

Whole Child Leon Healthy Infant Coalition, Community Report: June 2010



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The Year of the Healthy Infant will result in a 21st-Century Reality of 'Leon County, Home to Healthy Infants' (Leon County Healthcare Advisory Board Vision)

Introduction:

The Leon County Healthcare Advisory Board, in partnership with a broad range of community stakeholders, developed the "Year of the Healthy Infant" action plan in 2007 and 2008. This plan identified the major contributors to infant mortality and low birth weight and outlined strategies to improve infant mortality and low birth weight rates in Leon County with emphasis on eliminating racial disparities in these rates. The Board recognized "...that significant reductions in infant mortality and the racial disparity associated with it will require a long-term, ongoing community effort..." and stated that "...it is anticipated that successes, failures and lessons learned will result in modifications to the goals, action plans and implementation strategies."

The Whole Child Leon Healthy Infant Coalition was created to engage agencies, organizations, civic groups and individuals in a cooperative enterprise to implement the plan's strategies. The Coalition began its work on January 27, 2009, by convening individuals and organizations that were identified in the Health Care Advisory Board's Report to participate in the implementation process. This report is the second annual update on the Coalition's progress, and includes accomplishments through May 2010. As you read through the report you will see that it is an ambitious plan to address a wide range of issues. Accomplishing the identified goals and strategies requires engaging service providers, agency directors, political leaders, civic and other community organizations, faith-based organizations, the media, parents and advocates. The Coalition strongly encourages anyone who is interested in working on any of the goals or strategies outlined in this report to contact the Coalition to find out how to get involved. Courtney Atkins (Courtney@uwbb.org), or any of the component leaders may be contacted for more information.

Background:

Infant mortality and low birth weight births have remained persistently high in Leon County between 2000 and 2008, especially for African American births. 265 died before their first birthday over this time period; 87 White, 168 African American and 10 other races or ethnicities. 2,645 infants were born low birth weight; 1,033 White, 1,502 African American and 110 other. The infant mortality rate (deaths within the first year of life per 1,000 live births) fluctuated for White infants from a high of 7.6 in 01-03 to a low of 4.5 in 05-07; for African Americans, the infant mortality rate fluctuated from a high of 17.6 in 00-02 to a low of 13.0 in 06-08. The low birth weight percentage for White infants fluctuated between a low of 6.0% in 02-04 and a high of 7.1% in 05-07. The African American percent fluctuated from a high of 13.9% in 04-06 to a low of 13.5% in 00-02 and 06-08. In 2006-2008, the African American infant mortality rate (13.0) was over two and a half times greater than the White rate (4.7); and the African American low birth weight percent (13.5%) was just under two times greater than the White percent (6.9%). Three year rolling averages are used in this report for low birth weight and infant mortality at the recommendation of the Department of

Health because they more accurately reflect trends by reducing the effect of small numbers on statistical calculations.

Dr. Edward Holifield, a member of the Leon County Healthcare Advisory Board, brought infant mortality to the attention of Leon County citizens in a letter to the editor dated December 3, 2004, and in an article in the *Tallahassee Democrat* in February 2007. The article pointed out the huge disparity between Black and White rates and suggested that this disparity was a direct result of poverty and lack of access to quality health care. Dr. Holifield's article stimulated a series of community activities focused on understanding the causes of infant mortality and low birth weight with emphasis on the disparity between African American and White births in both indicators.

These community activities resulted in the publication of "The Year of the Healthy Infant" by the Leon County Healthcare Advisory Board in May of 2008. The report's mission was "To decrease black infant mortality and eliminate the racial disparity in the deaths of Leon County infants."

Whole Child Leon made a commitment to organize the implementation of the plan contained in "The Year of the Healthy Infant," and convened a group of concerned citizens, advocates, academics, and service provider in January of 2009. This group called itself the Whole Child Leon Healthy Infant Coalition.

Implementation Approach:

The first decision of the Whole Chile Leon Healthy Infant Coalition was to integrate the goals and objectives of the Healthcare Advisory Board and the Whole Child Leon Health Action Team with the research findings from the Healthy Futures study, the qualitative study of African American women's experience with perinatal care in Leon County conducted by The Lawton and Rhea Chiles Center for Healthy Mothers and Babies at the University of South Florida. This decision was made to provide structure to the implementation plan and to ensure that the plan addressed as many of the issues as possible that were identified over the previous 18 months by the diverse community groups and individuals who contributed to this initiative.

Following the lead of the Healthcare Advisory Board, the Coalition decided that making a significant impact on insuring healthy birth outcomes for all infants in Leon County would require a comprehensive, multifaceted approach. We also decided to adopt the comprehensive perinatal health care framework that the Healthy Futures study produced based on the experiences with primary and prenatal health care related by African American women in Leon, Gadsden and Pinellas Counties. The Executive Summary and full report of this study are available by contacting Dr. Barbara Markiewicz, bmarkiew@health.usf.edu. This framework, which is consistent with the three issue areas recommended by the Healthcare Advisory Board, outlines four essential components of a comprehensive perinatal health care system. These components are:

- 1. A system that exhibits respect, empathy and compassion for women and families.**
- 2. A system that provides health education for women and men of reproductive age by involving institutions that influence cultural norms and behavior such as schools, churches, social clubs, civic organizations and popular media.**

3. A system that provides comprehensive, holistic primary and prenatal care which includes medical care plus attention to economic, social, cultural, emotional, behavioral, and nutritional conditions that influence the health of the mother before, during, and after pregnancy.

4. A system that provides comprehensive screening and health insurance for all children and all women of reproductive age utilizing all available options within the federal Medicaid program.

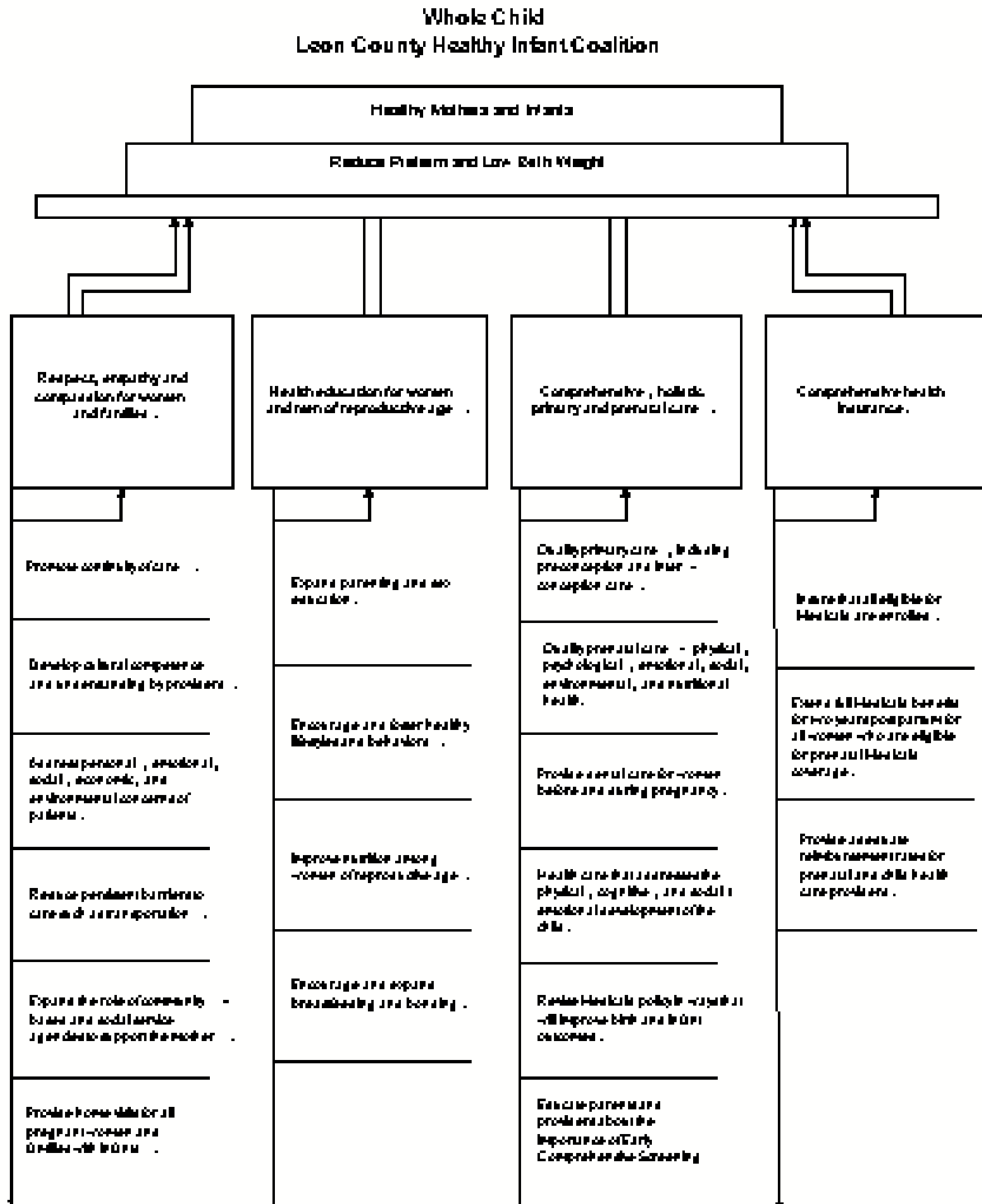
This Year's Progress:

