

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION NEEDED</b>
<b>Membership Total (15)</b>	<ol style="list-style-type: none"> <li>1. Tenesha Avent, March of Dimes (Co-Chair)</li> <li>2. Esther McCant, Metro Mommy Agency (Co-Chair)</li> <li>3. Viviana Alvarado Pacheco, The Women’s Fund Miami-Dade</li> <li>4. DeAngela Higgs, University of Miami (Intern)</li> <li>5. Andrea Hickson, NICU Alumni</li> <li>6. Nesityah McFarlane, HSCMD</li> <li>7. Nalani Noa, HFF Miami Dade</li> <li>8. Rocio Velazquez, The Children’s Movement of Florida</li> <li>9. Manuela Thomas, FIU</li> <li>10. Cheryl Lorie, DOH-Miami-Dade WIC</li> <li>11. Islamiyat N. Adebisi, Florida Department of Health in Miami-Dade County</li> <li>12. Queen Holden, Florida Department of Health in Miami-Dade County</li> <li>13. Zadymon Moore, Florida Department of Health in Miami-Dade County</li> <li>14. Dayamyra Perez Fernandez, Florida Department of Health in Miami-Dade County</li> <li>15. Candice Schottenloher, Florida Department of Health in Miami-Dade County (Committee Liaison)</li> </ol>	
Welcome and Introductions	The March 2025 monthly meeting of the Consortium for a Healthier Miami-Dade Healthy Baby Taskforce was brought to order by Tenesha Avent and Esther McCant at 12:40 p.m. All members were welcomed and introduced themselves.	
Approval of Minutes	There was a motion to approve the February 2025 Healthy Baby Taskforce meeting minutes by Viviana Alvarado Pacheco, and the motion was seconded by Candice Schottenloher.	
Previous Action Items	<p>Health Observance Months:</p> <ul style="list-style-type: none"> <li>● In April we will highlight Black Maternal Health Week (April 11th - 17th).</li> <li>● The Black Mommas Matter Alliance is an organization that has great resources and tools for everyone to utilize during this week for social media or programming. If you are interested in policy work, you can access a policy toolkit on their website.</li> <li>● March is National Nutrition Month <ul style="list-style-type: none"> <li>○ The Healthy Baby Taskforce continues to partner with BreastfeedMIAMI in order to help the community receive resources through the Healthy Baby corner store plan and the business wallet cart launch. If you are interested in receiving these resources and more information, please contact the Taskforce liaison.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>April 11<sup>th</sup>, 2025, there will be a screening for the <a href="#">Chocolate Milk Documentary</a> hosted by The Children’s Movement of Florida. Please contact Rocio Velazquez if you have not received an email invitation.</li> </ul>	
<p>Healthy Baby Taskforce Work Plan Alignment Review &amp; Brainstorm Presentation</p>	<p>Esther McCant and Tenesha Avent presented the Healthy Baby Taskforce Work Plan Alignment Review Presentation with a brainstorm and discussion. The presentation reviewed and shared Healthy People 2030, State Health Improvement (SHIP), and the Community Health Improvement Plan (CHIP) and how the maternal and child health outcomes align at all levels.</p> <p>Florida Health launched the Florida Healthy Baby state-wide initiative to positively influence the environmental, social and economic conditions of health and reduce gaps in care and greatest impacts seen in infant mortality. This project focuses on broad social/economic/cultural/environmental factors of health that approach to close the gap among Non-Hispanic Black and Non-Hispanic White infants through evidence-based interventions.</p> <p>8 Healthy People 2030 Statistics: data-driven national objectives to improve health and well-being over the next decade.</p> <ul style="list-style-type: none"> <li>Reducing the rate of infant deaths from 2017 to 2021: The most recent data shows that 5.4 infant deaths occur per 1,000 live births (2021). The national target is 5.0 infant deaths per 1,000 live births. We have a desire to decrease this amount. Our baseline is 5.8 infant deaths per 1,000 live births occurred within the first year of life in 2017. Overall, at the national level, the reduction of the infant death rate is improving.</li> <li>Reducing the rate of maternal deaths from 2017 to 2021: The most recent data has shown that there were 22.3 maternal deaths per 100,000 live births (2022). The target was 15.7 deaths per 100,000. We have a desire to decrease this direction of deaths. The baseline of maternal deaths per 100,000 live births that occurred in 2018 was 17.4. So overall at the national level, the maternal death rate is worsening.</li> <li>Reduce the rate of Mother-to-child HIV transmission:             <ul style="list-style-type: none"> <li>1.1 perinatally acquired HIV infections per 100,000 live births (2022)</li> <li>Target: 0.9 per 100,000</li> <li>Desired Direction: Decrease desired</li> <li>Baseline: 1.3 perinatally acquired HIV infections per 100,000 live births occurred in 2015</li> <li>Overall, at the national level, the rate to reduce the rate of mother-to-child HIV transmission is improving.</li> </ul> </li> <li>Reduce the rate of congenital syphilis:</li> </ul>	

