#### Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott Governor

Celeste Philip, MD, MPH State Surgeon General

Vision: To be the Healthiest State in the Nation

October 23, 2017

# 2016/2017 REVISED COMMUNITY HEALTH IMPROVEMENT PLAN WORKPLAN

Period covered: July 1, 2017 - September 30, 2017

The Health Care Access Committee reviewed and approved the Community Health Improvement Plan at its September 26, 2016 meeting and will provide oversight for its implementation. The Community Health Improvement Plan was made available for public review and comment on the DOH-Broward website. The finalized priority areas were categorized into four priority areas with identified subchallenges in each.

- 1. Access to Health Care
  - a. Lack of insurance and enrollment
- 2. Infectious Disease
  - a. HIV/AIDS
  - b. Congenital Syphilis
  - c. Infectious Syphilis
- 3. Maternal and Child Health
  - a. Cervical Cancer Screening
  - b. Vaccination Coverage Levels for Children in Kindergarten
  - c. Vaccination Coverage Levels for 2 year old children
  - d. Infant Mortality Disparity
- 4. Enhance Preventive Care Activities
  - a. Obesity
  - b. Fruit and Vegetable Consumption

The Health Care Access Committee further agreed to review implementation of the Community Health Improvement Plan (CHIP) progress on a quarterly basis. The process to update and maintain the CHIP for the July 1, 2017 – June 30, 2018 period is as follows:

- 1. The responsible parties identified for each action step in the CHIP will update the CHIP action plan on a quarterly basis.
- 2. CHIP updates will be submitted to DOH-Broward staff and presented to the Health Care Access Committee utilizing the following schedule:
  - a. October (July 1 September 30),
  - b. January (October 1 December 31),
  - c. April (January 1 March 31), and
  - d. July (April 1 June 30).
- 3. Internal and external subject matter experts will review action steps and target dates and recommend revisions annually in August.
- 4. The revised action plan will be presented to the Health Care Access Committee annually in August.



#### **Priority #1 - Increase Access to Health Services**

Why is this important to our community? Access to health care may be limited by poverty, poor health literacy and lack of health insurance. Broward Health, Memorial Healthcare System and the Broward Community and Family Health Centers (federally qualified health centers) are currently the largest primary health care providers in the county. There is sometimes a detachment between the major health partners and the most vulnerable communities. There is an increased need to simplify the navigational system of obtaining healthcare and provide linkages to services. Public health efforts to develop culturally competent and age appropriate materials for the minority, disabled and elder community is needed to increase health literacy and promote access to care. Barriers to accessing health services affect the health status of our residents.

|    |   |                     |  | Healthy People 2020 Goal   | Broward<br>Performance<br>2013 Level | Annual<br>Target  | Measure   |
|----|---|---------------------|--|--|--------------------------------------|---|---|
|    | jective 1.1 Increase the punty residents with health  | •                   |  | 100%   | 78.7%                                | 5%  | Percent of persons with health insurance (BRFSS)  |
|    | Strategy  | Target<br>Date      | Responsible<br>Party (lead and<br>partners)                  | Resources  | Status of<br>Actions Taken           | Impleme   | entation Achievements Accomplished With<br>Partner Involvement  |
| 1. | Continue to provide assistance in completing the application for KidCare, Medicaid and other indigent care programs | 7/1/17 –<br>6/30/18 | KidCare;<br>Children's<br>Services<br>Council;<br>United Way | Children's Services Council funding contracts with DOH-Broward for five (5) Representatives to work with families in Broward County. Staff is located conveniently throughout Broward County to assist families enroll into KidCare and Medicaid through the Florida KidCare application.  The KidCare Outreach Program received a grant from the United Way for a project conducting enrollment outreach within the 33311 zip code and surrounding area. This area houses the hardest to reach populations. | In Progress                          | In an effor enrolled cl technical is healthcare                 | the quarter, KidCare representatives litted 372 applications to Healthy Kids on for processing.  It to retain healthcare coverage for mildren, KidCare staff resolved 425 saues that resulted in retention of ecoverage. In addition, KidCare Outreach litted 9 account renewal applications. |
| 2. | Provide culturally competent and age appropriate materials about the application process                            | 7/1/17 –<br>6/30/18 | KidCare  |  | In Progress                          | this quarte<br>employme<br>Response<br>242 attend<br>informatio | er for employees dislocated from ent as identified through the Rapid Team of Career Source. Each of the dees received a bi-lingual packet of en on KidCare enrollment and eligibility.  |

| 3. | Continue to provide<br>referrals to other<br>sources of funding for<br>ineligible Medicaid<br>and/or KidCare clients                                     | 7/1/17 –<br>6/30/18 | DOH-<br>Broward;<br>Career<br>Source;<br>2-1-1        | KidCare Outreach Staff have a binder of information for children's services as well as adult services that is used in referring families in need. In addition, all families are educated on 2-1-1 Broward resource line. | In Progress | in English and Spanish were distributed to 89 Broward County Pre- Schools. This information will be sent home to the parents of each student.  KidCare information in English, Spanish, and Creole was distributed to 10,116 attendees of 26 events attended this quarter.  All children who do not qualify for coverage are given referrals to additional community resources.  This quarter 57 participants attended one of the KidCare educational "Rapid Response" sessions with Career Source that received information on KidCare enrollment, ACA special enrollment for adults, and 2-1-1 information as they are losing their jobs.  Staff continues to refer to the Broward Community Health Centers, Memorial Healthcare System, and Broward Health facilities and 2-1-1 |
|----|--|---------------------|---|--|-------------|--|
| 4. | Continue to enroll<br>eligible clients into the<br>Medicaid system   | 7/1/17 –<br>6/30/18 | DOH-<br>Broward;                                      | Florida KidCare Outreach enrolls children into Medicaid, Medikids, Healthy Kids, and Children's Medical Services through the KidCare application.  | In Progress | The Florida KidCare application immediately screens applicant children for Medicaid before screening for the Healthy Kids component. There for all applicants is a possible client for Medicaid services.  This quarter KidCare Staff assisted 7 families to transition from Healthy Kids to Medicaid due to income adjustment.  |
| 5. | Monitor effects of implementation of Healthcare Reform on insurance coverage levels to include HITS Program (Health Intervention with Targeted Services) | 7/1/17 –<br>6/30/18 | DOH-<br>Broward;<br>Memorial<br>Health Care<br>System | Status - Complete on la Drog   | In Progress | New Legislation for immigrant children implemented July 1, 2016 has increased enrollment for legal immigrant children. Many families that will now be eligible are currently waiting for the proper documentation to arrive. This quarter captured 63 children newly eligible under the new guidelines.  |

Resources = Funding/time/people/materials

Status = Complete or In-Progress

#### Priority #2 – Reduce the Incidence of Communicable and Infectious Diseases

Why is this important to our community? Reporting of communicable and sexually transmitted diseases (STDs) is important in the planning and evaluation of disease prevention and control programs, in the assurance of appropriate medical therapy, and in the detection of common-source outbreaks. Broward County consistently ranks in the top 2-3 for newly diagnosed HIV cases in the entire United States. The rates of STDs have increased since 2001 in both Broward County and the State. Broward County's infectious syphilis and congenital syphilis rates are amongst the highest in the State.

|   |                     |  | Healthy<br>People 2020<br>Goal | Broward<br>Performance<br>2014 Level | Annual<br>Target  | Measure   |  |
|---|---------------------|--|--------------------------------|--------------------------------------|---|---|--|
| Objective 2.1 Reduce New HIV Infections and Rate  | •                   |  | 3.5                            | 38.6                                 | 10%   | New HIV Infections and Rates per 100,000 (FL CHARTS)  |  |
| Strategy Target Date Responsible Party (lead and partners)  |                     | Resources  | Status of<br>Actions Taken     | Implement                            | ation Achievements Accomplished with<br>Partner Involvement   |   |  |
| Increase the number of HIV tests conducted by 5% annually   | By 3/31<br>annually | DOH-Broward HIV<br>Prevention<br>Program; Publicly<br>funded HIV<br>testing sites                              | Funding                        | Completed for<br>most recent<br>year | Publicly funded HIV testing in Broward increased by 6,725 tests (10% increase) from 2013 to 2016 (70,776 vs. 77,501).   |   |  |
| <ul> <li>Collaborate with hospitals, Federally         Qualified Health Centers (FQHC) and         primary care providers to educate on the         provision of HIV testing as part of routine         medical care</li> </ul> | 12/31/17            | DOH-Broward HIV<br>Prevention<br>Program; Hospital<br>ED's, FQHC<br>Directors and<br>primary care<br>providers |                                | Ongoing                              | For this quarter, public health detailing field activities to enhance provider knowledge on Routine Testing, PrEP/PEP, and Test and Treat continues with twenty-one (21) Physicians that were visited and participated in an educational FAQ session in conjunction with twenty-one (21) toolkits disseminated to clinical staff and providers. |   |  |
| <ul> <li>Conduct face-to-face meetings with<br/>hospital emergency department medical<br/>practitioners, administrators and primary<br/>care providers on the importance of routine<br/>HIV testing</li> </ul>                  | 12/31/17            | DOH-Broward HIV<br>Prevention<br>Program;<br>Broward Health<br>Facilities; EMS<br>Council                      |                                | Ongoing                              | This strategy is conducted through public health detailing field activities. Twenty-one (21) Physicians has been visited for this quarter.  |   |  |
| <ul> <li>Provide technical assistance and physician<br/>tool kits to enhance provider skills in<br/>implementation of HIV testing as part of<br/>routine medical care</li> </ul>  | 12/31/17            | DOH-Broward HIV<br>Prevention<br>Program; BCHPPC<br>Perinatal HIV<br>Workgroup                                 |                                | Ongoing                              | activities to<br>Routine Tes<br>continues w<br>were visited   | rter, public health detailing field<br>enhance provider knowledge on<br>ting, PrEP/PEP, and Test and Treat<br>with twenty-one (21) Physicians that<br>I and participated in an educational<br>in conjunction with twenty-one (21) |  |

|  |           |   |                      | toolkits disseminated to clinical staff and providers. The toolkits continue to be enhanced to provide greater impact.  |
|--|-----------|---|----------------------|---|
| Provide training on HIV testing technologies   | Quarterly | DOH-Broward<br>Early Intervention<br>Program  | Ongoing              | For the month of July, HIV/AIDS 500 & 501 Training was held at the Florida Department of Health in Broward County. Twenty people attended the training; thirteen (13) CBO's, two (2) DOH staffs, and five (5) self-registrant attended the training. For the month of August, 501 Update Training was held at the Florida Department of Health in Broward County fourteen (14) counselors attended the training; eleven (11) CBO's, two (2) DOH staffs, and one (1) self-registrant attended the training. The following Rapid HIV Testing Technology Testing Trainings occurred this quarter: On July 26th, 2017, there was an Alere Determine Rapid Test Training (9 attendees) |
| 2. Condom Distribution   |           |   |                      |   |
| Identify condom distribution partners in the public and private sectors  | Quarterly | DOH-Broward HIV<br>Prevention<br>Program; local<br>businesses and<br>organizations  | Ongoing              | A total of 24 new Condom Distribution partners through the Business Responds to AIDS (BRTA) program were added from July- September 2017. The total number of sites the Prevention Training Consultants' delivered condoms to during the 3rd QTR 2017 was 60. Of those total number of condom distribution sites serviced, 42 were BRTA partners and 18 were solely PTC Outreach.   |
| <ul> <li>Integrate condom distribution with<br/>activities such as community-level<br/>interventions to promote condom use<br/>and other risk reduction behaviors</li> </ul> | Annually  | DOH-Broward HIV<br>Prevention<br>Program  | Complete and ongoing | Condom availability and education continue to be integrated into all HIV prevention services. In addition, 60 condom distribution sites were serviced this past quarter through BRTA and PTC Outreach.  |
| 3. Collaborative Partnerships  |           |   |                      |   |
| Build the capacity of community<br>leaders to address disparities with HIV<br>High Impact Prevention (HIP)<br>strategies, through training and<br>technical assistance       | Quarterly | DOH-Broward HIV Prevention Program; Broward County HIV Prevention Planning Council; | Ongoing              | Workgroups of the Broward HIV Prevention Planning Council (BCHPPC) continue to meet monthly to further implement HIP prevention plans and identify opportunities for technical assistance and capacity building. The BCHPPC full prevention council meeting was held on July  |

|   |           |                    | T            | 271 2047 7 1 1 1 1 1  |
|---|-----------|--------------------|--------------|---|
|   |           | community          |              | 27th, 2017. The agenda comprised of a   |
|   |           | ambassadors        |              | presentation on the 2015 HIV Epidemiological                                    |
|   |           |                    |              | Profile and Trends and the Florida's Four Key                                   |
|   |           |                    |              | Components updates for Broward. Two HIV   |
|   |           |                    |              | Funders Collaborative Meeting were held on                                      |
|   |           |                    |              | August 29 <sup>th</sup> and September 27th. The purpose of                      |
|   |           |                    |              | the meeting was for the Broward EMA's   |
|   |           |                    |              | prevention, care and treatment stakeholders to                                  |
|   |           |                    |              | identify next steps to accomplishing the  |
|   |           |                    |              | Integrated Action Plan over the five-year period.                               |
| Coordinate with HIP contracted  | Quarterly | DOH-Broward HIV    | Ongoing      | Contract monitoring with contracted agencies                                    |
| agencies to serve target areas and  |           | Prevention         |              | continues to occur. The coordination of HIP                                     |
| priority populations  |           | Program;           |              | activities is addressed at each monitoring visit                                |
|   |           | Contracted         |              | and recommendations to improve HIP strategies                                   |
|   |           | Prevention         |              | are discussed.  |
|   |           | Providers          |              |   |
| Recruit local businesses to participate   | Quarterly | DOH-Broward HIV    | Complete and | From July through September 2017, twenty-nine                                   |
| in the Business Responds to AIDS  | ,         | Prevention         | Ongoing      | (29) businesses were recruited and fifty-two (52)                               |
| (BRTA) project  |           | Program; local     |              | businesses have been re-engaged into Business                                   |
| (2) project   |           | businesses         |              | Responds to AIDS (BRTA) to participate for an                                   |
|   |           |                    |              | additional year.  |
| 4. Reduce the number of pediatric HIV cases   | 7/1/16 -  | DOH-Broward        |              | To date for 2017 we have ONE HIV transmission                                   |
| to zero   | 6/30/17   | Perinatal HIV      |              | of mother to child. There is ongoing extreme                                    |
|   | -,,       | Director           |              | case management of the HIV positive pregnant                                    |
|   |           | 2 3000.            |              | women to keep it as close to zero. For 2017 we                                  |
|   |           |                    |              | have 98 women that are pregnant and 75  |
|   |           |                    |              | deliveries, Of the 75 infants 73 are negative and                               |
|   |           |                    |              | two positive. The two positive babies, one is from                              |
|   |           |                    |              | a mother that did everything right during her                                   |
|   |           |                    |              | pregnancy and the other converted during  |
|   |           |                    |              | pregnancy. Both infants were positive in vetro.                                 |
|   |           |                    |              | We provided case management to 98 HIV   |
|   |           |                    |              |   |
|   |           |                    |              | positive pregnant women. In 2016 we case  |
| - Educate OD/CVNVa Jahan and dalling  | 7/1/16 –  | DOH-Broward        | Ongoing      | managed a total of 117 pregnant women.  For 2016 we have visited 125 OBGYNs and |
| Educate OB/GYN's, labor and delivery      Applied and highling contagnet of the contag |           |                    | Ongoing      |   |
| hospitals and birthing center staff to  | 6/30/17   | Perinatal HIV      |              | discussed perinatal HIV Transmission.   |
| comply with Florida Statutes and evidence-  |           | Director; 8        |              | Jan- June 2017 we visited 125 OBGYNs and  |
| based standards for pregnant women on   |           | birthing hospitals |              | provided HIV education and provided 18 grand                                    |
| HIV care  | =1.7.     |                    |              | rounds to the birthing hospitals.   |
| <ul> <li>Increase HIV testing awareness during the</li> </ul>   | 7/1/16 –  | DOH-Broward        | Ongoing      | 125 OBGYNs were visited and information was                                     |

