Child Health

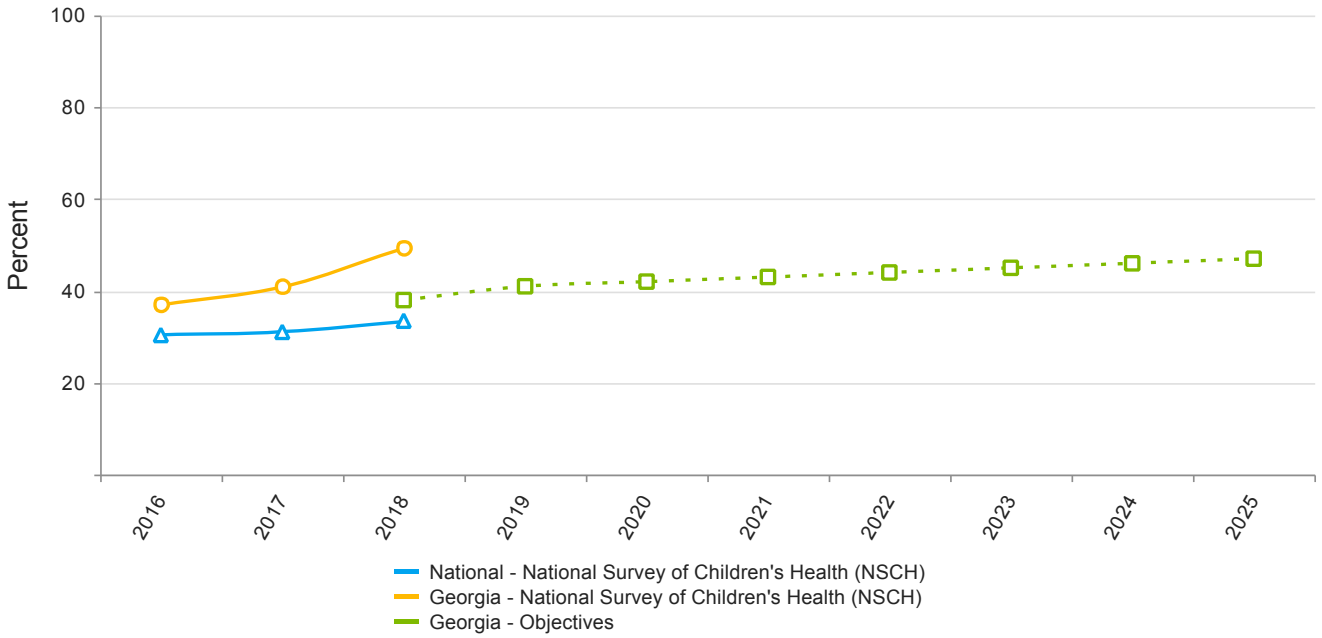
Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)	NSCH	Data Not Available or Not Reportable	NPM 6
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	NSCH-2017_2018	12.8 %	NPM 13.2
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	NSCH-2017_2018	15.5 %	NPM 11
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	NSCH-2017_2018	48.9 %	NPM 11
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH-2017_2018	88.5 %	NPM 6 NPM 8.1 NPM 11 NPM 13.2
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	NSCH-2017_2018	16.0 %	NPM 8.1
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	WIC-2016	12.5 %	NPM 8.1
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	YRBSS-2013	12.8 %	NPM 8.1
NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year	NSCH-2017_2018	5.7 %	NPM 11

National Performance Measures

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Indicators and Annual Objectives



Federally Available Data				
Data Source: National Survey of Children's Health (NSCH)				
	2016	**2017**	**2018**	**2019**
Annual Objective			38	41
Annual Indicator		37.1	40.8	49.4
Numerator		104,456	107,598	135,738
Denominator		281,856	263,952	274,649
Data Source		NSCH	NSCH	NSCH
Data Source Year		2016	2016_2017	2017_2018

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

Annual Objectives						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	42.0	43.0	44.0	45.0	46.0	47.0

Evidence-Based or –Informed Strategy Measures

ESM 6.1 - Number of providers that receive developmental screening training who report initiating developmental screenings with parents in their practices

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	0.0	3.0	6.0	9.0	12.0

ESM 6.2 - Percent of children that screen with concern that are referred to appropriate intervention services by providers

Measure Status:	Active

State Provided Data	
	2019
Annual Objective	
Annual Indicator	11.8
Numerator	951
Denominator	8,038
Data Source	SendSS
Data Source Year	SFY 2019
Provisional or Final ?	Provisional

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	12.0	13.0	14.0	15.0	16.0

ESM 6.3 - Number of new community partners who implement developmental screening and make referrals to their local public health district

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	0.0	1.0	2.0	3.0	4.0

ESM 6.4 - Percent of children, ages 0 through 5, who receive a developmental screening from DeKalb Board of Health Refugee Clinic

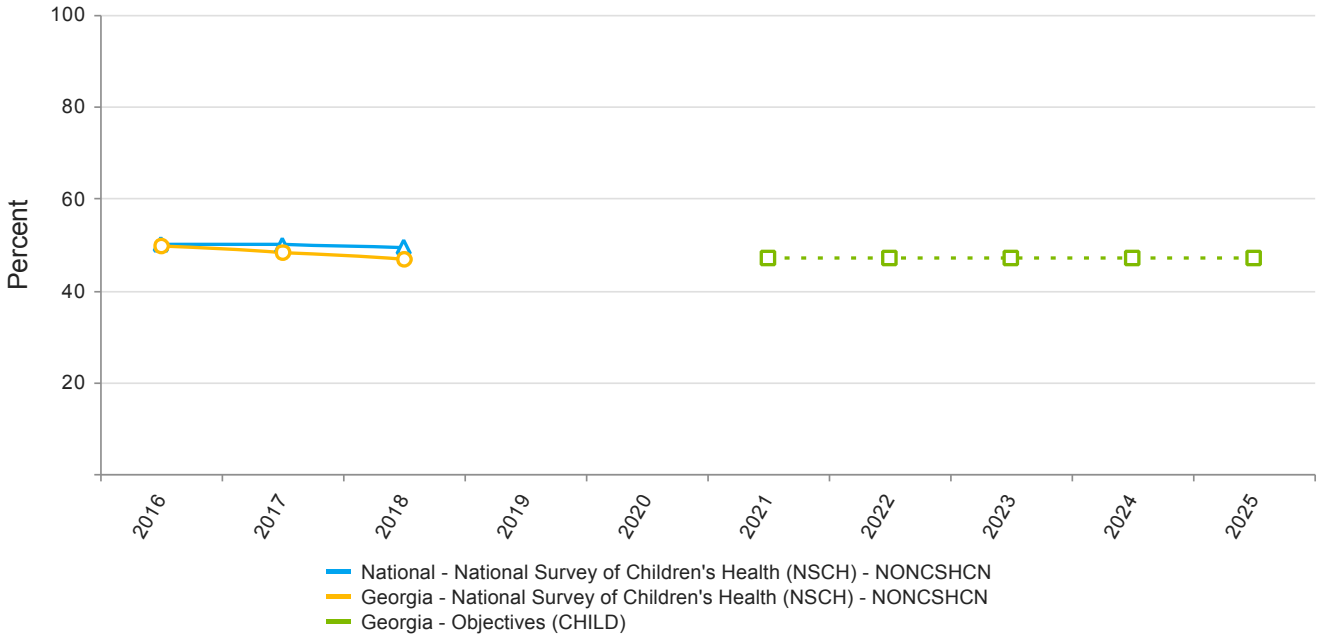
Measure Status:	Active

State Provided Data		
	2018	2019
Annual Objective		
Annual Indicator	85.4	89.3
Numerator	140	167
Denominator	164	187
Data Source	DeKalb Board of Health Refugee Clinic	DeKalb Board of Health Refugee Clinic
Data Source Year	CY 2018	CY 2019
Provisional or Final ?	Final	Provisional

Annual Objectives						
	2020	2021	2022	2023	2024	2025
Annual Objective	93.0	97.0	100.0	100.0	100.0	100.0

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Indicators and Annual Objectives



NPM 11 - Child Health - NONCSHCN

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - NONCSHCN	
	2019
Annual Objective	
Annual Indicator	46.8
Numerator	948,129
Denominator	2,024,578
Data Source	NSCH-NONCSHCN
Data Source Year	2017_2018

Annual Objectives					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	47.0	47.0	47.0	47.0	47.0

Evidence-Based or –Informed Strategy Measures

ESM 11.1 - Number of telehealth/telemedicine patient encounters

Measure Status:	Active
State Provided Data	
	2019
Annual Objective	
Annual Indicator	767
Numerator	
Denominator	
Data Source	CYSHCN program/ DPH Office of Telehealth and Telem
Data Source Year	SFY 2019
Provisional or Final ?	Final

Annual Objectives					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	767.0	805.0	843.0	881.0	919.0

ESM 11.2 - Number of telehealth/telemedicine providers in the network

Measure Status:	Active

State Provided Data	
	2019
Annual Objective	
Annual Indicator	10
Numerator	
Denominator	
Data Source	CYSHCN program/ DPH Office of Telehealth and Telem
Data Source Year	SFY 2019
Provisional or Final ?	Provisional

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	10.0	14.0	18.0	22.0	26.0

ESM 11.3 - Number of callers connected to resources through Help Me Grow (HMG)

Measure Status:	Active

State Provided Data	
	2019
Annual Objective	
Annual Indicator	3,809
Numerator	
Denominator	
Data Source	Help Me Grow Data
Data Source Year	SFY 2020
Provisional or Final ?	Provisional

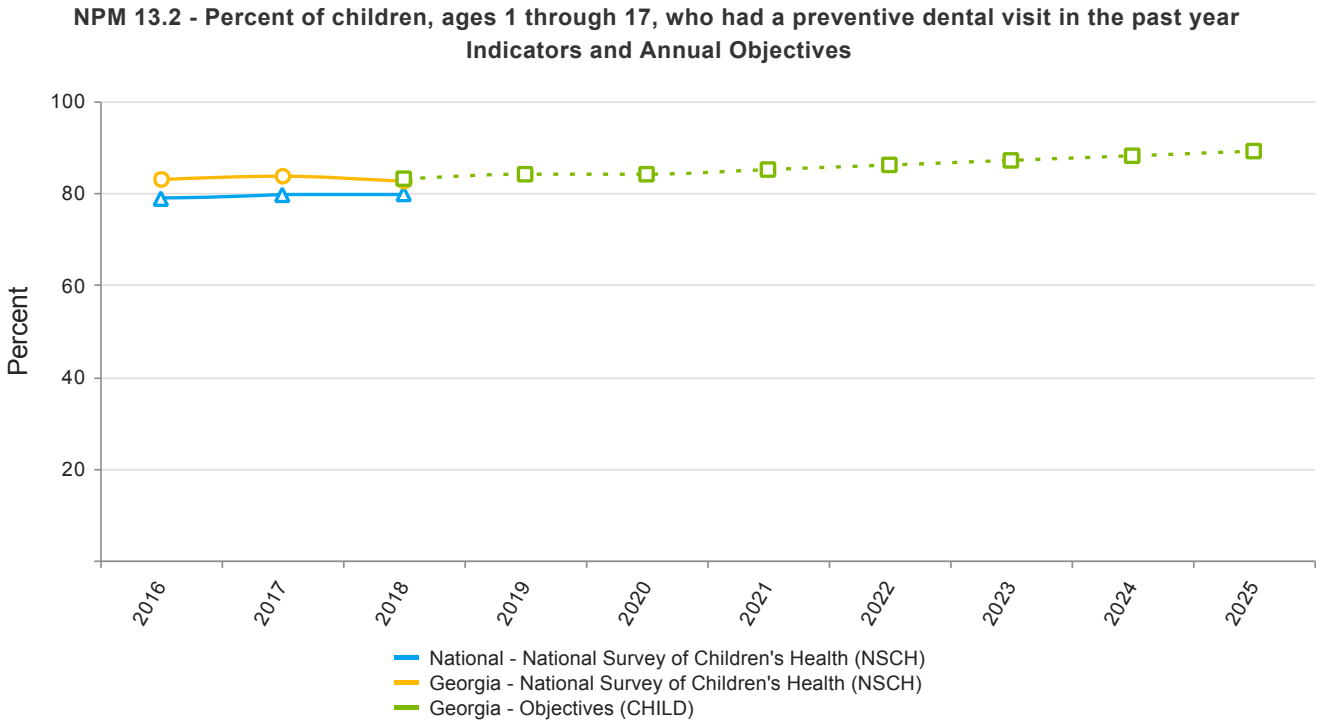
Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	3,809.0	4,000.0	4,190.0	4,381.0	4,571.0

