***2011-12 Action Plan: Implementation Status***

|  | **Issue** | **Program Strategies** | **Implementation Status** |
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| **Infancy** | **Infant mortality rates** in northeast Florida exceed state, national rates. | * Increase Healthy Start infant screening rates. * Increase Healthy Start initial contacts. * Increase delivery of intensive, face-to-face case management and related risk reduction services through Healthy Start. * Provide breastfeeding education and support to increase duration. * Strengthen and expand fatherhood initiatives. * Expand services to Hispanic population. | * Infant screening rates increased from 80.6% (2010) to 88.3% (2011). * Healthy Start initial contacts increased 18% between 2010 and 2011. * Level III services increased 60% between 2010 and 2011. * Breastfeeding education and support services provided through HS were maintained between 2010 and 2011. NAS Jax became third hospital in state to achieve Baby Friendly designation. * Boot Camp for New Dads initiated in Baker County. Responsible fatherhood classes offered in new partnership with FL Dept of Revenue’s BREACH program. * Funding cuts reduce special education to Hispanics offered by Clay, HMHB. * ICC services provided to postpartum women increased 4.4% between 2010 and 2011. * Camellia Project continued with MOD funding for mothers with babies hospitalized in NICU. Seventy-seven participants have completed the program in its first two years. * 7,800 women enrolled in Medicaid Family Planning waiver (January 2012). * Chartrand Foundation provides local match to sustain social marketing campaign for five years.IM Month activities include Rounds at the Grounds, Preconception Peer Educator training and Tonya Lewis Lee. * Pilot of Grassroots Leadership Academy, expanded implementation of Make a Noise! lay health worker training with 70 trained. * 25 people participate in Undoing Racism Workshop in collaboration with CDC, Genesee Co. MI Health Dept.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Sleep-related deaths continue to decrease in region. * Ounce of Prevention brochures distributed to area physician offices. * No organizational home found for Safe Sleep Partnership. |
|  | **Infant mortality rates for blacks and babies of other races** is twice as high as the rates for white babies. | * Increase interconceptional counseling services to families that receive postpartum Healthy Start services. * Ensure high-risk prenatal participants are transitioned to postpartum services. * Continue implementation of social marketing campaign to increase awareness of black infant mortality and behavioral risks. * Co-sponsor Undoing Racism workshop. |
|  | **Postneonatal mortality** (28-365 days) is higher than state and national rates. | * Seek organizational home Safe Sleep Partnership and related awareness efforts to address SIDS and other sleep-related deaths. |
|  | **Low birth weight** rates exceed state and national rates. | * See infant mortality recommendations above. |
| **Childhood & Adolescence** | Too many **children** are **overweigh**t or at-risk of being over-weight. | * Provide breastfeeding education and support to increase initiation and duration. * Participate in NEF Breastfeeding Collaborative, Childhood Obesity Coalition. | * Clay & Nassau school districts adopt worksite BF support policies in state initiative. Baptist Health, Shands Jacksonville and Flagler Hospital reach Gold Level in worksite BF support. * BF education and support provided by HS decreased 3% between 2010 and 2011, following a 150% increase in the previous year. * HSC participates in BF Collaborative, Childhood Obesity Coalition.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Teen Pregnancy Task Force issued final report in October, 2011. Report received widespread coverage. Implementation activities to date address five of 10 priority recommendations:   + “Teening up” train-the-trainer implemented in Jax by Cooperative Extension Service (parent engagement)   + Nurse Family Partnership launched (repeat teen pregnancy)   + 4 ME Teen Health Project implemented in two housing communities (Community sex education)   + Peer Health Advocates implemented by Duval CHD (community sex ed)   + Funding opportunities provided by Jax Jaguar Foundation, Florida Blue partnership to implement TF recommendations |
|  | The **teen STD/HIV rate** in the region exceeds state and national rates. | * See repeat teen pregnancy below. |
|  | **Repeat births** to teens is increasing. | * Create a teen pregnancy prevention task force to focus on primary prevention and repeat teen births. * Increase Healthy Start services available to pregnant teens and teen mothers through school health nurses and county school systems. |
