## Child Health

### Linked National Outcome Measures

<table>
<thead>
<tr>
<th>National Outcome Measures</th>
<th>Data Source</th>
<th>Indicator</th>
<th>Linked NPM</th>
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<tbody>
<tr>
<td>NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)</td>
<td>NSCH</td>
<td>Data Not Available or Not Reportable</td>
<td>NPM 6</td>
</tr>
<tr>
<td>NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year</td>
<td>NSCH-2016_2017</td>
<td>12.9 %</td>
<td>NPM 13.2</td>
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<tr>
<td>NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health</td>
<td>NSCH-2016_2017</td>
<td>89.3 %</td>
<td>NPM 6</td>
</tr>
<tr>
<td>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)</td>
<td>NSCH-2016_2017</td>
<td>18.4 %</td>
<td>NPM 8.1</td>
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<tr>
<td>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)</td>
<td>WIC-2014</td>
<td>13.0 %</td>
<td>NPM 8.1</td>
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<tr>
<td>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)</td>
<td>YRBSS-2013</td>
<td>12.8 %</td>
<td>NPM 8.1</td>
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</table>
National Performance Measures

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

Indicators and Annual Objectives

Federally Available Data

Data Source: National Survey of Children’s Health (NSCH)

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* 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

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<tr>
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## 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

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<thead>
<tr>
<th>Measure Status:</th>
<th>Active</th>
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**State Provided Data**

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**Annual Objectives**

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

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

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

Federally Available Data

Data Source: National Survey of Children's Health (NSCH) - CHILD

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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.

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

**ESM 8.1.1 - Percent of children, in grades 1-12 enrolled in public school physical education class, who are in the Healthy Fitness Zone (HFZ) for Body Mass Index (BMI)**

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NPM 13.2 - Child Health

Federally Available Data

Data Source: National Survey of Children's Health (NSCH)

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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

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<tr>
<td>Promote developmental screenings among children</td>
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<table>
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<tr>
<td>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</td>
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<table>
<thead>
<tr>
<th>Objectives</th>
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<tbody>
<tr>
<td>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</td>
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<tr>
<td>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.</td>
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<table>
<thead>
<tr>
<th>Strategies</th>
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<tbody>
<tr>
<td>6.1.a. Convene a work group to recommend new, innovative, and effective screening methods (ie. phone, web-based, telephonic)</td>
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<tr>
<td>6.1.b. Identify two new partners per district who are able to administer developmental screens</td>
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<tr>
<td>6.1.c. Use a Train the Trainer model to train newly identified partners in each district on developmental screening tools</td>
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<tr>
<td>6.2.a. Partner with the Georgia American Academy of Pediatricians to disseminate educational resources to pediatric providers</td>
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<tr>
<td>6.2.b. Train public health district staff on developmental milestones and counseling skills to encourage parents to receive a formal developmental screen</td>
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<tr>
<td>6.2.c. Collaborate with early childhood stakeholders to disseminate Learn The Signs. Act Early, information to parents, to increase awareness of developmental milestones</td>
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</tr>
<tr>
<td>6.2.d. Implement an evidence-informed child health information and referral system, to promote population developmental screening and referral for at-risk children</td>
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<tr>
<td>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.</td>
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### ESMs

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<th>ESM</th>
<th>Description</th>
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<tr>
<td>6.1.1</td>
<td>Number of public health districts using at least two developmental screening methods regularly</td>
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<tr>
<td>6.1.2</td>
<td>Number of partners reporting utilization of developmental screening tools</td>
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<td>6.2.1</td>
<td>Number of formal training opportunities on developmental screening conducted in each public health district health districts each year</td>
<td>Active</td>
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<tr>
<td>6.4</td>
<td>Percent of children, ages 0 through 5, who receive a developmental screening from DeKalb Board of Health Refugee Clinic</td>
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### NOMs

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<tr>
<th>NOM</th>
<th>Description</th>
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<tbody>
<tr>
<td>13</td>
<td>Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)</td>
</tr>
<tr>
<td>19</td>
<td>Percent of children, ages 0 through 17, in excellent or very good health</td>
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</tbody>
</table>
### 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

### 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 10 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 25 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 30 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
<table>
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<th>ESMs</th>
<th>Status</th>
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<tbody>
<tr>
<td>ESM 8.1.1 - Percent of children, in grades 1-12 enrolled in public school physical education class, who are in the Healthy Fitness Zone (HFZ) for Body Mass Index (BMI)</td>
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<table>
<thead>
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<tr>
<td>NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health</td>
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<tr>
<td>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)</td>
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</table>
## 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

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

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

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

## Strategies

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**

2. **b. Offer comprehensive educational webinars/presentations**

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

4. **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**

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

## ESMs

<table>
<thead>
<tr>
<th>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</th>
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<tr>
<td>NOM 14</td>
<td>Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year</td>
</tr>
<tr>
<td>NOM 19</td>
<td>Percent of children, ages 0 through 17, in excellent or very good health</td>
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Priority Need: Promote Developmental Screenings Among Children

NPM 6: Developmental Screening for Children

C1st serves as the single point of entry to child health services through DPH connecting children and families with public health programs and services, and other prevention-based programs and services. C1st aims to identify all children birth to five who are at risk for poor health and development. C1st is in all 159 counties in Georgia and its system includes partnerships with DCH, DOE, DECAL, DFCS, primary care and specialty physicians, and DPH home visiting programs. Each of the 18-public health districts have a C1st coordinator who implements the C1st program in each of the counties within the catchment area. The goal of the C1st Coordinator is to identify children birth to five years of age with social, environmental, behavior or biologic risk factors that may result in poor health or development outcomes and link them to appropriate care. As the single point of entry, C1st Coordinators intake all referrals with a spectrum of risk factors identified and implement standard timelines and review criteria to distribute referrals to the appropriate public health, private and community-based programs. The C1st program functions within five core components to establish a baseline level of consistency and efficient service to all families referred through the single point of entry, regardless of location in the state. The first core component is to screen children for risk factors at birth. Children born in Georgia have their electronic birth certificate screened for risk factors present in the perinatal period. C1st has also cultivated relationships with birthing facilities throughout the state and often receive referrals for infants and their families before hospital discharge. Children with individual or maternal risk factors receive follow up contact by C1st. The second core component of C1st is to use validated developmental screening tools to determine a child’s developmental attainment. C1st also assesses the strengths and needs of the family with a standard tool as an indicator of risk for poor health and developmental outcomes as well as protective factors in the family environment to mitigate those risks. These three components of the C1st program are biological, developmental and socio-environmental inputs used to develop a comprehensive assessment of the needs of the child and family. C1st Coordinators use this information to make appropriate linkages to public health, private, and community-based resources that will meet the needs of the family and best support the healthy growth and development of the child. Linkage to appropriate resources and services is an important component of C1st as it impacts all other child health programs within public health. Monitoring is the final core function of the C1st program. Monitoring is a service the C1st program offers to families that do not qualify for early intervention but want to stay connected to a public health resource in case a delay in their child’s development should arise. Families that are connected to monitoring services are linked to a medical home and educated about developmental screening and surveillance, so they are best equipped to monitor their child’s development and follow-up with their pediatrician or public health if concerns are identified.

