

Healthy Start Service Delivery Plan

Northeast Florida Healthy Start Coalition
2021-2026



Saving Babies. Strengthening Families. Building Communities.

Healthy Start Service Delivery Plan

2021-2026

Adopted by the Membership

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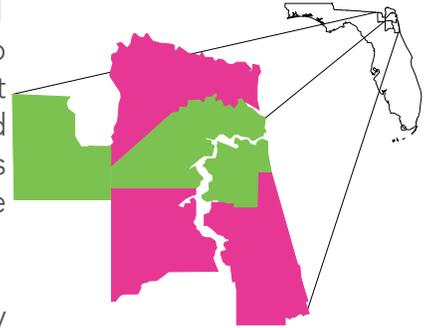
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Introduction

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 one of 32 that make up the Florida Association of Healthy Start Coalitions, an umbrella organization that develops and supports local systems of care to optimize the health of moms, babies and families. Together, the coalitions unite to have a collective impact toward better outcomes for Florida's families.

Locally, the Northeast Florida Healthy Start Coalition is comprised of members representing consumers, physicians, business, health care payors, social services, education, civic organizations, public health, local medical societies, mental health and hospitals in the five-county area. The 17-member governing board directs Coalition efforts. Standing committees conduct the organization's activities.

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 2020-21, the Coalition has a total budget of approximately \$10 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, Community Connect, the Fetal & Infant Mortality Review (FIMR), the Azalea Project 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.

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.

Diversity, Equity & Inclusion Statement

Health Equity is the realization by all people, regardless of race, gender or socioeconomic status of the highest attainable level of health. Achieving health equity requires valuing ALL individuals and populations equally. The Northeast Florida Healthy Start Coalition is dedicated to providing assistance to families who have experienced historical or contemporary injustices or socioeconomic disadvantage. Internally, we have policies that ensure that no employee or volunteer will be subjected to discrimination or prejudice and will only be treated with respect and dignity. We make strides regularly to ensure that we have a culture of inclusivity. We make sure that our staff is educated and passionate about the social determinants of health so they may provide the most empathetic care to our clients. We solicit feedback from our staff to provide them with any resources, knowledge, professional development, and training that will make them better providers. We listen to these communities and tailor our services and approaches to best fit their needs as we see them as the highest priority. We hold quarterly community listening sessions and collect important feedback to move forward in the best direction for the community. The Coalition provides regular community events and provides free resources to the communities affected by historical racial injustice. We are committed to inspiring our clients and bringing hope to communities we serve in all of our programs.

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;
- Increasing community awareness of maternal and child health issues; and
- Directing state and other resources to programs and services that address specific community needs.

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 centers on 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 signifies underlying issues that need to be addressed.

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

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 and structural root causes of infant mortality and poor birth outcomes.

Key areas we're working in:

Saving Babies

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

Strengthening Families

- Co-parenting
- Engaging dads
- Interconception care

Building Communities

- Social determinants of health
- Health disparities
- Addressing racism
- Grassroots leadership
- Access to care
- Advocacy

Key Accomplishments

Make a Noise! Make a Difference! Campaign | The community education and awareness campaign was first launched in September 2009 to bring attention to the prevalence of infant mortality and strategies to prevent it. The campaign was relaunched in 2021 to increase awareness of infant mortality and its root causes among African American women in zip codes with the highest infant death rates and elected officials and other decision makers.

Responsible Fatherhood | The Coalition provided limited responsible fatherhood services beginning in 2008. In 2015, the program was awarded a five-year grant from the Administration for Children & Families to expand fatherhood services to dads in Northeast Florida. The program now continues with funding from private funders. Fatherhood P.R.I.D.E. (Parental Responsibility Inspiring Dads Everywhere) provides father engagement and financial responsibility education, in addition to employment assistance and case management to address structural challenges dads face.

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 Northeast Florida 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. The program now serves first-time and multiparous mothers in Duval and Baker counties.

CONNECT | The Coalition was selected as one of 10 pilots sites for a coordinated intake & referral pilot in 2016. The Coalition led the initiative to develop the intake system based on the state universal prenatal and infant screening process in Duval County. The coordinated intake program, Community CONNECT, expanded statewide in 2018, linking families with the home visiting program of their choice.

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 five sites under the umbrella of the National Health Corps, an AmeriCorps National Direct program.

Magnolia Project | The Magnolia Project has served the Jacksonville Northside since 1999. The project was initially created to provide clinical and case management services and address preconception health, a leading cause of poor birth outcomes. The Project has since expanded to serve women before, during and after pregnancy; serve men and father figures; and address maternal mortality. A second clinic now serves the Arlington neighborhood (zip codes 32211 and 32277), while the original site serves zip codes 32208 and 32209.

Make a Difference! Leadership Academy | An effort to train grassroots leaders originated from 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.

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 currently provides services to women in high-risk zip codes in Jacksonville. The Coalition also provided a primary prevention component from 2017-2020.

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 integrates information from birth, death, medical, hospital and autopsy record and maternal interviews. A Case Review Team (CRT) reviews the records and develops recommendations for implementation by a Community Action Group (CAG). FIMR's recent accomplishments include a thorough analysis of sleep-related deaths and an expansion of the CAG to address the root causes of health disparities and social factors that impact health. In 2018, the first full review of all infant deaths that occurred in a full year was conducted.

Universal Nurse Home Visiting | The Coalition launched the first universal nurse home visiting program in the region in 2020. WELLcome Home provides education and support to women who deliver at Baptist Medical Center Jacksonville through a home visit shortly after discharge.

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 piloted in 2017 with funding from the Chartrand Family Fund at the Community Foundation for Northeast Florida. With an expansion in the Magnolia clinics to provide primary care in partnership with Agape Family Health, the local federally qualified health center, Centering Chronic Disease will soon be available.

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 had been increasing and were associated with increased NICU admissions, infant morbidities, C-section deliveries and late pre-term births.

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 interpregnancy 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 Newborns | 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. Currently county-specific work groups meet monthly to develop county-specific strategies and work plans.

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.

Planning Process

The 2021-2026 Service Delivery Plan was developed to track progress in addressing maternal and infant health needs and reducing infant mortality in Northeast Florida and to guide the development and funding of Healthy Start services through 2026.

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, health disparities 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, we must also address and eliminate inequities ingrained in our communities.

Over the 30-year duration of Healthy Start and its coalitions, the community we serve and national and global landscapes have changed dramatically.

A 12-member Planning Committee was established in 2018 to examine progress made on the 2009-2014 goals and strategies and develop an interim 2018 Service Delivery Plan that would provide the Coalition with updated strategies for addressing needs and gaps in service.

In 2021, a new committee was established to review data and strategies updated from the 2018 interim plan.

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).

The planning process culminated in the adoption of four main goals, 13 subgoals and related strategies. Implementation activities to address these goals and strategies will be detailed in annual action plans over the next five years.

Community Perspective

The Coalition engages the community and stakeholders through a variety of methods to solicit feedback on needs and services.

Since 2018, the Coalition has worked with an engaged group of funders -- with representatives from Florida Blue, Baptist Health/Wolfson Children's Hospital and UF Health Jacksonville -- to identify and implement strategies to improve birth outcomes. The group formed to fund the first full FIMR review of all infant deaths in a year and currently is working on a nine-point plan to reduce infant mortality.

Focus groups conducted as part of the Make a Noise! Make a Difference! social marketing campaign showed the importance for moms in zip codes with the highest infant mortality rates to be able to:

- Trust medical doctors to be ethical and helpful
- Trust their community to be safe and resourceful
- Trust local organizations to bring resources proactively

Program participants from the Magnolia Project, Healthy Start and other home visiting programs participated in focus groups to provide feedback on key issues affecting pregnancy and birth outcomes.

Takeaways from the focus groups include:

- Prenatal care: Late entry results from Medicaid delays and scheduling challenges with Medicaid providers
- Prenatal Screen: Providers offices often do not explain the screen or what the next steps are
- Medical care: Concerns and symptoms often brushed off
- Stress, anxiety and depression are prevalent. Moms feel overwhelmed by life and pregnancy, lack support.

Resources

General

nefl211.org

Fatherhood

Fatherhood.gov

Fatherhood.org

menshealthnetwork.org/

Before, During & After Pregnancy

showyourlovetoday.com/

marchofdimes.com

text4baby.org/

womenshealth.gov/

cdc.gov/preconception/index.html

healthychildren.org/

floridahealth.gov/programs-and-services/wic/

Reproductive Health

bedsider.org

powertodecide.org/

Professionals

beforeandbeyond.org/

citymatch.org/

everywomansoutheast.org/

flmiechv.com/

healthystartflorida.com/

flhealthcharts.com

nationalhealthystart.org/

nursefamilypartnership.org/

babyfriendlyusa.org/

acog.org/

aap.org

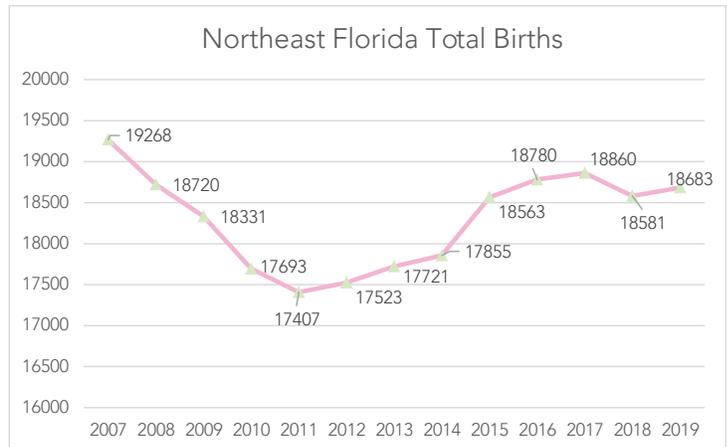
health.usf.edu/publichealth/chiles/fpqc

Saving Babies

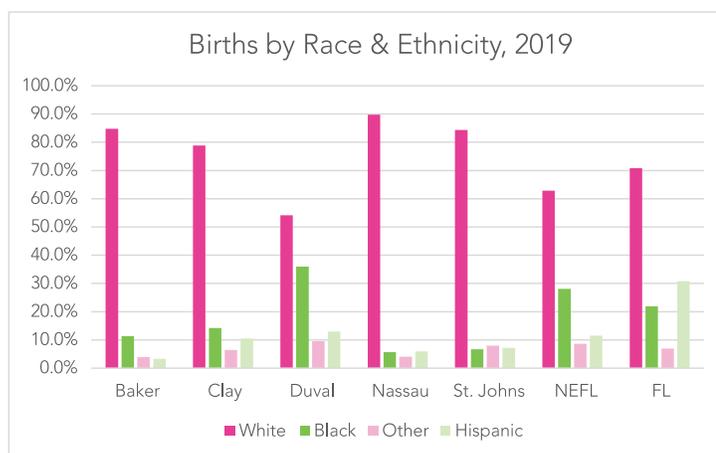
There were 18,683 babies born in Baker, Clay, Duval, Nassau and St. Johns counties in 2019. Births in the region declined by more than 10 percent following the national recession that began in 2007/2008, but began increasing again in 2011 and have largely stabilized. The region accounts for approximately 8.5 percent of the state's births. The birth rate has dipped slightly since 2011, at 12 births per 1000 population.

Duval County is the population center of the region and accounts for the largest share of births (13,032 in 2019). Duval has the sixth highest number of births in the state. Baker County has the smallest number of births in the region (362 in 2019), and did not witness the same increase in births that the other counties experienced. St. Johns, meanwhile, has seen steady growth.

Approximately 63 percent of births in Northeast Florida were white, 28 percent were Black and 8.7 percent were other races, including Native American and Asian American and Pacific Islander. This profile is more racially diverse than the state, for which 22 percent of births were Black and 7 percent other races. In Northeast Florida, the black and other nonwhite births are largely centered in Duval County, where 36 percent of births were Black and 9.6 percent were other races.



Source: Florida CHARTS



Source: Florida CHARTS

While the state has a large number of Hispanic births (30 percent), Northeast Florida has a smaller but increasing proportion. Hispanic births accounted for 11.5 percent of all births in 2019, compared to 8.6 percent in 2007.

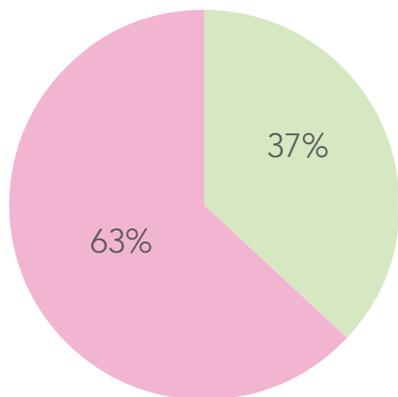
The majority of mothers -- 58 percent -- were between 25 and 34 years old at the time of birth. Teen births in the region have declined significantly, accounting for less than 5 percent of births in 2019, compared to 10 percent a decade ago.

Thirty-seven percent of babies in Northeast Florida are born via Cesarean section. The World Health Organization recommends that C-sections account for no more than 10 to 15 percent of births to ensure optimal neonatal and maternal outcomes¹. Hospitals in the region exhibit C-section rates that range from 21.3 percent to 40.4%. C-section deliveries have rises gradually over the past 25 years, but have recently plateaued.