ESM 11.4 - Percent of families that receive a follow-up call from HMG that report they were linked to a medical home, or any other service to meet their needs

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	0.0	0.0	0.0	0.0	0.0



NPM 13.2 - Child Health

Federally Available Data				
Data Source: National Survey of Children's Health (NSCH)				
	2016	**2017**	**2018**	**2019**
Annual Objective			83	84
Annual Indicator		83.0	83.5	82.4
Numerator		1,968,896	1,992,442	1,971,820
Denominator		2,372,620	2,384,889	2,393,072
Data Source		NSCH	NSCH	NSCH
Data Source Year		2016	2016_2017	2017_2018

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

Annual Objectives						
	2020	**2021**	**2022**	**2023**	**2024**	**2025**
Annual Objective	84.0	85.0	86.0	87.0	88.0	89.0

Evidence-Based or –Informed Strategy Measures

ESM 13.2.1 - Number of children screened at school-based/ school-linked programs

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	2,500.0	2,500.0	2,500.0	2,500.0	2,500.0

ESM 13.2.2 - Number of Hispanic children who are provided with oral health education

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2021	2022	2023	2024	2025
Annual Objective	200.0	200.0	200.0	200.0	200.0

State Action Plan Table

State Action Plan Table (Georgia) - Child Health - Entry 1

Priority Need

Promote developmental screenings among children

NPM

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Objectives

6.1 By 2025, engage 15 new physician practices to conduct developmental screens and submit referrals to public health.

6.2 Identify and collaborate with 5 community-based organizations to initiate or increase developmental screening.

Strategies

6.1a Develop a Physician Outreach campaign to increase the number of providers utilizing standardized developmental screening and supportive services available through Public Health and Help Me Grow.

6.1b Identify a physician champion to provide peer-to-peer coaching and education regarding developmental screening.

6.1c Provide feedback on referrals to primary care providers to encourage care coordination and future referrals.

6.2 Provide 10 total trainings annually via the state office to community partners and provider practices through collaborative partnerships with medical and maternal and child health agencies.

ESMs	Status
ESM 6.1 - Number of providers that receive developmental screening training who report initiating developmental screenings with parents in their practices	Active
ESM 6.2 - Percent of children that screen with concern that are referred to appropriate intervention services by providers	Active
ESM 6.3 - Number of new community partners who implement developmental screening and make referrals to their local public health district	Active
ESM 6.4 - Percent of children, ages 0 through 5, who receive a developmental screening from DeKalb Board of Health Refugee Clinic	Active

NOMs
NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Georgia) - Child Health - Entry 2

Priority Need

Increase the number of children, both with and without special health care needs, who have a medical home

NPM

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Objectives

11.1 By 2025, increase access to pediatric specialty medical care for children and youth with special health care needs.

11.2 By 2025, increase the number of families who receive linkage to appropriate care through a cross-agency referral system, Help Me Grow (HMG).

11.3 By 2025, increase the number of state agencies and community partners that collaborate to ensure families can access medical homes.

Strategies

11.1a Expand the use of telehealth technology to improve access to audiological and early intervention services for children and youth with special health care needs.

11.1b Facilitate efforts to educate families about telehealth as an option for care.

11.1c Provide ongoing evaluation of the Department's telehealth network to ensure pediatric specialty services meet the needs of families and patients.

11.1d Develop and implement a quality improvement plan for Title V's Children and Youth with Special Health Care Needs program to identify opportunities in which telehealth technology may be used to improve medical home access.

11.2a Expand the capacity of HMG liaisons to help families navigate/ access comprehensive services.

11.2b Improve access to information and resources for CYSHCN.

11.2c Develop an outreach plan to engage partners, providers, and families in the utilization of HMG, a shared resource to assist families to navigate the early childhood system.

11.3a Engage stakeholders with a shared vision and common understanding for the needs of a medical home and willingness to join into an approach to solve the problem through agreed-upon actions.

11.3b Construct an informative PowerPoint/Webinar that can be utilized to educate partners on the importance of encouraging families to seek a medical home and that will offer stakeholders innovative ideas on how to expand the concept of a medical home which ultimately will increase the number of families with a medical home.

ESMs	Status
ESM 11.1 - Number of telehealth/telemedicine patient encounters	Active
ESM 11.2 - Number of telehealth/telemedicine providers in the network	Active
ESM 11.3 - Number of callers connected to resources through Help Me Grow (HMG)	Active
ESM 11.4 - Percent of families that receive a follow-up call from HMG that report they were linked to a medical home, or any other service to meet their needs	Active

NOMs
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health
NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year

State Action Plan Table (Georgia) - Child Health - Entry 3

Priority Need

Promote oral health among MCH populations

NPM

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Objectives

13.2.1 Develop, maintain, and update a state oral health surveillance system that helps capture data, and identify gaps in data related to oral health information pertaining to children.

13.2.2 Promote and monitor clinical dental visits within districts programs.

13.2.3 Increase the number of dental providers who accept Medicaid through activities such as provider training, increased reimbursements, and other incentives.

13.2.4 Increase access to oral health prevention services for low income children through school-based/school-linked programs.

13.2.5 Increase the number of Hispanic children receiving oral health education.

13.2.6 Maintain a high level of access for all Georgians, including children, who have access to optimally adjusted community water fluoridation as a means of reducing dental decay.

Strategies

13.2.1 Create and update a State Oral Health Surveillance Plan that functions to identify data sources, collection strategies, collection timeframes, and dissemination approaches.

13.2.2 Coordinate and provide district coordinator meetings periodically where resources are shared, updates are provided from states and district programs, continuing education or presentations are offered, and technical assistance is offered as needed.

13.2.3 Work with Healthy Mothers Healthy Babies and other external partners by providing subject matter expertise and strategic feedback.

13.2.4 Support district programs partnering with local schools to promote school-based/school-linked sealant and oral health prevention programs that target schools where 50% or more of the student population are eligible for free and reduced lunch.

13.2.5 Support district program staff going to local schools and providing oral health education programs.

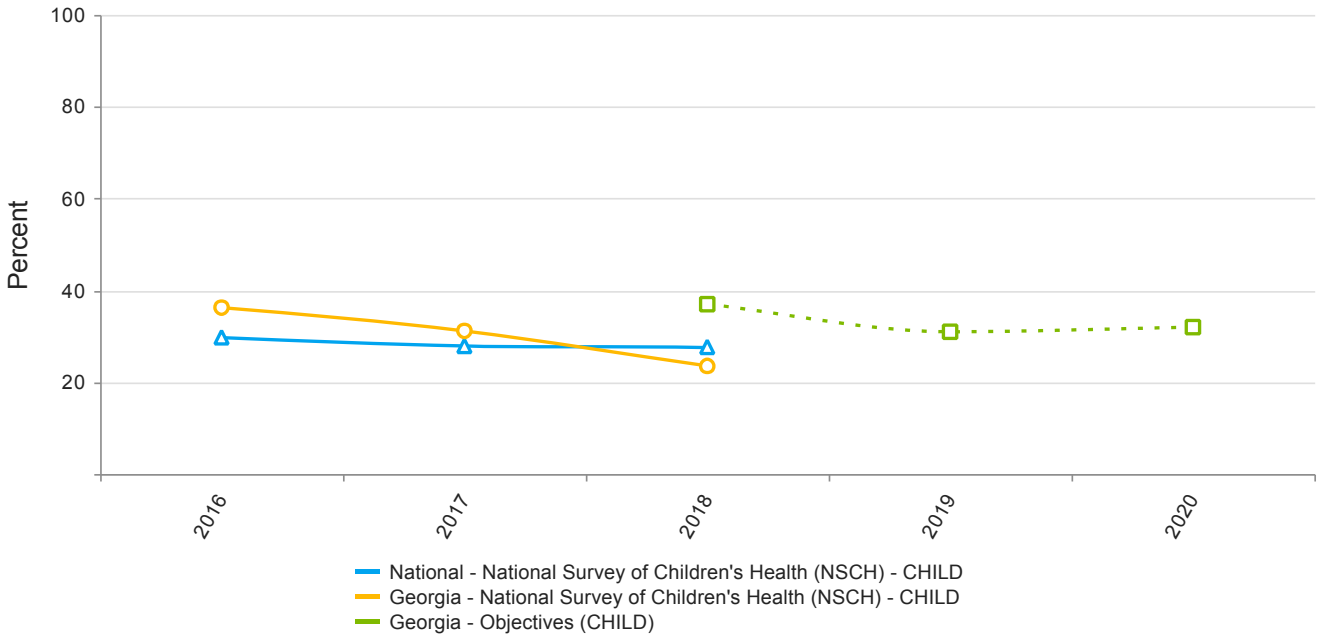
13.2.6 Provide trainings to local water plant operators on the value to community water fluoridation and technical assistance to improve monthly reporting from local community water systems.

ESMs	Status
ESM 13.2.1 - Number of children screened at school-based/ school-linked programs	Active
ESM 13.2.2 - Number of Hispanic children who are provided with oral health education	Active

NOMs
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

2016-2020: National Performance Measures

2016-2020: NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day
Indicators and Annual Objectives



Federally Available Data				
Data Source: National Survey of Children's Health (NSCH) - CHILD				
	2016	**2017**	**2018**	**2019**
Annual Objective			37	31
Annual Indicator		36.4	31.3	23.4
Numerator		301,002	270,140	221,154
Denominator		826,166	863,542	944,551
Data Source		NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year		2016	2016_2017	2017_2018

Historical NSCH data that was pre-populated under the 2016 Annual Report Year is no longer displayed, since it cannot be compared to the new NSCH survey data under the 2017 Annual Report Year.

