

# Healthy Start Service Delivery Plan

Northeast Florida Healthy Start Coalition  
2018-2023



*Saving Babies. Strengthening Families. Building Communities.*





# **Healthy Start Service Delivery Plan**

## **2018-2023**

**Adopted by the Membership  
June 28, 2018**

**Northeast Florida Healthy Start Coalition, Inc.  
644 Cesery Blvd. Ste. 210  
Jacksonville, FL 32211**

**904.723.5422  
[nefhealthystart.org](http://nefhealthystart.org)**

# Northeast Florida Healthy Start Coalition, Inc. 2018 Board of Directors & General Membership

Ken Scarborough\*  
Chair

Megan Denk\*  
Vice Chair

Timothy Raines\*  
Treasurer

Teleauba Revels-Rains\*  
Secretary

Leslie Allen  
Lenorae Atter  
Stephen Baker, PhD\*  
Guy Benrubi, MD\*  
Jeannie Bowles\*  
Joy Burgess, RN\*  
Anthony Butler\*  
Shelly Crawford, RN\*  
Cindy Dennis  
Lucinda Deputy  
Catherine Hardee Drew, PhD\*  
Susan Grich  
Priscilla Griggs

Bob Harmon, MD  
Janice Hawkins  
Mark Hudak, MD\*  
Megan Hyman  
Melanie Lawson\*  
Beverly Legree, RN  
Kathy Mankinen\*  
George Maxey  
Indira Moran  
Jan Morse\*  
Rev. Tom Rodgers\*  
Jennifer Salah Klink  
Eugenia Ngo-Seidel\*

\*Board of Directors

## Planning Committee

Carol Brady  
Chair

Randell Alexander, MD  
Joy Burgess, RN  
Martha Cox  
Marsha Davis  
Megan Denk  
Sally Finn

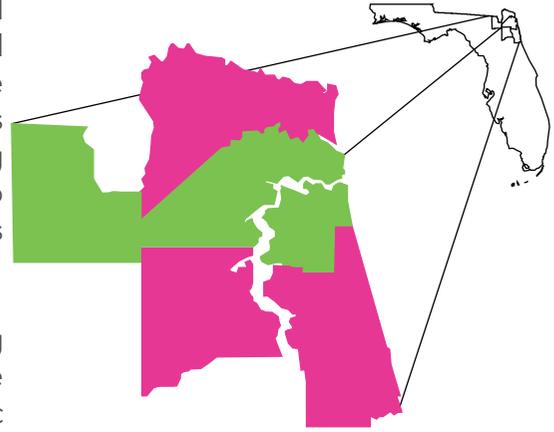
Heather Huffman  
George Maxey  
Deanna McDonald  
Karen Tozzi  
Sabrina Willis

# Table of Contents

Introduction	6	Poverty	28
Key Accomplishments	8	Child Abuse	28
Planning Process	10	Domestic Violence	29
Resources	11	Mental Health	29
Saving Babies	12	<i>Social Determinants of Health:</i>	29
Births	12	Toxic Stress	
C-Sections	12	Fathers	30
Neonatal Abstinence Syndrome	13	<i>Community Perspective</i>	30
Pre-term Births	13	<i>Targeted Services</i>	30
<i>Social Determinants of Health:</i>		Fatherhood PRIDE	30
Racial Disparities	15	The Azalea Project	31
Low Birth Weight	16	BrdsNBz/XsNOs	31
<i>Social Determinants of Health:</i>	16	The Magnolia Project	31
Education		Healthy Start ICC	31
Fetal Mortality	16	<i>Social Determinants of Health:</i>	31
Infant Mortality	17	Parent Incarceration	
Sleep-related Deaths	18	<i>Goals &amp; Strategies</i>	32
<i>Community Perspective</i>	18	<i>Potential Partners</i>	32
Unintentional Injuries	19	Building Communities	34
<i>Social Determinants of Health:</i>	19	Crime	35
Health Coverage		Pediatricians	35
Prenatal Care	20	OB/GYNs	35
Smoking	20	Hospital Care	35
<i>Targeted Services</i>	21	Delivering Hospitals	35
Healthy Start Screening	21	NICUs	35
Coordinated Intake &	21	Health Insurance	35
Referral		Transportation	36
Healthy Start	22	ALICE Threshold	38
Nurse-Family Partnership	23	Housing	38
MomCare	23	Child Care	38
Healthy Families	23	Food deserts	39
<i>Goals &amp; Strategies</i>	24	County Health Rankings	39
<i>Potential Partners</i>	25	Contraception/LARC	39
Strengthening Families	26	Postpartum Services	39
Preconception Health	26	Breastfeeding	40
BMI	26	<i>Targeted Services</i>	40
Inter-pregnancy Interval	26	Azalea Prevention	40
STIs	27	I am a Healthy Start	40
Teen births	27	Employer	40
<i>Community Perspective</i>	27	Help Me Grow	40
<i>Social Determinants of Health:</i>	27	Breastfeeding Support	41
Graduation Rates		<i>Goals &amp; Strategies</i>	41
<i>Social Determinants of Health:</i>	28	<i>Potential Partners</i>	42
Higher Education		2018-2023 Action Plan Summary	42

# Introduction

The Northeast Florida Healthy Start Coalition, Inc. was organized in 1991 as part of a statewide network of community-based organizations to reduce Florida's high infant mortality and improve the lives of pregnant women and their families. The group is governed by a volunteer board which allocates state funding and provides oversight to local agencies that deliver services to pregnant women and families of newborns. The Coalition covers Baker, Clay, Duval, Nassau and St. Johns counties.



The Coalition is comprised of more than 40 members representing consumers, physicians, local government, business, health care payors, social services, education, civic organizations, public health, nurses, local medical societies, mental health, hospitals, local health planning agencies and midwifery in the five-county area. A 17-member governing board directs Coalition efforts. Standing committees conduct the organization's activities.

One of 32 community-based maternal and child health groups in the state, the Coalition is supported by the Florida Agency for Health Care Administration, the Florida Department of Health, the U.S. Department of Health & Human Services, the City of Jacksonville, donations, grants and other funding sources. In 2017-2018, the Coalition has a total budget of approximately \$10.8 million. More than 90 percent of this funding is used to provide direct services to at-risk pregnant women, new mothers, infants, fathers and families through contracts with community providers, MomCare, the Fetal & Infant Mortality Review (FIMR) Project, the Azalea Project, Fatherhood PRIDE, Healthy Families Jacksonville, Nurse-Family Partnership and the Magnolia Project, a federal Healthy Start initiative to reduce disparities in birth outcomes. Remaining resources support planning, administration and community-based initiatives around priority topics like safe sleep, adolescent reproductive health, breastfeeding and substance-exposed newborns.

## *Mission*

The Healthy Start Coalition leads the community effort to reduce infant death and improve the wellbeing of children, childbearing women, fathers and their families in Northeast Florida.

## *Vision*

To be a recognized model and catalyst for community involvement, collaboration and innovative services in order to significantly decrease infant death and have strong, healthy families in Northeast Florida.

## *Organizational Values*

- Collaboration: We will work together within our organization and with community partners to achieve our common goals.
- Innovation: We will not be afraid to try new ideas through out-of-the-box approaches.
- Compassion: We will look past stigmas to provide excellent services to all of our clients.
- Integrity: We will stay true to the HSC mission and vision by remaining ethical and trustworthy.
- Respect: We will engage co-workers and clients with open admiration.
- Commitment: We will continue to have a strong commitment to the community and families we serve.

The Coalition carries out its mission by:

- Assessing maternal and child health status and available services to pinpoint needs and gaps;
- Planning and implementing a comprehensive, quality system of Healthy Start services, including universal risk screening for pregnant women and newborns; prenatal and infant care; and care coordination and related services for at-risk women and infants to improve their chances for a healthy birth and development;
- Increasing community awareness of maternal and child health issues;
- Directing state and other resources to programs and services which address specific community needs, and
- Providing community oversight of Healthy Start services.

The organization's commitment to collaboration and to addressing infant mortality within a broader community context provides the foundation for its planning and program development efforts. The Coalition's work is centered around three key areas: saving babies, strengthening families and building communities.

*Saving Babies:* Too many babies continue to die from preventable causes and lack of access to health services. While more babies are living to see their first birthday, infant mortality is a sentinel indicator of the health of a community and can signify underlying issues that need to be addressed to ensure communities are healthy and thriving.

Services & Programs:

- Healthy Start
- MomCare
- The Azalea Project
- The Magnolia Project
- Nurse-Family Partnership
- Safe Sleep Task Force
- Substance-exposed Newborn Task Force

Key areas we're working in:

- Preconception health care
- Safe sleep
- Fetal & infant death reviews (FIMR)
- Substance-exposed newborns

*Strengthening Families:* The health and well-being of families has a direct impact on infant mortality and birth outcomes. The Coalition provides services to: Help parents provide safe and stable environments for their children, help fathers connect with their children and encourage adolescents to focus on reproductive health.

Services & Programs:

- Fatherhood PRIDE
- Healthy Families Jacksonville
- BrdsNBz & XsNOs

Key areas we're working in:

- Co-parenting
- Engaging dads
- Child abuse prevention
- Adolescent reproductive health

*Building Communities:* Infant mortality is a community problem — and it takes a community to solve it. The Coalition engages partners throughout the region to join in the effort to address the underlying societal & structural root causes of infant mortality and poor birth outcomes.

Services & Programs:

- National Health Corps Florida AmeriCorps program
- Coordinated Intake & Referral
- Baby Buggy Walk in the Park awareness event
- Make a Difference! Leadership Academy
- Long Acting Reversible Contraceptives Pilot
- Health Equity Task Force

Key areas we're working in:

- Social determinants of health
- Addressing racism
- Grassroots leadership
- Leveraging resources
- Advocacy
- Access to care

# Key Accomplishments

*Make a Noise! Make a Difference! Campaign* | The community education and awareness campaign was launched in September 2009 to bring attention to the prevalence of infant mortality and strategies to prevent it. Events reached a multitude of age groups and segments of the community: Granny Said, Barbers for Babies, Chat & Chew, Teen Talk, Color our World, Color our Future reception, Family Reunion for Our Future health fair and Walk for Awareness and Health.

*Responsible Fatherhood* | The Coalition was awarded a five-year grant from the Administration for Children & Families to provide comprehensive fatherhood services to dads in Northeast Florida from 2015-2020. Fatherhood P.R.I.D.E. (Parental Responsibility Inspiring Dads Everywhere) strengthens and expands fatherhood, employment, housing, health care, mentoring and recidivism reduction services through case management, referrals and group classes.

*Nurse-Family Partnership* | The Coalition was one of the original five sites selected for funding under the Florida Maternal, Infant & Early Childhood Home Visiting (MIECHV) program in 2011, which established the Duval County Nurse-Family Partnership. NFP is an evidence-based home-visiting model for low-income, first-time moms that is implemented using nurse home visitors within the Healthy Start program. In 2017, the program received funding to expand to Baker and Clay counties, and expanded further in Duval County in 2018.

*Coordinated Intake & Referral* | The Coalition was selected as one of 10 pilot sites for Coordinated Intake & Referral in 2016. The Coalition led the initiative to develop the intake system based on the state Healthy Start prenatal and infant screening process in Duval County through funding from the Florida MIECHV Central Intake and Referral Action Learning Collaborative Project.

*National Health Corps Florida* | NHC Florida is an AmeriCorps program that provides service opportunities to help meet unmet health care and health education needs in the region. The Coalition has handled administrative and fiscal responsibilities for the program since 2013. Florida is one of four sites under the umbrella of the National Health Corps, an AmeriCorps National Direct program.

*Teen Pregnancy Prevention* | A Teen Pregnancy Task Force launched in October 2010 to address the high rate of teenage pregnancy and births in Northeast Florida and determine effective methods of prevention, particularly around repeat teen births. The Task Force released a final action plan in 2011. The Coalition secured a three-year federal grant to implement an evidence-based comprehensive sex education curriculum with area youth from 2012-2015 and received funding from local donors to do two rounds of mini grants to implement strategies from the action plan from 2013-2015.

*Make a Difference! Leadership Academy* | An effort to train grassroots leaders was born out of the Make a Noise! Make a Difference! community education and awareness campaign. The goal of the Leadership Academy is to support the efforts of local residents to make changes in neighborhood factors that contribute to disparities in health and birth outcomes. It is a key component of the life-course framework and is currently integrated into the Magnolia Project. Its goal is to change the trajectory of a community through the individuals trained and assisted in the development of a Community Action Plan that outlines a specific project to move a community to action. The 16-week course includes classroom education, guest speakers and field trips.

*39 Weeks* | From 2012-2014, the Coalition coordinated the March of Dimes-funded 39 Weeks consumer education campaign for the Florida Association of Healthy Start Coalitions. The campaign aimed to decrease non-medically indicated deliveries before 39 weeks gestation, which were rising and associated with increased NICU admissions, infant morbidity, C-section deliveries and late pre-term birth.

*Infant Mortality Task Forces* | In response to high county-level infant mortality rates, the Coalition created several county task forces to identify strategies to decrease infant mortality and educate the public on the issue. Task Force members provided coordinated community outreach to increase awareness about the effects of domestic violence, smoking, prenatal care and baby spacing on mothers' and babies' health. The Baker, Clay and Nassau task forces are still active and are now run by community partners.

*Substance-exposed Newborn Task Force* | The Coalition established the regional Substance-exposed Newborn Task Force in 2016 to bring together partners on a quarterly basis to develop a local response and coordinate efforts to reduce the number of babies exposed prenatally to drugs. County-specific work groups meet monthly to develop county-specific strategies and work plans.

*The Azalea Project* | The Coalition's long-running special initiative to address substance-using pregnant and parenting women is in the forefront of the substance-exposed newborn epidemic. The Azalea Healthy Start component added a part-time case manager in 2017 to provide case management services in zip code 32210, which has very high rates of infant deaths and opioid overdoses. The Coalition also received funding from the Office on Women's Health in 2017 to add a prevention component. Primary prevention education is available for health consumers, while health providers and home visitors are trained to use an evidence-based tool to screen women for substance use.

*Fetal & Infant Mortality Review* | FIMR reviews 28 fetal and infant deaths each year, utilizing an approach developed by the American College of Obstetrics and Gynecology (ACOG) that pulls information from birth, death, medical, hospital and autopsy record and maternal interviews. A Case Review Team (CRT) reviews the records and develops recommendations that are then implemented by a Community Action Team (CAT). FIMR's recent accomplishments include taking a special look at sleep-related deaths and expanding the CAT to address the root causes of health disparities and social factors that impact health.

*LARCs* | Several initiatives are aimed at increasing access to long acting reversible contraception (LARC). The FIMR CAT developed "Thank my lucky LARCs," an information card distributed at the Magnolia Project and in the community. Magnolia also offers contraceptive counseling as a standalone intervention that focuses on the most effective to the least effective contraceptive method, including utilizing a video that was developed specifically for use in case management.

*Centering* | The Magnolia Project utilizes the evidence-based group care models offered by the Centering Institute to provide quality health care, education and support to pregnant and parenting women. CenteringPregnancy has been offered at the Magnolia clinic since 2016, while CenteringParenting was funded in 2017 by the Chartrand Family Fund at the Community Foundation for Northeast Florida.

*Magnolia OASIS* | The new OASIS clinic, located several storefronts from the original Magnolia, provides primary care services through a partnership with AGAPE, the local Federally Qualified Health Center. Medical services, nutrition education/counseling and yoga are available to address chronic diseases, obesity, inadequate nutrition and toxic stress that contribute to infant death and poor birth outcomes.

*IMPLICIT Model* | The IMPLICIT model is an evidence-based initiative that incorporates maternal risk assessment into well-child visits to improve birth outcomes in the region. The Coalition received funding from the March of Dimes to implement IMPLICIT in several Jacksonville clinics.

# Planning Process

The 2018-2023 Service Delivery Plan was developed to track progress over the last nine years in addressing maternal and infant health needs in Northeast Florida, and to guide the development and funding of Healthy Start services through 2023.

The plan was developed to align with the Coalition's three areas of focus -- saving babies, strengthening families and building communities -- and integrates a life course framework, with a heavy focus on the social determinants of health and health equity.

The life course approach suggests that a complex interplay of biological, psychological and social protective and risk factors contribute to health outcomes across the span of a person's life. This framework is now integrated across the Coalition's programs, to address the cumulative effect of health status and life events at different life stages.

Interpersonal, internalized and institutional racism are key factors in poor birth outcomes in the community, leading to persistent racial disparities. To achieve our goal of reducing infant mortality and improving the health of children, childbearing women, fathers and families, inequities ingrained in our communities must also be addressed and eliminated.

Since the adoption of the 2009-2014 Service Delivery Plan, the most recent one completed and approved by the Coalition, the landscape has changed in Northeast Florida. The economy and housing market have largely stabilized after the Great Recession of 2008-2009. The population continues to diversify. Teen births have dropped significantly, while many mothers are waiting until their 30s and 40s to have babies. An opioid epidemic has exploded across the country and locally, claiming lives and leading hundreds of babies each year to be born drug-exposed. Despite these changes, many of the same issues remain.

A 12-member Planning Committee was established to draft the 2018-2023 Service Delivery Plan. The committee examined progress made on the 2009-2014 goals and strategies. They also received information on maternal and child health status, available health and social services, and social determinants (economic, educational and environmental) for the three focus areas. Members were asked to identify key findings based on their review of the data and to develop strategies for addressing needs and gaps in service.

Much of the data utilized was obtained through Florida CHARTS, including birth, infant death, fetal death and other local maternal and child health indicators. The U.S. Census Bureau's American Community Survey and United Way ALICE Report provided critical data around the social determinants of health. Other data sources include the Florida Department of Education, Florida Agency for Health Care Administration, Florida Department of Law Enforcement, Florida Department of Children & Families, Robert Wood Johnson Foundation County Health Rankings, U.S. Department of Agriculture, Center for American Progress and internal sources (Fetal & Infant Mortality Review and Safe Sleep Survey).

The planning process culminated in the adoption of \_\_\_ goals and related strategies. Implementation activities to address these goals and strategies will be detailed in annual action plans over the next five years.