Since June 2009, multidisciplinary Healthy Infant Coalition teams have been working under the leadership of a steering committee to implement a comprehensive set of strategies in the community to improve birth outcomes in Leon County. This annual report documents the significant progress that these teams have made between May 2009 and May 2010.

Between June 1, 2009, and June 30, 2010, the full Whole Child Leon Healthy Infant Coalition met four times, but work teams met as needed to ensure forward progress. At the meetings of the full group, progress and achievements were reviewed, a steering committee was formed to help set the direction for the whole group, and members provided advice to assist work team in strategy implementation.

Figure 1 graphically depicts how the Whole Child Leon Healthy Infant Coalition is organizing its work.

Figure 1:



The following organizations have played an active role in Whole Child Leon Healthy Infant Coalition efforts:

Agency for Health Care Administration	Kids Incorporated
Best Beginning	Leon County Board of County Commissioners
Big Bend Health (BBRHIO)	Leon County Health Department
Bond Community Health Center	Leon County Healthcare Advisory Board
Brehon Institute for Family Services - Healthy Families Leon	Leon County Housing Department
Capital Area Community Action Agency	Leon County Schools
Capital Area Healthy Start Coalition	Leon County School Board
Capital Health Plan	March of Dimes Foundation - Florida Chapter
Capital Medical Society	Neighborhood Health Services
Catholic Charities	Office of Health Statistics and Assessment, Florida Department of Health
Children's Home Society	Office of Minority Health, Florida Department of Health
Capital Area Breastfeeding Coalition	Project Moses
Capital Area Infant Mental Health	Representative Alan Williams
Children's Medical Services, Florida Department of Health	Representative Michelle Rehwinkel Vasilinda
Diagnostic and Learning Resource Systems	Senator Al Lawson
City of Tallahassee, Housing Department	Tallahassee Democrat
Department of Children and Families	Tallahassee Equality Action Ministry (TEAM)
Department of Education	Tallahassee Junior League
Division of Family Health Services, Florida Department of Health	Tallahassee Lenders Consortium
Early Head Start	Tallahassee Pediatric Foundation
Early Learning Center	Tallahassee Memorial Hospital
Family Health Services, Florida Department of Health	The Birth Cottage
Florida A&M University (FAMU), Institute of Public Health	True Blue Doulas
Florida A&M University, Community Health Alliance	United Way of the Big Bend
Florida Dental Association	Whole Child Leon
Florida State University (FSU)	Whole Child Florida
Healthcare Advisory Board (HAB)	University of Florida
	University of South Florida, Lawton and Rhea Chiles Center for Healthy Mothers and Babies
	WFSU

Results of Key Informant Interviews

To provide information about what is working well in Whole Child Leon Healthy Infant Coalition efforts and what can be improved, a Chiles Center staff member interviewed key participants in the planning and implementation process. These interviews were transcribed and the results are summarized below.

Key informants paint a picture of the Whole Child Leon Healthy Infant Coalition effort as a work in progress that has had some initial success, but has a long road ahead. Interviewees spoke of recognizing the scope of the problem of infant mortality and adverse birth outcomes and the multifaceted nature of the response needed to address it as reflected in the strategies of their plan. Generally, interviewees were positive about the process they engaged in to identify strengths and weaknesses in their perinatal care system and found the approach presented by the Healthy Futures Project (i.e., components and goals of a comprehensive system and the matrix) helpful in prioritizing their actions and in revealing the complexity of the issues they face. At times, interviewees alluded to a tension between wanting to jump to solutions and the need to acknowledge and deal with the complexity of the issues. This tension played out in the views on the developed strategies and their implementation with many acknowledging movement in the right direction, but the need to reassess the plan over time and the challenge of truly measuring the effectiveness of strategies when so many factors affect the end goal of eliminating infant mortality and adverse birth outcomes.

The comprehensive approach taken by the group encumbered some, specifically regarding the number of meetings scheduled and the added activity it added to their own workload. Opportunities to share the workload and expand the coalition were identified, especially among larger state agencies and universities. Barriers one might expect to impinge on such an endeavor, time and funds, were identified as such, but there was a recognition that community commitment is vital to the success of the project and such commitment exists. Perhaps most importantly, interviewees seemed confident the work begun to improve the perinatal care system and women and children's health will continue.

Progress on Goals and High Priority Strategies:

The Coalition's goals and high priority strategies are provided below for each component of the comprehensive perinatal health care system. (A high priority strategy was defined as one that has a major impact on the goal, component, or system; serves a substantial unmet need; or has proven effective through peer-reviewed studies.) The strategy champion is identified after each strategy unless the Coalition is still attempting to recruit a champion for the strategy. In addition, for each strategy where progress has been reported, we provide a summary of the accomplishments and, when available, one or more performance measures.

It is common for one work team to address multiple strategies. When this is the case the strategies are listed together and accomplishments and performance measures related to the group of

strategies are listed under the group of strategies, even though they may relate to only one of the strategies.

As the Coalition plan is implemented, outcome and performance indicators may be refined, expanded, or contracted. Any change to the indicators will be included in the annual report to the community. In order to have a shared understanding of what these indicators mean, the following definitions apply:

Outcome: A change in condition or well-being for a specific population group.

Outcome Indicator: A measure of the extent to which an outcome has been accomplished.

Strategy: A policy, service or program intended to help accomplish an outcome. In most cases more than one strategy is necessary to improve an outcome.

Performance Indicator: A measure of the extent to which a strategy has been accomplished. A performance measure does not measure a change in the outcome.

Component 1. A system that exhibits respect, empathy and compassion for women and families.

Component Leaders: Sandra Suther and Cynthia Harris, Florida A & M University

Goal 1.1: To promote continuity of care between medical and other auxiliary health care and support providers, women of reproductive age, and the family.

Strategy 1.1.1: Insure adequate care coordination for all pregnant women in Leon County.

Champion: Ann Davis, Capital Area Healthy Start

Objectives: Lower case loads for case managers, increase care coordination, and increase the number of health educators in the county.

Performance measures and baselines:

- Lower caseloads and more care coordination being available.

Caseload per Healthy Start Care Coordinator

Indicator	2009-2010 Baseline	Source	Performance Goal
Caseload per Healthy Start Care Coordinator	60	Leon County Health Department	
Brehon Institute for Family Services			

- More health educators to work in the schools

FTE Health Educators

Organization	2009-2010 Baseline	Source	Performance Goal
Healthy Start	1	Capital Area Healthy Start Coalition	
Brehon Institute for Family Services	10	Brehon Institute for Family Services	
Leon County Schools	Many part time		
Neighborhood Health Services			
Bond Community Health Clinic			
County Health Department			

Progress this Year:

- Applied for a March of Dimes Chapter grant that would provide a care coordinator for NICU families and families suffering an early loss.
- Applied for a Federal Healthy Start Grant to provide more comprehensive services through increasing the number of care coordinators
- Leveraged \$175,782 in local matching funds, increasing services for moms and babies by 22%.
- A workgroup of Obstetric and Pediatric providers helps integrate specific practices as recommended by the local infant mortality review team and addresses system of care issues.
- Two community Diaper Drives collected nearly 20,000 diapers for Healthy Start families.

