

HEALTHY START 2009-2014 GOALS



Infancy

The infant mortality rate in Northeast Florida will be reduced to 7.2 deaths per 1,000 live births (2007 Baseline: 8.0 deaths per 1,000).

The infant mortality rate for blacks and infants of other races will be reduced to 10.7 deaths per 1,000 live births (2007 Baseline: 11.1 deaths per 1,000).

Postneonatal mortality will be reduced to 2.7 deaths per 1,000 live births (2007 Baseline: 2.9 deaths per 1,000).

Low birth weight rates in Northeast Florida will be reduced to 8.5 percent of all births (2007 Baseline: 8.9 percent).



Childhood & Adolescence

No more than nine percent of first graders in Northeast Florida will have a BMI in the 95th percentile or higher (2007 Baseline: 13.76 percent).

The teen rate of sexually transmitted infections (STIs) in Northeast Florida will be reduced to 2,300 STIs per 100,000 teens (2007 Baseline: 2,584.3 STDs per 100,000).

No more than 15 percent of teens ages 15-19 that give birth will have a repeat pregnancy (2007 Baseline: 16.8 percent).



Preconception

At least 70 percent of women age 15-44 in Northeast Florida will consume a daily multi-vitamin containing folic acid (2007 Baseline: 59.8 percent).

Less than 15 percent of women age 15-44 will use tobacco prior to conception (2007 Baseline: 18.9 percent).

The rate of sexually transmitted infections (STIs) among women age 15-44 will not exceed 3,000 per 100,000 population (2007 Baseline: 3169.1 per 100,000).

At least 75 percent of births will have an interconceptional interval of 18 months or more (2007 Baseline: 73.4 percent).



Pregnancy & Childbirth

The proportion of pregnant women delivering with late or no prenatal care will not exceed 6.5 percent (2007 Baseline: 6.5 percent).

The proportion of women who use tobacco during their pregnancies will be reduced to 7 percent (2007 Baseline: 9.5 percent).

The maternal death rate in Northeast Florida will be reduced to 20 deaths per 100,000 live births (2007 Baseline: 29.8 deaths per 100,000).

The proportion of single women who deliver will be reduced to 40 percent (2007 Baseline: 43.3 percent).

life-course approach to improving the health of mothers, babies, families & communities

2009-2014 SERVICE DELIVERY PLAN

Northeast Florida Healthy Start Coalition, Inc.



The Life-Course

Every baby deserves the best possible start in life. Ensuring that doesn't just start with a mother's pregnancy. The life-course model, developed by Dr. Michael Lu and others suggests that a complex interplay of biological, behavioral, psychological and social protective and risk factors contributes to health outcomes across the span of a person's life.

Rather than just focusing on risks, behaviors and services that impact a woman once she becomes pregnant, the life-course model examines the cumulative effect of health status and life events at different life stages. The health and socioeconomic status of one generation directly affects the health status – and reproductive health capital – of the next one.

The life-course model broadens the focus of maternal and child health to include both health and social equity. Key factors affecting health outcomes include: socioeconomic status, race and racism, health care, health status, stress, nutrition and weight and birth weight.

The Northeast Florida Healthy Start Coalition

MISSION STATEMENT: The Healthy Start Coalition leads a cooperative community effort to reduce infant mortality and improve the health of children, childbearing women and their families in Northeast Florida.

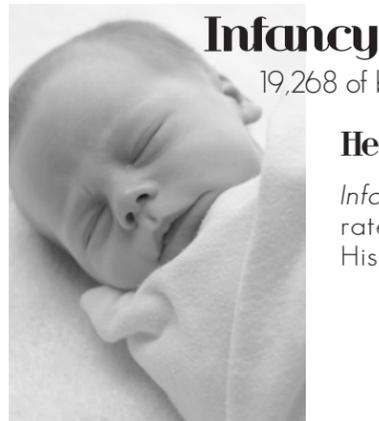
The 2009-2014 Service Delivery Plan was developed to track progress over the last five years in addressing maternal and infant health needs and to guide the development and funding of Healthy Start services through 2014. The adoption of a life-course framework has both programmatic and policy implications:

- It expands the content of case management and related services to include issues such as education and poverty.
- Services are organized and delivered in ways that build resiliency and social capital, and reduce dependency (e.g. group activities, self-care).
- It requires inter-disciplinary, inter-agency collaboration and cooperation to address the complex needs of at-risk families.

The Healthy Start program provides individual case management and risk reduction services. Recognizing that it is not directly responsible for addressing social determinants, plan strategies were developed on two levels:

1. What actions can be implemented through the Healthy Start program to improve a woman's/families' chances of having healthy birth over a lifetime?
2. What partnerships are needed between Healthy Start and other organizations and agencies that are working to address social equity?

The plan looks at four life phases: Infancy, Childhood & Adolescence, Preconception and Pregnancy & Childbirth.

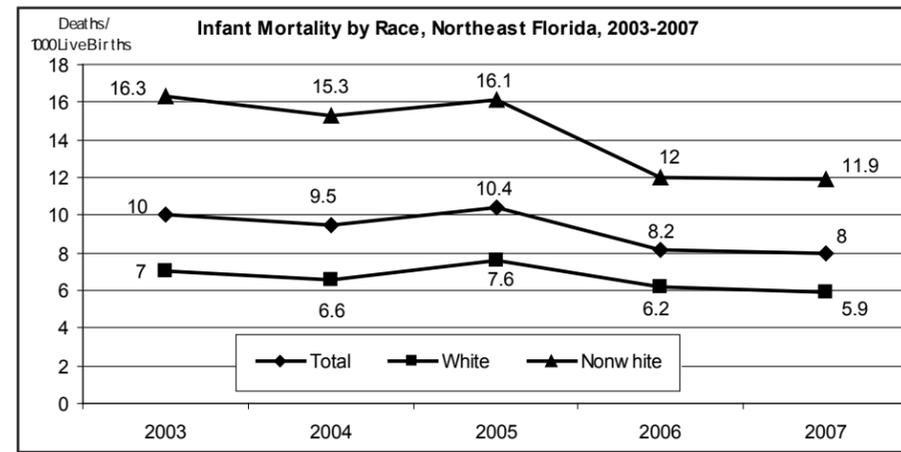


Infancy

19,268 of babies were born in Northeast Florida in 2007, accounting for 8 percent of the births statewide.