| 3rd trimester among pregnant women   | 6/30/17             | Perinatal HIV<br>Director;<br>OB/GYNs   |                         | left regarding testing and linkage to care.   |
|--|---------------------|---|-------------------------|---|
| Conduct HIV clinical/prevention grand<br>rounds at two birthing hospitals annually   | 7/1/16 –<br>6/30/17 | DOH-Broward Perinatal HIV Director; birthing hospitals  | Complete and<br>Ongoing | 18 grand rounds were provided at 4 of the birthing hospitals.  Conducted 18 Grand rounds about Perinatal HIV  |
| Conduct annual perinatal symposium in<br>collaboration with the Perinatal HIV<br>Provider Network  | Annually            | DOH-Broward Perinatal HIV Director; birthing hospitals; Healthy Start Coalition; Urban League | Complete                | A Perinatal Symposium was conducted May 23 <sup>rd</sup> , 2016 and 63 medical providers attended. On November 4 <sup>th</sup> 2017 we held the 10 <sup>th</sup> HIV Perinatal Symposium at Browed Health Coral Springs and 70 medical providers attended. March 31 <sup>st</sup> we provided the 11 <sup>th</sup> Perinatal Symposium at Broward Health and 80 medical providers attended. The evaluations stated that they were pleased with all the presenters and the topic discussed. We are providing a Women's PrEP Summit on October 27, 2017 at DOH-Broward. We have scheduled the 12 <sup>th</sup> Perinatal Symposium for November 2, 2017 at Holy Cross Women's Pavilion. |
| <ul> <li>Distribute perinatal toolkits to OB/GYN providers</li> </ul>  | 7/1/16 –<br>6/30/17 | DOH-Broward<br>Perinatal HIV<br>Director  | Complete                | The Perinatal Toolkit has been completed and we have distributed over 58 toolkits.  We have provided a RED BINDER to the 8 laboring hospitals with information on Perinatal HIV, referrals and testing.   |
| Expand capabilities of the HIV Perinatal<br>Provider Network to include identification<br>of strategies to further reduce future HIV<br>perinatal transmissions. | 7/1/16 –<br>6/30/17 | DOH-Broward Perinatal HIV Director; Birthing hospitals, Healthy Start Coalition               | In Progress             | <ul> <li>We have discussed many strategies at these meetings:</li> <li>To expand Rapid HIV Testing at labor and delivery to test all the women regardless of previous test to ensure no missed opportunities.</li> <li>A report card for each hospital regarding the delivery of an HIV positive women in order to further reduce missed opportunities.</li> <li>To date we have provided at least one meeting monthly since January.</li> </ul>  |
| 5. Increase number of people who receive   | 7/1/16 –            | DOH-Broward   | Ongoing                 | We have our clinic located at Broward Wellness  |

| their HIV positive test results from a DOH-<br>Broward registered testing site to 95% who<br>are linked to partner services   | 6/30/17             | STD Program<br>Manager  |         | Center where each individual receives a rapid HIV test. If it's reactive, a confirmatory test is done and the clients are automatically interviewed by our DIS and determined if needed to be linked into care. Our DIS refers them to our linkage care program. For our DOH clinics (such refugee, family planning and TB), the labs will be in our system called PRISM and our DIS have 14 days to locate the clients and refer them to linkage. |
|---|---------------------|---|---------|--|
| <ul> <li>Require that HIP contracted agencies refer<br/>all positive individuals upon diagnosis to<br/>DOH-Broward partner services</li> </ul>  | 7/1/16 –<br>6/30/17 | DOH-Broward<br>Contract<br>Administration                                       |         |  |
| Disease intervention staff will locate the<br>partners, advise them of their exposure,<br>offer onsite HIV testing services and refer<br>them to HIV Linkage Coordinators                                 | 7/1/16 –<br>6/30/17 | DOH-Broward<br>STD Program<br>Manager   | Ongoing | After interviewing a new patient, the DIS will notify partners of their exposure. The partners will be given a referral letter to BWC for testing and the partners will be interviewed by one of our DIS on site at BWC to make sure they receive the education and the use of condoms. If the test comes back reactive, linkage is offered on site if needed.   |
| <ul> <li>Explore the opportunity to conduct geo-<br/>mapping analysis of the DOH-Broward<br/>registered testing sites and include all<br/>relevant services on the Broward ≥ AIDS<br/>web site</li> </ul> | Annually            | DOH-Broward<br>Communicable<br>Disease Director<br>& HIV Prevention<br>Director | Ongoing | A webmaster has position will be filled October 20 <sup>th</sup> , 2017; this position will be assisting in the revitalization of the Broward ≥ AIDS website and updating relevant information on HIV prevention and Treatment.  |

|    | jective 2.2 Reduce sustained domestic transmi<br>ohilis in males by 10% and in females by 1% anr  |                                       | y and secondary  | Healthy<br>People 2020<br>Goal<br>Male: 6.7<br>Female: 1.3 | Broward Performance 2015 Level Male: 29.8 Female: 2.0 | Annual<br>Target<br>10%<br>1% | Measure  New primary and secondary syphilis Infections Rates per 100,000 (FL CHARTS)   |
|----|---|---------------------------------------|--|--|---|-------------------------------|--|
|    | Strategy  | Strategy Target Date Responsible Part |  | Resources  | Status of<br>Actions Taken                            | Implementa                    | tion Achievements Accomplished With<br>Partner Involvement   |
| 1. | Conduct STD prevention and surveillance activities  | 7/1/16 –<br>6/30/17                   | DOH-Broward<br>STD Program<br>Manager                              |  | ongoing   | encourage i                   | tinue to locate partners and new patients to bring partners for treatment and monitor them within  |
| 2. | Integrate STD and HIV prevention planning through the joint planning process of the HIV Prevention Planning Council and Ryan White Part A | 7/1/16 –<br>6/30/17                   | DOH-Broward<br>STD Program<br>Manager                              |  | ongoing   |                               | HIV prevention planning to conduct rent and testing.   |
| 3. | Increase public awareness regarding HIV and STD's and mobilize community support for prevention efforts                                   | 7/1/16 –<br>6/30/17                   | DOH-Broward<br>STD Program<br>Manager; PRIDE;<br>Latino Salud; BWC |  | ongoing   | HIV but also<br>of their clie | nave access to provide not only rapid<br>o Rapid Syphilis and Hepatitis. If one<br>onts comes back positive they will<br>to BWC for treatment. |

|   |                     |  | Healthy                      | Broward                    |   |   |
|---|---------------------|--|------------------------------|----------------------------|---|---|
|   |                     | State of Florida   | People 2020                  | Performance                |   |   |
|   |                     | Goal   | Goal                         | 2015 Level                 | Annual Target   | Measure                                   |
| Objective 2.3 Reduce the Congenital Syphilis Cases to 0 births annually   |                     | 0 new cases  | 9.6 per<br>100,000<br>births | 3                          | 0   | Congenital Syphilis<br>births (FL CHARTS) |
| Strategy  | Target Date         | Responsible Party (lead and partners)                            | Resources                    | Status of<br>Actions Taken | Implementation Achievements Accomplished With<br>Partner Involvement  |   |
| Conduct STD prevention and surveillance activities  | 7/1/16 –<br>6/30/17 | DOH-Broward<br>STD Program<br>Manager                            |                              | Ongoing                    | Education and presentation are being done. Our 3 CBOs are providing more testing in their HQ and also using their mobile van. |   |
| Continue direct outreach to OB-Gyn's, delivering family practice doctors, labor and delivery hospitals and birthing centers | 7/1/16 –<br>6/30/17 | DOH-Broward Perinatal HIV Director; OB/GYNs; Birthing Facilities |                              | Ongoing                    | To date for 2016 we ha  | ve 4 Congenital syphilis                  |

#### Priority #3 – Improve Maternal, Infant and Child Health

Why is this important to our community? While Broward County's White and black infant mortality rates are lower than the state, the Broward County black rate continues to be more than two and a half times the white rate and above the Healthy People 2020 goal. The Healthy People 2020 Goal as well as State of Florida Immunization Goal for Kindergartener's and two year olds is 95%. Broward County currently does not meet the 95% goal for these age groups. The annual cervical cancer screening rate in Broward County is two-thirds that of the goal set by Healthy People 2020.

|  |   |                     |                                       | Healthy<br>People 2020<br>Goal    | Broward<br>Performance<br>2013 Level | Annual<br>Target  | Measure   |
|--|---|---------------------|---------------------------------------|-----------------------------------|--------------------------------------|---|---|
|  | Objective 3.1 Increase the Proportion of Women Who Receive Cervical Cancer Screening Based on the Most Recent Guidelines by 10% annually. |                     |                                       |                                   | 56.2%                                | 10%   | Cervical Cancer screening rates (BRFSS)   |
| Strategy Target Date Responsible Party (lead and partners) |   |                     | Responsible Party (lead and partners) | Resources                         | Status of<br>Actions Taken           | •   | on Achievements Accomplished<br>Partner Involvement   |
| 1.   | Continue to market to women under age 50 providers that offer low cost/free pap tests   | 7/1/17 –<br>6/30/18 | DOH-Broward                           |                                   | ongoing                              | quarter. For wo<br>program, the st<br>other services i<br>low cost pap te | events were held during this omen calling about our caff gives them referrals to n the community that provide sts. For the first quarter of the re 7 screening events with 59 |
| 2.   | Provide education to encourage HPV prevention and/or immunization and other safer sex practices to all ages and genders                   | 7/1/17 –<br>6/30/18 | DOH-Broward; IAC                      | Immunization<br>& STD<br>Programs | ongoing                              | immunization a discussed. For   | ational events HPV prevention, and safer sex practices are the first quarter of 17/18 there are events with 59 clients.   |
| 3.   | Continue to provide outreach and education to identified high incidence areas   | 7/1/17 –<br>6/30/18 | DOH-Broward                           | BRFSS                             | ongoing                              | quarter. And 8 mammograms   | events were held during this<br>outreach events for<br>and pap tests. For the first<br>8 there were 7 screening<br>clients.   |

|    |   |                     |  | Healthy<br>People 2020                     | Broward<br>Performance |   |  |  |
|----|---|---------------------|--|--|------------------------|---|--|--|
|    |   |                     |  | Goal                                       | 2016 Level             | Annual Target   | Measure  |  |
|    | Objective 3.2 Increase Vaccination Coverage Levels for Children in Kindergarten by 1% annually  |                     |  | 95%  | 94.2%                  | 1%  | Kindergarten immunization levels (FL CHARTS)   |  |
|    | Strategy Target Date Responsible Party (lead and partners)  |                     | Resources  | Status of<br>Actions Taken                 | •                      | Implementation Achievements Accomplished With Partner Involvement   |  |  |
| 1. | Provide back to school immunizations to school aged children entering kindergarten in partnership with community based providers and municipalities         | 7/1/17 –<br>6/30/18 | DOH- Broward;<br>School Board of<br>Broward County<br>(SBBC); Lauderhill<br>Mall | DOH-<br>Broward<br>staff; SBBC;<br>vaccine | Complete               | held from 8/8/1<br>vaccines to the s<br>county. The 201   | I Immunization campaign was 6-8/23/16 to provide required school aged children in the 1.7 summer POD has been 1.9 ugust 7 – August 22, 2017.   |  |
| 2. | Hold a Health Fair in support of back to school community immunization campaign   | 7/1/17 –<br>6/30/18 | DOH- Broward<br>staff; Community<br>Providers; SBBC                              | DOH-<br>Broward<br>staff; SBBC;<br>vaccine | Complete               | The Health Fair was held in conjunction with the Back to School immunization campaign. It was on 8/13/16. The 2017 Health Fair will be held Saturday August, 12, 2017 |  |  |
| 3. | Market community immunization campaign through outreach activities to Public and charter schools, municipal summer camps, Children's Services Council, etc. | 7/1/17 –<br>6/30/18 | DOH- Broward;<br>IAC; SBBC   | DOH-<br>Broward<br>staff; SBBC;<br>vaccine | Complete               | end of the school<br>campaign. Infort<br>was placed on C<br>provided to varion<br>districts and libr  | c out to the parents before the olly ear advertising the mation regarding the campaign SC website. Palm cards were ous entities such as park aries advertising the campaign. are being developed for the |  |
| 4. | Provide immunization for children entering school without necessary immunizations not reached in campaign   | 7/1/17 –<br>6/30/18 | DOH- Broward;<br>SBBC  | DOH-<br>Broward<br>staff; SBBC;<br>vaccine | complete               | compliance rate<br>immunized were<br>their school to p<br>middle schools r  | that did not reach the of 95% of the children of offered a date to come to rovide the immunizations. 10 eceived in school or or to the end of the school   |  |