Strategy 1.1.2: Develop a plan to improve continuity of care, between primary care/prenatal care/pediatric/-family practice practitioners, including residency providers. Champion: Dr. David Dixon, North Florida Women’s Care

Strategy 1.1.3: Train physician office staff to use the Whole Child Leon service connection system. Champion: Courtney Atkins and Lauren Lipton, Whole Child Leon

Strategy 1.1.3a: Encourage directors of human service agencies to engage their agencies as Whole Child providers.

Objectives: A broad array of medical and service providers agree to be Whole Child Providers; Physicians offices will provide referrals for patients using the Whole Child Connection.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of human service agencies as whole child providers	0	Whole Child Leon	
Number of human services providers who are whole child providers with at least one trained whole child advisor on staff	0	Whole Child Leon	
Number of Whole Child Advisors signed-on and trained in doctors' offices and community clinics	0	Whole Child Leon	10 by 2011
Number of profiles completed	0	Whole Child Leon	2,400 by 2011

Progress this Year:

- We have met with agency heads and executive directors of 18 human service agencies to encourage agency participation as Whole Child providers

Goal 1.2: To develop cultural competence and understanding by providers.

Strategy 1.2.1: Include cultural competence training in medical education curriculum, particularly during the residency phase that emphasizes patient respect, listening to patients, encouraging their participation in their care, and responding to their questions in a sensitive and informative fashion. Champion: Cynthia Harris and Sandra Suther, Florida A & M University

Strategy 1.2.2: Educate women, men, and health and human service providers about the effects racism has on pregnancy outcomes and how to mitigate these effects through comprehensive perinatal health care and empowerment. Champion: Sandra Suther and Cynthia Harris, Florida A & M University

Strategy 1.3.1: Provide training to perinatal health care providers on the relationship of stress and depression to positive birth outcomes and how to identify stress and depression during pregnancy and post partum. Champion: Cynthia Harris and Sandra Suther, Florida A & M University

Objectives:

- Develop cultural competence training curriculum for professionals serving women and children.

- Provide cultural competency training so that medical and service providers who interact with women and children are culturally competent; understand the impact that racism, stress and depression can have on pregnancies; and mitigate the effects of racism, stress and depression.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of meetings with DOH	4	Strategy Champions	
Number of reports submitted to WCL/HIC	4	Strategy Champions	
Number of consultations with health care providers regarding CME's	1	Strategy Champions	2 meetings by September 2010
Renewal of FAMU's CE provider status for Certified Health Education Specialist (CHES)	Yes	Strategy Champions	
Consultation with FAMU/COPPS regarding CE's required by pharmacy students and faculty	1	Strategy Champions	
Consultation with FAMU sociology department regarding CEU's required by sociologists and social workers	Incomplete	Strategy Champions	By August 2010
Development of cultural competence workshops	0	Strategy Champions	Training materials by December 2010 Program by January 2011
Meeting with FAMU Office of Continuing Education for protocol	2	Strategy Champions	By September 2010
Number Cultural Competence Workshops	0	Strategy Champions	Implementation and evaluation plan by March 2011

Progress this Year:

- Collaborating with the Florida Department of Health, Office of Minority Health, to adapt existing cultural competency training to meet the needs of different types of service providers who interact with women and children

Goal 1.3: To address the personal, emotional, social, economic, and environmental concerns of patients as part of perinatal health care.

Strategy 1.3.2: Provide economic and housing support to improve the living conditions of low-income community members (focus on women of reproductive age). Champions: Debra Herman, Catholic Charities and Jackie Malone, Brehon Institute

Objectives:

- Improve economic security and housing quality for women of reproductive age
- Decrease the number of women of reproductive age that are homeless.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of agencies involved in addressing this strategy	3	Strategy Champions	
The numbers of joint planning and resources sharing agreements between agencies providing these housing, employment, and financial education services.	0	Strategy Champions	
Number/Percent of homeless women receiving services that promote self-sufficiency.		Big Bend Homeless Coalition	
Percent of families who report easy access to services regardless of which door they enter in the system.		Catholic Charities	

Outcome measures:

- Rate per thousand women of reproductive age who are homeless.

2006	2007	2008	2009
4.76	5.95	6.43	6.95

Source: Big Bend Homeless Coalition and Population estimates Florida CHARTS, Department of Health

Progress this Year:

- Brehon Institute for Family Services, Catholic Charities, and the Capital Area Community Action Agency are serving homeless and imminently at-risk of homelessness clients in Tallahassee through a grant from Housing and Urban Development (HUD). The agencies continue to collaborate with each other and other agencies to provide coordinated services.
- From mid-October through December, 2009, 86 homeless women between 18 and 55 received services through the Homeless Prevention and Rapid Re-housing grant funded by HUD.
- The United Way of the Big Bend deployed community volunteers to provide assistance to 2,980 individuals and families resulting in \$908,667 in Earned Income Tax Credit refunds and provide financial education for 134 local residents between July 1, 2009 and April 30, 2010.

Strategy 1.3.3: Ensure low income children have access to food stamps. Champion: Nicole Stookey, Department of Children and Families

Objectives: Low income families are aware of food stamp availability; all families that qualify for food stamps are receiving them.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of Leon County children receiving food stamps as of March each year	12,803	Florida Department of Children and Families	
Number of children receiving food stamps as a percent of children living in poverty		Florida Department of Children and Families and Population statistics on Florida CHARTS	

Progress this Year:

- Forty-two Leon County Schools and seven locations in the Leon County Parks and Recreation System participated in the Access Florida Community Partner Network allowing low income families at 75 locations throughout the county to apply for food stamps. In addition, the Department of Children and Families facilitated applications for food stamps and medical insurance during 20 community events

such as back-to-school programs, parades, festivals, health fairs, and faith-based gatherings. As of March 2010, 12,803 Leon County children were receiving food stamps.

- Since July 2009, there were at least 20 community outreach events, including back-to-school events, parades, festivals, health fairs, and church gatherings to link children and their caregivers to food assistance.

Goal 1.5: To expand the role of community-based organizations and social service agencies to bolster the mother’s support system.

Strategy 1.5.1: Provide home visits for all pregnant women and families with new infants.

Champion: Stephanie Brandt and Kristen Nelson Sella

Objectives:

- Obtain funding to expand the availability of home visitors for pregnant women and families.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Dollars available to support home visiting for Leon county pregnant women			
Percent of pregnant women receiving home visiting services			

Strategy 1.5.2: Promote a “no wrong door” culture among service providers to insure that women receive appropriate services during the perinatal period. Champions: Courtney Atkins and Lauren Lipton, Whole Child Leon

Objectives:

- Redesign the Whole Child Connection technology to be more attractive, easier for parents and providers to use, and more useful in generating performance information about the community.
- Increase the number of service providers who are Whole Child providers.
- At least one person on the staff of each service provider is trained to use the Whole Child Connection.
- Increase the number of families completing Whole Child profiles.
- Service providers regularly make referrals using the Whole Child Connection.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of organizations participating in the Whole Child Connection	0	Whole Child Leon	30 by 2011
Number of profiles completed	0	Whole Child Leon	2,400 by 2011
Number of automated referrals resulting in client contact	0	Whole Child Leon	4,800 by 2011

Progress this Year:

- Held quarterly Executive Director/Agency Head meeting of area social service agencies in order to promote collaboration and better address the needs of the community.
- Hosted an Agency Head Summit on Feb. 16, 2010, to determine how agencies can collectively address the gaps in services and the needs of our community's children and families.
- Completed development of the new Whole Child Connection Profile and developed a strategic plan for social service agency outreach.

Strategy 1.5.3: Provide dependency and family court judges with information on available services and how to connect to them through the Whole Child Leon (WCL) service connection system.

