Georgia

Maternal and Child Health Block Grant 2021

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. In FY2019, 92.1% of all pregnant women, 98.0% of infants, and 59.6% of children nationwide benefitted from a Title V-supported service. To learn more about Title V, visit www.amchp.org.

MCH Block Grant Funds to Georgia

<table>
<thead>
<tr>
<th></th>
<th>FY 2017</th>
<th>FY 2018</th>
<th>FY 2019</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$16,928,422</td>
<td>$17,153,951</td>
<td>$17,133,550</td>
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Title V Administrative Agency:
Maternal and Child Health Section (MCH), Department of Public Health (DPH) within the Division of Health Promotion.

*States must provide a three dollar match for every four Federal dollars allocated.

Protecting and Improving the Health of Georgia’s Families

Developmental Screening and Assessment — The MCH section coordinates the Children 1st system for early identification and referrals. Children 1st provides over 20,000 developmental screening and family strength assessments annually. Children born in Georgia with biological or socio-environmental conditions that may result in poor health and/or developmental delay are identified through Electronic Birth Certificate screening, hospital referrals, and physician referral. Children and families identified with risk factors are linked with intervention or support services.

Newborn Screening — In accordance with Georgia law, every infant is screened for 35 congenital and heritable conditions at birth including hearing loss and critical congenital heart disease. The Early Hearing and Detection Intervention (EHDl) program implements universal newborn hearing screens in all birthing facilities throughout the state and offers linkages and care coordination services by three months of age and referrals for deaf and hard of hearing children to early intervention and family support services by six months of age. The MCH section supports a coordinated, preventative, statewide system to ensure that newborns receive screening, follow up, diagnosis, and are entered into medical management.

Care Coordination — The Children’s Medical Services (CMS) Care Coordination team works closely with the child’s primary care providers and healthcare vendors to facilitate timely access to comprehensive services and community-based resources and service systems, as well as serves as payer of last resort for direct services. For adolescents ages 12 and older, the care coordinator guides and coordinates the transition process from pediatric to adult health care. Pediatric specialty care clinics, including telemedicine services, are offered where pediatric medical specialist’s services are limited.

Family Engagement — The MCH section set a goal to expand family consumer partnership across all MCH programs. At the state level, families and community partners are engaged in strategic planning, program development, quality improvement initiatives, block grant development and review, workforce development, training, and as members of advisory councils. Efforts are made to ensure that programs and initiatives include strategies to connect racially and culturally diverse families. MCH hosts multiple committees and councils for which families and community partners are encouraged to participate. MCH seeks to improve father engagement through advocacy and access to statewide resources increasing awareness of the benefits of father involvement on child and family well-being. MCH partners with medical societies, colleges and universities, other state agencies, and DPH’s 18 local health districts to support MCH families.

Oral Health — The MCH section prevents oral disease among Georgia’s children through education, promotion of healthy behaviors, oral screenings, preventive interventions and early treatment. The Oral Health program works to increase the number of pregnant women receiving dental services through direct screenings, treatment, and referrals. The Oral Health program provides training to organizational stakeholders on oral health, when to refer to preventive oral health services for children and cross trains non-traditional oral health providers such as physicians, nurses, community health workers, and educators on their role in improving oral health. Services include fluoride varnish, dental sealants, prevention education and comprehensive restorative treatment. School-based/linked prevention programs targeting high-risk school children are also provided.

Breastfeeding — The MCH section supports breastfeeding initiatives including the Georgia 5-STAR Hospital Initiative. Georgia 5-STAR is a program that educates, trains, and recognizes maternity care centers that work to improve their policies and service delivery to implement the Ten Steps to Successful Breastfeeding — guidelines developed by the World Health Organization (WHO) and Baby Friendly International. The Georgia 5-Star Initiative partners with the American Academy of Pediatrics-Georgia Chapter to provide the Educating Physicians in Communities (EPIC) breastfeeding program, a physician peer-to-peer training program, and coordination of a project to increase breastfeeding through supportive hospital policies and practices, staff education and post-discharge community referrals.

