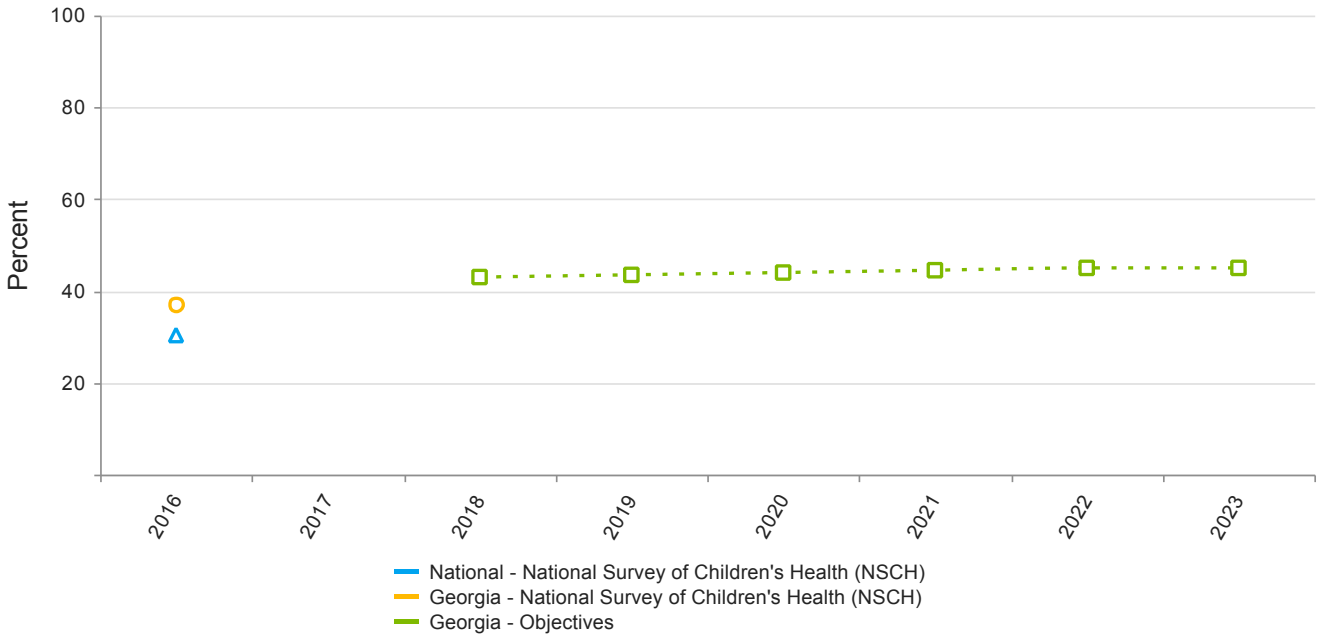
**Child Health**

**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 | NPM 6 |
| NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year | NSCH-2016 | 13.3 % | NPM 13.2 |
| NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health | NSCH-2016 | 90.3 % | NPM 6<br>NPM 8.1<br>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-2016 | 18.6 % | 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-2014 | 13.0 % | 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) | YRBSS-2013 | 12.7 % | NPM 8.1 |

## 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**
**Baseline Indicators and Annual Objectives**




| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH)** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 37.1 |
| Numerator | | 104,456 |
| Denominator | | 281,856 |
| Data Source | | NSCH |
| Data Source Year | | 2016 |

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 | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 43.0 | 43.5 | 44.0 | 44.5 | 45.0 | 45.0 |

**Evidence-Based or –Informed Strategy Measures**

**ESM 6.1 - 6.1.1. Number of public health districts using at least two developmental screening methods regularly**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | 5 |
| Annual Indicator | 8 | 8 |
| Numerator | | |
| Denominator | | |
| Data Source | Children 1st Program Data | Children 1st Program Data |
| Data Source Year | 2016 | 2017 |
| Provisional or Final ? | Final | Final |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 10.0 | 15.0 | 18.0 | 18.0 | 18.0 | 18.0 |

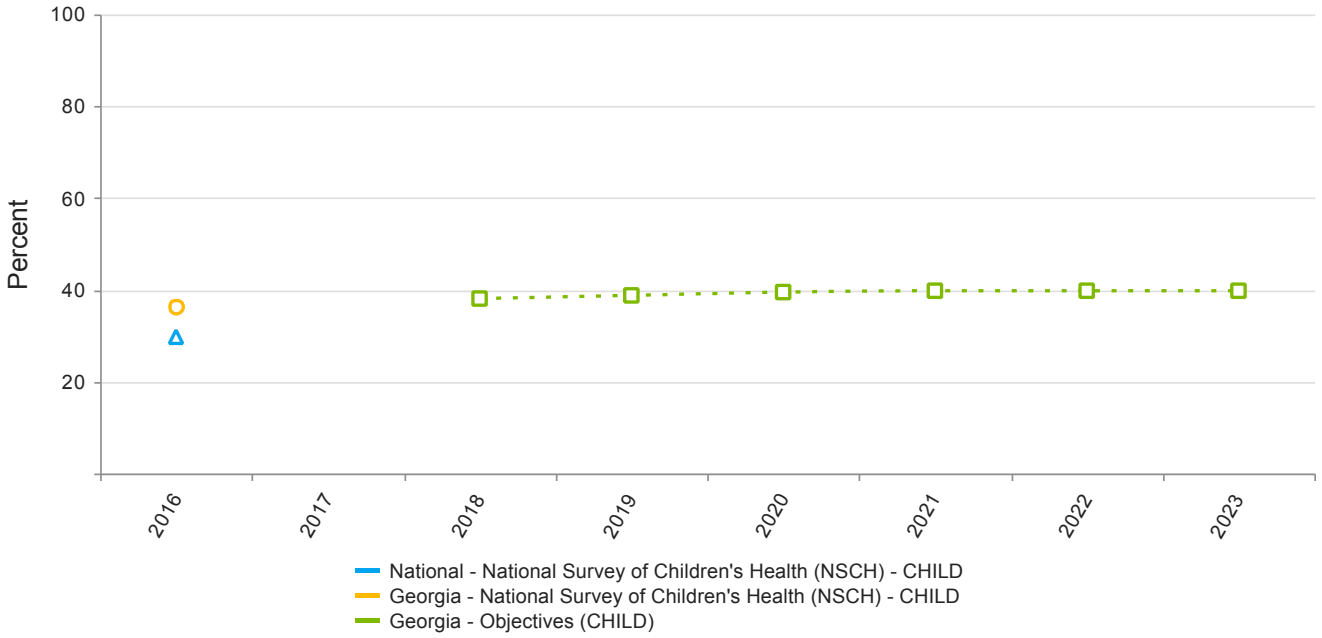
**ESM 6.3 - 6.2.1. Number of formal training opportunities on developmental screening conducted in each public health district health districts each year**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | 2 |
| Annual Indicator | 9 | 20 |
| Numerator | | |
| Denominator | | |
| Data Source | Children 1st Program Data | Children 1st Program Data |
| Data Source Year | FFY 2016 | FFY 2017 |
| Provisional or Final ? | Final | Final |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 14.0 | 26.0 | 30.0 | 36.0 | 38.0 | 38.0 |

