

**Cross-Cutting/Systems Building**

**State Performance Measures**

**SPM 3 - Percent of fathers (ages 18-55) whose knowledge increased using a Father Involvement curriculum in Georgia Home Visiting Program (GHVP) sites.**

<b>Measure Status:</b>	<b>Active</b>
------------------------	---------------

**Baseline data was not available/provided.**

<b>Annual Objectives</b>					
	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
Annual Objective	0.0	0.0	0.0	0.0	0.0

## State Action Plan Table

### State Action Plan Table (Georgia) - Cross-Cutting/Systems Building - Entry 1

#### Priority Need

Increase father involvement among MCH populations

#### SPM

SPM 3 - Percent of fathers (ages 18-55) whose knowledge increased using a Father Involvement curriculum in Georgia Home Visiting Program (GHVP) sites.

#### Objectives

3.1 By 2025, increase the number of Georgia Home Visiting Program sites that offer a Father Involvement curriculum.

3.2 By 2025, increase the number of fathers that are recruited and enrolled into Georgia Home Visiting Program sites fatherhood programs.

3.3 By 2025, increase the number of fathers that are retained and complete the fatherhood programs using a Father Involvement curriculum.

#### Strategies

3.1 Educate Georgia Home Visiting Program sites on evidence-based and best practice models to recruit and retain fathers in fatherhood programming.

3.2 Increase Georgia Home Visiting Program sites access to training on Fatherhood Involvement.

3.3 Collect pre- and post- test data of fathers at fatherhood program sites using a Fatherhood Involvement curriculum.

3.4 Increase Georgia Home Visiting Program sites participating in fatherhood action planning activities that include meetings, conferences, and other events.

3.5 Provide fatherhood curriculum tools and resources to the Georgia Home Visiting Program sites (i.e. marketing materials, needs assessments, forms and templates, etc.).

3.6 Establish a media campaign to increase agency and community awareness of fatherhood programming available through the Fatherhood Initiative.

## **Cross-Cutting/Systems Building - Annual Report**

### *Priority Need: Promote Oral Health Among All Populations*

#### NPM 13: Preventive Dental Visit

Promoting oral health among all populations was determined as a priority need through the 2015 Title V MCH Needs Assessment. The Title V MCH Section includes DPH's Oral Health program that oversees the agencies statewide oral disease prevention activities. The Oral Health program coordinates school-based oral health clinics, the state water fluoridation program, mobile oral health clinics, and co-leads coalitions, partnerships and stakeholder groups that promote oral health within Georgia. Dental diseases are a major health concern affecting many in Georgia. Dental caries and periodontal diseases have an economic and social cost and can result in serious systemic problems, pain, and suffering. Most oral diseases are preventable, and DPH's Oral Health program makes every effort to promote and implement preventive measures for all of Georgia's citizens. In the reporting year, the Oral Health program served a total of 34,095 people.

The Oral Health program staff helped update safety net resources and low-cost dental sites across the state with the Georgia Oral Health Coalition. Federally Qualified Health Centers (FQHC), public health departments, and nonprofit organizations provided updated information concerning dental services provided, age range of patients served, scope of services provided, hours of operation and contact information. The updates were reported to a care resource page on the Georgia Oral Health Coalition website. The website was also redesigned to be more user-friendly with support from the Oral Health program.

The Oral Health Director and Program Manager had an abstract accepted for the March 2019 AMCHP conference and presented a session on Oral Health Considerations in CYSHCN populations at the conference. The MCH Director was invited to participate on a panel at the National Oral Health Conference in Memphis in April 2019. Partnership experiences, strategies, and best practices on oral health integration/incorporation into state Title V programs was shared. In September 2019, The Director of Oral Health and the MCH Director participated on a four-person panel national webinar hosted jointly by AMCHP and the Association of State and Territorial Dental Directors on Oral Health integration/incorporation into state Title V programs. The webinar was attended by state MCH, Title V, and Oral Health program staff from across the country as well as other stakeholder and partner organizations. In June 2019 the Director of Oral Health was invited to present on Oral Health in Safety Net Settings at the Tri-State Oral Health Summit in Birmingham, Alabama.

Additional Oral Health program activities and initiatives are included in the Women's Health, Child Health, Adolescent Health, and CYSHCN narrative domain sections.

