

# **Leon County Health Care Advisory Board**



## **Year of the Healthy Infant Report May 8, 2008**

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**Table of Contents**

Introduction ..... 2  
Executive Summary..... 4  
Priority Issues..... 6  
Strategies and Interventions ..... 9  
Action Plan ..... 12  
Implementation ..... 23

**Attachments**

1. Leon County Infant Mortality Statistic for 2006 (Attachment #1, pages 28-29)
2. Comparable County Infant Mortality Statistics (Attachment #1, pages 30-34)
3. Economic Impact of Infant Mortality (Attachment #1, page 35)
4. Infant Survival Priority Areas (Attachment #1, pages 36-40)
5. Workshop Attendance List and HAB Member List (Attachment #1, page 41)
6. Common Acronyms and Abbreviations (Attachment #1, page 42)
7. Facilitator Report, March 15<sup>th</sup> Workshop  
Dr. Tom Taylor, Florida State University  
(Attachment #1, pages 43 -63)
8. 100 Intentional Acts of Kindness Toward a Pregnant Woman  
(Attachment #1, page 64)

## **Year of the Healthy Infant Report**

### ***Introduction and Background***

Leon County, Florida has had infant mortality rates higher than the overall Florida rate for over fifteen years. Even more unsettling is the consistently increasing rate of racial disparity for African American infant deaths in our community. African American infants are at three to four times higher risk of dying than white babies. In 2004, two-thirds of the fetal and infant deaths in Leon County occurred in black families even though only 30% of Leon County residents are African American.

In 2001, the Leon County Commission as part of their commitment to the good health of all Leon County citizens established the Healthcare Advisory Board (HAB). Commissioner Bryan Desloge currently serves on the HAB as an active and committed representative of the Commission. As part of its missions the HAB seeks to identify problems that threaten the good health of all Leon County citizens. The HAB also seeks solutions to those problems in cooperation with the entire community. As an action oriented body, the HAB establishes a priority list of problems to be addressed each year in order to work towards improving community health. In 2007, the HAB was stimulated by the strong advocacy of Dr. Edward Holifield to address black infant mortality as their highest priority goal.

The HAB members became better educated on the subject after presentations by Homer Rice, Administrator of the Leon County Health Department (LCHD), the Fetal and Infant Mortality Review (FIMR) Project of Capital Area Healthy Start Coalition (CAHSC) and Bond Community Health Center's (Bond) Women and Children's Program. It was clear to the HAB that the very high rate of black infant mortality was an urgent problem that required action. It was also recognized that, while the Leon County Commission and the HAB could be a powerful catalyst for better health, they could not solve all community health issues alone. Widespread community involvement was felt necessary to improve black infant mortality. All stakeholders needed to be brought together to further study the problem, network, encourage cooperation and develop an action plan to decrease black infant mortality. At the recommendation of the HAB, the Leon County Commission agreed to sponsor a community workshop, ***Year of the Healthy Infant***.

The ***Year of the Healthy Infant*** workshop was held at and hosted by Tallahassee Memorial Healthcare (TMH) on March 15, 2008. The workshop discussion groups were based on the five Infant Survival Priority Areas (intermediate and immediate causes of black infant mortality) as identified by the Fetal and Infant Mortality Review Project of Healthy Start. These five Infant Survival Priority Areas include:

- Premature delivery
- Racial disparity
- Maternal infection
- Poor pre-pregnancy health
- Unsafe infant sleep

The workshop generated significant community interest and participation. Over 100 diverse individuals were in attendance representing over 30 organizations consisting of citizen groups, health care providers, educators, researchers, public officials and professional staff.

In Addition to Tallahassee Memorial Healthcare's sponsorship of the ***Year of the Healthy Infant*** workshop others contributions were provided by;

- The Leon County Board of County Commissioners
- The Leon County Health Department
- Capital Area Healthy Start Coalition
- Commissioner Bryan Desloge (private donation)
- Dr. Jim Stockwell (private donation)
- Steve Evans (private donation)

Subsequent to the workshop there was a collaborative community effort made by the Healthcare Advisory Board, Capital Area Healthy Start Coalition, Infant Mortality Coordinating Commission, Leon County Health Department, and other community partners to further develop the Infant Mortality Project.

## **Executive Summary**

### **Background**

The Leon County Commission sponsored the *Year of the Healthy Infant Workshop* on March 15, 2008 at the request of the Leon County Healthcare Advisory Board (HAB). The purpose of the workshop was to bring together interested caregivers, citizens and organizations to develop a community action plan to reduce the high rate of black infant mortality and eliminate infant mortality racial disparity.

### **Workshop Format**

Brief presentations provided information concerning Florida and Leon County infant mortality statistics and the five Infant Survival Priority Areas. Breakout groups then convened to discuss each of the five Infant Survival Priority areas which included premature delivery, racial disparity, maternal infection, poor pre-pregnancy health and unsafe infant sleep. At the completion of the breakout sessions, all participants reconvened to review breakout session results, establish priorities and consider action plans. Over 100 individuals attended the *Year of the Healthy Infant workshop* representing thirty local and state organizations

### **Post workshop Activities**

Subsequent to the *Year of the Healthy Infant Workshop* the results of the workshop were discussed by the: Leon County Healthcare Advisory Board, the Capital Area Healthy Start Coalition, Whole Child Leon, the Infant Mortality Coordinating Council and the Leon County Health Department. Mission, specific goals, priorities, action steps and strategies were identified for implementation to decrease infant mortality.

### **Mission**

To decrease the overall infant mortality and eliminate racial disparity in Leon County.

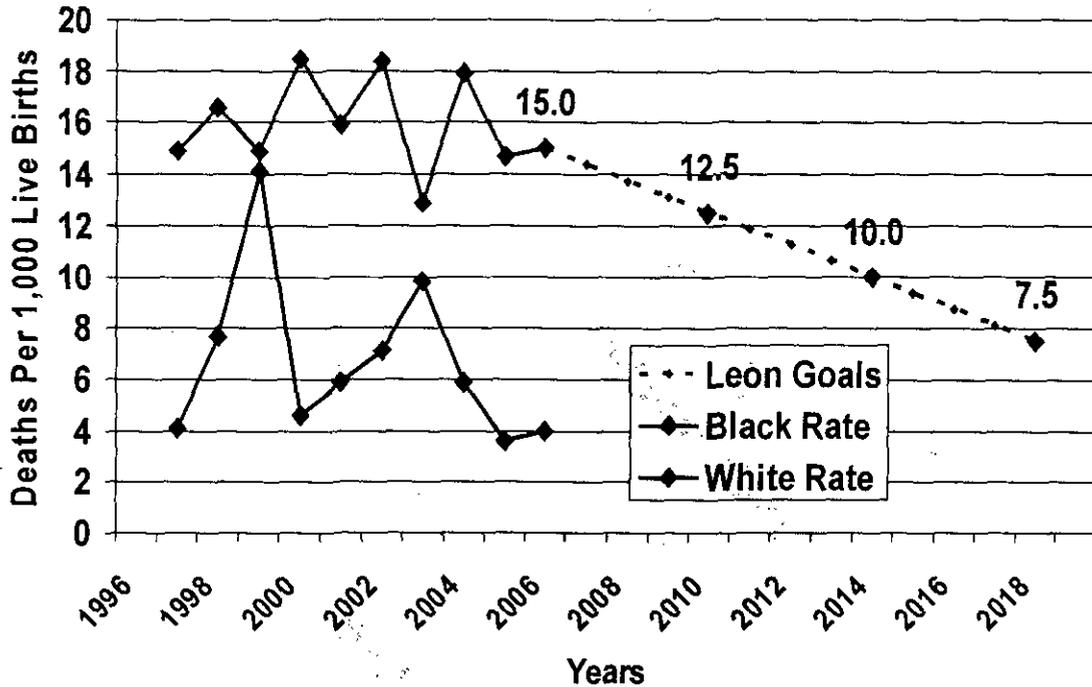
### **Goals**

**Overall Short Term Goal:** Decrease Black Infant Mortality in Leon County, which in 2006 was 15.0 per 1,000, to at least the level of the State of Florida of 12.9 per 1,000 by 2010

**Overall Intermediate Goal:** Decrease Black Infant Mortality in Leon County, which in 2006 was 15.0 per 1,000, to at least 10.0 per 1,000 by 2014.

**Overall Long Term Goal:** Eliminate Racial Disparity in Infant Mortality in Leon County by 2018.

**Leon County Goals for the Black Infant Mortality Rate, 2006 to 2018**



Goal # 2: Decrease the number of Leon County black babies delivered prematurely, which in 2006 was 19.5 per 1,000 to 18.2 per 1,000 by the year 2012.

Goal # 3: Reduce the number of infant deaths in Leon County associated with maternal infection as evidenced by the Fetal and Infant Mortality Review Project data.

Goal # 4: Decrease the number of unsafe infant sleeping deaths in Leon County. By 2010, there will be no sleep related deaths in Leon County.

Goal # 5: Improve the pre-pregnancy adverse health status of women by 10% by the year 2014 with special emphasis on obesity, hypertension, birth spacing, diabetes and smoking (to include secondhand smoke) based on 2006 statistics.

Goal # 6: Provide additional funding for additional activities to decrease infant mortality by obtaining one grant from sources outside of Leon County by December 2009.

Goal #7: Establish a Local Legislative Infant Mortality Coalition to lobby for the restoration and improvements of State funding for maternal and infant health programs.

Goal #8: Develop a "common message" concerning infant mortality to encourage community awareness and support for activities to decrease infant mortality.

Goal # 9: Long Term Goal for 2020: Be among the best counties in the State and the Nation with regards to the overall infant mortality rate by having an infant mortality rate 20% lower then the State and National rates.

### **Priority Issues**

During the workshop and subsequent discussions priority areas were identified as essential for accomplishment of decreasing infant mortality in Leon County.

#### **First Priority - Education**

An analysis of the workshop break-out session minutes indicated that all five break-out groups considered education of women of reproductive age, their partners and their extended family to be their first priority. Education included community-based pre-pregnancy and pregnancy health education. A common curriculum would be utilized involving faith based organizations, community centers, health fairs and clinics with an emphasis on training individuals to become teachers of the curriculum. This "train the trainer" model allows for broader community participation by volunteers in a cost effective approach to health education.

Topics of importance to be taught in the curriculum should include obesity, nutrition, dental health, signs and symptoms of urinary tract infections, substance abuse and sexually transmitted infections.

School-based health education, to include general health information, smoking, substance abuse and age and developmentally appropriate wellness education, was considered a priority by all five of the break-out groups. Age appropriate health education is critical for children to remain healthy throughout their lives. Children should be taught from

their earliest years to brush their teeth, eat a nutritious diet, and exercise. Boys as well as girls need to be provided information on how to take care of their own health. The recent statistics on childhood obesity are only one indicator that the community needs to make more of an effort in regards to the care of our children.

### **Second Priority – Health Care/Primary Care**

The second priority as noted by four of the five breakout groups was providing affordable, accessible prenatal care for all women. Special emphasis should be placed on the 20% of African American women not entering prenatal care in the first trimester and identifying the barriers to them not seeking timely care.

Pre-conception and inter-conception health care was noted by three of the five breakout groups as a priority. Recent research indicates that the best predictor of a pregnancy's outcome is the health of the woman prior to pregnancy. It is critical that both women and children have access to quality primary care throughout their life course. Additionally, three of the five groups felt dental care for pregnant women is a high priority.

The second priority of health care follows directly with the first priority, the need for health education. A community well educated about health issues is more likely to be a community seeking consistent primary care in the form of a "medical home" through services of a permanent family physician, nurse, clinic or other health care provider.

### **Third Priority – Economic Support**

The third priority was discussed in two of the five groups. Overall economic support was considered necessary to improve the economic conditions for low-income community members. As discussed by the Florida Department of Health at the Workshop, poverty is a major issue in relation to the local infant mortality rate.

Employment and adequate housing are necessary for a stable life, including access to health care. Racial disparity in employment, income and housing is directly linked to the racial disparity found in infant mortality rates. Economics and the lack of support are considered root causes of infant mortality. These root causes feed into the intermediate causes of social issues, maternal health, perinatal care and environment.

## **Other Priorities**

**Individual Responsibility** – Participants at the workshop felt that it is important for patients to become active partners in their medical care. The health care system can be overwhelming and intimidating to even well educated, established community members. Medical professionals need to work in partnership with their patients to provide the best level of care. Furthermore many of the workshop participants felt that patients need to be self advocates. Many of the workshop participants agreed that it is difficult for citizens to advocate for themselves if they are uninformed. However, it was concluded that self-advocacy is only possible when linked with the first priority, education. The workgroups also felt that Leon County parents have a responsibility to monitor the health care and health education that their children receive.

**Cultural Competence** – Recent research has provided effective culturally competent approaches that should be utilized in education, patient care and research. Local academic institutions can contribute by developing a standardized approach to the provision of and evaluation of services to pregnant African American women. Questions that need to be addressed are;

- “Why are 20% of African American women not entering prenatal care in their first trimester?”
- “What are the barriers to seeking care?”
- “How can the medical community relate more effectively to the social, cultural and environmental issues that confront many African American women?”
- “How can the perinatal health care system be restructured to insure that cultural, social, environmental and economic issues are addressed when necessary to improve the possibility of a good birth outcome?”

