



HMHB Resource Watch

HEALTHY MOTHERS, HEALTHY BABIES
Coalition of Georgia

Improving the health status of Georgia's families.

HMHB's *Powerline* Staff & Statistics

Volume 8, Issue 10
November 28, 2007

Inside this issue:

The *Powerline* is a fast and effective way to find healthcare resources. Operators are available to assist callers in English and Spanish. One simple telephone call places individuals in contact with: Medicaid doctors and dental referrals, low-cost healthcare resources, WIC referrals, Children 1st referrals, Dental, Vision and Hearing Screenings, low-cost prenatal health services, public healthcare services, public healthcare programs, and breastfeeding referrals. The *Powerline* is funded by the Georgia Department of Human Resources and is staffed by bilingual Information and Referral Specialists.

HMHB <i>Powerline</i> Staff and Statistics	1
Agency Spotlight	2
News from National	3
News from National	4
Other News	5

Monica Skowronek, Bilingual Information and Referral Specialist, has worked at HMHB for over year and a half. Previously, Monica was a physician's assistant at an Atlanta area OB/GYN office. Monica is a native of Columbia South America. Monica enjoys "helping those on the *Powerline* who would not otherwise seek out healthcare resources."

Sherice Worthen, a certified Information and Referral Specialist has worked at HMHB since October. Before coming to HMHB she worked for five and a half years as an I&R Specialist with the Area Agency on Aging for North Florida. Sherice, who previously lived in Tallahassee, enjoys providing *Powerline* callers with direction in navigating public services.

HMHB *Powerline* October Call Data

***Powerline* Data - October 2007**

Overall

Total # of Referrals given: 2815
Total # of Individuals assisted: 1552

Types of Individuals assisted

Men: 83
Women: 318
Pregnant Women: 317
Children: 962

Top 3 Georgia Counties where *Powerline* calls are coming from in Oct.

DeKalb County
Fulton County
Gwinnett County

Top 4 list of *Powerline* referral types

- WIC Provider
- Community Health Clinic
- Health Department
- General Practice

HMHB Community Partner Spotlight

Mission:

G-CAPP’s mission is to eliminate adolescent pregnancy in Georgia by developing, establishing and supporting ideas and program innovations that build local and statewide capacity to promote the healthy development of our most vulnerable adolescents.

Programs include:

The Community-Based DOULA Project - This program provides teen mothers with a trained birth assistant to provide social and emotional support during pregnancy, labor and post delivery. Promoting positive development of mother and infant, this replication of a national model has demonstrated positive medical outcomes, lower incidence of complications during pregnancy, and an increase in bonding between mother and child - a measure that reduces risk of child abuse and neglect.

Second Chance Homes Network - The most visible and acclaimed of G-CAPP's programs, this network of homes throughout Georgia provides young mothers with support to become self-sufficient parents. Based in non-institutional settings, teen mothers are provided with supportive relationships, counseling, educational incentives, and support for long-term economic independence, child development, parenting and life skills.

For more information about this agency, visit www.gcapp.org.

HMHB State of Georgia Legislative News

HMHB is gearing up for the 2008 Georgia General Assembly. This year, contacting your local representative and senator regarding important healthcare issues affecting Georgia’s children and families is more important than ever. To find out how to contact your local legislator, access the following website: [Project Vote Smart](#).

2008 HMHB Legislative Agenda

Increase funding for the Babies Born Healthy Program.

Babies Born Healthy is the only government program that pays for prenatal care for low income pregnant women who do not qualify for Medicaid. Due to the growing number of women in this category, the program has consistently run out of funds before the fiscal year ends. Current funding allows the program to serve approximately 5000 women. The women who are eligible but are not served due to lack of funds usually end up appearing at a hospital to deliver their baby having had no prenatal care. The babies born to these women are eligible for Medicaid, so Medicaid bears the cost of any disabilities or health conditions that these babies may have. HMHB recommends an appropriate increase in funding for Babies Born Healthy to address the need in this program because it will save Medicaid money and Georgia will have healthier babies.

Restore Medicaid eligibility for pregnant women and infants to 235% of the Federal Poverty Level (FPL).

In 2004, Medicaid eligibility was reduced from 235% to 200% of the Federal Poverty Level. When more women had access to early prenatal care, the results were impressive and measurable. Outcome measures in Georgia such as low birth weight and preterm births improved in the 1990s but have begun to worsen in recent years. In order to have better birth outcomes, Georgia needs to assure that women have access to prenatal care.

Provide funding for the Cervical Cancer Prevention Vaccine.

DHR requested but did not receive funding in FY 2008 for the new human papilloma virus (HPV) vaccine. HMHB supports state funding that would allow voluntary vaccination of uninsured girls.