2016-2020: Evidence-Based or –Informed Strategy Measures

2016-2020: ESM 8.1.1 - Percent of children, in grades 4-12 enrolled in public school physical education class, who are in the Healthy Fitness Zone (HFZ) for Body Mass Index (BMI)

Measure Status:			**Active**
State Provided Data			
	2017	**2018**	**2019**
Annual Objective			58
Annual Indicator			57.8
Numerator			173,583
Denominator			300,366
Data Source			DOE Fitnessgram
Data Source Year			2019-2020
Provisional or Final ?			Provisional

Priority Need: Promote Developmental Screenings Among Children

NPM 6: Developmental Screening for Children

Children 1st serves as the single point of entry to child health services through DPH connecting children and families with public health and other prevention-based programs and services. Children 1st aims to identify all children ages birth to five who are at risk for poor health and development. Children 1st is in all 159 counties in Georgia and its system includes partnerships with Department of Community Health (DCH), DOE, Department of Early Care and Learning (DECAL), Division of Family and Children Services (DFCS), primary care and specialty physicians, and DPH home visiting programs. Each of the public health districts have a Children 1st Coordinator who implements the Children 1st program in each of the counties within the catchment area. The Children 1st Coordinator identifies children birth to five years of age with social, environmental, behavioral or biologic risk factors that may result in poor health or development outcomes and link them to appropriate care. Children 1st Coordinators intake all referrals with identified risk factors, implement standard timelines, and review criteria to distribute referrals to the appropriate public health, private, and community-based programs. The Children 1st program functions within five core components to establish a baseline level of consistency and efficient service to all families referred regardless of location in the state. The first core component is to screen children for risk factors at birth. Children born in Georgia have their electronic birth certificate screened for risk factors present in the perinatal period. Children 1st has also cultivated relationships with birthing facilities throughout the state and often receive referrals for infants and their families before hospital discharge. Children with individual or maternal risk factors receive follow up contact by Children 1st. The second core component of Children 1st is to use validated developmental screening tools to determine a child's developmental attainment. Children 1st also assesses the strengths and needs of the family with a standard tool as an indicator of risk for poor health and developmental outcomes as well as protective factors in the family environment to mitigate risks. These three components of the Children 1st program are biological, developmental and socio-environmental inputs used to develop a comprehensive assessment of the needs of the child and family. Children 1st Coordinators use this information to make appropriate linkages to public health, private, and community-based resources that will meet the needs of the family and best support the healthy growth and development of the child. Linkage to appropriate resources and services is an important component of Children 1st as it impacts all other child health programs within public health. Monitoring is the final core function of the Children 1st program and is offered to families that do not qualify for early intervention but want to stay connected to a public health resource in case a delay in their child's development should arise. Families that are connected to monitoring services are linked to a medical home and educated about developmental screening and surveillance, so they are equipped to monitor their child's development and follow-up with their pediatrician or public health if concerns are identified.

In the reporting year, developmental screening has remained a priority. This priority has been addressed through promoting developmental screenings, increasing opportunities for developmental screening, and providing education and awareness to parents and health care providers about the importance of developmental screening and monitoring.

In the reporting year, Children 1st facilitated 107 trainings with 749 training participants. Thirty-six Ages and Stages Questionnaires trainings were provide to 126 training participants; 54 Child Health Referral System trainings were provided to over 450 training participants; two M-CHAT-R/F trainings were provided to more than 40 training participants; eight Talk With Me Baby (TWMB) trainings were provided to more than 70 training participants; and seven other developmental screening trainings were provided to more than 50 training participants. Children 1st participated in 340 outreach events and disseminated close to 40,000 pieces of literature.

Updates with ASD screening:
Since October 2018, Children 1st has documented ASD screenings for 1,018 children. Thirty-eight percent of the 1,018 ASD screenings were completed by the Children 1st team. Medical providers completed 50 percent of Autism Screenings and submitted them with Children 1st referrals. Twelve percent of ASD screenings were completed by other referral sources. Sixty-six percent of children who received ASD screenings were referred to the Babies Can't Wait early intervention program and nearly 30 percent were remitted for enrollment in Children 1st Engagement and Promoting program.

In the reporting year, Children 1st successfully re-branded promotional materials to include two brochures for two target audiences. The first brochure was developed for families and was written in lay language and included what families should expect after a Children 1st referral. The second informational brochure was developed to be used while conducting outreach to new and existing partners such as hospitals, physicians, DFCS and other partners. The brochure describes the Children 1st program, the programs a child may be further linked to as a result of a Children 1st referral, and a database that partners can use to communicate directly with the Children 1st Coordinator serving their community.

In addition to developing an informational brochure for providers, Children 1st launched a Physician Outreach Campaign. The goals of the Physician Outreach Campaign are to increase child health referrals and strengthen the relationship between Public Health programs and providers and their staff. The Campaign consists of targeted letters to over 100 physician's which detailed instructions on completing a Child Health referral, required documents for referral submission, and an invitation for the Children 1st team to provide an in-service. The Physician Outreach Campaign will be evaluated to determine if the campaign leads to an increase in referrals.

Children 1st continued to encourage staff at the local district level to establish partnerships and agreements with local referral sources. An example of a local district partnership is the South-Central Health District (Dublin) Children 1st program with local Head Start agencies. Children 1st established an agreement with Head Start agencies in two counties and in the City of Dublin. This was a timely partnership as Children 1st coordinators have requested the state office provide more materials that focus on developmental milestones to be shared with community daycares centers. This was an indication that the Children 1st program should maintain efforts to broadly distribute Learn the Signs. Act Early. materials developed by the CDC.

In January 2019, Children 1st began screening children newly and currently enrolled in the program for ASD. The goal of implementing ASD screening in the Children 1st program was to identify children with ASD as early as possible and link them to appropriate interventions and services. Children 1st recognizes the medical home as the primary environment in which developmental screening and monitoring should occur. Children 1st served as a safety net and worked closely with the medical home to identify children who have not been screened for ASD. If a child's medical home completed an ASD screening at 18 months and/or 24 months, the screening is not repeated by Children 1st. A copy of the completed screen(s) is gathered from the child's medical home and kept in the child's record. Children 1st is encouraged to complete ASD screenings only on children who have not previously been screened at their age interval. Children 1st has documented ASD screenings for 287 children. More than 100 screens have been completed by Children 1st staff and 100 children were referred to early intervention. Over half of the ASD screens documented in the Children 1st database were completed by a child's primary care provider or primary interventionist and sent to Children 1st with a referral for follow-up. Reducing duplicative screenings was an ongoing goal for the Children 1st program. As ASD screenings increased, Children 1st continued education for primary providers to submit a Children 1st referral with a completed ASD screen.

Children 1st continued to make consistent progress toward statewide implementation of the ASQ screenings online.

In February 2019, Children 1st facilitated an ASQ Online training with each of the public health districts to acclimate staff to using the ASQ Online developmental screening tool. More than 40 public health staff were trained to begin using the online ASQ database, and the training was recorded and stored on a web-based training platform to be accessed by new staff and re-accessed by those already trained. Another major accomplishment that moved the Children 1st team toward statewide implementation of ASQ Online was constructing a bridge between Brookes Publishing website and the database used by Children 1st staff at the state and district level. This bridge helped to more accurately and more rapidly integrate online ASQ screening results into the follow-up database for Children's 1st. This innovation also reduced data entry for Children 1st staff and allowed digital ASQs to be more easily incorporated into staff's workflow and case management. ASQ Online built efficiency for Children 1st staff as well as for those who administer developmental screenings using the tool. Children 1st offered a link for ASQ Online to daycare centers, Head Start agencies, primary care physician offices and local public health clinics. Once the screen is completed, it is immediately stored on a platform regularly accessed by Children 1st staff. Partner agencies will no longer need to score and fax the form to Children 1st to initiate follow up for families. The program will monitor the impact of this feature to see if it encourages screening by partners that have been reluctant to implement developmental screening within their agencies. Dissemination of the link for ASQ Online with key partners is an opportunity to re-introduce the Learn the Signs. Act Early. materials to the stakeholders. Bundling developmental monitoring educational materials and screening with a user-friendly screening tool will further promote developmental surveillance and screening with a validated tool.

Refugee Health

The State Refugee Health Program (SRHP) promotes the physical, mental, and social well-being of all newly arriving refugees in the state of Georgia. The program helps to ensure that refugees receive adequate healthcare. The refugee health screening has four purposes: (1) to reduce health-related obstacles to successful resettlement, (2) to protect the health of local, state, and national populations, (3) to identify health issues that may need continued care that public health departments cannot provide, and (4) to educate refugees about the United States of America Healthcare system and participate in making decisions about their health. The SRHP works in partnership and collaborations with the various stakeholders involved in refugee resettlement, U.S. resettlement agencies, County Health Departments, Community Health Centers, community-based organizations, mainstream social service providers, schools, members of charitable organizations, and church and community leaders. The SRHP also works with county health departments to screen all newly arriving refugees in Georgia for communicable and chronic diseases, and to administer immunizations. The State Refugee Health Program works with partners such as the Refugee Resettlement Agencies, County Health Departments, Schools, Community Based Organizations, and Community Service Providers to provide MCH program education. To increase access to the MCH program, BCW and WIC outreach and educational materials have been translated into refugee languages. SRHP has implemented a refugee health linkage coordination program to assist with education of health screenings and assessments.

In the reporting year, MCH Title V and the SRHP collaborated to create a plan to increase refugee community awareness of available MCH services seeking to ensure all eligible individuals and families have access to MCH programs such as WIC, BCW, and other child health programs. Refugee population needs were explored, and strategies were developed to best serve the refugee MCH population. The percent of children, ages 0-5, referred from Dekalb Board of Health Refugee Clinic to Child Health Services who received developmental screening was chosen as a focus and an ESM was developed. Ninety percent of health screenings for the refugee population are performed at the DeKalb county location. The MCH Child Health program provided autism training to the DeKalb Board of Health and verified current processes for child referrals for the refugee community. The collaboration provided outreach to the most vulnerable and hard to reach populations. The SRHP assisted in reducing barriers to MCH services that could result due to cultural and religious beliefs and language influences of the refugee.

Priority Need: Promote Physical Activity Among Children

NPM 8: Physical Activity for Children and Adolescents

Georgia Shape is a statewide, childhood obesity initiative that grew out of a 2009 policy, the Student Health and Physical Education (S.H.A.P.E.) Act. The S.H.A.P.E. Act requires that all K-12 students take part in an annual fitness assessment. Using that requirement as a springboard, Georgia Shape has grown into numerous programs, statewide coalitions, and annual events as the agency's child health and wellness program.

Partnerships
Georgia Shape convenes five sub-groups (Data and Evaluation, Healthcare, Marketing and Communication, Nutrition and Physical Activity) that meet quarterly and report about ongoing child health and wellness initiatives and projects statewide. Each sub-group is comprised of twenty-five to sixty academic, community, and subject-matter experts.

In addition, Georgia Shape has worked to create more specific coalitions to address pointed objectives. These include the Georgia Farm to Early Care Coalition, The Women, Infant, Children (WIC) Working Group, and the Physical Activity Data Group.

Working Group Objectives:

- Georgia Farm to Early Care Coalition: Main objective-increase awareness and understanding of Farm to School and Early Care & Education through strong "What is Farm to School and Early Care & Education" messaging through social media, workshops, webinars, and articles by 2024, aligning Farm to School and Early Care & Education data collection with USDA Farm to School Census and develop and support strategies to increase local food procurement to include identification, sourcing and distribution.
- WIC Working Group: Main objective-Facilitate increased WIC participation across the state of Georgia through a coalition of statewide non-profit, academic, government and professional organization partners
- Physical Activity Data Group: Main objective- Improve quality and quantity of physical activity for children, grades K-12 through the utility of FitnessGram outcomes in those students assessed in the Healthy Fitness Zone for aerobic capacity.