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

Priority Need: Promote Physical Activity Among Children

NPM 8: Physical Activity for Children and Adolescents

Georgia Shape is a statewide, multi-faceted childhood obesity initiative that grew out of a 2009 policy, the Student Health and Physical Education (SHAPE) Act. The SHAPE Act requires that all K-12 students take part in an annual fitness assessment. Using that requirement as a springboard, Georgia Shape has grown into 25 programs, nine
statewide coalitions, and multiple annual events under the Department of Public Health’s leadership.

Georgia Shape staff has created five sub-groups that meet quarterly and report about ongoing child health and wellness work statewide. The sub-groups are Data Collection, Nutrition, Physical Activity, Marketing and Communications, and Healthcare. Each sub group is comprised of between 25-60 academic experts, community experts, and subject-matter professionals.

In addition, Georgia Shape has worked to create more specific coalitions or work group to address pointed objectives. These include the Georgia Farm to Early Care Coalition, The WIC Work Group, and the Physical Activity Data Group.

Georgia Shape coordinates data analysis with Cooper Institute and supports DOE with annual reports to the Governor. Georgia Shape also manages statewide FG “booster session” contracts with HealthMPowers (HMP) and DOE. These contracts allow Georgia Shape to train Physical Education (PE) teachers to assess students effectively. Georgia Shape does approximately eight to twelve trainings a year through DOE state PE/Health conferences. Georgia Shape also coordinates state recognition certificates for students that excel in FG components. The Governor, DPH Commissioner, DOE Superintendent all sign and 100k is provided to the DOE to send to all state schools.

The Power Up to 30 Program has 881 active schools across the state with DOE and HMP providing TA and training components. This program equips school administrators and staff to provide meaningful physical activity opportunities to students throughout the school day to reach an additional 30 minutes of physical activity. The program is a teacher training program for all federally funded afterschool sites to provide physical activity opportunities in their programming and is a partnership with University of West GA (UWGA). UWGA developed a graduate certificate program for Early Education and Physical Education majors. The certificate is formalized on their transcripts. This program builds the capacity of future educators entering the field.

The Georgia Shape Grantee Program awards 25-26 schools annually to implement best practice physical activity and nutrition interventions into their school environment. Georgia Shape provides technical assistance and funding through our partnership with GSU.

The Governor’s Honor Roll Program within Georgia Shape recognizes elementary, middle, and high schools for their dedication to creating a healthy school environment and a culture of wellness for staff, students, and community. Schools are awarded a certificate signed by the Commissioner of Public Health and State Superintendent.

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

Eat Move Talk! Is an early care program designed to promote language nutrition in combination with evidence-based messages on healthy behaviors and food nutrition, through focus on brain development and language acquisition in the age zero to five population. The program is currently being implemented in Dalton, Clarkston and Valdosta, with plans for expansion.

Farm to Early Care (F2ECE) began in 2014 with the first F2ECE summit in the country, and Georgia Shape partners hosting an annual summit. Georgia Shape built a statewide strategic map and programming that has been promoted statewide this year through additional funding from Kellogg. There are 20 partners involved in this coalition and it has been recognized nationally.
The Georgia Shape Quality Rated Recognition is a partnership with the Georgia Department of Early Care and Learning and the Quality Rated assessment. Early childhood education centers are recognized for implementing policies that support nutrition and physical activity.

Georgia Shape created the 5-STAR Hospital Initiative to recognize birthing hospitals excelling and building breastfeeding capacity.

Georgia has worked to disseminate the Statewide Nutrition Survey and will share data with partners through a data sharing agreement that Georgia Shape manages with GSU, Emory, HMP and DOE.

Georgia Shape works with Children’s Healthcare of Atlanta (CHOA) on the Strong4Life Provider training and the Strong4Life Early Feeding Provider training. Both trainings provide providers (physicians, nurses, PA’s) with motivational interviewing (MI) tools and counseling techniques so patients can make goals based on the transtheoretical model. In the Strong4Life WIC Champions Program, WIC staff are trained with content based on the provider training. Georgia Shape has trained 100% of the WIC Registered Dieticians and front-line staff.

In the reporting year, Georgia Shape continued the management of statewide Fitnessgram “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.

During the reporting year, SHAPE reach was as follows:

- Fitnessgram: 1,126,348 assessed
- Power-up for 30: 180,038 participants
- Early Feeding Program: 173 providers, 182 other professionals
- WIC Online Module: 482 completions
- WIC Champions Training Program: 37 champions

Georgia SHAPE continues work to increase participation in the following programs for children six to eleven 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 for two years to implement a Flag Football mini grant program. Shape works with the NFL, Falcons, and Blank Foundation on all aspects of program.

Early Care programs:

• SHAPE hosted 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 physical activity survey in 2014 and analyzed over 70% of the elementary schools in the state. In 2016-2017 Shape developed a similar Nutrition survey and in 2017-2018 piloted the survey in 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.

Priority Need: Promote Oral Health Among All Populations

NPM 13: Preventive Dental Visit

During the reporting year, 27,610 children in Georgia received oral health screenings through the MCH Oral Health Program. Oral health education was provided to 78,004 children, 8,962 sealants were placed and 12,168 children received fluoride varnish applications.

Analysis was completed of the most recent Third Grade Basic Screening Survey data which examines rate of untreated decay, past decay experience, presence of sealants, and dental visits in the past year.

In the current year, 36 School Based Sealant programs were carried out across the state with the support of the State Oral Health Program. Services were targeted to schools with more than 50% of the student body eligible for
the free or reduced lunch program.

The Oral Health Director spoke at the annual statewide Georgia Association of School Nurses conference in Athens, presenting on the school nurses role as a non-traditional oral healthcare providers. School nurses also received training in completing the school screening form (dental section), available resources in finding dental homes for children.

A school nurse survey regarding school based oral health programs was sent to approximately 1,200 school nurses across the state. The survey responses will be analyzed to determine an improved programmatic approach. School based oral health programs, such as oral health education, sealant, and fluoride varnish prevention-based programs are an evidenced based, cost effective, means of reaching target populations, especially those with access to care barriers.

Teledentistry is an effective way to provide oral health care to children who may not otherwise be able to access care. The Waycross Health District has a Teledentistry program where a DPH hygienist and assistant have clinics set up in three local elementary schools and have video conferencing equipment to consult with remote dentists. The hygienist provides preventive services including cleanings, x-rays, intra-oral diagnostic photos, and fluoride varnish application on site in the elementary school setting and refers to local contracted dentist for restorative dental services. During the reporting period, approximately 600 children were seen in the elementary school settings through the teledentistry program.

Other Child Health Programs

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. Four Brain Trust for Babies Advisory Board meetings are held each year.

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

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

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

During the reporting period, 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
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.

During the reporting year, a comprehensive assessment of referral and intake strategies were finalized. The results
of the assessments led to the development of the HMG Phase I 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 C1st 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.

