

Project Impact



2022

About Project Impact



Project IMPACT is a fetal and infant mortality review (FIMR) project for Baker, Clay, Duval, Nassau and St. Johns counties. Since 1995, the initiative has been carried out by the Northeast Florida Healthy Start Coalition with funding from the Florida Department of Health. The goal is to reduce infant mortality by gathering and reviewing detailed information to gain a better understanding of fetal and infant deaths in Northeast Florida. The project examines cases with the worst outcomes to identify gaps in maternal and infant services and promote future improvements.

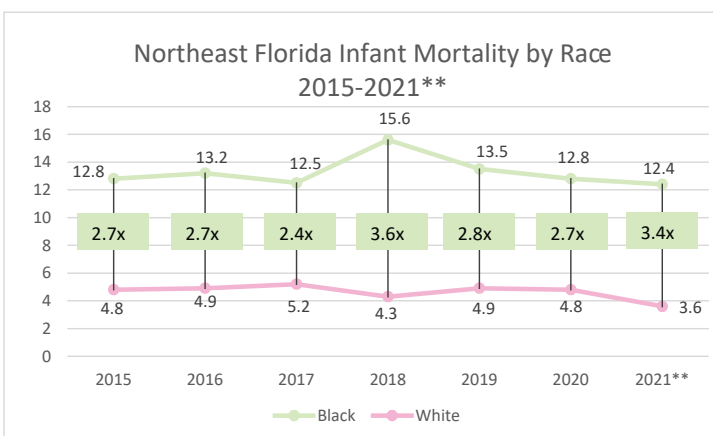
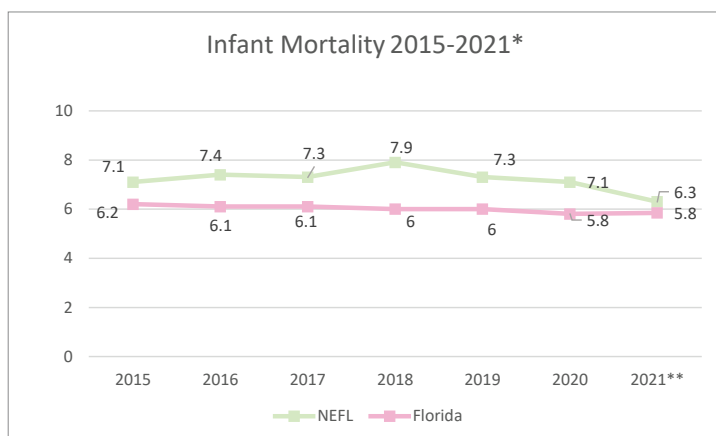
Each month, fetal/infant death cases are selected for the project based on specific criteria. Utilizing an approach developed by the American College of Obstetrics and Gynecology (ACOG), information is abstracted from birth, death, medical, hospital, Healthy Start, WIC and autopsy records. In some cases, law enforcement, medical examiner, EMS and child protective services records are included. Efforts are also made to interview the family. No information that identifies the family or medical providers is included on the abstraction form. Each year, 28 case summaries are developed and presented monthly to the Case Review Team (CRT). The CRT, a multidisciplinary group of community medical and social service professionals, examines each case to determine medical, social, financial and other issues that may have impacted the poor birth outcome. A Community Action Group (CAG) works to implement the FIMR recommendations.

Infant Mortality in Northeast Florida

An estimated 116 babies in Northeast Florida died before their first birthday in 2021, according to provisional data from the Florida Department of Health. In 2020, there were 128 infant deaths.

The provisional leading causes of death were prematurity, sudden unexpected infant deaths (sleep-related) and congenital anomalies. There were an additional 118 fetal deaths, or stillbirths.

Despite improvement in the overall infant mortality rate, racial disparities continue to persist: in 2020, the infant death rate for white babies was 4.8 deaths per 1000 live births, compared to 12.8 deaths for black babies. 2021 provisional data shows a growth in the disparity: black babies died at a rate 3.4 times higher than the white rate. Racial equity in birth outcomes is a key focus of the Coalition.