Programs
Health Behavior-Nutrition, Physical Activity and Education Programs and Training
Georgia Shape coordinates data analysis efforts with Cooper Institute and supports the Georgia Department of Education (DOE) with annual reports to the Office of the Governor. Georgia Shape also manages statewide FitnessGram® (FG) "booster session" (assessment refresher trainings) contracts with core partners, HealthMPowers and DOE. These contracts allow Georgia Shape to train Physical Education teachers to assess students effectively, yielding quality data collection across the state. Georgia Shape annually coordinates eight to twelve trainings.

The Power Up for 30 Program has 881 active schools across the state. The DOE and HMP provide technical assistance, in-person training and online resources. This program equips school administrators and staff opportunities to provide an additional 30 minutes of meaningful physical activity to students throughout the school day. In partnership with the University of West Georgia (UWGA) the program offers teacher training for all federally funded afterschool sites. The University of West Georgia developed a graduate certificate program for Early Education and Physical Education majors. The certificate is formalized on their transcripts. This program builds the capacity of future educators entering the field. Georgia Shape continues work to increase participation in the

following programs for children six to eleven years of age:

- Eat. Move. Talk! (EMT) is an early care and education (ECE) program designed for children aged zero to five to promote language nutrition through a combination of evidence-based messages on healthy behaviors and food nutrition. This program has an additional focus on brain development and language acquisition. The program is currently being implemented in Dalton, Clarkston and Valdosta, with current plans for expansion and outcome dissemination.

- Farm to Early Care and Education (F2ECE) began in 2013 with the first F2ECE Summit in the country (then called Farm to Preschool) with Georgia Shape partners leading the charge in hosting. In 2015, Georgia Shape built the Georgia F2ECE Coalition's statewide strategic map and programming that has been promoted statewide. The creation of the Coalition and Strategic Plan attracted the W.K. Kellogg Foundation to invest funding towards furthering F2ECE in Georgia in 2017. There are over 35 partners involved in Coalition and it has been recognized nationally.

Georgia Shape coordinates the Strong4Life (S4L) Cafeteria, Early Feeding and Provider trainings facilitated by Children's Healthcare of Atlanta (CHOA). DPH manages the Strong4Life Cafeteria Project based on Cornell's Smarter Lunchroom using behavioral economics as a framework. The Early Feeding and Provider trainings equip providers (physicians, nurses, physical assistants) with motivational interviewing (MI) tools and counseling techniques. These resources provide guides for patients, parents and caregivers to make goals based on the Transtheoretical Model to facilitate behavior changes. In the Strong4Life Women, Infants, Children (WIC) Champions Program, WIC staff are trained with content based on the provider trainings. Georgia Shape has trained 100 percent of the WIC Registered Dieticians and front-line staff and continues to train new staff on an annual basis. Online modules and refresher courses are being developed.

Mini-Grant Programs
The Georgia Shape Grantee Program awards 24 to 26 schools annually to assist in the implementation of best practices in physical activity and nutrition interventions into their school environment. Georgia Shape provides technical assistance and funding through our partnership with the Georgia Health Policy Center (GHPC) at Georgia State University (GSU). The program holds a summit for pre-awarded schools to attend annually. Awarded schools meet and receive one-two days of technical assistance. Over twenty partners are invited to attend and share their resources with schools, as well as provide subject matter expertise to select intervention areas.

The Rise Up 159 Mini Grant Program is funded by a two-year $240,000 award from the Arthur Blank Foundation. The goal of the mini-grant program aims to implement a Flag Football to youth serving organizations.

Awards and Recognition Programs
The Governor's Honor Roll Program within /Georgia Shape recognizes K-12 elementary, middle, and high schools for their dedication in creating a healthy school environment and a culture of wellness for staff, students, and the local community. Schools are awarded a certificate signed by the Commissioner of Public Health and DOE's State School Superintendent. In addition, awarded schools receive a banner for their school and an equipment package that promotes physical activity.

Early childhood education centers are recognized for implementing policies that support nutrition and physical activity through the Georgia Shape Quality Rated Recognition program. This program is a partnership between DPH and the Georgia Department of Early Care and Learning.

Georgia Shape also supports statewide recognition certificates for students that excel in Fitnessgram components. The Governor, DPH Commissioner and the DOE Superintendent sign roughly 100k certificates provided to DOE to disseminate to all state schools during the year.

In the reporting year, Georgia SHAPE continued the management of statewide Fittnessgram “booster session” contracts with HealthMPowers and the DOE. The contracts allowed DPH to train PE teachers to assess students effectively for fitness levels pertaining to Body Mass Index (BMI), aerobic capacity, flexibility, muscular strength and muscular endurance. Approximately eight to twelve trainings a year are conducted through DOE or state PE/Health conferences (GAHPERD association) and the FG Certificate program which coordinates state recognition certificates for students that excel in FG components. The Governor, DPH Commissioner, DOE Superintendent all sign the Certificate. DPH sends about 110,000 to DOE to send to all schools in the state to recognize participation and student achievement.

During the reporting year, SHAPE reach was as follows:

- Fitnessgram: 1,100,000 assessed
- Power-up for 30: 180,038 participants
- Eat. Move. Talk!: 102 early childhood educators trained
- Early Feeding Program: 69 providers
- WIC Online Module: 39 completions

Georgia Shape continues to work toward increasing participation in the following programs for children six to eleven years of age:

- PU30 Elementary Program- 881 active schools across the state participate with SHAPE providing TA and training components.
- PU30 Afterschool Program- DPH manages programs in partnership with HealthMPowers and DFCS. This partnership allows funding for HMP to do trainings in all DFCS funded afterschool sites.
- PU30 Pre-service teacher program- This program is managed through a partnership with the University of West GA (UWG). UWG developed a graduate certificate program for Early Education and Physical Education college majors with the help of HealthMPowers. Courses allow students to create educational opportunities for physical activity in the classroom. Upon graduation, a certificate is signed by the Governor, the DPH Commissioner, and the College President and is formalized on their college transcripts. In the reporting year, 58 students graduated with the PU30 Certificate.

Other Physical Activity programs provided during the current year:

- Georgia Shape Grantee Program- A mini-grant program allowed schools to choose what best practice interventions they want to introduce into the school environment. The program provided technical assistance and funding through the partnership with Georgia State University (GSU). The program’s summit in October 2018 included two staff members from the 24 awarded schools to meet and receive two days of technical assistance. Twenty partners were invited to attend and share their resources with schools, as well as provide technical assistance.
- Governor’s Honor Roll- Schools (K-12) applied for the award online and were awarded a certificate signed by the DPH Commissioner and the DOE Superintendent. In addition, they received a banner for their school and an equipment package that promotes PA.
- Rise up 159 Mini Grant Program- the Blank Foundation has awarded over $240k to implement a Flag

Football mini grant program. Shape worked with the NFL, Atlanta Falcons, and Blank Foundation on all aspects of program. Fourteen youth serving organizations have been funded to enhance existing or develop new NFL Flag Football programs across the state.

Early Care programs:

- In the reporting year, Georgia Shape will host a Farm to Early Care Education (ECE) Summit. Georgia Shape held the first ECE summit in the country in 2014. Georgia Organics leads much of this work under a SHAPE contract.
- Georgia Shape Quality Rated (QR) Recognition- Recognition program through a partnership with DECAL and the QR assessment.

Nutrition Based Programs and Projects:

- Strong4Life Provider Training- Managed contracts with CHOA to provide providers (physicians, nurses, physician's assistants) with motivational interviewing (MI) tools and counseling techniques to help with goal setting based on the transtheoretical model to facilitate behavior changes.
- Strong4Life Early Feeding Provider Training- Providers were trained to utilize MI in working with parents and caregivers about early feeding best practices, developmental concerns, etc. Take home kits for providers to give to patients were created to be disseminated statewide.
- Strong4Life WIC Champions Program- WIC staff (100 percent) statewide have been trained using the Strong4Life Early Feeding Provider Training.
- Zipmilk- Georgia used this platform to locate breastfeeding resources. The platform is updated by the Georgia Breastfeeding Coalition.

Georgia Shape coordinated data analysis with Cooper Institute and supported the
DOE with annual reports to the Governor. Georgia Shape also managed statewide Fitnessgram "booster session" contracts with HealthMPowers and DOE. These contracts allowed Georgia Shape to train PE teachers to assess students effectively for fitness levels pertaining to Body Mass Index, aerobic capacity, flexibility, muscular strength and muscular endurance. Georgia Shape provided approximately eight to twelve trainings throughout the year through DOE or state PE/Health conferences (GAHPERD association). Georgia Shape also coordinated the state recognition certificates for students that excel in Fitnessgram components. The Governor, DPH Commissioner, DOE Superintendent signed the certificates and funding was provided to Georgia schools.

Priority Need: Promote Oral Health Among All Populations

NPM 13: Preventive Dental Visit

Oral diseases are a major health concern affecting almost every person in Georgia. Dental caries and periodontal diseases have a huge economic and social cost, and can result in serious systemic problems, pain, and suffering. Most oral diseases are preventable, and the Oral Health Program makes every effort to promote and implement preventive measures for all of Georgia's citizens.

The Oral Health Program provided financial support through grant in aid, supplies and other resources, as well as technical assistance and training to public health districts related to oral health. During the reporting year, 30,566 children in Georgia received oral health visits and 38,605 children received screenings through the Oral Health Program. Oral health education was provided to 89,331children, 10,204 sealants were placed, and 14,595 children received fluoride varnish applications for a total of 132,927 total treatments. A new school dental sealant program

was implemented in District 2 (Gainesville), in October 2018., All public health coordinated school sealant programs target schools with 50 percent or more of the student population eligible for free and reduced lunch programs.

In the reporting year, the Oral Health Program gained additional epidemiology support which allowed analysis of data collected on third graders oral health across the state through years 2016-2017. This provided rigorous and validated data on three critical indicators among Georgia third graders screened in the Basic Screening Survey – 1) Dental decay experience 2) active untreated dental decay (3) and presence of dental sealants. Data was also captured related to visits to the dentist in the previous 12 months. The epidemiology support has allowed for analysis of data collected on children participating in the Head Start program with a similar basic screening survey in 2014 and 2015. The program was previously unable to analyze the data due to turn over and vacancies in epidemiology support staff in previous years. A full report will be generated for the Head Start survey.

Two presentations were provided to family physicians during the reporting period on oral health and the role of the primary care provider to family practice residents. The presentations were given at teaching hospitals in Macon and Augusta and each was attended by approximately 30 residents. In addition to the in-person presentations to family practice physicians, an article was written by the Director of Oral Health on the importance of primary care providers in contributing to early oral health foundation building and screening for oral health. The article was published in the July 2019 Georgia Academy of Family Physicians newsletter and sent to members statewide.

The Oral Health Program participated on an advisory group for the Chief Turnaround Office (CTO) located within the DOE. The CTO was formed out of a Governor's
Initiative to look at the worst performing academic schools in the state of Georgia. Rather than looking at educational factors, children were screened for seven different health and environmental indicators that are possible contributors to poor classroom performance. Of these, one is oral health problems. Five schools in rural Georgia were identified and screened.

