



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

FLORIDA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 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
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Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$18,996,748
State MCH Funds	\$169,459,883
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

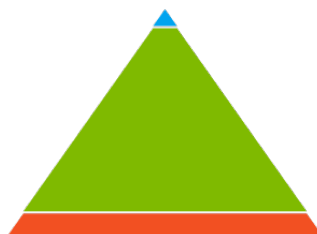
FY 2015 Expenditures



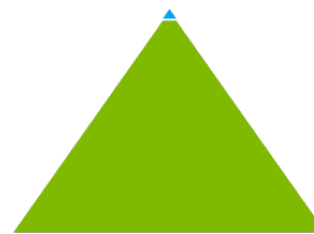
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,432,314	\$7,025,695
Enabling Services	\$15,746,347	\$162,434,188
Public Health Services and Systems	\$1,818,087	\$0

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	170,675	\$48,743,454	26.1%
Infants < 1 Year	217,293	\$32,410,826	17.4%
Children 1-22 Years	2,978,025	\$82,415,009	44.2%
CSHCN	125,455	\$23,069,255	12.4%
Others *	0	\$0	0.0%
Total	3,491,448	\$186,638,544	100%

FY 2015 Expenditures



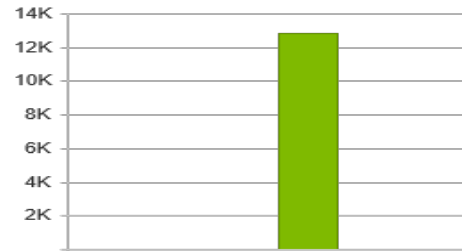
FY 2015 Individuals Served



*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:	12,821
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, 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

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 become Baby Friendly Certified 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 program for the reduction of childhood obesity
NPM 9	Bullying	ESM 9.1	The number of high schools implementing the Green Dot evidence-based violence prevention and intervention strategy
NPM 11	Medical Home	ESM 11.1	Number of providers 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 providers who have practices that have a 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 with a behavioral health condition who receive treatment consistent with their diagnosis.	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 programs. 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.

In March 2016, the Department received first-in-the-nation national accreditation as an integrated department of health through the Public Health Accreditation Board. This seal of accreditation signifies that the unified Department, including the state health office and all 67 county health departments (CHDs), has been rigorously examined and meets or exceeds national standards for public health performance management and continuous quality improvement.

According to 2014 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 population by tailoring services to meet the needs of different cultures.

Although infant mortality is the lowest in Florida's history, the Department is working to eliminate racial and ethnic disparities. In early 2016, the Department announced \$1.4 million in Title V funding to support Florida's Healthy Babies, a collaborative statewide initiative to positively influence social determinants of health and reduce racial disparity in infant mortality. The initiative engages the Department's 67 CHDs and numerous partners within each county to address disparities with evidence-based interventions.

The initiative is an effort of the Department's Health Equity Program Council, which focuses on helping all Floridians achieve health equity, or the highest level of health. Though Florida has experienced declining morbidity and mortality rates, disparities persist. The department is committed to eliminating these differences. The council is comprised of county health officers and leaders in the state health office and works to assist local efforts, monitor emerging research, and determine how to expand best practices statewide.

The initiative provides all 67 CHDs with funding to conduct an 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. In addition, 26 counties received funding to work with 45 hospitals statewide on Baby Steps to Baby Friendly, 10 practices proven to enhance hospital maternity care to support and promote exclusive breastfeeding; and 29 counties received funding to work on Protective Factors, evidence-based curricula to enhance parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children that decreases the risk of child maltreatment.

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.

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 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 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. 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 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 had a pregnancy and are high-risk of having a poor birth outcome for a subsequent pregnancy.

Reduction of maternal death is a national and state priority. Florida's Pregnancy Associated Mortality Review 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 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.

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 Baby Friendly 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. The Department provides breastfeeding promotion and support activities through a number of different programs, including the Women, Infant and Children program (WIC), the Child Care Food Program, Healthy Start, and the Bureau of Chronic Disease Prevention in 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

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 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 nonmodifiable 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.

Additionally, 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.

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 program 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

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 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. Oral health is much more than just healthy teeth. Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects, periodontal disease, tooth decay and tooth loss, and other disease and disorders that affect the oral cavity.

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 Green Dot evidence-based 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 providers 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

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 providers who have practices that have a HCT policy or youth with readiness assessment (with physicals) and plans of care

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

SPM 1: The percentage of children with a behavioral health condition who receive treatment consistent with their diagnosis

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

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.

CMS is working to increase the number of pediatric providers who identify with a level of medical homeness, the degree to which a provider or practice aligns themselves with the medical home principles. One objective is to increase the number of CSHCN assigned to a provider who is practicing at a higher level of medical homeness and to provide support and education to pediatric providers to higher levels of medical homeness.

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.

A Title V Registered Nursing Consultant is dedicated to the CSHCN programs, including transition. CMS Managed Care Plan enrollees ages 12 to 21 receive information and resources related to transition in collaboration with Florida Health and Transition Services (FloridaHATS). CMS also plans to explore more robust reporting options in the CMS data system, and identify necessary resources for transition navigators, youth ambassadors, and programmatic operations.

Mental health has also been identified through the needs assessment to be of extreme importance. Without early diagnosis and treatment, children with mental health conditions may have problems at home, in school, and socially. CMS is preparing to form a Behavioral Health Consultant position to survey staff and providers to identify training needs; create a behavioral health policy for required annual CMS staff training and recommend provider training; and explore evidence-based trainings that are available from other resources.

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. It is also a risk factor for SIDS, and 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.