Health Status & Services

Infant mortality is declining in the region but the rate is still higher than state and national rates, and black and other nonwhite babies die at twice the rate of white babies. While Hispanic infant mortality was once low, it is now rising.



Source: Florida CHARTS, 2003-07

The five-county area has experienced persistent racial disparities in low and very low birth weight, which places a disproportionate number of minority children at risk of experiencing life-long physical and developmental handicaps. In 2007, 12.7 percent of black and other nonwhite babies were born low birth weight, compared to only seven percent of white babies.

Premature or low birth weight babies are likely to be hospitalized after birth in a neonatal intensive care unit (NICU). Shands Jacksonville and Wolfson Children's Hospital provide specialized NICU care to babies born in Northeast Florida and the surrounding area. From 2005-2007, the number of babies receiving NICU care increased more than 11.3 percent and the average length of stay increased from 15.7 to 16.2 days. In Northeast Florida, the average cost of caring for one critically-ill baby exceeds \$100,000.

Babies in Duval County acquire HIV, the virus that causes AIDS, from their infected mothers at twice the rate as babies statewide (9.9 vs. 5.7 per 100,000 births). Four babies were born infected with HIV in Duval County from 2005-2007. Specialty care is provided for HIV-infected babies and their families through the University of Florida Center for HIV/AIDS Research, Education and Service (UF CARES) and its Rainbow Center. The Center provides a full array of patient care services, including screening, counseling, medical care, medical case management, health education, nutrition and dietary evaluation, pharmacist assistance and social services. The program serves about 1,500 annually.

Sudden Unexplained Infant Deaths – which includes Sudden Infant Death Syndrome (SIDS) – is a leading cause of postneonatal deaths (28-364 days old) and also the most preventable of these deaths. There are two SIDS education and prevention programs in Northeast Florida, Cribs for Kids, sponsored by Healthy Mothers, Healthy Babies of North Florida and Project Moses, organized by the AME Ministers Alliance. These programs distribute cribs and bassinets to families who do not have a safe place for their babies to sleep and offer education to parents on safe sleep practices. The Coalition has promoted SIDS prevention through the organization of the Safe Sleep Partnership, which is comprised of health care providers, child-serving agencies and other interested groups. The Partnership has sponsored training programs for hospital and physician office staff as well as public awareness activities using billboards, bus ads and posters.

Breastfeeding offers babies an optimal start in life and reduces the chances of developing obesity later in child- and adulthood. Breastfeeding initiation has increased but duration has not: less than one-half of mothers that initiate breastfeeding continue for four or more weeks. In addition, no hospitals in Northeast Florida are designated as Baby-Friendly. Baby Friendly Hospitals is a global program to support breastfeeding sponsored by the World Health Organization & UNICEF. Hospitals with this designation must implement a ten-step program of education, policies and support, and agree not to accept or distribute free infant formula to new mothers.

At-risk infants can be served through Healthy Start – but Healthy Start Infant Screening rates have declined, meaning fewer infants and families

Prevalence of Risk Factors Among SIDS & Other Sleep-Related Deaths, NEFL 2005-07 (n=83)	
Risk Factor	% of SUID Cases
Unsafe Sleep Surface	78%
Unsafe Items in Bed	58%
Not on Back to Sleep	68%
Not in an Infant Bed	70%
Never Breastfed	70%
Bed-Sharing	57%
Second-hand Smoke	53%

Source: FIMR, 2005-07

Most women (99 percent) deliver in a hospital. Other delivery options accounted for less than one percent, including 82 births at a birthing center and 89 home births, although home births have decreased since 2003. Physicians are the predominant birth attendant (91 percent), followed by nurse midwives and licensed midwives.

Nearly 20 percent of the region's deliveries take place at Shands Jacksonville. Memorial, Baptist Downtown, St. Vincent's and Orange Park Medical Center each account for 10 percent or more of the region's births. Forty-four percent of those births at the above facilities were paid for by Medicaid; 53 percent were covered by private insurance and other payors.

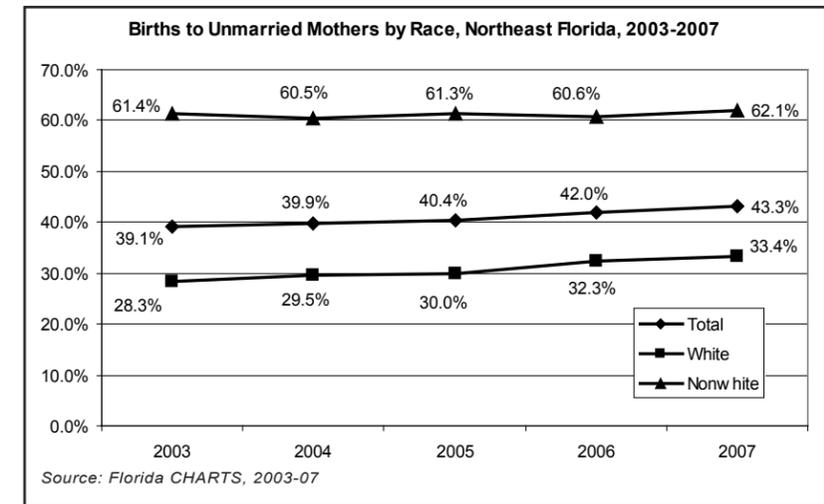
Nearly 70 percent of pregnant women deliver vaginally, but between one-quarter and one-third of women give birth through Cesarean Section. C-section rates have been on the rise in the region, state and at many individual hospitals. While Shands Jacksonville has the lowest C-section rate in the state, Orange Park Medical Center, St. Vincent's Medical Center, Baptist Medical Center – Beaches and Memorial Hospital Jacksonville have had significant increases in C-sections. Baptist Medical Center – Nassau has the highest C-section rate in the region – almost half of all babies born at the hospital – and one of the highest rates in the state.

