

State of Florida Department of Health
Bureau of Family and Community Health
Healthy Start Redesign Process
December 15, 2011
Subject Matter Expert Committee Meeting Minutes

Subject Matter Expert Committee Members Attending

Kris-Tena Albers
Director, Infant, Maternal and Reproductive Health Unit
Florida Department of Health, Division of Family Health Services

Cheryl Clark
Senior MCH Epidemiologist, MCH Practice & Analysis Unit
Florida Department of Health, Division of Family Health Services

Fran T. Close, PhD
Associate Professor
Florida A&M University

Karen Coon
Healthy Start Program Coordinator
Florida Department of Health, Division of Family Health Services

Manny Fermin
Chief Executive Officer
Healthy Start Coalition of Miami-Dade, Inc.

Lynn Elliot for Donna Hagan
Executive Director
Healthy Start Coalition of Jefferson, Madison, and Taylor Counties, Inc.

Maurine Jones, PhD.
CEO/Executive Director
Center for Health Equity, Inc.

Leah Stockton for Arianna Nesbit
Chief Executive Officer
Florida Keys Healthy Start Coalition, Inc.

Sharon Owens
Executive Director
Bay, Franklin, Gulf Healthy Start Coalition

Mary Jo Plews
Executive Director
Healthy Start Coalition of Hardee, Highlands, and Polk

Susan Potts, LCSW
Human Services Program Consultant III
Florida Department of Health

Debbie Strausser
Director of Nurses
Marion County Health Department

Linda Sutherland
Executive Director
Orange County Healthy Start Coalition, Inc.

Cathy Timuta
Executive Director
Healthy Start Coalition of Southwest Florida, Inc.

Linda Young
Senior Community Health Nursing Supervisor
Indian River County Health Department

Consultant/Facilitator: Shelley Robertson

Judi Vittuci participated as a representative from the Redesign (Steering) Committee. Cathy Price and Carol Scoggins also participated from the Florida Department of Health. Several members of the public attended and two provided comments as noted in the minutes.

Minutes

Topic: Welcome

Members were welcomed and roll was taken. The facilitator, Shelley Robertson, reminded participants that this is a public meeting and is being taped. She announced that the meeting would use the “raised hand” tool in WebEx but that she would also ask for comments for those participating only by phone. Public comment will be solicited throughout the call to allow for greater input.

Topic: Discussion of Core Services and Core Curriculum

As much of the discussion centered on the meeting materials, they are excerpted here for ease of reference.

Core services will be a rigidly defined and implemented model that is available statewide to pregnant and postpartum women, newborns, and infants who meet specific criteria. Core services will include ensuring use of prenatal care as well as ensuring a medical home for infants; risk reduction using evidence-based practices; and family support and education.

On the December 15, 2011 Subject Matter Expert Committee call, members will discuss the core services in more detail. A possible approach for discussion is as follows.

Core Services

- Care coordination to ensure use of prenatal care and a medical home (to be defined)
- Evidence-based core curriculum covering parent education, breastfeeding, and safe sleep practices
- Evidence-based wrap around services such as smoking cessation, substance abuse, and maternal depression

The core curriculum would be augmented with promoting breastfeeding and safe sleep practices if not already included in the core curriculum. There will also be wrap around services for evidence-based interventions in alcohol and substance abuse counseling, reducing maternal depression, and smoking cessation where applicable.

The group discussed **the definition of a medical home**. Comments included:

- A medical home would be similar to the MomCare model where Healthy Start ensures the family has a regular pediatrician for the infant.
- The definition should not be limited to a pediatrician because family practice doctors and others also care for children.
- The definition should not be limited to the infant, but should encompass the mother as well from the prenatal period through interconception.
- The term medical home should probably not be used as it has meanings not consistent with this discussion.

Participants determined that the term medical home would be replaced with “the mother and infant have a provider to see for medical care”.

Participants next discussed **core curriculum and core services**. Comments were as follows:

- Clarifying wrap around services vs. core curriculum. The evidence-based core curriculum would be offered to all clients consistently; other services – such as smoking cessation or maternal depression – would only be provided (or referred out) when necessary and can be considered risk-appropriate care.
- The core curriculum should also address interconception.
- Care coordination is the mechanism for determining risk-appropriate care.
- There was extensive discussion about whether a coalition could choose any curriculum, any evidence-based curriculum, or whether there would be a consistent evidence-based core curriculum implemented statewide. The consensus was for a consistent evidence-based core curriculum implemented statewide that may encompass more than one curricula to address needs of both prenatal and interconception women.
- Maternal depression will be addressed as risk-appropriate care with screening included as part of core services but maternal stress may be addressed within the core curriculum.
- Public input was solicited throughout the call. Lisa Grice from the Chipola Healthy Start suggested that all Healthy Start Executive Directors provide input on the curriculum.

Topic: Next Steps

Subject Matter Experts will provide input into possible core curricula between December 16, 2011 and January 3, 2012 so that the results can be summarized prior to the January 6, 2012 Subject Matter Expert Committee meeting. Additional meetings will be scheduled to allow for a thorough discussion of core services and core curriculum.

Public Comment

Tina Wynn from the Charlotte County Health Department asked how to obtain documents referenced on the call.

Adjourn

The meeting was adjourned.