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



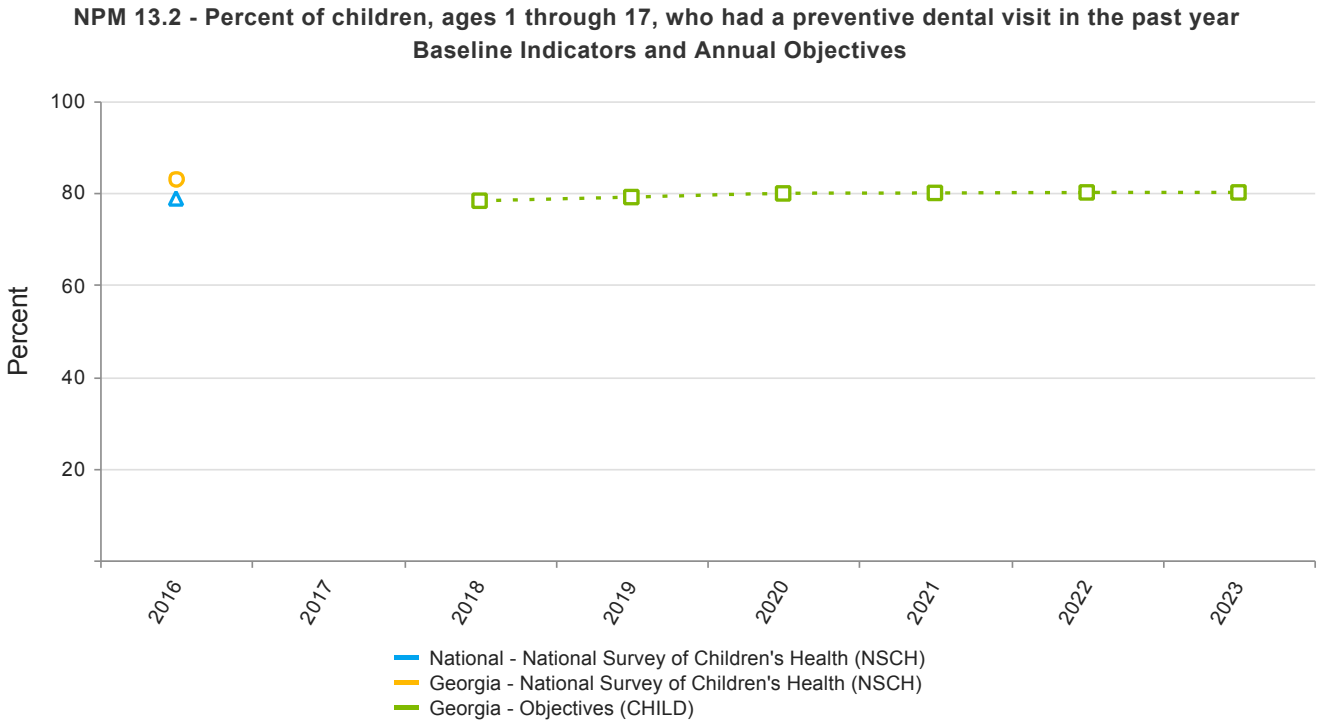

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH) - CHILD** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 36.4 |
| Numerator | | 301,002 |
| Denominator | | 826,166 |
| Data Source | | NSCH-CHILD |
| Data Source Year | | 2016 |

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 | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 38.1 | 38.8 | 39.5 | 39.8 | 39.8 | 39.8 |

**Evidence-Based or –Informed Strategy Measures**

None




**NPM 13.2 - Child Health**

| Federally Available Data | | |
|---|---|---|
| **Data Source: National Survey of Children's Health (NSCH)** | | |
| | **2016** | **2017** |
| Annual Objective | | |
| Annual Indicator | | 83.0 |
| Numerator | | 1,968,896 |
| Denominator | | 2,372,620 |
| Data Source | | NSCH |
| Data Source Year | | 2016 |

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 | | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Annual Objective | 78.2 | 79.0 | 79.8 | 79.9 | 80.0 | 80.0 |

**Evidence-Based or –Informed Strategy Measures**

**ESM 13.2.1 - 11.1.2. Number of dentists, hygienists and staff educated on four specific dental services for individuals with special needs and the oral health connection and services**

| Measure Status: | Active |
|---|---|

| State Provided Data | | |
|---|---|---|
| | 2016 | 2017 |
| Annual Objective | | 5 |
| Annual Indicator | 15 | 32 |
| Numerator | | |
| Denominator | | |
| Data Source | Oral Health Program Data | Oral Health Program Data |
| Data Source Year | 2016 | 2017 |
| Provisional or Final ? | Final | Final |

| Annual Objectives | | | | | | |
|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Annual Objective | 10.0 | 20.0 | 30.0 | 40.0 | 40.0 | 40.0 |

**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 2020, increase the number of partner agencies who are trained on developmental screening tools in the 18 public health districts from 0 to 20

6.2. By 2020, increase the number of early childhood providers in the 18 public health districts, from 0 to 20, who disseminate educational resources about developmental milestones and developmental screening to families.

### Strategies

6.1.a. Convene a work group to recommend new, innovative, and effective screening methods (ie. phone, web-based, telephonic)

6.1.b. Identify two new partners per district who are able to administer developmental screens

6.1.c. Use a Train the Trainer model to train newly identified partners in each district on developmental screening tools

6.2.a. Partner with the Georgia American Academy of Pediatricians to disseminate educational resources to pediatric providers

6.2.b. Train public health district staff on developmental milestones and counseling skills to encourage parents to receive a formal developmental screen

6.2.c. Collaborate with early childhood stakeholders to disseminate Learn The Signs. Act Early, information to parents, to increase awareness of developmental milestones

6.2.d. Implement an evidence-informed child health information and referral system, to promote population developmental screening and referral for at-risk children

6.2.e. Collaborate with the Department of Family and Children Services, Women's Infants and Toddler, and Part C to disseminate information and provide training on monitoring developmental milestones.

| ESMs | Status |
| --- | --- |
| ESM 6.1 - 6.1.1. Number of public health districts using at least two developmental screening methods regularly | Active |
| ESM 6.2 - 6.1.2. Number of partners reporting utilization of developmental screening tools | Inactive |
| ESM 6.3 - 6.2.1. Number of formal training opportunities on developmental screening conducted in each public health district health districts each year | 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

Promote physical activity among children

### NPM

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

### Objectives

7.1. By 2020, improve Aerobic Capacity (AC) HFZ measure for students in grades 4-12 by 1% each year for 4 years.

7.2. By 2020, increase the number of Quality Rated Early Care and Learning Centers that are Shape awarded by 100%

7.3. By 2020, increase Georgia's student population assessed via Fitnessgram assessment

7.4. By 2020, improve the Body Mass Index (BMI) HFZ measure for students in grades 1-12 by 1% each year for 4 years.

7.5 By 2019, ensure 63% of males and 49% of females are inside the HFZ measure for AC

7.6 By 2019, 64% of Georgia’s Students will fall inside the HFZ for BMI

## Strategies

7.1.a. Implement and build sustainability for the Power Up for 30 (PU30) program that trains elementary school educators how to incorporate an extra 30 minutes of physical activity into the day (in addition to quality physical education class)

7.1.b. Implement a Middle School PU30 program in at least 5 middle schools

7.1.c. Implement a Pre-service teacher certificate program that trains educators to incorporate physical activity into the school day

7.1.d. Train at least 300 after school providers with PU30 program to incorporate physical activity into after school programs

7.1.e. Award at least 50 schools through the Georgia Shape Grantee program to increase physical activity and healthy nutrition efforts at the school level with mini grants and expert technical assistance

7.2.a. Collaborate with Department of Early Care and Learning (DECAL) to award at least 75 additional early learning centers that adhere to the 14 Quality Rated Nutrition and Physical Activity assessment items, whereby receiving the Quality Rated Georgia Shape recognition award

7.2.b. Collaborate with DECAL to train at least 50 early learning centers with the Growing Fit Kit curriculum, whereby guiding centers to create physical activity and healthy nutrition policy at the local level

7.3.a. Collaborate with Department of Education to increase the number of students that receive the Fitnessgram assessment through physical educator teacher training, afterschool provider training, and in-service teacher training(s)

7.4.a. All strategies listed above are in place to support this measure

## NOMs

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

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)

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

### Priority Need

Promote oral health among all populations

### NPM

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

### Objectives

11.1. By 2020, develop a collaborative partnership working with women's health partners and the Chronic Disease Section to promote perinatal oral health

11.2. By 2020, develop an oral health resource database for CYSHCN

11.3. By 2020, increase the education and promotion activities regarding oral health among low-income Hispanic mothers and children from 0 to 8

### Strategies

11.1.a. Partner with public health districts, private practices, dental hygiene programs (the Augusta University, Dental College of Georgia) to promote perinatal oral health screenings

11.1.b. Offer comprehensive educational webinars/presentations

11.2.a Educate public health district oral health staff on special considerations and treatment needs for special needs patients

11.2.b. Determine data sources and begin collecting data to develop a special needs dental access database with location of practices serving special needs children and adults/special services offered, such as general anesthesia, orthodontics, insurance accepted and other specialties

11.3.a. Improve the Oral Health Education Initiative program to include culturally competent messages for low-income Hispanic children and adolescents

| ESMs | Status |
| --- | --- |
| ESM 13.2.1 - 11.1.2. Number of dentists, hygienists and staff educated on four specific dental services for individuals with special needs and the oral health connection and services | 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

*Priority Need: Promote Developmental Screenings Among Children*

NPM 6: Developmental Screening for Children

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 monitoring and developmental screening.