While C-section deliver is necessary in some cases, maternal complications are more likely to ensue than

¹ World Health Organization, WHO Statement on Caesarean Section Rates, April 2015

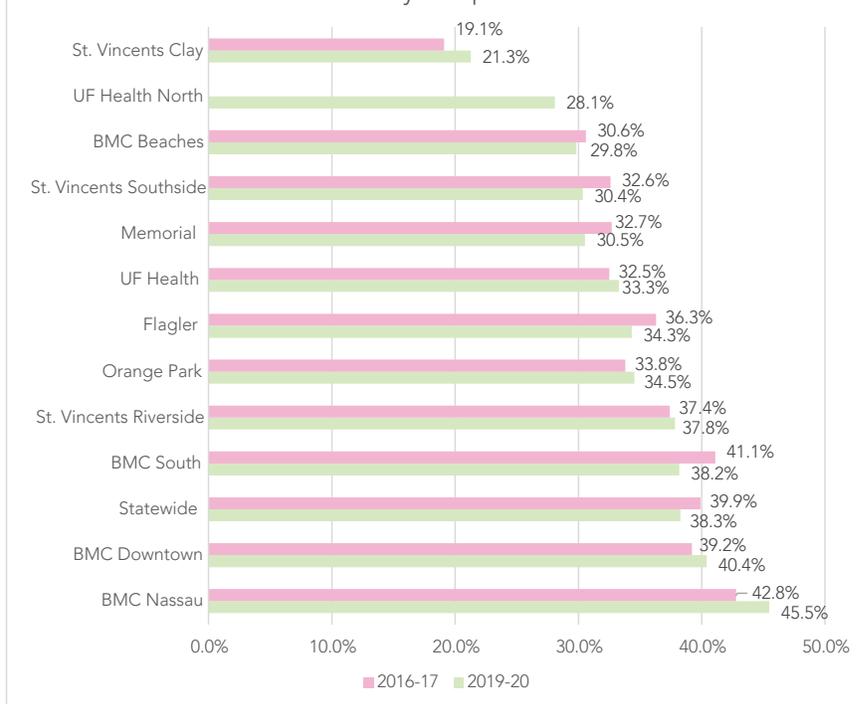
Percent of C-sections Northeast Florida, 2019-20



Source: Agency for Health Care Administration, Florida Center for Health Information and Transparency

following vaginal births. C-sections can impact future pregnancies by increasing the likelihood of placental issues. Babies born by C-sections can experience respiratory problems. Early C-sections, especially if elective, can lead to late premature birth.²

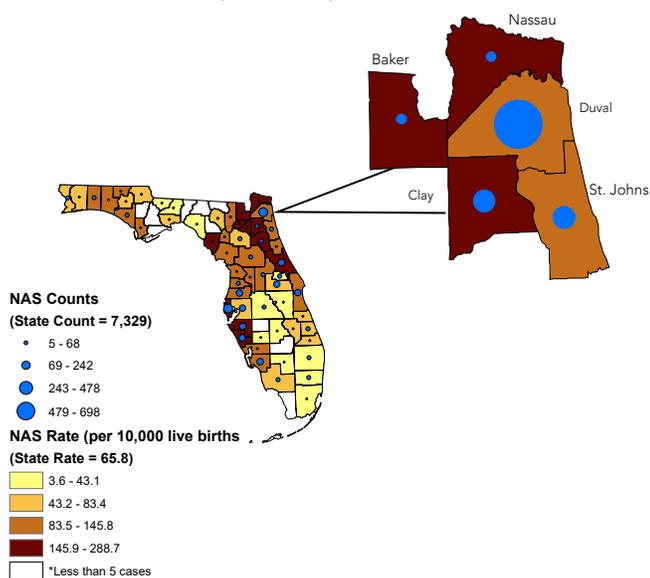
C-section Deliveries by Hospital 2016-17 & 2019-20



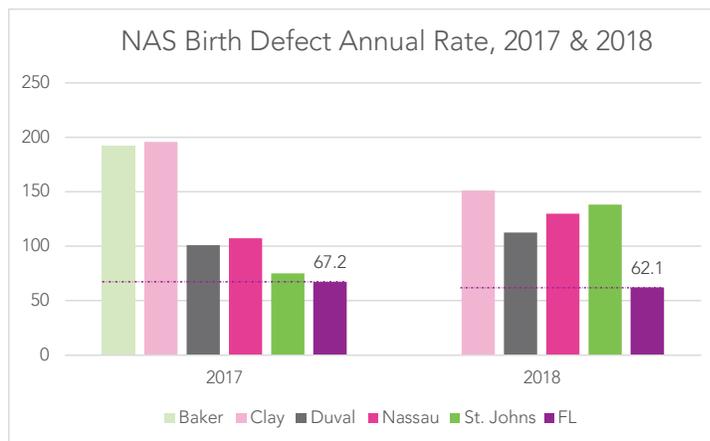
Source: Agency for Health Care Administration, Florida Center for Health Information and Transparency

The number of substance-exposed newborns born in Florida has increased substantially over the last decade. Substance use can have considerable impact on the fetus. For instance, alcohol use can impair long-term neurodevelopment even without resulting in obvious physical abnormalities at birth. Use of crack or cocaine 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 womb³.

Neonatal Abstinence Syndrome (NAS) Counts and Rates, by County, 2014-2018, Florida



NAS Birth Defect Annual Rate, 2017 & 2018



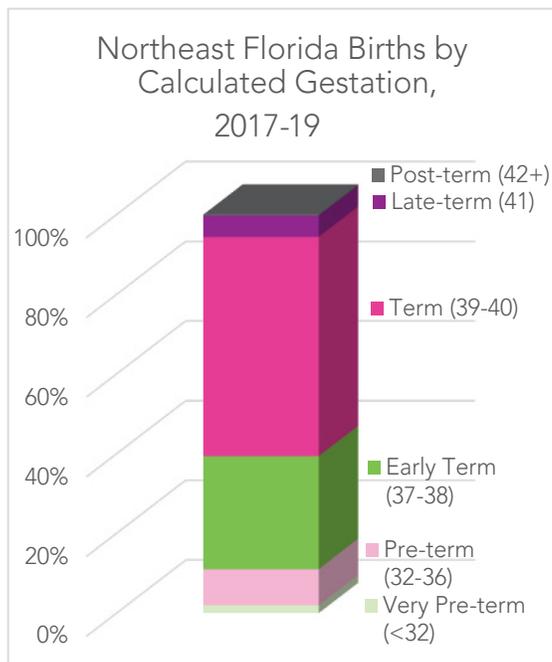
Source: Florida CHARTS

Source: Florida Department of Health, <http://www.floridahealth.gov/diseases-and-conditions/birth-defects/neonatalabstinencesyndromenas.html>

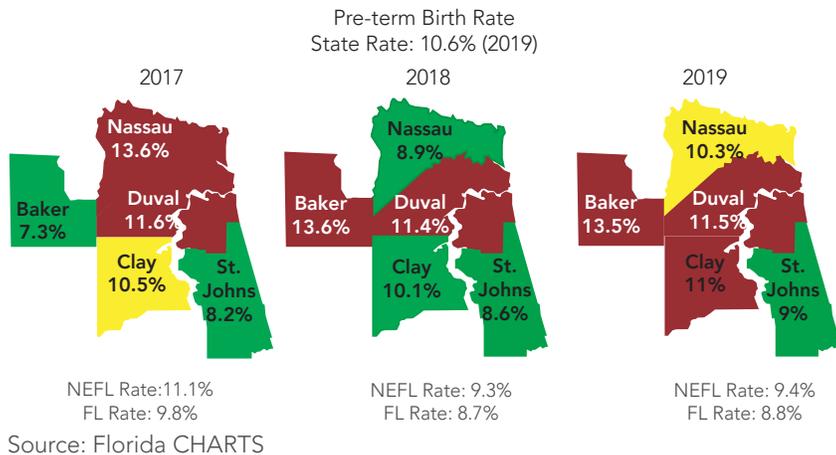
² March of Dimes. <https://www.marchofdimes.org/pregnancy/having-a-c-section.aspx>

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

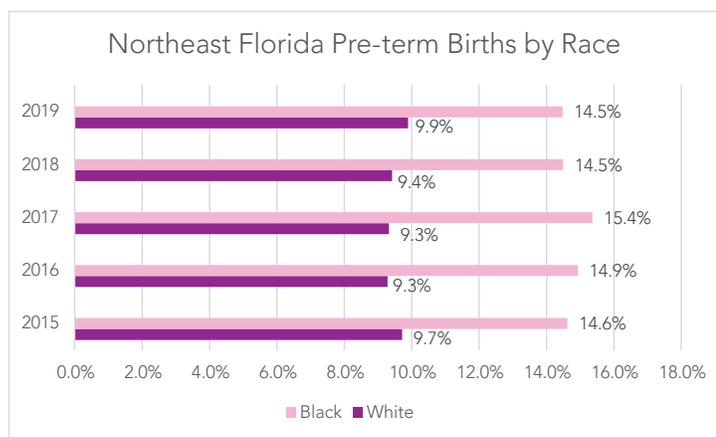
NAS is associated with numerous central nervous system, gastrointestinal, as well as metabolic, vasomotor and respiratory signs, including high-pitched crying, seizures, sleep problems, poor feeding, diarrhea, poor weight gain, fever, nasal stuffiness and rapid breathing⁴. Between 2016 and 2018, an average of 220 babies were born per year with NAS in Northeast Florida. All counties in the region had rates significantly higher than the state rate⁵. In 2016 and 2018, Duval County had the highest number of babies born with NAS – despite ranking sixth in overall births statewide.



Source: Florida CHARTS



Source: Florida CHARTS



Source: Florida CHARTS, % of births

Babies born before 37 weeks' gestation are considered pre-term. Births from 37-38 weeks gestation are early term, while from 39-40 weeks' gestation are considered full term. Babies born at 41 weeks' gestation are late term, while those born after 42 weeks' gestation are post-term.

Premature, or pre-term, births account for 11.1 percent of all deliveries in the five-county region. Prematurity can lead to problems with the lungs, brain, liver and other core body functions that did not have enough time to mature in utero⁶. Very pre-term infants -- those born before 32 weeks gestation -- are at higher risk for death and disability. In 2019, 17 percent of pre-term births in the region were considered very pre-term. Approximately 29 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. 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.

Many babies born premature are also born at a low birth weight -- less than 5 lbs, 8 oz. In 2019, 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 Black and other nonwhite babies are twice as likely to be born very pre-term (less than 32 weeks gestation) or very low birth weight (less than 3 lbs, 4 N Engl J Med 2016; 375:2468-2479, DOI: 10.1056/NEJMra1600879

⁵ Florida Department of Health, Neonatal Abstinence Syndrome (NAS) Case Counts 2014-2018, [http://www.floridahealth.gov/diseases-and-conditions/birth-defects/_documents/nascounfinal1.pdf#Neonatal%20Abstinence%20Syndrome%20\(NAS\)%20Case%20Counts%202014-2016](http://www.floridahealth.gov/diseases-and-conditions/birth-defects/_documents/nascounfinal1.pdf#Neonatal%20Abstinence%20Syndrome%20(NAS)%20Case%20Counts%202014-2016)

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

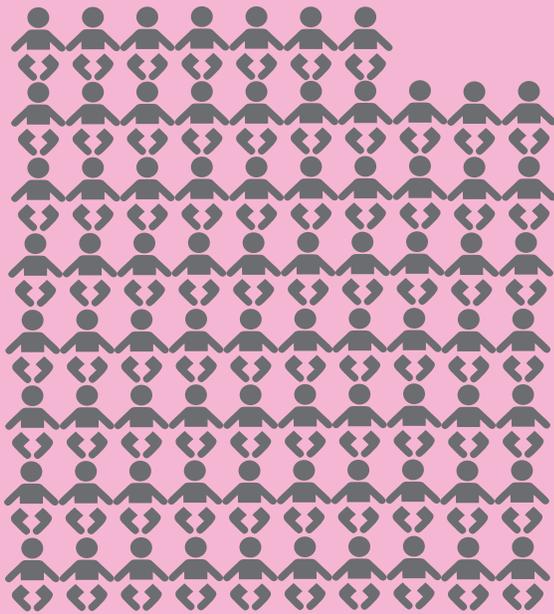
Social Determinants of Health Social & Community Context: Racial Disparities

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.

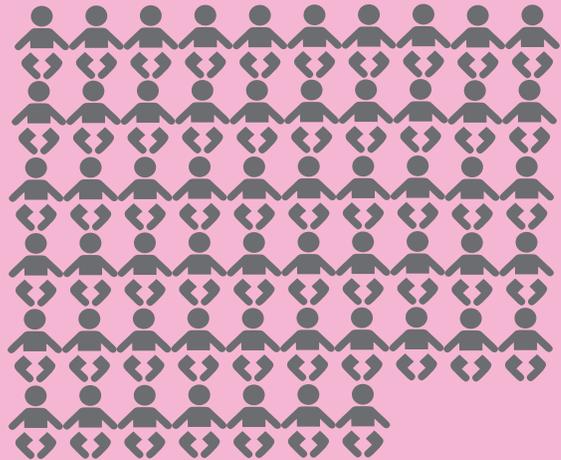
Growing evidence shows that racial discrimination -- not race itself -- is a key predictor of poor birth outcomes. While studies that measure perceived racism show a correlation with birth outcomes¹, there are no consistent data collected at the local, state or national level.

2019 Infant Deaths by Race

Black & Other Nonwhite Deaths
(37 percent of births, 57 percent of deaths)

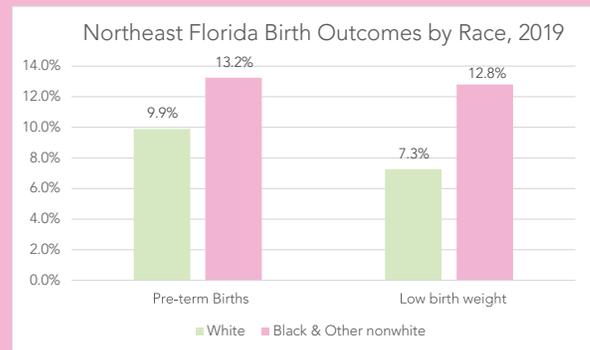
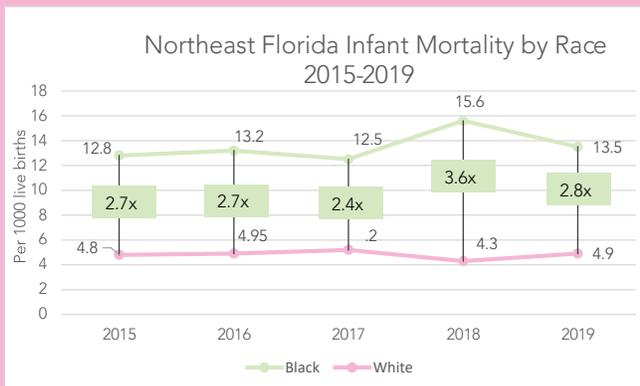
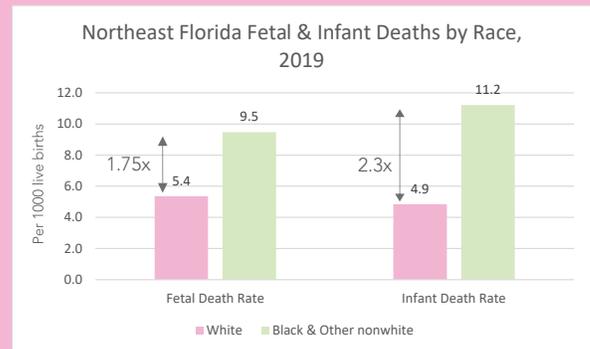


White Deaths
(63 percent of births, 42 percent of deaths)



Black and other nonwhite babies have significantly worse birth outcomes in Northeast Florida.

The disparities are especially great when comparing just Black and White infant mortality rates.



Source: Florida CHARTS

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

3 oz.). In 2019, the very low birth weight rate for white infants was 1.1 percent, compared to 2.4 percent for black and other nonwhite infants.

Low birthweight is a key factor that influences the likelihood of a healthy start and later quality of life. Conditions that are more prevalent among individuals who had a low birthweight include high blood pressure, diabetes, smoking, drinking, opioid and substance abuse and exposure to air pollution or lead⁷.

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 cervix⁸.

Fetal mortality, also known as stillbirth, is the intrauterine death of a fetus after at least 20 weeks gestation. The fetal mortality rate for the region was 7 deaths per 1000 live births in 2019. The fetal death rate for black and other nonwhite mothers is consistently higher than the white rate. In 2019, it was nearly double: 5.4 deaths per 1000 live births for white babies, compared to 9.5 deaths for black and other nonwhite babies.