Many of the workshop participants felt that local health educators need to strive to be culturally competent.

**Data** – Electronic data collection must be enhanced to include electronic medical records that are transferable among systems. Additionally, a method of linking levels and types of services to pregnancy outcomes needs to be developed. This should be used

universally to facilitate answering the questions, "What works? What doesn't work?"

### **Creating a Common Message**

The consensus at the closing segment of the *Year of the Healthy Infant Workshop* was that a unified message along with measurable outcomes and goals are critical to ending the cycle of babies dying in Leon County. A unified message would result in community buy-in at all levels. Whole Child Leon was suggested as the coordinating entity by Representative Lorraine Ausley. The Health Action Team of Whole Child Leon, co-chaired by Representative Ausley and Ann Davis, Executive Director of Capital Area Healthy Start Coalition, can be expanded to work on the goals developed.

Specific items relating to a common message that need to be developed or continued include:

- Develop common training curricula for health education throughout Leon County
- Create a public awareness campaign utilizing already existing materials to be cost effective
- Organize a speakers bureau
- Create a health education website
- Create CD/DVD for families on safe sleep environment and other health education messages
- Establish a relationship with the business community and both Chambers of Commerce
- Continue the work of the OB/GYN and Neonatal/Pediatric Work Group

## **Suggested Strategies and Interventions**

### **Education**

1. Develop a uniform message (HAB, CAHSC, FPRA, LCHD)  
Round table discussions with lactation consultants, health care providers, educators to provide input on toolkit for parents
2. Determine what training should be provided. (CAHSC, CMS, LCHD)  
Suggested training area include:
  - Heart healthy education
  - Signs of pre-term labor
  - No douching
  - Dental health
  - Folic acid awareness
  - Pre-pregnancy health
  - Breastfeeding
  - Safe infant sleep
  - Smoking cessation
  - How to access Healthy Start services
  - Baby Planning and Spacing
  - Education, Support and involvement of fathers
  - Overcoming stress
  - Relationship of infection to birth outcomes
3. Develop training curricula – involve consumers (CAHSC, FIMR CRT, CMS, Professional Midwives, Dental Society, FSU Social Work, Nursing & Medical Schools, FAMU Schools of Pharmacy, Nursing, Social Work, Public Health)
4. Build relationships with all interested groups and individuals
5. Get health information into public schools (HAB, LCHD, LCSB)
6. Create public awareness campaign (HAB, CAHSC, FPRA, LCHD, local newspapers, broadcast media, outdoor advertising)
7. Disseminate awareness materials through churches, community groups, health department & clinics (CAHSC, LCHD, Bond, FPRA, Civic Organizations, Faith-Based Organizations)

8. Create a speakers bureau to coordinate outreach efforts (CAHSC, HAB, Bond, LCHD)
9. Create a local health education and resource website utilizing an outside resources (possibly Tallahassee.com or MY Space to host)
10. Press coverage to educate businesses on key factors that impact business and infant mortality (local print and broadcast media outlets)
11. Create CD/DVD for families on safe sleep, safe environment, breastfeeding
12. Develop Road Map of System of Care (WCL)
13. Build a "No Wrong Door" culture among service providers (WCL)
14. Conduct "Secret Shopper" evaluations of referral services

### **Health Care**

1. Increase access to primary health care
2. Maintain and improve funding for Primary Care, Maternal and Infant Care through all available sources (Federal, State, County, City, Foundations and Private Donations).
3. Promote utilization of the mobile health screen unit for health screenings (City, County, Star Metro, LCHD)
4. Simplify system of women applying for Medicaid once they become pregnant (DOH, DCF, City, County)
5. Extend Medicaid coverage for any woman who has had a LBW delivery to 2 years post-partum (DOH, DCF, City, County, FAHSC)
6. Increase Medicaid reimbursement rates and flexibility in billing so that mothers receive appropriate care (DOH, DCF, City, County, FAHSC)
7. Keep working group of doctors/nurses/midwives to continue to address and improve continuity of care and the relationships between primary care doctors and all providers.
8. Train health care providers on screening pregnant women on intimate/sexual violence (Refuge House)
9. Maintain/increase support to Carenet providers: Bond, FAMU, NHS, WeCare (City/County)
10. Increase number of employers who provide workplace breastfeeding rooms and associated break time for mothers (Well workplace Tallahassee Initiative)

11. Revise Medicaid policy to cover progesterone (\$320) for women with previous preterm delivery (weekly injection). Medicine must be compounded
12. Provide adjunctive funding for specialists during high-risk pregnancy (internists, endocrinologists, cardiologists, etc). Need to develop codes of reimbursement that are consistent with the care of high risk pregnant woman by specialists. Advocate for priority care (no-wait appointments) for high-risk pregnancy.
13. Parish nursing
14. Increase awareness of and testing for urinary tract infections and beta strep.

### **Economic Support**

1. Involve the business community, and ask them to partner on the issue. Advocate for paid maternity and paternity leave postpartum
2. Request that the City and County perform a health economic impact study before dollars are allocated to bring business to the community. Monitor business after they arrive.
3. Request that all urban planning efforts involve the evaluation of all factors that improve or impair community and citizen health, quality of healthcare and accessibility.
4. Explore opportunities for adequate housing, educational opportunities and employment for families and mothers.
5. Address persistent negative impact of institutional barriers to economic, employment and educational equality - which translates into poverty, unemployment, poor health literacy, poor health practices, poor health care, poor health outcomes and premature mortality at both ends of the life spectrum. Recognize racism in this context is not the attitude or even the speech of individuals - it is the action or result of actions by institutions or individuals that perpetuate inequality which translates directly into poverty and unemployment.
6. Seek adequate funding and support for maternal and infant health care from private sector and all levels of government.
7. Encourage employers to adopt a "wellness day" for expectant mothers to make medical appointments without using "sick leave" as one way to support health promotion.

**Other Priorities**

1. Self-assessment of support systems
2. Distribute to the community *100 Acts of Kindness to a Pregnant Woman* (Attachment # 8).

## Action Plan

**Short Term Goal:** Decrease Black Infant Mortality in Leon County, which in 2006 was 15.0 per 1,000, to at least the level of the State of Florida of 12.9 per 1,000 by 2010.

**Intermediate Goal:** Decrease Black Infant Mortality in Leon County, which in 2006 was 15.0 per 1,000, to at least 10 per 1,000 by 2014.

**Long Term Goal:** Eliminate Racial Disparity in Infant Mortality in Leon County by 2018.

**Strategy 1:** Ensure that African American preconception, interconception, and pregnant women have access to a quality system of care by:

*Activity 1: Initiating and tracking culturally competent research regarding healthcare access and provision by developing, standardizing, and evaluating services to pregnant African American women. To accomplish this...*

- FAMU College of Pharmacy will be responsible for seeking grants to fund this research to investigate the quality of the relationship between and their prenatal care providers.
- The University of South Florida study on prenatal care and African American women in Gadsden, Leon and Pinellas Counties will be shared with the RD workgroup and HAB Board members.
- The working group of MDs/nurses/midwives will continue to address the continuity of care, relationship between primary care docs, and prenatal doctors, and during prenatal care. This group will report to the HAB board semi-annually (June and December) on local trends.
- Approximately 20% of African American women in Leon County do not enter prenatal care until after their first trimester. \_\_\_\_\_ will be responsible for researching the reasons why African American women are entering prenatal care late in pregnancy. Issues to be considered include Medicaid access, provider access, and possible attitudes and behaviors toward healthcare.

**Strategy 2:** Address racism as a contributing factor to Black Infant Mortality by:

*Activity 1: Educating prenatal providers on the effects racism has on pregnancy. To accomplish this...*

- Florida Department of Health Office of Minority Health (Dr. Commodore) will be responsible for training providers concerning the effects on racism and the need for cultural competency

*Activity 2: Educating preconception, pregnant, and interconception African American women on the effects racism has on pregnancy. To accomplish this...*

- Healthy Start will work in collaboration with WCL to provide training to local providers
- Healthy Start, Healthy Families Leon, LCHD, DCF, Leon County Schools TAP program staff will provide education to clients in the community and at FAMU
- Healthy Start will work in collaboration with LCHD & WCL to offer training specifically with local African American women's groups, church groups, etc.

<p><b>Strategy 3: Address poverty as a contributing factor to Black Infant Mortality by:</b></p>
<p><i>Activity 1: Addressing restrictions to Medicaid as a limitation to receiving quality services. To accomplish this....</i></p>
<ul style="list-style-type: none"> <li>• DCF will work to simplify the system of women signing up for Medicaid once they become pregnant and communicate changes in the system with WCL partners.</li> <li>• The Healthcare Advisory Board (HAB) in collaboration with the HAB OB/Pediatric Work and legislative infant mortality coalition will develop a unified message regarding Medicaid with crisp articulation of risk. Points to be included in this message include: Extending coverage for any woman who has had a LBW delivery to 2 years postpartum; opposing any cuts to Medicaid; Increasing Medicaid reimbursement rates for maternal and infant healthcare services.</li> </ul>
<p><i>Activity 2: Ensure a system of training for poor women and men to ensure that they have adequate income and/or education and training to care for their families</i></p>
<ul style="list-style-type: none"> <li>• WCL, City of Tallahassee, Workforce Development and DCF will map out the system of employment, training, and educational services and opportunities available for poor women with the goal being to identify gaps in services and/or advocate and market programs that currently exist and may be underutilized.</li> </ul>
<p><i>Activity 3: Businesses seeking to come to Leon County will be assessed based on their provision of healthcare benefits and potential impact on community health.</i></p>
<ul style="list-style-type: none"> <li>• WCL will work in collaboration with the Tallahassee Chamber to identify and monitor new businesses coming into the area and assess their potential impact on the healthcare of Leon County citizens.</li> <li>• Encourage the City and County as a part of comprehensive Urban Planning evaluated the impact of proposals on health care accessibility, affordability and community health</li> </ul>
<p><b>Strategy 4: Ensure that preconception, pregnant, and interconception women have appropriate services and support by:</b></p>
<p><i>Activity 1: Providing education on healthy behaviors by focusing on known contributors to infant death such as maternal infection, poor pre-pregnancy health, and factors that disproportionately affect the African American community like obesity and douching. To accomplish this....</i></p>
<ul style="list-style-type: none"> <li>• Healthy Start &amp; LCHD will be responsible for providing health education to community members, pregnant women, and women preconception and interconception.</li> <li>• Healthy Start will train local trainers to provide Health Education in the community.</li> <li>• Health care providers and health support professionals (e.g. Healthy Start and Healthy Families) will create a mechanism for interacting with one another to insure all issues related to a positive birth outcome are addressed during prenatal care.</li> </ul>
<p><i>Activity 2: Eliminate barriers to breastfeeding with African American women as breastfeeding has been shown to reduce postneonatal Black infant mortality by 21% and African American women breastfeed at a lower rate than White women. To accomplish this...</i></p>
<ul style="list-style-type: none"> <li>• FAMU College of Pharmacy in collaboration with Capital Area Breastfeeding Task Force will research barriers to local African American who breastfeed with the goal being to address those barriers and implement solutions that will eliminate the disparities based on race and income. This should include focus groups in the community, churches, WIC, LCHD, Hospitals, etc.</li> </ul>

<ul style="list-style-type: none"><li>• WCL will research the number of local businesses who are breastfeeding friendly and the number of local facilities that have breastfeeding rooms with the goal being to increase the number of local businesses who are breastfeeding friendly and that have breastfeeding rooms.</li></ul>
<ul style="list-style-type: none"><li>• Capital Area Breastfeeding Task Force will investigate the requirements for the local hospitals to become Baby Friendly Hospitals and will provide that information to the local hospitals.</li></ul>
<i>Activity 3: Involve Local Employers on the importance of breastfeeding. To accomplish this...</i>
<ul style="list-style-type: none"><li>• WCL will research the number of employers who offer paid maternity leave with the goal being to reward employers who offer paid maternity leave and increase the number of employers who offer maternity leave.</li></ul>
<ul style="list-style-type: none"><li>• WCL in collaboration with the Capital Area Breastfeeding Task Force will create a speakers bureau to educate employers on the importance of being supportive of pregnancy and breastfeeding.</li><li>• Work closely with the WCL Socio/Emotional workgroup to distribute information on the important link between mother/child bonding and breastfeeding.</li></ul>

**Goal: Decrease the number of premature deliveries for Leon County residents, which in 2006 was 469, by 5% per year by the year 2012.**