Champions: Courtney Atkins and Lauren Lipton, Whole Child Leon

Objectives:

- Family court judges and their staff and Guardian Ad Litem volunteers are knowledgeable about the Whole Child Connection
- Family court judges and their staff use the Whole Child Connection system to make client referrals and develop profiles for families

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of dependency court judges and staff trained on the Whole Child Connection		Whole Child Leon	

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of Guardian Ad Litem volunteers trained on the Whole Child Connection		Whole Child Leon	
Percent of families in the court system referred to Whole Child	0%	Whole Child Leon	100%
Percent of Families in the court system completing profiles	0%	Whole Child Leon	50%

Progress this Year:

- Presented information about WCL and the Connection to 40 Guardian Ad Litem volunteers

Component 2. A system that provides health education for women and men of reproductive age by involving institutions that influence cultural norms and behavior such as schools, churches, social clubs, civic organizations and popular media. Component Leader: Diane Owens, Leon County Schools

Goal 2.1: To expand parenting and sex education.

Strategy 2.1.1: Develop and communicate a “common message” concerning infant mortality to encourage community awareness and support for activities to decrease infant mortality. Champion: The Chiles Center, University of South Florida

Objective: Whole Child Leon Healthy Infant Coalition members have access to a concise, easily understood statement about the problem of infant mortality, its causes, and the necessity of a coordinated solution.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
The existence of a common message	Incomplete	Whole Child Leon Healthy Infant Coalition	Statement by 12/31/10

Progress this Year:

- The following draft statement has been developed and will be shared with Healthy Infant Coalition members for feedback

Infant Mortality Draft Common Statement for Leon County

Twenty-seven infants died in Leon County before their first birthday in 2008. Seventeen of these deaths were Black infants, more than twice as many as the number of White infants who died.

The World Health Organization considers infant mortality to be one of the primary measures of the health of a nation, state or community. Florida's infant mortality rate ranks 31st among the states; Leon County's infant mortality rate is over one point greater than Florida's (8.3 compared to 7.2 respectively.)

Low birth weight and prematurity are primary predictors of infant mortality and of increased risk of life-long health problems. In 2008, 312 infants in Leon County were born below normal birth weight. 175 of these newborns were Black and 113 were White. As with infant mortality, Leon County's percentage of low birth weight births (9.6%) is greater than that of the state as a whole (8.8%) and the Black percentage almost twice that of Whites.

The absence of a consistent comprehensive effort in Leon County and throughout Florida has resulted in almost no positive change in the statewide infant mortality and low birth weight rates since 1996.

Low birth weights and infant mortality are not inevitable; for the most part they do not need to happen. But, without a comprehensive effort to insure healthy birth and infant outcomes, Leon County will continue to experience unacceptably high rates. The essential elements of this comprehensive effort are:

- continuous primary health care for all women of reproductive age, including dental care,
- early and continuous participation in prenatal care for all pregnant women,
- adequate nutrition and exercise,
- a safe and nurturing environment,
- social, educational and economic supports during and after pregnancy, and
- a community that is committed to ensuring infants are born healthy and remain so.

The Whole Child Leon Healthy Infant Coalition is dedicated to engaging all service agencies and organizations, medical and dental providers, advocacy groups, interested citizens, and local and state policy makers in working together to make sure that Leon County has a comprehensive approach to healthy birth and infant outcomes.

Strategy 2.1.2: Educate the community and parents on importance of providing general and reproductive health and parenting education in public and private schools. Champion: Bev Owens, Leon County School System

Strategy 2.1.3: Conduct a comprehensive review of Leon School Districts health curriculum and Tallahassee Area Planned Parenthood health care services and curriculum to determine what exists and what needs to be developed and implemented. Champion: Bev Owens, Leon County School System

Strategy 2.1.4: Provide family planning and reproductive health education beginning no later than Middle school. Champion: Bev Owens, Leon County School System

Objectives:

- Community members, especially parents, recognize the importance of effective reproductive health education and instruction about parenting skills within the school curriculum.
- All Leon County Schools are implementing effective reproductive health education and instruction about parenting skills.
- Family planning and reproductive health education begin no later than middle school.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Completion of curriculum review	Done	Strategy Champion	NA
Video production	Incomplete	Strategy Champion	
Number of times video aired	Incomplete	Strategy Champion	
Number of parents' nights	Incomplete	Strategy Champion	
Attendance at parents nights	Incomplete	Strategy Champion	
Parent satisfaction with events	Incomplete	Strategy Champion	
Summer training offered to teachers	Incomplete	Strategy Champion	
Number attending summer training	Incomplete	Strategy Champion	
Number of recommendations followed	Incomplete	Strategy Champion	
Does the adopted curriculum provide the type of education recommended	Incomplete	Strategy Champion	

Progress this Year:

- Leadership support was obtained through meetings with Superintendent Pons and Assistant Superintendent Lynch.
- Individual schools at the elementary, middle, and high school levels were surveyed to determine the general level of human growth and sexuality curriculum being implemented.
- All elementary, middle, and high school health curriculum contents and level of implementation were reviewed. Survey results were compiled and evaluated, and recommendations were made based on the results of the survey and the curriculum reviews.
- Results include:

- The elementary schools are using a research-based curriculum uniformly across all schools.
- The Leon County Health Department provides health education support to elementary schools.
- A new middle school health curriculum was adopted for implementation through science classes. Additional training, which will be offered this summer, is needed to ensure implementation fidelity. A Centers for Disease Control and Prevention (CDC) evaluation tool will be used to determine implementation fidelity.
- Training and curriculum development will be provided to high school teachers this summer; the CDC tool will be utilized in high schools next year.
- As a strategy for garnering parent and community support for implementation of the new health curriculum, the school district will develop a video this summer. Training for parents of middle school students will be held in Fall 2010.

Strategy 2.1.5: Provide programs that promote responsible fatherhood and that break down the barriers to responsible fatherhood. Champion: Larry Thompson, Leon County Schools

Strategy 2.1.6: Prepare women of reproductive age to be informed health care consumers. Champions: Cynthia Harris and Sandra Suther, Florida A&M University

Strategy 2.2.1: Provide health education, encouraging healthy lifestyles and behaviors, facilitating access to health care, and otherwise supporting women and men throughout their childbearing years. Champion: Cynthia Harris, Florida A&M University and Sandra Suther, Florida A&M University

Objectives:

- Develop and implement evidence-based methods for educating women about what they can expect from healthcare providers.
- Develop and provide effective, culturally appropriate methods to encourage healthy life styles and behaviors and facilitate utilization of available healthcare.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Literature extensively researched for information to use in a campaign to empower reproductive age women to be informed health care consumers		Strategy Champions	July 2010 completion
Evidence-based practices explored			August 2010 completion

Indicator	2009-2010 Baseline	Source	Performance Goal
Consultation with community leaders/advocates regarding culturally appropriate messaging and avenues to reach target population	2	Strategy Champion	
Consultation with FAMU colleagues and students regarding targeting reproductive age college students	4	Strategy Champion	
Pilot test materials with: -Faith-based community -Healthcare clinics -University -WIC		Strategy Champion	Piloted by August 2011
Campaign implemented and evaluated		Strategy Champion	Completion by December 2011
Meeting with OMH representative to discuss pilot PPE Program	Done	Strategy Champions	Ongoing
Planning and development of college student peer educator program at FAMU		Strategy Champion	
Pilot testing of peer education		Strategy Champion	
Peer Educator Training of 10 college students		Strategy Champion	10 by Summer 2010; 10 more by February 2011
Evaluation of PPE Program		Strategy Champion	Formative December 2010; Summative by December 2011

Progress this Year:

- FAMU Institute of Public Health has been asked to participate in a pilot testing of "A Healthy Baby Begins With You, Preconception Peer Educators (PPE) Program." Aimed at the college-age population, the PPE Program enlists college students as peer educators on college campuses and in their communities. The trained student peer educators then in turn help disseminate essential preconception health messages that may seem too foreign for a population that may not be actively seeking to start a family.
- Twenty teen-aged girls are participating in STRONGER, a healthy teen girl's program at Jack McLean Community Center, which focuses on building healthy self esteem, examining risky relationships and behaviors, addressing nutrition, fitness, philanthropy and life skills.
- The Healthy Start Coalition has launched on-line newsletter to disseminate critical health education information.
- Children's Medical Services held four parenting classes (*Parenting Tools for Positive Behavior Change*) between January 1, 2009 and December 31, 2009.
- Children's Medical Services participated in two back-to-school events.
- In September, as part of Infant Mortality Awareness Month, the Whole Child Leon Healthy Infant Coalition designed and distributed eye-catching refrigerator magnets to encourage residents to make decisions that will promote healthy birth outcomes.
- Capital Area Healthy Start Coalition has designed a new Health Education Curriculum which is a 3-part series on nutrition and obesity focusing on the African American community and culture.
- Leon County residents are more aware of the impact of social and environmental conditions on health and health outcomes through the efforts of the Health Equity Alliance of Tallahassee (HEAT), which engaged 14 community organizations to host screenings of *Unnatural Causes* allowing more than 250 residents to view and discuss the series.
- The Healthy Start Coalition provided 21 health education classes for 160 participants and participated in 21 health fairs with 2,433 participants.