Infant mortality is defined as the death of a live born 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 rate has plateaued.

Each year, the equivalent of eight classes of kindergarteners is lost in Northeast Florida. The 2019 regional rate of 7.3 deaths per 1000 live births is significantly higher than both the state (6 deaths) and nation (5.7 deaths).

Black babies die at nearly three times the rate of white babies (13.5 deaths per 1000 live births, compared to 4.9 deaths in 2019). The magnitude of this disparity has not improved over time even as the rates of Black and white infant mortality have declined. National trends show that racial disparities persist

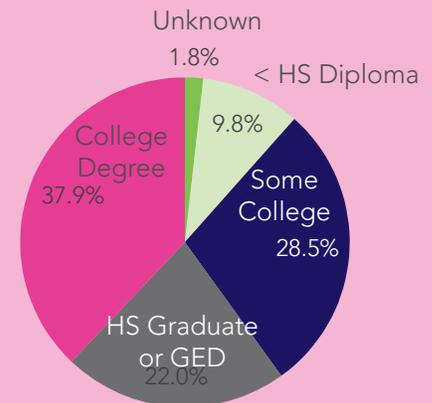
7 Centers for Disease Control & Prevention, National Environmental Public Health Tracking, Reproductive and Birth Outcomes. <https://ephtracking.cdc.gov/showRbLBWGWGrowthRetardationEnv.action>

8 Florida CHARTS, Fetal & Infant Death Reviews

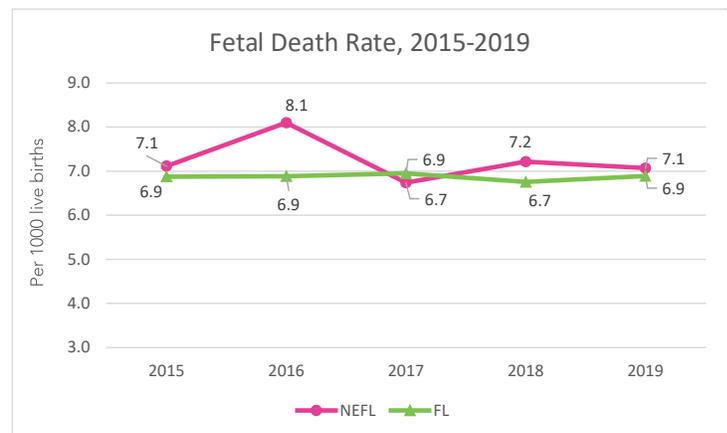
Social Determinants of Health Education Access & Quality: Educational Attainment

The educational attainment of mothers has a direct impact on economic status. One out of 10 moms who gave birth in 2018 had less than a high school education, one-quarter had a HS diploma or GED and more than a third (37.9 percent) had a college degree.

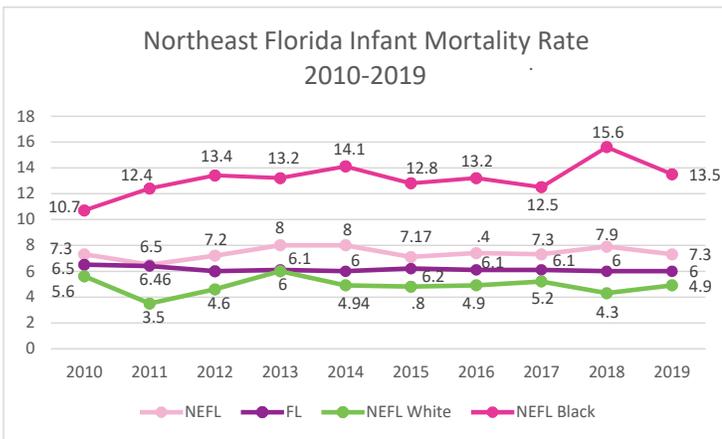
There was a large variance among the five counties. Baker (11.8 percent) and Duval (11.3 percent) counties had the largest percentage of new moms without a HS diploma, while St. Johns had the lowest (2.8 percent). St. Johns also had the largest proportion of moms with a college degree (58 percent), while Baker has the lowest (22 percent).



Source: Florida CHARTS, % of births



Source: Florida CHARTS, per 1000 live births



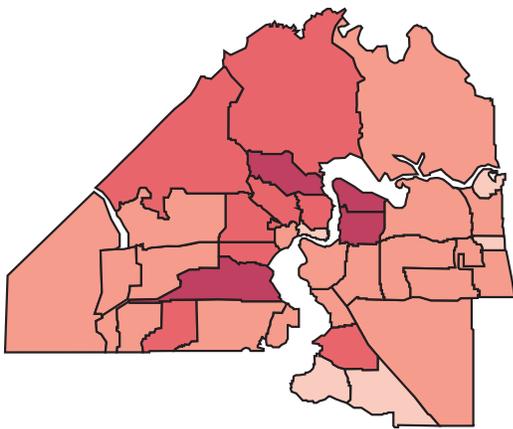
Source: Florida CHARTS, per 1000 live births

despite education level or socioeconomic status.

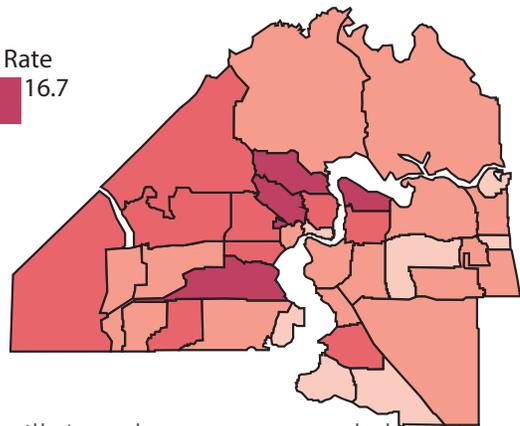
Duval County, the population center of the region, drives the region's rate with 7.9 deaths per 1000 live births. The counties with smaller populations (Baker, Clay, Nassau, St. Johns) experience significant year-to-year fluctuations because a few additional or fewer deaths impact the rate much more than counties with larger populations.

Infant mortality disproportionately affects communities with high rates of poverty, crime, drug use and other social determinants of health.

Duval County
10-Year Infant Mortality Rate
2010-2019



Duval County
5-Year Infant Mortality Rate
2015-2019



Infant Mortality Rate
0 16.7



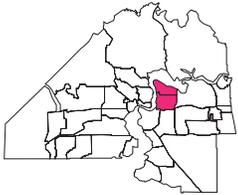
Health Zone 1 encompasses Jacksonville's urban core, and has long been disproportionately affected by economic, health and social disparities. It also has the largest proportion of non-white residents, the lowest median income, highest rates of total and childhood poverty and lowest education attainment of the six city Health Zones⁹. While the overall infant mortality rate in Health Zone 1 was 8.3 deaths per 1000 live births in 2019, two zip codes (32208 and 32209) within the area account for

93 percent of the infant deaths and together experience an infant mortality rate of 12.4 deaths per 1000 live births.



Once a tipping point neighborhood, Jacksonville's Westside (zip code 32210) has become a consistently high area for infant mortality. 32210 had an infant mortality rate of 11.1 deaths per 1000 live births in 2019, with significant disparities (the black infant death rate of 18.6 deaths per 1000 live births was eight times higher than the white rate of 2.3 deaths). The zip code leads the area in overdose deaths and has aging infrastructure and housing, with less access to medical and social services than

other areas of the city.

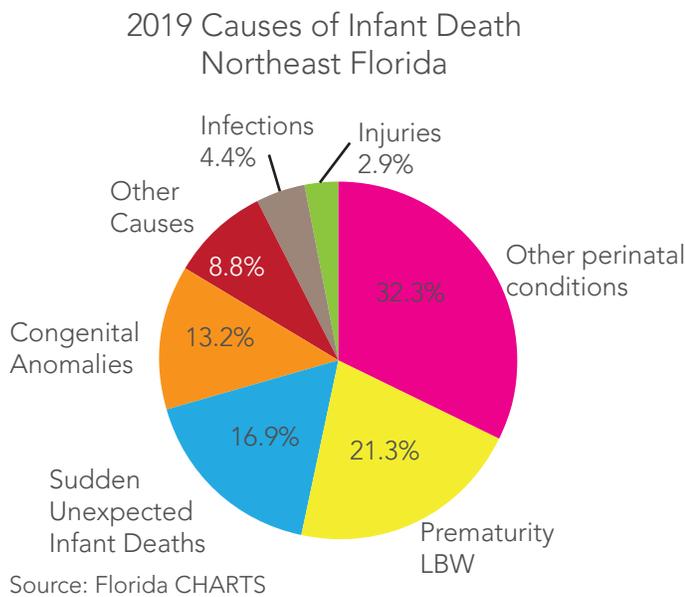


Across the St. Johns River, zip codes 32211 and 32277 encompass the western half of the Arlington section of town. Suburban sprawl led to a huge growth of the Arlington neighborhood in the latter half of the 20th century. Once a booming bedroom community outside of the city's core, the area has largely suffered economic decline

9 Florida Department of Health Duval County Place Matters, 2013

and an increase in social and health issues since the turn of the century.

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 infants who die are not viable at birth and succumb within the first 24 hours. Many deaths are due to congenital anomalies or extreme prematurity,



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.

In 2019, about 17 percent of deaths were due to Sudden Unexpected Infant Deaths (SUIDs), most of which were sleep-related and are in almost all cases preventable. 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 began increasing again in 2012 (up 42 percent in Northeast Florida). Locally, they dropped from 2018 to 2019.

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)
- Positioning (stomach instead of back)

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

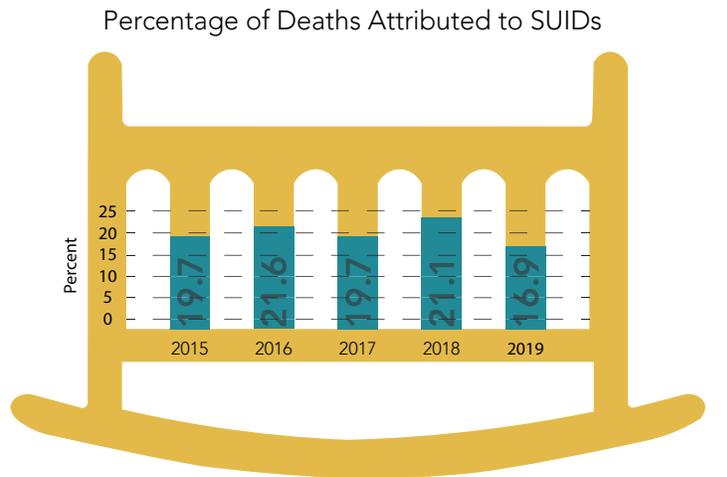
From 2016-19, 33 infants died from unintentional injuries like motor vehicle accidents, drowning and other accidents. Children properly restrained in child safety seats are much less likely to experience an injury or die than those who are not properly restrained. Over the past decade, resources for 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 affects children under age one. Babies and toddlers can drown in an inch of water. Other causes of unintentional injuries include respiratory obstruction/choking and smoke inhalation.

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

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



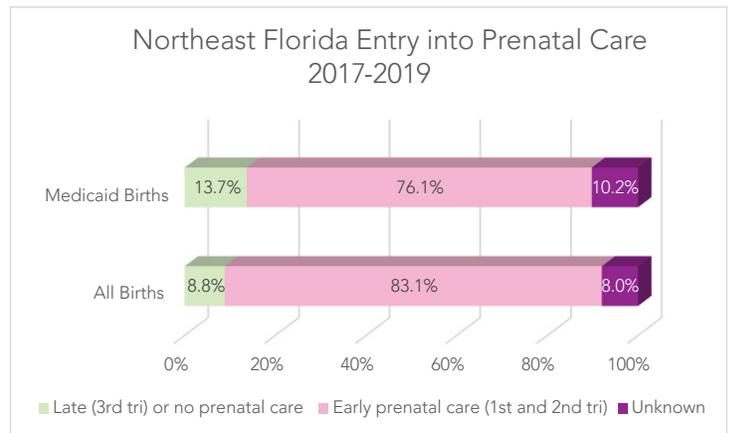
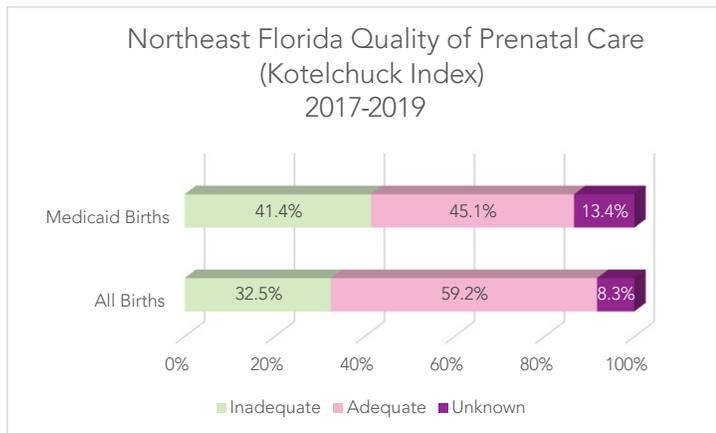
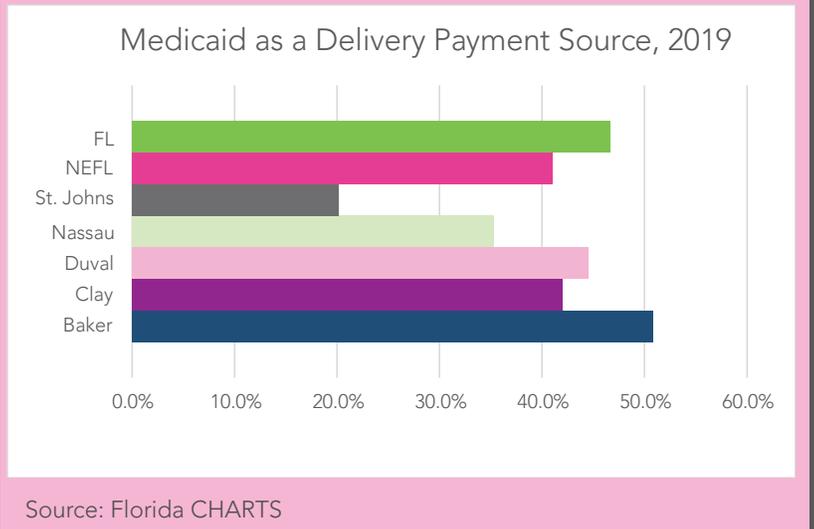
no prenatal care is linked with poor birth outcomes like prematurity and infant death¹⁰.

In 2019, 8.3 percent of pregnant women in the region received late (3rd trimester) or no prenatal care, compared to the state rate of 6.7 percent. Baker (10.5%) and Duval (9.5%) counties had the highest rates. For those women who did receive care in 2019, 20 percent received inadequate prenatal care (attended 50 percent or less of expected visits). The 2019-20 Fetal & Infant Mortality Review identified late entry or no prenatal care as a contributing factor in 36 percent of cases reviewed.