# Resources

## *General*

[nefl211.org](http://nefl211.org)

## *Fatherhood*

[Fatherhood.gov](http://Fatherhood.gov)

[Fatherhood.org](http://Fatherhood.org)

[hmrh.acf.hhs.gov/](http://hmrh.acf.hhs.gov/)

[menshealthnetwork.org/](http://menshealthnetwork.org/)

## *Reproductive Health*

[bedsider.org](http://bedsider.org)

[powertodecide.org/](http://powertodecide.org/)

## *Before, During & After Pregnancy*

[showyourlovetoday.com/](http://showyourlovetoday.com/)

[marchofdimes.com](http://marchofdimes.com)

[text4baby.org/](http://text4baby.org/)

[womenshealth.gov/](http://womenshealth.gov/)

[cdc.gov/preconception/index.html](http://cdc.gov/preconception/index.html)

[healthychildren.org/](http://healthychildren.org/)

[floridahealth.gov/programs-and-services/wic/](http://floridahealth.gov/programs-and-services/wic/)

## *Professionals*

[beforeandbeyond.org/](http://beforeandbeyond.org/)

[citymatch.org/](http://citymatch.org/)

[everywomansoutheast.org/](http://everywomansoutheast.org/)

[flmiechv.com/](http://flmiechv.com/)

[healthystartflorida.com/](http://healthystartflorida.com/)

[flhealthcharts.com](http://flhealthcharts.com)

[nationalhealthystart.org/](http://nationalhealthystart.org/)

[nursefamilypartnership.org/](http://nursefamilypartnership.org/)

[babyfriendlyusa.org/](http://babyfriendlyusa.org/)

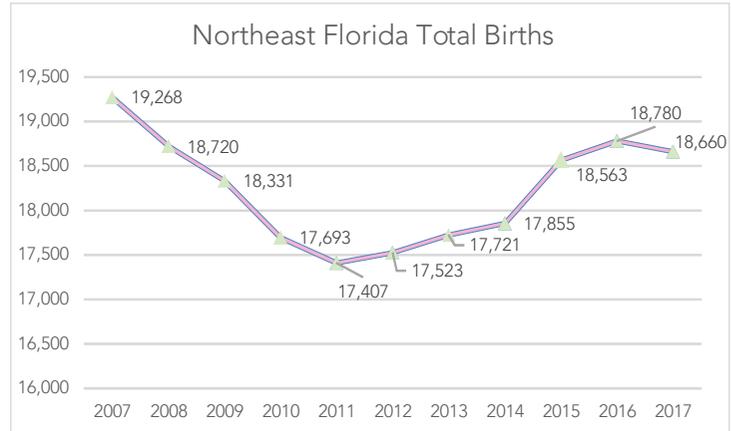
[acog.org/](http://acog.org/)

[aap.org](http://aap.org)

[countyhealthrankings.org/app/#!/florida/2018/overview](http://countyhealthrankings.org/app/#!/florida/2018/overview)

# Saving Babies

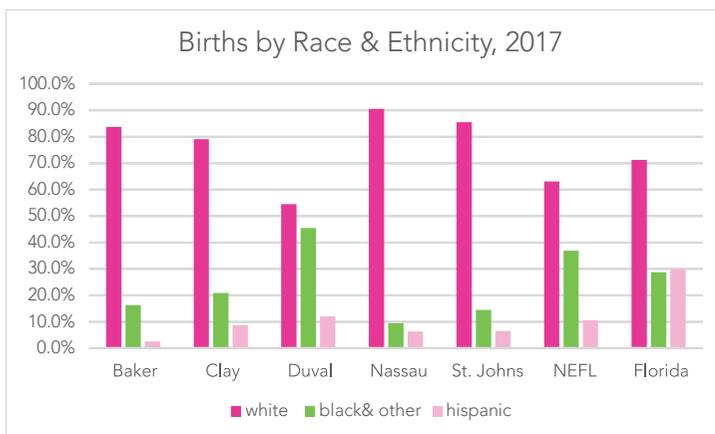
There were 18,660 babies born in Baker, Clay, Duval, Nassau and St. Johns counties in 2017. Births in the region declined by more than 10 percent following the national recession that began in 2007/2008, but began increasing again in 2011. The region accounts for approximately 8.3 percent of the state's births. The birth rate has also been steady since 2011, at 12.9 births per 1000 of the total population.



Source: Florida CHARTS

Duval County is the population center of the region and accounts for the largest share of births (13,180 in 2017). Duval has the sixth highest number of births in the state. Baker County has the smallest number of births in the region (313 in 2017), and did not see the same increase in births that the other counties did. St. Johns, meanwhile,

saw steady growth throughout the recession and recovery.



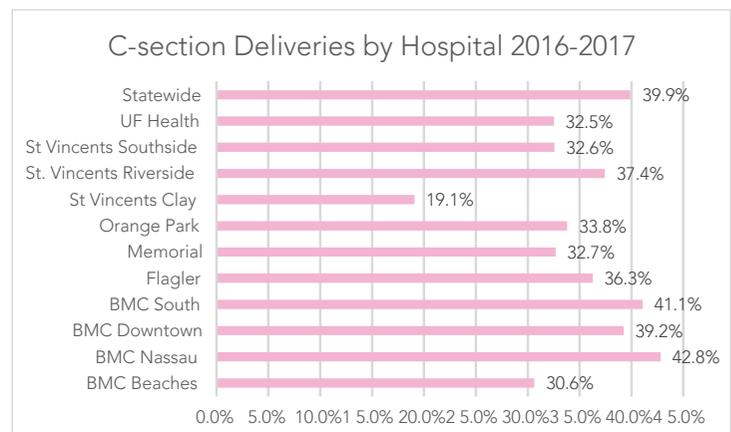
Source: Florida CHARTS

Approximately 63 percent of births in Northeast Florida were white, while 37 percent were black or other races. This represents more racial diversity than the state, of which 29 percent of births were black or other races. In Northeast Florida, the black and other nonwhite births are largely centered in Duval County, where 45 percent of births were black or other races.

Hispanic births account for an increasing proportion for births in the region -- 10.6 percent of all births in 2017, compared to 8.6 percent in 2007. Overall, there has been a 20 percent increase in the number of Hispanic births from 2007.

Hispanic births account for an increasing proportion for births in the region -- 10.6 percent

The majority of mothers -- 60 percent -- were between 25 and 34 years old at the time of birth. Teen births in the region have declined significantly, accounting for 5 percent of births in 2017, compared to 10 percent a decade ago.



Source: Florida Agency for Health Care Administration

One in three babies in Northeast Florida is born via Cesarean section. The World Health Organization recommends C-sections account for no more than 10 to 15 percent of births for optimal neonatal and maternal outcomes<sup>1</sup>.

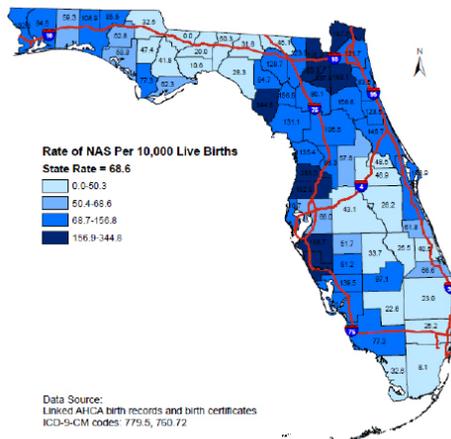
1 World Health Organization, WHO Statement on Caesarean

C-section deliveries have been on the rise over the past 25 years, although they are steadying. While necessary in some cases, they are more likely than vaginal births to lead to maternal complications and can impact future pregnancies by increasing the likelihood of placental issues. Babies born by C-section can experience health issues like breathing problems and may be affected by anesthesia. Early C-sections, especially if elective, can lead to premature birth<sup>2</sup>. The Joint Commission, a non-profit health care accreditation agency, began requiring all hospitals with more than 1,100 births per year to report on key perinatal measures beginning January 2014 -- including C-section and elective delivery rates.

Northeast Florida  
C-section Rate, 2017



Source: Florida CHARTS



There has been a substantial growth in the number of substance-exposed newborns born in Florida. Substance use can have considerable impact on the fetus -- alcohol use can lead to Fetal Alcohol Syndrome, while crack or cocaine use contributes to premature birth, birth defects and Attention Deficit Hyperactive Disorder (ADHD). Opioid use can lead to Neonatal Abstinence Syndrome (NAS), a group of conditions caused when a baby withdraws from exposure to opioids in the womb<sup>3</sup>.

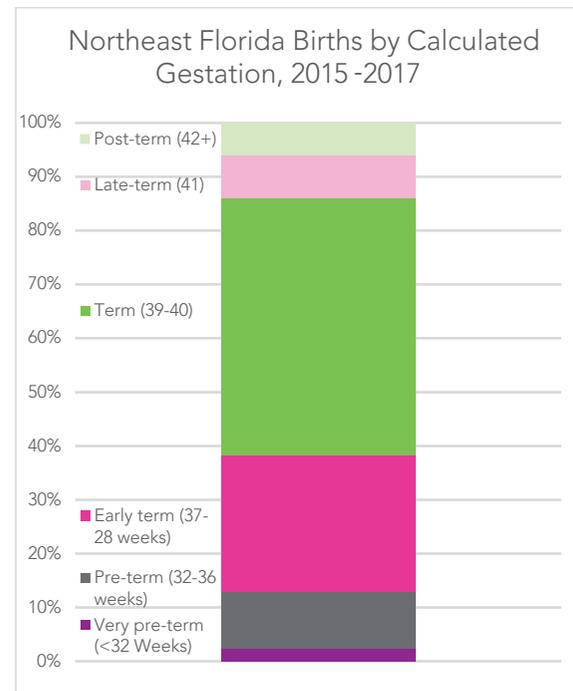
NAS is associated with numerous central nervous system, gastrointestinal, as well as metabolic, vasomotor and respiratory signs and symptoms, including high-pitched crying, seizures, sleep problems, poor feeding, diarrhea, poor weight gain, fever, nasal

stuffiness and rapid breathing<sup>4</sup>.

Three counties in Northeast Florida (Baker, Clay, Nassau) were in the top 10 counties in the state for the rate of Neonatal Abstinence Syndrome, according to a March 2015 report from the Florida Department of Health<sup>5</sup>. The report indicated that Duval County had the highest number of NAS births (450).

In 2016, more than 700 infants experiencing NAS were born at area hospitals, according to discharge data from the Florida Agency for Health Care Administration (AHCA). This represented a 1,306 percent increase in the number of NAS infants born in the region from 2005. While this data identifies the county the infants were born in, not county of residence, it indicates a growing issue in the state and region.

Babies born before 37 weeks gestation are considered pre-term. Births from 37-28 weeks gestation are early term, while from 39-40 weeks are considered full term. Babies born at 41



Source: Florida CHARTS

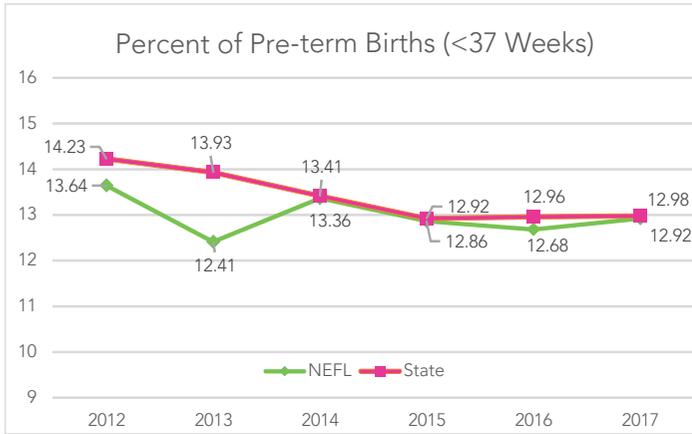
Section Rates, April 2015

2 March of Dimes. <https://www.marchofdimes.org/pregnancy/having-a-c-section.aspx>

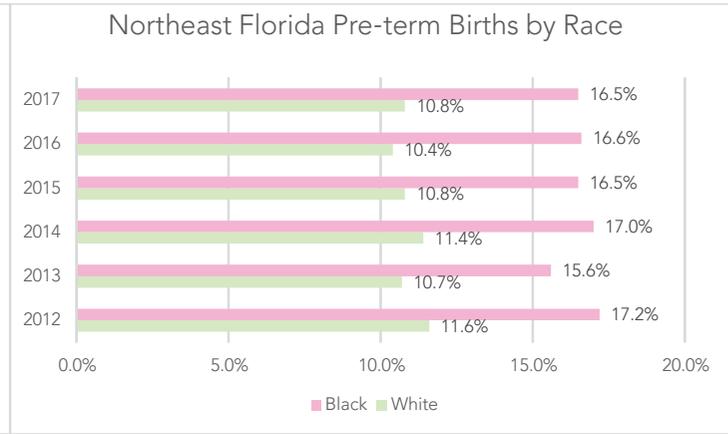
3 Developmental Consequences of Fetal Exposure to Drugs: What We Know and What We Still Must Learn, *Neuropsychopharmacology*. 2015 Jan; 40(1): 61–87. Published online 2014 Jul 30. Prepublished online 2014 Jun 18. doi: 10.1038/npp.2014.147

4 N Engl J Med 2016; 375:2468-2479, DOI: 10.1056/NEJMra1600879

5 Florida Department of Health Neonatal Abstinence Syndrome Data Summary March 2015 <http://nefhealthystart.org/new-site/wp-content/uploads/2015/04/Neonatal-Abstinence-Syndrome-Data-Summary-2011-2013.pdf>

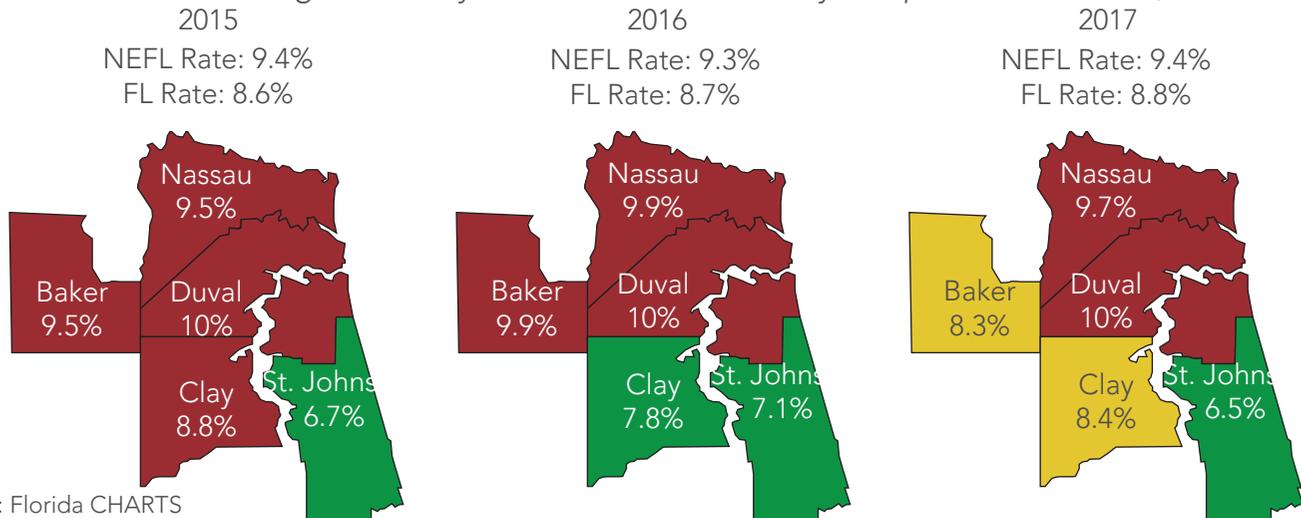


Source: Florida CHARTS



Source: Florida CHARTS, % of births

*Percent of low birth weight births by Northeast Florida county compared to the state, 2015-2017*



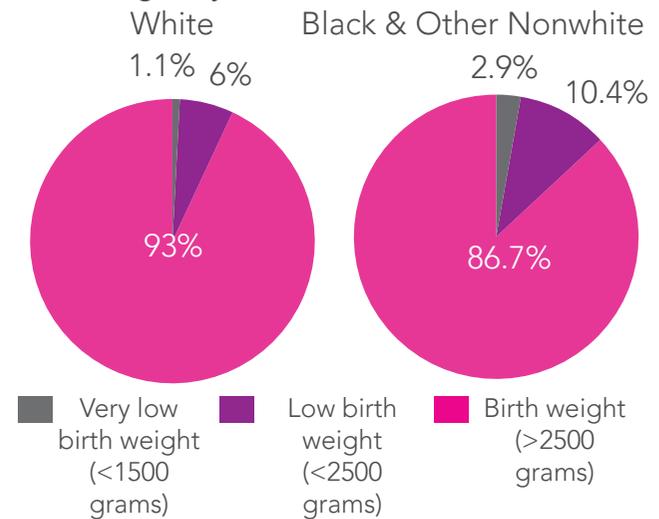
Source: Florida CHARTS

weeks are late term, while those born after 42 weeks are post-term.

Premature, or pre-term, births account for almost 13 percent of all deliveries in the five-county region. Prematurity can lead to issues with the lungs, brain, liver and other core body functions that did not have enough time to mature in utero<sup>6</sup>. Very pre-term infants -- those born before 32 weeks gestation -- are at higher risk for death and disability. From 2014-2016, 18 percent of pre-term births in the region were considered very pre-term.

All premature infants, including late pre-term, can encounter breathing and feeding issues, difficulties regulating body temperature, digestive/intestinal problems and jaundice, among other issues.

*Birth weight by race, Northeast Florida, 2017*



Source: Florida CHARTS, % of births

Approximately 25 percent of births occur during 37-38 weeks gestation, which is considered early term. Babies born full term have the best chance of being healthy, compared with babies born earlier or later.

<sup>6</sup> Centers for Disease Control and Prevention, Preterm Birth, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/preterm-birth.htm>

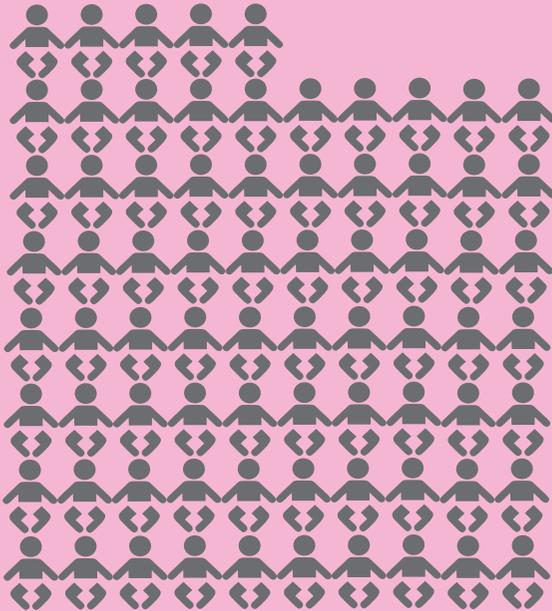
## Social Determinants of Health Racial Disparities

Racial disparities in maternal and child health are persistent and defy socioeconomic status, education, individual health behaviors and a host of other factors that typically affect health. College-educated black mothers have birth outcomes similar to white moms with a high school diploma.

