

## Child Health

### State Action Plan Table

#### State Action Plan Table - Child Health - Entry 1

##### Priority Need

Promote developmental screenings among children

##### NPM

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

##### Objectives

6.1. Increase the number of partner agencies who are trained on developmental screening tools in the 18 public health districts from 0 to 20

6.2. Disseminate educational resources to families and early childhood providers to support developmental screening activities

## Strategies

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

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

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

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

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

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

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

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

## ESMs

ESM 6.1 - 6.1.1. Identify new methods to administer developmental screens

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ESM 6.2 - 6.1.2. Partner attitudes and beliefs toward developmental screening

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ESM 6.3 - 6.2.1. Promote developmental screening among local communities

## NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

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NOM 19 - Percent of children in excellent or very good health

## State Action Plan Table - Child Health - Entry 2

### Priority Need

Promote physical activity among children

### NPM

Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day

### Objectives

7.1. Improve Aerobic Capacity (AC) HFZ measure for students in grades 4-12 by 1% each year for 4 years. By 2019, 63% of males and 49% of females will be inside the HFZ for AC

7.2. Increase the number of Quality Rated Early Care and Learning Centers that are Shape awarded by 100% over 4 years

7.3. Increase Georgia's student population assessed via Fitnessgram assessment

### Strategies

7.1.a. Implement and build sustainability for the Power Up for 30 program that trains educators how to incorporate an extra 30 minutes of physical activity into the day

7.2.a. Collaborate with Department of Early Care and Learning (DECAL) to identify up to 20 learning centers eligible for SHAPE awards

7.3.a. Collaborate with Department of Education to increase the number of students that receive the fitnessgram assessment

### ESMs

ESM 8.1 - 7.1.1. Improve aerobic capacity of students in grades 4-12

NOMs

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)



Measures

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

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	42.8	45	47.2	49.6	51	52

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

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2011_2012	40.8 %	3.2 %	257,898	632,599
2007	22.7 %	2.8 %	158,483	697,543

**Legends:**  
 Indicator has an unweighted denominator <30 and is not reportable  
 Indicator has a confidence interval width >20% and should be interpreted with caution

**ESM 6.1 - 6.1.1. Identify new methods to administer developmental screens**

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	0.0	1.0	2.0	3.0	4.0

**ESM 6.2 - 6.1.2. Partner attitudes and beliefs toward developmental screening**

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	0.0	30.0	50.0	60.0	75.0

**ESM 6.3 - 6.2.1. Promote developmental screening among local communities**



Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	10.0	16.0	22.0	30.0	36.0

**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)**

Annual Objectives						
	2016	2017	2018	2019	2020	2021
Annual Objective	36.6	37.3	38.1	38.8	39.5	39.8

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

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2011_2012	35.9 %	2.8 %	309,751	863,401
2007	39.2 %	3.3 %	320,877	819,218
2003	39.4 %	2.5 %	299,200	759,189

**Legends:**  
 Indicator has an unweighted denominator <30 and is not reportable  
 Indicator has a confidence interval width >20% and should be interpreted with caution

**ESM 8.1 - 7.1.1. Improve aerobic capacity of students in grades 4-12**

Annual Objectives					
	2017	2018	2019	2020	2021
Annual Objective	61.0	62.0	63.0	64.0	65.0

## **Child Health - Plan for the Application Year**

### **Priority Need: Promote developmental screenings among children**

Developmental screening was identified as a priority need that will be addressed through promoting developmental screenings, increasing opportunities for developmental screening (state action plan 6.1-6.2) and other MCH programs.

#### Developmental Screening

The primary activities related to increasing opportunities for developmental screening in the upcoming year, will be to expand the number of trained personnel providing developmental screenings and document the screens occurring in the public health districts. Efforts to standardize the process for documenting developmental screens, and the referral system for children with positive screens will continue. MCH will also continue efforts to provide training opportunities to district staff, providers and families on developmental training tools such as ASQ, and ASQ-SE.

