## Health Disparities
- Infant Mortality
- Childhood Obesity
- Childhood Asthma
- Sports-Related Concussions
- Sexually Transmitted Diseases (STDs)

## Preventive Health Care
- Access to KidCare
- Eye Exams and Glasses
- Behavioral Health
  - Smoking and smokeless tobacco
- Type II Childhood Diabetes
- Unintentional Injuries
  - Drowning
  - Home Safety
  - Child Passenger Safety
  - Head Injuries
    - Bicycle Safety

## Built Environment
- Access to Food/Food Deserts
- Physical Activity
- Crime
Wolfson Children’s Hospital
Implementation Plan

Strategic Priority
Infant mortality

Goal
To reduce the high infant mortality rate in the assessed areas.

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</table>
| Duval County has a high rate of neonatal intensive care beds compared to the state. The rate of low birth weight babies was the highest in Duval and Putnam counties. The rate of low birth weight babies was the greatest in Black residents for all counties. Putnam County had the lowest percentage of births with prenatal care for Hispanic residents. Duval County had the highest infant mortality rate for 2010. St. Johns and Clay counties had the lowest infant mortality rate for 2010. Putnam County had the highest rate of births to young mothers aged 15-19 between 2008-2010. | • Facilitate group counseling sessions for new mothers who are experiencing difficulty adjusting to parenthood. • Work with the Healthy Start Coalition to provide the Nurse Family Partnership that employs nurse home visitors who support first time mother’s health during pregnancy, care of their child, and their own personal growth and development. • Provide parenting classes with emphasis on safe sleep in vulnerable communities in collaboration with faith based community partners and other organizations. | The Nurse Family Partnership program provides home visits by registered nurses to first-time mothers, beginning during pregnancy and continuing through the child’s second birthday. Infant Safe Sleep and SIDS Risk Reduction Initiative With the goal of reducing infant mortality, Franklin County, Ohio implemented a multi-faceted Safe Sleep/ SIDS Reduction Initiative. It targets healthcare professionals, families, childcare providers, and other community members involved in infant care. | Infant Mortality Rate
Red > 8.3
Green <= 7.3
In-between = Yellow
Unit: deaths/1,000 live births
| PROCESS EVALUATION: • Document and track expecting and new mother who participate in lactation classes. • Document and track participation in safe sleep classes. • Document and track success of Nurse Family Partnership. LONG TERM EVALUATION: • For participants in the Nurse Family partnership, the infant mortality rate will not exceed 10 deaths per 1,000 live births. • Increase learning for those participants in the parenting and breast feeding classes as measured by increased scores comparing pre and post tests. • For 2013, Hold two, 3-hour CPR classes for the
- Provide parenting classes and breast feeding basics classes in vulnerable communities in collaboration with faith based community partners.
- Hold CPR classes for Family and Friends in the vulnerable assessed areas.

| Family and Friends class for the vulnerable assessed target areas that include safety information & practice/validation/check-off of performance of CPR techniques. Participant learning to be evaluated as measured by scores from pre and post test results. |
Wolfson Children’s Hospital
Implementation Plan

### Strategic Priority
Childhood Obesity

**Goal**
To decreasing the number of obese school age children in the assessed area.

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</table>
| In the region and in the state, percentages of teens at or above the 95th percentile in BMI fall between 10 and 15 percent. In children and adolescents 2-20 years, overweight is defined by the CDC as a BMI between the 85th and 94th percentile and obesity is defined at or above the 95th percentile for children of the same age and sex. In 2006, the Youth Tobacco Survey (FYTS) indicated, 27.9% of Jacksonville middle school students and 28.4% of Jacksonville high school students’ self-reported weights and heights that classified them as overweight or obese. Obese adolescents are more likely to have prediabetes. | - Increase the understanding of 3 – 7 year olds of the importance of eating a healthy diet that includes at least 5 servings of colorful fruits and vegetables daily by implementing the I Can Eat a Rainbow program. <br> - Implement the Kidz Bite Back (KBB) program to 600 children: A kid-created, kid-led, kid-spread campaign to educate fourth and fifth grade students on Big Fat Industries (fast food, soft drink, junk food industries). <br> - Work in collaboration with the local Childhood Obesity Coalition to increase awareness. | Healthy For Life is school and community-based intervention program that promotes proper nutrition, exercise, and lifestyle habits in order to reduce childhood obesity. | Teens who are Obese<br> Red > 16.8<br> Green <= 14.5<br> In-between = Yellow<br> Unit: percent | Process Evaluation:<br> - Document and track the consumption of fruits and vegetables.<br> - Track and monitor the number of healthy nutrition class and referrals made to community resources. 