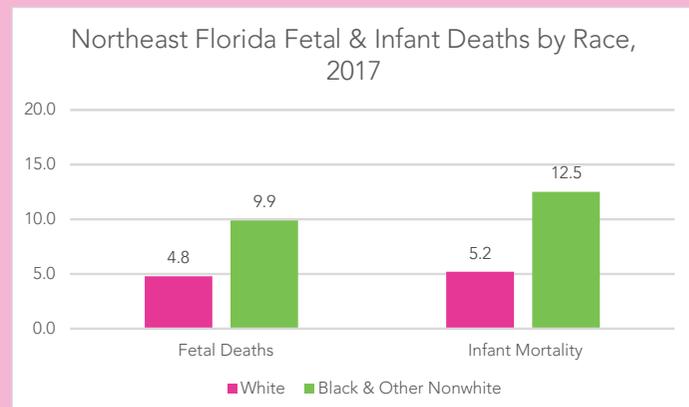
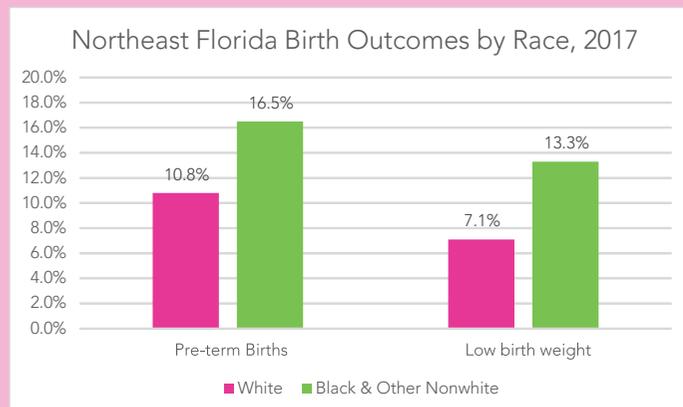
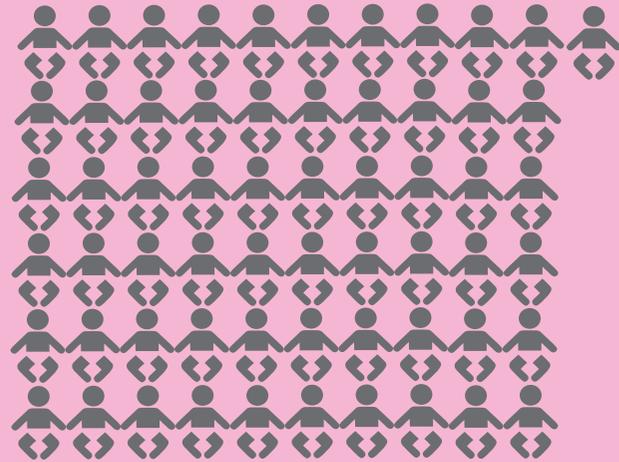
Growing evidence shows that racial discrimination -- not race itself -- is a leading indicator in predicting poor birth outcomes. While studies that measure perceived racism show a correlation with birth outcomes<sup>1</sup>, there is no consistent data collected at the local, state or national level.

### 2017 Infant Deaths by Race

Black & Other Nonwhite Deaths  
(37 percent of the population)



White Deaths  
(63 percent of the population)



Source: Florida CHARTS

<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2868586/>

Many babies born premature are also born at a low birth weight -- less than 5 lbs, 8 oz. In 2017, nearly one in 10 babies in Northeast Florida was born low birth weight, a rate that has steadily increased since 2013. The region tends to have a larger proportion of low birth weight births than the state.

Low birthweight is a key indicator of a healthy start and quality of life. Risk factors that are linked to low birthweight include high blood pressure, diabetes, smoking, drinking, opioid and substance abuse and exposure to air pollution or lead<sup>7</sup>.

There are significant racial disparities within pre-term births (<37 weeks) and birth weight. Black and other nonwhite babies are more likely to be born too small and too soon than white babies.

Black and other nonwhite babies are more than two and a half times as likely to be born very pre-term (less than 32 weeks gestation) or very low birth weight (less than 3 lbs, 3 oz.). In 2017, the very low birth weight rate for white infants was 1.1 percent, compared to 2.9 percent for black and other nonwhite infants.

Prematurity and low birth weight births are a leading cause of infant death and contribute to the fetal death rate in Northeast Florida. Causes of prematurity-related fetal and infant death include extreme prematurity/extreme low birth weight, necrotizing enterocolitis, chronic respiratory disease, respiratory distress, premature rupture of membranes and incompetent cervix<sup>8</sup>.

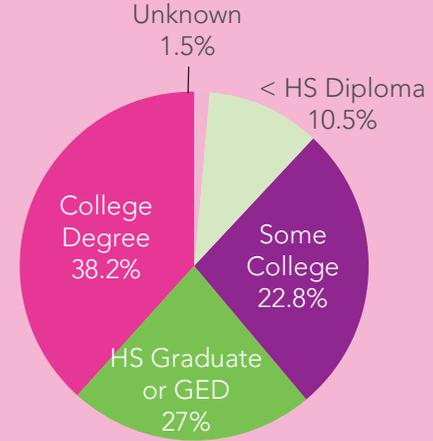
Fetal mortality, also known as stillbirth, is the death of a fetus before birth, following at least 20 weeks gestation. The fetal mortality rate for the region was 6.8 deaths per 1000 live births in 2017. While the state rate of fetal deaths has steadily decreased, the regional rate varies from year to year.

The fetal death rate for black and other nonwhite mothers is consistently higher than the white rate. In 2017, it was double: 4.8 deaths per 1000 live births for white babies, compared to 9.9 deaths for black and other nonwhite babies.

### Social Determinants of Health Education

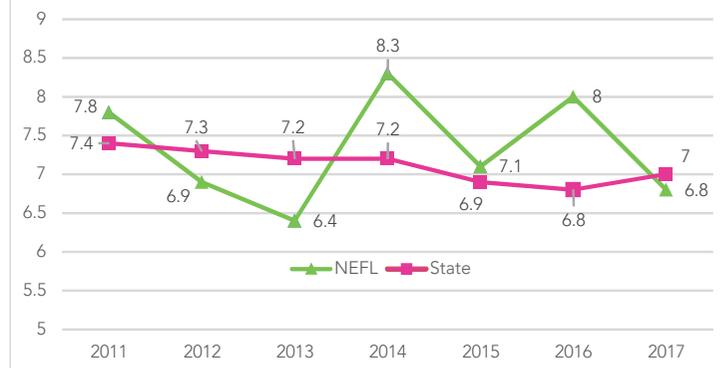
The educational attainment of mothers has a direct impact on economic status. One out of 10 moms who gave birth in 2017 had less than a high school education, one-quarter had a HS diploma or GED and more than a third (38.2 percent) had a college degree.

There was a large variance among the five counties. Baker County had the largest percentage of new moms without a HS diploma (15 percent), while St. Johns had the lowest (2.3 percent). St. Johns also had the largest proportion of moms with a college degree (62 percent).



Source: Florida CHARTS, % of births

### Northeast Florida Fetal Death Rate



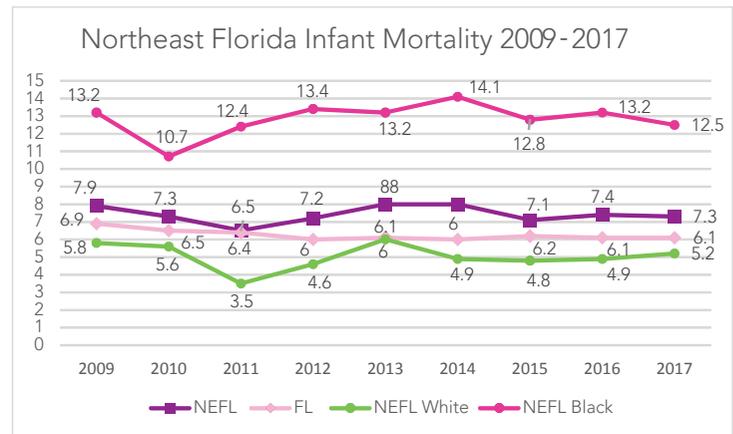
Source: Florida CHARTS, per 1000 live births

7 Centers for Disease Control & Prevention, National Environmental Public Health Tracking, Reproductive and Birth Outcomes. <https://ephtracking.cdc.gov/showRbLBWGrowthRetardationEnv.action>

8 Florida CHARTS, Fetal & Infant Death Reviews

Infant mortality is the death of an infant before his or her first birthday. The regional infant mortality rate has decreased 35 percent since the inception of Healthy Start and the regional coalitions in 1991, but in recent years the declines have largely leveled off.

Each year, the equivalent of eight classes of kindergarteners is lost in Northeast Florida. The 2017 regional rate of 7.3 deaths per 1000 live births is significantly higher than both the state (6.1 deaths) and nation (5.8 deaths).

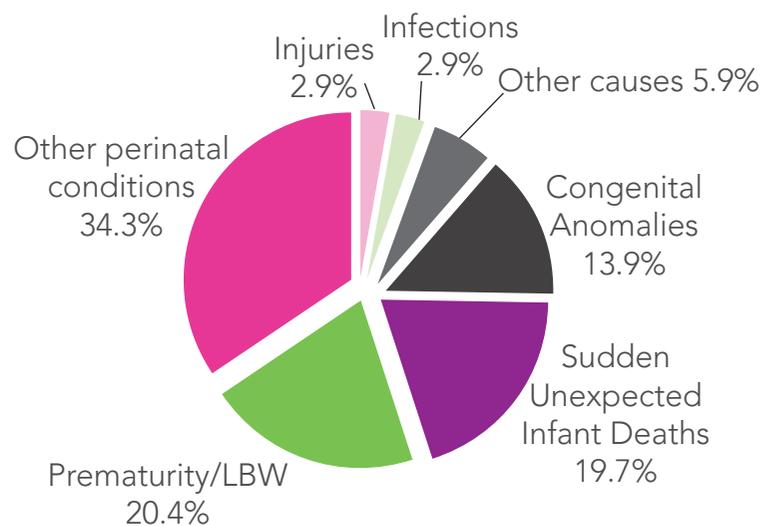


Source: Florida CHARTS, per 1000 live births

Duval County, the population center of the region, drives the region's rate with 8 deaths per 1000 live births. The counties with smaller populations (Baker, Clay, Nassau, St. Johns) see significant year-to-year fluctuations, as a few additional or less deaths impact the rate much more than counties with larger populations.

Black babies die at 2.5 times the rate of white babies (12.5 deaths per 1000 live births, compared to 5.2 deaths). This trend has been consistent over the past five years, and despite improvements in the overall infant mortality rate, the disparity gap remains. National trends show that racial disparities persist despite education level or socioeconomic status.

Northeast Florida Infant Cause of Death, 2017



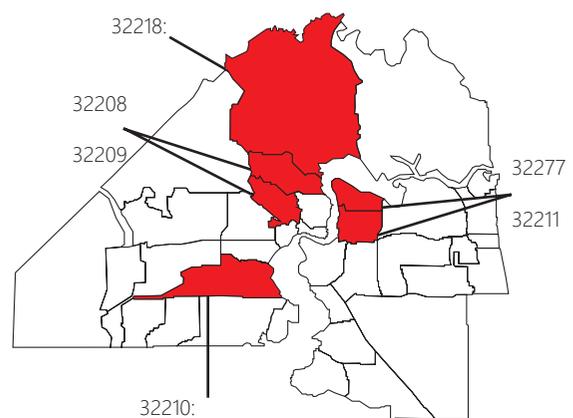
Source: Florida CHARTS

Infant mortality disproportionately impacts communities with high rates of poverty, crime, drug use and other social determinants of health. The rate in Jacksonville's Health Zone 1 was 10.7 deaths per 1000 live births in 2017. Health Zone 1, which encompasses the city's urban core, is disproportionately impacted by economic, health and social disparities. Health Zone 1 also has the largest proportion of non-white residents, the lowest median income, highest rates of total and childhood poverty and lowest education attainment of the six city Health Zones<sup>9</sup>.

Several Jacksonville zip codes have stood out over the past five years as hot spots for infant mortality:

- Zip codes 32208 and 32209 are in Health Zone 1 and have historically been high.
- 32210 on the westside, and 32211 and 32277, which encompass the western half of the Arlington section of town, were tipping point

Jacksonville Zip Codes with High Rates of Infant Mortality, 2012-2017



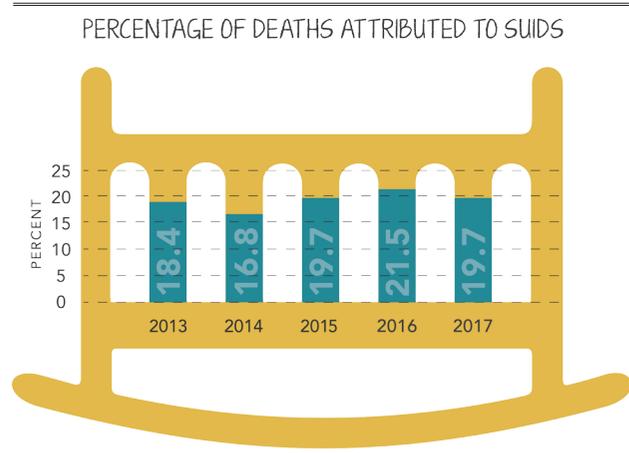
Source: Florida CHARTS

- neighborhoods that now have consistent poor birth outcomes.
- 32218 is a large area on the northern end of the city.

Most infant deaths occur within the first 28 days of life. Despite the availability of specialized technology, drugs and intensive medical care, a significant number of babies are unviable at birth and die within the first 24 hours. Many of these babies have congenital anomalies or are very premature or low birth weight.

Babies who die between 28 and 364 days old comprise the remaining infant deaths. Many of these babies are otherwise healthy infants who suffer accidental death.

One in five deaths was due to Sudden Unexpected Infants Deaths (SUIDs) in 2016, most of which were sleep-related. SUIDs declined significantly in the 1990s and 2000s in part due to new recommendations from the American Academy of Pediatrics and the nationwide Back to Sleep campaign, but have steadily increased since 2012 (up 42 percent in Northeast Florida). These deaths are largely preventable, and are accounting for a larger proportion of infant deaths.



Source: Florida CHARTS

Bedsharing is a leading factor identified in sleep-related deaths. Specific causes of death and contributing factors include:

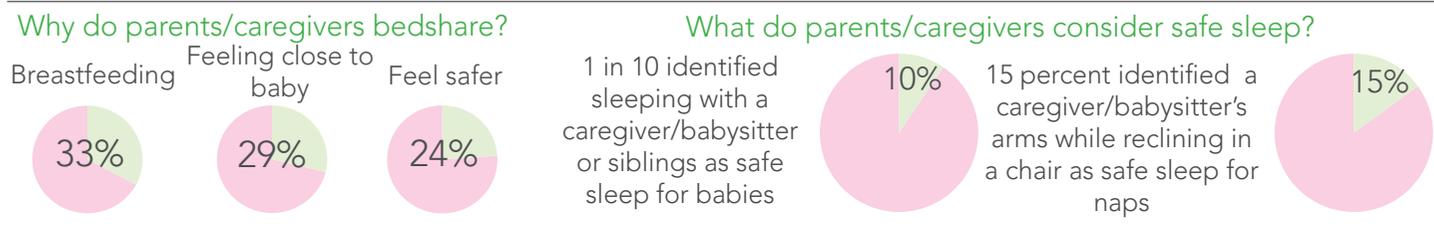
- Suffocation and strangulation (often associated with bedsharing)
- Unsafe sleep environments (adult bed, couch, chair, soft items like bedding, blankets, stuffed animals)
- Position (stomach instead of back)

### Community Perspective

In March 2016, a Safe Sleep Survey was implemented in the region by the Northeast Florida Fetal & Infant Mortality Review to better understand why parents bedshare. A total of 664 parents/caregivers responded. Relevant results include:

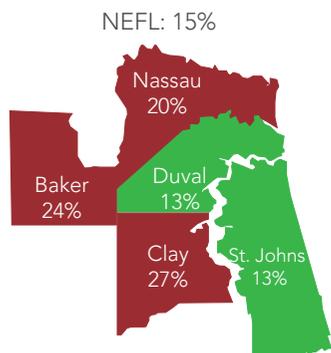
- Many families don't provide their caregivers/babysitters with a bassinet, crib or pack-n-play (32210, Clay, St. Johns counties).
- In 32209, 17 percent said they bedshare because they have no other place for baby to sleep.
- In Jacksonville's Health Zone 1, one in 10 parents listed crime as a reason for bedsharing.

Each year unintentional injuries lead to serious injuries and death for children under age one.

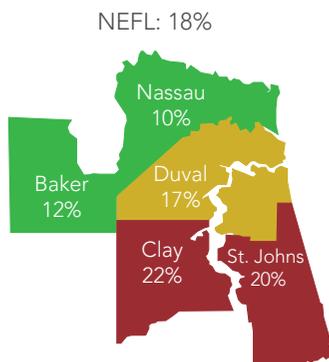


## Trends by county

Percent that identified a caregiver/babysitter's arms while reclining in a chair as safe sleep for naps



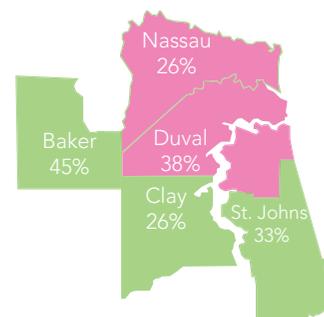
Percent that doesn't supply caregivers/babysitters with or they do not have their own crib, pack n play or bassinet



Top reason for bedsharing

Breastfeeding: ■

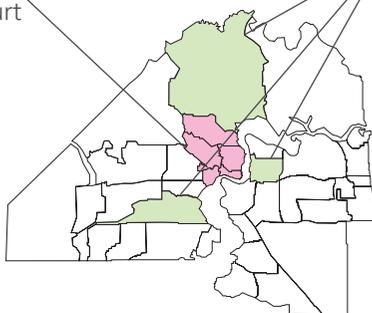
Feeling close to baby: ■



## Duval County trends

In Health Zone 1, one out of 10 listed crime as a reason they feel safer bedsharing. An additional 5% listed that "someone may hurt my baby" as a reason.

In 32209, 17% listed no other place for baby to sleep as a reason for bedsharing. 14% listed crime as a reason they feel safer bedsharing, while 5% listed that someone may hurt their baby.



In 32210, 32211 and 32218 (zip codes with the highest infant mortality rates), 20% don't provide caregivers/babysitters with or they do not have their own crib and 15% identified a caregiver/babysitter's arms while reclining in a chair as safe sleep for naps.

In 32210, one-third of caregivers/babysitters don't have a safe place for baby to sleep and 25% identified a caregiver/babysitter's arms while reclining in a chair as safe sleep for naps.