In the upcoming year, MCH will also provide education to primary care providers and other partner agencies on the importance of developmental screening and information on the screening tools with the highest positive predictive values.

#### **Other MCH Programs**

##### Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

In the upcoming year, MCH will lead the MIECHV initiative in Georgia. MIECHV supports pregnant women and families; and helps at-risk parents of children from birth to kindergarten entry to tap the resources and learn the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn.

MCH will continue to identify infants, children and at-risk families through central intake and referral and in the upcoming year identify pregnant women. MCH will also implement strategies and activities that address: maternal and newborn health, child abuse, neglect, and maltreatment and emergency room visits, school readiness and achievement, crime or domestic violence, family economic self-sufficiency, and, coordination of referrals to other community resources and support.

##### Project LAUNCH

MCH will continue to administer Project LAUNCH from the Substance Abuse and Mental Health Administration (SAMSHA). The purpose of Project LAUNCH Georgia, *Linking Actions for Unmet Needs in Children's Health*, is to ensure the social, emotional and behavioral health among children, birth to age eight, and to promote safe, supportive and nurturing families residing in Muscogee County. Project LAUNCH allows for collaborative efforts among child serving agencies at the state and local level. Through this work, MCH expects to observe changes in child and family outcome trajectories. Project LAUNCH addresses three main goals: (1) expand early identification and linkage of children at-risk for social-emotional and of Muscogee County who serve young children and to provide integrated comprehensive behavioral health services and (3) build common infrastructure between child serving agencies at the state and local levels. As a public Health Initiative Project LAUNCH Georgia seeks to ensure that all children are equipped with the skills they need to achieve developmental milestones. Prevention and promotion activities are key aspects of a public health approach.

##### Babies Can't Wait IDEA Part C

MCH will continue to administer the Individuals with Disabilities Education Act (IDEA) Amendments of 1997 Part C. Babies Can't Wait (BCW) builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities. BCW aims to meet three goals; (1) provide a coordinated, comprehensive and integrated system of services for infants and toddlers with special needs, birth to 3 and their families, (2) provide early identification and screening of children with developmental delays and chronic health conditions, and (3) improve the developmental potential of infants and toddlers birth to age 3, with developmental or chronic health conditions.

## **Priority Need: Promote physical activity among children**

Physical activity among children was identified as a priority need that will be addressed through a multi-agency initiative to prevent obesity call Georgia SHAPE. The initiative is funded by the Preventive Health Block Grant, 1305, WIC and Title V (state action plan 7.1-7.3). Georgia data suggest that PA and healthy BMI levels plummet at adolescence. Our plan is to continue to collect fitness data over the next several years. Our 10 year goal is to decrease childhood BMI levels by 1% each year, and to improve aerobic capacity measures by 1% as well.

In the upcoming year, Georgia SHAPE will use Power Up for 30 evaluation data to support policy and practice change in childcare centers and public school systems to reduce childhood obesity rates. Georgia SHAPE's strategy is to continue to work with partners and diverse populations to create programming and education opportunities that appeal to child providers of all kinds. Georgia SHAPE plans to continue the 0-5 wellness policy for early care environments toolkit work, as well as our 1-8 physical activity (PA) programs that encourage schools to create PA policy in a way that fits their needs and wants.

## **Child Health - Annual Report**

### **Annual Report**

#### **2015-2016 NPM 10: The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children**

##### Last Year's Accomplishments

DPH's Injury Prevention Program (IPP) provided training and distributed car seats across Georgia. IPP provides monthly classes with early childhood caregivers. Car seats are distributed in the classes, including car seats for children with special health care needs. This is an ongoing effort and we continue to offer training classes and distribute car seats (both traditional and for children with special health care needs).

