Broward Healthy Start

Together, supporting mothers and babies.

SERVICE DELIVERY PLAN

FY's 2013-2018

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EXECUTIVE SUMMARY

Broward Healthy Start Coalition, Inc. (BHSC) is one of the first of the existing Coalitions in the state of Florida; established in 1991. The Coalition is focused on reducing infant mortality, babies born at low birth weights and pre-term, as well as improving maternal and child health and development. To this end, the Coalition provides universal screenings for infants and pregnant women, care coordination and wraparound services aimed at identifying and providing support and education to reduce risks to pregnant women and infants.

The Service Delivery Plan (SDP) is driven by data from a Needs Assessment, which examines the most important maternal and infant outcome indicators in Broward County. The Needs Assessment process included the gathering, review and analysis of demographic and health data, community input and a review of the Healthy Start System. A major change from the Coalition's 2008-2013 SDP is the adoption of Results Based Accountability (http://www.resultsaccountability.com/) as a basis for identifying, and addressing areas of concern from a community perspective. These issues are tracked through "Turn The Curve" reports and have become our Community Action Teams, derived from the Fetal Infant Mortality Review Community Action Group (FIMR CAG). These teams have spent a great deal of time during the past two years aligning their work with the RBA structures under the guidance of BHSC. Community surveys related to access to HS services, breastfeeding and childcare were also conducted to elicit input. Key stake holders were also interviewed and surveyed as a part of the planning process.

INTRODUCTION

The Broward Healthy Start Coalition, Inc. (BHSC) is charged with reducing infant mortality, low birth weight and preterm babies and improving maternal and child health and development and is funded primarily through the Florida Department of Health (FDOH). BHSC is committed to providing care coordination and wraparound services to pregnant women and children, birth through three years. During this Five Year Service Delivery Plan Cycle, the Coalition will focus on:

- Aligning and implementing the strategies identified in the Best Practice Model "Results Based Accountability (RBA)"
- Tracking results of each of the seven "Turn The Curve Reports" from the RBA Model by prioritizing and implementing strategies based on data, resources and best practices to impact the identified issues

- Decreasing healthcare related racial disparities found within the Black population
- Maintaining FY 2011/2012 levels of Prenatal and Infant screening rates
- Identifying system gaps and developing appropriate responses on an on-going basis as part of a comprehensive Quality Improvement/Quality Assurance Plan
- Ensuring fiscal accountability toward increased and diversified funding for the Coalition, with emphasis on in-kind donations through collaboration and partnerships
- Preparations for the Healthy Start Redesign process

SERVICE DELIVERY PLAN DEVELOPMENT PROCESS

During the past four years BHSC, working closely with its Membership Committee has consolidated and aligned multiple workgroups in our community into a System of Care for Maternal Child Health (MCH). These efforts have included all stakeholders in our community, including consumers of our services. The re-alignment has resulted in identifying areas of concern critical to MCH (see chart below). They are:

- Late Preterm Birth
- Perinatal HIV
- STD/STI
- Disparities in Black Fetal and Infant Deaths
- Unsafe Sleep Practices/Infant Care
- Breastfeeding
- Neonatal Abstinence Syndrome (SA/SEN)

The leadership from these work groups includes staff from the following organizations:

- Broward County Health Department
- Black Infant Health Practice Initiative
- Fetal Infant Mortality Community Action Group
- March of Dimes
- Midwives
- Healthy Mothers Healthy Babies
- Broward County School System Parent Teen Alliance
- Breastfeeding Coalition of Broward County
- Infant Services Workgroup

Additional partners include:

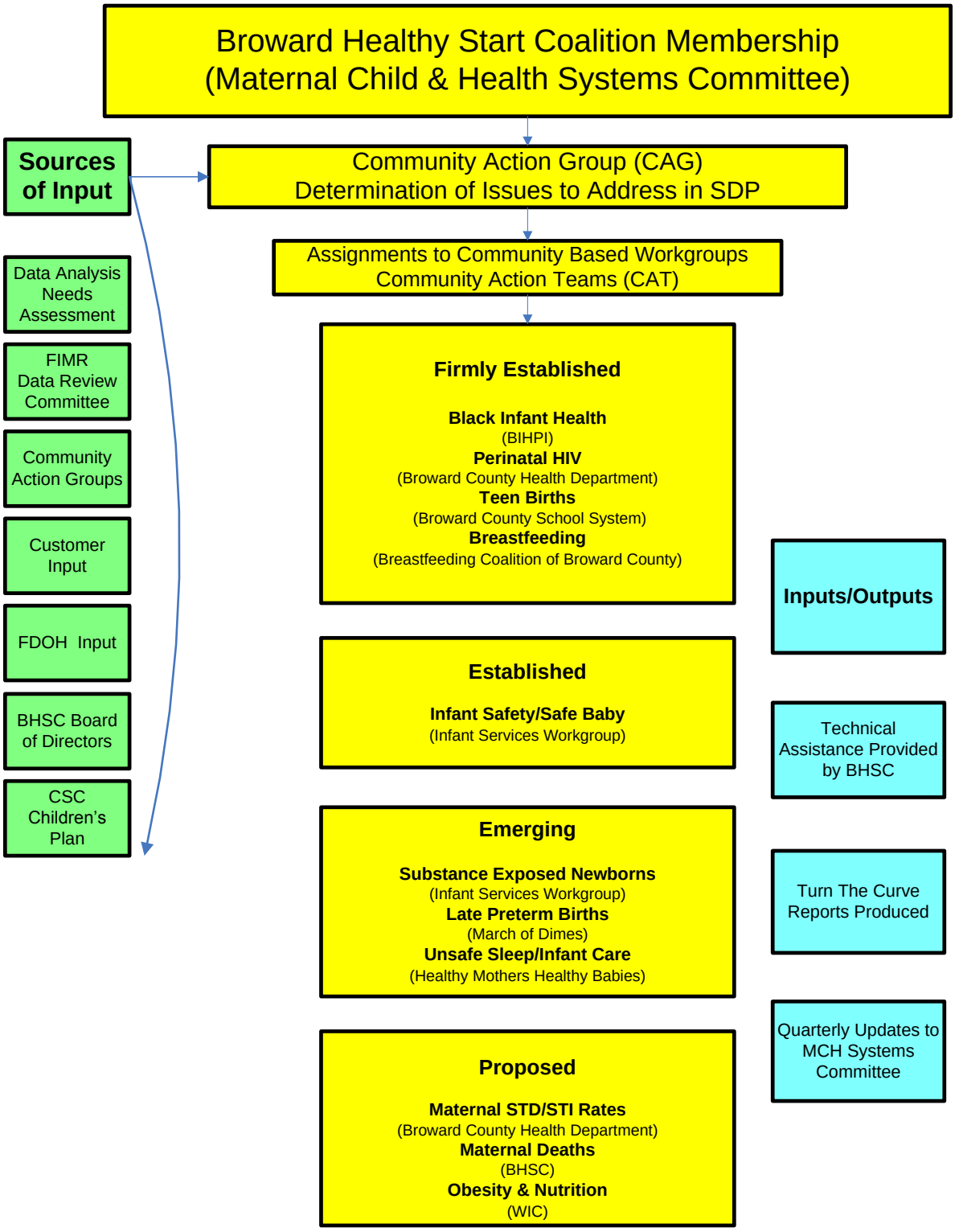
- OB/GYN Offices
- Hospitals & Clinics
- Broward Sheriff's Office
- Children's Services Council of Broward County
- South Florida Hospital and Healthcare Association
- WIC Department
- Service Providers

Each workgroup received technical assistance and training from BCHS staff in Results Based Accountability. This allowed each group to develop their Turn The Curve (TTC) Reports and their wishbone charts with assistance of the Coalition. Each group uses these tools to define their action plans for the area of concern. The TTC's are reviewed quarterly and presented to the entire Membership Committee. This process has increased focus and responsibility for MCH issues in our county and has provided us with a common language for planning.

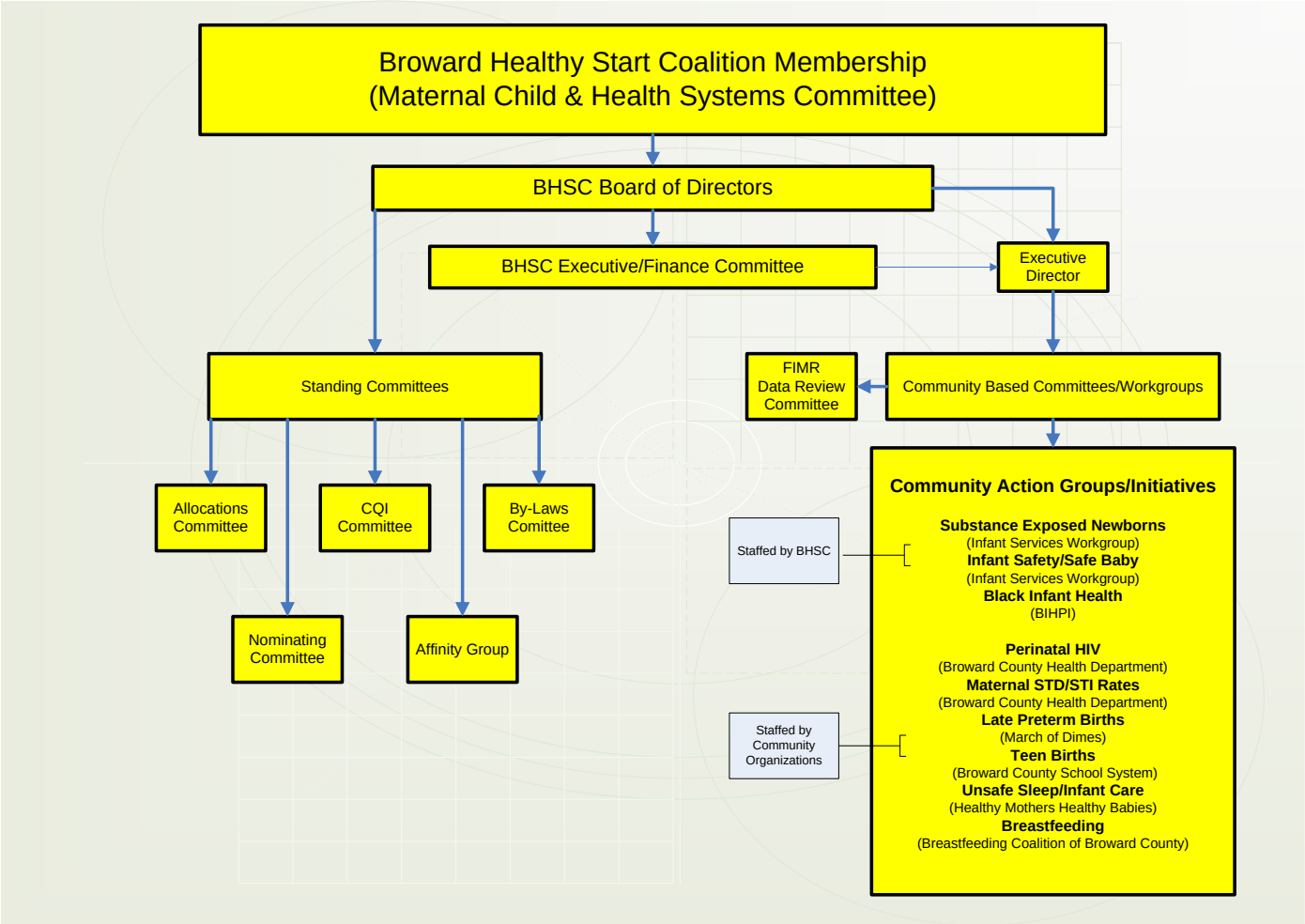
As described earlier, the Coalition has shifted to RBA as a working model for the development of this plan. This decision was made through a staff recommendation to the BHSC Board of Directors based on the following:

- RBA has been adopted by the Children's Services Council of Broward County, who provided free training and technical assistance on the model
- Coalition staff attained a train the trainer status for RBA to educate all of its partners
- RBA focuses on language and change that is understandable by the entire community
- Turn The Curve (TTC) reports require measurable observable outcomes with a defined process for change and accountability
- Bringing together the seven existing maternal child health committees in Broward County under one plan will allow us to focus resources more effectively
- The RBA approach allows BHSC to "own" the MCH components of the Broward Children's Strategic Plan

The chart below depicts this process.



The oversight for this process is identified below. BHSC takes a lead in many of the CATS, but also has significant involvement from the MCH community.



The chart below identifies changes made from the previous SDP with notation to identify why changes were made.

	SDP 2008-2013 Strategy	SDP 2013-2018 Strategy	Comments
1	Systematically work to increase education and outreach in order to increase prenatal screening rates and consents rates.	Systematically work to maintain prenatal and infant screening rates, and consents rates.	No substantial change
2	Provide systematic outreach and education targeted at increasing Postnatal Screening rates Provide systematic trainings for providers with a special emphasis on Breastfeeding, Interconceptional Care and Parent Education	Systematically work to maintain prenatal and infant screening rates, and consents rates.	Infant screening rates are now in the objective above Breastfeeding remains in SDP (see below). Parenting education is a key aspect of the HS redesign. Currently the redesign committee is working on fidelity

	Restructure contracts and move to a "Unit of Service" approach that provides fiscal incentives		measures. The Coalition will follow these rendering this objective moot. Interconceptional Care is now a standard of care and does not merit a strategy at this point in time. The Coalition is now entering its fifth year of utilizing Units of Service and this no longer needs to be a strategy in the new SDP.
3	Implement an Educational and Outreach campaign targeted at identified high risk zip codes with an emphasis on reducing Black Infant Mortality;	Implement research informed strategies to reduce black infant mortality rates Provide educational outreach efforts aimed at informing high risk maternal populations of health practices that will reduce their likelihood of a poor birth outcome	No substantial change, but an emphasis will now be placed on research informed practices.
4	Investigate causes of poor birth outcomes in the Hispanic population so that major fluctuations in health indicators can be identified and addressed in a strategic method.	Not addressed in this SDP (see note)	See page 22 of the SDP for details and data
5	Collaborate with private and public entities to increase resources and system efficiencies while eliminating system and service redundancies Actively seek opportunities for grants toward planning and program implementation as well as increasing service provision. Outreach and network with members of the private sector working in congruence with the Coalition's mission and goals.	Not addressed in this SDP (see note)	The Coalition will continue to provide leadership for the MCH SOC in our County, but this will no longer be a SDP objective The Coalition will continue to seek additional resources to support our efforts, but this will no longer be identified as a SDP objective

6	Provide systematic trainings for providers with a special emphasis on Breastfeeding, Interconceptional Care (ICC) and Parent Education	Continual review of breastfeeding educational service units Inform the community of the advantages of supporting breastfeeding at work sites Provide systematic trainings for providers with a special emphasis on Breastfeeding	All trainers have been in place for over five years and this strategy no longer merits a place in the SDP See notes above on ICC and Parenting education
7	Not addressed in this SDP	Work with MCH healthcare staff to inform of the risks involved in late preterm elective indications and cesarean sections Develop and implement research informed strategies targeting pregnant women with the goal of reducing the number of elective indications and cesarean sections	New Strategy identified by the MCH Systems Committee
8	Not addressed in this SDP	Educate healthcare staff on FL Statutes/CDC/ACOG recommendations Provide educational and outreach activities aimed at decreasing STD's amongst pregnant women	New Strategy identified by the MCH Systems Committee
9	Not addressed in this SDP	Provide educational outreach activities aimed at reducing repeat teen births	New Strategy identified by the MCH Systems Committee
10	Safe Baby Campaign was initiated during the last SDP	Provide educational outreach activities aimed at reducing preventable infant deaths Continue implementation of the Safe Baby Campaign	Modified Strategy identified by the MCH Systems Committee. The Safe Baby was part of the previous SDP and will be continued.
11	Not addressed in this SDP	Provide educational outreach activities aimed at reducing the numbers of SA/SEN births	New Strategy identified by the MCH Systems Committee

		Support a system of care approach that has early identification through screening, education and treatment for mothers experiencing substance related problems	

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT/METHODOLOGY

The Healthy Start Needs Assessment is a surveillance effort led by BHSC in collaboration with the Maternal Child Health Systems Committee. This process has been ongoing since the fall of 2010, and concurrent with the state guided and mandated service delivery planning requirements. This Service Delivery Plan and related documents is primarily driven by data from this assessment, which examines the critical maternal and infant outcome indicators in Broward County. To determine the maternal and child health needs, outcomes, trends and systemic issues, extensive quantitative and qualitative data collection and analyses were utilized. Quantitative data reviewed and analyzed include information from Florida Department of Health, Vital Statistics; Florida governmental departments/agencies; County Health and Governmental Agencies and National Organizations. Zip codes within the county were reviewed and analyzed to prioritize geographical areas of most need, based on seven critical health indicators; these include prenatal care, births to teens, preterm and low-birth weight births, fetal and infant mortality. Qualitative data was collected from consumers, funded providers and community stake holders, through key informant interviews, focus groups, and surveys.

These data findings constitute a great portion of the 2013-2018 Service Delivery Plan, coupled with updates from the previous version to reflect current and ongoing strategies undertaken by the Coalition and its providers.

Quantitative and qualitative data collection and analysis have provided the information necessary to assess Broward County's emergent health, behavioral and service trends and utilization to draw conclusions. Perinatal Periods of Risk (PPOR) Analysis and FIMR reports were also used throughout this process (See attached FIMR Report).

Sources of Data

Quantitative

- Broward County Health Department
- Broward County Fetal Infant Mortality Review (FIMR): Case Review Data
- Broward Regional Health Planning Council
- Federation for American Immigration Reform (FAIR)
- Florida CHARTS
- Healthy People
- Healthy Start Coalition of Broward County: Consumer Survey Results
- Healthy Start Coalition of Broward County
- Healthy Start Coalition of Broward County: Board of Directors and Membership Survey Results
- March of Dimes

- School Board of Broward County
- US Bureau of Census, Census 2011, Broward County Health Profile
- US Bureau of Census: American Community Survey Profile, 2011

Qualitative

- Community Surveys
- Stakeholder Surveys

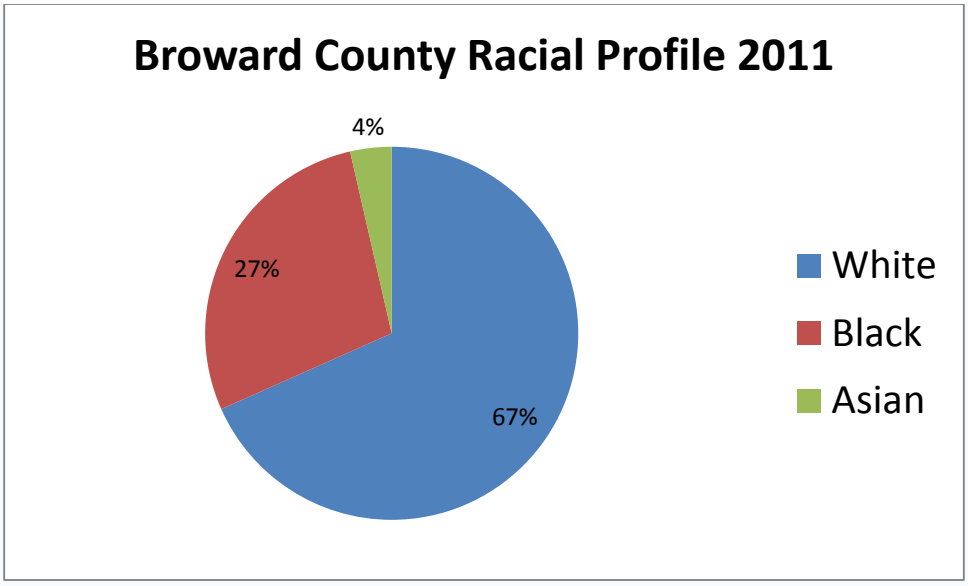
Demographics

Population

Broward County's population for 2011 was 1,780,172 and is the second most populous county in Florida, with more than 9.7% of the state's residents. An analysis of the 2011 Census data reveals that 5.9 % of Broward County's population was less than 5 years old and 22.0% between the ages of 0-19 years. 51.4% of the population is female, with 445,778 women between the ages of 15 and 50, which equates to about 25% of the population being of childbearing age.

In 2011, there were 21,075 babies born in Broward County; 54.61% were White, and 38.43% Black. Infant mortality rates have stabilized since 2004, but notable disparities between Whites and Blacks remain. Similarly, neonatal rates have remained stable; however, post neonatal mortality has increased for the period of record. Fetal and infant health serves as significant indicators of the overall health status for the county and is the impetus for planning efforts and strategies included in the plan. Census data from 2011 indicate that Blacks account for 27.4% of the population, while 25.8% of the population is Hispanic. More Black foreigners immigrated to Broward County between 2006 and 2010 than any other county in the United States. At the same time, Hispanics have continued to move into the county from neighboring Miami-Dade County and from Latin America. 80% of the foreign born population in our county originates from Latin American counties. The population change is significant in at least one respect: The percentage of population identified as non-Hispanic White has now dropped to less than half, at 43.1%. As such, Broward County is now a "minority-majority."

The graph below summarizes the racial makeup of our county in 2011.



It is important to note that Broward County has a very seasonal population. The population increases significantly during the months of November to March, by approximately 100,000 persons according to the Broward County Planning Information Technology Division. This change is a result of residents moving to a warmer climate during the winter months.

Table 1 denotes the changes in populations, by race from 2000 to 2011.

Table 1. POPULATION DEMOGRAPHICS OF BROWARD COUNTY, 2000 TO 2011

Population Group	2000 Number	2000 Percent of Population	2011 Number	2011 Percent of Population
White	1,145,287	70.6%	1,187,375	66.7%
Black or African American	333,304	20.5%	487,767	27.4%
American Indian and Native American	3,867	0.2%	7,121	0.4%
Asian	36,581	2.3%	62,306	3.5%
Hawaiian and Other Pacific Islander	916	0.1%	1,780	0.1%
Hispanic or Latino of any Race	271,652	16.7%	459,284	25.8%

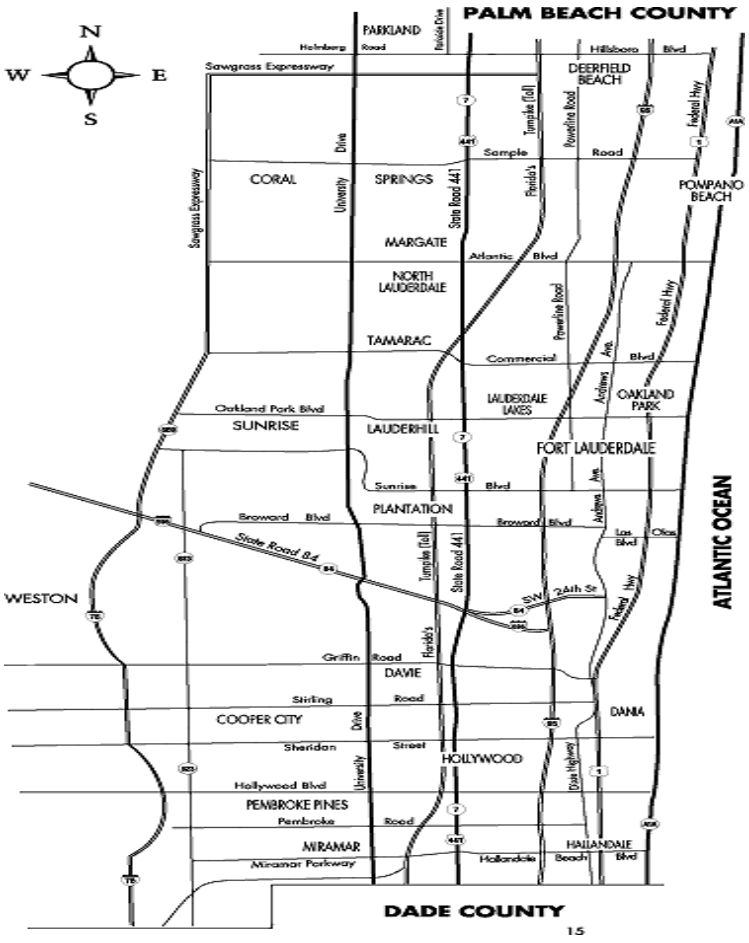
Source: U.S. Census Bureau : Census 2011

The Broward County Population Forecasting Model shows continued growth of the Hispanic, Black non-Hispanic and Asian and Pacific Islander populations. Projections also anticipate a modest decline in the White non-Hispanic population. Looking at the shifts in demographics that have occurred and continue to occur in Broward County, continual attention to changing cultural beliefs, practices and norms will be required for the Coalition to properly serve their clients.

Geographic Regions

Map 1: Broward County

Broward County lies along a 25-mile stretch of the Southeastern Florida Coastline between Palm Beach County, on the north, and Miami-Dade County, on the south. From its eastern border on the Atlantic, the County extends westward approximately 48 miles to the Collier and Hendry County lines. Broward's land area totals approximately 1,197 square miles with the western two-thirds of the area divided into a



conservation area (622 square miles) and an Indian reservation (165 square miles). Over 8.6% of the County's area is water totaling 114 square miles.

The profile of Broward County shows some significant changes during the past decade. A steady increase in population is owed primarily to the rapid development of the central, western, and southwestern portions of the County following the aftermath of Hurricane Andrew in 1992. The region's population has become increasingly diverse, with significant growth among racial and ethnic minority groups.

According to Broward County Planning Services Division, population growth through 2010 occurred most rapidly within the southwest and northwest pockets of the county. This growth is anticipated to continue through 2012 as undeveloped land is absorbed; a shift toward redevelopment in the eastern regions is also anticipated to accommodate the projected population increase.

The 2011 People Quick Facts survey identified that 31% of Broward's residents were foreign born, and 37% of households spoke another language at home other than English. Though specific data on undocumented residents is often difficult to ascertain, an estimated 7 to 10 million are believed to be residing within our state (FAIR, 2010). Best estimates surmise that Miami-Dade and Broward counties account for the majority of these residents. A large, uncounted number of undocumented residents, located principally in the central corridor of the County, add to a dramatic increase in population and have and will continue to impact the county's health and economy.

In a recent study conducted by the federal government of those receiving amnesty through the Immigration Reform and Control Act, data showed that 94 percent of those surveyed had migrated for economic reasons. Data from the aforementioned study further indicates that 15 percent of those sampled spoke English, 80 percent used public health services and 49 percent had no health insurance. Their median age was 32, with an average household of four, seven years education, an hourly wage of $5.45, an annual individual income of $8,982, and annual family income of $15,364 (FAIR, 2010). They are clearly an economically deprived population.

Of specific concern to this plan is the growing Haitian population in our county. The babies of Haitian women are identified as being the highest risk group that contributes to the disparity between Black and White infant mortality in Broward County. During the years 2008-10, in the eight zip codes indentified as having the highest risks for infant mortality in the county, Haitian babies were dying at the rate of three times that of White babies and nearly twice that of Black babies (source: Florida Department of Health).

Issues of access to care, navigating a predominantly English only healthcare system and immigration concerns prove to be barriers to care for undocumented residents. With poor education, narrow opportunities for work and no health insurance, our county's undocumented residents are at risk for poor health outcomes; with their median age being within childbearing years, these residents are also at risk for poor pregnancy and birth outcomes.

Household Size and Income

In 2011, there were 810,795 households in Broward County with the average household size being 2.57. The median family income within the county was $42,418, down nearly $5,000 from 2007, with per capita income of $27,278. 11.1% of our residents are living below the poverty level. Income or lack thereof can contribute to a variety of poor health, behavioral, and psychosocial outcomes.

Education

The Healthy start screen identifies those individuals without a high school degree or GED is at higher risk for poor birth outcomes. The table below identifies educational attainment in our community:

Educational Attainment (25 years of age and older)	
Less than High School Diploma	12.0%
High school graduate or GED	88.0%
Bachelor's degree of higher	30.2%

Note: Those with a bachelor degree are also counted in the number of those with a HS/GED degree, resulting in a percentage higher than 100.

Insured/Uninsured

It may be hard to believe today, but until the late 1970s, private insurance plans in the United States often did not cover pregnancy-related care, including basic prenatal and delivery services. Indeed, it took enactment of a federal law—the Pregnancy Discrimination Act of 1978, which requires all but the smallest employers' health plans to cover pregnancy-related care—to change the situation. However, to take advantage of this, one must have insurance to begin with. During the years that this SDP spans, 2013-2018, the nation's Affordable Healthcare Act will move forward to expand coverage to many that cannot afford it currently. The effects of the

recently approved Medicaid expansion will also need to be tracked of the next five years, as more individuals will have access to healthcare.

Access to healthcare continues to be a challenge in our community. Only 58.1% of individuals have private insurance, while nearly one in five individuals in Broward County in 2011 had no health insurance, an additional 26.5% were able to access Medicaid. A concern that is extremely relevant to this SDP is that many of our most recent residents are undocumented, and are not eligible for Medicaid, even when pregnant. With the alarmingly high rates of infant mortality amongst Haitian women, merely advising them to get prenatal care is of no avail if they cannot afford it. Many of these women simply show up in an emergency room at the onset of labor. Addressing this issue requires more than a social plan, it is one that will require a policy change through a political solution, as well as one of increasing resources.

