



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

FLORIDA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

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 2016 Application / FY 2014 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
Kris-Tena Albers, CNM, ARNP	Dr. Celeste Philip, MD, MPH	Lori Fahey
Chief, Bureau of Family Health Services	Deputy State Health Officer for Children's Medical Services	President and CEO, The Family Café, Inc
Kris-Tena.Albers@flhealth.gov	Celeste.philip@flhealth.gov	lfahey@familycafe.net
(850) 245-4467	(850) 245-4243	(850) 224-4670

Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$18,920,363
State MCH Funds	\$169,402,594
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2014 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,711,783	\$1,069,455
Enabling Services	\$15,467,203	\$151,242,220
Public Health Services and Systems	\$1,741,377	\$17,090,919

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	155,181	\$35,781,362	21.1%
Infants < 1 Year	213,612	\$5,649,689	3.3%
Children 1-22 Years	2,957,229	\$65,913,035	38.9%
CSHCN	146,458	\$62,146,575	36.7%
Others *	0	\$0	0.0%
Total	3,472,480	\$169,490,661	100%

FY 2014 Expenditures



FY 2014 Individuals Served



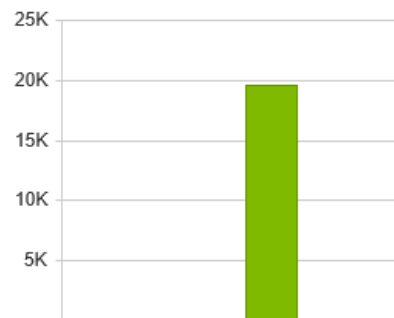
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

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, Adolescent 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

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	19,641
Other Toll-Free Calls:	0



Executive Summary

The Florida Department of Health is responsible for administering the Title V Maternal and Child Health (MCH) Block Grant programs. The majority of these programs fall within the auspices of the Divisions of Community Health Promotion and Children's Medical Services (CMS). The MCH and Children with Special Health Care Needs (CSHCN) programs are located within these two divisions.

According to 2014 population estimates, 78.2 percent of Florida's nearly 20 million residents are white, 16.7 percent black, and 5.1 percent other. Of the total population, 23.8 percent are Hispanic and 76.2 percent non-Hispanic. More than half of the state's population (51.5 percent) is between the ages of 25-64 and 30.1 percent are between the ages of 0-24. The Department makes a concerted effort to support Florida's culturally diverse MCH population by tailoring services to meet the needs of different cultures.

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. These priorities also determined the eight national performance measures (NPM) chosen for programmatic focus.

The following is a brief description of the state's Title V program with linkages to the selected state priorities, NPMs, the six health domains, and defined MCH population groups all of which are intended to "move the needle" in addressing the needs of Florida's mothers, infants, children and youth, and CSHCN. Although social determinants of health was not an available option to select from the national performance measures, the Department has made this a top priority of focus as it relates to maternal and child health and as a cross-cutting life course branding approach through all aspects of the Department's programs and culture.

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

Health Domain: Women/Maternal Health

MCH Population Group: Pregnant women, mothers, and infants up to age 1

Selected 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 those whose circumstances have made them vulnerable to poor health, is important and contributes to the well-being of Florida's families. The Title V program focuses on both preconception and interconception health, fully recognizing the importance of improving the health of all women of reproductive age to ensure better birth outcomes and healthier babies. Florida's goal is that by 2018, 28 percent of women having a live birth will receive preconception counseling about healthy lifestyle behaviors and prevention strategies from a health care practitioner prior to pregnancy.

The Department is using Title V funds to help make available interconception/preconception care (ICC/PCC) through the state's Healthy Start program. Neither ICC nor PCC is reimbursable by Medicaid. ICC/PCC services are offered to Healthy Start clients who have social or medical risk factors that may lead to a poor pregnancy outcome.

Reduction of maternal death is a national and state priority. Florida's Pregnancy Associated Mortality Review (PAMR) is an ongoing system of surveillance that collects and analyzes information related to maternal deaths in order to promote system improvements through evidence-based actions aimed at preventing future untimely deaths. The Florida Perinatal Quality Collaborative (FPQC) at the Lawton and Rhea Chiles Center for Healthy Mothers and Babies is contracted by the Department to engage perinatal stakeholders to improve maternal and infant health outcomes through design, implementation, and evaluation of processes, and to enhance quality improvement efforts.

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

Health Domain: Perinatal/Infant Health

MCH Population Group: Pregnant women, mothers, and infants up to age 1

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

Breastfeeding is a new priority selected based on the 2015 needs assessment. There is a clear link to the state's priority to promote breastfeeding as a means of ensuring better health for infants and children and reducing low food security among children. Promoting breastfeeding is an important focus of the Title V program and is recognized as a major health benefit to infant and mother as well as an enhancement of maternal/child bonding. The Department provides breastfeeding promotion and support activities through a number of different programs, including the Women's, Infant and Children (WIC) program, the Child Care Food Program, Healthy Start, and the Bureau of Chronic Disease Prevention. The Title V program coordinates with the WIC program on many of their breastfeeding initiatives, such as breastfeeding peer counseling and establishing policies to promote and support breastfeeding as the preferred method of infant feeding.

