factors, and best practice. UNHSI Program Staff also made a presentation to HMHB educating about the UNHSI Program, goals we are working toward and information/message that should be shared with parents. “Have You Heard?” brochure to be included in HMHB packet for expectant mothers. Stakeholder Committee Meetings continue quarterly. Webinar was presented by UNHSI Program in December 2012 after completion of the NICHQ Learning Collaborative for stakeholders, UNHSI District Coordinators, hospitals, audiologists, and interested parties about the experience and direction of the UNHSI Program. The NICHQ Learning Collaborative educated program staff on quality improvement methodologies to improve timeliness of screening, audiologic diagnosis, and entry into intervention. The pediatrician survey was completed and will be posted on Survey Monkey. Parent and physician letters that have been revised/created to better educate on appropriate follow-up are now available in SendSS. Revisions on Georgia’s Resource Guide for families of children with hearing loss continue with recommendations from stakeholders presently being incorporated into the guide. Presentations at GA AAP and GAFP Conferences on newborn hearing screening in November with UNHSI Program present as exhibitors.

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

The draft of the Policy and Procedure Manual, after review by stakeholders, has been submitted for approval. Separate sections address relevant issues for hospitals, Audiologists, otorhinolaryngologists, and Primary Care Physicians.

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

SendSS enhancements continue with hearing summary report completed to better assist UNHSI District Coordinators in follow-up. "Lost to Follow" protocol is in development and being built into SendSS as follow-up actions that must be completed prior to closing a case as lost to follow-up. UNHSI District Coordinators process flow in follow-up on refers is being revised for consistency across the state.

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

October 2012 – September 2013 Activity 4:
A number of hospitals were contacted regarding manually entering hearing screening results on infants born in their facility. At this time, none of the hospitals contacted have been able to assist. Plans are still in place to add hearing screening results to the state's Electronic Birth Certificate (EBC), which uploads information into SendSS. This may eliminate the need for hospitals to manually enter hearing screening results. UNHSI and MCH have been working with Vital Records to add hearing screening results and risk factor information to the new Vital Events Information System (VEIS) birth file, which is under development. Information requested from UNHSI has been provided. Tentative date for implementation is end of 2013.

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

Output Measure(s): Type and number of materials distributed; number of newsletter articles written; number of presentations given; number of friends and networks on social networking sites.

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

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

Output Measure(s): Revised policy and procedure manual available in print and electronically on website.

Monitoring: Quarterly review and discussion regarding progress at stakeholder meeting; ensure distribution to appropriate providers and availability of UNHSI website.

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

Output Measure(s): Quarterly comparison of differences between the number of births reported through the hearing screening system and the number of births registered, by hospital; summary of

discussions with Vital Records and the outcomes; documentation of education, TA, and training activities provided to hospitals.

Monitoring: Quarterly meetings to review hospital and vital records data and discuss outcomes of meetings with Vital Records and the education, TA, and training activities provided to hospitals.

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

Output Measure(s): Module developed; pilot sites' evaluations of the data entry screen. Monitoring:

Bi-monthly meetings to discuss progress towards completion of the module; monthly reviews of the number of hearing screen results entered into SendSS.

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

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

Annual Objective and Performance Data	2008	2009	2010	2011
Annual Performance Objective	10.1	9.2	7.4	8.7
Annual Indicator	8.1	8.5	8.3	8.8
Numerator	11864	12013	11094	11637
Denominator	146464	141332	133668	132239
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Check this box if you cannot report the numerator because				
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	Provisional
	2013	2014	2015	2016
Annual Performance Objective	8.1	7.8	7.5	

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

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

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

Notes - 2009
PRAMS data are not available for 2007, 2008, or 2009. These data have been estimated using a linear projection with PRAMS data from 2004 through 2006. While PRAMS is a sample survey, the numerator is estimated by multiplying the rate from PRAMS and the total number of pregnancies in the year. Pregnancy data are available through 2007. Pregnancies for 2008 and 2009 are estimated using a linear projection.

