

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

The Georgia Department of Public Health (DPH) Maternal and Child Health Section (MCH) located in the Division of Health Promotion administers the Maternal and Child Health Services Title V Block Grant. DPH is the lead agency in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective. The Title V Program serves as the backbone of maternal and child health policy and program administration, serving as the core public health system for women, children, children and youth with special health care needs (CYSHCN), and families within the state of Georgia. The Title V Program serves the state's 18 public health districts comprised of one or more of 159 counties and county health departments.

The Title V Program coordinates MCH activities across funding sources, state agencies, and local providers. It relies on partnerships, high quality shared measurement, and data to track the impact and effectiveness of services, activities, and strategies. MCH utilizes the federal Title V Maternal and Child Health Block Grant to address the goal of establishing a foundation of health early in life by investing in and fulfilling its commitment to improve the health of women, infants, and children, including those with special health care needs. In addition, DPH works to address social determinants of health and improve health equity.

In 2019, DPH achieved national accreditation through the Public Health Accreditation Board (PHAB). The national accreditation program works to improve and protect the health of the public by advancing and transforming the quality and performance of health departments. Dr. Kathleen Toomey was appointed the new DPH Commissioner in January 2019. DPH will continue in its mission to prevent disease, promote better health, and ensure families have the resources they need to prepare for and respond to health emergencies caused by flooding, hurricanes and tornadoes. Dr. Toomey is an epidemiologist and board-certified family practitioner, and most recently served as Director of Fulton County Department of Health and Wellness where she led the agency's transition to become the Fulton Board of Health. Dr. Toomey served as Director of Public Health in Georgia during the late 1990s and early 2000s.

Needs Assessment Summary

Georgia conducted a comprehensive needs assessment in 2015 to identify priorities for the FY 2016-2020 MCH Block Grant. Both qualitative and quantitative data were examined to better understand the needs and desired health outcomes of the state's MCH populations. Georgia continuously assesses the needs of MCH populations and updates priorities as needed during interim years. This comprehensive process assists with identifying emerging priorities to address and improve MCH in Georgia while leveraging resources and partnerships across the state.

The 2015 Needs Assessment identified emergent and ongoing needs such as opioid and Zika. Georgia has seen an increase in opioid use and the effects on children and families. Opioid misuse and abuse among women of childbearing age has led to an increase in Neonatal Abstinence Syndrome (NAS). In 2018, using ICD-9 and ICD-10 codes, 1,491 NAS cases out of 115,597 total resident live hospital births were reported for a NAS rate of 12.9 per 1,000 live births. DPH works to implement a sustainable, collaborative and multi-disciplinary approach in response to Georgia's opioid crisis. With the emergence of Zika virus, Georgia created a Zika Response Team within the Epidemiology Section of the Child Health Epidemiology section. Several activities have been performed to maintain and enhance the surveillance of Zika-related health impacts. In 2018, Title V collaborated with the State Refugee Health Program 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. Expanding MCH reach ensures that all

mothers, children, children and youth with special healthcare needs, and families have access to adequate health care services which will further improve the overall health outcomes in Georgia communities.

Stakeholder engagement and partnerships are central to all phases of Georgia's Title V work. Title V program staff work with external and internal stakeholders to provide MCH leadership and ensure that Title V work is represented and integrated within and across agencies. Partnerships provide critical opportunities to leverage Title V's work and develop collaborations to benefit the MCH population and maximize use of funds. This work also informs ongoing needs assessment, strategy implementation, evaluation, and modification of strategies and activities throughout the five-year cycle. DPH's success in improving health outcomes relies on leveraging extensive state-wide partnerships. In addition to maintaining close relationships with public health districts, MCH partners with over 100 external stakeholders including Georgia's Hospital Association, Georgia's American Academy of Pediatrics, Georgia's Academy of Family Physicians, and Georgia's Obstetrics and Gynecological Society. In addition, families and consumers are recognized as valued partners in making significant change in performance measures.

Population needs and priorities

Across all MCH programs, implementation efforts include activities specific to health equity, community engagement, performance management, quality improvement and evaluation. Georgia data illustrates that not all people have the same opportunity to be healthy. Title V efforts are focused on health equity and are integral in assuring that those populations experiencing the greatest health disparities receive equitable and needed services.

The following represents a snapshot of key 2017 Georgia characteristics and health indicators from the Georgia Online Analytical Statistical Information System (OASIS):

Number of births: 129,158

% Preterm births: 11.4%

% Low birth weight births: 9.9%

Infant mortality rate (per 1,000 live births)

State: 7.2

White: 4.8

Black: 11.6

Maternal mortality ratio (Maternal Mortalities/per 100,000 births)

State: 37.2

White: 24.3

Black: 57.1

Progress on each priority is outlined below by MCH population domain:

Women/Maternal Health: Due to the critical need to reduce maternal mortality the Title V Program focused on efforts to impact this need. In 2011 the maternal mortality rate (MMR) was 28.7 which on average was four times higher in Black, non-Hispanic women (39.1 deaths per 100,000 live births) than White, non-Hispanic women (9.6 deaths per 100,000 live births). These staggering rates and the underlying racial and ethnic disparities served as the impetus for the creation of a statewide Maternal Mortality Review Committee (MMRC) in 2012. Administered by the Georgia Obstetrical and Gynecology Society with funding provided by MCH, the committee reviews cases to determine causes of death, and provides recommendations for maternal mortality reduction. As of 2018, the MMRC has reviewed 250 maternal deaths in Georgia from 2012 to 2014. Of the 250 maternal deaths reviewed, 101 were determined to be pregnancy-related deaths. The Alliance for Innovation and Maternal Health (AIM) Safety Bundles

was implemented in birthing facilities as a result of the committee's findings in birthing facilities to prevent leading causes of maternal morbidity and mortality. Georgia joined the National Alliance for Innovation and Maternal Health initiative as an AIM state in 2017.