Medicaid Population

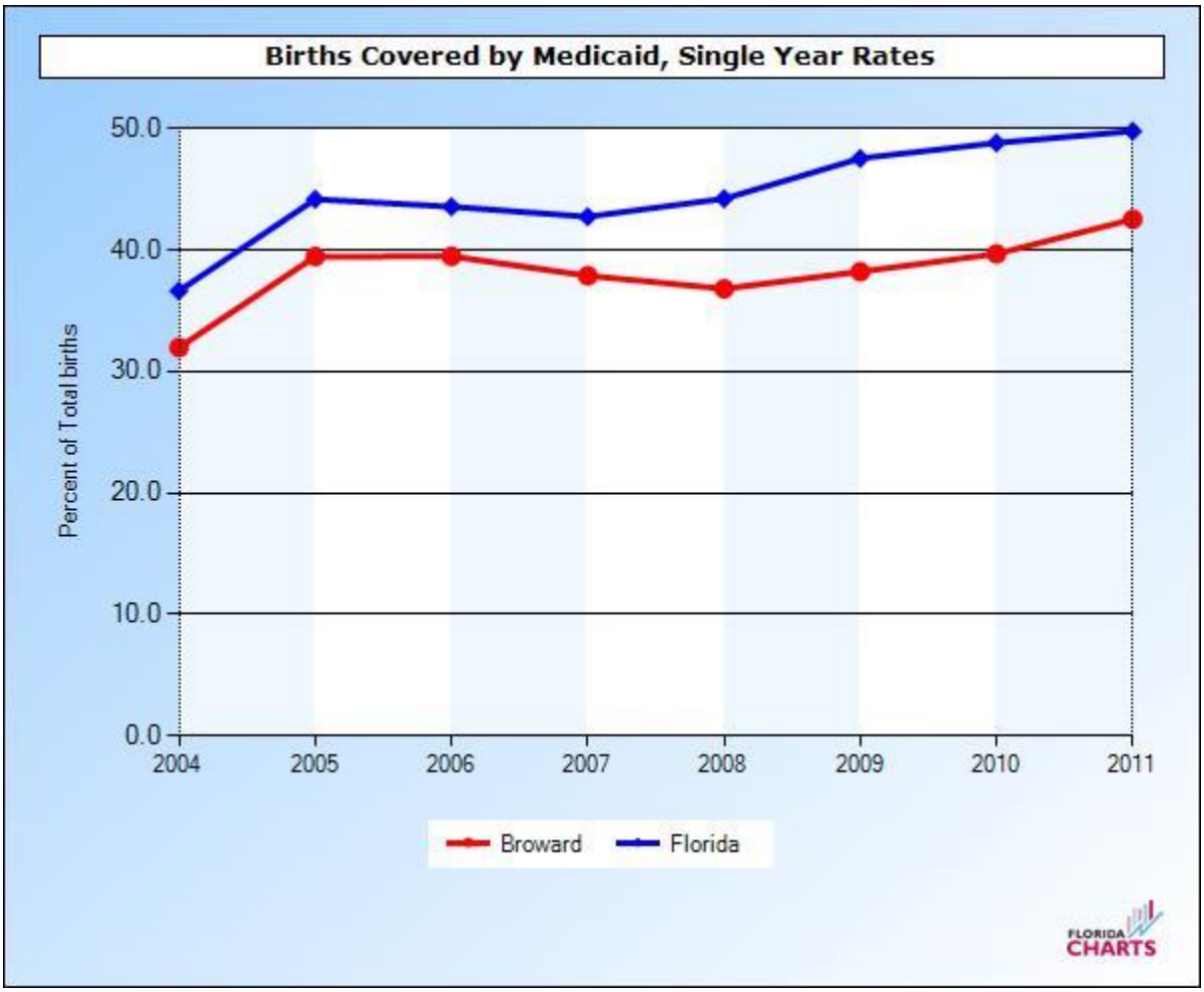
The Pregnancy Discrimination Act played a major role in ensuring that those with private insurance had coverage for pregnancy-related care, but left a gap in coverage for the lowest income Americans, who rarely have access to employer-sponsored insurance. According to Guttmacher, nearly 15 million women of reproductive age had no insurance for pregnancy-related care, and many low-income pregnant women faced a host of financial obstacles to care that could easily turn what is supposed to be a happy event into a period of extraordinary stress. Congress and state governments moved to close the gaps by progressively increasing the income level at which women become eligible for Medicaid-funded prenatal, delivery and postpartum care. States are required to provide coverage for pregnancy-related services for women with incomes up to 133% of the federal poverty level—far above most states' regular Medicaid eligibility ceilings. At their option, states can include women with incomes up to 185% of poverty and even beyond. Florida has chosen the higher option.

The Medicaid eligibility expansion revolutionized how pregnancy-related care is paid for in this country. Enrollment of pregnant women under Medicaid has increased dramatically under the expansions, and since

1985, the proportion of all births financed by Medicaid has soared (see chart). As might be expected, this policy change in Medicaid improved early initiation of prenatal care among disadvantaged women.

In 2011 there were 8,536 births (40.1%) in Broward covered by Medicaid. The state average for Medicaid covered births is 48.7%. There is speculation that the recent changes to the process of applying for services may have served as a possible barrier for potential clients. Similarly, there has been a decrease in Medicaid utilization within the county, community leaders also speculate that this may correlate to the changes in

immigration laws as well as application processes. The chart below identifies the increase in the past eight years of Medicaid covered births.



Another pertinent issue that is believed to impact enrollment is that of a local pilot for Medicaid Reform. Broward County adopted state efforts to reduce the cost of providing health insurance by placing most Medicaid recipients in managed care programs; through HMO's or Provider Service Networks (PSN's).

On its own terms, then, the Medicaid eligibility expansion has been a great success, and today, the nation is approaching universal access to coverage for pregnancy-related care. Nevertheless, the hard truth is that this policy change has not had an impact on gaps in maternal and newborn health. According to the CDC, the maternal mortality rate dropped significantly between 1950 and 2005, from 83 to 15 deaths per 100,000 live births. Yet, in 2005, the maternal mortality rate for Black women was roughly three times the rate for White women—a gap that has remained relatively constant since the early 1950s, notwithstanding the Medicaid eligibility expansion or other government policies.

In addition, there is little evidence that the Medicaid eligibility expansion has had an effect on birth outcomes, and large differences in low-birth-weight births by socioeconomic group remain. In fact, according to the Urban Institute's study, for African-Americans, rates actually increased over the period of the Medicaid expansion, as did the gaps between Whites and African-Americans. Today, the risk of low birth weight among Black infants is more than twice that among White infants. Clearly, more research is needed to better understand what is behind the disparities in maternal and infant health outcomes.

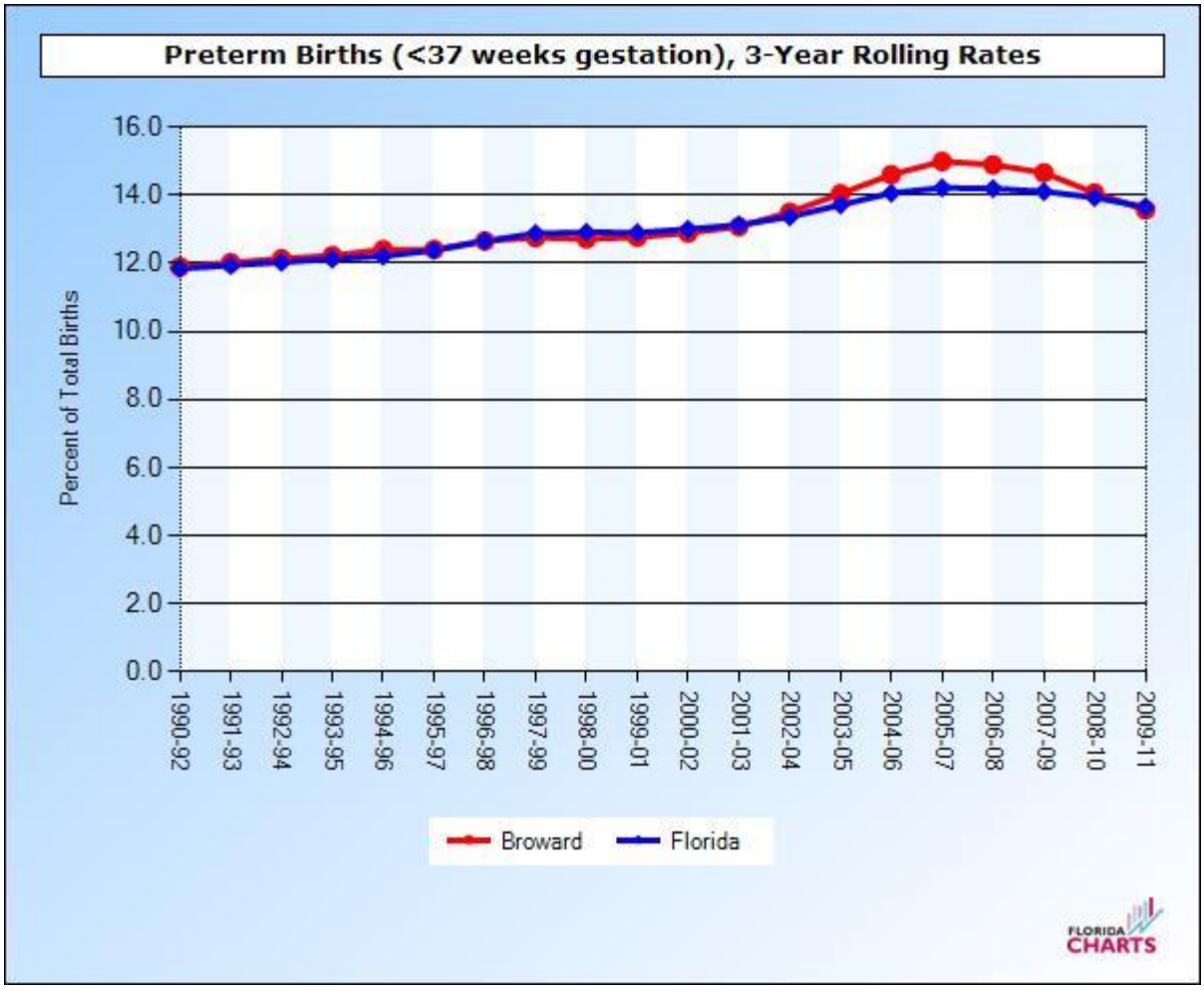
Infant mortality is a primary indicator of health in a community because of its association with a variety of factors such as maternal health, quality of and access to medical care, socio-economic conditions, public health practices and the general quality of life experienced by its residents. Unique socio-economic factors impact the health of our residents in Broward County. These include migration and immigration reforms, insurance reform and demographic and geographic shifts in resident populous. Increasing property prices and saturated transportation also impact on health in Broward. One of the most disturbing facts that can be drawn from the data is the racial disparity that exists in almost all measurable areas related to MCH. BHSC has been active for many years in addressing this issue and this SDP will hopefully bring that to a new level.

MATERNAL AND CHILD HEALTH INDICATORS AND TRENDS

Like other communities, Broward County has multiple health problems and limited resources. Preterm births, infant mortality, fetal mortality, increasing teen birth rates, the prevalence of sexually transmitted infections and increased rates of smoking during pregnancy pose risks to our community's overall health and wellness. Ensuring Healthy Start screens and appropriate service provision are paramount to improving Broward County's health outcomes. In order to maximize our county's resources, the following maternal child health problems have been identified from our needs assessment.

Preterm Births

Babies born prior to completing 37 gestational weeks are considered preterm. Risk factors for prematurity include maternal age, uterine and/or cervical abnormalities, multiple gestations, complications of pregnancy-including but not limited to high blood pressure, diabetes and poor oral health**.** Other factors include past history of preterm delivery, maternal infections during pregnancy and use of nicotine, alcohol and other substances during pregnancy. The graph below identifies that Broward has recently decreased the gap between our higher rates, and the state of Florida. It also signals a positive trend since 2005.

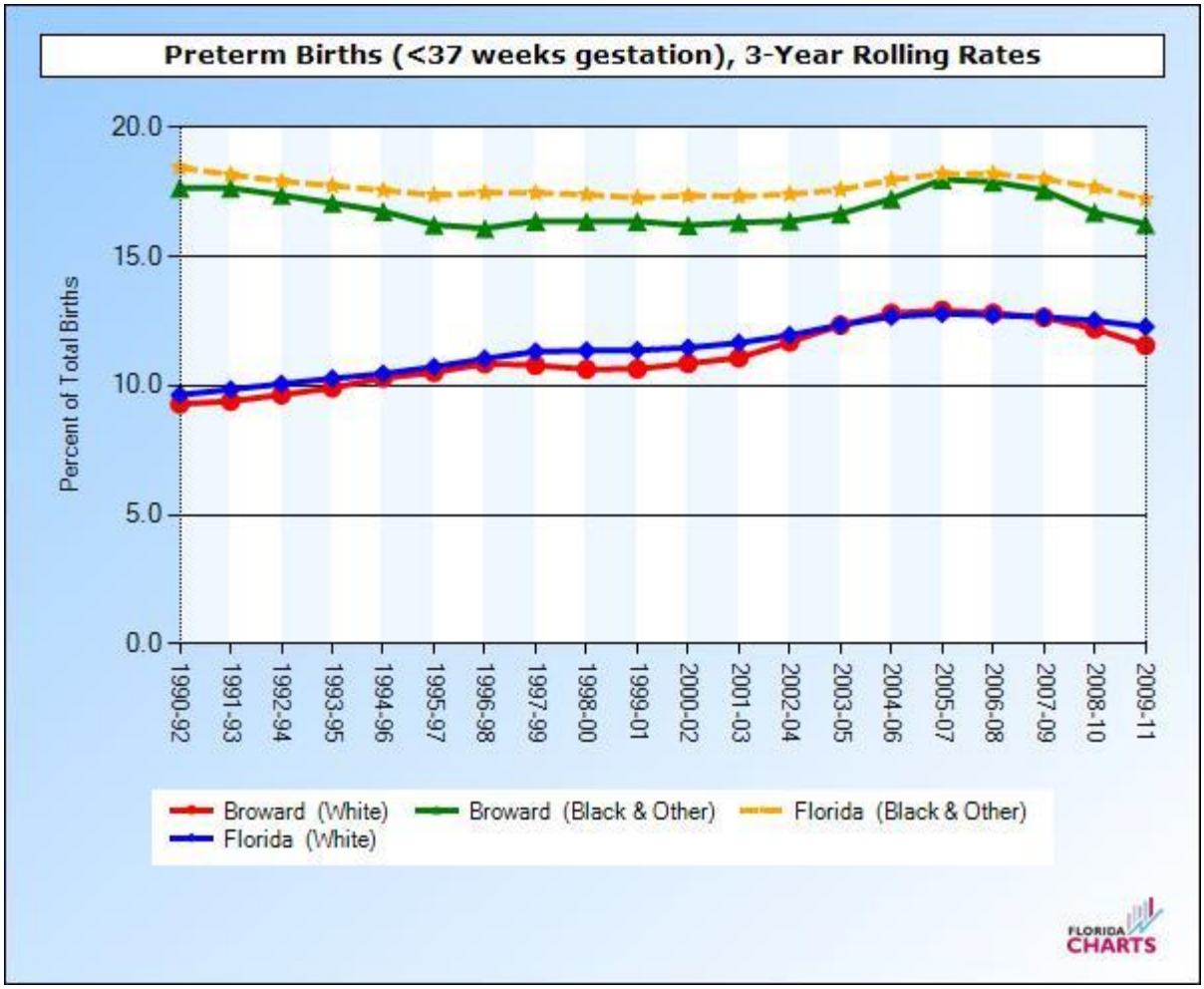


Preterm Births by Race

Preterm births are one of the primary causes of infant mortality. While there has been a decline in pre-term births in our community over the past five years, the racial disparity remains stagnant as indicated in the chart and graph below.

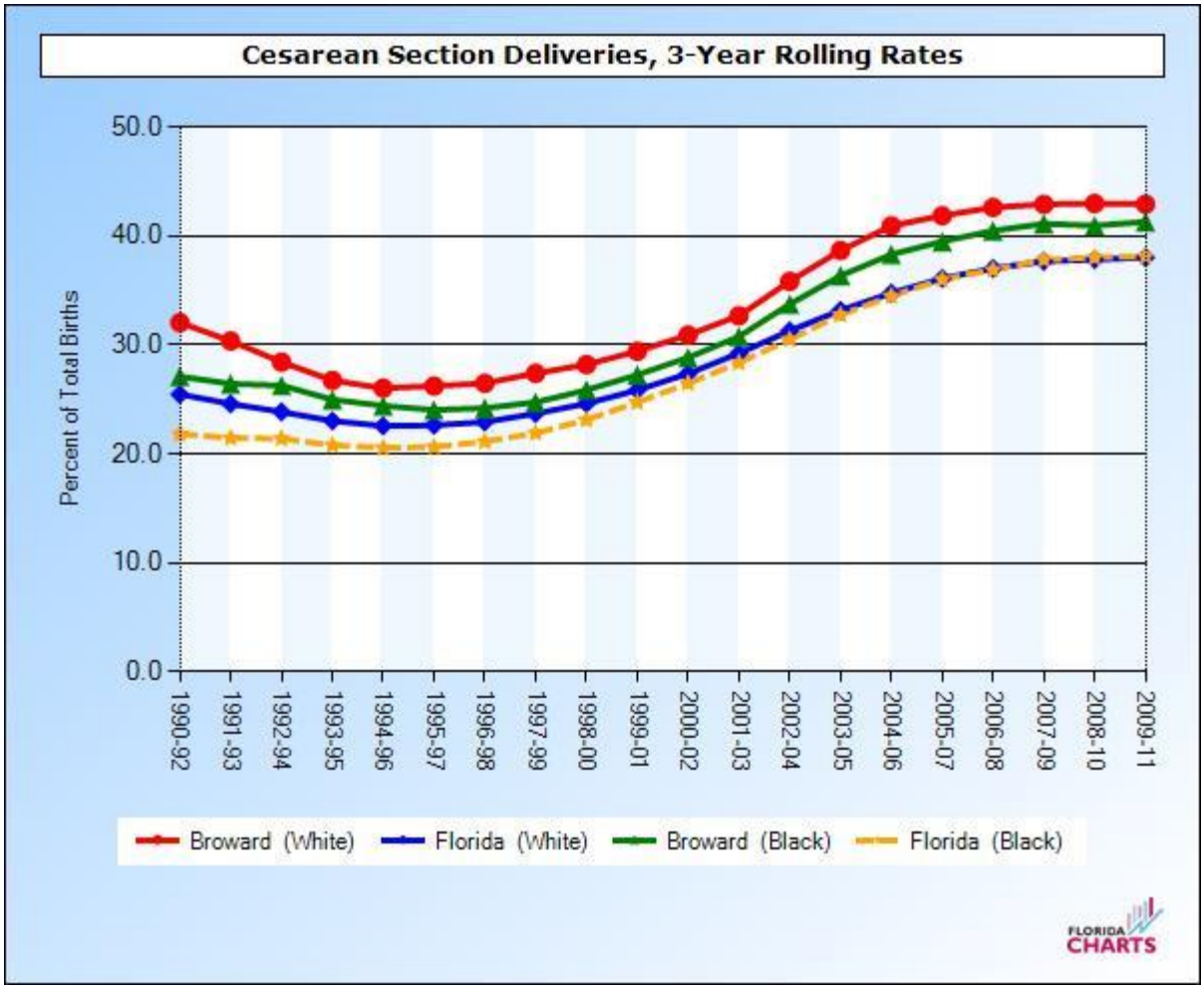
Pre-term Births in Broward County			
	2008	2009	2010
Whites	12.9%	12.1%	11.5%
Blacks	14.7%	14.2%	13.3%
Haitians	16.9%	17.8%	16.6%

Data Source: Florida Department of Health, Office of Vital Statistics.



The stubborn racial disparity that exists on many of the critical MCH indicators will be addressed in the Action Plans of this SDP, and will require new approaches in addressing this problem as well as service delivery approaches to the at risk populations.

Closely related to pre-term births has been an increase in cesarean section deliveries. Since 1996 there has been an 80% increase in cesarean sections in Broward County. This is one area where the racial disparity favors the Black population in our county, and disfavors the Whites. This trend has become a focus of attention for the March of Dimes. BHSC is working closely with the March of Dimes and our hospital partners to reduce this rate. Projects such as “39 Weeks” are already in place, and will be expanded under this SDP. During the development of this SDP, both tax funded hospital districts in Broward County are rapidly moving towards a “peer reviewed” approach to elective births and cesarean sections with the intention of reducing those that are not medically necessary. It is believed that this move will significantly reduce elective births, and hopefully increase birth weights of infants born in our community.



Infant Mortality

The infant mortality rate, considered to be a leading indicator of the health of a community, includes deaths during the first year of life. It is a reflection on the health of the mother, the effectiveness of the maternal care system, the health and care of the newborn and follow-up during the first year of life with well child services. The graph below indicates a decade of decrease in mortality rates from 1990 through 2000, followed by a period of stabilization, and then a recent negative turn over the past five years.

TOTAL INFANT MORTALITY RATE

Source: Florida Department of Health, Office of Vital Statistics.

As depicted above, Broward County's infant mortality rate has decreased significantly over the past twenty (20) years. In comparison, Broward's infant mortality rate remains lower than that of the State of Florida and has been so since 1997. There has been a recent trend that closes this gap however. Though this may appear promising, further analysis shows the stark and troubling trend of racial disparity in the County's infant mortality rate as identified in the chart below.


Infant Deaths Per 1,000 Live Births, 3-Year Rolling Rates
Rate Per 1,000
20.0
15.0
10.0
5.0
0.0
1990-92
1991-93
1992-94
1993-95
1994-96
1995-97
1996-98
1997-99
1998-00
1999-01
2000-02
2001-03
2002-04
2003-05
2004-06
2005-07
2006-08
2007-09
2008-10
2009-11
Broward White
Broward Black
Florida White
Florida Black
FLORIDA CHARTS

When infant mortality is drilled down by zip code and includes Hispanics and Haitians, a very different picture emerges.

2008-2010 Infant Mortality Rate per 1,000 Births Source: FDOH, Office of Vital Statistics.					
Zip code	All	White	Black	Hispanic	Haitian
33064	13.8	10.1	17.7	7.5	24.2
33065	11.3	8.0	21.7	8.0	14.9
33068	7.9	0.0	12.8	4.7	14.6
33309	7.2	3.2	4.5	8.2	16.9
33311	16.7	2.0	19.7	11.8	22.6
33312	9.8	9.7	6.7	9.1	22.5
33319	14.9	10.7	14.4	3.3	25.5
33351	7.4	8.9	6.8	5.1	26.8
Total	10.74	7.47	13.62	6.72	21.66

Data Source: Broward County Health Department

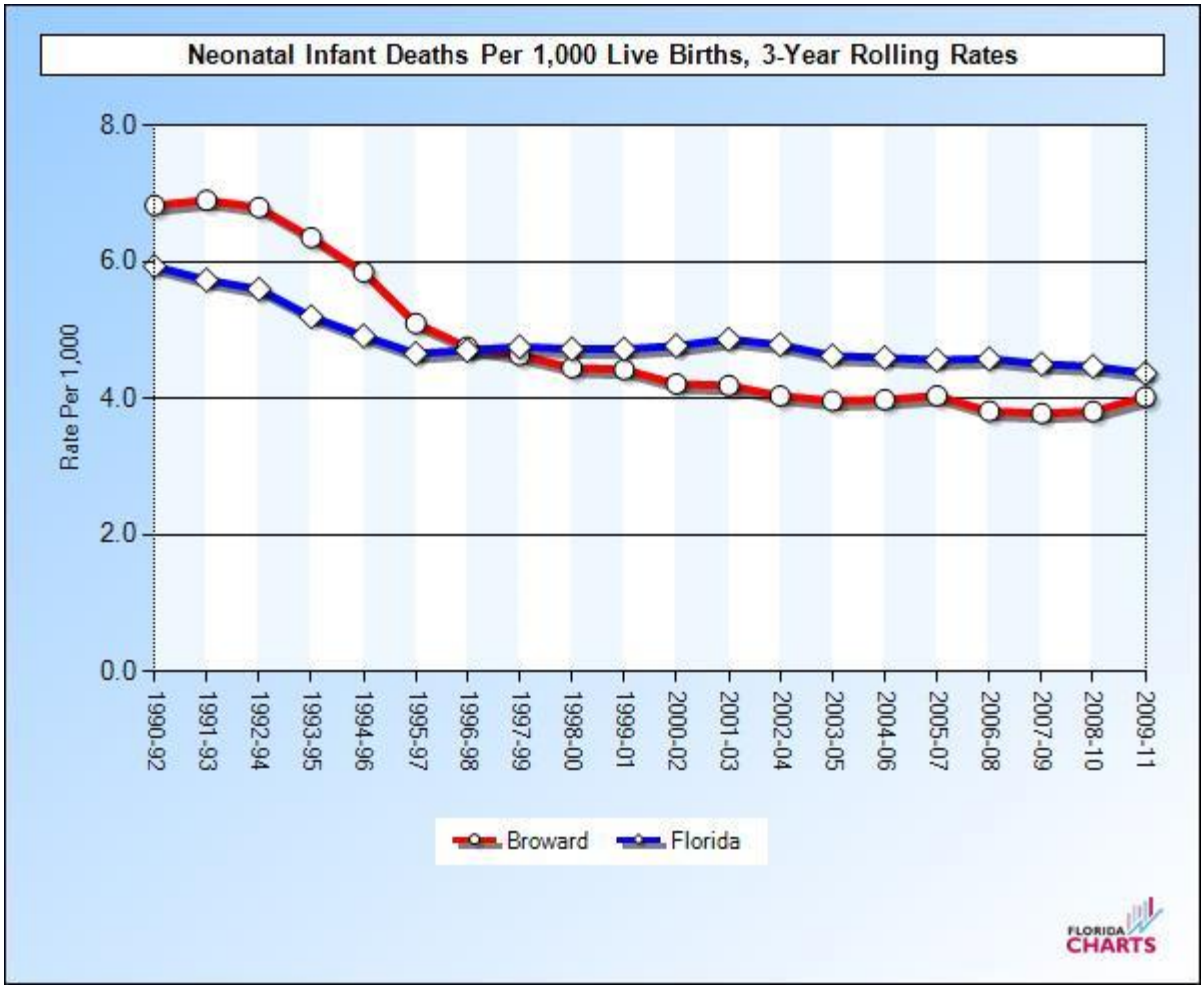
This data indicates that the disparity of infant mortality in the selected zip codes is nearly twice the rate for Blacks as it is for Whites, but nearly three times the rate for Haitians as it is for Whites. This SDP will address the alarmingly high rates of Infant Mortality for Haitians in our county as a subset of addressing mortality rates for all races and ethnicities. . GIS mapping of these deaths is included as an attachment to this SDP, and bring a disturbing pictorial to the data. Overall, Hispanics in Broward County fare well as compared to the overall rates, and whites. As a result of this, efforts specifically noted in the previous SDP will be maintained, but Hispanics will not be targeted as a special population in this SDP.

Fetal Mortality

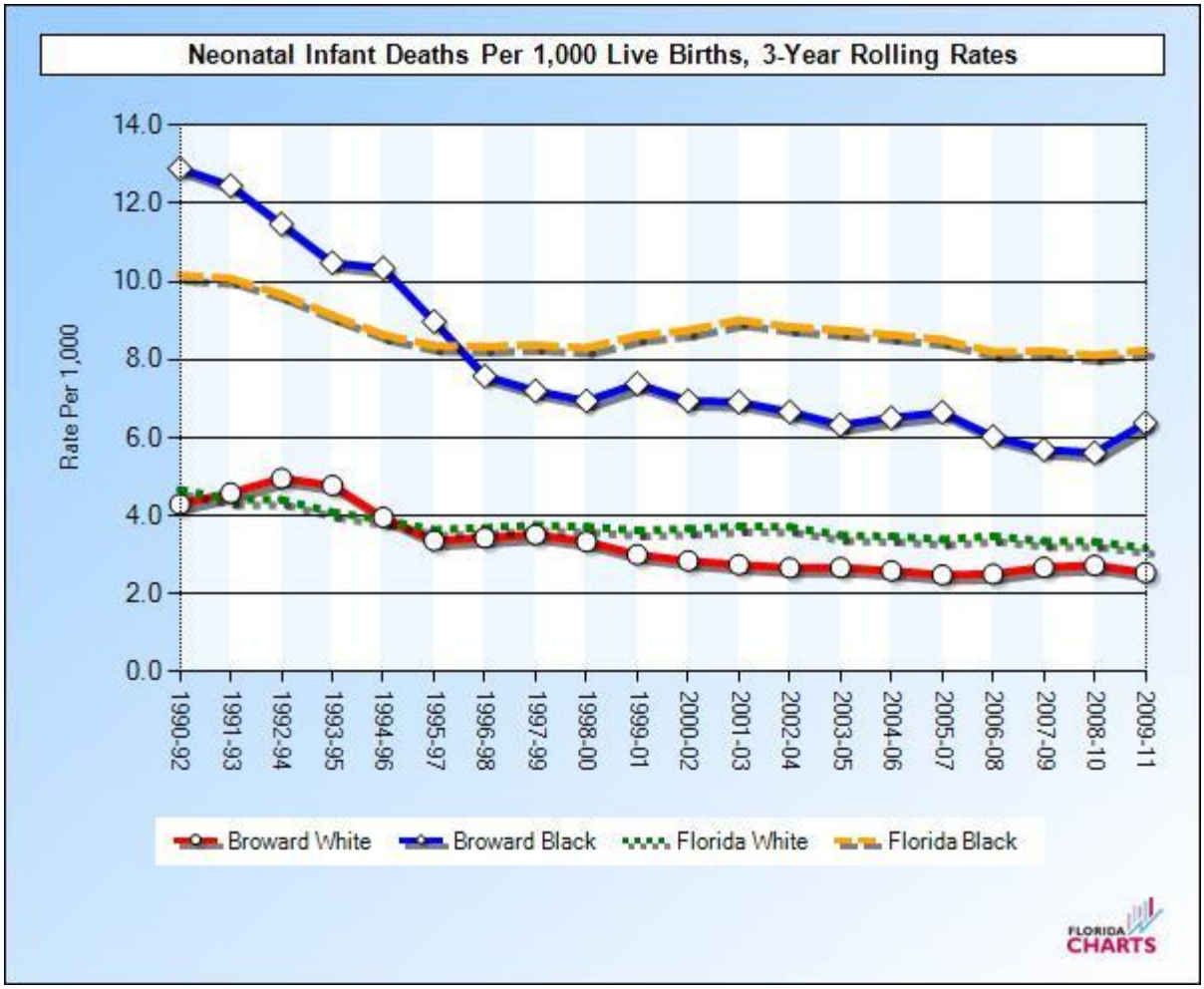
Fetal Mortality is defined as the stillbirth of a baby more than 20 gestational weeks, born without signs of breath or heartbeat. Broward's rates for White Fetal deaths parallel those of the state during the past 15 years. The Black Fetal deaths have fluctuated during this time, but the gap between White and Black remains significant as identified in the graph below.

Neonatal Mortality

Neonatal deaths are those occurring to live born infants before they are 28 days of age. Most infant deaths occur in the neonatal period, the majority of which are within the first twenty-four hours after birth. Since 1999, the rates of neonatal mortality in Broward County have remained lower than that of the state, as depicted in the graph below. Data also shows that Broward County rates have been on a slight incline since 2006.



However, like many critical indicators, when Neonatal deaths are analyzed by race, Black mortality remains significantly higher than that of Whites as the graph below indicates.