<b>Strategy 1: Provide public health education in schools, churches, community centers by</b>
<i>Activity 1: Training Faith Community health ministries, LCS teachers and staff, colleges and universities, and members of the broader community on healthy behaviors by focusing on known contributors of infant death such as poor pre-pregnancy health. To accomplish this...</i>
<ul style="list-style-type: none"> <li>• Healthy Start will work in collaboration with WCL, Healthy Families Leon, LCHD, DCF to provide health education to community members, preconception, pregnant, and interception women</li> <li>• Healthy Start will train local trainers to provide Health Education in the community.</li> </ul>
<i>Activity 2: Educating providers on signs and symptoms of preterm labor.</i>
<ul style="list-style-type: none"> <li>• Healthy Start will train local prenatal providers.</li> </ul>
<i>Activity 3: Educating the community on the importance of folic acid during childbearing years and provide folic acid vitamins to 3,300 women per year for three years.</i>
<ul style="list-style-type: none"> <li>• LCHD/WCL will research funding opportunities to provide folic acid</li> <li>• LCHD will distribute folic acid to women of childbearing years who are LCHD clients</li> <li>• MOD will engage in a public awareness campaign on folic acid</li> </ul>
<i>Activity 4: Providing and promoting smoking cessation programs in the community</i>
<ul style="list-style-type: none"> <li>• LCHD and the Big Bend AHEC will continue providing SC classes</li> <li>• Tallahassee Democrat will list SC classes on community calendar</li> </ul>

<b>Strategy 2: Address parent responsibility (self advocacy and self care) by</b>
<i>Activity 1: Offering parenting and child/infant basics courses. To accomplish this...</i>
<ul style="list-style-type: none"> <li>• Healthy Start &amp; LCHD will provide parenting and baby basics classes to the public at least 2 times per year. Evaluations on courses will be provided.</li> </ul>
<i>Activity 2: Educating the community on costs associated with having a child, importance of baby spacing, and how to support women, fathers and families during pregnancy. To accomplish this...</i>
<ul style="list-style-type: none"> <li>• Healthy Start &amp; LCHD will distribute facts and figures on parenting at FAMU, FSU, TCC, Healthy Start offices</li> <li>• Healthy Start will provide the community with 100 acts of kindness towards a pregnant woman</li> </ul>
<i>Activity 3: Encourage men and women to self-assess their support systems before having a baby</i>
<ul style="list-style-type: none"> <li>• Leon County Schools to teach Life Management Skills prior to high school graduation</li> <li>• _____ will provide age and developmentally appropriate wellness education</li> </ul>

<b>Strategy 3: Provide affordable, comprehensive and accessible prenatal care</b>
<i>Activity 1: Providing 17-P Progesterone (\$320) for women with previous preterm delivery (weekly injection). Medicaid currently does not cover this medicine, which must be compounded. To accomplish this...</i>
<ul style="list-style-type: none"> <li>• _____ advocate for Medicaid coverage of this drug or identify alternative funding sources.</li> </ul>

*Activity 2: Advocacy is needed for priority care if there is a high risk pregnancy. (endocrinologists, cardiologists, etc.) A code of payment will be developed by WeCare. To accomplish this We Care staff will assist in developing a system of timely access to specialty physicians.*

*Identifying adjunctive funding for ancillary care-providers during high-risk pregnancy (internists)*

- OGYN/Midwife will be responsible for developing new diagnosis codes of payments for pregnant patients.

**Goal: Reduce the Number of Infant Deaths associated with maternal infection (as evidenced by the incidence of maternal infections tested, detected, and reported during pregnancy) by 15% (at 5% per year) by the year 2012.**

<b>Strategy 1: Provide public health education in schools, churches, community centers by</b>
<i>Activity 1: Increasing the number of health educators. To accomplish this...</i>
<ul style="list-style-type: none"> <li>• Healthy Start will explore funding opportunities</li> <li>• Healthy Start will train community volunteers and professionals through the Health Education Network</li> </ul>
<i>Activity 2: Engaging in a public awareness campaign for both consumers and providers on how to access resources to include identifying messages for target populations and developing a uniform message. The message will address how to access Healthy Start services, dental services, signs of preterm labor, and risks associated with douching. To accomplish this...</i>
<ul style="list-style-type: none"> <li>• The HAB Board will identify potential partners in the public awareness campaign. Suggested partners include Healthy Start, Leon County Health Department, and the Florida Public Relations Association</li> <li>• _____ will be responsible for distributing the message</li> <li>• WCL will be responsible for developing a roadmap of the system of care</li> <li>• WCL will ensure that the information is shared with local providers</li> </ul>
<i>Activity 3: Actively involving Leon County Schools. To accomplish this...</i>
<ul style="list-style-type: none"> <li>• _____ will be responsible for engaging the School Superintendent to explore expanding the Health Education in the schools</li> </ul>

<b>Strategy 2: Provide provider education to local providers by</b>
<i>Activity 1: Charting and Sharing the Road Map of the System of Care and the No Wrong Door culture. To accomplish this...</i>
<ul style="list-style-type: none"> <li>• WCL will identify local providers and distribute the system of care and WCL information</li> </ul>
<i>Activity 2: Identifying provider training needs and develop training curricula using provider expertise. To accomplish this...</i>
<ul style="list-style-type: none"> <li>• Healthy Start will assess provider training needs through the FIMR Case Review Team (CRT) meetings and feedback. Healthy Start will involve consumers, CMS Professionals, Midwives, advance Practice Council, Dental Society, FSU Nursing and Medical Schools, FAMU School of Pharmacy, Nursing, Social Work and Public Health in these assessments.</li> </ul>

<b>Strategy 3: Provide dental treatment for periodontal disease and focus on prevention by:</b>
<i>Activity 1: Distributing Brush for Babies/Healthy Smile Kits in the Community and provide dental screening to accomplish this...</i>
<ul style="list-style-type: none"> <li>• Healthy Start will be responsible for developing and distributing Brush for Babies/Healthy Smile Kits across the community</li> <li>• Healthy Start and other local agencies will be responsible for identifying funding to continue the distribution of kits.</li> <li>• LCHD will continue to provide dental screenings to pregnant women enrolled in the Healthy Start Program</li> <li>• Consider involvement of the TCC dental hygiene program</li> <li>• Utilize the Leon County Dental Associations "Project Dental Care"(coordinated through We Care)</li> </ul>
<i>Activity 2: Researching reasons for not getting dental care. To accomplish this....</i>
<ul style="list-style-type: none"> <li>• WeCare will be responsible for researching barriers to obtaining dental care</li> <li>• Whole Child Leon and WeCare will assess the availability of dental care in Leon County</li> </ul>
<i>Activity 3: Providing dental care to young children. To accomplish this....</i>
<ul style="list-style-type: none"> <li>• Leon County Health Department, Head Start, the Dental Society, and TCC will be responsible for providing dental care to young children.</li> </ul>
<i>Activity 4: Developing a road map for the system of care for pregnant women's dental services.</i>
<ul style="list-style-type: none"> <li>• Whole Child Leon and We Care will decide on the best mechanism for getting this information to the caregivers and pregnant women.</li> </ul>

<b>Strategy 4: Ensure that affordable and accessible medical services and prescriptions are provided by:</b>
<i>Activity 1: Promote increased access to health care. To accomplish this...</i>
<ul style="list-style-type: none"> <li>• Whole Child Leon and Faith Community will promote expanded access to health care in Leon county</li> </ul>
<i>Activity 2: Providing parish nursing locally</i>
<ul style="list-style-type: none"> <li>• _____ will explore the concept of parish nursing so that services reach more community members</li> <li>• Healthy Start will be responsible for providing training and health education to nurses</li> </ul>
<i>Activity 3: Providing transportation at STAR Metro office</i>
<ul style="list-style-type: none"> <li>• _____ will negotiate with city about providing a Social Worker at the Star Metro office that specializes in transportation for health care needs (City of Tallahassee?)</li> </ul>

**Goal: Decrease the number of unsafe infant sleeping deaths in Leon County, which in 2005 was 3, to 0 (by 1 death per year over 3 years) by the year 2012.**

<b>Strategy 1: Provide public health education in schools, churches, community centers focused on abuse, prevention, health education and awareness of second hand smoke by</b>
<i>Activity 1: Providing a series of CDs/DVDs to families regarding safe sleep, positions, and safe environments. To accomplish this...</i>
<ul style="list-style-type: none"> <li>• Leon County Health Department, Healthy Families Leon, WCL, DCF will identify and distribute materials</li> <li>• Hospitals and providers will distribute materials</li> <li>• The Capital City Garden Club, National Hook Up of Black Women, BET, MTV, Hospital TV, FSU/FAMU school of Journalism, CCYS, and CHS will distribute materials</li> </ul>
<i>Activity 2: Incorporating health education messages into current Leon County School's curriculum. To accomplish this...</i>
<ul style="list-style-type: none"> <li>• LCHD will be responsible for engaging the School Superintendent to explore the Health Education in the schools</li> </ul>
<i>Activity 3: Training Faith Community on health education messages</i>
<ul style="list-style-type: none"> <li>• _____ will be responsible for identifying members of the Faith Community that are interested in participating in the Health Education Network.</li> <li>• _____ will be responsible for training interested Faith Community on Health Education</li> </ul>

<b>Strategy 2: Provide education to health care providers, hospitals (for families at discharge) focused on family abuse/prevention, health education, and second hand smoke by</b>
<i>Activity 1: Engaging lactation consultants and health care providers on developing a consistent message. To accomplish this...</i>
<ul style="list-style-type: none"> <li>• _____ will bring together representatives from both hospitals, La Leche League, Birth Cottage, Pediatricians and Family practitioners, representatives from CHP and the Pediatric Foundation to develop a unified message.</li> </ul>
<i>Activity 2: Providing home visiting to families and sharing risks of second hand smoke. To accomplish this...</i>
<ul style="list-style-type: none"> <li>• Healthy Start, Healthy Families Leon, Leon County Health Department and Bond, will provide home visits to families</li> </ul>
<i>Activity 3: Providing training opportunities to providers through conferences, web casts, grand rounds, and brown bag roundtable lunches</i>
<ul style="list-style-type: none"> <li>• _____ will be responsible for identifying training opportunities focused on unsafe infant sleep for local providers</li> </ul>

**Goal: Reduce the number of infant deaths associated with mother's poor pre-pregnancy health (as evidenced by incidence of obesity, incidence of maternal infection, and incidence of substance abuse) by 15% (at 5% per year for 3 years) by the year 2012.**

**Strategy 1: Provide optimal health promotion focused on obesity, nutrition, substance abuse prevention, and physical activity through education in schools, churches, and community centers by**

*Activity 1: Disseminating community resource information and health education. To accomplish this...*

- LCHD will be responsible for providing resource materials to parents and the broader community.
- \_\_\_\_\_ will be responsible for creating a speakers bureau and coordinate outreach efforts
- \_\_\_\_\_ will be responsible for creating and maintaining a Health education website

*Activity 2: Providing health education in the churches and community centers. To accomplish this...*

- LCHD & Healthy Start and Healthy Families Leon will be responsible for providing health education to community members, preconception, pregnant, and interception women
- Healthy Start will train local trainers to provide Health Education in the community.

*Activity 3: Providing family planning and sex education information*

- LCHD & Healthy Start will be responsible for targeting the colleges and universities and the appropriate personnel at Leon County Schools to provide outreach and health education
- LCHD & Healthy Start will be responsible for targeting the local housing authority and Department of Health to provide health education

**Strategy 2: Provide affordable and accessible physical/mental health care (affordable health insurance and access to transportation) by**

*Activity 1: Providing transportation vouchers for medical checkups. The voucher could be used as an incentive for women to access well woman care. To accomplish this...*

- HAB will be responsible for researching potential costs with the City, Leon County, and Star Metro.
- HAB will be responsible for identifying agencies to disseminate the vouchers

*Activity 2: Utilizing the mobile health screening unit for health screenings. The mobile health unit may be able to offer transportation vouchers for those needing follow up care. To accomplish this...*

- HAB will be responsible for exploring this possibility with Leon County Health Department (mobile unit).
- HAB will also investigate the possibility of the mobile unit being a "one-stop shop" whereby patients receive screenings, receive a referral for follow up services if necessary, schedule an appointment with a local provider, and arrange transportation

<i>Activity 3: Including mental health/substance abuse screenings in conjunction with the physical health screenings. To accomplish this...</i>
<ul style="list-style-type: none"><li>• HAB will be responsible for exploring this possibility with Leon County Health Department, Neighborhood Health, Bond Clinic, DISC Village, and Apalachee</li></ul>
<i>Activity 4: Increasing access to primary health care. The HAB and its partners will be responsible for exploring all opportunities and sources for increased funding of primary care.</i>

**Year of the Healthy Infant  
 Common Themes across 5 Infant Survival Priority Groups**

<b>COMMUNICATE</b>			
Lead: Healthy Start			
<b>WHAT</b>	<b>TO</b>	<b>ADDRESS</b>	<b>MEDIUM</b>
Tailored Message on Health Education	Youth in LCS	Healthy behaviors, eating right, exercise, folic acid, smoking	Health Ed. Website, Teachers
	African American Community	Douching, exercise, obesity, breastfeeding, folic acid, smoking	Faith Community, Community forums
	Churches	Healthy behaviors, eating right, exercise, cost of raising kids, folic acid, smoking	Train the Trainer, Health Ed Ministries
	Students in Colleges and Universities	Smoking, protecting against STIs, exercise, folic acid, cost of raising kids,	Health Ed with FAMU, FSU, TCC
	Broader Community	Healthy behaviors, folic acid, smoking, cost of raising kids	Broad Health Education campaign, Speakers Bureau

