

Form 10a
National Performance Measures (NPMs)
State: Georgia

NPM 1 - Percent of women with a past year preventive medical visit

Federally Available Data	
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)	
	2016
Annual Objective	62.1
Annual Indicator	67.7
Numerator	1,258,025
Denominator	1,857,538
Data Source	BRFSS
Data Source Year	2015

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	62.1	63.0	63.5	64.0	65.0	65.0

Field Level Notes for Form 10a NPMs:

None

NPM 3 - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

FAD for this measure is not available for the State.

State Provided Data	
	2016
Annual Objective	81.8
Annual Indicator	79
Numerator	1,898
Denominator	2,402
Data Source	Vital Records
Data Source Year	2016
Provisional or Final ?	Provisional

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	80.0	81.0	82.0	83.0	84.0	85.0

Field Level Notes for Form 10a NPMs:

1.	Field Name:	2016
	Column Name:	State Provided Data

Field Note:

Data Sources: OHIP - Final Birth Table, OASIS Final, and Vital Records Provisional Birth File

NPM 4 - A) Percent of infants who are ever breastfed

Federally Available Data	
Data Source: National Immunization Survey (NIS)	
	2016
Annual Objective	79.3
Annual Indicator	69.2
Numerator	80,818
Denominator	116,817
Data Source	NIS
Data Source Year	2013

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	80.9	81.2	81.5	82.0	82.3	83.0

Field Level Notes for Form 10a NPMs:

None

NPM 4 - B) Percent of infants breastfed exclusively through 6 months

Federally Available Data	
Data Source: National Immunization Survey (NIS)	
	2016
Annual Objective	20.2
Annual Indicator	25.4
Numerator	29,130
Denominator	114,622
Data Source	NIS
Data Source Year	2013

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	21.6	23.0	23.7	24.0	24.3	25.0

Field Level Notes for Form 10a NPMs:

None

NPM 6 - Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2016
Annual Objective	42.8
Annual Indicator	40.8
Numerator	257,898
Denominator	632,599
Data Source	NSCH
Data Source Year	2011_2012

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	42.0	43.0	43.5	44.0	44.5	45.0

Field Level Notes for Form 10a NPMs:

None

NPM 8 - Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day (Child Health)

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - CHILD	
	2016
Annual Objective	36.6
Annual Indicator	35.9
Numerator	309,751
Denominator	863,401
Data Source	NSCH-CHILD
Data Source Year	2011_2012

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	37.3	38.1	38.8	39.5	39.8	39.8

Field Level Notes for Form 10a NPMs:

None

NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2016
Annual Objective	25.3
Annual Indicator	16.4
Numerator	129,553
Denominator	790,591
Data Source	NSCH
Data Source Year	2011_2012

Federally Available Data	
Data Source: Youth Risk Behavior Surveillance System (YRBSS)	
	2016
Annual Objective	25.3
Annual Indicator	25.1
Numerator	110,846
Denominator	442,284
Data Source	YRBSS
Data Source Year	2013

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	25.0	25.0	24.5	24.5	24.0	23.5

Field Level Notes for Form 10a NPMs:

None

NPM 12 - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Federally Available Data	
Data Source: National Survey of Children with Special Health Care Needs (NS-CSHCN)	
	2016
Annual Objective	34.2
Annual Indicator	33.9
Numerator	48,646
Denominator	143,452
Data Source	NS-CSHCN
Data Source Year	2009_2010

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	34.6	34.9	35.3	35.6	36.0	36.5

Field Level Notes for Form 10a NPMs:

None

NPM 13 - A) Percent of women who had a dental visit during pregnancy

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2016
Annual Objective	39.5
Annual Indicator	29.3
Numerator	18,443
Denominator	63,060
Data Source	PRAMS
Data Source Year	2013

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	41.1	42.7	43.0	43.5	44.5	44.9

Field Level Notes for Form 10a NPMs:

None

NPM 13 - B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2016
Annual Objective	76.7
Annual Indicator	75.9
Numerator	1,773,709
Denominator	2,337,183
Data Source	NSCH
Data Source Year	2011_2012

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	77.4	78.2	79.0	79.8	79.9	80.0

Field Level Notes for Form 10a NPMs:

None

**Form 10a
State Performance Measures (SPMs)**

State: Georgia

SPM 1 - By 2020, increase the percentage of women (ages 15-44) served in the Georgia Family Planning Program (GFPP) who use long-acting reversible contraceptives (LARC) from 11 to 15%.

Measure Status:	Active
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	16.6
Numerator	9,714
Denominator	58,434
Data Source	GFPP
Data Source Year	2016
Provisional or Final ?	Provisional

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	11.0	12.0	13.0	14.0	15.0	17.0

Field Level Notes for Form 10a SPMs:

1.	Field Name:	2016
	Column Name:	State Provided Data
	Field Note:	Data Source: Georgia Family Planning Program Data 2016 Projections

SPM 2 - By 2020, increase the rate of children and youth with special health care needs that have accessed their specialty health care visit through a telehealth clinic from 1.3 (per 1000 CYSHCN) to 2.0.

Measure Status:	Active
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	1.5
Numerator	704
Denominator	477,000
Data Source	CMS Program Data and Kids Count
Data Source Year	SFY 2016
Provisional or Final ?	Provisional

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	1.3	1.5	1.7	1.9	2.0	2.0

Field Level Notes for Form 10a SPMs:

1.	Field Name:	2016
	Column Name:	State Provided Data

Field Note:

Data Source: Children's Medical Services Program Data (Numerator), Kids Count (Denominator)

SPM 3 - By 2020, decrease the rate of congenital syphilis from 13 (infants per 100,000 live births) to 11.7.

Measure Status:	Active
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	17
Numerator	21
Denominator	123,292
Data Source	Projected Data from OASIS and SendSS, Births and C
Data Source Year	2016
Provisional or Final ?	Provisional

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	13.0	12.7	12.4	12.0	11.7	11.7

Field Level Notes for Form 10a SPMs:

1.	Field Name:	2016
	Column Name:	State Provided Data
	Field Note:	Data Source: State Electronic Notifiable Disease Surveillance System, Vital Records

SPM 4 - By 2020, decrease the rate of infants diagnosed with Neonatal Abstinence Syndrome (NAS) from 3.2 (per 1,000 live births) to 2.0.