C1st remained the single point of entry for at risk children, and connected children and their families with public health programs, as well as other prevention based programs and services. C1st aimed to identify all children birth to five who are at risk for poor health and development. C1st is available in every county in Georgia and its system includes partnerships with; Department of Community Health (DCH), Department of Education (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. C1st Coordinators utilized validated screening tools as a primary tool to identify children who, without early intervention, are at risk for poor developmental outcomes. Children with significant developmental delays were referred to intervention programs as quickly as possible to maximize the benefits of early intervention. Children who did not demonstrate significant delays during their developmental screening were monitored by the C1st program and received follow-up visits or phone calls in six month intervals. C1st Coordinators discussed the importance of developmental monitoring with families and often share the CDC's Learn the Signs. Act Early (LTSAE) materials with caregivers to enhance their understanding of age-appropriate developmental milestones along with a tool to track their child's development. C1st Coordinators communicated with pediatricians during monitoring activities to learn about any concerns the child's health care provider may have about his/her growth and development.

*Priority Need: Promote Physical Activity Among Children*

NPM 8: Physical Activity for Children and Adolescents

In the reporting year, Georgia SHAPE continued the management of statewide Fittnessgram "booster session" contracts with HealthMPowers (HMP) 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 8-12 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 and Power-up for 30: 180,038
- Growing Fit: 3196
- Early Feeding Program: 278 providers, reaching approximately 7,500 children
- WIC Live Trainings: 73 people, reaching approximately 8,200 children
- WIC Online Module: 265 completions
- School Nutrition: (Live and Online) 240 schools, reaching approximately 165,495 children

*Priority Need: Promote Oral Health Among All Populations*

NPM 13: Preventive Dental Visit

Approximately 13,000 school age children lacking an adequate source of fluoride received fluoride mouth rinse or fluoride varnish treatments in 2017.
Public Health Dental personnel placed more than 14,000 dental sealants on the permanent molars of Georgia children in 2017.

Public health dental hygienists teach school children the importance of proper brushing, flossing, and good nutrition for good dental health. More than 91,000 school children were reached in 2017.

In the reporting year, the Sealant Coordinator targeted Spanish speaking families at Hightower Elementary school where approximately 90% of the students are Hispanic and 94% of their students are in the free and reduced lunch (FRL) program. The Oral Health Program also participated in a book fair for parents and students providing education and outreach at Norcross Elementary School. The school is 86% on FRL.
The Oral Health program staff attended Family Physicians, OB/GYN and Pediatric conferences to promote the importance of oral health for their patients. In January 2017, an article for the Georgia Association of Family Physicians (AFP) was posted on their website encouraging practices to include the oral health assessment for all children and the fluoride varnish application for high risk children. In May 2017, an online webinar on fluoride varnish was presented on the Georgia Academy's website. Office trainings were offered for practices wanting hands-on training.

Other Child Health Programs

*Early Hearing Detection and Intervention (EHDI)*
In the reporting year, EHDI maintained and supported a comprehensive, coordinated statewide screening and referral system. EHDI included screening for hearing loss on all newborns in the birthing hospital; referral of those who do not pass the hospital screening for rescreening; referral of those who do not pass the rescreening for diagnostic audiological evaluation; and linkage to appropriate intervention for babies diagnosed with hearing loss. EHDI coordinators conducted surveillance and managed follow-up contacts through the SendSS statewide database.

The EHDI program partnered with several external entities to improve follow-up services, outreach, resource referral, and education:

- Auditory-Verbal Center, Inc: EHDI contracts with the Auditory-Verbal Center, Inc. (AVC), which provides intervention services to children who are deaf or hard of hearing, manages the hearing aid loaner bank for families unable to acquire hearing aids, as well as provides an onsite audiologist to perform follow-up screening and diagnostic testing.
- Georgia PINES (Early Hearing Orientation Specialists): the EHDI program supports Early Hearing Orientation (EHO) Specialists through the Georgia Parent Infant Network for Educational Services (Georgia PINES) within the Department of Education, which is a non-Part C early intervention provider. The EHO Specialist visit is the initial visit a family receives after their child has been identified with a permanent hearing loss and serves to provide family support and introduce families to resources available as they begin intervention services.
- Georgia Hands & Voices: the EHDI program also funds Georgia Hands & Voices, a parent organization, to provide advocacy support and training to families through a program called ASTra. Georgia Hands & Voices

also contracts with the EHDI program to support the Guide By Your side initiative, which is a program in which parent mentors provide support to parents of children diagnosed with hearing loss.

- Georgia PINES (Deaf Mentor Program): EHDI also supports the Deaf Mentor program through Georgia PINES to provide education, guidance, and support on Deaf Culture to more families with children that are deaf or hard of hearing (D/HH) in Georgia.

  During the reporting year, the EHDI program continued to work on a long term follow up study and evaluation (100 Babies Project), which looks at long-term language outcomes of D/HH children in Georgia.

*100 Babies*

The 100 Babies Project is a long-term follow-up evaluation of early childhood outcomes for children who are diagnosed as deaf or hard of hearing (D/HH) through newborn hearing screening. 100 Babies partners with the DPH and the Georgia Pathway to Language and Literacy, a coalition of professionals, advocates, and parents who serve deaf and hard of hearing (D/HH) throughout the State of Georgia.

The goal of the 100 Babies project is to ensure grade level literacy by 3rd grade regardless of language used (spoken language and/or American Sign Language). The aims of the project are to identify system gaps and provide evidence-based solutions to improve outcomes. DPH collects language assessments and caregiver surveys from over 250 families participating in the project. Birth through third grade assessments and surveys include:

- Audiological information (hearing aids, cochlear implant, etc.)
- Access and enrollment of intervention services
- Language assessments
- Family survey (collected annually)

Data collection efforts continued to be collected from the project and analyzed to better understand the fitness of the EHDI and early intervention systems. DPH continued to enroll families into the 100 Babies Project and use project findings to improve outcomes for D/HH children in Georgia.

*Brain Trust for Babies*

During the reporting year, DPH embraced the importance of early brain development as a public health priority. Just as healthy food nourishes a growing baby's body, language nutrition nourishes a baby's brain. 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.

The stated goal of the Early Brain Development initiative is 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.

*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.

*Help Me Grow*
*Help Me Grow*® (HMG) is a unique, comprehensive, and integrated statewide system designed to address the need for early identification of children at risk for developmental and/or behavioral problems, and then linkage to developmental and behavioral services and supports for children and their families.

During this reporting period, HMG worked to finalize its initial pre-implementation approach leading to its first phase of implementation. During pre-implementation, HMG focused its efforts on understanding and identifying key opportunities for developing a streamlined system. Through its collaboration with six of 18 Public Health Districts throughout the state during the Process Analysis Sessions, HMG was able to identify key and unique attributes across districts as opportunities for achieving successful outcomes.

*Babies Can't Wait*
Babies Can't Wait (BCW), also known as Part C, is an early intervention service to provide a coordinated, comprehensive and integrated system of service for infants and toddlers with special needs, birth to age three, and their families. This program provided early identification and screening of children with developmental delays and chronic health conditions by using a multidisciplinary evaluation and assessment to determine the scope of services needed. BCW coordinated services to assist the family in developing a plan to improve the developmental potential of infants and toddlers with these health conditions. Early Intervention allowed for support and resources to be built to assist family members and caretakers to enhance children's learning and development throughout everyday learning opportunities.