Short Term Evaluation:<br> - Track willingness to change to healthy eating habits. 

Long Term Evaluation:<br> - In 2013, children who participate in the strategic nutrition programs will demonstrate understanding of the importance of eating a healthy diet that includes at least 5 servings of colorful fruits and vegetables daily as measured by comparing pre...
<table>
<thead>
<tr>
<th>Why is it a problem?</th>
<th>and post test results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight children can develop serious health problems, such as diabetes and heart disease, often carrying these conditions into an obese adulthood.</td>
<td>• In 2013, 50% of the fifty upper elementary school students trained on eating a healthy diet will report an increase in the consumption of fruits and vegetables as measures by verbal or written follow-up with each participant at the end of the year.</td>
</tr>
<tr>
<td>• Provide a board certified lactation consultant to offer new mothers training on successful breastfeeding techniques.</td>
<td></td>
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</table>
# Wolfson Children’s Hospital
## Implementation Plan

### Strategic Priority
#### Physical Activity

| Goal | To increase the amount of physical activity of children in the assessed area. |

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<tr>
<td>Nearly half of American youths aged 12-21 years are not vigorously active on a regular basis. About 14 percent of young people report no recent physical activity. Inactivity is more common among females (14%) than males (7%) and among black females (21%) than white females (12%). Participation in all types of physical activity declines strikingly as age or grade in school increases.</td>
<td>• Partner with the Jacksonville Jaguar Foundation, to implement the NFL Play 60 initiative which teaches 6th graders to increase fitness and improve nutritional habits during critical decision making years.</td>
<td>Let’s Move! is dedicated to solving the problem of obesity within a generation so that kids born today will grow up healthier and able to pursue their dreams.</td>
<td>Teens without Sufficient Physical Activity</td>
<td>Process Evaluation:</td>
</tr>
<tr>
<td>Why is it a problem?</td>
<td></td>
<td></td>
<td></td>
<td>• Track the number of exercise minutes of participants.</td>
</tr>
<tr>
<td>CDC reports only 12.37% of students engage in 20 minutes of vigorous physical activity three or more times a week. By contrast, about 70% of the students surveyed said they watched at least an hour of television every school day. About 35% of those surveyed said they watched 3 hours or more of television on each school day.</td>
<td></td>
<td></td>
<td>• Track the changes in nutritional habits.</td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th></th>
<th>Duval 43.2 %</th>
<th>Clay 29.7 %</th>
<th>Nassau 45.7 %</th>
<th>St. Johns 33.9 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process Evaluation:</td>
<td>Long Term Evaluation:</td>
<td>• As compared to the 2012 baseline, in 2013 increase the number of 6th graders involved with NFL by 15%.</td>
<td></td>
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</tbody>
</table>
## Wolfson Children's Hospital Implementation Plan

### Strategic Priority

**Pediatric Type II Diabetes**

### Goal

To prevent type II diabetes in children.

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| In the last 2 decades, type II diabetes has been reported among U.S. children and adolescents with increasing frequency. Health care providers are finding more and more children with type 2 diabetes, a disease usually diagnosed in adults aged 40 years or older. | - Provide Type II Diabetes screening at community health fairs for our faith based partners.  
- Provide a board certified lactation consultant to offer new mothers training on successful breastfeeding techniques which is proven to reduce childhood obesity.  
- Work in collaboration with the local Childhood Obesity Coalition to increase awareness among individuals, community groups, organizations, parents, teachers, and businesses about the issue of childhood obesity. | **Camp Strong4Life** is a camp that aims to help overweight and obese children increase physical activity, improve eating habits, and heighten their motivation to engage in healthy behaviors to avoid chronic illnesses. | **Teens who are Obese**  
Red > 16.8  
Green <= 14.5  
In-between = Yellow  
Unit: percent | **Evaluation Process:**  
- Track the number of children who participate in healthy behavior initiatives.  
- Document and track the children who score high on pre diabetes screening survey. |
| **Duval** 14.5% | **Clay** 13.1% | **Nassau** 19.9% | **St. Johns** 10.3% | **Long Term Evaluation:**  
- For 2013, Screen 150 children for pre-diabetes by using the Centers for Disease Control Pre-Diabetes Screening Tool. |
Wolfson Children’s Hospital
Implementation Plan

Strategic Priority
Childhood Asthma

**Goal**
Decrease the number of emergency room visits, hospital admissions, and physician office for asthma exacerbation.