Social & Environmental Determinants

Single motherhood is the leading social factor impacting pregnancy in the region and state. Unmarried mothers experience higher rates of poverty and reduced social support compared to two-parent families. More than 40 percent of all births in 2007 were to unmarried mothers. Sixty-two percent of black mothers were unwed, compared to 33 percent of white mothers and 46 percent of Hispanic mothers. The percentage of single mothers is increasing for all racial and ethnic groups.

Social and environmental factors affecting fathers also impact fertility. Men likely to be least prepared for fatherhood are more likely to have three or more children. These include disadvantaged urban men, those with lower levels of education, unmarried men, those who are minorities and men affected by depression. Men who exhibit positive feelings about the pregnancies of their partners and who become involved – such as attending childbirth classes and being present at the child's birth – are more likely to show positive fathering behaviors after birth.

Social and environmental stressors also have an impact on pregnancy. During the 12 months prior to pregnancy, about 40 percent of women moved,



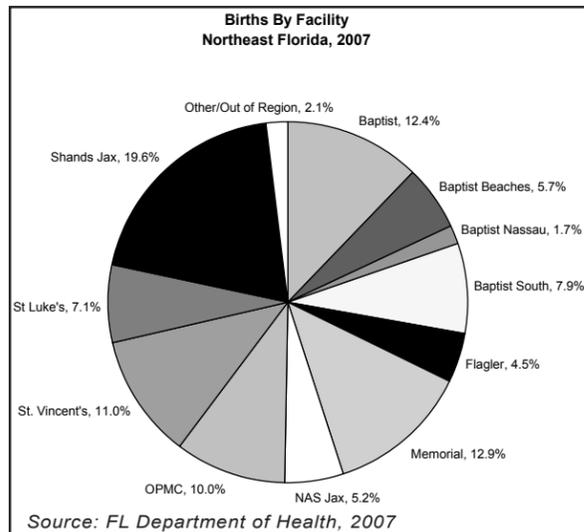
Source: Florida CHARTS, 2003-07

one-third argued excessively with their partners, 27 percent experienced financial difficulties and 20 percent lost a family member or close friend. Three percent of women reported physical abuse during pregnancy.

Maternal stress, caused by social, environmental and economic factors, as well as individual behavior, has been linked to pre-term labor and other conditions impacting pregnancy. Racism, and its impact over the life course, creates a disparate effect on black women and contributes to their higher rates of poor birth outcomes.

Strategies:

- Implement Healthy Start outreach to hospital emergency rooms.
- Promote simplified Medicaid enrollment process for pregnant women.
- Provide smoking cessation services to mothers enrolled in Healthy Start.
- Pilot interconceptional case management and risk reduction services for high-risk mothers (Magnolia, Azalea models).
- Promote breastfeeding as a postpartum weight-loss strategy.
- Collaborate with chronic disease prevention efforts to address risk factors contributing to maternal mortality.
- Integrate life course perspective into all programs.
- Increase peer support.
- Expand the content and approach to postpartum case management to address social determinants.
- Provide information on consequences and impact of single motherhood.
- Increase Healthy Start prenatal screening rates and initial contacts.
- Increase delivery of intensive, face-to-face case management and related risk reduction services through Healthy Start.
- Link content of Healthy Start case management services to identified risk factors.
- Provide Healthy Start case management services in conjunction with group prenatal care (Centering Pregnancy).



- Black women are more likely to have inadequate prenatal care and less likely to have adequate prenatal care.
- In Baker and Duval counties, a full 25 percent of black women had inadequate prenatal care.
- Baker County has no OB/GYN providers and Duval County has about 100, the most in the region, but both counties have the highest rates of inadequate care for all women.

Use of alcohol and other substances during pregnancy has a direct impact on birth outcomes. Alcohol use can result in Fetal Alcohol Spectrum Disorders that affect both mental and physical development, while tobacco use is directly related to low birth weight. Women in Northeast Florida smoke during pregnancy at a higher rate than women throughout the rest of the state. In Baker County, one-fifth of all women reported smoking during pregnancy. White women in particular reported smoking much more than black women – almost three times as much.

More than one-third of pregnant women in Northeast Florida report experiencing premature labor prior to their due dates. Nearly 15 percent of pregnancies in the region result in a pre-term delivery (<37 weeks gestation). Two percent of babies are born very pre-term (<32 weeks gestation). Black mothers give birth to pre-term and very pre-term babies at significantly higher rates than white mothers.

Facility	2003	2004	2005	2006	2007
Orange Park Medical Center	24.0%	24.5%	30.6%	31.5%	34.3%
Shands Jacksonville	19.4%	19.0%	20.9%	20.8%	21.6%
St. Vincent's Medical Center	26.6%	29.4%	33.2%	33.5%	36.1%
Baptist Medical Center – Downtown	33.9%	33.2%	37.3%	34.3%	35.4%
Baptist Medical Center – Beaches	21.2%	26.5%	26.4%	28.5%	32.6%
St. Luke's Hospital	32.8%	28.8%	33.3%	36.7%	33.2%
Memorial Hospital Jacksonville	32.3%	34.2%	38.6%	39.7%	41.4%
Baptist Medical Center – South	n/a	n/a	36.8%	35.3%	32.1%
Baptist Medical Center – Nassau	45.1%	46.2%	48.1%	48.8%	47.0%
Flagler Hospital	26.5%	24.9%	26.7%	26.9%	28.1%

Source: FL Agency for Health Care Administration, 2003-07

Late pre-term deliveries (34-36 weeks gestation) comprised more than 70 percent of all pre-term births in the region in 2007, compared to 68 percent statewide, and are on the rise. Late pre-term births have been linked to the increase in C-section deliveries and voluntary inductions of labor. These babies remain at higher risk than full-term babies for newborn health problems, including breathing and feeding problems, difficulties regulating body temperature and jaundice. It is estimated that at 35 weeks gestation, the weight of the brain is only around 60 percent that of term infants.

