

Public Dialogues: Report on Findings



2004

Governor's Council on Maternal and Infant Health





the governor's
council on maternal
and infant health of
the state of georgia

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George L. Heck, III, B.S.
Chair
Douglas

Dear Georgians,

Kevin J. Gomez, M.D.
Vice Chair
Metro Atlanta

The Governor's Council on Maternal and Infant Health strives to improve the status of maternal and infant health in Georgia. To achieve this, we understand the need for a comprehensive, equitable system of high quality health care. We further recognize that this system should promote the health of men, women and children within the context of community.

Gina L. Martin, M.L.I.S.
Secretary
Fayetteville

Frank L. Carter, M.D.
Waynesboro

An ambitious effort, the Council's recent statewide Public Dialogues have provided us insight into the critical issues that challenge the health status of mothers and infants. Through exciting and vibrant conversations with local communities, we heard your opinions about what works and what doesn't, what needs to be done, and what resources are needed.

Eugene H. Jackson, M.D.
Hawkinsville

Robert M. Mayberry, Ph.D.
Metro Atlanta

The Council has listened to what has been shared by stakeholders throughout the state. We appreciate the opportunity to report back to Georgians a synopsis of what we learned from you about the important issues critical to the health of Georgia's mothers and infants. We hope this report will also provide a framework for future discussion and action among various stakeholders responsible for the health of Georgia's mothers and babies.

Barbara F. McKnight, R.N.
Columbus

Charles T. Stafford, M.D.
Bainbridge

Joseph R. Swartwout, M.D.
Macon

Elaine Taylor-Klaus, B.A.
CORO Fellow
Metro Atlanta

The Council looks forward to engaging families and professionals in the public, non-profit and private sectors in addressing these issues. Together, we can continue to build a health system where informed citizens consistently demonstrate healthy lifestyle choices perpetuating the best pregnancy and infant health outcomes.

Margaret M. Turner, L.P.N.
Dublin

Teresa G Wilder, R.N.,C.,
M.S.N.,C.N.N.P.
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Sincerely,

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Executive Director
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George L. Heck, III
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Douglas, Georgia

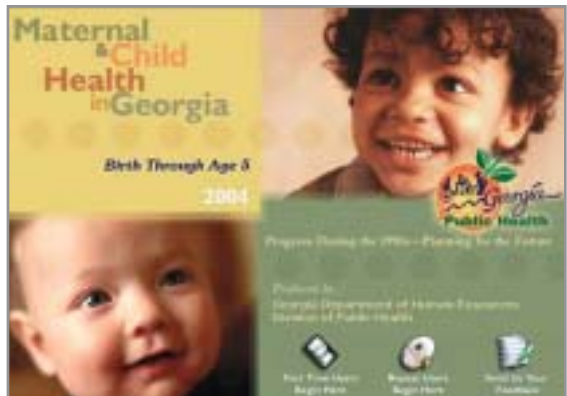
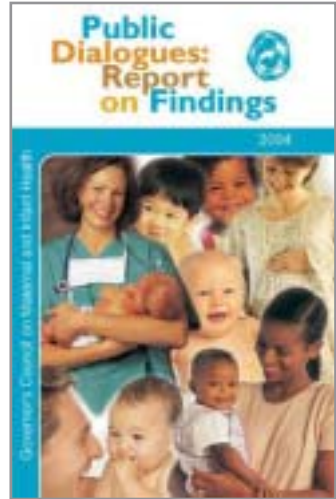
Program Associate
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About This Report

The Public Dialogues: Report On Findings, complements a new report, *Maternal and Child Health (MCH) in Georgia: Birth through Age 5* (August 2004).

The Governor's Council on Maternal and Infant Health partnered with the Georgia Healthy Start Initiatives, the Georgia Division of Public Health, March of Dimes Georgia Chapter, Healthy Mothers, Healthy Babies Coalition of Georgia, and the Georgia Public Health Association to develop the MCH in Georgia Report.

The MCH in Georgia Report focuses on data and information related to the Maternal and Child Health topic areas of pre-pregnancy health and promotion, pre-natal and maternal health, infant health, early childhood health and development, and maternal and child health services.



The Maternal and Child Health Report Executive Summary is available on the web at <http://health.state.ga.us/pdfs/publications/reports/mchreportssummary.04.pdf>. To order a copy of the full report on CD-ROM, call the Family Health Branch at 404-657-2749.