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| Asthma is the third leading cause of preventable hospitalizations and one of the leading causes of school absenteeism. In addition, asthma incurs high costs, in terms of the costs of care, lost workdays for parents and lower quality of life for children with asthma and their families. | **Partner with American Lung Association of Florida and Duval County Schools to provide A2 Asthma Action Program for school age children in kindergarten through 12th grade. Training students, parents, faculty, nurses, and administrative staff.** | **School-Based Asthma Therapy** School-based intervention sought to improve the health of urban children with asthma by administering their medication in the school setting. | **Teens with Asthma** | **Process Evaluation:**
- Document and track the children who report to WCH Emergency Department.
- Record the number of students educated in school and referrals to PCP.

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**Why is it a problem?**
The number of asthma ED visits increased by 12.7% in 2010. The number of asthma hospitalizations increased by 8.1% from 2010. During this time, the total charges associated with these visits incurred by hospitals increased by 99.6% and 58.8% respectively. People with asthma who have poor asthma management have

- **Assist practitioners with providing the Easy Breathing® program for children that simplifies the use of the National Institutes of Health Guidelines for Managing Childhood Asthma.**
- **Ensure each child discharged from WCH has a written Asthma Basics for Children** The goal of the program was to provide a multi-layered asthma management program for parents, children, and staff of early childhood centers.

**Asthma Basics for Children**
The goal of the program was to provide a multi-layered asthma management program for parents, children, and staff of early childhood centers.

|  |  |  |  |
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**Process Evaluation:**
- Using the number of children who participated in the 2012 school asthma program as the baseline, in 2013, increase the number of children who participated in the school asthma program by 15%.
- Using the number of children who participated in the 2012 Easy Breathing program as the baseline, in 2013, increase the number of children enrolled in Easy Breathing program by 10%.

|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Long Term Evaluation:**
- Using the number of children who participated in the 2012 school asthma program as the baseline, in 2013, increase the number of children who participated in the school asthma program by 15%.
- Using the number of children who participated in the 2012 Easy Breathing program as the baseline, in 2013, increase the number of children enrolled in Easy Breathing program by 10%.
| Action Plan and a prescription for long term controller medication with a spacer. | • Provide Community Asthma Education classes for families discharged from Wolfson Children's Hospital's emergency room or inpatient unit. |
| • Provide asthma screening for middle and high school children who participate in the annual athletic physicals. Make referrals to physicians as indicated by screening results. |
| • Provide an asthma website that serves to educate parents, children, physicians, and other healthcare professionals. | • Using the number of children / families that participated in the Community Asthma Classes in 2012, in 2013, increase the number of participants by offering 3 Saturday or weekday evening classes in a central location in the community. |
| • In 2013, 80% of the children admitted to the emergency room with 4 or more hospitalizations within 12 months will be contacted by the asthma team for follow up support. |
| • In 2013, 90% of parents, faculty, and other adults participating in classes will demonstrate increased knowledge of asthma management as measured by pre and post test results. |
Wolfson Children's Hospital
Implementation Plan

Strategic Priority
Unintentional Injury:
Sports Related Concussions
and Head Injury

Goal
Decrease number of catastrophic brain injuries of middle and high school children as a result of playing sports.

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<tr>
<td>Duval County saw the highest number of hospital admissions for patients with Traumatic Brain Injury (TBI). Incidence of TBI increases overall with age. However, ages 12 and 14 have the highest proportion sports-related TBI. Hospital stays for patients with a traumatic brain injury tend to be longer and more costly than hospitalizations for non-TBI injuries.</td>
<td>• Work with Jacksonville Sports Medicine Program to provide Concussion Baseline Testing for pre &amp; post injury with middle and high school athletes.</td>
<td>Education for athletic and healthcare professionals involved in youth sports.</td>
<td>Age-Adjusted Death Rate due to Unintentional Injuries</td>
<td>• As compared to the baseline increase the number of middle and high school athletes with concussion baseline testing by 30 participants in year one increasing by 10% in year 2 and year 3.</td>
</tr>
<tr>
<td>Why is it a problem? Concussions are often under diagnosed. Concussion treatment, hospital discharge procedures, and ensuring appropriate follow up are challenges for emergency</td>
<td>• Support sports injury education opportunity and one conference that educate and train emergency room physicians, primary care physicians, pediatricians, parents, and coaches on how to recognize and manage concussion appropriately.</td>
<td>Baseline Concussion Testing</td>
<td></td>
<td>• As compared to the 2012 baseline number of coaches, parents, emergency room physicians and pediatricians that participated in sports injury educational opportunities, for 2013, increase the number participating in sports injury educational opportunities by 10 participants.</td>
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<td></td>
<td>• Assist with the provision of annual sports physicals for middle and high school athletes prior to the start of school sports.</td>
<td></td>
<td></td>
<td>• In 2013, of the target population being those who interact with the health of high</td>
</tr>
</tbody>
</table>
room physicians, primary care physicians, pediatricians, parents, and coaches. Multiple concussions contribute to the development of mild cognitive impairments, chronic traumatic encephalopathy, and other adverse outcomes.