Statewide, the main causes of neonatal death tend to be perinatal conditions (with short gestation and unspecified birth weight being the leading cause in this category) and congenital anomalies. These hold true for the main causes of infant deaths as well. In Broward County, according to data gathered from the Fetal and Infant Mortality Review, the main causes are consistent with those of the state and are most often due to premature delivery, low birth weight and congenital anomalies.

Post Neonatal Mortality

Post-Neonatal are those deaths that occur between 28 days and 364 days. The gap between our county's rate and the state has been closing during the past three years. Broward's Post-neonatal death rate is higher than the Healthy People 2015 goal of 1.2. The chart below depicts the post-neonatal data for the Broward County and Florida for 1990-2011.

Post neonatal mortality rates have steadily increased within the Black population since 2000, but appear to be returning to rates from the previous decade, but once again, a significant gap between Whites and Blacks is evident.

FIMR

The Fetal and Infant Mortality Review (FIMR) is a community-based process incorporating a broad systems approach which examines trends and barriers to care, identifies community issues related to these deaths which need to be addressed, facilitates multi-disciplinary planning and interventions, involves the family suffering the death, and implements community action. The goal of FIMR is to reduce infant mortality through an understanding of the occurrences of fetal/infant deaths. FIMR's focus is on deaths from 20 weeks gestation through 1 year.

In Broward County, Healthy Mothers-Healthy Babies of Broward County (HMHB) has contracted with the Coalition to be the lead agency in the community to carry out the county's FIMR project. Partners in the project include the Broward County Medical Association and the Broward County Health Department (BCHD) and the Children's Services Council of Broward County (CSC). BHSC provides funding in the amount of $20,000 for the

review of 26 cases. The CSC provided HMHB with an additional $116,000 for the review of an additional 30 case reviews, and support for the project.

The Case Review Team (CRT) is the public health subcommittee of the Broward County Medical Association and is comprised of obstetricians, pediatricians, the Broward County Medical Examiner's Office, pediatric and obstetrical nurses, epidemiologist of the Broward County Health Department (BCHD) and other maternal and child health staff, representatives from Children's Medical Services (CMS), and Healthy Start. The CRT meets monthly, reviewing a random sample of 4-5 cases each month. In addition, families of the infants are interviewed to complement information from the record review. It is important to note that this is not an epidemiological research study; rather, it is a community's study to look at cases with the worst outcomes in order to gain information to plan preventive actions for the future. The local health department assists in this process by providing the perinatal Periods of Risk (PPOR) data that is utilized in determining case selection.

From January through December 2011 the Case Review Team (CRT) reviewed 45 cases that had been abstracted in depth by the FIMR Medical Abstractor. Of the 45 cases reviewed, 29% were White deaths, and 69% were Black deaths.

Below is a synopsis of some of the factors present in these 45 reviewed cases. Based on this sampling and findings, the factors identified are observed to be those most statistically evident and indicative of social and medical implications during that span. Only 15% (7) of the cases went past 39 weeks gestation. Preterm births are the greatest contributing factor to infant mortality.

18 of the cases appeared to be preventable (see page 9 of report), 8 were Sudden Infant Death in Infancy (SUID) and medical complications were a major factor in the balance of the cases. The preventable deaths reviewed by the CRT make up approximately 5% of all births in the county. While useful information can be gleaned from these reviews, the small sampling of preventable deaths, and the intentional use of PPOR raise a cautionary flag when attempting to draw conclusions relative to the overall birth population in the community.

Healthy Mothers, Healthy Babies of Broward County, Inc. has provided the charts below that are from the 2011 FIMR Report:

Cause of death as listed on death certificate	# of deaths	Autopsy	Zip Codes
Asphyxia	6	Y	33313
		Y	33311
		Y	33312
		Y	33301
		Y	33304
		Y	33351
Acute Bronchopneumonia	1	Y	33069
Chorioamnionitis/Amniotic fluid infections	6	N	33026
		N	33024
		N	33027
		N	33065
		N	33065
		N	33023
Congenital heart defects	3	N	33319
		N	33311
		N	33009
Cord	1	N	33309
Fetal/Perinatal Asphyxia	1	N	33076
Accidental head trauma	1	Y	33029
Herpes Viral infections	2	Y	33311
		N	33319
Homicide	1	Y	33311
Maternal Disease	6	N	33023
		N	33065
		N	33311
		N	33065
		N	33313
		N	33023
Maternal Uterine Rupture	1	N	33065
Osteogenesis Imperfecta	1	N	33025
Placental Abruption	2	N	33023
		N	33313
Placental Insufficiency	3	N	33009
		N	33065
		N	33023
Sepsis	1	N	33319
Sudden Unexpected Death in Infancy	8	Y	33025
		Y	33441
		Y	33312
		Y	33024
		Y	33020

		Y Y Y	33319 33311 33311
Unknown	1	N	33063

Contributing factors from FIMR reports indicate the following:

Item	**Percent Occurring***
Psychosocial factors	71%
Late or no prenatal care	47%
Preexisting medical conditions	62%
Maternal Infections	53%
Pre-pregnancy obesity	42%
History of fetal or infant loss	18%
First pregnancy	40%
Diabetes	16%
Substance abuse during pregnancy	18%
History of elective termination	26%
Not screened for Healthy Start	9%
Declined Healthy Start services	36%
Not referred for Healthy Start**	24%

*Factors may occur multiple times in one case thus exceeding 100%
** 11 of the 46 cases declined HS services at screening

The chart above shows the contributing factors present in the 46 cases reviewed. Percentages are based on rate of occurrence. 71% of deaths in the cases reviewed were related to psychosocial stressors. Examples of psychosocial stressors include history of abuse, poverty, lack of support, divorce, loss of job, and loss of a loved one. 62% of deaths were attributed to pre-existing medical conditions. Notably 64% of the women were screened for Healthy Start services, which is a 13% increase from the previous year; 24% scored 6 or more on Prenatal Screen, but were not referred to Healthy Start (declined at screening). Healthy Start is a State mandated program designed to reduce the risk of pregnancy complications and poor birth outcomes for all pregnant women. The Florida Department of Health defines a high risk pregnancy as one where the mother had a history of gestational or pre-pregnancy diabetes, chronic or gestational hypertension, previous preterm delivery or other previous poor birth outcome. Many of the contributing factors above can be reduced with proper education.

Women with multiple psychosocial stressors and with income meeting Medicaid eligibility who do not enter prenatal care before 12 weeks of gestation appear at greater risk for poor birth outcomes, as is indicated by this study. Obesity and first time pregnancies also impact birth outcomes.

FIMR 2011 Findings	Percent
Had multiple psychosocial stressors	71%
Pre-existing medical Conditions	62%
Maternal infections/STD	53%
Entered prenatal care < 12 weeks of gestation	47%
Were pre-pregnancy overweight/obese	42%
Were first pregnancies	40%

Source: Broward County Fetal Infant Mortality Review- CRT Report- January to December 2011

Gaps in Service/Knowledge

The FIMR report identifies the following gaps in services:

- Preconception Health
- Interconceptional Health Practices
- Community Education
- Oral Health

Recommendations

The FIMR report makes the following recommendations:

- Implementation of a Life Course Perspective
- Community education on infant mortality
- Preconception Health Education
- Interconceptional Health Education
- Family Planning
- Enhanced communication and partnerships between the medical community and law enforcement
- Increase accuracy of medical records
- Increased maternal interviews

Immunizations

There are several causal factors for infant morbidity; some preventable and others unavoidable. The Florida Department of Health recommends that all children should be immunized against the following diseases by age two (2):

- Diptheria
- Tetanus
- Pertussis

- Hepatitis B
- Influenza type b
- Measles
- Mumps
- Rubella
- Polio
- Pneumococcal Conjugate
- Varicella

The Broward County Immunization Task Force set the goal of 90% for up to date immunizations as required. This goal was met in 1999, but has fluctuated significantly since then. In 2011 Broward County once again reached the 90% mark.

Broward County and Florida 1995 – 2011

Percent of Two Year Old Children Fully Immunized, Single Year Rates		
	Broward	**Florida**
Year	**Rate (%)**	**Rate (%)**
2011	90	86.1
2010	84.8	81.1
2009	93.3	81.9
2008	87.5	85.6
2007	82.9	85.7
2006	85.1	85.2
2005	88.6	86.6
2004	89.2	85.3
2003	86.4	79.4
2002	85.1	85.3
2001	76.5	85.5
2000	84	86.6
1999	90.4	86.2
1998	81.7	82.9
1997	88	83
1996	74.7	81.6
1995	77.1	80

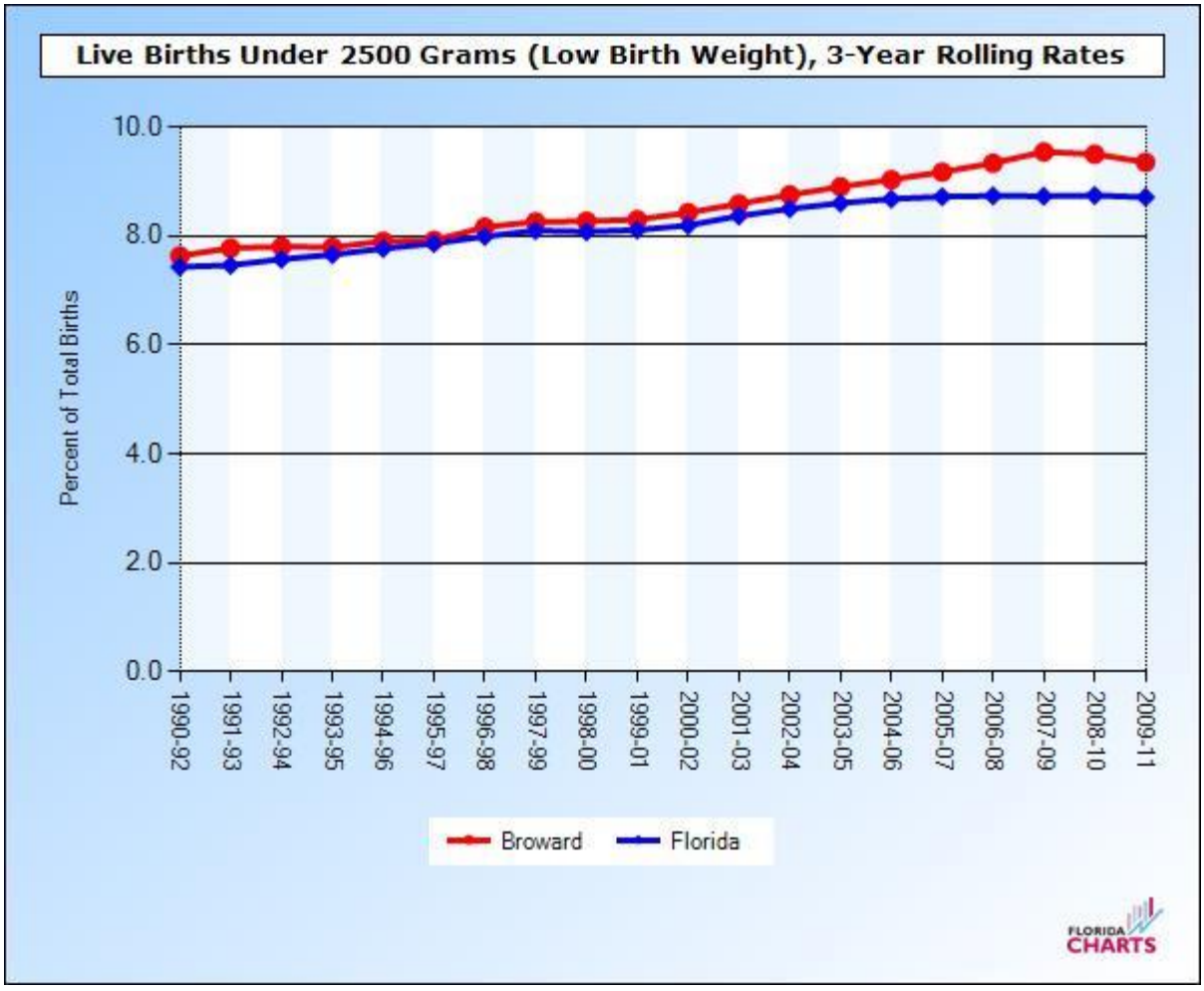
Source: Broward County Health Department, Survey of Immunization Levels in Two-Year Old Children and Florida Charts

Low Birth Weight Births

According to the United States Department of Health and Human Services, low birth weight is the risk factor most closely associated with neonatal deaths. Consequently, improvements in infant birth weight can contribute substantially to a reduction in infant death rates. Babies born at less than 2,500 grams are within this category. Low birth weight babies often survive as children with various neurosensory, developmental, health and psychosocial problems.

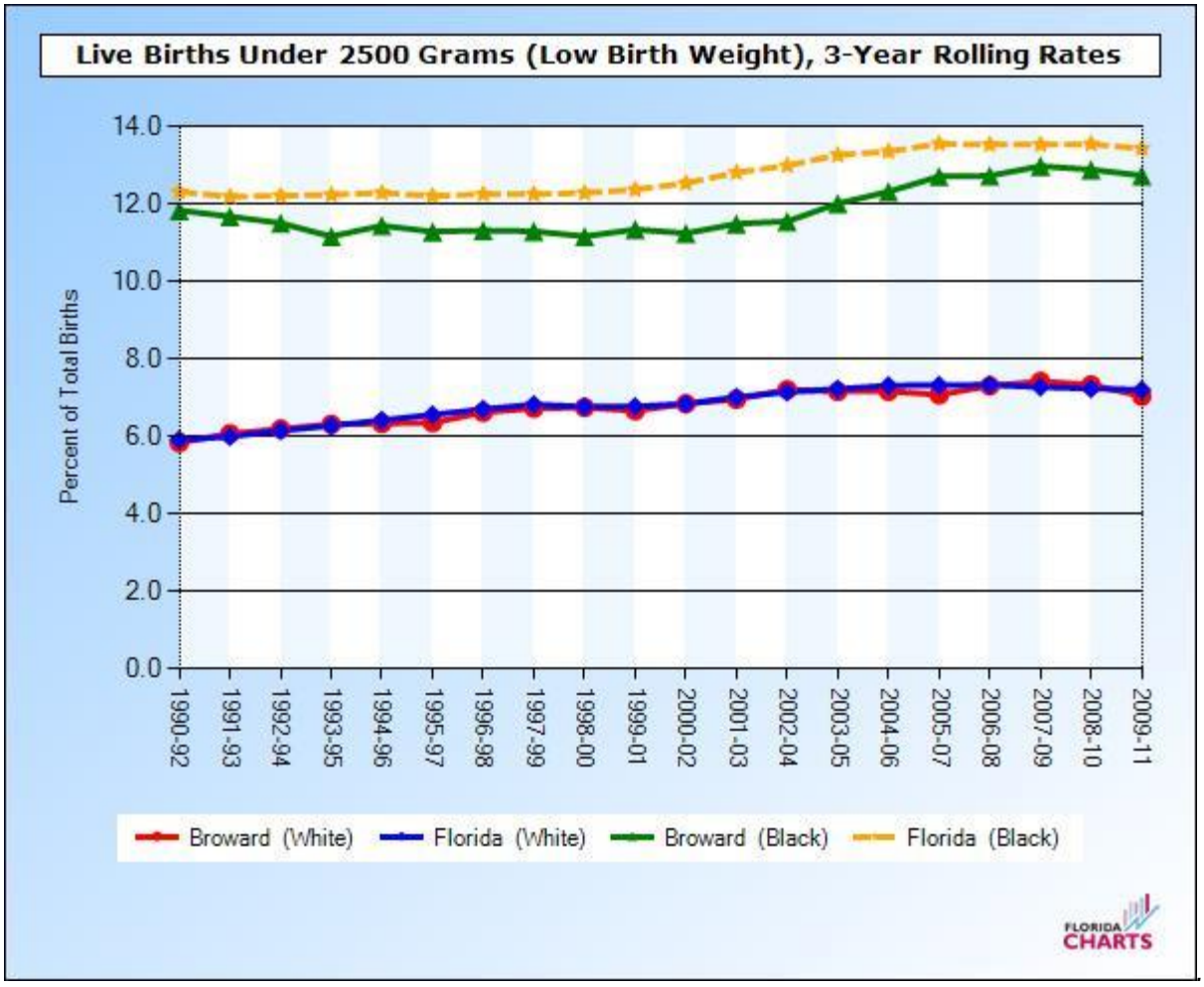
Prematurity is often the cause of low birth weight. Prior delivery of a preterm baby is a strong predictor of a low birth weight in subsequent deliveries. Prenatal care, good nutrition and other maternal health behaviors and effective education can positively impact birth weight.

The Healthy People 2015 objective aims to achieve a reality in which the percentage of low birth weight babies will be no more than 5%. The graphs below depict the rates of babies born at less than 2,500 grams per 1,000 born in Broward County, as compared to the state of Florida, and by race.



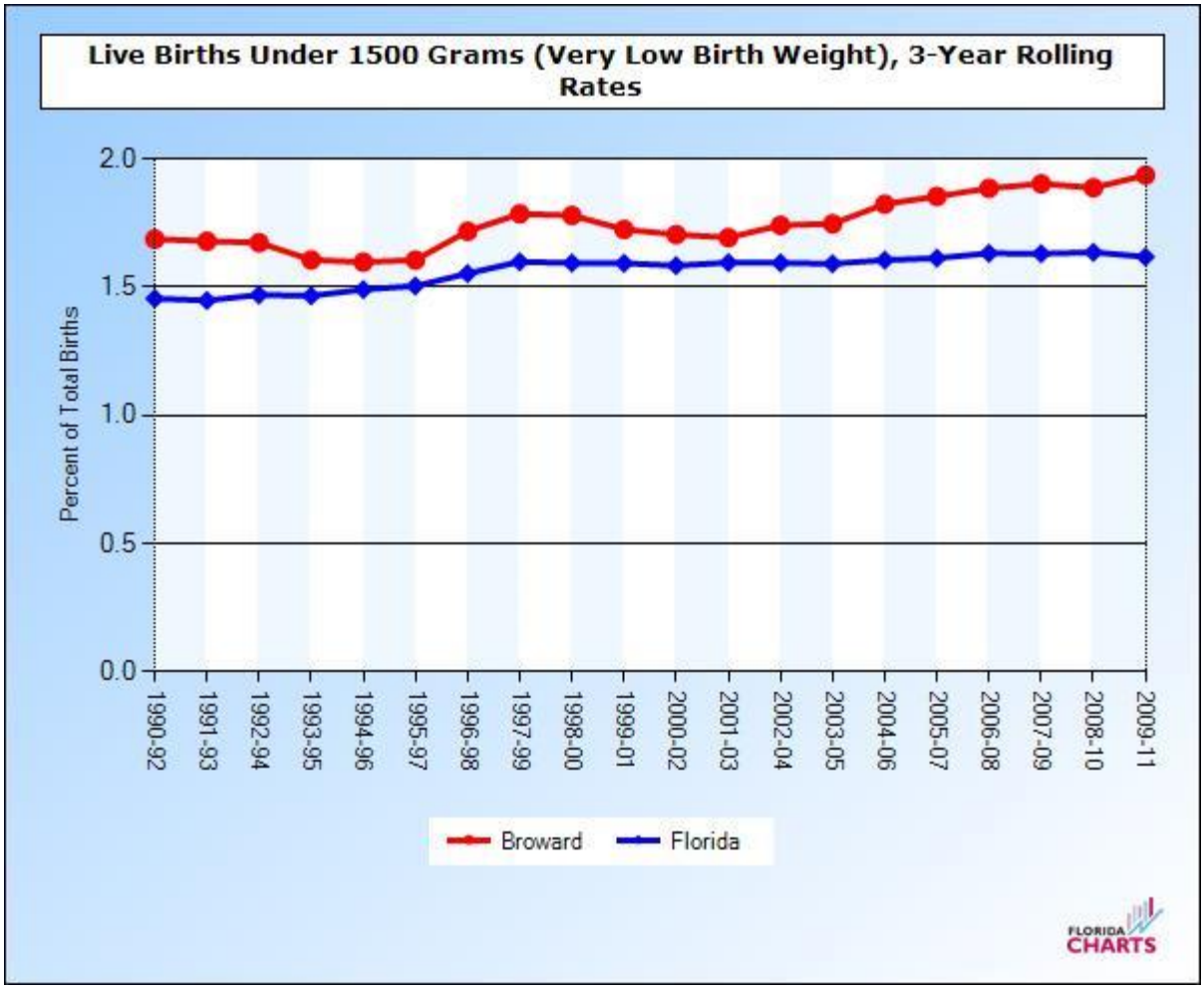
According to this data, Broward County's rates of live births under 2,500 grams were comparative to that of the state from 1995 through 2002. Since then, rates have been on an incline with the state to county gap widening until just recently.

The graph below compares Broward County with the State of Florida with respect to the number and percent of low birth weight resident births by race. Since 1990, Broward County's low birth weight rate has remained significantly higher than the Surgeon General's goal for the year 2010 of 5%, with racial disparity evident. The rates of non-White babies born at low birth weights far exceed that of their White counter parts by double, and LBW is the primary contributor to infant mortality.



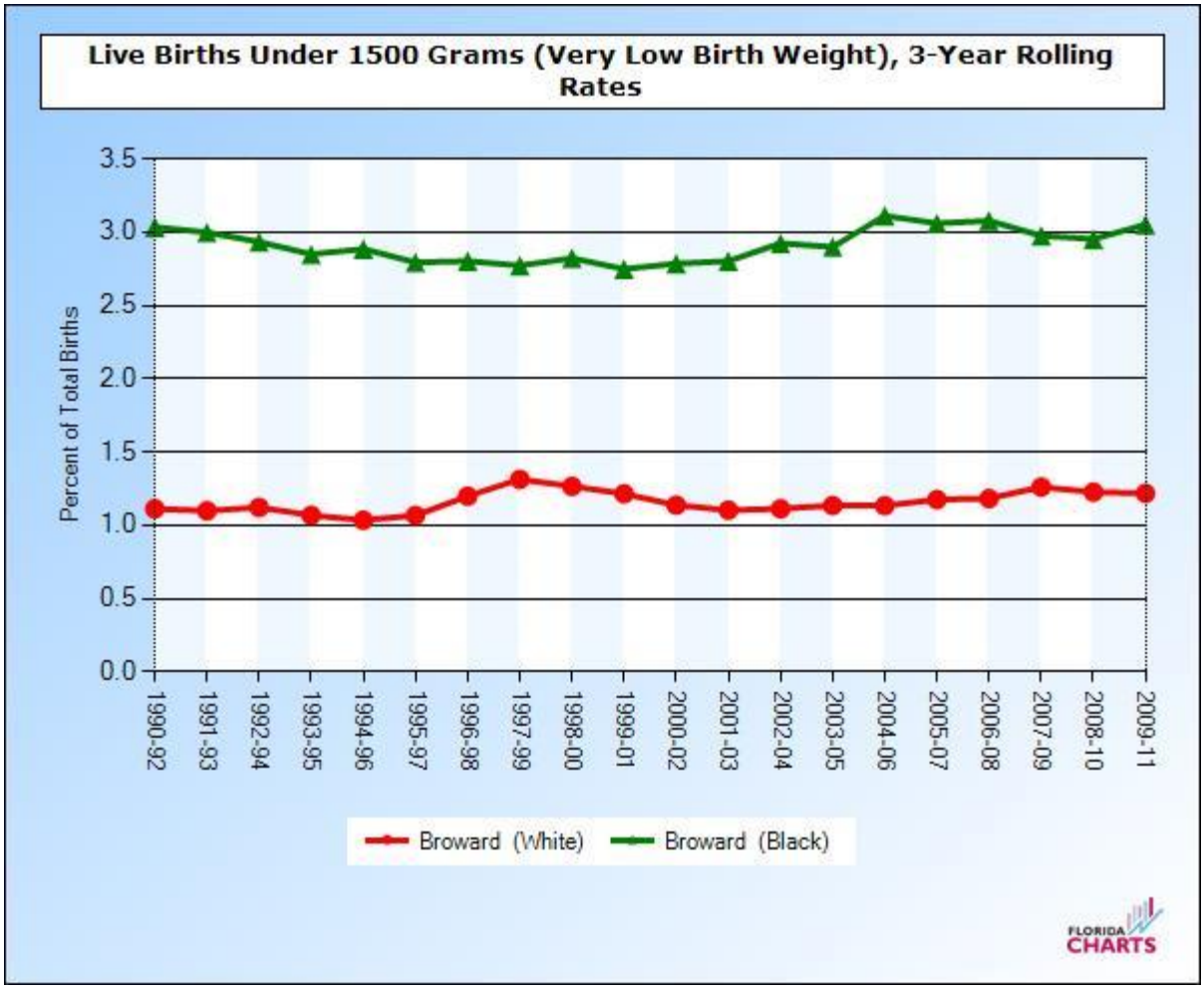
Very Low Birth Weight Births

With the exception of one year, the county's rate for babies born at very low birth weight has been higher than that of the rest of the state. While the state trends for 2002 through 2011 have remained flat, Broward County's continues to increase. Rates for 2009/11 were the highest since 1990.



Data Source: Florida Department of Health, Office of Vital Statistics

Once again, when Very Low Birth Weights are sorted by race, the disparity is alarming as identified in the graph below.



Another goal of Healthy People 2015 is that 90% of all very low birth weight babies will be born at hospitals with Level III NICU's. In Broward County, Level III NICU's are located at Broward General Medical Center, Memorial Regional Hospital and Plantation General Hospital. The level of babies admitted to a Level III NICU in 2011 was 1.2% of all births, while the state average was 1.13%. The Broward rate has held fairly stable over the past five years. Although the percentages may appear minimal, the cost incurred for these babies can be extremely high. For example, the estimated additional cost to Broward County schools for providing education to these babies will exceed $35,000 more per birth than if they had been born a healthy normal weight. Lifetime costs of caring for a low birth weight infant can reach as high as $400,000. The cost of prenatal care that might prevent the low birth weight from occurring can be as little as $400. Disabilities affecting low birth weight babies are estimated to cost up to $3.7 billion in lost earnings alone over their lifetime.

Births by Maternal Age

National data shows that women are choosing to delay pregnancy and childbirth until their mid-twenties and beyond, which is a significant shift since the 1970's. Maternal age and race often serve as indicators to birth outcomes including low birth weight, multiple births, prematurity and congenital anomalies and are important to look at in service delivery planning for the County.