|    |   |                     |                                | Healthy<br>People 2020<br>Goal                         | Broward<br>Performance<br>2016 Level | Annual Target   | Measure  |
|----|---|---------------------|--------------------------------|--|--------------------------------------|---|--|
|    | jective 3.3 Increase Vaccination Coverage Levenually  | els for 2 year old  | children by 1%                 | 95%  | 80.4%                                | 1%  | 2 year old immunization<br>levels (FL CHARTS)  |
|    | Strategy Target Date Responsible Party (lead and partners)  |                     | -                              | Resources  | Status of Actions<br>Taken           | Implementation Achievements Accomplished With Partner Involvement |  |
| 1. | Conduct Shots-By-Two trainings to DOH-<br>Broward and community organizations that<br>serve infants | 7/1/17 –<br>6/30/18 | DOH-Broward; IAC;<br>WIC; CBOs | DOH-<br>Broward<br>staff; Shots<br>by Two<br>materials | Congoing                             | Training is conduct Two.  | ed every month on Shots-By   |
| 2. | Work with labor and delivery hospitals to ensure newborns are enrolled in Shots-By-Two Program      | 7/1/17 –<br>6/30/18 | DOH-Broward; IAC               | DOH-<br>Broward<br>staff; Shots<br>by Two<br>materials | ongoing                              | last two weeks of e   | ering hospitals is visited the each month to pick up the is and to deliver new forms.        |
| 3. | Provide technical assistance to providers and staff on Florida SHOTS and Shots-By-Two program       | 7/1/17 –<br>6/30/18 | DOH-Broward                    | DOH-<br>Broward<br>staff                               | ongoing                              | are trained on how  | rediatrician's office the staff<br>to log in to Florida Shots<br>reminder recalls for Shots- |
| 4. | Conduct medical assistant training twice per year   | 7/1/17 –<br>6/30/18 | DOH-Broward                    | DOH-<br>Broward<br>staff                               | ongoing                              |   | rainings were held in<br>ne. Next one will be held   |

|    |  |  |   | Healthy   | Broward                                  |   |   |
|----|--|--|---|---|--|---|---|
|    |  |  |   | People 2020   | Performance                              | Annual  |   |
|    |  |  |   | Goal  | 2016 Level                               | Target  | Measure   |
| Ob | jective 3.4 Reduce the Rate of Infant Deaths in  | blacks by 1% a                                   | nnually.  | 6.0   | Overall: 5.2<br>black: 7.7<br>White: 3.2 | 1%  | Infant Mortality Rates per<br>1,000 live births (FL CHARTS)   |
|    | Strategy   | Target Date                                      | Responsible Party (lead and partners)                 | Resources   | Status of<br>Actions Taken               | -   | n Achievements Accomplished With Partner Involvement  |
| 1. | Ensure that black infant death disparity is interwoven throughout all Maternal Child Health System through its Active Subcommittees powered by the Broward Healthy Start Coalition. (Fetal Infant Mortality Review Community Action Group (FIMR CAG), black Infant Health Practice Initiative, Breastfeeding Coalition, Infant Health/Safe Sleep, Infant Health/Substance Exposed, Maternal Health, Perinatal HIV) along with the March of Dimes | Objective has been integrated since 2013 Ongoing | Broward Healthy Start Coalition (BHSC) Ronik-Radlauer | DOH-<br>Broward<br>funding via<br>Broward<br>Healthy Start<br>Coalition | Ongoing                                  | Community A Strategies meet Plans.  Ongoing-the Fl to meet month Update April 1 and presented mortality rate Report provid Haitian popula delving into the sampling for Cl Update July 8 being incorpor FIMR CRT.  Update Octol committees of | H System meets monthly.  In the coming as identified in the coming of the coming year.  If the coming year. |
| 2. | a) Develop comprehensive toolkit   | April 2017                                       | Broward Healthy<br>Start Coalition<br>(BHSC)          | DOH-<br>Broward<br>Funding via  | In process                               | Overall, fetal decreased.   | and infant mortality rates have   |
|    | incorporating items from all subcommittees   |  | (Brise)   | Broward<br>Healthy Start  |  | toolkit, marke  | funding for development of ting/social media strategy, and  |
|    | <ul> <li>b) Create comprehensive marketing and<br/>social media strategy</li> </ul>  | July 2017  |   | Coalition<br>Seeking  |  | creation of vide<br>The BHSC subn   | eos.<br>nitted a proposal to the March of   |
|    | <ul> <li>c) Create videos for waiting areas for<br/>Pediatricians, OB/GYNS, Early</li> </ul>   | Aug 2017   |   | grant<br>funding  |  |   | ding for the development of a funding was received, it did not  |

|   | Childhood Court, Child Support           |          | include funding for the toolkit. BHSC v       |
|---|--|----------|---|
| ( | Provide 10 educational sessions for      | 7/1/16 – | continue to seek funding for these strategie  |
|   | healthcare professionals, community-     | 6/30/17  | Update April 19, 2017: Funding w              |
|   | based providers and/or medical           |          | subsequently received from MOD f              |
|   | providers to inform them on safe sleep   |          | development of the toolkit. This is now       |
|   | practices, Perinatal HIV, Healthy Babies |          | process.                                      |
|   | are Worth the Wait, car safety,          |          | Update July 8, 2017: Toolkit development      |
|   | Disparities in Infant Mortality and      |          | currently in process.                         |
|   | shaken baby syndrome                     |          | Update October 16, 2017: Toolkit will         |
|   |  |          | distributed in November 2017.                 |
|   |  |          | 2d. In process. Three (3) symposia were held  |
|   |  |          | 2015 regarding Perinatal HIV, substance u     |
|   |  |          | and other challenges for healthca             |
|   |  |          | professionals. Numerous activities in t       |
|   |  |          | community took place regarding Safe Sle       |
|   |  |          | practices, including the Model Behavi         |
|   |  |          | program, DOSE (Direct On Scene Education) f   |
|   |  |          | first responders, and car seat safety.        |
|   |  |          | Two (2) perinatal HIV symposia were held      |
|   |  |          | 2015. Perinatal HIV has provided 8 gra        |
|   |  |          | rounds since January 2017, one symposiu       |
|   |  |          | and three Perinatal HIV Network meetings.     |
|   |  |          | Update April 19, 2017: The 20                 |
|   |  |          | Shower2Empower is scheduled for Friday, M     |
|   |  |          | 26 at the Urban League. This year's Shower w  |
|   |  |          | include information targeting the high rates  |
|   |  |          | prematurity and infant mortality in the Afric |
|   |  |          | American and Haitian communities and how      |
|   |  |          | improve maternal health to have positive bir  |
|   |  |          | outcomes. BHSC applied for and was accept     |
|   |  |          | to present at the Behavioral Health Conferen  |
|   |  |          | in May 2017 on Maternal Stress, Depression    |
|   |  |          | and Substance Use.                            |
|   |  |          | and Substance Use.                            |
|   |  |          | Update July 20, 2017: The Safe Sle            |
|   |  |          | Coordinator conducted 31 training session     |
|   |  |          | including at WIC offices, to case managers,   |
|   |  |          | nonprofit organizations, the Seminole Tribe a |
|   |  |          | childcare centers. Safe Sleep Coordinator h   |
|   |  |          | conducted multiple training sessions betwe    |

|  |                     |  |                   |         | April and June 2017. One perinatal HIV symposia was held in March 2017 focusing on emerging drug trends among pregnant women and another will be held in November 2017 focusing on human trafficking. 5 Grand rounds and 6 Perinatal HIV Providers Network meetings have been held in 2017; 35 Perinatal HIV toolkits have been distributed; 125 OBGYNs and 11 Pediatricians have been visited; 6 Perinatal HIV Classes at CDTC have been held. The Shower2Empower was held May 26, 2017. Over 200 women and partners attended the event. Results of Knowledge and Satisfaction Survey were analyzed and demonstrated overall knowledge gain and satisfaction with event. Results will be used to plan for future events. Update October 16, 2017: Safe Sleep Coordinator trained 119 community members, 44 parents, and 157 hospital-based RNs during the quarter July-September 2017. 126 cribs were distributed. Evaluations from Shower2Empower demonstrated knowledge gained from participants. Also recognized the need to provide participants with techniques to reduce stress. Haitian Shower2Empower scheduled for October 27, 2017. Perinatal HIV is scheduled to present a symposium on human trafficking in November 2017. |
|--|---------------------|--|-------------------|---------|---|
| 3. Black Infant Health Practice Initiative Educate black women and families about the risk of fetal and infant mortality and provide resources. a) Showers2Empower b) Caribbean Radio, BECON TV c) Distribute info on Palm Cards to local barber shops, nail salons, hair salons d) Conduct "Shop Talks" | 7/1/16 –<br>6/30/17 | Broward Healthy Start Coalition (BHSC) Urban League of Broward County Healthy Mothers, Healthy Babies Community Partners | Donations<br>BHSC | Ongoing | Disparity rates for <b>infant</b> mortality have decreased, however disparity rates for <b>fetal</b> mortality have increased. This is currently being further evaluated.  3a. Showers2Empower: held each May for African American community and each October for Creole speaking community. Numerous topics presented (safe sleep, car seat safety, drowning prevention, HIV/STIs, etc.). Giveaways provided. Over 200 women and partners attended May 2016, over 40 women and partners attended October 2015.  Two (2) Showers2Empower were held in 2016  |

|    |   |                     |                    |                 |         | (one in May for primarily African American women and their partners, and one in October for the Haitian community-in Creole. Over 200 women and their partners attended these Showers). See above (2.d) Update July 8, 2017: See above (2.d) Update October 16, 2017: See above (2.d) 3b. In process-this continues to be developed by BIHPI. Update April 19, 2017: Continues. Update July 8, 2017: Continues. Update October 16, 2017: Continues to be developed by BIHPI Update April 19, 2017: Palm Cards have been created and are in the process of review with strategies for distribution being discussed by a newly formed subcommittee. Update July 8, 2017: Continues. 3d. In process: "Shop Talks" are opportunities to engage people where they congregate-hair salons, nail salons, etc. to educate the community. Being developed by BIHPI. Update April 19, 2017: Continues. Update July 8, 2017: Continues. |
|----|---|---------------------|--------------------|-----------------|---------|--|
|    | reastfeeding Coalition  | 7/1/16 –<br>6/30/17 | DOH-Broward<br>WIC | DOH-<br>Broward | Ongoing | Between 2014 and 2016 for Broward County   |
|    | ncourage and promote breastfeeding<br>nrough culturally sensitive education and | 0/30/17             | WIC                | Grants          |         | WIC clients, breastfeeding initiation rates have increased as have duration rates, while   |
|    | upport  |                     |                    | BHSC            |         | exclusive breastfeeding rates have remained  |
| a  | ) WIC will continue to act as the lead  |                     |                    |                 |         | stable.  |
|    | agency assisting leaders and others who influence individuals or groups to      |                     |                    |                 |         | 4a. Ongoing 4b. In process. Currently, 8 Gold awards and 1   |
|    | take action and promote policies in   |                     |                    |                 |         | Silver.  |
|    | support of breastfeeding  |                     |                    |                 |         | Continues-currently, 8 Gold awards and 1 Silver.   |
| b  | ) Increase the number of businesses   |                     |                    |                 |         | Update October 16, 2017: Currently, 9 Gold   |
|    | that support breastfeeding using the  |                     |                    |                 |         | and 2 Silver   |
|    | "Business Case for Breastfeeding" program                                       |                     |                    |                 |         | 4c. In process. Currently 16 facilities Continues-currently 16 facilities  |
| c) | Increase the number of "Breastfeeding   |                     |                    |                 |         | Update October 16, 2017: Currently, 17   |
|    | Childcare Facilities"   |                     |                    |                 |         | facilities   |
| d  | ) Distribute toolkit for OB/GYNs and  |                     |                    |                 |         | 4d. In process   |

| pediatricians e) Continue educational opportunities regarding the importance of initiation and duration of breastfeeding  5. Infant Health/Safe Sleep Educate black Community about Safe Baby practices including Safe Sleep  | 7/1/16 –<br>6/30/17 | Healthy Mothers<br>Healthy Babies<br>Community | CSC for Safe<br>Sleep<br>Coordinator | Ongoing | The distribution of toolkits to OB/GYNs and pediatricians has begun. The number of toolkits distributed will be collected.  Update October 16, 2017: continues  4e. Ongoing presentations at Showers2Empower, hospitals, pediatrician and OB/GYN offices as well as community-based organizations  Continues-presentation was made to Childcare Licensing  Update July 20, 2017: World Breastfeeding Event with Big Latch On scheduled for August 2017  Update October 16, 2017: World Breastfeeding Event held. Over 150 participants engaged in activities as well as the Big Latch On. Video developed of the day's activities.  Deaths related to unsafe sleep practices have declined over the past three years, however the trendline is increasing for Broward and   |
|---|---------------------|--|--------------------------------------|---------|---|
| <ul> <li>a) Provide educational sessions for healthcare professionals and MCH community partners</li> <li>b) Incorporate a mandatory safe sleep policy for all child care providers</li> <li>c) Utilize strong social marketing messages through PSAs, bus ads, radio interviews, etc.</li> <li>d) Distribute free safe sleep posters and materials to all MCH organizations and programs that work with pregnant and parenting families</li> </ul> |                     | Partners                                       | CSC and others for Cribs4Kids        |         | decreasing for the state of Florida.  5a. Ongoing presentations at Showers2Empower, first responders, pediatrician and OB/GYN offices as well as community-based organizations 31 presentations have been made to nonprofit organizations, early childcare centers, case managers, WIC offices and the Seminole Tribe. Update April 19, 2017: more presentations as well as the hire of a DOSE educator to expand capacity to educate. Update July 20, 2017: DOSE educator has been hired, working with 8 Broward delivery hospitals to implement and maintain a safe sleep protocol. Eight (8) trainings have been conducted between April and June 2017 not including weekly trainings conducted by the DOSE Educator. Update October 16, 2017: Safe Sleep Coordinator trained 119 community members, 44 parents, and 157 hospital-based RNs during |