The 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.

HMG worked closely with six local public health districts in the state (Cobb/Douglas, Columbus, Dekalb, Gwinnett, LeGrange, Macon) to finalize the development of its short-term action plan and began implementation of strategies associated with the plan. The following activities (but not limited to) have been implemented over this reporting period:

• Centralized Call System: a key goal for both the local and national HMG model consists of the development of a streamlined and centralized process for accessing public health services. Current systems in place are disparate and vary across all public health districts. To begin the implementation of a more streamlined approach, incoming calls to the state office from different programs will now be routed to one number managed by MCH’s information referral center. This will not only alleviate administrative time related to this task but will provide best practices that can be shared across public health districts. Additionally, it is the intention of the state office to continue to expand this call line and provide local public health districts with the opportunity to use this offsite call system to route their calls as well.

• Increasing the number of children in public health services by identifying patients who are lost to follow up: the state office is currently documenting district-specific best practices on how local entities reach patients who are lost to follow up. Additionally, the state office has provided a demonstration of innovative technology currently used at the state office (Lexis-Nexus/CLEAR) to locate families that may have been lost to follow-up.

• Access to public health services through the use of telemedicine/telehealth technology: building on existing infrastructure already available at each public health district, the state office has provided a demonstration of best practices and new innovative approaches on how to currently maximize the use of this infrastructure. Public health districts engaged in this demonstration are currently working with the state office to identify the feasibility of these strategies to increase access to public health services.

• Updating the MCH assessment: currently, the C1st program utilizes a comprehensive tool (MCH assessment) whose focus is to provide local districts with a method to assess patients and refer them to other services both internal and external to public health based on their needs. As a method to streamline this approach and
continue to enhance the quality and quantity of referrals provided to residents, the state office has recently launched a workgroup that will work throughout the year on a comprehensive overhaul of this tool.

- Increase bi-directional patient referrals to child health programs through collaboration with WIC: the state office is currently expanding their collaboration with WIC to increase patient referrals and access to additional services. Programs have revisited existing MOUs to identify strategies for enhancing current approaches and building additional strategies for referrals. Additionally, DPH child health programs have been actively engaged with WIC and DPH on their large move to the Enterprise Modernization System (ESM) to ensure that data systems and approaches can explore more streamlined system of automated referrals between programs and across the state. Implementation is expected to commence FY 2020.

- Increase patient access to available community resources: the state office has provided local HMG districts with links to community resources of currently contracted entities. These contracted partners provide the state office with regularly updated and comprehensive list of resources available to residents.

**Home Visiting**

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

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

During the reporting year, the Home Visiting programs served 2,016 families through 24,042 home visits. Of those served, 2,459 children completed the child development screening Ages and States Questionnaire (ASQ), 8,291 First Step screens were completed, and 5,946 community referrals were made for services.

**Project Launch Georgia (Linking Actions for Unmet Needs in Children’s Health)**

During the reporting period, Project LAUNCH promoted physical, cognitive, social, emotional, and behavioral health and wellness among children birth to age eight years while encouraging safe, supportive and nurturing families.

Project LAUNCH focused on five prevention and promotion strategies to accomplish these goals:

1. Screening and assessment in a range of child serving settings
2. Integration of behavioral health into primary care settings.
3. Mental health consultation in early care and education.
4. Family strengthening and parent skills training.
5. Enhanced home visiting through increased focus on social and emotional well-being.

Georgia Project LAUNCH understands that a child's brain develops rapidly during the first three years of life. It is a time of rapid cognitive, linguistic, social, emotional and motor development. To strengthen the early childhood system of care Georgia Project LAUNCH partnered with two early brain development programs: Talk with Me Baby (TWMB)
and Language Environment Analysis (LENA).

Project LAUNCH has partnered with the LENA Start Program to support language nutrition for school readiness. LENA Start is an early-language program designed for effective outreach to parents of children aged birth to three. It employs LENA language recorder technology and targeted curriculum to improve interactive talk between caregivers and young children and generates measurable results. The LENA Start/Project LAUNCH Staff located at the West Central Health District provide group facilitation for each one-hour session, data collection/reporting, parent recruitment and coaching conversations. LENA Start provides recruitment artwork materials, curriculum, script, training for all staff and ongoing technical support. Project LAUNCH has aligned with existing partners (Library District, Reach Out and Read, Columbus Housing Authority, and Parents as Teachers) to introduce LENA Start to increase early exposure to language, engage families, promote peer support, and affirm parents’ leadership roles.

Talk With Me Baby is designed to provide children with an abundance of language nutrition, starting at birth, to ensure a strong foundation for social-emotional and cognitive development and language and literacy ability which places babies on a pathway toward third grade reading proficiency, high school graduation, and lifelong success. TWMB is not a program, but is a scalable, sustainable approach designed to “reach the people who reach the people.” TWMB provides a set of tools for language nutrition coaching to engage the workforce that interact with new and expectant parents within the focus population.

The Muscogee County School District implemented universal screening for all children with the support of Project AWARE and Georgia Project LAUNCH. All Georgia Project AWARE districts have been implementing universal screening for identification of mental health concerns for the past two years.

**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)**

During the reporting period, the Child Occupant Safety Project (COSP) conducted the Mini-Grant Program, an education and distribution program utilizing local partners to conduct monthly education classes to train caregivers on proper use and installation of child safety seats. Caregivers participate in appropriate child safety seat and demonstrate proper installation technique before leaving the event. In the reporting year, 141 counties either directly participated in or were covered by the Mini-Grant program. The Mini-Grant provided 2,382 monthly classes, trained 6,924 caregivers, and distributed 4,166 seats.

In addition to the conventional seats distributed, COSP worked with families of children with special healthcare needs to evaluate transportation needs and issues. Evaluations were provided to 53 children and eight 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. That agency submits a report, along with the crash report, to IP staff. IPP staff received 16 Teddy Bear Sticker forms and replaced 16 seats.

Other trainings and presentations offered by IPP staff in the reporting year include:

- “You have the Power in Your Pen” – ten classes, training 239 law enforcement officers
- Child Passenger Safety Technician course – 26 classes, training 348 attendees
- CPST recertification class for current CPSTs – 29 classes with 216 attendees
- CPST Renewal course – three classes with 22 students
- “Transporting Children with Special Health Care Needs Training” – four classes with 50 attendees
- Keeping Kids Safe – 16 classes at ten hospitals with 223 nurses trained
- Transporting Children Safely in Ambulances – three classes with 57 EMS personnel trained
- Instructor development – one class for seven students

Building on the minority outreach efforts, the mini-grant training presentation and all training materials were translated with narration in Spanish provided. Additionally, a Spanish-English flipbook was developed to assist English speaking Technicians when working with Spanish-speaking parents/caregivers. This flipbook was utilized in 28 counties in FFY18.

The COSP program operates in a regional modeling approach within a local region with operating bases being in Dalton, Athens, Atlanta, Macon, Augusta, Columbus, Valdosta, and Jesup. This model allows for greater training coverage and outreach statewide.