IPP staff worked with counties on the 2015 CPS Mini-Grant guidelines. One hundred forty-seven (147) counties participated. The Mini-Grant provided 2,567 classes, training 7,951 parents/guardians, and provided 4,519 seats – both traditional and for children with special health care needs. Teddy Bear Stickers are 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 IPP staff. In 2015, IPP staff received 32 Teddy Bear Sticker forms and replaced 29 seats.

Special Needs training was conducted in Hall and Henry Counties in 2015 and slated for DeKalb and Whitfield Counties in 2016. Some of the trainings and presentations offered by IPP staff in 2015 included:

- “You have the Power in Your Pen” – 4 classes, training 184 law enforcement officers
- CPST Class – 4 classes, training 47 people
- CPST recertification class for current CPSTs – 3 classes with 98 attendees
- “Transporting Children with Special Health Care Needs Training” – 2 classes with 39 attendees
- Keeping Kids Safe – 12 hospital group trainings with 175 nurses trained

Building on our minority outreach efforts, the mini-grant training presentation and all training materials were translated with narration in Spanish. IPP continued to work with Refugee Health to provide training to translators and caseworkers. Additionally, Spanish-language training was offered to Georgia Parents for Infant and Toddler Care (GAPTIC) as well as Georgia Migrant and Seasonal Head Start programs.

##### Current Activities

Injury Prevention continues to distribute child safety seats to children, including specialized child safety restraint systems for children with special health care needs. Child passenger safety trainings to internal and external stakeholders continue. The number of lives saved continues to be documented through Teddy Bear Stickers (TBS) placed on the child safety seats that are distributed. Outreach continues to be conducted to raise awareness about submitting the TBS Fax Back forms to report documentation back to program staff. Data is continually reviewed from the Child Fatality Report, the Annual Report for Occupant Safety Initiatives and State Highway Safety Report to determine policy recommendations.

## **2015-2016 NPM 14: Percentage of children, ages 2 to 5 years, receiving WIC services with a BMI at or above the 85 percentile**

### Last Year's Accomplishments

In an effort to increase the number of participants enrolled in Georgia WIC, the program developed and launched a comprehensive campaign implementing traditional and nontraditional advertising tactics. Utilizing the Metropolitan Atlanta Rapid Transit Authority (MARTA), ads were placed in every train station with a domination at the Five Points MARTA Station. Advertisements were placed inside MARTA trains, inside and outside of MARTA buses, and at bus stops in the areas serving the transit system's patrons. Additionally, ads were placed at gas stations across the state and inside laundromats, salons (both hair and nail), and daycare centers. Spots also ran on the Gas Station Radio Network where available and in movie theaters outside of the metropolitan area. Georgia WIC participated in two major radio station sponsored events aimed at promoting the program on air (via commercials), online (via banner ads), social media (through the station's Twitter account) and face-to-face to WIC –eligible ads participants. Both events attracted thirty thousand attendees each.

The Georgia WIC Program partnered with Public Health to provide a series of breastfeeding seminars intended to increase knowledge and support of breastfeeding in public health. The education sessions were made available to all public health staff. Evaluation of trainings provided was used to create additional learning opportunities to support breastfeeding. Statewide Videoconference Breastfeeding Training was made available to all Public Health staff including WIC staff on the following dates:

- March 2015: Breast Pump Training (WIC Only Training)

- March 25, 2015: Breastfeeding is a Public Health Issue

- April 29, 2015: Breastfeeding Facts, Myths, and Stigma

- September 30, 2015: Challenges to Breastfeeding Success

- September 2015: Loving Support Through Peer Counseling Training for New WIC Peer Counselor's

The Georgia WIC program secured a statewide contract to purchase breast pumps. The Georgia WIC program plans to use WIC Food Dollar to purchase breast pumps and expand availability to WIC participants. The Georgia WIC program has implemented a web based breast pump tracking system for hospital grade multi-user pumps. The system allows the WIC program to monitor availability of hospital grade pumps for all districts.