The Waycross Health District continues to maintain a teledentistry oral health program. The dental hygienist and a dental assistant spend the school year working out of three different elementary schools in the region where they set up dental clinics within the classroom using portable equipment. Children are screened, have a remote dentist provide a treatment plan using teleconferencing equipment, and then prevention oral health services are provided in the school including dental cleanings, fluoride varnish, x-rays, and dental sealants.

Other Child Health Programs

Early Brain Development initiative- Brain Trust for Babies
The stated goal of the Early Brain Development initiative was to establish early brain development as a public health imperative, establish a common set of agreed upon metrics to determine success by age three (as many children do not enter a shared database system for measuring health and academic outcomes until they enter the educational system) and to make sure that by 2020, every child in Georgia will achieve the promise for optimal brain development by age three.
Objectives aimed to improve development for children with hearing loss, autism and medical causes of developmental delay, as well as achieve healthy social and emotional outcomes for all children birth to three. Program goals included ensuring that all children who are deaf or hard of hearing are on a path to third grade reading by ensuring screening of hearing loss by one month, diagnosis by three months, and appropriate intervention by six months; achieving breakthrough outcomes for all children by building the self-regulation sills, executive functions and social-emotional health of the adults who care for them; and ensuring that children in Georgia are screened for Autism and Developmental Delays by 36 months and connected to appropriate intervention.

During the reporting year, DPH embraced the importance of early brain development as a public health priority. Research shows that early and frequent exposure to high quality and high quantity language nutrition is critical to optimal brain development and sets children on a trajectory for language acquisition, literacy and academic success. The amount of language nutrition a child receives between the ages of zero to three is a significant predictor of reading proficiency in third grade, when children switch from learning to read to reading to learn. Furthermore, third grade level reading proficiency is a primary predictor of future high school graduation rates, where children who are not at grade-level reading proficiency by third grade are four times more likely to not complete high school. Health studies show that high school graduation, in turn is a significant determinant in a variety of chronic health conditions, such as obesity, diabetes, substance abuse, cardiac and mental/behavioral health issues. Among the maternal and child health population, education is a life course factor that influences health outcomes on each life stage including that of the individual's offspring.

A unique and innovative program supported by the Brain Trust is TWMB. TWMB is a public action campaign aimed at coaching parents and caregivers on the primacy of language and language nutrition, or the rich language interactions between caregivers and infants, in the earliest stages of a child's development. A lack of early language exposure has lifelong consequences. Coaching caregivers to provide language nutrition to their children at an early age could drastically improve a child's lifelong trajectory. DPH has expanded its goal to reach three workforces by 2020. Currently, DPH and its various TWMB partners are working to training 14 different workforces that interact with new and expectant families. The goal is to create an ecosystem around families where everyone who interacts with that family is coaching and modeling the skills of language nutrition. TWMB at Work was implemented at DPH in 2018 with 75 public health staff participating in a three-part training. In total, TWMB at Work has reached 150 program participants at 11 host sites and has 30 trained volunteer facilitators.

Vision Screening

Vision screening is an important way to identify vision problems. All children are required to have vision screening completed and documented on the Georgia state form 3300 prior to their initial entry into the Georgia school system.

DPH, in cooperation with the DOE provided and monitored vision screening training and certification for local health department staff who perform vision screening on children three years of age and older. All staff within local health departments who administer vision screenings require certification prior to screening children and recertification every three years.

The vision certification process includes a didactic component as well as a demonstration of skills. The didactic portion of the vision screening training is available electronically through statewide training platform, TrainDPH. Following the didactic instructions, those seeking recertification must pass a post-test, and accurately demonstrate key screening competencies to a certified screener. Vision screeners will be recertified when they have passed the post-test and have competencies documented on a procedure's validation form.

Help Me Grow

Help Me Grow Georgia (HMG®) is a framework that builds collaboration across sectors, including child health care, early care and education, public health, and behavioral health and family support. HMG® does not provide direct services, rather, it is a system for improving access to existing resources and services for infants and children, through age eight. HMG® links families to the best services and resources available to meet their needs, regardless of the agency in which it is housed and is an affiliate of HMG® National. The program maintains fidelity to the national model to ensure the early childhood system in Georgia is successful in early identification of concerns and timely connection to services for families. The four core components of the HMG® framework are centralized access point, family and community outreach, child health care provider outreach and data collection and analysis. During

the budget year, HMG® has made progress across all core components to strengthen the implementation of the framework.

In the reporting year, HMG® transitioned from the exploration and fact-finding phase to the implementation phase with successfully launching the HMG® Centralized Access Telephone Line (CATL). The CATL is one phone number, 1-888-HLP-GROW, that providers and families can call to receive information about family and child serving programs and agencies across the state. The HMG® CATL received over 2,500 calls and provided over 3,600 child/family health and wellbeing referrals to callers. On August 16, 2019, in partnership with the West Central Health District, DPH held the first annual modeling HMG® Georgia Symposium with the goal of educating the community about the importance of early development while linking parents and caregivers to information, activities and local support systems that advance young children's health, well-being and school readiness. The Symposium's theme was Maximizing Our Communities' Potential and the program showcased system of care practices which included, Coalition Building/Innovative Partnerships, Leveraging Partnerships/Blended Funding, Pioneering Uses for Technology in Children's Health, Unconventional Solutions to Community-Wide Issues, and Using Parents as Partners in Systems Building. Attendees were also challenged to find new approaches to engage families, providers and children. HMG® encouraged traditional and non-traditional partners, representing a wide spectrum of the child health system to expand their focus to include the CDC's Learn the Signs Act Early (LTSAE) model. LTSAE materials were successfully used by several pediatricians, early interventionist, public health, and early learning programs. During the Symposium, facilitators explored ways LTSAE can be incorporated when developing policies and practices, programs and services, and outreach and communication, that address the health and developmental concerns of babies and young children.

The implementation phase promoted the major first step toward building a comprehensive and coordinated system to support young children's optimal development and well-being. HMG® held informational meetings with leadership from other state agencies which included the Department of Behavioral Health & Developmental Disabilities (DBHDD) and the Department of Early Care & Learning DECAL) to determine successful strategies that would promote partnerships, encourage interagency trainings and enhance the messaging of HMG®. HMG® successfully concluded the reporting year by brokering an opportunity with our partners at DBHDD to have all HMG®® staff trained in Mental Health First Aid & Suicide Intervention Skills Training.

HMG® participated in the Georgia Infant-Toddler Coalition whose goal is to advance the health, social, intellectual, and emotional well-being of infants and toddlers across Georgia. The shared vision is that all of Georgia's infants and toddlers receive the quality care and access to services needed in order to thrive. HMG® also participated in the Interagency Directors Team (IDT) which was created by DBHDD to design, manage, facilitate, and implement an integrated approach to a child and adolescent system of care that informs policy and practice, and shares resources and funding. IDT is comprised of over 20 representatives from state agencies and non-governmental organizations that serve children with behavioral health needs.

Family and Community Supports Home Visiting Program

A major service strategy within DPH is the Family and Community Supports Services Home Visiting Program. The program gives pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn. Georgia continues its commitment to implementing comprehensive, community-based maternal and early childhood systems to include Evidence- Based Home Visiting (EBHV) programs. Georgia has instituted a comprehensive, high quality, community-based maternal and early childhood system, with EBHV as the major service strategy for improving child and family well-being. The framework seeks to assure the well-being of families with young children by identifying all expectant parents, children birth to five, and their families, offering a comprehensive screening to determine

strengths and needs, and linking families to community services and supports, including evidence-based home visiting.

Extensive research has shown the effectiveness of EBHV in improving outcomes for maternal and child health, home and child safety, school readiness, family safety, family economic self-sufficiency, and referrals and linkages to community resources. The EBHV programs available in Georgia are as follows: Early Head Start - Home Based Option, (EHS-HBO), Healthy Families Georgia (HFG), Nurse-Family Partnership (NFP) and Parents as Teachers (PAT).

Fatherhood Initiative
DPH supports the commitment to engage fathers through MCH programs and services by raising awareness of the impact of father involvement on children and family well-being. The Fatherhood Initiative was developed with the goal to create strategies that increase awareness and advocacy across intra and inter-agency partners, creating a culture of inclusion for fathers across the state.

The Fatherhood Initiative key priority areas include:

- Provide an understanding of Georgia's fatherhood landscape by conducting a comprehensive "father-friendly" assessment across programs and local public health districts that assists in measuring the current levels of engagement and participation.
- Build an infrastructure of father and family serving stakeholder organizations that address the need for coordinated strategies that connect initiatives with existing programs and services into an accessible system of care for fathers and their families.
- Increase collaboration among state and local programs using a collective impact approach, to develop and implement strategies that improve health outcomes for mothers and babies and strengthens families, impacting Title V state and national performance measures.

In March, 2019, the MCH Strong Fathers, Strong Families Georgia Coalition was established to create a partnership of family serving agencies and organizations to address the need for a coordinated strategy that connects initiatives with existing programs and services into an accessible "father-friendly" network. The Coalition is composed of twenty-five leaders representing state agencies, academic institutions, communities, and hospitals. The Coalition is designed to steer fatherhood-related communication, implementation, evaluation and dissemination activities.

In an effort to engage and provide education to community partners the Project LAUNCH Strong Fathers Strong Families Summit was held July 24, 2019 at Calloway Resort & Gardens. There were 78 attendees from across the state. The Summit increased knowledge, awareness, and capacity of agency partners, practitioners and public servants on the importance of intentionally engaging fathers and their impact on the health and development of their children and families. Education, training and increasing a network of practitioners with father-friendly resources, programs, and services was accomplished. Ken Harris, Senior Project Director at the National Institute for Children's Health Quality, was the keynote speaker.

Participation in the National MCH Workforce Development Center 2019 Cohort was completed during the reporting year. Over the course of seven months, Strong Fathers Strong Families Coalition worked collaboratively with the National Workforce Development Center increasing the capacity to support father engagement as an MCH transformational challenge. The Georgia team worked across sectors, developed strategies in the areas of change management/adaptive leadership, system integration, and evidence-based decision making. As a result, Georgia enhanced its collaboration and gained additional tools and resources to support work in the area of fatherhood.

In collaboration with Morehouse School of Medicine, Prevention Research Center, the Strong Fathers Strong Families Coalition received the Translational Research Grant to support a state fatherhood needs assessment. Despite extensive practice guidance and research evidence on the positive impact of father involvement on perinatal health disparities, involving fathers, specifically black fathers, is one of the least explored and implemented aspects of MCH services. The Translational Research Grant needs assessment will use a community-based participatory research approach through a collective impact framework. The assessment will identify strengths and gaps in father-friendliness, fathers' needs, and resources to better facilitate involvement in a scientific framework whereby new strategies to involve black fathers and coordinate services can be developed. The preliminary data that will be collected will contribute to the continued efforts to create a father-friendly network. The award amount is $75,000 over a two-year period.

Immunizations
The Georgia Immunization Program (GIP) seeks to increase immunization rates for all Georgians and decrease the incidence of vaccine-preventable diseases (VPD). GIP educates public and private medical providers through partnerships and collaborations about the importance of protecting their patient population from vaccine preventable diseases, in accordance with the Advisory Committee for Immunization Practices (ACIP) recommended immunization schedule. In addition, GIP works to educate medical providers and laboratories about the importance of disease reporting for all reportable VPDs, placing an emphasis on targeting prenatal care providers to increase the number of hepatitis B virus (HBV)-positive pregnant women identified annually.