Goal 2.2: To encourage and foster healthy lifestyles and behaviors.

Strategy 2.2.2: Develop and implement a public awareness campaign to promote community health, including engaging community leaders. Champion: Dr. Jim Stockwell, Healthcare Advisory Board

Objectives: The Whole Child Leon Healthy Infant Coalition engages community leaders in mounting an effective community health campaign.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
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Number of new community leaders engaged in WCL/HIC activities each year	175	Comparison of April 2009 sign-in sheet with March 2010 sign-in sheet and lists of work team members.	25 new community leaders per year
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Progress this Year:

- The Healthy Infant Coalition report was presented to the Leon County HAB and forwarded to the Leon County Commission for their review.
- The Whole Child Leon Healthy Infant Coalition presents quarterly updates at Leon County HAB meetings

Strategy 2.2.3: Train and engage the faith community in supporting the healthy lifestyle message.
Champion: TBA

Objectives:

- The faith community is actively engaged in health promotion
- More faith-based organizations have health ministers or parish nurses

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of health ministers and parish nurses in Leon County	We may be able to get 2010 values from Sammie's list	List of Faith-based organizations developed by the Chiles Center	20 by 2012
Number of meetings of parish nurses and health ministers that include Leon County	0	Strategy Champions	4 per year by 2013

Progress this Year:

- Meetings begun with proponents of health ministries and parish nurses
- Developed a complete contact list of area churches/synagogues/mosques

Goal 2.3: To improve nutrition among women of reproductive age.

Strategy 2.3.1: Educate the community on the importance of women taking folic acid during pregnancy. Champion: Dr. David Dixon, North Florida Women's Care or PEACE

Objectives:

- Women of child bearing age are more aware of the impact of the environment on their health.
- More women of child bearing age eat healthier diets.
- More women of child bearing age are regularly taking folic acid.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of Healthy Start participants reporting taking folic acid before they became pregnant			
Number of women ages 14 through 44 who regularly receive folic acid supplements			

Progress this Year:

- Pregnancy Education Action Campaign Effort (PEACE), a partnership between North Florida Women’s Care and Tallahassee Memorial Hospital, has provided information about behavior choices associated with health before conception and free folic acid to Leon County women at healthcare events around the county.
- Leon County residents are more aware of the impact of social and environmental conditions on health and health outcomes through the efforts of the Health Equity Alliance of Tallahassee (HEAT), which engaged 14 community organizations to host screenings of *Unnatural Causes* allowing more than 250 residents to view and discuss the series.
- Healthy Start has designed a new Health Education Curriculum which is a 3-part series on nutrition and obesity focusing on the African American community and culture.

Goal 2.4: To encourage and expand breastfeeding and bonding.

Strategy 2.4.1: Design and implement a breastfeeding education campaign. Champion: Stephanie Brandt and Molly Shakar, Capital Area Breastfeeding Coalition

Strategy 2.4.2: Build breastfeeding support services and networks including peer counselors to contact and support moms. Champion: Stephanie Brandt and Molly Shakar, Capital Area Breastfeeding Coalition

Strategy 2.4.3: Encourage pediatricians to support breastfeeding for all women who are able to do so. Champion: Stephanie Brandt and Molly Shakar, Capital Area Breastfeeding Coalition

Strategy 2.4.4: Encourage Tallahassee Memorial Hospital and Capital Regional Medical Center to become “baby friendly hospitals” which encourage and support breast feeding. Champion: Stephanie Brandt and Molly Shakar, Capital Area Breastfeeding Coalition

Strategy 2.4.5: Expand breastfeeding classes. Champion: Stephanie Brandt and Molly Shakar, Capital Area Breastfeeding Coalition

Objective: Increase the percentage of new mothers who breastfeed and the duration of breastfeeding by:

- Implementing a breastfeeding campaign
- Increasing the number of peer counselors who contact and support new mothers
- Encouraging pediatricians to support breastfeeding
- Encouraging local hospitals to become “baby friendly”
- Increasing the number of women attending breastfeeding classes

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Stimulus funds are received to provide breastfeeding support and awareness	Incomplete	Strategy Champions	
Number of physicians who agree to promote breast feeding		Strategy Champions	
Number of breastfeeding classes offered			
Number of women attending breastfeeding classes			
Number of local “baby friendly” hospitals			

Outcome measures:

Indicator	2009-2010 Baseline	Source	Performance Goal
Percent of newborns breastfed for at least two months.	Five year rolling average 2001-2005: 63.3%	PRAMS survey data	

Indicator	2009-2010 Baseline				Source	Performance Goal
	2006	2007	2008	2009		
Infants breastfed for at least 13 weeks	27.7%	29.4%	31.0%	28.8%	Florida Department of health WIC Data System for infants enrolled in WIC and 13 weeks to 24 months of aged in September of the year selected.	
African American Infants breastfed for at least 13 weeks	25.1%	26.1%	26.2%	23.4%	Florida Department of health WIC Data System for infants enrolled in WIC and 13 weeks to 24 months of aged in September of the year selected.	

Progress this Year:

- Molly Shakar appeared on WCTV's Live at 5 show with Angela Howard, talking about World Breastfeeding Week and our Breastfeeding Work Group.
- The main public library created a book display and disseminated breastfeeding pamphlets in honor of World Breastfeeding Week.
- Molly Shakar has completed a presentation on the Business Case for Breastfeeding at the Department of Health.
- The team has spoken to the communications department of United Way of the Big Bend and is waiting for them to get back to them about PSA's.
- A draft script has been drafted for the doctors' office.

Component 3. A system that provides comprehensive, holistic primary and prenatal care which includes medical care plus attention to economic, social, cultural, emotional, behavioral, and nutritional conditions that influence the health of the mother before, during, and after pregnancy. Component leader: Cynthia Schwartz, Children's Medical Services

Goal 3.1: To provide quality primary care for all women of reproductive age (ages 15-44) including preconception and inter-conception care.

Strategy 3.1.1: Launch mental health campaign to educate clients and broader community on signs and symptoms of mental health disorders. Champion: Patrick Wiggins, Neighborhood Health Services and Sandra King, Bond Community Health Center

Strategy 3.1.2: Expand mental health services at Bond Community Health Center and Leon County Health Department. Champion: Patrick Wiggins, Neighborhood Health Services and Sandra King, Bond Community Health Center

Strategy 3.1.4: Expand availability of primary care for low income women throughout Leon County. Champion: Patrick Wiggins, Neighborhood Health Services and Sandra King, Bond Community Health Center

Strategy 3.1.5: Better utilize interns from the psychology departments and schools of social work at local universities to provide counseling to indigent clients. Champion: Patrick Wiggins, Neighborhood Health Services and Sandra King, Bond Community Health Center

Objectives:

- Improve physical and mental health in Leon County by:
 - Increasing public awareness of signs and symptoms of mental illness.
 - Expanding publicly financed mental health services for Leon County residents.
 - Expanding availability of primary care for Leon County low-income women.
 - Using resources of local universities to help meet the mental health needs of Leon County residents.

Strategy 3.1.6: Insure that all Medicaid eligible women receive postpartum care with added attention to immediate postpartum issues, optimal baby spacing and transition to continuous primary care. Champions: Dr. Esias Lee, Capital Health Plan and Yvonne Nelson-Langley, Florida A & M University

Strategy 3.2.2: Design the practice and content of prenatal care to insure that all pregnant women initiate prenatal care in the first trimester, receive the appropriate number of visits, and that the content of these visits adequately addresses the needs of individual women. This may require the development of new or enhanced methods of service delivery. Champions: Dr. Esias Lee, Capital Health Plan and Yvonne Nelson-Langley, Florida A & M University

Objectives:

- Increase the percent of Medicaid-eligible women who receive post-partum care.
- Increase to percentage of pregnant women who receive early and adequate prenatal care,

Progress this Year:

- Team Champions are collaborating with Lincoln Neighborhood Center towards identifying and addressing pre-natal and post-partum mental health issues and needs for services.