Measure Status:	Active
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	6.1
Numerator	735
Denominator	120,577
Data Source	Hospital Discharge Data, Vital Records
Data Source Year	2015
Provisional or Final ?	Provisional

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	4.0	3.9	3.8	3.5	3.1	2.0

Field Level Notes for Form 10a SPMs:

1.	Field Name:	2016
	Column Name:	State Provided Data

Field Note:

Data Source; OHIP Hospital Discharge Data, Vital Records

Method: The numerator is the number of infants younger than 1 year of age diagnosed with NAS in Georgia. Diagnosis was defined using ICD codes. For the first three quarters of 2015, NAS was indicated by ICD-9 codes of 779.5 (drug withdrawal syndrome in a newborn) and 760.72 (narcotics affecting fetus or newborn via placenta or breast milk). For the last quarter of 2015, the ICD-10 codes P96.1 (neonatal withdrawal symptoms from maternal use of drugs of addiction) and P04.4 (newborn affected by maternal use of drugs of addiction) were used. Iatrogenic cases were identified and removed from consideration using Stephen Patrick's methodology as described in "Neonatal Abstinence Syndrome and Associated Health Care Expenditures." The denominator is the total number of hospital births in Georgia.

**Form 10a
Evidence-Based or –Informed Strategy Measures (ESMs)**

State: Georgia

ESM 1.1 - 1.1.1. Number of public health districts with the Every Woman video in circulation

Measure Status: Inactive - This measure is being deleted due to unforeseen barriers in implementing.

State Provided Data	
	2016
Annual Objective	
Annual Indicator	1
Numerator	
Denominator	
Data Source	GFPP Data
Data Source Year	SFY 2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	0.0	5.0	10.0	15.0	18.0	0.0

Field Level Notes for Form 10a ESMs:

None

ESM 1.2 - 1.2.1. Number of staff that have been trained on preconception health appraisals

Measure Status: Inactive - This measure was deleted due to a change in the strategy.

State Provided Data	
	2016
Annual Objective	
Annual Indicator	97
Numerator	
Denominator	
Data Source	GFPP
Data Source Year	SFY 2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	50.0	60.0	70.0	80.0	90.0	100.0

Field Level Notes for Form 10a ESMs:

None

ESM 1.3 - 1.3. Number of focus groups across the state that assess barriers to well-woman visits

Measure Status:	Active
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	1
Numerator	
Denominator	
Data Source	Title V On-Going Needs Assessment
Data Source Year	2017
Provisional or Final ?	Provisional

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	1.0	5.0	10.0	15.0	18.0	0.0

Field Level Notes for Form 10a ESMs:

None

ESM 1.4 - 1.4. Proportion of birthing hospitals that implement Alliance for Innovation on Maternal Health Bundles

Measure Status:	Active
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Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	10.0	25.0	30.0	50.0	60.0	75.0

Field Level Notes for Form 10a ESMs:

None

ESM 3.1 - 3.5.1. Percentage of birthing hospitals that are in compliance with neonatal level of care requirements

Measure Status: Inactive - This measure is being deleted due to the reliability of the data source.

State Provided Data	
	2016
Annual Objective	
Annual Indicator	0
Numerator	0
Denominator	79
Data Source	Women Health Program
Data Source Year	2016
Provisional or Final ?	Provisional

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	0.0	0.0	40.0	60.0	65.0	65.0

Field Level Notes for Form 10a ESMs:

1.	Field Name:	2016
	Column Name:	State Provided Data

Field Note:
 Georgia's birthing hospitals self identify and have not fully utilized LOCATe. Therefore the data available cannot be used at this time to assess compliance with levels of care.

ESM 3.2 - 3.6.1. Proportion of Regional Perinatal Centers that receive a process evaluation

Measure Status:	Active
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Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	6.0	6.0	6.0	6.0	6.0	6.0

Field Level Notes for Form 10a ESMs:

None

ESM 4.1 - 3.1.1 Number of birthing hospitals that participate in the 5-STAR Hospital Initiative

Measure Status:	Active
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	39
Numerator	
Denominator	
Data Source	Womens Health Program Data
Data Source Year	2016
Provisional or Final ?	Provisional

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	0.0	10.0	20.0	30.0	40.0	40.0

Field Level Notes for Form 10a ESMs:

None

ESM 4.2 - 3.1.2 Number of Train-the-Trainer workshops conducted

Measure Status:	Active
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	2
Numerator	
Denominator	
Data Source	Womens Health Program Data
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	1.0	3.0	4.0	5.0	6.0	6.0

Field Level Notes for Form 10a ESMs:

None

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

Measure Status:	Active
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	44.4
Numerator	8
Denominator	18
Data Source	Children 1st Program Data
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	20.0	40.0	60.0	80.0	100.0	100.0

Field Level Notes for Form 10a ESMs:

None

ESM 6.2 - 6.1.2. Number of partners reporting utilization of developmental screening tools

Measure Status:	Inactive - This measure is being deleted due to the challenges in assessing utilization of developmental screening tools among partners
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	0
Numerator	
Denominator	
Data Source	Children 1st Program Data
Data Source Year	2016
Provisional or Final ?	Provisional

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	0.0	5.0	10.0	15.0	20.0	23.0

Field Level Notes for Form 10a ESMs:

None

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

Measure Status:	Active
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	9
Numerator	
Denominator	
Data Source	Children 1st Program Data
Data Source Year	FFY 2017
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	2.0	14.0	26.0	30.0	36.0	38.0

Field Level Notes for Form 10a ESMs:

None

ESM 8.1 - 7.1.1. Average HFZ measure (aerobic capacity) among students in grades 4-12

Measure Status:	Active
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	50.1
Numerator	379,706
Denominator	757,811
Data Source	DOE Fitnessgram
Data Source Year	2016-2017
Provisional or Final ?	Provisional

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	56.0	57.0	58.0	59.0	60.0	61.0

Field Level Notes for Form 10a ESMs:

1.	Field Name:	2017
	Column Name:	Annual Objective

Field Note:

Data Source: Georgia Department of Education Health and Physical Education Fitnessgram Data

Numerator: Male and Female HFZ for Aerobic Capacity

Denominator: Male and Female Total Attempts

Annual Objective for Males is 63% and Females is 49%, combined is 56%.

