Healthy Start
of North Central Florida Coalition

SERVICE DELIVERY PLAN 2013-2017

ACKNOWLEDGEMENTS

The Healthy Start of North Central Florida 2013-2017 Service Delivery Plan (SDP) is the result of a collaboration between many individuals and organizations without whom this immense undertaking could not have been achieved. Direct service providers and community partners distributed the community needs assessment across 12 counties and diverse populations to gain valuable insight from those the Coalition serves. The Coalition is grateful to the Healthy Start care coordinators, physician providers, community agencies, and Healthy Start participants who participated in the assessment. The Board of Directors and general members (the Board) guided the process by participating in the community needs assessment, reviewing the maternal and child health indicator and assessment data to develop priorities, strategies, and action steps. The Coalition deeply appreciates the Board for all their efforts and time making this endeavor possible.

TABLE OF CONTENTS

ACKNOWLEDGMENTS 2

HEALTHY START BACKGROUND AND COALITION STRUCTURE 5

- Healthy Start Initiative 6
- Healthy Start Redesign 8
- Healthy Start Coalition 9

PROCESS USED TO UPDATE THE SERVICE DELIVERY PLAN 15

- Methodology for Needs Assessment 16
- Summary of Data Sources 17

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT 19

- Key Findings 20
- Collaborations 22
- Special Projects 22
- Events and Productions 23
- Interagency Agreements 24
- Screening Rates 26
- Healthy Start Services 28

MAJOR HEALTH INDICATORS SELECTED 31

- Infant Mortality 32
- Fetal Mortality 37
- Preterm Births 39
- Low Birth Weight 40
- Very Low Birth Weight 42

TARGET POPULATION 45

- Population Characteristics 46
- Births 57
- Summary of Target Population 65

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS 67

- Prenatal Care 68
- Inter-Pregnancy Interval 72
- BMI Prior to Pregnancy (Overweight/Obese) 73
- Smoked During Pregnancy 75
- Breastfeeding 76

TABLE OF CONTENTS

Births to Unwed Mothers 78
Father Not on Birth Certificate 79
Sudden Unexpected Infant Death 80
Unintentional Injuries 82
CONSUMER AND PROVIDER INPUT 87
Community Agency/Organization/Partner Survey 88
General 94
Healthy Start Participant Survey 100
Healthy Start Contracted Service Provider Survey 104
RESOURCE INVENTORY 109
Service Strengths and Gaps 110
HEALTH STATUS PROBLEM LINKED TO ACTION PLAN 117
Health Problem Analysis 118
QUALITY IMPROVEMENT/QUALITY ASSURANCE PLAN 123
Continuous Quality Improvement Plan 124
External Process 127
Internal Process 130
Comprehensive Training Plan 131
Financial Monitoring Process 133
Coalition Board Responsibilities 136
PROCESS FOR ALLOCATING FUNDS 137
Service Budget 138
Funding Allocation Methodology 139
NEW ACTION PLAN 141
Category A Activities: Funded Healthy Start Services 142
Category B Activities: Community-Wide and/or System Related Issues 148
APPENDICES 167
Board Members 168
Service Delivery Plan Timeline 169
Survey Tools 170
Screening Forms 174

HEALTHY START BACKGROUND AND COALITION STRUCTURE

HEALTHY START INITIATIVE

The Florida Legislature passed the Healthy Start Initiative in 1991 with leadership from the late Governor Lawton Chiles. The impetus for the initiative was Florida's poor standing on key maternal and infant health indicators—infant mortality, low birth weight, teen pregnancy, and access to prenatal care. Through the Healthy Start Initiative, all babies born in the state of Florida are given the opportunity to have a healthy start in life.

The key components of the Florida Healthy Start Initiative include:

1) Universal screening for pregnant women and newborns to identify those at risk for poor birth, health and development outcomes
2) Healthy Start care coordination and services for women and infants identified as at risk
3) Medicaid service expansion
4) Expanded Medicaid eligibility for pregnant women and their infants
5) Community-based prenatal and infant health care coalitions

The state agency designated to administer Florida's maternal and child health services is the Florida Department of Health (DOH). DOH currently contracts with 32 Healthy Start Coalitions around the state of Florida to address the key components of the Healthy Start Initiative to improve the health of pregnant women and infants in their communities.

The legislatively mandated responsibilities of Healthy Start Coalitions include: increasing public awareness of the issues related to infant mortality; building and maintaining broad community support; selecting and contracting with local providers for the delivery of Healthy Start services; performing on-going monitoring and evaluation of contracted services; and conducting short and long range planning for the local maternal and infant populations.

In a collaborative effort with the Florida Association of Healthy Start Coalitions and the Agency for Health Care Administration, DOH submitted a Medicaid 1915(b) waiver for Healthy Start services. Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute. Using this strategy, the Medicaid 1915(b)(3) waiver was implemented in 2001 to include Healthy Start services as a reimbursable service. The Healthy Start Medicaid waiver has a dual purpose:

To provide more intensive Healthy Start services for at-risk Medicaid-eligible women and infants.

To help Medicaid-eligible women receive the prenatal care they need through the MomCare program as early as possible. MomCare focuses on assisting all Medicaid-eligible pregnant women regardless of risk status in accessing care. Through the MomCare program, women who are eligible for Medicaid during pregnancy receive assistance in selecting a health care provider, keeping medical appointments, and obtaining other help through WIC, Healthy Start and other services.

HEALTHY START BACKGROUND AND COALITION STUCTURE

Healthy Start System Components

The Healthy Start system has three main components: universal screening, care coordination and other support services, and community-based planning and system management. The goal of all three components is to improve access to prenatal care for pregnant women, provide care coordination and needed services for at-risk women, and ensure good health outcomes for mothers and their babies.

Universal Screening. Initial identification of risks is accomplished through standardized screening of the mother while pregnant and of the baby immediately after birth. Florida law mandates that physicians offer these screenings to all patients.

The standardized prenatal screening instrument for pregnant women includes a series of questions focusing on medical, environmental and psychosocial factors that are known, based on documented research, to be associated with increased risk of adverse outcomes.

The infant screen is completed in conjunction with the birth certificate. The risk factors examined are similar to those on the prenatal screen and include age, race, health, marital status, and educational level of the mother; late or no prenatal care; low birthweight; tobacco, drug and alcohol use; and presence of congenital anomalies.

Care Coordination. Care coordination is the foundation for providing needed assessments and support services to pregnant women and infants. The process of care coordination includes development of an individual plan of care and assistance for linking participants with available services and resources. Specific services provided by Healthy Start include the following:

- Breastfeeding Education and Support
- Parenting Education and Support
- Tobacco Free Education and Support
- Psychosocial Counseling
- Childbirth Education
- Women's Health Education and Support

Healthy Start provides a personal Care Coordinator to assist the mother with services throughout her prenatal care and after the birth of her baby.

Community-Based Planning and System Management. Healthy Start coalitions conduct needs assessments of the maternal and child health systems within their service area, and prepare a plan for community action to improve maternal and child health outcomes. Coalitions are responsible for allocating funds, selecting providers to deliver specific services and monitoring the performance of providers to ensure quality care and focus on improved outcomes.

HEALTHY START REDESIGN

The Florida Healthy Start Program promotes good health and developmental outcomes for all mothers, infants and families in Florida. The services of the Healthy Start program include risk assessment, nutrition counseling, care coordination, breastfeeding education and support, tobacco cessation counseling, assessment of service needs, interconceptional education and counseling, referrals and linkages, childbirth education, parenting education, psychosocial counseling, developmental screening, anticipatory guidance, accident prevention, substance abuse prevention education, and in-home visitation.

Around the state, program services vary according to specific community needs. Each Coalition conducts its own assessment and develops a service delivery plan every five years to meet the needs of diverse and varied populations and geographic areas. However, this flexibility creates difficulty in demonstrating the statewide impact of Healthy Start. In 2011, representatives from the Florida Department of Health (DOH) and the Florida Association of Healthy Start Coalitions (FAHSC) determined that a redesign of the program was warranted.

DOH and FAHSC began a process to redesign the provision of Healthy Start core service components. DOH entered into a two-year contract with a consultant to direct the redesign of the Healthy Start program. The goal is to improve maternal and infant health outcomes for Florida residents by improving service delivery effectiveness through evidence-based or research-informed service delivery. The redesign process reviewed and evaluated the Florida Healthy Start program components to assess which components are research-informed and evidence-based. The process also proposed changes; developed a comprehensive plan for implementing the redesign to assure program quality and fidelity; identified key effective program elements, processes, and quality indicators to be monitored during implementation and maintenance; and developed an evaluation that can be implemented in phases.

In 2013, the two-year contract with the consultant ended with DOH and FAHSC continuing the redesign journey with discussions and committee work to improve service delivery through the use of research-informed and evidence-based programs.

HEALTHY START COALITION

Healthy Start of North Central Florida is one of 32 Healthy Start Coalitions in Florida established to improve the health and developmental outcomes of pregnant women, infants and families in Florida.

The Coalition was incorporated in 1992 and selected as one of the first coalitions in the state to focus attention and resources on Florida's maternal and child health needs.

The community-based coalition serves Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Putnam, Suwannee and Union counties.

The mission of the Coalition is to maintain a comprehensive healthcare system and support services for women and their infants.

Board of Directors and General Members

The Coalition maintains an open general membership that is available to all persons interested in maternal and child health. Approximately 58 members comprise the general membership including representatives from healthcare providers, consumers, maternal and infant advocacy groups, and business and community organizations. The Board of Directors is elected from the general membership and includes 15 individuals. The Board's responsibilities include establishing Coalition policies, approving contracts and budgets, assisting in the development of the service delivery plan, implementing the adopted action, and coordinating with other community organizations.

Standing committees of the Board include the Executive Committee, Nominating Committee, Public Awareness Committee, Contracts Performance and Compliance Committee, Funding Allocation Committee, and the Service Provider Council. In addition, ad hoc committees are established as needed.

WellFlorida Council

WellFlorida Council serves as the fiscal agent and provides staff services to Healthy Start of North Central Florida. The Council is a private, nonprofit organization designated as the Local Health Council for 16 counties, including the 12 counties in the Coalition service area. Local Health Councils are established by state law and funded to provide regional planning, data collection and analysis, and technical services to communities.

WellFlorida Council staff provide numerous administrative functions for the Coalition including:

1) **Board and Coalition support and development.** This includes preparation of meeting notices, research and preparation of documents needed for issues of concern to the Board and its committees, as well as regular fiscal reports and recording of meeting minutes.

2) **Contract management and monitoring.** Staff manage and monitor all contracts and financial matters related to the Coalition and the service providers.

3) Quality assurance reviews. Staff conduct annual site visits to each provider to ensure that Healthy Start standards and guidelines are followed.

4) Fiscal and programmatic reporting. Staff prepare and submit all required reports to DOH including monthly reports, quarterly reports, annual action plan updates, site visit reports, and the five-year service delivery plan.

5) Healthy Start Outreach. The Community Liaison promotes the Healthy Start goals of improved birth outcomes and screening rates. The Liaison does extensive outreach to the maternal and child health community as well as to the general public. Outreach may include participation in local health fairs, distribution of posters and brochures at public sites throughout the Coalition area, and presentation of Healthy Start information in the community.

Unfunded Prenatal Care

Historically, prenatal care and related services delivered in the Coalition area have been delivered through a system of care that includes both regional and community-based providers. This system of maternity care has been operating in North Central Florida since 1967. The system functions as a special project of the Department of Obstetrics and Gynecology of the College of Medicine at the University of Florida.

The University's Maternity and Infant Care Project (MIC) provides services in community settings in partnership with local providers of primary care services. MIC provides the services of health professionals including nurse practitioners, nurse midwifes and medical records clerks. Local sites provide nursing, laboratory and clerical support for the maternity system. MIC provides services in Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, and Suwannee counties at the local health department. Services for women in Alachua, Bradford and Union are provided at the UF Health Women's Health Group in Gainesville. The Coalition contracts with Azalea Health to provide prenatal care to unfunded women in Putnam County.

Psychosocial Counseling

The Coalition contracts with the University of Florida's MIC Project for psychosocial services in all 12 counties of the Coalition area. Specific arrangements for providing the psychosocial services are negotiated between MIC and the Healthy Start provider in each county to determine the scope of services, work schedules, target population, and referral systems.

MIC employs social workers who travel to outlying counties to deliver agreed-upon services. Staff are assigned by geographic area and address emotional, situational and developmental stressors that may impact pregnancy outcomes or the infant's health and development.

HEALTHY START SERVICE PROVIDERS

Healthy Start services are provided in all 12 counties of the Coalition area. A brief summary of each of the service providers follows.

ALACHUA COUNTY

Alachua County Health Department provided Healthy Start services through September 30, 2013. Following a request for proposals, a new Healthy Start service provider was identified for Alachua County. Kids Central, Inc. will provide Healthy Start services beginning in October 2013.

During contract year 2012-2013, Alachua County Health Department provided 23,752 prenatal services to 1,771 participants. A total of 10,198 services were provided to 1,076 infants.

BRADFORD COUNTY

The Bradford County Health Department is located in Starke. The health department does not provide prenatal services. WIC is available at the health department. Participants are assisted in the Medicaid application process, and translation services are available. Other services available include a dental program, car seat program, domestic violence program, and teen pregnancy program. Medicaid transport is available.

During contract year 2012-2013, Bradford County Health Department provided 5,931 prenatal services to 191 participants. A total of 4,556 services were provided to 130 infants.

COLUMBIA COUNTY

The Columbia County Health Department provides Healthy Start services in Lake City. Prenatal care is provided at the Health Department by MIC. High-risk pregnant women are referred to UF Health. WIC services are available at the Health Department. Translation services are available, and participants are assisted in the Medicaid application process. Other services available include a family planning clinic and a dental clinic for children.

During contract year 2012-2013, Columbia County Health Department provided 6,552 prenatal services to 499 participants. A total of 2,508 services were provided to 228 infants.

DIXIE COUNTY

Healthy Start services in Dixie County transitioned from the Dixie County Health Department to Childhood Development Services (CDS) in August 2011. The Healthy Start program is now located in Cross City. MIC provides prenatal clinical services at the Dixie County Health Department. High-risk women are referred to UF Health. WIC services are available in Cross City. Car seat program is available.

During contract year 2012-2013, Childhood Development Services provided 4,171 prenatal services to 126 participants. A total of 3,658 services were provided to 87 infants.

GILCHRIST COUNTY

Healthy Start services in Gilchrist County transitioned from the Gilchrist County Health Department to Childhood Development Services (CDS) in August 2011. The Healthy Start program is now located in Trenton. MIC provides prenatal clinical services at the Gilchrist County Health Department. High-risk women are referred to UF Health. Car seat program is available.

During contract year 2012-2013, Childhood Development Services provided 4,398 prenatal services to 122 women. A total of 3,118 services were provided to 85 infants.

HAMILTON COUNTY

The Hamilton County Health Department is located in Jasper. Prenatal services are available at the health department through the MIC program. High-risk pregnant women are referred to UF Health. WIC services are available at the health department. Participants are given assistance with the Medicaid application process, and translation services are available. Special services include a family planning clinic and children's dental clinic.

During contract year 2012-2013, Hamilton County Health Department provided 2,786 prenatal services to 99 participants. A total of 1,614 services were provided to 68 infants.

LAFAYETTE COUNTY

The Lafayette County Health Department is located in Mayo. Prenatal services are provided by MIC, and high-risk pregnant women are referred to UF Health. WIC is available at the health department. Medicaid application assistance is provided to Healthy Start participants. Other services include Medicaid transport.

During contract year 2012-2013, Lafayette County Health Department provided 1,217 prenatal services to 50 participants. A total of 874 services were provided to 36 infants.

LEVY COUNTY

The Levy County Health Department is located in Bronson. Prenatal services are provided by MIC. High-risk women are referred to UF Health. WIC services and translation are available. Medicaid application assistance is provided. Other programs and services are available in the areas of teen pregnancy, car seats and dental care.

During contract year 2012-2013, Levy County Health Department provided 13,473 prenatal services to 291 participants. A total of 8,470 services were provided to 183 infants.

MARION COUNTY

The Marion County Health Department is located in Ocala. Comprehensive prenatal care is provided at the health department and through MIC. High-risk participants are referred to UF Health. WIC services are at the health department. Participants are given assistance in applying for Medicaid, and translation services are available. Other programs and services include domestic violence, teen pregnancy, dental care, car seats, and Medicaid transport.

During contract year 2012-2013, Marion County Health Department provided 41,496 prenatal services to 2,338 participants. A total of 31,234 services were provided to 1,434 infants.

PUTNAM COUNTY

Azalea Health provides Healthy Start services in Putnam County. The main office for Azalea Health is in Palatka with satellite offices in Crescent City and Interlachen. Prenatal services are provided at Azalea Health. High-risk pregnant women are referred to UF Health and Wolfsons. There are translation services for Spanish-speaking participants. Dental services and a car seat program are available. WIC is available at the Putnam County Health Department.

During contract year 2012-2013, Azalea Health provided 12,754 prenatal services to 587 participants. A total of 16,823 services were provided to 573 infants.

SUWANNEE COUNTY

The Suwannee County Health Department is located in Live Oak. MIC provides prenatal care in Live Oak. High-risk pregnant women are referred to UF Health. WIC is available at the health department. Spanish language translation is available, as is assistance with the Medicaid process. The health department also provides dental services. Dental services for children and Medicaid transportation are also available.

During contract year 2011-2012, Suwannee County Health Department provided 4,410 prenatal services to 37 participants. A total of 3,281 services were provided to 218 infants.

UNION COUNTY

The Union County Health Department is located in Lake Butler. No prenatal services are provided at the health department. Participants are referred to UF Health. Participants may receive WIC services at the health department. Participants are assisted in the Medicaid application process. Dental services are available.

During contract year 2011-2012, Union County Health Department provided 3,309 prenatal services to 114 participants. A total of 4,433 services were provided to 85 infants.

PROCESS USED TO UPDATE THE SERVICE DELIVERY PLAN

PROCESS USED TO UPDATE THE SERVICE DELIVERY PLAN

METHODOLOGY FOR NEEDS ASSESSMENT

To update the five year service delivery plan, the Healthy Start Coalition selected the *Mobilizing for Action through Planning and Partnership* (MAPP) model. MAPP is a strategic planning framework developed by the National Association of County and City Health Officials (NACCHO) in collaboration with the Centers for Disease Control and Prevention (CDC). There are six phases of the MAPP process:

Phase 1: Organizing
Phase 2: Visioning
Phase 3: Assessments
Phase 4: Strategic Issues
Phase 5: Goals/Strategies
Phase 6: Action Cycle

In Phase 1 of the process to update the service delivery plan, the Coalition identified the core internal workgroup and organized and planned the needs assessment process. In May 2012, the core internal workgroup met with consultants from WellFlorida Community Initiatives to guide the development of the MAPP process.

In Phase 2, the Coalition and Board reviewed the overall process and developed a shared vision for health in the counties of North Central Florida.

The assessment process in Phase 3 occurred over the course of the next 10 months. The internal workgroup met on a regular basis beginning in April 2012 to organize and further develop the needs assessment.

The assessment included a demographic profile of the 12 counties, surveys and literature review. Workgroup members engaged in brainstorming sessions to identify trends, factors and events that influence the health and quality of life for mothers and babies. The most important maternal and infant health indicators as well as contributing risk factors were identified, collected and analyzed.

During this phase, an assessment of the community was conducted by:

- Reviewing maternal and child health data at a coalition, county and state level to identify significant health problems
- Identifying availability and type of services provided by physicians and providers as well as their knowledge of Healthy Start
- Identifying services available by the Healthy Start providers and identifying other community programs available to pregnant women and infants
- Identifying resources that are available in each county as well as gaps that exist
- Identifying the external and internal quality improvement and quality assurance plans

PROCESS USED TO UPDATE THE SERVICE DELIVERY PLAN

This comprehensive assessment led to Phase 4 and the identification and prioritization of the following critical issues for moms and babies in our 12 county service area:

1. Identification of pregnant women, interconceptional women and infants in the service area
2. Breastfeeding initiation and duration
3. Tobacco exposure
4. Interpregnancy interval less than 18 months
5. Deaths related to sleep and unintentional injury

In Phase 5, the consultant from Community Initiatives facilitated evaluation of the data, identification of the strategic issues/priorities, and development of the goals and strategies with Coalition staff and community partners through their participation on the Board and additional committees.

The action cycle in Phase 6 will change the planning into action as the service providers, community partners and the Coalition work together over the next five years to improve the health outcomes for mothers and babies in North Central Florida.

SUMMARY OF DATA SOURCES

The following quantitative and qualitative data sources were used for development of the 2013-2017 service delivery plan:

Quantitative Data Sources

- Agency for Health Care Administration (AHCA)
- Florida Community Health Assessment Resource Tool (CHARTS)
- Florida Healthy Start Reports (Executive Summary Reports, GH 330 Reports, and GH 350 Reports)
- Florida Vital Statistics
- Healthy People 2020
- U.S. Census Bureau

Qualitative Data Sources

- Healthy Start Community Survey (Agency, Organization, Partner)
- Healthy Start General Survey
- Healthy Start Participant Survey (have received Healthy Start services)
- Healthy Start Provider Survey (contracted service provider)
- MomCare Survey

(*See Appendix for Surveys*.)

A comprehensive review of the literature identified current information relevant to maternal and child health and provided a background for local data analysis. The literature reviewed was related to infant mortality, prematurity, low birth weight, maternal infections, maternal stress, racial disparities, repeat teen births, smoking cessation during pregnancy, depression, optimal birth spacing, protective factors, father inclusion, and strategies for evidence-based intervention.

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

KEY FINDINGS

The needs assessment process provided a number of important findings that were essential to the identification and prioritization of the critical issues for moms and babies in our Coalition area. A summary of the most important findings is given below.

Since 2009, the 12-county area has experienced fewer **births**. In 2009, the birth rate was 11.5 per 1,000 population. In 2012, the birth rate decreased to 10.6 per 1,000 population. Marion County experienced the highest number of births in 2012 with 3,267. Lafayette County had the lowest number with 72 births in 2012.

Improvements have been made in **prenatal and infant screening rates** and **prenatal consent rates** in the Coalition area. Since 2008-2009, the Coalition has made significant progress in improving screening rates. As a whole, the Coalition went from 76 percent of pregnant women screened in 2008-2009 to 85 percent of pregnant women screened in 2012-2013; and from 87 percent of infants screened in 2008-2009 to 96 percent of infants screened in 2012-2013. The prenatal consent rates went from 80 percent in 2008-2009 to 89 percent in 2012-2013.

Healthy Start Prenatal Screening Rates 2008-2009

Area	2008-2009				
	Est. # of Pregnant Women	Total Forms Processed	Total Consenting to Screen	Percent of Pregnant Women Screened	Percent of Pregnant Women Consenting to Screen
Coalition	10,502	9,987	7,966	75.85	79.76

Healthy Start Prenatal Screening Rates 2012-2013

Area	2012-2013				
	Est. # of Pregnant Women	Total Forms Processed	Total Consent to Screen	Percent of Pregnant Women Screened	Percent of Pregnant Women Consenting to Screen
Coalition	9,575	9,141	8,106	84.66	88.67

Healthy Start Infant Screening Rates 2008-2009

Area	2008-2009		
	Total Infants	Total Screened	Percent of Infants Screened
Coalition	10,502	9,087	86.53

Area	2012-2013		
	Total Infants	Total Screened	Percent of Infants Screened
Coalition	9,575	9,199	96.07

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

A comparison of services from 2008-2009 to 2012-2013 shows significant increases in the number of pregnant women and infants served and the number of **services provided to pregnant women and infants**. Twelve percent more women and 35 percent more infants were served in 2012-2013 than in 2008-2009. The increase in services provided to each woman went from 18.02 to 19.16 (6 percent increase); the increase in services provided to each infant went from 15.66 to 21.60 (37 percent increase).

Number of Pregnant Women Served and Services Provided

Area	2008-2009			2012-2013		
	# of Women Served	# of Services Provided	# of Services per Woman	# of Women Served	# of Services Provided	# of Services per Woman
Coalition	5,788	104,306	18.02	6,485	124,249	19.16

Number of Infants Served and Services Provided

Area	2008-2009			2012-2013		
	# of Infants Served	# of Services Provided	# of Services per Infant	# of Infants Served	# of Services Provided	# of Services per Infant
Coalition	3,104	48,615	15.66	4,203	90,767	21.60

The needs assessment showed that there are still areas in need of improvement in the Coalition area. **Racial disparity** in all major health indicators in the Coalition area requires a focus on disparity reduction in the new action plan:

- The rate of Black infant deaths was greater than any other race in the Coalition area in 2010-2012.
- A disparity between Black infant deaths and White infant deaths exists in half of the counties in the Coalition.
- A disparity in the Black infant mortality in both the neonatal and postneonatal period continues to exist. Neonatal deaths are higher than postnatal deaths in both races, although Black infant deaths still exceed White infant deaths in both the neonatal and postneonatal periods
- The rate of low birth weight births was highest in the Black population.
- The number of Black mothers who initiated breastfeeding were well below the state's rate in all counties.

Other critical issues for moms and babies in the 12-county area include:

- 10 of 12 counties exceed the state in the rate of **interpregnancy interval < 18 months**.
- **Smoking** percentages among pregnant women are still unacceptably high in the region. All of the counties are above the state percentage. Nine of the 12 counties are at least double the state's rate.
- The number of mothers who initiated **breastfeeding** have continued to remain below the rate of the state.

The updated action plan refocuses the efforts of the Coalition with targeted goals and strategies to address these issues:

- Tobacco exposure
- Breastfeeding initiation and duration
- Interpregnancy interval less than 18 months
- Deaths related to sleep and unintentional injury
- Identification of pregnant women, interconceptional women and infants in the service area.

Racial disparity is emphasized throughout the action plan with specific action steps throughout all of the strategies.

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

COLLABORATIONS

The Coalition collaborates with numerous community agencies that promote maternal and child health, including Healthy Families, March of Dimes, Suwannee River Area Health Education Center (SRAHEC), Early Learning Coalition, Non-Profit Center of North Central Florida, the University of Florida and many others.

Suwannee River AHEC and the Coalition have partnered to help reduce the rates of smoking during pregnancy and exposure to second hand smoke for infants. SRAHEC provided continuing education units (CEUs) through a day-long training on motivational interviewing. In addition, they purchased educational brochures for our Community Liaison to share with our OB/GYNs, midwives, hospitals and birthing centers that will then be shared with potential Healthy Start participants.

SRAHEC has also partnered with the Coalition in an effort to provide CEUs for several of our trainings offered to our Healthy Start service providers. Some of these trainings include breastfeeding and the Healthy Start Regional Conference.

Through its partnership with the **University of Florida's College of Public Health**, the Coalition had a number of interns who worked on several projects of benefit to the Coalition. Some of these projects include 1) research and training on a Fatherhood Initiative; 2) the Think 39 Weeks Campaign; 3) development of a breastfeeding curriculum; and 4) creation of a marketing plan.

The **Non-Profit Center of North Central Florida** and the Coalition partnered in March of 2012 to provide the inaugural Healthy Start Regional Conference for our service area. The conference addressed topics such as substance exposed newborns, evidence-based best practices, and cultural diversity.

The Coalition partnered with the **March of Dimes** in 2013 by sponsoring a total of four "spirit stations" at the various March for Babies events taking placing in Alachua, Columbia, Marion and Putnam counties. This sponsorship provided an opportunity to the Coalition to educate the community about the Healthy Start program and the impact we are making on adverse health outcomes for mothers and babies.

SPECIAL PROJECTS

Federal funding from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant was awarded to the Coalition to improve health and developmental outcomes for at-risk children through evidence-based home visiting programs. With these funds, the Coalition was able to provide training on an evidence-based parenting curriculum, Parents As Teachers, to our Healthy Start service providers in Alachua, Bradford and Putnam counties. As a result, our service providers have been able to provide parenting education to our Healthy Start participants that will encourage the growth and development of the participant's child or children.

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

EVENTS AND PRODUCTIONS

The Coalition has participated in numerous events and productions:

- The Coalition participated in a "Diaper Drive" event in 2010. The Coalition was able to partner with several local businesses around the Alachua County area to set up diaper drive boxes where customers could generously make donations (diapers) to our Healthy Start participants. A large number of diapers were received and distributed to our Healthy Start Service Providers to give to our participants in need.
- Our Community Liaison participated in many community events such as health fairs, community baby showers, children's day activities and more. Information about the Healthy Start program was shared along with brochures on Sudden Infant Death Syndrome (SIDS), tobacco use and cessation, Shaken Baby Syndrome, parenting, nutrition, breastfeeding, substance-exposed newborns and child safety. Promotional items were also given out that included Healthy Start tote bags, water bottles, posters, pens, safety plug outlet covers, and magnets which included a Healthy message.
- The Coalition created a "Healthy Start Bulletin" to replace the "For Starters" newsletter. The bulletin will be distributed on a quarterly basis and will cover topics such as breastfeeding, tobacco cessation, child safety and more.
- The Coalition participated in four March for Babies events by sponsoring a "spirit station," in Alachua, Columbia, Marion, and Putnam counties. Coalition staff, Board members and Healthy Start Service providers were able to distribute information about the Healthy Start program and distribute public awareness items that included a health message about safety.
- The Non-Profit Center of North Central Florida and the Coalition partnered to organize the inaugural Healthy Start Regional Conference that was held in March 2012 at the Best Western Gateway Grand in Gainesville. Speakers presented on topics including substance-exposed newborns, evidence-based best practices and cultural diversity. The regional conference allowed our Healthy Start Service Providers to get to know one another and share best practices with other Healthy Start Service Providers within the region.
- Gainesville Television Network (GTN) aired Healthy Start PSAs as an in-kind donation to the Coalition. This in-kind donation is valued at more than $220,000 for the last five years combined.
- The Coalition worked with Group 5 Advertising to develop a website for the Coalition that was user-friendly and effective in communicating the mission of the program. The website includes three different portals for our different target audiences such as OB/GYNs/hospitals/birthing facilities, Healthy Start service providers and Healthy Start board directors.
- Branding was used as a strategy to increase recognition of the Healthy Start program throughout the Coalition area. This included display boards, posters and other materials.
- The Coalition developed and implemented a campaign to target prenatal providers and birth facilities to increase screening and consent rates including development of a training manual, training presentation, print information for providers' offices, posters, brochures and take-away fliers.

INTERAGENCY AGREEMENTS

The Coalition has formed a number of Interagency Agreements. The agencies that the Coalition currently has agreements with are as follows:

Children's Medical Services. Children's Medical Services is a family centered, comprehensive, coordinated statewide managed system of care that links community-based healthcare with multidisciplinary, regional, and tertiary pediatric care. CMS provides a medical home for children with special healthcare needs, including essential preventative, evaluative, and early intervention services. CMS is the principal provider in the state of Florida for children with special healthcare needs.

Healthy Families (Alachua, Dixie, Gilchrist, Hamilton, Lafayette, Levy, and Suwannee). Healthy Families is a community-based, voluntary home visiting program designed to promote parent/child interaction and healthy childhood growth and development, thereby preventing child abuse and neglect.

Childhood Development Services, Inc. (CDS). CDS is a non-profit organization that seeks to improve the quality of life for children and families by working hand and hand with public and private partners. CDS currently sponsors Head Start, Early Head Start, Teen Parent, Healthy Families Citrus County, Healthy Start Dixie and Gilchrist counties, three USDA food reimbursement programs, state mandated training, internationally accredited continuing education program, Building Strong Families, Department of Rehabilitative Training, fiscal services for outside agencies, Affordable Health Care Navigator and a print shop.

PreK Interagency Councils (Alachua, Dixie, Gilchrist, Levy and Marion). The Council brings parent representatives and independent service agencies together to form a cohesive Council with a comprehensive array of services and to plan for implementation of services for children ages birth through 5 years. The Council is brought together in order to minimize duplication of services, and to enhance the family's role in planning and provision of services.

Early Learning Coalition of Florida's Gateway. The Early Learning Coalition of Florida's Gateway (ELC-FG) is a nonprofit organization that provides childcare resource and referral and early learning services in Columbia, Hamilton, Lafayette, Suwannee and Union counties. ELC-FG provides developmental screenings for young children and programs that will help them achieve school readiness and economic self-sufficiency.

Children's Transition Network (Columbia, Hamilton, Lafayette, and Suwannee). The Children's Transition Network is an agency that coordinates a community wide network in Columbia, Hamilton, Lafayette and Suwannee counties to provide uninterrupted, family-oriented services for children up to five years of age who have or who are at-risk for developing special needs.

Suwannee River Area Health Education Center (SRAHEC). SRAHEC is a nonprofit organization whose mission is to promote health and wellness in underserved communities. SRAHEC is governed by a Board of Directors who represents rural communities, healthcare agencies, local hospitals, clinics, schools and academic institutions within our 12-county Coalition service area. Programming is based on health and wellness needs identified by the local community.

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

Florida SIDS Alliance. Florida SIDS Alliance is a group of parents, families, friends and professionals who have united to form a network of caring people, sharing their strength and concern about SIDS. They provide a local center for information and referral networking to those who may inquire about the syndrome, and specifically, to assist resent SIDS parents by giving them information to be shared with those who are affected by a SIDS loss.

Catholic Charities. Catholic Charities is a nonprofit organization that provides services to anyone in need, regardless of race or religion. These services include food assistance, self-sufficiency/poverty reduction, advocacy, and pregnancy/adoption counseling for residents of Alachua, Bradford, Dixie, Gilchrist, Levy and Union counties.

Florida Department of Children and Families (DCF). The Florida Department of Children and Families is a state agency that was established to protect children, the elderly and the disabled from abuse and neglect. DCF also offers services such as the SNAP food program, temporary cash assistance and eligibility for Medicaid.

Children's Home Society. Children's Home Society is a nonprofit organization that protects and heals children through parent education, counseling, early education and care, in-home services, and connections to local resource, CHS helps families learn how to nurture their children to full potential. CHS also helps families raising children with developmental delays by offering physical and speech therapy, nursing and medical services, counseling, and more in an effort to help kids reach milestones while providing hope to the entire family.

UF College of Medicine – Department of Pediatrics – Early Steps. Early Steps is Florida's early intervention system that offers services to eligible infants and toddlers (birth to thirty-six months) with significant delays or a condition likely to result in a developmental delay. Early intervention is provided to support families and caregivers in developing the competence and confidence to help their child learn and develop.

Meridian Behavioral Health – MIST Program. MIST is an intensive, long-term residential treatment program for pregnant and postpartum women with a history of substance use who are, or have recently been, abusing alcohol or other drugs.

Episcopal Children's Services – Early Head Start. Early Head Start is a federally funded community-based program for low-income families with pregnant women, infants and toddlers up to the age of three. In addition to providing families with needed services – medical, mental health, nutrition, and education – Early Head Start can provide a place for children to experience consistent, nurturing relationships and stable, ongoing routines. Early Head Start Programs offer three different options and may offer one or more of them to families. The three options include: home-based option; center-based option; or a combination option in which families receive a number of home visits and a set number of center-based experiences.

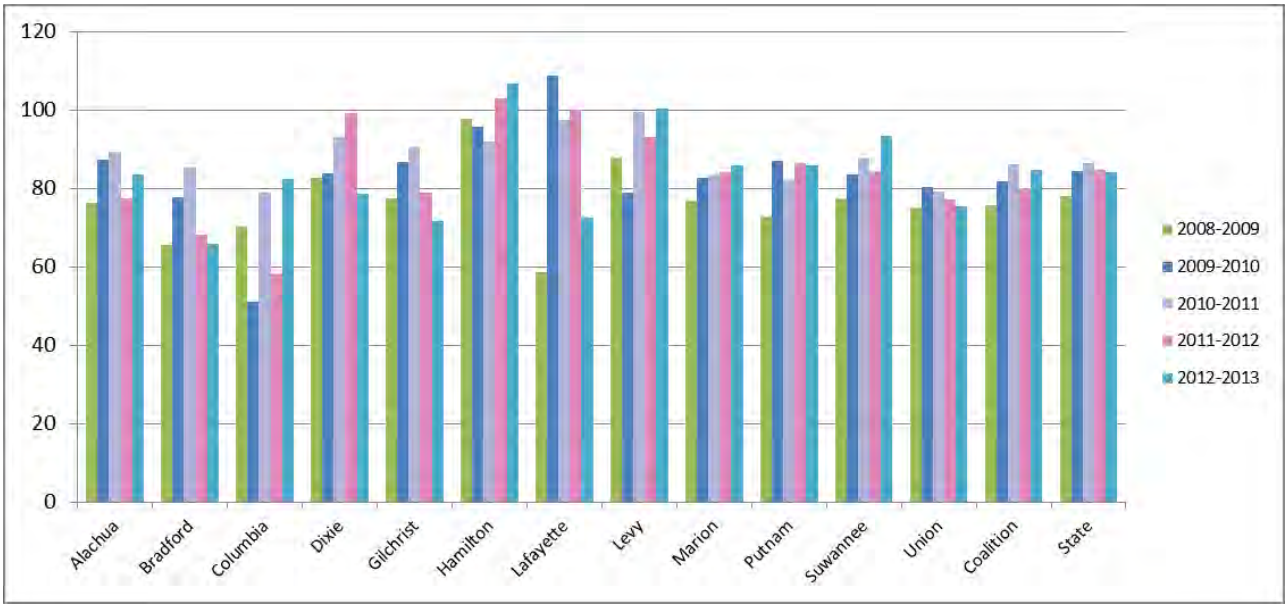
Shands LakeShore Regional Medical Center (Shands Lakeshore). Located in Lake City, Florida, Shands Lakeshore is a 99-bed acute care hospital that provides a wide range of healthcare programs. These programs include: cardiology, obstetrics, orthopedics, pediatrics, physical therapy, radiology and surgery. The hospital brings together a healthcare team that reflects its commitment to excellence in patient care.