**Current Year: Oct 2018 – Sept 2019**

**Priority Need: Promote Developmental Screenings Among Children**

**NPM 6: Developmental Screenings for Children**

In the current year, C1st continues to encourage the broadening of screening methods throughout local public health districts. C1st staff have participated in over 150 outreach events with more than 4,400 pieces of literature about DPH child health programs, developmental screening and milestones. Learn the Signs. Act Early materials have been provided to families, physicians, daycares and Head Start centers, WIC and other public health programs and local schools. MCH leverages outreach activities into increased referrals and more established relationships with referral sources and providers. Several of our child health programs have re-branded promotional materials and C1st is following a similar path. New promotional materials will be available for the first time in at least six years. In order to ensure our materials are relevant and relatable to several populations, brochures are developed for families as well as referral partners, including hospitals, physicians, DFCS and others.

C1st worked closely with Brookes Publishing to develop an ASQ Online training specific to C1st staff throughout 18 public health districts. C1st along with the BCW early intervention program begin screening for Autism Spectrum Disorder (ASD) in January 2019 and a webinar on screening for ASD was facilitated by C1st and the American Academy of Pediatrics – Georgia Chapter. More than 100 participants attended the webinar. In addition to a webinar, a physician champion also presented during two grand rounds. The presentation covered the rational for early and regular screening with validated screening tools, the importance of developmental surveillance and how to link children and families with resources through referrals to C1st the single point of entry to child serving programs within public health.
The goal of implementing ASD screening in the C1st program is to identify children with ASD as early as possible and link them to appropriate interventions and services. C1st recognizes the medical home as the primary environment for developmental screening and monitoring. In this regard, C1st serves as a safety net and works closely with the medical home to identify children who have not yet been screened for ASD. If a child’s medical home has completed an ASD screening at 18 months and/or 24 months, that screening is not repeated by C1st. A copy of the completed screen(s) is gathered from the child’s medical home and kept in the child’s record. C1st encourages children to complete ASD screening only on children who have not previously been screened at their age interval. C1st has documented ASD screenings for 287 in their database since January 2019. More than 100 screens have been completed by C1st staff, and 100 children were referred to early intervention. Over half of the ASD screens documented in the C1st database were completed by a child’s primary care provider or primary interventionist and sent to C1st with a referral for follow-up. Reducing duplicative screenings is an ongoing goal for the C1st program. As ASD screening increases, C1st will continue to message to primary providers that completed ASD screens should be submitted with a C1st referral.

C1st continues to make consistent progress toward statewide implementation of ASQ online. In February 2019, C1st facilitated an ASQ Online training with each of the 18 public health districts to acclimate staff to using the ASQ Online developmental screening tool. More than 40 public health staff were trained to begin using the online ASQ database, and the training was recorded and stored on a web-based training platform that can be accessed by new staff and re-accessed by those already trained. Another major accomplishment that moved the C1st team toward statewide implementation of ASQ online was constructing a bridge between Brookes Publishing website and the database used by C1st staff at the state and district level. The bridge between the platform that holds the online ASQ results and the database C1st staff use for active follow-up will help to more accurately and more rapidly integrate online ASQ screening results into the follow-up database. This innovation also reduces data entry for C1st staff and will allow digital ASQs to be more easily incorporated into staff’s workflow and case management. ASQ online will build efficiency both on the side of C1st staff as well as for those who administer developmental screenings using the tool. C1st will offer a link for ASQ online to daycare centers, Head Start agencies, primary care physician offices and local public health clinics. Once the screen is completed, it is immediately stored on a platform regularly accessed by C1st staff. Partner agencies will no longer need to score and fax the form to C1st to initiate follow up for families. The program will monitor the impact of this feature to see if it encourages screening by partners that have been reluctant to implement developmental screening within their agencies. Dissemination of the link for ASQ online with key partners is an opportunity to re-introduce the Learn the Signs Act Early materials to the stakeholders. Bundling educational materials about developmental monitoring and screening with an easy to use screening tool will further promote developmental surveillance and screening with a validated tool.

C1st completed several training activities that helped advance the goal of facilitating formal training opportunities on developmental screening in each public health district each year. C1st district staff facilitated approximately 44 trainings with 291 attendees across a varied audience including local public health staff, community-based non-profits, hospitals, and pediatric care offices. Trainings were facilitated across a variety of providers, including local public health staff, hospitals, daycares and Head Start centers, schools and community organizations. Fifteen of the trainings were facilitated using the train the trainer method. More than 70% of the trainings were conducted with local public health staff, 12% of training participants were affiliated with community organizations, and 8% of training participants worked at daycare or Head Start facilities. Hospital and local school staff were represented at 4% each. Over 65% of the trainings were facilitated on use of the ASQ developmental screening tool. Twenty-three of the trainings were facilitated on the child health referral system and how to make a referral to public health. Coordinators also completed seven percent of trainings on the Modified Checklist for Autism in Toddlers, Revised, with Follow-up (M-CHAT-R/F) and four percent of trainings on TWMB language nutrition.
A major accomplishment for C1st during the reporting year was engaging a new stakeholder to incorporate developmental screening and developmental monitoring into their service delivery. During the year, C1st leveraged the relationship Newborn Screening and Children’s Medical Services programs have with Augusta University to incorporate developmental screening and monitoring as a standard part of the services offered through their sickle cell outreach clinics. Augusta University holds over 1,800 specialty clinic appointments, both in person and through telemedicine, for over 700 children and youth with sickle cell disease (SCD), annually; these clinics are offered across seven health districts, primarily in South Georgia. In addition to providing clinical care necessary to manage SCD, Augusta University staffs a social worker to assist with care coordination and addressing socio-environmental needs of the child and family. The social worker is often in touch with the established systems of support in the community in which outreach clinics are being conducted. One of the key duties of the social worker is to ensure each child receiving specialty care has had a developmental screening conducted by a public health provider or his/her medical home. Those children who have not had a screening will be screened with a validated tool during their visit at the outreach clinic. Results of the developmental screening are sent to the medical home, along with the other clinical records from the visit, with a request for follow up with the local C1st program. This is a major success for children served through the outreach clinics as children with SCD are at increased risk for stroke and other complications that may impact development. Furthermore, this protocol reinforces communication with the local medical home and the local C1st program.

The Newborn Screening Program Manager presented the Community Health Workers Model Shows Promise for Patients with Sickle Cell Disease in Georgia poster at the 2019 AMCHP Conference.

Challenges/barriers: Post-implementation, the team has experienced challenges retrieving the M-CHAT-R/F from partners who may not fully score the M-CHAT-R/F or have access to the most recently updated M-CHAT-R/F.

The greatest challenge with completing full implementation of the ASQ Online has been ensuring C1st is HIPAA compliant. Staff must have parental consent before texting or e-mailing the link to the ASQ online to parents. Requiring parental consent may slightly diminish the benefits of the ASQ Online as staff will not be able to have parents complete the ASQ online prior to conducting home visits.