Perinatal/Infant Health: Infant mortality is the single leading indicator of the overall health and well-being of a population. In 2017, Georgia's infant mortality rate (IMR) per 1,000 live births was 7.2, compared to 5.8 in the Nation. In the 2015 Needs Assessment, stakeholders identified infant mortality and the need to reduce maternal substance use as a state priority. The major evidence-based strategies recommended nationally for addressing infant mortality are regionalized perinatal care, safe sleep initiatives, and improving breastfeeding rates. In 2018, DPH launched an initiative to designate hospitals according to the level of maternal and neonatal care the facility is capable of providing. DPH continues to develop strong partnerships around the coordination of Regional Perinatal Centers (RPC) by providing information and education to delivering facilities, staff, and women to ensure they deliver at the appropriate facility in instances where mother and baby may require specialized care. In 2018, the Neonatal Subcommittee of the Georgia Perinatal Quality Collaborative (GaPQC) developed a baseline survey for birthing hospitals to determine current practices around NAS diagnosis and treatment and to explore gaps and opportunities for maternal interventions to impact birth outcomes. Increasing breastfeeding rates and eliminating sudden unexplained infant deaths are ongoing MCH initiatives which are integral parts of Georgia's strategic plan to reduce infant mortality. Georgia has 16 baby-friendly designated birthing hospitals commitment to creating a culture of breastfeeding. The Georgia Safe to Sleep initiative has 100% of the 77 birthing hospitals providing parents with safe infant sleep education prior to hospital discharge. In 2018, 87.3% of hospitals reported having a safe infant sleep policy in place or in progress.

Child Health: Promoting developmental screenings and physical activity were priorities for child health in our 2015 statewide Needs Assessment. In 2018, the Children 1st (C1st) program facilitated over 90 trainings on Ages and Stages Questionnaire developmental screening tool, developmental milestones and Child Health Referral System to more than 2,300 staff from hospitals, public health programs, community organizations, daycare centers, head start programs and primary care offices. Addressing obesity requires a multi-level approach, involving both policies and activities in schools. In a partnership with the Georgia Department of Education (DOE), MCH works intensively on obesity prevention in elementary and early learning school settings. These efforts include the Georgia School Health and Physical Education (SHAPE) Network, which provides trainings and resources for school district staff and administrators on incorporating physical activity into daily school activities.

Adolescent Health: MCH addresses risk and protective factors for children ages 8-17 at the local, regional, and state levels and provides evidence based interventions and evidence informed strategies to employ for prevention of suicide. The Sexual Violence Prevention Program administers Step Up Step In (SUSI), an awareness campaign that addresses sexual bullying prevention and targets middle and high school students. The Student Health and Physical Education (SHAPE) Network, also implements the Power Up for 30 program in Georgia middle schools to increase physical activity in seven middle schools. DPH's Adolescent Health and Youth Development (AHYD) program aims to empower youths with the knowledge and skills to strengthen their relationships, increase community awareness and engagement to solve adolescent related issues.

Children and Youth with Special Health Care Needs (CYSHCN): CYSHCN priorities are to improve systems of care for CYSHCN with an emphasis on educating providers, families, and adolescents on the health care transition from pediatric to adult care process as well as the expansion of DPH's Telehealth infrastructure to support specialty clinic services. The Children's Medical Services (CMS) Program partners with health care providers, state agencies, and community organizations to coordinate health care service and supports for eligible CYSHCN and their families. In 2018, 8,085 children and youth were served by the CMS program. During this time, 84% of transition age youth, ages 14 to 21, received education and support to transition from pediatric care to adult-centered health care.

Approximately 988 CMS participants and families partnered with their care coordinator to plan for transition from pediatric care to adult centered health care. Telehealth technology is utilized to provide education and pediatric specialty care in all 159 counties. Partnership between specialty care providers and telehealth entities allowing for program expansion. The Parents as Partners Project enhances and further supports the system of care for CYSHCN. Currently, there are eleven Parents as Partners trained and supporting families with children and youth with special health care needs.

Cross-Cutting/Life Course: Oral health is a priority for the MCH section and a strategic focus to improving health outcomes for women, infants and children. The Oral Health program provides training to organizational stakeholders on oral health and provides services including fluoride varnish, dental sealants, prevention education and comprehensive restorative treatment. School-based prevention programs targeting high-risk children, teledentistry, and tobacco prevention programs to pregnant women are also provided. Georgia's Oral Health Program actively provides training and presentations on best practices and the importance of oral health in all MCH domains at the local, state, and national levels.

Family Centered Services

The MCH section set a goal to expand family centered services across all MCH programs. Family and community partners are engaged in strategic planning, program development, quality improvement initiatives, and workforce development to assess and build capacity around family engagement. MCH host multiple committees and councils for which families, organizations and partners participate throughout the health districts. DPH provided an opportunity for the BCW Family Leader to attend the 2019 AMCHP Conference. At the state level, MCH has one full time family engagement staff member who works with the Children and Youth with Special Health Care Needs program and provides guidance and technical assistance to all MCH programs.