	<ul style="list-style-type: none"> <li>○ Target: 33.9 per 100,000</li> <li>○ Desired Direction: Decrease desired</li> <li>○ Baseline: 50.2 cases of congenital syphilis per 100,000 live births were reported in 2019</li> <li>○ Overall, at the national level, the rate to reduce the rate of congenital syphilis cases is worsening.</li> <li>● Tobacco: Increase the rate of abstinence from cigarette smoking among pregnant women             <ul style="list-style-type: none"> <li>○ Most Recent Data: 96.3 percent (2022)</li> <li>○ Target: 95.7 percent</li> <li>○ Desired Direction: Increase desired</li> <li>○ Baseline: 93.5 percent of females giving birth reported not smoking during pregnancy in 2018</li> <li>○ The pie charts showed from 2018-2022, show an upward trend and is currently exceeding the Healthy People 2030 target.</li> <li>○ Smoking during pregnancy is related to birth defects, preterm birth, and sleep-related deaths in infants. Providing screening and counseling during prenatal care visits can help pregnant women stop smoking. Population-based interventions — like cigarette price increases, media campaigns, and comprehensive smoke-free laws — can also help prevent pregnant women from smoking.</li> </ul> </li> <li>● Increase the rate of successful quit attempts in pregnant women who smoke:             <ul style="list-style-type: none"> <li>○ Most Recent Data: 19.7 percent (2022)</li> <li>○ Target: 24.4 percent</li> <li>○ Desired Direction: Increase desired</li> <li>○ Baseline: 20.2 percent of females reported smoking cessation during pregnancy (i.e., they had smoked in their first or second trimesters but reported no smoking in their third trimester) in 2018</li> <li>○ This graph showed from 2018-2022, the percent of successful quit attempts in pregnant women who smoke, which is showing a stagnant trend and is worsening to meet Healthy People 2030 goal.</li> <li>○ Smoking during pregnancy increases the risk of pregnancy complications, preterm delivery, and low birth weight in infants. Health care providers can increase the chance that pregnant women will quit smoking by asking them about tobacco use, advising them to quit, and providing counseling and medication</li> </ul> </li> <li>● Indicator to increase the proportion of women who had a healthy weight before pregnancy:             <ul style="list-style-type: none"> <li>○ Most Recent Data: 38.2 percent (2022)</li> <li>○ Target: 47.1 percent</li> <li>○ Desired Direction: Increase desired</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>○ Baseline: 42.1 percent of females delivering a live birth in 2018 had a healthy weight prior to pregnancy</li> <li>○ Overall, at the national level, the proportion of women who had a healthy weight before pregnancy is worsening and not increasing.</li> <li>● The indicator to increase the proportion of pregnant women who receive early and adequate prenatal care:             <ul style="list-style-type: none"> <li>○ Most Recent Data: 74.9 percent (2022)</li> <li>○ Target: 80.5 percent</li> <li>○ Desired Direction: Increase desired</li> <li>○ Baseline: 76.4 percent of pregnant females received early and adequate prenatal care in 2018</li> <li>○ Overall, at the national level, the proportion of pregnant women who receive early and adequate prenatal care is worsening from 2021 to 2022.</li> <li>○ Prenatal care is most effective when it starts early and continues throughout pregnancy. It can help prevent and address health problems in both mothers and babies. Interventions to increase access to health care can help more women get the prenatal care they need.</li> </ul> </li> </ul> <p>The current State Health Improvement (SHIP) priority areas include the following:</p> <ul style="list-style-type: none"> <li>● Alzheimer’s Disease and Related Dementias</li> <li>● Chronic Diseases and Conditions</li> <li>● Injury, Safety, and Violence</li> <li>● Maternal and Child Health</li> <li>● Mental Well-being and Substance Abuse Prevention</li> <li>● Social and Economic Conditions Impacting Health</li> <li>● Transmissible and Emerging Diseases</li> </ul> <p>The current Community Health Improvement Plan (CHIP) priority areas include the following:</p> <ul style="list-style-type: none"> <li>● Optimal Health</li> <li>● Access to Care</li> <li>● Chronic Disease Prevention</li> <li>● Maternal Child Health</li> <li>● Injury/Safety/Violence</li> <li>● Communicable Diseases and Emergent Threats.</li> </ul> <p>Maternal Child Health priority areas (unmet):</p> <ul style="list-style-type: none"> <li>● MCH 1.1.1: By September 30, 2024, work to reduce the black infant mortality rate in Miami-Dade from 10.8 (2018) to 10.0 per 1,000 live births. This indicator is similar to MCH 1.1.2 but focuses on</li> </ul>	
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infant mortality by race specifically of the Black population. In 2023, the Black infant mortality rate was 11.3 per 1,000 live births, while White infant mortality was 3.5 per 1,000 live births. When looking at this data, we can infer that there is a gap and population outcome difference between White and Black infants in Miami-Dade County.