ESM 9.1 - 8.1.1. Communication plan to promote awareness of bullying and bullying prevention among youth

Measure Status:	Inactive - This measure has been deleted due to unforeseen barriers
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	No
Numerator	
Denominator	
Data Source	Adolescent Health Program Data
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective						

Field Level Notes for Form 10a ESMs:

None

ESM 9.2 - 8.2.1. Number of schools participating in whole school bullying prevention initiatives

Measure Status: Inactive - This measure is being deleted due to a change in strategy

State Provided Data	
	2016
Annual Objective	
Annual Indicator	15
Numerator	
Denominator	
Data Source	Adolescent Health and Youth Development Program
Data Source Year	2016
Provisional or Final ?	Provisional

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	0.0	1.0	3.0	3.0	3.0	3.0

Field Level Notes for Form 10a ESMs:

1.	Field Name:	2016
	Column Name:	State Provided Data

Field Note:

Number of schools participating in the Adolescent Health and Youth Development Step Up Step In Anti-bullying Program

ESM 9.3 - 8.1.2. Developed at least one evidence-based strategy for suicide revention

Measure Status:	Active
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Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective						

Field Level Notes for Form 10a ESMs:

None

ESM 12.1 - 9.1.1 Number of youth, families and professionals trained on health care transition

Measure Status:	Active
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	250
Numerator	
Denominator	
Data Source	Children Medical Services
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	200.0	250.0	325.0	350.0	375.0	500.0

Field Level Notes for Form 10a ESMs:

None

ESM 12.2 - 9.3.1. Number of pediatric and adult medical providers who have a health care transition policy within their practice

Measure Status:	Active
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	0
Numerator	
Denominator	
Data Source	Children Medical Services Program
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	5.0	15.0	25.0	35.0	40.0	40.0

Field Level Notes for Form 10a ESMs:

None

ESM 13.1 - 11.1.1. Number of comprehensive webinars/presentations offered

Measure Status:	Active
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	0
Numerator	
Denominator	
Data Source	Oral Health Program Data
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	4.0	8.0	12.0	16.0	20.0	20.0

Field Level Notes for Form 10a ESMs:

None

ESM 13.2 - 11.1.2. Number of dentists, hygienists and staff educated on four specific dental services for individuals with special needs and the oral health connection and services

Measure Status:	Active
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State Provided Data	
	2016
Annual Objective	
Annual Indicator	15
Numerator	
Denominator	
Data Source	Oral Health Program Data
Data Source Year	2016
Provisional or Final ?	Final

Annual Objectives						
	2017	2018	2019	2020	2021	2022
Annual Objective	5.0	10.0	20.0	30.0	40.0	40.0

Field Level Notes for Form 10a ESMs:

None

Form 10b
State Performance Measure (SPM) Detail Sheets

State: Georgia

SPM 1 - By 2020, increase the percentage of women (ages 15-44) served in the Georgia Family Planning Program (GFPP) who use long-acting reversible contraceptives (LARC) from 11 to 15%.

Population Domain(s) – Women/Maternal Health, Perinatal/Infant Health

Measure Status:	Active								
Goal:	Increase the percentage of women (ages 15-44) served in the Georgia Family Planning Program (GFPP) who use long-acting reversible contraceptives (LARC)								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of women ages 15-44 that used a LARC</td> </tr> <tr> <td>Denominator:</td> <td>Total number of women ages 15-44 served in GFPP</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of women ages 15-44 that used a LARC	Denominator:	Total number of women ages 15-44 served in GFPP	Unit Type:	Percentage	Unit Number:	100
Numerator:	Number of women ages 15-44 that used a LARC								
Denominator:	Total number of women ages 15-44 served in GFPP								
Unit Type:	Percentage								
Unit Number:	100								
Healthy People 2020 Objective:	Related to Family Planning (FP) Objective 1: Increase the proportion of pregnancies that are intended								
Data Sources and Data Issues:	Data Source: Georgia Family Planning Program Clinic Data								
Significance:	The availability of family planning services allows individuals to achieve desired birth spacing and family size, and contributes to improved health outcomes for infants, children, women, and families. In 2002, 51% of all pregnancies were intended in the U.S. In Georgia unplanned births increased in percentage from 52.6% to 54.8% between 2009 and 2011. According to the American College of Obstetricians and Gynecologists, intrauterine devices and contraceptive implants, long-acting reversible contraceptives (LARCs), are the most effective reversible contraceptives. The major advantage of LARCs compared with other reversible contraceptive methods is that they do not require ongoing effort on the part of the user for long-term and effective use, and return fertility quickly after removal.								

SPM 2 - By 2020, increase the rate of children and youth with special health care needs that have accessed their specialty health care visit through a telehealth clinic from 1.3 (per 1000 CYSHCN) to 2.0.

Population Domain(s) – Children with Special Health Care Needs

Measure Status:	Active								
Goal:	Increase the rate of children and youth with special health care needs that have accessed their specialty health care visit through a telehealth clinic								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of children and youth that have seen a specialty provider within the last 12 months at the Children's Medical Services (CMS) Program telehealth clinic</td> </tr> <tr> <td>Denominator:</td> <td>Total number of children and youth with special health care needs</td> </tr> <tr> <td>Unit Type:</td> <td>Rate</td> </tr> <tr> <td>Unit Number:</td> <td>1,000</td> </tr> </table>	Numerator:	Number of children and youth that have seen a specialty provider within the last 12 months at the Children's Medical Services (CMS) Program telehealth clinic	Denominator:	Total number of children and youth with special health care needs	Unit Type:	Rate	Unit Number:	1,000
Numerator:	Number of children and youth that have seen a specialty provider within the last 12 months at the Children's Medical Services (CMS) Program telehealth clinic								
Denominator:	Total number of children and youth with special health care needs								
Unit Type:	Rate								
Unit Number:	1,000								
Healthy People 2020 Objective:	<p>Related to Maternal, Infant, and Child Health (MICH) Objective 31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive and coordinated systems</p> <p>Related to Access to Health Services (AHS) Objective 5.2: Increase the proportion of children and youth age 17 years and under who have a specific source of ongoing care</p>								
Data Sources and Data Issues:	Data Sources: Georgia Children's Medical Services Program Database, Kids Count Data Center								
Significance:	According to the American Telemedicine Association, telemedicine/telehealth has been used to bring health care services to patients in distant locations, improving access to patients in both rural and urban areas. Georgia's CSHCN families travel on average 300 miles round trip for specialty care visits. Often resulting in missed appointments, disruption in health care, missed school, and increased emergency room visits. Telehealth is a proven effective tool in providing specialty care services and care coordination to children with special health care needs.								