Refugee Health

In the current year, MCH Title V and the State Refugee Health Program collaborated to create a plan to increase refugee community awareness of available MCH services seeking to ensure all eligible individuals and families have access to MCH programs. The State Refugee Health Program and MCH seek to improve and ensure all eligible individuals and families have access to MCH services, such as WIC, BCW, and other child health programs.

This collaboration is important to provide outreach to the most vulnerable and hard to reach populations, including the refugee population. Cultural and religious beliefs and language influences of the refugee can present barriers to accessing MCH services. The lack of knowledge concerning where to seek health care and available treatment options hinder needed evaluation and health care.

The State Refugee Health Program works with partners such as the Refugee Resettlement Agencies, County Health Departments, Schools, Community Based Organizations, and Community Service Providers to provide MCH program education. To increase access to the MCH program, BCW and WIC outreach and educational materials have been translated into refugee languages. Refugee Health has implemented a refugee health linkage coordination program to assist with education of health screenings and assessments.

MCH programs and the Title V team met to explore the refugee population needs and develop strategies to best
serve the refugee MCH population. The percent of children (ages 0-5) referred from Dekalb Board of Health Refugee Clinic to Child Health Services who received developmental screening was chosen as a focus and an ESM was developed. Ninety percent of health screenings for the refugee population are performed at the DeKalb county location. The MCH Child Health program provided Autism training to the DeKalb Board of Health and verified current processes for child referrals for the refugee community.

Priority Need: Promote Physical Activity Among Children

NPM 8: Physical Activity for Children and Adolescents

In the current year, Georgia SHAPE continues the management of statewide Fitnessgram “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 eight to twelve trainings a year are conducted through DOE or state PE/Health conferences (GAHPERD association) and the FG Certificate program which coordinates state recognition certificates for students that excel in FG components. The Governor, DPH Commissioner, DOE Superintendent all sign the Certificate. DPH sends about 110,000 to DOE to send to all schools in the state to recognize participation and student achievement.

During the current year, SHAPE reach is as follows:

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

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

- PU30 Elementary Program- 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’s summit in October 2018 included two staff members from the 24 awarded schools to meet and receive two days of technical assistance. Twenty partners 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 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. Fourteen youth serving organizations have been funded to enhance existing or develop new NFL Flag Football programs across the state.

**Early Care programs:**

- In the 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. This year's Farm to ECE Summit will also be co-hosted by the Georgia Department of Early Care and Learning through a grant from the USDA. SHAPE built a statewide strategic map and programming that has been promoted statewide last year and 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 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.

**Related legislation:** HB 83 requires recess for students in kindergarten and grades one through five; recess may not be withheld for disciplinary or academic reasons. This law encourages schools to include an average of 30 minutes per day and local boards of education shall establish written policies to ensure that recess is a safe experience for students, that recess is scheduled so that it provides a break during academic learning, and that recess is not withheld for disciplinary or academic reasons. Recess may allow more opportunity for schools to offer physical activity, and school districts and schools may need technical assistance developing written policies that allow for the opportunity of more physical activity.

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

**NPM 13: Preventive Dental Visit**

During the current year, the Oral Health team attended the Team Smiles event, a partnership with the Atlanta Falcons professional football league and TeamSmiles. Through the help of local volunteers almost 100 local school children with limited access to dental care were bused in, screened, and provided oral health education. Preventive services such as fluoride varnish and sealants, and when indicated, restorative services such as fillings and extractions were provided.
The Oral Health team provided a dental screening event at Norton Park Elementary School in Smyrna in partnership with Georgia State University at Perimeter Dental Hygiene Program. Approximately 80 children were screened for dental needs including sealants. Dental education was provided to all children and children were given a goody bag of dental supplies. Children were assigned categories of green, yellow, or red (green meaning preventive services recommended, yellow meaning more involved oral health needs requiring referral to a dentist, and red meaning urgent dental needs) and referrals were made accordingly. A portion of the children were bused to the Dental Hygiene Program campus for preventative services including cleanings, sealants, and fluoride varnish.

The Oral Health team participated in the Health Services Advisory Committee meeting with DECAL and Head Start to help them understand best practices and current recommendations for their client population and how necessary education could be effectively delivered on oral health care for young children as well as their caretakers.

The Oral Health team led a school-based sealant and oral health prevention program at Chestatee Elementary in Gainesville. This was the first school based program to be held in this health district. Eight-year olds were screened, and given preventive services including sealants and fluoride varnish. Children needing more extensive treatment were given referrals to the District 2 network of dental program offices.

The Oral Health team presented as part of a national panel to over 100 webinar attendees across the country regarding successes related to chronic disease/oral health collaborative two-year grant. With this grant the Oral Health Program staff educated dental providers on the importance of oral health in pregnancy and on the dangers of tobacco use in pregnant patients. Oral Health providers from three different districts in the state were give a three-hour presentation on pregnancy and oral health, as well as cessation approaches and resources. They were also advised on cross referrals to OBGYN’s to create a more comprehensive patient center care network amongst providers.

Education was provided to approximately 30 school nurses and child care providers on the importance of oral health in young children, burden of oral health problems, their role as advocates, and resources available at the Children’s School and Community Health Leadership Conference hosted by Children’s Healthcare of Atlanta.

**Challenges/barriers:** Collaboration/coordination between two governmental agencies (DPH and DOE) can be challenging. There are approximately 250 individual school systems within the state that work autonomously and creating large statewide agreements proves difficult. Therefore, individual school relationships must be fostered to create individual school specific programs.

**Other Child Health Programs**

*Brain Trust for Babies*

The activities of the Brain Trust are guided by the objectives of the strategic plan. Objectives 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. In the current year, MCH and the Title V program continue to support the Brain Trust by aligning goals within the Child Health Programs such as, Babies Can’t Wait and Autism, Newborn Screening and Early Hearing Detection and Intervention, Children Medical Services, and C1st, 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 TWMB. TWMB is a public action campaign aimed at coaching parents and caregivers on the primacy of language and language nutrition, or the rich language interactions between caregivers and infants, in the earliest stages of a child’s development. A lack of early language exposure has lifelong consequences. Coaching caregivers to provide language nutrition to their children at an early age could drastically improve a child’s lifelong trajectory. DPH has expanded its goal to reach three workforces by 2020. Currently, DPH and its various TWMB partners are working to training 14 different workforces that interact with new and expectant families. The goal is to create an ecosystem around families where everyone who interacts with that family is coaching and modeling the skills of language nutrition. TWMB at Work was implemented at DPH in 2018 with 75 public health staff participating in a three-part training. In total, TWMB at Work has reached 150 program participants at 11 host sites and has 30 trained volunteer facilitators.

The Brain Trust for Babies looked closely at the 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. Workgroups began with CDC, HRSA, Child Trends to brainstorm creation of a national early brain development measurement tool. Current activities include expanding access to Reach Out and Read (ROR) in the public health setting. ROR is typically facilitated in Pediatric clinics; however Georgia is one of the only states that also supports the program in public health settings-clinics for well-child visits, through WIC, and in home visitation programs. Currently, DPH supports ROR in 40 public health sites with plans to expand the program to additional sites in 2020.