Maternal Mortality Review — DPH leads the maternal mortality case identification and review process and coordinates the Maternal Mortality Review Committee (MMRC). Case summaries are developed based on information abstracted from medical records and interviews with family members. The committee reviews cases to determine causes of death and committee
provides recommendations for prevention of future deaths. Women’s Health and Epidemiology staff participate in case review and provide data analysis of case findings.

**Georgia Perinatal Quality Collaborative (GaPQC) —** GaPQC is a DPH led collaborative of over 40 partnering agencies and providers whose vision is better outcomes for mothers and babies. 84% of the state’s birthing hospitals participate in maternal and/or neonatal quality improvement initiatives. Maternal initiatives currently include implementation of the Alliance for Innovation on Maternal Health’s (AIM) Obstetric Hemorrhage and Hypertension safety bundles. Georgia became an AIM state in 2017. GaPQC incorporates elements of the AIM Reduction of Peripartum Racial/Ethnic Disparities bundle into each initiative and supports hospital teams with educational opportunities and action plans to create a culture of equity and target social determinants of health including racism. The neonatal quality improvement initiative is to improve the standard of care for Neonatal Abstinence Syndrome (NAS). Hospitals participating in the maternal and/or neonatal initiatives are provided access to educational resources and guided through process and practice improvement through webinars and technical assistance.

**Improving Birth Outcomes —** The MCH section is focused on developing strategies to reduce pre-term births, overall health of women and their families, and reduce health disparities among maternal and child health populations through community engagement, partnerships and collaborations aimed at focusing on social determinates of health and addressing correlations between health equity, preterm birth and infant mortality. Within DPH, concentration is also placed on improving access to contraception, specifically Long Acting Reversible Contraceptives (LARCs) to reduce unintended pregnancy and increase inter-pregnancy intervals.

**Injury Prevention —** The MCH section provides infrastructure support to the Office of Injury Prevention. This infrastructure allows for coordination of all safety issues such as Safe to Sleep and bullying and suicide prevention within DPH, the development of policies, and development of partnerships to address child fatality.

**Current Special Projects of Regional and National Significance (SPRANS)**

**State Systems Development Initiative (SSDI)**
**GEORGIA DEPARTMENT OF PUBLIC HEALTH**
Atlanta, GA

**Hemophilia Treatment Centers**
**HEMOPHILIA OF GEORGIA, INC.**
Atlanta, GA

**Maternal and Child Health Public Health Catalyst Program**
**GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION**
Atlanta, GA

**Maternal and Child Health Public Health Training Program**
**EMORY UNIVERSITY**
Atlanta, GA

**Comprehensive Hemophilia Diagnostic and Treatment Centers**
**AMERICAN THROMBOSIS AND HEMOSTASIS NETWORK**
Atlanta, GA

For more information, contact:

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**Georgia Health Priority Needs**
- Prevent maternal mortality
- Prevent infant mortality
- Promote developmental screenings among children
- Increase the number of children, both with and without special health care needs, who have a medical home
- Increase bullying and suicide prevention
- Promote oral health among all MCH populations

**Georgia Perinatal Quality Collaborative (GaPQC)**
- Improve systems of care for CYSHCN
- Increase father involvement among MCH populations

**Percentage Served by the Georgia MCH Program**

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<tr>
<th>Percentage Served</th>
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<tbody>
<tr>
<td>100.0%</td>
<td>Pregnant women</td>
</tr>
<tr>
<td>96.0%</td>
<td>Infants under one</td>
</tr>
<tr>
<td>17.0%</td>
<td>Children and adolescents</td>
</tr>
<tr>
<td>17.0%</td>
<td>Children with special health care needs</td>
</tr>
<tr>
<td>0.0%</td>
<td>Others</td>
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*2019 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau*