

Jefferson County Public Health – Planned Performance Measures 2013

FAMILY HEALTH SERVICES

PROGRAMS: Family Health/Maternal Child Health (MCH) including Breast Feeding Support, Maternity Support Services/Infant Case Management, Nurse-Family Partnership (NFP), Children with Special Health Care Needs (CSHCN), Women Infants and Children (WIC), and the Child Protective Services (CPS)
Contract Programs: Early Family Support Services (EFSS), Early Intervention Program (EIP).

MISSION: The mission of the Family Health Services is to offer health education and support to all Jefferson County pregnant women and families with young children as they build a secure foundation for a lifetime of health, learning, and community contribution.

GOALS FOR 2013:

1. Improve pregnancy and birth outcomes by helping women improve prenatal health.
2. Improve children's health, safety, and development by helping parent's provide competent and sensitive care giving.
3. Assure community health needs are served by monitoring health data and targeting services to Improve health problems.

OBJECTIVES FOR 2013:

1. Provide comprehensive education, risk reduction strategies, and referrals to community services to pregnant women and families about the health risks of: substance use including tobacco, alcohol, prescription narcotics, and illegal substances; domestic violence; mental illness; and adverse childhood experiences.
2. Increase access to prenatal care in the first trimester by referring and facilitating pregnant women's enrollment in Medicaid and by collaborating with local health care providers to reduce barriers to care for Medicaid eligible pregnant women.
3. Educate pregnant women and families about the benefits of breastfeeding, healthy eating habits such as increasing fruits and vegetables in their diets, daily exercise, and sharing family mealtimes.
4. Offer screening, education, referrals, and risk reduction strategies to pregnant and parenting families to reduce risks for shaken baby syndrome/abusive head trauma through 2nd dose education of Period of Purple Crying, sudden infant death syndrome, falls, burns, injuries from automobile accidents, and other injuries.
5. Educate parents on how to support their infant/child's health, development and learning. Promote and refer to well child care, immunizations, dental care, and childcare resources. Screen children's developmental growth using standardized tools and refer to community providers for specialized services.
6. Use science based programs and interventions when possible. Nurse Family Partnership will be prioritized as the highest quality evidence based, two generation, prevention and treatment program.
7. Maintain contract with Nurse Family Partnership (NFP) National Office for data analysis of program fidelity, quality assurance, and client outcomes. Maintain contract with Kitsap Public Health District to increase NFP services in the region to more families. Data will be available to Board of Health and community through web site and reports.

<u>PERFORMANCE INDICATORS:</u>	2010 Actual	2011 Actual	2013 Planned
Number of comprehensive health screenings completed on pregnant women (includes ACEs questionnaire)		69	70
Number of Collaborative meetings with local Health Care Providers	10	10	12
Families served annually in Family-Nurse Partnership	25	30	25
Number of completed home visits provided in NFP	229	284	260
Breastfeeding initiation % in WIC mothers	94.1%	98.8%	
Breastfeeding at 6 months % in WIC mothers	58%	65.1	
Total number of women infants and children served by WIC in Jefferson County (from CIMS report)	872	825	830
Number of Children with Special Health Care Needs (CSHCN)	66	72	60
Number of families served through CPS/DSHS contract.	35	29	25

SUMMARY OF KEY FUNDING / SERVICE ISSUES for 2013:

JCPH Family Health Programs address local, state and federal public health goals through intervention, treatment and prevention services. The Healthy People 2020 national health goals help provide direction and feedback for many of our local program goals; however, some of the comparisons between local with national data must be interpreted with caution. Overall, the national goals can help provide focus on particular health issues, such as tobacco cessation for pregnant women or collaboration methods with local providers to increase access to prenatal care in the first trimester. While specific NFP outcomes are not mentioned in our annual performance measures; research- based evidence shows that NFP offers long-term positive outcomes for children and families that may not be realized for more than 10 years from initiation of services. Research has shown that maintaining fidelity to the NFP model of practice will offer similar positive outcomes for our community in the future.

Healthy People 2020 national health goals¹

Jefferson County data

Children 2-5 years old obesity rate-less than 9.6%	WIC children 2-5years old- 5.5%
Iron deficiency in children 1-2 years old-less than 14.3%, 3-4 years old-less than 4.3%	WIC children 1-5 years old-10.4% ²
Breastfeeding initiation- 81.9%	WIC breastfeeding initiation- 94.1%
Breastfeeding at 6 months- 60.6%	WIC breastfeeding at 6 months- 58%
Prenatal care starting in first trimester- 77.9 %	2007-09 Medicaid – 66% Private insurance- 88% ³
Pregnant women smoking- less than 2%	Jefferson County pregnant women smoking- 25% WIC pregnant women smoking- 23%
Preterm birth rate less than 7.8%	Jefferson County preterm birth rate- 9.7%
Low birth weight rate less than 11.4%	Jefferson County low birth weight rate- 9.5% WIC low birth weight rate- 11.5%

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¹ <http://www.healthypeople.gov/2020/default.aspx>

² Note aggregate age group reported-WIC data not divided by same age groups as HP 2020

³ The Health of Jefferson County, 2010-11 Update: <http://www.jeffersoncountypublichealth.org/index.php?health-of-jefferson-county>