|    |  |          |                     |                      |         | the quarter July-September 2017. 126 cribs were distributed.  5b. Working on legislation to include for childcare providers to be trained, have a policy, and implement the policy regarding safe sleep practices  Legislation was introduced to the Broward  County Commission in January 2016. Update  April 19, 2017: The legislation is pending due to logistics related to updated training curriculum from the American Association of Pediatrics.  Update July 20, 2017: Platform for training curriculum is being revised and upon completion will be re-introduced to Broward County Commission for a vote.  Update October 16, 2017: continues  5c. In process of approval for PSAs, bus ads, and radio promotions Continued Update April 19, 2017: Continued.  Update October 16, 2017: continues  5d. In process and ongoing Continued Update April 19, 2017: Posters and other materials have been ordered from National Institute on Health and will be distributed to all MCH programs and organizations and programs as they arrive. |
|----|--|----------|---------------------|----------------------|---------|--|
| 6. | Infant Health/Substance Exposed  | 7/1/16 – | Broward Healthy     | Funding for          | Ongoing | The rate of substance-exposed newborns has   |
|    | Newborns   | 6/30/17  | Start Coalition     | Infant               |         | decreased. A specialized detoxification protocol   |
|    | a) Create a data development system and                                      |          | (BHSC)              | Mental               |         | for substance-using pregnant women was   |
|    | shared measurement tool to track the   |          | Broward             | Health               |         | developed by Memorial Healthcare System and  |
|    | specific needs and outcomes  |          | Behavioral Health   | training             |         | a program (MATT-Maternal Addictions  |
|    | associated with perinatal substance abuse                                    |          | Coalition<br>(BBHC) | activities<br>needed |         | Treatment Team) was created and implemented. This collaborative program,   |
|    | b) Collaborate with Early Childhood Court                                    |          | (BBHC)              | necaca               |         | funded by Broward Behavioral Health Coalition  |
|    | to help family law attorneys and   |          |                     |                      |         | is in process at Memorial and Susan B. Anthony   |
|    | judges make better decisions regarding                                       |          |                     |                      |         | Recovery Center (for residential services). It is in   |
|    | babies in the child welfare system   |          |                     |                      |         | the process of being replicated between  |
|    | c) Promote Infant Mental Health through                                      |          |                     |                      |         | Broward Health and BARC (Broward Addiction   |
|    | education, ongoing community   |          |                     |                      |         | Recovery Center-for residential services).   |
|    | trainings and advocacy   |          |                     |                      |         | Update July 20, 2017: MAT staffing continues in  |
|    | d) Educate attorneys, pediatricians, judges, and family physicians regarding |          |                     |                      |         | partnership with Broward Healthy Start Coalition, BSO Child Protective Investigative   |
|    | juuges, and failing physicians regarding                                     |          |                     | 1                    |         | Coantion, Boo Clina Frotective Investigative   |

| _                                      |   |
|--|---|
| the importance of recognizing trauma   | Services, ChildNet, and the Family Engagement   |
| in the early years to make appropriate | Program at Henderson Behavioral Health.         |
| treatment recommendations              | Aggregated data is provided to the Infant       |
|  | Health Committee to determine trends and        |
|  | challenges.                                     |
|  | 5.16.16.16                                      |
|  | 6a. System mapping tool being developed to      |
|  | identify the assets and resources available in  |
|  | the community as well as the data needed to     |
|  |   |
|  | track outcomes. Data being provided through     |
|  | child welfare staffing Completed and ongoing.   |
|  | Update October 16, 2017: System mapping         |
|  | tool completed. Engagement of stakeholders      |
|  | expanded.                                       |
|  | 6b. Early Childhood Court recently established  |
|  | and part of the collaborative effort Completed  |
|  | and ongoing Update April 19, 2017: Training     |
|  | was provided to the Infant Health Committee     |
|  | by General Master Boven of Early Childhood      |
|  | Court in March 2017. Meetings continue with a   |
|  | focus on expanding capacity for Infant Mental   |
|  | Health in Broward County.                       |
|  | Update October 16, 2017: continued and          |
|  | ongoing   |
|  | Oligoling                                       |
|  | 6c. Training scheduled for October 2016         |
|  | Cancelled due to lack of enrollment Update July |
|  |   |
|  | 20, 2017: continues. Plan to increase capacity  |
|  | for infant mental health services being         |
|  | developed. Training provided at the Behavioral  |
|  | Health Conference in May 2017 regarding         |
|  | Substance Exposed Newborns and Pregnant         |
|  | Substance Using Mothers with Broward Healthy    |
|  | Start Coalition as lead presenters in           |
|  | collaboration with community partners.          |
|  | 6d. In process Plan being developed by Infant   |
|  | Health Committee. Update April 19, 2017:        |
|  | Continues.                                      |
|  | Update July 20, 2017: continues                 |
|  | Update October 16, 2017: continues. Learning    |
|  | Community established for stakeholders          |
|  | Community established for stakeholders          |

| 8. Maternal H  | ealth  | 7/1/16 –             | Broward Healthy   | Seeking   | Ongoing    | Broward County experiences a high rate of   |
|--|--|----------------------|---|---|------------|---|
| a) Focus o<br>Caesare<br>b) Educate  | on reducing the high rate of<br>ean Sections<br>e the community by using palm<br>videos, social media campaign | 6/30/17              | Start Coalition<br>(BHSC)   | funding for<br>development<br>of palm<br>cards,                               |            | elective C-sections. This will be the focus of this committee in 2016-2017.  8a. In process. Conduct deeper analysis of C-  |
| c) Educate<br>develop  | e health care providers by bing an educational handout to d in toolkit   |                      |   | toolkit,<br>videos, and<br>social media<br>campaign                           |            | section rates in Broward County A White Paper will be written regarding the analysis of C-section rates in Broward County Update April 19, 2017: Continued. The Maternal Health Committee will be developing a plan once the White Paper is complete Update October 16, 2017: continued.  8b. In process Funding is being sought to create these products Update April 19, 2017: Continued Update October 16, 2017: continued 8c. In process This is in process and will be developed by the Maternal Health Committee Update April 19, 2017: Continued Update October 16, 2017: continued Update October 16, 2017: continued   |
| 9. <b>Teen Paren</b>   | t Alliance   | 7/1/16 –             | DOH-Broward   | Donations   | Ongoing    | The teen birth rate and repeat teen birth rate  |
| or pare school (sleep, s partner b) Continu pregnal annual Script e c) Educate commit each m | e the Teen Parent Alliance<br>ttee through presentations at<br>eeting  | 6/30/17              | School Board of<br>Broward County<br>CSC<br>Community<br>Partners | and<br>sponsorships<br>for Walk<br>Aware and<br>Flipping the<br>Script events |            | has decreased in Broward County.  9a. In process Continuous and ongoing  9b. Flipping the Script event held in 2016. Well attended Completed. Walk Aware will be held in May 2017 Update April 19, 2017: Walk Aware will be held May 17, 2017 at Delevoe Park. The Teen Parent Alliance has recently completed a training curriculum "Finding Balance" for pregnant/parenting teens. Provided direct education to 100 pregnant/parenting teens in: Reading to Your Child, Drowning Prevention, Parenting Tips, and Safe Sleep practices Update July 20, 2017: Walk Aware held May 17, 2017  Update October 16, 2017: continued  9c. In process Continuous and ongoing |
| Worth the N<br>Educate the   | imes "Healthy Babies are Wait" (HBWW) community on "Life Course" pact the high prematurity rate                | 10/1/16 -<br>9/30/17 | March of Dimes,<br>Broward Healthy<br>Start Coalition             | March of<br>Dimes<br>Funding  | In process | HBWW Advisory Board launched in August 2016, Board meeting monthly, has identified prematurity hot zones to target educational outreach.  |

|                   | T T | T T | Ta   |
|-------------------|-----|-----|--|
| in Broward County |     |     | Currently doing a deeper data analysis of the      |
|                   |     |     | "hot zones" MOD working with UF to conduct         |
|                   |     |     | this analysis Update April 19, 2017: UF unable     |
|                   |     |     | to conduct this analysis due to lack of dataset.   |
|                   |     |     | MOD will publicize a grant process to fund         |
|                   |     |     | efforts outlined by the Advisory Board. Grant      |
|                   |     |     | process completed. Funding received by BHSC        |
|                   |     |     | and Broward Health to address the rates of         |
|                   |     |     | preterm births in "hot zone" areas in Broward      |
|                   |     |     | County. Update April 19, 2017: Plan has been       |
|                   |     |     | implemented to achieve the goals outlined in       |
|                   |     |     | funding proposal. The first Lunch and Learn        |
|                   |     |     | regarding promotion of LARCs and 17P with an       |
|                   |     |     | OB practice serving a hot zone was held in         |
|                   |     |     | March 2017. Qualitative interviews being           |
|                   |     |     | conducted at Broward Health with moms post         |
|                   |     |     | delivery.  |
|                   |     |     | Update July 20, 2017: Advisory Board continues     |
|                   |     |     | to meet. Plan being implemented, will include      |
|                   |     |     | focus groups, a Town Hall, analysis of surveys,    |
|                   |     |     | and symposia. National HBWW conference to          |
|                   |     |     | i i  |
|                   |     |     | be held in Broward County in October 2017.         |
|                   |     |     | Update October 16, 2017: Lunch and Learns          |
|                   |     |     | continue at OB practices regarding LARC and        |
|                   |     |     | 17P. Surveys continue to be collected at           |
|                   |     |     | Broward Health Broward General and will be         |
|                   |     |     | analyzed in early 2018. Focus groups were held     |
|                   |     |     | at KID and Henderson Behavioral Health with        |
|                   |     |     | pregnant women. Results are being compiled.        |
|                   |     |     | Prematurity Symposium, "A Call to Action" was      |
|                   |     |     | held October 11 with national speakers             |
|                   |     |     | discussing preterm births and health disparities.  |
|                   |     |     | This was followed by the National March of         |
|                   |     |     | Dimes HBWW meeting which showcased                 |
|                   |     |     | Broward County's initiatives to reduce             |
|                   |     |     | prematurity and racial disparities. A toolkit will |
|                   |     |     | be disseminated in November 2017. A Town           |
|                   |     |     | Hall will be held on National Prematurity          |
|                   |     |     | Awareness Day in November 2017 in                  |
|                   |     |     | Lauderdale Lakes. The Zetas have begun a           |
|                   |     |     | Community Ambassador Outreach program.             |
|                   |     |     | _  |

#### **Priority #4** – Enhance Preventive Care Activities

Why is this important to our community? Undiagnosed and untreated health conditions can have serious health consequences. Prevention, diagnosis and treatment can have exponential benefits including health, quality of life and cost savings. Reductions in obesity rates and increased access to better nutrition including fresh fruits and vegetables can greatly improve quality of life and decrease premature death.

| and vegetables can greatly improve quality of life  | and decrease pr | emature death.  |   |                                       |   |  |
|---|-----------------|---|---|---------------------------------------|---|--|
|   |                 |   | Healthy   | Broward                               |   |  |
|   |                 |   | People 2020                                     | Performance                           | Annual  |  |
|   |                 |   | Goal  | 2013 Level                            | Target  | Measure  |
| Objective 4.2 Reduce the Proportion of Black Adu  | lts Who Are Obe | ese by 5% annually.   | 30.5%   | 34.3%                                 | 5%  | Percent of obese black adults (BRFSS)  |
| Objective 4.3 Increase the percentage of adults 5% annually who consume a minimum of 5 total Daily Servings of Fruits and Vegetables. |                 |   | Fruits ≥2 to<br>75%<br>Vegetables ≥<br>3 to 50% | 5 servings per<br>day overall<br>20.7 | 5%  | Percent of adults who consume<br>at least 5 servings of fruits and<br>vegetables per day (BRFSS 2013)  |
| Strategy  | Target Date     | Responsible Party (lead and partners)                               | Resources                                       | Status of<br>Actions Taken            | Impleme   | ntation Achievements Accomplished With Partner Involvement   |
| Birthing Facilities   |                 | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '                               |   |                                       |   |  |
| Breastfeeding Promotion   |                 |   |   |                                       |   |  |
| Develop a press release or host a community event to promote breastfeeding during Breastfeeding Awareness Month (August 2016)         | 8/31/17         | DOH-Broward;<br>WIC, Urban<br>League,<br>Breastfeeding<br>Coalition |   | Complete                              | Breastfeed<br>following a<br>Friday Aug<br>Latch-on e<br>following a<br>Health Cer<br>Pembroke<br>10077 NW<br>August 13<br>WIC World<br>Lauderhill<br>Broward V<br>on Saturda | ard WIC celebrated National ling month by participating in the activities: gust 5th at 10:00am-11:30 am Big vents will take place at the WIC sites: 601 North Regional atter West Atlantic Blvd., 4105 Road South Regional and 29th Street Coral Spring. Saturday th between 9:00am and 2:00pm If Breastfeeding Day Event at the Mall. Also Urban League and DOH VIC will host the Big Latch-on event by August 6th from 10:00 am— |
| Carry out two locally defined strategies to support breastfeeding among populations with low initiation rates                         | 6/30/18         | DOH-Broward;<br>WIC; Breastfeeding<br>Coalition                     |   | In Progress                           | _   | selected are: "The Business Case<br>feeding" and "Breastfeeding<br>ay Care".   |
| Early Care and Education (ECE)  |                 |   |   |                                       |   |  |
| Best Practice Implementation  |                 |   |   |                                       |   |  |

| Contact the Broward County ELC to provide information by email or regular mail to educate child care centers on your selected best practices model/recognition.   | 2/28/18  | DOH-Broward; ELC;<br>HWF State Office          | In Progress |  |
|---|----------|--|-------------|--|
| 2. Carry out 1 locally defined strategy to support adoption of best practices related to physical activity and nutrition in child care centers serving at-risk populations.   | 6/30/18  | DOH-Broward;<br>Stakeholders and<br>ELC        | In Progress |  |
| Schools   |          |  |             |  |
| Coordinated School Health   |          |  |             |  |
| Participate in two Broward County School<br>Health Advisory Committee (BSHAC)<br>meetings during the school year to present<br>best practices and identify schools that may<br>be ready to participate in the Healthier US<br>Schools Challenge: Smarter Lunchroom                    | 6/30/18  | DOH-Broward;<br>BSHAC                          | In Progress |  |
| Work with a local elementary school to<br>host an Every Kid Healthy Week event  | 5/31/18  | DOH-Broward; Broward County Elementary Schools | In Progress |  |
| Worksites   |          |  |             |  |
| Employee Wellness   |          |  |             |  |
|   |          |  |             |  |
| Review your 2016 and 2017 CDC     Worksite Health ScoreCard results and develop an improvement plan for your CHD (template provided).   | 10/31/17 |  |             |  |
| Worksite Health ScoreCard results and develop an improvement plan for your  | 10/31/17 |  |             |  |
| Worksite Health ScoreCard results and develop an improvement plan for your CHD (template provided).  2. Complete the CDC Worksite Health  |          |  |             |  |
| Worksite Health ScoreCard results and develop an improvement plan for your CHD (template provided).  2. Complete the CDC Worksite Health ScoreCard.  3. Carry out at least one activity to promote the use of the CDC Worksite Health Scorecard and employee                          | 4/30/18  |  |             |  |
| Worksite Health ScoreCard results and develop an improvement plan for your CHD (template provided).  2. Complete the CDC Worksite Health ScoreCard.  3. Carry out at least one activity to promote the use of the CDC Worksite Health Scorecard and employee wellness best practices. | 4/30/18  |  |             |  |