The Public Dialogues' Report focuses on information about maternal and infant health that comes directly from Georgians. It informs the reader about what local communities know to be key issues affecting maternal and infant health.

The use of both these reports can serve as a starting point to further assess the needs and create effective intervention strategies to improve the health of mothers and infants throughout the state.



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About the Council

The Council on Maternal and Infant Health has been a driving force in advocating for quality health care for Georgia's mothers and babies for over 30 years. Composed of 17 members appointed by the Governor and confirmed by the Senate, the Council includes physicians, nurses, hospital administrators, educators and consumers.

Created in 1972 by Legislative Code, the Council is charged with advising the Governor, the Georgia Department of Human Resources, and all state agencies and organizations about maternal and infant health issues. The Council also makes recommendations on the improvement of Georgia's maternal and infant health care system.

The Council has a continuing commitment to promote optimal health for Georgia's mothers and babies. To assist in fulfilling this commitment, seven public dialogues were held in local communities across Georgia and a state agency forum to identify the critical issues that affect mothers and babies.



Public Dialogues

The Dialogues were held in seven local communities around Georgia. These Dialogues were open to the public, with 215 persons in attendance. Participants included front line providers of health care, non-profit organizations, private and public sector providers, faith based organizations, legislators, and educators.

Locations and dates of Public Dialogues

Areas	Participating Health Districts	Date held
Southeast Georgia	Dublin, Savannah, Waycross, Valdosta, Brunswick	September 13, 2002
West Georgia	Columbus	December 6, 2002
Northwest Georgia	Rome, Dalton	March 7, 2003
East Central Georgia	Augusta, Macon	June 20, 2003
Southwest Georgia	Albany	September 19, 2003
Metro Atlanta	Dekalb, Fulton, Clayton, Cobb	December 5, 2003
Northeast Georgia	Athens, Gainesville	March 12, 2004

Participants attending each Public Dialogue were divided into discussion groups of 8 to 10 individuals, with Council members participating in each group. Trained facilitators from the Division of



Public Health, Family Health Branch assisted in guiding the group discussions, utilizing a focus group approach. At the conclusion of group discussions, a participant from each group reported findings to all Dialogue attendees.

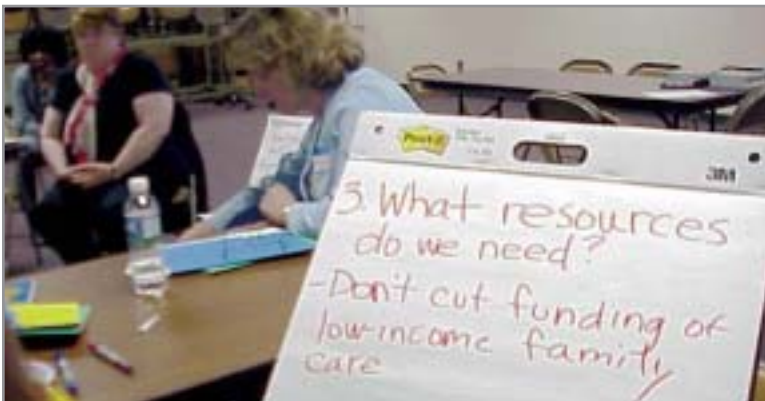


At every Dialogue in every part of the state, the following issues were unanimously voiced as the top five priority issues that most affect Georgia's mothers and infants.

1. Premature Births
2. Teenage Pregnancy
3. Adolescent Health
4. Mental Health
5. Oral Health

The following issues cut across all five priority areas.

1. Racial and Ethnic Populations
2. Access to Care
3. Behavioral Factors



Highlights of Needs by Area

Northwest Georgia

- Emergency housing for homeless mothers.

Northeast Georgia

- Low cost /affordable health insurance for families.
- One-stop shops for health services.