<b>RESEARCH</b>	
<b>WHAT</b>	<b>LEAD</b>
African American women's relationship with prenatal care providers	FAMU
African American women's barriers to breastfeeding	
Local businesses who promote breastfeeding/have facilities	WCL
Trainings/Educational Opportunities for low income women	
Local businesses offering maternity and paternity leave	WCL
Baby Friendly hospitals	CABFTF
Chart system of care for pregnant women	Healthy Start
Chart System of care for dental care	WCL, We Care
Barriers to accessing dental care	
Parish nursing feasibility	

<b>ADVOCACY</b>	
Lead: Infant Mortality Coordinating Council	
WHAT	PARTNER
Advocate for change in Medicaid	
17-P Progesterone for women with previous LBW deliveries	
Ancillary care during high risk pregnancies	
Access to Leon County Schools	WCL
Encourage access to Healthcare for all	WCL, Faith based community
Social worker at STAR Metro	City of Tallahassee
Increase funding for health care	
Transportation vouchers for Medical check ups	City of Tallahassee, County
Screenings through LCHD Mobile Health Unit	LCHD
Mental health/substance abuse screenings with physical screenings	Local providers, DISC Village

<b>TRAINING</b>	
Lead: Healthy Start and Healthy Families Leon	
WHO	ON
Providers	Effects of Racism
	Signs and symptoms of Preterm labor
	Safe Sleep
	Unidentified training needs determined through PFIMR's Case Review Team
African American women	Racism and its affects on pregnancy
Broader Community	Smoking and its affects on pregnancy
Church Ministries	Health Education

<b>DISTRIBUTE</b>		
WHAT	TO	LEAD
Folic Acid	3,300 women a year	
Healthy Smile/Brush for Baby Kits	Women of childbearing age	Healthy Start
CDs/DVDs on affects of secondhand smoke	Families with children	

<b>PROVIDE</b>		
WHAT	TO	LEAD
Dental care	Young children	LCHD, TCC

## **IMPLEMENTATION**

The Healthcare Advisory Board and their community partners anticipate that significant reductions in infant mortality and infant mortality racial disparity will require a long term, ongoing community effort. It is recognized that research concerning infant mortality and racial disparity has demonstrated that there still remain unknown contributing factors that need to be identified. Accordingly, support for continued research needs to be strongly advocated by all involved. Given the unknown factors that still need to be identified concerning infant mortality, and the initial nature of this infant mortality project, it is anticipated that successes, failures and lesson learned will result in modifications to the goals, actions plan and implementation. As the project evolves it is anticipated that funding needs, challenges and opportunities will be identified.

It is hoped that the "Year of the Healthy Infant " will result in a 21<sup>st</sup> century reality of "Leon County, Home to Healthy Infants".

**INFANT BIRTH & DEATH STATISTICS**

**NUMBER OF BIRTHS BY RACE & ETHNICITY**

Mother's Race	Mother's Ethnicity			All Ethnicities
	Hispanic	Non-Hispanic	Unknown	
White	146	1583	4	1733
Black	2	1334	0	1336
Other Non-White	13	179	0	192
Unknown	0	3	7	10
All Races	161	3099	11	3271

**INFANT MORTALITY BY RACE, FREQUENCY, & RATE**

Mother's Race	Number	Rate (per 1000 Births)
White	7	4.0
Black	20	13.1
Other Non-White	0	0
All Races	27	8.3

**PREMATURE DELIVERY BY RACE, FREQUENCIES, & RATE\*\***

Gestational Age	Mother's Race			
	White	Black	Other Non-White	Unknown
<20 weeks	0	4	0	0
20-28 weeks	12	27	4	0
29-31 weeks	16	17	1	0
32-33 weeks	19	48	2	0
34-36 weeks	139	164	15	1
Unknown	0	1	0	0
All Preterm Ages	186 Rate: 5.7	260 Rate: 7.9	22 Rate: 0.67	1 Rate: 0.03

\*\*No rates available from the State, so these are hand-calculated crude rates

**SLEEPING INFANT DEATHS:** 1 (one)

Cause of Death: Anoxic encephalopathy due to acute respiratory distress of undetermined etiology

Race of Baby: White

Age of Baby: 8 months

**SIDS DEATHS:** 0 (none)

CAUSES OF INFANT DEATHS:

Cause	Total	White	Black	Other	Hispanic
Infectious Diseases (Septicemia)	1	0	1	0	0
Cerebrovascular Diseases	1	1	0	0	0
Other Respiratory System Distress	1	0	1	0	0
Perinatal Period Conditions*	20	3	17	0	0
Congenital & Chromosomal Anomalies	1	0	1	0	0
All Other Diseases	3	3	0	0	0
<b>All</b>	<b>27</b>	<b>7</b>	<b>20</b>	<b>0</b>	<b>0</b>

\*Examples: Prematurity, chronic lung disease, pulmonary interstitial emphysema, respiratory distress syndrome, intraventricular hemorrhage, plus some maternal-related conditions (preterm labor/preterm delivery, incompetent cervix, chorioamnionitis, & preterm premature rupture of membranes).

Infant Mortality Rates for Leon and Comparable Counties

Leon County Infant Mortality Rates				
	Total	Black	Non-White	White
1997	8.1	14.9	13.8	4.1
1998	11.2	16.6	16.4	7.7
1999	14	14.9	13.8	14.1
2000	9.7	18.5	17.1	4.6
2001	9.9	15.9	15.4	5.9
2002	11.9	18.4	18.4	7.1
2003	10.5	12.9	11.5	9.8
2004	10.2	17.9	15.5	5.9
2005	8.4	14.7	14	3.6
2006	8.3	15	13.1	4

Alachua County Infant Mortality Rates				
	Total	Black	Non-White	White
1997	8	18	18	3
1998	13.6	16.8	17.7	11.4
1999	8.4	14.9	13.4	5.8
2000	10.8	15.1	14.2	8.9
2001	8.1	14.5	13.6	5.1
2002	13.7	22	20	9.9
2003	13.7	25.8	21.5	9.1
2004	12.3	24.6	18.7	7.8
2005	9.3	20.9	19.2	3
2006	10.6	12.7	13.6	8.6

Escambia County Infant Mortality Rates				
	Total	Black	Non-White	White
1997	8.5	9.7	8.6	8.5
1998	8.7	15.4	14.3	5.8
1999	9.1	16.9	15.1	6
2000	12.2	22	19.1	8.5
2001	14.8	26.6	24.5	9.3
2002	9.6	16.5	14.6	6.8
2003	8.5	9.3	8.2	8.7
2004	10.6	16.7	15.6	7.9
2005	7.1	13.7	12.1	4.4
2006	8	11.5	10.5	6.6

Lake County Infant Mortality Rates				
	Total	Black	Non-White	White
1997	7.4	16.1	14.2	5.9
1998	6.8	18.9	17.1	4.8
1999	6.3	20.7	19	3.8
2000	3	0	0	3.6
2001	7.6	14.2	12.4	6.7
2002	6.5	13.9	12.3	5.4
2003	5.6	11.3	11.8	4.1
2004	5.6	5.6	4.2	5.9
2005	8.1	17.7	14.8	6.7
2006	5.5	20.2	17.5	3.1

Manatee County Infant Mortality Rates				
	Total	Black	Non-White	White
1997	4.2	7.2	6.3	3.8
1998	7	4.9	4.3	7.5
1999	7.9	17.2	14	6.7
2000	7.4	15	12.2	6.4
2001	9.1	24.7	20.4	6.8
2002	5.9	10.6	8.7	5.3
2003	6	14.2	11.2	4.8
2004	5.7	10.5	7.6	5.3
2005	6.8	21.3	16.9	4.5
2006	6.3	9.3	8.1	5.9

Marion County Infant Mortality Rates				
	Total	Black	Non-White	White
1997	7.7	8.1	7.5	7.8
1998	8	12.7	11.6	7.2
1999	9.4	11.2	10.3	8.7
2000	6.5	10.3	9.4	5.7
2001	7.5	15.7	14.2	5.6
2002	9.6	18.1	16	7.9
2003	11.1	12.7	11.1	11.1
2004	8.4	21.5	17.6	6
2005	7.8	11.4	10	7.2
2006	10.8	19	15.2	9.4

Osceola County Infant Mortality Rates				
	Total	Black	Non-White	White
1997	10.3	24	18.7	9.1
1998	5.3	10.8	7.2	5.1
1999	4.2	18.8	18.1	2.4
2000	3.4	4	2.8	3.5
2001	5.5	16.3	11.9	4.6
2002	7.9	12.7	9.2	7.8
2003	4.8	10.5	7.4	4.4
2004	5.7	6.9	4.5	5.9
2005	8.1	14.2	13.4	7.2
2006	8.1	16.9	14	6.9

Saint Lucie Infant Mortality Rates				
	Total	Black	Non-White	White
1997	10.1	17.5	16.6	7.3
1998	8.9	18.8	17.8	5.1
1999	4.6	8.2	7.8	3.3
2000	7.1	14.5	13.4	4.4
2001	4	3.4	3.2	4.4
2002	7.9	13.1	12.1	6.1
2003	4.5	9.3	8.5	2.9
2004	5.9	7	6.1	5.9
2005	6.3	10.8	9.2	5.2
2006	7.6	14.1	12.9	5.5

**Infant Mortality Counts for Leon and Comparable Counties**

<b>Leon County Infant Mortality Counts</b>				
	<b>Total</b>	<b>Black</b>	<b>Non-White</b>	<b>White</b>
<b>1997</b>	23	16	16	7
<b>1998</b>	34	19	20	14
<b>1999</b>	41	17	17	24
<b>2000</b>	29	21	21	8
<b>2001</b>	29	18	19	10
<b>2002</b>	35	21	23	12
<b>2003</b>	33	16	16	17
<b>2004</b>	32	22	22	10
<b>2005</b>	26	18	20	6
<b>2006</b>	27	20	20	7

<b>Alachua County Infant Mortality Counts</b>				
	<b>Total</b>	<b>Black</b>	<b>Non-White</b>	<b>White</b>
<b>1997</b>	20	13	15	5
<b>1998</b>	33	13	15	18
<b>1999</b>	20	11	11	9
<b>2000</b>	28	12	13	15
<b>2001</b>	20	11	12	8
<b>2002</b>	33	17	18	15
<b>2003</b>	34	20	20	14
<b>2004</b>	32	20	20	12
<b>2005</b>	25	17	20	5
<b>2006</b>	30	11	15	15

<b>Escambia County Infant Mortality Counts</b>				
	<b>Total</b>	<b>Black</b>	<b>Non-White</b>	<b>White</b>
<b>1997</b>	34	12	12	22
<b>1998</b>	34	18	19	15
<b>1999</b>	36	20	20	16
<b>2000</b>	47	26	26	21
<b>2001</b>	58	33	35	23
<b>2002</b>	37	20	20	17
<b>2003</b>	34	11	11	23
<b>2004</b>	43	20	22	21
<b>2005</b>	30	17	18	12
<b>2006</b>	36	16	17	19

Lake County Infant Mortality Counts				
	Total	Black	Non-White	White
1997	15	5	5	10
1998	15	6	6	9
1999	14	7	7	7
2000	7	0	0	7
2001	19	5	5	14
2002	17	5	5	12
2003	16	4	5	10
2004	17	2	2	15
2005	26	7	8	18
2006	19	8	10	9

Manatee County Infant Mortality Counts				
	Total	Black	Non-White	White
1997	12	3	3	9
1998	20	2	2	18
1999	24	7	7	17
2000	24	7	7	17
2001	29	11	11	18
2002	20	5	5	15
2003	20	7	7	13
2004	20	5	5	15
2005	26	10	12	14
2006	26	5	6	20

Marion County Infant Mortality Counts				
	Total	Black	Non-White	White
1997	21	4	4	17
1998	22	6	6	16
1999	26	6	6	19
2000	19	6	6	13
2001	22	9	9	13
2002	28	10	10	18
2003	33	7	7	26
2004	27	12	12	15
2005	27	7	8	19
2006	39	13	13	26

Osceola County Infant Mortality Counts				
	Total	Black	Non-White	White
1997	22	5	5	11
1998	12	2	2	8
1999	10	4	5	5
2000	9	1	1	7
2001	15	4	4	7
2002	23	3	3	10
2003	15	3	3	5
2004	19	2	2	12
2005	29	5	7	11
2006	32	7	9	14

Saint Lucie County Infant Mortality Counts				
	Total	Black	Non-White	White
1997	22	11	11	11
1998	20	12	12	8
1999	10	5	5	5
2000	16	9	9	7
2001	9	2	2	7
2002	18	8	8	10
2003	11	6	6	5
2004	17	5	5	12
2005	19	8	8	11
2006	27	12	13	14

**Comparable County Demographics 2006**

Comparable County Demographics								
	Total Pop.	Black	%	Non-White	%	White	%	Median Income
Alachua	244,648	51,738	21.14%	11,223	4.58%	181,687	74.26%	\$34,696
Escambia	310,617	69,940	22.51%	12,324	3.96%	228,353	73.51%	\$36,743
Lake	279,583	24,458	8.74%	4,284	1.53%	250,841	89.71%	\$40,745
<b>Leon</b>	<b>272,573</b>	<b>90,111</b>	<b>33.05%</b>	<b>8,122</b>	<b>2.97%</b>	<b>174,340</b>	<b>63.96%</b>	<b>\$39,562</b>
Manatee	309,952	28,662	9.24%	5,076	1.63%	276,214	89.11%	\$41,419
Marion	317,755	37,200	11.70%	4,617	1.43%	275,938	86.85%	\$39,948
Osceola	259,521	27,595	10.63%	10,588	4.06%	221,368	85.29%	\$39,770
Saint Lucie	263,319	44,106	16.75%	4,329	1.64%	214,884	81.60%	\$39,377

**Florida Infant Mortality Rates 1997 to 2006**

Florida Infant Mortality Rates				
	Total	Black	Non-White	White
1997	7.1	12.3	11.4	5.6
1998	7.2	12.4	11.4	5.8
1999	7.3	13.4	12.4	5.6
2000	7	12.6	11.4	5.4
2001	7.3	13.5	12.2	5.5
2002	7.5	13.6	12.4	5.9
2003	7.5	13.7	12.4	5.8
2004	7	13.2	11.5	5.5
2005	7.2	13.6	12.5	5.3
2006	7.2	12.9	11.8	5.6

### Economic Impact of Infant Mortality

Investing in programs that prevent infant mortality saves money, but it also saves future potential. Public Health Professionals maintain a statistic called *Years of Potential Life Lost (YPLL)*. When a baby dies, we don't know what the future would have held for that infant. Would this person have discovered the cure for cancer? We'll never know. Would this person have been the first to walk on Mars? We'll never know. The loss of future potential is vast.

