



GEORGIA

“Even when faced with difficult budget circumstances, we must make every effort to keep our commitment to Georgia’s kids.”

—Governor Sonny Perdue, September 25, 2003

High infant mortality is considered to be more than a health problem in Georgia since it is an important indicator of the overall health status of the state’s women and children. Low birth weight and prematurity are the most common causes of infant deaths in Georgia, followed by congenital birth defects and SIDS. In 2002, 9.0 percent of live infant births were of low birth weight, an increase from 8.5 percent in 1998. The number of women beginning their prenatal care during the first trimester also dropped from 87.3 in 1999, to 84.7 in 2002.⁴¹ These factors illustrate the continued need for education and public awareness as a vital component in all pregnancy cases.

For the past decade, Georgia has had one of the highest infant mortality rates in the nation, even though the state’s rate of infant deaths has been declining steadily. There is serious concern about the racial disparity among black and white infant mortality rates, which also is the main contributor to Georgia’s poor national ranking. The infant mortality rate for white infants in 2001 was 6.2, compared to 13.2 for black infants.⁴²

Solutions to further reduce infant mortality and to improve maternal and child health in Georgia have included multi-faceted strategies that involve many sectors of society and collaborations among statewide community partners. Approximately one of every 10 children in Georgia is uninsured, and a stagnant economy is expected to increase this proportion. Physical access to appropriate services is a challenge—about one quarter of Georgians live in areas designated as Health Professional Shortage Areas. The percentage of reported cases of the AIDS virus also has been increasing among women in all groups, particularly among black women.

The Division of Public Health (DPH) is the lead agency with the ultimate responsibility for the health of communities and the entire population. At the state level, the DPH is divided into numerous branches, sections, programs, and offices that all work together to support maternal and child health. At the local level, the DPH functions via 19 health

State Facts 2001*

Infant Mortality Rate	8.5
Preterm Birth Rate	12.7
Low Birth Weight Infants	8.8
Prenatal Care in First Trimester	86.2
Pregnancy/Maternal Smoking	9.2
Teenage Birth Rate (age 15-19)	60.9
Birth Rate to Unmarried Women (age 15-44)	37.3

*Rates are calculated per 1,000 live births, except for low birth weight, prenatal care, and maternal smoking, which are calculated in percent.

districts and 159 county health departments. The DPH is part of a larger state agency, the Georgia Department of Human Resources (DHR). The DHR is expanding and emphasizing various important risk reduction and prevention programs to improve the overall health status of mothers and their infants. Activities and programs that have produced positive results include improving the technologies in facilities treating extremely underweight newborns, increasing accessibility to prenatal care for pregnant women, and raising public awareness about SIDS. A sampling includes:

Babies Can’t Wait (BCW): Georgia’s statewide interagency service delivery system for families of infants and toddlers with developmental delays or disabilities. BCW, established by Part C of the federal Individuals with Disabilities Education Act (IDEA) of 1997, which guarantees all eligible children up to 3 years of age, regardless of their disability and income, access to services that will enhance their development. Babies Can’t Wait is administered through 19 district offices throughout the state. Through the 19 offices, children and families in every county in Georgia can access early intervention services. The DHR, Division of Public Health, is the lead agency administering the Babies Can’t Wait program.

Babies Born Healthy: a state-funded program, administered by the DHR, Division of Public Health, Family Health Branch, that has evolved to meet the changing needs of pregnant women not eligible for Medicaid, and whose family income is at or below 250 percent of federal poverty level.





Babies Born Healthy funds prenatal care, hospital delivery, (limited) newborn care, and case management services in each health district. Services are provided through partnerships with local providers, such as physicians, nurses, nurse midwives, nurse practitioners, nutritionists, social workers, and health educators. In FY 2003, there were 3,200 women served by Babies Born Healthy.