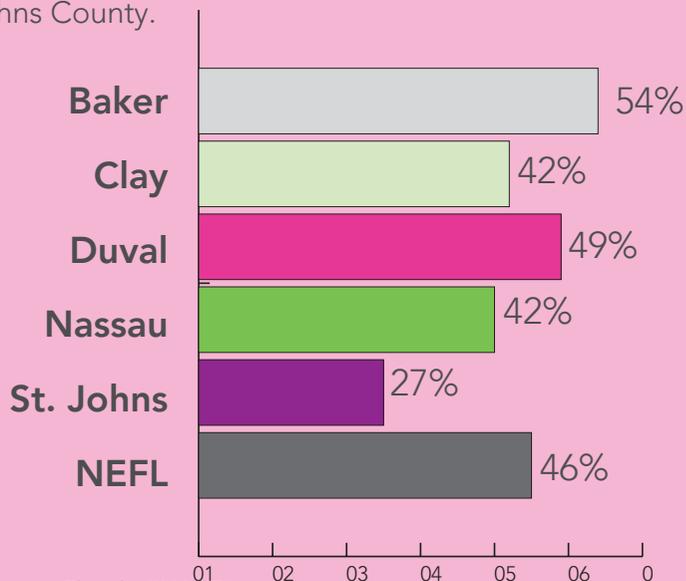


From 2014-2016, 238 children under age one were injured or killed in motor vehicle crashes in Northeast Florida. Children properly restrained in child safety seats are much less likely to experience an injury or die than those who are not properly restrained. Over the past decade, resources for low- or no-cost child safety seats have declined significantly, leaving many families unable to afford a safe place for their child to ride in a vehicle.

Drowning also impacts children under age one. Babies and toddlers can drown in an inch of water. Three children less than age one died from drowning in Northeast Florida from 2014-2016 -- two in Clay and one in Duval. Other causes of unintentional injuries include respiratory obstruction/choking and smoke inhalation.

## Social Determinants of Health Health Coverage

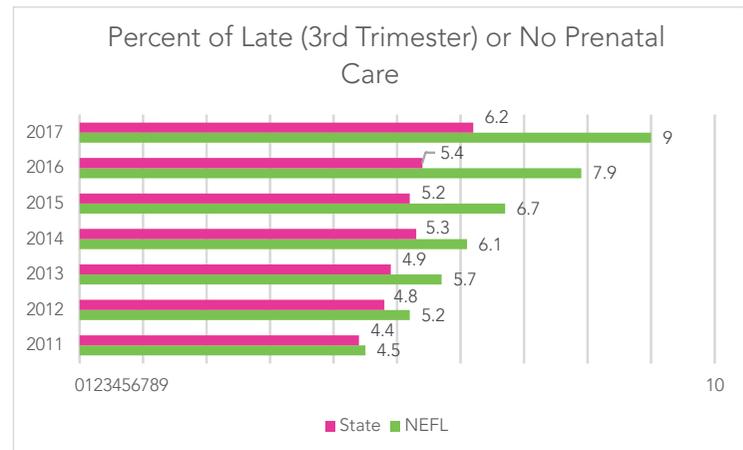
In Northeast Florida, 45.1 percent of all births from 2015-2017 were paid for by Medicaid. There was variance by county, with a high of 54 percent of births covered by Medicaid in Baker, compared to only 25 percent in St. Johns County.



Source: Florida CHARTS

A mother's behavior and access to care and services prior to pregnancy has a direct impact on birth outcomes.

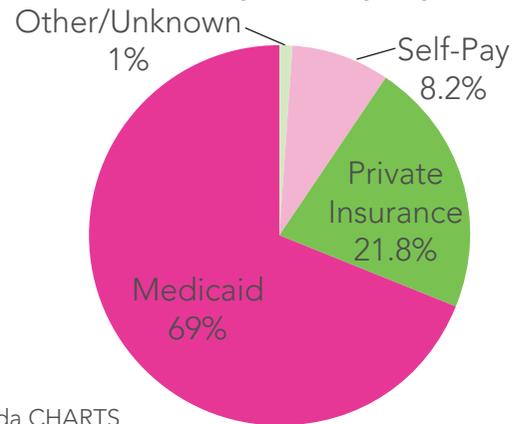
Early and regular prenatal care is important because it allows a medical professional to monitor the mother and baby; identify and address any issues; and provide important health education. Late or no prenatal care is linked with poor birth outcomes like prematurity and infant death<sup>10</sup>.



Source: Florida CHARTS

In 2017, almost 1,700 women in the region received late (3rd trimester) or no prenatal care, 9 percent of all pregnant women. This is significantly higher than the state rate of 6.2 percent. The rate has doubled since 2011 and although the state rate has also increased, there is a widening gap between the region and state. Baker (9.2%), Clay (7.3%) and Duval (8.2%) counties had the highest rates. For those women who do receive care, 20 percent received inadequate prenatal care (attended 50 percent or less of expected visits) in 2017 – up from 16.6 percent in 2014.

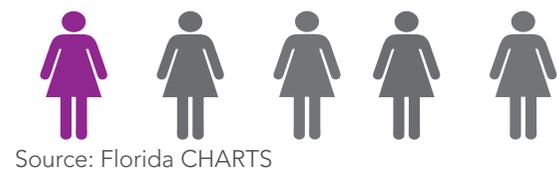
Late or No Prenatal Care by Delivery Payment Source, 2017



Source: Florida CHARTS

Women who utilize Medicaid to pay for delivery were more likely to have late, no or inadequate prenatal care. More than two-thirds of the women receiving late or no prenatal care used Medicaid to pay for delivery -- the remaining 31 percent mainly had private insurance or were self-pay. About 70 percent of women receiving inadequate prenatal care also used Medicaid for delivery. Challenges enrolling in Medicaid during pregnancy, finding doctors that accept it and scheduling timely visits are all potential contributors to this issue.

NEFL Women Receiving Inadequate Prenatal Care, 2017



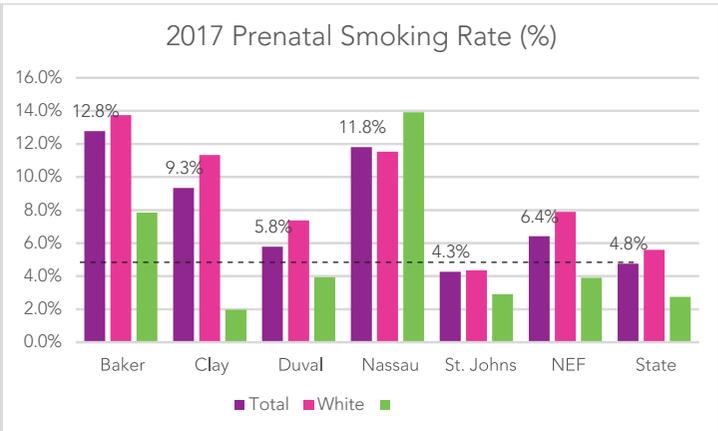
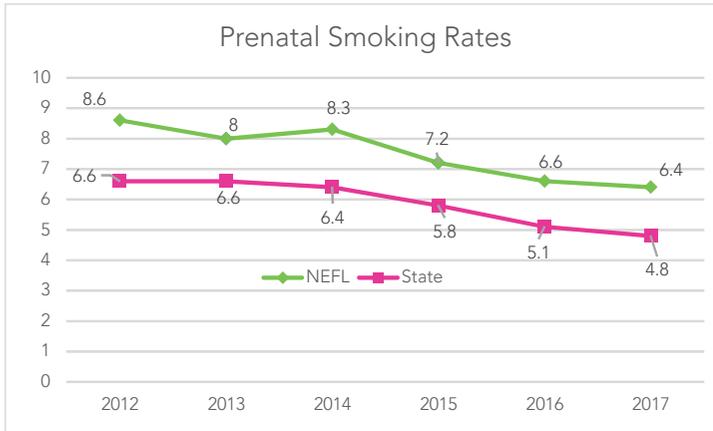
Smoking can lead to premature birth, low birth weight and birth defects. It also increases the risk of a sleep-related death in infants, like Sudden Infant Death Syndrome<sup>11</sup>.

All counties in Northeast Florida had prenatal smoking rates higher than the state rate, except for St. Johns County. Although the rate generally has been declining, prenatal smoking is still prevalent in the more rural counties: Baker (12.8%), Nassau (11.8%) and Clay (9.3%) each had rates higher than both the region and state. White women were twice as likely to smoke as black women. Smoking is self-reported.

The overall smoking rate in Northeast Florida is nearly 20 percent. This increases the likelihood of

<sup>10</sup> Child Trends <https://www.childtrends.org/indicators/late-or-no-prenatal-care/>

<sup>11</sup> Centers for Disease Control & Prevention <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm>



Source: Florida CHARTS

secondhand smoke exposure for pregnant women and infants. Third hand exposure -- encountering smoke on clothes, furniture and other items, has also been identified as contributing to health issues for infants<sup>12</sup>.



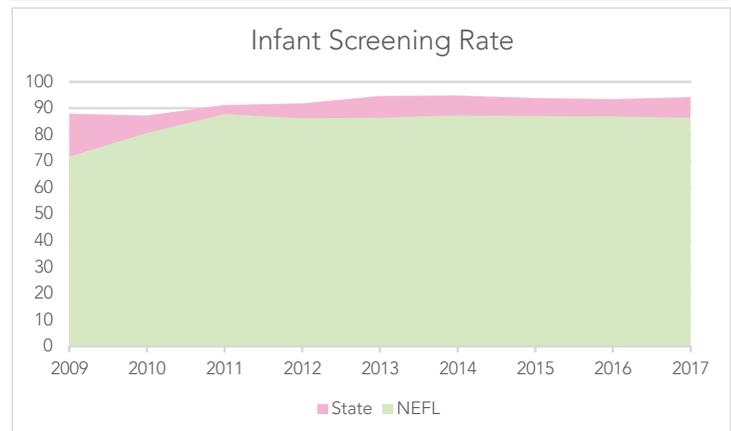
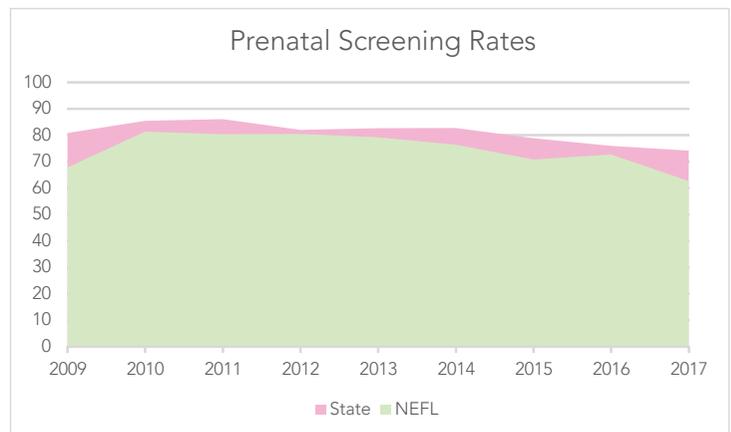
Florida state statute requires the universal Healthy Start risk assessment screen to be offered to all pregnant women at their first prenatal care visit and all infants at delivery. The

screen assesses a families' risk of a poor birth outcome or infant death. It is also used as a referral into Healthy Start, and more recently, as a conduit into all home visiting programs as part of Coordinated Intake and Referral, an initiative piloted in 2016 in several counties and implemented statewide in July 2018.

The implementation of Coordinated Intake has increased the importance of screening, but regionally, screening has not been consistent and misses many families. This now impacts access to not only Healthy Start, but a myriad of home visiting programs that can impact family outcomes in the region.

About 87 percent of Northeast Florida infants were screened in 2015. The screening rate has consistently been in the mid-80s since 2011, though the regional gap with the state rate has been closing. Prenatal screening has declined since 2015. In 2017, 59.8 percent of pregnant women in the region were screened, a decrease of 20 percentage points from 2011.

The Northeast Florida Fetal & Infant Mortality Review (FIMR) identified a lack of a Healthy Start screen as a contributing factor in 47 percent of



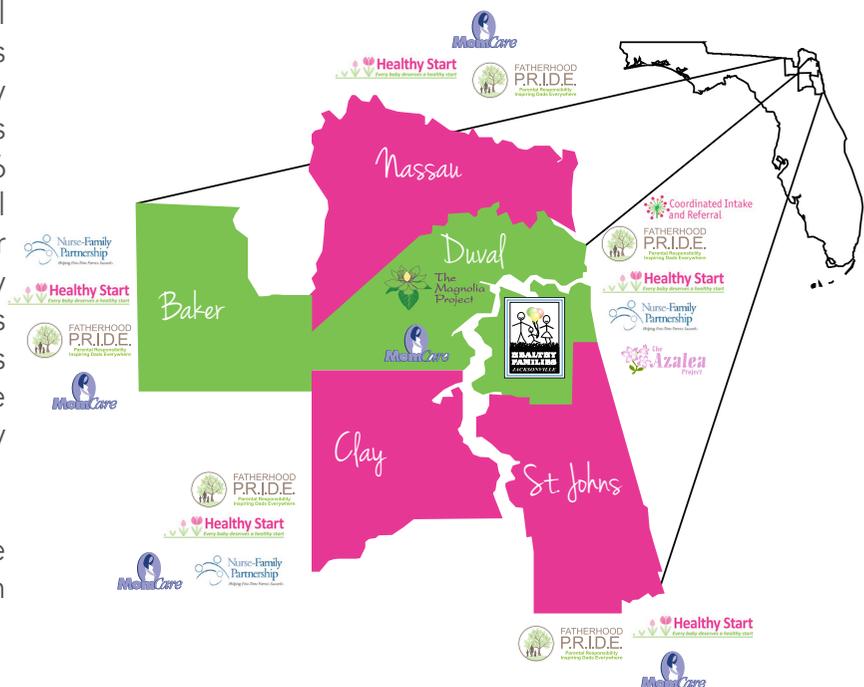
Source: Florida CHARTS

12 American Academy of Pediatrics, 2017. <https://www.healthychildren.org/English/health-issues/conditions/tobacco/Pages/How-Parents-Can-Prevent-Exposure-Thirdhand-Smoke.aspx>

the death cases reviewed from 2014-2016.

Partners in the Coordinated Intake & Referral initiative all provide home visiting services to prenatal women, infants or young children:

- **Healthy Start:** A free, voluntary program providing intensive, risk-appropriate care to pregnant women and infants in Florida. Healthy Start offers pregnant women assistance in finding services that can help them have a healthy baby. Services are tailored to a woman based on her needs and include parenting and breastfeeding education, emotional support, smoking cessation and more.
- **Healthy Families:** A nationally-accredited family support and coaching program that helps parents provide the safe and stable environments children need for healthy growth and development. The evidence-based program is voluntary and participants receive services in their home by specially-trained support workers.
- **The Magnolia Project:** A special federally-funded Healthy Start initiative that works to improve the health and well-being of childbearing women (15-44) in Jacksonville’s urban core (32202, 32204, 32206, 32208, 32209 and 32254). Magnolia provides individual-, group- and community-level interventions for women before, during and after pregnancy to address risk factors (pregnancy intervals, nutrition issues, substance/alcohol abuse, psychosocial problems, family planning and other issues) that impact their health. Magnolia utilizes a life course approach that integrates the social determinants of health.
- **The Azalea Project:** A special Healthy Start initiative that works to break the cycle of substance use and other at-risk behaviors. Azalea works to prevent substance-exposed newborns by reducing risk-taking behavior, linking with substance abuse treatment and providing intensive case management to pregnant women and new parents.
- **Nurse-Family Partnership:** An evidence-based home-visiting model for pregnant women that is implemented within the Healthy Start program. Services are provided to high-risk, first-time mothers from pregnancy until the child turns two.
- **Early Head Start:** A federal program that serves infants and toddlers under the age of 3, and pregnant women. Early Head Start provides intensive comprehensive child development and family support services to low-income infants and toddlers and their families, and to pregnant women and their families.
- **Early Steps:** A Children’s Medical Services program that offers developmentally supportive early intervention services for infants and toddlers aged birth to 36 months who have developmental delay or may be at risk for developmental delay. Family members and other caregivers are shown how to build children’s skills and abilities using the routines and activities already going on in everyday life.



The Coalition implements many of the services available to women and children in the region.

In 2017, Healthy Start in Northeast Florida completed over 9,000 face-to-face visits and served more than 15,000 women, infants and their families. In addition to providing core services, care coordinators also link families to alcohol and substance treatment, mental health services, housing assistance, transportation, educational services, WIC and more. Services are provided directly to families by eight subcontractors. In 2018, Healthy Start services began aligning with evidence-based care, part of a statewide redesign that will be fully implemented by 2019.

The Nurse-Family Partnership began serving 100 families per year in Duval County in 2012, with an expansion to Baker and Clay counties in 2017. The model has been identified as successfully impacting key outcomes in maternal and child health, child maltreatment, child development, school readiness, family socio-economic status and injuries, crime and domestic violence.

MomCare is an initiative of the Coalition that serves Medicaid-eligible pregnant women. The goal of Florida's MomCare program is to improve birth outcomes and reduce infant mortality rates through a simplified application for Medicaid, guidance, education and choice counseling services. MomCare advisors offers Medicaid-eligible women assistance in selecting a Medicaid Managed Care plan, guidance in selecting a prenatal care provider and information about state programs for which they may be eligible.

The Healthy Families Jacksonville program serves families living in Duval County in targeted zip codes: 32202, 32204, 32205, 32206, 32207, 32208, 32209, 32210, 32211, 32216, 32217, 32218, 32219, 32220, 32221, 32225, 32226, 32233, 32244, 32246, 32250, 32254, 32256, 32257 and 32277. To be eligible for the Healthy Families program, participants must be pregnant or have an infant less than three months of age; live in a targeted geographic service delivery area; score 13 or above on the Healthy Start screen. The Coalition serves more than 500 families per year.

# Saving Babies Goals & Strategies

## GOAL 1

Reduce the premature birth rate to 9.4 percent of births.