|    | schools, after-/out-of-school programs and multi-unit housing complexes. The approach of this intervention will be the same in both the corner stores near schools and those stores identified near multi-unit housing complexes  |                     | Planning Council (BRHPC); DOH- Broward; Nutrition and Fitness Task Force (NFTF); YMCA, PATCH (People's Access to Community Horticulture), urban market garden farmers, youth; Children's Services Council |             |  |
|----|---|---------------------|---|-------------|--|
| 2. | Facilitate individual or group meetings with corner store owners reaching a minimum of five (5) store owners in Year 1, in priority population communities, to explain best practices related to improving the accessibility and affordability of healthy foods in areas experiencing low access to fresh and healthy food options.  Demonstrate the evidence-based traffic light (Go-Slow-Whoa) approach that could be used in a business friendly matter to identify some of the healthier food and beverage options offered at their stores. | 7/1/17-<br>6/30/18  | (CSC)  FHEED, BRHPC;  DOH-Broward;  NFTF; YMCA,  PATCH, urban  market garden  farmers, youth  | Complete    | Meetings with a total of 8 storeowners have been conducted and the BRHPC "Good Neighbor Store Welcome Kit" has been presented to them. The Welcome Kit includes a survey, information about the importance of providing ways to identify healthier choices using the evidence-based traffic light (Go-Slow-Whoa) approach, ways in which the store can participate and how they can qualify for DOH-Broward and YMCA recognition as a "Health Corner Store." |
| 3. | Continue the administration of the corner storeowners'/managers' survey and a corner store customer survey in priority population communities to measure attitudes, food purchasing behaviors, and food preferences to inform and create a demand for healthy corner stores.  | 7/1/17 –<br>6/30/18 | FHEED, BRHPC;<br>DOH-Broward;<br>NFTF; YMCA,<br>PATCH, urban<br>market garden<br>farmers, youth   | In Progress | The storeowners'/managers' surveys have been developed and initial surveying will begin in January 2018.   |
| 4. | Continue to share best practice recommendations with corner store owners on product placement strategies as well as identification of foods using Go, Slow, Whoa tool.  | 7/1/17 –<br>6/30/18 | FHEED, BRHPC;<br>DOH-Broward;<br>NFTF; YMCA,<br>PATCH, urban<br>market garden<br>farmers, youth   | In Progress | The new school year will provide opportunities to share with store owners best practices and recommended strategies for placement, new products, and engagement of customers using the Go-Slow-Whoa approach.  |

| 5. | Continue implementation of "Good Neighbor" Corner Store criteria informed by evidence-based best practices and with stakeholders including youth consumers, residents, corner store owners, managers or franchisees. Criteria to include information on the benefits of the identification of and point-of-sale prompts for healthier food and beverage options. Criteria will also detail the ways to achieve "Good Neighbor" Corner Store recognition and the benefits to the store to do so. These may include financial and non-financial incentives from community members, schools and the chambers of commerce, and increased sales and opportunities for recognition throughout the County. | 7/1/17 –<br>6/30/18 | FHEED, BRHPC;<br>DOH-Broward;<br>NFTF; YMCA,<br>PATCH, urban<br>market garden<br>farmers, youth | In Progress | Criteria for recognition as a "Good Neighbor Store" has been developed and shared with 8 storeowners. Beginning in January 2018, youth and partners will assess participating stores on the criteria so those meeting or exceeding expectation will be provided with the recognition.  |
|----|---|---------------------|---|-------------|--|
| 6. | Continue to link corner stores with small business development resources (i.e. loan assistance), Women, Infants, and Children Program, Supplemental Nutrition Assistance Program, farmers markets, urban farms, and other local, state, and national funding sources to increase accessibility and affordability of healthy foods in communities.   | 7/1/17 –<br>6/30/18 | FHEED, BRHPC;<br>DOH-Broward;<br>NFTF; YMCA,<br>PATCH, urban<br>market garden<br>farmers, youth | In Progress | Materials have been developed and will be shared with stores throughout the year.  |
| 7. | Conduct a minimum of one (1) presentation in Year 1 to stakeholders which may include residents, store owners, community redevelopment agencies and municipalities, to increase their awareness of nonfinancial and financial incentives that are considered best practices to support healthy corner store efforts. Educational presentations may include staff from planning organizations and transportation departments to explore improving public transportation to stores with healthier options.  | 7/1/17 –<br>6/30/18 | FHEED, BRHPC;<br>DOH-Broward;<br>NFTF; YMCA,<br>PATCH, urban<br>market garden<br>farmers, youth | In Progress | Presentations are being planned for quarters three and four to highlight the role of corner stores in the food environment and the ways to incentivize storeowners to promote healthy choices. These presentations will provide information on both of nonfinancial and financial incentives that are considered best practices to support healthy corner store efforts. |

Strategic Issue Area: Maternal and Child Health

**Goal: Reduce Infant Mortality** 

Strategy: Promote Breastfeeding initiation and duration among all women

Objective: By December 31, 2018, increase the percentage of WIC mothers who increase breastfeeding duration rates from 42.6% to 45.0%

|   |          | a (                    | 11.25 - 6              | Cu          | ırrent Me   | asureme     | nt          |       |                  |               |                       |  |
|---|----------|------------------------|------------------------|-------------|-------------|-------------|-------------|-------|------------------|---------------|-----------------------|--|
| Indicators  | Baseline | Direction of<br>Change | Unit of<br>Measurement | Q3<br>16-17 | Q4<br>16-17 | Q1<br>17-18 | Q2<br>17-18 | Total | Year 2<br>Target | Year 5 Target | Data Source           | Measure Notes  |
| Increase the percentage of WIC mothers who initiate breastfeeding.  | 87.9     | Increase               | % of                   | 87.9        | 87.9        | 88.4        |             |       | 88.2             | 88.5          | FLHealth CHARTS       | Only for pregnancies that end with a live birth.           |
| Increase the percentage of WIC infants and children < 24 months of age who ever breastfed.                    | 88.7     | Increase               | % of                   | 89.1        | 89.2        | 89.4        |             |       | 89               | 89.2          | WIC Quarterly Reports | Only counting infants whose mothers were on WIC prenatally |
| Increase percentage of WIC infants who breastfed at least 26 weeks (6 months).                                | 42.6     | Increase               | % of                   | 42.0        | 41.6        | 40.6        |             |       | 42.9             | 43            | WIC Quarterly Reports | Percentage based on infants at least 26 weeks old who had  |
| Increase the percentage of non-Hispanic black WIC infants and children < 24 months of age who ever breastfed. | 85.1     | Increase               | % of                   | 86.6        | 86.5        | 86.6        |             |       | 87               | 89            | WIC Quarterly Reports | Only counting infants whose mothers were on WIC prenatally |

| Activity 1.1.1  |   |                             |  |                |  |                 |                   |  |  |  |
|---|---|-----------------------------|--|----------------|--|-----------------|-------------------|--|--|--|
| Description   | Person<br>Responsible   | Anticipated Completion Date | Status   |                | Activity Progress Notes  |                 |                   |  |  |  |
| Increase cross-sector collaboration and awareness of community breastfeeding resources and supports                 | Esther Singleton  | December 31, 2018           | On Schedule  |                |  |                 |                   |  |  |  |
| Actions   |   |                             |  |                |  |                 |                   |  |  |  |
| Description   |   | Action Status               | Deliverables/Out   | outs of Action | n Key Partners/Contractors/Consultant Actual Start Date Fin                      |                 |                   |  |  |  |
| 1.1.1.1 Distribute breastfeeding resource guide to hospitals, pediatrici centers, community partners, and new moms. | ans, child care   | On Schedule                 | Update resource guide a<br>resource g  | •              | Broward Breastfeeding Coalition  | January 1, 2017 | December 31, 2017 |  |  |  |
| 1.1.1.2 Increase the number of businesses that support breastfeeding "Business Case for Breastfeeding".             | 1.1.2 Increase the number of businesses that support breastfeeding using the usiness Case for Breastfeeding". |                             | Establish 120 new businesses that support the Business Case for Breastfeeding. |                | Broward Breastfeeding Coalition  | July 1, 2017    | June 30, 2018     |  |  |  |
| 1.1.1.3 Increase the number of Breastfeeding Friendly Child care facilities.  |   | On Schedule                 | Designate 100 new Child are breastfeeding friendly                             |                | Child Care Licensing and Enforcement,<br>Broward County Early Learning Coalition | July 1, 2017    | December 31, 2018 |  |  |  |

On Schedule

Each hospital will complete an additional step in

January 1, 2017 September 17, 2017

1.1.1.4 Increase the number of steps completed in the six hospitals participating in the

OVERALL ACTIVITY DELIVERABLES

|    | Baby Steps to Baby Friendly Hospital initiative. | rucipating in the  | On Schedule   | On Schedule  the Baby Friendly hospital initiative.  Six Labor and Delivery Hospitals  January 1, 2017  Septem  |  |                          |                           |  |  |  |  |  |  |  |
|----|--|--------------------|---|---|--|--------------------------|---------------------------|--|--|--|--|--|--|--|
|    |  |                    | Aut the D   |   |  |                          |                           |  |  |  |  |  |  |  |
| Q1 |  | Dunnation diam Co. | •   | rogress and Comments  | J. Cresta and J. Landshov, M. Anthony, Llandshov, Dahi | ing Nambaanat Madia      | al Camban, Haalbhii Chamb |  |  |  |  |  |  |  |
|    | CONTRIBUTING PARTNERS                            | Breastreeding Co   | alition of Broward County, Browar   | rd Health Medical Center, Memorial Regional Hospita<br>Holy Cross,  | il Systems, Healthy Mothers Healthy Babi               | es, Northwest Medica     | il Center, Healthy Start  |  |  |  |  |  |  |  |
|    | PARTNER CONTRIBUTIONS                            |                    |   | Community Partners researched breastfeedi   | ng community resources.                                |                          |                           |  |  |  |  |  |  |  |
|    | FACILITATING FACTORS OF SUCCESS                  |                    | The Breastfeeding Coalition   | of Broward County brought breastfeeding communit  | ty partners to the table to facilitate comp            | letion of action steps.  |                           |  |  |  |  |  |  |  |
|    | BARRIERS/ISSUES ENCOUNTERED                      |                    |   | None  |  |                          |                           |  |  |  |  |  |  |  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES                |                    |   | None  |  |                          |                           |  |  |  |  |  |  |  |
|    | UNANTICIPATED OUTCOMES (optional)                |                    |   | None  |  |                          |                           |  |  |  |  |  |  |  |
|    | OVERALL ACTIVITY DELIVERABLES                    |                    |   | Updated Broward County Breastfeedi  | ng Resource Guide                                      |                          |                           |  |  |  |  |  |  |  |
| Q2 |  |                    | Activity P  | rogress and Comments  |  |                          |                           |  |  |  |  |  |  |  |
|    | CONTRIBUTING PARTNERS                            | Breastfeeding Coa  | alition of Broward County, Browar   | rd Health Medical Center, Memorial Regional Hospita<br>Holy Cross. State Breastfeedin   |  | es, Northwest Medica     | al Center, Healthy Start  |  |  |  |  |  |  |  |
|    | PARTNER CONTRIBUTIONS                            |                    | Co  | ommunity Partners researched breastfeeding commu  | nity resources. Benchmark toolkits.                    | •                        | •                         |  |  |  |  |  |  |  |
|    | FACILITATING FACTORS OF SUCCESS                  | The Breast         | tfeeding Coalition of Broward Cou   | nty brought breastfeeding community partners to th  | e table to facilitate completion of action s           | steps. Availability of T | oolkit examples.          |  |  |  |  |  |  |  |
|    | BARRIERS/ISSUES ENCOUNTERED                      |                    |   | None  |  |                          |                           |  |  |  |  |  |  |  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES                |                    |   | None  |  |                          |                           |  |  |  |  |  |  |  |
|    | UNANTICIPATED OUTCOMES (optional)                |                    | None  |   |  |                          |                           |  |  |  |  |  |  |  |
|    | OVERALL ACTIVITY DELIVERABLES                    |                    | Finalizing updated Broward County Breastfeeding Resource Guide; Developing toolkits for Child Care Centers; Developing toolkits for Businesses. |   |  |                          |                           |  |  |  |  |  |  |  |
| Q3 |  |                    | Activity P  | rogress and Comments  |  |                          |                           |  |  |  |  |  |  |  |
|    | CONTRIBUTING PARTNERS                            | Breastfeeding Coa  | alition of Broward County, Browar   | rd Health Medical Center, Memorial Regional Hospita<br>Holy Cross. State Breastfeedir   |  | es, Northwest Medica     | al Center, Healthy Start  |  |  |  |  |  |  |  |
|    | PARTNER CONTRIBUTIONS                            |                    |   | None  |  |                          |                           |  |  |  |  |  |  |  |
|    | FACILITATING FACTORS OF SUCCESS                  | WIC staff are vi   | isiting businesses, childcare cente   | rs, and physician offices throughout Broward County   | to provide Breastfeeding resource guide:               | s and toolkits for Busin | nesses and Daycares.      |  |  |  |  |  |  |  |
|    | BARRIERS/ISSUES ENCOUNTERED                      |                    |   | Needed more personnel to cove   | r target areas   |                          |                           |  |  |  |  |  |  |  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES                |                    |   | Increased personnel b   | y 2  |                          |                           |  |  |  |  |  |  |  |
|    | UNANTICIPATED OUTCOMES (optional)                |                    |   | None  |  |                          |                           |  |  |  |  |  |  |  |
|    | OVERALL ACTIVITY DELIVERABLES                    |                    |   | 150 distributed. Business case for Breastfeeding Tool<br>y and in support of Business case for Breastfeeding s<br>multiple businesses under their umbrella, and are | tatus. 23 contacts were made to major or               |                          |                           |  |  |  |  |  |  |  |
| Q4 |  |                    | Activity P  | rogress and Comments  |  |                          |                           |  |  |  |  |  |  |  |
|    | CONTRIBUTING PARTNERS                            |                    |   |   |  |                          |                           |  |  |  |  |  |  |  |
|    | PARTNER CONTRIBUTIONS                            |                    |   |   |  |                          |                           |  |  |  |  |  |  |  |
|    | FACILITATING FACTORS OF SUCCESS                  |                    |   |   |  |                          |                           |  |  |  |  |  |  |  |
|    | BARRIERS/ISSUES ENCOUNTERED                      |                    |   |   |  |                          |                           |  |  |  |  |  |  |  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES                |                    |   |   |  |                          |                           |  |  |  |  |  |  |  |
|    | UNANTICIPATED OUTCOMES (optional)                |                    |   |   |  |                          |                           |  |  |  |  |  |  |  |