Long term stays in the neonatal intensive care unit can cost \$350,000 or more. In 2003, the average cost of just one very low birth weight baby's hospital stay was \$141,350. According to the March of Dimes the average cost of hospitalization for a premature baby is \$75,000.

One study estimates that periodontal disease is responsible for up to 18% of premature births. Dr. Ed Zapert, Dental Executive Director at the Leon County Health Department, estimates that by providing dental treatment (scaling and root planning) to pregnant women Leon County could save over \$5 million dollars annually in hospital costs based on the figures mentioned in the study. The cost of providing that treatment to the 3100 Leon County women who give birth each year would be approximately \$930,000. This dental project would result in a savings of over \$4 million.

Another example of cost savings is the Healthy Start program. One study indicated that low birth weight was reduced by 10% for women receiving Healthy Start services. In Fiscal Year 06-07, Healthy Start served 3,919 pregnant women in Leon County. Based on these figures, 391 babies were born healthy that would have otherwise been low birth weight. At the March of Dimes average cost of \$75,000 per premature baby, this resulted in a cost savings of \$29,325,000. The average cost per pregnant woman for Healthy Start services is \$550. Taking away the cost of Healthy Start services for 3,919 women of \$2,155,450, the resulting total cost savings is over \$27 million.

According the March of Dimes, 11% of newborns covered by employer health plans are born prematurely. Direct health care costs too employers for a premature baby average \$41,610 or 15 times higher than the \$2,830 for a healthy full-term delivery. Additional costs to employers in lost productivity average \$2,766.

No one knows the total annual cost of pre-maturity to all U.S. employers, but we do know that the hospital bills alone are astronomical. Based on estimates from the national Healthcare Cost and Utilization Project, in 2002, approximately \$7.4 billion in hospital charges for premature infants, almost half the U.S. total, were billed to employers and other private insurers.

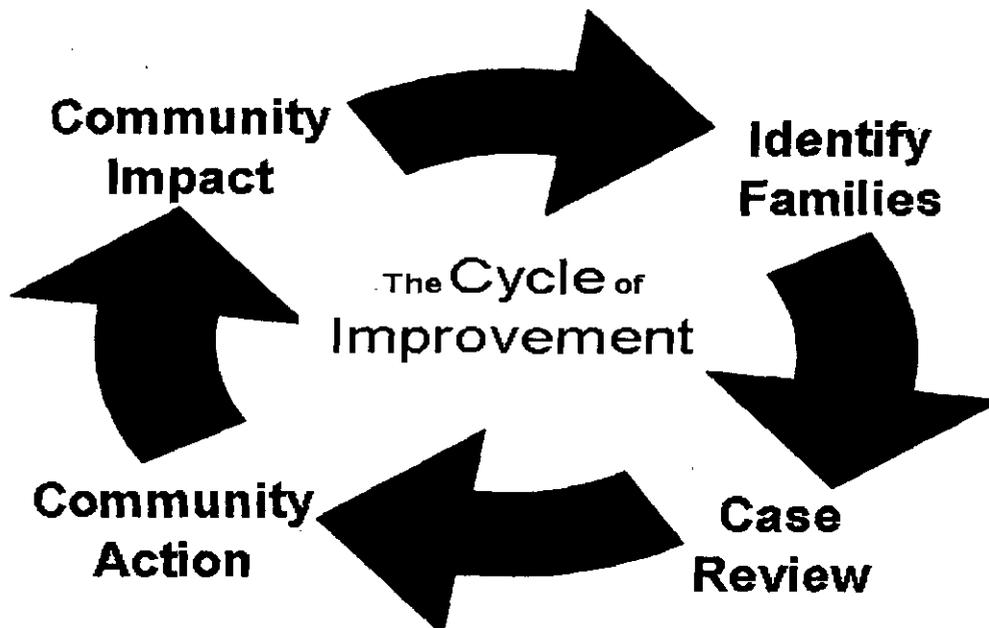
## Infant Survival Priority Areas

### Background

The local Fetal and Infant Mortality Review Project (FIMR) is based upon a model developed by the American College of Obstetricians and Gynecologists in partnership with the Federal Maternal and Child Health Bureau and the March of Dimes Birth Defects Foundation. The FIMR process, a root cause analysis methodology, consists of:

- Medical Record Abstraction and Family Interviews to gather data
- Multidisciplinary Case Review Team analysis of data at monthly meetings
- Community Interventions initiated on recommendation of Case Review Team

The FIMR process was initially implemented in Leon County in 1992. Based on the findings of the local FIMR project, the Five Infant Survival Priority Areas were established. Those Infant Survival Priority Areas include: Prematurity, Racial Disparity, Maternal Infection, Poor Pre-pregnancy Health and Unsafe Infant Sleeping.



### Premature Delivery

The proportion of babies born prematurely – before 37 weeks gestation – is increasing nationally. In Florida, the rate of pre-term delivery increased 13% between 1996 and 2002. Despite improved survival rates, babies born too soon and too small continue to face an increased risk of death as well as life-long disability. Seventy-five (75%) percent of our local infant deaths in 2004 were infants who were born prematurely.

Locally, almost half of our deaths occur to babies who are born at less than 24 weeks gestation, simply too young and fragile to survive. These tiny babies are born complete and beautiful, but their eyes are fused closed and their lungs and digestive systems are sadly not ready for the world. Of the 462 infants who died or were stillborn in this area between 1999 and 2003, only

18% were born full term.

Some risk factors contributing to prematurity are poor maternal health prior to pregnancy, infection, too much stress and work, injuries and abuse, insufficient family planning, nutritional problems, substance use and previous poor pregnancy outcome. Prematurity and low birth weight lead to increased risk for: child abuse and neglect, developmental delay and physical disability. The lower the birth weight, the less ready a child is to start school and the more expensive school is to provide.

Due to the medical complexity of premature delivery, an OB/GYN and Neonatal/Pediatric Work Group was established by Dr. Jim Stockwell, chair of the Leon County HAB. This Work Group represents a historic first for Leon County's maternal and child health care providers. It is the first time a joint committee of obstetrical practitioners and pediatric practitioners met together with a common goal of reducing premature delivery.

### **Racial Disparity**

African American mothers have higher rates of infant loss than white mothers, even when they are economically comfortable, married and well-educated. African Americans in Leon County have consistently higher rates of infant mortality and low birth weight babies than their white neighbors. In recent years, the infant mortality rate in black families has been at least twice and sometimes as much as 4 times as high as the rate in the white community. In 2004, two-thirds of the fetal/infant deaths in Leon County occurred in black families though only 30% of Leon County residents are African American.

African Americans have higher rates of obesity, infection and other risk factors for stillbirth and infant death, but the extent of racial disparity is not fully understood. The Workshop participants felt strongly that this disparity must be eliminated.

### **Maternal Infection**

FIMR data shows that area mothers experiencing losses had high levels of infection, including bacterial vaginosis, sexually transmitted diseases, urinary tract infections, gum disease & infections of the fetal membranes. A woman's infections during pregnancy can have a devastating effect on her baby. Maternal infection contributes to two-thirds of our local deaths.

Interestingly, new research links periodontal disease (gum infection) to infant mortality and morbidity. In one ongoing intervention study 13.7% of women with untreated periodontal disease delivered preterm compared to 4% of women who received an intervention of cleaning, scaling and planning. Another study found that women with periodontal disease had 8 times the risk of delivering a low birth weight infant. One study estimates that periodontal disease is responsible for up to 18% of premature births.

Approximately 20% of identified infections in the six area counties, including Leon County, were bacterial vaginosis (BV), an infection associated with pre-term labor. BV has been linked to douching, a common practice in Leon County's African-American community. An overwhelming proportion of the moms with BV – up to 82% – was African American

Despite growing scientific evidence highlighting the health risks, douching is still a regular practice among American women and it is more prevalent among African American women. The Centers for Disease Control estimates that approximately 27% of U.S. women ages 15-44 douche regularly. Over half of those women are African American and 21% are Caucasian. Numerous studies have linked douching and sexually transmitted diseases, upper cervical infections, and the birth of low birth weight babies. Women who douche have a 73% increased

risk of pelvic inflammatory disease, a 76% increased risk of tubal pregnancy, and an 86% increased risk for cervical cancer. The American College of Obstetricians and Gynecologists recommends that women avoid douching because it can hide symptoms of an infection or push the infection farther up into the reproductive tract.

Other infections are also on the rise: public health data confirms that the incidence of Chlamydia dramatically increased in 2004, but through good public health initiatives by the Leon County Health Department, the rate has recently decreased.

### **Poor Pre-pregnancy Health**

Recent research is finding that a woman's health prior to getting pregnant is a major contributor to infant mortality. Dangerous diseases like diabetes, hypertension, and obesity are often well established before pregnancy. Many women are unaware that their chronic diseases put them at increased risk for many obstetric complications, including stillbirth.

Obesity is one of the chronic conditions that is more common among local African American women. Almost 45% of African American moms with losses between 1999 and 2002 had a nutritional problem. Ninety percent of those mothers were obese or overweight.

### **Unsafe Infant Sleeping**

Sleeping death is the leading cause of death in infants over one month old. Babies are at the highest risk before 6 months of age.

Each year, in Leon and surrounding counties 5 to 10 healthy infants die in their sleep. Many of their deaths are caused by suffocation or parent rollover. Over half of these infants are sleeping in bed with their parents and/or siblings. In ten years of Fetal and Infant Mortality Review (FIMR) data, 87% of babies were in unsafe sleep situations. Documented sleep risk factors include: sleeping in an adult bed, on a sofa, on a chair, on a pillow or on a lap; sleeping on the stomach; sleeping on or near very soft bedding materials; sleeping with family members; exposure to secondhand smoke.

**Infant Mortality Overview**  
**Source: Florida Department of Health**

**Definitions**

- Live birth is a baby born with signs of life regardless of birth weight and gestational age.
- Infant death is a death of a baby during the first year of life.
- Neonatal Postneonatal death is a death occurring from 28 to 365 days.