|   |   |   | school athletes, increase awareness and understanding of signs and symptoms of sports related injuries as measured by increased scores comparing the result of pre and post test results. |
Wolfson Children's Hospital
Implementation Plan

Strategic Priority
Unintentional Injuries:
Drowning

**Goal**
To decrease the number of unintentional drownings of children 0 – 14 years old.

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</table>
| Each year, an additional 4,200 children are treated for submersion injuries at emergency rooms throughout the country. Approximately 15% of children admitted to hospitals for near-drowning die, while another 20 percent will suffer severe and permanent brain damage. | • Provide free swim lessons to low income children through swim school partners in the community.  
• Distribute water safety education information and awareness by using brochures, DVDs, and water watcher tags to families in the assessed counties. Collaborate with our multi-county Safe Kids Coalition, Baptist Primary Care pediatric offices, Health Departments, CPR classes and at health/safety fairs to distribute materials.  
• Provide a 30 second water safety PSA on local television during the spring and summer months. The ad Let’s Go Swimming  
A swimming safety program for families three-hour program, children receive a swim lesson and their parents receive water-safety instruction from trained lifeguards. | | Age-Adjusted Death Rate due to Unintentional Drowning  
Red > 3.1  
Green <= 1.7  
In-between = Yellow  
Unit: deaths/100,000 population | | Process Evaluation:  
• Record and document the families provided education information on water safety. Long Term Evaluation:  
• As compared to the baseline free swimming lessons and then increase children served by 10%.  
• In 2013, expand the distribution of water safety education and awareness materials (brochures, DVDs, and water watcher tags) to include Putnam County.  
• In 2013, establish a baseline number of venues in year 1 for providing water safety education and awareness opportunities for children from non-swimming venues. |
<table>
<thead>
<tr>
<th>Talking on the phone, chatting with other adults around the pool, or reading.</th>
<th>Drowning victims who are rescued from the water need CPR immediately—before the paramedics arrive. Children from non-swimming households are eight times more likely to be at-risk of drowning.</th>
</tr>
</thead>
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<tr>
<td>Addresses supervision and layers of protection to prevent child drowning.</td>
<td>• Conduct a yearly Water Safety Fair at the Jacksonville Zoo and Gardens.</td>
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<tr>
<td>• Initiate a “Rapid Response” program in areas where a drowning or near drowning has occurred within days of the event.</td>
<td>• Promote water safety and the need for swim lessons for children through the distribution of over 300,000 McDonald’s tray liners in 106 restaurants throughout the region. 12,000 children who complete a series of swim lessons are rewarded with a coupon for a free McDonald’s ice cream cone.</td>
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<tr>
<td>• Reach out to the public with the water safety message via expert interviews with media, at Wolfsonchildrens.org, and via Facebook.</td>
<td>• In 2013, for those participating in services to reduce unintentional injuries—drowning, evaluate parents and other family members’ understanding of child and infant CPRs as measured by comparing pre and post test results.</td>
</tr>
</tbody>
</table>

Increase to 6 additional venues in year two and 9 in year three.
| • Provide Family and Friends CPR in collaboration with the American Heart Association for families who participate in child safety training classes and health fairs. |  |  |
## Wolfson Children’s Hospital
### Implementation Plan

### Strategic Priority
#### Unintentional Injury: Bicycle Safety and Head Injury

### Goal
Decrease number of unintentional injuries of children 0 – 14 as a result of bicycle riding.

### The Problem
Unintentional injury is the number one killer of children ages 1 to 14 in the U.S. Head injury accounts for 44% of all deaths resulting from injuries in the U.S. Head injuries account for 62% of bicycle-related deaths, for 33% of those admitted to emergency departments, and 67% of bicycle-related hospital admissions. Each year about 153,000 children receive treatment in hospital emergency departments for bicycle-related head injuries.

### Why is it a problem?
Among children, fear of peer ridicule is a key factor in not wearing helmets. Other reasons for not wearing a helmet include cost.

