



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

FLORIDA

State Snapshot

FY 2018 Application / FY 2016 Annual Report

November 2017

Title V Federal-State Partnership - Florida

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2018 Application / FY 2016 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Shay Chapman, BSN, MBA Chief, Bureau of Family Health Services Shay.Chapman@flhealth.gov (850) 245-4464	Jeffrey Brosco, MD, PhD Deputy Secretary for Children's Medical Services Jeffrey.Brosco@flhealth.gov (850) 245-4213	Joane White Family Support Worker Joane.White@flhealth.gov (813) 396-9772

Funding by Source

Source	FY 2016 Expenditures
Federal Allocation	\$18,996,748
State MCH Funds	\$169,459,883
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2016 Expenditures



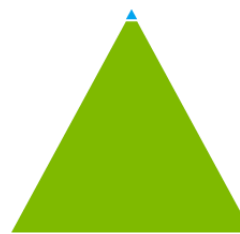
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,984,498	\$7,702,023
Enabling Services	\$15,194,163	\$161,757,860
Public Health Services and Systems	\$1,818,087	\$0

FY 2016 Expenditures Federal



FY 2016 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2016 Expenditures	%
Pregnant Women	170,384	\$38,770,084	20.8%
Infants < 1 Year	209,615	\$15,376,366	8.2%
Children 1-22 Years	2,878,038	\$109,422,839	58.6%
CSHCN	143,047	\$23,069,255	12.4%
Others *	0	\$0	0.0%
Total	3,401,084	\$186,638,544	100%

FY 2016 Expenditures



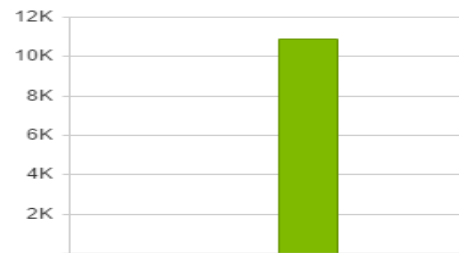
FY 2016 Individuals Served



*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	10,911
Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 8	Physical Activity	Child Health
NPM 9	Bullying	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	The number of interconception services provided to Healthy Start clients
NPM 4	Breastfeeding	ESM 4.1	The number of birthing hospitals implementing steps to becoming a Baby Steps to Baby Friendly hospital or implementing steps to achieve a Florida Breastfeeding Coalition's Quest for Quality Maternity Care Award
NPM 5	Safe Sleep	ESM 5.1	The number of birthing hospitals implementing steps to become Safe Sleep Certified
NPM 8	Physical Activity	ESM 8.1	The number of county School Health Programs who are utilizing the evidence-based Comprehensive School Physical Activity Program (CSPAP) for the reduction of childhood obesity
NPM 9	Bullying	ESM 9.1	The number of high schools implementing the evidence-based Green Dot violence prevention and intervention strategy
NPM 11	Medical Home	ESM 11.1	Number of pediatric providers in Florida who have received information related to the Patient Centered Medical Home (PCMH) and who have completed a Medical Home Assessment Tool for their practice.
NPM 12	Transition	ESM 12.1	Number of pediatric providers in Florida who have practices that have a Health Care Transition (HCT) policy or youth with readiness assessment (with physicals) and plans of care.
NPM 14	Smoking	ESM 14.1	The number of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to Healthy Start clients

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	The percentage of children that need mental health services that actually receive mental health services.	Children with Special Health Care Needs
SPM 2	The percentage of low-income children under age 21 who access dental care.	Child Health
SPM 3	The percentage of parents who read to their young child age 0-5 years	Child Health

Executive Summary

The Florida Department of Health (Department) is responsible for administering the Title V Maternal and Child Health (MCH) Block Grant, encompassing the MCH and Children with Special Health Care Needs (CSHCN) programs. These programs fall within the auspices of the Division of Community Health Promotion and the Office of the Children's Medical Services (CMS) Plan and Specialty Programs.

While Florida has experienced declining morbidity and mortality rates (success), disparities persist (challenge). Although infant mortality inequalities, disparities, and poor health outcomes are known, the contributing factors require greater understanding and research because they are major drivers of the black-white infant mortality gap. The Department is committed to achieving health equity and eliminating these differences with action that goes beyond health care.

- Overall infant mortality rate has gone from 7.2 deaths per 1,000 live births in 2006 to 6.2 in 2015, with a low of 6.0 deaths per 1,000 live births in 2012 and 2014.
- The black infant mortality rate has gone from 12.9 deaths per 1,000 live births in 2006 to 11.4 deaths per 1,000 live births in 2015, with a low of 10.6 deaths per 1,000 live births in 2013

The five-year needs assessment and continual assessment during interim years drive the state's Title V MCH program. State priorities were selected through the needs assessment process and cover each of the six health domains. Each of the state priorities includes specific language directed at addressing and eliminating disparities. These priorities also determined the eight national performance measures (NPM) chosen for programmatic focus.