Goal 3.2: To provide quality prenatal care that addresses physical, psychological, emotional, social, environmental, and nutritional health.

Strategy 3.2.1: Investigate why African American women seek/enter prenatal care later than their white counterparts. Champion: Tomica Archie-Smith, Capital Area Healthy Start and Sandra King, Bond Community Health Center

Objective: Identify the reasons African American women seek or enter prenatal care later than other women so that service providers can change education and outreach strategies.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Completion of the survey design	Done	Strategy Champions	
Number of providers who agree to administer the survey	2	Strategy Champions	
Number of women completing the survey	Incomplete	Strategy Champions	
Development of strategies to address issues indicated by the survey	Incomplete	Strategy Champions	
Number of report recommendation adopted by OB/GYN or other service providers	Incomplete	Strategy Champions	

Progress this Year:

- A survey has been developed to determine the reasons African American women begin prenatal care late in pregnancy
- The Bond Community Health Clinic and North Florida Women’s care have agreed to disseminate the survey.

Strategy 3.2.3: Educate community on signs and symptoms of preterm labor. Champion: Tomica Archie-Smith, Capital Area Healthy Start and Sandra King, Bond Community Health Center

Objective:

- Increase the likelihood that pregnant women experiencing preterm labor receive timely and appropriate services by ensuring the public and service providers who may come in contact with pregnant women are aware of the signs and symptoms of preterm labor.

Performance measures:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of professionals attending training each year	39	Strategy Champions	

Progress this Year:

- During the second quarter of fiscal year 2009-2010, the Capital Area Healthy Start Health Education Network, in collaboration with Children’s Medical Services hosted and facilitated training for local social service providers on late pre-term infants.

Goal 3.3: To provide dental care for women before and during pregnancy.

Strategy 3.3.1: Conduct an information campaign for pregnant women and oral health care providers to address misconceptions about the importance and risks of oral health care during pregnancy and post partum. Champion: Ed Zapert, Leon County Health Department

Strategy 3.3.2: Increase the number of women of reproductive age who receive dental health care. Champion: Dr. Ed Zapert, Leon County Health Department

Objectives:

- Increase the number of women with good oral health prior to and during pregnancy through:
 - Educating providers to dispel misconceptions about dental care
 - Increasing the number of women receiving dental health care

Performance measures:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of individuals receiving dental health care at the County Health Department Dental Clinic.	Dr. Zapert is trying to locate the data	Strategy Champion	
Number of dentists in Leon County who provide care to Medicaid recipients.	I have requested data from AHCA	Agency for Health Care Administration Medicaid	
Number of Medicaid recipients receiving dental care in Leon	I have requested	Agency for Health Care	

County.	data from AHCA	Administration Medicaid	
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Goal 3.4 To provide infant/child health care that addresses the physical, cognitive, and social/emotional development of the child with appropriate specialty care when indicated.

Strategy 3.4.1: Provide a (primary care) medical home for each infant. Champion: Cynthia Schwartz, Children’s Medical Services, Florida Department of Health

Strategy 3.4.2: Recruit physicians who will accept KidCare insurance. Champion: Cynthia Schwartz, Children’s Medical Services, Florida Department of Health

Strategy 3.4.6: Increase the availability of preventive dental care for infants and children. Champion: Dr. Ed Zapert, Leon County Health Department

Objectives:

- Increase the number of infants with medical homes.
- Increase the number of physicians willing to accept KidCare reimbursement rates.
- Increase the number of children receiving dental care.

Performance measures and baselines:

Indicator	2009-2010 Baseline 2/1/09- 2/28/10	Source	Performance Goal
Number of new physician providers enrolled	17	Children’s Medical Services	
Number of community events/outreach activities	9	Children’s Medical Services	
Number of new ancillary providers and early childhood specialists enrolled	37	Children’s Medical Services	
Number of physicians (statewide) to register for access to newborn screening results	1,503	Children’s Medical Services	
Number of new children (age 5 and under) referred to Florida Dental Association members	25	Children’s Medical Services	
Number of new children-under age 5 established in dental	5 (pending placement)	Children’s Medical Services, Florida	

homes		Department of Health	
Number of new KidCare enrollments, enrolled through Leon County Schools/Whole Child Leon partnership	FY 2008-2009: 375 FY 2009-2010: 65	Whole Child Leon and Leon County Schools	FY 2010-2011: 100

Progress this Year:

- The effort to expand the number of medical and ancillary providers who accept KidCare and Medicaid reimbursement rates succeeded in recruiting 17 primary care and specialty care physicians, two dentists, and 37 ancillary providers and early childhood specialists.
- Coordinated participation of two CMS families at the Capitol with DOH and CMS staff for August 4, 2009, Florida KidCare press conference
- Facilitated circulation and promotion of the Florida Department of Health Newborn Screening Program webpage to pediatricians through the Florida Pediatric Association, Capital Medical Society, Florida Medical Association, regional CMS primary care physicians, and Agency for Health Care Administration.
- Enlisted partnership dentists: Debra Strand, DDS and Jean Pierre Bastien, DDS
- The provision of medical care for children with special healthcare needs and their families has been enhanced through an agreement with the Bond Community Health Center to provide a medical home, prenatal and postpartum counseling, and health education for families, especially on weekends. This enhancement should increase involvement of women in ongoing primary healthcare and encourage early entry into prenatal care. Ultimately, this enhancement should reduce the number of hospital emergency room visits and possibly reduce the number of low birth weight and preterm births.
- Facilitated repeat notice of new Florida Department of Health Newborn Screening Program on Agency for Health Care Administration webpage
- Secured \$5,000 Florida Dental Association Foundation grant for dental prophylactic care for 25 children under age 5
- Facilitated TV broadcasts for October 30, 2009, community-wide screening event
- Participated at “Day of Dialogue” IV on minority health at Bethel AME Church; provided KidCare and CMS literature

Strategy 3.4.3: Design and disseminate a new parent information kit which involves collaborating with Whole Child Leon, and 2-1-1 on completing a comprehensive list of parenting classes, maternal services (and other resources) offered in area and make it easily accessible to providers and clients. Champion: Lori Danello Roberts, Family Forum

Objective: Parents have easy and convenient access to information and services that will support their efforts to provide a healthy, safe, and supportive environment for their children.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Parent information kit is posted on the Whole Child Leon website	Parent resources are posted	Strategy Champion	
Number of page views on the parent information kit			

Progress this Year:

- Updated the Whole Child Leon website with links to organizations providing services

Strategy 3.4.7: Distribute Healthy Women Kits. Champion: Tomica Archie Smith, Capital Area Healthy Start Coalition

Objective: Reduce the incidence of periodontal disease among women of child bearing age.

Performance measures:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of Healthy Women Kits distributed	More than 1,000	Capital Area Healthy Start Coalition	

Progress this Year:

- The Capital Area Healthy Start Coalition obtained funding from the Rotary Club to purchase over 1,000 Healthy Women kits, 400 of which have already been distributed. Kits, designed to prevent periodontal disease, were distributed at health fairs and through community partners providing services to women. Each kit includes dental supplies, a healthy cooking cookbook, multivitamins, and vital healthy pregnancy information.
- The Rotary Club will fund the production of new kits for future distribution.

Strategy 3.4.8: Insure that every eligible child has the opportunity to enroll in KidCare. Champion: Courtney Atkins, Whole Child Leon and Leon County Public Schools

Objective: Increase the number of eligible children enrolled in Medicaid or KidCare.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of children newly enrolled in Medicaid or KidCare through school outreach program	FY 2008-2009: 375 FY 2009-2010: 65	Whole Child Leon and Leon County Schools	FY 2010-2011: 100

Component 4. A system that provides comprehensive screening and health insurance for all children and all women of reproductive age utilizing all available options within the federal Medicaid program. Component Leader: Angel Trejo

Goal 4.1: To insure that all potentially eligible Medicaid beneficiaries are enrolled.