- MCH 1.1.2: By September 30, 2024, reduce the infant mortality rate in Miami-Dade from 4.6 (2018) to 4.0 per 1,000 live births. For this indicator, we were looking to reduce the infant mortality rate in Miami-Dade from 4.6 to 4.0 or lower. In 2023, we saw a decrease from the previous year in 2022 from 5.9 to 4.8. Though the goal of infant mortality rate to 4.0 or less wasn't achieved, it is important to look at specifically what is causing increases, so we can regroup, strategize, and devise a plan to act on the issue from a new angle.
- MCH 1.2.1: By September 30, 2024, decrease the percentage of births with inter-pregnancy intervals of less than 18 months from 29.4% (2019) to 28%. Updates from FL Charts for the year 2023 show that the rate is 29.0% of births with interpregnancy intervals of less than 18 months. The Family Planning Program continues to provide contraceptive options and preconception counseling, which includes counseling on baby spacing of at least 18 months between pregnancies.
- MCH 2.1.1: By September 30, 2024, reduce the rate of maternal deaths per 100,000 live births in Miami-Dade from 12.9 (2018) to 12.0. Florida Health Charts updates for the year 2023 show a rate of 20.3 maternal deaths per 100,000 live births. The Florida City clinic continues to provide prenatal services to its residents. In addition, all FP clinics provide emergency Medicaid to eligible women to receive prenatal care services for healthier maternal outcomes.
- Two important objectives that have not been met are MCH 3.2.2 and MCH 4.1.2. The first objective is looking to increase the number of community events from 0 (2019) to 50 events where resources that address mental health, opioid addiction, or childhood trauma are shared and we have been able to track 20 community events of where these resources are being distributed at. MCH 4.1.2 is looking at the number of culturally competent services provided to families (including grandparents) related to the benefits of breastfeeding, safe sleep practices, and other best practices that contribute to a reduction of infant mortality and to date a total number of resources and services provided is 24,634. This has been captured through the efforts of the Consortium for a Healthier Miami-Dade, Children Issues Oral Health Committee and Healthy Baby Taskforce partners.