**Florida Summary**

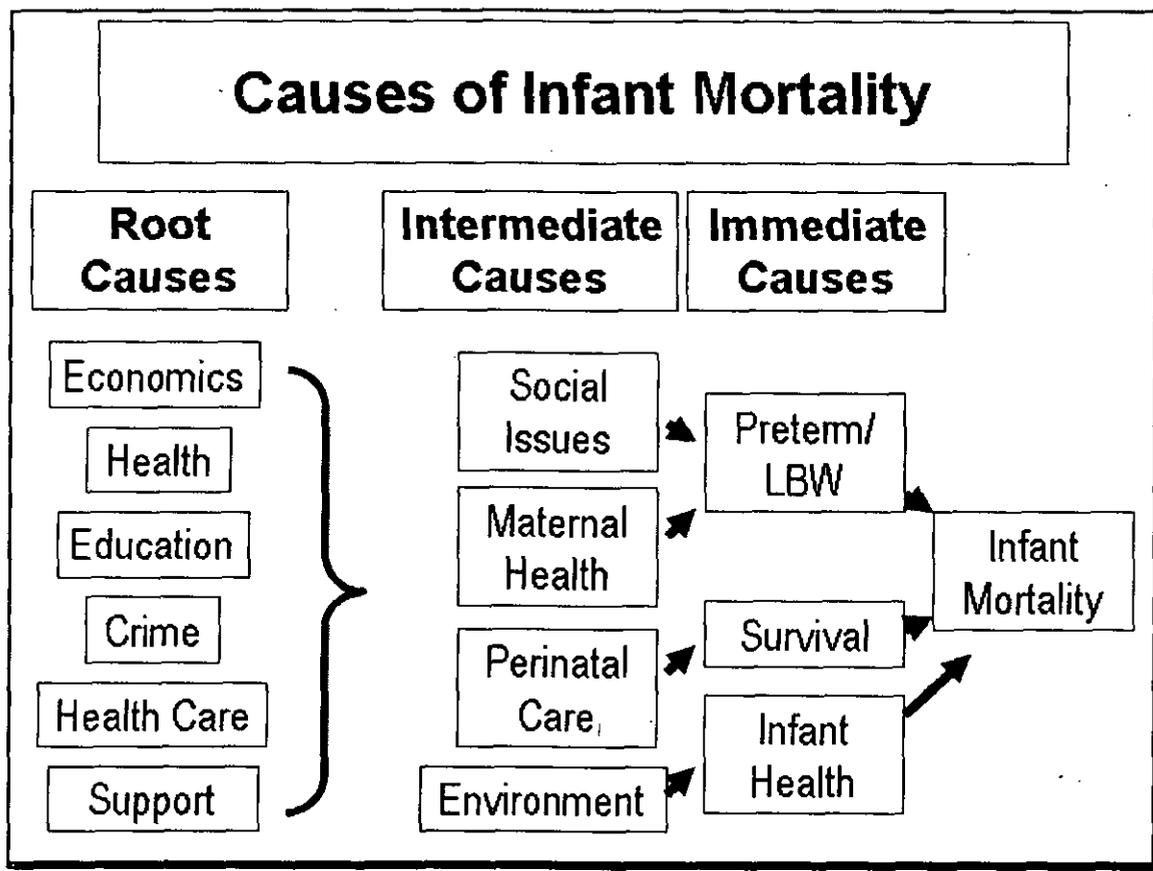
- Florida infant mortality rate is generally flat and slightly higher than US.
- Although rates have improved, the Black/White racial gap in Florida is widening.
- Prematurity (80%) and higher mortality among normal weight babies (20%) drive the Black/White disparity
- Preconception/Interconception health and safe sleep are opportunities for improvement

**Leon Summary**

- Leon's infant mortality rate is
  1. Consistently higher than Florida's rate
  2. Fluctuates over time
  3. Trend is increasing since 1996
- Leon's racial gap is
  1. Similar to state's gap
  2. Higher rates for Blacks; possibly Whites
- Leon has high rates of neonatal deaths
  1. Increasing rate of Black neonatal deaths
  2. Widening of racial disparity between Black & White
- Both individual and community factors contribute

**Infant Mortality Challenges**

- Increasing prematurity/low birth weight
- Increasing high risk pregnancies
- Maintain a quality perinatal system



**Healthcare Advisory Board Members**

Art Cooper  
Commissioner Bryan Desloge  
Dr. Alma Littles  
Dr. Edward Holifield  
Dr. Edwardo Williams  
Dr. Henry Lewis, III  
Dr. James Stockwell  
Dr. Spurgeon McWilliams  
Homer Rice  
Mark O'Bryant  
Marty Plevak  
Parwez Alam  
Sharon Roush  
Steve Evans  
Steve McArthur

**March 15, 2008**

**Participants**

Art Cooper  
Bryan Desloge  
Dr. Alma Littles  
Dr. Edward Holifield  
Homer Rice  
Mark O'Bryant  
Marty Plevak  
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Tracy Wright  
Vivienne Treharne  
Warren Jones  
Yvonne Nelson-Langley

**Common Acronym and Abbreviation List**

- (BOCC) Board of County Commissioners
- (Bond) Bond Community Health Center
- (CABFTF) Capital Area Breastfeeding Task Force
- (CAHSC) Capital Area Healthy Start Coalition
- (City) City of Tallahassee
- (CMS) Capital Medical Society
- (County) Leon County
- (CRMC) Capital Regional Medical Center
- (DCF) Department of Children and Families
- (DOH) Department of Health
- (FAHSC) Florida Association of Healthy Start Coalitions
- (FAMU) Florida Agricultural and Mechanical University
- (FIMR) Fetal and Infant Mortality Review
- (FPRA) Florida Public Relations Association
- (FSU) Florida State University
- (HAB) Healthcare Advisory Board
- (IMC) Infant Mortality Count
- (IMCC) Infant Mortality Coordinating Council
- (IMR) Infant Mortality Rate
- (LCHD) Leon County Health Department
- (LCS) Leon County Schools
- (LCSB) Leon County School Board
- (NHS) Neighborhood Health Services
- (State) State of Florida
- (TCC) Tallahassee Community College
- (TMH) Tallahassee Memorial HealthCare
- (WCL) Whole Child Leon

**DRAFT**

**Summary Report  
March 15, 2008**

**Report Contents**

**Executive Summary**

- Introduction
- General Overview
- Current Methods for Services and Solution Construction
- Instructions and directions for the breakout sessions
- Break
- Breakout Sessions on the 5 Root Causes of Infant Mortality
- Action Planning
- Closing



**Introduction**

Dr. James Stockwell, the Chair of the Leon County Healthcare Advisory Board, welcomed everyone challenged the group documenting the extent of the problem of infant health in general and black infant mortality in particular. He described the difficulty of the task and called for cooperation and commitment to action. The stated workshop objectives were to:

- Clarify the causes of infant mortality and possible solutions
- Evaluate and prioritize activities to improve infant health
- Suggest strategies for implementing priority activities
- Identify ways to better coordinate information and resources

He also thanked Tallahassee Memorial Hospital for hosting and providing breakfast and lunch for the workshop. Appreciation was also expressed to Leon County, other supporters and all the participants. Dr. Tom Taylor, the lead facilitator, presented the workshop agenda (Appendix A) and guidelines and asked everyone to listen and learn from each other, to consider all possible actions and to focus on those tasks that would produce the greatest results with the limited resources available.

**General Overview**

The facilitator presented possible goals and measurable objectives and acknowledged that the plan needs to have measures that can be used to document the problem, set targets and measure success. A workshop participant suggested that "reducing abuse and neglect needs to be added and the group on unsafe infant sleep was asked to add this to their scope.

**Goals and Objectives**

<b>Issues/Goals</b>	<b>Measures/ Objectives</b>	<b>Current</b>	<b>Target</b>
1. Reduce Premature Delivery	% Premature by # weeks and race #/1000 Premature mortality		
2. Reduce Racial Disparity	Low birth weight Infant mortality % Breastfeeding		
3. Reduce Maternal Infections	Incidence of bacterial vaginosis infection (BV) Periodontal disease % douching		
4. Improve Pre-Pregnancy Health	Maternal obesity rates Maternal overweight rates Diabetes rates Hypertension rates		
5. Reduce Unsafe Infant Sleep	#/1000 who die in the their sleep #/1000 living in smoking households		

**Current Methods for Services and Solutions**

The following presenters described what was being done and by whom, gaps and challenges for each of the five goal/issue areas:

- |                         |                                       |
|-------------------------|---------------------------------------|
| 1. Premature Delivery   | Dr. Dixon, North Florida Women's Care |
| 2. Racial Disparity     | Dr. Sandra Suther, FAMU               |
| 3. Maternal Infection   | Ann Davis, Capital Area Healthy Start |
| 4. Pre-Pregnancy Health | Marianne Towler, Bond                 |
| 5. Unsafe Infant Sleep  | Homer Rice, LCHD                      |

Additional background on the five areas can be found in the 2008 Healthy Start Community report at;

<http://www.capitalareahealthystart.org/>

After the presentations the facilitator gave instructions on the five breakout groups and directions to the session locations.

**Recommendations for Addressing the Five Root Causes of Infant Mortality**

Each of the five work groups reviewed current activities and roles, listed other possible activities and prioritized the activities (The # of votes are in the left column). Then they identified strategies responsibilities and resources/funding for as many activities as possible, in priority order. After each presentation to the full group all participants rated each of the priority strategies using this scale (Averages are in the right column):

- 1 = Very Important
- 2 = Important
- 3 = Somewhat Important
- 4 = Minimally Important
- 5 = Not important



**1. Premature Delivery and Low Birth Weight**

Key

- L Lead
- P Partner(s)
- CAHSC Capital Area Healthy Start Coalition (This may apply in other counties)
- LCHD Leon County Health Department (This may apply in other counties)
- WCL Whole Child Leon County
- CABC Capital Area Breastfeeding Coalition.

#	Maternal & Infant Health Issues/Activities	Leads and Partners	Avg
	<b>Premature delivery and low birth weight</b>	<b>DOH partners and funds</b>	
1	1. Public health education in schools, churches and community centers	L - CAHSC, Health Ed Program, LCHD P - LCHD	1.45
2	2. Parent responsibility (self-advocacy & self care)		2.20
3	3. Provide affordable, comprehensive, accessible prenatal health care (Combine with #7)	L - CAHSC funds this service through LCHD	1.52
4	4. Stress management & socioeconomic support		2.30
	5. Lactation education and support (OMITTED)	L - CABC, P - WIC, La Leche League, Best Beginnings	
	6. Maternal infections (addressed by another group)		
	7. Smoking cessation education and support	LCHD, Am Lung Assoc.	
	8. Ancillary health (dental, endocrine, HTN, etc.) care while pregnant: Strategy of #2		
	9. Preconception health & treatment (addressed by another group)		

**Comments on the activities**

- Changed over-all title & focused on prevention as well as treatment
- HEALTH EDUCATION: School health programs are resistant to information on pregnancy & pregnancy prevention.
- Need "pre-preconception" education.
- Identify and be specific about what is needed in health education.
- Teach self-advocacy & self-care
- STRESS: Issues of stress with multitasking/need to work, yet mother needs to have restricted activity because of risk status.
- INTERVENTION: Availability of 17-P (progesterone) to women with history of PT delivery
- NUTRITION: Underweight/overweight, folic acid, vitamins

**1. Premature Delivery & Low Birth Weight  
Activities and Strategies**

**Key**  
 L Lead  
 P Partner(s)  
 CAHSC Capital Area Healthy Start Coalition  
 LCHD Leon County Health Department  
 WCL Whole Child Leon County  
 CABC Capital Area Breastfeeding Coalition.

**Activity: Public health education in schools, churches and community centers**

Strategies	Leads and Partners
Community awareness of issue & risk factors	CAHSC Health Education program, MOD, churches, LCHD
Needs to provide education & support for teachers in the public schools	
Public service advertising (newspaper, radio, billboards)	
Provide information to college & university population through campus media & student health, student organizations (collegiate organizations that do public awareness on campus. Need targeted information (focus on well-women/well-man care, & can expand to issue of prematurity with folic acid, risk factors, etc.) Work with collegiate organizations. Need images that look young & healthy like students in collegiate age range. Need positive messages vs. negative ones.	March of Dimes, campus media, Alpha Phi Alpha male health program (nationwide program with model in place)
March of Dimes Walk for Babies	March of Dimes & their partners
Need community-wide program for folic acid awareness & distribution of vitamins with folic acid.	March of Dimes, CAHSC Health Education Program, LCHD
Education of signs of preterm labor, both women & men	Provider offices
Smoking cessation programs	LCHD, AM. Lung

**Activity: Parent responsibility (self-advocacy & self-care)**

Strategies	Leads and Partners
Child care/parent training	HS, LCHD, PHI Center, HF
Baby planning & spacing: Getting prepared for a child: Effects on school, job (lost days, etc.)	
Costs involved in having a child: Maintaining income, how will care for a preterm infant, day care, diapers.	
Self-assessment of support systems for themselves (preconception education, e.g., while handing out vitamins & folic acid). March of Dimes Assessment Tool on readiness for pregnancy ("I Want My Nine Months" 9-question campaign)	MOD
"100 Things to Support a Pregnant Woman" (Stress Management piece)	CAHSC

**Activity: Provide affordable, comprehensive, accessible PN care**

<b>Strategies</b>	<b>Leads and Partners</b>
17-P progesterone (\$320) for women with previous preterm delivery (weekly injection). Need Medicaid to cover this. Medicine must be compounded.	
Adjunctive funding for ancillary care-providers during high-risk pregnancy (internists, endocrinologist, cardiologist, etc.). Need to develop a code for payment also. Advocate for priority care (no wait for appointments) if high risk pregnancy. Need funding because specialty providers don't accept Medicaid. Now must send to Regional Center (Gainesville) or hospitalize patients & then get consult.	

**2. Racial Disparity  
 Issues and Activities Worksheet**

**Key**

- L Lead
- P Partner(s)
- CAHSC Capital Area Healthy Start Coalition (This may apply in other counties)
- LCHD Leon County Health Department (This may apply in other counties)
- WCL Whole Child Leon County
- CABC Capital Area Breastfeeding Coalition.