#### *Community Water Fluoridation*

The Community Water Fluoridation program (CWF) is mandated through state legislation requiring all public community water systems serving over 25 non-transient people to adjust their fluoride levels to the state mandated level. The Oral Health program contracts with the Georgia Rural Water Association to monitor and train water plant operators in the safety, benefits, and value of CWF. Water systems who adjust their fluoride level are required to monitor their fluoride level daily. Each month the Oral Health program monitors the water systems to ensure fluoridation levels are within the recommended range. The Oral Health program also leads the Georgia Fluoride Advisory Committee comprised of GRWA, Environmental Protection Division, DPH, Georgia Department of Natural Resources, Georgia Dental Association, and the Georgia Dental Hygienists Association. The committee guides the development of policies and advises on the daily operations of the CWF.

CWF is one of the most effective strategies to implement population based oral health improvement interventions which breaks down access to care barriers like socio-economic and rural status, as well as other demographics such as racial disparities. CWF cross cuts many social determinants of health and was listed by the CDC as one of the top ten public health achievements in the United States during the 20th century. Georgia has one of the highest population percentages of residents with access to community water fluoridation with 96% of those individuals on public water systems. The Oral Health program provides six trainings annually on community water fluoridation to water plant operators across the state, as well as works with long time partner Georgia Rural Water Association, to conduct evaluations and provide technical assistance and resources at approximately 330 adjusting community water systems across Georgia each year. This helps assure fluoridation is in the optimal and recommend range to provide the best clinical benefit to Georgia citizens.

#### *Teledentistry*

In the reporting year, a DPH hygienist and dental assistant provided clinics in three elementary schools with video conferencing equipment to consult with remote dentists. The hygienist provided preventive services including cleanings, x-rays, intra-oral diagnostic photos, dental sealants and fluoride varnish application on site in the elementary school setting and referred to local contracted dentist for restorative dental services. Approximately 600 children were seen in the elementary school settings through the teledentistry program.

#### *MCH Emergency Preparedness*

MCH understands the importance of Emergency Preparedness (EP) planning and response as it relates to MCH populations. During the reporting year, MCH made a conscience effort to develop a partnership with DPH's Emergency Preparedness (PHEP) and Healthcare Preparedness Program (HPP) Teams on the state and local levels to ensure that the needs of women of reproductive age, pregnant women, infants, children, adolescents, and CYSHCN were considered during emergency response and recovery phases of tornadoes, floods, hurricanes, and pandemics.

#### **Current Year: Oct 2019 – Sept 2020**

#### *Priority Need: Promote Oral Health Among All Populations*

#### NPM 13: Preventive Dental Visit

#### *Community Water Fluoridation Program*

In the current year, the Oral Health program monitors the water systems to ensure fluoridation levels are within the recommended range. The Oral Health program also leads the Georgia Fluoride Advisory Committee comprised of GRWA, Environmental Protection Division (EPD), Georgia Department of Natural Resources (DNR), Georgia Dental Association (GDA), Georgia Dental Hygienists' Association (GDHA) and DPH. The committee guides the development of policies and advises on the daily operations of the CWF program. The Oral Health program in collaboration with GRWA teaches six fluoridation training classes each year for water plant operators on the safety, benefits, and value of the Community Water. The trainings provide guidance on the benefits of community water fluoridation, and the importance of their role in their local communities providing a public health benefit to all including pregnant women and children from all backgrounds and demographics.

#### *MCH Emergency Preparedness*

In the current year, MCH Emergency Preparedness activities were focused on routine MCH Emergency Preparedness Operations, MCH and MCH Epidemiology special projects, Centers for Disease Control and Prevention (CDC) Association of Maternal and Child Health Programs (AMCHP)/ Emergency Preparedness and

Response Action Learning Collaborative (EPR-ALC), and MCH COVID-19 Preparedness and Response Activities.

#### Routine MCH Emergency Preparedness Operations

During the current year, the Title V Team coordinated and facilitated the development of an MCH EP Operations strategy. An annual MCH Emergency Work Plan was developed and EP training for the MCH Workforce was provided. Additional activities included participation on the EP Underserved Special Populations (USP) and Department of Health Emergency Assistance Resource Team (DHEART) Committees and EP conferences, state and local exercises. The Title V Team Lead also provided MCH training to EP leaders and local and district staff to ensure knowledge of MCH programs and services. The Title V team supported EP in the Emergency Operations Center (EOC) during EP response and recovery phases coordinating MCH staff rotation for EP operations assistance and providing support to the MCH Core Team which includes the CYSHCN Director, a Women's/Perinatal Health Nurse, WIC Liaison, and Communications.