In the reporting year, Georgia (GIP) sought to increase immunization rates for all Georgians and decrease the incidence of vaccine-preventable diseases. GIP educated medical providers through partnerships and collaborations about the importance of protecting their patient population from vaccine preventable diseases, in accordance with the Advisory Committee for Immunization Practices (ACIP) recommended immunization schedule. The Georgia Perinatal Hepatitis B Prevention Program increased postvaccination serologic testing completion rates from 73 percent in 2018 to 75 percent in 2019.

MCH programs strived to promote immunizations by providing education to women and families. Child health and home visiting programs assess clients' vaccination status, discuss the importance of recommended vaccinations, and refer to needed services. Educational materials are included in educational packets to families and messaging is included in newsletters and outreach materials.

Child Occupancy Safety Program (COSP)
Motor vehicle related injuries continue to be a leading cause of death for children under 14 years of age. The current method of child passenger safety (CPS) intervention through education, equipment distribution, enforcement, and policy change works to increase child safety seat use and is an evidence-based approach listed in the Centers for Disease Control and Prevention's Guide to Community Preventive Services.
The COSP has several initiatives focused on child passenger safety (CPS) education: Car seat Mini-Grant, Fire/EMS Outreach (including the Teddy Bear Sticker (TBS) Program), Hospital/Healthcare Training, Children with Special Healthcare Needs, and Law Enforcement Training, as well as CPST certification, recertification, and instructor development.

The Child Occupant Safety Project, utilizing local partners, conducted monthly education classes to train caregivers on proper use and installation of child safety seats. After participating in the classroom education, caregivers were provided an appropriate child safety seat (either a convertible or a booster). The caregivers then demonstrated proper installation technique before leaving the event. This education and distribution program is known as the Mini-Grant program. In the reporting year, 143 counties either directly participated in, or were covered by the Mini-Grant program. The Mini-Grant provided 2,843 monthly classes, trained 8,275 caregivers, and distributed 3,660 seats.

In addition to the conventional seats distributed, COSP worked with families of children with special healthcare needs to evaluate transportation needs and issues. Evaluations were provided to 18 children and ten seats were distributed. COSP staff previously developed a flow chart for use by Children's Medical Services and other field referrers to assist families through the process. Based on information received in the flow chart, many families have been able to receive seats through Medicaid funding, allowing COSP to transition to a funder of last resort.

Teddy Bear Stickers are placed on all car seats distributed to document the number of lives saved from injury/and or death due to program funded child safety seats. If a grant provided seat is involved in a crash, the caregiver may receive a replacement seat from the original issuing agency. That agency submits a report, along with the crash report, to Injury Prevention (IP) staff. IP staff received 20 Teddy Bear Sticker forms and replaced 20 seats.

Other trainings and presentations offered by IP staff include:

- "You have the Power in Your Pen" – 17 classes, trained 324 law enforcement officers
- Child Passenger Safety Technician course – 29 classes, trained 354 attendees
- CPST recertification class for current CPSTs – 30 classes, 341 attendees
- CPST Renewal course – 5 classes, 33 student attendees
- "Transporting Children with Special Health Care Needs Training" – three classes, 22 attendees
- Keeping Kids Safe – 18 classes at 9 hospitals, trained 152 nurses
- Transporting Children Safely in Ambulances – ten classes, trained 74 EMS personnel
- Instructor development – one class, trained 20 students

Building on our minority outreach efforts, the mini-grant training presentation and all training materials were translated in Spanish. Additionally, a Spanish-English flipbook was utilized by 28 counties to assist English speaking technicians when working with Spanish-speaking parents/caregivers.

The program continued a regional model approach within local regions with the bases being in Dalton, Athens, Atlanta, Macon, Augusta, Columbus, Valdosta, and Jesup. This modeling allows for more training coverage and outreach statewide.

Current Year: Oct 2019 – Sept 2020

Priority Need: Promote Developmental Screenings Among Children

NPM 6: Developmental Screenings for Children

In the current year, developmental screening remained a priority and has been addressed by working through partnerships to reinforce developmental screening as a key component of the child health system.

The Children 1st program continues to realize great success in the number of partners engaged annually in outreach and educational events and trainings opportunities where developmental screening, developmental monitoring and the benefit of the Children 1st referral system are the focus. Children 1st staff have participated in over 87 outreach events with more than 5,500 pieces of literature about DPH Child Health programs, developmental screening and milestones. Learn the Signs. Act Early. materials have been provided to families, physicians, daycares and Head Start centers, WIC and other public health programs and local schools. Children 1st completed several training activities that helped advance the goal of facilitating formal training opportunities on developmental screening in

each public health district. Children 1st district staff facilitated approximately 30 trainings with over 300 attendees across a varied audience including Head Start and daycare facilities, local public health staff, community-based non-profits, hospitals, and pediatric care offices. Trainings were facilitated across a variety of providers, including local public health staff, hospitals, daycares and Head Start centers, schools and community organizations. Nine of the trainings were facilitated using the train the trainer method. More than 47 percent of the trainings were conducted with local public health staff, 20 percent of training participants were affiliated with community organizations, and 33 percent of training participants worked at daycare or Head Start facilities. Over 30 percent of the trainings were facilitated on use of the ASQ developmental screening tool. Fifty-seven percent of the trainings were facilitated on the child health referral system, and how to make a referral to public health. The remaining trainings were facilitated on Safe Sleep, TWMB, and the SendSS-NB database used by Children 1st staff to capture all screenings, assessments and case management.

Children 1st and MIECHV programs worked to develop a more formal relationship. Each program drafted a policy guiding the scope of the collaboration and the parameters guiding referrals between programs. Each policy included that developmental screening outcomes would be shared across programs when a referral is made. to the programs. This process was piloted in two local communities over a three-month period, January 2020 – March 2020. The pilot sites were located in a metropolitan area and in a rural area of Georgia to best determine barriers and best practices. Approximately 50 referrals were made to the Home Visiting Program in Savannah. Seven referrals were made between Children 1st and the Home Visiting Program in Rome. Children 1st and Home Visiting teams in both sites indicated that the pilots were successful and sites plan to continue the local partnerships in the future. The COVID-19 pandemic stalled the scale-up of this referral process to all 11Children 1st districts that also have a MIECHV site. However, four additional sites are interested in partnering, particularly in response to the COVID-19 pandemic, to help ensure continuity of services for families and to increase capacity for both programs.

Children 1st is also exploring how to incorporate the distribution of developmental screens to the Information and Referral Center (IRC). The Information and Referral Center processes electronic birth certificate referrals and makes appropriate referrals to the Children 1st program, other Title V programs, and community-based programs. Providing families with access to developmental screening when they first contact IRC could allow for more timely services as they are further referred to child health programs.

Screening for ASD with the Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F) was fully implemented within the Children 1st program in January 2019. To reduce duplication of screening efforts, Children 1st first tries to retrieve ASD screenings conducted by the medical home prior to completing a screening within the program. An unanticipated challenge to this process is physicians often submit incomplete, outdated or unscored copies of the M-CHAT to the Children 1st program. To address this barrier, the Children 1st program shared a letter with the Georgia Chapter of the American Academy of Pediatrics to be disseminated amongst chapter membership. The letter, detailed instructions on completing a Child Health referral, the required documents for referral submission, and links to the most current versions of the ASQ and M-CHAT-R/F. This letter is also used in physician outreach on the local level by the Children 1st district coordinators. A physician champion also presented during two grand rounds on developmental screening with a validated screening tools and how to initiate a referral to Children 1st. The Children 1st program will continue to work with the Autism team at the state office and physician champions to find new solutions to address this challenge.

Previously, a bridge between Brookes Publishing website and the database used by Children 1st was constructed. With the bridge in place, screens completed on the Brookes Publishing website are immediately stored on a platform accessible by Children 1st staff allowing digital ASQs to be more easily incorporated into staff's workflow. However, the program has experienced challenges in completing full implementation of the ASQ Online and maintaining compliance with HIPAA guidelines and confidentiality policies related to electronic commination with

families. Staff must have signed consent before texting or e-mailing the link to the ASQ Online to parents. The recent pandemic highlighted the need to navigate these challenges to help guarantee continuity in services to families.

The recent COVID-19 pandemic emphasized the need to navigate challenges to help guarantee continuity of services to families. The Children 1st staff at the state office developed a Continuity of Operations Plan (COOP) to guide service provision and communication with the community during the pandemic.
The state office recommended Children 1st programs update the outgoing messages on phone lines to inform the public of any changes in services provision. Coordinators pre-emptively contacted families on their caseload to determine if new resource needs emerged and to inform families.

Refugee Health
To increase access to MCH programs, the SRHP recognizes the importance to create and work with partners who share goals to reach and educate the most vulnerable and hard to reach refugees and immigrant communities. In the current year, SRHP continued to strengthen partnerships and held ongoing meetings and workshops with the following partners: Refugee Resettlement Organizations: Catholic Charities of Atlanta (CCA),International Rescue Committee (IRC), New American Pathway (NAP), Inspirits (Lutheran Services of Georgia),Community Base Organizations: Center for Pan Asian Community Services (CPACs), Clarkston Community Center (CCC), One Economy's Georgia Refugee Page, Refugee Women's Network (RWN), Tapestri, Inc., Women Watch Afrika (WWA), Dekalb County Schools, Georgia Parent Mentor Partnership, Gwinnett County Schools- Parent Mentor. Autism Speaks, Parent to Parent of Georgia, Georgia Council on Developmental Disabilities, Georgia Department of Behavioral Health, Developmental Disabilities, The Georgia Community Health Worker Advocacy Coalition, Underserved Vulnerable Populations Coalitions, (Dekalb, Georgia).County Health Departments/ Community Health Centers: DeKalb Co. Board of Health Refugee Health Services, Gwinnett County Board of Health, Refugee Health Services, Cobb County Board of Health, Refugee Health Services, Clayton County Board of Health, Refugee Health Services, Positive Growth, Inc., Friends of Refugees.

The State Refugee Health Program Social Worker maintains on-going contact in person, via phone, or email, with Resettlement Agency Managers and Case Managers to address the medical needs of the refugee population, including but not limited to, scheduling/rescheduling client appointments and following-up with clients, referrals to primary care physicians/specialists to ensure that optimal care is delivered.
Priority Need: Promote Physical Activity Among Children

NPM 8: Physical Activity for Children and Adolescents
In the current year, Georgia Shape continues the management of the statewide fitness assessment, Fitnessgram, “booster session” contracts with HealthMPowers and DOE. The contracts allow DPH to train physical education (PE) teachers to assess students effectively for fitness levels pertaining to Body Mass Index (BMI), aerobic capacity, flexibility, muscular strength, and muscular endurance.

During the reporting year, Georgia Shape’s reach was as follows:

- Fitnessgram: 1,157,375 assessed
- Power-up for 30: 180,038 participants
- WIC Champions Training Program: 21 new champions
- S4L Cafeteria Program: 229 Toolkits distributed, 229 schools trained, 524 people trained
- PU30 Pre-service teacher program- Due to COVID-19 courses were not completed and certificates were not awarded.

