**OFFICE OF MAYOR DONNA DEEGAN**
**TRANSITION HEALTH COMMITTEE**
**SUBCOMMITTEE ON MATERNAL CHILD HEALTH**
**MEETING MINUTES**

**JULY 18, 2023**
**5:30 – 7:00 PM**

**Committee Members**
PRESENT:
Carolyn McClanahan, M.D. – Health Committee Chair
Faye Johnson
Donna Ghanayem
Kristina Jones
Jarvis Ramel
Jeff Goldhagen
Lynn Sherman – Exec. Dir. of Health Programs
Bethany Atkins
Veronica Glover
Megan Denk
Pauline Rolle
Katryne Lukens

**COJ Staff Support:**
James Richardson
Trisha Bowles

**Guests Present:**

**Call to Order**
Dr. McClanahan called the meeting to order at 5 pm welcoming members and guests.

**Chair's remarks**
Dr. McClanahan shared background on how the transition committees are envisioned to work. She asked members to introduce themselves and share any insights that they had around the discussion topics.

**Logistics / Sunshine Law**
James Richardson introduced himself as the staff support to the committees. He would be the main point of contact. Trisha Bowles, Office of General Counsel. Provided some information concerning Sunshine Law and how the committee members could communicate with each other. They both shared the Sharepoint site information that had been established for the health committees and provided directions on how they were to be used.

**Discussion Topics:**

- **Need a statement as to the current status of maternal health and child health. What data should we include in the statement?**
- **What are the 3-5 root causes of the issues you have identified?**
- **What could be done now, with the support of the Mayor, to begin to address these most critical issues?**
- **Please provide 5 organizations/individuals in the City who should be invited to participate as resources to the Committee.**

Dr. Goldhagen and the committee worked together, prior to the meeting mainly via email, to draft a report from the committee (attached). Much of the committee discussion centered around the draft statement and how to tweak it to fit the report. They discussed various challenges that face the area including transportation, lack of funding, the integration of primary care and behavioral health, education and other areas.

There was much discussion around the need for a health impact assessment tool that could be available to direct the budget and future legislation. Discussion also focused on a long term solution for the city in the creation of a taxing district similar to several areas of the state. The topic has been discussed since the Delaney administration.

James shared that he would communicate the next meeting and location as soon as he could arrange the logistics.

**Comments from the Public**
**None**

**Moving from Survive to Thrive**
**A New Strategy for Maternal and Child Health in Jacksonville**

*No woman should fear that by creating life, she is risking her own. And, every child so created has an inherent right to optimal health and development.*

Yet, the Maternal and Child Health (MCH) statistics in Duval county are gut wrenching. Total infant mortality in Duval County is higher than that of state and national statistics (___vs ___ and ___ respectively), and Black infants die at twice the rate as White children in our county (__ vs __). The same is true for maternal mortality. In Duval County the rate is __ vs. State and National statistics (__ and __ per 1000 live births respectively), with twice as many maternal deaths among Black women in comparison to White women. Nationally the rate of maternal deaths has increased by nearly 40% over the recent past, a trend that is reflected in maternal mortality in our community. Child health statistics related to non-communicable disease outcomes demonstrate the same patterns—in particular as they relate to violence, psychological trauma, mental and behavioral health, etc. Biannual Youth Risk Behavioral Surveys provide rigorous, longitudinal insights into the source of the morbidities, mortality and inequities that define the health and well-being of our children and youth.

The reasons for this human toll and inequities are complex reflecting a syndemic of etiologies that are primarily grounded in the social and environmental determinants of health and well-being, and access to accessible, available and relevant physical and mental health care. The irony is that we are fully cognizant of these etiologies, and aware of strategies that could be implemented to address the intersecting root causes of the excess maternal and child morbidity and mortality in our community—but for the political will to engage and integrate the resources in our community required to develop and implement responsive clinical services, systems of care, and public and private sector policies.

The external environment being generated by State policies will truncate available state resources to address these issues, making local responses—supported by regional, federal and philanthropic resources critically important. Without the political will being advanced by the Deegan administration, and the support, commitment and collaboration of the academic, medical and non-profit sectors, the future for MCH would be bleak. With the leadership this Mayoral administration, and the commitment and integration of the vast resources available locally and nationally, we can make significant strides that have eluded us in the past.

The repository of knowledge, expertise, and experience to succeed in this endeavor, over the next 8 years, is regional, national and global in scope. The first order of business is to establish the infrastructure, principles, standards, norms and strategies to enable our community to implement cutting-edge and evidence-based transdisciplinary approaches to MCH that have helped other communities in the US and abroad succeed.