SPM 3 - By 2020, decrease the rate of congenital syphilis from 13 (infants per 100,000 live births) to 11.7.
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active								
Goal:	Decrease the rate of congenital syphilis								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of infants born with congenital syphilis</td> </tr> <tr> <td>Denominator:</td> <td>Total number of live births</td> </tr> <tr> <td>Unit Type:</td> <td>Rate</td> </tr> <tr> <td>Unit Number:</td> <td>100,000</td> </tr> </table>	Numerator:	Number of infants born with congenital syphilis	Denominator:	Total number of live births	Unit Type:	Rate	Unit Number:	100,000
Numerator:	Number of infants born with congenital syphilis								
Denominator:	Total number of live births								
Unit Type:	Rate								
Unit Number:	100,000								
Healthy People 2020 Objective:	Sexually Transmitted Diseases-Objective 8: Reduce congenital syphilis								
Data Sources and Data Issues:	Data Source: State Electronic Notifiable Disease Surveillance System (SendSS)								
Significance:	<p>Congenital syphilis can cause miscarriage, stillbirth, deformed bones, meningitis, and nerve problems leading to blindness or deafness. The CDC considers Congenital Syphilis to be a winnable battle, partly because it can be prevented by testing the mother in the first and third trimesters and providing treatment at least 30 days before delivery. In 2014, Georgia ranked 12th in the U.S. for the congenital syphilis case rate (13 cases per 100,000 live births). There were 20 U.S. states with no congenital syphilis cases reported. Between 2010-2015, Georgia has had no less than 11 cases in a given year.</p>								

SPM 4 - By 2020, decrease the rate of infants diagnosed with Neonatal Abstinence Syndrome (NAS) from 3.2 (per 1,000 live births) to 2.0.

Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active								
Goal:	Decrease the rate of infants diagnosed as having NAS								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of infants discharged with NAS</td> </tr> <tr> <td>Denominator:</td> <td>Total number of live births</td> </tr> <tr> <td>Unit Type:</td> <td>Rate</td> </tr> <tr> <td>Unit Number:</td> <td>1,000</td> </tr> </table>	Numerator:	Number of infants discharged with NAS	Denominator:	Total number of live births	Unit Type:	Rate	Unit Number:	1,000
Numerator:	Number of infants discharged with NAS								
Denominator:	Total number of live births								
Unit Type:	Rate								
Unit Number:	1,000								
Healthy People 2020 Objective:	Related to Maternal, Infant, and Child Health (MICH) Objective 11: Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women								
Data Sources and Data Issues:	Data Source: Georgia Resident Hospital Discharge Data, Georgia Resident Births, State Electronic Notifiable Disease Surveillance System (SendSS)								
Significance:	There has been a significant increase in the prevalence of NAS, from 1.20 per 1,000 U.S. hospital births in 2000 to 3.39 per 1,000 U.S. hospital births in 2009. In Georgia, NAS increased from 1.4 per 1000 live births in 2010 to 3.2 per 1000 live births in 2014. A public health approach to NAS that includes averting maternal substance use and routine screening for unhealthy substance use in women at every health care visit will help increase the opportunities for primary prevention. According to the Association of State and Territorial Health Officials (ASTHO), state health agencies play a key role in linking various resources and providers by tracking substance-exposed infants through screening, assessment, and service delivery.								

Form 10b
State Outcome Measure (SOM) Detail Sheets
State: Georgia

No State Outcome Measures were created by the State.

Form 10c
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Georgia

ESM 1.1 - 1.1.1. Number of public health districts with the Every Woman video in circulation
NPM 1 – Percent of women with a past year preventive medical visit

Measure Status:	Inactive - This measure is being deleted due to unforeseen barriers in implementing.								
Goal:	Increase the number of public health districts that air the Every Woman video								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of public health districts with the Every Woman video in circulation</td> </tr> <tr> <td>Denominator:</td> <td>Not applicable</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>18</td> </tr> </table>	Numerator:	Number of public health districts with the Every Woman video in circulation	Denominator:	Not applicable	Unit Type:	Count	Unit Number:	18
Numerator:	Number of public health districts with the Every Woman video in circulation								
Denominator:	Not applicable								
Unit Type:	Count								
Unit Number:	18								
Data Sources and Data Issues:	Data Source: Perinatal/Women's Health Section Program Data								
Significance:	A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, can be advanced within a well woman visit to promote women's health prior to and between pregnancies and improve subsequent maternal and perinatal outcomes. The annual well-woman visit has been endorsed by the American College of Obstetrics and Gynecologists (ACOG) and was also identified among the women's preventive services required by the Affordable Care Act (ACA) to be covered by private insurance plans without cost-sharing.								

ESM 1.2 - 1.2.1. Number of staff that have been trained on preconception health appraisals
NPM 1 – Percent of women with a past year preventive medical visit

Measure Status:	Inactive - This measure was deleted due to a change in the strategy.								
Goal:	Increase the number of staff that have been trained on preconception health appraisals								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of staff trained on preconception health appraisals</td> </tr> <tr> <td>Denominator:</td> <td>Not Applicable</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>1,000</td> </tr> </table>	Numerator:	Number of staff trained on preconception health appraisals	Denominator:	Not Applicable	Unit Type:	Count	Unit Number:	1,000
Numerator:	Number of staff trained on preconception health appraisals								
Denominator:	Not Applicable								
Unit Type:	Count								
Unit Number:	1,000								
Data Sources and Data Issues:	Data Source: Perinatal/Women's Health Program Data								
Significance:	A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, can be advanced within a well woman visit to promote women's health prior to and between pregnancies and improve subsequent maternal and perinatal outcomes. The annual well-woman visit has been endorsed by the American College of Obstetrics and Gynecologists (ACOG) and was also identified among the women's preventive services required by the Affordable Care Act (ACA) to be covered by private insurance plans without cost-sharing.								