**2021 data is provisional

FIMR Case Overview: 2019-2021

By the numbers

85
fetal and infant death cases reviewed

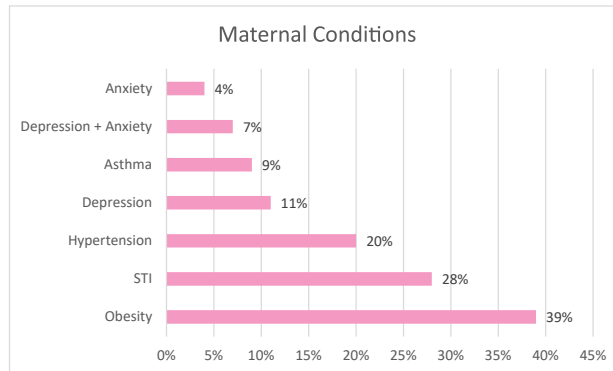
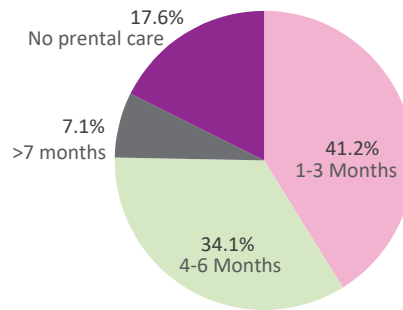
67 | 18
infant deaths | fetal deaths

69%
delivery payment source: Medicaid

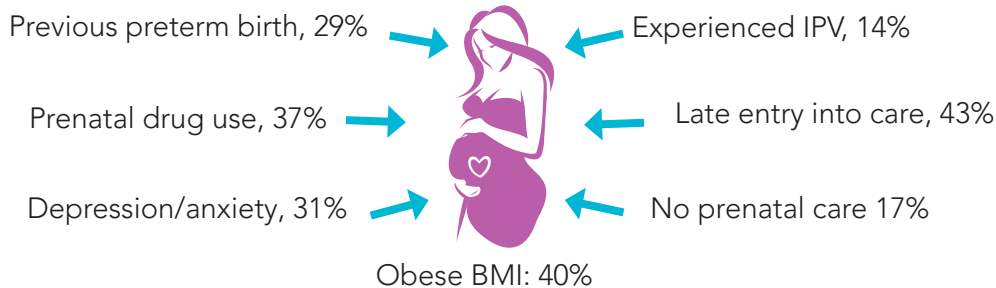
39%
Mothers Age: 19-24

34%
infant death cause: prematurity

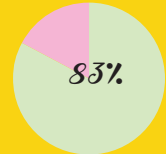
Month Prenatal Care Began



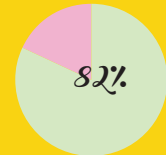
Maternal Factors in Women Reviewed with Premature Birth



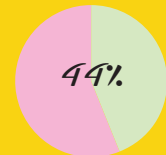
Contributing Factors



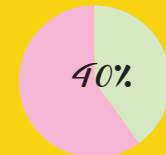
Medical condition during pregnancy



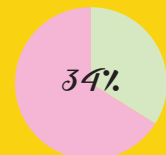
Low income



Birth spacing <18 mos



Unintended/mis-timed pregnancy



Substance use during pregnancy

Community Action Group Activities

The Community Action Group (CAG) complements the work of the Case Review Team by implementing the annual FIMR recommendations in the community.

The CAG is comprised of a diverse group of volunteers working together to develop specific community strategies. The overall group meets on a regular basis to develop strategies and activities, and is divided into subcommittees.

Subcommittee 1

Focus: Chronic health conditions

- Created a short video – “Healthy Start.”
- Posted educational flyers/literature; meaningful and inspirational quotes; facts about babies, moms, dads, chronic health conditions.

Subcommittee 2

Focus: Late entry into prenatal care

- Developed a community infographic to increase awareness of places to get free pregnancy tests and help women apply for Medicaid right then if the test is positive.

Subcommittee 3

Focus: Home visitation enrollment

- Conducted a focus group with four participants.

Subcommittee 4

Focus: Safe sleep

- Launched safe-sleep grassroots campaign during National SIDS month.
- Train committee members to spread education across the region (Train the Trainer).

Ongoing Data to Action Work Plan

The Coalition conducted a complete review of all infant deaths in 2018, coupled with an analysis of fetal and infant deaths using the Perinatal Periods of Risk. A multi-year plan based on the results was developed. Objectives focus on policy, awareness, engaging grassroots leaders and collaboration. Much of the work focuses on the zip codes in the region with the highest rate of infant death.

A FIMR action plan coordinator is currently responsible for ensuring the activities identified in the Data to Action Work Plan are implemented. In addition, the Zero Preventable Infant Deaths Leadership Council brings together community leaders to address infant mortality by monitoring plan progress and guiding plan implementation.

