

Project Impact

2020



About Project Impact

Project IMPACT is a fetal and infant mortality review (FIMR) project for Baker, Clay, Duval, Nassau and St. Johns counties. Since 1995, the initiative has been carried out by the Northeast Florida Healthy Start Coalition with funding from the Florida Department of Health. The goal is to reduce infant mortality by gathering and reviewing detailed information to gain a better understanding of fetal and infant deaths in Northeast Florida. The project examines cases with the worst outcomes to identify gaps in maternal and infant services and to promote future improvements.

Each month, fetal/infant death cases are selected for the project based on specific criteria. Utilizing an approach developed by the American College of Obstetrics and Gynecology (ACOG), information is abstracted from birth, death, medical, hospital, Healthy Start, WIC and autopsy records. In some cases, law enforcement, medical examiner, EMS and child protective services records are included. Efforts are also made to interview the family. No information that identifies the family or medical providers is included on the abstraction form. Each year, 28 case summaries are developed and presented bimonthly to the Case Review Team (CRT). The CRT, a multidisciplinary group of community medical and social service professionals, examines each case to determine medical, social, financial and other issues that may have impacted the poor birth outcome. A Community Action Group (CAG) works to implement the FIMR recommendations.

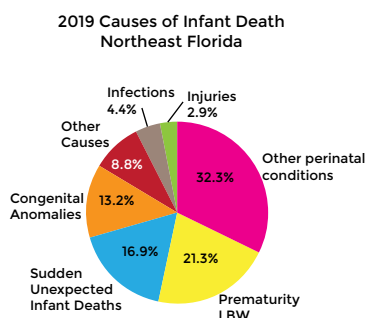


Infant Mortality in Northeast Florida

While the regional infant mortality declined in 2019 in Northeast Florida, it continues to be a major health issue affecting families – particularly black families. The overall rate decreased from 7.9 to 7.3 deaths per 1000 live births. The regional rate also remains significantly higher than the state (6 deaths) and nation (5.6 deaths).

There were 136 babies who died before their first birthday during the year, the equivalent of eight classes of kindergarteners.

Black babies are dying at nearly three times the rate of white babies. The infant death rate for white babies was 4.9 deaths per 1000 live births, compared to 13.5 deaths for black babies. Despite gains in infant mortality over the past few decades, the racial disparities are persistent. Racial equity in birth outcomes is a key focus of the Coalition.



Other birth outcomes from 2019 include 132 fetal deaths/stillbirths (7 fetal deaths per 1000 live births). Almost 13 percent of births were premature. Baker, Clay, Duval and St. Johns each had at least one maternal death, for a total of nine maternal deaths in Northeast Florida. All four counties had rates exceeding the state maternal death rate (28.6).

FIMR Review: Key Takeaways



Pre-pregnancy health of a mother

- Chronic health conditions (obesity, chronic hypertension, diabetes, asthma) were present in 43% of cases reviewed.
- Almost half of those had more than one of the four key chronic conditions.

Lack of prenatal care

- 36% of cases had late entry into or no prenatal care.
- Reasons include awaiting Medicaid eligibility, lack of available convenient appointments, fear/distrust of the system, bias in the provider office

Utilization of home visitation services

- Only 18% of cases participated in ongoing home visitation.
- Of those referred, almost half declined services after the initial intake/assessment.
- More than half of the women worked, went to school, were caregivers to other children, etc.
- Difficulty making/keeping appointments, uncertainty regarding allowing someone into their home, other demands on time, etc., may affect a women's decision to participate in home visitation.

Ongoing Data to Action Work Plan

The Coalition conducted a complete review of all infant deaths in 2018, coupled with an analysis of fetal and infant deaths using the Perinatal Periods of Risk to create a population-based framework and identify disparities in birth outcomes. A multi-year plan based on the results of the review and recommendations was developed, with the following objectives:

- Integrate at least three specific policies into local government to address social determinants of health that impact black infant mortality and other health disparities.
- Develop and implement a social marketing campaign to increase public awareness about infant mortality and disparities at birth.
- Engage and equip grassroots leaders to address factors contributing to high infant death rates and disparities at birth.
- Develop and operate a Maternal & Infant Medical Home pilot.
- Improve health provider quality of care. Provide cultural humility provider training. Implement an effective approach to addressing bias and racism.
- Co-locate outreach staff in at least four prenatal care provider offices or hospitals to address the social determinants of health and low screening rates

2020 Recommendations

Addressing chronic health conditions and access to care:

- Partner with Medicaid Managed Care Plans to emphasize preconception health management beginning when the patient is a teen. Those identified as being at risk for chronic conditions during their preconception period should be followed by community outreach specialist.
- Invest in medical provider offices/hubs/clinics and hospitals that offer a Medical One Stop Shop. The One-Stop Shop model will foster ease of accessing crucial support services, such as Home Visitation, WIC, housing, Medicaid assistance, etc., co-located in a primary care setting.

Addressing late entry into or no prenatal care:

- Implement a community outreach strategy to educate women about the importance of prenatal care. Increase first trimester pregnancy identification through early pregnancy testing focusing on high risk populations through targeted street level outreach and housing complexes. Concurrently, develop an initiative to provide recognition to Obstetric offices who exceed expectations in prenatal screening and patient satisfaction. Benchmarks for expectations should eventually align with AHCA's plan to base payment with quality.
- To address fear/distrust in the healthcare system or bias experienced by patients, it is recommended that Implicit Bias/Cultural Humility education be offered to medical provider offices and other community as social programs, with an emphasis on front line staff. This education would be a requirement to achieve the recognition addressed above.

Addressing participation in home visiting services:

- Coordinate with Healthy Start funders and subcontractors to conduct a pilot of face to face services to be conducted via video conferencing, with the expectation of at least one in home visit at quarterly. Data will be gathered to determine whether the model is feasible with regards to number of families participating, duration of enrollment and outcomes.

2019-20 Case Review Team

Sherry Buchman, RN
Tracy Claveau, RN, BAN
John Davis, MD
Cynthia Dennis, RN
Lucinda Deputy
Sarah Desuyo
Alison Hill
Lynnea Maystrick
Gary Sammet
Karen Tozzi
Vicki Whitfield
Steve Williams
Marivi Wright

Community Action Group

Patrice Alston
Wilma Case-Starks
Valarie Currelley
Cynthia Dennis
Betsy Dobbins
Cathy Dupont
Don Fann
Dr. Tra'Chella Foy
Barbara Jones
Teena Jones
Megan Kahn
Alicia King
Lindsey King
Kelley K. Larson
Phyllis Matthews
Lynnea Maystrick
Michelle Poitier
Teleauba Revels
Sherrie Roberts
Sharon Robinson
Christine Stephens

**Project Impact: A publication of the
Northeast Florida Healthy Start Coalition**



@nefhealthystart



nefhealthystart.org

751 Oak St., Suite 610, Jacksonville, FL 32204 | 904.723.5422