Women who utilize Medicaid to pay for delivery were more likely to have late, no or inadequate prenatal care. Two-thirds of the women receiving late/no prenatal care and more than half (56 percent) of the women with inadequate prenatal care were insured by Medicaid at the time of delivery. Challenges enrolling in Medicaid during pregnancy, finding local doctors that accept it and scheduling timely visits are all potential contributors to this issue.

Social Determinants of Health
Health Care Access & Quality: Health Coverage

In Northeast Florida, 41 percent of all births from 2019 were insured by Medicaid. There was variance by county, with a high of 51 percent of births covered by Medicaid in Baker, compared to only 20 percent in St. Johns County.



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 Syndrome¹¹.

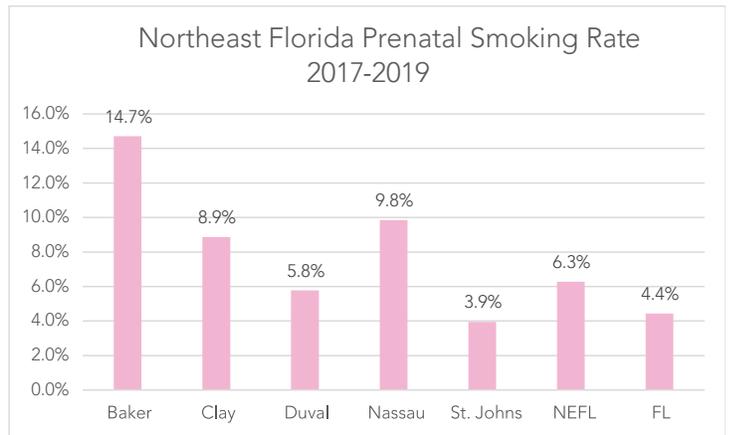
Six percent of pregnant women self-reported smoking in Northeast Florida in 2019. Although the rate generally has been declining, prenatal smoking is still prevalent in the more rural counties: Baker (14.6%), Nassau (8.6%) and Clay (7.8%) each had rates higher than both the region and state (4.1%).

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

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

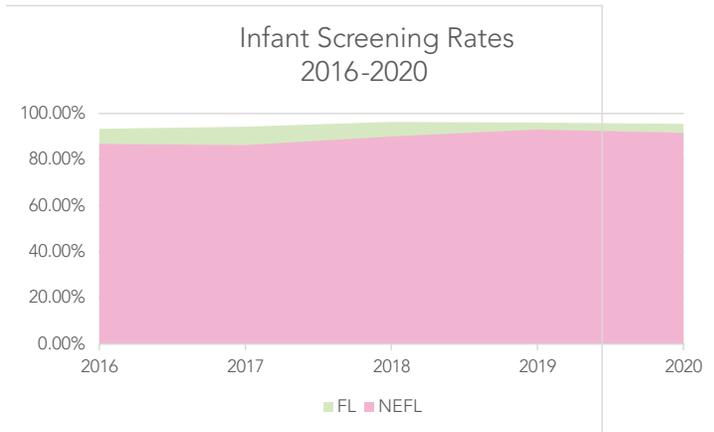
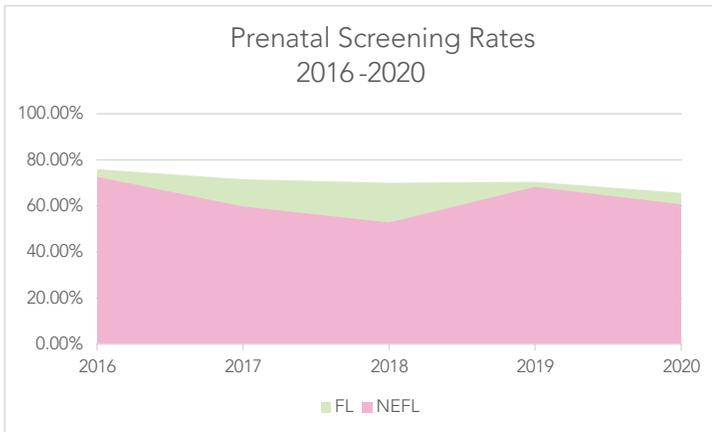
White women were twice as likely to smoke as black women.

The overall smoking rate in Northeast Florida is nearly 20 percent. This increases the likelihood of 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 infants¹².



Source: Florida CHARTS

Florida state statute requires the universal risk assessment screen to be offered to all pregnant women at their first prenatal care visit and all infants after delivery. The screen assesses a families' risk of a poor birth outcome or infant death. It is also used as a referral into maternal and child health home visiting programs as part of Coordinated Intake and Referral. The implementation of Coordinated Intake has increased the importance of screening, but regionally, screening has not been consistent and misses many families.



Source: Florida CHARTS

Completion of the prenatal risk screen has been a challenge in Northeast Florida for a number of years. The region has consistently lagged behind the state in prenatal screening rates. In 2020, 60 percent of pregnant women in the region were screened, which is lower than the state screening rate of 65 percent. This consistently low number of screens has increased the importance of receiving Medicaid, community and self-referrals for home visiting services.

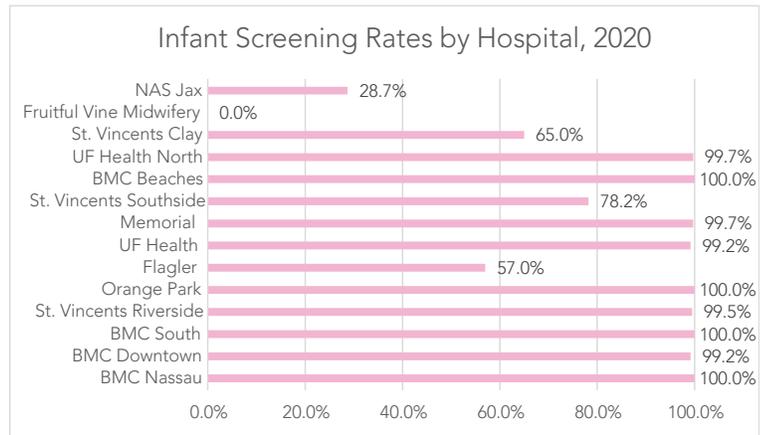
The infant screening process is typically more successful, because it is part of the electronic birth record. In 2020, 91 percent of Northeast Florida infants were screened, comparable to the state screening rate of 95 percent.

The infant screening rate is largely carried by the large hospital systems in the region. Rates for these hospitals tend to hover in the 90 percents, while midwifery services and several independent hospitals have significantly lower screening rates.

In 2019, the Coalition partnered with Baptist Health/Wolfson Children's Hospital, UF Health Jacksonville

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

and Florida Blue to expand the Fetal & Infant Mortality Review process funded by the Florida Department of Health. The combined funding allowed the Coalition to complete a full review of all infant deaths in 2018 to identify why babies are dying before their first birthday in Baker, Clay, Duval, Nassau and St. Johns counties.



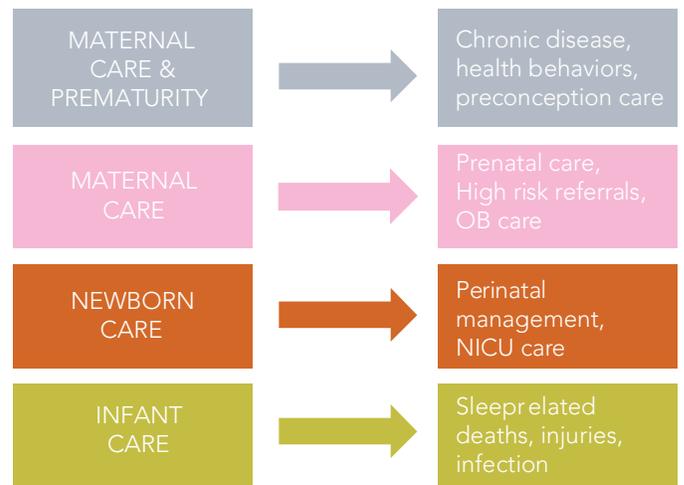
Source: Florida CHARTS

All 147 infant deaths from 2018 were reviewed. The detailed analysis included abstraction of medical and vital statistics records for all infant deaths; maternal interviews; analysis of fetal and infant deaths (overall and by race) using the Perinatal Periods of Risk (PPOR) to create a population-based framework and identify disparities in birth outcomes; and integration of information abstracted from patient records into PPOR analysis to determine the impact of specific medical and social risks, gaps and opportunities for intervention.

The Perinatal Periods of Risk approach is a simple approach to infant mortality that identifies gaps in the community. PPOR provides an analytic framework and steps for investigating and addressing the specific local causes of high fetal and infant mortality rates and disparities. Initial analyses are based only on vital records data (births, infant deaths and fetal deaths). The process looks at mortality data by age of death and birthweight. Each period of risk is associated with its own set of risks and prevention factors.

A review of the 2016-18 fetal and infant deaths found that the largest proportion of fetal-infant deaths fell into the maternal health/prematurity and maternal care periods. Further analysis by race found that these periods of risk also reflected the greatest disparities in birth outcomes.

Infant care contributed to poor outcomes among white babies (sleep-related deaths, accidents, abuse/neglect).



The analysis also looked at the contribution of birthweight in the largest category (maternal health and prematurity). The Northeast Florida deaths were compared to a reference group with the best outcomes to determine whether it was an issue of too many small, unviable babies being born OR whether there was a difference in survival at specific birthweights.

The findings pointed to too many babies being born too small and too soon. The root causes of birth weight distribution are behavioral, social, health and economic disparities, which underscores the impact of social determinants of health on birth outcomes. Only 10 percent of deaths in this period were due to medical or health care factors like access, service delivery or quality improvement opportunities.

PPOR Comparison: 2002-04 vs. 2016-18		
	2002-04	2016-18
Maternal Health/Prematurity	3.47	3.97 ↑
Maternal Care	2.21	2.99 ↑
Newborn Care	1.2	1.23 ↔
Infant Care	2.74	1.76 ↓

PPOR Results 2016-2018 By Race

	Fetal (24+ Wks Gestation)	Neonatal	Postneonatal
500- 1499g	Maternal Health/Prematurity Black N=85 Rate= 6.30, White N= 41 Rate= 2.36 RR=2.68 95% CI (1.85, 3.90) **Significant		
1500+g	Maternal Care Black N=47, Rate=3.48 White N=35, Rate=2.02 RR=1.74 95% CI (1.12, 2.69) **Significant	Newborn Care Black N=20, Rate=1.48 White N=18, Rate=1.04 RR=1.44 95% CI (0.76, 2.72)	Infant Care Black N=32, Rate=2.37 White N=29, Rate=1.67 RR=1.43 95% CI (0.86, 2.36)

Total Feto-Infant Death Rate = 13.63 (Black) 7.08 (White)

Rate = #Deaths/(Live Births + Fetal Deaths) * 1000

Denominators: 13,501 (Black) 17,363 (White)

PPOR Results 2016-2018 All Races

	Fetal (24+ Wks Gestation)	Neonatal	Postneonatal
500- 1499g	Maternal Health/Prematurity N=158 Rate= 3.97		
1500+g	Maternal Care N=119 Rate=2.99	Newborn Care N=49 Rate=1.23	Infant Care N=70 Rate=1.76

Total Feto-Infant Death Rate = 9.96

Rate = #Deaths/(Live Births + Fetal Deaths) * 1000

Total Live Births + Fetal Deaths = 39,766

Total Infants Deaths = 307

A mother's health prior to pregnancy, the social determinants of health, lack of family planning and siloed medical/social services were identified as trends across the 147 infant deaths reviewed. Recommendations included developing a medical one stop shop for all services; utilizing the medical home model; improving access to and engagement and retention in home visiting programs; improving the universal prenatal risk screen rates; implementing evidence-based group health care like CenteringPregnancy, Parenting and the chronic disease model; and engaging all sectors of the community.

Health Equity One Stop Shop

Families looking for additional support face a fragmented system. There is a disconnect between medical and community support services. Families seeking services can experience challenges like having to take time off work, arrange for child care (or bringing children to appointments) and secure transportation—often with no guarantee that, in the end, they will receive the necessary supports. Investing in medical provider hospitals/hubs/clinics/offices that offer one-stop comprehensive services in addition to medical care can help families overcome these barriers.



Best practices throughout the country include offering services such as family-centered health care through Medicaid and early education in a single location and community models that connects students and their families with nutrition assistance and operates full-service medical clinics on site. Research shows that this community-based, one-stop approach can promote healthy behaviors and reduce negative outcomes associated with maternal and infant mortality¹.

1 <https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/>

A wide variety of home visiting and case management services are available to pregnant and parenting women in Northeast Florida.

Partners in the Coordinated Intake & Referral initiative all provide home visiting services to prenatal women, infants or young children. The Coalition implements many of the services in the region:

- **Healthy Start:** A free, voluntary program providing intensive, risk-appropriate care to pregnant women and infants. Services are tailored to a woman based on her needs and include parenting and breastfeeding education, emotional support, smoking cessation and more.
- **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 and the Arlington neighborhood (32208, 32209 and 32211,

32277). Magnolia provides individual-, group- and community-level interventions for women before, during and after pregnancy to address risk factors that impact their 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. Services are provided to high-risk, first-time mothers and some multiparous mothers from pregnancy until the child turns two. The program serves 200 families in Baker and Duval counties. The model has improved key outcomes in maternal and child health.
- Seeking Safety: A nurse home visiting program for substance-using pregnant women and mothers with children up to age one. The program provides case management and resource assistance.

Partner agencies in the community provide additional services:

- 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.
- 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 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.

The ROSE Project serves substance-using pregnant and parenting women and their babies enrolled in Coalition home visiting programs in Duval County through a peer recovery specialist approach. The peer recovery specialists use their lived experience and professional skills to provide recovery support, advocacy, mentorship, guidance and practical support to moms.

WELLcome Home is a pilot universal nurse home visiting program that provides education and support to women who deliver at Baptist Medical Center Jacksonville through a home visit shortly after discharge.

The Coalition partnered with local child welfare organizations to implement the Plan of Safe Care locally for substance-exposed newborns. States are required to address the health and substance use disorder treatment needs of the infant and family or caregiver, and specify a system for monitoring whether and in what manner local entities are providing services in accordance with state requirements. Locally, a Plan of Safe Care is completed not only at discharge after a baby's delivery, but also implemented prenatally by agencies and programs like Healthy Start that will work with mothers before they deliver.

Saving Babies Goals

Goal 1: Reduce the premature birth rate to 9.4 percent of births.