ESM 1.3 - 1.3. Number of focus groups across the state that assess barriers to well-woman visits
NPM 1 – Percent of women with a past year preventive medical visit

Measure Status:	Active								
Goal:	Increase the number of focus groups across the state that assess barriers to well-woman visits from 0 to 18								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of focus groups</td> </tr> <tr> <td>Denominator:</td> <td>Not applicable</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>18</td> </tr> </table>	Numerator:	Number of focus groups	Denominator:	Not applicable	Unit Type:	Count	Unit Number:	18
Numerator:	Number of focus groups								
Denominator:	Not applicable								
Unit Type:	Count								
Unit Number:	18								
Data Sources and Data Issues:	Data Source: Title V On-Going Needs Assessment								
Significance:	A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, can be advanced within a well woman visit to promote women’s health prior to and between pregnancies and improve subsequent maternal and perinatal outcomes. The annual well-woman visit has been endorsed by the American College of Obstetrics and Gynecologists (ACOG) and was also identified among the women’s preventive services required by the Affordable Care Act (ACA) to be covered by private insurance plans without cost-sharing.								

**ESM 1.4 - 1.4. Proportion of birthing hospitals that implement Alliance for Innovation on Maternal Health Bundles
NPM 1 – Percent of women with a past year preventive medical visit**

Measure Status:	Active	
Goal:	Increase the proportion of birthing hospitals that implement the use of one of three AIM Bundles	
Definition:	Numerator:	Number of birthing hospitals implementing at least one of three AIM Bundles
	Denominator:	Number of birthing hospitals for year of reporting (number may fluctuate)
	Unit Type:	Percentage
	Unit Number:	100
Data Sources and Data Issues:	Vital Records, GaPQC Data	
Significance:	Preventing maternal mortality is essential to improving the health of women in the state. Both quantitative and qualitative data examined in the needs assessment indicated the need to prevent maternal mortality in Georgia. Georgia's maternal mortality ratio increased from 11.5 (n=16) in 2004 to 43.6 (n=56) in 2013. Additionally, Georgia has been identified as among states with the highest maternal mortality ratio. Interviews with leaders in the field recommended this priority. Preventing maternal mortality was also a clear priority of stakeholders involved in the needs assessment. Maternal mortality was rated highest in the maternal/women's health domain at the stakeholder meetings and second overall.	

**ESM 3.1 - 3.5.1. Percentage of birthing hospitals that are in compliance with neonatal level of care requirements
NPM 3 – Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)**

Measure Status:	Inactive - This measure is being deleted due to the reliability of the data source.	
Goal:	Increase the proportion of birthing hospitals that are in compliance with neonatal level of care requirements	
Definition:	Numerator:	Number of birthing hospitals that are in compliance with neonatal level of care requirements
	Denominator:	Total number of birthing hospitals
	Unit Type:	Percentage
	Unit Number:	100
Data Sources and Data Issues:	Data Source: Perinatal Health Program Data	
Significance:	<p>Very low birth weight infants (<1,500 grams or 3.25 pounds) are the most fragile newborns. Although they represented less than 2% of all births in 2010, VLBW infants accounted for 53% of all infant deaths, with a risk of death over 100 times higher than that of normal birth weight infants (≥2,500 grams or 5.5 pounds). VLBW infants are significantly more likely to survive and thrive when born in a facility with a level-III Neonatal Intensive Care Unit (NICU), a subspecialty facility equipped to handle high-risk neonates. In 2012, the AAP provided updated guidelines on the definitions of neonatal levels of care to include Level I (basic care), Level II (specialty care), and Levels III and IV (subspecialty intensive care) based on the availability of appropriate personnel, physical space, equipment, and organization. Given overwhelming evidence of improved outcomes, the AAP recommends that VLBW and/or very preterm infants (<32 weeks' gestation) be born in only level III or IV facilities. This measure is endorsed by the National Quality Forum (#0477).</p>	

ESM 3.2 - 3.6.1. Proportion of Regional Perinatal Centers that receive a process evaluation

NPM 3 – Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

Measure Status:	Active								
Goal:	Increase the proportion of RPCs that receive a process evaluation to ensure maintenance of subspecialty services and other components consistent with Level III designation from 0 to 6 each year for five years								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of RPCs receiving one annual evaluation</td> </tr> <tr> <td>Denominator:</td> <td>Number of RPCs</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of RPCs receiving one annual evaluation	Denominator:	Number of RPCs	Unit Type:	Percentage	Unit Number:	100
Numerator:	Number of RPCs receiving one annual evaluation								
Denominator:	Number of RPCs								
Unit Type:	Percentage								
Unit Number:	100								
Data Sources and Data Issues:	Women's Health Program Data, Regional Perinatal Center Data								
Significance:	<p>Very low birth weight infants (<1,500 grams or 3.25 pounds) are the most fragile newborns. Although they represented less than 2% of all births in 2010, VLBW infants accounted for 53% of all infant deaths, with a risk of death over 100 times higher than that of normal birth weight infants (≥2,500 grams or 5.5 pounds). VLBW infants are significantly more likely to survive and thrive when born in a facility with a level-III Neonatal Intensive Care Unit (NICU), a subspecialty facility equipped to handle high-risk neonates. In 2012, the AAP provided updated guidelines on the definitions of neonatal levels of care to include Level I (basic care), Level II (specialty care), and Levels III and IV (subspecialty intensive care) based on the availability of appropriate personnel, physical space, equipment, and organization. Given overwhelming evidence of improved outcomes, the AAP recommends that VLBW and/or very preterm infants (<32 weeks' gestation) be born in only level III or IV facilities. This measure is endorsed by the National Quality Forum (#0477).</p>								