Subgoal 1: Reduce racial disparities

Subgoal 2: Decrease percentage of women who are overweight or obese during pregnancy

Subgoal 3: Reduce number of substance-exposed newborns

Strategies:

- Utilize the Health Equity Task Force to bring together maternal and child health partners, along with nontraditional partners, including but not limited to transportation, hospitals, housing agencies, faith-based organizations, law enforcement, LISC, and local businesses to examine racial disparities and the root causes of prematurity in high risk families.
- Implement within the Federally Qualified Health Centers a preconception and prenatal chronic disease Centering group care model that focuses on obesity, hypertension and diabetes.
- Develop social services equivalent of medical home
- Support comprehensive training to Healthy Start staff and include additional training about preeclampsia, kick counts, SUID and SIDS, and other causes of prematurity and LBW.
- Implement a mobile prenatal care unit
- Increase the number of prenatal, infant level three clients served in Healthy Start
- Continue to implement evidenced-base programs and best practices
- Increase SBIRT screening to prevent and address substance abuse among women of childbearing age and pregnant women
- Expand Azalea Project services to additional areas of the region to prevent substance-exposed newborns and decrease the prevalence of Neonatal Abstinence Syndrome
- Expand the activities of the Substance-exposed Newborn Task Force

## GOAL 2

Reduce the Northeast Florida infant mortality rate to 4.0 deaths per 1000 live births and the black infant mortality rate to 9.0 deaths per 1000 live births

Subgoal 1: Reduce racial disparities

Subgoal 2: Decrease the number of women who smoke during pregnancy

Subgoal 3: Reduce sleep-related deaths

Strategies:

- Increase Healthy Start screening outreach and education to OB/GYN and pediatric providers and monitor screening rates.
- Utilize the Fetal Infant Mortality Review process to further examine and develop strategies related to life course issues and the social determinants of health in the records review.
- Expand activities of the Safe Sleep Task Force.
- Staff Safe Sleep Partnership as a means to bring together maternal and child health partners, along with nontraditional partners like housing agencies, faith-based organizations,
- Increase smoking cessation resources and programs in counties with high rates of prenatal smoking
- Provide safe sleep training for medical professionals, nurses, day care centers, pediatricians, paramedics

- Implement a full-scale safe sleep marketing campaign
- Engage community partners in infant mortality through “Infant Mortality Certified Community Partner” and “I am a Healthy Start Employer” initiatives
- Encourage hospital birthing centers to continue to ask “Where will your baby sleep?” and link to crib distribution when needed.

### *Potential Partners*

- Jacksonville Sheriff’s Office
- Baker County Sheriff’s Office
- Clay County Sheriff’s Office
- Nassau County Sheriff’s Office
- St. Johns County Sheriff’s Office
- LISC
- Jacksonville Transportation Authority
- Northeast Florida Transportation Planning Office
- Florida Department of Health
- Local housing authorities
- OB/GYNs
- Midwifery practices
- Maternal and child health home visiting programs
- Drug Free Duval
- Agape Community Health Centers
- Baptist Health/Wolfson Children’s Hospital
- St. Vincent’s Ascension
- UF Health
- Flagler Hospital
- Memorial Hospital
- Orange Park Medical Center
- Faith-based organizations
- Medical schools, nursing schools, health care schools
- Day care centers
- Pediatricians
- Family medicine practices
- Paramedics
- Healthy Start providers
- Coalition direct service programs
- Managed care organizations
- United Way of Northeast Florida

# Strengthening Families

The health and well-being of families has a direct impact on infant mortality and birth outcomes.

A woman's health prior to pregnancy has the largest impact on birth outcomes. Many women in Northeast Florida enter into pregnancy with unhealthy body mass indexes (BMIs), too soon after their last pregnancy, smoking, with sexually transmitted diseases or experiencing toxic stress.

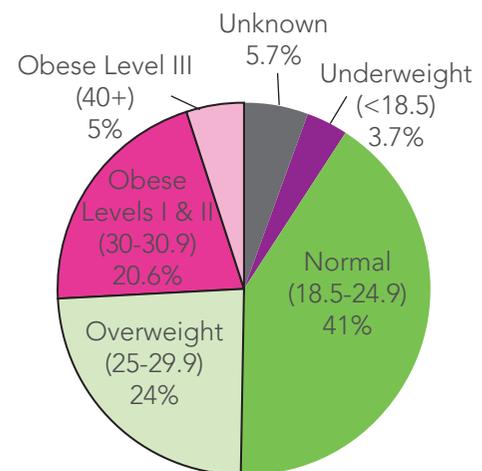
Half of women who give birth in Northeast Florida are overweight (24 percent) or obese (26 percent) at the time they get pregnant. Being overweight or obese during pregnancy can lead to high blood pressure, preeclampsia, blood clotting problems and other issues. Babies born to overweight or obese mothers are more likely to be premature, have birth defects and be large for gestational age.

Sexually transmitted diseases and infections can lead to miscarriage or pre-term delivery in pregnant women, or transmission to the baby with HIV and herpes.

More than a third of women wait less than 18 months between pregnancies, the optimal interval for mom and baby's health. Thirty-nine percent of women in Northeast Florida had an interval of less than 18 months from 2015 to 2017, compared to 34.6 percent statewide.

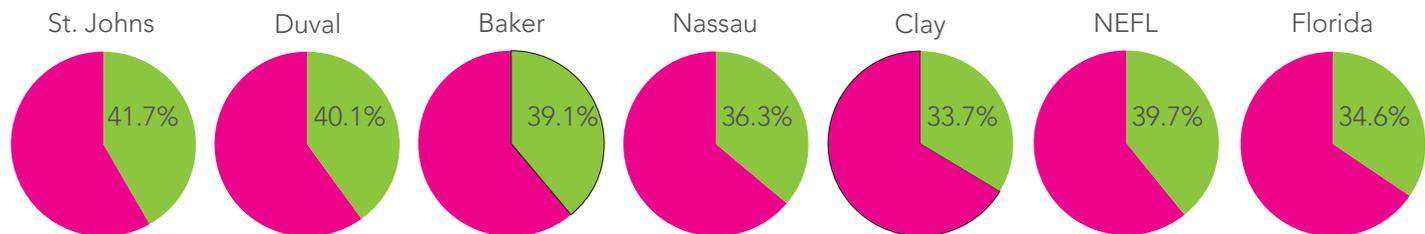
Duval (40.1%) and St. Johns (41.7%) counties had the highest percentages. Women with short intervals are more likely to deliver pre-term and low birth weight babies, even if they had a prior term baby.

Northeast Florida Pre-pregnancy BMI, 2015-2017



Source: Florida CHARTS

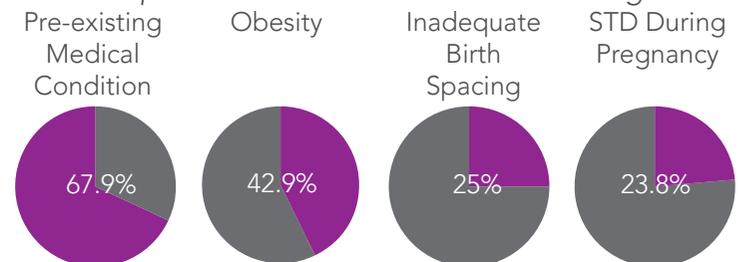
Northeast Florida Birth Spacing, 2015-2017



Source: Florida CHARTS

Preconception health was also identified by the Northeast Florida Fetal & Infant Mortality Review (FIMR) as vital to improving birth outcome. FIMR analyzes 28 deaths per year to better understanding fetal and infant deaths. Contributing factors like pre-existing medical conditions, obesity, inadequate birth spacing and having an STD during pregnancy were found in a significant portion of reviewed cases.

Preconception Health FIMR Case Contributing Factors



Source: July 2014-June 2017 FIMR Case Reviews, N= 84 | Multiple factors may be present in individual cases

The regional rate of sexually transmitted diseases among youth and young adults far exceeds the state rate. Northeast Florida's rate for ages 15-24 is 25 percent higher than the state rate, while Duval County's rate is 57 percent higher.

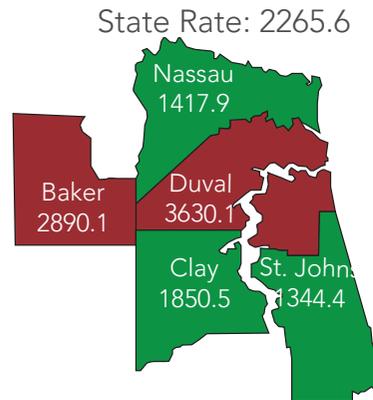
Teen birth rates have reached historic lows. Teen parents make up a smaller portion of new mothers and fewer teen moms are experiencing repeat births before leaving their teens. Locally, many youth are still at risk, including those in minority communities and among certain high risk populations like those in the juvenile justice and foster care systems. Jacksonville's Health Zone 1 accounts for 9.3 percent of the births in the region, but 18.5 percent of all teen births.

*Community Perspective*

The results of Teen Listening Tours held with more than 60 youth throughout the region in 2010 painted a picture of adolescent sexuality in Northeast Florida: peer pressure, the prevalence of sex, little communication with parents, desire to learn about the different aspects of sex and a gap between knowledge and behavior. Follow-up Listening Tours held in Spring 2015 with 20 additional youth reiterated many of the themes from the original tours.

Two tours held with youth in foster care and the juvenile justice system showed many of these youth are not receiving sex education because it was not available in their schools, they dropped out before was offered or they did not participate in health classes. They also revealed that there are special considerations for these priority populations, including

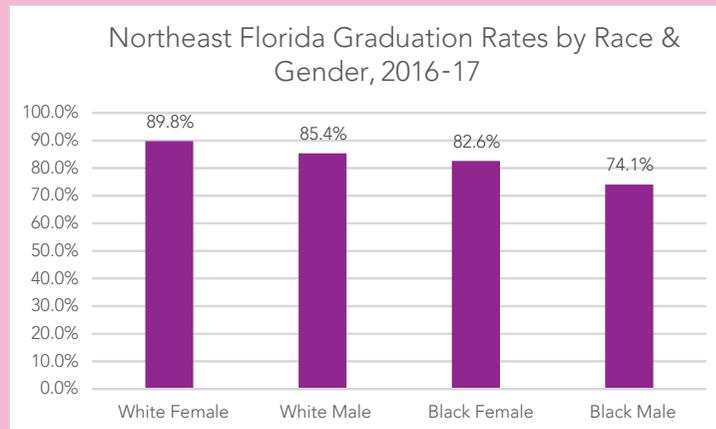
Bacterial STD Rates for 15-19 year olds, 2014-2016



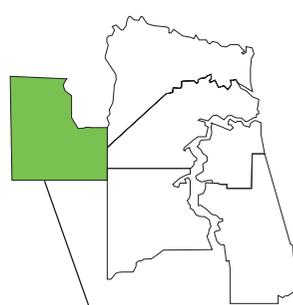
Source: Florida CHARTS, per 100,000 population

*Social Determinants of Health  
Graduation Rates*

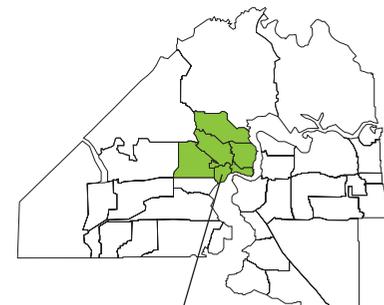
Educational attainment has a direct correlation with economic status. While graduation rates for all cohorts have increased significantly over the last five years, there are some significant disparities. Males in all five Northeast Florida counties and throughout the state are less likely to graduate high school than their female counterparts. There are also significant disparities within races. Black males in Florida are the least likely to graduate high school.



Source: Florida Department of Education



Baker County:  
3.9% of teen births  
(1.6% of all births)



Jacksonville Health Zone 1:  
19.4% of teen births  
(9.5% of all births)

incarceration, sexual abuse, parent involvement, knowledge level of foster parent/caregiver and relationship with their case manager/probation officer.

An additional listening tour held with youth in rural Nassau County provided insight into the need in non-urban populations. None of the youth had received sex education in school because it is not offered and most had not discussed sex with their parents. The health and wellbeing of children and families is impacted by both their physical and socioeconomic environments.

Many families in Northeast Florida live in poverty. In Baker County, 1 out of 5 residents lives below the poverty line, while only nine percent of St. Johns County residents live in poverty. Statewide, about a quarter of all children live in poverty. Baker (25.5 percent) and Duval (24.8 percent) counties have the highest rates of child poverty in the region.

Poverty is linked with poor health outcomes and health disparities<sup>1</sup>. It is associated with an increased risk of pre-term birth and infant death.

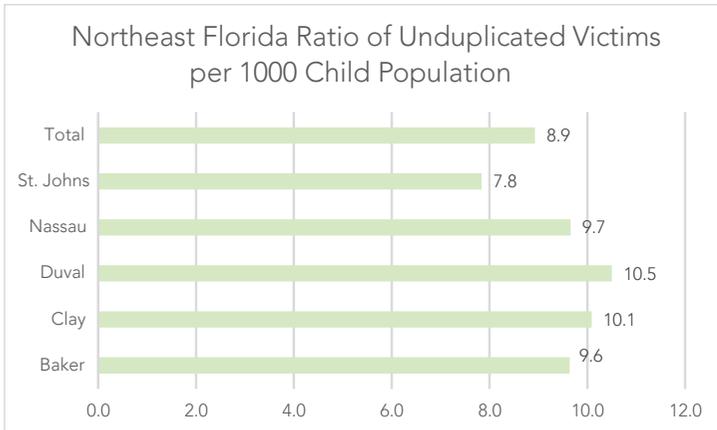
People experience situations across the life course like abuse, crime, violence and other life situations that can lead to toxic stress, substance use/abuse, depression and other difficult situations. Children who are victims of child abuse are more likely to experience teen pregnancy; STDs; drug and alcohol

### Social Determinants of Health Higher Education

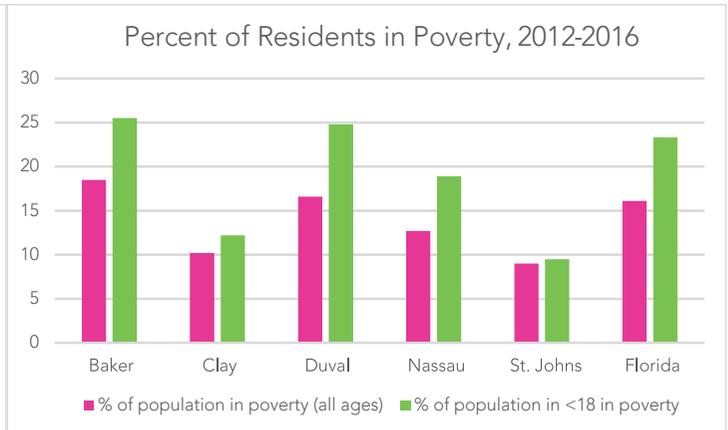
While more than 80 percent of the population in Northeast Florida has a high school diploma or higher, there's a wide variation by county of residents with a bachelor's degree or higher -- ranging from 12 percent in Baker County to 42 percent in St. Johns. College graduates are more likely than their counterparts with a high school diploma. They are also more likely to earn more.

County	Bachelors Degree or Higher	< Bachelors Degree
Baker	12.8%	87.2%
Clay	23.9%	76.1%
Duval	28.1%	71.9%
Nassau	24.5%	75.5%
St. Johns	42.5%	57.5%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates



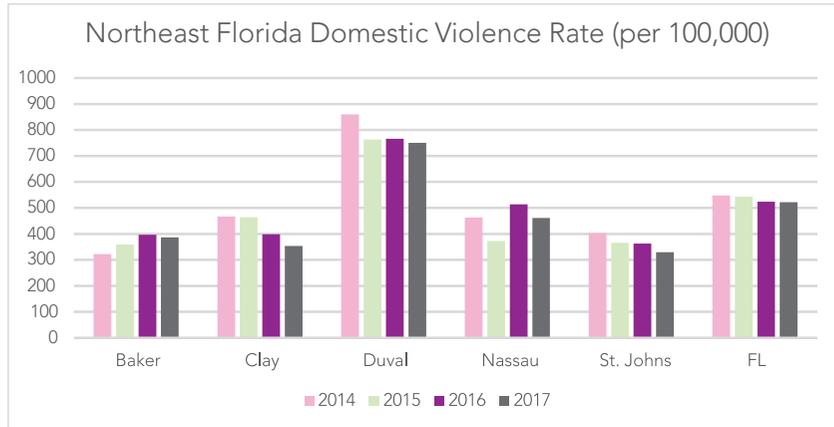
Source: FSFN Data Repository; Child Populations: Office of Economic and Demographic Research, Florida. Legislature; Calendar Year 2018 Population Estimates. Verified Most Serious Finding-VMSF (Over-All Unduplicated Count) July 1, 2017-February 28, 2018



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

<sup>1</sup> American Academy of Pediatrics, Poverty & Child Health in the United States, <http://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0339>

use; juvenile delinquency and adult criminality; and abusive behavior<sup>2</sup>. Child abuse rates have remained steady throughout the state, but four counties in Northeast Florida have higher per capita child abuse rates than the state -- Baker, Clay, Duval and Nassau counties. Domestic violence impacts both the victims and other household members, such as children and can have lasting physical and emotional impacts on a family. It is linked with maternal and postpartum depression and poor birth outcomes<sup>3</sup>.



Source: Florida Department of Law Enforcement. Crime in Florida, Florida uniform crime report, 2014-2017

Duval County has one of the highest rates of domestic violence in the state – ranking 10th of 67 counties in 2017, down from 4th in 2013 and 2014 but still 30 percent higher than the state rate.

Good mental health is a critical component of family health. The emotional, psychological and social well-being of mothers, fathers and children is critical to ensuring families are safe and healthy.

Parental depression impacts a mother’s or father’s ability to positively engage and bond with their child. Infant and early childhood mental health impacts a child’s development and social skills. Poor adolescent mental health can lead to risky behaviors and set the stage for adult mental health issues. Unresolved mental health issues are associated with drug abuse and addiction.

### Social Determinants of Health Toxic Stress

Toxic stress contributes to weathering -- a weakening of the body due to constant wear and tear -- that has a direct impact on preconception health and poor birth outcomes. Toxic stress builds across the life course and puts people at a higher risk for poor health outcomes like asthma, depression, hypertension, diabetes and more. It is closely tied to adverse childhood experiences, racism and neighborhoods that experience economic, health and social disparities.