- Subgoal 1: Reduce health and racial disparities
- Subgoal 2: Increase awareness of community programs for pregnant women and families
- Subgoal 3: Increase number of families engaged and retained in home visitation services
- Subgoal 4: Reduce number of substance-exposed newborns

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 health and racial disparities
- Subgoal 2: Decrease the number of women who smoke during pregnancy
- Subgoal 3: Reduce sleep-related deaths
- Subgoal 4: Increase access to medical and social services

Potential Partners

- Local sheriff's offices
- 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 Family Health
- Baptist Health/Wolfson Children's Hospital
- Ascension St. Vincent's
- 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
- National Doula Network
- BEAM Florida

Strategies

Increase access to prenatal care, particularly in OB deserts and rural areas.

Implement a mobile prenatal care unit.

Outreach

Expand Coordinated Intake & Referral outreach and education to prenatal care providers, pediatricians, community agencies, apartment complexes, etc., particularly focused around zip codes 32209 and 32210.

Toxic stress

Implement a community health worker model during the preconception, prenatal and interconception periods to mitigate contributors to toxic stress.

Pre term births and low birth weight are among the most recognized effects of maternal stress during pregnancy. To address this area develop opportunities to pilot clinical and community activities centered around evaluating the effects of high stress levels (cortisol levels) in pregnant women.

Home visitation

Enhance supports for families before and after birth by increasing enrollment in home visitation programs like Healthy Start, Healthy Families, Nurse-Family Partnership and Universal Nurse Home Visitation.

Improve the identification, engagement and retention of families through continuous quality improvement.

Education the public, communities and government regarding home visitation as a method to contain costs and improve birth outcomes.

Community programs for pregnant women

Educate the public about WIC.

Update Public Cell Phone program to address healthcare providers and home visitors inability to reach patients because of limited minutes.

System of Care

Pilot and expand co-location of home visitors in prenatal care offices to address the social determinants of health and connect the medical provider and community health resources.

Address substance use

Increase SBIRT screening to prevent and address substance abuse among women of childbearing age.

Implement certified recovery peer specialist program with mothers experiencing substance use or in recovery to complement home visiting services.

Medical home

Establish a medical home model that serves women and infants in areas with the highest infant mortality. Model design includes: Group prenatal, pediatric, chronic disease care; housing; food; transportation; education and employment resources; behavioral health; yoga and mindfulness to address toxic stress.

Safe sleep

Provide safe sleep training for medical professionals, nurses, day care centers, pediatricians, paramedics.

Expand Universal Nurse Home Visiting model (WELLcome Home).

Strengthening Families

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

Many families in Northeast Florida live in poverty according to the American Community Survey. Across the region, more than one in 10 families with children under 18 years of age lives below the poverty level. Families lead by a female householder with no spouse are even more likely to live in poverty -- ranging from 35.6 percent in Duval County to 24.4 percent in St. Johns County.

Poverty is associated with poor health outcomes and health disparities¹. It is associated with an increased risk of pre-term birth and infant death.

Several local counties experience high rates of domestic violence. Duval County has one of the highest rates of domestic violence in the state – ranking 5th of 67 counties in 2019, 67 percent higher than the state rate. Baker County's rate is 30 percent higher than the state. Domestic violence affects 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 outcomes².

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 affects a mother's or father's ability to positively engage and bond with their child. Infant and early childhood mental health affects 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.

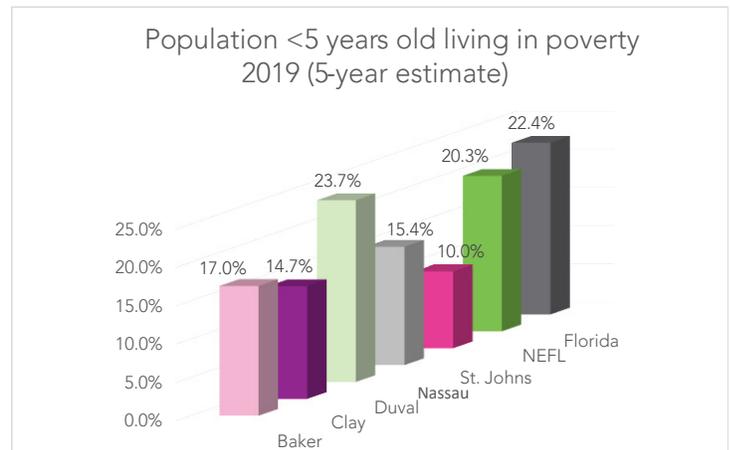
Access to mental health care is a challenge for families for a multitude of reasons: lack of diverse, affordable pool of providers; lack of health care coverage to pay for visits or care; and a stigma surrounding mental health.

Florida consistently ranks last in the country for investment in mental health services³. As a result,

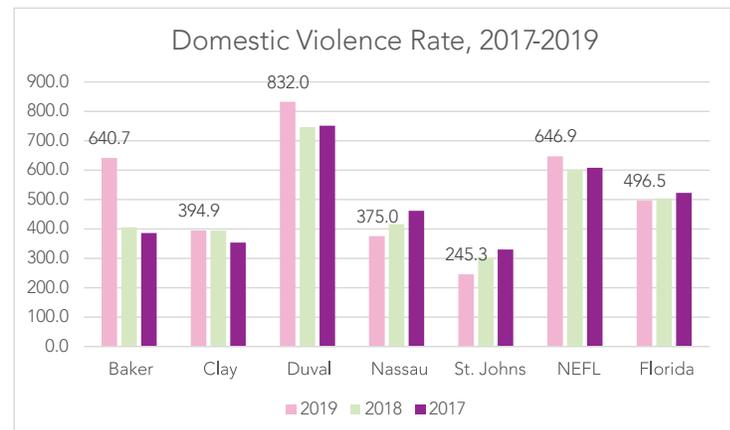
1 American Academy of Pediatrics, Poverty & Child Health in the United States, <http://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0339>

2 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/>

3 <https://www.floridapolicy.org/posts/floridas-lukewarm-commitment-to-investing-in-behavioral-health>



Source: American Community Survey, 5-Year Estimates Subject Tables



Source: Florida Department of Law Enforcement. Crime in Florida, Florida uniform crime report, 2017-2019

hundreds of thousands of Floridians have unmet mental illness and depression treatment needs.

Often, unresolved mental health issues are associated with drug abuse and addiction.

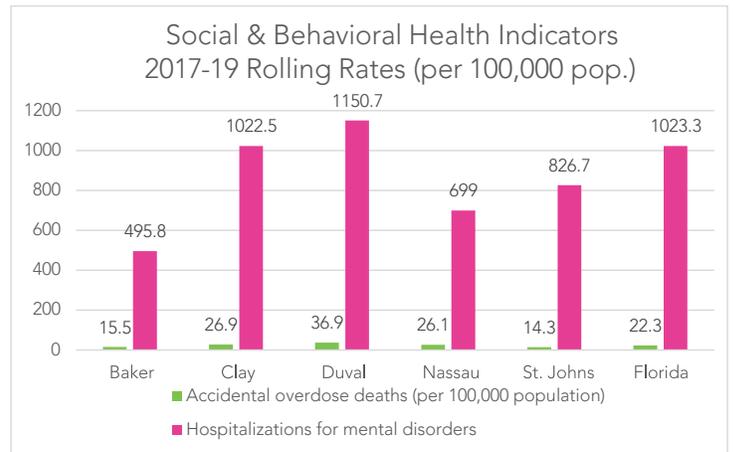
Perinatal Mood and Anxiety Disorders (PMAD) effect on average between 11 and 18 percent of mothers. PMAD includes postpartum depression, postpartum anxiety, obsessive-compulsive disorder or post-traumatic stress disorder, which may occur during pregnancy or within the first year after the baby's birth. Results from the 2015 Florida Pregnancy Risk Assessment Monitoring System (PRAMS) showed approximately 6 percent of moms reported feeling depressed after delivery. The rates were higher among Black moms, unmarried moms, teen moms, those with a high school diploma or less and mothers with a household income of less than \$15,000.

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 two⁴. 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.

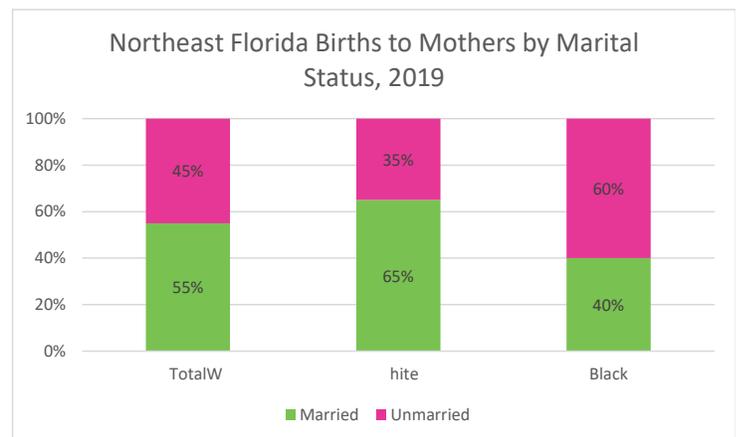
Nearly half of all births in the region -- 45 percent -- are to unmarried mothers. This has been a consistent trend for the last decade. There is also significant variance by race: Sixty percent of black and other nonwhite mothers were unmarried at the time of birth, compared to slightly more than a 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, 13 percent of birth certificates do not identify a father – a figure that has held steady the last few years.

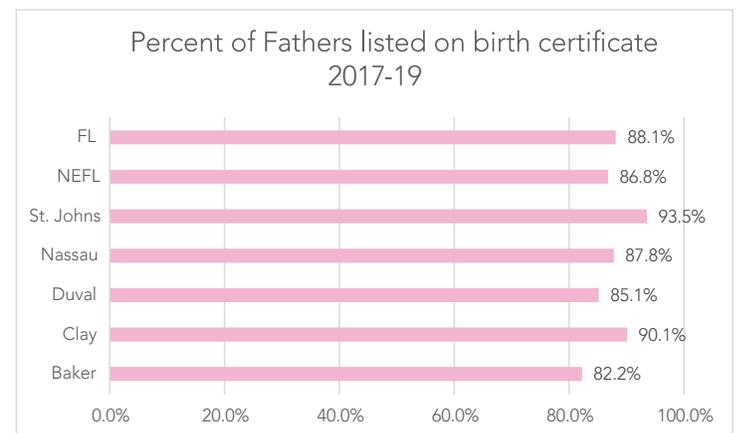
A woman's health prior to pregnancy has the largest impact on birth outcomes. Many women in Northeast Florida enter into pregnancy with unhealthy body mass indexes (BMIs), too soon after their last pregnancy, smoking, with sexually transmitted diseases or experiencing toxic stress.



Source: Florida CHARTS



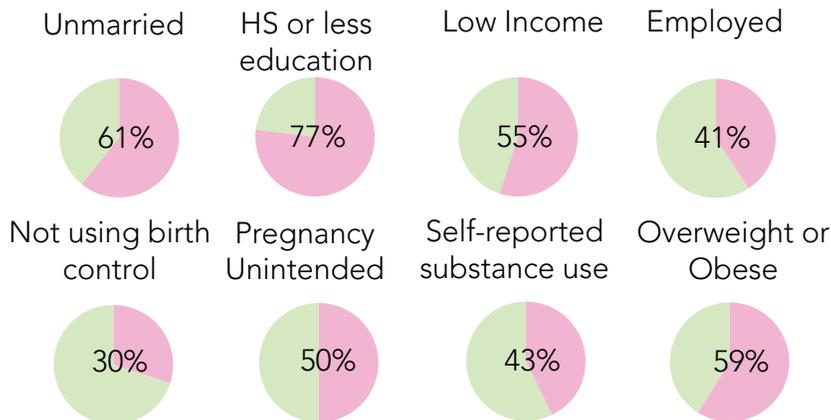
Source: Florida CHARTS



Source: Florida CHARTS

4 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>

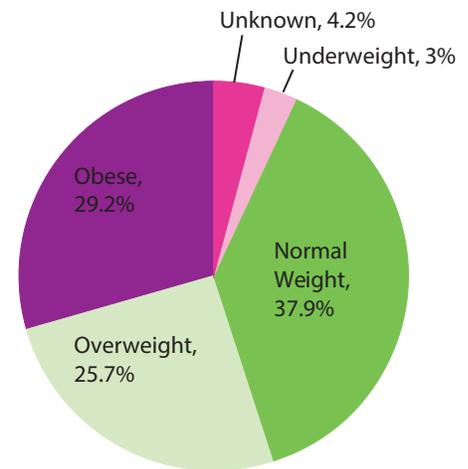
Fetal & Infant Mortality Review of 2018 Infant Deaths Pre-pregnancy Factors



Source: 2018 FIMR Case Reviews N=147

Key pre-pregnancy issues identified during the Fetal & Infant Review of all 2018 infant deaths include: many moms were unmarried; had a high school education or less; were not employed; did not utilize birth control; were overweight or obese; had sexually transmitted diseases (STDs); and self-reported substance use.

Northeast Florida Pre-pregnancy BMI 2019



Source: Florida CHARTS

More than half of women who give birth in Northeast Florida -- 55 percent -- are overweight (25.7 percent) or obese (29.2 percent) at the time they get pregnant. Being overweight or obese during pregnancy can predispose 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. The 2018 FIMR review of all infant deaths identified STDs in one-third of all infant deaths.

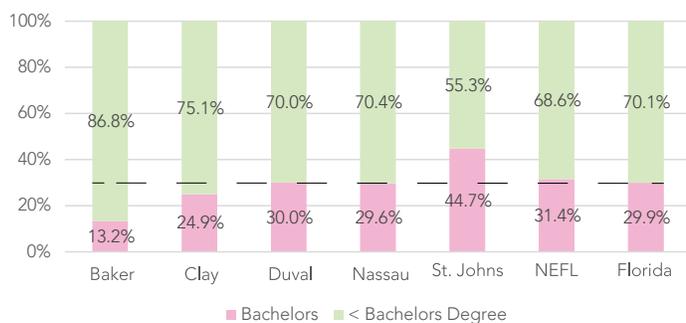
More than a third of women wait less than 18 months between pregnancies, the minimum recommended interval for mom and baby's health. Forty percent of women in Northeast Florida had an interval of less than 18 months in 2019, compared to 34.8 percent statewide. Baker (42.9%), Duval (40.8%) and St. Johns (40.8%) counties had the highest percentages. Women with short intervals are more likely to deliver pre-term

Social Determinants of Health

Education Access & Quality: 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 13 percent in Baker County to nearly 45 percent in St. Johns. College graduates are more likely than their counterparts with a high school diploma to earn more over the course of their lifetime.¹ The unemployment rate also tends to be lower the higher the educational attainment².

Educational Attainment (Population 25+) 2019 (5-year estimate)



Source: American Community Survey, 5-Year Estimates Subject Tables

1 <https://www.ssa.gov/policy/docs/research-summaries/education-earnings.html>

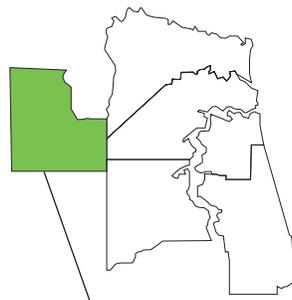
2 <https://www.bls.gov/emp/chart-unemployment-earnings-education.htm>

and low birth weight babies, even if they had a prior term baby.