Children 1st: designed in 1992, provides family support for children between the ages of birth and 5 and addresses conditions in a child's environment that may have a negative impact on the child's health and development. Children 1st is the single point of entry to a statewide collaborative system of public health and other prevention-based programs and services. This system helps parents provide their young children with a healthy start in life. It allows children who are at high-risk for poor development to be identified early and gives them a chance to grow healthy and ready for school. Participation is voluntary and there are no financial requirements for enrollment into the system. During FY 2003, Children 1st identified 40,677 newborns and children needing medical or developmental services. Of those children identified, more than 18,000 children were linked to primary healthcare providers for continued assistance. More than 50,000 children were monitored for health and developmental status. For each one dollar invested in prevention and early identification, seven dollars could be saved in any future treatments. Children 1st is operated under the DHR, Division of Public Health.

Metropolitan Atlanta Congenital Defects Program: collects, analyzes, and interprets birth defects surveillance data since 1967. It was created by the CDC, National Center on Birth Defects and Developmental Disabilities, in the aftermath of the thalidomide tragedy to provide early warning of increases in the prevalence of defects at birth. The program monitors all major birth defects in five counties of the metropolitan Atlanta area (Clayton, Cobb,

DeKalb, Fulton, and Gwinnett) with approximately 50,000 annual births from a population of about 2.9 million. An estimated 3.3 percent of newborns each year has a major birth defect. The program provides the capacity to conduct epidemiologic studies to examine etiologic factors contributing to birth defects. The program acts as the model for many state-based programs and as a resource for the development of uniform methods and approaches to birth defect surveillance.

Perinatal Case Management: a partnership between the Department of Human Resources, Division of Public Health, and Department of Community Health, it is the only case management program for pregnant Medicaid women in Georgia. The Division of Public Health, Family Health Branch, provides policy development, training, and monitoring of the perinatal case management program in 19 health districts. Nurses and social workers provide pregnant women and their families with individual assessments and follow-up care throughout their pregnancies, linking them with prenatal care, Children 1st, and other medical and social services. In FY 2003, more than 48,000 women received Perinatal Case Management services.

Pregnancy Related Services: a Medicaid program focusing on reducing infant illness and death rate and improving the quality of life for new mothers and their infants. The program provides in-home health assessments and teaching for women who recently have delivered a baby. A physical assessment is done on both the mother and baby followed by education on breastfeeding, SIDS reduction and prevention, infant feeding, well-child routine care, and family planning. This program is operated under the DHR, Division of Public Health, Family Health Branch.

Regional Perinatal Centers: provides a system of comprehensive perinatal care services for pregnant women, their fetuses, and neonates in all risk categories. The centers, administered by the DHR, Division of Public Health, Family Health Branch, provide funding to six designated regional tertiary hospitals to provide high-risk perinatal services including transportation, prenatal care, delivery, postpartum care, and newborn care. All women and infants who are classified as high risk are accepted for services at the six regional tertiary hospitals without regard to income. Women and infants who meet program medical criteria (high risk), and whose incomes are below 250 percent of the federal poverty level, are eligible for funding. Services are provided statewide through the six designated tertiary care hospitals located in Atlanta,



Macon, Augusta, Columbus, Albany, and Savannah. In FY 2003, Regional Perinatal Centers provided care for 5,815 high-risk infants and 12,670 high-risk pregnant women.

High-Risk Infant Follow-Up Program: administered by the Division of Public Health, Family Health Branch, provides nursing services to infants, birth to age 1, who are at great risk for health and developmental problems due to their medical conditions at birth.

Children Medical Services (CMS): a state and federally funded Title V Children with Special Health Care Needs Program. Eligibility for the program includes medical and financial requirements. Children who are Medicaid/PeachCare enrolled, receive SSI, or are in foster care also are eligible for CMS services. CMS directly provides or coordinates specialty medical evaluations and treatment for eligible children (birth to age 21) with chronic medical conditions. CMS also provides or pays for comprehensive physical evaluations, diagnostic tests, inpatient and outpatient hospitalization, medications and other medical treatments, therapy, durable medical equipment, hearing aids, and dental care related to the child's CMS-eligible condition. Genetics services include diagnosis, counseling, and treatment for a wide variety of genetic conditions as a CMS service. CMS offers community-based services through Georgia's 19 public health districts. At each site, care coordinators provide outreach, referral, care coordination, education and follow-up for CMS clients and their families.