Oppose legislation that threatens health insurance benefits such as mammograms, pap smears, and childhood immunizations.

Many of the current state mandates are for services that ensure prevention and early detection of disease. Bills have been introduced in recent years that would allow health insurance to be sold in Georgia without covering such services. HMHB continues to oppose such legislation.

Monitor legislation and policy changes that impact services for Medicaid and PeachCare clients.

Providers, advocates and many legislators are concerned about the impact of the transition in 2006 to Care Management Organizations (CMOs) for most Medicaid and PeachCare clients. There are concerns about the impact upon Public Health programs such as Children 1st and Babies Can’t Wait, and access to services has reportedly become more difficult for many clients.



News From National Healthy Mothers, Healthy Babies- November 30, 2007

This Week:

- 1) November 27-December 2: National Influenza Vaccination Week
- 2) CDC Telebriefing on Current Flu Season & Vaccine Access
- 3) ACOG Urges Flu Vaccination for Pregnant Women
- 4) Celebrity Mom Jennifer Garner: The Face of ALA Flu Campaign
- 5) NFID Flu Awareness: "Are You Talking to Me?"

1) NOVEMBER 27-DECEMBER 2: NATIONAL INFLUENZA VACCINATION WEEK The Centers for Disease Control and Prevention (CDC) has designated this week, November 27 to December 2, as National Influenza Vaccination Week, designed to highlight the importance of flu vaccination. This year, Tuesday, November 27 is set aside as Children's Flu Vaccination Day, with a focus on vaccinating high-risk children. The CDC recommends that all adolescents and adults be vaccinated against the flu, and advises that flu shots are especially important for pregnant women and other high-risk populations, including people older than age 50 and children under age five; people of any age who have asthma, heart disease, a weakened immune system or other chronic illness, and their caregivers; and healthcare workers. To download and share free National Influenza Vaccination Week materials, including a media toolkit, podcasts, e-cards and more, go to <http://www.cdc.gov/flu/nivw/resources.htm>

2) CDC TELEBRIEFING ON CURRENT FLU SEASON & VACCINE ACCESS On November 9, the Centers for Disease Control and Prevention (CDC) hosted a live telebriefing on the state of this year's flu season and vaccine availability, with remarks from Dr. Jeanne Santoli, Deputy Director of the CDC Immunization Services Division and Dr. Joe Bresee, Branch Chief at the Branch of Epidemiology and Prevention, CDC Influenza Division. The transcript of this telebriefing, "The Current Influenza Season and Seasonal Influenza Vaccine Distribution and Availability" is available online at: <http://www.cdc.gov/od/oc/media/transcripts/2007/t071109.htm>

3) ACOG URGES FLU VACCINATION FOR PREGNANT WOMEN The American College of Obstetricians and Gynecologists (ACOG) is urging pregnant women to be vaccinated against the flu as soon as possible. According to ACOG, pregnant women are particularly vulnerable to serious illness associated with the flu, and treating the flu can be risky. In a written statement, chair of ACOG's Committee on Obstetric Practice Dr. Sarah Kilpatrick says, "The antiretroviral drugs commonly prescribed to combat the flu have not been tested for safety and efficacy in pregnancy and their effects on the fetus are unknown. Pregnant women who are using these drugs should do so with caution. Your best bet is to avoid the flu altogether, and vaccination can help you do that." Dr. Kilpatrick adds, "Flu vaccination during pregnancy also allows the woman and the fetus to develop flu-fighting antibodies, especially important because infants zero six months cannot be vaccinated." ACOG says getting vaccinated early, in October or November, is ideal, but that it is never too late – Women can receive the vaccine throughout the flu season, as long as supplies last. They advise that women can safely get a flu shot throughout their pregnancy and while breastfeeding, but should not take the spray form of the vaccine, which is inhaled rather than injected, because it is FDA-approved for use only in non-pregnant individuals between the ages of two and 49 years. For more from ACOG, go to http://www.acog.org/from_home/publications/press_releases/nr10-29-07.cfm.

4) CELEBRITY MOM JENNIFER GARNER: THE FACE OF ALA FLU CAMPAIGN Actress and mother Jennifer Garner is the celebrity spokesperson for this year's American Lung Association (ALA) "Faces of Influenza" campaign. She helped ALA kick off its public education in New York City on November 12, urging Americans to get a flu shot. ALA's effort puts a real "face" on influenza, the eighth leading cause of death when combined with pneumonia, and to stress the importance of annual flu shots through the fall and winter months. At the "Faces of Influenza" launch this month, Garner said, "Women Play an important role in a family. It's our job to take care of those we love, and that's why I make sure my family is protected against

influenza. As one of the many Faces of Influenza, you and I and those close to us need to get vaccinated. Influenza is not the common cold. It's serious." For influenza information and tools, including the ALA Flu Shot Locator, go to <http://www.facesofinfluenza.org>.