HEALTHY START RISK SCREENING — PRENATAL

Number and Percent of Pregnant Women Screened

Area	2008-2009		2009-2010		2010-2011		2011-2012		2012-2013	
	#	%	#	%	#	%	#	%	#	%
Alachua	2,266	76.30	2,533	87.16	2,515	89.25	2,323	77.56	2,352	83.40
Bradford	223	65.59	264	77.65	264	85.16	224	68.09	211	65.94
Columbia	598	70.11	438	51.05	599	78.92	455	58.41	636	82.28
Dixie	158	82.72	150	83.80	145	92.95	130	99.24	139	78.53
Gilchrist	154	77.39	162	86.63	162	90.50	151	78.89	154	71.63
Hamilton	171	97.71	159	95.78	160	91.95	145	102.84	144	106.67
Lafayette	58	58.59	86	108.86	75	97.40	80	100.00	58	72.50
Levy	389	87.81	361	78.99	390	99.49	366	93.13	373	100.27
Marion	2,743	76.73	2,835	82.65	2,785	83.43	2,834	83.97	2,781	85.89
Putnam	719	72.92	787	86.96	740	82.13	712	86.41	680	85.97
Suwannee	396	77.34	409	83.64	420	87.50	403	84.49	439	93.40
Union	91	75.23	136	80.47	137	79.19	126	77.30	139	75.54
Coalition	7,966	75.85	8,320	81.86	8,392	86.01	7,949	80.19	8,106	84.66
State	175,335	78.02	181,826	84.46	183,612	86.45	180,445	84.61	178,604	84.18

SOURCE: Florida Department of Health, Healthy Start Reports



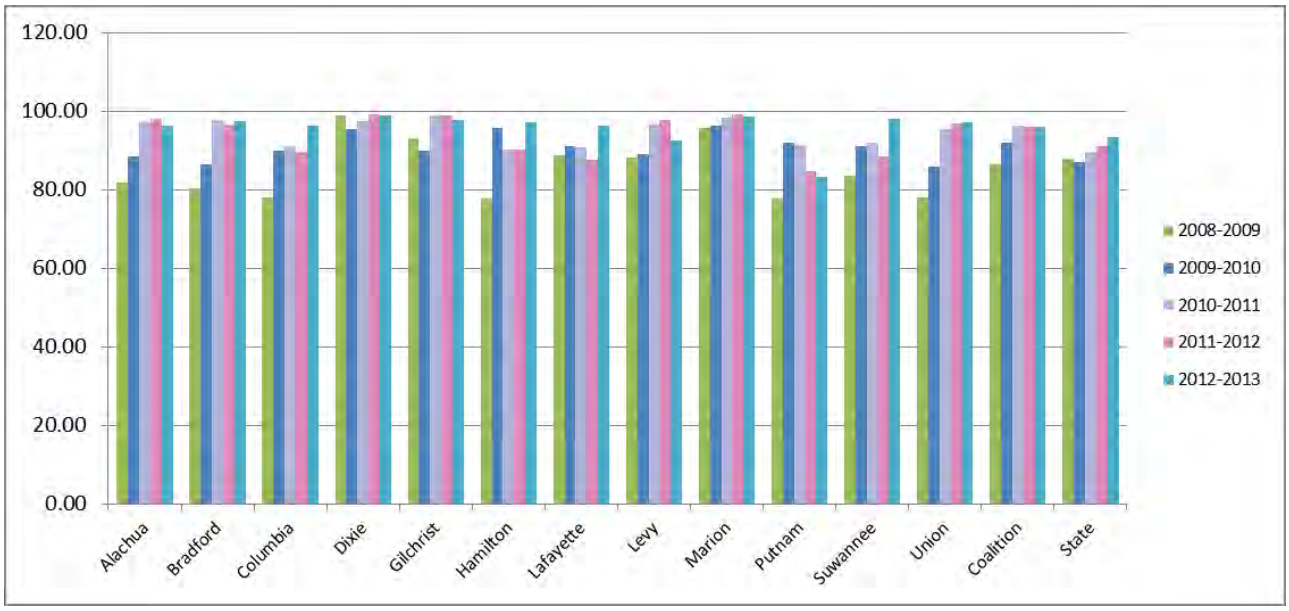
SOURCE: Florida Department of Health, Healthy Start Reports

HEALTHY START RISK SCREENING — INFANT

Number and Percent of Infants Screened

Area	2008-2009		2009-2010		2010-2011		2011-2012		2012-2013	
	#	%	#	%	#	%	#	%	#	%
Alachua	2,431	81.85	2,568	88.37	2,740	97.23	2,935	98.00	2,715	96.28
Bradford	273	80.29	294	86.47	303	97.74	318	96.66	312	97.50
Columbia	665	77.96	771	89.86	692	91.17	698	89.60	745	96.38
Dixie	183	98.81	171	95.53	152	97.44	130	99.24	175	98.87
Gilchrist	185	92.96	168	89.84	177	98.88	187	98.94	210	97.67
Hamilton	136	77.71	159	95.78	157	90.23	127	90.07	131	97.04
Lafayette	88	88.89	72	91.14	70	90.91	70	87.50	77	96.25
Levy	390	88.04	407	89.06	378	96.43	384	97.71	344	92.47
Marion	3,417	95.58	3,305	96.36	2,383	98.35	3,351	99.29	3,192	98.58
Putnam	767	77.79	832	91.93	823	91.34	698	84.71	658	83.19
Suwannee	428	83.59	446	91.21	441	91.88	422	88.47	461	98.09
Union	124	77.99	145	85.80	165	95.38	158	96.93	179	97.28
Coalition	9,087	86.53	9,338	91.80	9,381	96.15	9,478	95.97	9,199	96.07
State	197,720	87.98	197,175	86.94	190,294	89.60	194,253	91.08	198,275	93.45

SOURCE: Florida Department of Health, Healthy Start Reports



SOURCE: Florida Department of Health, Healthy Start Reports

HEALTHY START SERVICES — PRENATAL

Number of Pregnant Women Served and Number of Services

Area	2008-2009		2012-2013	
	# of Women Served	# of Services Provided	# of Women Served	# of Services Provided
Alachua	1,402	24,267	1,771	23,752
Bradford	209	2,858	191	5,931
Columbia	390	5,818	499	6,552
Dixie	96	3,222	126	4,171
Gilchrist	95	2,495	122	4,398
Hamilton	99	1,622	99	2,786
Lafayette	48	1,079	50	1,217
Levy	252	8,760	291	13,473
Marion	2239	32,728	2,338	41,496
Putnam	612	14,278	587	12,754
Suwannee	251	5,463	297	4,410
Union	95	1,716	114	3,309
Coalition	5,788	104,306	6,485	124,249

SOURCE: Florida Department of Health, Healthy Start Reports

HEALTHY START SERVICES — INFANT

Number of Infants Served and Number of Services

Area	2008-2009		2012-2013	
	# of Infants Served	# of Services Provided	# of Infants Served	# of Services Provided
Alachua	531	7,717	1,076	10,198
Bradford	97	1,265	130	4,556
Columbia	230	2,579	228	2,508
Dixie	43	804	87	3,658
Gilchrist	30	584	85	3,118
Hamilton	67	1,052	68	1614
Lafayette	20	488	36	874
Levy	116	3,946	183	8,470
Marion	1,280	15,259	1,434	31,234
Putnam	471	10,331	573	16,823
Suwannee	162	2,637	218	3,281
Union	57	1,953	85	4,433
Coalition	3,104	48,615	4,203	90,767

SOURCE: Florida Department of Health, Healthy Start Reports

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE

MAJOR HEALTH INDICATORS

The major health indicators selected for this planning cycle are the same as the previous service delivery plan since these major health issues remain the most important health issues in the Coalition area:

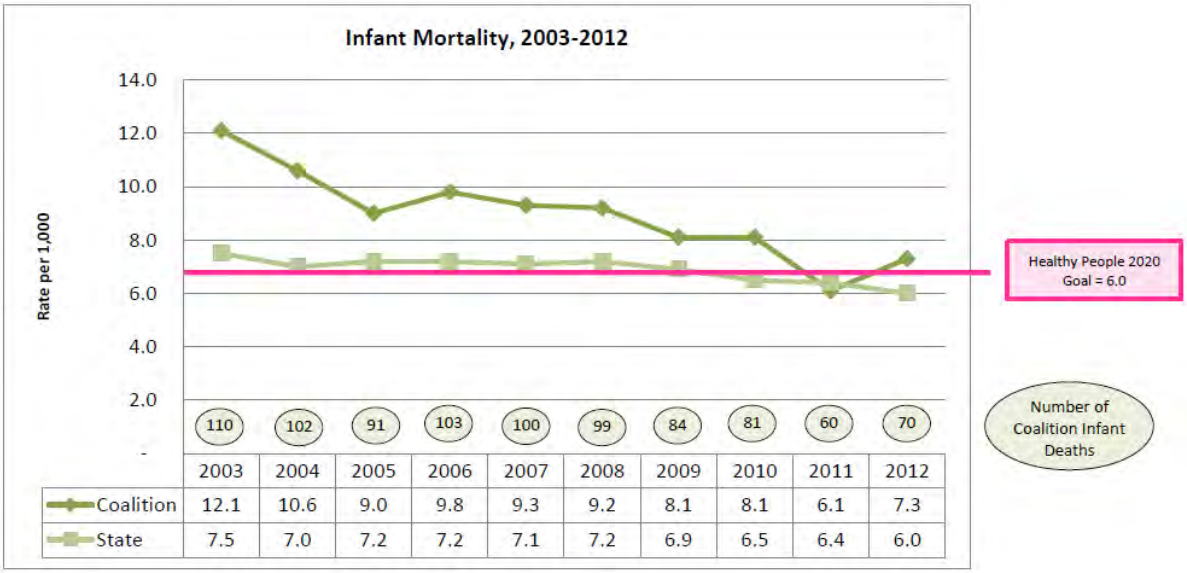
1. Infant Mortality
2. Fetal Mortality
3. Preterm Births
4. Low Birth Weight
5. Very Low Birth Weight

There are associations among the five birth outcomes of infant mortality, fetal mortality, preterm births, low birth weight, and very low birth weight. Efforts designed to reduce the rates of one indicator may have a positive impact on the other indicators.

INFANT MORTALITY

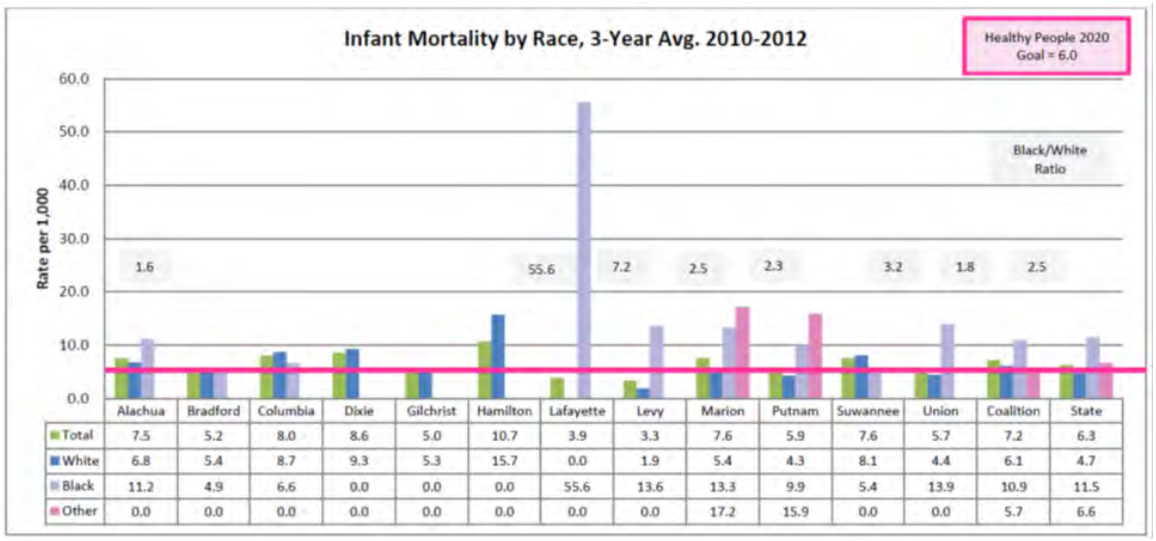
Infant mortality is the primary indicator of the health of a community and is defined as the death of an infant prior to his or her first birthday. As an important measure of maternal and child health, infant mortality is divided into two age periods: neonatal (birth to 27 days) and postneonatal (28 to 364 days).

The Coalition's infant mortality rate has been on a downward trend over the past decade. From 2003 to 2010, the Coalition's infant mortality rates were higher than the state. Since 2003,the Coalition's rate decreased from 12.1 per 1,000 births to 8.1 per 1,000 births in 2010. In 2011, the Coalition's infant mortality rate (6.1 per 1,000 births) dropped slightly below the state rate (6.4 per 1,000 births.) Unfortunately from 2011 to 2012, the Coalition area saw an increase from 6.1 per 1,000 births to 7.3 per 1,000.



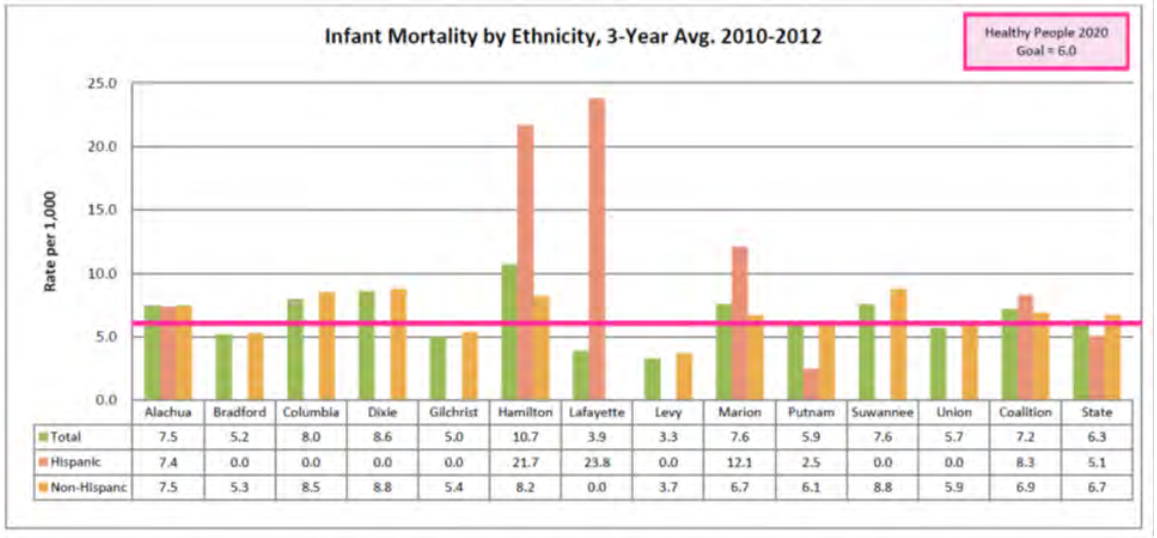
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

The rate of Black infant deaths (10.9 per 1,000 births) was greater than any other race throughout the Coalition region in 2010-2012. The Other population had the lowest rate (5.7 per 1,000 births). Lafayette County had the highest rate of Black infant deaths with a rate of 55.6 per 1,000 births. The exceedingly high rate of Black infant deaths in Lafayette County is of concern. Although the county is very small and even one infant death can affect the rate dramatically, the number of Black infant deaths is still disproportionate to the size of the Black population. The high rates in Other populations in Marion and Putnam counties exceed the state's rate and that of every other county and populations (except Lafayette's Black infant deaths). A disparity between Black infant deaths and White infant deaths exists in half of the counties in the Coalition.



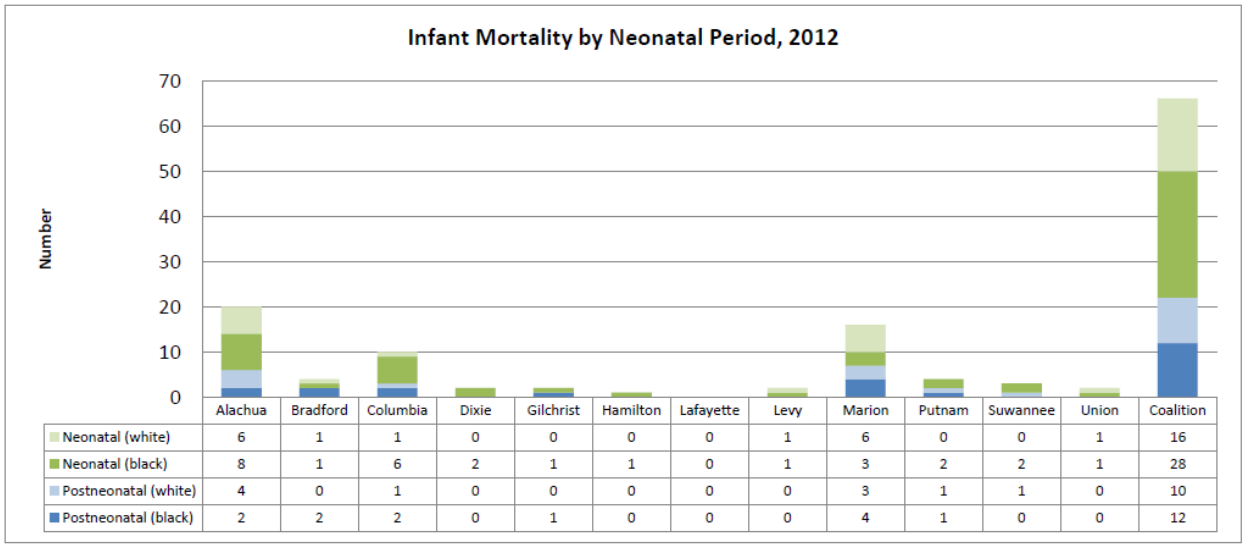
	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	7.5	5.2	8.0	8.6	5.0	10.7	3.9	3.3	7.6	5.9	7.6	5.7	7.2	6.3
White	6.8	5.4	8.7	9.3	5.3	15.7	0.0	1.9	5.4	4.3	8.1	4.4	6.1	4.7
Black	11.2	4.9	6.6	0.0	0.0	0.0	55.6	13.6	13.3	9.9	5.4	13.9	10.9	11.5
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	17.2	15.9	0.0	0.0	5.7	6.6

Hispanic infant deaths exceed non-Hispanic infant deaths in Marion County and are more than double the non-Hispanic rates and Healthy People 2020 Goal in Hamilton and Lafayette counties. These exceedingly high rates as well as those in Alachua, Marion, and Putnam counties bring the Coalition's rate above the state's rate and exceed the Coalition's non-Hispanic infant mortality rate.



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	7.5	5.2	8.0	8.6	5.0	10.7	3.9	3.3	7.6	5.9	7.6	5.7	7.2	6.3
Hispanic	7.4	0.0	0.0	0.0	0.0	21.7	23.8	0.0	12.1	2.5	0.0	0.0	8.3	5.1
Non-Hispanc	7.5	5.3	8.5	8.8	5.4	8.2	0.0	3.7	6.7	6.1	8.8	5.9	6.9	6.7

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

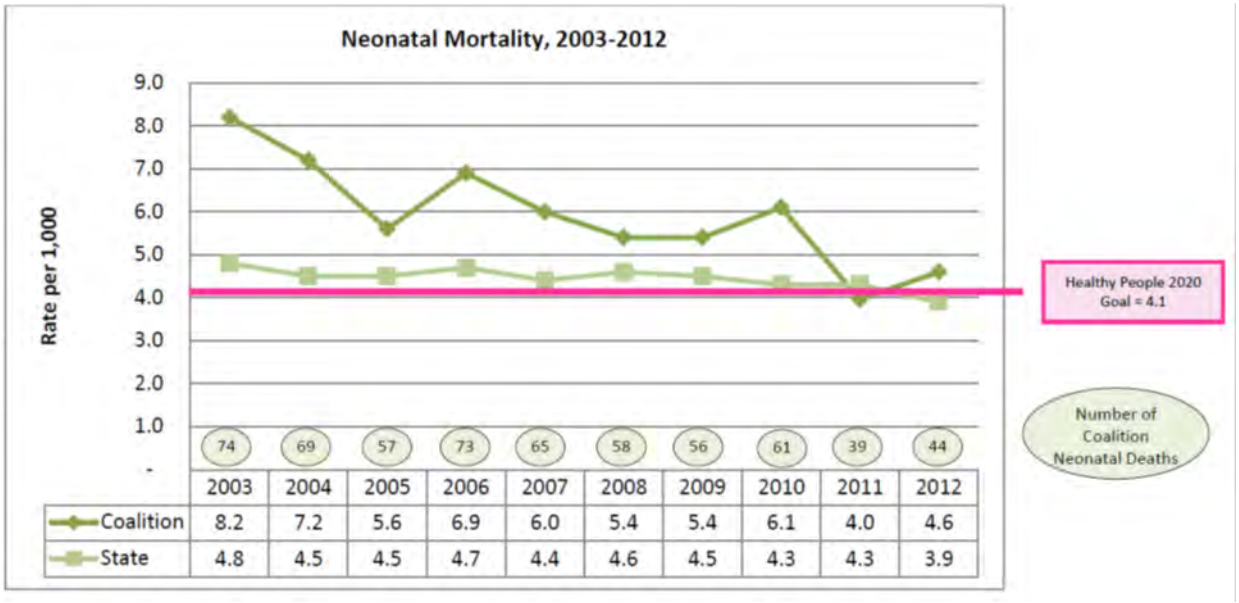


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition
Neonatal (white)	6	1	1	0	0	0	0	1	6	0	0	1	16
Neonatal (black)	8	1	6	2	1	1	0	1	3	2	2	1	28
Postneonatal (white)	4	0	1	0	0	0	0	0	3	1	1	0	10
Postneonatal (black)	2	2	2	0	1	0	0	0	4	1	0	0	12

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

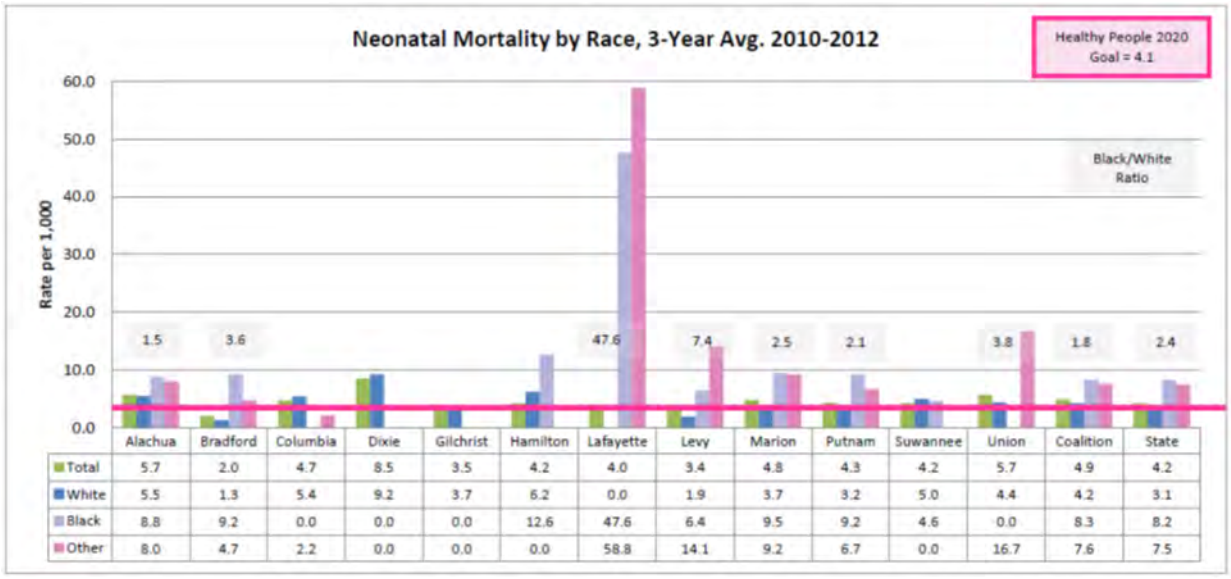
The high number of Black neonatal infant deaths in Columbia County is disproportionate to the size of the county, as are those in Dixie, Hamilton, Putnam and Suwannee counties.

From 2003 to 2010, the Coalition's neonatal mortality rates have been higher than the state. In 2011, the Coalition's neonatal mortality rate (4.0 per 1,000 births) was slightly lower than the state (4.3 per 1,000 births). In 2011, the Coalition met the Healthy People 2020 goal of 4.1 per 1,000 births.



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Coalition	8.2	7.2	5.6	6.9	6.0	5.4	5.4	6.1	4.0	4.6
State	4.8	4.5	4.5	4.7	4.4	4.6	4.5	4.3	4.3	3.9
Number of Coalition Neonatal Deaths	74	69	57	73	65	58	56	61	39	44

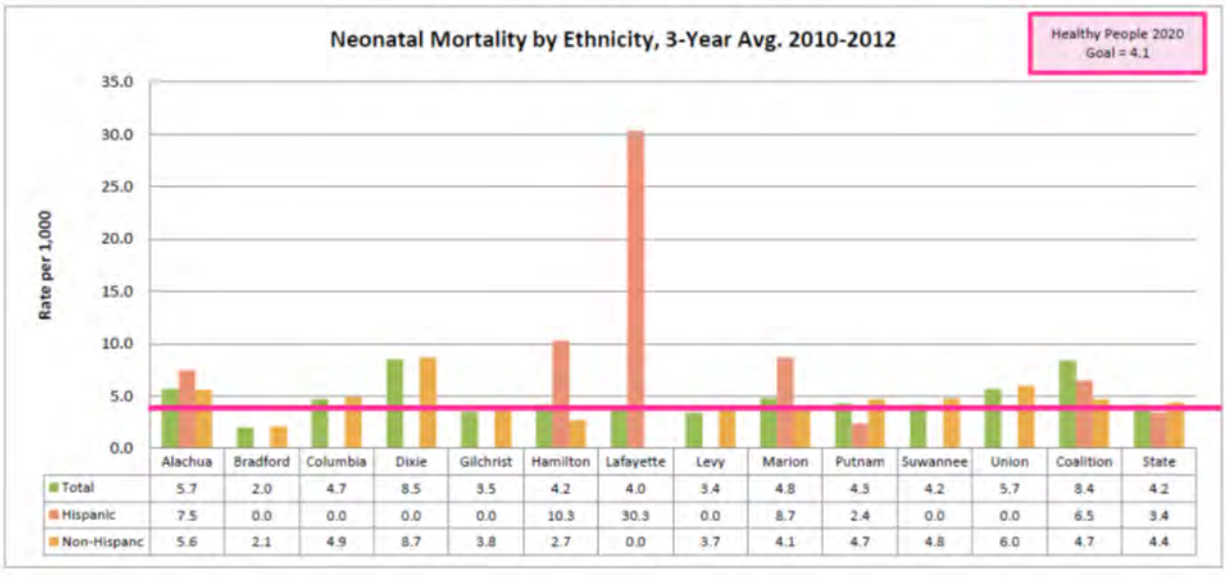
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	5.7	2.0	4.7	8.5	3.5	4.2	4.0	3.4	4.8	4.3	4.2	5.7	4.9	4.2
White	5.5	1.3	5.4	9.2	3.7	6.2	0.0	1.9	3.7	3.2	5.0	4.4	4.2	3.1
Black	8.8	9.2	0.0	0.0	0.0	12.6	47.6	6.4	9.5	9.2	4.6	0.0	8.3	8.2
Other	8.0	4.7	2.2	0.0	0.0	0.0	58.8	14.1	9.2	6.7	0.0	16.7	7.6	7.5

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

The Coalition's neonatal infant mortality rate exceeds the State's rate and the Healthy People 2020 goal in all populations. A disparity between the Black neonatal mortality rate and the Other populations exists in over half of the Coalition with notable exceptions in Other populations in Lafayette and Levy counties. The rate of neonatal deaths in Other populations is significantly higher than Black and White deaths in Lafayette and Levy Counties, as well as in Union.

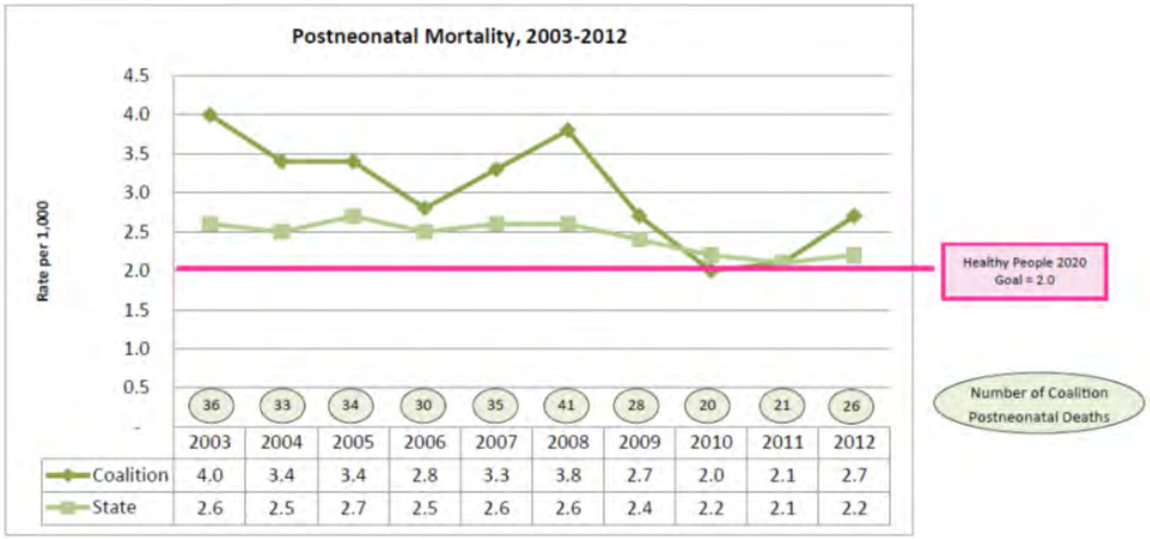


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	5.7	2.0	4.7	8.5	3.5	4.2	4.0	3.4	4.8	4.3	4.2	5.7	8.4	4.2
Hispanic	7.5	0.0	0.0	0.0	0.0	10.3	30.3	0.0	8.7	2.4	0.0	0.0	6.5	3.4
Non-Hispanc	5.6	2.1	4.9	8.7	3.8	2.7	0.0	3.7	4.1	4.7	4.8	6.0	4.7	4.4

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

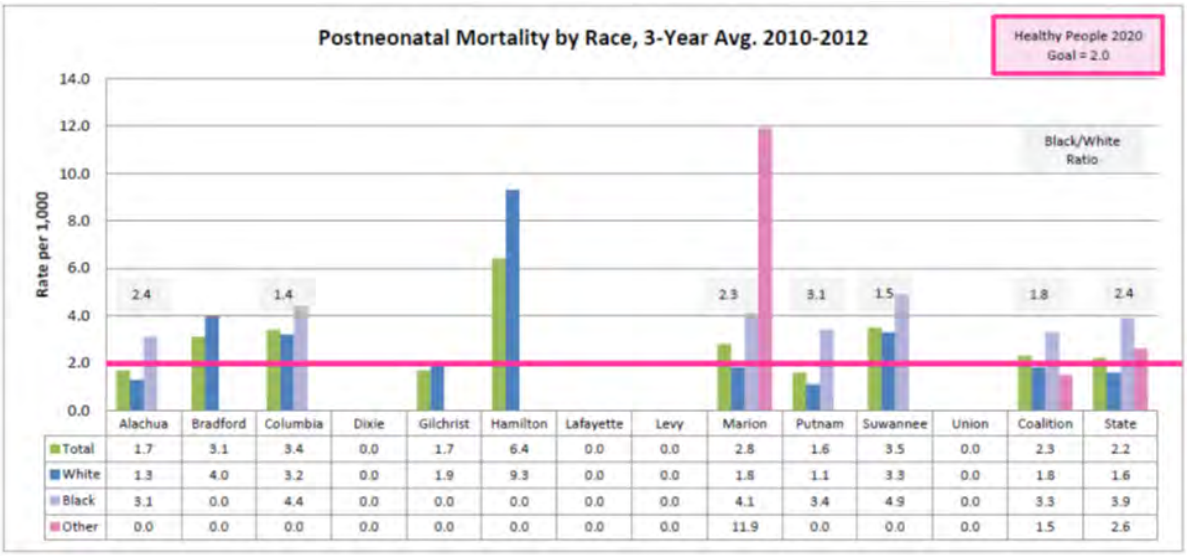
Hispanic infant deaths exceed non-Hispanic infant deaths in Alachua County, are more than double non-Hispanic rates and Healthy People 2020 goal in Hamilton and Marion counties, and are 10-times the state's rate in Lafayette. Non-Hispanic infant mortality exceeds the state's rate in seven of the Coalition's counties.

From 2003 to 2009, the Coalition's post neonatal mortality rates exceeded the state's rate. However, in 2010, the Coalition's post neonatal mortality rate was the lowest (2.0 per 1,000 births) since 2003 and met the Healthy People 2020 goal of 2.0 per 1,000 births. However, the rate has been on an upward trend since that time and was higher in 2012 than the state's post neonatal death rate and the Healthy People 2020 goal.

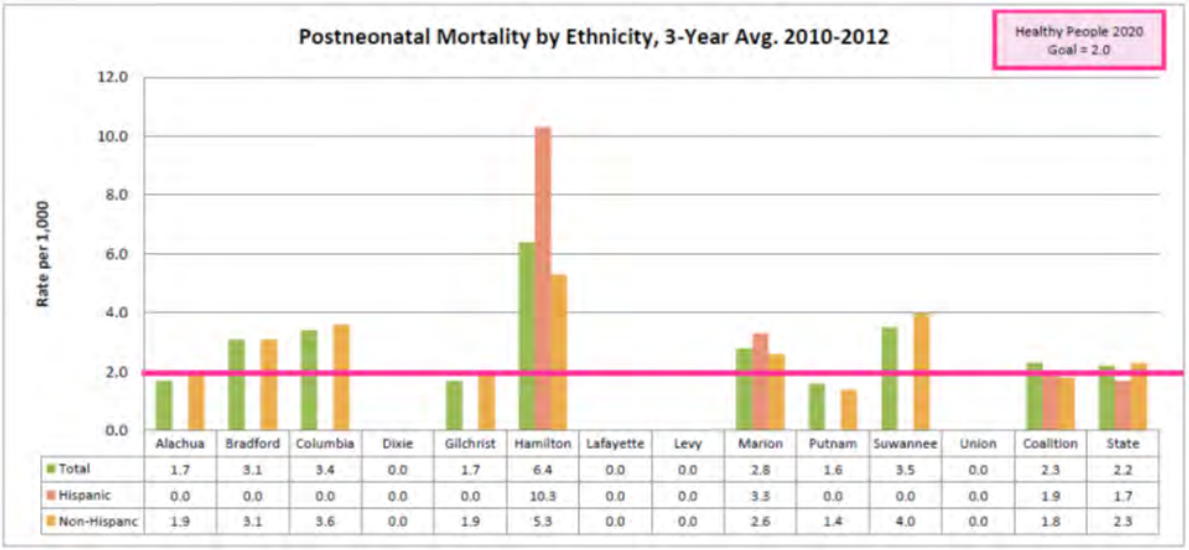


SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

The Coalition's post neonatal mortality 3-year average is close to the state's average in every population, and meets the Healthy People 2020 goal in both White and Other populations. The average number of White post neonatal deaths is highest in Hamilton County and is more than five-times the Coalition's and state's average. Black post neonatal deaths are higher than Other populations in Alachua, Columbia, Putnam, and Suwannee counties. In Marion County, the average rate in Other populations is nearly three-times that of Blacks in Marion County, and over four-times the Coalition's and state's average in Other populations.



SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



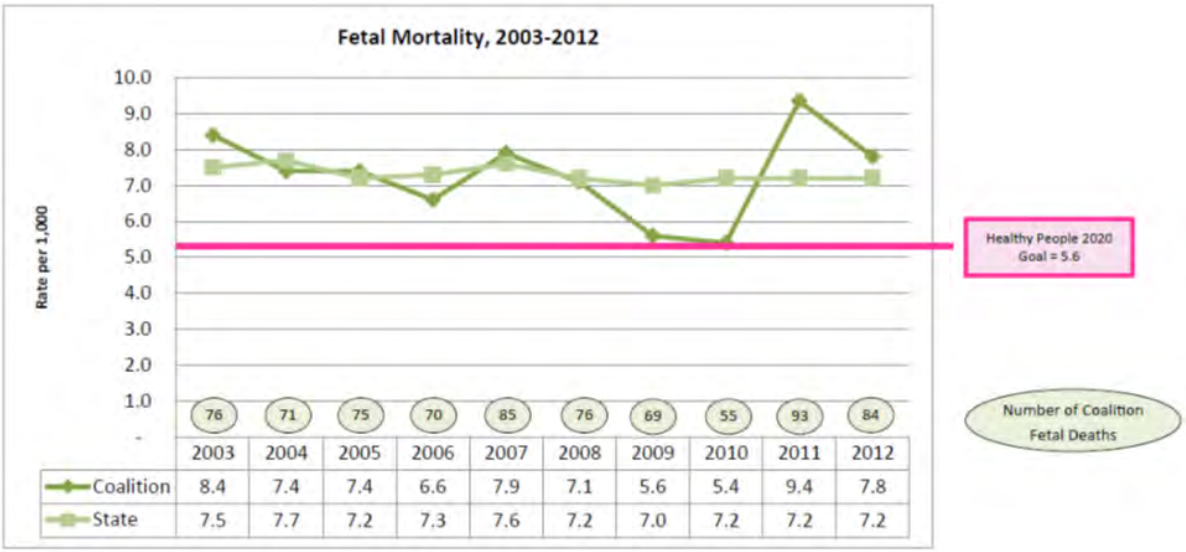
	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	1.7	3.1	3.4	0.0	1.7	6.4	0.0	0.0	2.8	1.6	3.5	0.0	2.3	2.2
Hispanic	0.0	0.0	0.0	0.0	0.0	10.3	0.0	0.0	3.3	0.0	0.0	0.0	1.9	1.7
Non-Hispanc	1.9	3.1	3.6	0.0	1.9	5.3	0.0	0.0	2.6	1.4	4.0	0.0	1.8	2.3

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

FETAL MORTALITY

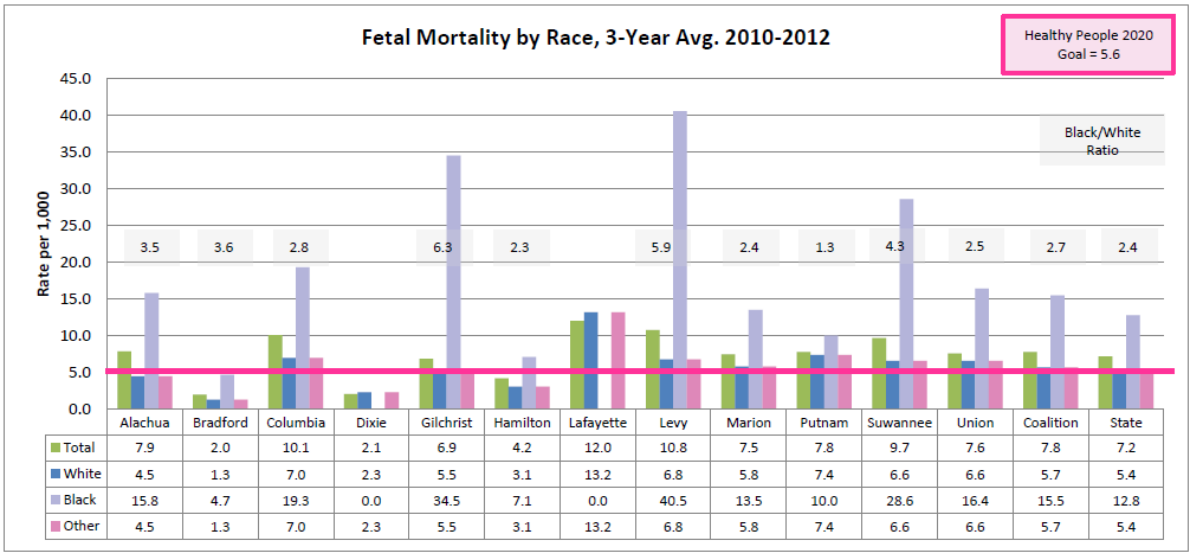
Fetal mortality is defined as the death of a fetus at any time during pregnancy and is closely associated with prior fetal growth, gestational age, birth defects, infections, maternal age, and maternal obesity. Risk factors may vary according to race.

The Coalition's fetal mortality rate was trending downward and met the Healthy People 2020 goal in 2009 and 2010. However, in 2011 the Coalition's fetal mortality rate spiked to a 10-year high with 9.4 per 1,000 births. Although the 2012 rate is down from 2011, the rate is back where it was 10 years ago and is higher than the state's fetal mortality rate and Healthy People 2020 goal.



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number of Coalition Fetal Deaths	76	71	75	70	85	76	69	55	93	84
Coalition	8.4	7.4	7.4	6.6	7.9	7.1	5.6	5.4	9.4	7.8
State	7.5	7.7	7.2	7.3	7.6	7.2	7.0	7.2	7.2	7.2

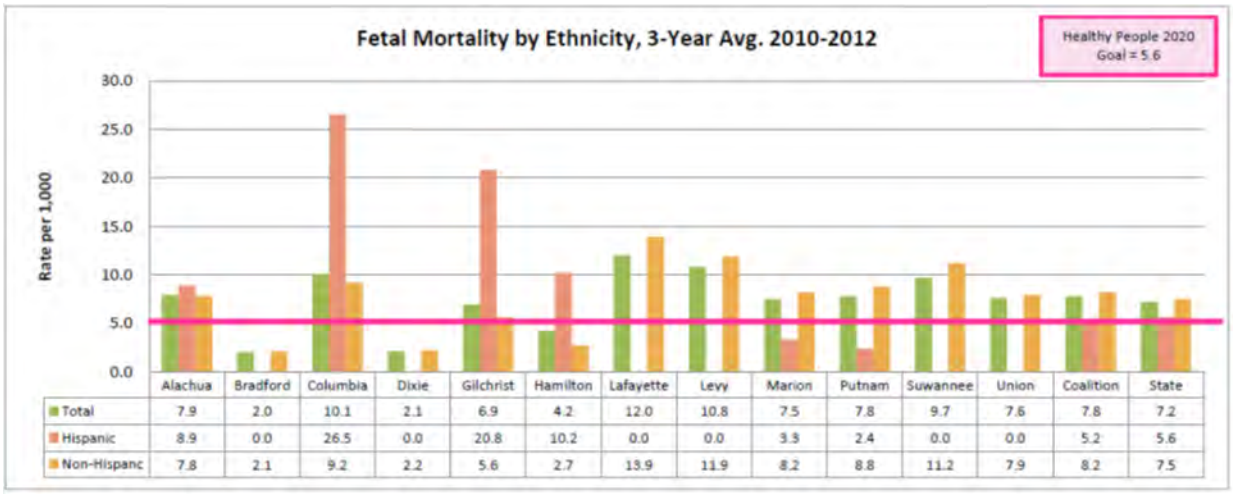
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	7.9	2.0	10.1	2.1	6.9	4.2	12.0	10.8	7.5	7.8	9.7	7.6	7.8	7.2
White	4.5	1.3	7.0	2.3	5.5	3.1	13.2	6.8	5.8	7.4	6.6	6.6	5.7	5.4
Black	15.8	4.7	19.3	0.0	34.5	7.1	0.0	40.5	13.5	10.0	28.6	16.4	15.5	12.8
Other	4.5	1.3	7.0	2.3	5.5	3.1	13.2	6.8	5.8	7.4	6.6	6.6	5.7	5.4

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

The Black fetal mortality average is consistently higher than the White and Other populations throughout the Coalition area with the only exceptions being Bradford, Dixie and Lafayette counties. Black fetal mortality is higher than the state's average in Alachua, Columbia, Gilchrist, Levy, Marion, Suwannee, and Union counties. The overall White fetal mortality average was lower than the state's rate.



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	7.9	2.0	10.1	2.1	6.9	4.2	12.0	10.8	7.5	7.8	9.7	7.6	7.8	7.2
Hispanic	8.9	0.0	26.5	0.0	20.8	10.2	0.0	0.0	3.3	2.4	0.0	0.0	5.2	5.6
Non-Hispanc	7.8	2.1	9.2	2.2	5.6	2.7	13.9	11.9	8.2	8.8	11.2	7.9	8.2	7.5

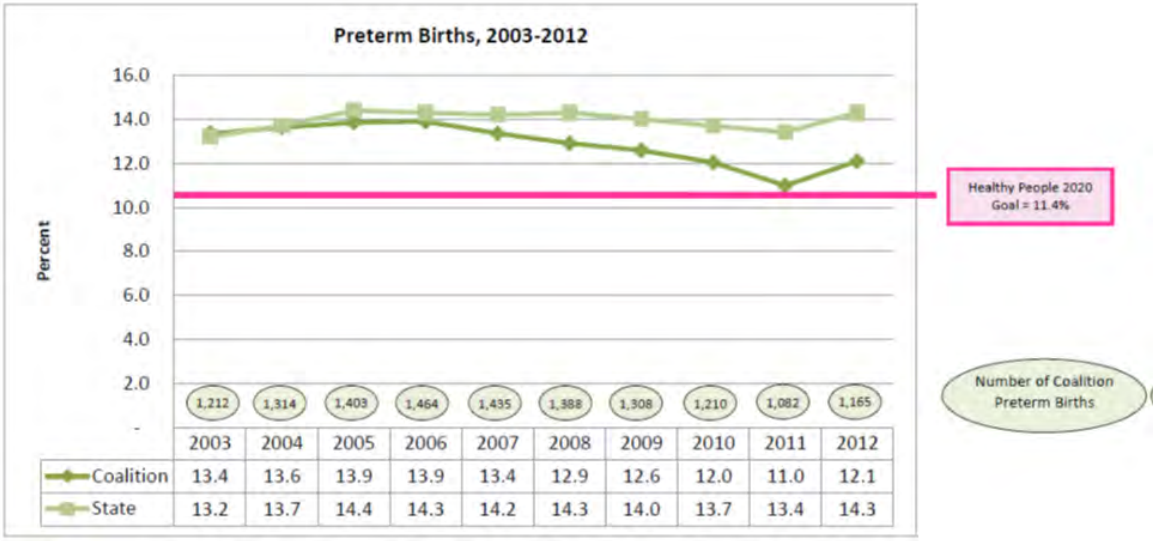
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

The Hispanic fetal mortality average is higher than the state's rate and the non-Hispanic population in Alachua, Columbia, Gilchrist, and Hamilton counties . However, the overall Coalition average is lower than the state's average and meets the Healthy People 2020 Goal. Most notably is the Hispanic average in Hamilton County which is twice the state's average, and in Columbia and Gilchrist counties whose averages are close to four times the state average. The non-Hispanic average is higher than the state's rate in nine of the 12 counties.

PRETERM BIRTHS

Preterm births occur when a baby is born prior to 37 completed weeks of gestation. Preterm births occur for many reasons, and are associated with race, maternal age, marital status, and socioeconomic status. Risk factors for preterm labor include multiple pregnancies, past history of preterm delivery, high blood pressure, diabetes, obesity, infections during pregnancy, smoking, alcohol use, or illicit drug use during pregnancy.

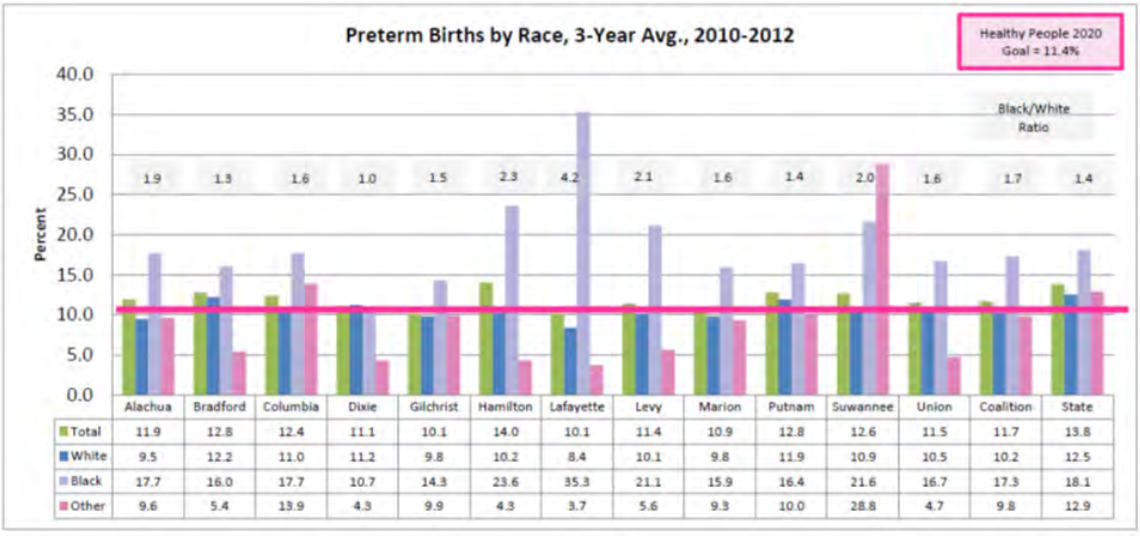
Since 2004, the Coalition has been slightly lower than the state for preterm births. In 2011, the Coalition met the Healthy People 2020 goal of 11.4 percent with 11.0 per 1,000 births.



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Coalition	13.4	13.6	13.9	13.9	13.4	12.9	12.6	12.0	11.0	12.1
State	13.2	13.7	14.4	14.3	14.2	14.3	14.0	13.7	13.4	14.3

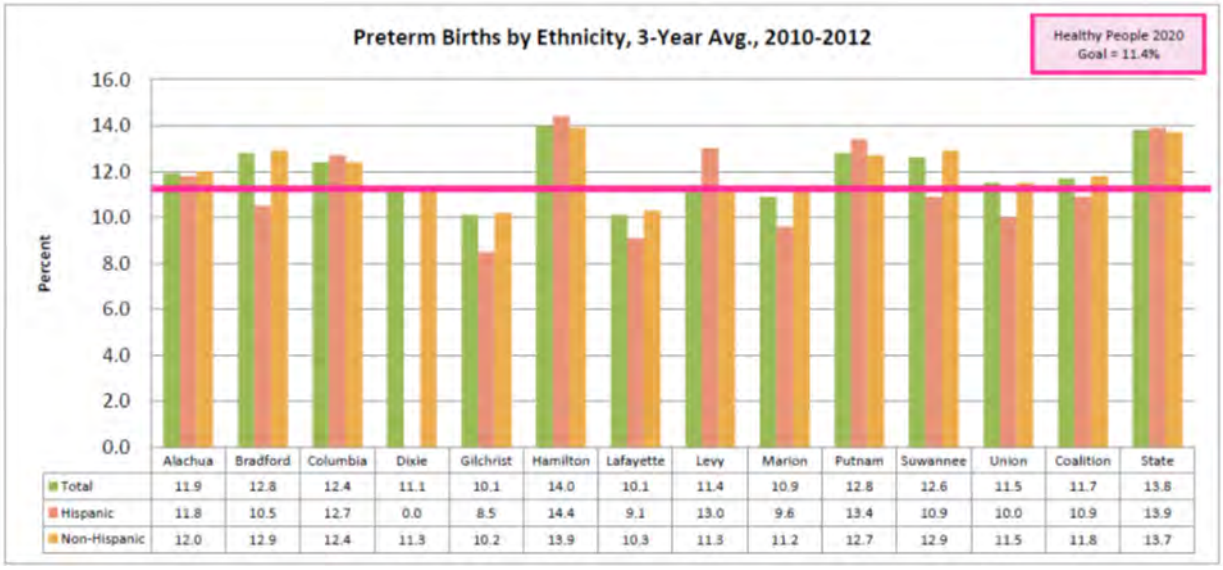
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

Although the Coalition met the Healthy People goal collectively, disparity is apparent in preterm births in the Black population. In Hamilton, Lafayette, Levy, and Suwannee counties, Black preterm births were double that of the White and Other populations.



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	11.9	12.8	12.4	11.1	10.1	14.0	10.1	11.4	10.9	12.8	12.6	11.5	11.7	13.8
White	9.5	12.2	11.0	11.2	9.8	10.2	8.4	10.1	9.8	11.9	10.9	10.5	10.2	12.5
Black	17.7	16.0	17.7	10.7	14.3	23.6	35.3	21.1	15.9	16.4	21.6	16.7	17.3	18.1
Other	9.6	5.4	13.9	4.3	9.9	4.3	3.7	5.6	9.3	10.0	28.8	4.7	9.8	12.9

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

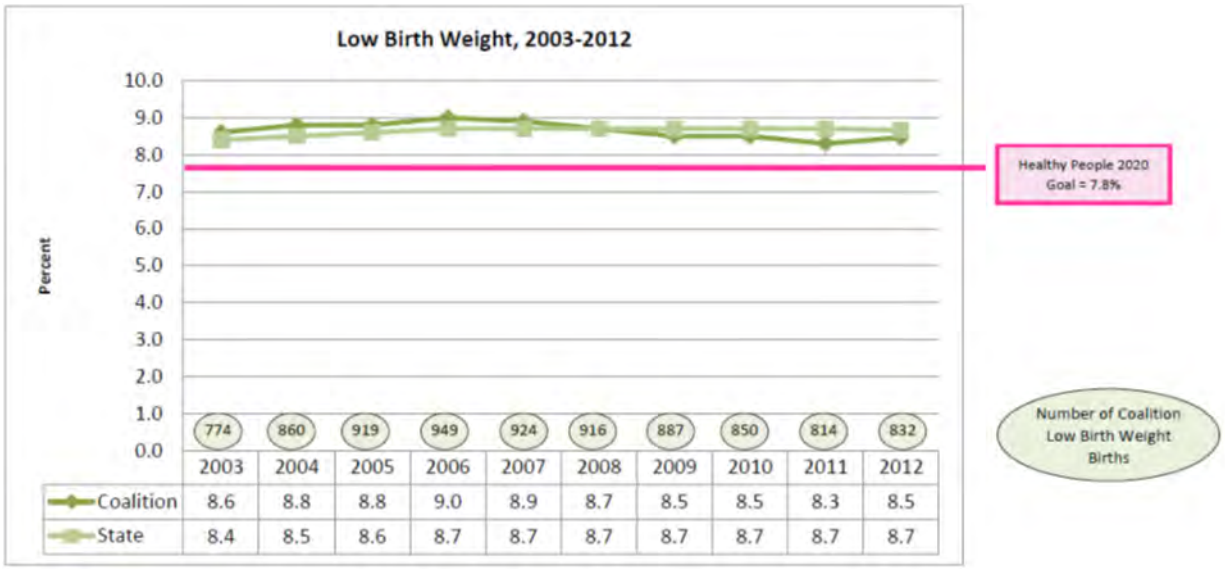


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	11.9	12.8	12.4	11.1	10.1	14.0	10.1	11.4	10.9	12.8	12.6	11.5	11.7	13.8
Hispanic	11.8	10.5	12.7	0.0	8.5	14.4	9.1	13.0	9.6	13.4	10.9	10.0	10.9	13.9
Non-Hispanic	12.0	12.9	12.4	11.3	10.2	13.9	10.3	11.3	11.2	12.7	12.9	11.5	11.8	13.7

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

LOW BIRTH WEIGHT

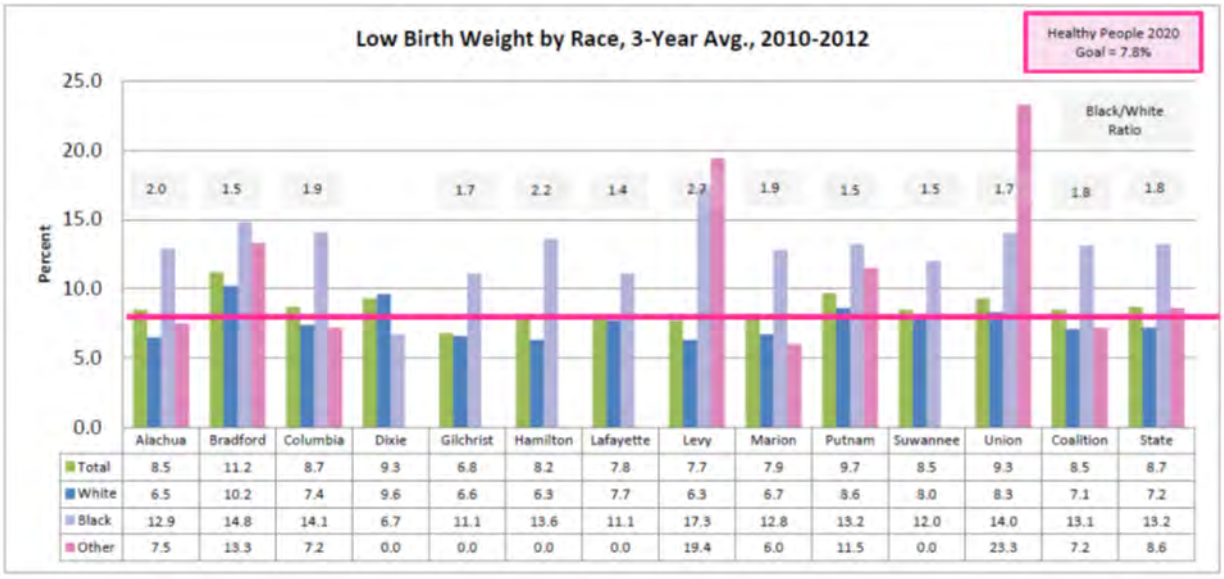
Low birth weight infants weigh less than 5 pounds, 8 ounces (2500 grams) at birth and may face serious problems. Low birth weight has a significant relationship with infant mortality and is the risk factor most closely associated with neonatal deaths. Therefore, improvements in infant birth weight can contribute considerably to a reduction in death rates. Many factors relate to low birth weight including delivery of a preterm infant, short gestational age, and maternal age.



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number of Coalition Low Birth Weight Births	774	860	919	949	924	916	887	850	814	832
Coalition	8.6	8.8	8.8	9.0	8.9	8.7	8.5	8.5	8.3	8.5
State	8.4	8.5	8.6	8.7	8.7	8.7	8.7	8.7	8.7	8.7

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

Similar to the infant mortality rates, the rate of low birth weight births were highest in the Black population. The rate of Black low birth weight births (13.1 per 1,000 births) was greater than any other race throughout the Coalition area, and was similar to the state rate (13.2 per 1,000 births).



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	8.5	11.2	8.7	9.3	6.8	8.2	7.8	7.7	7.9	9.7	8.5	9.3	8.5	8.7
White	6.5	10.2	7.4	9.6	6.6	6.3	7.7	6.3	6.7	8.6	8.0	8.3	7.1	7.2
Black	12.9	14.8	14.1	6.7	11.1	13.6	11.1	17.3	12.8	13.2	12.0	14.0	13.1	13.2
Other	7.5	13.3	7.2	0.0	0.0	0.0	0.0	19.4	6.0	11.5	0.0	23.3	7.2	8.6

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

The Coalition's overall low Hispanic birth weight average meets the Healthy People 2020 goal, and meets the goal in 10 of the 12 counties, with the exceptions being Bradford and Levy counties. Non-Hispanic low birth weight averages are slightly higher than the state's average in four of the 12 counties.

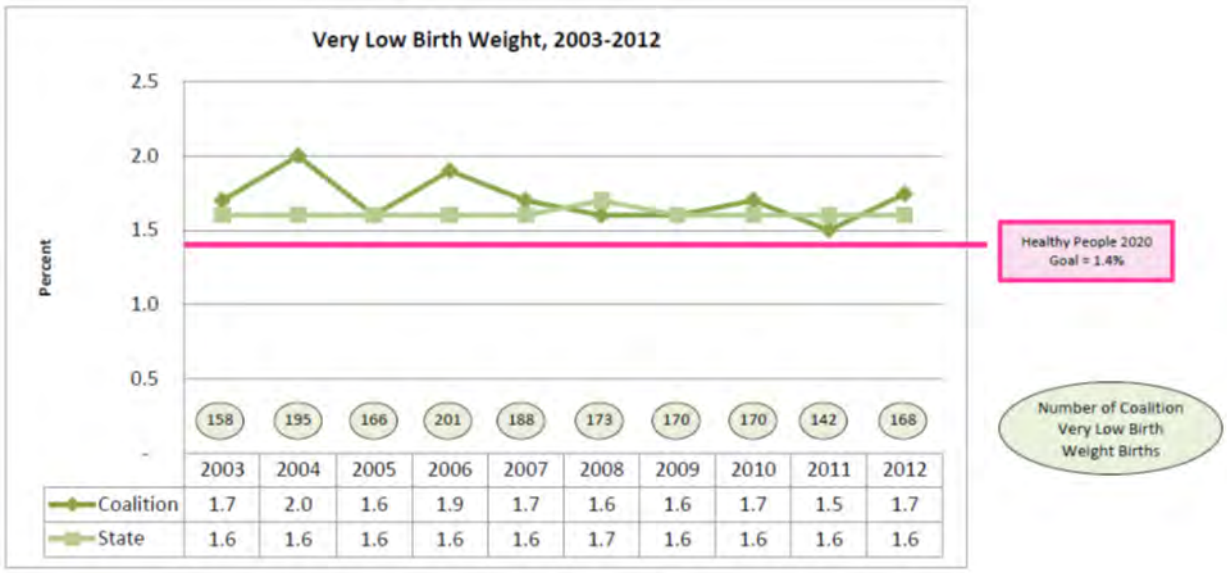
	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	8.5	11.2	8.7	9.3	6.8	8.2	7.8	7.7	7.9	9.7	8.5	9.3	8.5	8.7
Hispanic	7.8	11.4	4.6	0.0	6.8	5.8	4.8	11.2	6.7	7.1	6.2	4.2	6.9	7.2
Non-Hispanic	8.5	11.2	8.9	9.5	6.8	9.0	8.3	7.5	8.1	10.2	8.8	9.5	8.6	9.3

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

VERY LOW BIRTH WEIGHT

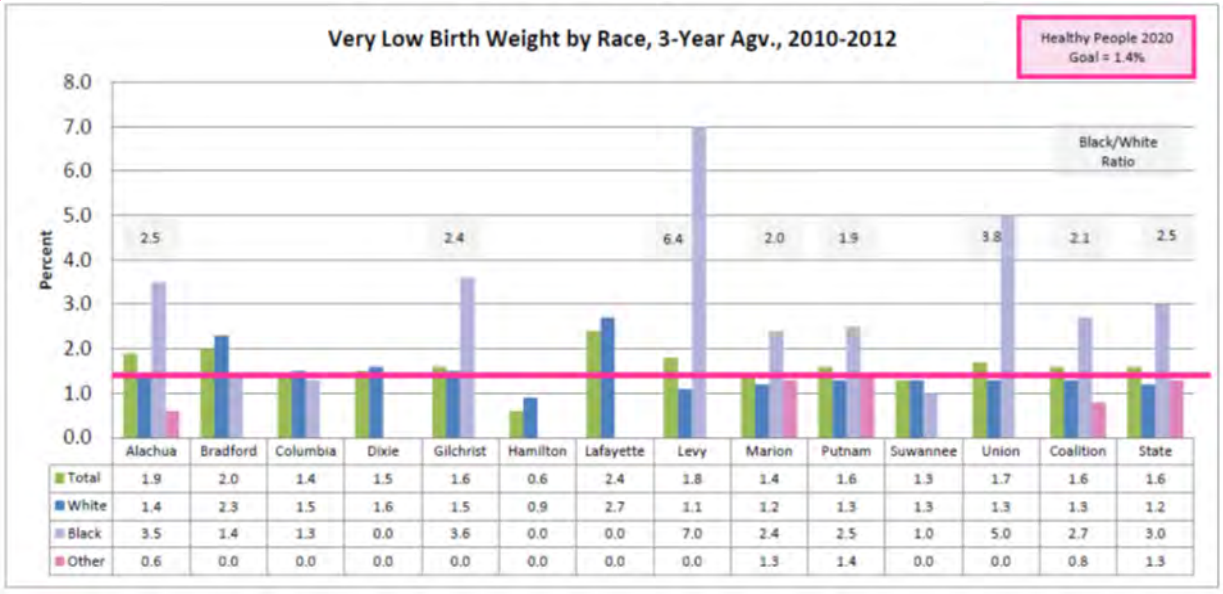
Very low birth weight babies are born weighing less than 3 pounds, 4 ounces (1500 grams). The primary cause of very low birth weight is intrauterine growth restriction. Risk factors include mother's age, mother's health, problems with the placenta, multiple births, race, and socioeconomic factors.

The Coalition's very low birth rate trend has remained relatively steady over the past 10 years and closely mirrors the state's rates . Both the Coalition and the state have been consistently higher than the Healthy People 2020 goal of 1.4 percent.



SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

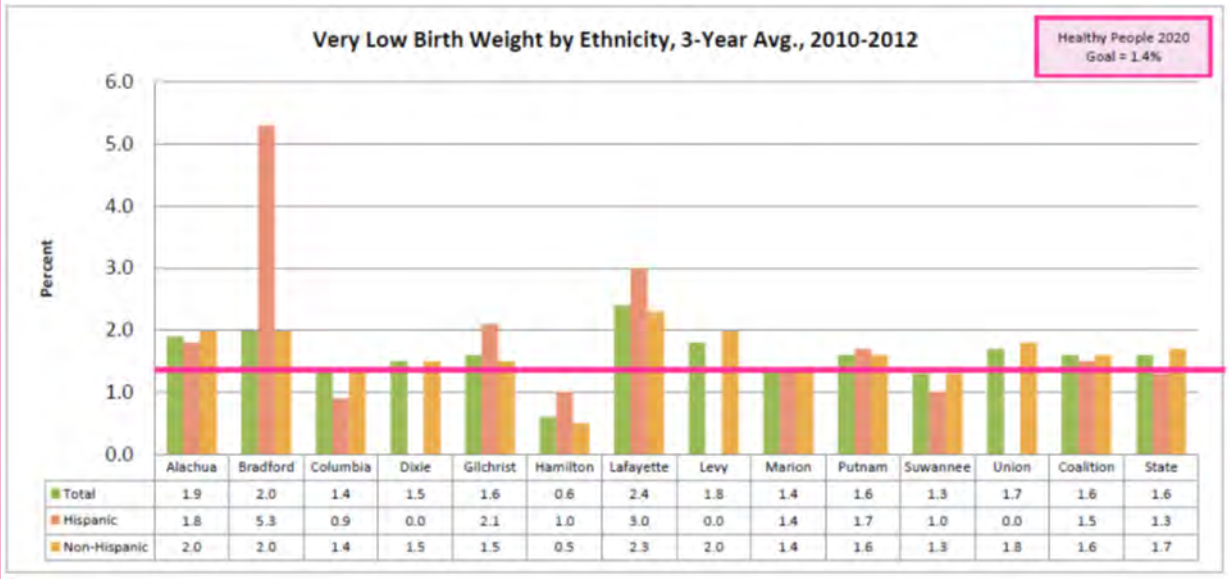
The Coalition's overall White and Other very low birth weight average meets the Healthy People 2020 goal. Lafayette counties whose White averages were above the goal. Coalition's averages are nearly identical to the state's averages across all populations. Lafayette County has the highest White very low birth weight average. There is a disparity between Black and both White and Other populations in Alachua, Gilchrist, Levy, Marion, Putnam, and Union counties. Levy and Union counties had the highest average of Black very low birth weight and were approximately twice the Coalition and state's averages.



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	1.9	2.0	1.4	1.5	1.6	0.6	2.4	1.8	1.4	1.6	1.3	1.7	1.6	1.6
White	1.4	2.3	1.5	1.6	1.5	0.9	2.7	1.1	1.2	1.3	1.3	1.3	1.3	1.2
Black	3.5	1.4	1.3	0.0	3.6	0.0	0.0	7.0	2.4	2.5	1.0	5.0	2.7	3.0
Other	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.3	1.4	0.0	0.0	0.8	1.3

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

The Coalition's overall very low birth weight averages were nearly identical to the state's rates in both Hispanic and non-Hispanic ethnicities. Bradford (5.3 percent) and Lafayette (3.0 percent) counties were much higher than the state and Coalition's Hispanic average rates of 1.3 percent and 1.5 percent respectively.



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	1.9	2.0	1.4	1.5	1.6	0.6	2.4	1.8	1.4	1.6	1.3	1.7	1.6	1.6
Hispanic	1.8	5.3	0.9	0.0	2.1	1.0	3.0	0.0	1.4	1.7	1.0	0.0	1.5	1.3
Non-Hispanic	2.0	2.0	1.4	1.5	1.5	0.5	2.3	2.0	1.4	1.6	1.3	1.8	1.6	1.7

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

TARGET POPULATION

TARGET POPULATION

Geographic Description

The Healthy Start of North Central Florida Coalition is comprised of 12 counties: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Putnam, Suwannee, and Union. The Coalition region covers 8,422 square miles. The region extends to the Gulf of Mexico on the west, and extends east and south through the north-central portion of the state. The largest county in geographical size is Marion (1,579 square miles) and the smallest is Union (240 square miles). Neighboring counties are predominantly rural. The largely rural nature of the region and its shear size create special needs and challenges in providing maternal and child healthcare service delivery.

Population Density

The population density for the Coalition region is 107.3 people per square mile, which is well below the state's 348.6 people per square mile. All the counties in the region, with the exception of Alachua, Marion, and Putnam, are officially designated as rural (less than 100 persons per square mile). Alachua County's density, which is the highest in the region (282.9 people per square mile), results in part from the large student population at the University of Florida, while Marion County has experienced extremely rapid growth due to the significant influx of elderly and retired people. All counties in the region have lower population densities than the state, and Lafayette has the lowest (16.3 people per square mile) (Table 4.1).

Table 5.1. Total Population, Area and Density by County, Coalition and State, 2010

Area	Population			Area		Density
	Total	Percent of State	Percent of Coalition	Square Miles	Percent of State	People Per Square Mile
Alachua	247,336	1.3	27.4	874.3	1.6	282.9
Bradford	28,520	0.2	3.2	293.1	0.5	97.3
Columbia	67,531	0.4	7.5	797.1	1.5	84.7
Dixie	16,422	0.1	1.8	704.0	1.3	23.3
Gilchrist	16,939	0.1	1.9	348.9	0.6	48.5
Hamilton	14,799	0.1	1.6	514.9	1.0	28.7
Lafayette	8,870	0.0	1.0	542.8	1.0	16.3
Levy	40,801	0.2	4.5	1,118.4	2.1	36.5
Marion	331,298	1.8	36.6	1,578.9	2.9	209.8
Putnam	74,364	0.4	8.2	721.9	1.3	103.0
Suwannee	41,551	0.2	4.6	687.6	1.3	60.4
Union	15,535	0.1	1.7	240.3	0.4	64.6
Coalition	903,966	4.8	100.0	8,422.2	15.6	107.3
State	18,801,310			53,926.8		348.6

SOURCE: US Census Bureau, 2010 Summary File 1; University of Florida, Bureau of Economic and Business Research, 2009.

Population Growth

As in the state as a whole, most of the population growth in the 12-county Coalition region is due to in-migration of people from other counties in Florida or from other states rather than from natural increase. Since 2000, the population in this area has increased by 19.5 percent. In 2000, there were 761,244 individuals compared to 909,834 in 2009. During this period, Marion County had the largest percentage increase in population (27.6%) (Table 5.2).

It is estimated that by the year 2015 the Coalition population will increase by 7.5 percent to 977,669. This is higher than the state of Florida's expected increase of 6.0 percent. Lafayette County is expected to experience the largest growth with a 26.4 percent change between 2009 and 2015 (Table 5.2).

Table 5.2. Estimated Population by County, Coalition and State, 2000-2020

Area	Total Population				Percent Changes			
	2000 Census	2009 Estimate	2015 Estimate	2020 Estimate	2000 to 2009	2009 to 2015	2015 to 2020	2000 to 2020
Alachua	217,955	256,232	272,387	289,833	17.6	6.3	6.4	33.0
Bradford	26,088	29,085	30,733	31,955	11.5	5.7	4.0	22.5
Columbia	56,513	67,531	71,285	76,057	17.5	7.3	6.7	34.6
Dixie	13,827	16,221	17,500	18,635	17.3	7.9	6.5	34.8
Gilchrist	14,437	17,393	19,159	20,890	20.5	10.2	9.0	44.7
Hamilton	13,327	14,783	15,118	15,549	10.9	2.3	2.9	16.7
Lafayette	7,022	8,183	10,343	10,772	16.5	26.4	4.1	53.4
Levy	34,450	40,674	43,461	46,826	18.1	6.9	7.7	35.9
Marion	258,916	330,440	360,707	398,204	27.6	9.2	10.4	53.8
Putnam	70,423	74,608	75,359	76,777	5.9	1.0	1.9	9.0
Suwannee	34,844	40,230	45,304	48,094	15.5	12.3	6.2	38.0
Union	13,442	15,576	16,313	17,095	15.9	4.7	4.8	27.2
Coalition	761,244	909,834	977,669	1,050,687	19.5	7.5	7.5	38.0
State	15,982,378	18,750,483	19,881,179	21,246,926	17.3	6.0	6.9	32.9

TARGET POPULATION

Age and Gender

Table 5.3. Population by Age, Gender, Healthy Start of North Central Florida Coalition and State, 2010.

Area	Coalition						State		
	Number			Percent			Percent		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-14	75,278	71,666	146,944	16.7	15.8	16.3	18.3	16.7	17.5
15-44	180,343	168,923	349,266	40.1	37.2	38.6	39.4	37.0	38.2
45-64	116,801	124,063	240,864	26.0	27.3	26.6	26.6	27.4	27.0
65-84	70,189	77,981	148,170	15.6	17.2	16.4	14.1	16.0	15.0
85+	6,961	11,761	18,722	1.5	2.6	2.1	1.7	2.9	2.3
Total	449,572	454,394	903,966	100.0	100.0	100.0	100.0	100.0	100.0

SOURCE: US Census Bureau, 2010 Summary File 1

Since 2002, the number of females 15-44 years of age has increased from 159,559 to 170,878. However, the percent of females decreased from 20.0 percent to 18.6 percent in 2010 (Table 5.4). Of the 12 counties, Alachua County has the highest percent (26.2%) and Lafayette County has the lowest percent (13.5%) of females 15-44 of age. Overall, the Coalition region has a slightly lower percent of females of childbearing age than the state (18.7% and 18.9%, respectively). Similar to the total population of females, the number of females 15-44 years of age has increased from 400,187 to 456,910, but the percent of females 15-44 years of age has decreased (39.9% and 37.4%, respectively) (Table 4.5).

Table 5.4. Women 15-44 Years of Age for Healthy Start of North Central Florida Coalition, 2002-2010

Year	Total Population	Female Population 15-44	Percent of Total Population	Total Female Population	Percent of Total Female Population
2002	796,458	159,559	20.0	400,187	39.9
2003	814,724	163,086	20.0	409,449	39.8
2004	838,362	165,232	19.7	419,833	39.4
2005	859,098	169,205	19.7	430,359	39.3
2006	878,324	170,955	19.5	469,975	38.9
2007	896,474	172,833	19.3	448,195	38.6
2008	907,524	172,650	19.0	453,146	38.1
2009	913,219	171,525	18.8	454,935	37.7
2010	918,480	170,878	18.6	456,910	37.4

SOURCE: Florida CHARTS

Table 5.5. Women 15-44 Years of Age by County, Coalition and State, 2010

County	Population	Females 15-44 Years	
		Number	Percent
Alachua	247,336	64,732	26.2
Bradford	28,520	4,277	15.0
Columbia	67,531	11,411	16.9
Dixie	16,422	2,326	14.2
Gilchrist	16,939	2,710	16.0
Hamilton	14,799	2,074	14.0
Lafayette	8,870	1,197	13.5
Levy	40,801	6,833	16.7
Marion	331,298	52,464	15.8
Putnam	74,364	12,094	16.3
Suwannee	41,551	6,683	16.1
Union	15,535	2,122	13.7
Coalition	903,966	168,923	18.7
State	18,801,310	3,560,982	18.9

SOURCE: US Census Bureau, 2010 Summary File 1.