Births (Count) by Mother's Age by County of Residence (Mother) by Race

Broward		Births by Age of Mother 2011								
		0-14	15-19	20-24	25-29	30-34	35-39	40-44	45 +	Total
Broward	White	4	440	1,828	3,125	3,512	2,046	525	29	11,510
	Black & Other	14	789	2,178	2,580	2,276	1,296	320	25	9,478
	Unknown	0	2	19	27	24	14	0	0	87
	Total	**18**	**1,231**	**4,025**	**5,732**	**5,812**	**3,356**	**845**	**54**	**21,075**

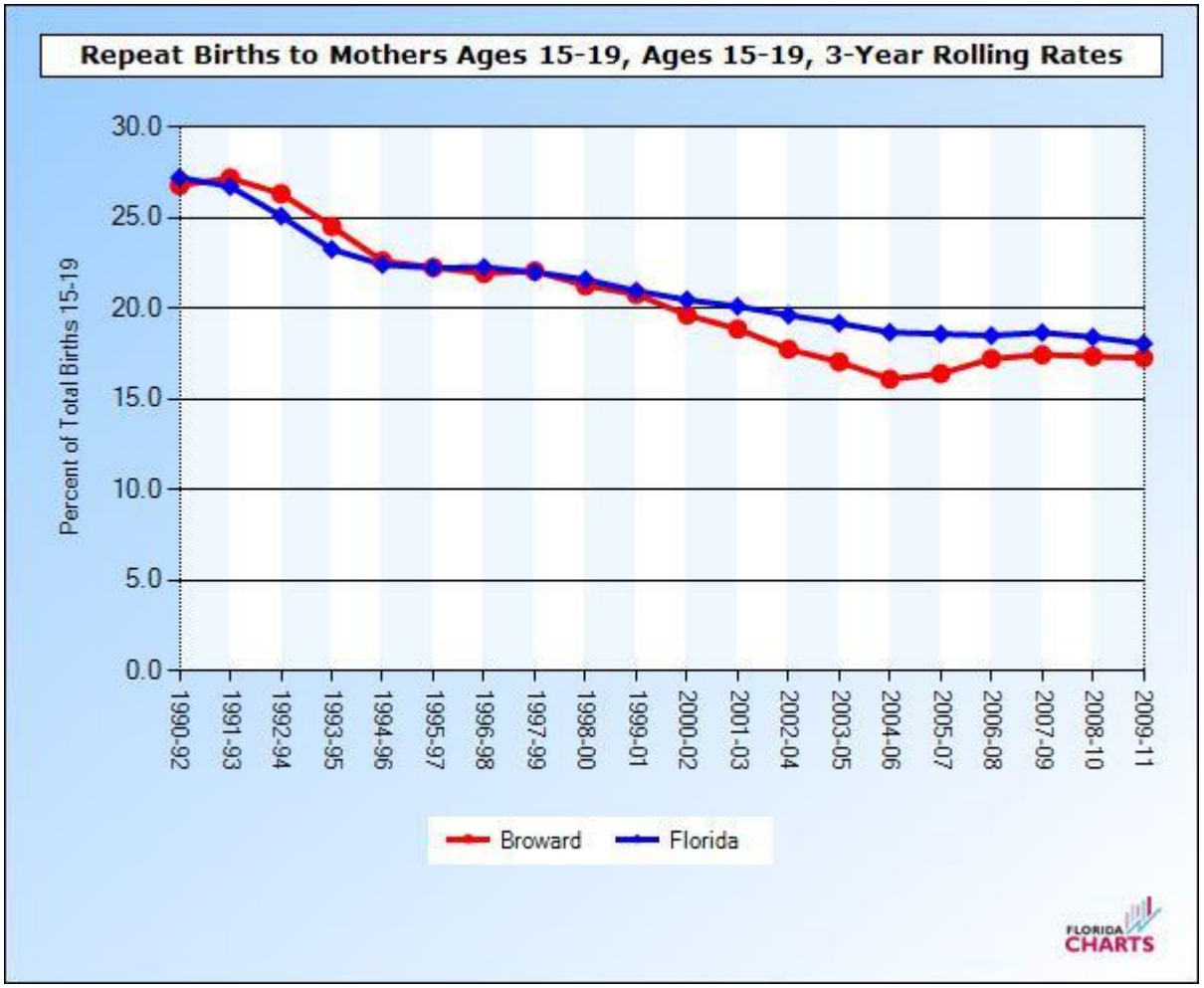
2011 Broward Births by Age & Race	White	Black	Black as % of total	Expected	Variation from the Expected Black births	Total
0-14	4	14	77.78%	45.16%	32.62	18
15-19	440	789	64.20%	45.16%	19.04	1,229
20-24	1828	2178	54.37%	45.16%	9.21	4,006
25-29	3125	2580	45.22%	45.16%	.06	5,705
30-34	3512	2276	39.32%	45.16%	-5.84	5,788
35-39	2046	1296	38.78%	45.16%	-6.38	3,342
40-44	525	320	37.87%	45.16%	-7.29	845
45+	29	25	46.30%	45.16%	1.14	54
Total	11509	9478				20,987
				Black as % of TOTAL of all births is 45.16%		

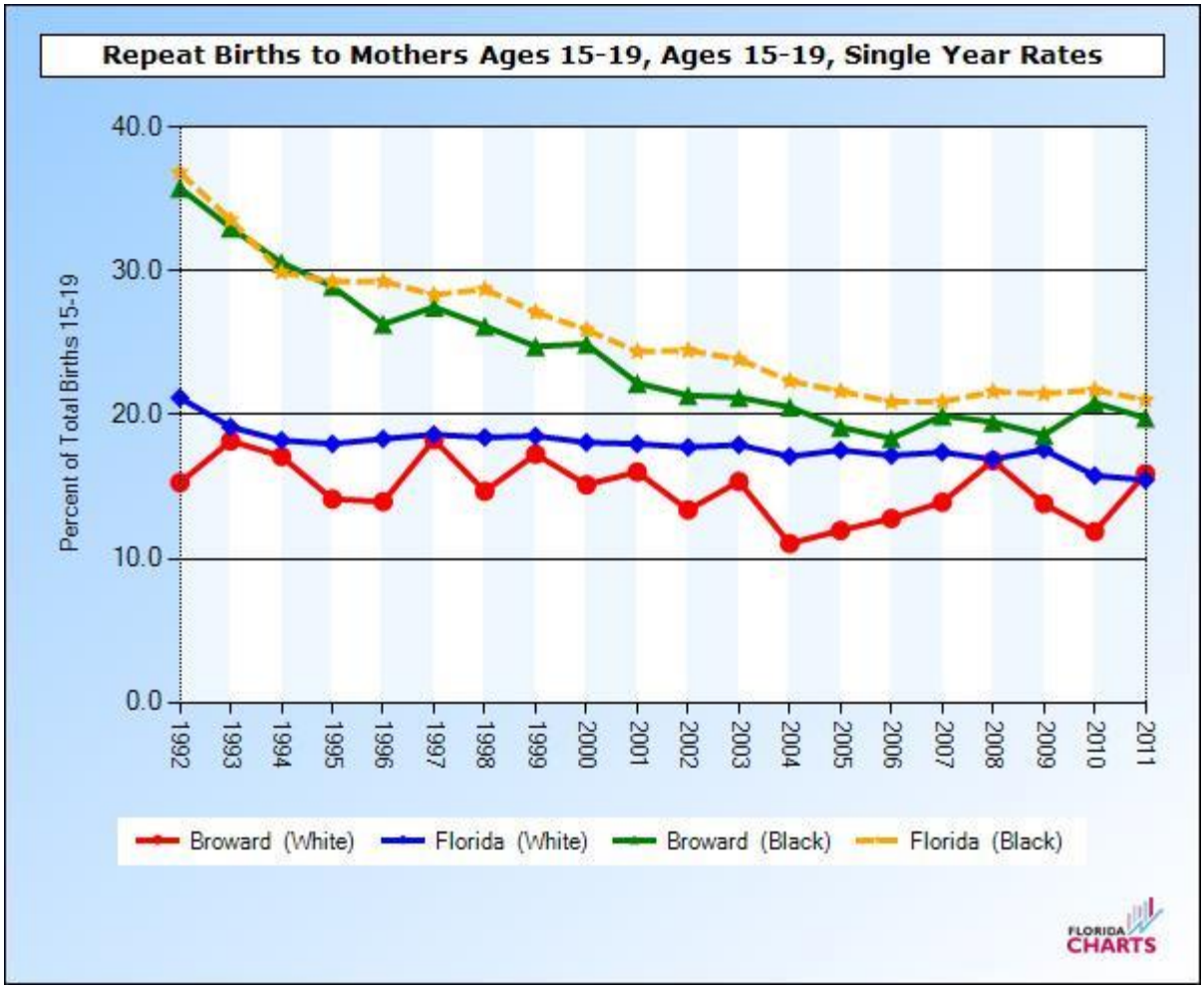
Birth rates to teens consistently declined between 1997 and 2011. The current rate of births to teens is 24.9 per thousand births, with a state rate of 32.9.

Teen birth rates remain lower than they were twenty years ago, and for fifteen years, Broward county's rates have declined consistently. Teenage mothers are more likely than older women to receive inadequate prenatal care, experience inadequate weight gain, experience maternal anemia and pregnancy induced hypertension. Complications of labor and delivery such as fetal distress are also reportedly more common among teenagers. Babies born to teenagers are at an increased risk for low birth weight, preterm birth, newborn anemia, respiratory distress syndrome, meconium aspiration and assisted ventilation.

It is also important that we plan to address teen birth rates within the Black Community**.** Though rates have continued to decline, the state to county gap closes significantly for Black mothers 15-19 years old, as seen in the graph above.

According to the *National Vital Statistics Report, September 25, 2001, Volume 49, Number 10*, in the United States there is a stabilization of those teens who are having second births. The Broward County birth rates to teens who have one or more child have been lower than that of the state's since 2002 but in recent years the gap is closing.





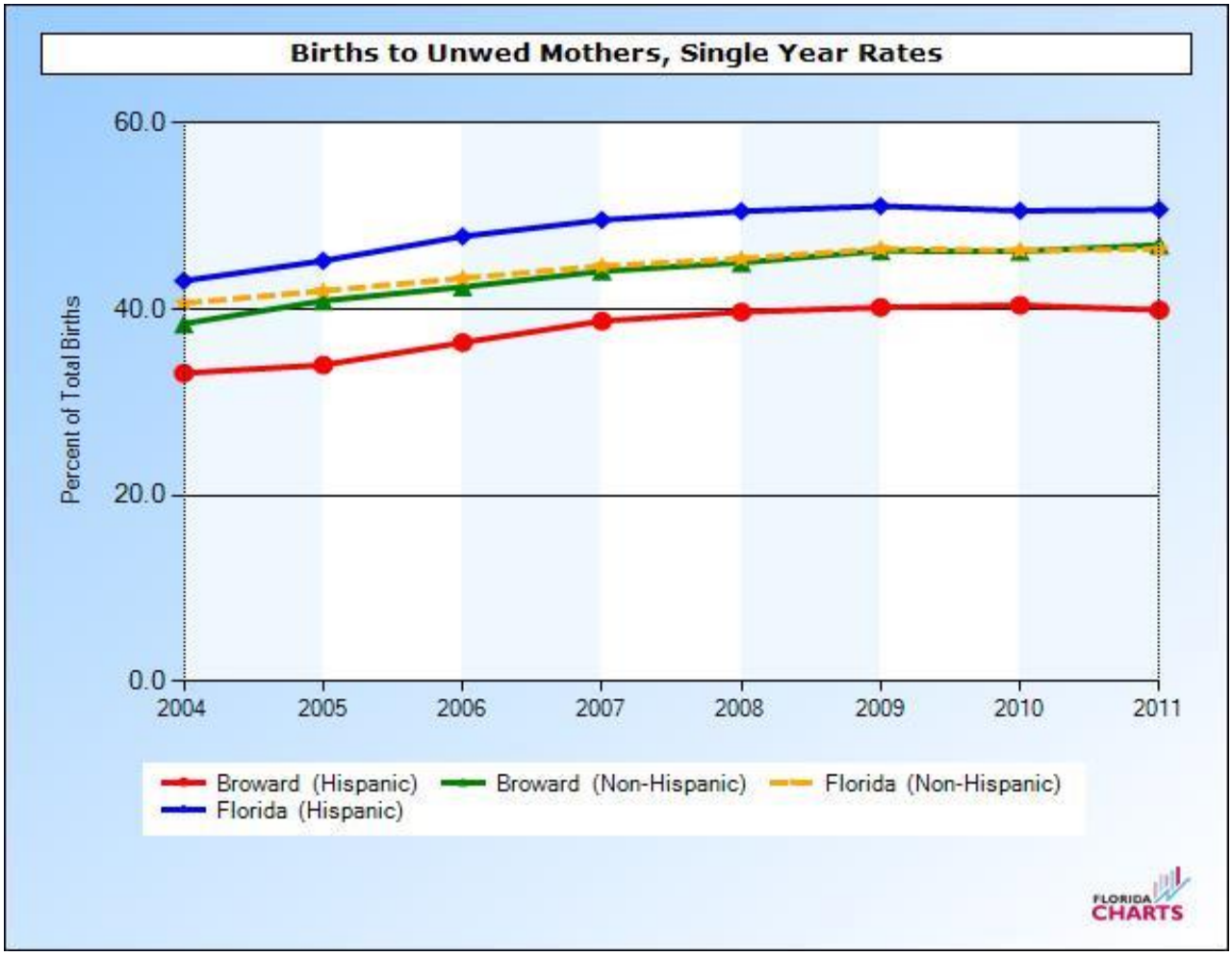
Repeat Births to Mothers

Broward County has three Teen Parent Centers (TPC) located and serving pregnant and parenting teenagers in the north, south and central geographic sectors. These centers have been in existence for approximately 15 years, with goals of providing individualized learning plans to enable teen mothers and their children to make appropriate and significant learning gains in a safe, secure healthy environment. Additionally, the TPC allow for a large percentage of pregnant teens and parents to remain in school and receive a High School diploma instead of dropping out of school. Data shows that parenting teens that stay with the program usually graduate on time.

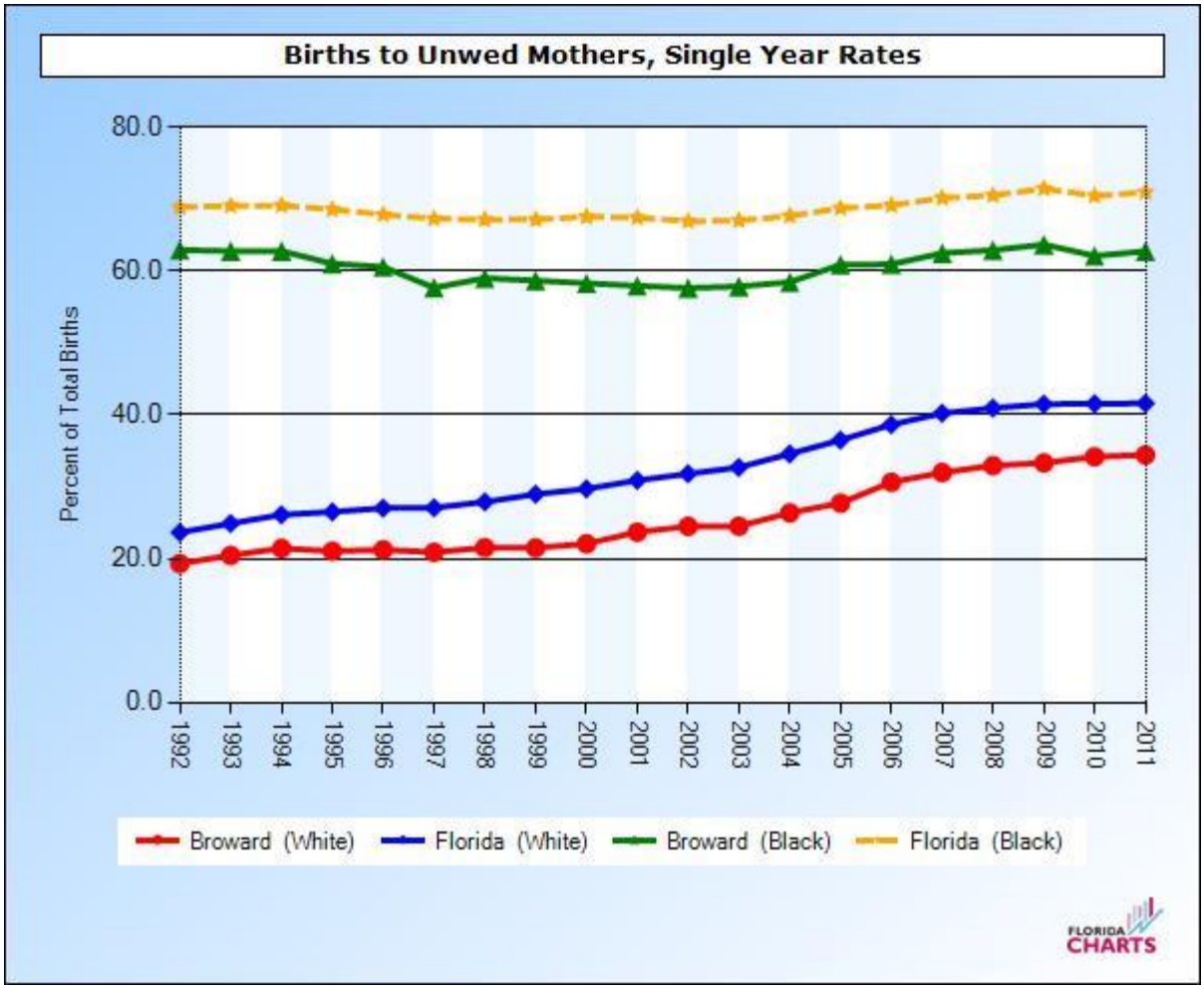
Each TPC has a full-time social worker and offers free childcare services, WIC, prenatal/parenting support, and parenting/pregnancy classes that are funded by the Healthy Start Coalition. The children of the Teen Parents attending the centers are reported to do exceptionally well in kindergarten based on the early head start education provided at the TPC. Healthy Start currently provides funding for services and interventions at the TPC's.

Data from 2011 shows births to unmarried women at approximately 44.7% county-wide. This data is important and is often directly correlated to socio-economic trends and utilization of benefits and public assistance. It is also assumed that the stress levels of single mothers are greater than their married counterparts. Stress plays a role in premature births (Fields, 2009)

The chart below identifies birth to unwed mothers by ethnicity. Of interest is that Hispanic mothers in our county have the highest rates of marriage, and low rates of prematurity.



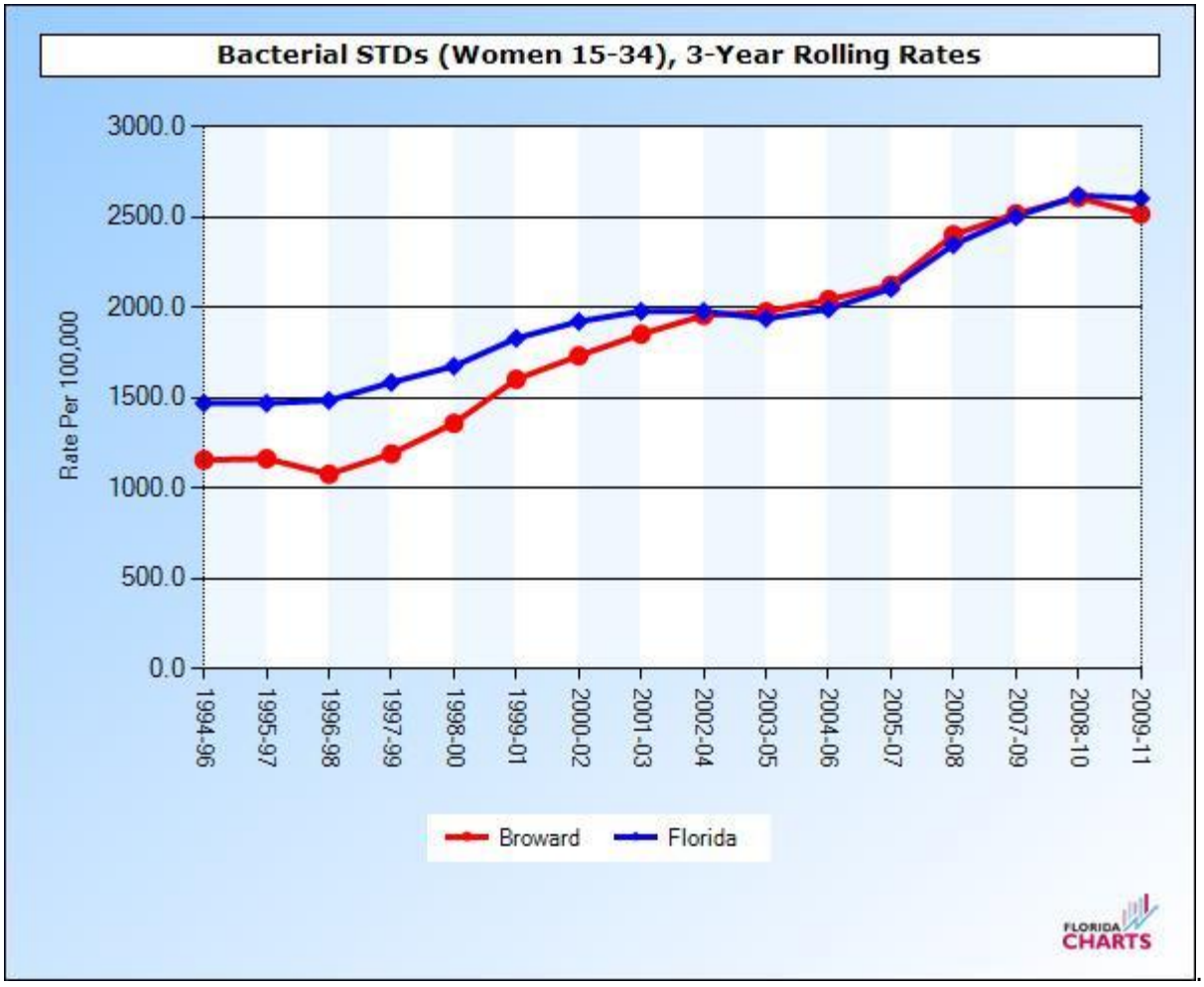
In contrast, when comparing race, Black mothers have significantly low rates of being married at the time of birth, but it is clear the rates for White mothers have been on a steady increase since 2004 as identified in the graph below.

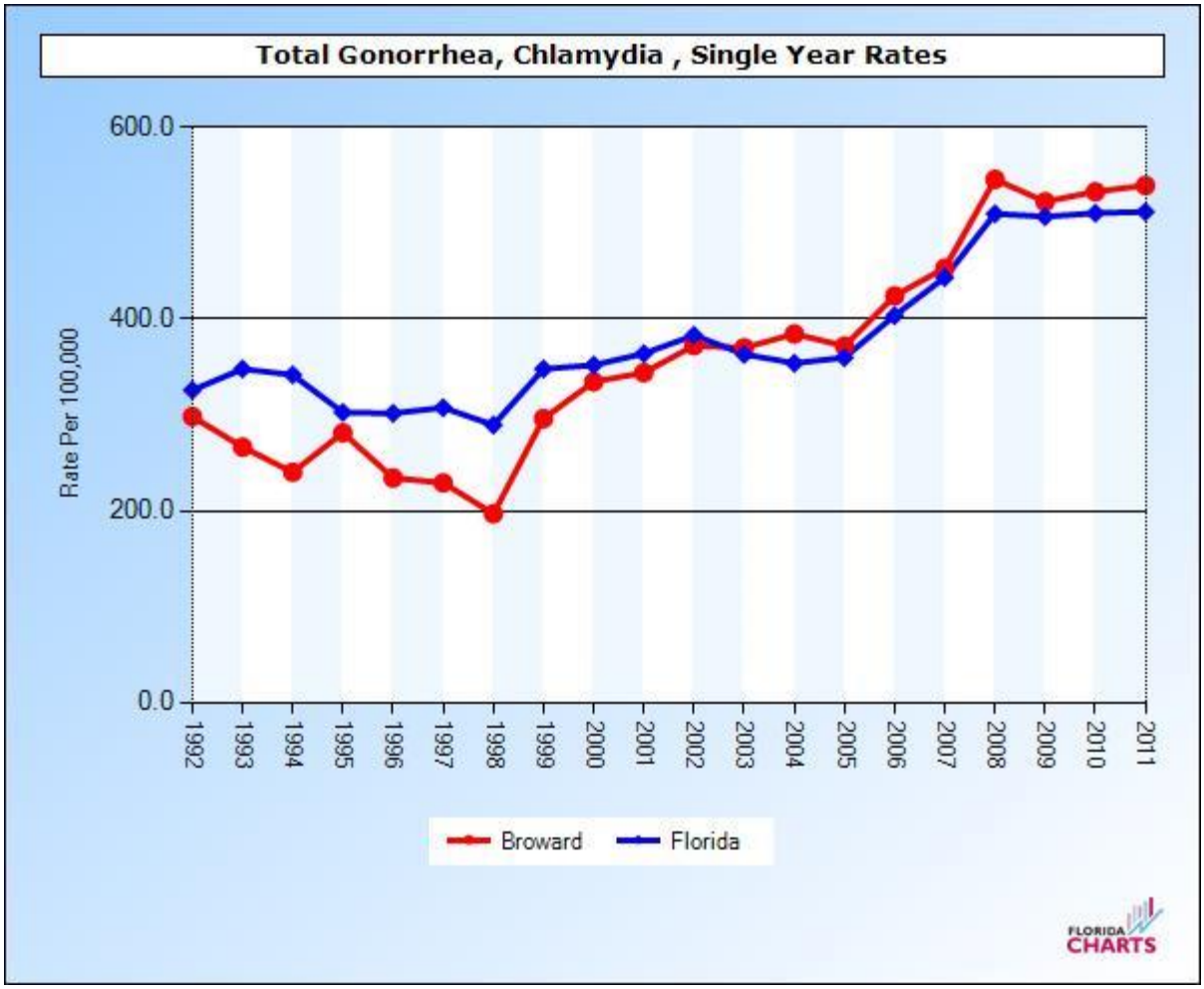


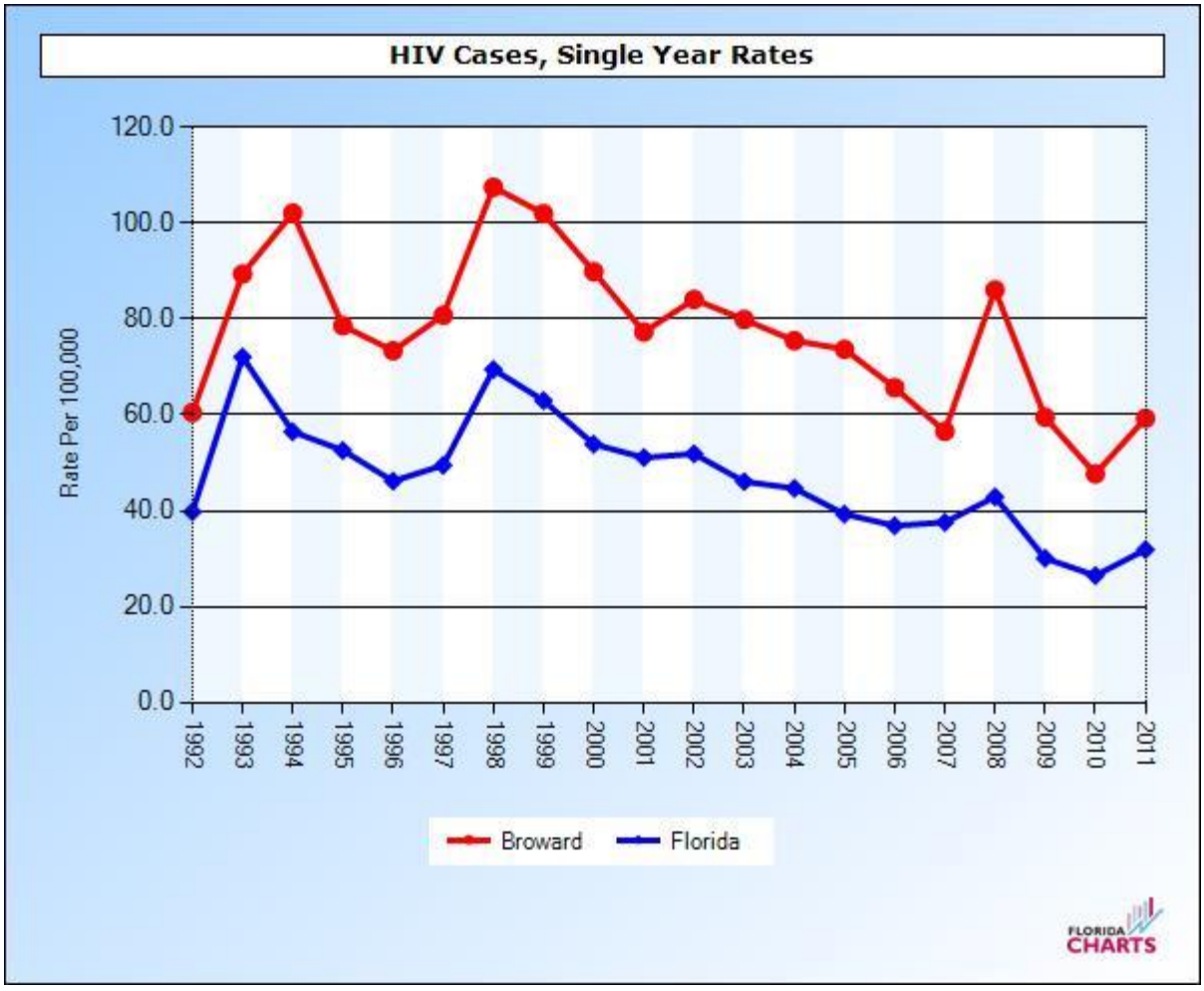
Sexually Transmitted Infections

Another important health indicator that warrants attention is the prevalence of sexually transmitted infections in Broward County. Infections during pregnancy can lead to poor birth outcomes and in extreme cases fetal and/or neonatal mortality.

According to Florida's Department of Health, Broward County exhibits least favorable rates of HIV and AIDS cases as well as the number of deaths caused by this disease. Not so favorable rates of Chlamydia and Gonorrhea cases reported are also factors within our overall county health. Cases of Chlamydia have increased since previous years as have with cases of infectious syphilis. Our county's infectious syphilis rates are over two times greater than that of the state.


Bacterial STDs (Women 15-34), 3-Year Rolling Rates
Rate Per 100,000
3000.0
2500.0
2000.0
1500.0
1000.0
500.0
0.0
1994-96
1995-97
1996-98
1997-99
1998-00
1999-01
2000-02
2001-03
2002-04
2003-05
2004-06
2005-07
2006-08
2007-09
2008-10
2009-11
Broward
Florida
FLORIDA CHARTS

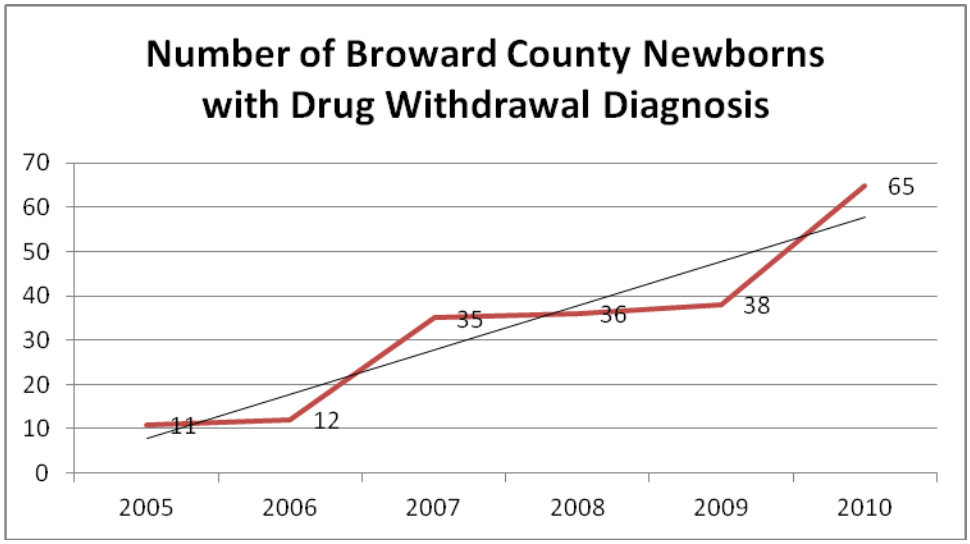

Total Gonorrhea, Chlamydia , Single Year Rates
600.0
400.0
200.0
0.0
Rate Per 100,000
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
Broward
Florida
FLORIDA CHARTS



A concern for infant health is the perinatal transmission of HIV to infants. Broward County has a strong workgroup for this area, and it is addressed later in this SDP.

Substance Abuse

There is significant and substantiated research on the medical and social risks that substance use causes to the mother, the unborn and the infant. Use of non-prescribed, and in some cases prescribed, drugs (including alcohol) can create serious and lasting damage to the infant. The rates of babies born with a drug withdrawal diagnosis have increased six times during the years 2005-2010. As a result of this crisis, a workgroup was formed from our Infant Services Committee to specifically deal with this issue. The groups TTC report and action steps are detailed later in this SDP. The chart below identifies this alarming trend.