#### MCH and MCH Epidemiology Special Projects

The Title V Team Lead and the Director of MCH Epidemiology collaborated to complete the CDC MCH Epi-Emergency Preparedness Capacity Assessment Key Informant Interview and the Council of State and Territorial Epidemiologist (CSTE) MCH Emergency Preparedness Survey. The Director of MCH Epidemiology serves on the CSTE committee during the current year and is a key participant in updating the Reproductive Health Assessment After Disaster (RHAD 2.0) Emergency Preparedness Toolkit.

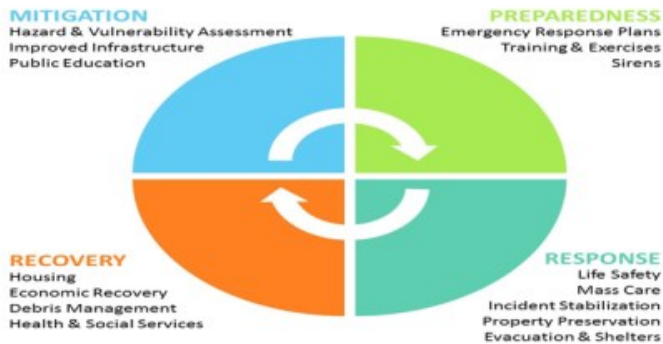
#### Emergency Preparedness and Response Action Learning Collaborative (EPR-ALC)

The MCH Section was one of eight states selected to participate in the 2019-2020 CDC/AMCHP Emergency Preparedness and Response Action Learning Collaborative. States were required to complete a state-specific project in support of Maternal and Infant Health, and to complete a checklist of 22 activities with multiple steps during a ten-month period. The framework for the maternal and infant EPR plan at the state/territorial level included the following strategies:

- A. Integrate MCH considerations into state/territory EPR Plan
- B. Develop a plan to gather epidemiologic/surveillance data on women of reproductive age and infants to guide action
- C. Establish/promote EPR communication about target population with clinical partners, public health and governmental partners, and with the general public
- D. Identify public health programs, interventions, and policies to protect/promote health and prevent disease and injury in emergencies among maternal and infant populations

Completing activities for the EPR-ALC unknowingly helped prepare MCH, MCH Epidemiology, Emergency Preparedness, Newborn Screening and Georgia's State Registrar to respond to COVID-19 for Georgia's MCH populations. Georgia's EPR-ALC Team consisted of members from Title V, Emergency Preparedness, CYSHCN, Women's Health, WIC and Home Visiting. The Scope of Work for this project was to ensure that MCH Populations, especially those that are most vulnerable, have access to education and materials on preparing for and coping with disaster.

Project Focus: EP Mitigation Phase



Project Activities:

- Hazard and Vulnerability Assessment
- Review Reproductive Health After Disaster (RHAD) Toolkit
- Review Pregnancy Estimator
- Review Community Assessment for Public Health Emergency Response (CASPER)
- Add four EP Questions to Pregnancy Risk Assessment Monitoring System (PRAMS)

Improved Infrastructure:

- Train MCH Workforce on Emergency Preparedness

Public Education: MCH Toolkit

- CYSHCN (special needs/disabilities)
- Maternal Health & Perinatal Health (Infant Feeding (WIC), Safe Sleep, Breastfeeding, Pregnant Women, & Family Planning)
- Children (including Adolescents)
- Sheltering

MCH COVID-19 Preparedness and Response Activities

The MCH Section played an important leadership role in providing guidance and support to staff, district offices, health care providers, families, and community partners during the COVID-19 pandemic response. MCH programs were challenged to continue providing services to women, infants, children, fathers and families across the state while also providing emergency preparedness response activities.

*MCH COVID-19 Preparedness and Response Activities:*

- MCH Section: Developed Continuity of Operations Plans (COOPS) for all programs; assisted in staffing DPH Call Center and Call Tracing Activities; established protocols and guidelines to allow innovative service provisions - telephonic visits, telehealth and tele-audiology services, and other virtual visits for families and providers.
- MCH Nurses: Performed patient quarantine clinical support and supervision, staffed case management Isolation Site Referral Line
- MCH Epidemiologists: Georgia MCH Epidemiologists participated in CDC's COVID-19 Optional Surveillance in Pregnancy initiative and served as members of State Core COVID-19 Team.