---

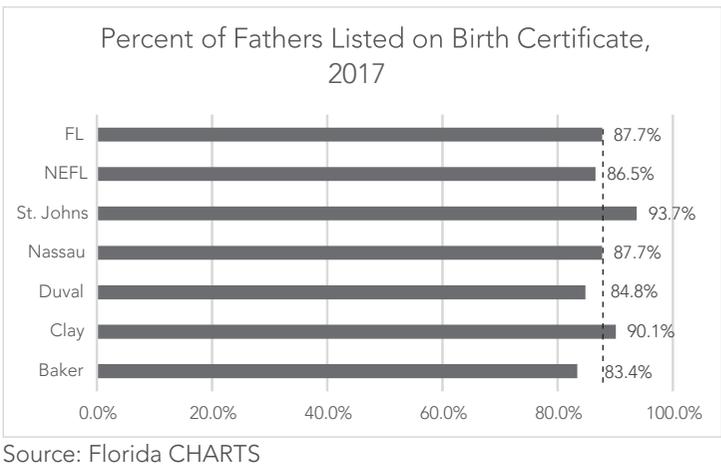
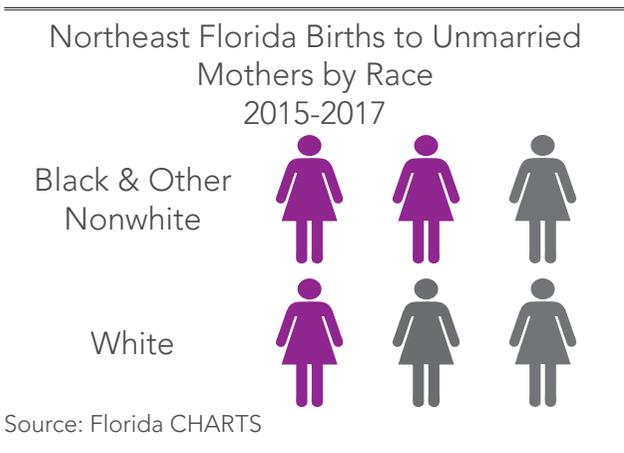
#### Socioeconomic or Life Course Stressors During Pregnancy FIMR Case Contributing Factors

Poverty	Emotional Stressors	Life Course Factors	Maternal Age <18 or >35

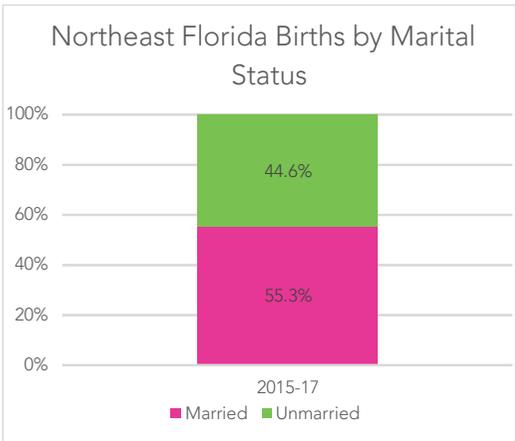
Source: July 2014-June 2017 FIMR Case Reviews, N= 84 | Multiple factors may be present in individual cases

Perinatal Mood and Anxiety Disorders (PMAD) effect on average between 11 and 18 percent of mothers. PMAD includes postpartum depression, postpartum anxiety, obsessive-compulsive disorder or post-traumatic stress disorder, which may occur during pregnancy or within the first year after the baby’s birth. Results from the 2014 Florida Pregnancy Risk Assessment Monitoring System (PRAMS) showed approximately 9 percent of moms reported feeling depressed after delivery. The rates were higher among Hispanic moms, unmarried moms, those with a high school diploma or less and mothers with a household income of less than \$15,000.

<sup>2</sup> National Clearinghouse on Child Abuse and Neglect Information, Long-term Consequences of Child Abuse and Neglect, July 2005.  
<sup>3</sup> Indian J Psychol Med. 2014 Apr-Jun; 36(2): 179–181. Domestic Violence as a Risk Factor for Maternal Depression and Neonatal Outcomes: A Hospital-Based Cohort Study <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4031588/>



Fathers play a pivotal part in a child’s development. New evidence shows that children with early father involvement are more likely to be and stay healthy. An active male role in the early stages of babies’ development produced better performance in cognitive tests by the age of two<sup>4</sup>. Dads have a more stimulating and rigorous style of encouragement, which in return leads to a child exploring more on their own and in return could lead to quicker cognitive development.



Nearly half of all births in the region -- 45 percent -- are to unmarried mothers. This has been a consistent trend for the last decade. There is also significant variance by race: Nearly two-thirds of black and other nonwhite mothers were unmarried at the time of birth, compared to slightly more than a third (35 percent) of white mothers.

Inclusion of information on the father on a child’s birth certificate provides an indication of father involvement, due to the state’s child support statutes. In Northeast Florida, 14 percent of fathers are not listed on birth certificates – a figure that has held steady the last few years.

## Community Perspective

The Northeast Florida Fatherhood Task Force held focus groups with dads in 2015 to find out their needs, challenges and thoughts on fatherhood. Some of the main issues impacting fathers that were identified include lack of services for fathers and difficulty navigating the child support system. The top challenges fathers identified were: their children’s mother; the court/legal system and addiction. The top needs of fathers identified were: a job, housing and education.

## Targeted Services

Fatherhood P.R.I.D.E. provides comprehensive services for dads and father figures in Northeast Florida. The program strengthens and expands

fatherhood, offering evidence-based classes like Boot Camp for New Dads, 24/7 Dad and InsideOut Dad. Financial education and career development/job assistance are also available to fathers.

<sup>4</sup> Infant Mental Health Journal, FATHER-CHILD INTERACTIONS AT 3 MONTHS AND 24 MONTHS: CONTRIBUTIONS TO CHILDREN’S COGNITIVE DEVELOPMENT AT 24 MONTHS <https://onlinelibrary.wiley.com/doi/full/10.1002/imhj.21642>

The Azalea Project has addressed substance-using pregnant and parenting women since 2002. Services have changed since then, depending on funding and need. There are several populations that are no longer served by the initiative, leaving gaps in service.

A parenting component provided interventions prior to and after pregnancy to prevent substance-exposed newborns as a secondary prevention strategy. Azalea Parenting included home visiting and care coordination services, including education on parenting and family planning. In the Project's early days, interventions targeted not just pregnant and parenting women, but young girls in the household that were also potentially participating in risky behaviors.

Confidential, factually accurate answers to sexual health questions are available via text message to teens 12-18 years old (BrdsNBz NE Florida) and young adults 19-24 years old (XsNOs NE Florida). The services are free, anonymous and provide real-time responses. Health educators with more than 40 years of combined public health experience respond to questions within 24 hours. Since the inception of BrdsNBz in 2013, more than 1500 questions have been submitted. XsNOs launched in 2016 for an older demographic -- to date, more than 50 questions have been received. The questions typically address topics like relationships, STDs, pregnancy prevention and development.

The Magnolia Project has several initiatives that impact preconception and interconception health.

- The Magnolia clinic provides well women care, including pap smears, family planning and STD treatment. Case managers address risk factors that could potentially impact a future pregnancy (pregnancy intervals, nutrition, substance abuse, psychosocial problems, family planning, etc.)
- Magnolia OASIS launched in 2016 to provide primary care services for women, allowing the project to address issues like hypertension, diabetes, asthma and toxic stress that can potentially impact pregnancy and birth outcomes. The primary care lobby is used to provide nutrition education and yoga classes are provided on-site.
- CenteringParenting launched in 2017. The classes are an evidence-based group well-child visit model that complements the existing on-site group prenatal care classes. The program is designed to provide support and give new parents the confidence and understanding to help their child's health and development, while also focusing on the mom's interconception health.

Healthy Start services traditionally have focused on women prenatally and infants post-birth. However a new redesign of the model strengthens the interconception services provided to women after delivery. The new interconception care curriculum incorporates One Key Question® (Would you like to become pregnant in the next year?) and Show Your Love, the Centers for Disease Control and Prevention's national campaign to improve the health of women and babies by promoting preconception health and healthcare.

### *Social Determinants of Health Parent Incarceration*

Parent incarceration can have a strong impact on a family: children of incarcerated parents experience an increase in both poverty and stress and can be exposed to abuse or domestic violence.

More than 6,700 children in the region had an incarcerated parent in 2015. Duval County had the highest number of incarcerated parents in the state, despite being seventh in size. For the majority of youth in the region with an incarcerated parent, that parent is not housed in the same or adjacent county -- only 20 percent have an incarcerated parent in a nearby facility.

Males constitute the majority of inmates that report having minor children.



# Strengthening Families Goals & Strategies

## GOAL 1

Increase the number of women with an inter-pregnancy interval of 18 months or more to 70 percent.

Subgoal 1: Reduce the rate of sexually transmitted diseases among youth and young adults

Subgoal 2: Increase father involvement (fathers on birth certificate, reduced incarceration)

Strategies:

- Implement mobile unit providing pre- and interconception care in areas that lack access to care
- Expand Yoga in the Streets
- Educate health care providers and students (MDs, DOs, RNs, LNPs, ARNPs, PAs) on preconception health, the life course theory and social determinants of health.
- Develop preconception health centers in specific areas through partnerships and training grassroots agencies
- Train all Coalition program staff in racial disparities, preconception health, the life course theory and social determinants of health.
- Develop Coalition-wide social determinants of health performance measure across all programs.
- Implement an adolescent/teen component at the Magnolia and Azalea projects and Fatherhood PRIDE.
- Educate providers and families in reproductive justice and long acting reversible contraception choice counseling.
- Increase the number of Healthy Start referrals to Fatherhood PRIDE program.
- Increase percentage of eligible women who access family planning coverage under the Family Planning Medicaid waiver.
- Collaborate with Child Guidance Center to sustain and expand Moving Beyond Depression™ which provides in-home cognitive-behavioral therapy to clinically depressed women enrolled in home visiting.

### Potential Partners

- Florida Department of Health
- Local housing authorities
- OB/GYNs
- Midwifery practices
- Maternal and child health home visiting programs
- Agape Community Health Centers
- Apartment complexes
- St. Vincent's Ascension
- UF Health
- Flagler Hospital
- Memorial Hospital
- Orange Park Medical Center
- Faith-based organizations
- Medical schools, nursing schools, health care schools
- Healthy Start providers
- Local courts
- Local colleges (UNF, JU, EWC, FSCJ)
- Coalition direct service programs
- Managed care organizations

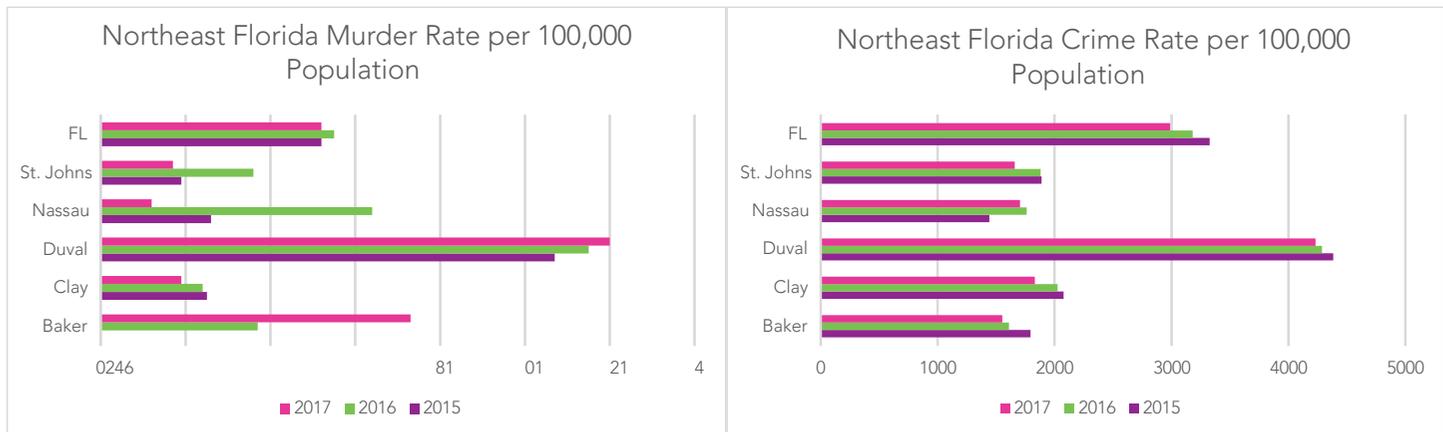
- United Way of Northeast Florida
- Yoga 4 Change
- Sulzbacher
- Hubbard House
- Jacksonville Urban League
- Operation New Hope
- Child Guidance Center
- New Town Success Zone

# Building Communities

Infant mortality is a community problem — and it takes a community to solve it. To make sure every baby has a healthy start, there are underlying societal & structural root causes of infant mortality that must be addressed.

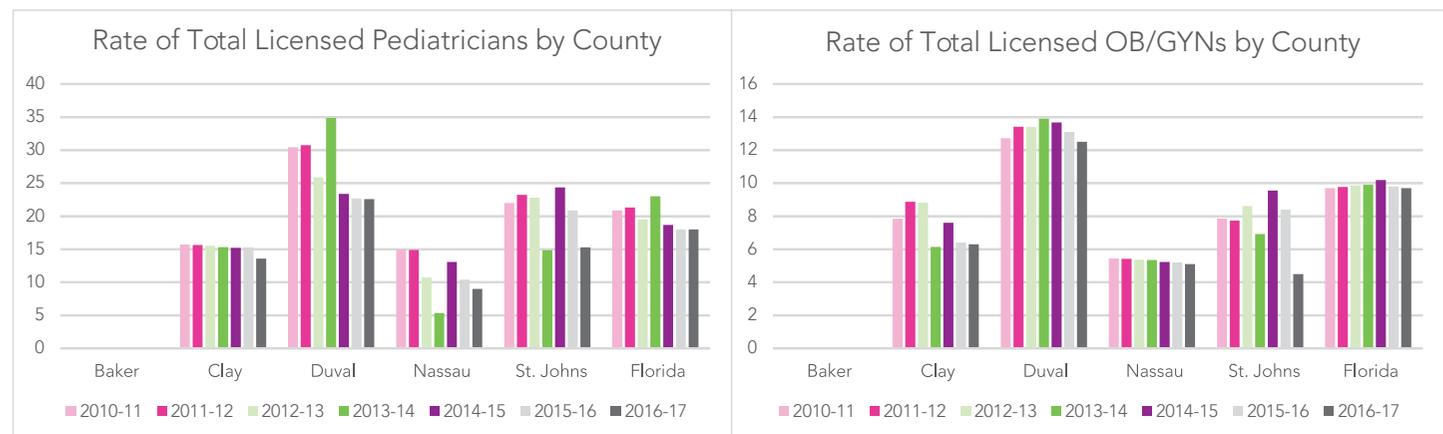
Crime. Violence. Toxic stress. Access to care. Racism. Poverty. Food deserts. These all contribute to the poor birth outcomes that continue to impact Northeast Florida families.

Duval County has one of the highest rates of crime in the state. In 2017, the county ranked 3rd in the state for crime and 4th for murder. Although the county is the seventh most-populated county in the state, it had the second highest number of murders in 2017 -- only Miami-Dade County had more -- and the highest murder rate of the larger counties in the state. Within Jacksonville, zip codes 32209 and 32210 had the most murders in 2017 -- and also rank in the top five zip codes for infant deaths.



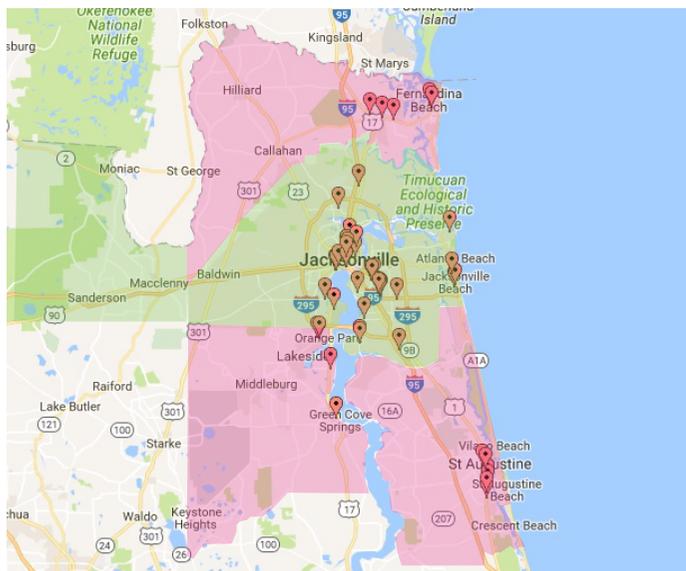
Source: Florida Department of Law Enforcement. Crime in Florida, Florida uniform crime report, 2014-2017

The more rural counties in the region face their own issues: isolation from medical providers, retail and services. Despite access to the major highways like I-10 and I-95, transportation is a major issue in Baker, Nassau and Clay when it comes to accessing health care and employment. These counties lack mass transit systems, leaving residents to rely on cars for mobility.



Source: Florida CHARTS

## Map of OB Providers in Northeast Florida



Access to care varies greatly in the region. While the more urban Duval County has the highest rate of obstetricians and pediatricians, more rural counties have fewer (like Nassau County) or none (like Baker County). Even within Duval County, offices and clinics tend to cluster around hospitals, leaving OB deserts -- particularly in zip codes 32210 and 32218, which lead the county in infant deaths.

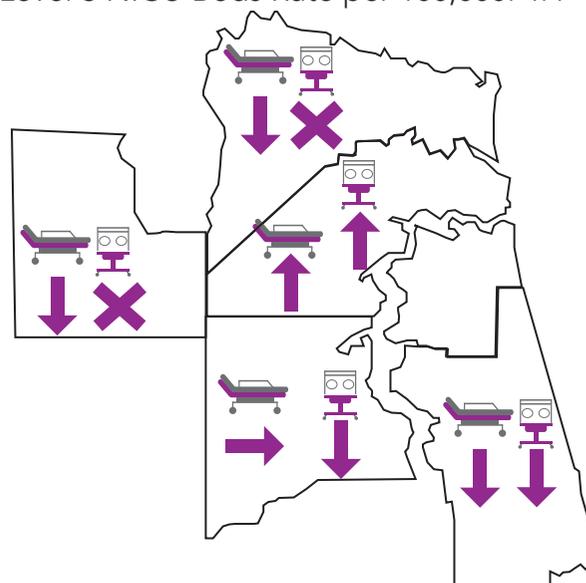
There is also a disparity in access to hospital care, including labor and delivery, intensive care and specialty care. Baker, Nassau and St. Johns counties each have one hospital. There are no delivering facilities in Baker County. Ninety-eight percent of women deliver in a hospital, while 1 percent delivers at a birth center and 1 percent delivers at home. There are three birth centers in Northeast Florida -- two in Jacksonville and one in St. Johns County.

Access to Neonatal Intensive Care Unit beds -- where babies born too soon, too small or with health issues receive care after birth -- is limited outside of the Jacksonville urban core. Baker and Nassau counties do not have any Level II or III NICU beds. Clay and St. Johns counties each have seven Level II beds -- with a Clay County hospital planning to expand NICU beds to handle increased need. As the health care center of the region, Duval County is the only local county with Level III NICU beds -- which can take care of the smallest and sickest babies. There are two Level III NICUs in Jacksonville, one at Wolfson Children's Hospital and one at UF Health Jacksonville.