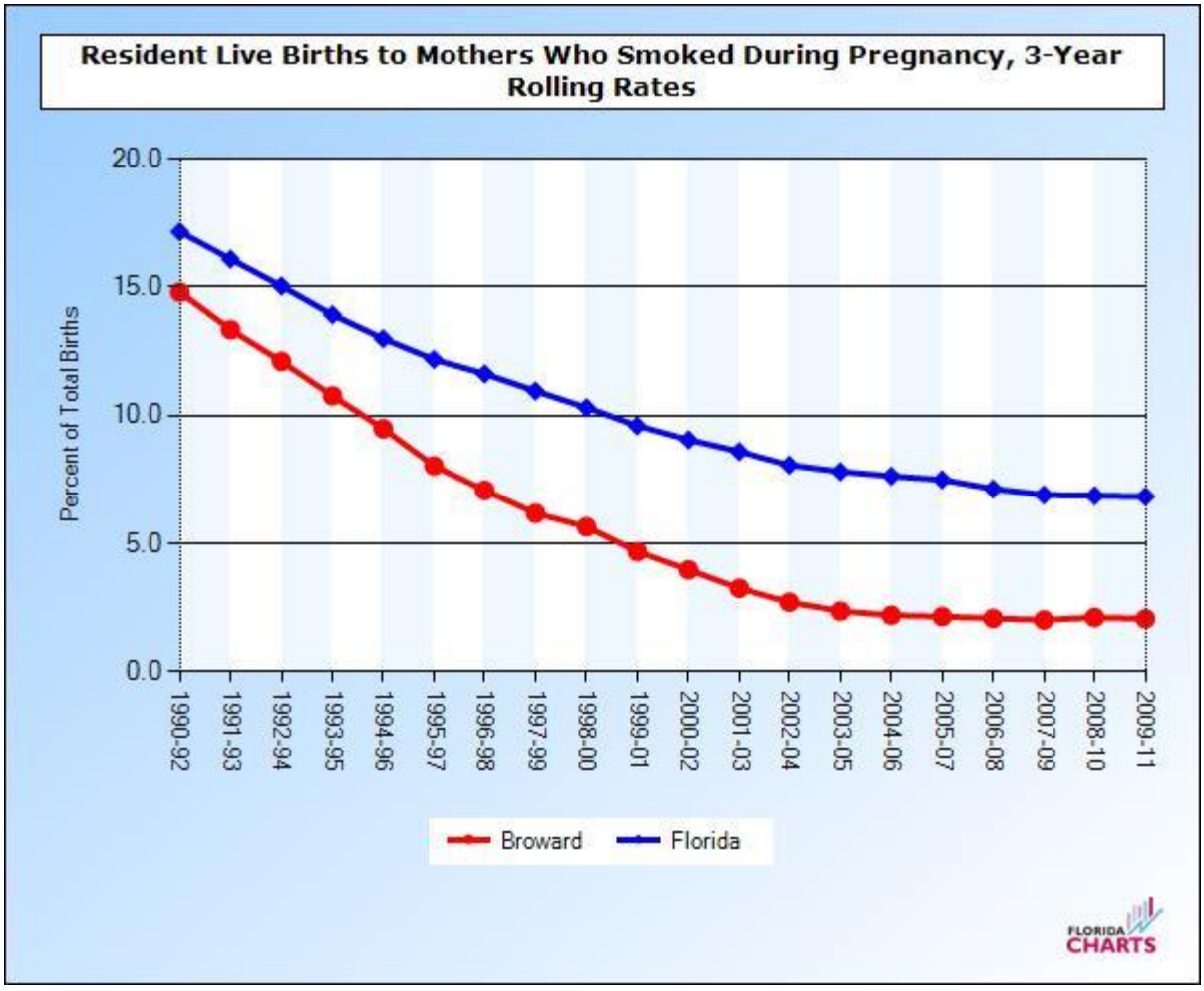


Data Source: AHCA

Rates of alcohol use are consistently higher for Broward County than for the state, while smoking cigarettes was consistently lower. Drinking alcohol during pregnancy can cause physical and mental birth defects and when a pregnant woman drinks, alcohol passes swiftly through the placenta to her fetus. In the unborn baby's immature body, alcohol is broken down much more slowly than in an adult's body. As a result, the alcohol level of the baby's blood can be even higher and can remain elevated longer than the level in the mother's blood. This sometimes causes the baby to suffer lifelong damage and has been categorized in the medical files as Fetal Alcohol Spectrum Disorder.

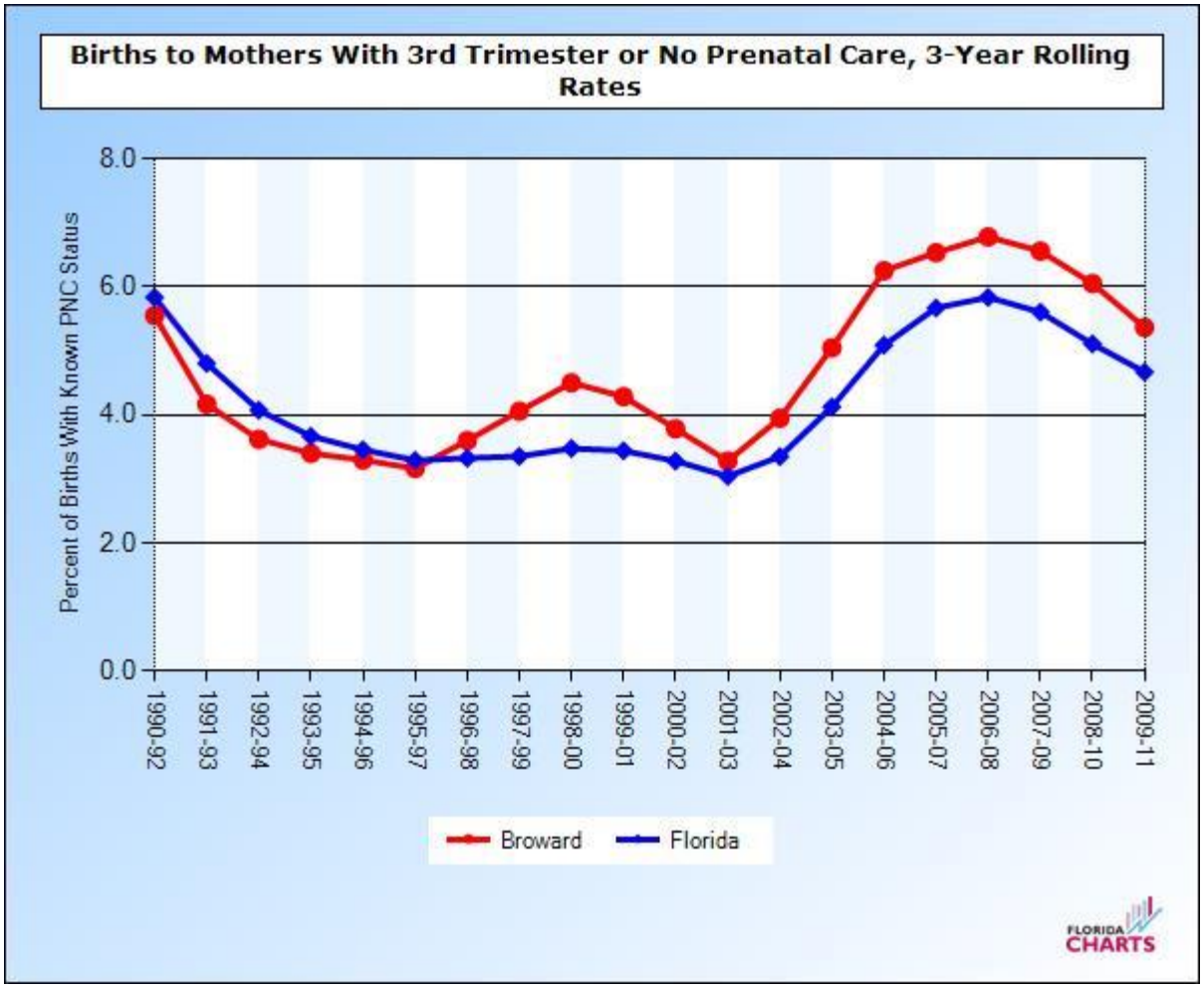
Smoking cigarettes leads to poor health and environmental outcomes and is of great concern as it regards maternal child health. Lung cancer, Sudden Infant Death (SIDS), preterm labor and low birth weight are often the results of smoking prior to conception, during pregnancy and/or postpartum. Hence, it is a health indicator warranting attention. Healthy Start Coalitions statewide and locally provide education and resources for pregnant and parenting women toward smoking cessation. Interestingly, the data in Table 16 demonstrates that women in Broward County and around the state refrained from smoking during pregnancy and did not resume tobacco consumption at pre-pregnancy rates.

The following graph shows trends of live births to mothers who smoked during pregnancy.

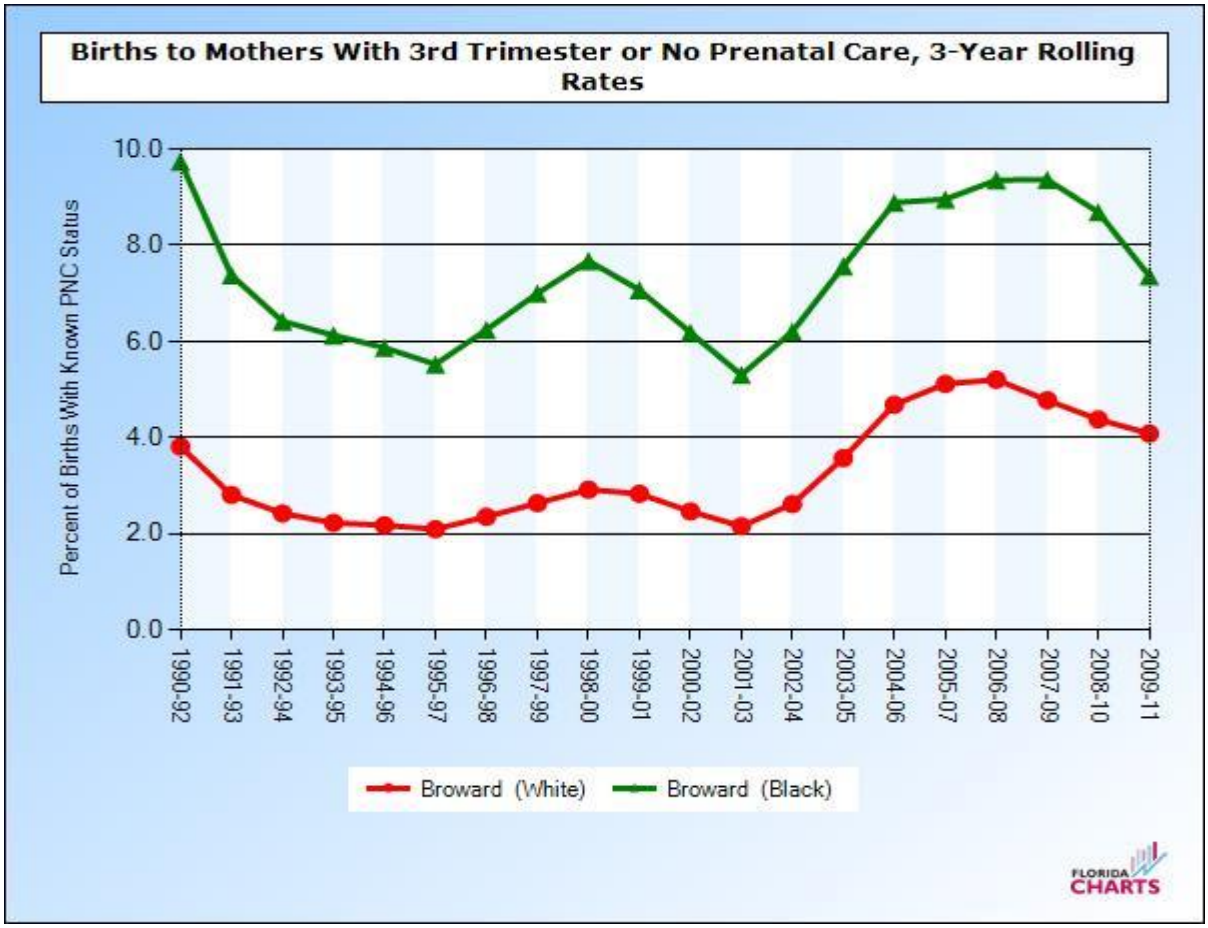


Prenatal Care by Trimester of Pregnancy

Early and ongoing prenatal care serves to optimize pregnancy and birth outcomes. In Broward County, approximately 78% of all pregnant women enter into prenatal care within the first trimester of their pregnancy. This is accomplishment exceeds that of the state's average and is a result of the clinic approach efforts from our tax funded hospitals. Conversely, the rates at which these women enter into prenatal care during their third trimesters are higher than that of the state's average and are identified in the graph below.



Once again, as identified in the graph below, the disparity between Whites and Blacks in our county is almost double. Even when major trends go up or down, the disparity remains.



Women, Infants and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program serves to safeguard the health of low-income women, infants, and children up to age 5 who are at risk for poor nutrition. The program provides nutritious foods to supplement diets, information on healthy eating, and referrals to health care. WIC is effective in improving the health of pregnant women, new mothers, and their infants. A 1990 study showed that women who participated in the program during their pregnancies had lower Medicaid costs for themselves and their babies than did women who did not participate. WIC participation was also linked with longer gestation periods, higher birth weights and lower infant mortality. In 2004 less than 50% of women eligible for WIC in our county were receiving services. The county health department in Broward County has worked hard to significantly increase the enrollment of eligible women into the WIC program. Broward County WIC has significantly increased over the past decade and as the chart below indicates, we are now above the state level.

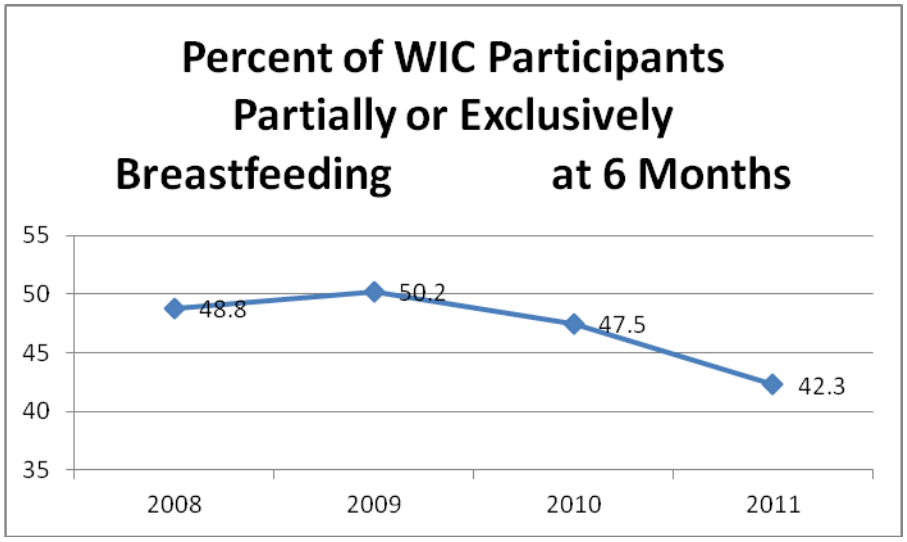
Age-adjusted WIC Eligibles Served				
	2009	**2010**	**2011**	**2012**

County	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)
Florida	496,969	83.9	502,959	86.6	502,959	86.6	481,110	82.9
Broward	35,494	75	39,757	85.2	39,757	85.2	42,037	89.7

Source: BCHD

WIC enrollment is crucial to improving pregnancy and birth outcomes and toward sustaining rates for breastfeeding. Improved nutrition supports a reduction in preterm births, babies born at low and very low birth weights and fetal mortality. In addition, increased breastfeeding rates lead to a reduction in infant infections and illnesses, which serve to positively impact the rates of infant mortality. It is imperative that Broward County continues to prioritize WIC enrollment through publicity and linkages.

BHSC works closely with our local WIC department and there is continuous communication between these organizations. While initiation rates for breastfeeding are high, the sustain rate at six months have been steadily decreasing since 2009 (see chart below). As a result of declining rates, the Breastfeeding Coalition of Broward was formed in 2011 and has assumed responsibility for the Turn the Curve reports for breastfeeding.

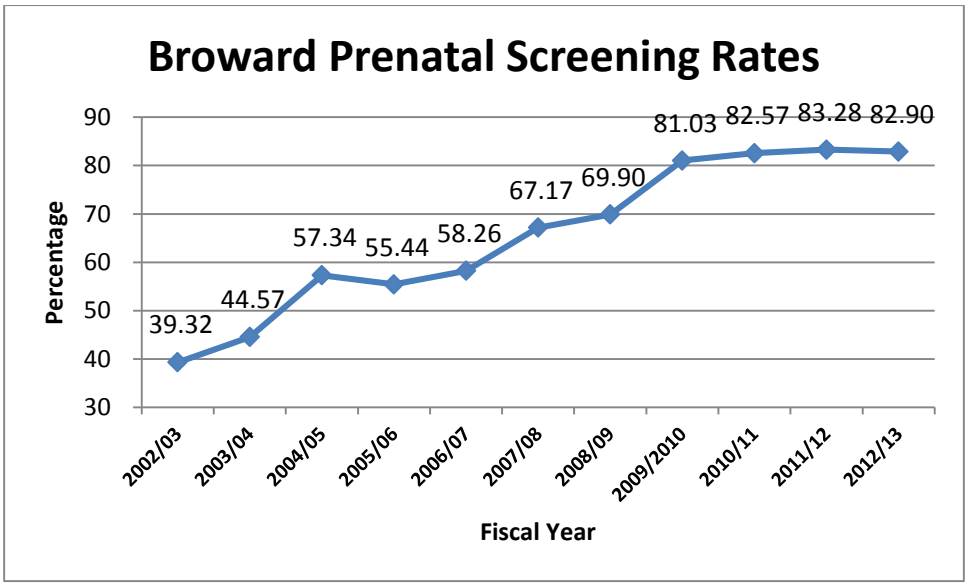


Source: BCHD WIC

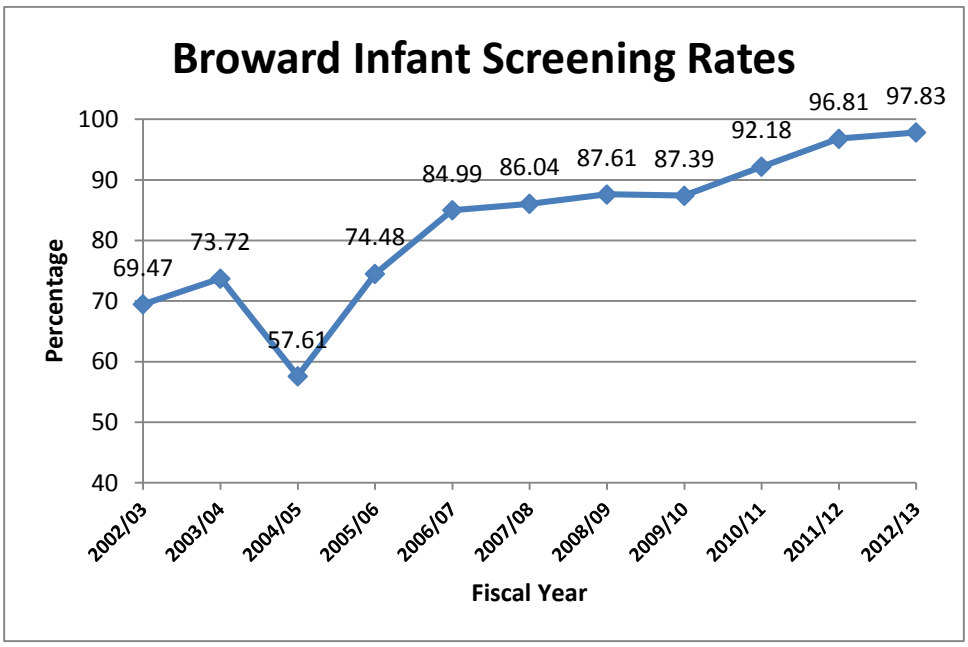
Breastfeeding has well documented and significant healthcare benefits for both the mother and the infant. The Healthy People 2020 goal is 60.6%, and we are significantly lower than with a declining rate. The systems Committee has identified this as an area of improvement for the Coalition. As a result of the declining rates of sustaining rates at six months, BHSC deems that this areas needs to be addressed through education and outreach efforts.

Healthy Start Screening and Services

Prenatal screening rates have consistently risen since 2002. While this allows more women access to services, it also puts a burden on the service delivery staff as a result of fiscal cutbacks that have occurred since 2009.



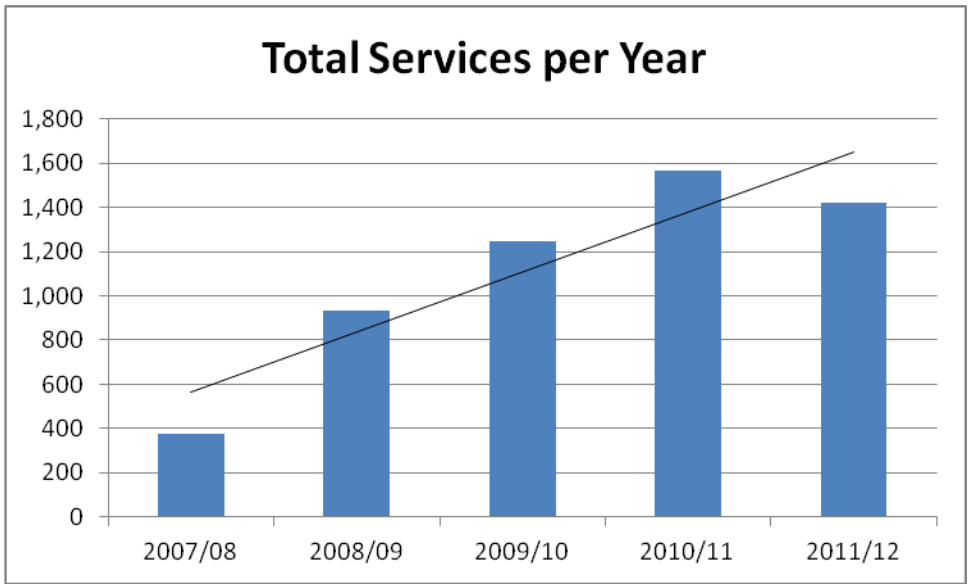
Data Source: Healthy Start Reports on line



Data Source: Healthy Start Reports on line

The infant screening rates have been significantly bolstered as a result of the new Electronic Birth Record process, initiated by the Florida Vital Statistics offices. This requires the completion of the HS screen prior to issuing a birth certificate.

The chart below identifies the total number of services provided by BHSC, both prenatal and infant, from FY 2007/08 through FY 2011/12. The decrease in FY 2011/12 is a result of multiple cuts to the BHSC budget.



Source: Florida Charts on line

Percent of Clients receiving a Healthy Start during F 2008-2012 as compared to percent of total population

	Percent served White Race	Percent of population in Broward	Percent served Black Race	Percent of population in Broward
Prenatal	31%	67%	69%	27%
Infant	41%	67%	59%	27%

Source: Florida Charts on line

The chart above identifies that BHSC is currently serving the Black population at nearly twice the rate of whites in both the prenatal and infant categories. This SDP takes this into consideration, and while there will be a continual focus on reducing the gaps in healthcare disparities, outside of the specific CATs working solely on this issue, there will be no targeted population groups (Category C)

Overview of Key Findings

A review of the data from the 2013 Needs Assessment reveals the following challenges in Broward County:

I. Black women and their infants experience higher rates of infant, neonatal and post neonatal mortality than women of other ethnicities. Overall there is only one indicator identified in the data above where Blacks in Broward County fare better than Whites.

II. While there are good numbers of women who initiate breastfeeding, there is a sharp drop off at 6 months.

III. There has been a steady increase in cesarean sections over the past 10 years and this correlates with high numbers of late preterm babies being born, especially to white women.

IV. Broward has a lower rate of Medicaid funded births than the Florida average.

V. STD and HIV rates are higher than state averages.

VI. Since 2005, the rates of SA/SEN have risen six fold.

VII. Increased diversity in population will require culturally competent service provision.

VIII. Women with multiple psychosocial stressors, and have an income meeting Medicaid eligibility, who do not enter prenatal care before 12 weeks of gestation appear to be at greater risk for poor birth outcomes. Obesity and first time pregnancies also impact birth outcomes.

IX. Immunization rates remain high for children at two years of age.

X. Teen birth rates remain lower than twenty years ago, however a slight increase has been noted since 2003. Repeat teen births have also increased since 2003 and appear to be on an upward trend. There have been changes in enrollment in the numbers of teens in the Teen Pregnancy Centers, with pregnant and parenting teens remaining in their home school as opposed to participating in TPC designed to meet their needs and that of their children.

MAJOR HEALTH INDICATORS SELECTED FOR PLANNING CYCLE

Indicators

Based on the findings of the 2013 Needs Assessment, eight health indicators were reviewed: preterm births, infant mortality, fetal mortality, low birth weight births, very low birth weight births, births to teens and WIC enrollment. These areas are interrelated and capture the greatest number of contributing factors of mothers and babies at risk for poor birth and health outcomes.

2011 Critical Health Indicators, Broward County

Health Indicators	Number	Percent/Rate	State Comparison	Trend
Preterm Births*	3,488	14.9%	Above State Average	Increasing
Infant Mortality*	129	6.12	Below State Average	Decreasing
Black Infant Mortality*	81	10.1	Below State Average	Decreasing
Fetal Mortality*	187	8.80	Above State Average	Increasing
Low Birth Weight*	1,962	9.31	Above State Average	Increasing
Very Low Birth Weight*	431	2.05	Above State Average	Increasing
Repeat Births to Teens 15-19*	354	18.12%	About the same as State Average	Increasing
WIC Enrollment (2012)**	42,037	89.70%	About the same as State Average	Increasing
Women With Late or no Prenatal Care*	957	5.4%	Above State Average	Increasing
Breastfeeding Rates at six months**	NA	42.3%	Below Healthy People Target of 60.6%	Decreasing

*Source: Florida Charts on Line

**Source: Broward County Health Department

Gaps and Needs

As discussed previously in this plan, the use of Results Based Accountability and its primary tool, Turn The Curve Reports, have been carefully and thoughtfully decided upon by the MCH Systems Committee in Broward County. Through this approach, this SDP will move towards being a true community plan, and not merely the BHSC plan. While BHSC will take the lead on many of the issues, services and data collection, the use of RBA allows for true ownership and accountability be each CAT.

CONSUMER AND PROVIDER INPUT

Feedback from Provider Focus Groups and Survey

BHSC service providers were surveyed in 2011 as to their satisfaction with BHSC (see attached report.) A summary of the survey is below:

- 100% reported that BHSC presents a clear vision, concept of purpose and responsibilities to its providers
- 100% reported that BHSC responds to them in a timely manner
- 100% stated that training and technical assistance was adequately provided

- 100% reported that BHSC clearly communicates on important contractual matters
- 100% stated that BHSC fosters a sense of team work with its providers
- 100% reported that the Executive director provides local and state leadership for Healthy Start

Consumer Input

In 2010 BHSC surveyed 92 healthy Start participants who had completed their program services (see attached report). A summary of the survey is below:

- 93% of respondents were satisfied with their Care Coordination
- 95% were satisfied with the educational services provided
- 98% were satisfied with the Psychosocial Counseling services provided
- 96% would recommend Healthy Start services
- 80% rated the services as good or very good
- 98% reported that they were treated with respect while in the program
- 96% said the services were provided at a convenient time
- While the majority of participants said they liked the program and would not change anything, 29% said it should offer more information

TARGET POPULATION AND AREAS OF SPECIAL EMPHASIS

The primary goals of the Healthy Start Coalition of Broward for this current SDP are to:

- Improve Perinatal Conditions to decrease rates of fetal mortality, increase the number of babies born at normal and above birth weights, improve entry to prenatal care, decrease rates of early preterm births
- Outreach to Black Population for improved outcomes particularly as it relates to reducing infant mortality and repeat teen births
- Decrease rates of SA/SEN infants
- Increase breastfeeding rates
- Decrease perinatal HIV, STD and STI rates amongst pregnant women and infants
- Decrease preventable infant mortality

In order to meet these targets, the Coalition intends to increase its collaboration with other entities within the maternal child health system as well as with members of the private sector to develop a seamless and collaborative system of care, and to maximize services, human capital and fiscal resources.

Increased collaboration is intended to improve perinatal conditions, and will focus on pre-Conceptional and inter-Conceptional health. Collaboration with Healthy Families Broward is paramount to establishing a localized continuum for maternal child health services.

The Florida statute 383.2162 created the Black Infant Health Practice Initiative (BIHPI) which targets identifying the causes of racial disparity in infant mortality rates and finding possible solutions. The Coalition will continue the work initiated through the BIHPI to include continued community engagement and the dissemination of prevention and intervention messages.

There are some fluctuations in the infant mortality, fetal mortality, and low birth weight within the Hispanic Population apparent trend within the past three years. The Coalition will monitor these rates to assess progress or lack of with this population.

In order to increase prenatal screening and service rates as well as the postnatal service rates, the Coalition has prioritized improving training and data collection practices. Trainings are prioritized for the care provider communities as well as the funded providers. Trainings prioritized are in response to changes in Healthy Start Standard and Guidelines, screening rates and service utilization rates as they relate to childbirth education and breastfeeding.

RESOURCE INVENTORY AND SERVICE GAPS

The Coalition reviewed the existing resource inventory and developing geographic areas of the counties to ascertain the availability of services. *First Call for Help* and the *Parent Resource Directory* and the *Children's Services Council's Resource Guide* serve as efficient and consolidated resources. The Parent Resource Directory and Children's Services Council's Resource Guides are updated and re-printed frequently to ensure accuracy. These guides are distributed through community programs funded by the Healthy Start Coalition and the Children's Services Council respectively.

The Parent Resource Directory lists all the providers of Healthy Start services in Broward County.

A review of the Resource Inventory, in conjunction with community input, Needs Assessment data; review of geographic areas reveals the following strengths and service gaps:

Resource Assets:

1. Broward County has a supportive ***Family Resource Center*** to assist families with rent, utilities, etc.
2. Clients are able to receive coordinated service information through ***2-1-1/ First Call for Help***
3. Several Resource Guides and Directories are available free of charge including a comprehensive ***Family Resource Guide***
4. Clinics for low-income clients are generally available and offer services on a sliding fee scale as well as financial assistance based upon eligibility through tax assisted hospital districts, including ***Broward Health and Memorial Healthcare***
5. ***Teen Parent Centers*** funded by the school district provides services to teens and their children to increase educational attainment and health outcomes
6. The ***Broward County Health Department*** serves as a resource for epidemiological data and collaborator for nutrition and fitness including ***WIC***
7. ***The Children's Services Council of Broward County*** aims to establish and steer coordinated efforts in improving maternal and child health services and funded a FIMR evaluation to assess the current process.

Resource Gaps:

The gaps below were identified by the Broward County Maternal Child Health Systems Committee Membership which includes consumers, providers and community stakeholders.