There are insufficient data to project the annual performance objectives based on previous data. The annual performance objectives were estimated using an annual decline of 2.5%.

a. Last Year's Accomplishments

Georgia Tobacco Use Prevention Program (GTUPP) staff disseminated newly developed GTQL brochures (including the pregnant and postpartum version) to all 18 local public health districts statewide via district coordinators. Approximately 20,000 brochures were disseminated in the first quarter. GTUPP drafted Tobacco Cessation posters containing one version tailored for pregnant and postpartum women tobacco users.

GTUPP worked with national tobacco cessation vendor of the GTQL which resulted in the purchase and incorporation of pregnancy/postpartum screening module and the delivery of specialty tobacco cessation screening and 10-call counseling services effective 1/1/12. An overview of GTQL Tobacco Cessation efforts was presented and subsequently a partnership was established to focus on both Gestational Diabetes and Tobacco Cessation efforts. Georgia OB/GYN society staff acquired an intern to support collaborative efforts and mail GTQL materials. An electronic version of the current ACOG Smoking Cessation and Pregnancy toolkit was provided to the OB/GYN clinical liaison for further dissemination to physicians by mail and/or newsletter.

GTUPP staff met with Georgia Department of Community Health (DCH) Medicaid liaison resulting in dissemination of new DCH Policy Guidance: *Smoking and Tobacco Cessation Counseling Services for Pregnant Women-Medicaid* (effective date: 10/11) applicable to pregnant women serviced in local health departments statewide. DCH policy guidance was disseminated to all public health district coordinators. The primary focus areas were reimbursement information for providing one-on-one tobacco cessation counseling and implementation of 5As practices.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Conducting statewide perinatal center training in 13 of 18 public health districts.				X
2. Continuing Council on Maternal and Infant Health participation in regional perinatal center activities.				X
3. Providing preconception health counseling to family planning clients.	X			
4. Continuing to provide perinatal case management training.				X
5. Continuing to promote interconceptional periods of at least 1.5 to 2 years.			X	
6. Continuing to work with regional tertiary hospitals to improve communication in the community.				X
7. Collaborating with WIC on activities to improve communication with clients receiving services from Women's Health and WIC.				X
8.				
9.				
10.				

b. Current Activities

Activity 1: Partner with health departments, women's health coordinators, youth development coordinators, family planning clinics and WIC to increase awareness of the impact of smoking in pregnancy.

GTUPP disseminated new Georgia Tobacco Quit Line brochures (including a pregnant and postpartum version) to 14 health districts statewide via district coordinators in the first quarter.

Activity 2: Collaborate with GOGS to increase providers and pregnant patient awareness of the Georgia Tobacco Quit Line.

A new Tobacco Cessation Coordinator was hired. During the first quarter, 43 pregnant tobacco users became GTQL participants. In addition, 12 female adult tobacco users who indicated that they were planning a pregnancy also became GTQL participants. A press release regarding expansion of free nicotine replacement therapy (NRT) to uninsured adults (aged 18 and older) was shared with clinician liaison at Georgia OB/GYN Society.

Activity 3: Develop and implement a health education campaign targeting pregnant women in public health districts with high rates of tobacco use.

No further updates related to this activity.

Activity 4: Implement the Tobacco Cessation Fax Back Program in 25% of local public health departments as a part of Family Planning Services tobacco use assessment intake procedures.

Development and enhancement of Tobacco Cessation Fax Back Program based on California Diabetes Program model (Do you cAARD? Program) occurred resulting in the Georgia cAARDs Program during 2nd quarter 2012. Georgia cAARDs Program pilot phase was implemented in 2 public health districts (includes 30 participating health departments) during the 3rd quarter 2012.

Pilot sites received Georgia cAARDs Program lobby signage during September 2012 and October 2012.

GTUPP staff worked with vendor during 4th quarter 2013 to request customized reports on a monthly basis for participating public health districts to assess impact associated with GTQL utilization.