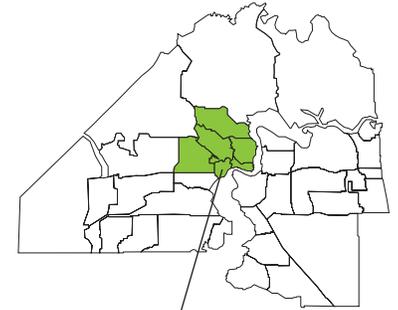
The FIMR process has identified chronic conditions as a contributing factor in many deaths reviewed. Chronic hypertension, diabetes, asthma and obesity are common conditions identified, and often times mothers experience co-morbidities among these four medical conditions.

Lack of access to health insurance and primary care during the inter- and preconception periods is one challenge facing women that affects their pre-pregnancy health. Many areas considered Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) also have high rates of infant mortality. MUAs and MUPs are geographic areas and populations with a lack of access to primary care services. All of Baker County and the north and west sides of Jacksonville (which include zip codes 32208, 32209 and 32210) are considered MUAs/MUPs⁵.

Teen birth rates have reached historic lows. Teen parents make up a smaller proportion 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, rural areas and among certain high risk populations like those in the juvenile justice and foster care systems. Jacksonville's Health Zone 1 accounts for 8.2 percent of the births in the region, but 17.6 percent of all teen births.



Baker County:
4.4% of teen births
(1.9% of all births)



Duval County Health Zone 1:
17.6% of teen births
(8.2% of all births)

Source: Florida CHARTS

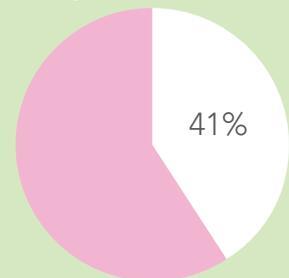
Health Equity Enhanced Medicaid Benefits

According to Perinatal Periods of Risk research in Northeast Florida, the leading cause of fetal and infant mortality is due to the health of the mother before she gets pregnant. Enhancing Medicaid coverage to 12 months postpartum provides mothers access to medical care to address chronic health conditions and family planning prior to their next pregnancy.

The Florida legislature approved increasing the duration of postpartum Medicaid coverage from 60 days to 12 months in 2021. These enhanced Medicaid benefits are an important first step to address persistent racial disparities in maternal health and maternal mortality.

Connecting moms to care is a critical step in utilizing this benefit to improve the health of mothers and decrease infant and maternal mortality rates.

Northeast Florida Moms
w/ Medicaid as Delivery
Payment Source








Targeted Services

Baker County, which accounts for 1.9 percent of births in the region, but 4.4 percent of all teen births.

Fatherhood PRIDE (Parental Responsibility Inspiring Dads Everywhere) provides education and support for fathers and father figures through case management, group education and one-on-one support. The program addresses the comprehensive needs of fathers and improves their relationship with their children by increasing financial self-efficacy, fatherhood responsibility, job-driven workforce development and reducing

⁵ <http://www.hpcnef.org/wp-content/uploads/2019/05/Jacksonville-Nonprofit-Hospital-Partnership-CHNA-Report-2019.pdf>

domestic violence and recidivism rates

Fatherhood PRIDE offers several different classes:

- Boot Camp for New Dads is an evidence-based workshop that equips men of different economic levels, ages and cultures to engage their infants with confidence, support their mates and personally navigate their transformation into dads.
- 24/7Dad (National Fatherhood Initiative) is an evidence-based, nationally-recognized 12-module, 24-hour comprehensive fatherhood program for fathers of all races, religions, cultures, and backgrounds. Developed by fathering and parenting experts, it focuses on the five characteristics men need to be good fathers 24 hours a day, 7 days a week.
- Understanding Dad and Mom as Gateway (National Fatherhood Initiative) will be utilized with mothers as sister components to 24/7 Dad. Both curricula help break down barriers between mothers and fathers and facilitate helpful discussions and efforts towards co-parenting. Studies show that mother's perceptions greatly influence father's involvement; therefore, mothers are a key factor for getting fathers involved. When both parents can effectively co-parent together, their children benefit greatly.
- The Federal Deposit Insurance Corporation (FDIC) Money Smart curriculum provides financial education for adults and young adults. The award-winning training is available in traditional and computer-based formats and covers topics such as the basics of borrowing money wisely, using a spending plan to achieve financial goals and using banking products effectively.

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.

The Magnolia Project has several initiatives that affect 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

Social Determinants of Health
Social & Community Context: 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 2015¹. 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.



¹ <http://floridakidscount.org/docs/FK-CIncarceratedParentsCountyBrief.pdf>

(interpregnancy intervals, nutrition, substance abuse, psychosocial problems, family planning, etc.). A second clinic opened in the Arlington neighborhood in 2020.

- Primary care services began at both Magnolia clinics in 2021. This allows clients to address chronic health issues that previously may have gone uncontrolled.
- The Magnolia Project offers group education services as part of the Responsible Fatherhood initiative and male case management, information and referrals at the project site for the fathers and/or men associated with enrolled project participants.

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. Overall interconception services address: access to care, baby spacing, reproductive health and family planning, basic nutrition, physical activity, maternal infections, chronic health conditions, substance use, risk factors associated with smoking, mental health, and environmental risk factors.

Strengthening Families Goals

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

- Subgoal 1: Increase access to mental health services.
- Subgoal 2: Increase father involvement (fathers on birth certificate, reduced incarceration).
- Subgoal 3: Improve reproductive health planning.

Potential Partners

- Florida Department of Health
- Local housing authorities
- OB/GYNs
- Midwifery practices
- Maternal and child health home visiting programs
- Agape Family Health
- 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

Strategies

Preconception health

Implement within the Federally Qualified Health Centers a preconception and prenatal chronic disease Centering group care model that focuses on obesity, hypertension and diabetes.

Implement mobile unit providing pre- and interconception care in areas that lack access to care.

Educate health care providers and students (MDs, DOs, RNs, LNPs, ARNPs, PAs) on: preconception health, the life course theory, social determinants of health, implicit bias, cultural humility, toxic stress, stress hormones.

Mental health

Provide mental health services among home visiting clients and their families.

Expand Yoga in the Streets.

Provide Moving Beyond Depression™, which provides in-home cognitive-behavioral therapy to clinically depressed women enrolled in home visiting.

Fatherhood

Increase the number of home visiting program referrals to Fatherhood PRIDE program.

Professional development

Train all Coalition program staff and subcontractors in racial disparities, preconception health, the life course theory and social determinants of health.

Reproductive health

Increase utilization of Interconception Care Program.

Increase awareness of Family Planning Waiver in the Medicaid population.

Focus on prevention and management of chronic conditions.

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.

The social determinants of health are defined as the conditions in which people are born, grow, live, work and age¹. While a mother's preconception and prenatal health is critical to ensure that every baby has a healthy start in life, addressing the social determinants of health across the life course plays a large role in reducing fetal/infant deaths and disparities in birth outcomes. Crime, violence, toxic stress, access to care, racism, poverty, food deserts, housing and other factors 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 2019, the county ranked 4th in the state for crime and 2nd for murder. Although Duval is the seventh most-populated county in the state, it had the second highest number of murders in 2019 -- only Miami-Dade County had more -- and the highest murder rate of the larger counties in the state.

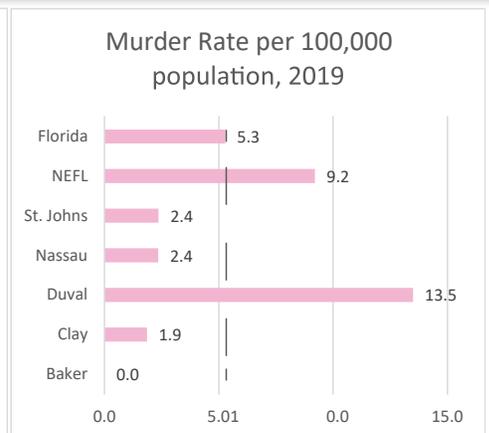
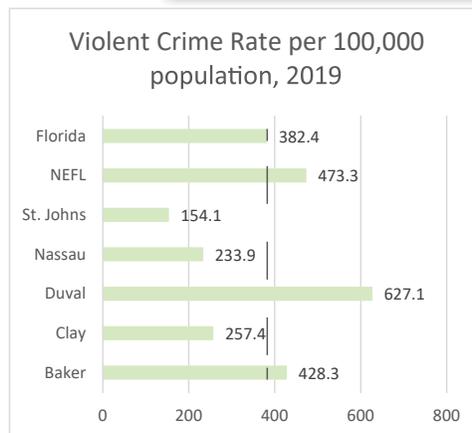
Jacksonville zip code 32209 has led the city in homicides for the past decade. Since 2016, 32210 has had the second highest number of homicides. These two zip codes also have the highest infant mortality rates in the county. Community violence increases toxic stress for mothers and can affect health behaviors that lead to pre-term birth and other poor

¹ https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

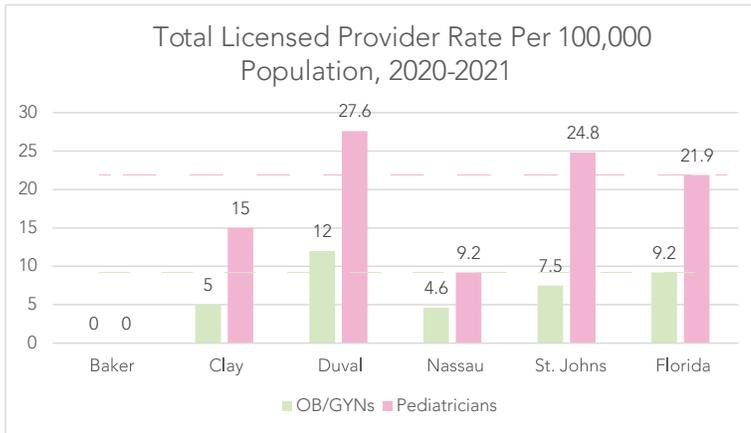
Social Determinants of Health
Social & Community Context: Toxic Stress

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 and diabetes, and can lead to other outcomes like poor academic achievement and substance abuse later in life¹. It is closely tied to adverse childhood experiences (ACEs), community violence, racism and neighborhoods that experience economic, health and social disparities.

¹ <https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/>

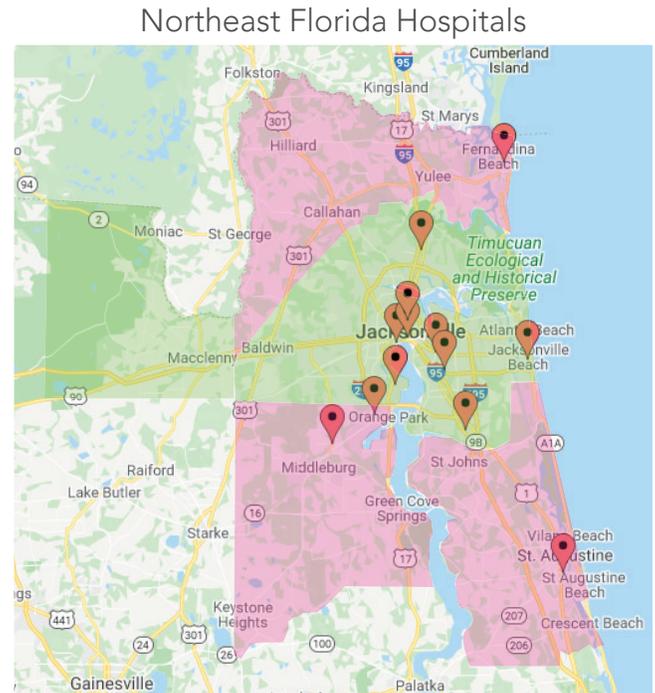


Source: Florida Department of Law Enforcement. Crime in Florida, Uniform Crime Report



Source: Florida CHARTS birth outcomes².

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.



Access to care varies greatly in the region. Services are largely clustered around the hospitals in the region. The majority of the full-service hospitals are located in Duval County (nine), while Clay has two, Nassau and St. Johns have one, and Baker County has none.

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. For example, zip code 32210, a leader of infant mortality rates in the county, has no OB/prenatal care offices. Women – who often face transportation challenges – have to travel to a significant distance to access care.

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 Report³, 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.

There is also a disparity in access to hospital care, including labor and delivery, intensive care and specialty care. Baker has no in-county obstetricians or delivering hospital.

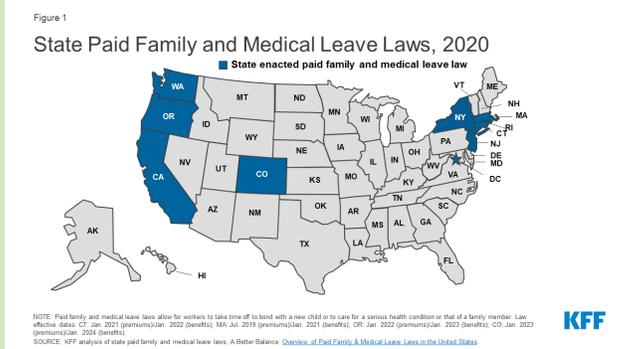
Access to Neonatal Intensive Care Unit beds -- where babies born too soon, too small or with health issues receive care after birth -- is limited outside of the Jacksonville urban core. Baker and Nassau counties do not have any NICU beds. Duval has 84 Level II beds, while Clay has 12 and St. Johns has seven Level II beds. As the health care center of the region, Duval County is the only local county with Level III NICU beds (84 total) -- 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.

2 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6677586/>

3 http://northfloridatpo.com/images/uploads/2018_Mobility_Report_FINAL_2018-04-04.pdf

Health Equity Paid Family & Medical Leave

International analyses show with access to paid family leave, children experience better health outcomes and lower rates of mortality¹. The greatest impact is among mothers with lower levels of education, unmarried mothers, Latina and Black mothers. Black and Hispanic workers have less access to paid family and medical leave than their white counterparts. They are more likely to work in low-wage jobs that offer few or no employer-sponsored benefits, forcing many to return to work within weeks of giving birth.