*Home Visiting*
During the reporting year, MCH continued to implement the Home Visiting program following the transfer of the program from the Department of Human Services to DPH the previous year.

The Home Visiting programs served 1,362 families through 17,279 home visits. Of those served, 1,313 were children.

*Project Launch Georgia (Linking Actions for Unmet Needs in Children's Health)*
During the reporting year, Project Launch provided outreach to area physicians to increase their knowledge of developmental screenings. Health fairs and meetings were held to promote the Project LAUNCH initiative utilizing new marketing materials. Project LAUNCH continued to partner with Children's Healthcare of Atlanta to provide training webinars on social emotional development and trauma, *Strengthening Families through Knowledge of Child Development* and other parent trainings. Through partnerships with New Horizons Community Service Board and Project AWARE, Project LAUNCH collaborated with the school system to screen all children in Pre-K and any child referred through age eight. Home Visitor training was enhanced during this period to include trauma informed reflective skills training.

*Immunizations*
In the reporting year, Georgia Immunization Program (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.

In addition, GIP worked to educate medical providers and laboratories about the importance of disease reporting, with a specific target population of prenatal care providers to increase the number of hepatitis B virus (HBV)-positive pregnant women identified in birth cohort 2018 by 2%, over the total from birth cohort 2017.

*Child Occupancy Safety Program (COSP)*
The mission of DPH is to protect the lives of all Georgians. 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 worked 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.

COSP has several initiatives focused on 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 Child Passenger Safety Technician (CPST) certification, recertification, and instructor development.

COSP, 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 2017, 132 counties either directly participated in or were covered by the Mini-Grant program. The Mini-Grant provided 2,509 monthly classes, trained 12,941 caregivers, and distributed 3,842 seats during FFY17.

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 70 children and 11 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 were 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. In 2017, IPP staff received 31 Teddy Bear Sticker forms and replaced 31 seats.

Other trainings and presentations offered by IPP staff included:

- "You have the Power in Your Pen" – 5 classes, training 160 law enforcement officers
- Child Passenger Safety Technician course – 5 classes, training 70 attendees
- CPST recertification class for current CPSTs – 13 classes with 140 attendees
- "Transporting Children with Special Health Care Needs Training" – 2 classes with 38 attendees
- Keeping Kids Safe – 12 classes at 11 hospitals with 234 nurses trained
- Basic Child Passenger Safety Awareness course – 2 classes with 65 firefighters

Building on minority outreach efforts, the mini-grant training presentation and all training materials were translated with narration in Spanish. Additionally, a Spanish-English flipbook was developed to assist English speaking technicians when working with Spanish-speaking parents/caregivers. This flipbook was piloted with 12 counties in the reporting year. Training was provided to a total of 815 professionals and caregivers through DeKalb International Student Center, Telamon Transportation Training, World Relief Center, and the local Mini-Grant in Coffee County.

**Current Year: Oct 2017 – Sept 2018**

*Priority Need: Promote Developmental Screenings Among Children*

NPM 6: Developmental Screenings for Children

During the current year, the Children 1st (C1st) program continued to focus on developmental screening and monitoring and has had continued success in educating child serving programs about developmental screening. C1st received 28,477 appropriate referrals and C1st Coordinators facilitated 65 developmental screening, developmental milestones and the referral system trainings within the first six months of the year. These trainings provided participants with a wide range of focus areas including; developmental screening, developmental monitoring, and working with the child health referral system when developmental concerns are identified. More than 2,080 staff from hospitals, public health programs, community organizations, daycare centers, head start programs and primary care offices participated in these trainings. Twenty-one of the training opportunities focused on developmental screening using the Ages and Stages Questionnaires. More than 70 participants attended these trainings across four districts. Eight of the 21 trainings were facilitated using the train-the-trainer model. Implementation of this type of train-the-trainer model involved the use of local experts working with other agency staff on developmental screening. C1st also focused efforts on providing materials to families and community partners to support education to caregivers around developmental milestones. More than 2,700 Learn the Signs. Act Early (LTSAE) booklets and brochures were distributed across 20 events in a wide variety of settings including community outreach events, among community organizations, public health departments and during home visits. During the current year, C1st Coordinators attended over 108 outreach events and distributed over 12,620 pieces of literature around LTSAE, developmental milestones and DPH child health programs.

The C1st program has also worked closely with the Georgia Academy of Family Physicians (GAFP) and the Georgia Chapter of the American Academy of Pediatrics (GA AAP) to provide peer-to-peer education on the importance of developmental screening and accessing support through the child health referral system. Through collaboration with GAFP, Jennifer Zubler, M.D., a *Learn The Signs. Act Early* champion and Developmental & Behavioral Clinic Coordinator, presented on the importance of early identification of delays through developmental screening and surveillance during two grand rounds. Similarly, during GA AAP's summer conference, Ira Adams-Chapman, M.D., a well-known neonatologist presented to her peers on the developmental outcomes of high-risk infants, predictors of adverse developmental outcomes in early childhood and psychosocial support for parents and caregivers.

An additional approach that has been utilized to help increase early and frequent developmental screenings consists of expanding platforms through which developmental screening can be accessed. Nearly 45% (8) of Children 1st coordinators have employed multiple developmental screening methods. In total, 84% of all developmental screens were administered in-person, 10% were telephonic, 3% were administered via mail and 3% were administered via e-mail. Providing all eighteen health districts with online web access to the Ages and Stages Developmental Screening tool (ASQ), represented a significant accomplishment during this reporting period. Online ASQ is a new

advancement for the C1st program. This avenue helps increase opportunities families have to receive a developmental screening for their child. The C1st program can now offer developmental screenings in person, over the phone, via mail or through an online platform. C1st has recently started integrating web based screening into program operations and has already been received favorably by several districts.

C1st has also been successful in working more collaboratively with the Autism and Developmental Disabilities Program to implement Modified Checklist for Autism in Toddlers (MCHAT) screening within public health programs. The MCHAT is a parent-reported screening tool designed to identify toddlers, 16 -30 months, with risk factors for autism spectrum disorder and require further evaluation. C1st coordinators participated in training opportunities to learn how to administer MCHAT screening and where to refer based on the level of risk identified by the screening tool. The C1st program has also implemented program policies that minimize duplicate MCHAT screening. Prior to screening, C1st Coordinators contact pediatricians to learn if an MCHAT screening has recently been performed. If a child has recently received a screening, the C1st Coordinator will request a copy of the screening results rather than rescreen the child. The C1st Coordinator will then refer the child based on the level of risk identified by the screening tool.

*Priority Need: Promote Physical Activity Among Children*

NPM 8: Physical Activity for Children and Adolescents

In the current year, Georgia SHAPE continues to work toward increasing participation in the following programs for children 6-11 years of age:

- PU30 Elementary Program- To date, 881 active schools across the state participate with SHAPE providing TA and training components.
- PU30 Afterschool Program- DPH manages programs in partnership with HealthMPowers (HMP) and the Department of Family and Child Services (DFCS). This partnership allows funding for HMP to do trainings in all DFCS funded afterschool sites.

Other Physical Activity (PA) programs provided during the current year:

- Georgia Shape Grantee Program- A mini-grant program for schools allowing schools to choose what best practice interventions they want to introduce into the school environment. The program is provided technical assistance and funding through the partnership with Georgia State University (GSU). The program holds a summit and 25-26 schools attend annually to meet and receive two days of technical assistance. Twenty partners are invited to attend and share their resources with schools, as well as provide TA.
- Governor's Honor Roll- Schools (k-12) apply for the award online and are awarded a certificate signed by the Governor, DPH Commissioner, and the DOE Superintendent. In addition, they receive 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 works with the NFL, Falcons, and Blank Foundation on all aspects of program.
- Healthy Georgia Awards Program- Georgia Shape and the LT Governor's office co-host this large-scale event to acknowledge partners and participates.