**Priority Area 1: Infant mortality (11 strategies)**

1. Reduce the greatest impacts in infant mortality by focusing on a community health approach with evidence-based interventions to close the gap among the Non-Hispanic Black and Non-Hispanic white infants
2. Educate medical professionals to promote awareness and responsibility of utilizing the High-Risk Pregnancy Notification and Newborn Exposure Notification forms.

3. Participate in an action-oriented community process working with groups to improve service systems and community resources for expecting families.
4. Conduct and/or participate in community outreach and promote HIV awareness information campaigns toward all pregnant women and women of childbearing ages 15-44 years old.
5. Provide guidance and support to healthcare providers, community partners, DOH partners to implement recommended syphilis screening and treatment of pregnant women through training, guidelines, tools, and resources.
6. Initiate and maintain a maternal syphilis timeline tracking system.
7. Track quarterly case reviews and meetings for local maternal syphilis.
8. Promote activities and best practices that support breastfeeding to ensure better health for infants and children.
9. Promote and advance safe sleep and healthy infant sleep behaviors and environments, including improving support systems and activities as recommended by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) among families and infant caregivers with an emphasis on target populations.
10. To increase awareness, educate, and promote community cessation resources through social media and educational materials to new and expecting families.
11. Promote effective preterm birth prevention strategies for women of reproductive age with an emphasis on target populations.

**Priority Area 2: Broad Social, Economic, Cultural, and Environmental Factors (7 strategies)**

1. Promote policy, systems, and environmental changes to increase access to consumption of healthy foods statewide for Floridians of all ages.
2. Promote child literacy and increase the percentage of parents who read to their young children aged 0 to 5 years old in Miami-Dade County through the Reach Out and Read Program.
3. Provide peer counseling and support or education to expecting individuals.
4. Increase health education social media postings to educate the community and link community members to services.
5. Increase the number of pregnant women and expectant families who receive early prenatal care.
6. Promote access to services by utilizing green prescriptions for basic health education and providing referrals to community-based providers.
7. Promote and support action-oriented community processes working with groups to bring awareness of the important climate and environmental impacts linked to birth outcomes for pregnant people and expecting families.

**CONSORTIUM FOR A HEALTHIER MIAMI-DADE**

Healthy Baby Taskforce Meeting

Friday, March 21, 2025

12:30 p.m. to 1:30 p.m. EST



<p>Preparation for next meeting &amp; Action Plan Reporting Deadlines</p>	<p>The next Healthy Baby Taskforce meeting the partners will review the strategies more thoroughly. Please review and come prepared to the next meeting to move forward with our work plan. The Action Plan Reporting Deadlines were also shared: Report 1 (reporting period of July 1 - December 31, 2024) and Report 2 (reporting period of December 31, 2024 - June 30, 2025). Bi-Annual Report #2 will be due to the state by Monday, July 14, 2025.</p>	
<p>Partner Updates</p>	<p>Most partner updates were given towards the start of the meeting during the previous action items discussion. Due to time constraints, partners were encouraged to email Candice with any updates on behalf of the Healthy Baby Taskforce members.</p> <ul style="list-style-type: none"> <li>• March 21st begins World Doula Week and Esther McCant will be hosting a webinar to kick start this observance. For more details, please contact Esther McCant.</li> <li>• The next FIMR Community Action Group meeting will be on March 25, 2025, at 10 a.m. If you would like to attend, please email me at <a href="mailto:nmcfarlane@hscmd.org">nmcfarlane@hscmd.org</a>.</li> <li>• March for Babies, to learn more, please access here: <a href="https://marchforbabies.org/EventInfo?EventID=22935">https://marchforbabies.org/EventInfo?EventID=22935</a></li> </ul>	
<p>Adjournment</p>	<p>The meeting adjourned at 1:35 p.m. The next Healthy Baby Taskforce meeting will be held virtually on Friday, April 21, 2025, from 12:30 p.m. to 1:30 p.m.</p>	