**Related legislation:** 2019 Ga Legislative Session: House Resolution to create a House study committee related to infant/toddler social and emotional health.

**Vision Screening**

During the current year, DPH, in cooperation with the DOE, will continue to provide and monitor 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® (HMG)**

In the current year, HMG completed the pre-implementation short-term action plan leading to its first phase of model fidelity implementation. HMG short term-action plan included 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 WIC to enhance partnerships, (5) Assessing internal and external partnerships to identify gaps in partner resources. HMG is working with state programs and six public health districts to support goal implementation with associated activities. Through its collaboration, HMG identified key and unique attributes across districts as opportunities for achieving successful outcomes.

Through Phase I of HMG Model Fidelity Implementation, HMG Georgia developed and launched a Statewide CAP aimed at connecting children and families to social, emotional, and developmental resources to promote optimal health, wellness and resiliency. The HMG CAP is a single number (1-888-HLP-Grow) available to health care
providers, early education leaders, families, and community members. The operational components of the CAP include providing education and support for specific developmental and behavioral concerns and referrals to public health programs (C1st, BCW, CMS, etc.) and community-based supports empowering families to overcome barriers to services for children birth to age eight.

In partnership with HMHB, HMG Georgia developed an enhanced centralized call system merging four pre-existing child health program lines. This centralized system provides users with the opportunity to access multiple DPH services and community programs through one central system. HMHB currently operates the Georgia Family Health Line (previously known as the PowerLine) for the Department of Public Health and has served the Department in this capacity for over ten years. The Georgia Family Health Line utilizes a robust resource house to catalog services and programs across the state. Resources are validated every six months to ensure accuracy.

In addition, Family and Community Supports and the Child Health Screening Programs partnered to apply for the Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) Grant which is funded by the Substance Abuse and Mental Health Services Administration and focus on promoting the wellness of young children ages birth to eight by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. Within the five-year project period, LAUNCHING Help Me Grow (LHMG) will maintain and develop four Young Child Wellness Councils to help promote linkages across child serving entities in each target district. The linkages increase early identification by screening over 10,000 women and children with validated screening tools; address gaps and barriers to receiving mental health services by engaging and training a minimum of 40 child-serving professionals across disciplines to integrate behavioral health screening and programs in their service delivery model; identify, develop and implement early childhood polices and strategies with emphasis on social competency and well-being, and; implement communications strategies to inform early childhood partners about LHMG. The goal of LHMG is to improve the statewide early childhood referral system to better promote physical, emotional, social, and behavioral health and wellness of young children zero to eight years of age that results in children who are thriving in safe, supportive environments to ensure school readiness and overall positive changes to their life course.

Fatherhood Involvement
In the current year, the Family and Community Support Services program continues implementing the Fatherhood Involvement Initiative to improve child health outcomes.

The Fatherhood Involvement Initiative applied for the National MCH Workforce Development Center's Cohort 2019 for learning and was accepted into the ten-month program. A multi-sector team was designed comprised of state and local partner participants that will receive ongoing support to address complex industry challenges while gaining relevant skills in cross-sector collaborations, systems change strategies, and implementation planning.

The Fatherhood Initiative provided its first presentation at the First Steps Advanced Training in Macon appearing before 75-120 practitioners from across the state. During this presentation, Fatherhood was introduced as the “reignited focus” of the agency, outlining current and future milestones as well as plans for implementation. As part of the presentation, Fatherhood conducted a preliminary survey of participants regarding opportunities for father interaction, inquiring about the comfort levels, as well as potential for gender bias that could influence family support outcomes. At the end of the presentation, the Fatherhood Initiative program provided resources to address capacity building of a female dominant field and strategies to support understanding gender bias in staff and client mothers, to promote the newest focus of MCH. The impact of this effort, based on the feedback and responses, indicated the necessity to begin dialogue around female Home Visitors engaging fathers and the need to increase capacity and develop a competent workforce to support father-interaction.

The Strong Fathers Strong Families Georgia Summit will be held on July 24, 2019. The Summit will provide
education to increase knowledge, awareness, and capacity of agency partners, practitioners and public servants on the importance of intentionally engaging fathers and their impact on the health and development of their children and families. Serving as the Keynote will be Kenn Harris, New Haven Healthy Start and Black Champions for Health Director along with a host of fatherhood expert panelist.

Project LAUNCH

In the current year, through the Project LAUNCH Program, DPH facilitates community groups at both the state and local level with support from the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD). Project LAUNCH supports a Young Child Wellness Coalition (YCWC) in Columbus, Georgia which consists of a variety of key stakeholders including family members that have an interest in the health and wellness of children birth to age eight years. The YCWC elected an advisory board to oversee the coalition and provide guidance on sustainability efforts to continue their work post Project LAUNCH funding. Project LAUNCH is guided by both the state and local council members, whose mission is to improve coordination and collaboration across the systems that serve young children and their families.

Georgia Project LAUNCH strengthens families and increases parent skills and knowledge by providing training for parents to educate and empower them to make informed decisions about their child’s care and increase awareness of opportunities for early intervention and prevention. Parents are linked to resources providing better access to supports, which include respite care, support groups and/or one-on-one peer relationships. Project LAUNCH secured an opportunity for the establishment of the first Columbus Chapter of the Federation of Families which has resulted in the funding of a chapter, technical assistance for families, and annual conference attendance including travel and lodging, plus five Parent Café sessions. Activities were sponsored by the Office of Children, Young Adults & Families, a Division of Georgia Department of Behavioral Health and Developmental Disabilities. This is a permanent opportunity for families in Columbus to maintain and develop advocacy, support and provide guidance to one another. Project LAUNCH identified topics of interest by partnering with two local parent groups – F.A.S.T. (Families and Schools Together) and Muscogee Moms (a regional social media parent engagement site) where 255 parents completed survey ranking their “hot topics”. The top five topics were addressed with Mini-Town Hall Sessions (Leadership, Anger Management, Self-Care, Community Resources, etc.) during the largest Back to School event in the area; sponsored by Amerigroup, Muscogee County School District, Columbus Parks & Recreation and other community agencies. Sixty-three parents participated in the Town Hall sessions and 80 parents were interested in learning more about outreach events and community resources. The West Central Health District Children and Youth with Special Needs, District Clinical Service teams were also on-site for the event to share resources for families.

The Project LAUNCH Parent Leadership Academy Preview was held in August 2018. The discussion topics covered included: learning how to support your child's social/ emotional health; discovering your leadership skills; and how to network with other parents. This preview also gathered the parent’s preferences for the Leadership Academy’s day/time/location which begin in January 2019.