In FY 2015, the Georgia Farmers Market Program authorized 80 farmers, of whom 35 underwent farm visits. Over 70 Farmers Market Program Farmers were authorized to accept EBT. There were 15 Public Health Districts that participated, with a total of 67 Farmers Market Sites. 99.7% of WIC food dollars were expended. 27, 040 WIC participants were served.

### Current Activities

DPH continues to build on the advertising campaign that was launched during the summer of 2015 and establish partnerships with various media outlets. In addition to participating in radio sponsored events, the agency has partnered with Univision television station to target WIC eligible participants. This partnership includes WIC TV ads



and social media engagement. This summer, Georgia WIC will play an active role in the National WIC Association's national outreach campaign. Statewide Videoconference (VICS) Breastfeeding Training continues to be made available to all Public Health staff including WIC staff.

#### Trainings that support Breastfeeding:

October 14, 2015: Encouraging Exclusivity (VICS)  
October 28, 2015: Creating a Breastfeeding Friendly Environment (VICS)  
February 2, 2016: Baby Behavior Training  
August 17, 2016: Community Outreach: Breastfeeding Friendly Business Initiative (VICS)  
June 29, 2016: Baby Behavior Training  
June 30, 2016: Baby Behavior Training

The Georgia WIC program continues to significantly expand access to breast pumps across the state. The Georgia WIC program has provided an estimated 1,500 additional hospital grade breast pumps to districts statewide. (Year to date FY 2016 Symphony Hospital Grade Multi-User Pumps).

Peer Counselor Data Base (PCDB) initiation: The Georgia WIC program secured a peer counseling data base that allows for improved data collection that saves time and allows documentation of PC activities to be uniform across the state. Peer Counselors managers now have a mechanism to more easily monitor peer counselor activities as well as manage caseload. The PCDB system replaces a number of manual systems that varied across the state.

The state monitors the provision of nutrition education to WIC participants at WIC certifications (Primary Education) and between certifications (Secondary Education) during regularly scheduled program reviews. All districts are monitored at least every two years. Data collected is summarized on two year cycles. The state's year to date overall success as of March 2016 for providing *Primary Education* for FFY 2016 / 2017 was 99.0%. The state's year to date overall success as of March 2016 for providing *Secondary Education* for FFY 2016 / 2017 was 91.5%.

Georgia SHAPE funded Strong4Life and the Georgia WIC Strong4Life initiative intended to improve the Effectiveness of Childhood Obesity Counseling and Goal Setting continues to receive good support from public health and Georgia WIC. State WIC policies have been revised to require monthly WIC Champion Observations in all public health districts. Children's Healthcare of Georgia is on target with development of a web based Strong4Life entry level training for new public health WIC employees. The web based training is scheduled for release August 2016.

**2015-2016 SPM 01: Percent of high school students who are obese (BMI > or = 95 percentile)**

#### Last Year's Accomplishments

In fall of 2015, the first Georgia SHAPE Public Health Reports special supplement was completed. During the early stages of the project, DPH invited the Department of Early Care and Learning (DECAL) and subject matter leaders to analyze current state and national standards and best practices.

In 2015, Georgia SHAPE trained just over 50 early childhood education (ECE) providers to improve their wellness policies and practices. By creating a toolkit with partners across the state, various groups are using the Georgia SHAPE tool, including, the University of Georgia, DECAL, HealthMPowers, and DPH. Using the same tool and language has helped align best practices, health and wellness ECE policy, and create an action plan tool that allows ECEs to create change in their settings that adhere to the state standards and best practice assessment/program (DECAL Quality Rated Program). The Growing Fit Toolkit training has now reached over 110 ECE providers. To view the toolkit, visit [dph.georgia.gov](http://dph.georgia.gov) search words Growing Fit Kit.