Objective: Develop and implement a social marketing campaign to increase public awareness.

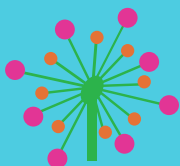


The Hey Mama social marketing campaign launched in June 2022 with funding from the City of Jacksonville/ Kids Hope Alliance. The campaign aimed to raise awareness about infant mortality and health disparities in ZIP codes 32208, 32209, 32210 & 32211

with Black women & their family members; adults, ages 18-34 and influencers of the above, including policymakers, employers & providers. Total impressions from paid and organic media were 19,362,462.



Objective: expand outreach for home visiting and related social support



In Spring 2022, a team of Community Health Workers were employed to conduct targeted outreach to identify pregnant women that are not enrolled in home visitations services through the CONNECT Coordinated Intake & Referral program. Community Health Workers with lived experience were needed to develop trusting relationships and for their ability to engage women in the concentrated areas.



Zero Preventable Infant Deaths Leadership Council

Dwayne Alexander | Jacksonville Housing Authority
Kimberly Allen, PhD | 904ward
William L. Cody, MD | Retired OB/GYN
Megan Denk | THE PLAYERS CENTER for Child Health/Wolfson Children's Hospital
Mark Hudak, MD | UF Health
Melanie Patz
Ron Salem, PharmD | Jacksonville City Council
Darnell Smith | Florida Blue
Cheryl Taylor | CareerSource
Kristina Wilson, PhD | FDOH Duval County

Objective: co-locate outreach staff in at least four prenatal care provider offices or hospitals that serve pregnant women residing in 32209 and 32210.



A system of care pilot launched in May 2021 to co-locate a Coordinated Intake & Referral (CI&R) staff person in a prenatal care office to screen clients, link them to home visiting programs and address the social determinants of health. One CI&R staff is currently integrated into the St. Vincent's Family Medicine Center. The Coalition is working with additional offices to integrate more CI&R staff. The system of care initiative eliminates the disconnect between medical and social services.

Objective: 25 residents of 32209 and 32210 will be engaged and equipped as grassroots leaders working to address factors contributing to high black infant death rates and disparities at birth.



Make A Difference!
LEADERSHIP ACADEMY

The Make a Difference! Leadership Academy supports the efforts of local residents to make changes in neighborhood factors that contribute to disparities in health and birth outcomes. Seven women graduated from the Academy in Fall 2022. The Academy aims to change the trajectory of a community through the individuals trained and assisted in the development of a Community Action Plan. The plan outlines a specific project to move a community to action. The Fall 2022 graduates selected a get out the vote drive as their project.



2022 Recommendations

IMPROVE PARTICIPATION IN PREVENTIVE AND PRENATAL CARE

- Encourage regular preventive care for adolescents and women of childbearing age.
- Discuss substance use and IPV at every visit.
- Increase the number of women who get needed publicly funded birth control services and support.
- Increase the number of women who receive early and adequate prenatal care
 - Seek an obstetrician who focuses on substance using women (local medical society).
 - Encourage substance treatment centers to refer known pregnant women to home visitation who can facilitate entry into prenatal care.
 - Increase the number of Medicaid enrollment sites (kiosks).

IMPROVE AWARENESS AND UTILIZATION OF COMMUNITY PROGRAMS FOR PREGNANT WOMEN AND FAMILIES

- Facilitate interagency communication regarding services, capacity, enrollment requirements and referral processes to streamline the participant experience, eliminate duplication, and contain costs.
- Increase outreach and child safety education to fathers and non-parental caregivers (social media, billboards, PSA during sporting events).
- Increase the awareness of the value of home visitation to parents, families, community, and government, as a prevention strategy to reduce poor birth outcomes, promote infant and child health, and foster child development.

INCREASE AWARENESS OF THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH, ADVERSE CHILDHOOD EXPERIENCES, AND SYSTEMIC RACISM ON MATERNAL HEALTH AND BIRTH OUTCOMES

- Maternal stress, abuse, neglect, system racism can lead to physical health impacts.
- Identify experiences that increase the drop-out risk of school age girls.
- Include as a part of school health curriculum at every stage of education.
- Develop relationships with substance treatment agencies to provide education surrounding social determinants of health, adverse childhood experiences and systemic racism as contributors to substance use. Refer clients to community agencies.
- Large social marketing campaign to introduce the concept to the general public.

2021-22 Case Review Team

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Community Action Group

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