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

Health Domain: Perinatal/Infant Health

MCH Population Group: Pregnant women, mothers, and infants up to age 1

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

The Department formed a statewide Sudden Unexpected Infant Death (SUID) Workgroup that provides input on the state work plan to reduce sleep-related infant deaths, and also created a logic model for conducting training efforts on Safe Sleep practices for health care providers, the Florida Hospital Association and other birthing centers, parents, caretakers, and the general public. The Title V program assisted with the development of training for WIC program staff to encourage discussion of safe sleep practices with clients and continued training for Healthy Start and local health department staff on how to deliver SUID risk reduction education at the local

level. In February 2015, the Department updated its Brand Guide, the primary tool the Department uses for communicating with the public, partners and the legislature, to include a requirement that “All media exposure of infant sleeping must portray these infants in a safe sleep environment. A safe sleep environment is described as infants sleeping on their backs, alone, and in a crib.” These activities, along with data showing that safe sleep initiatives have a significant impact on reducing infant mortality, made the selection of this measure a valid choice for “moving the needle” with the Title V program.

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

Health Domain: Child Health

MCH Population Group: Children

Selected 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.

The importance of physical activity to reduce obesity and improve health is a major focus of the Department’s Healthiest Weight Florida initiative. Studies show that for many children, a decline in physical activity begins in middle school, but children who continue to be physically active through middle school and 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 by reducing obesity and the risk of many chronic diseases.

As of the 2013-14 school year, 19.1 percent of Florida’s first, third and sixth grade students were found to be in the obese category as defined by Centers for Disease Control guidelines, compared to 18.3 percent in 2012-2013. To address this issue and increase healthy eating and active living among children, the Department’s School Health Services Program joined with the Department’s Healthiest Weight Florida and its partners to provide schools with the Nature Play “Prescription” Program, linkages to the Farm to School and Fresh from Florida programs, guidance on 5-2-1-0 and similar programs, walking school bus programs, classroom gardens and much more. The School Health Services program is also collaborating with the Florida State University College of Medicine-Immokalee Health Education site and Healthiest Weight Florida to provide tools, such as the HealthyMe Florida toolkit, for obesity prevention and intervention for adolescents in rural or healthcare provider shortage areas.

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

Health Domain: Adolescent Health

MCH Population Group: Children

Selected 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. In 2011, data shows that 33 percent of Florida public school students experienced some form of bullying. Data from the 2011 Youth Risk Behavior Survey indicates that a significantly higher number of students experiencing bullying described their grades as D’s and F’s in school during the past 12 months. 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 for the Title V program and provides the opportunity for the state to have an impact on improving health throughout the life span by reducing the percentage of adolescents bullied and increasing the proportion of students who graduate.

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

Health Domain: CSHCN

MCH Population Group: CSHCN

Selected 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, and compassionate medical care. While all children should have a PCMH, the PCMH is especially advantageous for CSHCN as they typically require coordination of care between primary care specialists. As an example, children with attention deficit hyperactivity disorder (ADHD) plus other co-occurring conditions are less likely to have an unmet health care need and fewer missed school days when they have a PCMH.

CMS is working to increase the number of pediatric providers in the state who identify with a level of medical homeness. Medical homeness is described as a provider or practice where medical care is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. One of CMS’ objectives is to increase the number of CSHCN in the state assigned to a provider who is practicing at a higher level of medical homeness by promoting and improving CSHCN assignments to CMS-credentialed primary care providers who identify with a level of medical homeness to provide support and education to pediatric providers in achieving higher levels of medical homeness.

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

Health Domain: CSHCN

MCH Population Group: CSHCN

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

Health care transition continues as an important initiative for Florida’s CSHCN Program and is one of CMS’ priorities. Transition from pediatric to adult health care has become a priority nationwide and effective health care transition is especially important for CSHCN as they are less likely to finish school, go to college, or secure employment. 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.

CMS Managed Care Plan enrollees ages 12 to 21 receive information and resources related to transition and FloridaHATS continues to collaborate with CMS to provide transition education and awareness to Florida's communities. In 2014, FloridaHATS completed several comprehensive training modules that are available through their website. Additionally, FloridaHATS continues to have oversight and direction of the healthcare transition coalitions in Florida. Moreover, CMS also plans to identify a transition program consultant, explore more robust reporting options in the CMS data system, incorporate FloridaHATS as a component of the CMS transition program, and identify necessary resources for transition navigators, youth ambassadors, and programmatic operations.

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

Health Domain: Cross-Cutting or Life Course

MCH Population Group: Pregnant women, mothers, and infants up to age 1; Children; and CSHCN

Selected 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, such as cleft lip or cleft palate. It can cause premature birth and low birth weight. It is also a risk factor for SIDS, and secondhand smoke (SHS) doubles an infant's risk of SIDS. Exposure to SHS 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.

Florida has identified a number of objectives and strategies to reduce the percentage of women who smoke during pregnancy and the percentage of children who live in households where someone smokes, including: increasing patient awareness and knowledge of the negative effects of smoking during pregnancy through provider education and training; incorporating evidence-based smoking cessation programs into Florida's Healthy Start Program curriculum; increasing the number of preconception women who quit smoking; increasing the awareness of the dangers of SHS; and increasing public awareness surrounding the dangers of E-Cigarettes.