Early Care programs:

- In the current year, 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. Shape built a statewide strategic map and programming that will be promoted statewide this year through additional funding from Kellogg. There are approximately 20 partners involved in the coalition facilitated by Georgia Shape and Georgia Organics.

- Georgia Shape Quality Rated Recognition- Recognition program through a partnership with DECAL and the QR assessment.

Nutrition Based Programs and Projects:

- Strong4Life (S4L) Cafeteria Program- DPH manages the S4L cafeteria project. based on Cornell's Smarter Lunchroom using behavioral economics as a framework. Dr. Janani Thapa at UGA is currently working with SHAPE on projects (Nutrition Survey, WIC workgroup).
- Statewide Nutrition Survey- Shape developed a survey to analyzed over 70% of the elementary school's physical activity environment. Shape is working to disseminate a statewide survey to 89 schools.
- Strong4Life Provider Training- Manages 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 are 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%) statewide have been trained using the Strong4Life Early Feeding Provider Training.
- Zipmilk- Georgia uses this platform to locate breastfeeding resources. The platform is updated by the Georgia Breastfeeding Coalition.

SHAPE cohosted the Southern Obesity Summit on October 1-3, 2017 with Texas Health.

In the current year, a peer reviewed Shape special supplement was included in Public Health Reports. The supplement showcased the available research. Dr. Satcher provided the forward, Emily Anne Vall, Jean O'Connor, Christine Greene and Katie Smith (and other outside partners) wrote commentary, and 12 researchers (many affiliated with the above stated projects) wrote articles. Published this November (search words: Georgia Shape Obesity Public Health Reports Satcher Vall).

*Priority Need: Promote Oral Health Among All Populations*

NPM 13: Preventive Dental Visit

In the current year, visits were made to several District Health Directors and county school boards to discuss the potential development of new school based sealant programs. The Oral Health program is exploring incorporating public health oral health programs into additional schools and investigating alternative strategies of utilizing early childcare centers and summer free and reduced lunch programs associated with schools.

Meetings were held with Georgia Dental College regarding potential future partnerships and an aligned mission to facilitate access to care and workforce distribution challenges in the state with new creative perspectives. The Oral Health program and Children's Health Care of Atlanta (CHOA) have discussed a potential pediatric dental residency program to provide dental residents the opportunity to rotate through local DPH sites to gain clinical experience. A partnership opportunity was discussed with the Georgia Primary Care Association (GPCA) and their associated

FQHCs.

**Challenges/Barriers:** The Oral Health Program is without an Epidemiologist; however, the position will post in July.

Other Child Health Programs

*Early Hearing Detection and Intervention (EHDI)*
Tele-audiology aims to increase access to specialty services by linking the audiologist to the patient through a video consultation, therefore decreasing the amount of travel time for the patient. The tele-audiology initiative is a partnership with the state EHDI program, the audiology department at Children's Healthcare of Atlanta (CHOA), and the Waycross Health Department. The tele-audiology clinic is held once a month and is used to perform diagnostic testing on babies that received a referral resulting from the hearing screen performed at the birthing hospital. At the inception of the clinic in June 2017, there were technical equipment issues that prevented accurate testing and clear interpretation of results. Since October 1st, 2017, EHDI program staff traveled to the Waycross Health Department for technical assistance, troubleshooting, and instrument validation, however, these efforts intermittently resolved the technical issues. In June of 2018, The CHOA audiologist traveled to Waycross, with validated equipment that would be used to test the infants schedule for clinic. The audiologist compared diagnostic results from the validated equipment with those from the teleaudiology equipment and found that the teleaudiology did not consistently provide reliable results. Identifying the root cause of the technical issues has positioned the clinic to become fully functional. The tele-audiology clinic will serve one to two patients per month.

The EHDI program continues to provide education to parents and providers. The program has updated, printed, and distributed the *Have You Heard* brochure to birthing hospitals via the district EHDI coordinators. This brochure is given to parents whose infants do no pass the newborn hearing screen in the hospital and also provides information on what to expect during the referral process. EHDI contracts with the Georgia Chapter of the American Academy of Pediatrics (GA AAP) and the Georgia Academy of Family Physicians (GaAFP) to provide education to health care providers across Georgia. State EHDI staff continue to provide technical assistance and training in-person and over the phone to district and hospital staff. The program continues to collaborate with Georgia PINES to train new EHO Specialists to conduct the initial visit to the family after a child is diagnosed with hearing loss. The development of training materials for EHO Specialists for the updated parent curriculum piloted in April 2017 will be completed this year.

With guidance from MCHB, the EHDI program established a learning community in Georgia. The learning community is a diverse group of stakeholders in the EHDI system that provide guidance to the program on best practices in service coordination and enrollment into early intervention. The initial visit with the learning community occurred in June of 2017 and additional calls and contacts were made in November 2017 and February 2018. The learning community is currently focused on reducing the time to diagnosis, improved quality of reporting, and increased enrollment in early intervention in one region of the state.

The EHDI program meets regularly with DPH Information Technology (IT) and epidemiology staff to evaluate the state hearing database, SendSS, and make improvements as needed. The program continues to increase awareness around the audiologist portal, an electronic interface where audiologists can enter diagnostic results directly into the SendSS database which is then linked to the child's existing record. The program is continuing process improvement around the automatic referral from SendSS to Georgia PINES for the EHOS visit after a provider reports a diagnosis in the database that was piloted last year.

The EHDI program participates in ongoing quality improvement (QI) activities. The program has ongoing webinar meetings with a representative from the National Center for Hearing Assessment and Management (NCHAM) to

assess QI measures and identify areas for improvement. Since October 1, 2017, there have been four of these calls which occurred on the following dates: November 2, 2017, December 8, 2017, January , 2018, March 5, 2018 and April 27, 2018.

*100 Babies Project*
Early outcomes identified by the 100 Babies Project have highlighted areas for enhancing existing efforts. These areas include several areas along the continuum from identification of hearing loss, referral to early intervention, and school transition. In the current year, the EHDI program has worked to remove barriers to timely identification, reduce referral time into intervention, and promote the importance of an individualized education plan for school-aged children who are D/HH.

In the current year, improvements have been made with respect to the time it takes to refer to the Early Hearing Orientation (EHO) visit after identifying hearing loss. These improvements will likely result in more timely linkage to resources and services that will help families maximize learning and literacy for their children. In addition to improving the referral process to the EHO visit, the EHO visit format has been revised to simplify information provided to families, focus more on language development and its link to literacy, as well as the urgency of early intervention.

In the current year, unilateral hearing loss was added as a qualifying condition for the Georgia Part C program. This is a major success as it moves Georgia closer to having a true single point of entry model for early intervention for children with hearing loss.

The EHDI Program has strengthened its relationship with Georgia Hands and Voices as a strategy to support language and literacy goals both during early childhood and upon entry into school. Hands and Voices is a family support organization that provides unbiased support, resources, education and advocacy training to families with children who are D/HH. Trained Parent Guides work directly with families to reinforce the importance of early brain development and language acquisition for children who are D/HH. Parent Guides teach families how to work with their child's respective school system to ensure there is a continuation of appropriate resources and supports for children who are D/HH as they transition from early intervention to school based education.

*Brain Trust for Babies*
The activities of the Brain Trust are guided by the objectives of the strategic plan. Objectives 2,3,4, and 5 aim to improve development for children with hearing loss, autism and medical causes of developmental delay, as well as particularly achieve social and emotional outcomes for all children birth to three. MCH and the Title V program supports 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.

Program goals include: 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.

A unique and innovative program supported by the Brain Trust is Talk With Me Baby. Talk With Me Baby 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 Talk With Me Baby 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.

Recently, the Brain Trust for Babies looked closely at HRSA National Survey for Children's Health and the newly-added Healthy and Ready to Learn measure. This measure looks at school readiness in four domains: early learning, physical well-being, social emotional health, and self-regulation. The Brain Trust's work aligns with these four domains and DPH and Brain Trust partners are working closely with HRSA and CDC on further defining measures of early brain development.