NOTE: This group refined and reorganized the draft list of activities. They did not vote on priority activities.

#	Infant Health Issues/Activities	Leads and Partners	Avg
	<b>Racial Disparity</b>	DOH partners and funds	
	1. Services and Support: Education campaigns on douching, dental care, obesity/childhood nutrition. Lactation education and support – disparity in breastfeeding rates between Black and White women. Lack of thorough stats in Leon County. Not breastfeeding is just as important as low birth rate. 21% reduction in infant mortality rate for breastfed infants. Goal: increase the percentage of AA women who breastfeed.	L - CAHSC, Health Ed Program, LCHD P - FAMU Inst. of Public Health, LCHD	1.39
	2. Racism: Culturally competent research regarding health care access and provision. Development, standardization and evaluation of services to prenatal African American women. Qualitative and appropriate assessment of the difference between African American and majority women in Leon county. What's the quality of the relationship between African American women and their pnc providers? Stress management regarding the effects of racism. Do we clearly understand the impacts of housing, lack of effective and efficient healthcare, impacts of poverty. Activity: collection and analysis of data	L - CAHSC, Fetal and Infant Mortality Review Project (FIMR) P - LCHD	1.64
	3. Finances and Economics	L - CASHC P - FAMU Counseling Center, LCHD	1.62
		L - CABC, P - WIC, La Leche League, Best Beginnings	
		Finances of mother / Economics of system— Jobs, education, Medicaid, lack of funding,	

		Racism	
		Delivery of services	
	4. Education of healthcare providers regarding healthcare disparities exploration of own personal feeling and knowledge. Medical and nursing schools should provide tools.		
	5. Primary care to include socio-emotional issues and dental-Medicaid and service delivery issue. Is Medicaid a risk factor for infant mortality?		
	6. Pattern and the way that prenatal care is provide. Care is not build around the needs of the mother rather around finances.		
	7. Sexual and Intimate partner violence as a problem during Pregnancy. Healthcare providers should be able to screen for this issue.		
	8. Economic disparities mirror the racial disparities. Employment, housing, and other outcomes of different economic circumstances		
	9. Is prenatal care equal for all? Particularly during the first trimester. Is the PNC that black women receive comparable to white pregnant women? Are there objective measures to the quality of care?		

**Activity: Finances and Economics**

Strategies	Leads and Partners
Ensure that Mother's basic needs being met: Education and economic opportunities once trained.	LCS would start from beginning, Lively, TCC outreach to the community, City/County, Affordable housing providers (Lead is City and County)
Involve the business community. In New York, Mayor asked businesses to give money to an infant mortality project. Develop co-op programs. Involve Chambers, City, and County and ask that they partner on the issue. Educate business community on the importance of Pregnancy and postpartum. Advocate for paid maternity and paternity leave postpartum.	HAB Board as the catalyst working with the business community. City also. WCL and United Way.
Require that the City and County perform a health economic impact study before dollars are allocated to bring businesses to the community. City and County government should monitor businesses after they come.	EDC
Simplify system of women signing up for Medicaid once they become pregnant.	AHCA, Dept. of Health/DCF. Legislature. City/County should make it part of their legislative agenda. Medical community. FAHSC
Extend coverage for any woman who has had a LBW delivery to 2 years post partum. Advocate Woman's Medicaid cut off after 60 days after delivery. Actively oppose Medicaid cuts with crisp articulation of risks.	AHCA, Dept. of Health/DCF. Legislature. City/County should make it part of their legislative agenda. Medical community. FAHSC
Seek flexibility with Medicaid reimbursement rates so that mothers receive appropriate care.	AHCA, Dept. of Health/DCF. Legislature. City/County should make it part of their legislative agenda. Medical community. FAHSC
Find other partners to finance, e.g. donors, grants, City, business, private foundations	City/County grant writers
Get press coverage to educate the businesses on key factors that impact businesses and infant mortality	Chamber and Democrat, University newspapers, School of Journalism, Radio Stations, Mobile Newspaper, Outlook, churches

**Activity: Service and Support**

Strategies	Leads and Partners
Increase number of African American women who breastfeeding rooms. How many businesses give breaks for breastfeeding women, how many facilities have breastfeeding rooms.	Wellworkplace Tallahassee Initiative. CABFC can provide education. Lactation services from TMH.
Encourage local hospitals to become Baby Friendly Hospital Initiative	Medical community, CABFTF
Primary care, prenatal care, Interconceptual Care access and availability	HAB Board, City, WCL
Maintain/Increase support to CareNet providers: Bond, NHS,	County/City

WeCare	
Train HC Providers on screening pregnant women on intimate/sexual provider violence	Refuge House
Keep working group of MD/nurse/midwives continue to address Continuity of care, relationship between primary care docs, pnc docs,	McWilliams/Dixon

**Activity      Addressing Racism**

<b>Strategies</b>	<b>Leads and Partners</b>
Address persistent negative impact of institutional barriers to economic, employment and educational inequality – which translates directly into poverty, unemployment, and poor health literacy, poor health practices, poor health care, poor health outcomes and premature mortality at both ends of life spectrum. Racism in this context not the attitude or even speech of the individual – it is the action or result of actions by institutions or individuals that perpetuate inequality which translates directly into poverty, unemployment,	



**3. Maternal Infection  
 Issues and Activities**

**Key**

- L Lead
- P Partner(s)
- CAHSC Capital Area Healthy Start Coalition (This may apply in other counties)
- LCHD Leon County Health Department (This may apply in other counties)
- WCL Whole Child Leon County
- CABC Capital Area Breastfeeding Coalition.

#	Maternal Infection Activities	DOH partners and funds	Avg
5	1. 43 Provider Education	P- FSU, FAMU, Capital Medical Society, MOD, TMH, CRMC, LCHD	1.71
5	2. 44 Public Awareness & Education	P-TEAM, LCS, Civic organizations, Faith-based organizations	1.75
4	3. 41 Provide affordable, accessible medical services and prescriptions	P - CAHSC funds this service (referrals) through LCHD.	1.27
4	4. 42 Provide dental treatment for periodontal disease	L - LCHD P - CAHSC, Knight Foundation	1.98
3	5. Sexually transmitted infection	L - LCHD	
3	6. Prevention of douching	L - CAHSC P - FAMU Institute of Public Health, March of Dimes	
2	7. Data Enhancement	P-DOH	
0	8. Immunization clinics-HPV & Rubella (affordable and accessible)	P - CAHSC., LCHD	
0	9. Brush for Baby brochure and kits	L - CAHSC P - March of Dimes	
0	10. Urinary Tract Infections	P-LCHD, TMH, CRMC	
0	11. Beta Strep	P-LCHD, TMH, CRMC	

**Activity: Public Awareness & Education**

Strategies	Leads and Partners
Increase the number of health educators	L-CAHSC
Public Awareness campaign for both consumer & provider – how to access resources	L-HAB P-CAHSC, FPRA, LCHD
Identify communication vehicles for target populations	L-HAB
Identify messages for target populations	L-HAB P-CAHSC, FPRA, LCHD
Develop uniform message	L-HAB P-CAHSC, FPRA, LCHD,
How to access Healthy Start Services	L-HAB P-CAHSC, FPRA, LCHD
How to access Dental Services	L-HAB P-CAHSC, FPRA, LCHD
Not douching	L-HAB P-CAHSC, FPRA, LCHD
Identifying signs of PT labor	L-HAB P-CAHSC, FPRA, LCHD
Building relationships	L-WCL Professional Network
Develop Road Map of System of Care	L-WCL
"No Wrong Door" culture	L-WCL
Distribute message	L-WCL P-Civic Organizations, Faith Based Organizations
Actively involve LCSD	L-WCL

**Activity: Provider Education**

Strategies	Leads and Partners
Develop Road Map of System of Care	L-WCL
"No Wrong Door" culture	L-WCL
Decide what training should be provided	L-CAHSC FIMR CRT P-CMS, LCHD
Develop training curricula – Involve consumers	L-CAHSC FIMR CRT P-consumers, CMS Professional Midwives Advance Practice Council Dental Society FSU Nursing & Medical Schools FAMU School of Pharmacy, Nursing, Social Work, Public Health
Develop uniform message	L-HAB P-CAHSC, FPRA, LCHD,
How to access Healthy Start Services	L-HAB P-CAHSC, FPRA, LCHD
"Secret Shopper" evaluation of referral services	L-WCL

**Activity: Provide dental treatment for periodontal disease and focus on prevention**

Strategies	Leads and Partners
Brush for Babies/Healthy Smile Kit	L-CAHSC
Education/information sharing/Public Awareness	L-CAHSC P-FPRA, LCHD
Research reasons for not getting dental care (surveys, etc.)	L-FSU, FAMU
Availability of care	I--WCL
Providing care to young children	L--LCHD P--Head Start dental society, TCC dental hygienist
Develop Road Map of System of Care for dental services	L -WCL

**Activity: Provide affordable, accessible medical services and prescriptions**

Strategies	Leads and Partners
Develop Road Map of System of Care	L -WCL
Universal access to health care	L - WCL P - TEAM
Parish nursing	L-Parish Nursing Group P-TEAM
Provide transportation/Social Worker at STAR Metro office	L-City of Tallahassee P -STAR Metro

**4. Pre-Pregnancy Health Issues and Activities**

**Key**  
 L Lead  
 P Partner(s)  
 CAHSC Capital Area Healthy Start Coalition (This may apply in other counties)  
 LCHD Leon County Health Department (This may apply in other counties)  
 WCL Whole Child Leon County  
 CABC Capital Area Breastfeeding Coalition.

#	Infant Health Issues/Activities	Leads and Partners	Avg
	<b>Poor health prior to pregnancy,</b>	<b>DOH partners and funds</b>	
15	1 Optimal Health Promotion; education in schools, churches and community centers (obesity, nutrition, substance abuse prevention and physical activity promotion)	L - CAHSC, Health Ed Program, LCHD P - LCHD	1.35
15	2 63 Provide affordable and accessible physical/mental health care (affordable health insurance and access to transportation)	P - CAHSC with Whole Child Leon (WCL) and its KidCare Program, LCHD	1.65
11	3 62 Family planning/sex education in schools, churches and community centers (STD/HIV prevention)	L - CAHSC, Health Ed Program P - CAHSC funds through LCHD.	1.56
	4	P - CAHSC funds this service through LCHD. Also Partner with WCL and its KidCare Program	
0	5 Enhance economic conditions of low-income families	P - CAHSC funds this service (referrals) through LCHD. Also, Partner with WCL Economic Stability Committee, LCHD	
0	6 Lactation education and support	L - CABC, P - WIC, La Leche League, Best Beginnings, TMH	
0	7 Marketing resource information	LCHD, Am Lung Assoc. AHEC,	
0	8 Parenting classes	P - CAHSC funds through LCHD.	
	9 Make early pregnancy testing more available	P - CAHSC with LCHD.	

**Comments on Activities**

- Education of families before pregnancy about healthy lifestyle choices is critical.
- Additionally families need ACCESS to affordable physical/mental healthcare as well as access to affordable transportation to utilize the services.
- Prevention (family planning/ sex education) is key to achieving pre-pregnancy health for women and the community.

**4. Pre-Pregnancy Health  
 Priority Activities and Strategies**

**Activity: Optimal Health Promotion; education in schools, churches and community centers (obesity, nutrition, substance abuse prevention and physical activity promotion)**

Strategies	Leads and Partners
Community Resource Information Dissemination	211(United WAY),Media
Access to schools to offer health education information.	HAB Board to encourage Schools to allow health education in schools. (Leon Co. schools)
Provide health education to churches	CAHSC, LCHD,
Provide health education to community centers	CAHSC, LCHD, Bond
Create a speakers board to coordinate outreach efforts	LCHD, CAHSC, Bond
Create a Health education website (my space??)	HAB could coordinate drawing in partners to launch the program (Tallahassee Democrat? March of Dimes grant)

**Activity: Provide affordable and accessible physical/mental health care (affordable health insurance and access to transportation)**

Strategies	Leads and Partners
Transportation vouchers for medical checkups (voucher could be used an incentive for women to access well women care check up)	City and Leon County and Star Metro
Promote Utilization of the mobile health screening unit for health screenings (they can offer transportation vouchers)	City and Leon County and Star Metro
Include mental health/substance abuse screenings in conjunction with the physical health screenings	Leon County Mental Health Unit, Neighborhood Health, Bond Clinic & Neighborhood Health, Disc Village, Apalachee
Community Resource Information Dissemination	211(United WAY),Media
Increase access to primary health care through increased funding	City and Leon County

**Activity: Family planning/sex education in schools, churches and community centers (STD/HIV prevention)**

Strategies	Leads and Partners
Targeting the college and universities and Leon co. schools healthy systems to provide outreach and health education	TCC, FSU, FAMU, Leon Co. Schools
Target housing authority and DOH to provide health education	Housing authority/family planning, Mobil health unit

### 5. Unsafe Infant Sleep Issues and Activities

Key

L	Lead
P	Partner(s)
CAHSC	Capital Area Healthy Start Coalition (This may apply in other counties)
LCHD	Leon County Health Department (This may apply in other counties)
WCL	Whole Child Leon County
CABC	Capital Area Breastfeeding Coalition.