Strategic Issue Area: Maternal and Child Health

**Goal: Reduce Infant Mortality** 

Strategy: Promote Safe Sleep practices

Objective 2.1: By December 31, 2018, Decrease incidence of SUID from 0.4 per 1,000 live births to 0.3 per 1,000 live births.

|   |                              | a                      | 11-21-4                | Cı          | ırrent Me   | asureme     | nt          |       |                  |               |                 |  |
|---|------------------------------|------------------------|------------------------|-------------|-------------|-------------|-------------|-------|------------------|---------------|-----------------|--|
| Indicators  | Baseline                     | Direction of<br>Change | Unit of<br>Measurement | Q3<br>16-17 | Q4<br>16-17 | Q1<br>17-18 | Q2<br>17-18 | Total | Year 2<br>Target | Year 5 Target | Data Source     | Measure Notes  |
| Decrease incidence of SUID in infants less than 1 year of age.                                | 0.4 per 1,000 Live<br>Births | Decrease               | Rate of                | 0.4         |             |             |             |       | 0.3              | 0.2           | FLHealth CHARTS | SUIDS includes SIDS<br>and several other<br>categories for cause<br>of death |
| Maintain rate of deaths from unintentional suffocation and strangulation in target population | 0.0 per 1,000 Live<br>Births | Maintain               | Rate of                | 0           |             |             |             |       | 0                | 0             | FLHealth CHARTS | Can be pulled out of<br>the SUID measure in<br>FL Health CHARTS              |
|   |                              |                        |                        |             |             |             |             |       |                  |               |                 |  |
|   |                              |                        |                        |             |             |             |             |       |                  |               |                 |  |

| Activity 2.1.1   | activity 2.1.1            |                             |                        |   |   |                   |                   |  |  |  |  |  |
|--|---------------------------|-----------------------------|------------------------|---|---|-------------------|-------------------|--|--|--|--|--|
| Description  | Person<br>Responsible     | Anticipated Completion Date | Status                 | Activity Progress Notes   |   |                   |                   |  |  |  |  |  |
| Increase awareness and adoption of safe sleep practices  | Kristin<br>Halldorsdottir | December 31, 2018           | On Schedule            | Educational sessions are planned with community partners. Approval by County Commission of incorporating Safe Sleep Practices into the ordinance that regulates child care centers. |   |                   |                   |  |  |  |  |  |
| Actions  |                           |                             |                        |   |   |                   |                   |  |  |  |  |  |
| Description  |                           | Action Status               | Deliverables/Out       | puts of Action  | Key Partners/Contractors/Consultant   | Actual Start Date | Finish/End Date   |  |  |  |  |  |
| 2.1.1.1 Hold bi-monthly meetings of the Safe Sleep Coalition.  |                           | On Schedule                 | Hold 6 meetings of the | Safe Sleep Coalition  | Healthy Mothers/Healthy Babies<br>Coalition   | January 1, 2017   | December 31, 2018 |  |  |  |  |  |
| 2.1.2.2 Provide presentations to the Community and Community Part  | ners on Safe Sleep.       | On Schedule                 | Conduct 12 present     | tations annually  | Healthy Mothers/Healthy Babies<br>Coalition, Broward Healthy Start<br>Coalition, FDOH | January 1, 2017   | December 31, 2018 |  |  |  |  |  |
| 2.1.1.3 Incorporate a requirement for Safe Sleep Practices into Browal Care ordinance that regulates child care licensing. | rd County Child           | On Schedule                 | Child Care Ordina      | nce is in Place   | Healthy Mothers/Healthy Babies<br>Coalition, Broward County Commission                | May, 2017         | June 30, 2017     |  |  |  |  |  |

| 2.1.1.4 Distribute Safe Sleep materials to MCH organizations and the community annually. | On Schedule | Safe sleep materials are distributed to MCH and Community Partners | Healthy Mothers/Healthy Babies<br>Coalition, Broward Healthy Start<br>Coalition, FDOH | January 1, 2017 | December 31, 2018 |
|--|-------------|--|---|-----------------|-------------------|
|  | -           | -  |   |                 |                   |

| Q1 |                                   | Activity Progress and Comments  |
|----|-----------------------------------|---|
|    | CONTRIBUTING PARTNERS             | Healthy Mothers/Healthy Babies Coalition, Urban League, Broward Healthy Start Coalition, Memorial Hospital, Broward Health, Children's Services Council, Child Care Licensing   |
|    | PARTNER CONTRIBUTIONS             | Meeting Attendance, Meeting Space   |
|    | FACILITATING FACTORS OF SUCCESS   | Teen Parent Alliance worked with DOH to provide information to Teens that are pregnant and parenting at alternative schools. Students received both an in-service and Safe Slees Environment information.   |
|    | BARRIERS/ISSUES ENCOUNTERED       | None  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | None  |
|    | UNANTICIPATED OUTCOMES (optional) | None  |
|    | OVERALL ACTIVITY DELIVERABLES     | Three meetings were held of the Safe Sleep Coalition in Quarter one. One presentation was made to Teen Parents on Safe Sleep. Safe sleep materials were provided at Health Fairs attended by DOH, and to Teen Parent Alliance Members in three languages.   |
| Q2 |                                   | Activity Progress and Comments  |
|    | CONTRIBUTING PARTNERS             | Healthy Mothers/Healthy Babies Coalition, Broward Healthy Start Coalition, WIC, ELC   |
|    | PARTNER CONTRIBUTIONS             | Meeting Attendance, Meeting Space, Distribution of Materials  |
|    | FACILITATING FACTORS OF SUCCESS   | Willingness of partners to distribute information   |
|    | BARRIERS/ISSUES ENCOUNTERED       | None  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | None  |
|    | UNANTICIPATED OUTCOMES (optional) | None  |
|    | OVERALL ACTIVITY DELIVERABLES     | Safe Sleep materials were distributed to WIC and Day Care Centers and provided at Health Fairs attended by DOH  |
| Q3 |                                   | Activity Progress and Comments  |
|    | CONTRIBUTING PARTNERS             | Healthy Mothers/Healthy Babies Coalition, Urban League, Broward Healthy Start Coalition, Memorial Hospital, Broward Health, Children's Services Council, Child Care Licensing   |
|    | PARTNER CONTRIBUTIONS             | Meeting Attendance, Meeting Space and distribution of materials   |
|    | FACILITATING FACTORS OF SUCCESS   | Ongoing: A requirement for Safe Sleep Practices into Broward County Child Care ordinance that regulates child care licensing. Pending free online training from the American Academy of Pediatricians currently being updated. Letter from the Safe Sleep Committee to the Broward County Pediatricians to talk to their parents about Safe Sleep and Safe Sleep Environment. |
|    | BARRIERS/ISSUES ENCOUNTERED       | None  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | None  |
|    | UNANTICIPATED OUTCOMES (optional) | None  |
|    | OVERALL ACTIVITY DELIVERABLES     | Safe Sleep materials were distributed to WIC and Day Care Centers and provided at Health Fairs attended by DOH  |
| Q4 |                                   | Activity Progress and Comments  |
|    | CONTRIBUTING PARTNERS             |   |
|    | PARTNER CONTRIBUTIONS             |   |
|    | FACILITATING FACTORS OF SUCCESS   |   |
|    | BARRIERS/ISSUES ENCOUNTERED       |   |
|    | PLANS TO OVERCOME BARRIERS/ISSUES |   |
|    | UNANTICIPATED OUTCOMES (optional) |   |
|    | OVERALL ACTIVITY DELIVERABLES     |   |
|    |                                   |   |

Strategic Issue Area: Maternal and Child Health

**Goal: Reduce Infant Mortality** 

Strategy: Promote tobacco cessation for women of childbearing age

Objective: By December 31, 2018, decrease smoking rates of women of childbearing age in target population from 1.2 to 1.1.

|   |          |                        |                        | Cu          | irrent Me   | easureme    | nt          |       |                  |               |   |                                  |
|---|----------|------------------------|------------------------|-------------|-------------|-------------|-------------|-------|------------------|---------------|---|----------------------------------|
| Indicators  | Baseline | Direction of<br>Change | Unit of<br>Measurement | Q3<br>16-17 | Q4<br>16-17 | Q1<br>17-18 | Q2<br>17-18 | Total | Year 2<br>Target | Year 5 Target | Data Source   | Measure Notes                    |
| Increase the number of women of childbearing years in target population who attend local AHEC cessation classes quarterly | 8        | Increase               | # of                   | 8           | 5           | 9           |             |       | 40               | 50            | AHEC cessation class registration forms               | Contact AHEC                     |
| Decrease smoking prevalence among women of child-bearing age  | 1.20%    | Decrease               | % of                   | 1.2         |             |             |             |       | 1.1              | 1             | FLHealth CHARTS, Pregnancy and<br>Young Child Profile | Updated annually from BRFSS data |
|   |          |                        |                        |             |             |             |             |       |                  |               |   |                                  |
|   |          |                        |                        |             |             |             |             |       |                  |               |   |                                  |

| Activity 1.1.1   |                       |  |  |                     |   |                   |                   |  |  |
|--|-----------------------|--|--|---------------------|---|-------------------|-------------------|--|--|
| Description  | Person<br>Responsible | Anticipated Completion Date                      | Status   |                     | Activity Progress Notes   |                   |                   |  |  |
| Increase Collaborative Outreach, Awareness & Promotion of Florida's Phone Quit Services For Pregnant Women & Women of Childbearing Age | LaTonya<br>DeLaughter | onya December, 2017 On Schedule the general comm |  | the general commun  | HEC and DOH-Broward continuously promotes Tobacco Free Florida's Quit Your Way pro<br>al community which includes pregnant women and women of child bearing age. Tobacco<br>Quit Your Way program features free tobacco cessation through phone, web, and/or in p<br>group quit coaching to decrease tobacco use. |                   |                   |  |  |
| Description  |                       | Action Status                                    | Deliverables/Out                                   | outs of Action      | Key Partners/Contractors/Consultant   | Actual Start Date | Finish/End Date   |  |  |
| 1.1.1.1 Work with Broward Healthy Start Coalition to assure SCRIPT To Services are available to women who screen for the services.     | obacco Cessation      | On Schedule                                      | SCRIPT Services are availa                         | ble through Healthy | Broward Healthy Start Coalition   | January 1, 2017   | December 31, 2018 |  |  |
| 1.1.1.2 Identify private and public community groups for provision of AHEC services.   |                       |  | Increase the number of a attended public private g | itendees who        | AHEC  | January 1, 2017   | December 31, 2018 |  |  |
|  |                       |  |  |                     |   |                   |                   |  |  |

| Q1 |                                   | Activity Progress and Comments  |
|----|-----------------------------------|---|
|    | CONTRIBUTING PARTNERS             | Broward Healthy Start Coalition   |
|    | PARTNER CONTRIBUTIONS             | AHEC  |
|    | FACILITATING FACTORS OF SUCCESS   | Utilization of Client Management Data System  |
|    | BARRIERS/ISSUES ENCOUNTERED       | Currently Data is available per FY for AHEC class data.   |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | None  |
|    | UNANTICIPATED OUTCOMES (optional) | None  |
|    | OVERALL ACTIVITY DELIVERABLES     | Healthy Start Providers were trained in SCRIPT Services. AHEC provided information on Smoking Cessation services to Broward Healthy Start Coalition Providers. From July, 2016 - March, 2017 There were7 pregnant participants in public programs for AHEC smoking cessation services, and 18 pregnant participants registered for private AHEC smoking cessation services. |
| Q2 |                                   | Activity Progress and Comments  |
|    | CONTRIBUTING PARTNERS             | AHEC, Behavioral Health Substance Abuse Recovery Centers  |
|    | PARTNER CONTRIBUTIONS             | Hold Classes  |
|    | FACILITATING FACTORS OF SUCCESS   | Utilization of Client Management Data System  |
|    | BARRIERS/ISSUES ENCOUNTERED       | None  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | None  |
|    | UNANTICIPATED OUTCOMES (optional) | None  |
|    | OVERALL ACTIVITY DELIVERABLES     | Groups are continuing to be held. From April - June 1 public pregnant program participant was registered and attended and 5 private pregnant program participants were registered and fou attended smoking cessation classes.   |
| Q3 |                                   | Activity Progress and Comments  |
|    | CONTRIBUTING PARTNERS             | AHEC, Behavioral Health Substance Abuse Recovery Centers  |
|    | PARTNER CONTRIBUTIONS             | AHEC  |
|    | FACILITATING FACTORS OF SUCCESS   | Utilization of Client Management Data System  |
|    | BARRIERS/ISSUES ENCOUNTERED       | None  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | None  |
|    | UNANTICIPATED OUTCOMES (optional) | None  |
|    | OVERALL ACTIVITY DELIVERABLES     | Tobacco cessation groups are continuing to be held. From July 1 - September 30, 13 pregnant women participated in public and private tobacco cessation classes. 9 of the 13 registered participants attended public and private tobacco cessation classes.  |
| Q4 |                                   | Activity Progress and Comments  |
|    | CONTRIBUTING PARTNERS             |   |
|    | PARTNER CONTRIBUTIONS             |   |
|    | FACILITATING FACTORS OF SUCCESS   |   |
|    | BARRIERS/ISSUES ENCOUNTERED       |   |
|    | PLANS TO OVERCOME BARRIERS/ISSUES |   |
|    | UNANTICIPATED OUTCOMES (optional) |   |
|    | OVERALL ACTIVITY DELIVERABLES     |   |