Race and Ethnicity

The racial makeup of the region is primarily White (77.3%) and non-Hispanic (91.3%). Gilchrist County has the largest White population (90.9%) and Hamilton County has the smallest (59.8%). The Black and Hispanic populations represent only 15.7 percent and 8.7 percent of the total Coalition population, respectively. Hamilton County has the largest Black population (34.5%), while Gilchrist County has the smallest (5.3%). All the other races combined represent 7.0 percent of the Coalition with Alachua County at the highest (10.1%) and Bradford County at the lowest (3.2%). The Hispanic population within the region is significantly smaller than that of the state (8.7% vs. 22.5%, respectively). Lafayette County has the largest Hispanic population in the region (12.1%) and Dixie County has the smallest (3.1%) (Table 5.6).

Table 5.6. Percent of Total Population by Race, Ethnicity, County, Coalition and State, 2010

Area	Total Population	White	Black	All Others	Hispanic	Non-Hispanic
Alachua	247,336	69.6	20.3	10.1	8.4	91.6
Bradford	28,520	76.4	20.4	3.2	3.6	96.4
Columbia	67,531	77.9	17.5	4.6	4.9	95.1
Dixie	16,422	88.8	8.4	2.8	3.1	96.9
Gilchrist	16,939	90.9	5.3	3.8	5.0	95.0
Hamilton	14,799	59.8	34.5	5.7	8.8	91.2
Lafayette	8,870	77.4	15.9	6.7	12.1	87.9
Levy	40,801	85.5	9.4	5.1	7.5	92.5
Marion	331,298	81.0	12.3	6.7	10.9	89.1
Putnam	74,364	77.3	16.2	6.5	9.0	91.0
Suwannee	41,551	82.5	11.4	6.1	8.7	91.3
Union	15,535	75.0	22.2	2.8	4.8	95.2
Coalition	903,966	77.3	15.7	7.0	8.7	91.3
State	18,801,310	75.0	16.0	9.0	22.5	77.5

SOURCE: US Census Bureau, 2010 Summary File 1.

The majority of the women of childbearing age (15-44 years of age) in the Coalition region are White (72.8%) and non-Hispanic (89.1%). The Black and Hispanic populations comprise only 18.0 percent and 10.9 percent, respectively. Within this group, Hamilton County has the largest Black population (33.0%) and Marion County has the largest Hispanic population (14.2%) (Table 5.7).

Table 5.7. Percent of Women of Childbearing Age (15-44) by Race, Ethnicity, County, Coalition and State, 2010

Area	Women 15-44 Years	White	Black	All Others	Hispanic	Non-Hispanic
Alachua	64,732	67.2	20.5	12.3	10.8	89.2
Bradford	4,277	78.5	18.0	3.5	2.5	97.5
Columbia	11,411	77.0	17.8	5.2	5.4	94.6
Dixie	2,326	89.3	7.5	3.2	3.0	97.0
Gilchrist	2,710	92.0	3.9	4.1	4.9	95.1
Hamilton	2,074	59.0	33.0	8.0	10.3	89.7
Lafayette	1,197	84.0	6.9	9.1	12.8	87.2
Levy	6,833	82.3	11.6	6.1	9.1	90.9
Marion	52,464	74.3	16.9	8.8	14.2	85.8
Putnam	12,094	71.7	20.0	8.3	11.5	88.5
Suwannee	6,683	80.3	13.2	6.5	9.4	90.6
Union	2,122	85.4	11.0	3.6	4.1	95.9
Coalition	168,923	72.8	18.0	9.2	10.9	89.1
State	3,560,982	69.2	19.5	11.3	26.6	73.4

SOURCE: US Census Bureau, 2010 Summary File 1.

Special Populations

The seasonal and migrant farmworker population in the Coalition region represents a small (2.4%) portion of the total population. However, this population utilizes a disproportionate share of the public health system, since many do not have insurance. Many also experience language barriers, since Spanish is often their primary language. Most of the migrant and seasonal farmworkers are located in Alachua County (28.0%) (Table 5.8).

Table 5.8. Number and Percent of Migrant and Seasonal Farmworkers by County, Coalition, and State, 2008

Area	Number of Migrant and Seasonal Farmworkers	Percent of Coalition	Percent of Population
Alachua	771	28.0	0.3
Bradford	0	0	0
Columbia	81	2.9	0.1
Dixie	0	0	0
Gilchrist	34	1.2	0.2
Hamilton	0	0	0
Lafayette	0	0	0
Levy	216	7.8	0.5
Marion	581	21.1	0.2
Putnam	653	23.7	0.9
Suwannee	419	15.2	1.0
Union	0	0	0
Coalition	2,755	2.4	0.3
State	114,846	0	0.6

SOURCE: University of Florida Shimberg Center for Housing Studies, The Need for Farmworker Housing in Florida, July 16, 2010.

Number of Households and Income Levels

There are 334,029 households within the Coalition region. These households have a median income of $38,147. Dixie County has the lowest median household income at $31,426, and Lafayette County has the highest at $46,551 (Table 5.9).

Income levels within the Coalition region are slightly lower than the state. For households with an income of $49,999 or less, the region has a higher percentage than the state. Conversely, for households with an income of $50,000 or more, the state has a higher percentage than the region. Lafayette County is the most affluent with the largest percentage (14.3%) of households above $100,000. Dixie County is the poorest with the greatest percentage (38.6%) of households with income under $25,000 (Table 4.9).

Table 5.9. Percent of Households by Income Level, County, Coalition and State, 2005-2009

Area	Number of House-holds	Less than $25,000	$25,000-$49,999	$50,000-$99,999	$100,000-$149,999	Over $150,000	Median Household Income
Alachua	96,518	35.1	24.9	24.2	9.2	6.6	39,345
Bradford	8,484	28.5	32.6	29.7	6.0	3.3	40,519
Columbia	22,396	31.6	30.2	28.3	6.5	3.3	39,078
Dixie	4,014	38.6	32.2	23.6	4.3	1.3	31,426
Gilchrist	5,469	29.1	33.2	26.5	7.5	3.7	41,048
Hamilton	4,173	35.9	29.6	26.8	4.5	3.2	35,632
Lafayette	1,918	26.4	31.9	27.5	13.0	1.3	46,551
Levy	14,472	34.8	31.0	26.9	4.6	2.7	35,294
Marion	131,742	28.2	33.3	28.7	6.2	3.6	40,306
Putnam	27,993	37.5	28.2	25.8	5.8	2.6	33,711
Suwannee	13,531	37.6	27.3	27.6	5.0	2.5	34,157
Union	3,319	29.1	30.9	31.4	8.1	0.5	40,694
Coalition	334,029	32.1	29.8	26.9	7.0	4.2	38,147
State	7,076,539	24.8	27.7	30.4	10.3	6.8	47,450

SOURCE: US Census Bureau, 2005-2009 American Community Survey

Poverty

According to the US Census Bureau, poverty rates are higher in the Coalition region than statewide rates. This fact is significant, as poverty is consistently one of the greatest predictors of poor maternal and infant outcomes. Every county in the Coalition has a higher percentage of families in poverty than the state (9.5%). Hamilton and Putnam counties have the highest percentages of families in poverty (15.4% and 16.2%, respectively). As is true throughout the United States, female-headed households with children have the greatest risk for living in poverty. Every county with the exception of Dixie County in the Coalition has a higher percentage of female-headed families with children in poverty than the state (25.5%). Lafayette and Union counties have the highest percentage in the Coalition region. (43.3% and 50.1%, respectively) (Table 5.10).

Table 5.10. Percent of Persons and Families Below Poverty Level by County, Coalition and State, 2005-2009

Area	Persons Below Poverty Level	Children Below Poverty Level	65 and Over Below Poverty Level	Families Below Poverty Level	Female-Headed Families Below Poverty Level
Alachua	24.1	19.6	7.6	11.5	29.2
Bradford	15.6	20.3	14.4	12.6	39.9
Columbia	16.6	24.1	11.3	14.1	26.4
Dixie	19.6	27.9	8.2	12.8	24.3
Gilchrist	14.7	20.6	11.9	12.1	31.1
Hamilton	19.4	26.6	17.8	15.4	30.9
Lafayette	18.0	20.1	19.6	10.9	43.3
Levy	19.1	29.2	12.9	13.6	35.9
Marion	13.9	22.5	8.7	10.2	31.1
Putnam	22.7	31.4	17.6	16.2	39.7
Suwannee	17.9	27.1	15.3	14.8	39.1
Union	17.4	22.7	17.0	12.6	50.1
Coalition	18.4	23.4	10.4	11.9	32.0
State	13.2	18.3	10.1	9.5	25.5

SOURCE: US Census Bureau, 2005-2009 American Community Survey

Medicaid Eligibility

According to the Agency for Healthcare Administration (AHCA), 166,200 individuals in the Coalition region are Medicaid eligible, 92,545 (57.4%) of whom are 20 years of age or younger. Adults ages 21-35 years (13.9%), 36-59 years (15.2%), 60-64 years (2.6%), and 65 years and older (10.9%) make up the remaining 73,655 eligible individuals (Table 5.11).

Table 5.11. Medicaid Population by Age, County, Coalition and State, as of December 2010

Area	0-20 Years of Age		21-35 Years of Age		36-59 Years of Age		60-64 Years of Age		65 Years of Age and Older	
	#	%	#	%	#	%	#	%	#	%
Alachua	18,635	57.8	4,598	15.4	4,847	15.0	831	2.6	2,946	9.1
Bradford	2,985	57.1	773	14.8	790	15.1	125	2.4	553	10.6
Columbia	8,113	56.6	2,019	14.1	2,294	16.0	397	2.8	1,499	10.5
Dixie	1,755	48.2	517	14.2	722	19.8	138	3.8	509	14.0
Gilchrist	1,675	55.4	402	13.3	475	15.7	81	2.7	388	12.8
Hamilton	1,937	57.3	422	12.5	498	14.7	85	2.5	439	13.0
Lafayette	666	60.9	132	12.1	127	11.6	25	2.3	144	13.2
Levy	4,413	54.1	1,042	12.8	1,402	17.2	245	3.0	1,048	12.9
Marion	34,306	58.4	7,936	13.5	8,613	14.7	1,391	2.4	6,465	11.0
Putnam	11,129	57.4	2,658	13.7	2,990	15.4	529	2.7	2,093	10.8
Suwan-nee	5,422	57.1	1,210	12.7	1,305	13.7	265	2.8	1,299	13.7
Union	1,509	59.5	394	15.5	382	15.1	61	2.4	191	7.5
Coalition	92,545	57.4	22,463	13.9	24,445	15.2	4,173	2.6	17,574	10.9
State	1,734,371	58.7	343,558	11.6	389,076	13.2	67,242	2.3	419,746	14.2

SOURCE: Florida Medicaid Program Analysis Report for December 2010

Educational Attainment

Within the Coalition region, 83 percent of those 25 years of age and older have a high school diploma (55.0%) or a college degree (28.0%). However, 17.1 percent of the population did not complete high school. Compared to the state of Florida, those individuals completing high school represent 50.8 percent, which is 4.2 percent less than the Coalition. Those individuals receiving college degrees total 34.0 percent; this is 6.0 percent more than the Coalition. For those individuals who did not receive a high school diploma, the state is at 15.1 percent, which is 2.0 percent lower than the Coalition (Table 5.12).

Table 5.12. Persons over Twenty-Five Years of Age by Level of Education, County, Coalition and State, 2005-2009

Area	Population 25 Years of Age and Older	No High School Diploma		High School Diploma		College Degree	
		Number	Percent	Number	Percent	Number	Percent
Alachua	127,014	13,796	10.9	50,293	39.6	62,925	49.5
Bradford	19,960	4,252	21.3	12,237	61.3	3,471	17.4
Columbia	44,933	8,923	19.9	25,753	57.3	10,257	22.8
Dixie	9,895	2,881	29.1	6,085	61.5	929	9.4
Gilchrist	10,565	1,901	18.0	7,052	66.7	1,612	15.3
Hamilton	9,660	2,833	29.3	5,411	56.0	1,416	14.7
Lafayette	4,883	1,161	23.8	3,038	62.2	684	14.0
Levy	27,113	5,531	20.4	16,055	59.2	5,527	20.4
Marion	231,275	36,748	15.9	136,767	59.1	57,760	25.0
Putnam	49,870	11,185	22.4	29,204	58.6	9,481	19.0
Suwannee	27,037	6,061	22.4	16,542	61.2	4,434	16.4
Union	10,120	2,408	23.8	6,185	61.1	1,527	15.1
Coalition	572,325	97,680	17.1	314,622	55.0	160,023	28.0
State	12,532,280	1,895,802	15.1	6,371,377	50.8	4,265,101	34.0

SOURCE: US Census Bureau, 2005-2009 American Community Survey

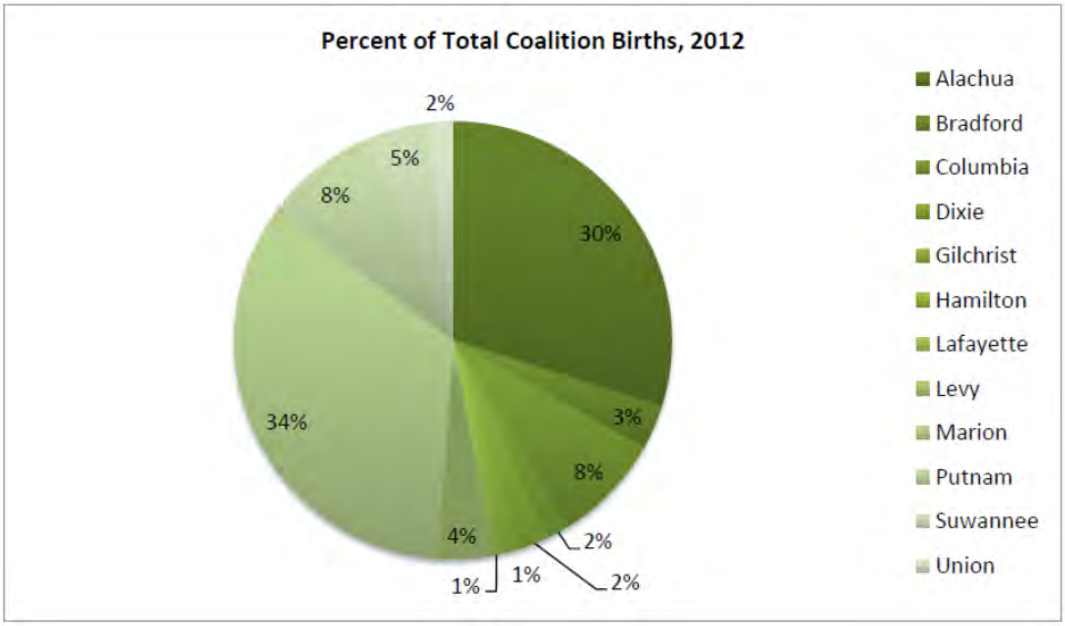
BIRTHS

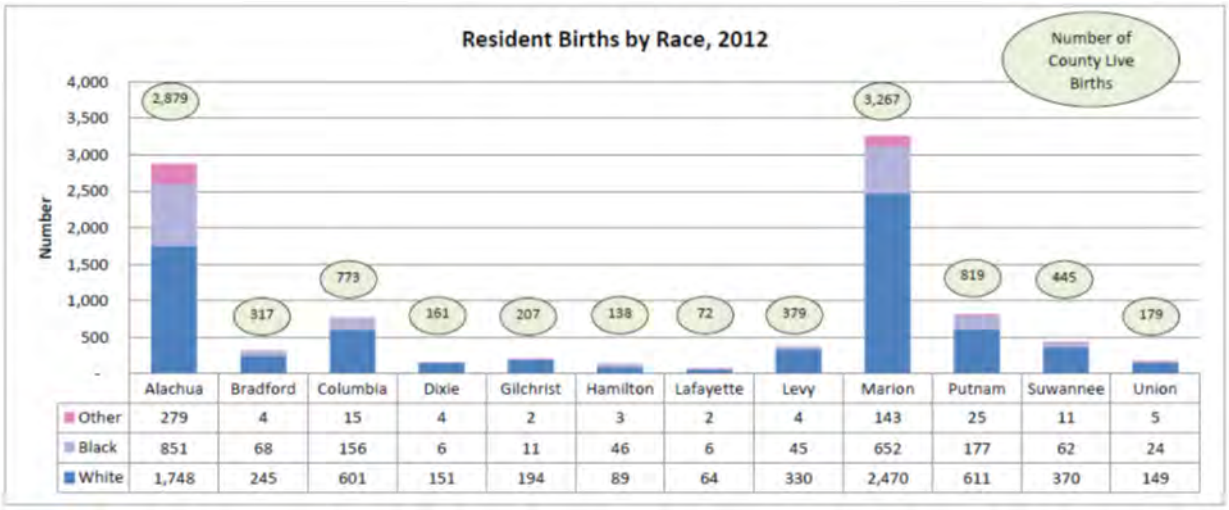
From 2003 to 2008, the number of births in the Coalition region increased from 11.3 per 1,000 population to 12.0 per 1,000 population. However, in 2009, the trend began to change and the area began to experience fewer births. In 2009, the birth rate was 11.5 per 1,000 population. In 2012, the birth rate decreased to 10.6 per 1,000 population.

Marion County experienced the highest number of births (3,267) in 2012. Lafayette had the lowest number with 72 births in 2012.

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Coalition	11.3	11.7	12.0	12.1	12.1	12.0	11.5	11.1	10.9	10.6
State	12.4	12.5	12.7	13.0	12.9	12.4	11.8	11.4	11.3	11.2

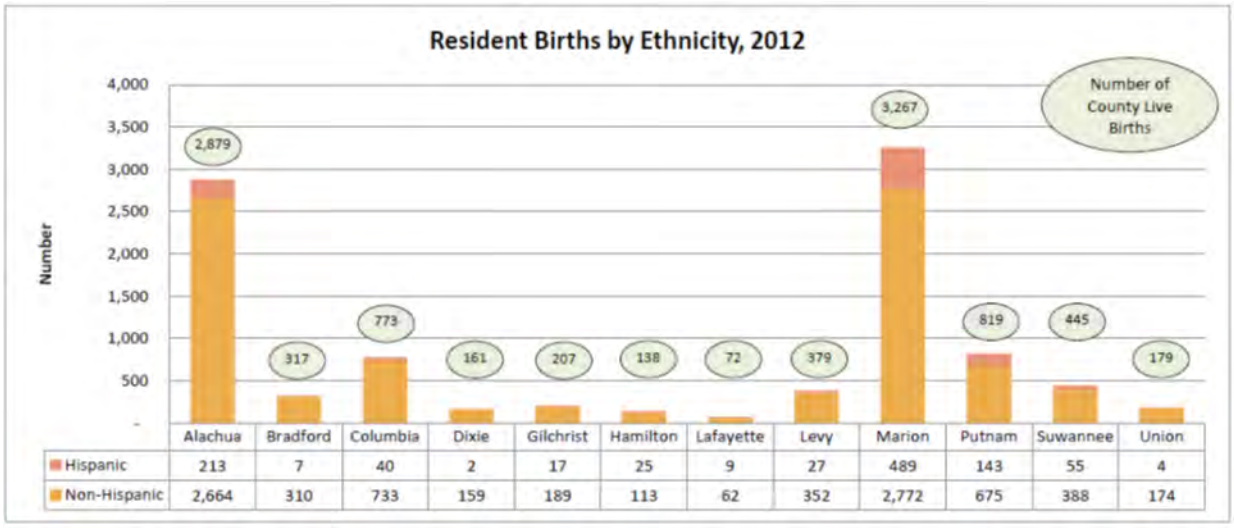
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS





	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union
Other	279	4	15	4	2	3	2	4	143	25	11	5
Black	851	68	156	6	11	46	6	45	652	177	62	24
White	1,748	245	601	151	194	89	64	330	2,470	611	370	149

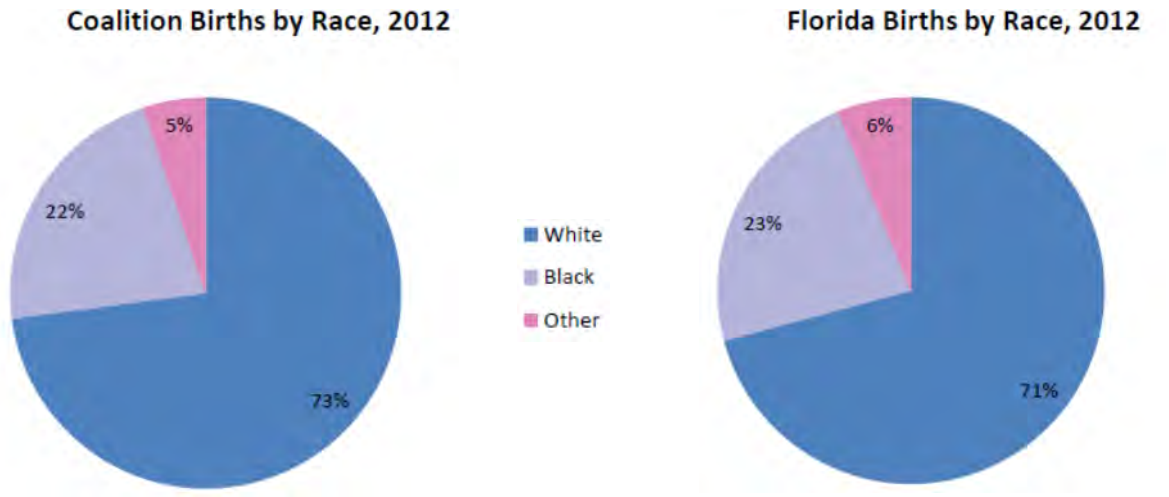
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



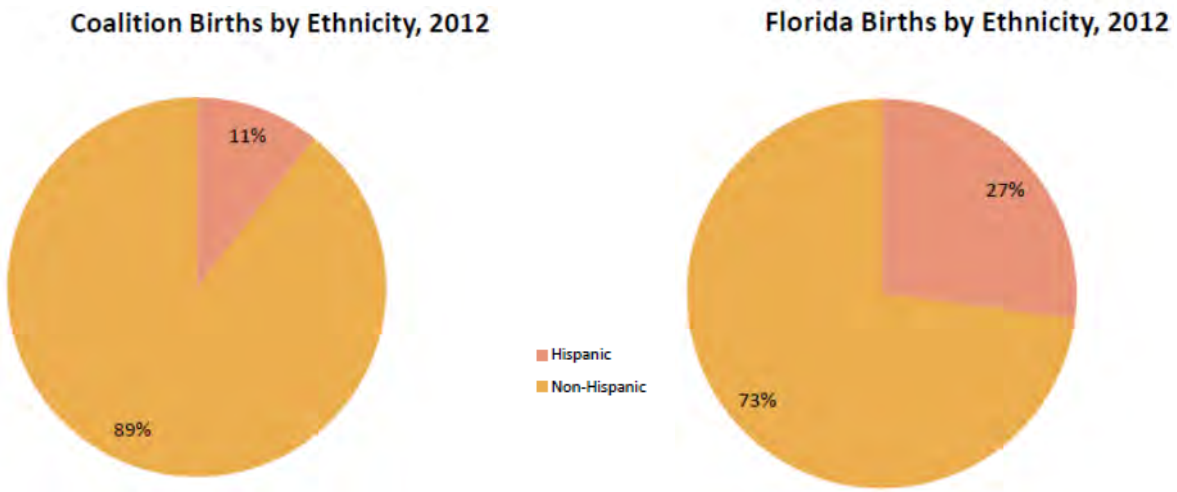
	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union
Hispanic	213	7	40	2	17	25	9	27	489	143	55	4
Non-Hispanic	2,664	310	733	159	189	113	62	352	2,772	675	388	174

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

Seventy-three percent of the births in 2012 in the Coalition area were White infants; 22 percent were Black infants. Infants in Other were 5 percent of births in the Coalition area in 2012. Compared to the state (71 percent), the Coalition area has a slightly higher percentage of White births (73 percent) and slightly lower percentage of Black births (22 percent and 23 percent, respectively).



SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

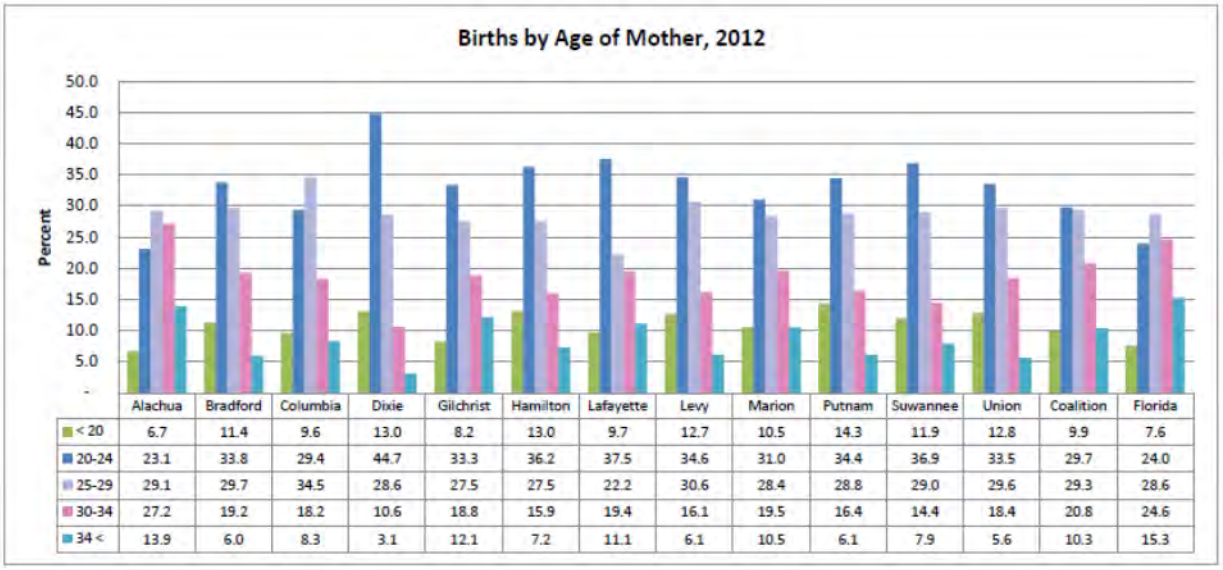
TARGET POPULATION

Resident Births by Age, 2003-2012								
Year	10-14	15-17	18-19	20-24	25-29	30-34	34 <	Total
2003	19	394	914	2,973	2,327	1,602	848	9,077
2004	17	427	940	3,158	2,455	1,731	913	9,641
2005	27	449	1,002	3,309	2,623	1,730	983	10,123
2006	18	478	987	3,534	2,776	1,711	1,030	10,534
2007	24	490	1,013	3,398	2,983	1,793	1,044	10,745
2008	18	456	1,082	3,376	2,940	1,847	1,036	10,755
2009	16	421	997	3,220	2,896	1,825	1,018	10,393
2010	15	331	913	3,067	2,962	1,761	1,005	10,054
2011	13	287	752	2,990	2,795	1,995	1,018	9,850
2012	12	218	720	2,866	2,819	2,006	994	9,636

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

In 2012, almost 30 percent of births in the Coalition area were to 20-24 year olds (29.7 percent) and 25-29 year olds (29.3 percent). Births to mothers less than 20 was 9.9 percent in the Coalition area and highest in Putnam County with 14.3 percent in 2012.

The rate of births to mothers 10-14 years of age and 15-17 years of age have decreased since 2007 yet remain slightly higher than the state.



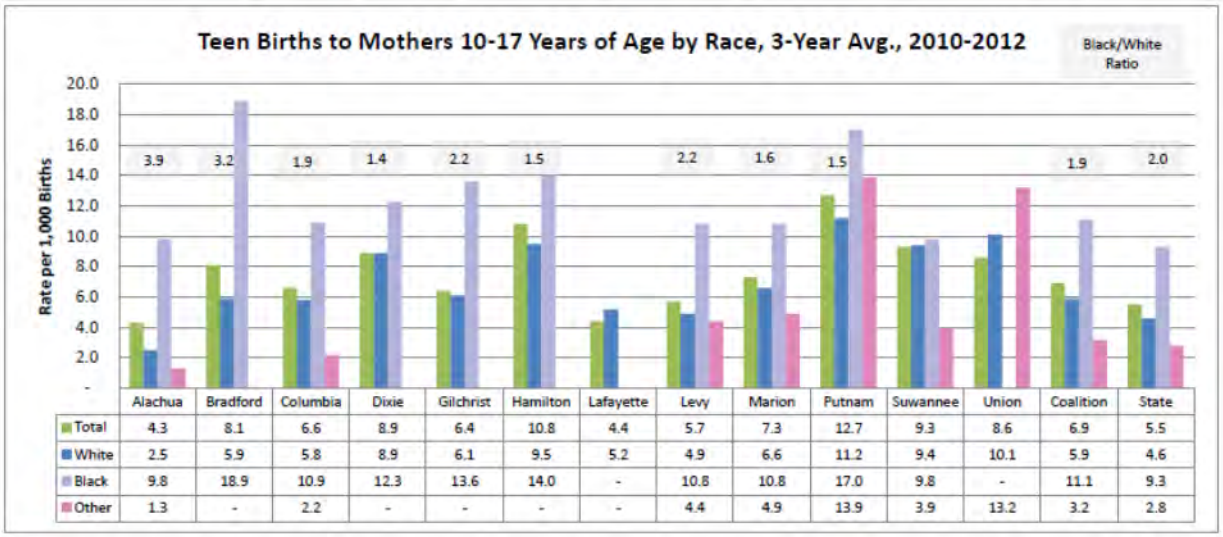
	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
< 20	6.7	11.4	9.6	13.0	8.2	13.0	9.7	12.7	10.5	14.3	11.9	12.8	9.9	7.6
20-24	23.1	33.8	29.4	44.7	33.3	36.2	37.5	34.6	31.0	34.4	36.9	33.5	29.7	24.0
25-29	29.1	29.7	34.5	28.6	27.5	27.5	22.2	30.6	28.4	28.8	29.0	29.6	29.3	28.6
30-34	27.2	19.2	18.2	10.6	18.8	15.9	19.4	16.1	19.5	16.4	14.4	18.4	20.8	24.6
34 <	13.9	6.0	8.3	3.1	12.1	7.2	11.1	6.1	10.5	6.1	7.9	5.6	10.3	15.3

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

TARGET POPULATION

Teen Births to Mothers 10-17 Years of Age by Race, 2002-2011										
Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total	412	444	476	496	514	474	437	346	300	230
White	272	290	301	293	318	294	252	225	176	151
Black	136	141	157	181	181	165	176	110	115	72
Other	6	13	18	22	15	15	9	10	9	7

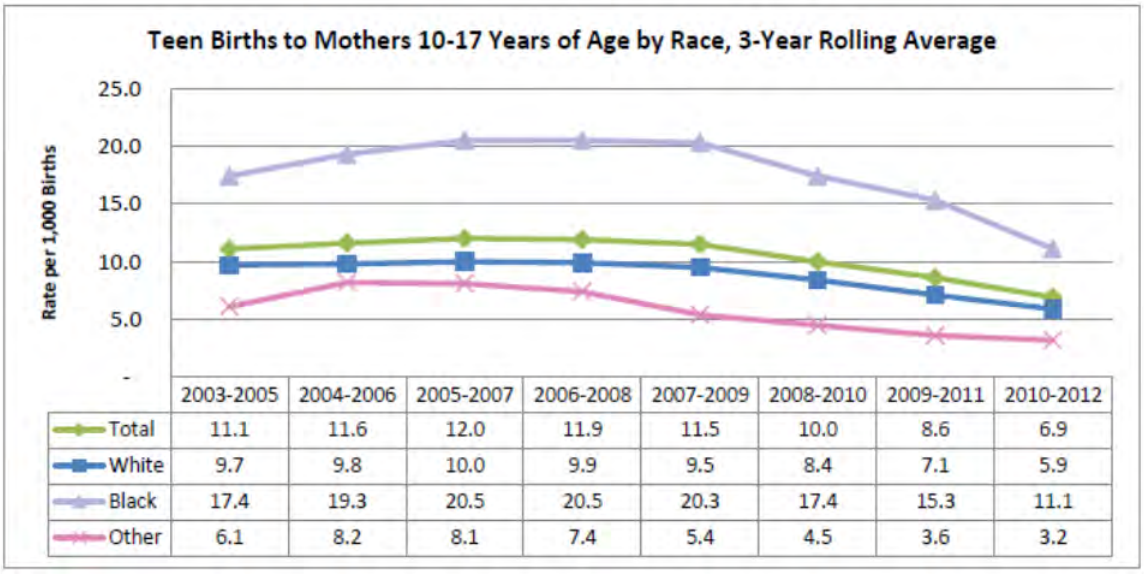
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	4.3	8.1	6.6	8.9	6.4	10.8	4.4	5.7	7.3	12.7	9.3	8.6	6.9	5.5
White	2.5	5.9	5.8	8.9	6.1	9.5	5.2	4.9	6.6	11.2	9.4	10.1	5.9	4.6
Black	9.8	18.9	10.9	12.3	13.6	14.0	-	10.8	10.8	17.0	9.8	-	11.1	9.3
Other	1.3	-	2.2	-	-	-	-	4.4	4.9	13.9	3.9	13.2	3.2	2.8

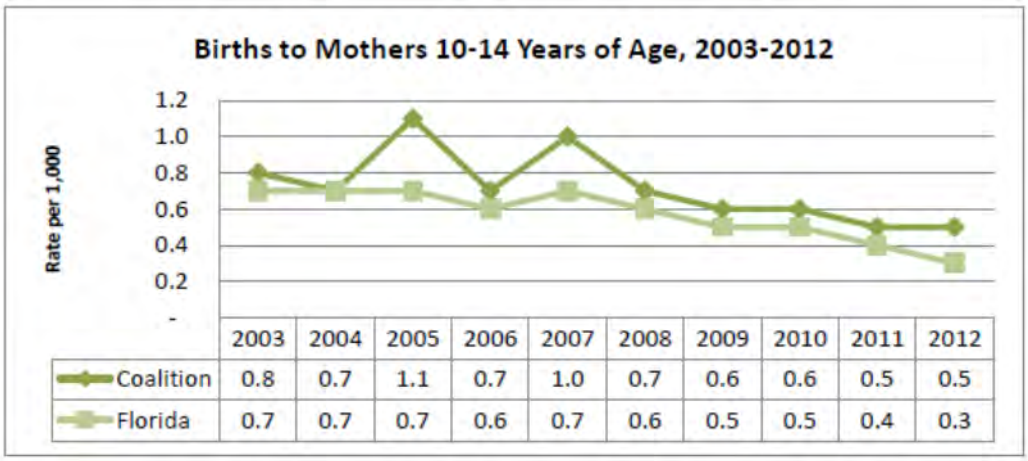
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

From 2006-2008, the average rate of births to Black mothers 10-17 years of age was 20.5 per 1,000 births with a rate of 9.9 per 1,000 births to White mothers 10-17 years of age. In 2010-2012 the average rates of births to mothers 10-17 years of age improved with 11.1 per 1,000 births to Black mothers 10-17 years of age and 5.9 per 1,000 births to White mothers 10-17 years of age.