### Strategies
- Implement a bike safety program in partnership with Safe Kids Northeast Florida.
- Conduct bike safety education events and programs which include free inspections, bike helmet fittings and distributions of new helmets for children ages 1-19.
- Participate in community health and safety fairs to promote and educate children and families about best safety practices for child pedestrians and bike riders.

### Best Practice

<table>
<thead>
<tr>
<th>Age-Adjusted Death Rate due to Unintentional Injuries</th>
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<tbody>
<tr>
<td>Duval 36.4 deaths/100,000 population</td>
</tr>
<tr>
<td>Clay 39.9 deaths/100,000 population</td>
</tr>
<tr>
<td>Nassau 50.6 deaths/100,000 population</td>
</tr>
<tr>
<td>36.3 deaths/100,000 population</td>
</tr>
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### Evaluation

**Process Evaluation:**
- Track the number of bike safety educational sessions.

**Short Term Evaluation:**
- Track number of head injuries due to bike riding.
- In 2013, increase parental and caregiver awareness of bike safety and head injury prevention by providing 6 bike education events that include free inspections and bike helmet fittings.
- In 2013, 85% of parents and caregivers attending a bike safety and head injury prevention event will demonstrate an increased awareness and understanding of bike safety as demonstrated by comparing pre and post test results.
appearance, and ventilation. A very small percentage of youth report wearing helmets all or most of the time. Many bicycle-related head injuries do not involve traffic collisions, rather, they are caused by falls, crashing into fixed objects, equipment failures, being chased by dogs, and colliding with other cyclists. Bicycles are associated with more childhood injuries than any other consumer product except the automobile.
Strategic Priority
Unintentional Injuries:
Home Safety

Goal
To decrease the number of unintentional injuries to children 0 – 14 in the home.

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<td>In 2009, almost 90,000 children ages 14 and under sustained nonfatal fire or burn-related injuries. Scald burns, caused by hot liquids or steam, are more common types of burn-related injuries among young children. More than 17,000 children ages 14 and under were treated in emergency departments for nonfatal inhalation or suffocation-related episodes in 2010. In 2009, children under 5 years of age accounted for 94 percent of the unintentional suffocation-related deaths among children ages 14 and under. In 2009, choking and suffocation accounted for one-third of all toy-related fatalities reported to the U.S. More than 28,000 children receive treatment for poisoning, or suspected</td>
<td>• Educate parents, caregivers and children about best safety practices for injuries that occur to children in the home setting, including falls, poisoning, fires and burns, drowning, choking, suffocation, and furniture tip-overs.</td>
<td>Baby Be Safe The Baby, Be Safe program provides individually tailored educational materials on child injury prevention for parents. Injuries are a major cause of morbidity and mortality to young children.</td>
<td>Age-Adjusted Death Rate due to Unintentional Injuries</td>
<td>Process Evaluation:</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>• Track number of parents who participate in home safety training.</td>
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<td></td>
<td>• Promote awareness of the dangers of medication poisonings to children by providing a 30 second PSA to run on local television.</td>
<td></td>
<td></td>
<td>Long Term Evaluation:</td>
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<tr>
<td></td>
<td>• Distribute poison prevention posters and educational materials for the public to Baptist Health Pavilion pharmacies, Shands pharmacies, and other local pharmacies.</td>
<td></td>
<td></td>
<td>• As compared to the established baseline, increase the number of parent trainings for Home Safety by 15%.</td>
</tr>
<tr>
<td></td>
<td>• Provide Family and Friends Baby Be Safe</td>
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<td></td>
<td>• In 2013, Partner with 10 child development centers or elementary school to provide parent education and serve as a resource.</td>
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<td>• In 2013, parents, faculty and other adults participating in home safety training will demonstrate increased knowledge of home accidents as measured by pre and post test results.</td>
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</table>
poisoning accidents every year. Most accidents happen between late afternoon and early evening, in the summer, during school holidays and at weekends.

**Why is it a Problem?**
Many parents don’t understand the developmental capabilities of their children. Distractions and inadequate supervision are often the cause of accidents. Poor housing and overcrowded conditions lead to increased numbers of accidents. Some accidents are caused by lack of familiarity with surroundings. Some happen when the usual routine is changed or when people are in a hurry. Factors such as stress, death in the family, chronic illness, homelessness or moving home also increase the likelihood of the child having an accident.

**CPR and Choking Procedures**
- Collaboration with the American Heart Association for families who participate in child safety training classes and health fairs.
- Participate in rapid response educational outreach programs in environments where a child has had a life threatening unintentional injury or has died.
- Participate in community health/safety fairs to provide educational information and safety products to prevent injuries to children in the home.
- Inform the public on home safety topics via media interviews, Wolfsonchildrens.org and Facebook posts.