Metro Atlanta

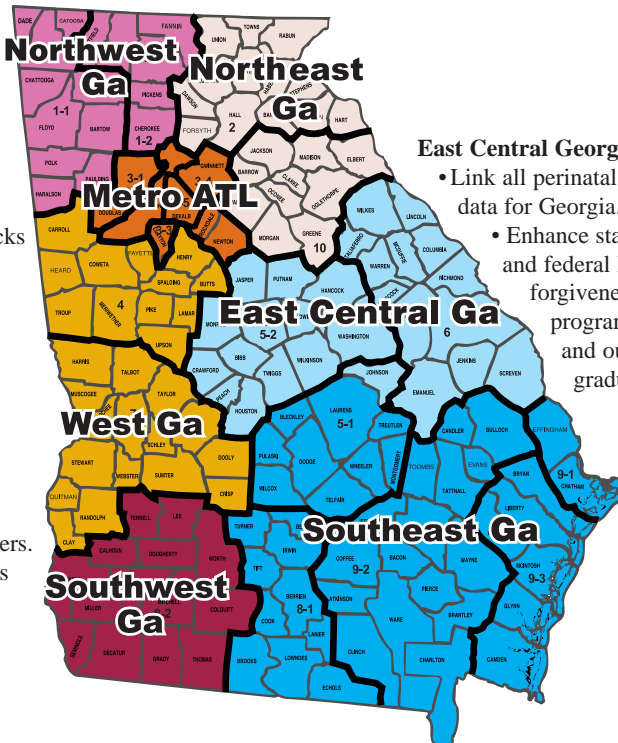
- Access to midwifery programs with oversights, checks and balances.

East Central Georgia

- Link all perinatal data for Georgia.
- Enhance state and federal loan forgiveness programs for in and out of state graduates.

West Georgia

- Health services for male teenagers.
- Support services for teen fathers.



Southwest Georgia

- Region wide Fetal and Infant Mortality Reviews.
- Affordable housing for low income families.

South Georgia

- Health care providers in rural communities.
- Public health social workers.



Summary of Critical and Cross Cutting Issues

1. Premature Births (Babies born too early)

Limited access to and quality of prenatal health care and education poses the major challenge to addressing the problem of premature births.

- Premature babies are 14 times more likely to die in the first year of life than full term babies.
- In 2002, 16,830 babies were born too early to Georgia families.
- Hospital stays average \$58,000 for these babies versus \$4,300 for a healthy newborn.



Other related issues cited by communities: Low birth weight; infant mortality; early prenatal care; prenatal services; preterm labor/deliveries.

2. Teenage Pregnancy

Early teen pregnancy and repeat teen pregnancy are significant problems facing Georgia's communities.

- In 2002, 22,000 pregnancies occurred to females ages 10-19 in Georgia.
- Georgia's teen pregnancy rate remains one of the highest in the nation.

Other related issues cited by communities: Repeat teen pregnancy; lack of parenting classes; prevention education; increasing STDs in adolescents; grandparents raising children; access to health services.

3. Adolescent Health

Limited access to comprehensive school-based health education and health services is a major barrier in promoting adolescent health (including teen pregnancy prevention, parenting, pre-conceptional health for boys and girls, and healthy lifestyles).

- In 2003, 33% of Georgia middle school students were overweight or at risk for becoming overweight.
- In 2002, only 73% of eligible Georgia school students completed high school.
- The rate of intentional injuries for Georgia adolescents was 19% higher for homicide and 10% higher for suicide than the U.S. rate. Georgia adolescents also experience a 22% higher rate for unintentional injuries (accidents).



Other related issues cited by

communities: Obesity; consistent funding for school health; parenting classes; social outlet for teens; male teen programs; better teen clinical services.

4. Mental Health

Mental health issues (including substance abuse, domestic violence, and depression) are increasingly recognized problems among pregnant women, women and children, and families.

- Maternal depression is associated with low birth weight and prematurity, poor measures of school readiness, verbal comprehension and expressive language skills.



- Maternal substance abuse increases state spending on Medicaid, special education, incarceration, and child welfare.
- Twenty-five billion dollars a year is spent nationally on the impact of substance abuse on children.

Other related issues cited by communities: Violence in the family; abuse of women and children; post partum depression; access to mental health services for pregnant women; missing fathers.

5. Oral Health

There is a lack of available oral health services, especially for women and children, in Georgia.

- Periodontal (gum) disease worsens during pregnancy and is associated with an increased risk of a woman having a baby born too soon (premature).
- Data suggests that 18% of all low birth weight babies may be linked to advanced gum disease.

Other related issues cited by communities:

Lack of access to dental/periodontal/orthodontic services for women and children, especially children with special needs; Expansion of free dental programs for women and children; Medicaid coverage of dental services for pregnant women.



Cross Cutting Issues

1. Racial and Ethnic Populations
Inadequate number of translators;
health disparities; growing Hispanic
population; more cultural competence
in health care.
2. Access to Care
Inadequate or no public transportation
to access health care; Medicaid
transportation problematic.
3. Behavioral Factors
Lifestyle choices; risky behaviors.