| Strategic Issue Area: Maternal and Child Health  | trategic Issue Area: Maternal and Child Health |                        |                        |                             |             |   |             |                             |                         |                  |                |                   |  |  |  |
|--|--|------------------------|------------------------|-----------------------------|-------------|---|-------------|-----------------------------|-------------------------|------------------|----------------|-------------------|--|--|--|
| Goal: Reduce Infant Mortality  | pal: Reduce Infant Mortality                   |                        |                        |                             |             |   |             |                             |                         |                  |                |                   |  |  |  |
| Strategy: Prevent unintended pregnancies   | rategy: Prevent unintended pregnancies         |                        |                        |                             |             |   |             |                             |                         |                  |                |                   |  |  |  |
| ojective: By December 31, 2018, decrease the number of women with inter-pregnancy intervals less than 18 months from 32.3% to 31.9%                        |  |                        |                        |                             |             |   |             |                             |                         |                  |                |                   |  |  |  |
|  |  | ·· ·                   |                        | Cu                          | rrent Me    | easureme  | nt          |                             |                         |                  |                |                   |  |  |  |
| Indicators   | Baseline                                       | Direction of<br>Change | Unit of<br>Measurement | Q3<br>16-17                 | Q4<br>16-17 | Q1<br>17-18   | Q2<br>17-18 | Total                       | Year 2<br>Target        | Year 5<br>Target | Da             | ta Source         | Measure Notes                            |  |  |
| Decrease repeat births to teens age 15-19  | 18.8   | Decrease               | Rate of                |                             |             |   |             |                             | 18                      | 17.5             | FLHe           | alth CHARTS       | Pregnancy and Young Child Profile Report |  |  |
| Increase percentage of DOH Broward Family Planning clients using LARC.   | 12.1   | Increase               | % of                   | 12.10%                      | 11.40%      |   |             |                             | 13                      | 14               | S              | napshot           | DOH Report                               |  |  |
|  |  |                        |                        |                             |             |   |             |                             |                         |                  |                |                   |  |  |  |
|  |  |                        |                        |                             |             |   |             |                             |                         |                  |                |                   |  |  |  |
| Activity 1.1.1   |  |                        |                        |                             |             |   |             |                             |                         |                  |                |                   |  |  |  |
| Description  | Person<br>Responsible                          | Anticipated Co         | ompletion Date         | Status                      |             |   |             |                             | Activity Progress Notes |                  |                |                   |  |  |  |
| Increase awareness and utilization of long acting reversible contraceptives (LARCs)  | Barbara Bateman                                | May 1                  | On Schedule            |                             |             | Working closely with our STD Prevention Program and our Family Planning Program |             |                             |                         |                  |                |                   |  |  |  |
| Actions  | <u> </u>                                       |                        |                        |                             |             |   |             |                             |                         |                  |                |                   |  |  |  |
| Description  |  | Action                 | n Status               |                             | Delivera    | bles/Out <sub>l</sub>   | outs of A   | tion                        | Key Partn               | ners/Contracto   | ors/Consultant | Actual Start Date | Finish/End Date                          |  |  |
| 1.1.1.1 Review family planning material given to clients through varie<br>at Florida Department of Health in Broward County to ensure LARC in<br>included. |  | On Sc                  | hedule                 | Family Planning Materials F |             |   | erials Rev  | erials Reviewed DOH Broward |                         |                  |                | May 1, 2017       | July 1, 2017                             |  |  |
| 1.1.1.2 Train two ARNP to provide LARC services in the Family Plannin  | g clinic.                                      | On Sc                  | hedule                 |                             | Tw          | o ARNP's  | trained     |                             | DOH Browa               | ard              |                | May 1, 2017       | September 30, 2017                       |  |  |
| 1.1.1.3 Distribute 5000 pamphlets Promoting LARC Family Planning Services at Outreach events.  |  | On Sc                  | hedule                 |                             | # of pa     | amphlets  | distribute  | ed                          | Community               | y Partners       |                | July 1, 2017      | December 31, 2018                        |  |  |
| 1.1.1.4 DOH Broward will present information on LARC and the availability of LARCs at a Healthy Start Board Meeting.                                       |  | On Sc                  | hedule                 | Information P               |             |   | resented    |                             | Browa                   | rd Healthy Sta   | rt Coalition   | January, 2018     | January, 2018                            |  |  |
|  |  |                        |                        |                             |             |   |             |                             |                         |                  |                |                   |  |  |  |

| Q1 |                                   | Activity Progress and Comments  |
|----|-----------------------------------|---|
|    | CONTRIBUTING PARTNERS             | No deliverables were due this quarter   |
|    | PARTNER CONTRIBUTIONS             |   |
|    | FACILITATING FACTORS OF SUCCESS   |   |
|    | BARRIERS/ISSUES ENCOUNTERED       |   |
|    | PLANS TO OVERCOME BARRIERS/ISSUES |   |
|    | UNANTICIPATED OUTCOMES (optional) |   |
|    | OVERALL ACTIVITY DELIVERABLES     |   |
| Q2 |                                   | Activity Progress and Comments  |
|    | CONTRIBUTING PARTNERS             | No partners   |
|    | PARTNER CONTRIBUTIONS             | None  |
|    | FACILITATING FACTORS OF SUCCESS   | Two ARNP's were hired and trained to provide LARC services.   |
|    | BARRIERS/ISSUES ENCOUNTERED       | None  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | None  |
|    | UNANTICIPATED OUTCOMES (optional) | None  |
|    | OVERALL ACTIVITY DELIVERABLES     | Two ARNP's were trained on LARC. Provided over 300 Teen Promotional Items and brochures on Reproductive Life Plan, LARC, and Higher effective contraceptives to outreach events |
| Q3 |                                   | Activity Progress and Comments  |
|    | CONTRIBUTING PARTNERS             | None  |
|    | PARTNER CONTRIBUTIONS             | None  |
|    | FACILITATING FACTORS OF SUCCESS   | DOH Outreach  |
|    | BARRIERS/ISSUES ENCOUNTERED       | None  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | None  |
|    | UNANTICIPATED OUTCOMES (optional) | None  |
|    | OVERALL ACTIVITY DELIVERABLES     | Over 200 pamphletes were distribuetd this quarter. New pamplets were ordered.   |
| Q4 |                                   | Activity Progress and Comments  |
|    | CONTRIBUTING PARTNERS             |   |
|    | PARTNER CONTRIBUTIONS             |   |
|    | FACILITATING FACTORS OF SUCCESS   |   |
| ļ  | BARRIERS/ISSUES ENCOUNTERED       |   |
|    | PLANS TO OVERCOME BARRIERS/ISSUES |   |
|    | UNANTICIPATED OUTCOMES (optional) |   |
|    | OVERALL ACTIVITY DELIVERABLES     |   |

| Strategic Issue Area: Maternal and Child Health                         |                       |                        |                        |             |             |             |  |       |                  |               |   |   |
|---|-----------------------|------------------------|------------------------|-------------|-------------|-------------|--|-------|------------------|---------------|---|---|
| Goal: Reduce Infant Mortality   |                       |                        |                        |             |             |             |  |       |                  |               |   |   |
| Strategy: Increase WIC Access Utilization                               |                       |                        |                        |             |             |             |  |       |                  |               |   |   |
| Objective: By December 31, 2018, increase WIC participation from 84.    | 1 % to 86%            |                        |                        |             |             |             |  |       |                  |               |   |   |
|   |                       | Divertion of           | limit of               | Cu          | irrent Me   | asureme     | nt   |       | V 2              |               |   |   |
| Indicators  | Baseline              | Direction of<br>Change | Unit of<br>Measurement | Q3<br>16-17 | Q4<br>16-17 | Q1<br>17-18 | Q2<br>17-18  | Total | Year 2<br>Target | Year 5 Target | Data Source   | Measure Notes   |
| Increase WIC participation rate   | 84.1                  | Increase               | % of                   | 84.1        | 84.1        | 84.1        |  | 252.3 | 86               | 90            | Caseload Management Report- WIC<br>Data System, FL-WiSE | Participant/Enrollme<br>nt ratio over last 12<br>months |
|   |                       |                        |                        |             |             |             |  |       |                  |               |   |   |
|   |                       |                        |                        |             |             |             |  |       |                  |               |   |   |
| Activity 1.1.1  | ctivity 1.1.          |                        |                        |             |             |             |  |       |                  |               |   |   |
| Description   | Person<br>Responsible | Anticipated Co         | ompletion Date         |             | Status      |             | Activity Progress Notes  |       |                  |               |   |   |
| Decrease barriers for WIC enrolled clients to continue participation in | Poggio Shagoury       | Dogombo                | or 31 2018             | 0           | n Schadu    | lo.         | Currently surveying no shows to determine harriers for participation |       |                  |               |   |   |

| 2300,  | Responsible       |   |                                  |   | ,                                   |                   |                 |  |
|--|-------------------|---|----------------------------------|---|-------------------------------------|-------------------|-----------------|--|
| Decrease barriers for WIC enrolled clients to continue participation in the WIC program. | December 31, 2018 | On Schedule                                 | Cur                              | rrently surveying no shows to determine barriers for participation. |                                     |                   |                 |  |
| Actions  |                   |   |                                  |   |                                     |                   |                 |  |
| Description  |                   | Action Status                               | Deliverables/Outp                |   | Key Partners/Contractors/Consultant | Actual Start Date | Finish/End Date |  |
| 1.1.1.1 Identify clients enrolled and not participating in the WIC progra                | On Schedule       | Identify clients enrolled a<br>in the WIC F | and not participating<br>Program | DOH Broward WIC Program   | May 1, 2017                         | June 30, 2017     |                 |  |
| 1.1.1.2 Contact clients to survey barriers to participating in the WIC Pr                | On Schedule       | Complete s                                  | surveys                          | DOH Broward WIC Program   | July 1, 2017                        | July 31, 2017     |                 |  |
| 1.1.1.3 Develop and implement plan to address barriers to WIC partici                    | On Schedule       | Plan is com                                 | npleted                          | DOH Broward WIC Program   | August 1, 2017                      | December 31, 2018 |                 |  |
|  |                   |   |                                  |   |                                     |                   |                 |  |
|  |                   |   |                                  |   |                                     |                   |                 |  |

| Q1 |                                   | Activity Progress and Comments   |
|----|-----------------------------------|--|
|    | CONTRIBUTING PARTNERS             | No activities were due this quarter.   |
|    | PARTNER CONTRIBUTIONS             |  |
|    | FACILITATING FACTORS OF SUCCESS   |  |
|    | BARRIERS/ISSUES ENCOUNTERED       |  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES |  |
|    | UNANTICIPATED OUTCOMES (optional) |  |
|    | OVERALL ACTIVITY DELIVERABLES     |  |
| Q2 |                                   | Activity Progress and Comments   |
|    | CONTRIBUTING PARTNERS             | None   |
|    | PARTNER CONTRIBUTIONS             | None   |
|    | FACILITATING FACTORS OF SUCCESS   | Survey Monkey  |
|    | BARRIERS/ISSUES ENCOUNTERED       | None   |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | None   |
|    | UNANTICIPATED OUTCOMES (optional) | None   |
|    | OVERALL ACTIVITY DELIVERABLES     | Began collecting data via survey for barriers to participation: Majority so far, 32%, say they forgot.   |
| Q3 |                                   | Activity Progress and Comments   |
|    | CONTRIBUTING PARTNERS             | None   |
|    | PARTNER CONTRIBUTIONS             | None   |
|    | FACILITATING FACTORS OF SUCCESS   | Survey Monkey  |
|    | BARRIERS/ISSUES ENCOUNTERED       | We noticed high percentage of clients in "other" category. Upon examining, the highest reason in "other" category was "work"   |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | A "Work" category was created to allow for data collection. Additionally a second question was added to survey most preferred time and day to attend a WIC appointment.          |
|    | UNANTICIPATED OUTCOMES (optional) | None   |
|    | OVERALL ACTIVITY DELIVERABLES     | Completed survey data collection for barriers to participation. Top three reasons for not attending appointment were: Forgot (24%); Transportation (16%); Work (5%). We surveyed |
|    |                                   | preferable times and days to attend appointment; Majority of clients prefer early morning and Saturday appointments.   |
| Q4 |                                   | Activity Progress and Comments   |
|    | CONTRIBUTING PARTNERS             |  |
|    | PARTNER CONTRIBUTIONS             |  |
|    | FACILITATING FACTORS OF SUCCESS   |  |
|    | BARRIERS/ISSUES ENCOUNTERED       |  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES |  |
|    | UNANTICIPATED OUTCOMES (optional) |  |
|    | OVERALL ACTIVITY DELIVERABLES     |  |

| ivity 1.1.2   |   |                                    |                   |                                   |                                     |                   |                 |  |  |
|---|---|------------------------------------|-------------------|-----------------------------------|-------------------------------------|-------------------|-----------------|--|--|
| Description   | Anticipated Completion Date   | Status                             |                   | Activity Progress Notes           |                                     |                   |                 |  |  |
| Increase percent of eligible population served by the WIC program.  | rease percent of eligible population served by the WIC program. Reggie Shagoury |                                    |                   |                                   |                                     |                   |                 |  |  |
| Actions   |   |                                    |                   |                                   |                                     |                   |                 |  |  |
| Description   |   | Action Status                      | Deliverables/Outp | outs of Action                    | Key Partners/Contractors/Consultant | Actual Start Date | Finish/End Date |  |  |
| 1.1.2.1 Visit OBGYN, Pediatricians and Daycares per year to promote | On Schedule   | 250 OBGYN, Pediatricians a promote | •                 | OBGYN, Pediatricians and Daycares | January 1, 2017                     | December 31, 2018 |                 |  |  |
| 1.1.2.2 Attend health fairs to increase WIC enrollment.             | On Schedule   | 24 health fairs                    | s attended        | Community Partners                | January 1, 2017                     | December 31, 2018 |                 |  |  |

| Q1 |                                   | Activity Progress and Comments   |
|----|-----------------------------------|--|
|    | CONTRIBUTING PARTNERS             | OBGYN, Pediatricians, Daycares, and Community Partners sponsoring health fairs                                       |
|    | PARTNER CONTRIBUTIONS             | Refer clients to the WIC Program   |
|    | FACILITATING FACTORS OF SUCCESS   | Community Partners, OBGYNs, Pediatricians and Daycares provided with information to refer clients to the WIC Program |
|    | BARRIERS/ISSUES ENCOUNTERED       | None   |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | None   |
|    | UNANTICIPATED OUTCOMES (optional) | None   |
|    | OVERALL ACTIVITY DELIVERABLES     | 35 OBGYN visits, 27 Pediatrician visits, 46 Daycare visits, 5 Health Fairs, and 16 Community Partners                |
| Q2 |                                   | Activity Progress and Comments   |
|    | CONTRIBUTING PARTNERS             | OBGYN, Pediatricians, Daycares, and Community Partners sponsoring health fairs                                       |
|    | PARTNER CONTRIBUTIONS             | Refer clients to the WIC Program   |
|    | FACILITATING FACTORS OF SUCCESS   | Community Partners, OBGYNs, Pediatricians and Daycares provided with information to refer clients to the WIC Program |
|    | BARRIERS/ISSUES ENCOUNTERED       | None   |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | None   |
|    | UNANTICIPATED OUTCOMES (optional) | None   |
|    | OVERALL ACTIVITY DELIVERABLES     | 26 OBGYN visits, 33 Pediatrician visits, 33 Daycare visits, 11 Community Partners, 8 Health Fairs                    |
| Q3 |                                   | Activity Progress and Comments   |
|    | CONTRIBUTING PARTNERS             | OBGYN, Pediatricians, Daycares, and Community Partners sponsoring health fairs                                       |
|    | PARTNER CONTRIBUTIONS             | Refer clients to the WIC Program   |
|    | FACILITATING FACTORS OF SUCCESS   | Community Partners, OBGYNs, Pediatricians and Daycares provided with information to refer clients to the WIC Program |
|    | BARRIERS/ISSUES ENCOUNTERED       | None   |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | None   |
|    | UNANTICIPATED OUTCOMES (optional) | None   |
|    | OVERALL ACTIVITY DELIVERABLES     | 10 OBGYN visits, 14 Pediatrician visits, 22 Daycare visits, 17 Community Partners, 10 Health Fairs                   |
| Q4 |                                   | Activity Progress and Comments   |
|    | CONTRIBUTING PARTNERS             |  |
|    | PARTNER CONTRIBUTIONS             |  |
|    | FACILITATING FACTORS OF SUCCESS   |  |
|    | BARRIERS/ISSUES ENCOUNTERED       |  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES |  |

