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: 3,169.1 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).

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 contribute 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 and socioeconomic status 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/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.

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 North 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 groups— 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 groups—

- **Postneonatal Deaths**
  - Sudden Unexplained Infant Deaths
  - Premature or low birth weight babies

1,500 annually.

Most women (99 percent) deliver in a hospital. Other delivery options accounted for less than one percent, including 62 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 state. In 2007, 12.7 percent of black and other nonwhite babies were 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, men, those who are minorities and men affected by depression. Men who exhibit positive feelings about the fatherhood role 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, onethird 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.

Strategies:

- Implement Healthy Start outreach to hospital emergency rooms.
- Provide 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, Kilceza 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).

Births to Unmarried Mothers by Race, Northeast Florida, 2003-2007

<table>
<thead>
<tr>
<th>Race</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>60.5%</td>
<td>60.5%</td>
<td>60.5%</td>
<td>60.5%</td>
<td>60.5%</td>
</tr>
<tr>
<td>White</td>
<td>39.1%</td>
<td>40.4%</td>
<td>42.0%</td>
<td>42.5%</td>
<td>43.4%</td>
</tr>
<tr>
<td>Non-White</td>
<td>30.9%</td>
<td>28.3%</td>
<td>26.0%</td>
<td>24.5%</td>
<td>23.1%</td>
</tr>
</tbody>
</table>

Prevalence of Risk Factors Among SIDS & Other Sleep-Related Deaths, NEFL 2003-07 (n=83)

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>% of SIDS Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsafe Sleep Surface</td>
<td>79%</td>
</tr>
<tr>
<td>Unsafe Home in Bed</td>
<td>58%</td>
</tr>
<tr>
<td>Not on Back to Sleep</td>
<td>66%</td>
</tr>
<tr>
<td>Not in an Infant Bed</td>
<td>70%</td>
</tr>
<tr>
<td>Never Breastfed</td>
<td>70%</td>
</tr>
<tr>
<td>Bed-Sharing</td>
<td>57%</td>
</tr>
<tr>
<td>Second-hand Smoke</td>
<td>53%</td>
</tr>
</tbody>
</table>

| Source | Field: 2003-07 |

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
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 births are very preterm (<28 weeks gestation). Black mothers give birth to pre-term and very pre-term babies at significantly higher rates than white mothers.

Late pre-term deliveries (34-36 weeks gestation) comprised more than 70 percent of all pre-term births in the region. In 2006, 30 percent of all deliveries were for newborn health problems, 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.

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 2000-2004 and 2005-2007.

The leading causes of maternal mortality in 1999-2004 were hypertension disorders, hemorrhage and thrombotic embolism.

Black women, women age 25 and older, women who received no prenatal care and women who were overweight or obese were most at-risk for a pregnancy-related death.

- 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.

- The Florida Healthy Start program provides case management and related risk reduction services to pregnant women based on factors identified on the Healthy Start 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 cessation and 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.
- 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, compared to less than 50 percent of white babies.

- However, fewer substance-exposed newborns were served, most notably 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 the 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.

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 measurable impact on their future opportunities and life course. About 43 percent of babies born in 2007 to low-income mothers who qualify for Medicaid, up to 10 percent from 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.

- Father Involvement, NEFL 2006

<table>
<thead>
<tr>
<th>Births to Single Mothers</th>
<th>% Births to Single Mothers with Dad Info on Birth Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>NEFL</td>
<td>Florida</td>
</tr>
<tr>
<td>Total White</td>
<td>White</td>
</tr>
<tr>
<td>Total Black &amp; Other</td>
<td>Black &amp; Other</td>
</tr>
<tr>
<td>Baker</td>
<td>385                                          345             55        331       296         256         143        70   9.7% 413        365         9.9% 504       471         10.1%</td>
</tr>
</tbody>
</table>
| Duval                  | 1,657                                 1,495             51        1,144      1,093        790         649        33   1.7% 1,414       1,036       1.8% 1,190       1,005       0.9%  
| Nassau                 | 813                                          739             74        739       654         527         357        37   1.3%  739        654         1.7% 813        654         2.3%  
| St. Johns              | 1,770                                 1,537             233       1,004      1,077        730         530        40   2.4%  1,537       1,077        2.6% 1,770       1,077        4.8%  

<table>
<thead>
<tr>
<th>Mothers with Dad Info on Birth Certificate</th>
<th>NEFL</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total White</td>
<td>39.5%</td>
<td>66.2%</td>
</tr>
<tr>
<td>Total Black &amp; Other</td>
<td>30.5%</td>
<td>23.8%</td>
</tr>
</tbody>
</table>

Source: Healthy Start Executive Summaries – Infants, FL Department of Health, 2005-07
The most significant environmental threat to infants is second-hand smoke. Environmental tobacco smoke (ETS) is a risk factor for SIDS 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 nonwhites. 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.

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 the 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, STDs, drug and alcohol abuse, juvenile delinquency and

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.

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 217 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 adults. 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.

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 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 inter-conception 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 navigation at the pre-conception state 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 care management and related risk reduction services.

- The Azalea Project offers preconception care 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 of the highest 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.

Approximately 4,560 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, 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 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 surge 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 are evident in pregnancy and STI prevention classes and in nurse-to-student ratios.
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 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 23.6 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, go to graduate school, 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.

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 prenatal care 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 prenatal care and intervention in Northeast Florida. The PPOR model divides infant deaths into an area into two birth weight groups (500-1,499g and 1,500g+) and three groups of death (fetal at 24 weeks gestation, neonatal at 28 days, and post-neonatal 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 feto-infant mortality rate of 10.19 feto-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 2003-2005. 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 main reasons:
- They did not intend to get pregnant (26 percent)
- They did not think they could become pregnant (26 percent)
- They reported difficulty in obtaining birth control (110 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 overweight. Black women are less likely than women of other races to report a healthy weight than one-third of women in the five-county area reported consuming the recommended servings of five fruits and vegetables daily; less than one-quarter of women reported consuming five servings daily.

Strategies:
- 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.