Strategy 4.1.1: Enhance Kidcare/Medicaid participation practices to simplify enrollment and insure continuous participation by eligible children by creating a single application for all Kidcare components; improving communication between DCF and Healthy Kids Corporation (Kidcare); automatically continuing enrollment of infants in Medicaid when mother is no longer eligible, and correcting suspension issues. Champion: Nicole Stookey

Strategy 4.5.3: Work with AHCA, DCF and DOH to adopt a single application form for all public health insurance. Champion: Nicole Stookey, Department of Children and Families

Objectives:

- Increase the number of eligible children enrolled in Medicaid or KidCare by:
 - Creating a single application for all KidCare components
 - Improving communication between DCF and KidCare
 - Correcting inappropriate suspension of coverage

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Single application form for all public health insurance	Incomplete	Department of Children and Families	

Progress this Year:

- Although there is not yet a single common application form for both Medicaid and KidCare, an application for one of the programs serves as an application for the other. Information is transferred electronically between programs.

Goal 4.2: To extend full Medicaid benefits for two years post partum for all women who are eligible for prenatal Medicaid coverage.

Strategy 4.2.1: Seek legislative support to expand Medicaid to provide primary care coverage to women of reproductive age under 185% of poverty for at least two years post partum. Champion: Angel Trejo

Strategy 4.2.2: Seek legislative support to expand Medicaid to provide more coverage for support services as an essential component of prenatal care, such as doulas, home visitors and social workers. Champion: Angel Trejo

Objectives:

- More low income women are eligible for Medicaid coverage
- Medicaid covers support services for all pregnant women including doulas, home visitors, and social workers

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of bills drafted	2	Strategy Champions	
Number of bills passed	0	Strategy Champions	

Outcome measures:

- Percent of Medicaid births that are low birth weight

2006	2007	2008
11.8%	11.2%	11.3%

Source: CHARTS

- Percent of Medicaid births that are preterm

2006	2007	2008
16.8%	15%	16.3%

Source: CHARTS

Progress this Year:

- Bills were filed in both the House and the Senate to extend Medicaid benefits for two years for women whose pregnancies were covered by Medicaid and who had poor birth outcomes.

Goal: 4.4 To provide infant/child health care that addresses the physical, cognitive and social/emotional development of the child with appropriate specialty care when indicated.

Strategy 4.4.1: Educate parents and providers about the importance of early and periodic screening and assessment for physical, cognitive, and socio-emotional development. Champion: Angel Trejo

Strategy 4.4.2: Insure that all infants and toddlers are provided early and periodic comprehensive screening, and assessment and treatment where indicated. Champion: Angel Trejo

Objective: Increase the percent of Leon County children who receive annual early periodic screening and assessments and appropriate follow-up treatment.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of free Early Childhood Developmental Screening Fairs offered	2	Strategy Champions	
Percent of children of children with a detectable delay receiving referrals as a result of involvement in Early Childhood Developmental Screening Fairs	Fiscal year 2008-2009: 0% (as there were no screening fairs) Fiscal year 2009-2010: 95%	Strategy Champions	

Progress this Year:

- Assembled 29 collaborating partners: Children’s Medical Services; Leon County Health Department, Dr Edward Zapert; Capital Area Chapter of the Florida Association for Infant Mental Health; Dr. Deborah Strand and Dr. Jean Pierre Bastien of the local Dental Association; Children’s Home Society; Florida State University College of Communication Disorders; Florida State University, Autism Institute; First Words/CARD-Florida State University; Center for Prevention and Early Intervention Policy; Leon County Schools; Florida Diagnostic and Learning Resources System; Children’s Home Society’s Early Steps; Apalachee Mental Health Center; Department of Children and Families; Capital Area Community Action Agency (Head Start);

Capital Area Healthy Start Coalition; Early Learning Coalition; United Way; Whole Child Leon; Kids Inc.; Technical Assistance and Training System Project; Tallahassee Community College; Early Head Start; Boys Town of North Florida; Early Childhood Council of Hillsborough County; Tallahassee Democrat; WTXL-WCTV; and Florida State University Public Radio participated in the October 30, 2009, Early Childhood Developmental Screening Fair at CMS

- Two successful Early Childhood Developmental Screening Fairs were held at CMS for children 0-5 years of age

Goal 4.5: To revise Medicaid policy and state plan to enhance the practice and content of prenatal and primary care in ways that will improve birth and infant outcomes.

Strategy 4.5.1: Work with AHCA and Florida Legislature to revise Medicaid reimbursement policy to foster/reward continuity of care during prenatal care and throughout the perinatal period.

Champion: Angel Trejo

Strategy 4.5.2: Work with AHCA and Florida Legislature to create more incentives in the Medicaid program and private medical insurance plans that encourage primary care physicians, Ob/Gyns, and pediatricians to assess a family’s needs, determine available programs, and make referrals.

Champion: Angel Trejo

Strategy 4.5.5: Work with DCF to prevent families from having Medicaid benefits suspended without adequate cause or being transferred to Medically Needy/Share of Cost without adequate information regarding options. Champion: Angel Trejo

Objectives:

- Services related to continuity of care are adequately reimbursed.
- Services related to assessing and addressing a broad spectrum of families’ needs are adequately reimbursed.
- Medicaid coverage policies promote continuity of care.

Performance measures and baselines:

Indicator	2009-2010 Baseline	Source	Performance Goal
Number of bills drafted	0	Strategy Champions	
Number of bills passed	0	Strategy Champions	
Number of referrals to social service providers by physicians			
Number of women attending breastfeeding classes.			
Percent of Medicaid enrollees			

Indicator	2009-2010 Baseline	Source	Performance Goal
who have benefits suspended erroneously			

Outcome measures:

- Percent of Medicaid births that are low birth weight

2006	2007	2008
11.8%	11.2%	11.3%

Source: CHARTS

- Percent of Medicaid births that are preterm

2006	2007	2008
16.8%	15.0%	16.2%

Source: CHARTS

A number of additional strategies were recommended for consideration at a later time. These strategies are presented in Attachment 1 to this report. The Coalition will address these strategies and any others that may emerge during plan implementation once the high priority strategies are implemented and as community resources permit.

Outcome Indicators

The Whole Child Leon Healthy Infant Coalition has developed a preliminary list of outcome indicators to measure Leon County’s progress in improving birth and infant health with special emphasis on reducing racial disparities in low birth weight and infant mortality. These indicators were derived from the “Year of the Healthy Infant” report produced by the Healthcare Advisory Board and from Coalition discussions.

1. Reduce low birth weight births.

By 2010-2012, the three year rolling average for low birth weight births will decrease from 9.6% in 2006-2008 to 8.9%.

By 2010-2012, the three year rolling average for African American low birth weight births will decrease from 13.5% in 2006-2008 to 12.6%.

Low Birth Weight Births

Three-year Rolling averages

Population Segment	Years		
	2004-2006	2005-2007	2006-2008
All Births	9.7%	9.6%	9.6%
African American Births	13.9%	13.6%	13.5%
White Births	6.8%	7.1%	6.9%

Single Year Data

Population Segment	Year		
	2006	2007	2008
All Births	9.9%	9.3%	9.5%
African American Births	14.6%	12.8%	13.2%
White Births	6.6%	7.3%	6.9%

2. Reduce preterm births.

By 2010-2012, the three year rolling average for preterm births will decrease from 13.6% in 2006-2008 to 11.6%.

By 2010-2012, the three year rolling average for African American preterm births will decrease from 17.8% in 2004-2006 to 15.1%.

Preterm Births

Three-year rolling averages

Population Segment	Years		
	2004-2006	2005-2007	2006-2008
All Births	13.8%	13.6%	13.6%
African American Births	18.6%	18.0%	17.8%
White Births	10.7%	10.7%	10.8%

Single Year Data

Population Segment	Year		
	2006	2007	2008

All Births	14.3%	13.3%	13%
African American Births	19.5%	17.0%	16.8%
White Births	10.7%	11.2%	10.5%

3. Reduce infant mortality (especially with respect to racial disparities)

By 2010-2012, the three year rolling average infant mortality rate will decrease from 8.3 in 2006-2008 to 7.1.

By 2010-2012, the three year rolling average for African American infant mortality rate will decrease from 13.0 in 2006-2008 to 11.0.

By 2018-2020 the three year rolling average for African American infant mortality will decrease from 13.0 in 2006-2008 to 4.5.