The Fall 2018 Festival & Kick-Off with the YMCA and Head Start was held to promote social emotional learning and awareness, introduce the Parent Ambassador initiative and provide community resources in English and Spanish to Muscogee County families. In February 2018, the Young Child Wellness Expert and Local Project LAUNCH Parent Leader attended the Family Leadership Summit in Rockville, Maryland. The purpose of the summit was to support and equip family leaders to create and sustain a National Early Childhood Family Network. Participants were given the opportunity to learn from peer leaders and better understand the roles families play in system change efforts. The tools learned and takeaways from the developing network were introduced to the Interagency Directors Team (IDT, a state child serving leadership team that makes recommendations to legislators) and used to guide and support the
work of Local Interagency Planning Teams (LIPT). The purpose of a LIPT is to improve and facilitate the coordination of services for children living with severe behavioral health needs or addictive diseases.

Project LAUNCH joined with the Literacy Alliance in their 11th Annual Book Parade in March 2018 distributing books to each child in the Wilson, Chase, Warren Williams, Farley, E. Canty and Arbor Pointe communities in the Columbus Housing Authority. The Literacy Alliance is a non-profit organization based out of Columbus, GA focused on increasing literacy levels. Parents and caregivers were eager to participate in the parade, read to their children and find out information about Project LAUNCH and the Literacy Alliance.

To identify the cradle to college success efforts through literacy, Project LAUNCH partnered with the Columbus State University Center for Health Disparities in March 2018 to discuss the economic and health effects of illiteracy, support early literacy in future workforce, and why is early literacy so important to young children. The Third Annual Project LAUNCH Kick-Off and Resource Fair in 2018 was organized to increase parent engagement, encourage child mental health awareness, and distribute community resources. During this event Project LAUNCH introduced the Parent Ambassador Initiative as a strategy to increasing parent engagement. The Parent Ambassador Initiative Promote positive communication, healthy lifestyle choices, personal success, and cultural involvement to support strong family relationships, improved quality of life, and overall parental resiliency to be an advisory group for the Young Child Wellness Council.

Project LAUNCH devised creative ways to increase parent involvement including instituting the use of Facebook Group Chat which was hosted by Muscogee Moms. This platform was used to discuss the Five Protective Factors and highlight tools to strengthen Parental Resiliency.

The Second Annual Let’s READ Muscogee Activities in collaboration with National Reading Month was a successful event which has proven to be an avenue to increase family involvement. This event affords community leaders and families the opportunity to interact while reading to young children. During the reading time, books are given to each child along with Project LAUNCH promotional materials and other educational collaterals. Over 150 participants joined in for reading, crafts, fun and games.

Georgia Project LAUNCH understands that a child's brain develops rapidly during the first three years of life. It is a time of rapid cognitive, linguistic, social, emotional and motor development. In order to strengthen the early childhood system of care Georgia Project LAUNCH partnered with two (2) early brain development programs: TWMB and Language Environment Analysis (LENA).

The Muscogee County School District implemented universal screening for all children with the support of Project AWARE and Georgia Project LAUNCH. All Georgia Project AWARE districts have been implementing universal screening for identification of mental health concerns for the past two years. District staff have been trained on the readiness process and Georgia Project AWARE districts have been encouraged to select screening schools based on these two criteria: (1) PBIS (Positive Behavioral Intervention and Supports) schools with a high level of implementation fidelity and (2) schools in which the administrator has expressed explicit interest in and support for the universal screening process. The roll out of universal screening through Georgia Project AWARE has been nearly seamless. This success is attributed to the leadership demonstrated by the Georgia Project AWARE District Coordinators in ensuring that schools are trained and prepared to implement the process and the strong partnership that Project LAUNCH Georgia staff have created with both the school system and Project AWARE staff.

Pediatrics Supporting Parents Learning Collaborative (National Institute for Children's Health) distributed applications to ensure that children from birth to age three receive the support needed to achieve school readiness and positive life outcomes. Dr. Ryan Padrez, an expert advisory member, leads plenary and breakout sessions on
the importance of having a “Prepared Family System”. Dr. Padrez use the plenary session to emphasize that trusting relationships between families and providers are critical to this work. As a proven leader in parent engagement and physician outreach, Project LAUNCH was invited to the first learning community session being held in Atlanta. Two Project LAUNCH parent leaders will attend this event on behalf of the program and share their stories about navigating the Early Childhood System.

Reach Out and Read gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together. Project LAUNCH supports Reach Out and Read in their mission to address literacy development, school readiness as part of early childhood, and early brain development. The model includes guidance on reading aloud at health visits, building routines, and interactive developmentally appropriate ways to enjoy books with infants, toddlers, preschoolers. All of which are necessary to address the daunting fact that 70% of third grade students in Muscogee County are not achieving Proficient Learner status on Georgia English Language Arts assessments, although it is higher than the Georgia state average of 65%.

Georgia Project LAUNCH supported the applications with Mental Health Consultant data for three communities to receive APEX funds from the Department of Behavioral Health and Developmental Disabilities. These communities include Harris County, Muscogee County & a group of counties in south west Georgia with four school districts (Quitman, Randolph, Clay and Stewart). Georgia APEX builds infrastructure and increases access to mental health services for school-aged youth throughout the state. The Georgia APEX Program recognizes that schools are a natural environment for identification and intervention and aims to reduce the number of youths with unmet mental health needs. The program supports community mental health provider’s efforts to partner with schools and provide school-based mental health services, including direct student services, professional development for school staff, and opportunities for mental health promotion and awareness. The APEX Program’s goals align with those of Georgia Project LAUNCH. Goals including increasing access to youth mental health services, providing early detection of mental health needs in childhood and strengthening coordination between community-based mental health providers and local schools.

Georgia Project LAUNCH secured an opportunity to establish the first Columbus Chapter of the Federation of Families. Federation of Families is a family-run organization providing advocacy for the rights of children and youth with emotional, behavioral and mental health challenges and their families. Establishment of the Columbus chapter has resulted in the funding of a chapter, technical assistance for families, annual conference attendance including travel and lodging, plus 5 Parent Cafes by the Office of Children, Young Adults & Families, a Division of Georgia Department of Behavioral Health and Developmental Disabilities. This will be a permanent opportunity for families in Columbus to maintain and develop advocacy, support and guidance to one another.

The Georgia Project LAUNCH Parent Leadership Academy engages parents in the community through facilitated training on leadership, information on how to advocate for children and general tools for success. Georgia Project which is a creative approach to sustaining parent engagement for the Muscogee area and will continue to support the creation of the Columbus area Federation of Families Chapter. Parent Leadership Academy representatives from Georgia will attend the Federation of Families Conference and take steps to create a new Family Support Organization chapter in Columbus in year five focusing the Project LAUNCH age group of zero to eight.

The Columbus community is diverse from neighborhood to neighborhood. To engage families, public and private entities must be mindful of the importance of cultural diversity as it relates to the larger social issues, such as income inequities. The Greater Chamber of Columbus has launched The Basics, which works through partner organizations to ensure that children aged birth to three experience The Basics for a great start in life. The zero to three implementation aligns with the new LENA Start initiative. Moving forward, Georgia Project LAUNCH will continue
efforts to partner with Columbus 2025, and all family supporting agencies to strengthen the Early Childhood System of Care in Georgia.

The Project LAUNCH and Project AWARE staff are providing technical assistance to the school district and New Horizons Community Service Board to implement the APEX Program.