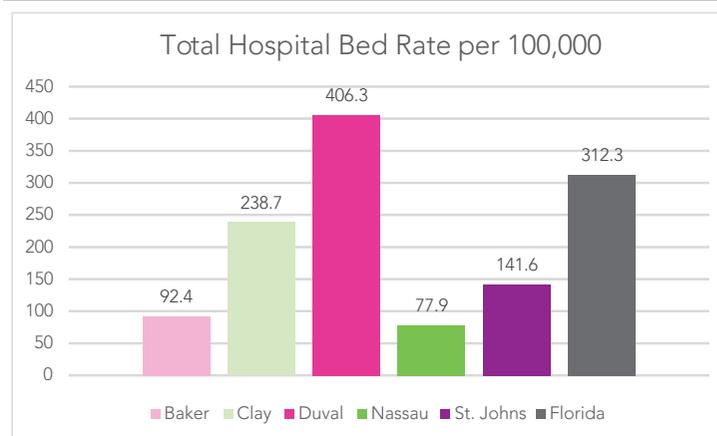
Health insurance coverage for women of childbearing age impacts their access to health care services. While Florida offers Medicaid for Pregnancy for pregnant women under 185 percent of the federal poverty level, these women often lack insurance during the critical pre- and interconception periods. Florida opted out of Medicaid expansion under the Affordable Care Act, which would have expanded coverage to adults under 138 percent of the federal poverty level.

## Northeast Florida Access to Hospital Care Compared to the State Rate, 2017

-  All Hospital Beds Rate per 100,000: 312.3
-  Level 2 NICU Beds Rate per 100,000: 5.7
-  Level 3 NICU Beds Rate per 100,000: 4.4

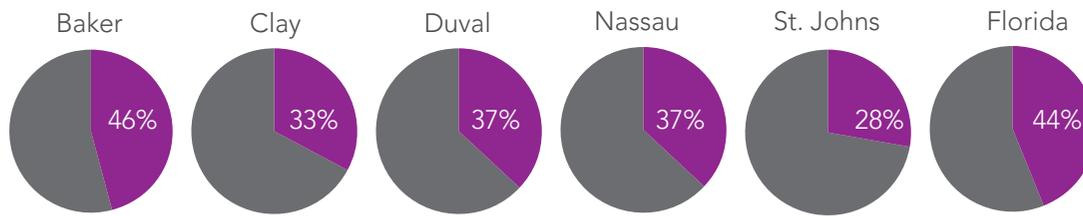


Source: Florida CHARTS, per 100,000 population



Source: Florida CHARTS

Households Below ALICE Threshold, 2015

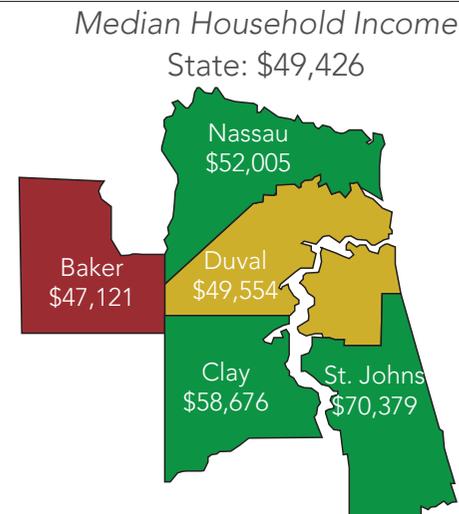


Source: United Way ALICE Report: Florida, 2017 Update

If residents do not have access to local medical care, their alternative is to travel elsewhere for care. Transportation, however, is a considerable barrier. If residents do not have cars, or their county does not have public transportation, they have limited options. According to the Northeast Florida Transportation Planning Agency's 2018 Mobility Report<sup>1</sup>, there are more drivers on the road and an increased usage of transit systems, but the reliability of travel is getting worse. According to the report, transit use in North Florida continues to be less than 1 percent of all person-miles traveled.

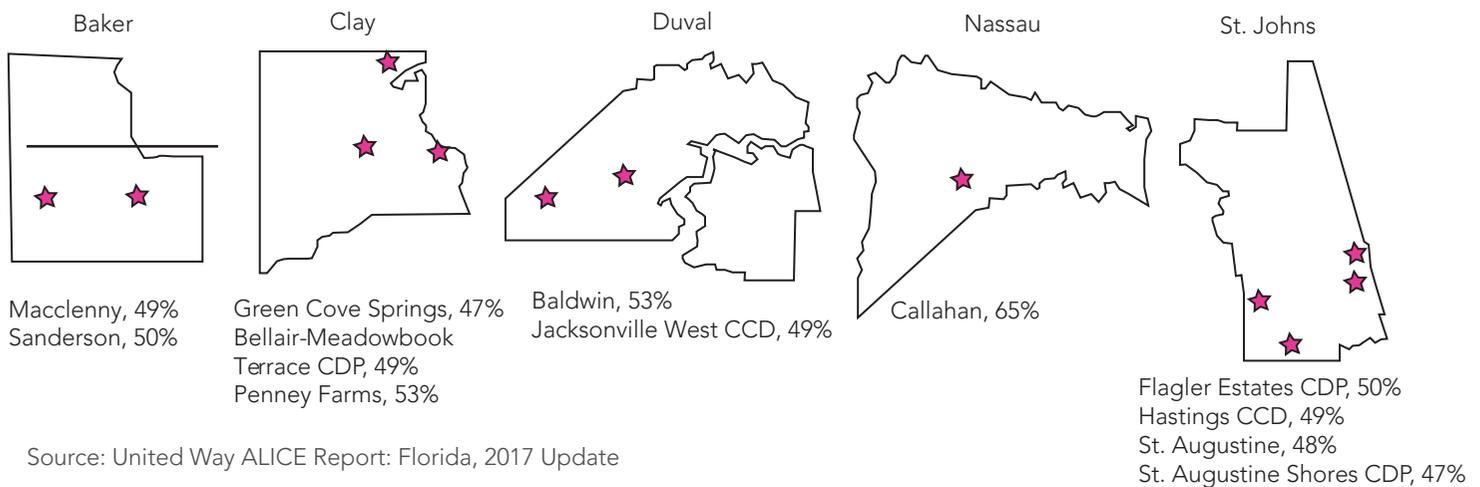
The United Way of Florida was one of several United Ways throughout the country to release a state study on financial hardship called ALICE -- Asset Limited, Income Constrained, Employed. While poverty statistics are typically based on federal poverty guidelines, the ALICE threshold identifies families that struggle to afford the basic necessities of housing, child care, food, health care and transportation. Families below the ALICE threshold earn below the basic cost of living.

In Florida, an estimated 44 percent of households live below the ALICE threshold. Families with young children make up a significant segment of the ALICE population because of the larger family size and the cost of outside care. Families with children headed by a single parent are much more likely to live below the ALICE threshold<sup>2</sup>.



Source: United Way ALICE Report: Florida, 2017 Update

Areas by County with High Rates of Households Below ALICE Threshold, Northeast Florida

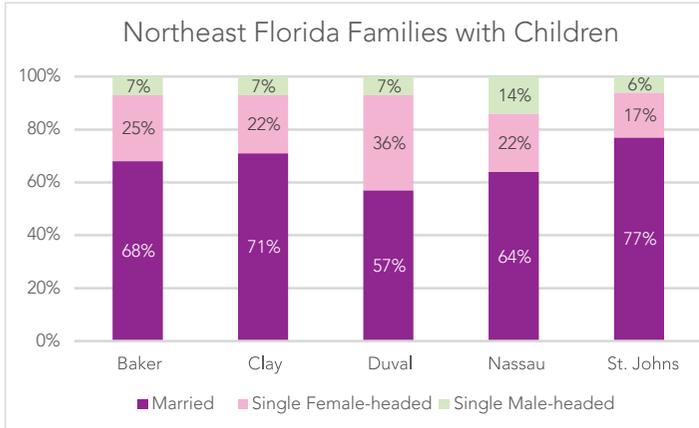


Source: United Way ALICE Report: Florida, 2017 Update

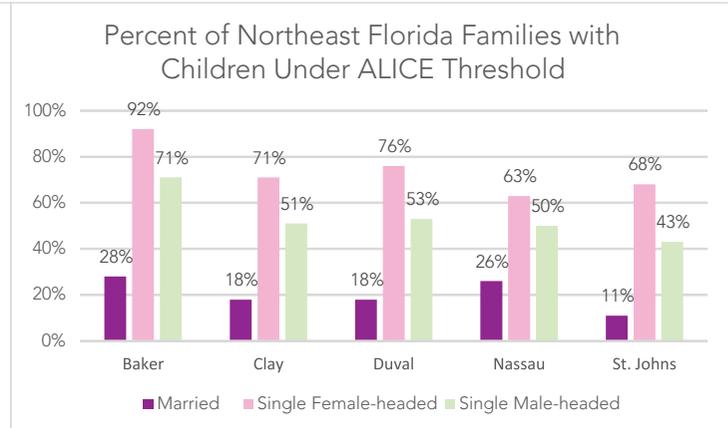
1 [http://northfloridatpo.com/images/uploads/2018\\_Mobility\\_Report\\_FINAL\\_2018-04-04.pdf](http://northfloridatpo.com/images/uploads/2018_Mobility_Report_FINAL_2018-04-04.pdf)

2 American Community Survey, 5-year estimate, 2012-2016

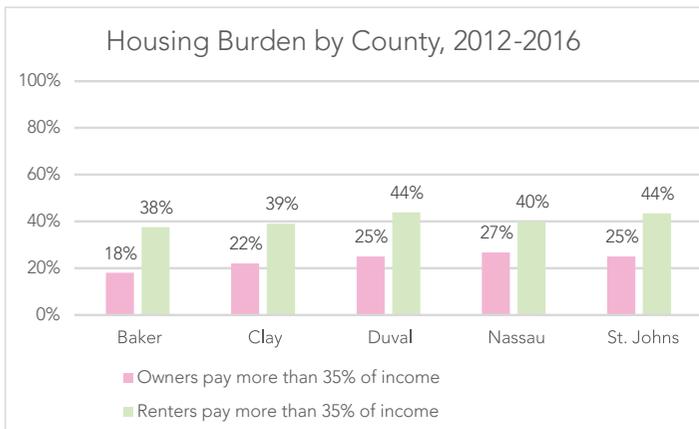
## An ALICE snapshot of Northeast Florida



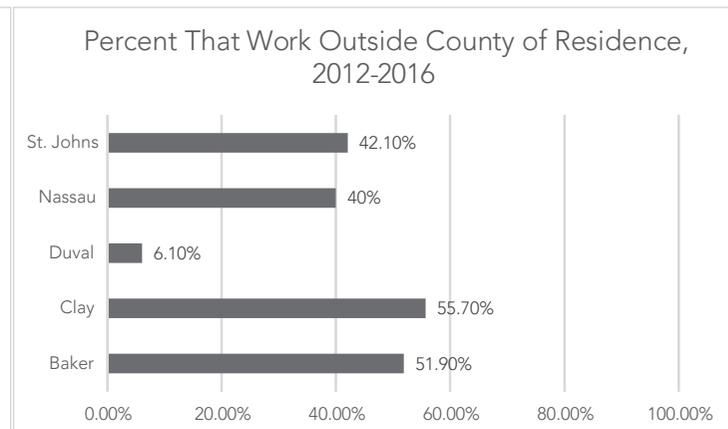
Source: United Way ALICE Report: Florida, 2017 Update



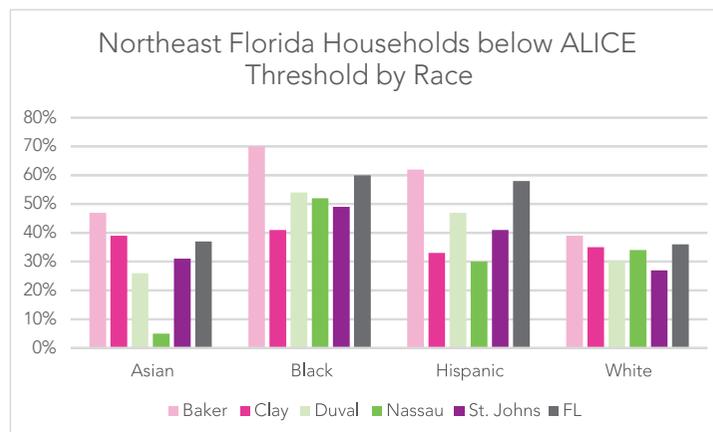
Source: United Way ALICE Report: Florida, 2017 Update



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates



Source: United Way ALICE Report: Florida, 2017 Update

ALICE looks at key areas that impact families' overall budget.

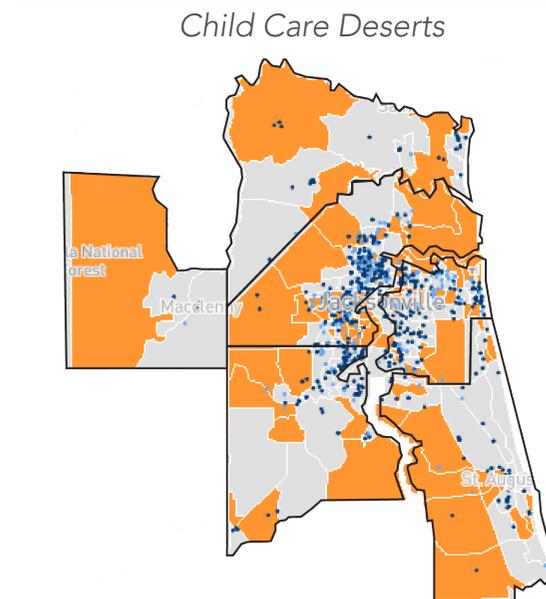
Household income varies significantly by county. The state median household income is \$49,426. Baker County is below the state median, while Duval County is nearly equal. But suburban counties like Nassau (\$52,005) and Clay (\$58,676) exceed the state median, while St. Johns County is significantly higher at \$70,379.

More than half of residents in Baker (52%) and Clay (56%) counties commute outside of their county for work. A significant amount of Nassau (40%) and St. Johns (42%) residents also commute out of county. Long commutes add additional costs for families (ALICE).

Extreme housing burdens – paying more than 35 percent in total income to rent or own a home – affect a wide swath of the population in Northeast Florida. The ALICE report ranked Duval, Nassau and St. Johns counties as “poor” for their availability of affordable housing.

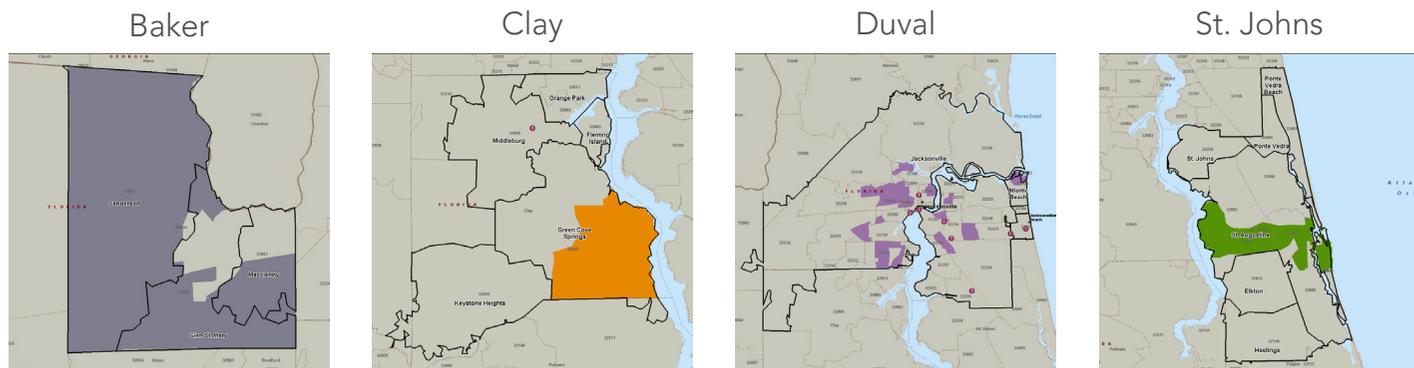
The ALICE report assesses the cost of child care as approximately 22 percent of a family's budget in Northeast Florida, averaging around \$950 for a family of four with one infant and one preschool-age child. Child care is a major component of many families' budget, as 61.4 percent of mothers with children under age three work, while 67.3 percent of mothers with children ages 3-5 work<sup>3</sup>. Child care financial assistance is available to families with wages below 150 percent of the Federal Poverty Level and who are working 20 hours a week or full-time students.

Access to child care, particularly quality child care, is also an issue. A 2017 report from the Center for American Progress identified child care deserts around the country -- any census tract with more than 50 children under age 5 that contains either no child care providers or so few options that there are more than three times as many children as licensed child care slots<sup>4</sup>. Large swaths of Northeast Florida were considered child care deserts.



Source: Center for American Progress, Mapping America's Child Care Deserts

### Food Deserts in Northeast Florida



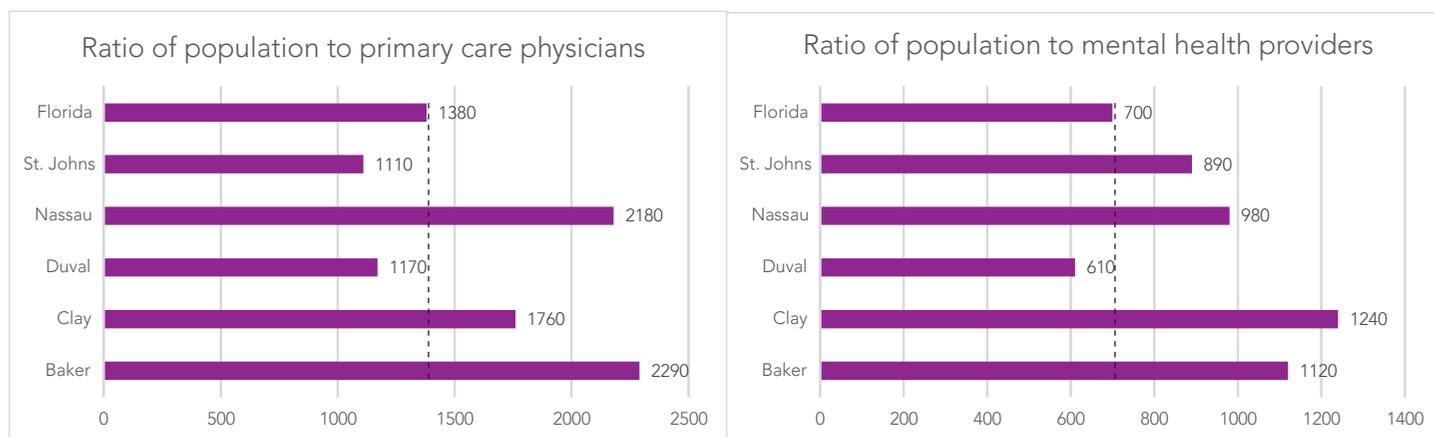
Source: United States Department of Agriculture, 2015.

<sup>3</sup> Source: U.S. Bureau of Labor Statistics, Current Population Survey, March 1975-2015 Annual Social and Economic Supplement.