**2013 Activities**
- In 2013, Provide 20 home safety evaluations for select families.
### Strategic Priority

**Unintentional Injuries: Child Passenger Safety**

#### Goal
Decrease number of unintentional injuries of children 0 – 14 in the assessed counties.

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| Unintentional injury is the number one killer of children ages 1 to 14 in the U.S. In 2008, 4,643 children ages 14 and under died from unintentional injury. In 2009, 6,178,000 children ages 14 and under sustained unintentional nonfatal injuries treated in emergency departments. Almost one-third of deaths among children ages 1 to 14 are due to unintentional injury. | - Offer Safe Kids Buckle Up passenger safety education and training to parents and caregivers of children from birth to age twelve child seat, child passenger and booster seat safety.  
- Provide education and inspection stations for child safety seats by experienced certified child passenger safety technicians.  
- Distribute reduced cost safety seats and booster seats for families in need for children from birth to twelve years.  
- Work with Safe Kids Northeast Florida to train and mentor new child passenger safety | Use of Child Safety Seats: Distribution and Education Programs  
Child safety seat distribution and education programs provide child safety seats to parents through a loan, low-cost rental or giveaway of an approved safety seat. Programs also include an educational component. | Age-Adjusted Death Rate due to Unintentional Injuries  
Duval 36.4 deaths/100,000 population  
Clay 39.9 deaths/100,000 population  
Nassau 50.6 deaths/100,000 population | Process Evaluation:  
- Track the number of parents who participate in care safety seat training.  

Long Term Evaluation:  
- In 2013, demonstrate increased parent and caregiver awareness and understanding of car seat safety as measured by pre and post test results.  
- As compared to the established baseline, in 2013, increase the number of safety seat classes to 20 additional families  
- In 2013, will identify 25 families who used unsafe practices for children in vehicles prior to receiving any safety training by pre and post test evaluation. In year 2, the same 25 families will demonstrate a
fires and/or burns. For children ages 5 to 14, motor vehicle-related injuries were the leading cause of unintentional injury-related death. In 2008, unintentional injuries were responsible for over 30 percent of all deaths among children ages 1 to 4.

<table>
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<th>technicians throughout the assessed counties and support them with providing programs in child passenger safety education in their areas.</th>
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<tr>
<td>10% or less unintentional injury due to improper car passenger safety. In year 3, the same 25 families will demonstrate a 5% or less unintentional injury due to improper car passenger safety.</td>
</tr>
</tbody>
</table>
Wolfson Children's Hospital  
Implementation Plan  

Strategic Priority  
Vision Care - Eye Exams/Glasses

**Goal**  
To positively impact children’s vision, eye health and eye safety in our community by providing greater access to eye exams and glasses

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| When children cannot see well, their school performance suffers. Vision problems are estimated to be prevalent in 25% of all schoolchildren. In school districts in disadvantaged areas, the statistics are even more alarming. In research with Title I students in the fifth through eighth grades and academically and behaviorally at-risk children aged 8 to 18 years, up to 85% of these children had vision problems that were either undetected or untreated. Good vision is critical to a child's health and performance. Teenagers with average high school academic records and low test scores have been found to have poor vision. | • Partner with Duval County's Full Service School program and Walmart to provide vision screening for middle and high school students who have undetected and/or untreated vision problems that require correction with eyeglasses. • Partner with Vision Is Priceless (VIP) to provide vision screening during health fairs with our faith-based community partners. Participants who are found to have a problem are referred for free or low cost follow up care. | The Eyes Have It  
The Eyes Have It is a program designed to provide vision services to children. The program offers vision screenings, eye examinations and free or discounted eyeglasses to students at public schools. | Children Living Below Poverty Level  
Red > 26.8  
Green <= 20.4  
In-between = Yellow  
Unit: percent  
|Duval | 20.3 %  
Clay | 11.6%  
Nassau | 14.3%  
St. Johns | 10.8%  |
| Process Evaluation: | • Track the number of children who participate in the vision screening program. • Document the number of children who require glasses as a result of examination. |
| Long Term Evaluation: | • In 2013, children who are evaluated through the WCH initiative and found to need glasses to correct their vision problem, 90% of these children will be provided glasses. • In 2013, children evaluated through the WCH initiative and are found to have a vision problem that extends beyond the need for glasses, 90% of these children will be referred to as their primary care providers. |
significant numbers of undetected or untreated vision problems. They are at risk of not completing their college programs.