#	Infant Health Issues/Activities	Leads and Partners	Avg
	<b>Unsafe infant sleep</b>	<b>DOH partners and funds</b>	
13	1. Health education in schools, churches and community centers abuse prevention/ health education awareness second hand smoke	L - CAHSC, Health Ed Program, LCHD P - LCHD, DCF, Bond	1.35
12	2. education: health care providers / hospitals (discharge) and health educators providing consistent message to parents, extended family abuse prevention/ health education awareness second hand smoke	L - CABC, P - WIC, La Leche League, Best Beginnings	1.56
8	3. Parenting classes	P - CAHSC funds this service through LCHD.	1.82
3	4. Cribs for kids	L - CAHSC, LCHD P - LCHD	
1	5. Global data / cultural competence for educators	DOH	

**5. Unsafe Infant Sleep  
 Priority Activities and Strategies**

**6. Activity Health education in schools, churches and community centers abuse prevention/ health education awareness second hand smoke**

Strategies	Leads and Partners
Series of CD/DVD ed materials for families re safe sleep / positions, safe environment "keeping your baby safe" CD.	L-LCHD, Whole Child, DCF P - hospitals /providers P- Cap City Garden Club, Nat Hook Up of Black Women, BET & MTV, Hospital TV, FSU/FAMU school of Journalism, CHS, CCYS
PSA billboard	
Incorporate into health ed classes at schools	L -LCS
Training for church leadership / train the trainer for church ministries	L - ministerial alliance, TEAM, TIMA P - Whole Child, BOCC
Religious radio stations (am/fm) / WFSU	
Increasing capacity for cribs for kids	
Home visiting	

**7. Activity education: health care providers / hospitals (discharge) and health educators providing consistent message to parents, extended family abuse prevention/ health education awareness second hand smoke**

Strategies	Leads and Partners
Roundtable discussions with lactation consultants and healthcare providers, educators: Create consistent message, to provide input on tool-kit for parents	L CRMC/TMH P - La Leche, Birth Cottage Peds & Family Prac., Ped Foundation, CHP
home visiting	L-Healthy Start, Dr. Lewis, LCHD, Bond, Healthy Families Leon, BBCBC, Senior Center
Attending conference / provide conference web casts - CME's Grand Rounds	P - COM, FMA
Brown bag / roundtable lunches / to talk about appropriate -message	L -

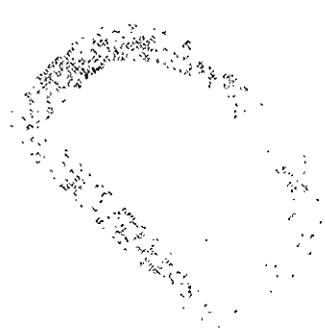
**Action Planning**

The full group was asked to consider the Agency-Activity Table below and identify needed coordination where multiple agencies provide similar services and where there are gaps in ages, areas or income levels served. This table includes agency input provided at and after the workshop

## Agency - Activity Table

Agencies and Organizations	Services	Case mgt	Counseling	Primary Care	Prenatal care	Postnatal	Transportation	Education	Immunization	Lactation serv	Nutrition, WIC etc.	Grief counsel	System Advocacy	Research	Ages served	Service area	Income levels
Services x=a primary service provided																	
Ages: I=Infants, M=Mothers, E=Everyone																	
Area: L=Leon, G=Gadsden, R=Region																	
Income: L=Low, M=Low/Moderate, A=All																	
Click to access web sites if available																	
<b>Private Non-Profit Organizations</b>																	
<b>Big Bend Hospice</b>																	
<b>Bond Community Health Center</b>		x	x	x	x	x		x	x				x		E	R	A
<b>Brehon Institute for Family Services</b>		x						x					x		I	L	A
<b>Capital Area Healthy Start Coalition</b>		x	x			x		x		x			x		E	L	A
<b>Gadsden Healthy Start Coalition</b>																	
<b>Kids Inc.</b>																	
<b>March of Dimes</b>								x					x	x	E	R	A
<b>Mother Care</b>																	
<b>Mother's in Crisis</b>																	
<b>Neighborhood Health Services</b>																	
<b>Refuge House</b>																	
<b>Tallahassee Pediatric Foundation</b>																	
<b>Whole Child Leon</b>																	
<b>Capital Area Breastfeeding Coalition</b>										x					I	L	A
<b>La Leche League of Big Bend</b>											x				E	R	A
<b>Faith-based Non-Profit Organizations</b>																	
<b>A Women's Pregnancy Center</b>																	
<b>Community of Faith Church</b>			x					x				x		x	E	L	A
<b>Pregnancy Help and Information Ctr</b>			x					x					x		M	L	A
<b>Government/Education</b>																	
<b>Agency for Healthcare Administration</b>																	
<b>Black Infant Health Alliance, FAMU</b>																	
<b>Chiles Ctr for Healthy Mothers and Babies</b>																	
<b>Department of Children and Families</b>	x	x	x				x	x					x		E	R	L
<b>Florida Commission on Human Relations</b>								x						x	E	S	A
<b>Florida Department of Health</b>			x	x				x	x		x		x	x	I	M	R

<u>Leon County Schools</u>	x	x					x						x							
<u>Leon County Health Care Advisory Board</u>																				
<u>Leon County Health Department</u>	x	x					x	x	x	x	x	x	x				E	L	A	
<u>Supplemental Nutrition Program for WIC</u>																				
<u>Tallahassee Housing Authority</u>																				
<u>Women, Infants and Children</u>													x				I	M	G	L
<u>FSU College of Medicine</u>																	x	E	R	A
<b>Civic Groups</b>																				
<u>Big Bend LaLeche League</u>																				
<u>Compassionate Friends</u>																				
<u>Kiwanis Division 3</u>																				
<u>The Storks Nest</u>																				
<b>Delivery Facilities</b>																				
<u>Tallahassee Memorial Hospital</u>	x	x	x	x	x		x	x	x				x				x	E	R	A
<u>Capital Regional Medical Center</u>	x		x	x	x		x	x	x									E	R	A
<u>The Birth Cottage</u>																				
<u>TMH Perinatal Bereavement Program</u>																				
<u>TMH Women's Pavilion Lactation Services</u>																				
<u>CRMC Best Beginnings</u>																				
<u>Capital Health Plan, (For members only)</u>																				
<b>Business</b>																				
<u>Tallahassee Chamber of Commerce</u>																				
<u>Capital City Chamber of Commerce</u>																				
<u>Best Beginnings</u>																				



**Recent Planning and Decision Making Processes**

It was acknowledged that there has been significant attention paid to infant health issues including the following:

1. FAMU Infant Mortality Summit, 1-26-08
2. DOH Office of Minority Health, Black Infant Mortality Summit, 2-2-08
3. Infant Mortality Coordinating Council, meeting with web/audio cast, 2-22-08
4. Leon County Healthcare Advisory Board Workshop 3-15-08
5. Capital Area Healthy Start Coalition Annual Planning (Other Coalitions too)
6. Infant Mortality Review Team monthly meetings
7. Healthy Pregnancy Network
8. Counties' and Cities' budget processes
9. Tallahassee Democrat Community Initiative

**Coordinating Groups**

These are some of the groups providing coordination and general statements of their focus:

<b>Group</b>	<b>Focus</b>
Healthy Start Coalitions	State and Federally funded programs 0-3
Fetal and Infant Mortality Review Team	Analysis and recommendations 0-1
Infant Mortality Coordinating Council	Program Coordination 0-1
Whole Child Leon	Service Coordination 0-5
Healthcare Advisory Board	Set priorities for all health care
Capital Area Breastfeeding Coalition	Breastfeeding
Healthy Families Leon	Child Abuse and Neglect 0-3
Tallahassee Democrat	

**Coordinating Mechanisms**

These categories of mechanisms were briefly described:

1. Plans that address infant health only or as part of broader issues or populations
2. Coordination meetings on all or specific topics
3. Joint efforts on specific tasks
4. Website, list serve, blog, etc.
5. Network for contacts and referrals

**Possible Principles for Action**

A draft list of principles was presented and refined:

1. Address both the immediate and underlying causes of infant mortality
2. Coordinate activities to minimize duplication of effort and maximize results
3. Focus first on those actions with the highest probability of success and benefit/cost ratio
4. Assure that services are accessible to everyone regardless of race, income, etc.
5. **Eliminate racial disparity everywhere.**

### Ideas for Next Steps

1. Create an interdisciplinary speakers bureau
2. Develop a unified message on infant health and in particular Black infant mortality to achieve broad "community buy-in". The Whole Child Leon Steering Committee, Infant Mortality Coordinating Council and Training Academy will take input from this session and develop the unified message. Many service providers are involved in these groups.
3. Develop specific measurable impacts that can link results to the costs and document the benefit of community investments.
4. Send out this report and get a response as to how each group can help.
5. The Health Advisory Board will take this information and review it and pass it on to the Leon County (and others).
6. The Racial Disparity group will continue to meet.

### Closing Comments

The facilitator summarized the workshop activities, products and next steps and asked for concluding comments that included:

- When we look at the change we want, we need to set goals that all can rally around. For example, set a target for reducing infant mortality to "x" level in 12 months.
  - As a newcomer and outsider, I see a need for a unified message. Measurable outcomes are critical. Focus on the 20% of African Americans not getting pre-pregnancy care. Etc. The business community will respond. Look to the City to be a leader not just a follower.
  - Target proven, low-cost solutions like making sure all pregnant women get folic acid.
1. Dr. James Stockwell, Chair of the Leon County Health Advisory Board, thanked the leadership of the two hospitals, the Tallahassee Democrat and all the groups and participants involved for contributing to the success of this workshop.

♥ 100 Intentional Acts of Kindness Toward a Pregnant Woman ♥

Ask me how was my day ♥ Ask me is there anything I need ♥ Be supportive and faithful ♥ Don't stare at other girls in front of me ♥ Don't offer me extra food ♥ Don't talk about my weight ♥ Fix me a meal ♥ Offer me a back rub ♥ Give me quiet time ♥ Advocate for me with my doctor ♥ Don't argue with me ♥ Take me to the doctor ♥ Help with the laundry ♥ Help me out of the car ♥ Help me out of the tub ♥ Help me out of my seat ♥ Help me carry things ♥ Help me with my household chores ♥ Get me crackers if I'm sick ♥ Clear folks away so I can rest ♥ Take me to worship service ♥ Bring me cute baby things ♥ Don't break up with me during my pregnancy ♥ Pamper me ♥ Pick up my children from school ♥ Reach in high places for me ♥ Read a book to me ♥ Read to my children ♥ Respect my body ♥ Respect my feelings ♥ Help me remember the doctor's orders ♥ Take a walk with me ♥ Take me to lunch and not fast food ♥ Take me to dinner ♥ Take me to the park ♥ Take me to the beach ♥ Encourage me to be good to myself ♥ Be helpful in anyway possible ♥ Visit me ♥ Be understanding to my emotional swings ♥ Be understanding of my quirky needs ♥ Run a bubble bath for me ♥ Do my nails ♥ Do my toes ♥ Give me a foot rub ♥ Make my bed ♥ Help my kids make their beds ♥ Give my kids a bath ♥ Throw me a baby shower ♥ Elevate my feet ♥ Take me to a movie ♥ Go to the pharmacy for my meds ♥ Bring me my vitamins ♥ Bring me fruit ♥ Find out what makes me sick and keep it away from me ♥ Take my kids on an outing ♥ Allow me to go ahead of you in line ♥ Open the door for me ♥ Speak kindly to me ♥ Be polite ♥ Ask permission to touch my belly ♥ Don't stare at me ♥ Let me sit near the bathroom at church ♥ Offer me your seat on the bus ♥ Let me sit down at the bank until its my turn at the teller line ♥ Bend over and pick up things I drop ♥ Braid my hair ♥ Bring me flowers ♥ Call just to tell me you were thinking of me ♥ Ask me if you can help with anything ♥ Don't say I've ruined my life ♥ Don't make "fat" jokes ♥ Bring me gifts ♥ Give me clothing that fits ♥ Take me for a facial ♥ Take me to an eyebrow waxing ♥ Bring me parenting videos ♥ Bring we information on pregnancy ♥ Advocate for me with other service providers ♥ Listen to what I am going through ♥ Help me find housing ♥ Help me climb the stairs ♥ Play soft music for me ♥ Include me and my unborn baby in your prayers ♥ Don't tell me pregnancy horror stories ♥ Don't tell me delivery horror stories ♥ Don't do drugs around me ♥ Offer me a bottle of water ♥ Save coupons for me ♥ Share savings tips ♥ Share books on pregnancy ♥ Recommend a support group ♥ Provide transportation ♥ Wash my hair ♥ Be a mentor ♥ Bring over a funny video ♥ Bring me baby name books ♥ Buy picture frames for my new baby's pix ♥ Give me fragrant shower gel ♥ Don't tell me about the death of someone's infant ♥ Tie my shoes ♥ Compliment my appearance ♥ Wish me a good pregnancy ♥



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