- Lack of affordable health insurance for those without private insurance but are unable to qualify for Medicaid, especially non documented residents
- The Coalition has limited resources for psychosocial counseling, substance abuse services, nutrition and staff that informs of Safe Baby practices
- Limited funding for cribs and car seats for families without resources
- Limited funding for social media campaigns that would support safe sleep practices, breastfeeding, teen pregnancy and full term birth practices
- Lack of a maternal and infant substance exposed treatments and programming

COALITION ACCOMPLISHMENTS

Since submission of the previous Service Delivery Plan, many changes have occurred within the administration of the Coalition, and with contracted service providers. The following serves to highlight these accomplishments:

- Significant changes to the MCH System of Care to increase efficiencies
- Development of the Results Based Accountability process
- The Broward Coalition has worked to decrease the variance between program providers
- All service providers are trained and proficient in HMS
- Through prenatal screening rates have continued to increase
- Since 2007 postnatal screening rates have continued to increase
- Services have been targeted in the 33311 and 33313 zip codes of Broward County to address racial disparities related to birth outcomes, through the Coalition's funding of the WISH program.
- The Coalition has continued to fund a Teen Parent Program, proven to have positive graduation rates.
- Staff turnover has been at a minimum both at the coalition and amongst its program providers
- WIC applicants have increased
- Births without prenatal care have decreased
- The smoking rates for pregnant women continue to be at a low rate
- Repeat births to teen mothers have stabilized and are below the state rate
- Infant deaths have decreased and are below the state rate
- Preterm births have a decreasing rate and are below the state rate

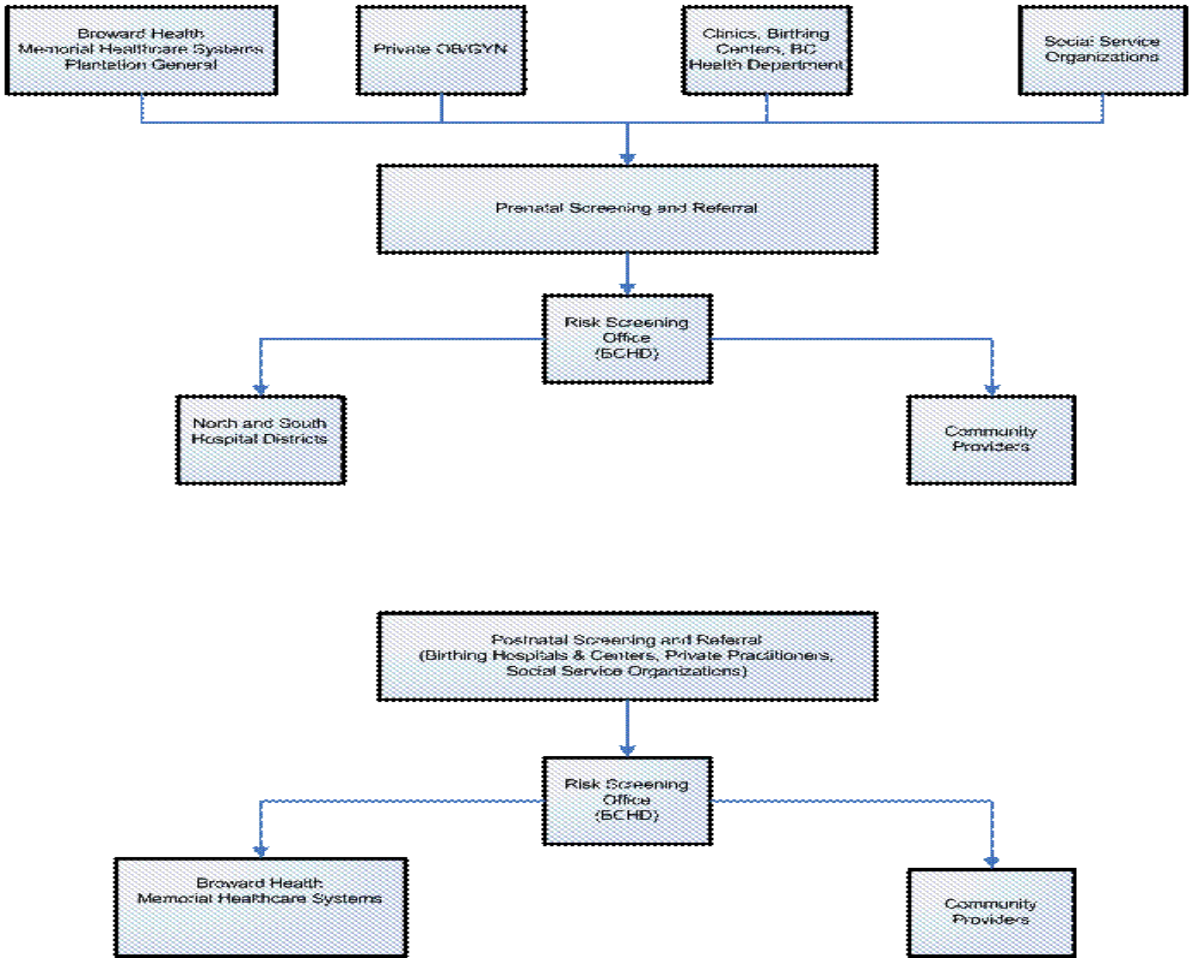
HEALTHY START SYSTEM

As is mandated and outlined by Florida Department of Health, in Broward County and statewide, pregnant women and infants appear to be receiving screenings to determine those most likely to be at greatest risk for poor pregnancy and birth outcomes, infant mortality and neonatal deaths.

Contracted services include risk screening, care coordination/case management, enhanced/wraparound services, and fetal infant mortality review (FIMR). Pre and postnatal screening in selected high volume prenatal and pediatric clinics as well as selected birthing hospitals complete the menu of Healthy Start services available in Broward County.

A cursory overview of the current service system is as follows: The Broward Healthy Start Coalition currently contracts with eight (8) entities locally to provide services and funds the Risk Screening Office at the local health department. Prenatal medical care providers and birthing facilities offer risk screening to identify those most at risk and the local Health Department serves as gatekeepers to the system through the processing and dissemination of prenatal risk screens and referrals to the contracted entities for services. Based upon identified risk factors and identified needs, case managers provide care coordination and enhanced/wraparound services including childbirth education, breastfeeding education and support, and parenting education and support. Additionally, case managers offer interconceptional counseling and smoking cessation education, and supportive counseling as appropriate. Women identified as substance abusers, and/or substance exposed newborns may also be referred to contracted entities to receive these same services specific to their identified risks and needs. Case Managers also make referrals to other wraparound services with contracted entities for nutrition and supportive counseling services; in addition to other available community resources.

Broward County Healthy Start Coalition
Screening and Referral Services 2008



FUNDING ALLOCATION PROCESS

The Healthy Start Coalition of Broward County has enlisted contractors to provide Healthy Start services to its clients. In 2005, the coalition announced a request for proposal. Community members and staff convened to review the proposals received. As a result, eleven contractors were engaged to provide Care Coordination and Enhanced Services for a period of up to three years.

Contracts are renewed annually according to performance and the availability of funds. Two contracts have been eliminated for performance issues and others have been reduced due to a reduction in funding received by the Coalition.

The coalition has moved to units of service reimbursement plan, which only pays a program provider when they actually complete a service. This has tremendously increased the efficiencies of our coalition.

COALITION PRIORITIES

What particular priorities, target groups, or geographic areas are targeted in your Service Delivery Plan?

- Entire Broward County- for screenings

The following have developed Turn The Curve reports:

• Incidence of **Perinatal HIV Transmission**

• Incidence of **STD/STI Rates in Pregnant Women and Girls**

• Rates of **Late Preterm Births**

• Disparities in **Black Fetal and Infant Deaths**

• **Teen Births** and Repeat Teen Births

• **Unsafe Sleep Practices** and Safe Infant Care

• **Breastfeeding Rates**

• **Substance Exposed Newborns**

The process for implementing these priorities is:

1. Data is provided by the FIMR CRT to the FIMR CAG
2. The FIMR CAG reviews the data and reports its findings to the BHSC Coalition Membership Committee
3. The BHSC Coalition Membership Committee assigns workgroups (CAT) to create or update a Results Based Accountability *Turn the Curve Report*, and a W*ishbone Diagram*
4. Action plans from each CAT are reviewed quarterly by the BHSC Coalition Membership Committee for progress
5. BHSC reports its findings and Category B activities to the FDOH and the QA Committee

Each work group went through a process of developing action steps by identifying causality through a fishbone analysis. BHSC staff assisted this process by:

- Going through a brainstorming activity with each group
- Returning the list from the above activity placed in to a Wishbone diagram
- Working with each group to identify what activities could be reasonably pursued by each group.

Each CAT utilizes the following form to assist in determining the feasibility of their work plan.

Project Selection Matrix – Rate from 1 to 10

	Project Names						
Team Control							
Reasonable Time Frame							
Resources Available							
Is Data Available							
Impact on Customer							
Impact on Organization							
Impact on Community							
TOTAL							

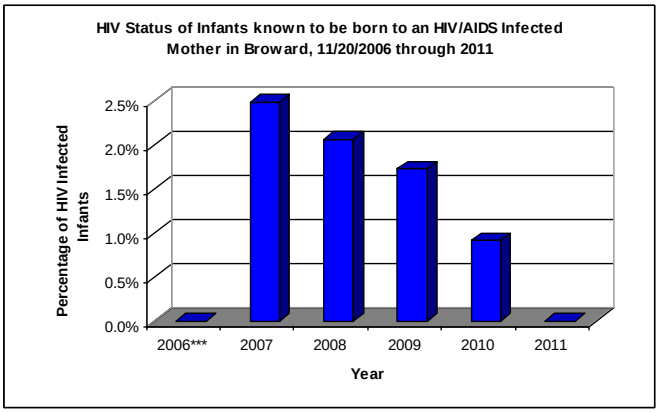
Each of the CAT's TTC Reports and are below and are identified by CAT name. **Fishbone, cause and effect diagrams are an attachment to this document**

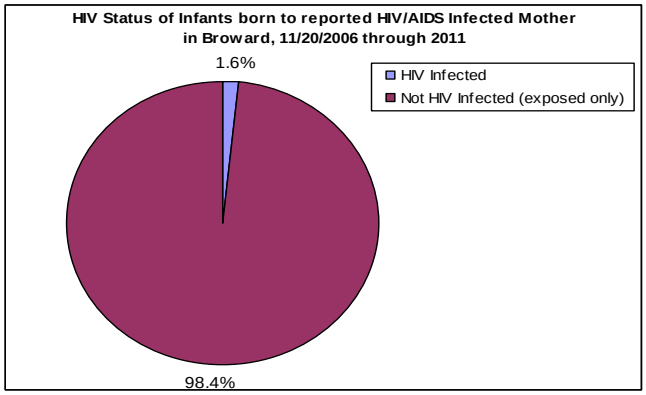
Perinatal HIV Transmission

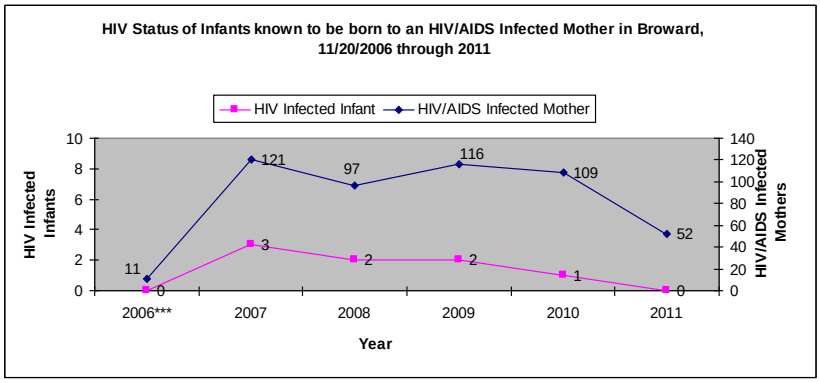
Turn the Curve Report

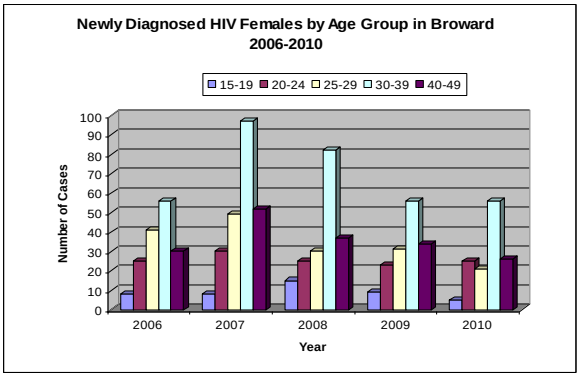
Maternal and Child Health: Perinatal HIV Transmission

Result: All (100%) babies born to HIV positive women in Broward County will be HIV uninfected
Indicators: Number of reported HIV infected pregnant women; Number of reported HIV infected infants
Target Population: All pregnant women in the county









***** Data reported from 11/20/06 when FL Statutes mandate was implemented (rate for 2006 overall was greater than zero)**

- There are 348,177 Women of Childbearing Age, 15-44, living in Broward's population
- There are 2,435 Women of Childbearing Age, 15-44, living with HIV/AIDS in Broward County
- There is a 0.7% prevalence rate of Women of Childbearing Age, 15-44, living with HIV/AIDS in Broward County

Story Behind the Curve

- In 1994, prior to the implementation of the medication AZT, perinatal HIV transmission rates were 28%
- November 2006 FL Statutes (s.384.31, FAC Ch.64D-3.042 and Ch.64D-3.029) mandated opt-out testing for all pregnant women for HIV, Chlamydia, Hepatitis B, Gonorrhea, and Syphilis at first prenatal visit and again at 28-32 weeks as well as at delivery when no records are available or no prenatal care; Mandated reporting to the county health department of all HIV exposed newborns within next business day following the birth
- Perinatal HIV transmission continues to decrease with treatment
- Current treatments are 99% effective for non-transmittal of HIV to the infant if both Mom and infant are treated
- # new cases of HIV in Broward are increasing; clients with substance abuse and mental health conditions are at higher risk

- The percent of pregnant women without prenatal care (no HIV testing) is increasing
- The annual cost for just one infected child with the least expensive medication regime, without healthcare visits or care, is $20,000. per year
- Stigma related to HIV is still present
- Not all delivery hospitals/birthing centers are following evidenced based protocols/FL Statutes
- Not all Obstetricians (OB's) following FL Statutes/Center for Disease Control (CDC)/The American Congress of Obstetricians and Gynecologists (ACOG) recommendations for offering opt out prenatal HIV testing and for reporting + results
- Not all Pediatricians or all Emergency Department's (ED's) educated to be looking for symptoms of HIV in infants/children
- Not all medical providers are following CDC HIV testing guidelines

Partners

- Perinatal HIV Provider Network; FL Department of Health (DOH);Broward County Health Department (BCHD)
- Delivery Hospitals/Birthing Centers
- Children's Diagnostic & Treatment Center (CDTC)
- Walgreens Voucher Program
- Broward Healthy Start Coalition; Healthy Start Providers
- Targeted Outreach for Pregnant Women Act (TOPWA)
- Obstetricians & staff; Pediatricians & staff
- Community maternal child providers
- AIDS Education and Training Center (AETC)

Best Ideas – What Works

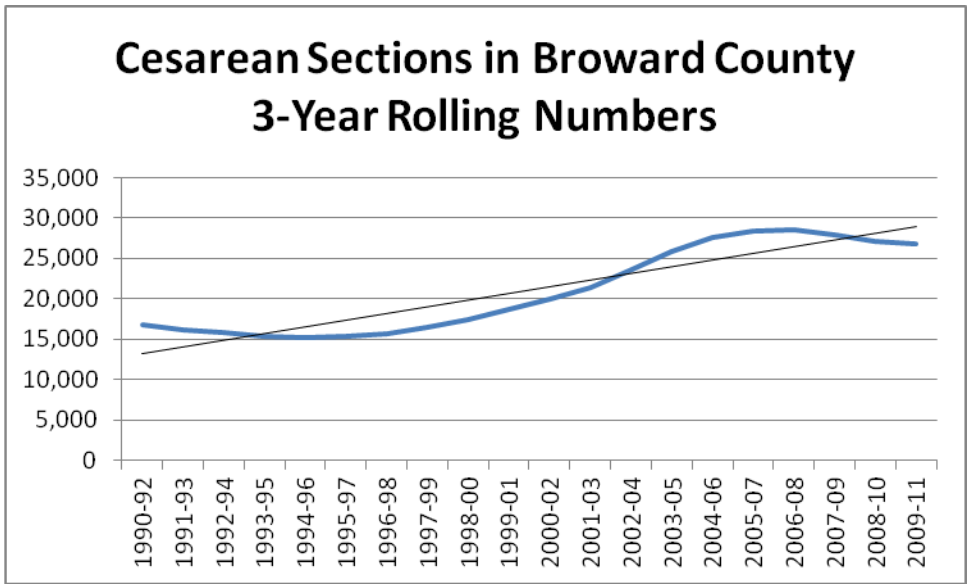
Action Steps

- Align efforts of all Maternal Child Health providers to educate on HIV prevention and make referrals for HIV care
- Advocate for prenatal care for all women
- Continue education to ensure all delivery hospitals/birthing centers follow FL Statutes/evidence based standards for perinatal HIV care
- Continue to promote Walgreens Voucher program
- Education for OB's on FL Statutes/CDC/ACOG recommendations
- Educate all providers that interact with HIV + women on preconception health
- Advocate for more intervention for substance abusing women and women with mental health conditions
- Create better tracking of HIV exposed infants through 18 months of age who receive care through community
  physicians not affiliated with pediatric HIV care
- Advocate for 100% of women to receive rapid HIV testing in labor & delivery
- HIV education for pediatricians
- Educate healthcare partners on cultural beliefs related to pregnancy, childbirth, and care of the infant/child
- Expand capabilities of Perinatal HIV Provider Network to provide education and resources for the healthcare partners and community

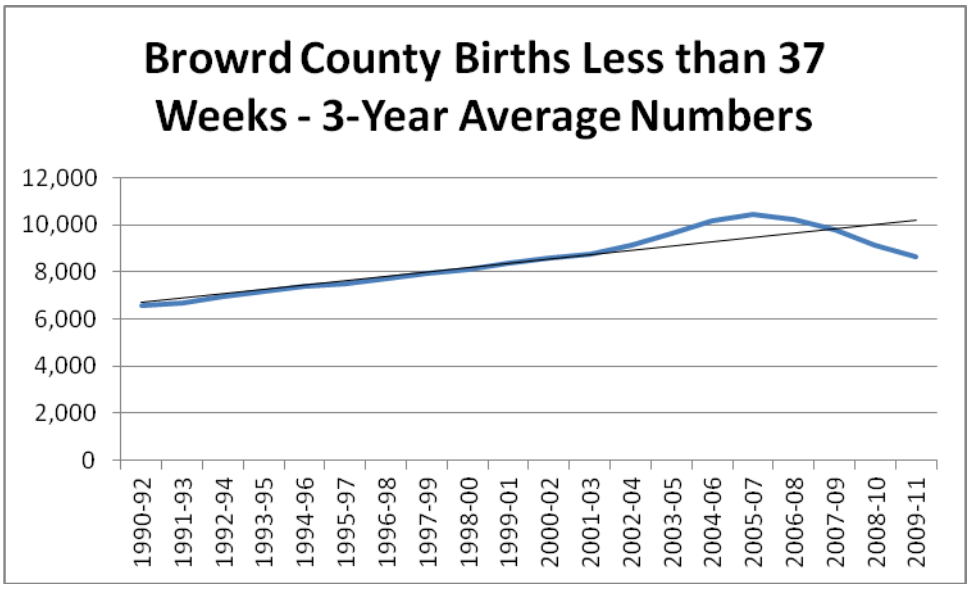
Rates of **Late Preterm Births**

Turn the Curve Report
Maternal and Child Health: Rates of late Preterm Birth

Result: Reduce number of late preterm newborn deliveries in Broward County by decreasing non-medically indicated deliveries before 39 weeks gestation by 75% by 2018
Indicators: Numbers of Caesarean sections and Births prior to 37 weeks gestation
Target Population: All pregnant women considering an elective delivery or non-medically necessitated cesarean section



Data Source: Florida Chart on line



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Data Source: Florida Chart on line (data not adjusted for population growth)
Story Behind the Curve

- From 1990 to 2008 Cesarean sections increased in Broward County by nearly 70%

- From 1990 to 2008 births before 37 weeks gestational age rose by 56%

Partners
- March of Dimes
- Broward Healthy Start Coalition
- Hospitals, OB/GYN's, Pediatricians, Healthcare professionals

Best Ideas – What Works
- Awareness and Education

Action Steps
- Provide educational campaigns for healthcare professionals (Physicians, Nurses, Treatment Providers, etc.)
- Utilize Healthy Start Community Liaisons to educate OB/GYN staff
- Utilize Social Marketing messages
- Provide substance abuse education at "Showers 2 Empower" events

Black Infant Health-Disparities in **Black Fetal and Infant Deaths**

Turn the Curve Report

Maternal and Child Health - Black Infant Health Practice Initiative (BIHPI)

Result: All Black babies in Broward County will be born healthy, and remain healthy. The rate of Black Infant Mortality will decrease by 2% per year between 2013 and 2018

Indicators: Black Infant Mortality rates for Broward County

Target Population: Pregnant women and mothers of African descent.

Story Behind the Curve:

- Black babies are dying at almost three times the rate of white babies and have lower birth weights than white babies.
- Black women have less access to healthcare than white women, particularly immigrants and undocumented.
- Black women tend to enter prenatal care later than white women.
- Domestic violence, substance abuse and mental health issues compound health disparities for Black women.
- Institutional racism plays a role in raising stress levels, which increases the risk for premature births
- Black women tend to have less social and family support and lack of support from the father of the baby.

Partners:

- Maternal Child Health service providers
- Medicaid and other insurers

- Primary Healthcare providers
- Faith-Based Organizations

Best Ideas – What Works:

- Early entry into prenatal care
- Interconceptional care
- Mentoring

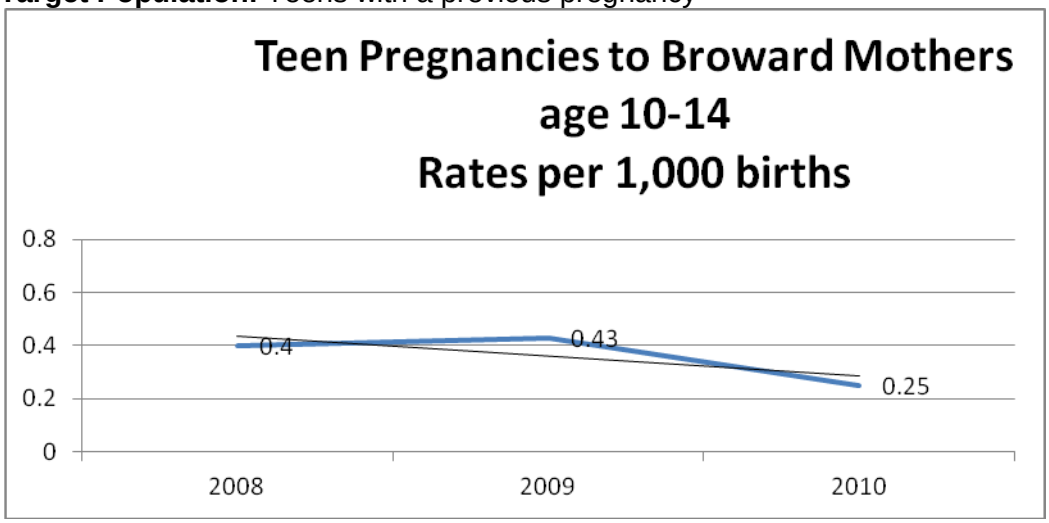
Action Steps:

- Focus on “Life Course” Issues, increase Interconceptional Care Services
- Coordinate efforts with the Urban League of Broward County’s Health Seminar Series
- Educate Black women and families about the risks of infant mortality and provide available resources in community (Empowerment Showers, Haitian TV, Island TV, Beacon, Daddy Boot Camps with 100 Black Men, etc.))
- Promote prenatal care in the first trimester
- Education on Safe Baby including safe sleep practices
- Encourage and Promote breastfeeding through culturally sensitive education and support
- Educate community on the importance of babies to stay in the mother’s womb for 39 weeks (MOD 39 week initiative)
- Research “kid friendly” culturally sensitive elementary/ middle school programs that are evidenced based and increase health outcomes

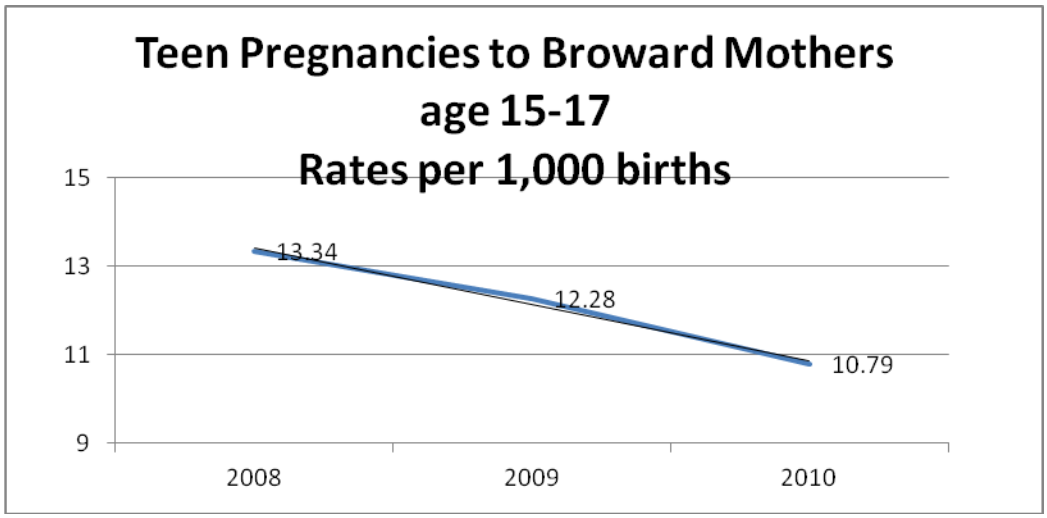
Teen Births and Repeat Teen Births

Turn the Curve Report
Teen Pregnancy

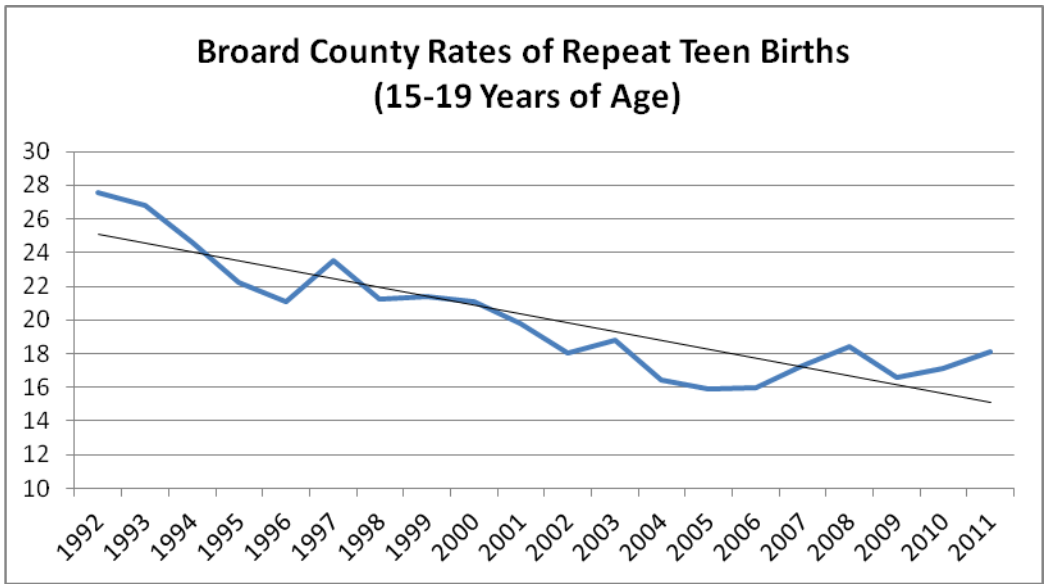
Result: Decrease unplanned teen pregnancies resulting in Broward county being in the first quartile in the MIC Profile for teen births and repeat teen births by 2018
Indicators: Teen Pregnancy Rates
Target Population: Teens with a previous pregnancy



Data Source: Florida Charts



Data Source: Florida Charts



Data Source: Florida Charts

Story Behind the Curve

- Inconsistent use of birth control
- Unwanted sexual intercourse
- Abstinence only approaches
- Peer pressure
- Glamorization of pregnancy
- Absent parents

Partners

- Broward School System
- Planned Parenthood
- Broward County Health Department
- Obstetricians & staff
- Broward Healthy Start Coalition