5) NFID FLU AWARENESS: "ARE YOU TALKING TO ME?"

The National Foundation for Infectious Diseases (NFID)'s "Are You Talking to Me?" public service announcements for TV and radio, developed with the National Influenza Vaccine Summit, are designed to educate individuals at risk for flu-related complications about the importance of vaccination, and to encourage them to get a flu shot every year. To view the PSAs online, go to <http://66.11.193.177/>. For their Spanish-language information and resources, go to <http://www.blixamedia.com/flu/home.html>.

Sources:

<http://www.cdc.gov>
<http://www.acog.org>
<http://www.facesofinfluenza.org>
<http://www.nfid.org>

Information is reported as provided and does not necessarily represent the view of or the endorsement by the National Healthy Mothers, Healthy Babies Coalition. A complete copy of HMHB's disclaimer is available on the HMHB Web site at <http://www.hmhb.org/disclaimer.html>

News From National Healthy Mothers, Healthy Babies- November 19, 2007

Last Week:

- 1) Launch of National Sudden Infant Death Resource Center
- 2) Report Examines Challenges Faced by New Mothers
- 3) Study: Infants Born Slightly Preterm at Increased Risk
- 4) New NCBDDD Feature: "Pregnant? Don't Smoke"
- 5) Child Vaccinations Found to Dramatically Reduce Death Rates
- 6) ACNM Issue Brief Spotlights Disparities in Women's Health
- 7) New Online Social Platform: The Point

MATERNAL-INFANT HEALTH NEWS

1) LAUNCH OF NATIONAL SUDDEN INFANT DEATH RESOURCE CENTER

The National Center for Education in Maternal and Child Health at Georgetown University has announced the new National Sudden Infant Death Resource Center (NSIDRC), funded by a three-year cooperative agreement with the federal Maternal and Child Health Bureau (MCHB). The new NSIDRC will continue the work of the National SIDS/Infant Death Resource Center, serving as a resource on sudden infant death (including SIDS, miscarriage, stillbirth and other sudden infant deaths), on bereavement and on promoting healthy outcomes for infants from the prenatal period through the first year of life and beyond. A new website provides access to this information, and searchable databases and special issues of the MCH Alert will soon be available. Go to <http://www.sidscenter.org>.

2) REPORT EXAMINES CHALLENGES FACED BY NEW MOTHERS

A new report published in the Maternal and Child Health Journal, using data gathered in 10 states by the Pregnancy Risk Assessment Monitoring System (PRAMS), looks at challenges new mothers face two to nine months postpartum. The report found the following major themes, in order of their frequency reported by postpartum mothers: 1) the need for social support, 2) breastfeeding issues, 3) lack of education about newborn care after discharge, 4) postpartum depression, 5) perceived need for longer postpartum hospital stay and 6) the need for maternal insurance coverage beyond delivery. The report's authors conclude that "These results can be used to inform programs and policies designed to address education and continuity of postpartum care for new mothers." PRAMS is an ongoing, population-based surveillance system collecting self-reported information on maternal behaviors and experiences before, during and after giving birth. For the abstract, go to <http://www.springerlink.com/content/944252711458v7hk2/?p=5b856ce83b42430e83d5a1792618a21e&pi=4>

3) STUDY: INFANTS BORN SLIGHTLY PRETERM AT INCREASED RISK

New research published in the Journal of Pediatrics finds that babies born just one to three weeks preterm are six times more likely to die in the first week of life than full-term infants, and three times more likely to die before their first birthday. These "late preterm" infants are born at 34 to 36 weeks, just short of the 37-week benchmark for a full-term birth, accounting for about 12.5 percent of all US births. The research team, led by director of the March of Dimes Perinatal Data Center Joann Petrini, in collaboration with the Centers for Disease Control and Prevention (CDC), evaluated death certificates for preterm and full-term babies in all 50 states between 1995 and 2002. The authors suggest that these findings should help inform the decisions of obstetric care providers on matters such as the induction of labor. For the abstract, go to http://www.jpeds.com/article/PIIS0022347607004519/abstract?browse_volume=151&issue_key=S0022-3476%2807%29X0115-X&issue_preview=no&select1=no&select2=no&vol=

4) NEW NCBDDD FEATURE: "PREGNANT? DON'T SMOKE"

In recognition of the American Cancer Society's Great American Smokeout Challenge this month, the National Center on Birth Defects and Developmental Disorders (NCBDDD) at the Centers for Disease Control and Prevention (CDC) has developed a new web feature: "Pregnant? Don't Smoke – Learn Why and How to Quit for Good." It raises awareness about the dangers of smoking during pregnancy, including premature birth, certain birth defects and infant death – as well as the reality that just being around second-hand tobacco smoke puts a woman and her baby at risk for problems. To view this feature and share it with colleagues throughout the month of November, go to <http://www.cdc.gov/Features/PregnantDontSmoke>.

