***2012-13 Action Plan: Summary***

|  | **Issue** | **Program Strategies** |
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| **Infancy** | **Infant mortality rates** in northeast Florida exceed state, national rates. | * Increase Healthy Start infant screening rates, initial contacts, delivery of intensive, face-to-face case management and related risk reduction services through Healthy Start.
* Provide training on social determinants, life course to case managers, partner agency staff.
* Strengthen and expand fatherhood initiatives, including BREACH partnership.
* Expand services to Hispanic population.
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|  | **Infant mortality rates for blacks and babies of other races** is twice as high as the rates for white babies. | * Ensure high-risk prenatal participants are transitioned to postpartum services.
* Continue implementation of Camellia Project for NICU moms.
* Continue implementation of social marketing campaign to increase awareness of black infant mortality and behavioral risks.
* Expand community advocacy and engagement activities (Grassroots Leadership Academy; lay health worker training, PPE).
* Re-form Black Infant Health Community Council.
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|  | **Postneonatal mortality** (28-365 days) is higher than state and national rates. | * Partner with WCH Child Advocacy Center to create an organizational home Safe Sleep Partnership and related awareness efforts to address SIDS and other sleep-related deaths.
* Distribute safe sleep material to prenatal care providers through outreach activities.
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|  | **Low birth weight** rates exceed state and national rates. | * Identify and pilot evidence-based smoking cessation program through HS home visiting and care coordination.
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| **Childhood & Adolescence** | Too many **children** are **overweigh**t or at-risk of being over-weight. | * Promote and encourage efforts by area hospitals to secure designation as Baby Friendly Hospitals.
* Partner with Childhood Obesity Coalition to increase breastfeeding initiation and duration focusing on child care centers and worksites.
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|  | The **teen STD/HIV rate** in the region exceeds state and national rates. | * Collaborate with Duval CHD, other groups to implement social media strategies (S.H.A.R.E)
* Continue implementation of 4ME Teen Health Project in partnership with low-income housing communities.
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|  | **Repeat births** to teens are increasing. | * Identify and pilot, based on availability of funding, an evidence-based intervention through Healthy Start aimed at reducing repeat teen pregnancies.
* Implement NFP in high-risk communities.
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| **Preconception** | Women age 15-44 do not regularly consume a **multivitamin** containing **folic acid.** | * Increase interconception education and counseling provided to postpartum HS participants on key behaviors, including daily folate consumption.
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|  | Too many women age 15-44 use **tobacco**. | * Identify and pilot evidence-based smoking cessation program through HS home visiting and care coordination provided to families of infants enrolled in HS.
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|  | **STD/HIV rates** among women of childbearing age are increasing in the region. | * Continue advocacy efforts to implement Expedited Partner Therapy (EPT) in Duval and Gadsden Counties.
	+ Increase integration of STD/HIV treatment and family planning services.
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|  | 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.
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|  | 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.
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| **Pregnancy & Childbirth** | Women delivering with **late or no prenatal care** has increased significantly in the region. | * + Promote simplified Medicaid enrollment process for pregnant women.
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|  | Too many women use **tobacco** while they are pregnant. | * Identify and pilot evidence-based smoking cessation program through HS home visiting and care coordination.
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|  | **Maternal mortality** in the region exceeds state rates and is increasing. | * Continue interconceptional case management and risk reduction services for high-risk mothers.
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|  | **Single motherhood** is increasing in the region among all groups. | * Integrate life course perspective into all programs.
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|  | **Infant mortality rates** in northeast Florida exceed state, national rates. | * Provide support for local infant mortality task forces (St. Johns, Baker, Nassau)
* Implement targeted initiatives for high-risk mothers (Magnolia, Azalea, Camellia, NFP)
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