Fetal deaths or stillbirths include deaths that occur before delivery after 20 weeks gestation. In most areas, the number of fetal deaths equals or exceeds infant deaths. Similar factors contribute to both fetal and infant deaths. Fetal death rates in Northeast Florida are similar to statewide rates.

Maternal mortality in Northeast Florida consistently exceeds state rates overall and by race. Vital Statistics defines maternal mortality as “the death to a woman while pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by pregnancy or its management but not from accidental or incidental causes.”

- The region, along with the state, experienced a significant increase in the number of women who died during or immediately following pregnancy between 2002-2004 and 2005-2007.
- The leading causes of maternal mortality in 1999-2005 were hypertension disorders, hemorrhage and thrombotic embolism.
- Black women, women age 35 and older, women who received no prenatal care and women who were overweight or obese were most at-risk for a pregnancy-related death.

The Florida *Healthy Start* program provides case management and related risk reduction services to pregnant women based on factors identified on the *Healthy Start prenatal screen*. Like the infant screening and services, prenatal screening rates have declined (less than one-half of pregnant women in the region were screened in 2007) and the services have shifted to a more intensive, face-to-face approach. More than 8,400 pregnant women in Northeast Florida received *Healthy Start case management and other services*, including parenting education and support, breastfeeding education, childbirth education, smoking cessation and psychosocial counseling. *Healthy Start prenatal services* are provided by the five county health departments in Baker, Clay, Duval, Nassau and St. Johns counties; Shands Jacksonville; Children's Home Society, the Bridge of NE Florida; Gateway Community Services-Azalea Project; and, *Healthy Mothers, Healthy Babies of North Florida*.

	2004	2005	2006	2007	% Increase 2004-2007
Baker	52.4%	56.9%	65.8%	62.1%	18.5%
Clay	60.7%	75.0%	75.2%	77.0%	26.9%
Duval	56.7%	69.8%	71.9%	73.3%	29.3%
Nassau	53.1%	68.5%	68.9%	71.5%	34.7%
St. Johns	67.1%	77.1%	79.5%	82.5%	23.0%
NEFL	57.9%	70.8%	72.8%	74.3%	28.3%
FLORIDA	63.5%	76.1%	77.0%	77.6%	22.2%

Source: Florida CHARTS, 2004-07

However, fewer substance-exposed newborns were served, most notably in Duval, because the Azalea Project lost federal funding.

The *Healthy Start Infant Screen* also includes questions that identify families eligible for *Healthy Families*. About 1,700 at-risk families were served by *Healthy Families Programs* in Northeast Florida during 2005-2008. The program provides assessment, education and support for families with infants up to five years old, to promote positive parenting and healthy child development.

	2005		2006		2007	
	Total Families Served	% Receiving Intensive Face-to-Face Services	Total Families Served	% Receiving Intensive Face-to-Face Services	Total Families Served	% Receiving Intensive Face-to-Face Services
Baker	143	0.7%	128	4.7%	122	6.6%
Clay	722	2.9%	374	7.5%	277	22.7%
Duval	6,823	1.5%	5,599	4.0%	3,923	9.5%
Nassau	278	2.2%	278	1.4%	254	8.3%
St. Johns	373	2.4%	374	5.9%	266	11.7%
NEFL	8,339	1.6%	6,753	4.2%	4,842	10.3%
FLORIDA		4.7%		5.9%		7.6%

Source: Healthy Start Executive Summaries – Infants, FL Department of Health, 2005-07

Social & Environmental Determinants

Babies in Northeast Florida are born to families with disparate economic, social, environmental and educational capabilities. These disparities have a direct and measureable impact on their future opportunities and life course. About 43 percent of babies were born in 2007 to low-income mothers who qualify for Medicaid, up 10 percent from 2003. A family's economic status is directly affected by several factors:

- Education level: About 17 percent of babies were born in 2007 to mothers who did not complete high school, including more than 25 percent of all babies born in rural Baker County and 18 percent of babies born in urban Duval County. Region-wide, nearly 16 percent of babies were born to white mothers with education levels less than high school, compared to 20 percent of black and other nonwhite babies.
- Two-parent families: They consistently earn higher incomes than single-parent families, and children in these families are more likely to achieve educational success and avoid involvement with the juvenile justice system. In Northeast Florida, more than 40 percent of all babies born each year are born to single mothers. This includes nearly one-third of babies born to white mothers, and more than 60 percent of babies born to black and other nonwhite mothers.

	Births			Births to Single Mothers			% Births to Single Mothers with Dad Info on Birth Certificate		
	Total	White	Black & Other	Total	White	Black & Other	Total	White	Black & Other
Baker	395	340	55	173	128	45	60.1%	68.8%	35.6%
Clay	2,359	1,945	414	810	638	172	66.9%	68.0%	62.8%
Duval	13,687	7,968	5,719	6,156	2,611	3,545	57.6%	69.0%	49.2%
Nassau	813	739	74	309	264	45	58.3%	61.7%	37.8%
St. Johns	1,770	1,537	233	538	407	131	61.9%	68.3%	42.0%
NEFL	19,024	12,529	6,495	7,986	4,048	3,938	58.9%	68.3%	49.3%

Source: Florida Vital Statistics, 2006

Despite the parents' marital status, *fathers* may still be involved and support their children. The inclusion of information about the father on the child's birth certificate, given the state's child support statutes, provides an indication of the father's involvement. Birth certificates for babies born to a single mother in Northeast Florida also included information about the father 60 percent of the time, although 68 percent of white babies had information about their fathers on their birth certificates, compared to less than 50 percent of nonwhite babies.

The most significant environmental threat to infants is second-hand smoke. *Environmental tobacco smoke* (ETS) is a risk factor for SUIDS and other childhood diseases, including asthma. Nearly 10 percent of babies born in Northeast Florida in 2007 were born to mothers who smoked during pregnancy, compared to seven percent statewide. Twelve percent of white mothers reported using tobacco during pregnancy in 2007, compared to less than five percent of black and other nonwhite mothers. A total of nine percent of infants are exposed to second-hand smoke for at least an hour each day. Smoking cessation counseling is available to families with infants enrolled in the Healthy Start program.