*Vision Screening*
During the current year, 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. The revised recertification process includes a vision screening protocol and a shortened vision screening procedures validation form.

*Help Me Grow*
In the current year, a comprehensive assessment of referral and intake strategies were finalized. The results of the assessments led to the development of the HMG Phase 1 Action Plan which includes five implementation goals. The five identified HMG goals include: (1) Increasing the number of children entering the child health referral system, (2) Increasing the timeliness and efficiency of children receiving child health services, (3) Improving the family and provider experience, (4) Increasing collaboration and coordination with special supplemental nutrition program for Women Infants and Children (WIC) to enhance partnerships, (5) Assessing internal and external partnerships to identify gaps in partner resources. With completion of the Phase I action plan, HMG is working with state programs and six public health districts to support goal implementation and associated activities.

Phase I recommendations/results are as follows:

- Development of a Centralized Calling System: building off the Children 1st program, HMG has initiated a process for an enhanced centralized call system. This system works primarily to streamline phone calls coming into the state DPH office into one single call line. This centralized system provides users with the opportunity to access multiple DPH services and programs through one central system. The system is currently in place at the state office and is being assessed as a strategy for increasing efficiency.
- Decrease *lost to follow up*: as a strategy to increase the number of children into the system, program leads are working with HMG to implement various strategies to decrease the number of children that are lost to follow up. Program leads have identified and will begin implementing trainings, technical support, and potential technological solutions to help meet this activity.
- Support telemedicine/telehealth: to help increase the reach of children and families throughout the state receiving public health services, HMG has worked with DPH's telemedicine/telehealth program to provide training and support for implementing local telehealth
  efforts.
- Enhancement of existing Quality Improvement efforts: HMG has currently taken inventory of existing quality improvement (QI) efforts taking place at our six HMG pilot sites and has worked with program leads to enhance current strategies to include goals listed under the HMG Phase I Action Plan.
- Increase referrals through bidirectional referral strategy with WIC: HMG worked closely with the WIC program to effectively capture children coming into either WIC or the Child Health referral system. A Memorandum of

Understanding (MOU) was developed to help address potential barriers and increase referrals in both areas. This approach also focuses on reducing duplicate referrals that parents sometimes experience.

- Provide HMG pilot districts with family and provider resources: HMG provided pilot districts with links to various state-recommended resources which provide a rich library of services and supports for families and providers. Districts have included these resources as links on their respective websites.

Currently, internal quality improvement processes continue to evaluate and plan for program implementation. A baseline and post-test survey are being developed to provide analysis of the effectiveness of Phase I strategies. In addition, it is anticipated that Phase I program evaluation outcomes will improve existing strategies to proceed with the Phase II statewide implementation. Phase II will include the collective engagement of community partners.

*Babies Can't Wait*
In the current year, BCW completed the Annual Performance Reporting (APR) and submitted to the Office of Special Education Programs (OSEP) in February 2018.

The BCW Policy Manual was finalized in October 2017 and made available to the Health Districts.

New Category 1 conditions (*Severe Birth (perinatal) asphyxia; Shaken baby syndrome; Cleft lip and palate unrepaired; Congenital reduction deformities of the lower limb; Congenital reduction deformities of the upper limb; Down Syndrome, unspecified; Turner's Syndrome, unspecified; Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side; Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side; Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side; Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side; "Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side"; "Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side"*) have been added to the list of diagnosed conditions for program eligibility consideration.

A new Child Outcome Summary policy was implemented that specifies team composition and procedures for developing COS ratings, data entry into the BCW database as well as training requirements for practitioners who develop child outcome ratings.

The Early Childhood Technical Assistance (ECTA) Center and IDEA Early Childhood Data Systems (DaSy) online *Child Outcomes Summary (COS) Process* training module was added as planned to BCW's professional development website managed by Valdosta State University (VSU) effective July 1, 2017. All new providers are now required to complete the online COS training module within 60 days of hire or contract date.

A second cohort of Pyramid trainings was delivered to Service Coordinators and Special Instructors this year in the four SSIP implementation districts (Dalton, Columbus, Coastal, and Gwinnett) and a fifth district (Dublin) to implement evidence-based practices that will lead to improvements in the SiMR. The Master Cadre trainers in each SSIP implementation district conducted trainings with assistance and support provided by Georgia State University (GSU) staff. GSU staff and the Master Cadre from each SSIP implementation district were previously trained during Cohort 1of Pyramid training.

In the current year, 16,852 children received BCW services.

**Challenges/Barriers:**
With referrals increasing each year, program costs increase without additional funds to meet the service delivery needs of the children and families enrolled in the program.

*Home Visiting*

In the current year, the Home Visiting program objectives included:

- 75% of families referred to home visiting will have a first face-to face contact within 14 days of referral to home visiting.
- 90% of families enrolled in home visiting will remain enrolled for longer than one month.
- 75% of families enrolled in home visiting will remain enrolled for longer than three months.
- 75% of expected home visiting will be completed.

During this period**,** four Georgia Parents as Teachers affiliates completed the comprehensive quality endorsement process and were recognized by the National PAT Office with the distinction of Blue Ribbon status. There are currently eight (8) Blue Ribbon sites in the State. Other Blue Ribbon Affiliates in Georgia include Community Partnership of Elbert County Family Support Services in Elberton, Parents as Teachers/Prevent Child Abuse Gordon County in Calhoun, Prevent Child Abuse Habersham, Inc. in Cornelia, and Twin Cedars Youth and Family Services, Inc. PAT in LaGrange.

Quality Improvement continues its focus on activities around recruitment and retention. The benefits of home visiting rely on at-risk families voluntarily enrolling and remaining engaged, both in their length of participation and the number of expected home visiting received.

Congress reauthorized the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program for five-years at level-funding of $400 million annually in the Bipartisan Budget Act of 2018.

*Project LAUNCH*

In the current year, Project Launce worked toward the achievement of the *Five Promotion and Prevention Strategies:*

1.Integration of Behavioral Health into Primary Care Settings
The Georgia Chapter of the American Academy of Pediatrics (GA AAP) assist Project LAUNCH GA in reaching physicians in the county by distributing Project LAUNCH GA marketing kits. The kits include marketing materials with the Project LAUNCH 8 clues and 5 Prevention and Promotion Strategies, and a guide from West Central Health District. The guide provides information regarding the services provided for young children and their families. In addition, Georgia American Academy of Pediatrics promoted Project LAUNCH at the *Georgia Pediatric Nurses & Practice Managers Fall 2017 Meeting*, October 13, 2017 and *Pediatrics on the Parkway*, November 2-4, 2017.

2.Enhanced Home Visiting with an Increased Focus on Social and Emotional Well-being
The Family Service Worker (Home Visitor) was hired, certified in the Healthy Families America curriculum and has maintained a full caseload while providing emotional support, crisis counseling, and psychosocial needs interviews for families with young children.

3. Mental Health Consultation in Early Care and Education
Several meetings during this time: Inter Coordination Collaboration meeting at Fort Benning, Hispanic Association

Meeting (human trafficking panel), presented Project LAUNCH at the Department of Behavioral Health and Developmental Disabilities Regional Community Collaborative meeting, participated in the local LIPT (Local Interagency Planning Teams) meeting, which serves as a system of care meeting to improve family services. The Mental Health Consultant also attended the Department of Family and Child Services Community Stakeholder meeting regarding the State of Hope - sex trafficking, the strategic plan for the state in reference to child welfare, discussing the implementation of solution based casework, progress under Kenny A. Consent Decree, and potential changes in policy to improve child welfare issues.

4. Family Strengthening and Parent Skills Training
In attempts to sustain the work of Project LAUNCH GA beyond the SAMHSA funding period, efforts were successful in having the Parent Partner funded entirely through Children Medical Services & Babies Can't Wait fund. Additional links for families were made to the West Central Health District's Dental Clinic, Special Supplemental Nutrition Programs for Women, Infant and Children (known as WIC) and the Environmental Health departments; which will send mothers from WIC to Project LAUNCH for linkage and families to Environmental Health for homes with high lead levels.