| **Preconception** | Women age 15-44 do not regularly consume a **multivitamin** containing **folic acid.** | * Promote multivitamin use through family planning clinics, WIC, postpartum Healthy Start. | * Limited activity during 2011. Camellia Project focuses on folate use among high-risk women. Multivitamins are distributed through Magnolia Project.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * HS staff trained by AHEC; limited success with implementation of targeted smoking cessation initiative. Low participation in AHEC classes. * Bill filed again in Legislature but fails to pass House. * Duval CHD expands family planning services provided in HIV clinic through special initiative. * STD testing and treatment offered at Azalea Project with goal of improving integration of STD and family planning services. * Magnolia Project implements ICC project on Healthy Weight. BMI now routinely calculated on all clinic patients; counseling offered. * Family planning waiver info provided to all MomCare participants. * 7,800 postpartum women enrolled in Family Planning Medicaid waiver. |
|  | Too many women age 15-44 use **tobacco**. | * Increase provision of smoking cessation counseling and support to women whose babies are enrolled in Healthy Start. |
|  | **STD/HIV rates** among women of childbearing age are increasing in the region. | * Ensure all high-risk women are linked to appropriate prevention and treatment services.   + Make HIV+ women who do not want to become pregnant a priority for receipt of family planning services.   + Increase integration of STD/HIV treatment and family planning services. |
|  | Too many women are **overweight or obese** prior to pregnancy. | * Provide interconception care and risk reduction services to women who are overweight or obese through Healthy Start, WIC. |
|  | More than one fourth of women have **interpregnancy intervals of less than 18 months**. | * Promote participation of women enrolled in Healthy Start, Healthy Families, MomCare and other programs in family planning Medicaid waiver. * Stress importance of baby spacing in Healthy Start case management activities. |
| **Pregnancy & Childbirth** | Women delivering with **late or no prenatal care** has increased significantly in the region. | * + Promote simplified Medicaid enrollment process for pregnant women. | * No activity. * Prenatal care clinic closed in Baker County.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * See above.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Implementation of Magnolia, Azalea continues providing ICC case management to high-risk women. Camellia Project pilots ICC education and support for mothers with babies in NICU.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Azalea, Magnolia Projects have successfully incorporated life course model in education and support activities. Group model also used by Camellia Project. * PhotoVoice, Make a Noise! Intervention, other community engagement activities build social capital in at-risk communities. * Healthy Start prenatal screening rates decreased slightly from 81.3% to 80.3% between 2010 and 2011. * Initial contacts increased 18% in region between 2010 and 2011. * Level III services increased by 60% between 2010 and 2011. * Magnolia Project experiences challenges in implementing Centering Pregnancy due to low PNC caseloads. * Camellia Project funded by MOD; group education and support provided to mothers with infant hospitalized in NICU --- at risk for subsequent poor birth outcome. |
|  | Too many women use **tobacco** while they are pregnant. | * Provide smoking cessation services to mothers enrolled in Healthy Start. |
|  | **Maternal mortality** in the region exceeds state rates and is increasing. | * Pilot interconceptional case management and risk reduction services for high-risk mothers (Magnolia, Azalea models). |
|  | **Single motherhood** is increasing in the region among all groups. | * Integrate life course perspective into all programs. |
|  | **Infant mortality rates** in northeast Florida exceed state, national rates. | * Increase Healthy Start prenatal screening rates. * Increase Healthy Start initial contacts. * Increase delivery of intensive, face-to-face case management and related risk reduction services through Healthy Start. * Provide Healthy Start case management services in conjunction with group prenatal care (Centering Pregnancy). * Make women with previous poor outcomes priority for receipt of interconceptional services (Magnolia & Azalea models). |