During the first quarter, the local health department staff accounted for 8% of the referrals to the GTQL and were the primary referral source for 126 GTQL adult participants. There were 1,405 calls to the GTQL and 14 web-based enrollments to the GTQL. There were 144 faxes to the GTBL.

c. Plan for the Coming Year

Activity 1: Partner with health departments, women's health coordinators, youth development coordinators, family planning clinics and WIC to increase awareness of the impact of smoking in pregnancy.

Output Measure(s): Number of women of childbearing age; number of pregnancy women referred to and enrolled in the smoking cessation program.

Monitoring: Quarterly reports.

Activity 2: Collaborate with the Georgia Obstetrical and Gynecological Society to increase providers and pregnant patient awareness and utilization of the Georgia Tobacco Quit Line.

Output Measure(s): Number of calls to Quit Line; number of providers trained; number of referrals to Quit Line; number of pregnant women enrolled; number of women of childbearing age enrolled; number of hits to the Georgia Tobacco Quit Line website.

Monitoring: Quarterly reports.

Activity 3: Develop and implement a health education campaign targeting pregnant women in clusters of high infant mortality rates.

Output Measure(s): Number of PSAs developed; number of calls to the Quit Line based on PSA.

Monitoring: Quarterly reports

Activity 4: Implement the Tobacco Cessation Fax Back Program in 25% of local public health departments as a part of Family Planning Services tobacco use assessment intake procedures.

Output Measure(s): Number of local public health departments that implement the fax back program; number of calls to the Georgia Tobacco Quit Line; number of faxes to Georgia Tobacco Quit Line.

Monitoring: Quarterly reports.

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

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

Annual Objective and Performance Data	**2008**	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	**77.5**	**70**	**73.4**	**73.3**	**73.6**
Annual Indicator	**74.6**	**74.9**	**73.0**	**77.8**	**77.1**
Numerator	**2013**	**1945**	**1846**	**1868**	**1785**
Denominator	**2697**	**2596**	**2529**	**2400**	**2316**
Data Source	**Vital Recor**	**Vital Records**	**Vital Records**	**Vital Records**	**Vital Records**
Check this box if you cannot report the numerator because					
Is the Data Provisional or Final?		**Final**	**Final**	**Final**	**Provisional**
	2013	**2014**	**2015**	**2016**	**2017**
Annual Performance Objective	**74**	**74.4**	**74.7**	**74.7**	**74.7**

Notes-2012
Birth record data are unavailable for 2012. The provisional estimates are developed using a linear projection with data from 2008 through 2011. The facility table that was used to obtain

estimates for 2000 to 2007 was recently updated with 6 new level 3 (former level 2) facilities. The exact date these facilities became level 3s is unknown but they were included in the analysis for 2008 to 2011 as level 3s.

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

The 2007 data was recalculated as follows:

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

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

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

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

Notes - 2009
Georgia has five perinatal levels. Level 0 has no delivery capacity. Level I is basic care. Level II is specialty care. Level III is subspecialty care. Level IV is the state designated perinatal centers. Level I through III are self-designated at the time of application for Certificate of Need. Facilities for high-risk deliveries and neonates are defined as Level III and IV facilities.

Data 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.

The average annual percent change for this indicator is -0.7%. With an expectation to improve this indicator, the annual performance objective reflects a 0.5% increase in the 2009 percent.

a. Last Year's Accomplishments

Regional Perinatal Centers (RPCs) were reconvened. A Training Needs Assessment was conducted targeting the RPCs. The MCHS revised the Core Requirements and Recommended Guidelines and developed draft Administrative and Financial Screening Tools. The MCHS submitted FY 2013 amendments and FY 2014 contracts to the Contracts Unit.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Conducting annual performance audits at each regional perinatal center.				X

2. Working on outreach education plans at all regional perinatal centers.				X
3. Focusing on perinatal case management training on preterm delivery prevention.				X
4. Continuing to work with the Georgia Obstetrical Gynecological Society (GOGS) on increasing the number of very low birthweight facilities for high risk deliveries and neonates.				X
5. Conducting bi-annual regional perinatal center clinical peer reviews.				X

6.				
7.				
8.				
9.				
10.				

b. Current Activities

Activity 1: Conduct a perinatal capacity survey of designated Level II and Level III facilities in the state.