**Why is it a problem?**
Other societal consequences have been linked to social and emotional problems, juvenile delinquency, adult literacy problems, and incarcerations. The effect on workforce quality and productivity is evident as well.

physician for further evaluation.
## Wolfson Children’s Hospital Implementation Plan

### Strategic Priority
**Sexually Transmitted Diseases (STDs)**

### Goal
Decrease the rate of STD in the assessed counties and promote healthy sexual behaviors, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications.

<table>
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<tr>
<th>The Problem</th>
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<td>The Duval County rate for infectious syphilis has been higher than the state level since 2008, and has been increasing. Levels of syphilis have dropped in Nassau, Putnam, and St. Johns Counties. Chlamydia rates have been on the rise in all counties. The HIV/AIDS death rates have fallen or stayed the same in every county of the assessment region. The Youth Risk Behavior Study (YRBS) for Duval County shows 19% of middle school students are sexually active and 51% high school students are sexually active.</td>
<td>- Partner with community organizations that serve youth such as JASMYN to provide clinic support for evaluation, education and treatment of STDs. &lt;br&gt; - Provide a nurse at The Bridge of Northeast Florida and Youth Crisis Center who coordinates educational sessions for the youth on STDs.</td>
<td>Safer Sex&lt;br&gt;Encourage abstinence, prevent recurrent STDs, and eliminate or reduce risky sexual behaviors. &lt;br&gt;Youthnet Trials&lt;br&gt;The goal of the program is to use online-based modules and face to face to promote protected sex and prevent HIV transmission among teens.</td>
<td>HIV Incidence Rate&lt;br&gt;<strong>Duval</strong>&lt;br&gt;43.3 cases/100,000 population&lt;br&gt;<strong>Clay</strong>&lt;br&gt;12.6 cases/100,000 population&lt;br&gt;<strong>Nassau</strong>&lt;br&gt;7.3 cases/100,000 population&lt;br&gt;<strong>St Johns</strong>&lt;br&gt;7.9 cases/100,000 population</td>
<td>Process Evaluation: &lt;br&gt;• Track the number of children served by JASMYN health clinic. &lt;br&gt;Long Term Evaluation: &lt;br&gt;• In 2013, for the target population of the middle and high school teens, 80% will demonstrate an increased awareness and understanding of the effects, signs and symptoms of STDs as measured by the results of pre and post test results.</td>
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The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year; almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. health care system is estimated to be as much as $15.9 billion annually. Because many cases of STDs go undiagnosed.

**Why is it a problem?**

Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. It causes ectopic pregnancy, infant illness and death, cervical cancer, infertility and increased susceptibility to HIV. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile.
# Wolfson Children's Hospital
## Implementation Plan

### Strategic Priority
### Nutrition and Access to Food

**Goal**
To increase the awareness and understanding of the link between a healthy lifestyle and choosing nutritious foods will improve quality of life.

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| The levels of overweight people in Clay, Putnam, and St. Johns Counties are above the state level of 37.8 percent. Survey respondents viewed obesity as the most serious health problem in their communities. In the region and in the state, percentages of teens at or above the 95th percentile in BMI fall between 10 and 15 percent. St. Johns County is the exception with percentages much lower. Although focus group participants list eating right and exercising is the way people in their communities stay healthy, overweight and obesity rates are still over the state averages. | • Work with wellness coalitions and organizations to increase the number of healthy menu items and store displays to enhance access to healthy food choices in restaurants, neighborhood grocers.  
• Provide support to local wellness coalitions in their efforts to improve nutrition by providing support for local community gardens.  
• Work with our faith-based partners by providing healthy nutrition classes for members of their congregations and the surrounding community. | Text4Diet™ a mobile phone-based intervention tool that addresses dietary behaviors.  
Choosing Healthy And Rewarding Meals (CHARM) School Program  
The goal is to promote healthy eating habits and teach life skills. | Teens who are Obese  
Red > 16.8  
Green <= 14.5  
In-between = Yellow  
Unit: percent  
Duval 14.5%  
Clay = 13.1%  
Nassau = 19.9%  
St. John = 10-3% | Process Evaluation:  
• Track the attendance and participation in nutrition programs offered.  
• In 2013, Increase the learning of the targeted population regarding preparing healthy meals as demonstrated by increased scores comparing pre and post tests.  
• For those attending the Health Nutrition classes, 60% of the participants will report a plan to increase in their consumption of fresh fruits and vegetables.  
• For those attending the nutrition classes, 50% of the participants will demonstrate an increased understanding of how to read food labels for its nutritious value. |
more calories than one expends through physical activity) and can increase one's risk for overweight and obesity. A poor diet can increase the risk for lung, esophageal, stomach, colorectal, and prostate cancers. Individuals who eat fast food one or more times per week are at increased risk for weight gain, overweight, and obesity. Drinking sugar-sweetened beverages will result in weight gain, overweight, and obesity.