Strategies identified to address priority needs and selected performance measures are implemented through a variety of mechanisms, including statewide projects administered through the state health office, Schedule C funding through a Statement of Work with county health departments, contracts with Healthy Start Coalitions, Florida's Perinatal Quality Collaborative, and other partners and stakeholders or some combination thereof. Resources and partnerships are leveraged to maximize the reach of Title V.

Domain: Women/Maternal Health

NPM 1: Percent of women with a past year preventive medical visit

ESM 1.1: The number of interconception services provided to Healthy Start clients

State Priority: Improve access to health care for women, specifically women who face significant barriers to better health, to improve preconception health

Women's health, at all ages of the lifespan and for those whose circumstances make them vulnerable to poor health, is important and contributes to the well-being of Florida's families. The Title V program focuses on interconception/preconception (ICC/PCC) health, fully recognizing the importance of improving the health of all women of reproductive age to ensure better birth outcomes and healthier babies.

Domain: Perinatal/Infant Health

NPM 4: A) Percent of infants who are ever breastfed, and B) Percent of infants breastfed exclusively for 6 months

ESM 4.1: The number of birthing hospitals implementing steps to becoming a Baby Steps to Baby Friendly hospital or implementing steps to achieve a Florida Breastfeeding Coalition's Quest for Quality Maternity Care Award

State Priority: Promote breastfeeding to ensure better health for infants and children and reduce low food security

There is a clear link to the state's priority to promote breastfeeding as a means of ensuring better health and reducing low food security. Breastfeeding is recognized as a major health benefit to infant and mother as well as an enhancement of maternal/child bonding.

NPM 5: Percent of infants placed to sleep on their backs

ESM 5.1: The number of birthing hospitals implementing steps to become Safe Sleep Certified

State Priority: Promote safe and healthy infant sleep behaviors and environments, including improving support systems and the daily living conditions that make safe sleep practices challenging

The decline in the incidence of sudden infant death syndrome (SIDS) has plateaued in recent years. Concurrently, sleep-related deaths, including suffocation, asphyxia, and entrapment; and ill-defined or unspecified causes of death have increased in incidence. It is important to address these other causes of sleep-related infant death. Many of the modifiable and non-modifiable risk factors for SIDS and suffocation are strikingly similar. Focusing on a safe sleep environment can reduce the risk of all sleep-related infant deaths, including SIDS.

Domain: Child Health

NPM 8: Percent of children ages 6-11 and adolescents ages 12-17 who are physically active at least 60 minutes per day

ESM 8.1: The number of county School Health Programs who are utilizing the evidence-based Comprehensive School Physical Activity Program (CSPAP) for the reduction of childhood obesity

State Priority: Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment

Studies show that for many children, a decline in physical activity begins in middle school, but children who continue to be physically active through high school have a much better chance of being physically active adults. Focusing on children and adolescents to increase physical activity can have a tremendous impact on improving health throughout the life span.

SPM 2: The percentage of low-income children under age 21 who access dental care

State Priority: Improve dental care access for children and pregnant women

Oral health is vitally important to overall health and well-being. Good oral health habits and access to routine dental care should be established early in life. Poor oral health can affect school attendance and a child's ability to learn.

SPM 3: The percentage of parents who read to their young child

State Priority: Address the social determinants of health that influence the relationship between health status and biology, individual behavior, health services, social factors, and policies

Encouraging parents to read to their child has a positive impact on children, including but not limited to, increased positive parenting, improvement in the parent-child bond, and improved language development in children.

Domain: Adolescent Health

NPM 9: Percent of adolescents, ages 12-17, who are bullied or who bully others

ESM 9.1: The number of high schools implementing the evidence-based Green Dot violence prevention and intervention strategy

State Priority: Promote activities to improve the health of children and adolescents and promote participation in extracurricular and/or out-of-school activities in a safe and healthy environment

Bullying is a serious detriment to a child's health, sense of well-being, safety, education, and emotional development, and greatly increases the risk of self-injury and suicide. Students experiencing bullying describe their grades as D's and F's in school at a significantly higher rate than those who are not bullied. The number of ninth grade students reporting being bullied is significantly higher than for students in 11th and 12th grades. Female students are significantly more likely than males to have experienced some form of bullying, name calling, or teasing in the past year. Bullying is a new priority and provides the opportunity for the Department to improve health throughout the life span by reducing the percentage of adolescents who are bullied and increasing the proportion of students who graduate.

Domain: Children with Special Health Care Needs

NPM 11: Percent of children with and without special health care needs having a medical home

ESM 11.1: Number of pediatric providers in Florida who have received information related to the Patient Centered Medical Home (PCMH) and who have completed a Medical Home Assessment Tool for their practice

State Priority: Increase access to medical homes and primary care for children with special health care needs

A patient-centered medical home (PCMH) provides accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective medical care. It is especially advantageous for CSHCN as they require coordination of care between providers.