By 2010-2012, the three year rolling average difference between white and African American infant mortality rates will decrease from 8.3 points in 2006-2008 to 5.3 points.

By 2018-2020, the three year rolling average difference between white and African American infant mortality rates will decrease from 8.3 points in 2006-2008 to 0.0 points.

Infant Mortality (rate per thousand live births)

Three-year Rolling averages

Population Segment	Years		
	2004-2006	2005-2007	2006-2008
All Births	8.9	8.5	8.3
African American Births	15.8	14.1	13.0
White Births	4.5	4.5	4.7

Single Year Data

Population Segment	Year		
	2006	2007	2008
All Births	8.3	9.0	7.5
African American Births	15.0	12.7	11.3
White Births	4.0	5.7	4.3

5. Infants receive developmental screenings and appropriate services based on screening results.

By 2012, all infants enrolled in Early Steps will receive assessments within 45 days of referral.

By 2012, all infants enrolled in Early Steps will begin receiving services within 30 days of plan completion.

By 2012, all infants enrolled in Medicaid will receive a Child Health Care Check Up (procedure code: 99391).

By 2012, all infants born in local hospitals will have their hearing tested before discharge.

Baseline, single Year Data

Percent of Newborns with Hearing Checked Before Discharge

2006	2007	2008	2009
91.9%	95.7%	96.8%	97.4%

Source: Florida Department of Health

Results of Key Informant Interviews

I asked Linda Detman when she might have a summary of the interviews to be inserted here.

Summary

For Leon County to be successful in achieving its overarching goals, the multi-disciplinary, collaborative efforts of the Whole Child Leon Healthy Infant Coalition will have to continue for several more years. In fact, projected accomplishment of all the infant mortality goals is not anticipated until 2020.

The Whole Child Leon Healthy Infant Coalition is still searching for members of the community that can lead teams that will take action on the following strategies:

- Addressing transportation needs related to health care and health promotion
- Engaging the faith community in health promotion

Many work teams have just begun to implement strategies. In order to have an impact on birth outcomes and infant health, more progress must be made. Many planned work team efforts can be accomplished without additional funding. Some of the efforts will require outside funding. To the extent that members of the Healthy Infant Coalition can continue collaborating, they can be mutually supportive of efforts to seek outside funding for implementation of high priority strategies.

Attachment 1: Strategies to be Addressed in the Future

Component 1: A system that exhibits respect, empathy and compassion for women and families.

Goal 1.1: To promote continuity of care through practicing constructive relationships and open and rich communication between medical and other auxiliary health and support providers, women of reproductive age, and their families.

Strategy: Build the technical capability to give providers electronic access to medical records for Leon County residents.

Goal 1.2: To develop cultural competence and understanding by providers to better serve patients.

Strategy: Include cultural competence training as required continuing education for perinatal health care providers and their staff, including hospital staff in maternal and child health sections.

Strategy: Increase the number of Black and Hispanic perinatal health care providers.

Goal 1.3: To address the personal, emotional, social, economic, and environmental concerns of patients as part of perinatal health care.

Strategy: Assess businesses coming to Tallahassee based on provision of healthcare benefits and impact on community health.

Strategy: Conduct study of potential environmental hazards to health of pregnant women and children.

Goal 1.4: To reduce persistent barriers to care.

Strategy 1.4.1: Assure access to perinatal care by implementing strategies that provide affordable and efficient transportation, and expedite eligibility determination for Medicaid transportation services. Champion: TBA

Progress this Year:

- Provided input to Star Metro about proposed new bus routes.
- Developed a transportation survey for the county.

Performance measures:

- Percent of Healthy Start client reporting and inability to attend doctors' appointments due to lack of transportation.

Strategy 1.4.2: Encourage family friendly business practices that support pregnant and post partum women. Champion: Amanda Clements, United Way of the Big Bend

Progress this Year:

- The United Way of the Big Bend has implemented a new maternity and paternity leave policy that offers up to 12 weeks of leave including 2 weeks of paid leave for new fathers and four weeks of paid leave for new mothers.

Strategy: Locate health care facilities or services in neighborhoods where women of reproductive age live to improve access and decrease wait times (Including mobile health services)

Strategy: Research reasons people don't get dental care.

Strategy: Utilize wait times for education, group pre-natal care.

Strategy: Provide child care in prenatal clinics or other facilities that enable mom to attend prenatal care visits.

Component 2: A system that provides health education for women and men of reproductive age by involving institutions that influence cultural norms and behavior such as schools, churches, social clubs, civic organizations and popular media.

Goal 2.1: To expand parenting and sex education.

Strategy: Review and align the health promotion curriculum used by all agencies to ensure that messages align.

Strategy: Recruit and include the judicial system as a partner in this effort and encourage referrals to agencies that provide education and support.

Goal 2.2: To encourage and foster healthy lifestyles and behaviors.

Strategy 2.2.4: Train and employ more health educators. Champion: Ann Davis, Capital Area Healthy Start Coalition

Performance measures:

- Number of new health educators: Leon County Schools, Healthy Start Coalition, Leon County Health Department

Baseline values for FTE health educators for 2009-2010:

Healthy Start: 1

Source: Capital Area Healthy Start Coalition

Brehon Institute: 10

Source: Brehon Institute

Leon County Schools: It is difficult to quantify the health educators in the schools because many teachers teach health part of the time.

Source: Leon County Schools

Neighborhood Health Services: waiting for an e-mail response

Bond Community Health Clinic: waiting for an e-mail response

County Health Department: In e-mail discussion with Roseann Scheck

Goal 2.3: To improve nutrition among women of reproductive age.

Strategy: Develop a campaign to emphasize proper nutrition prior to pregnancy for women and men of reproductive age.

Goal 2.5: To provide adequate health education and support services that foster infant/child health and development.

Strategy: Educate childcare providers

Component 3: A system that provides comprehensive, holistic primary and prenatal care which includes medical care plus attention to economic, social, cultural, emotional, behavioral, and nutritional conditions that influence the health of the mother before, during, and after pregnancy.

Goal 3.1: To provide quality primary care for all women of reproductive age (ages 15-44) including preconception and inter-conception care.

Strategy: Educate community on costs associated with having a baby and relevance to baby spacing.

Strategy: Collaborate, support, and cultivate partnerships to identify and refer families to appropriate health care programs and resources.

Strategy: Provide parish nursing.

Strategy 3.1.3: Conduct a public education campaign on the importance of receiving adequate primary care. Champion: Patrick Wiggins, Neighborhood Health Services and Sandra King, Bond Community Health Center

Goal 3.2: To provide quality prenatal care that addresses physical, psychological, emotional, social, environmental, and nutritional health.

Goal 3.3: To provide dental care before and during pregnancy.

Strategy: Recruit dental care providers who will accept Medicaid patients.

Strategy: Recruit dental care providers who will serve children 0-5.

Goal 3.4: To provide infant/child health care that addresses the physical, cognitive, and social/emotional development of the child with appropriate specialty care when indicated.

Strategy: Insure that every child in Leon County has a primary care medical home.

Strategy: Integrate health care delivery for children 0-5.

Component 4: A system that provides comprehensive health insurance for all children and all women of reproductive age utilizing all available options within the federal Medicaid program.

Goal 4.3 To provide adequate reimbursement rates for prenatal and child health care providers to insure provider participation.

Strategy: Establish a Leon County Legislative Infant Mortality Coalition to lobby for increased State funding for maternal and infant health programs.

Strategy 4.3.1: Seek legislative support to increase Medicaid reimbursement rates for dentists, mental health providers, ob/gyns, pediatricians and family practice physicians to insure an adequate provider base and medical homes for low-income children women of reproductive age. Champion: Angel Trejo

Goal 4.5: To revise Medicaid policy and the state plan to enhance the practice and content of prenatal and primary care in ways that will improve birth and infant outcomes.

Strategy: Work with AHCA to expand access to postpartum care beyond the six-week follow-up visit, especially for women who lose Medicaid coverage 60 days after the baby's birth.

Strategy: Work with AHCA and DOH to mandate and standardize anticipatory guidance protocols on birth spacing, contraception, and postpartum depression.

Strategy 4.5.4: Work with AHCA, Healthy Start Coalitions, and DOH to explore potential for covering breastfeeding classes and support through Medicaid and private insurance. Champion: Angel Trejo