5. Screening and Assessment in a Range of Child-serving Settings
The Mental Health Screeners and Mental Health Consultant completed parental contacts and referrals for Muscogee County School District universal screening process for 190 students in this reporting period. Families were also linked to wrap around services through direct referrals from counselors and school administration. Spanish speaking families were included in the review of the screening tool and were linked to resources. The Ages and Stages Questionnaire screening was completed in partnership with the West Central Health District First Care Nurse who also provided support to families to obtain Social and Emotional screening scheduled at their school. Project LAUNCH GA has continued partnership efforts with Project AWARE and the Muscogee County School District Director of Special Education to renew the existing renewed MOU between the school and Project LAUNCH GA. The Young Child Wellness Coordinator has met with the Mental Health Coordinator for Project AWARE, the Pre-K Director, and the Program Manager for Preschool Special Education Services to explore collaboration opportunities. The partnerships resulted in 702 completed questionnaires received between August and November (all nine schools reporting).

During the reporting period, the Project LAUNCH GA Leadership Team was selected as a participating team in the National Leadership Academy for the Public's Health (NLAPH), Cohort 7. The Academy is operated by the Center for Health Leadership and Practice (CHLP) and is funded by the Centers for Disease Control and Prevention (CDC). NLAPH is a national program focused on improving community health by working with collaborative, multi-sector leadership teams and training these teams through an applied, team-based, collaborative leadership development model. The vehicle for learning will be a team-identified Applied Health Leadership Project (AHLP) that ultimately advances the health of your community. The Leadership team will focus on sustaining Project LAUNCH GA and duplicating components across the state.

In an effort to increase accessibility in the area of telehealth/telemedicine in Muscogee County, Project LAUNCH GA was able to connect Columbus Regional Hospital to Children's Medical Services Genetic Clinic for an onsite visit to view telehealth equipment which resulted in a partnership discussion between the West Central Health District Director (YCWC Member) and the Chief of Pediatrics (YCWC member) regarding behavioral health and nephrology telehealth/telemedicine visits via Children's Healthcare
of Atlanta for pediatric patients.
During this current year, Project LAUNCH provided Social-emotional Engagement-Knowledge and Skill Training (SEE-KS) mentoring and coaching program to providers at Benning Hills Head Start Program through the Marcus

Institute. This program was developed to assist early childhood teachers in learning different ways to foster engagement and promote student participation.

New partnerships were created to include the Columbus 2025 Initiative and Project LAUNCH GA are aligned to support the Cradle to Career (C2C) initiative, Success Ready; which strives to address the educational preparedness by increasing the number of students entering Pre-Kindergarten. The initiative was presented to the Local Child Wellness Council by Audrey Tillman, Executive VP/General Counsel, AFLAC. Since then, the Young Child Wellness Coordinator has attended the Annual Implementation meeting, serves on the Talented, Educated People Committee, and presented Project LAUNCH GA during the 2018

*Child Occupant Safety Program (COSP)*
In the current year, COSP expanded and is implementing a regional model approach. Eight additional staff members have been hired and each manage programmatic outreach within a local region with the bases being in Dalton, Athens, Atlanta, Macon, Augusta, Columbus, Albany, and Jesup. This modeling allows for more training coverage and outreach statewide.

*Family Engagement*
*Newborn Screening* (NBS) – provides training to families on newborn inheritable conditions. The program provides information to parents in hospitals, providers' offices, and health departments prior to the completion of the NBS through informational brochures. The NBS program contracts with The Sickle Cell Foundation of Georgia, Inc. to provide Community Health Workers, which are responsible for completing a needs assessment, a transition assessment if appropriate, identifying medical homes, and providing resource referrals to clients with clinically significant hemoglobinopathies.

The NBS program supports Emory University's Medical Nutrition Therapy for Prevention Camp for young women ages 12 and older. NBS also supports a Sickle Cell summer camp for children and youth.

http://www.pkuil.org/wp-content/uploads/2017/02/2017-Emory-Metabolic-Camp-Brochure.pdf
http://sicklecellga.org/wp-content/uploads/2016/03/Camp-New-Hope-2017-Main-Flyer.jpg

*The Georgia Newborn Screening and Genetics Advisory Committee* (NBSAC) provides guidance to the Georgia DPH regarding its statewide system for newborn screening and genetics. The NBSAC must include at least two parent representatives, and at least one representative from a community-based organization.

*Children First* (C1st) focuses its family engagement efforts around training and educating parents about early identification, developmental milestones and how to navigate public health programs and other community resources to best support their child's growth and development.

*Early Detection Hearing Intervention (EDHI)* supports families whose children are identified as deaf or hard of hearing (D/HH). EHDI helps families connect and enroll as early as possible into an intervention program. EHDI partners with the Georgia Hands & Voices to provide the Advocacy, Support, and Training (ASTra) program for parents and professionals to build their capacity to advocate for children and families in their community. EHDI also collaborates with the Georgia Hands & Voices Guide by Your Side initiative—a peer support program for parents of children identified as D/HH. EHDI also includes parents in training and programmatic decision-making.

EHDI continues to partner with Georgia DOE's Georgia PINES program to support their Deaf Mentor curriculum: a free, home-based service designed to help mentor, support, and teach families American Sign Language (ASL) and Deaf Culture.

*Project LAUNCH* cohosts a state level council meeting alongside Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), and, also hosts a local Young Child Wellness Council (YCWC) meeting in Columbus, GA. Project LAUNCH is guided by a council whose mission is to improve coordination and collaboration across the systems that serve young children and their families. Family leaders are members of both the state level and local level councils.

A Project LAUNCH Parent Ambassador attended the National LAUNCH Family Leadership Summit in February 2018. The Summit provided a forum intended to build a national network to support the participation of families/parents in the strengthening of early childhood services and supports throughout the country. The Summit contributed to the goal of mobilizing and equipping family leaders to create and sustain a national early childhood family network.

*Home Visiting* is in its second year of a Continuous Quality Improvement (CQI) project which focuses on family engagement. The mission of Georgia's Home Visiting CQI plan is to facilitate the provision of high quality, evidence-based family support services to Georgia's at-risk families and children, prenatally and to age five.

**Child Health - Application Year**

*Priority Need: Promote Developmental Screenings Among Children*

NPM 6: Developmental Screening for Children

Developmental screening has remained a priority need for Georgia since 2015. This priority need will be 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 monitoring and developmental screening.

In the coming year, the C1st program will continue to engage partners in developmental screening and monitoring. The Autism and Developmental Disabilities Program has recently partnered with the supplemental nutrition program, Women Infant and Children (WIC) to promote developmental milestones in WIC clinics. Through direct collaboration with this partnership, the C1st program will reinforce messaging to caregivers about developmental milestones and strengthen the referral process from WIC clinics to child health programs for children with an identified concern. C1st will work with WIC and the Autism and Developmental Disabilities Program to develop processes to help minimize duplication in developmental screening and referrals.

The C1st program will continue to work closely with medical societies such as Georgia Chapter of the American Academy of Pediatrics (GA AAP) and Georgia Academy of Family Physicians (GAFP) to facilitate peer to peer outreach and education to physicians around developmental screening and referral into the child health system. This messaging will become increasingly important as MCHAT screening within the C1st program increases and primary care providers are routinely contacted by C1st Coordinators to gather the most recent MCHAT screening results for children referred into the child health system.

C1st will continue the implementation of ASQ online and will track any increases in developmental screening as a result of the use of this online platform. The extent to which the online screening tool impacts continuous conversations with caregivers around child development and developmental concerns will also be assessed. The program will also monitor how the availability of online ASQ impacts screening and referral practices of partner agencies.

To support ongoing communication and education to caregivers, C1st Coordinators will take a two-step approach. C1st Coordinators will continue to disseminate LTSAE materials as a tool to educate families (and community partners that serve families) about child development and developmental monitoring. C1st Coordinators will also participate in various trainings to improve their capacity to effectively communicate with caregivers and deliver health education. One such training is motivational interviewing (MI) training. MI is a facilitative style of communication that encourages caregivers to take the lead in addressing the concerns they may have for their child and help to develop the solutions to any identified problems. This two-step approach provides caregivers with a baseline knowledge of child development, and empowers caregivers to express concerns they may have, and be equipped to develop a solution.