**Immunizations**

In the current year, GIP is working with medical providers and laboratories to provide education about the importance of disease reporting, with specific emphasis on reaching 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 Occupant Safety Program (COSP)**

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

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

Program continues to offer the following training opportunities:

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

The COSP Program is working more with Department of Children and Family Services staff and contractors to provide training on proper transportation of children, including Georgia law and best practice recommendations. Similar training is being offered to Head Start and other daycare agencies staff.

Regional modeling will continue with local staff serving as a community catalyst for all child occupant related things including car seat use, booster seat use, seat belt use, parent seat belt use modeling, vehicle hyperthermia prevention, and more.
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, C1st will continue to implement and adjust practices around offering online developmental screening using online ASQs. One of the primary goals in offering the ASQ online is to expand access to developmental screenings for partners, particularly daycares, physician offices and other child-serving organizations who routinely make referrals to C1st.

C1st will also continue to promote awareness of the program and the child health referral system at the state and local level. One barrier in the goal to identify children at risk for developmental delay and linking those children and their families to early intervention services and community resources is lack of awareness of the C1st program among parents, physicians, hospitals and other providers. Each year, C1st and other child health staff participate in over 100 outreach activities to help resolve the issue.

C1st will continue to work with our early intervention program partner, BCW and HMG to promote the agency’s Autism screening initiative to families and physicians. Lastly, by the end of the current fiscal year, our programs should have three quarters of data on the number of families in Georgia that were screened through C1st and BCW programs and the outcomes of those screens. This data will help the Autism program better define their goals, identify gaps in services for families with children who have Autism and refine our policies and procedures for Autism Spectrum Disorder Screening to ensure the screening is as efficient and accessible as possible.

Refugee Health

In the coming year, Title V, Refugee Health, Child Health Developmental Screening, Health Promotion, and MCH Evaluation staff will continue the development and implementation of promoting developmental screenings in the Refugee population. The Refugee Pediatric Center will be the originator of referrals to the DeKalb Board of Health Refugee Clinic (Kaiser Permanente). Interpreters are available at the Refugee Pediatric Center and language and cultural considerations for this project include: Arabic, Somali, and Swahili. The Refugee Health team will monitor referrals. Outreach materials will be developed and made available on developmental screenings including C1st, BCW, CMS, EDHI, Autism, Learn the Signs. Act Early.

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 Atlanta United. DPH and DOE are committed to improving the health of Georgia’s children by offering assistance and opportunity to achieve a greater level of overall fitness. 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

In the coming year, MCH will continue to promote and support school sealant programs which are evidence-based approaches endorsed by the CDC, as a means of reducing dental decay in children and breaking down access to care barriers by delivering care and education in a community setting rather than trying to bring target populations into fixed clinic dental offices.

Findings from the Third-Grade Basic Screening Survey (BSS) related to untreated decay, history of decay, and presence of dental sealants (data collected in 2016-2017), will be disseminated to partners and stakeholders. A similar BSS report for Head Start data collected in 2016 will be finalized and disseminated. Other aspects of the oral health surveillance system including oral health related PRAMS indicators will also be disseminated. These various indicators will be used to update the state of Georgia Oral Health Burden Report during FY 2020.

Other Child Health Programs

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

DPH plans to host four Brain Trust for Babies Advisory Board meetings and continue the contract with Child Trends to produce a national measurement tool for early brain development. DPH plans to expand TWMB for birthing hospitals to at least five birthing hospitals across the state. DPH plans to support the growth and implementation of TWMB at Work and convene a TWMB User Group meeting to share best practices, new research and evaluation projects, and resources.

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® (HMG)
In the coming year, HMG will focus on the activities that were selected to help strengthen the presence of the four core components of HMG in Georgia; Centralized Access Point, Family and Community Outreach, Child Health Care Provider Outreach and Data Collection and Analysis. HMG will evaluate the effectiveness and use of the HMG Central Access Point to ensure a high-quality experience and customer service (Tracking, Access, & Referrals). HMG will identify and share data for other child health lines transferred to the HMG Central Access Point (CAP) and housed with HMHB.

HMG will develop a webpage on the DPH website that informs all potential users (families, professionals, paraprofessionals, etc. serving those families) about HMG and the CAP which provides universal access to the families of children prenatal to eight years of age. 1-888-HLP-Grow was designed to serve the most vulnerable, in-
risk and at-risk families with young children who may need extra support connecting to services. Literature will be developed and statewide dissemination beginning with six pilot districts will occur. Efforts toward collective engagement of community partners which includes but is not limited to informing the Statewide Inter-Agency Directors Team and Internal Early Brain Development Team of our initiatives/progress and partnering with members to increase early detection, assessment and linkage to services for children and families. Families and providers may benefit from having multiple ways to connect with the CAP: web, phone, mobile/app based, text and chat, in-person (local connections).

HMG will investigate innovative ways to optimize outreach and in-person linkages. HMG will 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 and 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.

Home Visiting
In the coming year, the Family and Community Support Services program plans to move in the direction as suggested by DOE and Health and Human Services (HHS) to set a vision for stronger partnerships, collaboration, and coordination between awardees of the MIECHV and the Individuals with Disabilities Education Act, Part C Program (IDEA Part C Program). MIECHV and Part C Program staff meet regularly to discuss best practices and next steps necessary to ensure collaboration with programs and community partners.

Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health)
Project LAUNCH is in the last year of a five-year funding cycle. MCH has applied for SAMHSA funding to sustain and expand Project LAUNCH. The potential funding would expand Project LAUNCH’s strategies to three additional public health districts. Funds would be available in August 2019.

Early brain has partnered with Project LAUNCH to implement LENA Start in Muscogee County. LENA Start is a program for parents that uses regular feedback from LENA technology to help increase interactive talk to close the early-talk gap, support kindergarten readiness, and build stronger families. The families participate in ten weekly sessions that teaches parents and caregivers about the importance of interactive talk along with ways to incorporate more conversation into their daily routines. Funding and staff have been allocated to sustain this project in the coming year.

Fatherhood Initiative
Development and implementation of the Fatherhood Initiative will continue. The Family and Community Support Services program will be working closely with the National Fatherhood Initiative through the upcoming project.

Immunizations
In the coming year, GIP will continue to work with medical providers and laboratories to provide education them about the importance of disease reporting, with specific emphasis on reaching prenatal care providers to increase the number of Hepatitis B virus (HBV)-positive pregnant women identified in birth cohort 2019 by 2 percent, over the total from birth cohort 2018.

Child Occupant Safety Program (COSP)
In the upcoming 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 continues 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. Online, modular trainings will continue utilizing non-traditional methods to conduct outreach with agencies, utilizing platforms like Zoom, Skype, and FreeConferenceCall.com. The program will continue to offer a 16-hour Special Needs transportation program - “Safe Travel for All Children: Transporting Children with Special Health Care Needs.”

COSP anticipates programmatic expansion to include more outreach and involvement with schools and daycares as well as additional online training opportunities (ongoing webinar series, etc.).