NPM 12: Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

ESM 12.1: Number of pediatric providers in Florida who have practices that have a Health Care Transition (HCT) policy or youth with readiness assessment (with physicals) and plans of care

State Priority: Improve health care transition to all aspects of adult life for adolescents and young adults with special health care needs

Health care transition continues to be an important initiative and priority for the CSHCN Program. When transition is successful, it can maximize lifelong functioning and well-being. Proactive coordination of patient, family, and provider responsibilities prior to a CSHCN becoming an adult better equips youth to take ownership of their health care as adults.

SPM 1: The percentage of children who need mental health services that actually receive mental health services.

State Priority: Improve access to appropriate mental health services to all children

Mental health has been identified to be of extreme importance. Without early diagnosis and treatment, children with mental health conditions may have problems at home, in school, and socially.

Domain: Cross-Cutting or Life Course

NPM 14: A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

ESM 14.1: The number of Smoking Cessation Reduction in Pregnancy Treatment (SCRIPT) services provided to Healthy Start clients

State Priority: Promote tobacco cessation to reduce adverse birth outcomes and secondhand smoke exposure to children

Smoking during pregnancy increases the risk of miscarriage and certain birth defects. It can cause premature birth and low birth weight. Smoking is also a risk factor for SIDS, as secondhand smoke doubles an infant's risk of SIDS. Exposure to secondhand smoke also increases a child's risk of respiratory infections; common ear infections; and for those with asthma, more frequent attacks, which can put their lives in danger.

Block Grant Accomplishments in 2016

Although not comprehensive, the following list provides several highlights of work that was accomplished and that supports the state's MCH priorities and national performance measures:

Hypertension in Pregnancy (HIP) Initiative

In 2015 hypertensive disorders caused 7.9 percent of pregnancy-related deaths. The focus of the HIP initiative is to improve proper screening, diagnosis, and management of hypertensive disorders related to pregnancy. The project emphasizes timely recognition, a quick and organized response to severe hypertension cases, and proper patient education and discharge. The HIP Initiative kicked off in the fall of 2015 and will end in the summer 2017.

Perinatal Quality Indicator System

A new statewide Perinatal Indicators System was developed to provide more timely and accurate indicators for all hospitals. This system has rolling enrollment.

Mother's Own Milk (MOM) in the Neonatal Intensive Care Unit (NICU)

The aim of this project is to increase the number of very low birth weight (VLBW) infants in Florida who receive mothers own milk at NICU discharge by focusing on intent to provide breast milk, establishing and maintaining mothers' supply, and transitioning to the breast.

Birth Certificate Accuracy Initiative (BCI)

Inaccurate or incomplete birth certificate data impacts surveillance, research, and public health prevention and intervention strategies. The BCI Pilot aims to improve the accuracy of 22 key birth certificate variables to at least 95 percent by providing training, support, and data reporting.

Promoting Primary Vaginal Deliveries (PROVIDE)

About one-fifth of Florida hospitals meet the Healthy People 2020 national goal for Nulliparous Term Singleton Transverse (NTSV) cesarean section deliveries of 23.9 percent or less. The purpose of this project is to work with Florida stakeholders and hospitals to improve readiness, recognition, response, and reporting with the ultimate goal of promoting intended primary vaginal deliveries.

Long-Acting Reversible Contraception (LARC) at Delivery

This initiative aims to increase the use of LARC immediately postpartum to reduce the number of unintended pregnancies and improve maternal and child health. As a result of this initiative, the Agency for Health Care Administration (AHCA), Florida's Medicaid Agency, has instituted a Medicaid policy enabling hospitals and providers to receive full reimbursement for a LARC device and physician insertion procedure fee prior to hospital discharge.

Obstetric Hemorrhage Initiative (OHI)

Hemorrhage is one of the state's most preventable maternal mortality issues and is one of the top causes of maternal mortality in Florida. From 1999-2012 hypertensive disorders were the leading cause of pregnancy-related deaths, accounting for 15.5 percent of such deaths in Florida. The initiative developed a set of protocols and tools using evidence-based elements. Hospitals are asked to spend 18 months implementing the recommended changes and six months institutionalizing them in their facilities.

March of Dimes

A strong partnership has been developed between the Department and the March of Dimes. A temporary position has been established to work directly in the March of Dimes office to carry out the Department's priorities in partnership with AHCA, PAMR, and the FPQC. All these organizations are tightly interwoven to advance evidence-based return on investment initiatives.

Florida's Pregnancy-Associated Mortality Review (PAMR)

In addition to monitoring annual data and trends, select topics are chosen for further analysis to obtain more complete understanding of particular issues or conditions. An action subcommittee was established to move PAMR recommendations to action. Two infographics have been produced with Urgent Maternal Mortality Messages to providers on hemorrhage-placental disorders and peripartum cardiomyopathy. A third message is currently in production on maternal morbidity.

Florida Healthy Babies Initiative

The Department invested \$1.5 million in Maternal and Child Health Block Grant funding to the county health departments to conduct enhanced data analysis on infant mortality (including an environmental scan of existing pertinent programs) and to host a community action-planning meeting to examine disparities in infant deaths, the role of social determinants of health, and propose local action.