*Priority Need: Promote Physical Activity Among Children*

NPM 8: Physical Activity for Children and Adolescents

In the coming year, Georgia Shape will continue building a network of partners, agencies and athletic teams; including the Atlanta Falcons and the Atlanta Braves. DPH and DOE are committed to improving the health of

Georgia's young people by offering assistance and opportunity to achieve a greater level of overall fitness. Georgia Shape begins with a basic, benchmark measurement of fitness among students called Fitnessgram. The Fitnessgram tool used for Shape's annual standardized fitness assessment evaluates five different parts of health-related fitness, including aerobic capacity, muscular strength, muscular endurance, flexibility and body composition using objective criteria. It also generates reports providing valuable individual, school, and state-level data to empower parents, schools, and the community to best access the current health needs for children in Georgia. The report will be delivered confidentially to families and aggregate results are reported to create a true "snapshot" and highlight areas for improvement. In the coming year, Georgia Shape will continue to work with 120 partners to decrease childhood BMI measures while increasing childhood aerobic capacity measures and physical activity levels.

*Priority Need: Promote Oral Health to All Populations*

NPM 13: Preventive Dental Visit

The Oral Health program will continue its efforts to expand school-based programs helping to ensure that children are receiving adequate oral health services. Efforts to build future partnerships with federal, state, and local partners will continue regarding access to care and workforce distribution challenges in the state. The Oral Health program will continue to discuss potential dental residency programs to help facilitate the education of the future oral health workforce.

Other Child Health Programs

*Early Hearing Detection and Intervention (EHDI)*
For the application year, the EHDI program will continue to educate parents and providers around the EHDI system. EHDI program staff will attend a baby fair within the state of Georgia, which is a new strategy to educate parents about hearing screening prior to their child's birth. The program will work in collaboration with Georgia PINES to train EHO specialists on the updated parent curriculum using the training materials finalized in the current year. EHDI will continue to collaborate with GA AAP and GAFP to provide education around EHDI to health care providers. State EHDI staff will continue to provide technical assistance and training as needed to both hospital and district staff. EHDI will continue to collaborate with external partners. The contracts with Georgia Hands & Voices to support the ASTra program and the Guide By Your Side initiative will continue. The program will continue to fund Georgia PINES to provide the EHO Specialist visits and the Deaf Mentor program. The EHDI program will also continue to support the Auditory-Verbal Center, Inc. to provide the hearing loaner bank and an onsite audiologist.

The EHDI program will expand membership and scope of the learning community established in the current year. Membership will grow to include parents of children with hearing loss and diverse health care providers. The group will develop new objectives and the program will continue to consult this group for projects around best practices for early intervention and service coordination to increase participation and encourage engagement.

The EHDI program will continue to encourage QI projects at the district level. State-level QI efforts will be developed that focus on increasing the number of timely, complete, and accurate screen results that are reported to the program from local hospitals. Ongoing evaluation of QI measures and identification of areas of improvement will continue through the collaboration with NCHAM. EHDI will continue to collaborate with IT and epidemiology staff to make changes to the state database, SendSS, which will lead to improvements in data collection, program evaluation, and follow-up measures.

*100 Babies Project*

In the coming year, the 100 Babies Project will continue to enroll families in to the project. Evaluation outcomes of the project will continue to inform quality improvement strategies related to referral to and enrollment in early intervention.

*Brain Trust for Babies*
MCH and Early Brain Development will continue to work closely together to monitor shared goals and improve processes and strategies that achieve those goals during the application year.

In the fall of 2018, DPH plans to cohost a meeting with partners of the Brain Trust to bring together stakeholders for a discussion around developing activities. Additionally, DPH will continue to support the work of the Brain Trust to implement the strategies outlined in the strategic plan.

*Vision*
In the coming year, the state office 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*
Phase II plans to implement the program in all remaining public health districts in January 2019. Phase I pilot evaluation outcomes will inform Phase II statewide implementation and include the development of a statewide HMG Action Plan. HMG will work closely with the Help Me Grow® National Center and begin implementation of workgroups, including internal and external partners.

*Babies Can't Wait*
In the coming year, BCW will continue to serve children birth to three with developmental delay and category 1 chronic conditions. BCW will continue to focus on increasing provider capacity and will work to address strengths and challenges within the program redefining program infrastructure. A statewide QA/QI program that allows ongoing monitoring and review of program documentation and ensures timely and accurate recording will be implemented during the application year. BCW received $1 million in program dollars during the legislative session to bring the BCW reimbursement rates in line with Medicaid rates for physical therapy, occupational therapy and speech therapy.

*Home Visiting*
In the coming year, the Home Visiting program will focus on quality improvement to help ensure retention in home visiting programs. One of the strategies to improve client retention will be training for home visiting staff. The Annual Georgia Home Visiting Institute will take place on August 28, 2018 which will address strategies to improve the quality and effectiveness of home visiting services, with an emphasis on supporting healthy infant/toddler development, parent-child relations, and developing skills necessary for establishing, building and enhancing relationships with families, thus improving program retention.

Plans to develop and implement a fatherhood program will continue. A Fatherhood Readiness Assessment is planned for the Fall 2018. The Home Visiting program will be working closely with the National Fatherhood Initiative through the upcoming project.

*Project LAUNCH (Linking Actions for Unmet Needs in Children's Health)*
In the coming year, Project LAUNCH plans to continue efforts to achieve the Five Promotion and Prevention Strategies through the following action plans:

1. Integration of Behavioral Health into Primary Care Settings
    - Increase opportunities to partner with existing medical practices: to support their screening processes

and linkage to mental health service providers in the area.
- Continue to provide Lunch & Learns to area physician offices to inform providers about the available Project LAUNCH GA services.
- Continue monthly calls with the Physician Advisory Committee.

2. Enhanced Home Visiting with an Increased Focus on Social and Emotional Well-being
   - The Project LAUNCH funded Family Support Worker (Home Visitor) will participate in specialized mental health trainings and activities.
3. Mental Health Consultation in Early Care and Education
   - Children's Mental Health Awareness activities are planned with community partners, such as the local community service board.
   - Carter Summit – School Based Mental Health initiative will feature Project LAUNCH Mental Health Consultation.
   - Continue to co-facilitate training sessions with the school teachers, counselors and staff on the tools necessary to promote a positive school climate through effective classroom behavior techniques.
4. Family Strengthening and Parent Skills Training
   - Provide the Parent Ambassador Group an opportunity to drive the next steps in this goal, supporting and facilitating as needed.
   - Align with Families and Schools Together (F.A.S.T.) to support evidenced based parent engagement program expansion.
   - Utilize the newly released SAMHSA Family Leadership Summit tools designed to strengthen family engagement.
5. Screening and Assessment in a Range of Child-serving Settings
   - Include screening tools in the 2018-2019 Pre-K registration packets with the goal of screening all Pre-K children enrolling in school. Families that complete the screening tool will be monitored every 90 days to ensure follow up and a completed referrals process. The plan is to explore how to sustain the screening processes long term utilizing champion partners to identify barriers and work through potential solutions throughout years 4 and 5.

*Immunizations*

In the application year, GIP will work to educate medical providers and laboratories about the importance of disease reporting, with a specific target population of prenatal care providers to increase the number of hepatitis B virus (HVB)-positive pregnant women identified in birth cohort 2018 by 2%, over the total from birth cohort 2017.

*Child Occupant Safety Program (COSP)*

In the coming year, 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 has been utilizing non-traditional methods to conduct outreach with agencies, utilizing platforms like Zoom, Skype, and FreeConferenceCall.com. COSP will continue to offer a 16-hour Special Needs transportation program - "Safe Travel for All Children: Transporting Children with Special Health Care Needs."

Regional modeling will continue with additional Child Passenger Safety Technician certification courses added within each region.