ESM 4.1 - 3.1.1 Number of birthing hospitals that participate in the 5-STAR Hospital Initiative
NPM 4 – A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active	
Goal:	Increase the number of birthing hospitals that participate in the 5-STAR Hospital Initiative	
Definition:	Numerator:	Number of birthing hospitals participating in the 5-STAR Hospital Initiative
	Denominator:	Not applicable
	Unit Type:	Count
	Unit Number:	40
Data Sources and Data Issues:	Data Source: Women's Health 5-STAR Initiative Program Data	
Significance:	<p>The health effects of breastfeeding are well recognized. Breast milk is uniquely suited to the human infant's nutritional needs and is a live substance with unparalleled properties that protect against a host of illnesses and diseases for both mothers and children. Breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhea or pneumonia, and helps for a quicker recovery during illness. These effects can be measured in resource-poor and affluent societies (Kramer M et al Promotion of Breastfeeding Intervention Trial (PROBIT): A randomized trial in the Republic of Belarus. Journal of the American Medical Association, 2001, 285(4): 413-420). The Baby-Friendly Hospital Initiative (BFHI) is a global program that was launched by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in 1991 to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. Becoming a Baby-Friendly facility is a comprehensive, detailed and thorough journey toward excellence in providing evidence-based, maternity care with the goal of achieving optimal infant feeding outcomes and mother/baby bonding. It compels facilities to examine, challenge and modify longstanding policies and procedures. It requires training and skill building among all levels of staff. Georgia's 5-STAR Initiative models the Baby-Friendly Initiative encouraging 5 of the 10 steps towards a baby-friendly designation.</p>	

ESM 4.2 - 3.1.2 Number of Train-the-Trainer workshops conducted

NPM 4 – A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active								
Goal:	increase the number of Train-the-Trainer workshops conducted from 0 to 6								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of Train-the-Trainer workshops conducted</td> </tr> <tr> <td>Denominator:</td> <td>Not applicable</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>6</td> </tr> </table>	Numerator:	Number of Train-the-Trainer workshops conducted	Denominator:	Not applicable	Unit Type:	Count	Unit Number:	6
Numerator:	Number of Train-the-Trainer workshops conducted								
Denominator:	Not applicable								
Unit Type:	Count								
Unit Number:	6								
Data Sources and Data Issues:	Data Source: Women's Health Program Data								
Significance:	<p>The health effects of breastfeeding are well recognized. Breast milk is uniquely suited to the human infant's nutritional needs and is a live substance with unparalleled properties that protect against a host of illnesses and diseases for both mothers and children. Breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhea or pneumonia, and helps for a quicker recovery during illness. These effects can be measured in resource-poor and affluent societies (Kramer M et al Promotion of Breastfeeding Intervention Trial (PROBIT): A randomized trial in the Republic of Belarus. Journal of the American Medical Association, 2001, 285(4): 413-420). The Baby-Friendly Hospital Initiative (BFHI) is a global program that was launched by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in 1991 to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. Becoming a Baby-Friendly facility is a comprehensive, detailed and thorough journey toward excellence in providing evidence-based, maternity care with the goal of achieving optimal infant feeding outcomes and mother/baby bonding. It compels facilities to examine, challenge and modify longstanding policies and procedures. It requires training and skill building among all levels of staff. Georgia's 5-STAR Initiative models the Baby-Friendly Initiative encouraging 5 of the 10 steps towards a baby-friendly designation.</p>								

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

NPM 6 – Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Measure Status:	Active								
Goal:	Increase the types of developmental screening methods that are regularly used in each public district from one to a minimum of two								
Definition:	<table border="1"> <tr> <td style="background-color: #2e75b6; color: white;">Numerator:</td> <td>Number of districts with at least two developmental screening methods being used regularly</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Denominator:</td> <td>Number of public health districts</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Unit Type:</td> <td>Percentage</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of districts with at least two developmental screening methods being used regularly	Denominator:	Number of public health districts	Unit Type:	Percentage	Unit Number:	100
Numerator:	Number of districts with at least two developmental screening methods being used regularly								
Denominator:	Number of public health districts								
Unit Type:	Percentage								
Unit Number:	100								
Data Sources and Data Issues:	Data Source: Child Health Program Data								
Significance:	Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics recommends screening tests begin at the nine month visit.								

ESM 6.2 - 6.1.2. Number of partners reporting utilization of developmental screening tools
NPM 6 – Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Measure Status:	Inactive - This measure is being deleted due to the challenges in assessing utilization of developmental screening tools among partners									
Goal:	Increase the number of partners reporting utilization of developmental screening tools from 0 to 20									
Definition:	<table border="1"> <tr> <td style="background-color: #2e75b6; color: white;">Numerator:</td> <td>Number of partners reporting utilization of developmental screening tools from 0 to 20</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Denominator:</td> <td>Not applicable</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Unit Type:</td> <td>Count</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Unit Number:</td> <td>25</td> </tr> </table>		Numerator:	Number of partners reporting utilization of developmental screening tools from 0 to 20	Denominator:	Not applicable	Unit Type:	Count	Unit Number:	25
Numerator:	Number of partners reporting utilization of developmental screening tools from 0 to 20									
Denominator:	Not applicable									
Unit Type:	Count									
Unit Number:	25									
Data Sources and Data Issues:	Data Source: Child Health Program Data									
Significance:	Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics recommends screening tests begin at the nine month visit.									

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

NPM 6 – Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Measure Status:	Active									
Goal:	Increase the number of formal training opportunities on developmental screening conducted in each public health district each year									
Definition:	<table border="1"> <tr> <td style="background-color: #2e75b6; color: white;">Numerator:</td> <td>Total number of formal training opportunities on developmental screening conducted in each public health district each year</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Denominator:</td> <td>Not applicable</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Unit Type:</td> <td>Count</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Unit Number:</td> <td>45</td> </tr> </table>		Numerator:	Total number of formal training opportunities on developmental screening conducted in each public health district each year	Denominator:	Not applicable	Unit Type:	Count	Unit Number:	45
Numerator:	Total number of formal training opportunities on developmental screening conducted in each public health district each year									
Denominator:	Not applicable									
Unit Type:	Count									
Unit Number:	45									
Data Sources and Data Issues:	Data Source: Child Health Program Data									
Significance:	Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics recommends screening tests begin at the nine month visit.									