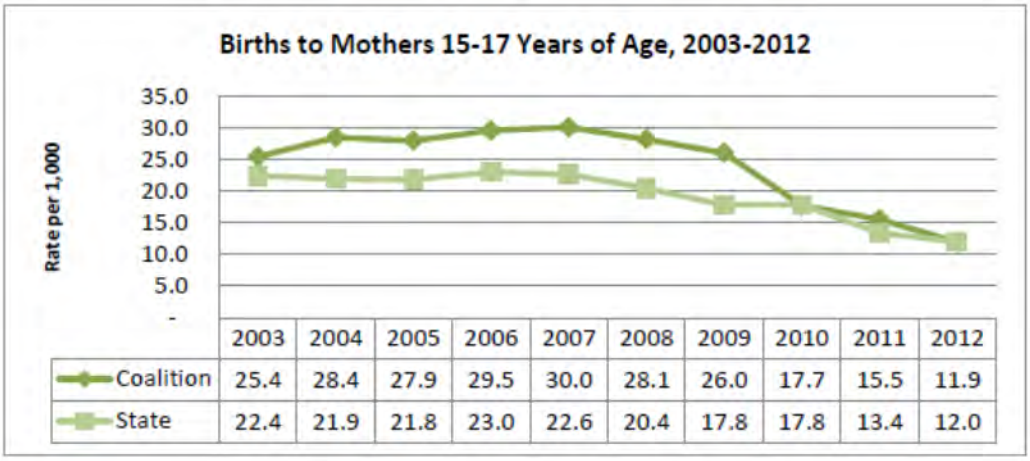
	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Total	11.1	11.6	12.0	11.9	11.5	10.0	8.6	6.9
White	9.7	9.8	10.0	9.9	9.5	8.4	7.1	5.9
Black	17.4	19.3	20.5	20.5	20.3	17.4	15.3	11.1
Other	6.1	8.2	8.1	7.4	5.4	4.5	3.6	3.2

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



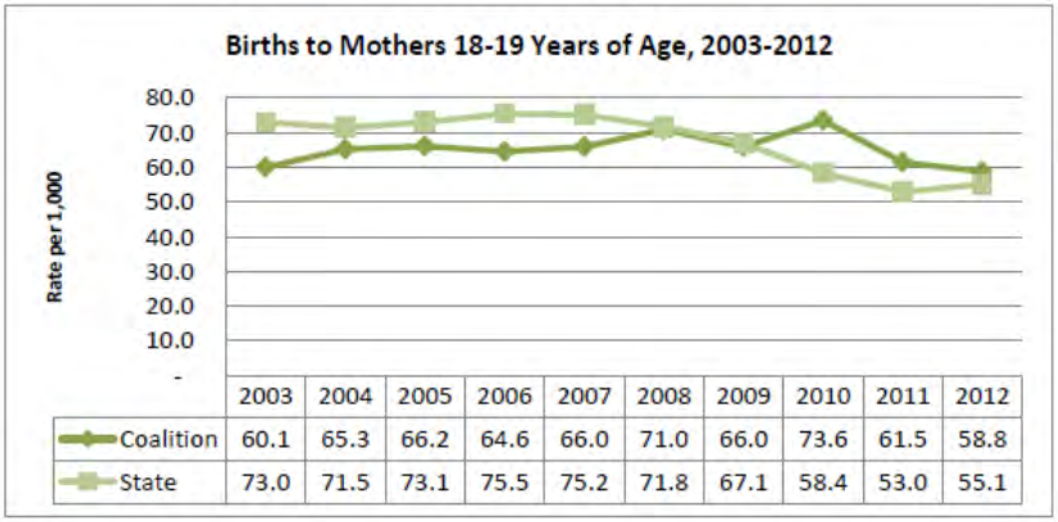
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Coalition	0.8	0.7	1.1	0.7	1.0	0.7	0.6	0.6	0.5	0.5
Florida	0.7	0.7	0.7	0.6	0.7	0.6	0.5	0.5	0.4	0.3

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Coalition	25.4	28.4	27.9	29.5	30.0	28.1	26.0	17.7	15.5	11.9
State	22.4	21.9	21.8	23.0	22.6	20.4	17.8	17.8	13.4	12.0

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



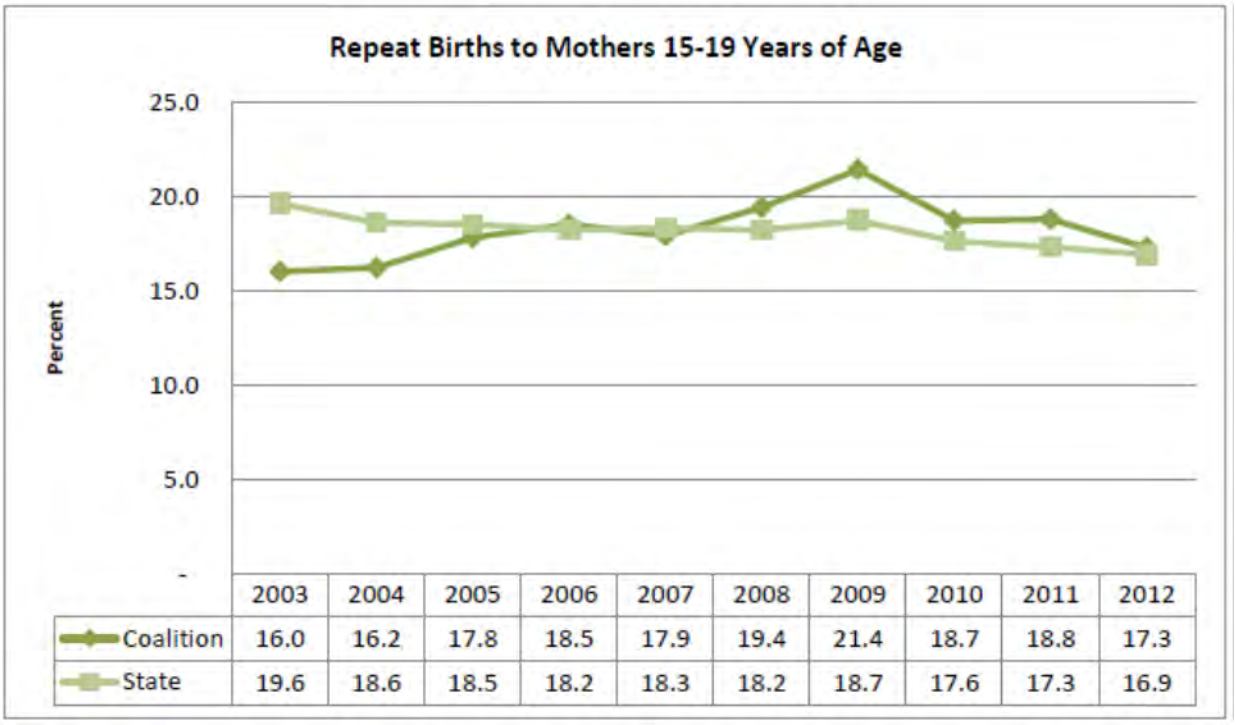
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Coalition	60.1	65.3	66.2	64.6	66.0	71.0	66.0	73.6	61.5	58.8
State	73.0	71.5	73.1	75.5	75.2	71.8	67.1	58.4	53.0	55.1

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

Lafayette County had the highest percentage of repeat births to mother 15-19 years of age in 2012 with 28.6 percent. Although Gilchrist County had the highest percentage in 2008 with 45.8 percent, the county was the lowest in 2012 with 5.9 percent.

Repeat Births for 15-19 Years, 2002-2011										
	2008		2009		2010		2011		2012	
	#	%	#	%	#	%	#	%	#	%
Alachua	54	17.6	71	23.4	37	14.9	43	19.5	43	22.5
Bradford	13	19.4	7	16.3	9	17.0	7	18.9	4	11.4
Columbia	32	21.5	25	17.7	23	18.4	16	17.6	10	13.5
Dixie	4	16.7	3	10.3	3	13.0	3	15.0	3	14.3
Gilchrist	11	45.8	5	23.8	2	11.8	4	17.4	1	5.9
Hamilton	9	29.0	10	28.6	9	26.5	4	13.8	4	22.2
Lafayette	1	8.3	2	22.2	5	29.4	-	-	2	28.6
Levy	13	17.1	13	18.1	7	12.3	8	18.6	7	14.6
Marion	96	18.0	112	21.4	89	20.3	73	20.5	56	16.5
Putnam	37	17.9	36	22.5	37	17.4	24	16.4	23	20.2
Suwannee	21	22.3	17	22.7	21	24.7	6	11.1	6	11.8
Union	7	20.6	2	8.7	7	25.0	7	28.0	3	13.6
Coalition	298	19.4	303	21.4	298	18.7	195	18.8	162	17.3
State	4,472	18.2	4,175	18.7	4,472	17.6	3,001	17.3	2,693	16.9

Overall within the Coalition region, the rate of repeat births for 15-19 year olds increased from 16.0 percent in 2003 to 17.3 percent in 2012. The 2012 Coalition rate is higher than the state (17.3 percent and 16.9 percent, respectively).

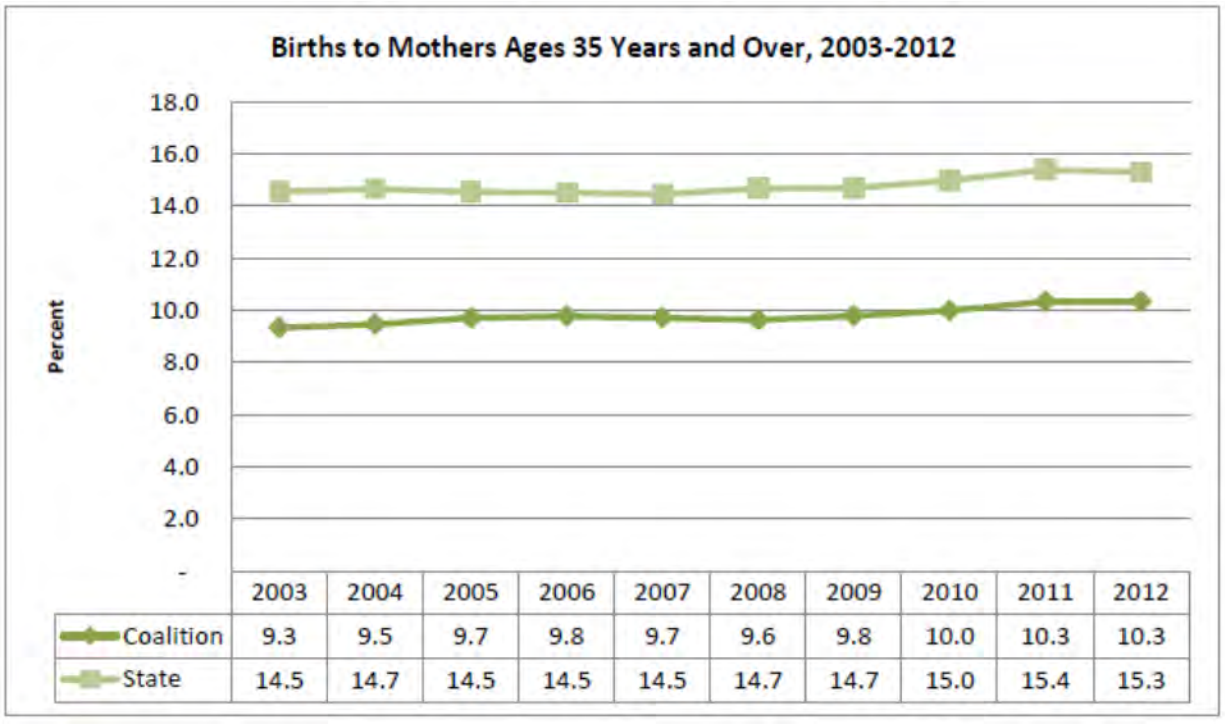


SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

TARGET POPULATION

Births to Mothers 35 Years and Older, 2003-2012										
	2008		2009		2010		2011		2012	
	#	%	#	%	#	%	#	%	#	%
Alachua	384	12.9	367	12.5	384	12.9	367	12.5	401	6.9
Bradford	17	4.7	29	9.0	17	4.7	29	9.0	19	2.6
Columbia	72	8.2	55	6.4	72	8.2	55	6.4	64	3.4
Dixie	8	4.6	8	4.1	8	4.6	8	4.1	5	1.0
Gilchrist	18	9.1	13	6.9	18	9.1	13	6.9	25	5.0
Hamilton	7	4.3	6	3.2	7	4.3	6	3.2	10	2.8
Lafayette	5	5.1	3	3.9	5	5.1	3	3.9	8	4.2
Levy	41	8.5	37	8.3	41	8.5	37	8.3	23	1.8
Marion	361	9.8	368	10.3	361	9.8	368	10.3	345	3.0
Putnam	68	6.7	80	8.2	68	6.7	80	8.2	50	2.2
Suwannee	43	7.9	43	8.9	43	7.9	43	8.9	35	2.7
Union	12	6.4	9	5.8	12	6.4	9	5.8	10	3.5
Coalition	1,036	9.6	1,018	9.8	1,036	9.6	1,018	9.8	995	10.3
State	33,956	14.7	32,531	14.7	33,956	14.7	32,531	14.7	32,501	15.3

Within the Coalition region, the percentage of births to mothers 35 years and older has slightly increased from 9.3 in 2003 to 10.3 in 2012.



SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

SUMMARY OF TARGET POPULATION

The target population of the Healthy Start of North Central Florida Coalition continues to be women and infants identified at risk for poor birth, health and developmental outcomes in the 12-county area. Based on the outcome indicators and findings from the needs assessment, the following priority populations were selected for the action plan:

- Pregnant women, interconceptional women and infants in the service area
- Pregnant women who smoke
- Pregnant and parenting teen participants
- Infants at risk of death related to sleep and unintentional injuries

Disparity reduction is also a priority. In the new plan, action steps to reduce disparities are integrated into the strategies that address the overall goals. Examples of action steps to reduce disparity includes identification and promotion of a media campaign to target the Black population as well as presentation of positive images of Black mothers breastfeeding.

Comparison with 2009-2013 Service Delivery Plan

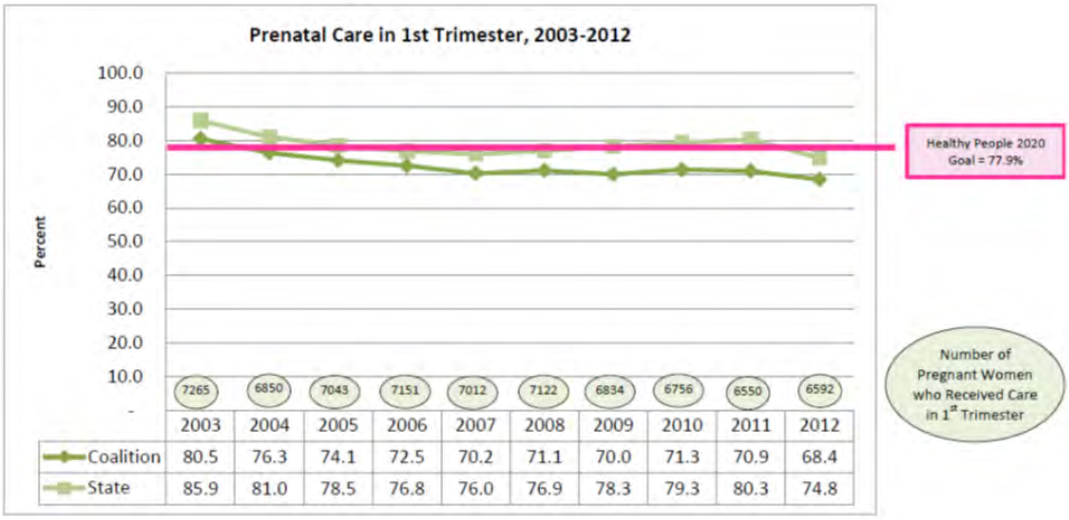
In the 2009-2013 service delivery plan, the focus was on women and infants identified at risk for poor birth, health and developmental outcomes. Strategies focused on increasing awareness of the Healthy Start program, increasing collaboration with community agencies, improving screening rates, and facilitating smoking cessation training for Care Coordinators and service providers. No specific priority populations were identified.

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

PRENATAL CARE

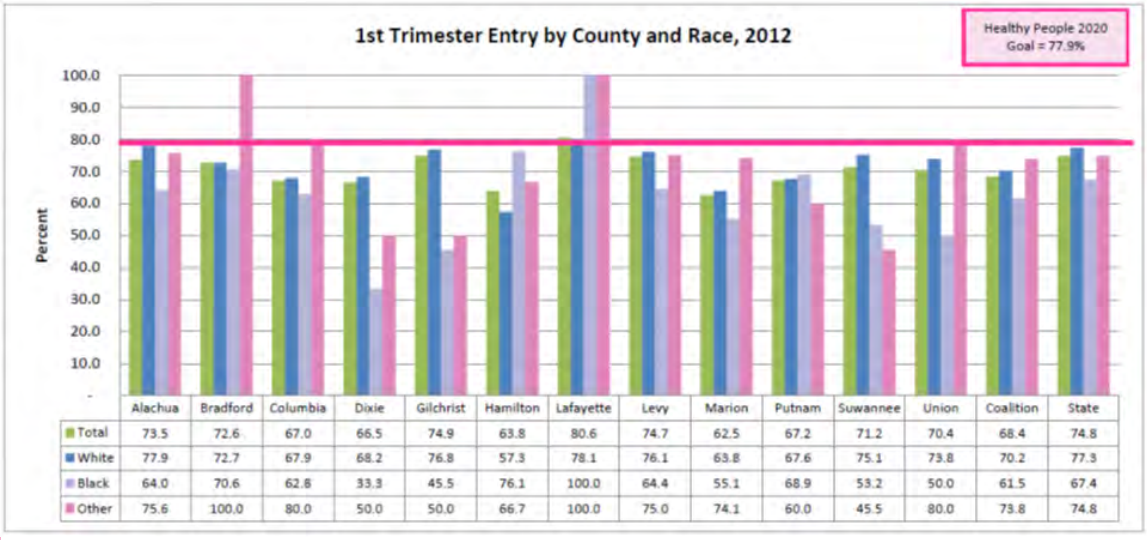
Early and continuous prenatal care helps identify conditions and behaviors such as inadequate weight gain during pregnancy, smoking, and drug and alcohol abuse that contribute to poor birth outcomes. Entry into prenatal care is divided into three sections: first trimester entry, late entry or no prenatal care.

The number of pregnant women who receive prenatal care in the first trimester has declined since 2003 in the Coalition area and in the state. In 2012, only 68.4 percent of pregnant women in the Coalition area received care in the first trimester, down from 80.5 percent in 2009. The Healthy People 2020 goal is 77.9 percent.

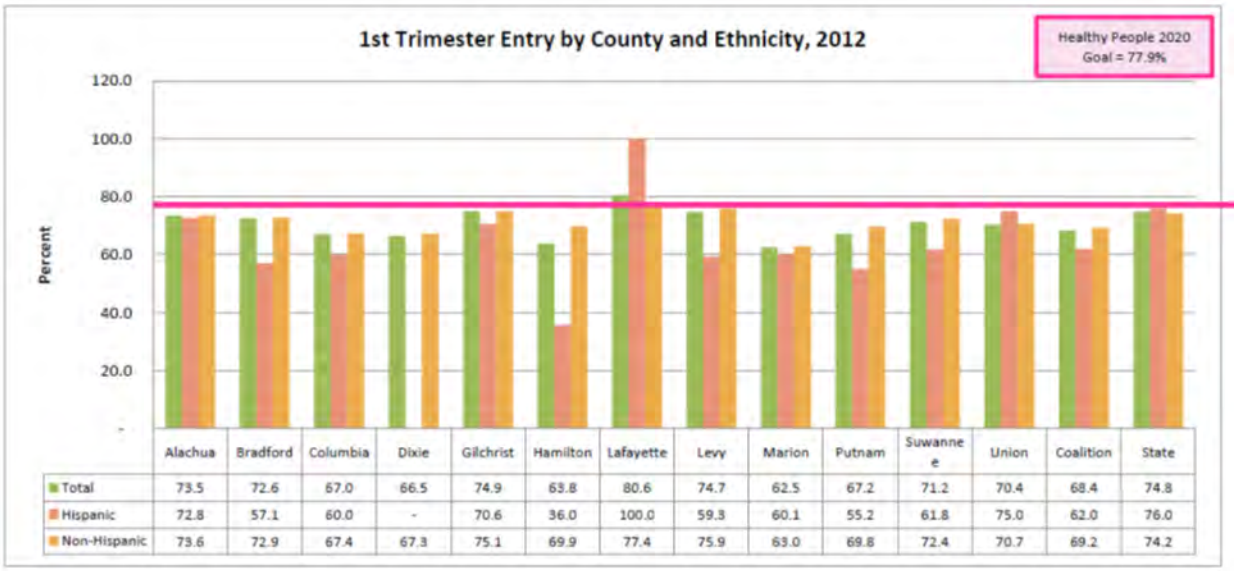


SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

The Coalition area falls below the state rate in White, Black, Other and total percentage of women who enter prenatal care in the first trimester. Of the 12 counties, Lafayette County is the only county that meets the Healthy People 2020 goal of 77.9 in White (78.1 percent), Black (100 percent) and Other (100 percent).

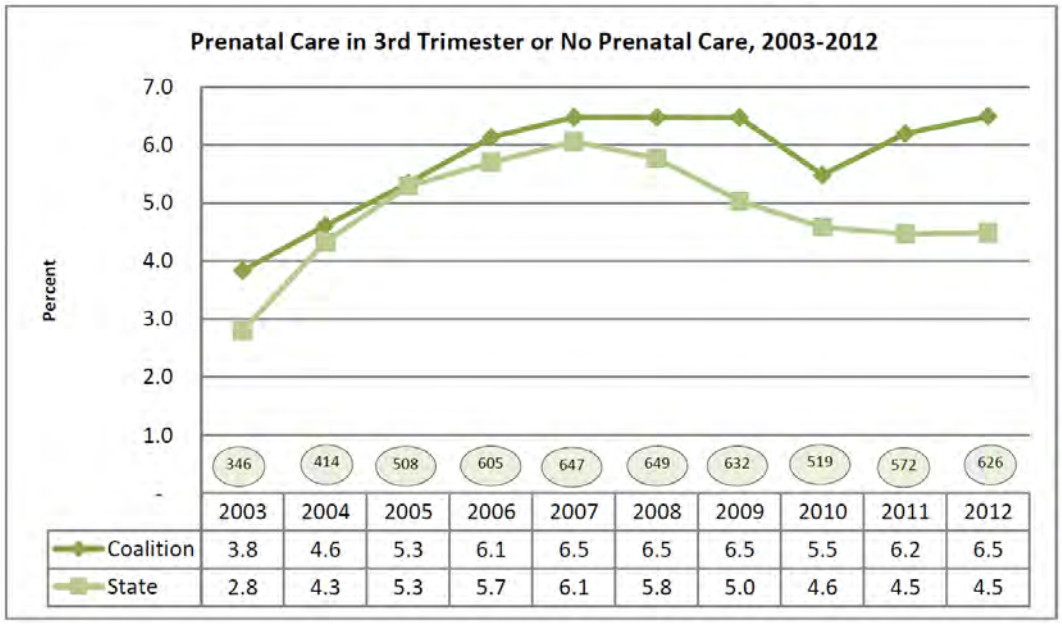


SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	73.5	72.6	67.0	66.5	74.9	63.8	80.6	74.7	62.5	67.2	71.2	70.4	68.4	74.8
Hispanic	72.8	57.1	60.0	-	70.6	36.0	100.0	59.3	60.1	55.2	61.8	75.0	62.0	76.0
Non-Hispanic	73.6	72.9	67.4	67.3	75.1	69.9	77.4	75.9	63.0	69.8	72.4	70.7	69.2	74.2

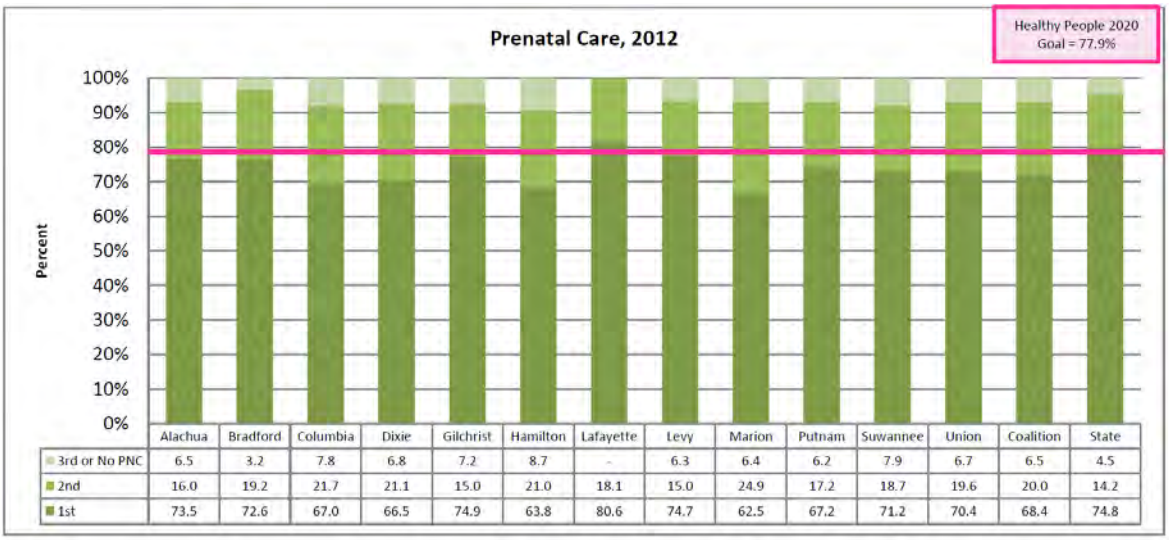
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Coalition	3.8	4.6	5.3	6.1	6.5	6.5	6.5	5.5	6.2	6.5
State	2.8	4.3	5.3	5.7	6.1	5.8	5.0	4.6	4.5	4.5

Number of Pregnant Women who Received Care in 3rd Trimester or No Care

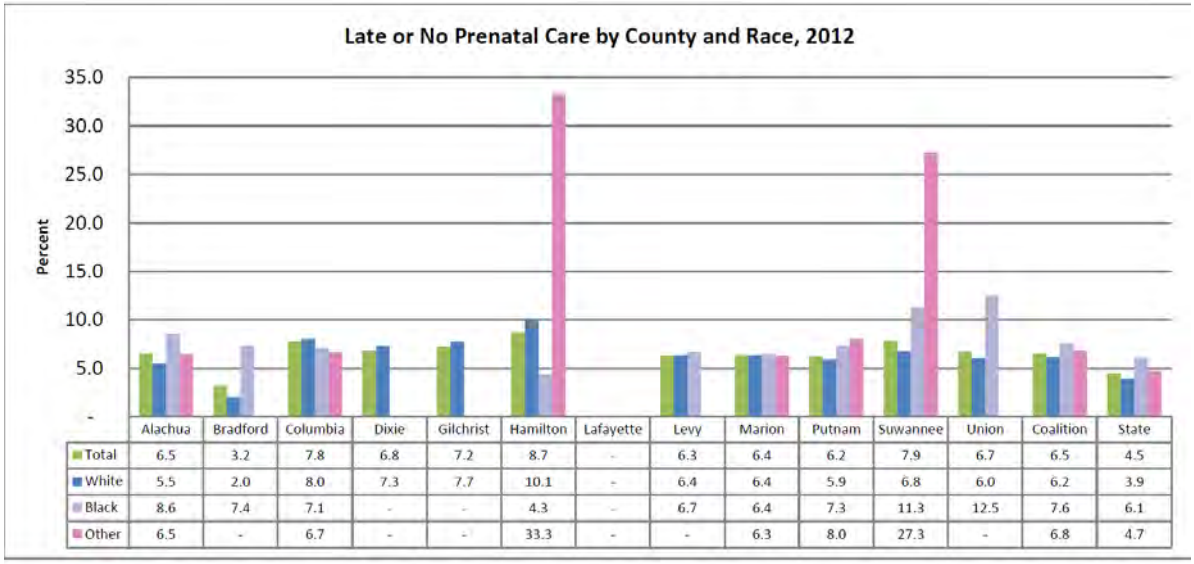
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
3rd or No PNC	6.5	3.2	7.8	6.8	7.2	8.7	-	6.3	6.4	6.2	7.9	6.7	6.5	4.5
2nd	16.0	19.2	21.7	21.1	15.0	21.0	18.1	15.0	24.9	17.2	18.7	19.6	20.0	14.2
1st	73.5	72.6	67.0	66.5	74.9	63.8	80.6	74.7	62.5	67.2	71.2	70.4	68.4	74.8

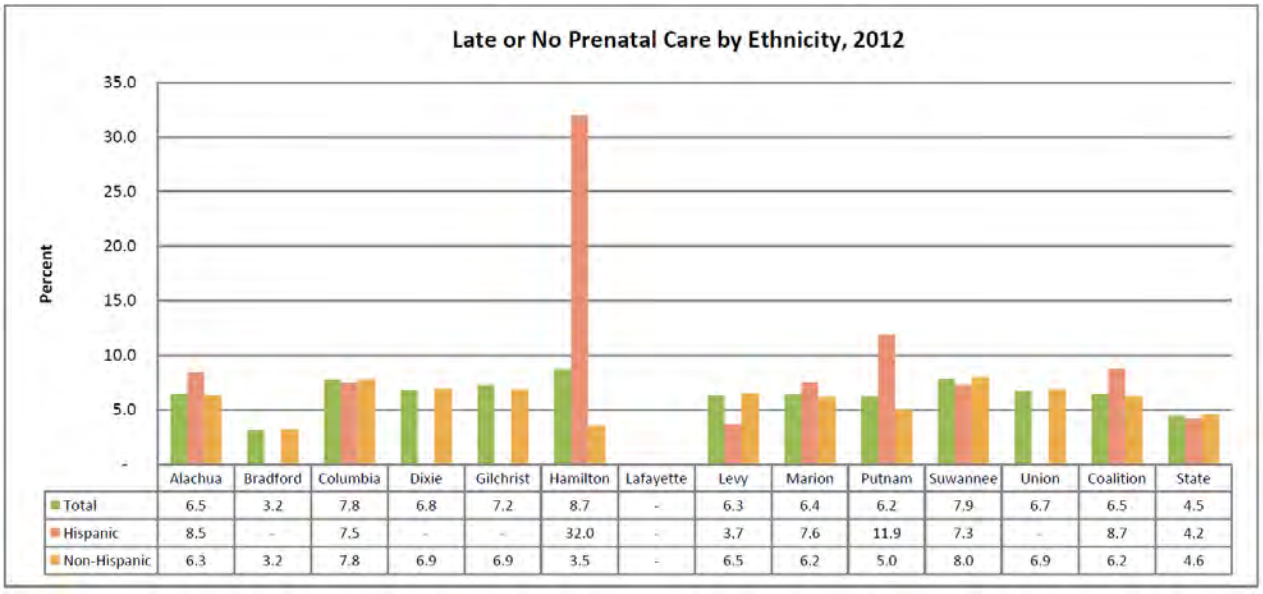
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

The percentage of pregnant women who have late entry into prenatal care or no prenatal care is highest in Hamilton County (8.7 percent) compared to the Coalition (6.5 percent) and the state (4.5 percent). Union, Suwannee and Alachua counties have the highest percentage of Black women (12.5, 11.3, and 8.6, respectively) who have late entry into prenatal care or no prenatal care.



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	6.5	3.2	7.8	6.8	7.2	8.7	-	6.3	6.4	6.2	7.9	6.7	6.5	4.5
White	5.5	2.0	8.0	7.3	7.7	10.1	-	6.4	6.4	5.9	6.8	6.0	6.2	3.9
Black	8.6	7.4	7.1	-	-	4.3	-	6.7	6.4	7.3	11.3	12.5	7.6	6.1
Other	6.5	-	6.7	-	-	33.3	-	-	6.3	8.0	27.3	-	6.8	4.7

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	6.5	3.2	7.8	6.8	7.2	8.7	-	6.3	6.4	6.2	7.9	6.7	6.5	4.5
Hispanic	8.5	-	7.5	-	-	32.0	-	3.7	7.6	11.9	7.3	-	8.7	4.2
Non-Hispanic	6.3	3.2	7.8	6.9	6.9	3.5	-	6.5	6.2	5.0	8.0	6.9	6.2	4.6

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

In 2012, the majority of pregnant women in the Coalition area had 8-15 prenatal visits during their pregnancy (78.8 percent). Pregnant women who had 25 or more prenatal visits decreased from 0.7 percent in 2003 to only 0.1 percent in 2012.

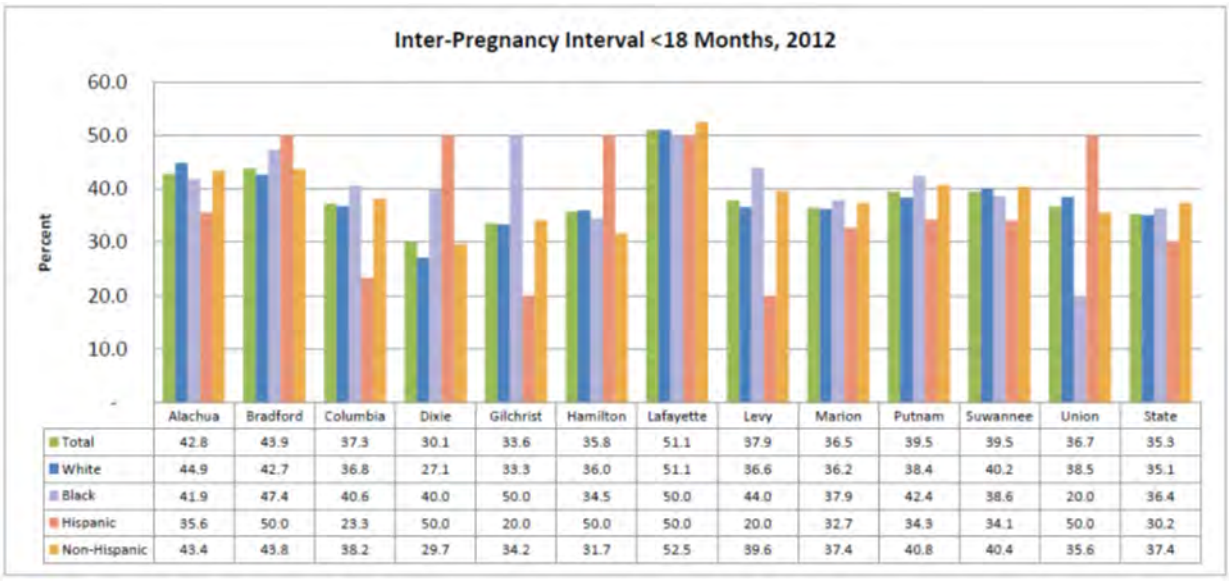
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
25+ Visits	0.7	0.4	0.3	0.5	0.1	0.2	0.1	0.2	0.2	0.1
16-24 Visits	7.7	5.3	4.6	3.6	3.2	3.0	2.8	2.7	2.6	3.2
8-15 Visits	78.3	79.8	79.9	78.9	77.8	77.9	80.0	79.6	79.9	78.8
2-7 Visits	10.5	10.8	11.3	12.6	14.0	14.2	13.0	14.3	14.5	15.0
1 Visit	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
0 Visits	1.3	1.5	1.4	1.6	2.0	1.8	1.8	1.4	1.0	1.2

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

INTER-PREGNANCY INTERVAL LESS THAN 18 MONTHS

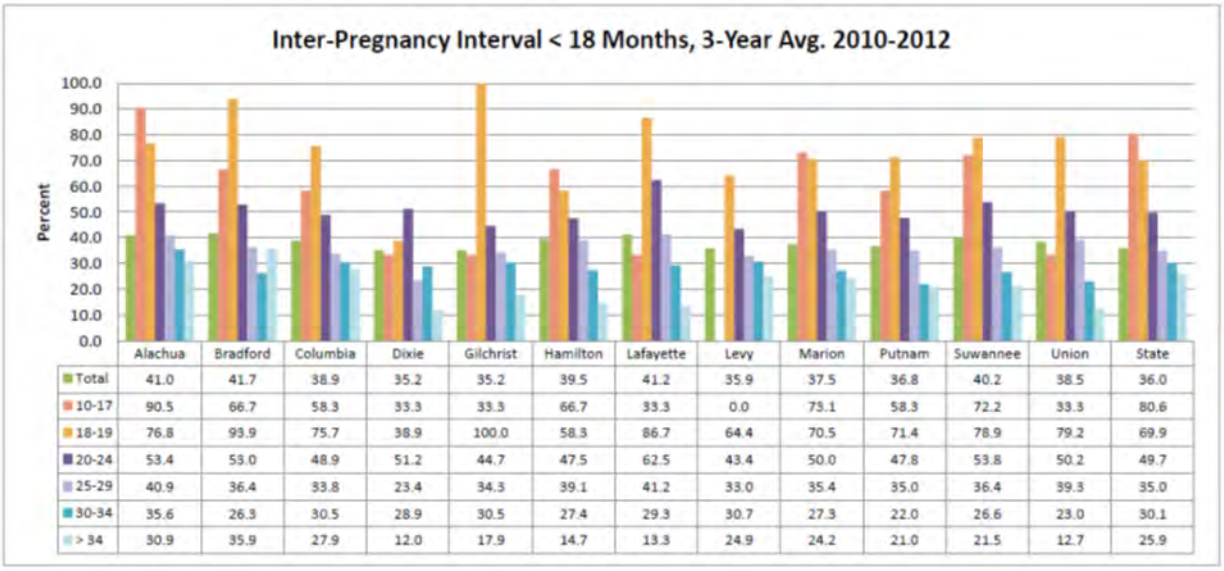
Inter-pregnancy interval is considered to be the amount of time between pregnancies. Women with short inter-pregnancy intervals are at nutritional risk and more likely to experience adverse birth outcomes. Women with an inter-pregnancy interval less than 18 months are also at greater risk of delivering a low birth weight baby.

Lafayette County has the highest percentage of women with an inter-pregnancy interval less than 18 months (51.1 percent) with Alachua County following with 42.8 percent of women with an interval less than 18 months in 2012.