<sup>4</sup> Center for American Progress, Mapping America's Child Care Deserts, August 2017 <https://www.americanprogress.org/issues/early-childhood/reports/2017/08/30/437988/mapping-americas-child-care-deserts/>

Four out of the five counties in Northeast Florida have at least one food desert -- a low-income area more than one mile from a supermarket or large grocery store in urban areas, and more than 10 miles from a supermarket or large grocery store in rural areas.

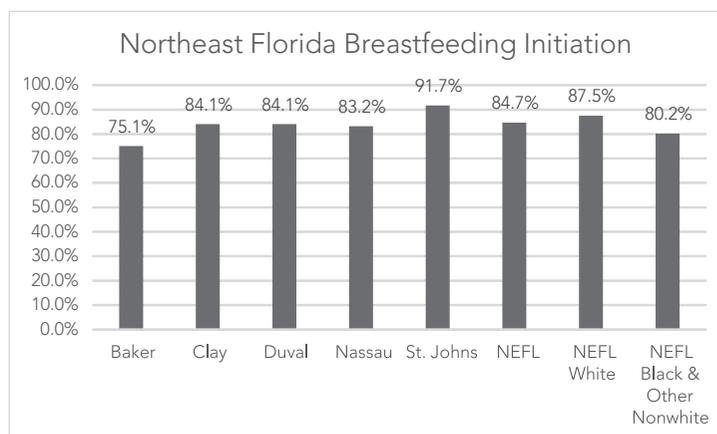
The County Health Rankings provide a comparison of how the counties compare throughout the state on key health indicators. The Northeast Florida counties vary greatly in the rankings – St. Johns was ranked #1 in 2017, while Baker (48) and Duval (42) counties were in the bottom half of the 67 counties. Clay (13) and Nassau (23) counties also ranked well.



Source: County Health Rankings, Florida

The rankings look at the overall health of the counties and drill down to specific factors, including access issues like ratio of primary care physicians and mental health providers; behaviors like smoking and issues like obesity. All counties except Duval had higher ratios of residents to mental health providers than the state. Only Duval and St. Johns counties had lower ratios of residents to primary care physicians than the state.

At least half of all pregnancies in the United States are unplanned, with an estimated 59 percent of Florida pregnancies unplanned<sup>5</sup>. Although usage of Long Acting Reversible Contraceptives like the intra-uterine device (IUD) and implant is increasing, only approximately 12 percent of women use these highly effective birth control methods<sup>6</sup>. Birth control options are typically discussed at a woman’s postpartum visit, which is recommended within six weeks of birth. However, as many as 40 percent of women do not attend their visit<sup>7</sup>. Florida’s Medicaid program recently amended policy to allow for payment of immediate postpartum LARC, opening up the potential for more women to access these contraceptives. Well child visits are also an opportunity to discuss family planning, including LARC, as successfully implemented using the evidence-based IMPLICIT model



Source: Florida CHARTS

5 Kost K, Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002, New York: Guttmacher Institute, 2015, <http://www.guttmacher.org/pubs/StateUP10.pdf>.

6 Kavanaugh ML, Jerman J and Finer LB, Changes in use of long-acting reversible contraceptive methods among United States women, 2009–2012, *Obstetrics & Gynecology*, 2015, 126(5):917–927.

7 <https://www.acog.org/About-ACOG/News-Room/News-Releases/2016/Ob-Gyns-Stress-the-Importance-of-Postpartum-Care-The-Fourth-Trimester>

developed by the Family Medicine Education Consortium<sup>8</sup>. IMPLICIT has been implemented locally in three clinic sites in Duval County.

The postpartum period is a critical juncture for a mother's health. The American College of Obstetricians and Gynecologists (ACOG) recognized this and released a revised Committee Opinion in April 2018 to reinforce the importance of the "fourth trimester," and to propose a new paradigm for postpartum care. ACOG previously recommended a comprehensive postpartum visit take place within the first six weeks after birth, but now recommends that postpartum care should be an ongoing process, rather than a single encounter. ACOG recommends women have contact with their obstetric care providers within the first three weeks postpartum.

Women who utilize Medicaid for Pregnancy as their health insurance have access to family planning as part of a special Medicaid waiver. Enrollment is offered to women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum, however this service has been historically underutilized.

Breastfeeding offers babies an optimal start in life and reduces the chances of developing obesity later in child- and adulthood. In Northeast Florida, 85 percent of moms initiated breastfeeding in the hospital. The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life, with continuation of breastfeeding to one year or longer, as mutually desired by mother and infant. Despite high rates of breastfeeding initiation, a CDC study estimates only a quarter (24.9 percent) of infants are exclusively breastfed through six months and only 33 percent are breastfed at one year<sup>9</sup>. Support from family, friends, health care practitioners and other community members is a key component of successful breastfeeding duration.



Azalea Prevention implements primary prevention strategies in the five-county region to educate health consumers on the dangers of substance use during pregnancy and works

to reduce the stigma associated with obtaining treatment to save babies from substance exposure. Through the initiative, health providers are trained to implement the evidence-based SBIRT (Screening Brief Intervention and Referral to Treatment) screening tool. The goal of the SBIRT is to normalize substance use screening in routine medical care to ensure there are no healthcare bias associated with substance use and to intervene as early as possible with women who are using or see a change in their substance use across the lifespan. Home visitors are also trained to implement SBIRT to increase access for women who do not routinely seek medical care due to the stigma associated with disclosing substance use.

I am a Healthy Start Employer recognizes businesses that create a culture of health and wellbeing for families. The certification is awarded to employers that work hard to ensure families receive the support and education they need before, during and after pregnancy. A large majority of parents — mothers, fathers, legal guardians — participate in the workforce. Their quality of life, and that of their child or children, is directly impacted by the support they receive through their employer. There are three levels of certification: Bronze, Silver & Gold. Certification is based on a self assessment completed with I am a Healthy Start Employer staff. The criteria includes breastfeeding support; information & resources; policies; and child care. In addition to the certification, businesses receive access to resources, referrals, materials and education at no cost.

8 <https://www.fmec.net/implicit>

9 Breastfeeding Among U.S. Children Born 2002–2014, CDC National Immunization Survey

Help Me Grow is a program that connects families with local resources to address parents' concerns about the health, development, behavior and learning of their young children. It is a system that builds collaboration across sectors, including early care and education, health care and family support. Help Me Grow is implemented locally in Duval, Clay and Nassau counties through United Way of Northeast Florida/2-1-1 and the Early Learning Coalition of Duval. Families can receive an ASQ screening to assess for developmental delays at no cost.

Healthy Start provides breastfeeding counseling and support to women in the program. Support is also available through WIC, delivering hospitals and resources like La Leche League. The region also has two Baby Friendly Hospitals, a global program to support breastfeeding sponsored by the World Health Organization and UNICEF. Hospitals with this designation must implement a 10-step program of education, policies and support, and agree not to accept or distribute free infant formula to new mothers. Naval Hospital Jacksonville and St. Vincent's Southside received the designation.

# Building Communities Goals & Strategies

## GOAL 1

Increase access to prenatal care: Increase the rate of first trimester entry into prenatal care to 70 percent and decrease late entry or no prenatal care to 5 percent.

### Strategies:

- Implement within the community in various pediatric and OB/GYN clinics the evidence-based CenteringPregnancy and CenteringParenting group care models and the IMPLICIT model.
- Expand the Fetal & Infant Mortality Review's Community Action Team to include representation of the following areas: housing, criminal justice system, food industry, health care access, managed care organizations, poverty law center, domestic violence, community leaders and mental health to provide insight into toxic stress.
- Continue to expand the I am a Healthy Start Employer business initiative to additional businesses and engage the local chambers of commerce
- Expand the CenteringPregnancy and CenteringParenting group care models to rural areas that lack an adequate amount of health care providers.
- Integrate self-sufficiency as a participant focus throughout all Coalition direct service programs.
- Reestablish the NEFL Fatherhood Task Force
- Reinstate the Coalition's faith-based initiative Hold Out The Lifeline.
- Develop and implement a five-year infant mortality social marketing campaign (Make a Noise! Make a Difference!)
- Continue and grow the Make a Difference! Leadership Academy
- Expand Help Me Grow to rural counties
- Develop housing initiative specifically for homeless high-risk pregnant women and substance-using pregnant women

### Potential Partners

- Florida Department of Health
- Local housing authorities
- OB/GYNs
- Midwifery practices
- Pediatricians
- Family medicine practices
- Partnership for Child Health
- Maternal and child health home visiting programs
- Agape Community Health Centers
- Apartment complexes
- St. Vincent's Ascension
- UF Health
- Flagler Hospital
- Memorial Hospital
- Orange Park Medical Center
- Faith-based organizations
- Medical schools, nursing schools, health care schools
- Healthy Start providers
- Local courts
- Local colleges (UNF, JU, EWC, FSCJ)

- Coalition direct service programs
- Managed care organizations
- Jax Chamber
- Baker County Chamber of Commerce
- Clay County Chamber of Commerce
- Nassau County Chamber of Commerce
- St. Johns County Chamber of Commerce
- Operation New Hope
- Local domestic violence shelters
- United Way of Northeast Florida
- Sulzbacher

# 2018-2023 Action Plan Summary

Focus Area	Issue	Goals	Program Strategies	Partnerships
Saving Babies	Too many babies are born too early and too small	Goal: Reduce premature births	<ul style="list-style-type: none"> <li>Utilize the Health Equity Task Force to bring together maternal and child health partners, along with nontraditional partners, including but not limited to transportation, hospitals, housing agencies, faith-based organizations, law enforcement, LISC, and local businesses to examine racial disparities and the root causes of prematurity in high risk families.</li> <li>Implement within the Federally Qualified Health Centers a preconception and prenatal chronic disease Centering group care model that focuses on obesity, hypertension and diabetes.</li> <li>Develop social services equivalent of medical home</li> <li>Support comprehensive training to Healthy Start staff and include additional training about preeclampsia, kick counts, SUID and SIDS, and other causes of prematurity and LBW.</li> <li>Implement a mobile prenatal care unit</li> <li>Increase the number of prenatal, infant level three clients served in Healthy Start</li> <li>Continue to implement evidenced-based programs and best practices</li> <li>Increase SBIRT screening to prevent and address substance abuse among women of childbearing age and pregnant women</li> <li>Expand Azalea Project services to additional areas of the region to prevent substance -exposed newborns and decrease the prevalence of Neonatal Abstinence Syndrome</li> <li>Expand the activities of the Substance-exposed Newborn Task Force</li> </ul>	<ul style="list-style-type: none"> <li>Jacksonville Sheriff's Office</li> <li>Baker County Sheriff's Office</li> <li>Clay County Sheriff's Office</li> <li>Nassau County Sheriff's Office</li> <li>St. Johns County Sheriff's Office</li> <li>LISC</li> <li>Jacksonville Transportation Authority</li> <li>Northeast Florida Transportation Planning Office</li> <li>Florida Department of Health</li> <li>Local housing authorities</li> <li>OB/GYNs</li> <li>Midwifery practices</li> <li>Maternal and child health home visiting programs</li> <li>Drug Free Duval</li> <li>Agape Community Health Centers</li> <li>Baptist Health/Wolfson Children's Hospital</li> <li>St. Vincent's Ascension</li> <li>UF Health</li> <li>Flagler Hospital</li> <li>Memorial Hospital</li> <li>Orange Park Medical Center</li> <li>Faith-based organizations</li> <li>Medical schools, nursing schools, health care schools</li> <li>Day care centers</li> <li>Pediatricians</li> <li>Family medicine practices</li> <li>Paramedics</li> </ul>
		Subgoal: Reduce racial disparities		
		Subgoal: Decrease percentage of women who are overweight or obese during pregnancy		
		Subgoal: Reduce number of substance-exposed newborns		

Focus Area	Issue	Goals	Program Strategies	Partnerships
Saving Babies	Infant mortality rates in Northeast Florida exceed state and national rates	Goal: Reduce the overall and black infant mortality rates	<ul style="list-style-type: none"> <li>• Increase Healthy Start screening outreach and education to OB/GYN and pediatric providers and monitor screening rates.</li> <li>• Utilize the Fetal Infant Mortality Review process to further examine and develop strategies related to life course issues and the social determinants of health in the records review.</li> <li>• Expand activities of the Safe Sleep Task Force.</li> <li>• Staff Safe Sleep Partnership as a means to bring together maternal and child health partners, along with nontraditional partners like housing agencies, faith-based organizations,</li> <li>• Increase smoking cessation resources and programs in counties with high rates of prenatal smoking</li> <li>• Provide safe sleep training for medical professionals, nurses, day care centers, pediatricians, paramedics</li> <li>• Implement a full -scale safe sleep marketing campaign</li> <li>• Engage community partners in infant mortality through "Infant Mortality Certified Community Partner" and "I am a Healthy Start Employer" initiatives</li> <li>• Encourage hospital birthing centers to continue to ask "Where will your baby sleep?" and link to crib distribution when needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy Start providers</li> <li>• Coalition direct service programs</li> <li>• Managed care organizations</li> <li>• United Way of Northeast Florida</li> </ul>
	The Infant mortality rate for black and other nonwhite babies is twice as high as the rate for white babies.	Subgoal: Reduce racial disparities		
	Too many women use tobacco while pregnant	Subgoal: Decrease the number of women who smoke during pregnancy Subgoal: Reduce sleep-related deaths		

Focus Area	Issue	Goals	Program Strategies	Partnerships
Strengthening Families	Women are not waiting the optimal 18 months between pregnancies	Goal: Increase the number of women with an inter-pregnancy interval of 18 months or more	<ul style="list-style-type: none"> <li>• Implement mobile unit providing pre- and interconception care in areas that lack access to care</li> <li>• Expand Yoga in the Streets</li> <li>• Educate health care providers and students (MDs, DOs, RNs, LNPs, ARNPs, PAs) on preconception health, the life course theory and social determinants of health.</li> <li>• Develop preconception health centers in specific areas through partnerships and training grassroots agencies</li> <li>• Train all Coalition program staff in racial disparities, preconception health, the life course theory and social determinants of health.</li> <li>• Develop Coalition-wide social determinants of health performance measure across all programs.</li> <li>• Implement an adolescent/teen component at the Magnolia and Azalea projects and Fatherhood PRIDE.</li> <li>• Educate providers and families in reproductive justice and long acting reversible contraception choice counseling.</li> <li>• Increase the number of Healthy Start referrals to Fatherhood PRIDE program.</li> <li>• Increase percentage of eligible women who access family planning coverage under the Family Planning Medicaid waiver.</li> <li>• Collaborate with Child Guidance Center to sustain and expand Moving Beyond Depression™ which provides in-home cognitive-behavioral therapy to clinically depressed women enrolled in home visiting.</li> </ul>	<ul style="list-style-type: none"> <li>• Florida Department of Health</li> <li>• Local housing authorities</li> <li>• OB/GYNs</li> <li>• Midwifery practices</li> <li>• Maternal and child health home visiting programs</li> <li>• Agape Community Health Centers</li> <li>• Apartment complexes</li> <li>• St. Vincent's Ascension</li> <li>• UF Health</li> <li>• Flagler Hospital</li> <li>• Memorial Hospital</li> <li>• Orange Park Medical Center</li> <li>• Faith-based organizations</li> <li>• Medical schools, nursing schools, health care schools</li> <li>• Healthy Start providers</li> <li>• Local courts</li> <li>• Local colleges (UNF, JU, EWC, FSCJ)</li> <li>• Coalition direct service programs</li> <li>• Managed care organizations</li> <li>• United Way of Northeast Florida</li> <li>• Yoga 4 Change</li> <li>• Sulzbacher</li> <li>• Hubbard House</li> <li>• Jacksonville Urban League</li> <li>• Operation New Hope</li> <li>• Child Guidance Center</li> <li>• New Town Success Zone</li> </ul>

Focus Area	Issue	Goals	Program Strategies	Partnerships
Building Communities	Women delivering with late or no prenatal care has increased significantly in the region.	Goal: Increase the rate of first trimester entry into prenatal care	<ul style="list-style-type: none"> <li>• Implement within the community in various pediatric and OB/GYN clinics the evidence-based CenteringPregnancy and CenteringParenting group care models and the IMPLICIT model.</li> <li>• Expand the Fetal &amp; Infant Mortality Review's Community Action Team to include representation of the following areas: housing, criminal justice system, food industry, health care access, managed care organizations, poverty law center, domestic violence, community leaders and mental health to provide insight into toxic stress.</li> <li>• Continue to expand the I am a Healthy Start Employer business initiative to additional businesses and engage the local chambers of commerce</li> <li>• Expand the CenteringPregnancy and CenteringParenting group care models to rural areas that lack an adequate amount of health care providers.</li> <li>• Integrate self-sufficiency as a participant focus throughout all Coalition direct service programs.</li> <li>• Reestablish the NEFL Fatherhood Task Force</li> <li>• Reinstate the Coalition's faith-based initiative Hold Out The Lifeline.</li> <li>• Develop and implement a five-year infant mortality social marketing campaign (Make a Noise! Make a Difference!)</li> <li>• Continue and grow the Make a Difference! Leadership Academy</li> <li>• Expand Help Me Grow to rural counties</li> <li>• Develop housing initiative specifically for homeless high-risk pregnant women and substance-using pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>• Florida Department of Health</li> <li>• Local housing authorities</li> <li>• OB/GYNs</li> <li>• Midwifery practices</li> <li>• Pediatricians</li> <li>• Family medicine practices</li> <li>• Partnership for Child Health</li> <li>• Maternal and child health home visiting programs</li> <li>• Agape Community Health Centers</li> <li>• Apartment complexes</li> <li>• St. Vincent's Ascension</li> <li>• UF Health</li> <li>• Flagler Hospital</li> <li>• Memorial Hospital</li> <li>• Orange Park Medical Center</li> <li>• Faith-based organizations</li> <li>• Medical schools, nursing schools, health care schools</li> <li>• Healthy Start providers</li> <li>• Local courts</li> <li>• Local colleges (UNF, JU, EWC, FSCJ)</li> <li>• Coalition direct service programs</li> <li>• Managed care organizations</li> <li>• Jax Chamber</li> <li>• Baker County Chamber of Commerce</li> <li>• Clay County Chamber of Commerce</li> <li>• Nassau County Chamber of Commerce</li> <li>• St. Johns County Chamber of Commerce</li> <li>• Operation New Hope</li> <li>• Local domestic violence shelters</li> <li>• United Way of Northeast Florida</li> <li>• Sulzbacher</li> </ul>



Northeast Florida Healthy Start Coalition, Inc.  
644 Cesery Blvd. Ste. 210  
Jacksonville, FL 32211

P. 904.723.5422 | F. 904.723.5433

[nefhealthystart.org](http://nefhealthystart.org)