ESM 8.1 - 7.1.1. Average HFZ measure (aerobic capacity) among students in grades 4-12
NPM 8 – Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day

Measure Status:	Active	
Goal:	Increase the average HFZ measure (aerobic capacity) among students in grades 4-12 by 4%	
Definition:	Numerator:	Aerobic capacity, HFZ measure (males and females), for students grades 4-12
	Denominator:	Total attempts (males and females) for students grades 4-12
	Unit Type:	Percentage
	Unit Number:	100
Data Sources and Data Issues:	Data Source: Georgia SHAPE	
Significance:	Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Physical activity in children and adolescents reduces the risk of early life risk factors for cardiovascular disease, hypertension, Type II diabetes, and osteoporosis. In addition to aerobic and muscle-strengthening activities, bone-strengthening activities are especially important for children and young adolescents because the majority of peak bone mass is obtained by the end of adolescence.	

ESM 9.1 - 8.1.1. Communication plan to promote awareness of bullying and bullying prevention among youth
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Measure Status:	Inactive - This measure has been deleted due to unforeseen barriers									
Goal:	Create a communications plan to promote awareness of bullying and bullying prevention among youth									
Definition:	<table border="1"> <tr> <td style="background-color: #2e75b6; color: white;">Numerator:</td> <td>Communications plan to promote awareness of bullying and bullying prevention among youth</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Denominator:</td> <td>Not applicable</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Unit Type:</td> <td>Text</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Unit Number:</td> <td>Yes/No</td> </tr> </table>		Numerator:	Communications plan to promote awareness of bullying and bullying prevention among youth	Denominator:	Not applicable	Unit Type:	Text	Unit Number:	Yes/No
Numerator:	Communications plan to promote awareness of bullying and bullying prevention among youth									
Denominator:	Not applicable									
Unit Type:	Text									
Unit Number:	Yes/No									
Data Sources and Data Issues:	Data Source: Adolescent Health Program Data									
Significance:	<p>Bullying, particularly among school-age children, is a major public health problem. Current estimates suggest nearly 30% of American adolescents reported at least moderate bullying experiences as the bully, the victim, or both. Specifically, of a nationally representative sample of adolescents, 13% reported being a bully, 11% reported being a victim of bullying, and 6% reported being both a bully and a victim. Studies indicate bullying experiences are associated with a number of behavioral, emotional, and physical adjustment problems. Adolescents who bully others tend to exhibit other defiant and delinquent behaviors, have poor school performance, be more likely to drop-out of school, and are more likely to bring weapons to school. Victims of bullying tend to report feelings of depression, anxiety, low self-esteem, and isolation; poor school performance; suicidal ideation; and suicide attempts. Evidence further suggests that people who are the victims of bullying and who also perpetrate bullying (i.e., bully-victims) may exhibit the poorest functioning, in comparison with either victims or bullies. Emotional and behavioral problems experienced by victims, bullies, and bully-victims may continue into adulthood and produce long-term negative outcomes, including low self-esteem and self-worth, depression, antisocial behavior, vandalism, drug use and abuse, criminal behavior, gang membership, and suicidal ideation.</p>									

ESM 9.2 - 8.2.1. Number of schools participating in whole school bullying prevention initiatives
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Measure Status:	Inactive - This measure is being deleted due to a change in strategy									
Goal:	Expand the Step Up Step In (SUSI) Sexual Bullying Prevention Initiative to 3 additional schools									
Definition:	<table border="1"> <tr> <td style="background-color: #2e75b6; color: white;">Numerator:</td> <td>Number of additional schools participating in the Step Up Step In Sexual Bullying Prevention Initiative</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Denominator:</td> <td>Not applicable</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Unit Type:</td> <td>Count</td> </tr> <tr> <td style="background-color: #2e75b6; color: white;">Unit Number:</td> <td>15</td> </tr> </table>		Numerator:	Number of additional schools participating in the Step Up Step In Sexual Bullying Prevention Initiative	Denominator:	Not applicable	Unit Type:	Count	Unit Number:	15
Numerator:	Number of additional schools participating in the Step Up Step In Sexual Bullying Prevention Initiative									
Denominator:	Not applicable									
Unit Type:	Count									
Unit Number:	15									
Data Sources and Data Issues:	Data Source: Adolescent Health Program Data									
Significance:	<p>Bullying, particularly among school-age children, is a major public health problem. Current estimates suggest nearly 30% of American adolescents reported at least moderate bullying experiences as the bully, the victim, or both. Specifically, of a nationally representative sample of adolescents, 13% reported being a bully, 11% reported being a victim of bullying, and 6% reported being both a bully and a victim. Studies indicate bullying experiences are associated with a number of behavioral, emotional, and physical adjustment problems. Adolescents who bully others tend to exhibit other defiant and delinquent behaviors, have poor school performance, be more likely to drop-out of school, and are more likely to bring weapons to school. Victims of bullying tend to report feelings of depression, anxiety, low self-esteem, and isolation; poor school performance; suicidal ideation; and suicide attempts. Evidence further suggests that people who are the victims of bullying and who also perpetrate bullying (i.e., bully-victims) may exhibit the poorest functioning, in comparison with either victims or bullies. Emotional and behavioral problems experienced by victims, bullies, and bully-victims may continue into adulthood and produce long-term negative outcomes, including low self-esteem and self-worth, depression, antisocial behavior, vandalism, drug use and abuse, criminal behavior, gang membership, and suicidal ideation.</p>									

ESM 9.3 - 8.1.2. Developed at least one evidence-based strategy for suicide revention
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Measure Status:	Active								
Goal:	Identify at least one evidence-based strategy to reduce suicide rate in communities with high suicide rates by 2018								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Not Applicable</td> </tr> <tr> <td>Denominator:</td> <td>Not Applicable</td> </tr> <tr> <td>Unit Type:</td> <td>Text</td> </tr> <tr> <td>Unit Number:</td> <td>Yes/No</td> </tr> </table>	Numerator:	Not Applicable	Denominator:	Not Applicable	Unit Type:	Text	Unit Number:	Yes/No
Numerator:	Not Applicable								
Denominator:	Not Applicable								
Unit Type:	Text								
Unit Number:	Yes/No								
Data Sources and Data Issues:	Title V Program Data								
Significance:	Preventing suicide was identified as the priority need through quantitative data and by stakeholders. The suicide death rate among adolescents was 1.5 times higher in 2013 compared to 2012. Reducing suicide was chosen because it was rated highest in the adolescent health domain and in the top 10 overall.								