PeachCare for Kids: began in 1999, provides comprehensive healthcare to children through the age of 18 who do not qualify for Medicaid and live in households with incomes at or below 235 percent of the federal poverty level.



Adolescent Health and Youth Development Program: provides a network of community-based support to help adolescents succeed as they move into adulthood by focusing on the assets of individual youth and their families. The Adolescent Health and Youth Development-sponsored programs reinforce positive attitudes, healthy behaviors, and activities and reduce risk-taking behaviors, such as violence, substance abuse, poor school performance, and premarital sexual activity.

Governor's Council on Maternal and Infant Health: established in 1972 by the General Assembly, creates standards for maternal and infant healthcare services and aids state agencies in coordinating programs with local communities. The Council is composed of 17 persons appointed by the governor. Members include physicians, nurses, hospital administrators, educators, and consumers. The Council's recommendations have been embodied in state programs, as well as in legislation and regulations.

Family Planning Program: established in 1966 as the result of the General Assembly's passage of the Family Planning Services Act mandating that the Division of Public Health and Family and Children's Services work together to provide contraceptive services for any woman in Georgia who request these services. The program has developed and implemented strategies directed toward the reduction of unintended pregnancies, infant mortality, and improvement of birth outcomes. Family planning services are provided directly by county health departments and contracted agencies utilizing various combinations of federal, state, and locally supported staff. Approximately 354,498 visits were made to the Family Planning clinics in 2003 for family planning, counseling, treatment of common gynecological problems, and follow-up care. The majority of the clients were unmarried females over the age of 20 who had completed at least the 10th grade. The user population consisted of 77,393 black women, 62,677 white women, 26,763 Hispanic women, and 6,249 men of all races.

Resource Mothers: an outreach and education program administered by the DHR, Division of Public Health, Family Health Branch, and funded by Medicaid. The program connects experienced mothers with pregnant and parenting teenagers who need guidance and support. Resource Mothers volunteers and staff provide information on pregnancy, early prenatal care, parenting skills, child care, and health issues. This program educates and counsels pregnant and parenting teenagers to help reduce poor health outcomes for teen mothers



and their children. The Resource Mothers program is located in 17 counties (Fulton, DeKalb, Gwinnett, Clayton, Irwin, Richmond, Jefferson, Warren, Hancock, Lincoln, Columbia, Jenkins, Screven, Burke, McDuffie, Taliaferro, and Glascock). In FY 2003, Resource Mothers conducted 5,405 home visits.

Health Check: formerly known as Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT), as part of the Medicaid Program that was implemented in Georgia in 1972. The purpose of the Health Check program is to assure that children who are enrolled in Medicaid (birth to age 21) or PeachCare for Kids (birth to age 19) receive regular and age appropriate well-child check-ups. At each well-child visit, it is expected that health problems will be identified, diagnosed, and treated before they become more complex and costly. Health Check is operated under the DHR, Division of Public Health.

Healthy Child Care Georgia Project: a collaborative effort of the DHR, Division of Public Health, Family Health Branch, health professionals, child care providers, regulatory agencies, other organizations and families working in partnership to improve

the health and well-being of children from birth to 12 years of age in child care settings.

Tobacco Use Prevention Program: coordinates strategy in tobacco use prevention and control, provides assistance on policy development, and serves as a resource center for tobacco issues. The program collaborates with the Coalition for a Healthy And Responsible Georgia (CHARGE) and has adopted a national philosophy of changing environmental factors to reduce tobacco use. The Coalition serves as a forum for developing and carrying out strategies that focus on preventing tobacco use among youth and pregnant women, protecting children from secondhand smoke, and encouraging smoking cessation. The Tobacco Use Prevention Program provides support to the state coalition for tobacco use prevention and to local programs and coalitions in all 19 public health districts and is administered by the DHR, Division of Public Health.