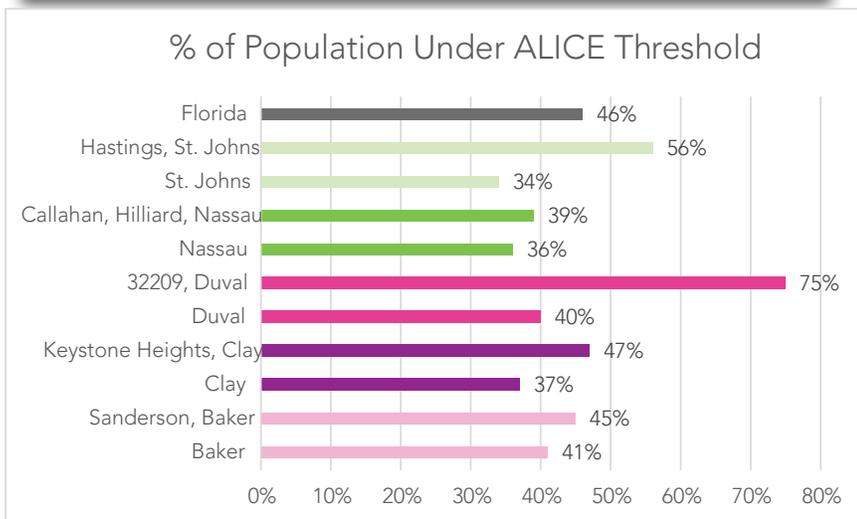
Being at home with a newborn helps parents build secure early attachments, while also allowing time to facilitate breastfeeding and attend well-child medical visits, which include immunizations important in reducing mortality and illness.

1 <https://stateofbabies.org/wp-content/uploads/2020/06/Maternal-and-Child-Health-Inequities-Emerge-Even-Before-Birth.pdf>

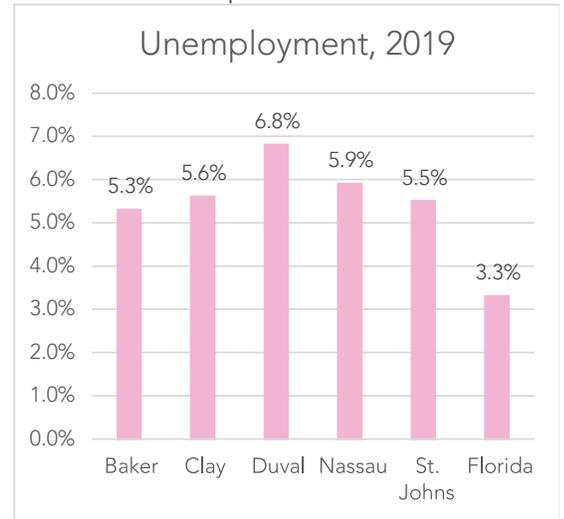
Health insurance coverage for women of childbearing age affects their access to health care services. While Florida offers Medicaid for Pregnancy for pregnant women under 185 percent of the federal poverty level, these women often lack insurance during the critical pre- and interconception periods. Florida opted not to Medicaid under the Affordable Care Act, which would have offered coverage to adults under 138 percent of the federal poverty level. The legislature did approve extending the duration of postpartum Medicaid coverage from 60 days to one year in 2021.

Employment - or lack thereof -- directly affects socioeconomic status and access to benefits like health insurance and paid leave. Prior to the COVID-19 coronavirus pandemic that upended businesses, the 2019 unemployment rate in the region was nearly double the state rate -- all Northeast Florida counties had unemployment rates that exceeded Florida's rate of 3.3 percent.

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



Source: United Way ALICE Report: Florida, 2018 Update



Source: Florida Office of Economic & Demographic Research, County Profiles

Limited, Income Constrained, Employed. While poverty statistics are typically based on federal poverty guidelines, the ALICE threshold identifies families that struggle to afford basic necessities, including housing, child care, food, health care and transportation. Families below the ALICE threshold earn below the basic cost of living. ALICE families often are adversely affected by social determinants of health

and have reduced access to services and assistance due to income requirements.

In Florida, an estimated 46 percent of households live below the ALICE threshold according to their 2020 report⁴. Families with young children make up a significant segment of the ALICE population due to a larger family size and the cost of outside care. Three out of four single-female-headed households are under the threshold.

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

Place matters: Even when overall counties do not have a higher percentage of families living under the ALICE threshold, most counties have pockets with high percentages. In 32209 in Jacksonville, 75 percent of people live under the ALICE threshold, compared to 40 percent of the total county population. In affluent St. Johns County, where only a third of the population is below the ALICE threshold, 56 percent of population in rural Hastings is under the threshold.

Long commutes add additional costs for families: More than half of residents in Baker (52%) and Clay (54%) counties commute outside of their county for work. A significant amount of Nassau (39%) and St. Johns (40%) residents also commute out of county. These bedroom communities commute to other counties like Duval, where large corporations, hospital systems and other employers are located.

Families with children tend to struggle more: The ALICE report assesses the cost of child care as approximately 20 percent of a family's budget in Northeast Florida, averaging around \$1188 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 work⁵. Child

4 https://www.uwof.org/sites/uwof.org/files/2020ALICEHighlightsReport_FL_FINAL-4.15.20.pdf

5 Source: U.S. Bureau of Labor Statistics, Current Population Survey, March 1975-2015 Annual Social and Economic Supplement.

Health Equity Housing

Insecure housing has been shown to be a significant predictor of lower birth weight in young mothers as a severe stressor during pregnancy.¹ The Boston Public Health Commission and Boston Housing Authority developed a policy and program to ensure public housing slots for housing-insecure pregnant women.

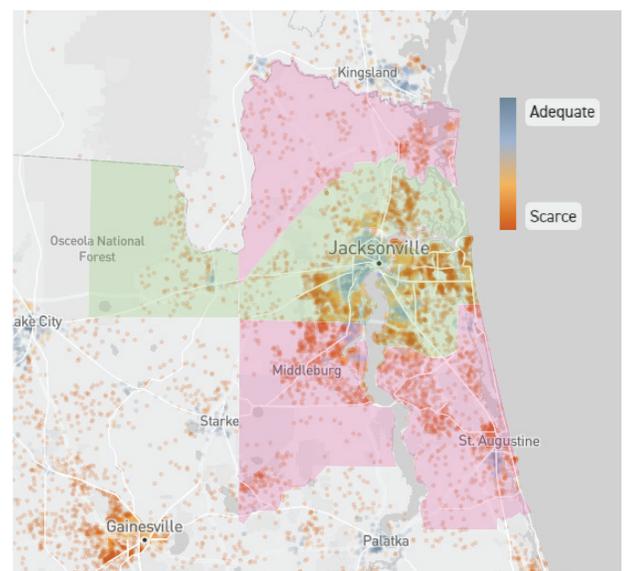


Healthy Start in Housing Program (HSiH) launched in 2011, prioritizing access to public housing for homeless and housing-insecure pregnant women who have medical risks associated with poor birth outcomes. Seventy-five slots are now dedicated to housing-insecure pregnant woman, who are provided with housing as well as intensive case management aimed at housing retention and participant engagement in services and interventions that contribute to achievement of identified goals. Evaluations of the Healthy Start in Housing Program found that program participants experienced reduced stress and depression and improved mental health outcomes².

1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4338127/>,

2 healthequityguide.org/case-studies/boston-uses-public-housing-to-promote-healthy-birth-outcomes/

Child Care Deserts



Source: 2020 Center for American Progress, childcare-deserts.org

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. 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 slots⁶. Large swaths of Northeast Florida were considered child care deserts.

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.

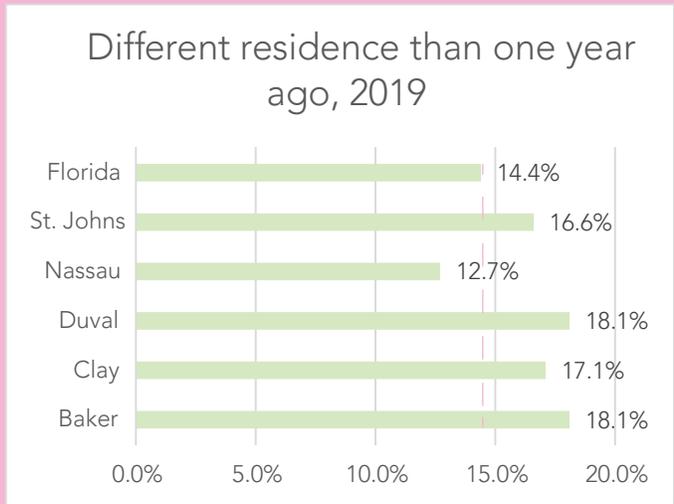
Families should be able to identify and obtain quality, affordable and stable housing. Inadequate housing has a direct relationship to socioemotional and physical health and is critical to maternal and child health development⁷.

Owner-occupied housing rates range from 56.5 percent in Duval County to 80 percent in Nassau and St. Johns counties. While home ownership is a means to build generational wealth, many residents rely on rentals or subsidized housing.

Public housing units are managed by public housing authorities. Families can access Section 8 subsidies for affordable units on private properties. However both often have excessive wait lists, with average wait times of one to two years. And while public housing complexes are maintained by the government, Section 8

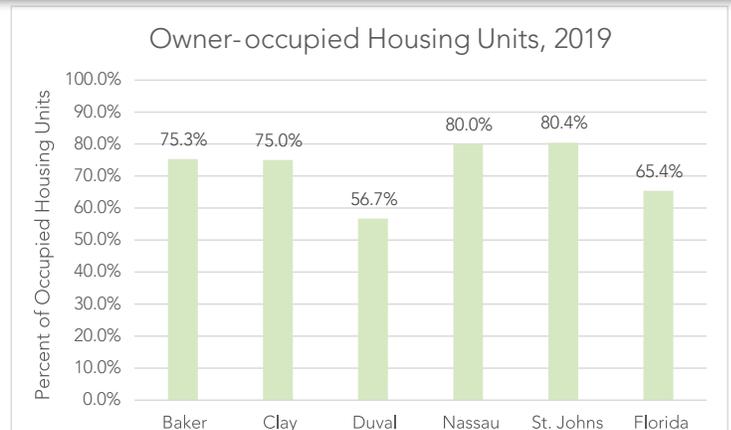
Social Determinants of Health
Economic Stability: Housing Stability

Housing instability encompasses having trouble paying rent, overcrowding, moving frequently, staying with relatives and spending the bulk of household income on housing¹. Moving frequently, in particular, has been associated with negative health outcomes in children². In Baker and Duval counties, 18 percent of residents had a different residence than the prior year, above the state rate of 14.4 percent.



Source: Florida Office of Economic & Demographic Research, County Profiles

1 <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/housing-instability>
 2 Cutts DB, Meyers AF, Black MM, Casey PH, Chilton M, Cook JT, et al. US housing insecurity and the health of very young children. *Am J Public Health*. 2011;101(8):1508-14. doi: 10.2105/AJPH.2011.300139.

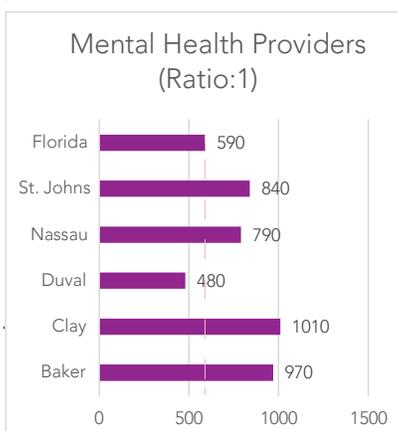
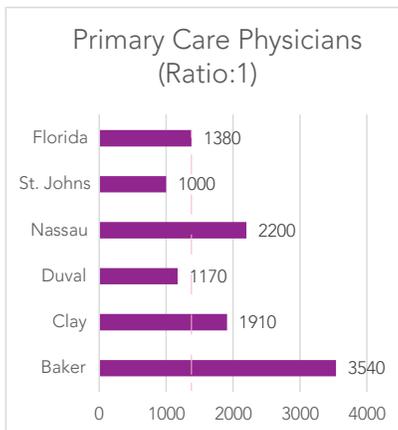
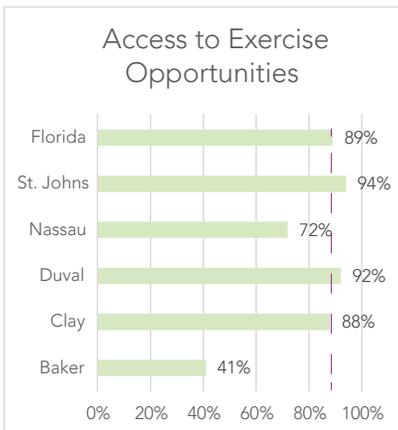
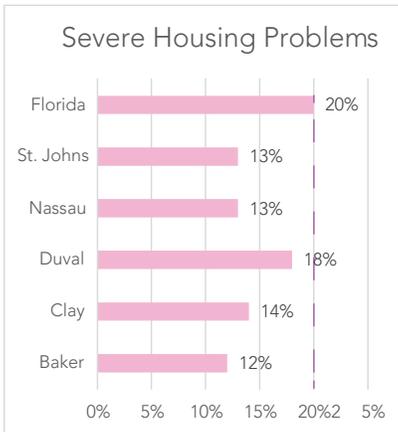


Source: Florida CHARTS

6 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/>

7 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8037986/>

County Health Rankings, Select Health Factors

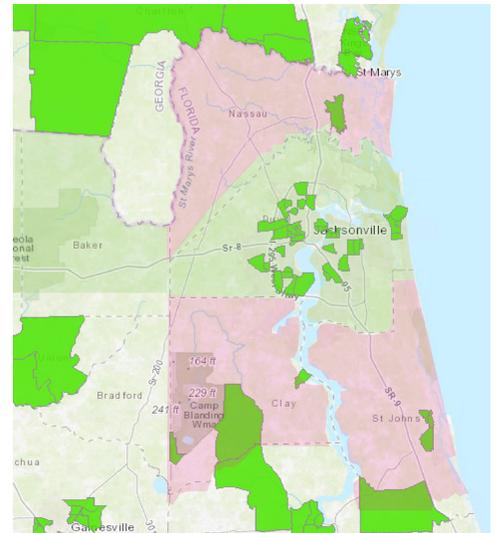


Source: County Health Rankings, Florida, 2021

housing is maintained by the private owner -- often with poor outcomes. Multiple units in Jacksonville have come under scrutiny for unsanitary living conditions, including mouse and rat infestations, persistent mold and disrepair.

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.

Food Deserts in Northeast Florida



Source: United States Department of Agriculture, Food Access Research Atlas, 2021.

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 2021, while Baker (52) and Duval (46) counties were in the bottom half of the 67 counties. Clay (21) and Nassau (26) counties ranked in the middle.

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 access to exercise; issues like obesity; and physical conditions like housing issues.

The rankings underline the rural, urban and suburban divides in the region. Duval County, the population center and home to the majority of the medical facilities, exceeds the state in access to care (mental health and primary care providers). St. Johns County -- a wealthy, suburban neighbor to Jacksonville -- has secured the number one ranking for many years due to better access to care and healthy lifestyles than the surrounding counties. Rural counties like Baker and Nassau lack access to medical care, exercise opportunities and more.