Strategies:

- Increase Healthy Start infant screening rates.
- Increase Healthy Start initial contacts.
- Increase delivery of intensive, face-to-face case management and related risk reduction services through Healthy Start.
- Provide breastfeeding education and support to increase duration.
- Strengthen Healthy Start and Healthy Families services for fathers.
- Focus Healthy Start services on zip codes that account for a high proportion of poor birth outcomes.
- Increase interconceptional counseling services to families that receive postpartum Healthy Start services.
- Ensure high-risk prenatal participants are transitioned to postpartum services.
- Implement a social marketing campaign to increase awareness of black infant mortality and behavioral risks.
- Continue to support the Safe Sleep Partnership and related awareness efforts to address SIDS and other sleep-related deaths.
- Ensure NICU babies are linked to Healthy Start, particularly when they live outside of Jacksonville.
- Provide increased education and intervention to mothers who use tobacco during pregnancy.

In response to growing evidence of the impact of pre-pregnancy health on birth outcomes, the state *Healthy Start* program began providing interconceptional education and counseling to participants in 2005. About 860 women received this Healthy Start service in 2007; however, the majority of these services were provided to women while they were pregnant.

Social & Environmental Determinants

- Domestic violence affects everyone, but women comprise 85 percent of the victims. Women victims of Intimate Partner Violence (IPV) have 60 percent higher rates of all health problems than women without abuse history. Northeast Florida is served by four domestic violence shelters that provided emergency shelter to more than 1,400 victims in 2007-2008; more than one-half were women over age 18. About 42 percent of the victims were age 18-44 years old; nearly 46 percent were African American.
- Neighborhood crime and violence is a key community-level stressor for families. Homicide mortality in the region is 70 percent higher than statewide rates and disproportionately impacts residents of poor and minority neighborhoods.

Strategies:

- Promote multivitamin use through family planning clinics, WIC, postpartum Healthy Start.
- Increase provision of interconception counseling and education to women whose babies are enrolled in Healthy Start.
- Increase smoking cessation services provided to women whose babies are enrolled in Healthy Start.
- Ensure all high-risk women are linked to appropriate prevention and treatment services.
- Increase integration of STI/HIV treatment and family planning services.
- Promote participation of women enrolled in Healthy Start, Healthy Families, MomCare and other programs in family planning Medicaid waiver.
- Provide information on how to access family planning services through the health department and other agencies.
- Distribute information on family planning services available for men.
- Stress importance of baby spacing in Healthy Start case management activities.



Childhood & Adolescence

About 329,000 children ages one - 19 live in Northeast Florida. Children in the region comprise about eight percent of children statewide.

Health Status & Services

A mother's health impacts the health of her children; this pattern is cyclical, as a mother's health as a child influences her health as an adult. From 2005-2007, approximately 350 children did not even reach adulthood. The leading cause of death among children in Northeast Florida was unintentional injuries – motor vehicle accidents, drowning, etc. However, among 15- to 19-year-olds in the region, *homicide* was the second-leading cause of death, a rate almost double that of the state.

Childhood obesity is a growing problem and one that often translates into adult obesity. Overweight and obese children are at a higher risk for high cholesterol, hypertension, respiratory ailments, orthopedic problems, depression and Type 2 diabetes. Obesity in adulthood increases the risks in these same areas and is associated with a general poor health status. During the 2007-2008 school year, more than 25 percent of first graders had Body Mass Index

(BMI) measurements in the overweight or at-risk for being overweight percentiles. In Baker and Nassau counties, approximately two-fifths of these students have at-risk or overweight BMIs. *Physical activity* is a major combatant of childhood obesity. The U.S. Department of Health and Human Services recommends children and adolescents do 60 minutes of physical activity daily, most of which should be moderate to vigorous aerobic activity. Yet, of all middle and high school students in 2006, one-third did not receive sufficient vigorous physical activity – defined as participating in physical activity that makes you sweat or breathe hard for 20 minutes or more, on three or more of the past seven days. Another source of negative long-term effects is *child abuse*. It can lead to teen pregnancy, STIs, drug and alcohol abuse, juvenile delinquency and

Percent of Children in Grade 1 At-Risk for Overweight & Overweight, NEFL & Florida, 2007-08			
	2007 - 2008		
	1 st Graders BMI > 85 th Percentile & <95 th Percentile	1 st Graders BMI > 95 th Percentile	1 st Graders BMI > 85 th Percentile
Baker	17.3%	18.9%	36.2%
Clay	14.2%	13.2%	27.4%
Duval	12.6%	14.8%	27.4%
Nassau	28.1%	14.2%	42.3%
St. Johns	13.3%	11.6%	25.0%
NEFL	14.4%	13.7%	28.2%
FLORIDA	15.8%	16.1%	31.9%

Source: FL Department of Health, School Health Services, 2007-08

Pregnancy & Childbirth



There were more than 19,000 deliveries in Northeast Florida in 2007. Fertility rates (births to women age 15-44 years old) in the region rose from 65.9 to 67.9 between 2005 and 2007.

Health Status & Services

Compared to the rest of the state, mothers in Northeast Florida had a higher proportion of births to women age 20-24 and lower proportion of births to mothers over age 35. St. Johns County had the largest proportion of older mothers during this period, while Baker and Nassau Counties had the largest cohort of mothers under age 17. Mothers under age 17 are more likely to be black and other nonwhites, while older mothers tend to be white.

Pregnant women in Northeast Florida have behaviors and risk factors that are similar to women statewide. Early prenatal care rates are similar to the rest of the state. More than two-thirds of all pregnant women access care in the first trimester, but the disparity lies in race – 75 percent of white women access prenatal care in the first trimester, compared to only 60 percent of black women.