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<th>as measured by pre and post test.</th>
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Wolfson Children’s Hospital
Implementation Plan

Strategic Priority
Access to Care: KidCare Insurance

Goal
Decrease the number of uninsured children in the assessed county areas by enrolling them in Florida KidCare, the state health insurance program for children under 19.

The Problem
The total number of children enrolled in KidCare in the assessed counties is considerably lower than the state average. Florida’s uninsured children come from working families. In Florida, the vast majority of uninsured children (87.8 percent) come from families where at least one parent works, and nearly two-thirds of uninsured children or 71.4 percent—live in households where at least one family member works full-time, year-round. Florida has more than 475,000 children without health insurance. Many of Florida’s uninsured kids qualify for Medicaid’s KidCare program for low-income families.

Strategies
• Work with community partners, to offer information and one-on-one assistance to families on how to enroll in Florida KidCare.
• Collaborate with Departments of Health in the Assessed Counties and other health care organizations to enroll kids who live in some of our most vulnerable communities by providing enrollment opportunities and information.
• Provide educational information to our faith-based partners for distribution to their members and surrounding community about how to access Florida KidCare.

Best Practice
• Healthy Kids Program – The Healthy Kids program provides subsidized health insurance for children ages five through 18 who reside in households where income is between 100 to 200 percent of the federal poverty level (FPL).
• MediKids – MediKids covers children ages one through four with income levels at 133 to 200 percent of FPL.
• Children’s Medical Services (CMS) – CMS covers children from birth through age 18 who have special behavioral or physical health needs or chronic medical conditions.
• Medicaid – Medicaid provides health insurance for children from birth through age 18, with eligibility based on the age of the child and household income.

Indicator
Children Living Below Poverty Level

Evaluation
• Track the number of children enrolled in Florida KidCare Program.
• Enroll 100 children in Florida KidCare program in 2013.
• As compared to the 2012 baseline of uninsured children admitted to Wolfson Children’s Hospital, in 2013, decrease the number of uninsured children admitted to Wolfson Children’s Hospital by 5%.
Why is it a problem?
Thirty-two percent of Florida's uninsured children do not have a regular place of care, compared with only 7 percent of insured children. As a result, many uninsured children do not seek treatment right away when they are ill. When uninsured children finally are able to enter a hospital in Florida, they are 1.5 times more likely than insured children to die in the hospital.

• Lead a broad community Kidcare registration effort in collaboration with other community and healthcare organizations.
## Wolfson Children’s Hospital
### Implementation Plan

### Strategic Priority
#### Crime

## Goal
To guide high-risk adolescents in their developmental journey to discover personal strengths and gifts so they may establish goals, which will lead to high school graduation, higher education, and/or successful employment.

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| Juveniles (<18 years) accounted for 13.7% of all violent crime arrests and 22.5% of all property crime arrests in 2010. There has been an overall decline in juvenile arrests in the state of Florida, but for all indicators listed, Duval County percentages were higher than those at the state level. Homicide rates have stayed about the same, with the exception of a small drop in Putnam County. | • In partnership with Duval County Schools and The Bridge of Northeast Florida, provide one to one mentoring and summer employment experience for vulnerable youth in one of their top areas of career interest. | Spark Each student in the program identifies his or her "dream job," and is then paired with a volunteer professional in that field. Students receive one-on-one mentorship, gain hands-on experience in their desired careers, and participate in leadership classes that help them tie their experiences outside the classroom with the lessons they learn in school. | High School Graduation | Process Evaluation:  
• Document the number of mentors matched with students.  
• Document the number of students involved in Job Readiness training and summer employment. |
| Why is it a problem? Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance, and/or involved in crime. | | | | Long Term Evaluation:  
• In 2013, enroll 40 students in the Year Round Mentoring Program.  
• As compared to 2012 program graduates, 95% of the high school seniors will graduate from high school.  
• As compared to 2012 program year, 95% of the participating youth will not be involved in crime.  
• 95% of the participating youth will be provided a one to |
one mentor as compared to 2012.

- 90% of participating youth will have 2 job shadowing experiences in 2013.