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	State
Total	42.8	43.9	37.3	30.1	33.6	35.8	51.1	37.9	36.5	39.5	39.5	36.7	35.3
White	44.9	42.7	36.8	27.1	33.3	36.0	51.1	36.6	36.2	38.4	40.2	38.5	35.1
Black	41.9	47.4	40.6	40.0	50.0	34.5	50.0	44.0	37.9	42.4	38.6	20.0	36.4
Hispanic	35.6	50.0	23.3	50.0	20.0	50.0	50.0	20.0	32.7	34.3	34.1	50.0	30.2
Non-Hispanic	43.4	43.8	38.2	29.7	34.2	31.7	52.5	39.6	37.4	40.8	40.4	35.6	37.4

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



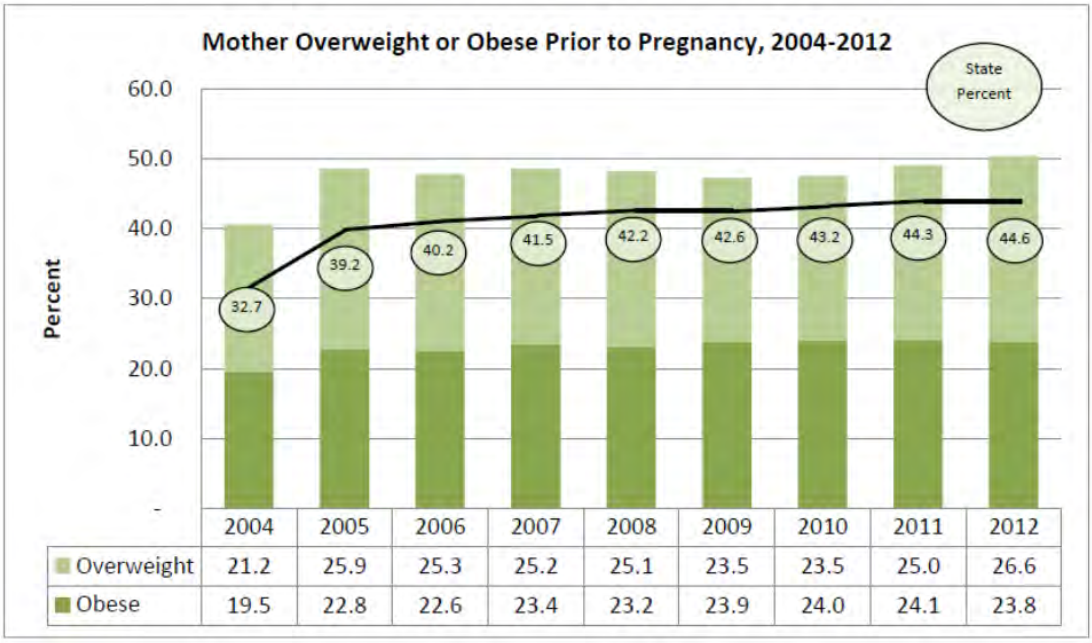
	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	State
Total	41.0	41.7	38.9	35.2	35.2	39.5	41.2	35.9	37.5	36.8	40.2	38.5	36.0
10-17	90.5	66.7	58.3	33.3	33.3	66.7	33.3	0.0	73.1	58.3	72.2	33.3	80.6
18-19	76.8	93.9	75.7	38.9	100.0	58.3	86.7	64.4	70.5	71.4	78.9	79.2	69.9
20-24	53.4	53.0	48.9	51.2	44.7	47.5	62.5	43.4	50.0	47.8	53.8	50.2	49.7
25-29	40.9	36.4	33.8	23.4	34.3	39.1	41.2	33.0	35.4	35.0	36.4	39.3	35.0
30-34	35.6	26.3	30.5	28.9	30.5	27.4	29.3	30.7	27.3	22.0	26.6	23.0	30.1
> 34	30.9	35.9	27.9	12.0	17.9	14.7	13.3	24.9	24.2	21.0	21.5	12.7	25.9

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

BMI PRIOR TO PREGNANCY (OVERWEIGHT/OBESE)

The prepregnancy body mass index (BMI) is calculated by the woman's height and weight prior to pregnancy. Overweight and obese women are at increased risk of pregnancy complications, including gestational diabetes, preeclampsia, and cesarean delivery. Similarly, fetuses of pregnant women who are overweight or obese are at increased risk of prematurity, stillbirth, and congenital anomalies. Interconceptional education is strongly encouraged for obese women.

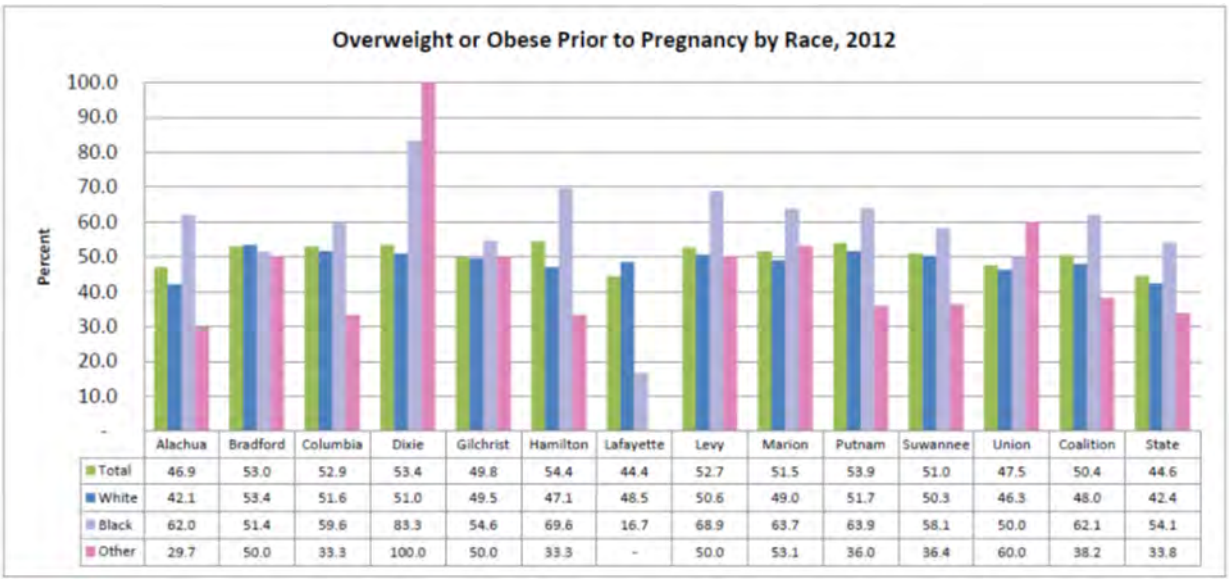
Mothers who were overweight or obese prior to pregnancy in the Coalition area have increased since 2004. In 2004, 21.2 percent of mothers were overweight prior to pregnancy compared to 26.6 percent in 2012. In 2004, 19.5 percent of mothers were obese compared to 23.80 percent of mothers who were obese prior to pregnancy in 2012.



	2004	2005	2006	2007	2008	2009	2010	2011	2012
Overweight	21.2	25.9	25.3	25.2	25.1	23.5	23.5	25.0	26.6
Obese	19.5	22.8	22.6	23.4	23.2	23.9	24.0	24.1	23.8

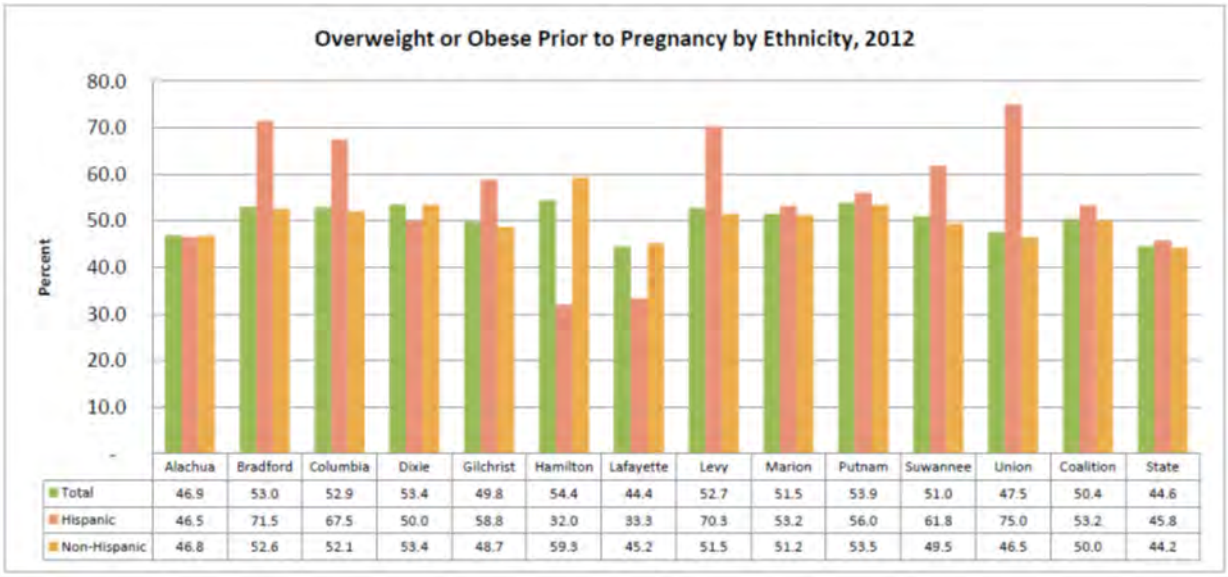
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

The percentage of Black (62.1 percent) overweight or obese mothers in the Coalition area is substantially higher than the state (54.1 percent).



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	46.9	53.0	52.9	53.4	49.8	54.4	44.4	52.7	51.5	53.9	51.0	47.5	50.4	44.6
White	42.1	53.4	51.6	51.0	49.5	47.1	48.5	50.6	49.0	51.7	50.3	46.3	48.0	42.4
Black	62.0	51.4	59.6	83.3	54.6	69.6	16.7	68.9	63.7	63.9	58.1	50.0	62.1	54.1
Other	29.7	50.0	33.3	100.0	50.0	33.3	-	50.0	53.1	36.0	36.4	60.0	38.2	33.8

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



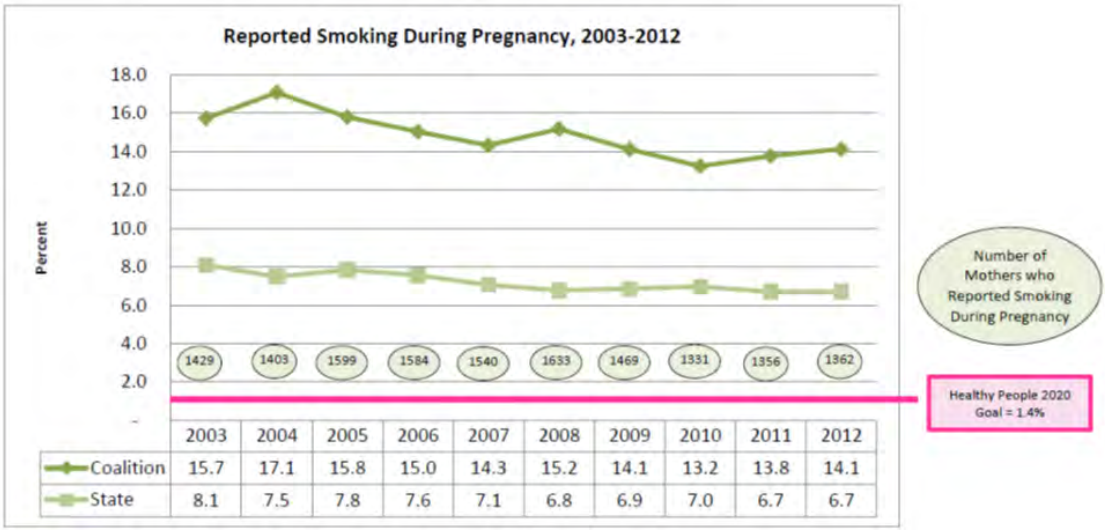
	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	46.9	53.0	52.9	53.4	49.8	54.4	44.4	52.7	51.5	53.9	51.0	47.5	50.4	44.6
Hispanic	46.5	71.5	67.5	50.0	58.8	32.0	33.3	70.3	53.2	56.0	61.8	75.0	53.2	45.8
Non-Hispanic	46.8	52.6	52.1	53.4	48.7	59.3	45.2	51.5	51.2	53.5	49.5	46.5	50.0	44.2

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

SMOKED DURING PREGNANCY

Smoking during pregnancy increases the risk of pregnancy complications, premature delivery, low birth weight, and sudden infant death syndrome. Smoking is a preventable cause of poor health and birth outcomes among mothers and infants in the community.

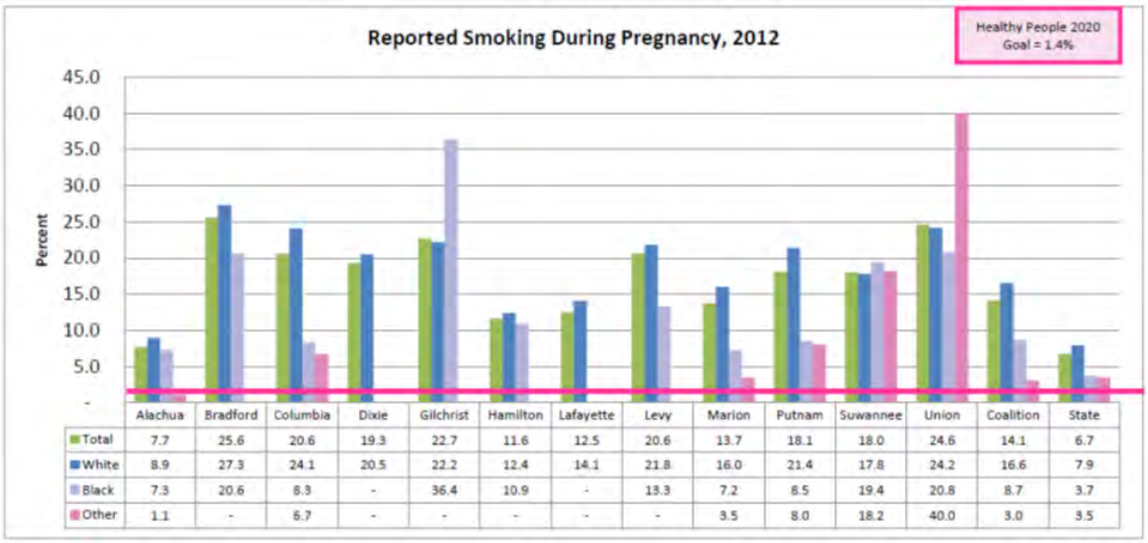
Mothers who reported smoking during pregnancy is unacceptably high in the 12 counties of the Coalition area.



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Coalition	15.7	17.1	15.8	15.0	14.3	15.2	14.1	13.2	13.8	14.1
State	8.1	7.5	7.8	7.6	7.1	6.8	6.9	7.0	6.7	6.7

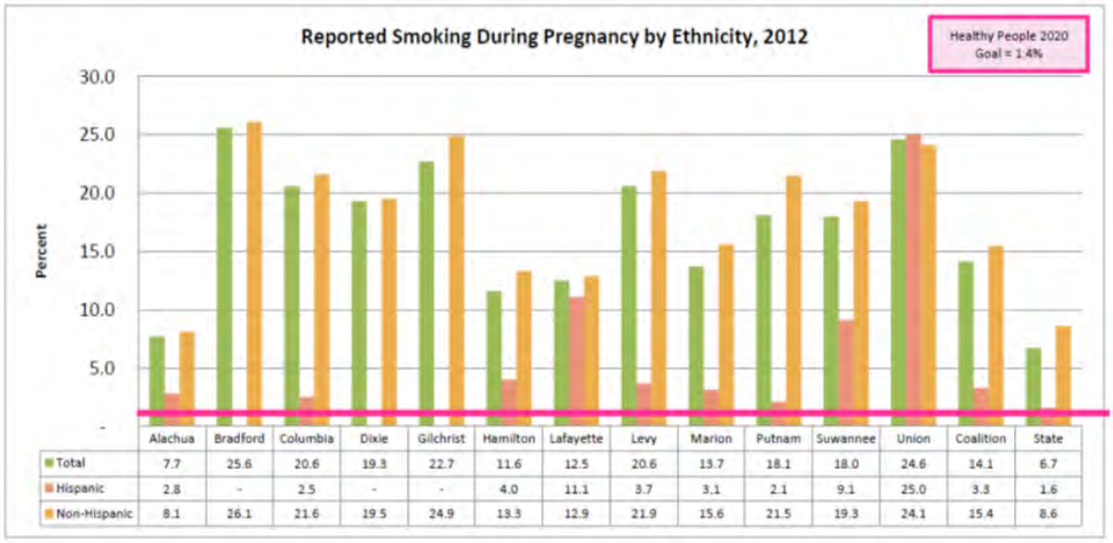
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

The percentage of women who reported smoking during pregnancy in the Coalition area (14.1 percent) is double that of the state (6.7 percent) in White and Black populations. Bradford County has the highest percentage of White women (27.3 percent) and Gilchrist County has the highest percentage of Black women (36.4 percent) who reported smoking during pregnancy in 2012.



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	7.7	25.6	20.6	19.3	22.7	11.6	12.5	20.6	13.7	18.1	18.0	24.6	14.1	6.7
White	8.9	27.3	24.1	20.5	22.2	12.4	14.1	21.8	16.0	21.4	17.8	24.2	16.6	7.9
Black	7.3	20.6	8.3	-	36.4	10.9	-	13.3	7.2	6.5	19.4	20.8	8.7	3.7
Other	1.1	-	6.7	-	-	-	-	-	3.5	8.0	18.2	40.0	3.0	3.5

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



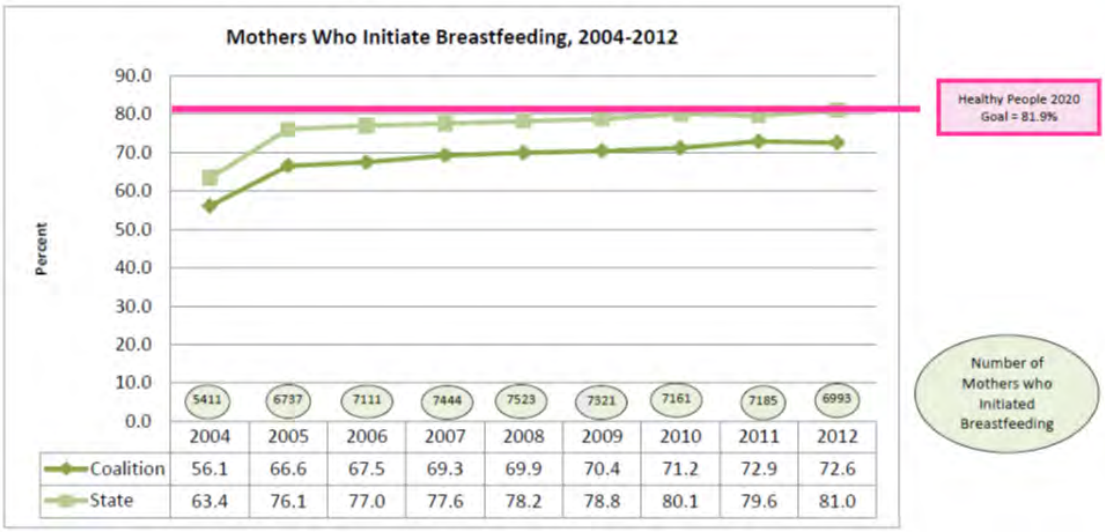
	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	7.7	25.6	20.6	19.3	22.7	11.6	12.5	20.6	13.7	18.1	18.0	24.6	14.1	6.7
Hispanic	2.8	-	2.5	-	-	4.0	11.1	3.7	3.1	2.1	9.1	25.0	3.3	1.6
Non-Hispanic	8.1	26.1	21.6	19.5	24.9	13.3	12.9	21.9	15.6	21.5	19.3	24.1	15.4	8.6

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

BREASTFEEDING

Breastfeeding has enormous economic and health benefits for mothers, babies and communities. Breast milk provides optimal nutrition for infants and is associated with decreased infant mortality. Although breastfeeding rates have slowly increased, Black mothers are significantly less likely than White mothers to breastfeed.

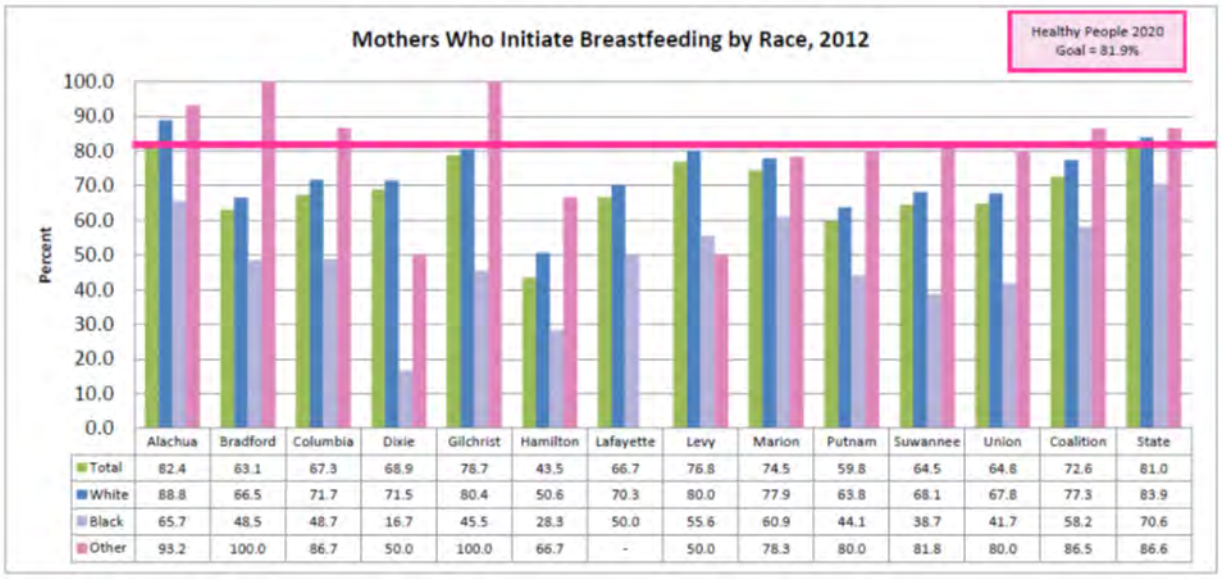
The percentage of mothers who initiated breastfeeding in the Coalition area has increased since 2004. In 2004, 56.1 percent of mothers initiated breastfeeding in the Coalition area. In 2012, 72.6 percent of mothers initiated breastfeeding. However, the percentage of mothers who initiated breastfeeding in the Coalition area is significantly less than the number of mothers in the state (72.6 percent compared to 81.0 percent). The Healthy People 2020 goal is 81.9 percent.



	2004	2005	2006	2007	2008	2009	2010	2011	2012
	5411	6737	7111	7444	7523	7321	7161	7185	6993
Coalition	56.1	66.6	67.5	69.3	69.9	70.4	71.2	72.9	72.6
State	63.4	76.1	77.0	77.6	78.2	78.8	80.1	79.6	81.0

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

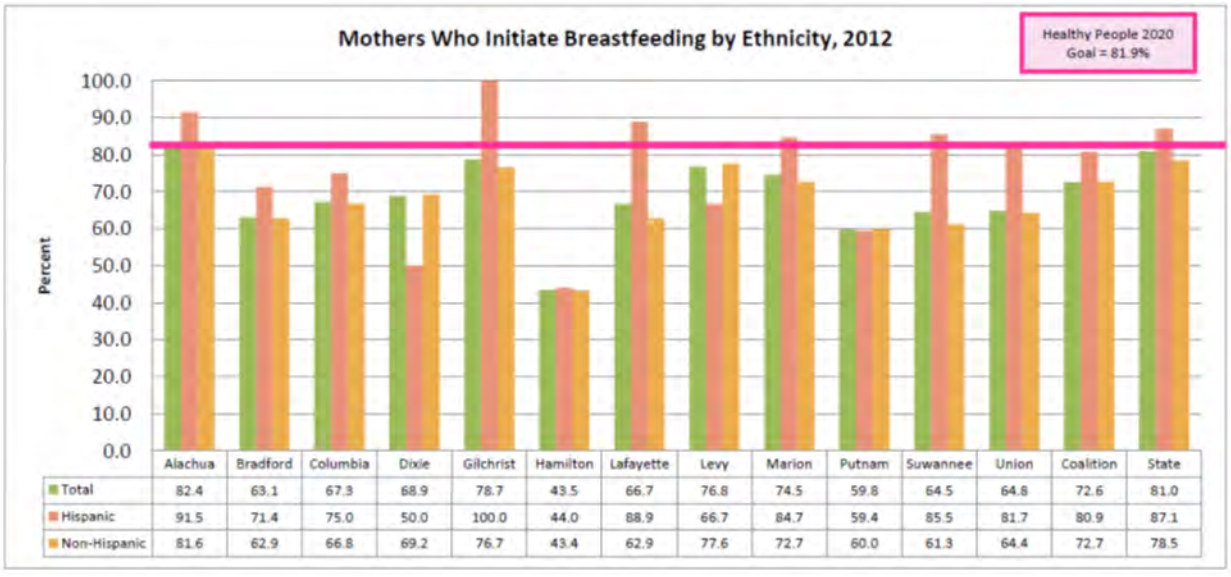
In all 12 counties, the rate of breastfeeding initiation by Black mothers (58.2 percent) was less than White mothers (77.3 percent). The Healthy People 2020 goal is 81.9 percent.



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	82.4	63.1	67.3	68.9	78.7	43.5	66.7	76.8	74.5	59.8	64.5	64.8	72.6	81.0
White	88.8	66.5	71.7	71.5	80.4	50.6	70.3	80.0	77.9	63.8	68.1	67.8	77.3	83.9
Black	65.7	48.5	48.7	16.7	45.5	28.3	50.0	55.6	60.9	44.1	38.7	41.7	58.2	70.6
Other	93.2	100.0	86.7	50.0	100.0	66.7	-	50.0	78.3	80.0	81.8	80.0	86.5	86.6

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

In nine of the 12 counties in the Coalition area, the rate of breastfeeding initiation by Hispanic mothers was greater than non-Hispanic mothers. However, in the counties of Dixie, Levy, and Putnam, the rate of non-Hispanic mothers who initiated breastfeeding was higher than Hispanic mothers.



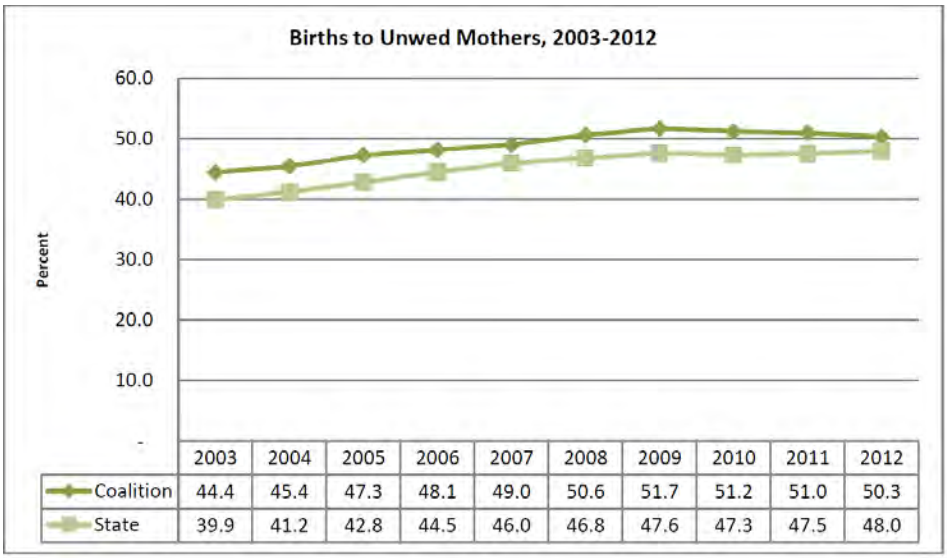
	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	82.4	63.1	67.3	68.9	78.7	43.5	66.7	76.8	74.5	59.8	64.5	64.8	72.6	81.0
Hispanic	91.5	71.4	75.0	50.0	100.0	44.0	88.9	66.7	84.7	59.4	85.5	81.7	80.9	87.1
Non-Hispanic	81.6	62.9	66.8	69.2	76.7	43.4	62.9	77.6	72.7	60.0	61.3	64.4	72.7	78.5

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

BIRTHS TO UNWED MOTHERS

Children of unmarried mothers are at higher risk of adverse birth outcomes such as low birth weight and infant mortality. They are also more likely to live in poverty.

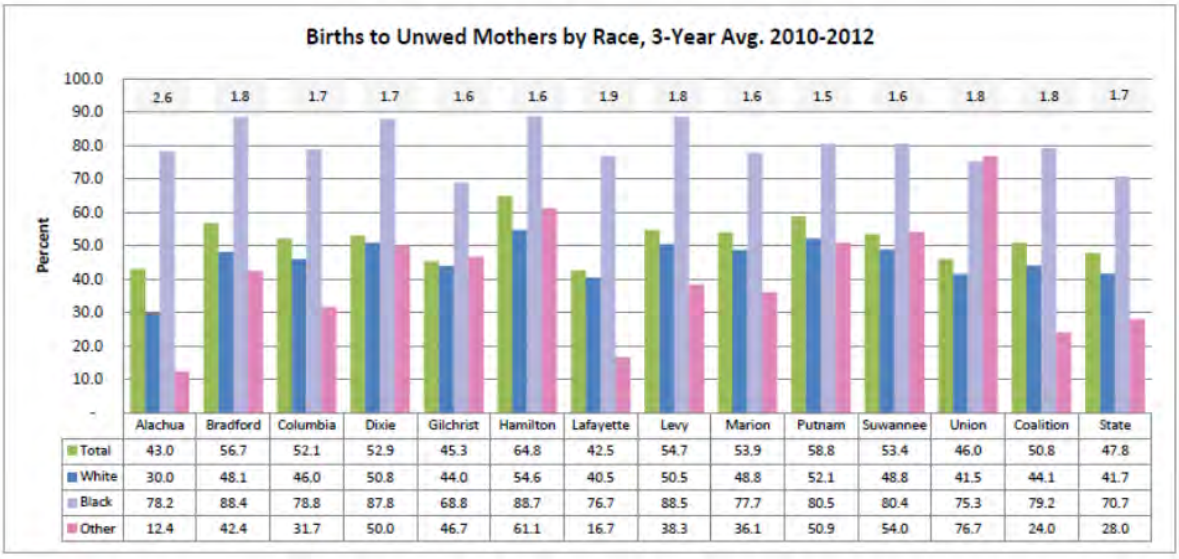
Births to unwed mothers in the Coalition area increased from 44.4 percent in 2003 to 51.7 percent in 2009. From 2010 to 2012, births to unwed mothers in the Coalition area slightly decreased from 51.2 in 2010 to 50.3 percent in 2012.



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Coalition	44.4	45.4	47.3	48.1	49.0	50.6	51.7	51.2	51.0	50.3
State	39.9	41.2	42.8	44.5	46.0	46.8	47.6	47.3	47.5	48.0

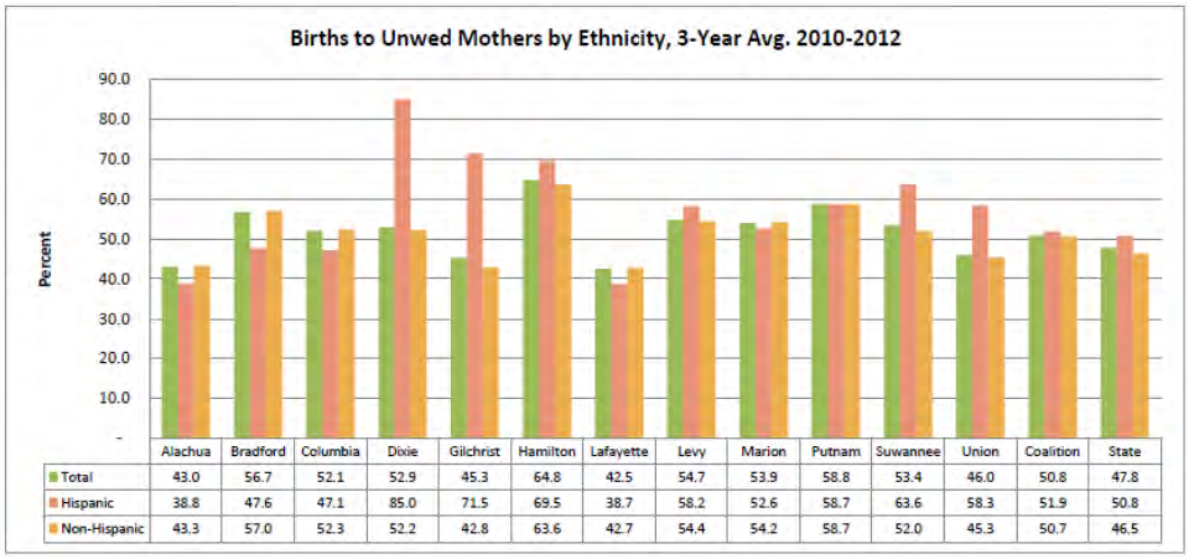
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

There are significant differences between the percentage of births to Black unwed mothers and births to White unwed mothers in all counties of the Coalition.



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	43.0	56.7	52.1	52.9	45.3	64.8	42.5	54.7	53.9	58.8	53.4	46.0	50.8	47.8
White	30.0	48.1	46.0	50.8	44.0	54.6	40.5	50.5	48.8	52.1	48.8	41.5	44.1	41.7
Black	78.2	88.4	78.8	87.8	68.8	88.7	76.7	88.5	77.7	80.5	80.4	75.3	79.2	70.7
Other	12.4	42.4	31.7	50.0	46.7	61.1	16.7	38.3	36.1	50.9	54.0	76.7	24.0	28.0

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

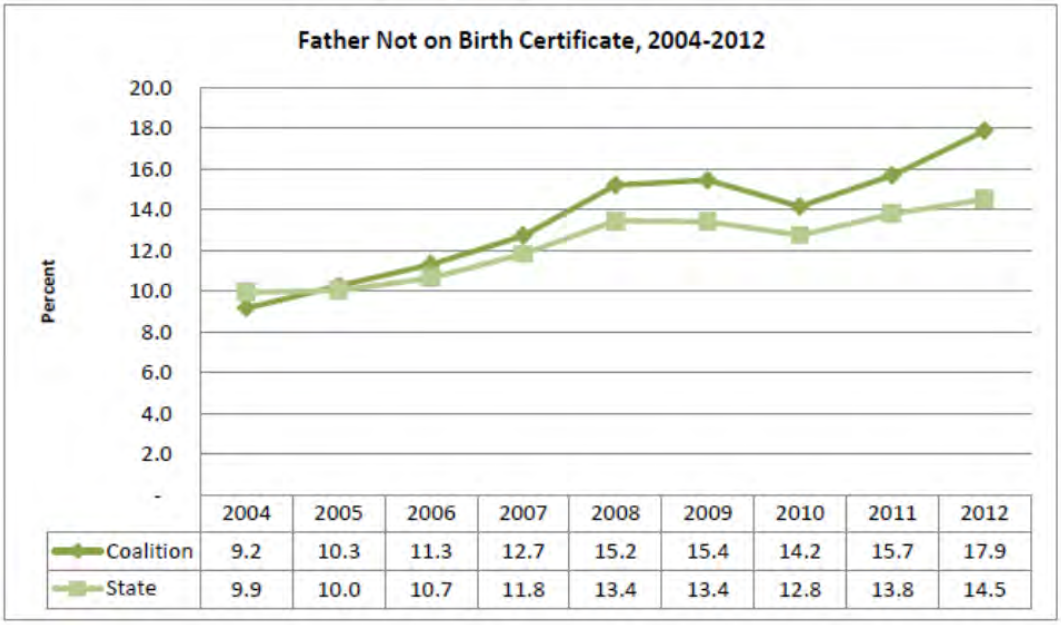


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
Total	43.0	56.7	52.1	52.9	45.3	64.8	42.5	54.7	53.9	58.8	53.4	46.0	50.8	47.8
Hispanic	38.8	47.6	47.1	85.0	71.5	69.5	38.7	58.2	52.6	58.7	63.6	58.3	51.9	50.8
Non-Hispanic	43.3	57.0	52.3	52.2	42.8	63.6	42.7	54.4	54.2	58.7	52.0	45.3	50.7	46.5

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

FATHER NOT ON BIRTH CERTIFICATE

Since 2004, there has been an increasing percentage of fathers not listed on the birth certificate in the Coalition area as well as the state. In 2004, 9.2 percent of fathers were not listed on the birth certificate in the Coalition area. In 2012, 17.9 percent were not listed on the birth certificate in the Coalition area.



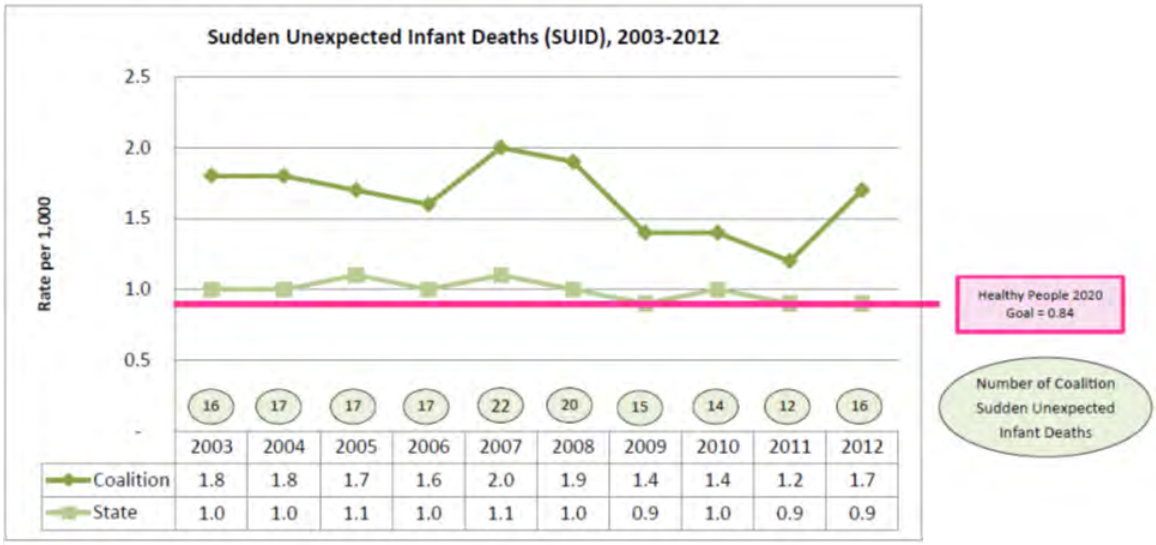
	2004	2005	2006	2007	2008	2009	2010	2011	2012
Coalition	9.2	10.3	11.3	12.7	15.2	15.4	14.2	15.7	17.9
State	9.9	10.0	10.7	11.8	13.4	13.4	12.8	13.8	14.5

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

SUDDEN UNEXPECTED INFANT DEATHS (SUID)

Sudden unexpected infant deaths are defined as deaths in infants less than 1 year of age that occur suddenly and unexpectedly, and whose cause of death is not immediately obvious prior to investigation. The three most frequently reported causes are sudden infant death syndrome (SIDS), cause unknown, and unintentional suffocation and strangulation in bed.