CHILD, ADOLESCENT, FAMILY & COMMUNITY HEALTH NEWS

5) CHILD VACCINATIONS FOUND TO DRAMATICALLY REDUCE DEATH RATES

A new federal report by researchers at the Centers for Disease Control and Prevention (CDC) and published in the Journal of the American Medical Association (JAMA) finds that the rates of vaccine-preventable deaths are at an all-time low in the United States, and that childhood vaccinations have reduced by 100 percent the death rates from seven previously common childhood illnesses such as diphtheria, mumps and measles. Additionally, the authors note that hospitalizations attributed to vaccine-preventable diseases "have also shown striking decreases." At the

peak of diphtheria in the 1930s, more than 30,000 people in the United States developed the disease each year, and 3,000 died. Today, there have been no reported cases or deaths in the US. Whooping cough (pertussis), which also peaked in the 1930s, previously affected more than 200,000 people every year and killed as many as 7,500 people. Today, about 15,000 people are infected with pertussis annually, and fewer than 30 people die each year. For the abstract, go to <http://jama.ama-assn.org/cgi/content/short/298/18/2155>.

ADVOCATES IN ACTION

6) ACNM ISSUE BRIEF SPOTLIGHTS DISPARITIES IN WOMEN'S HEALTH

A new issue brief from the American College of Nurse-Midwives (ACNM), "Health Disparities," spotlights ACNM's concerns regarding women's health outcomes and services. Of particular focus are infant mortality, preterm birth, low birth weight, SIDS, maternal mortality, breast and cervical cancer, HIV/AIDS infection and heart disease among women. The brief also proposes ways to address inequities for women in our current healthcare system, through initiatives of clinical practice, education and political activism. To download the brief, go to http://www.midwife.org/siteFiles/education/Health_Disparities_Issue_Brief_10_07.pdf.

NONPROFIT MANAGEMENT

7) NEW ONLINE SOCIAL PLATFORM: THE POINT

New web-based social platform The Point is a resource launched in September, allowing nonprofit organizations to create their own campaigns – whether launching a fundraiser, an event, a petition drive, a boycott or a social contract. The Point is an organizing tool where you recruit people to help, but it is oriented toward "critical mass." That means it accumulates participating individuals until a mass of support or "tipping point" is reached, when a campaign can be most effective. To learn more about how it works and how your organization can put it to work, go to <https://www.thepoint.com>.

Information is reported as provided and does not necessarily represent the view of or the endorsement by the National Healthy Mothers, Healthy Babies Coalition. A complete copy of HMHB's disclaimer is available on the HMHB Web site at <http://www.hmhb.org/disclaimer.html>

Other Public Health News

December is.....

1-31st
Safe Toys and Gifts Month
Prevent Blindness America
www.preventblindness.org

1
World AIDS Day
United Nations
www.unaids.org

1-7
National Aplastic Anemia and MDS
Awareness Week
Aplastic Anemia & MDS International
Foundation, Inc.
www.aamds.org

2-8
National Handwashing Awareness
Week
Henry the Hand Foundation
www.henrythehand.com



HEALTHY MOTHERS, HEALTHY BABIES
Coalition of Georgia

Improving the health status of
Georgia's families.

Healthy Mothers, Healthy Babies Coalition of
Georgia
2300 Henderson Mill Road, Suite 410
Atlanta, GA. 303045
www.hmhbga.org

Phone: 770-451-0020
The PowerLine: 770-451-5501 or 800-822-2539
Fax: 770-451-2466
E-mail: thecoalition@hmhbga.org

Public Health Conferences and Events

December 10-12

Title: National Adoption and Foster Care
Training
Location: New Orleans, LA
See: <http://www.cwla.org>

January 17-18

Title: International Conference on Health Pol-
icy Statistics
Location: Philadelphia, PA
See: www.amstat.org

January 27-30

Title: National Network for Youth
Location: Washington, DC
See: www.nn4youth.org

January 28– February 1

Title: International Conference on Child and
Family Maltreatment
Location: San Diego, CA
See: www.safeta.org

.....
This newsletter is being distributed to HMHB Coalition Mem-
bers. Please submit your questions or comments about this newsletter
and or its content to Jessica Hawkins at jessica.hawkins@hmhbga.org.

*Information is reported as provided and does not necessarily rep-
resent the view of or the endorsement by the National Healthy
Mothers, Healthy Babies Coalition. A complete copy of HMHB's
disclaimer is available on the HMHB Web site at [http://
www.hmhb.org/disclaimer.html](http://www.hmhb.org/disclaimer.html) .*