| _ |                                   |  |
|---|-----------------------------------|--|
|   | UNANTICIPATED OUTCOMES (optional) |  |
|   | OVERALL ACTIVITY DELIVERABLES     |  |

| Strategic Issue Area: Maternal and Child Health  |  | rategic Issue Area: Maternal and Child Health |                |  |             |             |             |                              |                  |                 |                 |                   |  |
|--|--|---|----------------|--|-------------|-------------|-------------|------------------------------|------------------|-----------------|-----------------|-------------------|--|
| Goal: Reduce Infant Mortality  | al: Reduce Infant Mortality            |   |                |  |             |             |             |                              |                  |                 |                 |                   |  |
| Strategy: Assess and improve access to public transportation   |  |   |                |  |             |             |             |                              |                  |                 |                 |                   |  |
| Objective: By December 31, 2018, eliminate HIV perinatal transmission  | on (0).                                |   |                |  |             |             |             |                              |                  |                 |                 |                   |  |
|  |  | Direction of                                  | Unit of        | Current Measureme  |             |             | nt          |                              | V2               |                 |                 |                   |  |
| Indicators   | Baseline                               | Change  | Measurement    | Q3<br>16-17  | Q4<br>16-17 | Q1<br>17-18 | Q2<br>17-18 | Total                        | Year 2<br>Target | Year 5 Target   | Data            | a Source          | Measure Notes  |
| Number of perinatal HIV transmissions.   | 0                                      | Maintain                                      | # of           | 1  | 0           | 1           | 0           | 2                            | 0                | 0               |                 |                   | A thorough case review revealed that although optimal conditions were met, a perinatal HIV transmission occurred as can happen in <1% of all HIV cases |
| Activity 1.1.1   |  |   |                |  |             |             |             |                              |                  |                 |                 |                   |  |
| Description  | Person<br>Responsible                  | Anticipated Co                                | ompletion Date | Status   |             |             |             | Activity Progress Notes      |                  |                 |                 |                   |  |
| Increase the number of OB/GYNS, pediatricians and hospitals who are in compliance with Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States. | Yvette Gonzalez                        | Decembe                                       | er 31, 2018    | On Schedu  |             | e           |             |                              |                  |                 |                 |                   |  |
| Actions  |  |   |                |  |             |             |             |                              |                  |                 |                 |                   |  |
| Description  |  | Action  | status         |  | Delivera    | les/Out     | outs of Ac  | ction                        | Key Partr        | ners/Contracto  | rs/Consultant   | Actual Start Date | Finish/End Date  |
| 1.1.1.1 Visit OB/GYN practices to review guidelines per year.  |  | On Sc   | hedule         | Visit 125  | OB/GYN      | practice    | es per ye   | ear                          | OB GYNS          |                 |                 | January 1, 2017   | December 31, 2018  |
| 1.1.1.2 Visit Pediatric practices to review guidelines per year.   |  | On Sc   | hedule         | Visit 95 p   | oractices   | per yea     | r           |                              | Pediatricia      | ns              |                 | January 1, 2017   | December 31, 2018  |
| 1.1.1.3 Perform QI audit on every labor and delivery record of all HIV positive pregnant women per year.   |  | On Sc   | hedule         | Audits co  | onducted    |             |             |                              | Labor and I      | Delivery Hospit | als             | January 1, 2017   | December 31, 2018  |
| 1.1.1.4 Provide Grand Round to the 8 labor and delivery hospitals to include perinatal updates and PrEP knowledge.   |  | On Sc   | hedule         | 8 Grand Rounds Completed per ye                              |             |             | ear         | Labor and Delivery Hospitals |                  |                 | January 1, 2017 | December 31, 2018 |  |
| 1.1.1.5 Hold HIV perinatal Symposiums.   | 1.1.1.5 Hold HIV perinatal Symposiums. |   |                | 2 Sympo  | siums co    | nducted     | per year    | r                            | DOH Broward      |                 |                 | January 1, 2017   | December 31, 2018  |
| 1.1.1.6 Hold Perinatal HIV Provider Network Meetings.  |  | On Sc   | hedule         | 12 Perinatal HIV Provider Network Meetings<br>Held per year. |             |             |             | Community Partners           |                  |                 | January 1, 2017 | December 31, 2018 |  |

| Q1 | Sionala                           | County Community Health Improvement Plan (Florida Healthy Babies) Quarterly Progress Reporting Tool  Activity Progress and Comments  |
|----|-----------------------------------|--|
|    | CONTRIBUTING PARTNERS             | Broward Health, Memorial Health System, BARC, Healthy Start Coalition, Walgreens, STD Program, HIV Surveillance, CDTC, 211 Broward, Plantation Hospital, Marci & Raudelaur Group   |
|    | PARTNER CONTRIBUTIONS             | Broward Health provided the space and CEUs for the 11th HIV Perinatal Symposium, Healthy Start donated funds to pay for the Perinatal Toolkit, CDTC donated space for the Women and GIRLS HIV/AIDS Awareness Day   |
|    | FACILITATING FACTORS OF SUCCESS   | Collaboration between Hospital labor and delivery and Infection Control, Staff that consists of a Coordinator, Director and Perinatal DIS, Collaboration between HIV programs at DOH, Partnerships with CBOs, and FQHCs and OBGYNs.  |
|    | BARRIERS/ISSUES ENCOUNTERED       | Funding  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | Collaborating with funders and maternal child health providers.  |
|    | UNANTICIPATED OUTCOMES (optional) | Perinatal HIV Toolkit for OBGYNs was developed and close collaboration with Infectious Disease and OBGYNS,   |
|    | OVERALL ACTIVITY DELIVERABLES     | 40 OB/GYNS visited, 7 Pediatric Practices Visited, 30 audits of women and 34 infants was conducted, 8 Grand Rounds completed, 1 Symposium Conducted and 3 perinatal HIV Provider  Network Meetings Held  |
| Q2 |                                   | Activity Progress and Comments   |
|    | CONTRIBUTING PARTNERS             | Broward Health, Memorial Health System, BARC, Healthy Start Coalition, Walgreens, STD Program, HIV Surveillance, CDTC, 211 Broward, Plantation Hospital, Marci & Raudelaur Group   |
| L  | PARTNER CONTRIBUTIONS             | none at this time  |
|    | FACILITATING FACTORS OF SUCCESS   | Collaboration between Hospital labor and delivery and Infection Control, Staff that consists of a Coordinator, Director and Perinatal DIS, Collaboration between HIV programs at DOH  Partnerships with CBOs, and FQHCs and OBGYNs.  |
| L  | BARRIERS/ISSUES ENCOUNTERED       | none at this time  |
| L  | PLANS TO OVERCOME BARRIERS/ISSUES | Collaborating with funders and maternal child health providers.  |
| L  | UNANTICIPATED OUTCOMES (optional) | Perinatal toolkits have been distributed to 40 OBGYNs  |
|    | OVERALL ACTIVITY DELIVERABLES     | 111 OB/GYNS visited, 7 Pediatric Practices Visited, 46 audits of women and 48 infants was conducted, 10 Grand Rounds completed, and 6 perinatal HIV Provider Network Meetings Held.  |
| Q3 |                                   | Activity Progress and Comments   |
|    | CONTRIBUTING PARTNERS             | Broward Health, Memorial Health System, BARC, Healthy Start Coalition, Walgreens, STD Program, HIV Surveillance, CDTC, 211 Broward, Plantation Hospital, Marci & Raudelaur Group   |
|    | PARTNER CONTRIBUTIONS             | none at this time  |
|    | FACILITATING FACTORS OF SUCCESS   | Collaboration between Hospital labor and delivery and Infection Control, Staff that consists of a Coordinator, Director and Perinatal DIS, Collaboration between HIV programs at DOH, Partnerships with CBOs, and FQHCs and OBGYNs. Provided two grandrounds to the OBGYN and Pediatrician meeting at Plantation Hospital on STIs and Perinatal HIV. |
|    | BARRIERS/ISSUES ENCOUNTERED       | None at this time  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | Continuous collaboration and networking with maternal child health providers.  |
|    | UNANTICIPATED OUTCOMES (optional) | Perinatal Toolikits have been distributed to 58 OBGYN office and RED Binders to all 8 laboding hosptials.  |
|    | OVERALL ACTIVITY DELIVERABLES     | ALL 125 OBGYNs have been visited, 17 Pediatrcians, 58 Toolkits distributed, 17 grand rounds, 10 Perinatal HIV Provider Network Meetings held, 1 Perinatal symposium and 1 Women and Prep Summit.   |
| Q4 |                                   | Activity Progress and Comments   |
|    | CONTRIBUTING PARTNERS             |  |
|    | PARTNER CONTRIBUTIONS             |  |
|    | FACILITATING FACTORS OF SUCCESS   |  |
|    | BARRIERS/ISSUES ENCOUNTERED       |  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES |  |

| UNANTICIPATED OUTCOMES (optional) |  |
|-----------------------------------|--|
| OVERALL ACTIVITY DELIVERABLES     |  |

| Activity 1.1.2   |                       |                             |   |                         |                                     |                   |                 |  |  |
|--|-----------------------|-----------------------------|---|-------------------------|-------------------------------------|-------------------|-----------------|--|--|
| Description  | Person<br>Responsible | Anticipated Completion Date | Status  | Activity Progress Notes |                                     |                   |                 |  |  |
| Increase the number of HIV positive pregnant women who have undetectable viral loads.            | Yvette Gonzalez       | December, 2018              | On Schedule   |                         |                                     |                   |                 |  |  |
| Actions  |                       |                             |   |                         |                                     |                   |                 |  |  |
| Description  |                       | Action Status               | Deliverables/Outputs of Action                      |                         | Key Partners/Contractors/Consultant | Actual Start Date | Finish/End Date |  |  |
| 1.1.2.1 Provide case management services to every HIV positive pregnant women in Broward County. |                       | On Schedule                 | Number of women receiving case management services. |                         | OB/GYN's, DOH Broward STD Program   | January 1, 2017   | December, 2018  |  |  |
| 1.1.2.2 Conduct prenatal classes specific to HIV positive pregnant women.                        |                       | On Schedule                 | Number of classes conducted.                        |                         | CDTC                                | February 9, 2017  | December, 2018  |  |  |

| Q1 | Activity Progress and Comments    |  |  |  |  |
|----|-----------------------------------|--|--|--|--|
|    | CONTRIBUTING PARTNERS             | CDTC, Healthy Start Coalition, OBGYNs, Pediatricians, Neonatologists and Infectious Disease physicians   |  |  |  |
|    | PARTNER CONTRIBUTIONS             | CDTC provides space for the perinatal classes  |  |  |  |
|    | FACILITATING FACTORS OF SUCCESS   | CDTC assists in bringing HIV positive women to the classes.  |  |  |  |
|    | BARRIERS/ISSUES ENCOUNTERED       | Sometimes it is difficult to schedule OBGYN and Infectious Disease appointments rapidly and insurance issues. It can take a few weeks for women to be seen, get labs, and get medication |  |  |  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | As we move to the Test and Treat model this will eventually decrease and get resolved.   |  |  |  |
|    | UNANTICIPATED OUTCOMES (optional) | None   |  |  |  |
|    | OVERALL ACTIVITY DELIVERABLES     | 40 HIV positive pregnant women were case managed. 3 prenatal classes specific to HIV positive pregnant women were conducted.   |  |  |  |
| Q2 |                                   | Activity Progress and Comments   |  |  |  |
|    | CONTRIBUTING PARTNERS             | CDTC, Healthy Start Coalition, OBGYNs, Pediatricians, Neonatologists and Infectious Disease physicians   |  |  |  |
|    | PARTNER CONTRIBUTIONS             | CDTC provides the space for the perinatal HIV classes.   |  |  |  |
|    | FACILITATING FACTORS OF SUCCESS   | CDTC assists in bringing HIV positive women to the classes.  |  |  |  |
|    | BARRIERS/ISSUES ENCOUNTERED       | We have some barriers due to insurance problems because unclear which provider the women can access.   |  |  |  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | Working with TEST and TREAT we are able to get meds on the same day!   |  |  |  |
|    | UNANTICIPATED OUTCOMES (optional) | none   |  |  |  |
|    | OVERALL ACTIVITY DELIVERABLES     | 68 HIV positive pregnant women were case managed. 7 prenatal classes specific to HIV positive pregnant women were conducted.   |  |  |  |
| Q3 | Activity Progress and Comments    |  |  |  |  |
|    | CONTRIBUTING PARTNERS             | CDTC, Healthy Start Coalition, OBGYNs, Pediatricians, Neonatologists and Infectious Disease physicians   |  |  |  |
|    | PARTNER CONTRIBUTIONS             | CDTC provides the space for the perinatal HIV classes.   |  |  |  |
|    | FACILITATING FACTORS OF SUCCESS   | CDTC assists in bringing HIV positive women to the classes.  |  |  |  |
|    | BARRIERS/ISSUES ENCOUNTERED       | NO Barriers at this time because we have the TEST and TREAT program.   |  |  |  |
|    | PLANS TO OVERCOME BARRIERS/ISSUES | Working with TEST and TREAT we are able to get meds on the same day!   |  |  |  |
|    | UNANTICIPATED OUTCOMES (optional) | none at this time  |  |  |  |
|    | OVERALL ACTIVITY DELIVERABLES     | 98 HIV positive pregnant women are case managed, 9 perinatal classes were conducted at CDTC, 75 pediatric exposed infants were born.   |  |  |  |
| Q4 | Activity Progress and Comments    |  |  |  |  |
|    | CONTRIBUTING PARTNERS             |  |  |  |  |
|    | PARTNER CONTRIBUTIONS             |  |  |  |  |

| FACILITATING FACTORS OF SUCCESS   |  |
|-----------------------------------|--|
| BARRIERS/ISSUES ENCOUNTERED       |  |
| PLANS TO OVERCOME BARRIERS/ISSUES |  |
| UNANTICIPATED OUTCOMES (optional) |  |
| OVERALL ACTIVITY DELIVERABLES     |  |