More women are delivering with no prenatal care (1.4 percent in 2005 and 3.5 percent in 2007), especially mothers who are covered by Medicaid at delivery. Changes in Medicaid enrollment, and the implementation of a Medicaid reform pilot have produced barriers to care. The most frequent reason for not seeking early prenatal care reported by women is "not knowing they were pregnant" (41.6 percent); 25 percent said insufficient money or insurance was a barrier; 13 percent cited transportation as a barrier.

Differences in the adequacy of prenatal care also exist based on the Kotelchuck Index, which examines both entry into care and number of visits received during pregnancy:

40 percent of women meet moderate physical activity recommendations. Women in Northeast Florida also:

- Smoke more than women statewide prior to pregnancy (20 percent).
- Have rates of sexually transmitted infections (STIs) more than 40 percent higher than state rates (STI and other pre-pregnancy infections are associated with pre-term birth and poor outcomes).
- Have disproportionately high rates of HIV/AIDS, especially among black women.
- In Duval County, one out of every 90 black women is HIV-infected compared to one out of every 979 white women.

Prevalence of HIV/AIDS, Women Age 15-44, by Race, NEFL & Florida, 2007								
	HIV Prevalence				AIDS Prevalence			
	Total Females Age 15-44		Black Females Age 15-44		Total Females Age 15-44		Black Females Age 15-44	
	No.	Rate per 100,000						
Baker	6	128.8	3	532.9	5	107.3	5	888.1
Clay	15	39.3	5	127.4	20	52.4	2	50.9
Duval	586	299.4	467	674.1	501	256.0	412	594.7
Nassau	10	77.8	4	369.3	10	77.8	8	738.7
St. Johns	19	58.5	8	339.3	31	95.4	22	933.0
NEFL	636	224.1	487	630.8	567	199.7	499	581.6

Source: FL Department of Health, Bureau of HIV/AIDS, 2007

Enrollment in Family Planning Medicaid Waiver, NEFL, 2005-07						
	2005		2006		2007	
	Claims	Amount Paid	Claims	Amount Paid	Claims	Amount Paid
Baker	8	\$2,278	13	\$1,957	63	\$8,422
Clay	57	\$15,612	97	\$25,029	226	\$35,508
Duval	683	\$259,327	1,043	\$250,585	2,070	\$317,842
Nassau	4	\$1,086	2	\$56	49	\$7,038
St. Johns	15	\$3,483	30	\$5,709	150	\$17,332
NEFL	767	\$281,787	1,185	\$283,335	2,558	\$386,142

Source: FL Agency for Health Care Administration, 2005-07

Florida provides coverage for family planning services for two years following delivery for women whose births are paid for by Medicaid, but the program is underutilized. County health departments are a major provider of family planning services, particularly for low-income and uninsured women. Health departments in Northeast Florida provided family planning services to more than 17,600 women in 2007-2008, about six percent of all women age 15-44.

Specialized services for at-risk women are provided in Duval County through two initiatives:

- The Magnolia Project, a federal Healthy Start program, provides pre- and interconception care to primarily African American women who reside in a five-zip code (32202, 32204, 32206, 32208, 32209) area of northwest Jacksonville. The initiative has provided outreach, well-woman and limited prenatal care, case management and risk reduction services, health education and community development at a store-front site in collaboration with the Duval County Health Department and other community partners since 1999. About 700 women are served annually, including 150 who receive preconception case management and related risk reduction services.
- The Azalea Project offers preconception case management to high-risk substance-involved women who are at-risk of acquiring HIV. The preconception component of the project is currently funded by a grant from the City of Jacksonville. About 50 women receive intensive risk-reduction services annually through the project.

One-fourth of women who gave birth had birth intervals less than 18 months, the recommended time for optimal baby spacing.

Accessing care prior to pregnancy is a problem for many women in the region.

- In 2007-2008, there were 21.7 family practitioners per 100,000 population. There were 123 licensed OB/GYNs in the five-county area, who provided specialty and reproductive health care to women. Most specialists are concentrated in Jacksonville while there were no licensed OB/GYNs in Baker County.
- About 130,000 residents of Northeast Florida were uninsured in 2004, according to the state health insurance study. Residents of childbearing age (15-44) are more likely to be uninsured than older residents. About one-third of women giving birth in the region were uninsured prior to becoming pregnant.
- While Medicaid provides coverage to uninsured women with incomes up to 185 percent of the federal poverty level when they are pregnant, no coverage is available to the same women prior to pregnancy.
- In 2005, women accounted for 60 percent of all Emergency Room (ER) visits in Duval County. Black women utilize the ER almost twice as much as white women. Twenty-five percent of the women who were seen in the ER were either uninsured, paid out-of-pocket or had their costs covered by charity.

adult criminality and abusive behavior. In Northeast Florida, children from birth to 17 years old report abuse at higher rates than children throughout the state (31.9 percent in the region compared to 28.4 percent statewide in 2007).

Adolescent health is below average in Northeast Florida. Regional rates for Chlamydia, gonorrhea and syphilis are significantly higher than the state, and are as much as twice the state rate in Duval County. Duval County has one of the highest teen HIV/AIDS rates in the state. Teen pregnancy and repeat teen births have remained relatively steady. Babies born to teenage mothers are more likely to be born premature and at low birth weight. These mothers are least likely of all maternal age groups to receive prenatal care, are at a higher risk for pregnancy complications, are less likely to graduate high school and more likely to live in poverty.