ESM 12.1 - 9.1.1 Number of youth, families and professionals trained on health care transition

NPM 12 – Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Measure Status:	Active								
Goal:	Increase the number of youth, families and professionals trained on health care transition								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of youth, families, professionals trained on health care transition</td> </tr> <tr> <td>Denominator:</td> <td>Not applicable</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>500</td> </tr> </table>	Numerator:	Number of youth, families, professionals trained on health care transition	Denominator:	Not applicable	Unit Type:	Count	Unit Number:	500
Numerator:	Number of youth, families, professionals trained on health care transition								
Denominator:	Not applicable								
Unit Type:	Count								
Unit Number:	500								
Data Sources and Data Issues:	Data Source: Children's Medical Services Program Data								
Significance:	Health care transition is the process of changing from a pediatric to an adult model of health care. The goal of transition is to optimize health and assist youth in reaching their full potential. To achieve this goal requires an organized transition process to support youth in acquiring independent health care skills, preparing for an adult model of care, and transferring to new providers without disruption in care.								

ESM 12.2 - 9.3.1. Number of pediatric and adult medical providers who have a health care transition policy within their practice

NPM 12 – Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Measure Status:	Active									
Goal:	Increase the number of pediatric and adult medical providers who have a health care transition policy within their practice									
Definition:	<table border="1"> <tr> <td style="background-color: #2c5e8c; color: white;">Numerator:</td> <td>Number of pediatric and adult medical providers who have a health care transition policy within their practice</td> </tr> <tr> <td style="background-color: #2c5e8c; color: white;">Denominator:</td> <td>Not applicable</td> </tr> <tr> <td style="background-color: #2c5e8c; color: white;">Unit Type:</td> <td>Count</td> </tr> <tr> <td style="background-color: #2c5e8c; color: white;">Unit Number:</td> <td>45</td> </tr> </table>		Numerator:	Number of pediatric and adult medical providers who have a health care transition policy within their practice	Denominator:	Not applicable	Unit Type:	Count	Unit Number:	45
Numerator:	Number of pediatric and adult medical providers who have a health care transition policy within their practice									
Denominator:	Not applicable									
Unit Type:	Count									
Unit Number:	45									
Data Sources and Data Issues:	Data Source: Children's Medical Services Program Data									
Significance:	Health care transition is the process of changing from a pediatric to an adult model of health care. The goal of transition is to optimize health and assist youth in reaching their full potential. To achieve this goal requires an organized transition process to support youth in acquiring independent health care skills, preparing for an adult model of care, and transferring to new providers without disruption in care.									

ESM 13.1 - 11.1.1. Number of comprehensive webinars/presentations offered

NPM 13 – A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

Measure Status:	Active								
Goal:	Increase the number of comprehensive webinars/presentations offered to health professionals from 0 to 20								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of comprehensive webinars/presentations offered</td> </tr> <tr> <td>Denominator:</td> <td>Not applicable</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>20</td> </tr> </table>	Numerator:	Number of comprehensive webinars/presentations offered	Denominator:	Not applicable	Unit Type:	Count	Unit Number:	20
Numerator:	Number of comprehensive webinars/presentations offered								
Denominator:	Not applicable								
Unit Type:	Count								
Unit Number:	20								
Data Sources and Data Issues:	Data Source: Oral Health Program Data								
Significance:	<p>Oral health is a vital component of overall health. Access to oral health care, good oral hygiene, and adequate nutrition are essential component of oral health to help ensure that children, adolescents, and adults achieve and maintain oral health. People with limited access to preventive oral health services are at greater risk for oral diseases.</p> <p>Oral health care remains the greatest unmet health need for children. Insufficient access to oral health care and effective preventive services affects children’s health, education, and ability to prosper. Early dental visits teach children that oral health is important. Children who receive oral health care early in life are more likely to have a good attitude about oral health professionals and dental visits. Pregnant women who receive oral health care are more likely to take their children to get oral health care.</p> <p>State Title V Maternal Child Health programs have long recognized the importance of improving the availability and quality of services to improve oral health for children and pregnant women. States monitor and guide service delivery to assure that all children have access to preventive oral health services. Strategies for promoting oral health include providing preventive interventions, such as dental sealants and use of fluoride, increasing the capacity of State oral health programs to provide preventive services, evaluating and improving methods of monitoring oral diseases and conditions, and increasing the number of community health centers with an oral health component.</p>								

ESM 13.2 - 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
NPM 13 – A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

Measure Status:	Active								
Goal:	Increase the number of dentists, hygienists and staff educated on four specific dental services for individuals with special needs and the oral health connection and services from 0 to 40								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>number of dentists, hygienists and staff educated on four specific dental services for individuals with special needs and the oral health connection and services</td> </tr> <tr> <td>Denominator:</td> <td>Not applicable</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>45</td> </tr> </table>	Numerator:	number of dentists, hygienists and staff educated on four specific dental services for individuals with special needs and the oral health connection and services	Denominator:	Not applicable	Unit Type:	Count	Unit Number:	45
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Unit Type:	Count								
Unit Number:	45								
Data Sources and Data Issues:	Data Source: Oral Health Program Data								
Significance:	<p>Oral health is a vital component of overall health. Access to oral health care, good oral hygiene, and adequate nutrition are essential component of oral health to help ensure that children, adolescents, and adults achieve and maintain oral health. People with limited access to preventive oral health services are at greater risk for oral diseases.</p> <p>Oral health care remains the greatest unmet health need for children. Insufficient access to oral health care and effective preventive services affects children’s health, education, and ability to prosper. Early dental visits teach children that oral health is important. Children who receive oral health care early in life are more likely to have a good attitude about oral health professionals and dental visits. Pregnant women who receive oral health care are more likely to take their children to get oral health care.</p> <p>State Title V Maternal Child Health programs have long recognized the importance of improving the availability and quality of services to improve oral health for children and pregnant women. States monitor and guide service delivery to assure that all children have access to preventive oral health services. Strategies for promoting oral health include providing preventive interventions, such as dental sealants and use of fluoride, increasing the capacity of State oral health programs to provide preventive services, evaluating and improving methods of monitoring oral diseases and conditions, and increasing the number of community health centers with an oral health component.</p>								