In addition to this toolkit, Georgia SHAPE also created a framework for elementary schools that allows every school in the state to learn how to incorporate an extra 30 minutes of physical activity (PA) into the school day without taking away from academic time. Through private funding, DPH, Department of Education (DOE) and HealthMPowers have partnered to train an administrator, PE teacher and classroom teacher how to create an action plan that adheres to this policy of an extra 30 minutes each day. Due to the partnership with DOE, DPH received a 70% response rate. As of December 2015, Georgia SHAPE has trained 600 schools and over 750 have pledged to the program (Power Up for 30).

This work is aligned with the Center for Disease Control's (CDC) Coordinated School Physical Activity Program (CSPAP).

In 2009 legislation was passed that requires Georgia to assess Child fitness levels in public school physical education classes from 1 -12 grades. A pilot in 2011 informed this work, and in 2012 data were collected statewide for the first time. Since this policy was put in place, Georgia DPH and Georgia DOE have worked together to collect, analyze and report child fitness levels in our state. In 2014-2015 over 1.14 million students were assessed. Aerobic capacity and Body Mass Index measures have improved over the last few years, and recently began to level.

This positive movement may be in part due to the many school interventions that have been implemented at the population level over the last few years. Physical Educators have been trained how to implement testing best practices by having students stand backwards on the scale and recording BMI data without sharing numbers with students. This alleviates any teasing about weight or BMI. Reports are then sent to parents with report cards, or electronically.

#### Current Activities

Power Up for 30 funding (for elementary schools) ends in August 2015. DPH's goal is to reach 1,000 elementary schools by that time. To date we currently have 833 schools pledged, and 700 trained. To create sustainability and reach some of the more remote schools, DPH has partnered with HealthMPowers and DOE to create an electronic training of the program, comprised of 4 modules (all with live interaction).

Georgia SHAPE began to pilot a middle school version of the Power Up for 30 Program. Three middle schools will be trained with the program in late spring (2016) and three more in early fall (2016). DPH has also partnered with the Department of Family and Child Services (DFCS) to create an afterschool Power Up for 30 Program. All afterschool providers that received funding from DFCS in the fall of 2015 were asked to participate in the training and incorporate extra PA in their afterschool programs. To date, over 250 people were trained, serving over 150 different afterschool centers statewide. Lastly, to create long-lasting sustainability, DPH has been working with the University of West Georgia to create a preservice teacher certificate. This will enable pre-service teachers (PE and regular education majors) how to implement extra bouts of physical activity into the school day, as well as teach peers how to do so with free resources and by creating interdisciplinary lessons that use PA as a teaching method.

#### **2015-2016 SPM 05: Among children five years of age and younger who received service through the MCH Program, the percent who received a developmental screen**

#### Last Year's Accomplishments

The local public health department continues to be a location where parents and children are a captive audience for developmental screening. In many public health districts, public health nurses or Children 1<sup>st</sup> staff administer developmental screens following a family's WIC appointment. These screens are either entered into the database by county staff or sent to the district Children 1<sup>st</sup> office to be entered. Public health district staff report roughly 8,000 children receiving a developmental screen through local public health departments.

Public health district staff have also actively educated the community on the importance of developmental screening,

typically focusing on early learning centers, primary care physicians and other community partners who work directly with the birth to 5 population. These education efforts also included information on the public health system and the appropriate methods to refer a child for services. Some public health districts, have accomplished training the early childcare workforce to administer developmental screens.

### Current Activities

MCH continues to administer developmental screens in environments parents and children routinely frequent in local public health departments. This continues to provide opportunities to identify children with developmental delay and simultaneously reduces barriers that may prevent parents from receiving a developmental screen. Developmental screens that are administered over the phone eliminate travel time to family homes and create an opportunity to increase the number of children who are screened in a given time period. Children who have had a developmental screen at time of referral can more rapidly be assessed by public health professionals and, as a result, more rapidly be linked to early intervention services or other appropriate care.

MCH continues to work in partnership with Georgia American Academy of Pediatrics to facilitate messaging to pediatricians about the importance of developmental screening according to the Bright Futures schedule. Through this partnership, providers are also educated on how to refer a child to resources and services through DPH.