Rate of Births to Teen Mothers (Ages 10-17), NEFL & Florida, 2003-07					
	2003	2004	2005	2006	2007
Baker	16.9	13.4	13.1	17.6	10.9
Clay	4.8	5.3	5.8	5.3	6.6
Duval	10.7	10.2	9.8	9.8	9.9
Nassau	7.4	9.4	10.4	9.2	10.6
St. Johns	6.7	5.3	6.1	5.8	3.7
NEFL	9.3	9	8.8	8.7	8.7
FLORIDA	8.8	8.7	8.7	9.2	9.1

Source: Florida CHARTS, 2003-07

Repeat Births to Teen Mothers (Ages 15-19) NEFL & Florida, 2003-07					
	2003	2004	2005	2006	2007
Baker	26.2	20.6	25.8	30.3	18
Clay	14.9	15.1	12	14.9	9.9
Duval	21.2	20.8	19.5	18.2	20
Nassau	19.5	18.4	18	20.2	18.2
St. Johns	17.5	19.7	18.4	16.1	16.5
NEFL	20.3	19.6	18.6	18.2	18.3
FLORIDA	19.9	18.6	18.6	18.2	18.4

Source: Florida CHARTS, 2003-07

The prevalence of teen smoking is dropping. While the percentage was 14.6 in 2002, it steadily declined to 10.4 in 2008. Nationwide, statewide and locally, teen use of tobacco, alcohol and drugs has gone down.

Children receive health care services from a variety of sources.

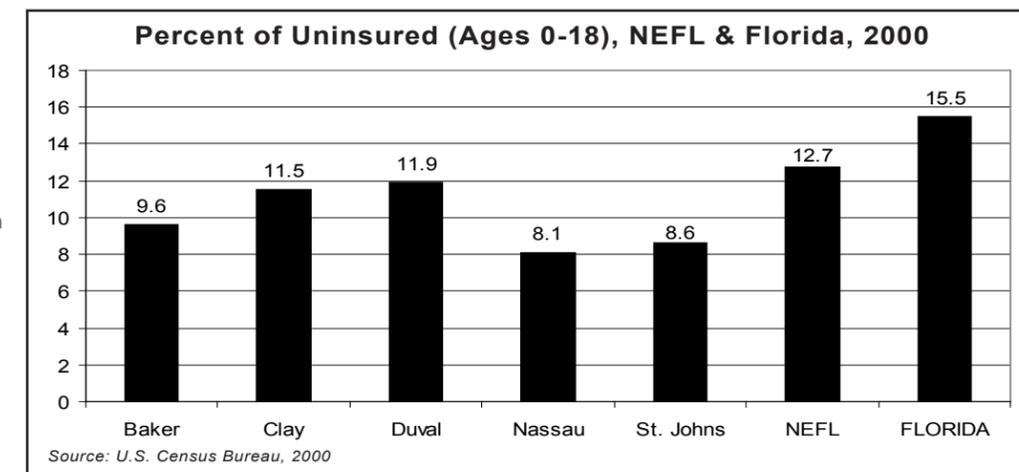
Approximately 24,560 children from birth to age 17 were discharged from area hospitals in 2007. Forty-five percent of those children (11,111) used Medicaid or Florida KidCare to pay for their care. All of the hospitals in the region had a combined 103,500 Emergency Room visits by children in 2007. The cost for each visit averaged approximately \$1,204.

There is a high concentration of licensed pediatricians in the region, especially in Duval County, which is home to many University of Florida pediatricians. Wolfson Children's Hospital is a specialized child health care facility with its own emergency room located adjacent to Baptist Medical Center. Jacksonville is also one of several cities in the state with a Nemours Children's Clinic. The clinic has specialties in anesthesiology, audiology, endocrinology, gastroenterology, genetics, hematology, immunology, neurology, oncology, ophthalmology, orthopedics, psychology, pulmonology, radiology and urology, among others. In 2008, the clinic had 109,000 patients and 230,000 visits.

County health department clinics serve as an important health care safety net for low-income and often uninsured children. The clinics serve children up to age 21, providing immunizations and varied levels of health care, in addition to linkages with WIC nutrition services and dentistry for eligible children. In Northeast Florida, over 57,000 children utilized these services from October 2007 to September 2008. Baker and Nassau Counties saw the biggest surges in use and number of visits, while Clay County had a significant decline in use.

In 2000, 12.7 percent of children from birth to age 18 were uninsured in Northeast Florida. Uninsured children are less likely to receive well-child checkups, immunizations and developmental assessments, which can lead to lifelong health problems. Many of these children are potentially eligible for, but not enrolled in Medicaid or Florida KidCare, two public health insurance programs created to insure low-income populations.

School health services are one avenue to educate on and assist in treatment of health issues that typically affect students. Health education funding has been steadily increasing, although there is a great variation between the counties. The discrepancies in spending are evident in pregnancy and STI prevention classes and in nurse-to-student ratios.



Social & Environmental Determinants

The health and well-being of children are impacted by both their physical and socioeconomic environments.

Not all children are raised in equal socioeconomic environments. In Northeast Florida, 12 percent of families with children under 18 years old live in poverty. One-half of the families with a female head of household and children under five years old in Baker County are living below the poverty level. About 20 percent of families and individuals that filed taxes participated in the Earned Income Tax Credit. Eligibility is determined by income, assets and qualifying children. The credit reduces a filer's tax burden and often results in a sizeable refund.

The Florida Department of Children & Families administers two social services programs that benefit low-income families. Families living in poverty can apply for and receive *Food Stamps* and *Temporary Assistance for Needy Families (TANF)*. The Food Stamps Program consists of an electronic debit card for the purchase of food. TANF, formerly known as welfare, provides assistance to families with children and promotes employment as a means out of poverty. Both programs are more heavily utilized in Baker and Duval counties.

The environment children live in has a direct impact on their health. *Housing* in Northeast Florida tends to be older than housing statewide (10 percent of homes built pre-1950s compared to five percent). Lead paint was still widely used in homes during that time. Lead poisoning can lead to developmental and behavioral disabilities, and at very high levels, even death. The rate of children under six years old that acquire lead poisoning fluctuates, but the three-year average for the region is higher than that of the entire state (28.8 compared to 20.6 per 100,000).

Once children age into the school system, students in Northeast Florida tend to fare worse academically than students statewide. A greater percentage of students in the region are not promoted, drop out, do not graduate and are less likely to attend well-performing schools. There are even further disparities within the regional population. The dropout and non-promotion rates are declining, while the graduation rate increases, but the region still performs worse than the rest of the state. The schools these students attend often perform poorly as well – one-third of Northeast Florida schools received a grade of C or below from the state Department of Education.