The survey instrument is in draft form.

Activity 2: Meet with Georgia Obstetrical and Gynecological Society, neonatologists, perinatologists, leadership from the Regional Perinatal Centers, and other appropriate stakeholders to share research findings and develop a strategic plan to improve the percent of deliveries performed at appropriate sites.

Work was initiated on development of a perinatal plan as part of the HRSA Infant Mortality Collaborative efforts. Two face-to-face meetings were conducted in October 2012 and May 2013 with over 40 participants.

c. Plan for the Coming Year

Activity 1: Conduct a perinatal capacity survey of all birthing hospitals.

Output Measure(s): Number of completed surveys; analyses of surveys; development and dissemination recommendations from analysis.

Monitoring: Survey response and completion rates; Completion of analyses; Engagement of stakeholders.

Activity 2: In collaboration with stakeholders, develop and implement a Public Health perinatal plan with measurable outcomes.

Output Measure(s): Draft perinatal plan; number of measurable outcomes; number of partners collaborating.

Monitoring: Quarterly reports.

Activity 3: Strengthen the Regional Perinatal Center Program.

Output Measure(s): Number and type of technical assistance/training provided; number of policies and procedures revised.

Monitoring: Quarterly reports.

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

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

Annual Objective and Performance Data	2008	2009	2010	2011	2012
Annual Performance Objective	87	64.5	70	81.8	82.6
Annual Indicator	80.7	80.8	71.4	70.3	67.2
Numerator	64096	73160	70188	74810	77856
Denominator	79445	90491	98343	106350	115799
Data Source	Vital Records	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?	Final	Final	Final	Final	Provisional
	2013	2014	2015	2016	2017
Annual Performance Objective	83.5	84.3	85.1		

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

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

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

Notes - 2009
In 2007, Georgia adopted the 2003 Revised Birth Certificate part way through the year. This had two impacts on NPM18. First, it changed how the entry into prenatal care question was asked from

asking for month of entry into prenatal care to asking for date of entry into prenatal care. Second, the vitals reporting system changed. The impact of the first change is well described by National Center for Health Statistics. The impact of the second change was that the percent of women with unknown entry into prenatal care increased beyond what would be expected to happen from the wording change alone. In 2007, 22.5% of women were missing information necessary for calculating trimester of entry into prenatal care. The denominator is all births. If the denominator was limited to only those who had valid data, the rate in 2007 (the last year for which actual data exist) would be 82.7% (96,662/116,941).

Data from 2007, 2008, and 2009 were updated.

Data are unavailable for 2008 and 2009. The provisional estimates are developed using a linear projection with data from 2000 through 2007. Given the changes in this measure, the linear projections may be less reliable than in other measures.

Given the current volatility of this measure, projecting the annual performance measure is challenging. Based on the projected rate in 2009, the annual performance measure reflects a 0.5% increase in this measure annually.

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. Continuing to provide referrals to private OB providers, WIC and Medicaid for all clients enrolled in Perinatal Case Management (PCM).			X	
2. Providing Family Planning staff with opportunities to attend PCM training to learn about the importance of early entry into prenatal care.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Activity 1. Convene meeting with Georgia Obstetrical and Gynecological Society, Georgia Academy of Family Physicians, Georgia Chapter of American College of Nurse Midwives, and Care Management Organizations to discuss barriers to prenatal care beginning in first trimester.

Activity 2. Partner with stakeholders to fund CenteringPregnancy Projects.

c. Plan for the Coming Year

Activity 1: Partner with stakeholders to strategically expand CenteringPregnancy Projects.

Output Measure(s): Number of sites; number of patients served; evaluation report. Monitoring:

Monthly reports of number of clients enrolled; submission of data forms.