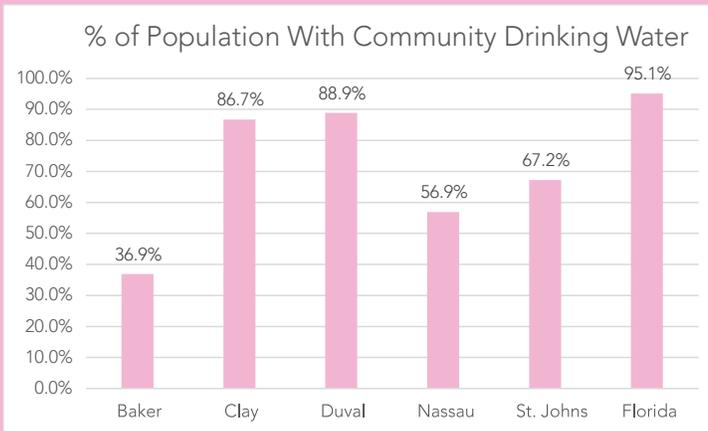
At least half of all pregnancies in the United States are unplanned, with an estimated 59 percent of Florida pregnancies unplanned⁸. Although usage of Long Acting Reversible Contraceptives like the intra-uterine device (IUD) and implant is increasing, only approximately 12 percent of women use these highly effective birth control methods⁹. Birth control options are typically discussed at a woman's postpartum visit, which is recommended

⁸ 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>.

⁹ 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.

Social Determinants of Health Neighborhood & Built Environment: Drinking Water

Contaminated drinking water can negatively affect health. While public water systems use water treatment and monitoring, private wells generally do not receive the same services that wells supplying the public do¹. While community/public water systems are available to 95 percent of Florida's population, rural areas in Northeast Florida are still largely relying on private wells.



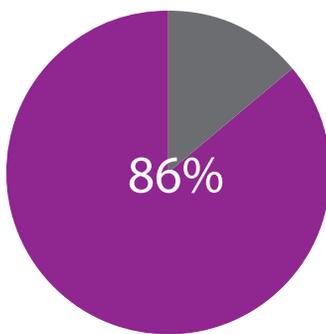
Source: Florida CHARTS

¹ <https://www.epa.gov/privatewells/potential-well-water-contaminants-and-their-impacts>

within six weeks of birth. However, as many as 40 percent of women do not attend their visit¹⁰. Florida's Medicaid program 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 demonstrated by the evidence-based IMPLICIT model developed by the Family Medicine Education Consortium¹¹.

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

Northeast Florida, Breastfeeding Initiation 2019



Source: Florida CHARTS

first three weeks postpartum.

Breastfeeding offers babies an optimal start in life and reduces the chances of developing obesity later in child- and adulthood. In Northeast Florida, 86 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. Support from family, friends, health care practitioners and other community members is a key component of successful breastfeeding duration.







Targeted Services

Healthy Start provides breastfeeding counseling and support to women in the program. Support is also

¹⁰ <https://www.acog.org/About-ACOG/News-Room/News-Releases/2016/Ob-Gyns-Stress-the-Importance-of-Postpartum-Care-The-Fourth-Trimester>

¹¹ <https://www.fmec.net/implicit>

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.

The Make a Difference! Leadership Academy is a grassroots training program developed out of the Make a Noise! Make a Difference! community education and awareness campaign to improve black infant mortality in Jacksonville that launched in 2008. 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. The 16-week course teaches skills like public speaking and advocating for the needs of themselves, their families and the community. The Leadership Academy is a key component of the life-course framework. Its goal is to change the trajectory of a community through the individuals trained and assisted in the development of a Community Action Plan. This plan outlines a specific project to move a community to action and allow graduates to advocate for themselves and their community.

National Health Corps Florida is an AmeriCorps program that provides service opportunities to help meet unmet health care and health education needs in the region. NHC Florida AmeriCorps members serve 46 weeks in health care or public health settings throughout the First Coast, fulfilling unmet health care needs and decreasing disparities.

The Community Action Group (CAG) works to build collaborative improvements in service delivery systems based on FIMR Case Review Team (CRT) identification of case trends and barriers. The CAG is comprised of several subcommittees that develop goals, strategies and implement a work plan based on the CRT recommendations. The committees meet separately and report quarterly to the overall CAG group about their progress and implementation plans.

Building Communities Goals

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.

- Subgoal 1: Increase input from community to inform activities.
- Subgoal 2: Increase awareness of the impact of social determinants of health, adverse childhood experiences, and systemic racism on maternal health and birth outcomes.

Potential Partners

- Florida Department of Health
- Local housing authorities
- Office of Housing and Urban Development
- OB/GYNs
- Midwifery practices
- Pediatricians
- Family medicine practices
- Partnership for Child Health
- Maternal and child health home visiting programs
- Agape Family Health
- 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

Strategies

Targeted services

Expand the CenteringPregnancy and CenteringParenting group care models to rural areas that lack an adequate amount of health care providers.

Establish Best Babies Zone(s) in zip codes with highest infant mortality (32209 and 32210).

Housing

Improve housing standards & emergency transitions. Work with Jacksonville Housing Authority and HUD to review standards and protocol for emergency transition for pregnant women and those in need of postpartum support, and provide safe, clean, affordable housing upon need or demand.

Develop housing initiative specifically for homeless high-risk pregnant women and substance-using pregnant women.

Quality of care

Cultural Humility Model: Implement an effective approach to addressing bias and racism.

Convene provider groups to discuss patient treatment and engagement using the Cultural Humility framework.

Grassroots leadership

Continue and grow the Make a Difference! Leadership Academy.

Social determinants of health

Expand the Fetal & Infant Mortality Review's Community Action Group 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.

Integrate self-sufficiency as a participant focus throughout all Coalition direct service programs.

Develop and implement an ongoing infant mortality social marketing campaign (Make a Noise! Make a Difference!) that includes the social determinants of health.

Include the social determinants of health as a part of school health curriculum at every stage of education.

Community input

Utilize facilitators to conduct regular focus groups to survey the public opinion. Create surveys to present to audiences in target groups or areas.

Seek community input to inform home visiting programs about what potential clients need from a program such as type of education and support, scheduling, location, etc.

Medicaid

Create a large, community outreach that informs women regarding changes in Medicaid (such as the recent expansion) to increase awareness of Medicaid benefits.

Doula support

Provide community doula trainings, connect doulas with home visiting clients.

2021-2026 Action Plan Summary

Saving Babies			
<p>Goal 1: Reduce the premature birth rate to 9.4 percent of births.</p> <ol style="list-style-type: none"> 1. Subgoal 1: Reduce health and racial disparities 2. Subgoal 2: Increase awareness of community programs for pregnant women and families 3. Subgoal 3: Increase number of families engaged and retained in home visitation services 4. Subgoal 4: Reduce number of substance-exposed newborns <p>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</p> <ol style="list-style-type: none"> 1. Subgoal 1: Reduce health and racial disparities 2. Subgoal 2: Decrease the number of women who smoke during pregnancy 3. Subgoal 3: Reduce sleep-related deaths 4. Subgoal 4: Increase access to medical and social services 			
Strategies & Timeline	Responsible	Begin Date	End Date
Increase access to prenatal care, particularly in OB deserts and rural areas.			
Implement a mobile prenatal care unit.	DOH, NEFL, funders		
Outreach			
Expand Coordinated Intake & Referral outreach and education to prenatal care providers, pediatricians, community agencies, apartment complexes, etc., particularly focused around zip codes 32209 and 32210.	CONNECT program	9/1/2021	Ongoing
Toxic Stress			
Implement a community health worker model during the preconception, prenatal and interconception periods to mitigate contributors to toxic stress.	Magnolia Project, JU DNP students	9/1/2021	12/31/2021
Pre term births and low birth weight are among the most recognized effects of maternal stress during pregnancy. To address this area develop opportunities to pilot clinical and community activities centered around evaluating the effects of high stress levels (cortisol levels) in pregnant women.	NEFHSC CEO and partners	7/1/2022	Ongoing
Pre term births and low birth weight are among the most recognized effects of maternal stress during pregnancy. To address this area develop opportunities to pilot clinical and community activities centered around evaluating the effects of high stress levels (cortisol levels) in pregnant women.	NEFHSC CEO and partners	9/1/2021	Ongoing
Home Visitation			
Enhance supports for families before and after birth by increasing enrollment in home visitation programs like Healthy Start, Healthy Families, Nurse-Family Partnership and Universal Nurse Home Visitation.	CONNECT program	9/1/2021	Ongoing
Improve the identification, engagement and retention of families through continuous quality improvement	NEFHSC HVAC, staff	9/1/2021	Ongoing
Educating the public, communities and government regarding home visitation as a method to contain costs and improve birth outcomes.	NEFHSC staff	7/1/2022	Ongoing
Community Programs for Pregnant Women			

Educate the public about WIC.	FIMR CAG, WIC	9/1/2021	Ongoing
Contact cell providers and provide the Public Cell Phone companies information to address health-care providers and home visitors' inability to reach patients because of limited minutes. Policy change needed within the cell phone providers to address this issue.	FIMR CAG	9/1/2021	9/1/2022
System of Care			
Pilot and expand co-location of home visitors in prenatal care offices to address the social determinants of health and connect the medical provider and community health resources.	NEFHSC CEO, OB providers	7/1/2021	6/30/2022
Address Substance Abuse			
Increase SBIRT screening to prevent and address substance abuse among women of childbearing age.	The Azalea Project	7/1/2021	Ongoing
Implement certified recovery peer specialist program with mothers experiencing substance use or in recovery to complement home visiting services.	The Azalea Project	7/1/2021	9/1/2021
Medical Home			
Establish a medical home model that serves women and infants in areas with the highest infant mortality. Model design includes: Group prenatal, pediatric, chronic disease care; housing; food; transportation; education and employment resources; behavioral health; yoga and mindfulness to address toxic stress.	NEFHSC CEO, FQHC, UNF, additional partners	7/1/2021	Ongoing
Safe Sleep			
Provide safe sleep training for medical professionals, nurses, day care centers, pediatricians, paramedics.	FIMR CAG	7/1/2021	Ongoing
Expand Universal Nurse Home Visiting model (WELL-come Home).	NEFHSC, Baptist Health	7/1/2021	6/30/2022
Strengthening Families			
<p>Goal 1: Increase the number of women with an inter-pregnancy interval of 18 months or more to 70 percent.</p> <ol style="list-style-type: none"> Subgoal 1: Increase access to mental health services. Subgoal 2: Increase father involvement (fathers on birth certificate, reduced incarceration). Subgoal 3: Improve reproductive health planning. 			
Preconception Health			
Implement within the Federally Qualified Health Centers a preconception and prenatal chronic disease Centering group care model that focuses on obesity, hypertension, diabetes and stress	Magnolia Project & FQHC	4/1/2022	Ongoing
Implement mobile unit providing pre- and interconception care in areas that lack access to care.	NEFHSC staff, local health departments	7/1/2023	Ongoing
Educate health care providers and students (MDs, DOs, RNs, LNPs, ARNPs, PAs) on: preconception health, the life course theory, social determinants of health, implicit bias, cultural humility, toxic stress, stress hormones.	NEFHSC staff and programs	7/1/2021	Ongoing

Mental Health			
Provide mental health services among home visiting clients and their families.	NEFHSC staff,	7/1/2022	Ongoing
Expand Yoga in the Streets.	Magnolia Project, Yoga 4 Change	4/1/2022	Ongoing
Provide Moving Beyond Depression™, which provides in-home cognitive-behavioral therapy to clinically depressed women enrolled in home visiting.	NEFHSC staff, Children's Home Society	7/1/2021	Ongoing
Fatherhood			
Increase the number of home visiting program referrals to Fatherhood PRIDE program.	NEFHSC staff, Healthy Start subcontractors	7/1/2021	Ongoing
Professional Development			
Train all Coalition program staff and subcontractors in racial disparities, preconception health, the life course theory and social determinants of health.	NEFHSC staff	7/1/2021	12/31/2022
Reproductive Health			
Increase utilization of Interconception Care Program.	Healthy Start subcontractors	7/1/2021	Ongoing
Increase awareness of Family Planning Waiver in the Medicaid population.	NEFHSC staff	7/1/2021	Ongoing
Focus on prevention and management of chronic conditions.	Magnolia Project, FQHC	10/1/2021	Ongoing
Building Communities			
<p>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.</p> <ol style="list-style-type: none"> Subgoal 1: Increase input from community to inform activities. Subgoal 2: Increase awareness of the impact of social determinants of health, adverse childhood experiences, and systemic racism on maternal health and birth outcomes. 			
Targeted Services			
Expand the CenteringPregnancy and CenteringParenting group care models to rural areas that lack an adequate amount of health care providers.	NEFHSC CEO, local health departments	7/1/24	Ongoing
Establish Best Babies Zone(s) in zip codes with highest infant mortality (32209 and 32210).	NEFHSC CEO, City Council, partners	1/1/22	12/30/22
Housing			
Improve housing standards & emergency transitions. Work with Jacksonville Housing Authority and HUD to review standards and protocol for emergency transition for pregnant women and those in need of postpartum support, and provide safe, clean, affordable housing upon need or demand.	NEFHSC CEO, City Council, Jacksonville Housing Authority & Partners	1/1/2022	Ongoing
Develop housing initiative specifically for homeless high-risk pregnant women and substance-using pregnant women.	NEFHSC CEO, Ability Housing, Housing Authority & Partners	1/1/2022	Ongoing

Quality of Care			
Cultural Humility Model: Implement an effective approach to addressing bias and racism.	NEFHSC CEO, partners	7/1/2022	Ongoing
Convene provider groups to discuss patient treatment and engagement using the Cultural Humility framework.	NEFHSC CEO, hospitals, physician groups, partners	7/1/2022	Ongoing
Grassroots Leadership			
Continue and grow the Make a Difference! Leadership Academy	Magnolia Project, FQHC	7/1/2021	Ongoing
Social Determinants of Health			
Expand the Fetal & Infant Mortality Review's Community Action Group 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.	FIMR CAG, NEFHSC staff	7/1/2021	Ongoing
Integrate self-sufficiency as a participant focus throughout all Coalition direct service programs.	NEFHSC staff	1/1/2022	Ongoing
Develop and implement an ongoing infant mortality social marketing campaign (Make a Noise! Make a Difference!) that includes the social determinants of health.	NEFHSC staff, City Council, marketing firm, partners	7/1/2021	9/30/2023
Include the social determinants of health as a part of school health curriculum at every stage of education.	NEFHSC staff, school districts	7/1/2023	Ongoing
Community Input			
Utilize facilitators to conduct regular focus groups to survey the public opinion. Create surveys to present to audiences in target groups or areas.	NEFHSC staff, partners	1/1/2022	Ongoing
Seek community input to inform home visiting programs about what potential clients need from a program such as type of education and support, scheduling, location, etc.	NEFHSC staff, partners	1/1/2022	Ongoing
Medicaid			
Create a large, community outreach that informs women regarding changes in Medicaid (such as the recent expansion) to increase awareness of Medicaid benefits.	FIMR CAG, partners	10/1/2021	Ongoing
Doula Support			
Provide community doula trainings; connect doulas with home visiting clients.	Magnolia Project, National Doula Network, Healthy Start subcontractors	10/1/2021	3/31/2024



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