Related legislation: HB 83 requires recess for students in kindergarten and grades one through five; recess may

not be withheld for disciplinary or academic reasons. This law encourages schools to include an average of 30 minutes per day and local boards of education shall establish written policies to ensure that recess is a safe experience for students, that recess is scheduled so that it provides a break during academic learning, and that recess is not withheld for disciplinary or academic reasons. Recess may allow more opportunity for schools to offer physical activity, and school districts and schools may need technical assistance developing written policies that allow for the opportunity of more physical activity.

Priority Need: Promote Oral Health Among All Populations

NPM 13: Preventive Dental Visit

During the current year, 9,921 children in Georgia received oral health screenings through the MCH Oral Health Program. Oral health education was provided to 15,076 children, 1,937 sealants were placed, and 932 children received fluoride varnish applications. A new school sealant program was initiated in District 3-1 (Cobb Douglas) during February 2019 where approximately 60 percent of the student population are from Spanish speaking homes where English is a second language. Services are targeted to schools with more than 50 percent of the student body eligible for the free or reduced lunch program. Approximately 40 school sealant programs across the state are coordinated and supported by the Oral Health Program.

Teledentistry is an effective way to provide oral health care to children who may not otherwise be able to access care. The Waycross Health District continued the Teledentistry program until school closures occurred due to COVID-19. During the reporting period, 266 children were seen in the elementary school settings through the teledentistry program. The reduction in the number of students served is due to the closure of schools during the COVID-19 crisis.

The Oral Health team led a school-based sealant and oral health prevention program at Dooly K-8 School in Dooly county. This was the first school-based program to be held in this health district. Forty-two children were screened and given preventive services including sealants and fluoride varnish. Children needing more extensive treatment were given referrals to the nearby dentists and the nearby District network of dental program and offices. This was done through a partnership with the Chief Turnaround Office within the DOE. This Office focuses on the worst performing schools in the state by looking at non-academic health and infrastructure indicators that are possibly contributing to poor classroom performance. One of seven variables screened is oral health and many schools identified over 70 percent of children screened were flagged as “high risk” for oral health issues.

The Director of Oral Health provided a statewide virtual presentation in April 2020 to School Nurses on *Oral Health 101*, what to look for in the elementary school children related to oral health, and how to carry out the 3300 school screening form required for all children in the state to enter the public school system.

The Oral Health Program continues to participate in two projects with the Center for Oral Health Systems Improvement and Integration, a joint consortium between the National Maternal and Child Oral Health Resource Center, the Dental Quality Alliance, and the Association of the State and Territorial Dental Directors funded by HRSA Maternal and Child Health Resource Bureau (MCHB). The first project involves a partnership with Albany Primary Care, a rural Federally Qualified Health Center involving medical dental integration with three school-based health centers where children’s oral health needs are treated in a school-based setting. Georgia is one of five pilot states to help develop and provide feedback on a set of national oral health indicators for MCH populations. The indicators were developed by national subject matter expert workgroups with the state providing feasibility assessment, practical implementation strategy, and the actual data from a set level. In March 2020, the Director of the Oral Health Program attended a round table work session in Washington DC with other pilot states, representatives from ASTDD, DQA, National Maternal and Child OHRC, and the HRSA MCH Bureau to provide feedback and updates.

The Oral Health team continuously collaborates with Georgia Oral Health Collation, Healthy Mothers and Health Babies Georgia as well as Home Visiting Programs to disseminate the message of drinking fluoridated water and oral health practices at all ages.

The Oral Health Director participated on a podcast with the Department of Early Care and Learning (DECAL) in March 2020 on importance of oral health in children and helpful tips. https://podcasts.apple.com/us/podcast/episode-30-childrens-oral-health/id1437194781?i=1000469442320

Challenges/barriers: State budget reductions and spending restrictions have created some barriers around oral health promotion and education. Travel opportunities are limited and have impacted the state program's ability to interact and meet with district staff. The State Fluoridation Administrator was not able to attend the Georgia Rural Water Association state conference which typically is a primary time to educate hundreds of water plant operators on community water fluoridation and the benefits to all populations.

Due to the current COVID-19 pandemic, all collaborations and partnerships from March 2020 until further notice are suspended with the exception of virtual interactions. This included the 2020 Hinman Dental Conference in Atlanta in March which usually has approximately 25,000 attendees comprised of oral health providers from around the southeast. The Director of Oral Health was scheduled to have a table along with Healthy Mothers Healthy Babies Georgia to provide education on treating pregnant women in dental offices at the conference.

The COVID-19 crisis caused dental offices and local public health clinical sites to close except for emergencies only on March 16th (American Dental Association guideline). Many oral health staff have been deployed by district leadership to the COVID-19 response. Some district oral health staff have reopened in a reduced capacity. New protocols create logistical challenges for patient flow and personal protective equipment (PPE) guidelines create significant added operational costs. The closures create an access to care concern for routine oral health services. The Oral Health Program provided resources, guidelines, webinars, and information to the district programs on topics such as CDC guidelines around COVID-19 and dentistry, proper infection control, how to define dental emergencies, screening protocols, teledentistry updates and strategies, and potential staffing adaptions in response to the crisis.

Other Child Health Programs

Early Brain Development initiative- Brain Trust for Babies

In the current year, MCH and the Title V program continue to support the Brain Trust by aligning goals within the Child Health Programs such as, Babies Can't Wait and Autism, Newborn Screening and Early Hearing Detection and Intervention, Children Medical Services, and Children 1st, with the objectives of the Brain Trust. DPH hosted four Brain Trust for Babies Advisory Board meetings.

Vision Screening

All children are required to have vision screening completed and documented on the Georgia state form 3300 prior to their initial entry into the Georgia school system.

DPH, in cooperation with the DOE provided and monitored vision screening training and certification for local health department staff who perform vision screening on children three years of age and older. All staff within local health departments who administer vision screenings require certification prior to screening children and recertification every three years.

The vision certification process includes a didactic component as well as a demonstration of skills. The didactic portion of the vision screening training is available electronically through statewide training platform, TrainDPH. Following the didactic instructions, those seeking recertification must pass a post-test, and accurately demonstrate key screening competencies to a certified screener. Vision screeners will be recertified when they have passed the post-test and have competencies documented on a procedure's validation form.

The DPH state office staff revised the vision screening certification process local public health staff must follow to provide vision screens to children. The state office incorporated feedback from certified vision screeners at several health departments throughout the state in the revision process.

Help Me Grow
In the current year, HMG® made progress across all core components to strengthen the implementation of the framework in the state. Based on the Annual Fidelity Assessment submitted in November 2019, HMG® National designated Georgia as moving forward to the next stage of implementation (from exploration to implementation) in all the core components of HMG®.

HMG® was added to the Healthy Mothers Healthy Babies Georgia website as a resource available to children and families. Healthy Mothers Healthy Babies Georgia houses the HMG® central access telephone line and the HMG® liaisons that provide navigation to the families that call the central access telephone line.

HMG® works to reach communities by engaging state and local agencies and promoting HMG® as a resource that front line staff may share when interacting with families. HMG® held partnership meetings with key program staff from DBHDD, DECAL, DFCS, and Mental Health America of Georgia. The resources offered by these agencies were added to the HMG® resource house and central telephone line, 1-888-HLP-GROW, was disseminated to staff. HMG® liaisons participated in trainings provided by DBHDD to learn how to better serve families who may need crisis support or support navigating resources for mental and behavioral health. HMG® participates in several workgroups and collaboratives to further identify opportunity for expanded collaboration.

The HMG® coordinator participates in the Georgia Infant-Toddler Coalition to advance the health, social, intellectual, and emotional well-being of infants and toddlers across Georgia. HMG® and the Georgia Infant-Toddler Coalition have a shared vision that Georgia's infants and toddlers receive the quality care and access to services they need in order to thrive.

Physicians play a key role in a young child's life. Outside of the parent and family, physicians are positioned to recognize when children have health or developmental concern and take action to connect the children to additional resources and support. To strengthen the accuracy and consistency of information shared with physicians about the referral process, HMG® works closely with the Child Health program to map the existing process for receiving and processing referrals from physicians, and the communication shared back with the referring entity. The HMG® state coordinator facilitated conversations and documented the existing processes across programs. The information was synthesized, and a process map was created to make physicians aware of the referral process and communication to expect when referring a child to the Child Health program.

HMG® participates in a National Alliance on Mental Illness (NAMI) brain trust geared towards advising the coordination, implementation and delivery of the Pediatric Professional Training funded by the Sandra Dunagen Deal Center for Early Language and Literacy. The trainings focus on the foundational strategies to support language development of young children and the impact key risk factors have on mental health and social-emotional well-being. This work can be aptly promoted to physicians.

HMG® assists families in supporting young children's healthy development and helps them easily access resources in the community during times of need. HMG® was recently surveyed by HMG® National to assess the impact of COVID-19 in supporting families and leveraging HMG® to activate community response. HMG® focused on ensuring that current and relevant information released by DPH was shared with HMG® liaisons through the central access telephone line. The information disseminated included recommended precautions, what to do if an individual or family member is ill, and steps to getting tested. As child health program and partner agencies issued communication related to updates to service provisions, information was also disseminated to those who accessed the HMG® central access telephone line.

Fatherhood Initiative

MCH continues its commitment to intentionally engage fathers through MCH programs and services by raising awareness of the impact of father involvement on children and family well-being. Fathers play an integral role in the lives of their families and communities. During early childhood and throughout the lifespan, children benefit in many ways from positive father-child relationships, including improved social-emotional development, academic achievement, and physical health. Mothers also benefit when fathers are involved, prenatally and beyond, using more health services on average, bearing lighter workloads that lead to lowered postnatal stress, and lowered risks of postpartum depression. The Fatherhood Initiative convenes partners around the common agenda, develops strategies to engage fathers, and maintains a repository of information to share across intra and inter-agency partners with the goal of creating a culture of inclusion for fathers across the state of Georgia.

The Healthy Start Georgia Collaborative Fatherhood Summit originally scheduled for March 30-31, 2020 was cancelled due to COVID-19. A speaker series was developed to replace the Fatherhood Summit and includes presentations on Strengthening Families Protective Factors Framework: A Father’s Approach. The Strengthening Families framework is a research-informed approach to increase family strengths and enhance child development. By focusing on the universal family strengths identified in the Strengthening Families Protective Factors Framework, community leaders and service providers can better engage, support, and partner with parents in order to achieve the best outcomes for children. This workshop offered concrete action steps to ensure fathers feel welcome and valued in the settings that serve young children so that they can also receive support to build protective factors and strengthen relationships.

The following presentations are offered during the current year:

- Strengthening Families - May 21
- Adjusting Attitudes and Actions - June 17
- Recruitment and Retention - July 15
- Father Engagement in MCH - August 19
- Father Inclusion in Programs and Services - September 16
- Mobilizing Communities - October 21
- Fatherhood Ten Years in the Making - November 18
- Child Support: Serving Dads - December 16

The Coalition developed the Fatherhood Service Map and Resource Guide Questionnaire to assess statewide agencies and organizations capacity to build and increase their ability to serve and support fathers and males.

The Coalition also developed the Measure of Fathers’ Challenges Survey to assess personal challenges that fathers may experience. Surveys were distributed to fathers through the Coalition agencies and partners. Responses will be analyzed and used to inform father serving agencies.