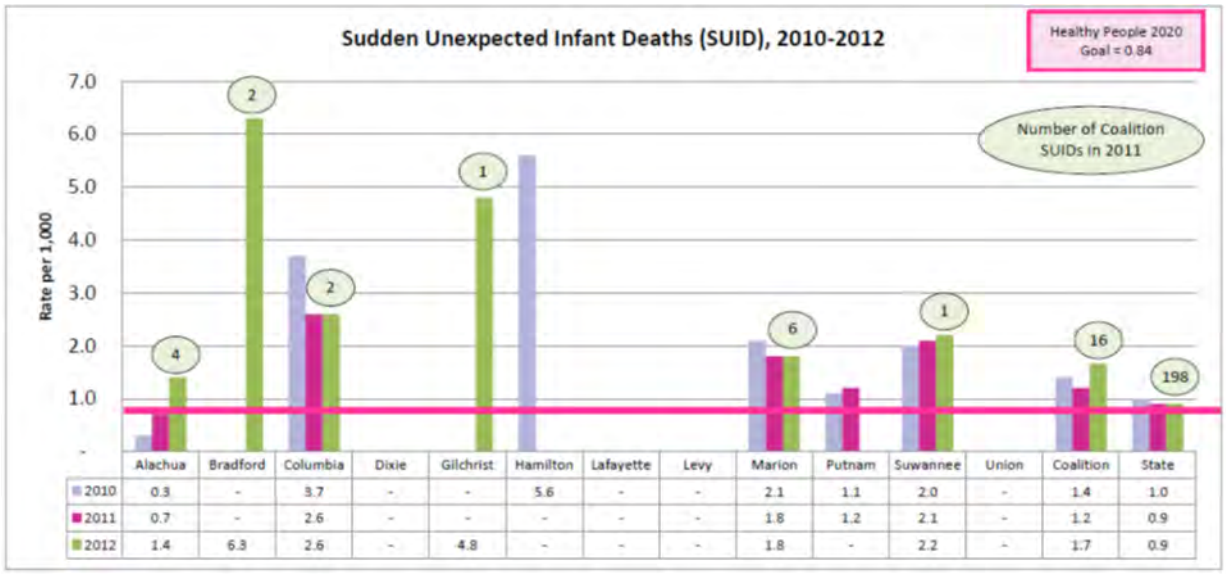
The Coalition's SUID rate has been consistently higher than the state's rate and the Healthy People 2020 goal since 2003, though it was on a slight downward trend after spiking in 2007 and 2008. The rate increased again in 2012 and was twice the state's rate and Healthy People 2020 goal.



SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

While the rate of SUID deaths decreased since 2010 in Columbia, Hamilton, and Marion counties, rates spiked in 2012 in Alachua, Bradford, Gilchrist, and Suwannee counties. Gilchrist and Suwannee counties had one SUID death each, disproportionate to the counties' sizes resulting in rates two to four times the state's rate. The SUIDs rate in Alachua County has doubled each year since 2010.



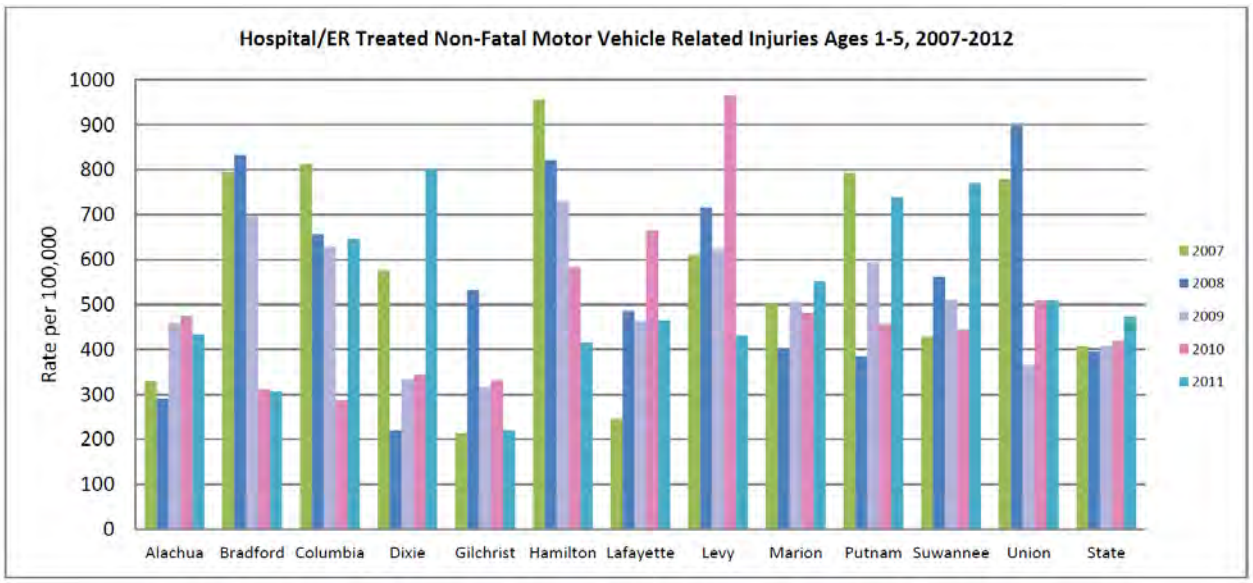
	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	State
2010	0.3	-	3.7	-	-	5.6	-	-	2.1	1.1	2.0	-	1.4	1.0
2011	0.7	-	2.6	-	-	-	-	-	1.8	1.2	2.1	-	1.2	0.9
2012	1.4	6.3	2.6	-	4.8	-	-	-	1.8	-	2.2	-	1.7	0.9

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

UNINTENTIONAL INJURIES

Unintentional injury is one of the leading causes of infant mortality. Preventive actions can be taken to reduce the risks of unintentional injuries in the community.

Hospital/ER Treated Non-Fatal Motor Vehicle Related Injuries Ages 1-5, 2007-2012									
	2007		2008		2009		2010		2011	
	#	Rate per 100,000	#	Rate per 100,000	#	Rate per 100,000	#	Rate per 100,000	#	Rate per 100,000
Alachua	43	330.0	39	291.0	63	459.3	59	474.8	53	433.6
Bradford	13	795.1	14	832.8	12	696.1	5	311.9	5	306.2
Columbia	33	813.0	27	656.3	26	628.5	12	287.8	27	645.5
Dixie	5	576.0	2	220.0	3	333.7	3	343.6	7	802.8
Gilchrist	2	214.1	5	532.5	3	316.1	3	332.6	2	219.8
Hamilton	8	955.8	7	821.6	6	729.0	4	583.1	3	416.7
Lafayette	1	245.7	2	486.6	2	463.0	3	665.2	2	465.1
Levy	144	419.7	144	400.8	128	347.9	156	487.5	126	389.5
Marion	60	403.7	60	386.8	61	384.4	65	428.5	71	470.0
Putnam	14	611.4	17	716.1	15	623.2	22	964.9	10	431.4
Suwannee	86	502.5	71	401.7	91	506.9	81	481.5	93	551.9
Union	36	793.3	18	385.4	28	594.7	21	458.6	34	739.6
State	4,483	407.6	4,484	395.5	4,707	408.4	4,398	418.7	5,004	474.5



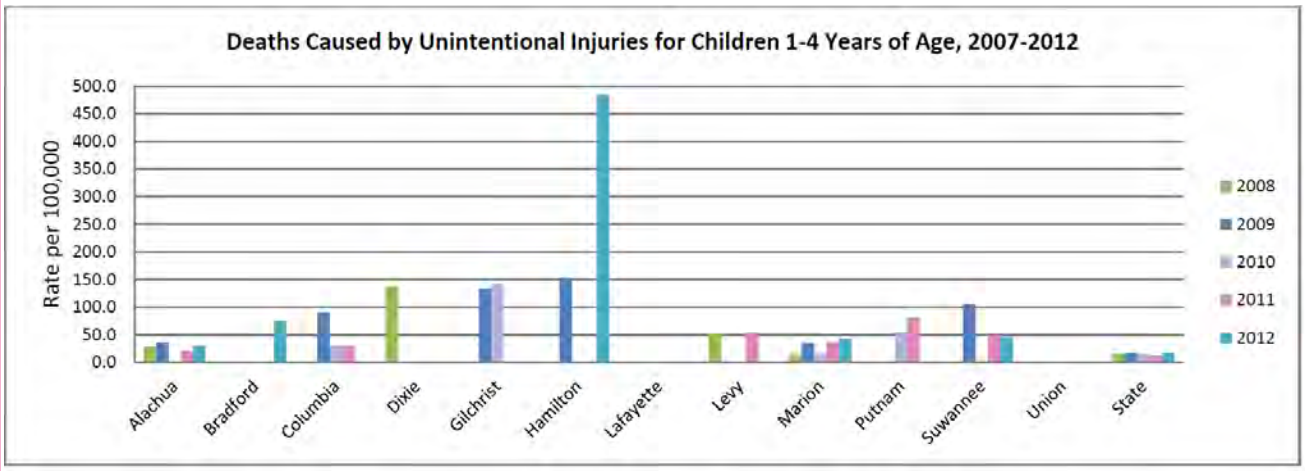
SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

The rate of deaths caused by unintentional injuries for children 1-4 years of age exceed the rate of the state (17.2 per 100,000) in 2012 in the counties of Alachua (29.8 per 100,000), Bradford (75.1 per 100,000), Hamilton (483.9 per 100,000), Marion (42.9 per 100,000), and Suwannee (45.8 per 100,000).

Deaths Caused by Unintentional Injuries for Children 1 – 4 Years of Age, 2007-2012					
	2008	2009	2010	2011	2012
Alachua	27.6	36.0	0.0	20.4	29.8
Bradford	0.0	0.0	0.0	0.0	75.1
Columbia	0.0	90.9	30.0	29.9	0.0
Dixie	137.4	0.0	0.0	0.0	0.0
Gilchrist	0.0	133.3	142.0	0.0	0.0
Hamilton	0.0	153.1	0.0	0.0	483.9
Lafayette	0.0	0.0	0.0	0.0	0.0
Levy	52.6	0.0	0.0	54.1	0.0
Marion	14.2	34.9	15.0	37.4	42.9
Putnam	0.0	0.0	54.5	81.4	0.0
Suwannee	0.0	105.4	0.0	48.7	45.8
Union	0.0	0.0	0.0	0.0	0.0
State	15.8	16.1	15.4	12.8	17.2

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

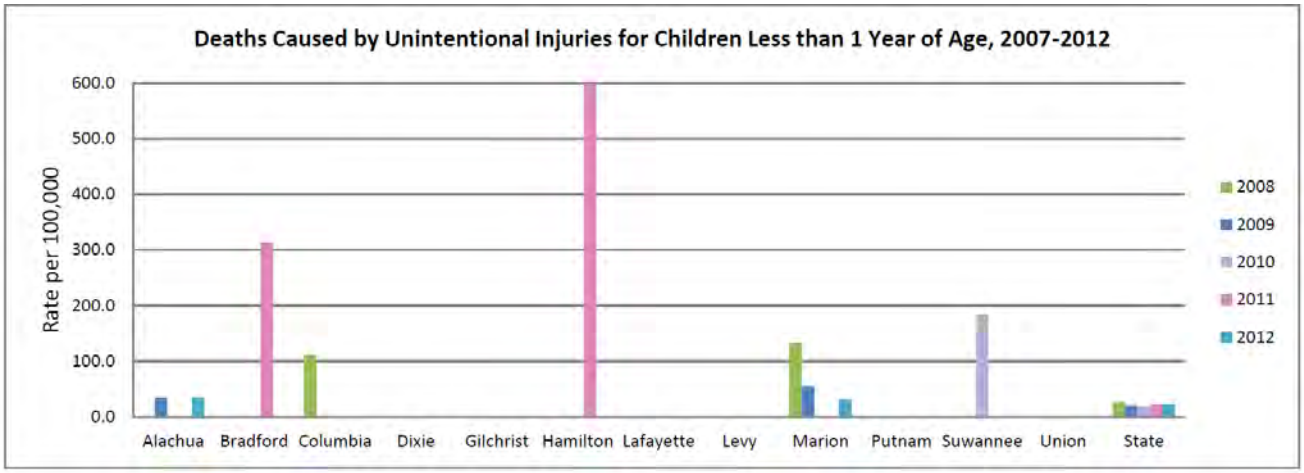


SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

The rate of deaths caused by unintentional injuries for children less than 1 year of age is highest in Bradford (313.5 per 100,000) and Hamilton (598.8 per 100,000) in 2011.

Deaths Caused by Unintentional Injuries for Children Less Than 1 Year of Age, 2007-2011					
	2007	2008	2009	2010	2011
Alachua	70.6	0.0	34.5	0.0	0.0
Bradford	0.0	0.0	0.0	0.0	313.5
Columbia	0.0	111.6	0.0	0.0	0.0
Dixie	0.0	0.0	0.0	0.0	0.0
Gilchrist	0.0	0.0	0.0	0.0	0.0
Hamilton	0.0	0.0	0.0	0.0	598.8
Lafayette	0.0	0.0	0.0	0.0	0.0
Levy	0.0	0.0	0.0	0.0	0.0
Marion	26.5	133.8	54.8	0.0	0.0
Putnam	0.0	0.0	0.0	0.0	0.0
Suwannee	0.0	0.0	0.0	183.8	0.0

SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS



SOURCE: Florida Department of Health, Bureau of Vital Statistics, Florida CHARTS

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

This section reviewed the direct and indirect contributing factors to infant mortality, fetal mortality, preterm birth, low birth weight, and very low birth weight.

Comparison with 2009-2013 Service Delivery Plan

A summary of changes in the factors contributing to the health status indicators from the previous service delivery plan follows:

- The percentage of mothers receiving prenatal care in their first trimester has declined. In 2009, 70 percent of pregnant women received care in the first trimester. In 2012, 68.4 percent of pregnant women received care in the first trimester.
- Mothers who were overweight or obese prior to pregnancy in the Coalition area have increased. In 2009, 42.6 percent of mothers were overweight or obese prior to pregnancy. In 2012, 44.6 percent of mothers were overweight or obese prior to pregnancy.
- Although the percentage of mothers who reported smoking during pregnancy has remained the same since 2009, the percentage is unacceptably high (14.1 percent compared to 6.7 percent for the state).
- The percentage of mothers who initiated breastfeeding in the Coalition area has increased since 2009 (70.4 percent in 2009 compared to 72.6 percent in 2012). However, in 2012, the percentage is significantly less than the percentage of mothers in the state who initiated breastfeeding (72.6 percent in the Coalition area compared to 81.0 percent in the state).
- Births to unwed mothers in the Coalition area decreased from 2009 to 2012 (51.7 percent to 50.3 percent, respectively). However, there are significant differences between the percentage of births to Black unwed mothers and births to White unwed mothers in all counties of the Coalition.
- Fathers not listed on the birth certificate have increased since 2009 (15.4 percent in 2009 to 17.9 percent in 2012).
- The Coalition's sudden unexpected infant death rate went from 1.4 percent in 2009 to 1.7 percent in 2012.
- Interpregnancy interval less than 18 months was not reviewed in the 2009-2013 service delivery plan. In 2012, 10 of 12 counties are higher than the state's rate.

CONSUMER AND PROVIDER INPUT

The Coalition took a community-based approach to the needs assessment process involving community partners, the general community, Healthy Start participants, and contracted service providers.

A total of four surveys were developed and disseminated:

- Community Agency/Organization/Partner Survey
- General Survey
- Healthy Start Participant Survey
- Healthy Start Contracted Service Provider Survey

The surveys were distributed and collected by mail, e-mail, in meetings and through on-site visits by the Community Liaison. Healthy Start Care Coordinators distributed the confidential and anonymous survey to program participants by mail or in person. The Coalition reached out to community partners and contracted service providers with an online survey option. (See Appendix for Survey Assessment Tools.)

COMMUNITY AGENCY/ORGANIZATION/PARTNER SURVEY

A total of 89 surveys were collected. The survey responses are summarized in the tables that follow.

Question #1 -- Please select the population(s) to which you provide services.		
	Response Percent	**Response Count**
Infants (birth - age 3)	62.9%	56
Preschool (3 - 5 years)	56.2%	50
School age (6 - 10 years)	49.4%	44
Teens (11 - 19 years)	68.5%	61
Adults (20 - 35 years)	66.3%	59
Adults (36+ years)	60.7%	54
Pregnant Women	52.8%	47
Women only	11.2%	10
Men only	1.1%	1
Total Respondents		**89**
(skipped this question)		**0**

Question #2 -- Does your agency/organization engage fathers in services?		
	Response Percent	**Response Count**
Yes	84.4%	65
No	15.6%	12
Total Respondents		**77**
(skipped this question)		**12**

Question #3 -- Please select the resources and/or services you provide.		
	Response Percent	**Response Count**
Adoption Information	20.5%	17
Adult Education	25.3%	21
Breastfeeding Education	24.1%	20
Childcare/Preschool	30.1%	25
Dental Services	13.3%	11
Developmental Evaluation	20.5%	17
Domestic Violence	25.3%	21
Employment	15.7%	13
Food, Clothes, Other Help	34.9%	29
Home Visiting	22.9%	19
Housing	21.7%	18
Legal Services	12.0%	10
Medicaid Eligibility	21.7%	18
Mental Health	22.9%	19
Prenatal Care	21.7%	18
Parenting Education	48.2%	40
Pediatrics	19.3%	16
Rent/Utility Assistance	21.7%	18
Shelter	13.3%	11
Substance/Tobacco Abuse	25.3%	21
Transportation	15.7%	13
Breast pumps	9.6%	8
Car seats	15.7%	13
Cribs/Pack-n-plays	14.5%	12
Diapers/wipes	18.1%	15
Household safety items	13.3%	11
	Total Respondents	**83**
	(skipped this question)	**6**

Question #4 -- Do you offer any of the following screenings?		
	Response Percent	**Response Count**
Substance Exposure (prenatal)	34.6%	9
Substance Exposure (infant)	11.5%	3
Depression Scale (prenatal)	26.9%	7
Depression Scale (postnatal)	26.9%	7
Perceived Stress Test (prenatal)	11.5%	3
Perceived Stress Test (postnatal)	15.4%	4
ASQ (infant)	53.8%	14
ASQ-SE (infant)	50.0%	13
Hearing (infant)	15.4%	4
Vision (infant)	11.5%	3
IT-HOME (infant)	0.0%	0
Total Respondents		**26**
(skipped this question)		**63**

Question #5 -- Do you discuss the Healthy Start program with the people you serve?		
	Response Percent	**Response Count**
Yes	65.8%	50
No	34.2%	26
Total Respondents		**76**
(skipped this question)		**13**

Question #6 -- Do you give out Healthy Start printed materials?		
	Response Percent	**Response Count**
Yes	41.7%	35
No, but would like some	44.0%	37
Not applicable	14.3%	12
Total Respondents		**84**
(skipped this question)		**5**

Question #7 -- Which Healthy Start services have you heard about?		
	Response Percent	Response Count
Prenatal risk screening	63.0%	46
Infant risk screening	60.3%	44
Breastfeeding support	64.4%	47
Care coordination services	45.2%	33
Childbirth education	60.3%	44
Counseling services	49.3%	36
Home visiting support	74.0%	54
Parenting education	79.5%	58
Tobacco free education	53.4%	39
Women's health education	57.5%	42
Unaware of Healthy Start	5.5%	4
	Total Respondents	**73**
	(skipped this question)	**16**

Question #8 -- Do you know how to contact your local Healthy Start office?		
	Response Percent	Response Count
Yes	85.2%	69
No	14.8%	12
	Total Respondents	**81**
	(skipped this question)	**8**

Question #9 -- Do you currently make referrals to Healthy Start?		
	Response Percent	Response Count
Yes	53.0%	44
No, but I would like to learn	31.3%	26
Not applicable	15.7%	13
	Total Respondents	**83**
	(skipped this question)	**6**

Question #10 -- Rate the following unmet healthcare needs for pregnant women and newborns.					
	Low need	Medium need	High need	No need	Response Count
Unintended pregnancy	6	18	39	2	65
Access to birth control	12	17	31	3	63
Reducing teen pregnancy	3	11	52	1	67
Reducing prenatal smoking	9	9	48	0	66
Mental health issues	6	23	35	2	66
Obese prior to pregnancy	14	27	23	2	66
Prenatal substance use	8	20	37	0	65
Dental care	11	19	31	3	64
Reducing low birth weight babies	8	25	30	0	63
Safe infant sleep behaviors	9	24	30	1	64
Inadequate or unsafe housing	10	18	36	1	65
Increasing father involvement	5	14	45	1	65
Routine prenatal care	13	23	29	1	66
Care for uninsured/underinsured women	10	13	41	2	66
Preconception/interconception education	7	24	31	1	63
Nutrition/healthy lifestyles	8	20	38	1	67
				Total Respondents	**69**
				(skipped this question)	**20**

Question #11 -- Please check all that apply.		
	Response Percent	Response Count
Offer evening and/or weekend hours for appointments	25.0%	3
Provide high risk prenatal/postnatal care	41.7%	5
Provide services to Medicaid patients	91.7%	11
Provide services to patients during the Medicaid eligibility process	58.3%	7
Offer a sliding fee scale or payment plan to those without insurance	50.0%	6
	Total Respondents	**12**
	(skipped this question)	**77**

Question #12 -- Are you aware of Florida State Statute 383.14?		
	Response Percent	**Response Count**
Yes	71.4%	15
No	28.6%	6
	Total Respondents	**21**
	(skipped this question)	**68**

Question #13 -- Are you willing to offer the HS risk screen to ALL of your patients?		
	Response Percent	**Response Count**
Yes	81.3%	13
No	18.8%	3
	answered question	**16**
	skipped question	**73**

Question #14 -- Do you assist your patients in applying for Medicaid?		
	Response Percent	**Response Count**
Yes	57.9%	11
No	42.1%	8
	Total Respondents	**19**
	(skipped this question)	**70**

Question # 15 -- What are your patients' main reasons for not receiving first trimester entry to care?		
	Response Percent	**Response Count**
Didn't know they were pregnant	66.7%	10
Personal reasons	40.0%	6
Cultural or religious reasons	0.0%	0
Not aware of importance of early prenatal care	60.0%	9
Policy of prenatal care provider	6.7%	1
Could not get an appointment	6.7%	1
Transportation	26.7%	4
Other (please specify)		6
	Total Respondents	**15**
	(skipped this question)	**74**

In summary, the community partner survey identified the following positive results:

- 84 percent of survey respondents indicate the agency/organization engages fathers in services.
- 66 percent of survey respondents said s/he discusses the Healthy Start program with the people served.
- 85 percent of survey respondents said s/he knows how to contact the local Healthy Start office.

Community partners identified the following areas for development and improvement:

- 44 percent of survey respondents want Healthy Start printed materials.
- 31 percent of survey respondents want to learn how to make referrals to Healthy Start.
- The highest unmet healthcare needs for pregnant women and infants identified by survey respondents was reducing teen pregnancy (78 percent) and reducing prenatal smoking closely followed with 73 percent. Increasing father involvement was also identified as a high need for pregnant women and newborns (69%) in our Coalition area.

High non-response rates are noted for Questions #11-15 in the community/partner survey.

GENERAL SURVEY

Distribution of the general survey was targeted to individuals in the 12-county area who did not fit into one of the other survey categories. Questions related to development of the Coalition's marketing plan were included. A total of 13 surveys were collected with 85 percent of survey respondents received prenatal services from Putnam County. The sample may not be representative of the entire Coalition.

The survey responses are summarized in the tables that follow.

Question #1 -- Have you heard of the Healthy Start program?		
	Response Percent	**Response Count**
Yes	92.3%	12
No	7.7%	1
	Total Respondents	**13**
	(skipped this question)	**0**

Question #2 -- How did you hear about Healthy Start?		
	Response Percent	**Response Count**
Radio	0.0%	0
Billboard	0.0%	0
TV	0.0%	0
Physician/Pediatrician	55.6%	5
Family/Friend	44.4%	4
Newspaper	0.0%	0
Web search	0.0%	0
Facebook	11.1%	1
Other (please specify)		4
Total Respondents		**9**
(skipped this question)		**4**

Question #3 -- Which Healthy Start services have you heard about?		
	Response Percent	**Response Count**
Prenatal risk screening	9.1%	1
Infant risk screening	18.2%	2
Breastfeeding support	27.3%	3
Childbirth education	36.4%	4
Counseling services	18.2%	2
Home visiting support	63.6%	7
Parenting education	45.5%	5
Tobacco free education	9.1%	1
Women's health education (family planning)	54.5%	6
Total Respondents		**11**
(skipped this question)		**2**

Question #4 -- Have you heard of Healthy Families, Head Start, Early Steps, Mom-Care, Early Learning Coalition, Voluntary Pre-K (VPK) or WIC?		
	Response Percent	**Response Count**
Yes	100.0%	12
No	0.0%	0
Total Respondents		**12**
(skipped this question)		**1**

Question #5 -- How have you heard about these organizations/services?		
	Response Percent	**Response Count**
Radio	0.0%	0
Billboard	0.0%	0
TV	0.0%	0
Physician/Pediatrician	60.0%	6
Family/Friend	70.0%	7
Newspaper	0.0%	0
Web search	10.0%	1
Facebook	10.0%	1
Other (please specify)		3
Total Respondents		**10**
(skipped this question)		**3**

Question #6 -- Are you or have you ever been pregnant?		
	Response Percent	**Response Count**
Yes	100.0%	13
No	0.0%	0
Total Respondents		**13**
(skipped this question)		**0**

Question #6 had a qualifier. If the survey respondent answered “no,” the survey ended. If the survey respondent answered “yes,” the survey continued to Question #7.

Question #7 -- Please select the county in which you received prenatal services:		
	Response Percent	**Response Count**
Alachua	7.7%	1
Bradford	0.0%	0
Columbia	0.0%	0
Dixie	0.0%	0
Gilchrist	0.0%	0
Hamilton	0.0%	0
Lafayette	0.0%	0
Levy	0.0%	0
Marion	7.7%	1
Putnam	84.6%	11
Suwannee	0.0%	0
Union	0.0%	0
Total Respondents		**13**
(skipped this question)		**0**

Question #8 -- When did you first receive prenatal care services?		
	Response Percent	**Response Count**
0-3 months (first trimester)	100.0%	12
4-6 months (second trimester)	0.0%	0
7 or more months (third trimester)	0.0%	0
I did not see a prenatal provider during pregnancy.	0.0%	0
Total Respondents		**12**
(skipped this question)		**1**

Question #9 -- If you did not receive prenatal care in the first three months, what was the reason?		
	Response Percent	**Response Count**
Didn't know you were pregnant	0.0%	0
Personal reasons	100.0%	2
Cultural or religious reasons	0.0%	0
Not aware of importance of early prenatal care	0.0%	0
Policy of prenatal care provider	0.0%	0
Could not get an appointment	0.0%	0
Transportation	0.0%	0
Other (please specify)		0
Total Respondents		**2**
(skipped this question)		**11**

Question #10 -- Where did you receive most of your prenatal care?		
	Response Percent	**Response Count**
OB/GYN office	91.7%	11
Midwife	0.0%	0
County Health Department	16.7%	2
Shands/UF Clinic	0.0%	0
I did not receive prenatal care	0.0%	0
Other (please specify)		1
Total Respondents		**12**
(skipped this question)		**1**

Question #11 -- How did you pay for your prenatal care?		
	Response Percent	**Response Count**
Private insurance	7.7%	1
Medicaid	92.3%	12
Self-pay	0.0%	0
I did not receive prenatal care	0.0%	0
Other (please specify)		0
Total Respondents		**13**
(skipped this question)		**0**

Question #12 -- What problems make it hard to keep a prenatal care appointment?		
	Response Per-cent	**Response Count**
Forgot the appointment	7.7%	1
Transportation problems	53.8%	7
Inconvenient appointment times	0.0%	0
Could not get childcare	23.1%	3
Cost too much	15.4%	2
Did not have problems keeping appointments	38.5%	5
Other (please specify)		0
Total Respondents		**13**
(skipped this question)		**0**

Question #13 -- Rate the following unmet healthcare needs for pregnant women and new-borns.					
	Low need	**Medium need**	**High need**	**No need**	**Response Count**
Unintended pregnancy	3	3	2	1	9
Access to birth control	3	1	6	1	11
Reducing teen pregnancy	1	0	8	1	10
Reducing prenatal smoking	2	1	6	1	10
Mental health issues	4	3	4	0	11
Obese prior to pregnancy	1	1	6	2	10
Prenatal substance use	1	4	4	2	11
Dental care	1	1	8	1	11
Reducing low birth weight babies	3	1	4	2	10
Safe infant sleep behaviors	2	2	4	2	10
Inadequate or unsafe housing	0	3	6	2	11
Increasing father involvement	0	3	6	2	11
Routine prenatal care	2	1	5	1	9
Care for uninsured/ underinsured women	3	0	6	1	10
Preconception/ interconception education	3	1	5	1	10
Nutrition/healthy lifestyles	0	1	6	3	10
				Total Respondents	**11**
				(skipped this question)	**2**

In summary, the general survey identified the following positive results:

- 92.3 percent of survey respondents in the general community had heard of the Healthy Start program.

Survey respondents identified the following areas for development and improvement:

- Highest unmet healthcare needs for pregnant women and infants identified by survey respondents was reducing teen pregnancy (80 percent) and dental care (73 percent).

Note: The sample may not be representative of the entire 12 counties in the Coalition area since the majority of survey respondents identified with Putnam County.

HEALTHY START PARTICIPANT SURVEY

A total of 165 Healthy Start participant surveys were collected. The survey responses are summarized in the tables that follow.

Question #1 -- Please select the county where you received services.		
	Response Percent	**Response Count**
Alachua	29.1%	48
Bradford	0.0%	0
Columbia	5.5%	9
Dixie	0.6%	1
Gilchrist	12.1%	20
Hamilton	6.1%	10
Lafayette	0.0%	0
Levy	15.8%	26
Marion	23.0%	38
Putnam	2.4%	4
Suwannee	0.0%	0
Union	5.5%	9
Total Respondents		**165**
(skipped this question)		**0**

Question #2 -- When did you start receiving prenatal care?		
	Response Percent	**Response Count**
0-3 months (first trimester)	75.6%	124
4-6 months (second trimester)	20.7%	34
7 or more months (third trimester)	1.8%	3
I did not see a prenatal provider during pregnancy.	1.8%	3
Total Respondents		**164**
(skipped this question)		**1**

Question #3 -- If you did not receive prenatal care in the first three months, what was the reason?		
	Response Percent	**Response Count**
Didn't know you were pregnant	54.5%	24
Personal reasons	18.2%	8
Cultural or religious reasons	0.0%	0
Not aware of importance of early care	2.3%	1
Policy of prenatal care provider	2.3%	1
Could not get an appointment	15.9%	7
Transportation	9.1%	4
Other (please specify)		16
Total Respondents		**44**
(skipped this question)		**121**

Question #4 -- Where did you receive your prenatal care?		
	Response Percent	**Response Count**
OB/GYN office	44.8%	73
Midwife	8.6%	14
County Health Department	31.9%	52
Shands/UF Clinic	14.1%	23
I did not receive prenatal care	1.2%	2
Other (please specify)		4
Total Respondents		**163**
(skipped this question)		**2**

Question #5 -- How did you pay for your prenatal care?		
	Response Percent	**Response Count**
Private insurance	9.1%	15
Medicaid	89.6%	147
Self-pay	2.4%	4
I did not receive prenatal care	0.6%	1
Other (please specify)		1
Total Respondents		**164**
(skipped this question)		**1**

Question #6 -- What problems make it hard to keep a prenatal care appointment?		
	Response Percent	**Response Count**
Forgot the appointment	7.3%	11
Transportation problems	24.0%	36
Inconvenient appointment times	5.3%	8
Could not get childcare	6.0%	9
Cost too much	2.0%	3
Did not have problems keeping appointments	64.0%	96
Other (please specify)		9
Total Respondents		**150**
(skipped this question)		**15**

Question #7 -- Did you know about Healthy Start before you started receiving services?		
	Response Percent	**Response Count**
Yes	56.2%	91
No	43.8%	71
Total Respondents		**162**
(skipped this question)		**3**

Question #8 -- Did your prenatal care provider explain the Healthy Start risk screening to you?		
	Response Percent	**Response Count**
Yes	82.6%	128
No	17.4%	27
Total Respondents		**155**
(skipped this question)		**10**

Question #9 -- Why did you participate in Healthy Start services?		
	Response Percent	**Response Count**
Thought it was required	1.9%	3
Thought it was part of Medicaid	5.2%	8
Friend or family told me about it	15.6%	24
To learn how to care for myself in pregnancy	54.5%	84
To learn how to care for my baby	42.9%	66
Needed help, support or more resources	42.9%	66
Other (please specify)		15
Total Respondents		**154**
(skipped this question)		**11**

Question #10 -- Rate the following unmet healthcare needs for pregnant women and newborns.					
	Low need	Medium need	High need	No need	Response Count
Unintended pregnancy	17	44	71	18	150
Access to birth control	16	41	83	16	156
Reducing teen pregnancy	13	35	96	9	153
Reducing prenatal smoking	22	34	93	9	158
Mental health issues	21	47	75	11	154
Obese prior to pregnancy	32	53	53	17	155
Prenatal substance use	20	38	81	14	153
Dental care	20	48	82	7	157
Reducing low birth weight babies	24	55	67	9	155
Safe infant sleep behaviors	24	43	75	15	157
Inadequate or unsafe housing	19	37	85	15	156
Increasing father involvement	14	46	87	9	156
Routine prenatal care	13	53	72	18	156
Care for uninsured/ underinsured women	16	42	87	12	157
Preconception/interconception education	21	58	58	16	153
Nutrition/healthy lifestyles	20	46	81	11	158
				Total Respondents	**160**
				(skipped this question)	**5**

Healthy Start participant survey respondents identified the following positive results:

- 76 percent of survey respondents indicated prenatal care services were received in the first trimester.
- 96 percent of survey respondents indicated there were no problems in keeping prenatal care appointments.
- 56 percent of survey respondents knew about Healthy Start before receiving services.
- 83 percent of survey respondents had the Healthy Start risk screen explained to them by the prenatal care provider.

Healthy Start participants survey respondents identified the following areas for development and improvement:

- 24 percent of survey respondents were unable to keep a prenatal care appointment due to transportation problems.
- The highest unmet healthcare need for pregnant women and infants identified by survey respondents was reducing teen pregnancy (63 percent). Reducing prenatal smoking closely followed (59 percent). Increasing father involvement was also identified as a high need for pregnant women and newborns (56 percent) in our Coalition area. Care for uninsured/underinsured women was also considered a high need (56 percent) by survey respondents.

HEALTHY START CONTRACTED SERVICE PROVIDER SURVEY

A total of 12 surveys were collected from contracted service providers. The survey responses are summarized in the tables that follow.

Question #1 -- Please select the county in which you provide Healthy Start services.		
	Response Percent	Response Count
Alachua	16.7%	2
Bradford	25.0%	3
Citrus	0.0%	0
Columbia	0.0%	0
Dixie	8.3%	1
Gilchrist	8.3%	1
Hamilton	0.0%	0
Hernando	0.0%	0
Lafayette	0.0%	0
Lake	0.0%	0
Levy	16.7%	2
Marion	8.3%	1
Putnam	16.7%	2
Sunter	0.0%	0
Suwannee	0.0%	0
Union	0.0%	0
Total Respondents		**12**
(skipped this question)		**0**

Question #2 -- Do you assist your participants with applying for Medicaid?		
	Response Percent	Response Count
Yes	81.8%	9
No	18.2%	2
Total Respondents		**11**
(skipped this question)		**1**

Question #3 -- Please select the resources and/or services you provide:		
	Response Percent	**Response Count**
Adoption Information	58.3%	7
Adult Education	50.0%	6
Breastfeeding Education	83.3%	10
Childcare/Preschool	41.7%	5
Dental Services	58.3%	7
Developmental Evaluation	83.3%	10
Domestic Violence	75.0%	9
Employment	41.7%	5
Food, Clothes, Other Help	58.3%	7
Home Visiting	66.7%	8
Housing	41.7%	5
Legal Services	33.3%	4
Medicaid Eligibility	58.3%	7
Mental Health	75.0%	9
Prenatal Care	83.3%	10
Parenting Education	100.0%	12
Pediatrics	58.3%	7
Rent/Utility Assistance	41.7%	5
Shelters	33.3%	4
Substance/Tobacco Abuse	75.0%	9
Transportation	50.0%	6
Breast pumps	41.7%	5
Car seats	41.7%	5
Cribs/Pack-n-plays	58.3%	7
Diapers/wipes	58.3%	7
Household safety items	50.0%	6
Total Respondents		**12**
(skipped this question)		**0**

Question #4 -- What are your participants' main reasons for not receiving first trimester entry to care?		
	Response Percent	**Response Count**
Didn't know they were pregnant	75.0%	9
Personal reasons	41.7%	5
Not aware of importance of early prenatal care	50.0%	6
Policy of prenatal care provider	25.0%	3
Could not get an appointment	41.7%	5
Transportation	75.0%	9
Other (please specify)		2
	Total Respondents	**12**
	(skipped this question)	**0**

Question #5 -- What is most concerning about your participants? (Select only one.)		
	Response Percent	**Response Count**
Underweight	0.0%	0
Overweight/obese	10.0%	1
Little or no father involvement	10.0%	1
Little or no family support	10.0%	1
Tobacco use (prenatal)	0.0%	0
Alcohol use (prenatal)	10.0%	1
Drug use (prenatal)	20.0%	2
Mental health issues	20.0%	2
Tobacco use (at home with infant)	10.0%	1
Alcohol abuse (at home with infant)	0.0%	0
Drug use (at home with infant)	10.0%	1
Other (please specify)		1
	Total Respondents	**10**
	(skipped this question)	**2**

Question #6 -- What item is needed most often by your participants?		
	Response Percent	**Response Count**
Breast pumps	0.0%	0
Car seats	40.0%	4
Cribs/Pack-n-plays	20.0%	2
Diapers/wipes	40.0%	4
Household safety (plug covers, baby gates)	0.0%	0
Other (please specify)		1
	Total Respondents	**10**
	(skipped this question)	**2**

Question #7 -- Rate the following unmet healthcare needs for pregnant women and newborns.					
Answer Options	**Low need**	**Medium need**	**High need**	**No need**	**Re-sponse Count**
Unintended pregnancy	1	3	8	0	12
Access to birth control	2	3	7	0	12
Reducing teen pregnancy	0	6	6	0	12
Reducing prenatal smoking	0	8	4	0	12
Mental health issues	0	7	5	0	12
Obese prior to pregnancy	2	6	4	0	12
Prenatal substance use	4	5	3	0	12
Dental care	1	2	9	0	12
Reducing low birth weight babies	2	7	3	0	12
Safe infant sleep behaviors	2	5	5	0	12
Inadequate or unsafe housing	1	6	5	0	12
Increasing father involvement	0	8	4	0	12
Routine prenatal care	1	6	5	0	12
Care for uninsured/ underinsured women	1	4	7	0	12
Preconception/interconception educa-tion	2	5	5	0	12
Nutrition/healthy lifestyles	1	6	5	0	12
				Total Respondents	**12**
				(skipped this question)	**0**

In summary, Healthy Start contracted service providers who responded to the survey identified the following positive results:

- 76 percent of survey respondents indicated prenatal care services were received in the first trimester by their participants.