- District MCH Staff: Provided telephonic, virtual, telehealth, and limited in-person services to families; assisted with staffing District call centers and COVID testing sites.
- Title V: Coordinated response efforts with Emergency Preparedness; provided EP updates to MCH and Division Leadership; coordinated MCH volunteers; provided district level program update reports to MCH and Division Leadership
- Strategic Planning and Partnership: Developed MCH COVID-19 informational webpage <https://dph.georgia.gov/women-and-children> for the public; developed COVID-19 SharePoint Resource Page for Division Staff.
- Newborn Screening (NBS): Supported NBS, Sickle Cell Disease and Sickle Cell Trait Follow-up by developing supplementary guidance and operations protocols for providers supporting newborns during pandemic; maintaining 24/7 call line for consultation with NBS providers; developing new procedures to allow children with Sickle Cell Disease and Trait to attend Camp New Hope virtually by using tablets and internet hotspots.
- Early Hearing Detection and Intervention (EHDI): Outlined essential services related to 1-3-6 EHDI Benchmarks of Screening (by 1 month), Diagnosis (by 3 months) and enrollment in early intervention (by 6 months) in COOP. Developed guidelines for birthing facilities for screening and referrals to the EHDI program, and for District responsibilities, upkeep and tracking of available services for families.
- Children 1st and 1st Care: Provided guidance for telephonic case management for families.
- Georgia Home Visiting Program: Provided home visiting services to families via WebEx platform; provided telephonic contacts when virtual and in-person contacts were not available options; provided video demonstrations of home visiting evidence-based curriculum activities for families to emulate; delivered statewide virtual group connections for families.
- Healthy Start: Maintained contact with fathers in the fatherhood program using conference calling. Continued incentives for fathers. Developed virtual Fatherhood Speaker Series to replace in-person Fatherhood Summit scheduled for March 2020.
- CYSHCN: Conducted six-month and annual care coordination services telephonically; conducted specialty clinic services via telemedicine; provided reimbursement for three-month supply of medications where appropriate.
- Women/Maternal Health: Performed epidemiology case investigation activities; provided guidance for telephonic assessments and verbal consent for Perinatal Case Management; provided guidance for social distancing for Centering Pregnancy participants; provided support to sites to perform traditional in-person prenatal care for pregnant women.
- Infant/Perinatal Health: Developed virtual training for Georgia Perinatal Quality Collaborative (GaPQC) on the topic of Implicit Bias.
- Oral Health: Conducted virtual meetings for Fluoride Advisory Committee, Georgia Oral Health Coalition, Georgia Rural Water Association Site Visit, and Oral Health Coordinator's Meeting(s). Dentists and Dental Hygienists participated in district COVID-19 emergency operations.

**Cross-Cutting/Systems Building - Application Year**

***Priority Need: Promote Oral Health to All Populations***

**NPM 13: Preventive Dental Visit**

**13.1 Percent of women who had a preventive dental visit during pregnancy**

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

Strategy:

1.6 - Maintain a high level of access for all Georgian's including children who have access to optimally adjusted community water fluoridation as a means of reducing dental decay.

MCH will continue focus on cross-cutting public health issues such as oral health (activities specific to MCH domains are included in the State Action Plan Narrative) and MCH Emergency Preparedness that impacts multiple MCH populations and has an influence throughout the life-course. Issues such as community water fluoridation and emergency preparedness are often central to community and individual overall health status.

***Community Water Fluoridation***

The Oral Health Program will continue to ensure that Georgian's maintain a high level access to the dental benefits of fluoride through the monthly monitoring of water systems throughout the state, offering annual trainings to water plant operators, and partnering with the Georgia Rural Water Association to ensure systems are evaluated annually. The Oral Health Program will continue to promote the CDC's Fluoride Learning Online program.

***Emergency Preparedness***

MCH EP will continue to collaborate and coordinate efforts to develop strategies and plans to engage in emergency planning to ensure the needs of MCH populations are adequately addressed within state planning to address any gaps that may exist. MCH EP will provide education concerning preparing for, responding to, and recovering from an emergency. MCH EP activities will continue focus on four main areas: MCH Emergency Preparedness Operations, MCH and MCH Epidemiology special projects, CDC, AMCHP/ EPR-ALC, and MCH COVID-19 Preparedness and Response Activities. MCH EP will also participate with EP, MCH, and MCH Epidemiologists and Evaluation to evaluate the impact of COVID-19 on MCH populations.