Best Ideas – What Works

- Education
- Provision of birth control
- Involved parents

Action Steps

- Continue Education

Unsafe Sleep Practices and Safe Infant Care

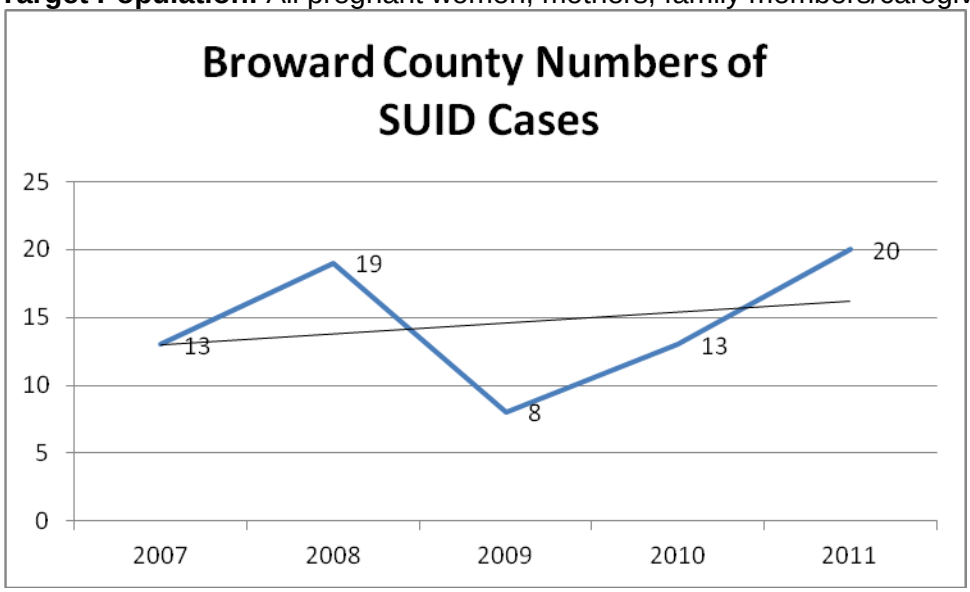
Turn the Curve Report

Maternal and Child Health: Unsafe Sleep Practices and Infant Care

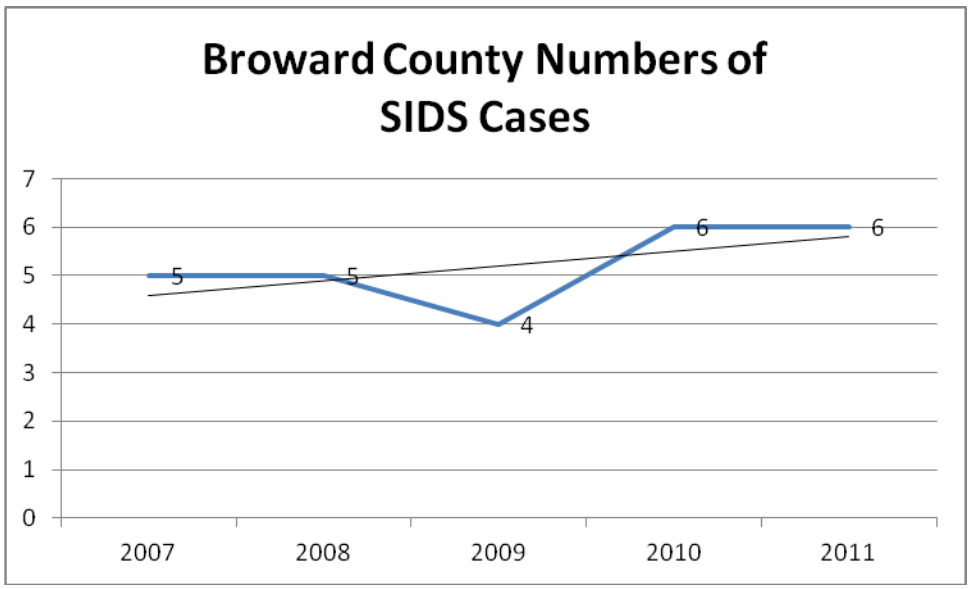
Result: Newborns in Broward County will be free from unsafe sleep positions and shaken baby syndrome, reducing SUID and SID cases by 10% by 2018

Indicators: Numbers of Babies whose death is related to unsafe sleep practices and shaken baby syndrome

Target Population: All pregnant women, mothers, family members/caregivers of infants



Data Source: Florida Charts on line



Data Source: Florida Charts on line

Story Behind the Curve

- Sudden Unexplained Infant Death (SUID) is the sudden and unexpected death of an infant in which the manner and cause of death are not immediately obvious prior to investigation

- Sudden Infant Death syndrome (SIDS) is the sudden death of an infant under age 1 that cannot be explained after a thorough investigation has been conducted, including a complete autopsy, an examination of the death scene, and a review of the clinical history.
- Not all of the SUIDS or SIDS cases are sleep related
- Additional data is gathered through a perinatal periods of risk (PPOR) analysis by the FIMR CRT
- There is minimal available data on shaken baby syndrome and the incidence is believed to be much higher than currently reported

Partners

- Healthy Mothers, Healthy Babies Coalition of Broward County
- Broward Healthy Start Coalition
- Children's Services Council of Broward County
- Broward County Medical Association
- Broward County Health Department
- Broward County Infant Mortality Case Review Team
- Hospitals, OB/GYN's, Pediatricians, Healthcare professionals

Best Ideas – What Works

- Awareness and Education
-

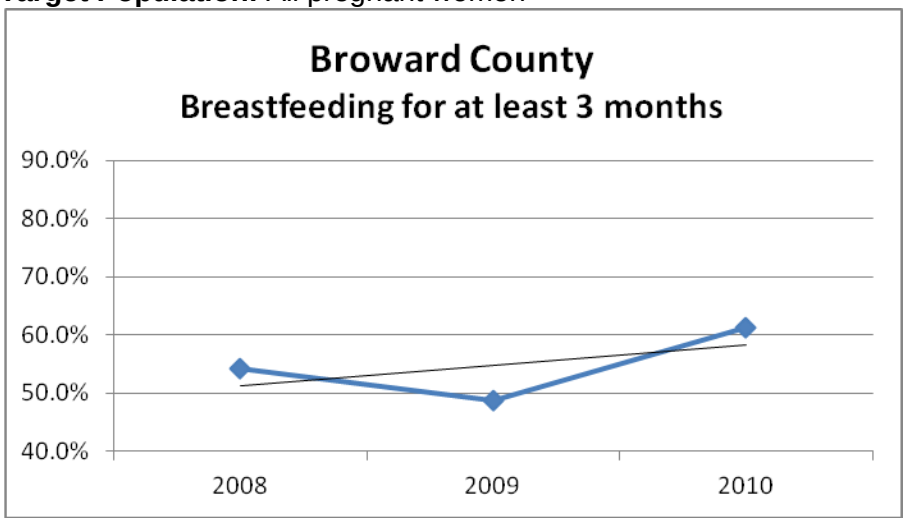
Action Steps

- Provide educational campaigns for healthcare professionals (Physicians, Nurses, Treatment Providers, etc.)
- Utilize Social Marketing messages
- Cribs For Kids
- Create a reliable data base for Shaken Baby syndrome
- Provide substance abuse education at "Showers 2 Empower" events

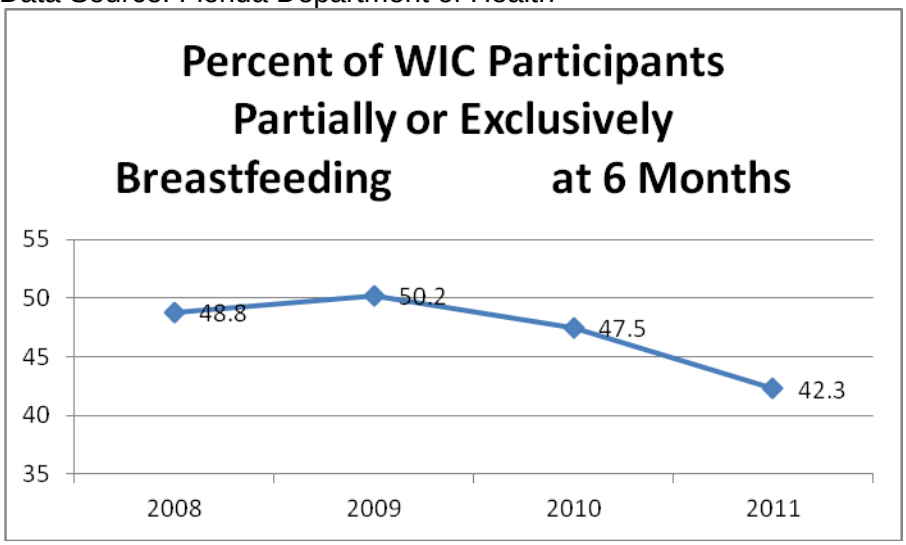
Breastfeeding Rates

Turn the Curve Report
Maternal and Child Health: Breastfeeding

Result: All babies in Broward will be breastfed, or be fed breast milk
Indicators: Percent of Women who breastfeed their infants for at least 6 months will rise by 10% by 2018
Target Population: All pregnant women



Data Source: Florida Department of Health



Story Behind the Curve

- Currently, the only available county-specific data past 3 months is for WIC participants
    - There is no method of data collection for Broward County rates on breastfeeding past 3 months, per the CDC
    - WIC participants represent about 50-60% of the overall births in Broward County
- Some women cannot breastfeed due to medical and other reasons
- WIC's food package changed in October 2009 which resulted in a drop in breastfeeding rates
- Institutional barriers exist such as returning to work/school, lack of supports in families, workplace, specific cultural barriers
- There are gaps in education and support

- Attitudes towards breastfeeding in the community is not always accepting of breastfeeding
- Hospital practices such as offering artificial infant milk or formula without a medical need during the postpartum period negatively affect breastfeeding rates
- Accreditation agencies have set benchmarks for initiation rates in birthing centers

Partners

- Birthing Centers
- Obstetricians & staff; Pediatricians & staff
- Maternal Child Health Organizations, Healthy Start, Broward County Health Department WIC, TOUCH Grant
- Private and Public businesses
- Childcare Centers

Best Ideas – What Works

- Education (including breastfeeding and nutrition/wellness)
    - Medical providers
    - Early childcare providers
    - Women and families
- Business Case for Breastfeeding program
- WIC Peer Counseling
- Support from Lactation Consultants (IBCLCs) in hospitals and the community
- Baby Friendly Hospital Initiative (BFHI)
- Social Marketing Campaign
- No Cost, Low Cost – Word of Mouth education

Action Steps

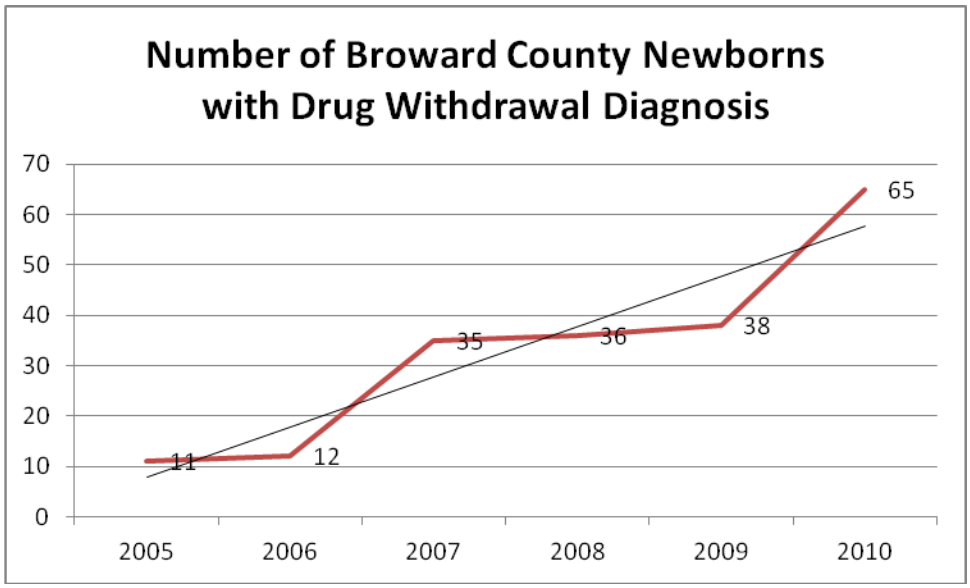
- Align efforts of all Maternal Child Health agencies to educate on breastfeeding
- Continue work on Baby-Friendly Hospital grant to promote a breastfeeding friendly community
- Increase businesses that support breastfeeding through education using the Business Case for Breastfeeding program
- Lead efforts to adopt regulations for child care licensing to require early childhood care providers to support the needs of the breastfed infant and mother
    - Continue to seek funding opportunities for breastfeeding promotion, protection, and support

Substance Exposed Newborns

Turn the Curve Report

Maternal and Child Health: Substance Exposed Newborns

Result: Newborns in Broward County will be drug free at birth, reducing the number to the 2005 rate
Indicators: Numbers of hospital discharges of newborn infants with a diagnosis of drug withdrawal syndrome
Target Population: Pregnant women, mothers and caregivers of infants who have screened positive for alcohol or harmful drugs



Source: AHCA

During this six year period Broward had an increase of 491% while the state average was 433%

Story Behind the Curve

- The data for the turn the curve report is limited to when physicians report a withdrawal symptom before hospital discharge
- Pain Clinics (Pill Mills) in Broward flourished during these years
- Many moms are using these drugs “legally” through a doctor’s prescription
- Medical protocols are restrictive for the detoxification of the mother while she is pregnant due to the risks to the baby
- Mom’s can be secretive with their healthcare providers about their legal and illegal drug use
- The mother’s addiction may occur prior to the pregnancy
- Many mothers do not understand the effects to their baby when they are using drugs, legal or illegal
- Challenges related to access to the appropriate level of treatment and treatments are not always effective
- Fear of having the baby removed at birth (DCF) may prevent mothers from seeking drug treatment

Partners

- Maternal Addiction Program (MAP) Staffing
- BSO, DCF, ChildNet, KID, Healthy Families, Broward Healthy Start Coalition, 211
- Treatment providers-Susan B Anthony, Plantation General Hospital, BARC, Spectrum, Family Central
- Hospitals, OB/GYN’s, Pediatricians, Healthcare professionals, Methadone Clinics
- Substance Abuse professionals
- MCH service providers, Child Care Programs, Schools

Best Ideas – What Works

- Prevention, Awareness and Education
- Effective Treatment with follow up
- 12 Step Groups
- System of Care approaches
- Legal oversight of doctors and clinics
- Linkages between hospitals and organizations (DCF, etc.)
- Abuse/Neglect reports from hotlines

Action Steps

- Provide educational campaigns for healthcare professionals (Physicians, Nurses, Treatment Providers, etc.)
- Adopted as a strategy for the Broward Healthy Start Coalition Five Year Service Delivery Plan 2013 - 2018
- Train MCH direct service staff on signs/symptoms and interventions for substance abusing clients
- Utilize Healthy Start Community Liaisons to educate OB/GYN staff
- Florida Alcohol and Drug Abuse Association (FADAA) has sent out a statewide survey to assess service capacity and training needs to target this group
- Utilize Social Marketing messages
- Development of a “Getting a New Prescription Guide”
- Increase access to effective treatments
- Increase drug and alcohol screening by healthcare professionals
- Investigate methods of increasing buy in by the entire MCH system for awareness, screening, referral and treatment
- Develop a dated base to track by zip code where the SEN reside
- Provide substance abuse education at “Showers 2 Empower” events

PLANNING SUMMARY SHEET FOR THE HEALTHY START SYSTEM

The following Planning Summary Sheet reflects the priorities established by the Coalition for the previous service delivery plan. New contract period began July 1, 2012 – June 30, 2014. The Coalition was considering putting out a Request For Applications (RFA) in the spring of 2013, but due to the redesign process, it was determined by the board of directors that it would be prudent to wait until the new model was clarified. It is expected that a new RFA will be released in the spring of 2014.

Coalition: Broward Healthy Start Coalition, Inc.

Coalition Priorities: To reduce infant mortality and morbidity, improve pregnancy outcomes through focused interventions with women of childbearing ages and enhance the health and development of children from birth to three years of age in Broward County.

Check the "Y" column if Healthy Start money is being used.
Check the "N" column if Healthy Start money is not being used.

Healthy Start System Components Provision of …	**Provider**	**Y**	**N**	**Begin and End Date of MOA Or Contract**
Outreach services for pregnant women	● Children's Healing Institute (CHI)	X		7/1/12-6/30/14
	● North Broward Hospital District dba Broward Health		X	7/1/12-6/30/14
	● Memorial Health Care System		X	7/1/12-6/30/14
	● Avanti Support & Services (Avanti)	X		7/1/12-6/30/14
	● Henderson Mental Health Center (Henderson)	X		7/1/12-6/30/14
	● Kids in Distress (Kids)	X		7/1/12-6/30/14
	● Urban League of Broward County (Urban League)	X		7/1/12-6/30/14
	● Obstetricians and Pediatricians in priority zip codes		X	7/1/12-6/30/14

Outreach services for children	• Healthy Start Coalition • Pediatricians in priority zip codes	X	 X	7/1/12-6/30/14 7/1/12-6/30/14
Process for assuring access to Medicaid (PEPW & ongoing)	• Memorial Healthcare System • North Broward Hospital District dba Broward Health • Healthy Start Coalition (SOBRA)	 X	X X 	7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14
Clinical prenatal care for all unfunded pregnant women	• North Broward Hospital District dba Broward Health • Memorial Healthcare System • Private OB Physicians • Sunlife Clinics		X X X X	7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14
Clinical well-child care for all unfunded infants	• North Broward Hospital District dba Broward Health • Memorial Healthcare System		X X	7/1/12-6/30/14 7/1/12-6/30/14
Funding to support the CHD Vital Statistics Healthy Start screening infrastructure	• Broward County Health Department	X		7/1/12-6/30/14
Ongoing training for providers doing screens and referrals	• Healthy Start Coalition	X		7/1/12-6/30/14
Initial contact after screening	• CHI • North Broward Hospital District dba Broward Health • Memorial Healthcare System	X X X		7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14

	• Covenant House • Kids • Avanti • Henderson • Urban League • Plantation General Hospital	X X X X X X		7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14
Initial assessment of service needs	• CHI • North Broward Hospital District dba Broward Health • Memorial Healthcare System • Covenant House • Kids in Distress • Plantation General Hospital • Avanti • Henderson • Urban League	X X X X X X X X X		7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14

Ongoing care coordination	• CHI	X		7/1/12-6/30/14
	• North Broward Hospital District dba Broward Health	X		7/1/12-6/30/14
	• Memorial Healthcare System	X		7/1/12-6/30/14
	• Kids in Distress	X		7/1/12-6/30/14
	• Covenant House	X		7/1/12-6/30/14
	• Avanti	X		7/1/12-6/30/14
	• Henderson	X		7/1/12-6/30/14
	• Urban League	X		7/1/12-6/30/14
Interconceptional education and counseling	• CHI	X		7/1/12-6/30/14
	• North Broward Hospital District dba Broward Health	X		7/1/12-6/30/14
	• Memorial Healthcare System	X		7/1/12-6/30/14
	• Covenant House	X		7/1/12-6/30/14
	• Kids in Distress	X		7/1/12-6/30/14
	• Avanti	X		7/1/12-6/30/14
	• Henderson	X		7/1/12-6/30/14

	● Urban League	X		7/1/12-6/30/14
Childbirth education	● CHI	X		7/1/12-6/30/14
	● North Broward Hospital District dba Broward Health	X		7/1/12-6/30/14
	● Memorial Healthcare System	X		7/1/12-6/30/14
	● Covenant House	X		7/1/12-6/30/14
	● Kids in Distress	X		7/1/12-6/30/14
	● Avanti	X		7/1/12-6/30/14
	● Henderson	X		7/1/12-6/30/14
	● Urban League			
Parenting support and education	● CHI	X		7/1/12-6/30/14
	● North Broward Hospital District dba Broward Health	X		7/1/12-6/30/14
	● Memorial Healthcare System	X		7/1/12-6/30/14
	● Covenant House	X		7/1/12-6/30/14
	● Kids in Distress	X		7/1/12-6/30/14
	● Avanti	X		7/1/12-6/30/14
	● Henderson	X		7/1/12-6/30/14

	• Urban League	X		7/1/12-6/30/14
Nutritional counseling	• Memorial Healthcare System	X		7/1/12-6/30/14
Provision of psychosocial counseling	• Kids in Distress	X		7/1/12-6/30/14
	• Henderson	X		7/1/12-6/30/14
Smoking cessation counseling	• CHI	X		7/1/12-6/30/14
	• North Broward Hospital District dba Broward Health	X		7/1/12-6/30/14
	• Memorial Healthcare System	X		7/1/12-6/30/14
	• Covenant House	X		7/1/12-6/30/14
	• Kids in Distress	X		7/1/12-6/30/14
	• Avanti	X		7/1/12-6/30/14
	• Henderson	X		7/1/12-6/30/14
	• Urban League	X		7/1/12-6/30/14
Breastfeeding education and support	• CHI	X		7/1/12-6/30/14
	• North Broward Hospital District dba Broward Health	X		7/1/12-6/30/14
	• Memorial Healthcare System	X		7/1/12-6/30/14
	• Covenant House	X		7/1/12-6/30/14

	• Kids in Distress • Avanti • Henderson • Urban League	X X X X		7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14 7/1/12-6/30/14
Data entry into CIS/HMC	• Broward County Health Department	X		7/1/12-6/30/14
Establish workgroups of providers of similar services to develop service delivery policies, protocols and practices that are consistent with HS Standards and Guidelines and are appropriate for the county and service population.	• Healthy Start Coalition	X		7/1/12-6/30/14
Systematically implementing the newly revised Healthy Start Standards and Guidelines through training and monitoring to ensure that all providers provide services in a like manner.	• Healthy Start Coalition	X		7/1/12-6/30/14
Establish workgroup to look at issues standardization of Care Coordination services, provider training needs and referral protocols across MCH providers.	• Healthy Start Coalition	X		7/1/12-6/30/14
Standardization of the delivery of services county-wide, to ensure like providers are delivering services in similar fashions, utilizing similar tools and strategies.	• Healthy Start Coalition	X		7/1/12-6/30/14
Stabilize and establish efficient training processes and certification requirements for delivering Childbirth Education and Breastfeeding Education and Support.	• Healthy Start Coalition	X		7/1/12-6/30/14
Facilitate a minimum of TWO (2) trainings for provider groups on the revised Standard and Guidelines.	• Healthy Start Coalition	X		7/1/12-6/30/14
MomCare Program (SOBRA)	• Healthy Start Coalition	X		7/1/12-6/30/14
Other – specify: FIMR	• Healthy Mothers, Healthy Babies	X		7/1/12-6/30/14
Other – Cribs for Kids Project	• Healthy Mothers, Healthy Babies	X		7/1/12-6/30/14

Since inception, Broward's Coalition has remained committed to providing Screening, Assessment, Care Coordination and Educational services to children, 0-3 years, and pregnant women, who are determined to be at risk for poor birth, health and developmental outcomes based on risk screens.

To this end, the Coalition has sought to continuously improve the quality of its programs and services and has designed and implemented a Quality Improvement and Quality Assurance plan (QI/QA). This plan serves to monitor and guide the objectives of the Coalition and is used and amended regularly in response to processes of service provision, client and stakeholder satisfaction, and community health trends. The QI/QA plan drives continuous improvements through monitoring the achievement, outcomes and performance measurements established by the Coalition. Additionally, it helps the Coalition to define funding strategies, and allows for the identification of providers' needs for technical assistance after funds are disbursed. This plan has served to ensure that Healthy Start services are delivered in compliance with Healthy Start Standards and Guidelines as developed by the State of Florida, Department of Health. An updated and refined plan serves to outline compliance activities and establishes accountability for all aspects of services funded by the Coalition.

BROWARD COALITION COMMITTEES

In accordance with Coalition by-laws and in response to the Coalition's delivery of services committees are convened and are charged with varying levels and types of responsibilities. Committees are composed of community members, service providers and are supported by administrative staff, with the overall expectations of improving the Healthy Start care coordination system, monitoring external contracts and guiding internal processes. The following is a list of current committees charged with managing the Healthy Start System:

A. Board of Directors
B. Executive/Finance Committee
C. Maternal Child Health Systems Committee (Membership)
D. Allocations Committee
E. By-Laws Committee
F. Continuous Quality Improvement (CQI) Committee
G. Fetal and Infant Mortality Review (FIMR) Community Action Group
H. Nominating Committee
I. Service Delivery Plan Committee

REPORTING REQUIREMENTS

A. Monthly Reports
B. Quarterly Reports
C. Annual Reports
D. Financial Reports

PROGRAM AUDIT

The Coalition performs at least one annual audit of Healthy Start contracted providers. The audit may include, but is not limited to:

1. Case Record Reviews
2. Site Visits and Observations
3. Review and Audits of Personnel Files
4. Financial Audits
5. Client Satisfaction Surveys
6. Meetings with Staff and Personnel

The annual audit consists of three parts:

1. An entrance interview with the provider staff responsible for managing Healthy Start Services
2. Record review of randomly selected prenatal and postnatal records utilizing HMS
3. An exit interview with the program manager and other contracted provider staff to discuss the strengths of the services provided, highlight concerns during the audit and to negotiate strategies for improvement

The QA/QI Manager prepares a report of findings for the CQI committee for review and recommendations for improving provider service quality. Upon review and acceptance by the CQI, the contracted provider is provided a copy. Providers found to be non compliant with the contract are required to formulate a corrective action plan which must be furnished to the Coalition no later than 10 days of receipt of the audit report. The CQI committee reviews the corrective action plan and approves as is necessary.

PERFORMANCE BASED CONTRACTS

In efforts to best meet the needs of the community and aid the Coalition and its committees in the selection and funding of service providers, the Coalition has elected the Request for Proposal Process (RFP). This process is believed to promote fairness, objectivity and impartiality. Currently, the process allows for annual contract renewals with all services extended for bidding every third year and adheres to the following processes:

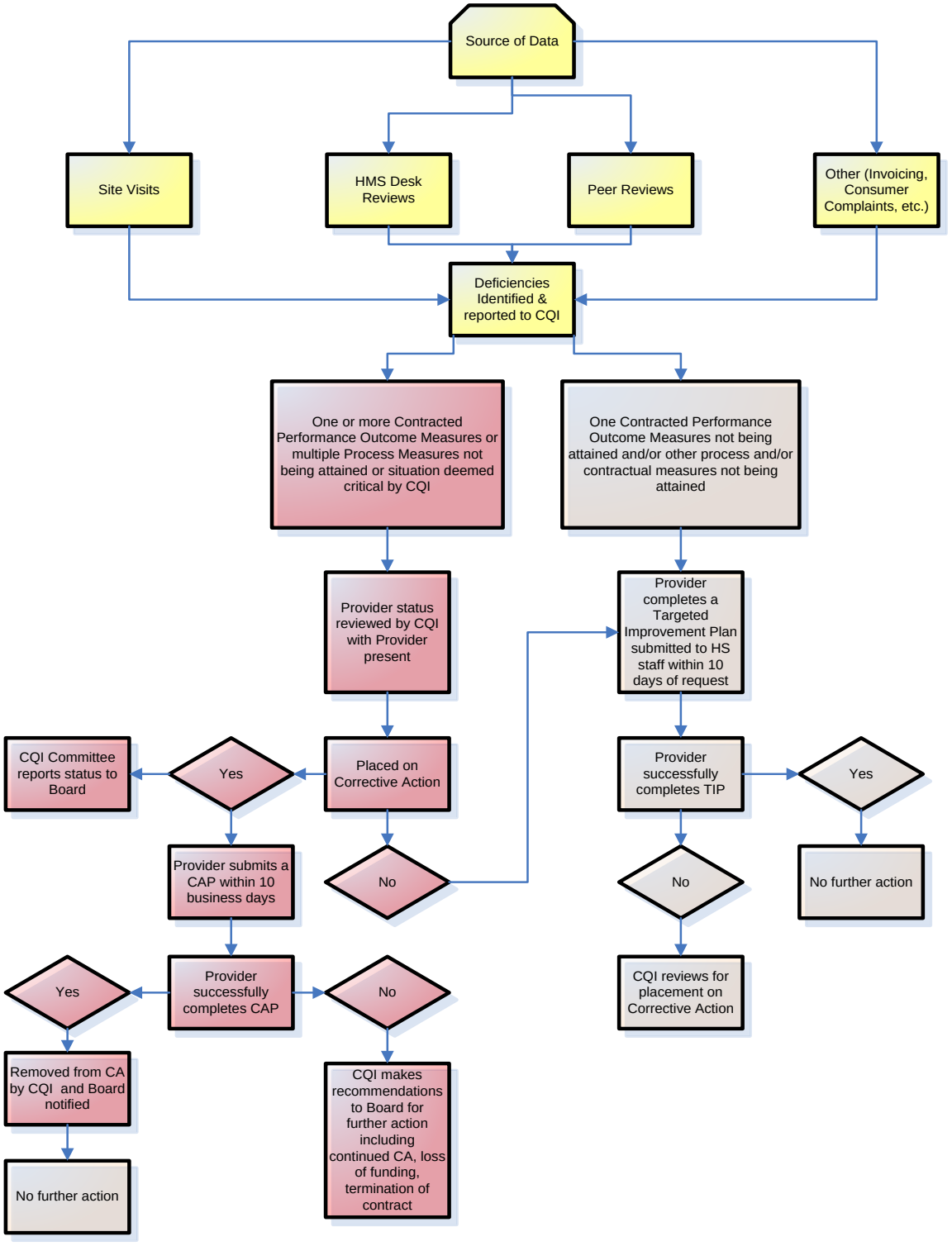
- Advertisement of the Coalition's intentions of RFP with goals, objectives and services highlighted
- Request Letters of Intent with deadline for submission develop RFP's and advertise
- Pre-bid Conference within one week of RFP's
- Establish object scoring committee and protocols
- Receive Proposals
- Ensure objective scoring
- Contract Selection
- Contract Negotiations
- Transition Contracts
- Service Implementation

Annual contract renewal has been determined based on provider performance with updates made by the CQI Committee. The Board of Directors has made and will continue to make final decisions on all contracts.

Assuring Quality in the area of contract compliance is one of the primary goals of the QI/QA process. The diagram below identifies how BHSC approaches this area, and how it deals with non-compliance.

Broward Healthy Start Coalition, Inc

Quality Assurance Process – Contract Compliance



ACTION PLANS- CATEGORY B

BROWARD HEALTHY START COALITION SDP: 2008-2013
ACTION PLANNING & REPORTING FORMAT
CATEGORY B ACTIVITIES

ACTIVITY #1

1. CONTRACT REQUIREMENT OR IDENTIFIED COMMUNITY-WIDE/SYSTEM ISSUE:

a. What is the requirement or system/community-wide problem or need identified to be addressed by a strategy?

Maintain screening rates to ensure identification of at risk mothers and infants. The goal is to be at the states rate or above.

b. What health status indicator/coalition administrative activity is being addressed by this strategy?

1. Prenatal Screening Rates
2. Prenatal Consent Rates

c. What information, if any, was used to identify the issue/problem (i.e. HPA, FIMR, screening, client satisfaction, interviews, QI/QA)?

Data from Healthy Start Executive Summary Reports

2. PLANNING PHASE QUESTIONS: (All Required)

a. What strategy has been selected to address this?

Systematically work to maintain prenatal and infant screening rates, and consents rates.

b. What information will you gather to demonstrate that you have implemented this strategy as intended (who, what, how many, how often, where, etc.)?

1. Executive Summary Reports monthly

c. Where/how will you get the information?

1. HS Reports on line

d. What do you expect will be the observed impact of the strategy on the system or community-wide problem/need?

1. Screening Rates at or above the state average

e. What information will you gather to demonstrate this change on the system?

1. Screening Rates

f. Where/how will you get the information?