In addition, the future risks to the health and well-being of women and children are changing rapidly. Excess heat generated by climate change will have an increasingly profound impact on maternal and child health. The growing intensity and frequency of hurricanes and other climate related events will similarly have a disproportionate impact on pregnant women and children—in particular low income and minority women and children. Armed conflicts in our communities is now the primary cause of death among adolescents. Whatever strategies are pursued to address current etiologies for MCH morbidity and mortality must be balanced by a focus on the future as well. The COVID pandemic was a wake-up call—make no mistake, there will be another pandemic. Pregnant women and children were among the most significantly impacted—not just directly, but also due to the indirect effects of the pandemic. We must be prepared to address the direct and indirect impact of the lives of women and children will increasingly face.

It is also important for the MCH committee to maintain a focus on child development, and its impact on health and well-being across the life course. We know much about early brain development and the

impact of physical, mental, and environmental insults on brain development. The MCH committee will need to work with other committees convened by the Mayor to address this other MCH issues.
Toward these ends, the MCH Committee proposes the following short, mid and long-term initiatives—recognizing there is much that can be accomplished in the short term, but fundamental changes in the infrastructure, programs, systems and policies required time to demonstrate sustainable improvements in MCH outcomes will require time to fully implement.
Short term (over the next 12 months)

- Frame the work of the MCH Committee in the context of the Sustainable Development Goals (SDGs). This will provide a global perspective to our work, and access to multiple national and international resources. The SDGs include multiple indicators that can be used to monitor progress and outcomes. Include the indicators of GlobalChild as well.
- Move from a survive to a thrive framework.
- Convene a sustained transdisciplinary MCH Working Group, funded by the Dupont fund, that includes administrative support. The Fund previously funded a children's advocacy committee for many years.
- Come to a consensus on evidence-based models and tools that will be used to develop and implement clinical programs and systems of care, for example the World Health Organization (WHO) model for early child development called Nurturing care. The American Academy of Pediatrics and WHO have multiple toolkits that can be used to address the priority MCH issues that identified by the MCH Committee.
- Develop and implement a process for generating Health and Equity Impact Assessments for policy and legislation. Multiple national and international models have been implemented.
- Task the Partnership for Child Health System of Care board with establishing a comprehensive framework for addressing behavioral health services for children and youth.
- Include a focus on children and youth in the climate resilience initiatives.
- Address adolescent health as a priority, in particular as relates to violence and access to reproductive health care.
- Implement an infant, fetal, and child mortality and morbidity review process. The Healthy Start program currently conducts a fetal and infant mortality review process.
- Partner with Feeding NE Florida to ensure all children have the nutrition they need to thrive.
- Implement the evidence-based Reach Out and Read program to advance child literacy.
- Support the Early Childhood Development Coalition in their efforts and in particular to expand inclusivity.
- Implement a Child Health Unit in Kids Hope Alliance (KHA), that includes partnering with academic and other organizations to provide data collection, analysis, mapping, etc. capacities.
- Identify and engage a full complement of organizations to participate in the MCH committee.
- Submit local and national public and private sector grants to support priority initiatives.
- Implement education initiatives to ensure migrants are prepared to seek care in health care institutions.
- Lack of transportation impacts some families from keeping appointments. Bus tickets/cards can be provided to aid with transportation.
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Mid-term (1-2 years)

- Engage Federally Qualified Health Centers and work with them to expand their services for children and youth. This will Increase access to essential primary medical care in communities of color and neighborhoods adversely impacted by the Social Determinants and shortages of health professionals.
- Ensure all Duval County, Florida adolescents in families with household income at 0 to 99% FPL (Federal Poverty Level) have at least one preventive health care visit each calendar year. Adolescent's participation in preventive health care allows for screening, health education, early detection, treatment and referrals, where indicated, to address time sensitive health conditions like hypertension, obesity, and diabetes or behaviors that begin in adolescents and if untreated, jeopardize future maternal health.
- Work with the Duval County Public School Board and local resources to expand school health services.
- Expand The *WELLcome Home* program (a universal nurse home visiting initiative) piloted at Baptist Health's Hospital to all birthing hospitals in Duval County. All newly discharged mothers and baby will receive a nurse home visit and follow up. To transition mother and newborn to a safe social and physical environment, ensure connection to follow-up medical appointment before hospital discharge and get ahead of postpartum maternal complications.
- Increase access to case management services for women exposed to Social Determinants of Health (SDoH) before, during, and after pregnancy. A decentralized Magnolia Project will bring services closer to the priority audience and increase access to care by overcoming transportation and other barriers.
- Address the impact of lead poisoning on children.
- Strengthen neighborhood social connections for toxic stress management before, during and after pregnancy.
- Reimplement the Mental Health America of Northeast Florida chapter.
- Extending Presumptive Medicaid to mothers-to-be, especially those who are at high risk pregnancy will help increase compliancy of prenatal care appointments, additional U/S appointments, and any other specialty appointments.

Long term (2-4 years)

- Expand reimbursement for Medicaid.

With respect to generation of the resources to support and expand a comprehensive MCH agenda—identifying and blending and braiding current resources in the community, discretionary budgetary funds, establishing a MCH Program in KHA, support from local philanthropy, and generation of public and private sector grant dollars—will be sufficient to implement and sustain initial short and mid-term MCH plans.