Percent of Schools Graded C or Below, NEFL & Florida, 2003/04-2007/08					
	2003/04	2004/05	2005/06	2006/07	2007/08
Baker	100	100	66	66	66
Clay	17	16	9	18	17
Duval	48	38	43	47	41
Nassau	0	9	9	16	8
St. Johns	24	28	19	11	0
NEFL	39.3	42.2	33.9	37	33.5
FLORIDA	32	33.5	25.6	31.2	27

Source: FL Department of Education, 2003/04-2007/08

Black and other nonwhite students perform worse than their white counterparts. They are also more likely to receive free or reduced-price lunches and receive referrals to the Department of Juvenile Justice for delinquency. Less than one-quarter of white students were enrolled in the National Free/Reduced-Price Lunch Program in 2006-2007, compared to about 60 percent of black students. In 2007-2008, 3.2 percent of white students were referred for delinquency, while 7.7 percent of black students were – more than twice as many.

Strategies:

- Provide breastfeeding education and support to protect against childhood obesity.
- Work with school systems to incorporate health/wellness/life management into mandatory education requirements.

Health Education Funding Per Student, NEFL & Florida 2005/06 – 2007/08			
	2005/06	2006/07	2007/08
Baker	\$96	\$105.89	\$110.59
Clay	\$71	\$154.11	\$244.43
Duval	\$23	\$24.52	\$30.04
Nassau	\$37	\$53.37	\$25.16
St. Johns	\$8	\$11.12	\$35.92
NEFL	\$32	\$49	\$70.34
FLORIDA	\$64.04	\$59.52	\$57.63

Source: FL Department of Health, School Health Services 2005/06-2007/08

Rate of Food Stamps & TANF Enrollment per 1,000 Pop., NEFL 2007		
	Food Stamps	TANF
Baker	97.1	9.8
Clay	40.4	3.1
Duval	78.6	5.3
Nassau	48.8	4.2
St. Johns	28	2.5
NEFL	65.7	4.7

Source: FL Department of Children & Families, 2007

High School Graduation Rate, NEFL & Florida, 2006/07 - 2007/08		
	2006/07	2007/08
Baker	77.9	77.5
Clay	75.3	77.6
Duval	64.3	65.9
Nassau	80.7	81.5
St. Johns	78.3	89.4
NEFL	69.6	72.5
FLORIDA	72.4	75.4

Source: JCCI 2008 Quality of Life Report, 2006/07-2007/08

- Promote health education and sexuality programs in youth development organizations/programs.
- Link clients to parenting programs – like the Full Service Schools “Parent Project” – that go beyond parenting during the first year of life.
- Create a task force to address repeat teen births.
- Create peer support groups specifically for teens.
- Address life skills in case management and link clients with the resources to obtain these skills.

Preconception



In 2007, there were 283,865 women of childbearing age (15-44 years old) residing in Northeast Florida. The number of women age 15-44 years old is expected to reach nearly 300,000 by 2014.

Health Status & Services

The health of women prior to pregnancy impacts birth outcomes. In 2006, the U.S. Centers for Disease Control and Prevention issued a work group report which attributed lack of progress in reducing low birth weight, prematurity and infant mortality, particularly among African Americans, to poor preconceptional health and health care.

Analyses of birth outcomes, using the *Perinatal Periods of Risk (PPOR)* model and findings from *Fetal and Infant Mortality (FIMR)* case reviews, demonstrate the need for improved preconception health in Northeast Florida. The PPOR model divides infant deaths for an area into two birth weight groups (500-1,499g and 1,500g+) and three periods of death (fetal >24 weeks gestation; neonatal <28 days; and postneonatal 28-364 days). Individual cells are grouped into four categories (Maternal Health, Maternal Care, Newborn Care and Infant Care) where interventions might affect improved outcomes.

In 2003-2005, Duval County had a fetio-infant mortality rate of 10.19 fetio-infant deaths per 1,000 live births and fetal deaths. Maternal health and prematurity accounted for the largest proportion of deaths (3.84 deaths per 1,000 live births and fetal deaths) and the greatest racial disparity in birth outcomes.

The general health of the mother before pregnancy was the most frequent contributing factor identified in FIMR case reviews from 2005-2007. Pre-existing conditions, including diabetes, hypertension and related illnesses, were identified in 58 percent of the cases reviewed. Obesity and poor nutrition were also identified as contributing factors in one-fourth and one-fifth, respectively, of the cases reviewed during this period.

Approximately one-half of all pregnancies in Northeast Florida are unintended. One-half of the women with *unintended pregnancies* were not using contraception at the time they became pregnant, with the following as the most commonly cited reasons:

- They did not mind getting pregnant (39.7 percent)
- They did not think they could become pregnant (26 percent)
- They reported difficulty in obtaining birth control (10 percent in Northeast Florida compared to seven percent statewide).

Regular consumption of a multivitamin containing *folic acid* prior to pregnancy prevents neural tube defects, a common birth defect, and has been linked to reduced chances of preterm birth and low birth weight. About 40 percent of women giving birth in 2000-2003 reported that they did not regularly take a multivitamin prior to pregnancy, despite the fact that nearly 77 percent of mothers reported hearing that folic acid could prevent some birth defects.

In Northeast Florida, 40 percent of all women giving birth from 2000-2003 were overweight or obese prior to pregnancy, while 18.6 percent were underweight. Black women are less likely than women of other races to report a healthy weight. Less than one-third of women in the five-county area reported consuming the recommended servings of five fruits and vegetables daily; less than

Most Frequently Identified Preconception Risk Factors, FIMR Case Reviews, April 2005 – March 2008 (n=92)	
Contributing Factor	% of Cases
General Health of mother (pre-pregnancy) excludes obesity, nutrition	58
Family planning issues	50
Life Course Issues	37
History of fetal, infant loss	37
Substance abuse	33

Multiple factors may be present in individual cases / Source: FIMR Case Reviews, NEFL Healthy Start Coalition, Inc. 2005-08