State Agency Forum

The State Agency Forum was held August 23, 2002, in Atlanta, Georgia. This forum provided state leaders the opportunity to discuss their priority issues related to maternal and infant health and to receive information about the Council's direction in an interactive manner. The following state agencies participated in the forum: Department of Community Health; Department of Juvenile Justice (DJJ); Department of Labor; Georgia Department of Human Resources; and the Governor's Council On Developmental Disabilities.

Participating agencies identified that Georgia needs:

1. Interventions to prevent repeat and unintended pregnancies.
2. Availability of comprehensive health services for non-pregnant women.
3. Advocacy for health services framed in economic costs and benefits.
4. Continuity of health care for youth as they move between the community and DJJ facilities.
5. More resources to support families with persons who are disabled. Far reaching education and information about services for the disabled must be made available to prevent families from going deep into debt before receiving this information.
6. Access to prenatal health care for all Georgia women.
7. Futuristic planning: What do we do now to improve health outcomes in the future?
8. Medicaid reimbursement for incarcerated youth. Once youth are incarcerated Medicaid reimbursement stops. A federal exclusion for these youth may be required.
9. Case management/care coordination for high-risk populations, including young teens.
10. Statewide parenting education, and the resources to develop and implement the curriculum.
11. More consistent community health education for prevention and wellness.
12. Wide and broad communication among agencies, organizations and institutions to identify overlap and gaps that occur, so that mothers and babies get maximum services.

What we learned from Georgians

The Council on Maternal and Infant Health traveled the state and listened to Georgia's citizens. We heard what works well. Examples include: The care given to mothers and babies at the Regional Perinatal Centers; In Savannah, A Mother's House, a resource for pregnant women with problems; From Waycross, telemedicine; Athens, the Gordon Street Center, an alternative school for teen moms; In Augusta, public health mobile dental clinic trailers for schools; First Steps, emotional support for teen moms, follow-up, referrals to community services/resources, Albany; Integrated services for moms and children at the Gilmer County Health Department; Teen centers in Columbus.

We heard local concerns, viewed them through a statewide lens and identified critical issues. Having developed the big picture of what impacts maternal and infant health in the state, three not-so surprising conclusions are clear:

1. Prevention efforts are the most cost-effective, responsible mechanisms to positively impact maternal and infant health.

Our health care system is trying to repair problems as they arise, but we are not preventing problems before they occur – and we can. Poor birth outcomes lead to extreme financial burdens on the state and its citizens, and can be significantly reduced with increased attention to prevention, education and access to health care.

2. Issues that appear to have an indirect effect on maternal and infant health are often, in fact, major contributors.

Services that are well coordinated, comprehensive, culturally respectful and accessible will reach underserved populations and significantly reduce poor birth outcomes. This includes services such as oral and mental health, as well as more traditional maternal and infant health services.

3. Strong and comprehensive health and parenting education are directly connected to positive maternal and infant health outcomes.

Again, areas that appear to have an indirect effect are in fact major contributors, such as education about healthy lifestyles, reproductive health, nutrition, and substance abuse.



Call To Action

To insure that babies are born healthy and that children are raised in a safe and nurturing environment represents the fundamental values of our society. The Council hopes that those reading this report will develop or enhance prevention strategies to address the identified issues. Furthermore, as communities search for strategies, they should immediately reach out to populations not traditionally identified with infant and child health. Partnerships and collaborations with these populations are critical to the development of sustainable efforts and successful solutions.

Forum and Dialogue attendees, along with the Governor, the business community, politicians, the health community, and other non-traditional partners must take an even stronger leadership role in solving the issues raised by Georgia citizens.



The work that lies ahead is complex. However the ultimate charge to each person that reads this report is to become part of the solution. The Council in the next stage of its work will be crafting specific strategies to address the identified issues. We invite you to join the Council as we work together to ensure positive birth and infant health outcomes for Georgia's families.

Governor's Council on Maternal and Infant Health

ACKNOWLEDGMENTS

The Council On Maternal and Infant Health wishes to thank all of the citizens of Georgia who participated in the Public Dialogues. We also wish to extend our thanks to the Georgia Division of Public Health, Family Health Branch's Policy, Planning and Evaluation Section; Data Team; and Program and Services Section.

Special thanks is extended to the staff of Georgia's local Public Health Districts for support of the Council's Public Dialogues.

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