State Performance Measures

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

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

Annual Objective and Performance Data	**2008**	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective				**1.8**	**1.9**
Annual Indicator	**1.9**	**1.9**	**1.7**	**1.8**	**1.8**
Numerator	**270**	**257**	**226**	**257**	**254**
Denominator	**143559**	**138542**	**131004**	**143046**	**144084**

Data Source	Linked Birth-Death Record	Linked Birth-Death Record	Linked Birth-Death Record	Linked Birth-Deaths	Linked Birth-Deaths
Is the Data Provisional or Final?	Final	Final	Final	Provisional	Provisional
	2013	2014	2015	2016	2017
Annual Performance Objective	1.9	1.8	1.8	1.8	1.8

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

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

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

a. Last Year's Accomplishments
In the process of being updated.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Participating in HRSA's Regions IV and VI Infant Mortality Collaborative.				X
2. Developing an infant morality strategic plan.				X

3. Establishing a statewide perinatal quality collaborative.				X
4. Strengthening Georgia's 1115 Family Planning Waiver.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Activity 1: Implement a targeted infant mortality reduction initiative aligned with the Department of Public Health's Strategic Initiative.

Activity 2: Work with GOGS to implement perinatal collaborative to reduce non-medically indicated elective inductions and Cesarean sections.

c. Plan for the Coming Year
Activity 1: Implement a targeted infant mortality reduction initiative aligned with the Department of Public Health's strategic initiative.

Output Measure(s): Implementation milestones met as projected.

Monitoring: Quarterly reports.

Activity 2: Implement Georgia's Public Health Perinatal Plan.

Output Measure(s): number of partners in perinatal quality collaborative; percent of non-medically indicated elective deliveries prior to 39 weeks; number of linked data sets.

Monitoring: Quarterly reports.

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

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

Annual Objective and Performance Data	**2008**	**2009**	**2010**	**2011**	**2012**
Annual Performance Objective	**35**	**35**	**35**	**35**	**35**
Annual Indicator			**14.4**	**21.5%**	**19.2%**
Numerator			**364**	**516**	**445**
Denominator	**2697**	**2596**	**2529**	**2400**	**2322**
Data Source			**Children 1st quarterly**	**Children 1st quarterly reports**	**Children 1st quarterly reports**
Is the Data Provisional or Final?			**Final**	**Final**	**Provisional**
	2013	**2014**	**2015**	**2016**	**2017**

Annual Performance Objective	**25**	**25**	**25**	**25**	**25**

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

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

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

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

a. Last Year's Accomplishments

The Children 1st program coordinated three Task Force meetings to discuss the core functions of the program and what services would be delivered to the at-risk population, including the very low birth weight infants receiving care in 1st Care. The group decided to continue providing services to this population and the program reviewed the Task Force recommendations for planning for 2013. Twelve of the eighteen public health districts opted to continue providing 1st Care services to the very low birth weight and medically fragile. Work began on developing a 1st Care Standard Operating Procedures manual and 1st Care nurses' training program to standardize services across the providing health districts.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Working to identify and implement evidence-based interventions.				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Activity 1. Implement a protocol and standard operating procedures to provide home visits to infants delivered weighing less than 1,500 grams.

DPH hired a Pediatric Nurse Practitioner with neonatal experience to assist in developing a training program for 1st Care nurses who provide home visits for very low and low birth weight infants through 1st Care. The nurse is also assisting in drafting a Standard Operating Procedures manual and developing a Plan of Care from to standardize the 1st Care service delivery model. The 1st Care Nurses training was completed in all 12 of the 18 districts participating in this service.

Activity 2. As part of a larger report, infants weighing less than 1,500 grams at birth will be analyzed.

Implementation of this activity has been delayed.

c. Plan for the Coming Year

Activity 1: Monitor implementation of districts providing home visiting to infants weighing less than 1,500 grams.

Output Measure(s): Number of clients (infants receiving home visiting services) served; number of clients surviving past 28 days of life.

Monitoring: Quarterly monitoring.