1. Healthy Start Charts on line
2. Community Liaison Monthly reports
3. Documented outreach Campaign efforts

3. ACTION STEPS:

Action Step	Pers. Responsible	Start Date	End Date
1. Track Prenatal and Infant screening rates	QA/QI Manager	July 2013	Quarterly through June 2018
2. Track individual provider screening rates	Community Liaison Coordinator	July 2013	Quarterly through June 2018
3. Identify on a quarterly basis the providers who have below average prenatal screening rates, then utilize state and locally developed marketing messages for OB/GYN Providers. Follow up on rates each quarter to determine effectiveness of work.	Community Liaison Coordinator	July 2013	Quarterly through June 2018
4. Provide two educational outreach efforts per year aimed at informing providers and participants of Healthy Start benefits	Community Liaison Coordinator	July 2013	Bi-annually though June 2018

Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____

4. REPORTING PHASE ANSWERS: (To be completed for the Annual Action Plan Update)

a. Demonstrate that you have implemented this strategy as planned (who, what, how many, how often, where, etc.).

b. Demonstrate the changes in the system/community.

c. Will you drop/modify/expand/continue strategy next year?

ACTIVITY #2

1. CONTRACT REQUIREMENT OR IDENTIFIED COMMUNITY-WIDE/SYSTEM ISSUE:

a. What is the requirement or system/community-wide problem or need identified to be addressed by a strategy?

Increase the health of mothers and babies through educational efforts aimed at increasing breastfeeding rates

b. What health status indicator/coalition administrative activity is being addressed by this strategy?

1. Breastfeeding Education Units of Service
2. System efforts to increase community knowledge of breastfeeding and its benefits

c. What information, if any, was used to identify the issue/problem (i.e. HPA, FIMR, screening, client satisfaction, interviews, QI/QA)?

1. Data from HS Reports online indicated a increase in breastfeeding service units
2. Numbers of organizations in Broward that have a Business Case for Breastfeeding policy
3. Training logs

2. PLANNING PHASE QUESTIONS: (All Required)

a. What strategy has been selected to address this?

1. Continual review of breastfeeding educational service units
2. Inform the community of the advantages of supporting breastfeeding at work sites
3. Provide systematic trainings for providers with a special emphasis on Breastfeeding

b. What information will you gather to demonstrate that you have implemented this strategy as intended (who, what, how many, how often, where, etc.)?

1. Data demonstrating maintaining of the service units of breastfeeding
2. Numbers of organizations that have a policy on breastfeeding meeting the standards of the Business Case for Breastfeeding

c. Where/how will you get the information?

1. Service Units from HS Reports on line
2. Copies of policies

d. What do you expect will be the observed impact of the strategy on the system or community-wide problem/need?

1. Breastfeeding initiation and sustainability rates will increase amongst women receiving Healthy Start services
2. Increased numbers of women breastfeeding

e. What information will you gather to demonstrate this change on the system?

1. Units of Healthy Start Services
2. Breastfeeding sustainability rates

f. Where/how will you get the information?

1. Healthy Start Charts on line
2. Local health department WIC department

3. ACTION STEPS:

Action Step	Pers. Responsible	Start Date	End Date
1. Maintain a pool of trainers for Breastfeeding education	QA/QI Manager	July 2013	June 2018
2. Develop a plan for increasing the number of organizations endorsing the Business Case for Breastfeeding	Associate Director/QA/QI Manager	July 2013	June 2014

3. Enroll a minimum of two organizations per year that meet the qualifications for the Business Case for Breastfeeding	Associate Director/QA/QI Manager	June 2013	June 2018
4. Track breastfeeding educational units quarterly to evaluate educational services being provided	QA/QI Manager	July 2013	June 2018
5. Complete implementation of the Motivational Interviewing Breastfeeding Workbook	QA/QI Manager	July 2013	June 2014
6. Provide bi-annual trainings on the Motivational Interviewing Breastfeeding Workbook	QA/QI Manager	June 2014	June 2018
7. Work with one local birthing hospital on the Baby Friendly Hospital Initiative with a goal of moving them to the Discovery Phase (4D Pathway)	Associate Director/QA/QI Manager	July 2013	March 2014
8. Work with one local birthing hospital on the Baby Friendly Hospital Initiative with a goal of moving them to the Development Phase (4D Pathway)	Associate Director/QA/QI Manager	March 2014	July 2014
9. Work with one local birthing hospital on the Baby Friendly Hospital Initiative with a goal of moving them to the Dissemination Phase(4D Pathway)	Associate Director/QA/QI Manager	July 2014	March 2015
10. Work with one local birthing hospital on the Baby Friendly Hospital Initiative with a goal of moving them to the Dissemination Phase (4D Pathway)	Associate Director/QA/QI Manager	March 2015	February 2016
11. Identify methods and costs for a Social Media Campaign aimed at increasing breastfeeding rates.	TTC Workgroup/ Associate Director/QA/QI Manager	January 2104	May 2014
12. Develop a Breastfeeding Resource Directory	TTC Workgroup/ Associate Director/QA/QI Manager	January 2104	May 2014
13. Develop the “9-Day Challenge” (effort to get women to breastfeed for a minimum of 9 days) Program	TTC Workgroup/ Associate Director/QA/QI Manager	October 2013	January 2014

14. Pilot and evaluate the "9-Day Challenge" pilot program at Plantation General Hospital	TTC Workgroup/ Associate Director/QA/QI Manager	January 2014	December 2014
15. If the "9-Day Challenge" pilot program at Plantation General Hospital is deemed successful through evaluation, assess the costs and benefits of expanding the program to other hospitals in the county	TTC Workgroup/ Associate Director/QA/QI Manager	January 2015	April 2015

Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____

4. REPORTING PHASE ANSWERS: (To be completed for the Annual Action Plan Update)

a. Demonstrate that you have implemented this strategy as planned (who, what, how many, how often, where, etc.).

b. Demonstrate the changes in the system/community.

c. Will you drop/modify/expand/continue strategy next year?

ACTIVITY #3

1. CONTRACT REQUIREMENT OR IDENTIFIED COMMUNITY-WIDE/SYSTEM ISSUE:

a. What is the requirement or system/community-wide problem or need identified to be addressed by a strategy?

The Black infant mortality rate is greater than two times that of White, 1.2% Black to .5% White.

According to a recently conducted study using PPOR methodology, for every 1,000 babies born in Broward County, 12 Black babies die, compared to five White. Maternal Health and Infant care have been found to be positive contributing factors for the disparities found in infant mortality. Findings from BIHPI focus groups indicate a lack of maternal health care due to issues of access, perceived racism, income/insurance and legal residency. Zip codes that have been identified as high risk for Black infant mortality include 33004, 33020, 33023, 33060, 33064, 33068, 33069, 33311, 33312, and 33313.

b. What health status indicator/coalition administrative activity is being addressed by this strategy?

1. Infant Mortality rates
2. Black Infant Mortality rates
3. Pregnant women receiving prenatal care in the first trimester

c. What information, if any, was used to identify the issue/problem (i.e. HPA, FIMR, screening, client satisfaction, interviews, QI/QA)?

1. Fetal Infant Mortality Review (FIMR)
2. State Data

2. PLANNING PHASE QUESTIONS: (All Required)

a. What strategy has been selected to address this?

1. Implement research informed strategies to reduce black infant mortality rates

2. Provide educational outreach efforts aimed at informing high risk maternal populations of health practices that will reduce their likelihood of a poor birth outcome

b. What information will you gather to demonstrate that you have implemented this strategy as intended (who, what, how many, how often, where, etc.)?

1. Mortality rates of both White and Black infants analyzed on a annual basis
2. A minimum of 2% decrease in Black infant mortality rates by 2018.

c. Where/how will you get the information?

1. Florida Charts

d. What do you expect will be the observed impact of the strategy on the system or community-wide problem/need?
1. Decreased rates of infant mortality
2. Decreased rates of Black infant mortality
3. Decreased rates of racial disparity in infant mortality
4. Increased community awareness

e. What information will you gather to demonstrate this change on the system?
1. Mortality rates

f. Where/how will you get the information?

1. Healthy Start Charts on line

3. ACTION STEPS:

Action Step	Pers. Responsible	Start Date	End Date
1. Continual implementation of marketing messages for families of childbearing ages that emphasize the importance of folic acid, treating infections and oral health care during before, during and after pregnancy	Executive Director and QA/QI Manager and Public Relations Committee	July 2013	June 2018
2. Develop and establish contractual language that requires contracted providers to recruit and retain multilingual staff to provide linguistically competent services	Executive Direct, Contract Manager and QA/QI Manager	July 2013	June 2018
3. Implement action steps from the BIHPI Turn the Curve Plan	Executive Director and	July 2013	June 2018

	BIHPI TTC Workgroup		
4. Evaluate costs and benefits of instituting the “Touch Research” (Dr. Tiffany Fields) as a program in Broward County	Executive Director and BIHPI Workgroup	July 2013	April 2014
5. Institute a focus on “Life Course” approach for the FIMT CRT process and evaluate effectiveness	QA/QI Manager	December 2014	June 2014
6. Provide two annual outreach events targeting at risk pregnant women in the community	Program Providers	July 2013	June 2018
7. Assess whether the Coalition can afford to develop a PPOR process for FIMR	QA/QI Manager	January 2014	April 2014

Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____

4. REPORTING PHASE ANSWERS: (To be completed for the Annual Action Plan Update)

a. Demonstrate that you have implemented this strategy as planned (who, what, how many, how often, where, etc.).

b. Demonstrate the changes in the system/community.

c. Will you drop/modify/expand/continue strategy next year?

ACTIVITY #4

1. CONTRACT REQUIREMENT OR IDENTIFIED COMMUNITY-WIDE/SYSTEM ISSUE:

a. What is the requirement or system/community-wide problem or need identified to be addressed by a strategy?

Increased rates of late preterm births

b. What health status indicator/coalition administrative activity is being addressed by this strategy?

1. Birth weights
2. Rates of preterm births

c. What information, if any, was used to identify the issue/problem (i.e. HPA, FIMR, screening, client satisfaction, interviews, QI/QA)?

1. Florida Charts data

2. PLANNING PHASE QUESTIONS: (All Required)

a. What strategy has been selected to address this?

1. Work with MCH healthcare staff to inform of the risks involved in late preterm elective indications and cesarean sections
2. Develop and implement research informed strategies targeting pregnant women with the goal of reducing the number of elective indications and cesarean sections

b. What information will you gather to demonstrate that you have implemented this strategy as intended (who, what, how many, how often, where, etc.)?

1. Rates of Late preterm births (<37 weeks)

c. Where/how will you get the information?

1. Florida Charts

d. What do you expect will be the observed impact of the strategy on the system or community-wide problem/need?

1. Increased birth weights
2. Longer gestational periods for women
3. Reduced stays in NICU's

e. What information will you gather to demonstrate this change on the system?

1. Birth weights (Low and Very Low)
2. Rates of preterm births

f. Where/how will you get the information?

1. Healthy Start Charts online

3. ACTION STEPS:

Action Step	Pers. Responsible	Start Date	End Date
1. Implement strategies on Turn the Curve Reports for Late Preterm births	TTC Workgroup/QA/QI Manager	January 2013	June 2018
2. Develop a workbook to use with pregnant women that uses Motivational Interviewing to persuade women to wait to not choose elective inductions and non medical necessitated cesarean sections.	QA/QI Manager	January 2014	July 2014
3. Pilot a workbook to use with pregnant women that uses Motivational Interviewing to persuade women to wait to not choose elective inductions and non medical necessitated cesarean sections. with 15 Care Coordinators	QA/QI Manager	July 2014	December 2014
4. Receive feedback on workbook, revise as needed	QA/QI Manager	January 2015	March 2015
5. Implement workbook through training and distribution	QA/QI Manager	April 2015	June 2018

6. Provide educational campaigns for healthcare professionals (Physicians, Nurses, Treatment Providers, etc.)	TTC Workgroup/QA/QI Manager	January 2013	June 2018

Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____

4. REPORTING PHASE ANSWERS: (To be completed for the Annual Action Plan Update)

a. Demonstrate that you have implemented this strategy as planned (who, what, how many, how often, where, etc.).

b. Demonstrate the changes in the system/community.

c. Will you drop/modify/expand/continue strategy next year?

ACTIVITY #5

1. CONTRACT REQUIREMENT OR IDENTIFIED COMMUNITY-WIDE/SYSTEM ISSUE:

a. What is the requirement or system/community-wide problem or need identified to be addressed by a strategy?

Rates of Perinatal HIV transmission and STD/STI rates

b. What health status indicator/coalition administrative activity is being addressed by this strategy?

Women, infants that have an HIV or STD/STI infection

c. What information, if any, was used to identify the issue/problem (i.e. HPA, FIMR, screening, client satisfaction, interviews, QI/QA)?

1. Perinatal HIV rates
2. STD/STI rates

2. PLANNING PHASE QUESTIONS: (All Required)

a. What strategy has been selected to address this?

1. Educate healthcare staff on FL Statutes/CDC/ACOG recommendations
2. Provide educational and outreach activities aimed at decreasing STD's amongst pregnant women

What information will you gather to demonstrate that you have implemented this strategy as intended (who, what, how many, how often, where, etc.)?

1. Perinatal HIV transmission rates
2. STD/STI rates amongst pregnant women

b. Where/how will you get the information?

1. Local health department
2. Florida Charts

c. What do you expect will be the observed impact of the strategy on the system or community-wide problem/need?

1. Decreased rates of HIV and STD/STI's in infants and mothers

d. What information will you gather to demonstrate this change on the system?

1. Perinatal HIV transmission rates
2. STD/STI rates amongst pregnant women

e. Where/how will you get the information?

1. Florida Charts on line
2. Local health department

3. ACTION STEPS:

Action Step	Pers. Responsible	Start Date	End Date
1. Develop a plan to educate OB's on FL Statutes/CDC/ACOG recommendations	TTC Workgroup/ QA/QI Manager	January 2014	April 2014
2. Implement plan to educate OB's on FL Statutes/CDC/ACOG recommendations	TTC Workgroup/ QA/QI Manager	April 2014	March 2015
3. Evaluate the effectiveness of plan to educate OB's on FL Statutes/CDC/ACOG recommendations	TTC Workgroup/ QA/QI Manager	April 2015	June 2015
4. Implement actions and strategies from the Turn the Curve reports	TTC Workgroup/ QA/QI Manager	July 2013	June 2018
5. Create a Turn the Curve reports for STD/STI	TTC Workgroup/ QA/QI Manager	July 2013	June 2014

Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____

4. REPORTING PHASE ANSWERS: (To be completed for the Annual Action Plan Update)

a. Demonstrate that you have implemented this strategy as planned (who, what, how many, how often, where, etc.).

b. Demonstrate the changes in the system/community.

c. Will you drop/modify/expand/continue strategy next year?

ACTIVITY #6

1. CONTRACT REQUIREMENT OR IDENTIFIED COMMUNITY-WIDE/SYSTEM ISSUE:

a. What is the requirement or system/community-wide problem or need identified to be addressed by a strategy?

1. Repeat teen births

b. What health status indicator/coalition administrative activity is being addressed by this strategy?

1. Rates Repeat teen births

c. What information, if any, was used to identify the issue/problem (i.e. HPA, FIMR, screening, client satisfaction, interviews, QI/QA)?

1. Numbers of teens experiencing a repeat birth

2. PLANNING PHASE QUESTIONS: (All Required)

a. What strategy has been selected to address this?

Provide educational outreach activities aimed at reducing repeat teen births

What information will you gather to demonstrate that you have implemented this strategy as intended (who, what, how many, how often, where, etc.)?

1. Rates of Repeat teen births
2. Educational services at teen centers
3. Where/how will you get the information?

    1. Florida Charts
    2. HMS

4. What do you expect will be the observed impact of the strategy on the system or community-wide problem/need?

    1. Decreased rates of repeat teen births

5. What information will you gather to demonstrate this change on the system?

    a. Educational Service units at teen centers
    b. Rates of repeat births

6. Where/how will you get the information?

    a. Florida Charts on line

3. ACTION STEPS:

Action Step	Pers. Responsible	Start Date	End Date
1. Implement actions and strategies from the Turn the Curve reports that encourage community education aimed at reducing teen pregnancies	TTC Workgroup/ QA/QI Manager	July 2013	June 2018
2. Develop a plan to increase the availability of birth control methods for teens	TTC Workgroup/ QA/QI Manager	July 2013	March 2014
3. Assess financial feasibility of the plan to increase the availability of birth control methods for teens	QA/QI Manager	April 2014	June 2014
4. Implement aspects of the plan to increase the availability of birth control methods that are financially viable.	TTC Workgroup/ QA/QI Manager	July 2014	June 2018
5. Develop a plan with the school system to increase parental involvement in the live of teens with one pregnancy to reduce the likelihood of a second teen birth	TTC Workgroup/ QA/QI Manager/Broward County School System	June 2014	July 2015

Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____

4. REPORTING PHASE ANSWERS: (To be completed for the Annual Action Plan Update)

a. Demonstrate that you have implemented this strategy as planned (who, what, how many, how often, where, etc.).

b. Demonstrate the changes in the system/community.

c. Will you drop/modify/expand/continue strategy next year?

Activity #7

1. CONTRACT REQUIREMENT OR IDENTIFIED COMMUNITY-WIDE/SYSTEM ISSUE:

a. What is the requirement or system/community-wide problem or need identified to be addressed by a strategy?

Preventable infant mortality

b. What health status indicator/coalition administrative activity is being addressed by this strategy?

Infant mortality rates identified as preventable

c. What information, if any, was used to identify the issue/problem (i.e. HPA, FIMR, screening, client satisfaction, interviews, QI/QA)?
   - FIMR data
   - Infant mortality rates

2. PLANNING PHASE QUESTIONS: (All Required)

a. What strategy has been selected to address this?

1. Provide educational outreach activities aimed at reducing preventable infant deaths
2. Continue implementation of the Safe Baby Campaign

b. What information will you gather to demonstrate that you have implemented this strategy as intended (who, what, how many, how often, where, etc.)?
   - Tracking of the TTC annual updates
   - Infant Mortality rates
   - FIMR data and recommendations

c. Where/how will you get the information?
   - Annual FIMR Reports
   - Annual TTC Updates
   - Florida Charts

d. What do you expect will be the observed impact of the strategy on the system or community-wide problem/need?

Reduction in preventable infant deaths

e. What information will you gather to demonstrate this change on the system?
Rates of Infant mortality

f. Where/how will you get the information?
   a. Annual FIMR Reports
   b. Annual TTC Updates
   c. Florida Charts

3. ACTION STEPS:

Action Step	Pers. Responsible	Start Date	End Date
1. Implement actions and strategies from the Turn The Curve reports	TTC Workgroup/ QA/QI Manager	July 2013	June 2018
2. Investigate the development of a reliable data base for Shaken Baby syndrome	TTC Workgroup/ QA/QI Manager	July 2014	April 2015
3. Begin a data base for FIMR CRT cases that will allow for statistical analysis of variables to better determine causality of death	TTC Workgroup/ QA/QI Manager/Healthy Mothers	July 2013	June 2014
4. Develop a Social Marketing campaign around the issues of safe sleep	TTC Workgroup/ QA/QI Manager	June 2013	July 2014
5. Implement a comprehensive educational program for the county that includes the use of social media, outreach efforts, education to pediatrician offices and healthcare staff	TTC Workgroup/ QA/QI Manager/Healthy Mothers	July 2014	June 2018

Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____

4. REPORTING PHASE ANSWERS: (To be completed for the Annual Action Plan Update)

a. Demonstrate the changes in the system/community.

b. Will you drop/modify/expand/continue strategy next year and explain why?

Revised 3/05/04, 4/2012

Activity #8

1. CONTRACT REQUIREMENT OR IDENTIFIED COMMUNITY-WIDE/SYSTEM ISSUE:

a. What is the requirement or system/community-wide problem or need identified to be addressed by a strategy?

Increased rates of substance abuse amongst pregnant women

b. What health status indicator/coalition administrative activity is being addressed by this strategy?

Numbers of infants born with a diagnosis of withdrawal syndrome

c. What information, if any, was used to identify the issue/problem (i.e. HPA, FIMR, screening, client satisfaction, interviews, QI/QA)?

Infant Services committee reports and data from FDOH

2. PLANNING PHASE QUESTIONS: (All Required)

a. What strategy has been selected to address this?

1. Provide educational outreach activities aimed at reducing the numbers of SA/SEN births
2. Support a system of care approach that has early identification through screening, education and treatment for mothers experiencing substance related problems

b. What information will you gather to demonstrate that you have implemented this strategy as intended (who, what, how many, how often, where, etc.)?

Numbers of infants born with a diagnosis of withdrawal syndrome

c. Where/how will you get the information?

Numbers of hospital discharges of newborn infants with a diagnosis of drug withdrawal syndrome

d. What do you expect will be the observed impact of the strategy on the system or community-wide problem/need?

Decreased numbers of newborns that are diagnosis of drug withdrawal syndrome

e. What information will you gather to demonstrate this change on the system?

Decreased numbers of newborns that are diagnosis of drug withdrawal syndrome

f. Where/how will you get the information?
Hospital records

3. ACTION STEPS:

Action Step	Pers. Responsible	Start Date	End Date
1. Implement actions and strategies from the Turn The Curve reports	TTC Workgroup/ QA/QI Manager	July 2013	June 2018
2. Train MCH direct service staff on signs/symptoms and interventions for substance abusing clients	QA/QI Manager	March 2014	September 2014
3. Develop a date base to track by zip code where the SEN clients reside	QA/QI Manager	June 2014	July 2015
4. Investigate methods of increasing buy in by the entire MCH system for awareness, screening, referral and treatment	TTC Workgroup/ QA/QI Manager	March 2014	December 2014

Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____
Quarterly Progress for _____

4. REPORTING PHASE ANSWERS: (To be completed for the Annual Action Plan Update)

a. Demonstrate the changes in the system/community.

b. Will you drop/modify/expand/continue strategy next year and explain why?

APPENDIX

2103-2018 Service Delivery Plan Committee

Members

Chair - Marcia Bynoe, Broward County School System

Maria Juarez, Children's Services Council of Broward County

Amanda Lopez, Memorial Healthcare Systems

Madeline Wares, Memorial Healthcare Systems

Evanise Cornwell, Children's Healing Institute

Sandy Munoz, Children's Healing Institute

Linda Welp, Broward Health

Donna Sogegian, Broward Healthy Start Coalition

David Duresky, Broward Healthy Start Coalition

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Timothy G. Curtin, MSW, CAP, CAPP Director, Community Youth Services Memorial Healthcare System 7031 Taft Street Hollywood, FL 33024 tcurtin@mhs.net Phone: (954) 985-7004; Fax: (954) 985-0382	Sharon Hamilton, MW **President** Home Birth Associates 2148 Tyler Street Hollywood, FL 33020 2461 Taylor Street, Hollywood, FL 33020 - Home hamilton256731@bellsouth.net
Maria Hernandez Dir Family Support Services Dept. Family Central, Inc. 840 SW 81st Avenue North Lauderdale, FL 33068 mhernandez@familycentral.org Phone: (954) 724-3828; Fax: (954) 724-3828 Cell: (954) 798-0262	Charles M. Hood, III **Treasurer** Chief Executive Officer Early Learning Coalition of Broward County, Inc. 6301 NW 5th Way, Suite 3400 Fort Lauderdale, FL 33309 chood@elcbroward.org
Vivian Keeler Doula, Childbirth Educator Amazing Births and Beyond 2316 Hollywood Boulevard Hollywood, FL 33020 viviankeeler@gmail.com Phone: (954) 610-9754; Fax: (866) 481-1638 Cell: (954) 610-9754	Lori Kessler, BSW, MHSA Dir, School Health/Disease State Management Broward Health 1608 SE 3rd Avenue, Suite 108 Fort Lauderdale, FL 33316 lkessler@browardhealth.org Phone: (954) 767-5623; Fax: (954) 767-5565 Cell: (954) 529-3285
Marcia Cheryl Phillips Retired Zeta Phi Beta Sorority, Inc. 435 NW 20th Avenue Fort Lauderdale, FL 33311 phillipsmarcia63@yahoo.com Phone: (954) 467-1872; Fax: ( ) Cell: (954) 540-6252	Karen Swartzbaugh Ghezzi, M.A. **Vice President** Chief Program Officer Children's Services Council of Broward County 6600 W. Commercial Boulevard Lauderhill, FL 33319 kswartzbaugh@cscbroward.org

Dr. Paula Thaqi Director Broward County Health Department 780 SW 24th Street Fort Lauderdale, FL 33315 paula_thaqi@doh.state.fl.us Phone: (954) 467-4811; Fax: (954) 760-7798		Nelson Velez Director/Community Liaison Broward Sheriff's Office 2601 W. Broward Boulevard Fort Lauderdale, FL 33071 Nvelez@aipmentor.com Phone: (954) 321-4643; Fax: (954) 321-4566 Cell: (954) 592-6691
Dr. Elizabeth Wynter Director of Community Relations ChildNet 313 N State Road 7 Plantation, FL 33317 ewynter@childnet.us Phone: (954) 414-6000 x8036; Fax: (954) 414-6010		

Broward County Maternal Child Health Systems Committee Membership

Name	Organization
Arnoux, Jacqueline	Community Access Center
Altabaz, Niurka	Avanti (HS)
Banyai, Geri	BHSC MomCare
Bekele, Rahel	Avanti (HS)
Branch, Cathy	Covenant House
Burks, Cassandra	BHSC
Bynoe, Marcia	Broward County Schools
Claprood, Elyse	NBHD
Cohn, Nancy	CSC
Coleman, Michelle	CSC
Combs, Jennifer	HMHB
Corbett, Anne	BHSC
Cornwell, Evanise	CHI (HS)
Corrales, Lindsay	BRHPC/TOUCH
Curtin, Tim	Memorial
Burgess, Kim	BCHD
Despagne, Sandra	HMHB
Dougherty, Jean	Atlantic Tech College
Duresky, David	BHSC
Edwards, Ethel	BCHD
Florence, Toya	Henderson (HS)
Gallagher, Sue	CSC
Gellman, Jill	FCI
Gress, James	Covenant House
Grunfelder, Robin	BHSC
Hacker, Rebecca	BCHD WIC
Halldorsdotir, Kristin	BCHD
Hagues, Michelle	Memorial MOMS Program
Hamilton, Sharon	Home Birth Associates
Hernandez, Maria	United Way of Broward County
Hood, Chuck	Early Learning Coalition
Hosein, Trecia	HMHB
Hughes, Kristin	Covenant House (HS)
Juarez, Maria	CSC
Joseph, Monica	Cenpatico
Kessler, Lori	Broward Health (HS)
King, Monica	ChildNet
Knaub, Michelle	Plantation General
Kodish, Patti	March of Dimes
Korenman, Gloria	BCDOH
Lee, Jodi	ChildNet
Lesh, Barabara	BCHD
Lopez, Amanda	Memorial (HS)
Lyons, Patricia	Kids In Distress

Mamula, Patti	BCHD
Marcello, Suzanne	BHSC
March Singleton, Esther	BCHD WIC, BF Coalition
Markland, Donna	BCHD
Matthews, Solia	BCDOH
McDaniel, Augustine	BHSC BOD
Mendoza, Deborah	BHSC/MomCare
Miele, Rebbecca	BCDOH
Millingen, Betty	Hope Women Center
Mosley, Sandra	BCHD
Mimnaugh, Betty	Hope Women Center
Neal, Jessica	BHCD
Ogunya, Jo	Plantation General
Perez, Elba Ortiz	Plantation General
Perez, Lourdes	Urban League
Pinck, Marcia	Mental Health Association
Radlauer, Julie	Ronik Radlauer Group
Reese, Michelle	HMHB
Rogers, Michelle	Family Central
Romero, Ana	HMHB MCNP
Ronik, Marci	Ronik Radlauer Group
Thomas, Latrice	Urban League (HS)
Scales, Sharon	Plantation General
Schwartz, Susan	Early Head Start
Sogegian, Donna	BHSC
Wares, Madeline	Memorial (HS)
Welp, Linda	Broward Health (HS)

1. I feel that the Coalition staff presents a clear vision, or concept of the organization's purpose, function and responsibilities to its service providers

answered question	**8**
skipped question	**0**

	Response Percent	Response Count
Strongly Agree	75.0%	6
Agree	25.0%	2
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Unsure	0.0%	0
Other (please specify)		0

2. I feel that the Coalition staff responds in a timely manner to its service provider's questions and needs

answered question	**8**
skipped question	**0**

	Response Percent	Response Count
Strongly Agree	75.0%	6
Agree	25.0%	2
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Unsure	0.0%	0
Other (please specify)		1

3. I feel that the Coalition staff provides adequate training and technical assistance to its service providers

answered question	**7**
skipped question	**1**

	Response Percent	Response Count
Strongly Agree	71.4%	5
Agree	28.6%	2
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Unsure	0.0%	0
Other (please specify)		1

4. I feel that the Coalition staff clearly communicates important programmatic issues to its service providers

answered question	**8**
skipped question	**0**

	Response Percent	Response Count
Strongly Agree	75.0%	6
Agree	25.0%	2
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Unsure	0.0%	0
Other (please specify)		0

5. I feel that the Coalition staff clearly communicates important contractual issues to its service providers

answered question	**8**
skipped question	**0**

	Response Percent	Response Count
Strongly Agree	75.0%	6
Agree	25.0%	2
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Unsure	0.0%	0
Other (please specify)		0

6. I feel that the Coalition staff is respectful and courteous to its service providers

answered question	**8**
skipped question	**0**

	Response Percent	Response Count
Strongly Agree	100.0%	8
Agree	0.0%	0
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Unsure	0.0%	0
Other (please specify)		0

7. I feel that the Coalition staff provides adequate technical assistance and training to its service providers

answered question	**8**

skipped question	**0**

	Response Percent	Response Count
Strongly Agree	37.5%	3
Agree	62.5%	5
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Unsure	0.0%	0
Other (please specify)		1

8. I feel that the Coalition staff fosters a sense of teamwork and cooperation with its service providers

answered question	**8**
skipped question	**0**

	Response Percent	Response Count
Strongly Agree	87.5%	7
Agree	12.5%	1
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Unsure	0.0%	0
Other (please specify)		1

9. I feel that the Executive Director provides community and state leadership for Healthy Start

answered question	**8**
skipped question	**0**

	Response Percent	Response Count
Strongly Agree	75.0%	6
Agree	25.0%	2
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Unsure	0.0%	0
Other (please specify)		0

10. I feel that the Executive Director is easily accessed and can be approached

answered question	**8**
skipped question	**0**

	Response Percent	Response Count

Strongly Agree	75.0%	6
Agree	25.0%	2
Disagree	0.0%	0
Strongly Disagree	0.0%	0
Unsure	0.0%	0
		0
Other (please specify)		