Immunizations
In the current year, the Georgia Perinatal Hepatitis B Prevention Program is contacting delivering hospitals and encouraging them to apply for the Immunization Action Coalition's Hepatitis B Birth Dose Honor Roll. The program ensures that hospitals have protocols in place to identify HBsAg-positive mothers and administer the hepatitis B birth dose to all infants born in Georgia, regardless of their mother's HBV status.

MCH and GIP developed a plan to increase collaboration and are looking forward to expanding the partnership. MCH will be added to all immunization communication listservs such as the Vaccines for Children (VFC) Programmatic Newsletters and the Immunize Georgia Newsletter. Immunizations will include MCH as an attendee for quarterly immunization meetings and the annual statewide Immunize Georgia Conference providing a platform for both programs to share and receive the most up-to-date immunization updates.

Challenges/barriers: Perinatal Hepatitis B prevention has been identified by the CDC as an essential public health service during the COVID-19 pandemic. However, distract and local public health staff who are typically involved with perinatal Hepatitis B follow up regarding postvaccination serologic testing may be currently involved with contact tracing of COVID-19 positive patients.

Related legislation: All Georgia physicians, laboratories, and other health care providers are required by law (OCGA 31-12-2) to report patients with the conditions listed under Notifiable Disease Reporting Requirements. Both laboratory confirmed and clinical diagnoses are reportable within the specified time interval.

Child Occupant Safety Program (COSP)
In the current year, Injury Prevention continues to distribute child safety seats to children, including specialized child safety restraint systems for children with special health care needs. The number of lives saved continues to be documented through Teddy Bear Stickers placed on the child safety seats that are distributed.

Child passenger safety trainings to internal and external stakeholders continue. Staff has developed online, modular trainings and has been utilizing non-traditional methods to conduct outreach with agencies, utilizing platforms like Zoom, Skype, GoToMeeting, and Microsoft Teams.

The program continues to offer the following training opportunities:

- 16-hour Special Needs transportation program - “Safe Travel for All Children: Transporting Children with Special Health Care Needs”
- 30-hour Child Passenger Safety Technician certification
- 8-hour Child Passenger Safety Technician Renewal
- 6-hour Child Passenger Safety Technician recertification classes
- Power in your Pen for law enforcement
- Keeping Kids Safe for hospital personnel
- Transporting Children Safely in Ambulances for EMS and fire personnel
- Basic Child Passenger Safety Awareness for parents, caregivers, and other professionals

The program is working with DFCS staff and contractors to provide training on proper transportation of children, including Georgia law and best practice recommendations. Similar training is being offered to Head Start and other daycare agencies staff.

Regional modeling will continue with local staff serving as a community catalyst for all child occupant related activities

including car seat use, booster seat use, seat belt use, parent seat belt use modeling, vehicle hyperthermia prevention, and more.

Priority Need: Promote Developmental Screenings Among Children

NPM 6: Developmental Screening for Children
Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Strategies:

NBS will continue early identification of developmental disorders as this is critical to the well-being of children and their families and it is an integral function of the primary care medical home. Over the last several years, MCH programs have been very successful in promoting developmental screening and developmental milestones to families and community partners during home visits, outreach activities, and back to school events. MCH will focus efforts on providing outreach and education to select physician offices and community partners to increase developmental screening within their facilities. The state office will work collaboratively with the local public health workforce to identify physician offices in their communities that do not include developmental screenings results with referrals to public health programs. Champions from medical societies, including GAAAP and GAFP will be engaged to help facilitate the delivery of outreach to physicians. The impact of targeted outreach will be assessed by the number of referrals that are generated from the physician offices that have been engaged that contain developmental screening results. A similar process will be established to identify and engage child-serving community partners. Through partnership with key leaders in the local public health workforce, select programs will receive education about developmental screening and will develop strategies to incorporate developmental screening into their protocols.

MCH programs will also work collaboratively to streamline internal opportunities to increase developmental screening of young children and establish a process to reduce duplicate and redundant screening and referrals. The success of these efforts will be measured by the coordination of screening in children participating in both Children 1st and Home Visiting Programs.

Children 1st will continue to implement and adjust practices around offering online developmental screening using the online ASQ tool to expand access to developmental screenings for partners, particularly daycares, physician offices and other child-serving organizations who routinely make Children 1st referrals.

Children 1st will also continue to promote awareness of the program and the child health referral system at the state and local level. Children 1st will continue to work with early intervention program partners, BCW and HMG, to promote the agency's Autism screening initiative to families and physicians.

Refugee Health
MCH will continue to collaborate with the SRHP, Child Health, and Health Promotion Evaluation staff to continue the development and implementation of promoting developmental screenings in the Refugee population. The Refugee Pediatric Center will continue to provide referrals to the DeKalb Board of Health Refugee Clinic (Kaiser Permanente). Interpreters will continue to be available at the Refugee Pediatric Center for Arabic, Somali, and Swahili languages. The Refugee Health team will monitor referrals and outreach materials will be provided on developmental screenings including C1st, BCW, CMS, EDHI, Autism, Learn the Signs. Act Early.

Priority Need: Promote Oral Health to All Populations

NPM 13.2: Preventive Dental Visit
Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Strategies:

1.1 Create and update a State Oral Health Surveillance Plan that functions to identify data sources, collection strategies, collection timeframes, and dissemination approaches.

1.2 Coordinate and provide district coordinator meetings periodically where resources are shared, updates are provided from state and district programs, continuing education or presentations are offered, and technical assistance is offered as needed.

1.3 Work with Healthy Mothers Healthy Babies and other external partners by providing subject matter expertise and strategic feedback.

1.4 Support district programs partnering with local schools to promote school-based/school-linked sealant and oral health prevention programs that target schools where 50% or more of the student population are eligible for free and reduced lunch.

1.5 Support district program staff going to local schools and providing oral health education programs.

The Oral Health Program will continue to promote school sealant programs as a strategy to decrease access to care barriers by providing the evidence-based dental decay prevention measure of placing dental sealants on molar teeth in school settings. This allows the service to occur at a location where children are congregated and does not require parents to be present which could present barriers such as work schedules and childcare needs of other children in the home. Referrals to dental providers and efforts to find dental homes will continue in order meet other dental needs of children seen in school sealant programs. Dental screenings, fluoride varnish application, and oral health education are also components of the school-based programs and the Oral Health program will continue to partner with district staff as well as external partners to increase the presence of school sealant programs within Georgia.

SPM: Father Involvement
Percentage of fathers whose knowledge increased using the 24/7 Dads® curriculum in Georgia Home Visiting Program sites

SPM Goal: Increase the percent of fathers whose knowledge increased using the 24/7 Dads® curriculum in GHVP sites.

The Fatherhood Initiative will continue to increase father engagement and involvement in MCH programs through capacity building, collaboration, coordination, and providing resources to encourage father inclusion. In partnership with Morehouse School of Medicine Prevention Research Center (MSM PRC), the Strong Fathers Strong Families Fatherhood Coalition will continue to partner with the Morehouse School of Medicine Tx funding grant to support efforts in identifying the strengths and gaps in serving fathers across MCH services. Using the National Fatherhood Initiatives Father Friendly Check Up (FFCU), the pilot will continue to look at the level of “father-friendliness” across four MCH program sites including two Healthy Start sites, WIC, and Grady Hospital’s Centering Pregnancy Program. The project will also identify existing programs and services to be included in a statewide network to strengthen father involvement.
The Fatherhood Initiative will develop a “father-friendly” toolkit for organizations to utilize in creating efficiencies for

staff and to encourage the widespread adoption of best practices and tools to ensure fathers are better served in MCH programs. The Fatherhood Initiative will continue to assist MIECHV, Healthy Start, and MCH fatherhood partners and stakeholders with integrating father involvement curriculums and practices into program and service delivery to impact perinatal health outcomes for mothers, infants, children, and families.

Other Child Health Programs

Early Brain Development Initiative-Brain Trust for Babies
MCH and Early Brain Development will continue to work closely to monitor shared goals and improve processes and strategies to achieve goals in the coming year.

DPH will continue to support the implementation of Reach Out and Read in public health settings like WIC and immunization visits, and through home visiting programs. DPH will support 45 Reach Out and Read sites across the state and hopes to on board five additional sites this year and plans to expand TWMB for birthing hospitals to at least five birthing hospitals across the state.

Vision
DPH will continue to assist in the completion, compilation, and assessment of documents for certification and recertification for vision screening for local health department staff.
Help Me Grow®
HMG® will continue to be an area of focus for the MCH program. Liaisons will increase capacity to better support families that are referred and will participate in various learning and training opportunities to strengthen the repository of resources available to families. Liaisons will receive training on the importance of a medical home and knowledge to increase opportunities to identify children needing a medical home to support the new Medical Home priority.

HMG® will continue to focus on activities selected to strengthen the presence of the four core components of HMG® in Georgia; Centralized Access Point, Family and Community Outreach, Child Health Care Provider Outreach and Data Collection and Analysis. The program will evaluate the effectiveness and use of the HMG® Central Access Point to ensure a high-quality experience and customer service. HMG® will identify and share data for other child health call lines transferred to the HMG® Central Access Point (CAP).

Home Visiting
MCH will continue to support evidence-based home visiting programs, especially to the more vulnerable children in the most at-risk communities, to enhance parenting and support young children's early development with improved long-term outcomes for children, parents, and communities. The FACS program will continue to develop stronger partnerships and coordination between awardees of MIECHV and the Individuals with Disabilities Education Act, Part C Program (IDEA Part C Program). MIECHV and Part C Program staff will meet regularly to discuss best practices and steps necessary to ensure collaboration with programs and community partners.

Immunizations
The Georgia Registry of Immunization Services and Transactions (GRITS) will be implementing a new matching process in collaboration with SendSS to match "Baby Girl/Baby Boy" vaccine records to their legal name records to increase complete immunization records for infants. GIP will continue communication efforts with MCH to strengthen coordination and collaboration.

Child Occupant Safety Program (COSP)
Injury Prevention will continue to distribute child safety seats to children, including specialized child safety restraint

systems for children with special health care needs. The number of lives saved will continue to be documented through Teddy Bear Stickers (TBS) placed on the child safety seats that are distributed. Child passenger safety trainings to internal and external stakeholders will continue. Staff has developed online modular trainings and will continue utilizing non-traditional methods to conduct outreach with agencies utilizing virtual platforms. COSP will continue to offer a 16-hour Special Needs transportation program, “Safe Travel for All Children: Transporting Children with Special Health Care Needs.”

Physical Activity for Children

Georgia Shape will continue building a network of partners, agencies and athletic teams; including the Atlanta Falcons and Atlanta United. DPH and DOE are committed to improving the health of Georgia’s children by offering assistance and opportunity to achieve a greater level of overall fitness. The Fitnessgram tool will continue to be used for SHAPE’s annual standardized fitness assessment to evaluate five different parts of health-related fitness, including aerobic capacity, muscular strength, muscular endurance, flexibility and body composition using objective criteria. Reports will also be generated providing valuable individual, school, and state-level data to empower parents, schools, and the community to best access the current health needs for children. Georgia Shape will continue to work with 120 partners to decrease childhood BMI measures while increasing childhood aerobic capacity measures and physical activity levels.