Healthy Start contracted service providers identified the following areas for development and improvement:

- 75 percent of survey respondents indicated pregnant women who do not receive care in the first trimester have problems with transportation (75 percent) and lack of knowledge about the pregnancy (75 percent).
- The highest unmet healthcare need for pregnant women and infants identified by survey respondents was dental care (75 percent) followed by unintended pregnancy (67 percent).

RESOURCE INVENTORY

RESOURCE INVENTORY

A comprehensive update of the Resource Directory is conducted every five years as part of the service delivery plan. This update is accomplished through surveys and reported changes. The directory is divided into sections on hospitals/birthing facilities, OB/GYN providers, pediatricians, children's services, financial assistance, social services (food, clothing and personal items), mental health/behavioral counseling, domestic violence, pregnancy and parenting resources, law enforcement, transportation, legal help, homeless/housing assistance, and employment resources. (See full Resource Directory as attached document)

A review of the resource inventory and needs assessment information identifies the following gaps in service in the 12 county area of the Coalition:

- Pregnant women and interconceptional women may not be aware of Healthy Start services and other maternal and infant health resources in their communities.
- Pregnant women residing in the rural areas of our Coalition area often do not have close access to prenatal providers.
- Rural counties lack healthcare providers and have limited maternal and child health resources.
- Transportation services are inadequate in rural counties.
- Dental services are often unavailable for uninsured pregnant and parenting women.

Specific strengths and service gaps in each of the 12 counties of the Coalition area are as follows:

ALACHUA COUNTY

Strengths

- Alachua County has a wealth of health related resources with a robust private sector provider network that includes primary care physicians, specialists and sub-specialists as well as other providers including midwives and mental health counselors. (*Alachua County Community Health Status Assessment, Nov. 2012)*
- There is a safety net of health related services for the low income population in Alachua County. These providers offer access to services to patients regardless of their ability to pay: ACORN (Alachua County Organization for Rural Needs), Alachua County Health Department, Helping Hands Clinic, Palms Medical, UF Department of Community Health and Family Medicine, and East Side Clinic. (*Alachua County Community Health Status Assessment, Nov. 2012)*
- Oral health is available to residents through the private sector and the College of Dentistry. The safety net of providers offering oral health services include: ACORN Eastside Dental Clinic, Gainesville Community Ministries, helping Hands Clinic and the UF College of Dentistry. (*Alachua County Community Health Status Assessment, Nov. 2012)*

Service Gaps

- In spite of the many resources and the safety net providers, thousands of uninsured and low income persons are unable to access care. Alachua County has been defined as a health professional shortage area (HPSA) and medically underserved population (MUP) for primary care. (*Needs Assessment – Alachua County, WellFlorida Council, 2012)*

Alachua Service Gaps *(continued)*

- Lack of transportation – low frequency of regional transit bus service and fewer stops making one trip to the health department a matter of a few hours commute each way.
- Need satellite clinics in rural/outlying areas of the county.

BRADFORD COUNTY

Strengths

- Bradford county residents now have access to primary and family medical care through a Federally Qualified Health Center (FQHC).
- A local hospital serves the needs of rural residents – Shands Starke Regional Medical Center. Improvement in county healthcare system in recent years due to an increase in local health care providers.
- Bradford County residents are generally within an hour's drive to quality healthcare services in Gainesville and Jacksonville.
- Bradford High School has an active teen parenting program.

Service Gaps

- No birthing hospital is located in Bradford County. Pregnant women must travel to Gainesville or Jacksonville for delivery services.
- Bradford County has HPSA designations for all three of the core service areas: primary medical care, dental care, and mental health care. *(Bradford County Community Health Needs Assessment, WellFlorida Council, 2012)*
- The rate of licensed dentists per 100,000 population in Bradford County is less than Florida. The rate of dentists in Bradford County is about one-third the rate of dentists in Florida. *(Bradford County Community Health Needs Assessment, WellFlorida Council, 2012)*
- Lack of public transportation. Medicaid transportation is available, but difficult to access and inconvenient. No emergency shelter for moms in Bradford County.
- Limited housing is available.
- Local hospital provides smoking cessation services, but there is a $30 fee which many people are unable to pay.

COLUMBIA COUNTY

Strengths

- Faith-based organizations, the Columbia County Health Department, the Family Health Center of Columbia County, non-profit health services, and schools are major strengths in the community. *(Columbia County Community Health Assessment, 2012)*

Service Gaps

- Transportation is a concern in this rural county.
- Lack of specialty and general care providers .

DIXIE COUNTY

Strengths

- New Life Pregnancy and Resource Center offers education and pregnancy testing.
- Dental program is provided for children and adults at the Dixie County Health Department.

Service Gaps

- Low income, high poverty, and limited economic base.
- There is no birthing hospital in Dixie County.
- Transportation is a major issue in this rural county and remains one of the leading barriers to care, especially for low income and those living in the most rural parts of Dixie County.
- Limited resources in county.

GILCHRIST COUNTY

Strengths

- Pediatric dental services are provided at the Gilchrist County Health Department.

Service Gaps

- Lack of public transportation in this rural county. The Medicaid van will transport to medical care with limited access.
- No after-hours care in the county.
- Limited resources in county including lack of mental health and dental services.

HAMILTON COUNTY

Strengths

- Faith-based organizations.
- Community agencies work together to help residents.
- Free family planning is available to teenagers.

Service Gaps

- The rate of physicians per 100,000 is 95 percent less in Hamilton County than in the state of Florida as a whole.
- Spanish-speaking clients are often transient and begin prenatal care late due to working in the field and not being able to miss work.
- Limited availability of services and resources within the county.
- Transportation is major issue in this rural county.

LAFAYETTE COUNTY

Strengths

- Active food bank with fresh foods.
- IFAS extension office with nutritionist.
- There is a teenage parent program in the school.

Service Gaps

- Lack of transportation.
- Lack of supportive services such as daycare.
- No birthing hospitals are available in the county. Pregnant women must travel to access delivery services.

LEVY COUNTY

Strengths

- OB care provider is located in the Levy County Health Department.
- There is a teen parent program in the local high school.
- Smoking cessation classes are available locally.
- Churches and libraries are available as resources in the community.
- Harmony Pregnancy and Resource Center offers free pregnancy tests, infant and maternity clothes, diapers, social service referrals and material support.
- Tri-County Pregnancy Center offers pregnancy tests, parenting classes, infant and maternity clothes, diapers, and pregnancy counseling.

Service Gaps

- The rate of total physicians per 100,000 residents is substantially lower than in Florida.
- Limited health care services are available in Levy County. Some communities, like Bronson, have no primary care physicians or pharmacies.
- Transportation is limited in this rural county.
- Limited specialty care, hospital care, and dental care.
- Levy County Transit has limited availability and sometimes difficulty to access.

MARION COUNTY

Strengths

- The Heart of Florida Health Center (FQHC), Munroe Regional Medical Center, the Ocala Regional Medical Center, and Marion County Health Department provide healthcare services in the community.
- The Heart of Florida Community Health Center serves Marion County residents. Their primary focus is residents who do not otherwise have access to health care due to financial limitations and/or lack of health insurance.

Marion Strengths (continued)

- Faith-based communities are valuable assets in Marion County.
- Marion County Health Department provides dental services.
- There are more than 150 agencies that provide children's resources for Marion County.
- Marion County has several community meetings to provide networking opportunities sharing information, resources, and opportunities in Marion County.

Service Gaps

- Limited transportation is an ongoing issue for many people in the county, especially the low-income, uninsured and those living in the more rural parts of Marion County. There is a Sun Tran bus system in Marion County, but there are limited transit routes and much of the county is without access to public transportation.
- Long-standing shortage of primary care physicians
- Access to key specialties including mental health and dental care are limited for many residents.
- The size of the county creates a need for transportation to and from needed services. Although Marion County is considered an urban county, portions of the area are covered in the Ocala National Forest. Other large areas are horse farming communities. *(Community Health Improvement Plan – Marion County, 2012)*

PUTNAM COUNTY

Strengths

- Strong community and faith-based organizations work together in the community.
- There is a local community hospital in Palatka – Putnam Community Medical Center.
- Azalea Health provides medical, mental health, and pharmacy services in Palatka, Crescent City, and Interlachen. Medical services are provided in Welaka. A federally qualified health center (FQHC), Azalea Health operates in areas designated as Health Professional Shortage Areas and/or Medically Underserved Areas.
- Dental Services are provided at Azalea Health in Palatka.
- The Putnam County Health Department offers medical services on a sliding fee scale and free immunizations.
- A Women's Resource Center offers free pregnancy tests, infant and maternity clothes, diapers, and a material services program.

Service Gaps

- Limited transportation.
- Lack of Medicaid providers especially specialty services.
- Lack of OB/GYN and dental services.
- Many residents travel 40+ miles to access services.
- Putnam County is primarily rural with concentrated migrant/Hispanic populations in the western and southern outer lying communities. Some of these populations have limited English proficiency which often results in limited or low paying job opportunities.

SUWANNEE COUNTY

Strengths

- There is a local hospital serving the needs of rural residents – Shands Live Oak Regional Medical Center located in Live Oak.
- Suwannee County Health Department provides a variety of healthcare services to the community including adult and primary care services including pregnancy testing, women's annual exams, and postpartum exams.
- Suwannee County Health Department provides dental services to Medicaid eligible children and young adults.
- Pregnancy Care Center offers free pregnancy tests, pregnancy counseling, infant and maternity clothes, diapers, and life skills training.

Service Gaps

- There were 13 licensed physicians in Suwannee County for a proportion of 30.8 physicians per 100,000 residents. This is substantially less than the 300.6 physicians per 100,000 residents for Florida as a whole. *(Suwannee County Community Health Improvement Plan, September 2011)*
- There are fewer dentists and hospital beds in Suwannee County per 100,000 residents than for Florida as whole. *(Suwannee County Community Health Improvement Plan, September 2011)*
- Limited specialty care is available in Suwannee County.
- Transportation is a major concern in this rural county.

UNION COUNTY

Strengths

- Union County residents now have access to primary, family medical care through a Federally Qualified Health Center (FQHC).
- The Union County High School has a teen parenting program. Healthy Start Care Coordinator goes into the teen parenting program one time per month to provide education.

Service Gaps

- No birthing hospital in the county.
- No OB/GYNS in the county.
- No emergency shelter for moms.
- Limited housing is available.
- Transportation barriers - Medicaid transport but difficult to access.
- Union County has primary health care services, but residents have to travel out of the county for specialty care.
- Need specialty care including dental care and OB services.
- The rate of licensed dentists per 100,000 population in Union County is less than half the rate of dentists in Florida.

HEALTH STATUS PROBLEM LINKED TO ACTION PLAN

HEALTH STATUS PROBLEM LINKED TO ACTION PLAN

Numerous health indicators were identified and reviewed in the needs assessment process. Based on an analysis of qualitative and quantitative data, the following issues were identified and prioritized for the 2013-2017 service delivery plan:

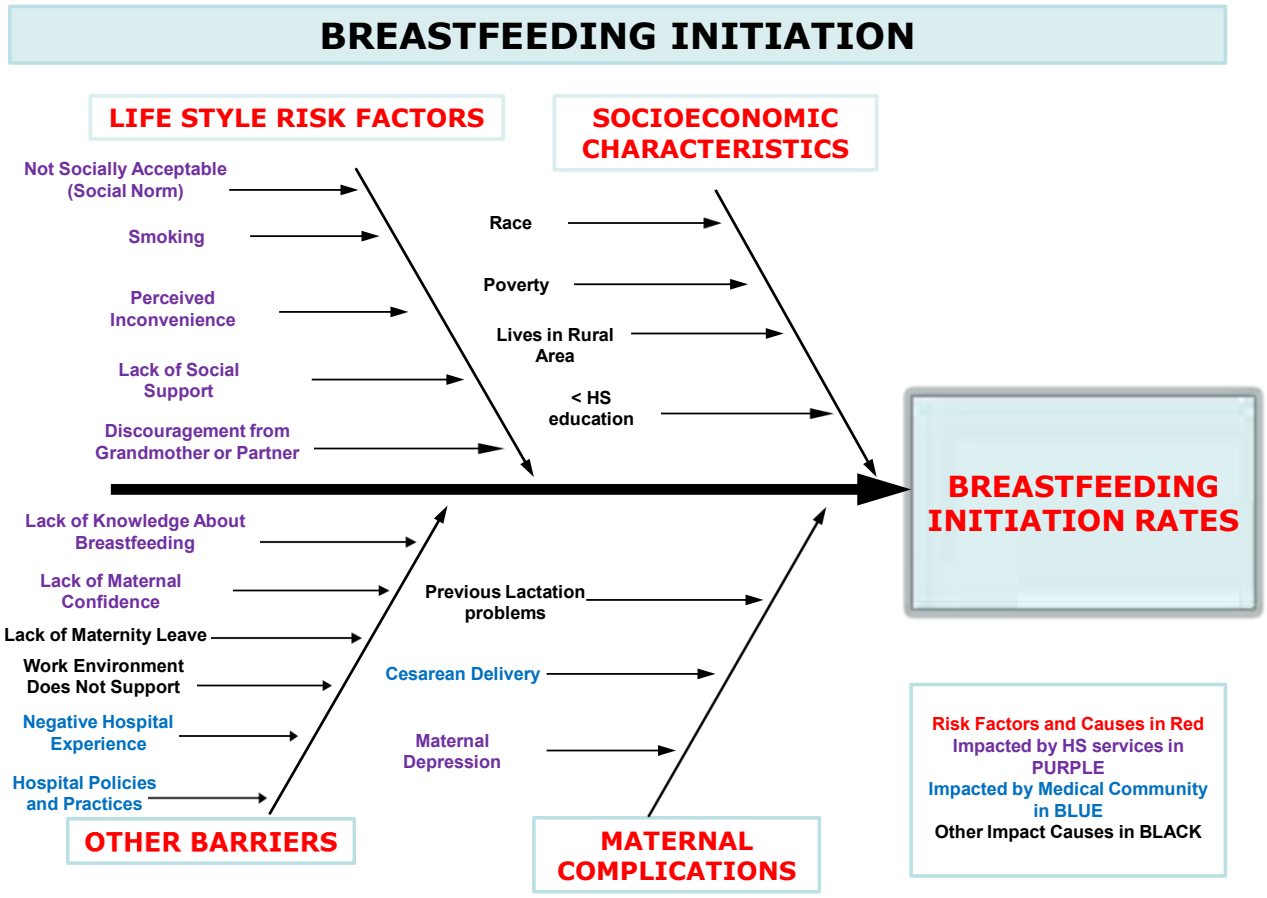
1. Identification of pregnant women, interconceptional women and infants in the service area
2. Breastfeeding initiation and duration
3. Tobacco exposure
4. Interpregnancy interval
5. Deaths related to sleep and unintentional injury

Analysis of risk factors in each of the health status problems clarified the areas that could be impacted by Healthy Start services. Goals, strategies and action steps were then carefully developed.

In the new plan, action steps to reduce disparities are integrated into the strategies that address the overall goals. Examples of action steps to reduce disparity include identification and promotion of a media campaign to target the Black population as well as presentation of positive images of Black mothers breastfeeding.

Comparison with 2009-2013 Service Delivery Plan

In the 2009-2013 service delivery plan, the focus was on women and infants identified at risk for poor birth, health and developmental outcomes. Strategies focused on increasing awareness of the Healthy Start program, increasing collaboration with community agencies, improving screening rates, and facilitating smoking cessation training for Care Coordinators and service providers. No specific priority populations were identified.



Goal and strategies in the new action plan that will address the contributing factors:

Goal: Increase breastfeeding initiation and duration rates by Healthy Start participants.

2.1. Improve and strengthen breastfeeding services offered by Healthy Start.

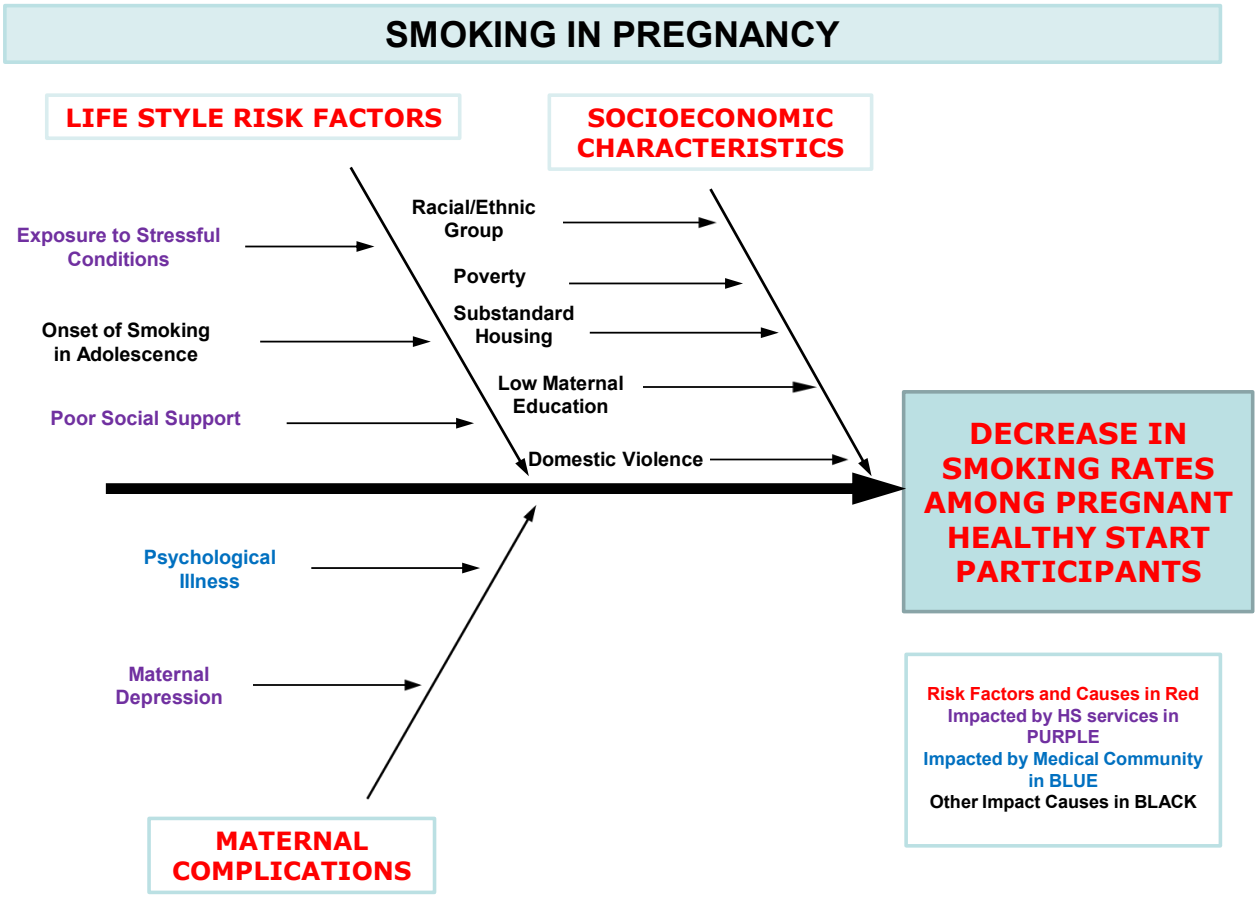
2.2. Promote breastfeeding among prenatal care providers, hospitals, and pediatricians in the Coalition area.

2.3. Motivate the support system of targeted women to encourage and support breastfeeding.

2.4. Use marketing strategies to target Healthy Start participants and Coalition communities to identify breastfeeding as the norm.

Note the action steps associated with the strategies include steps to address the disparity in Black and White breastfeeding initiation. (See action steps on pages 154-155.)

HEALTH STATUS PROBLEM LINKED TO ACTION PLAN



Goal and strategies in the new action plan that will address the contributing factors:

Goal: Reduce tobacco exposure to Healthy Start participants.

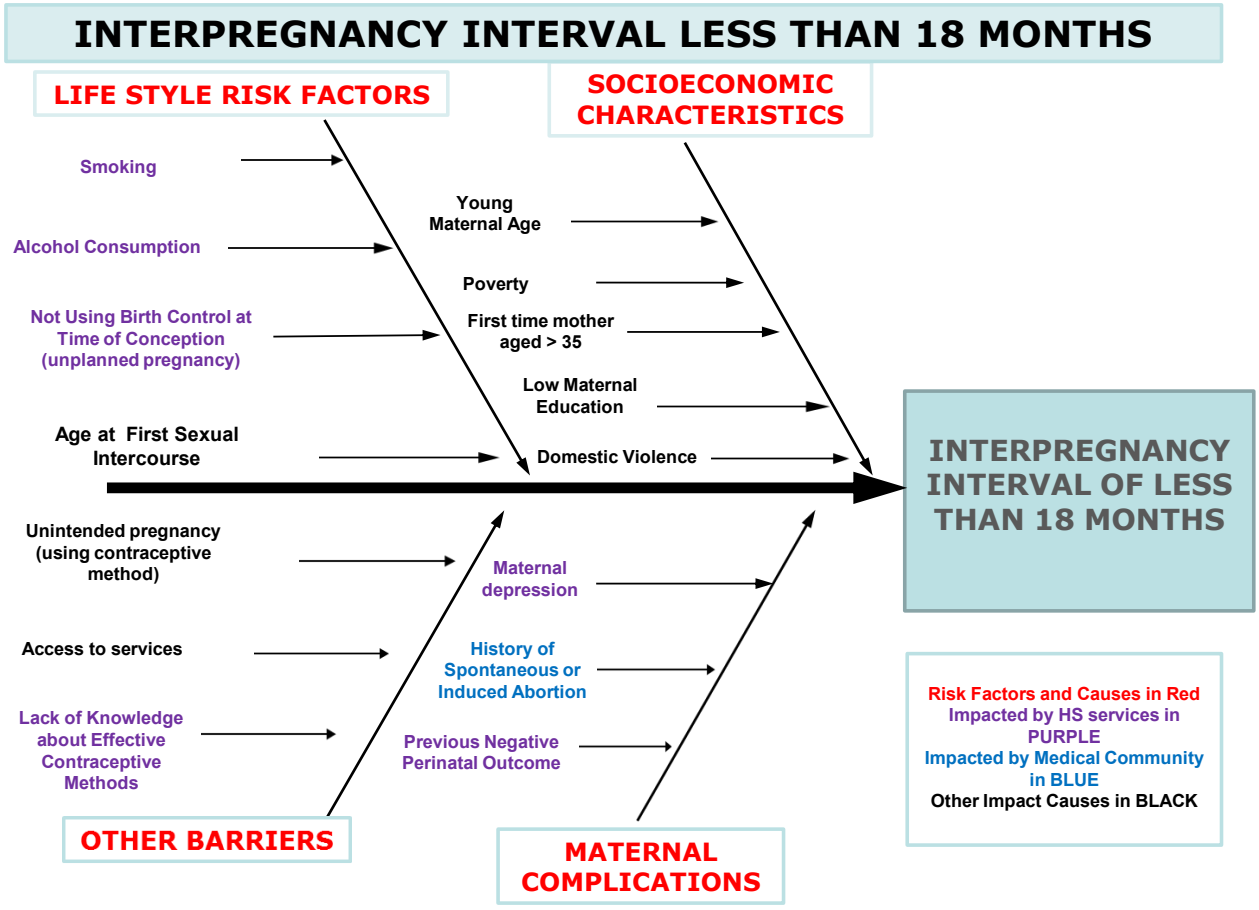
3.1. Reduce prenatal smoking rates.

3.2. Reduce exposure to environmental tobacco smoke for Healthy Start participants.

3.3. Use marketing strategies to target Healthy Start participants and Coalition communities to reduce tobacco.

Note the action steps associated with the strategies on located on pages 158-159.

HEALTH STATUS PROBLEM LINKED TO ACTION PLAN



Goal and strategies in the new action plan that will address the contributing factors:

Goal: Reduce interpregnancy interval less than 18 months.

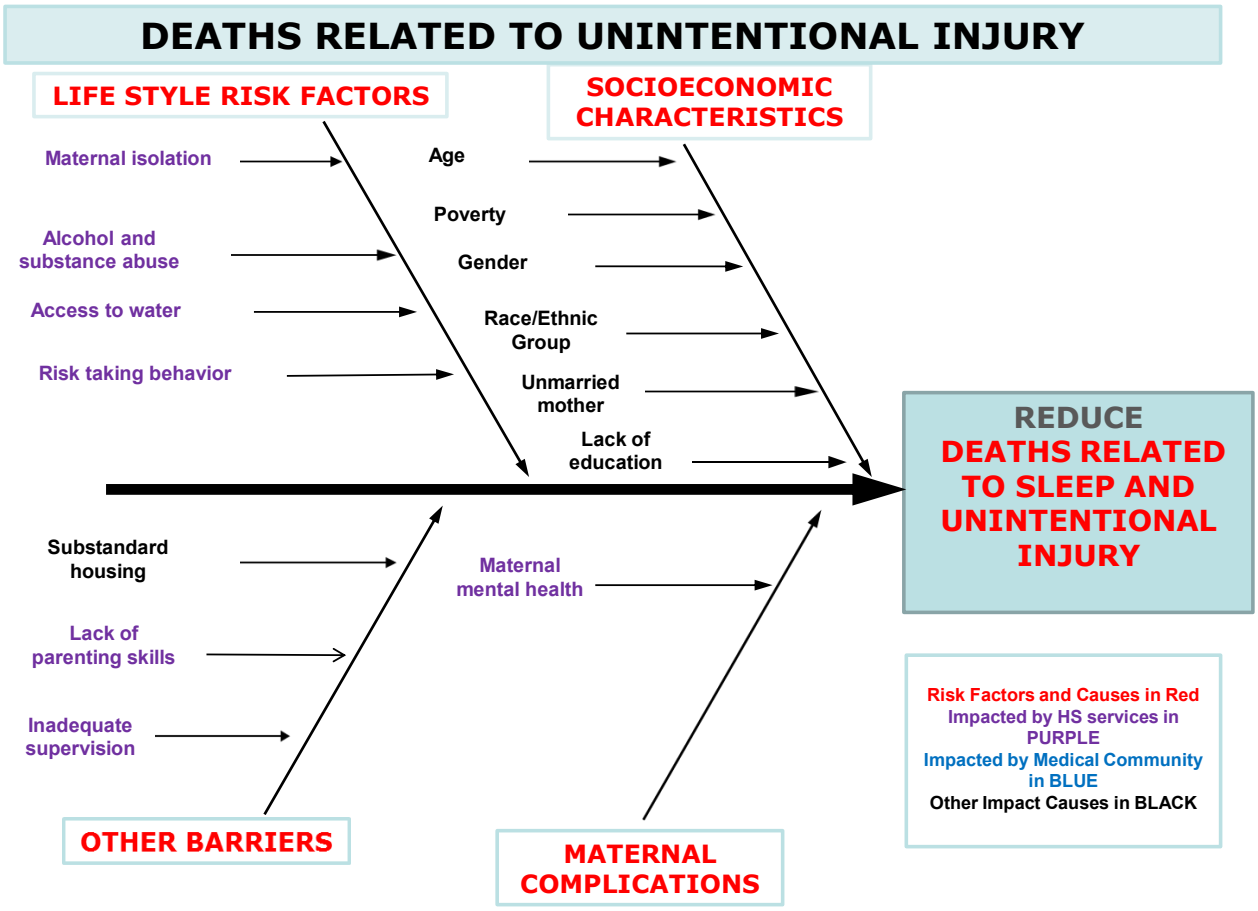
4.1. Reduce repeat teen pregnancy.

4.2. Use marketing strategies to target Healthy Start participants and Coalition communities to reduce interpregnancy interval.

4.3. Improve and strengthen Interconceptional services offered by Healthy Start.

Note the action steps associated with the strategies include steps to address the disparity in Black and White interpregnancy interval less than 18 months. (See action steps on pages 162.)

HEALTH STATUS PROBLEM LINKED TO ACTION PLAN



Goal and strategies in the new action plan that will address the contributing factors:

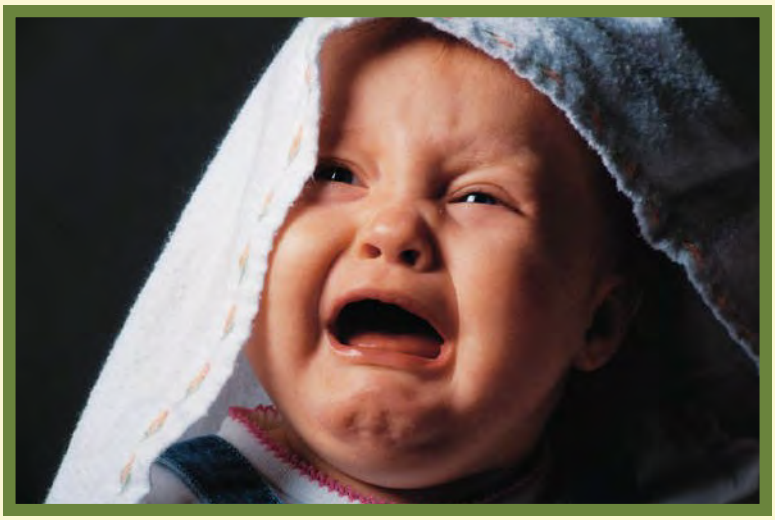
Goal: Reduce deaths for children ages 0-3 related to sleep and unintentional injuries.

5.1. Increase the number of caregivers that have a correctly installed child safety seat in their vehicle.

5.2. Reduce the number of sleep unexpected infant deaths.

5.3. Reduce the number of deaths for children ages 0-3 related to unintentional injuries in the home.

Note the action steps associated with the strategies on located on page 165.



QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

CONTINUOUS QUALITY IMPROVEMENT PLAN

Purpose

Healthy Start of North Central Florida Coalition is committed to continuously improving the quality of its programs and services thereby ensuring that all pregnant women and children who participate receive high quality services. Continuous Quality Improvement (CQI) is a systematic approach to continuously assess and improve the overall quality of a program or service by identifying positive and negative program processes, services, and outcomes. This process is facilitated through measurement and analysis of performance measures and contract deliverables and includes contracted providers' participation.

The Coalition's CQI plan has been designed to provide the programmatic infrastructure needed to achieve this high standard of care and:

- examines the processes of service provision
- addresses customer satisfaction
- is data and outcome driven
- monitors the achievements of performance measures and desired outcomes
- focuses on continuous improvements both internally and within the contracted providers' programs; and
- reports findings to the Contract and Performance Compliance (CPC) Committee and the full board of directors.

The CQI findings assist the board in identifying programs in need of technical assistance and additional support in order to achieve compliance with contract and performance measures and provide high quality services.

The purpose of this plan is to outline how Coalition staff: (1) teach, train and consult program staff on the implementation and support of Healthy Start Standards and Guidelines (HSSG) and best practices; (2) evaluate the quality and appropriateness of the Coalition's services; and (3) continuously improve programs through the utilization of operational data, satisfaction surveys and needs assessments.

Objectives of the CQI Plan

- To provide for an organization-wide plan and processes in place to ensure compliance with the standards of its regulatory agencies, HSSG, and best practices in the field
- Systematically measure, assess, and improve its performance to achieve its goals
- To provide a system of accountability and ongoing monitoring of the activities and competence of contracted providers
- To monitor, evaluate, and maintain quality participant care
- To ensure identification internal challenges and those of the contracted providers and develop strategies to overcome these challenges
- To identify on an ongoing basis education and training needs of contracted providers' direct service staff

Values for the CQI Process

- Improving services is a continuous process.
- Training, education and quality are ongoing processes and are accomplished through strategies promoting best practices, compliance with HSSG, and accountability.
- Providing cost effective quality services and promoting positive outcomes for participants are the responsibilities of all Coalition staff and providers.
- Improving services through reliable and objective quantitative and qualitative data.
- Assuring quality services through input and feedback from our participants, community, staff, key stakeholders and Board of Directors.

Roles and Responsibilities Related to CQI Process

Board of Directors

The Coalition is governed by a Board of Directors who is responsible for approving all contracts and addressing matters of non-compliance and sub-standard performance as follows:

- Issues of contract compliance, amendments, performance, or termination will be brought to the attention of the Contract Performance and Compliance (CPC) committee .
- The CPC Committee will make their recommendation to the full board on next step actions that should take place.
- The Board of Directors will receive, discuss, and ultimately vote on whether to accept or reject the CPC committee's recommendations.
- The Board of Directors will make the final decision on all contracts.

Contract Performance and Compliance Committee

The CPC committee is comprised of board members and monitors service delivery and ensures compliance with the regulatory agency's guidelines. The CPC committee:

- Reviews, analyzes and makes recommendations concerning data related to utilization, effectiveness and quality of service delivery.
- Provides recommendations in the development of policies and procedures which ensure the provision of quality of care with on-going improvement and resolutions.
- Meets as needed to address concerns with compliance or program performance raised by the regulatory agency service staff.

Program Director

The Coalition's program director is accountable for managing all of the Coalition's operations and provides resources and support systems for quality improvement functions. The program director directs and oversees the overall CQI process.

Quality Assurance Specialists

Under the direction of the program director, the Quality Assurance (QA) specialists are responsible for:

- Training Service Providers
- QA specialists provide the service providers the following trainings required for service delivery:
  Pre-service training
  Breastfeeding education and support
  Tobacco cessation and education
  Coding and Healthy Start Standards and Guidelines (HSSG)
- When needed, QA specialists coordinate with certifying agencies to facilitate:
  Parenting education (Parents as Teachers and Partners for a Healthy Family)
  Childbirth education (FOCEP)
- Conducting Annual Site Visits
  Annual audits of contracted providers
  Facilitate and monitor Performance Improvement/Corrective Action Plans (PIP/CAP)
  Analysis and summary of program performance data and consumer surveys
  Present findings during Exit Interview with contracted provider's administrator and staff
  Review findings with the HSNCF's Board of Directors
- Reviewing Monthly & Quarterly Reports
  Review and analyze contracted provider's monthly and quarterly reports
  Ongoing monitoring of performance measures
  Monitor PIPs and CAPs

Program Managers/Supervisors

Program managers/supervisors manage the daily activities and supervision of the direct service and support staff. They are also responsible for coordination of service delivery to ensure that participant needs, program goals, and contract objectives are effectively met and are in compliance with contractual obligations.

Continuous Quality Improvement External Process

The ongoing monitoring of services, outcomes, and processes impacting service delivery are key factors for achieving quality maintenance and quality improvement.

Quality Management is defined in the HSSG as assuring the continuation of services and processes that are meeting high quality standards. Ongoing monitoring of factors that positively or negatively influence a service or process is important to sustain high quality standards.

Program Improvement is defined as the process by which services not meeting quality measures or processes that could be streamlined or improved are evaluated and changed to obtain better results.

Quality Management is a continuous and dynamic process that encompasses both quality maintenance and program improvement.

The implementation of an ongoing, program-specific CQI process is necessary to assure that services are:

- Provided in a manner that meet the needs of participants and the requirements of the program, including negotiated performance measures.
- Of high quality and consistent with current standards of practice.
- Accessible and acceptable to the community and to the participants.
- Delivered in a timely manner.

The CQI process is integrated into the Coalition's infrastructure and is an important component of the Coalition's role as the administrative agency for the 12 Healthy Start programs. The CQI process includes:

- Data collection and measurement
- Evaluation, analysis, and reporting
- Technical assistance and training
- Ongoing monitoring

Data collection and measurement

The Quality Assurance (QA) team identifies quality and compliance information to be collected and measured within the organization. Measurement tools are developed and revised annually in order to analyze and communicate the strengths and areas for improvement within a program or county. Data collected may include:

- Contract deliverables
- Contract outcomes/performance measures
- Executive Summary Report and Services Report data
- Referral data
- Staff turnover

Data collection and measurement (continued)

- Participant complaints
- Participant satisfaction surveys
- Record reviews
- Review of data systems including SOBRA information System (SIS) and the Health Management System (HMS)

Evaluation, Analysis and Reporting

The data collected is analyzed by the QA team and Program Director on an ongoing basis in order to identify concerns, deficiencies, training needs, and weaknesses within the systems and processes, as well as revealing areas of strength within a program or county. Findings are reported to the program managers, the CPC committee and the full board.

Technical Assistance and Training

The QA staff provides technical assistance and training as needed to internal staff and contracted providers' staff to continuously improve their programs. Technical assistance is provided on a one-on-one, as-needed basis to each individual county and during providers' meetings. Trainings are held regionally based on the needs of the providers.

Ongoing Monitoring

Contracted providers' monthly and quarterly reports are reviewed by QA staff and specific performance and compliance data collected, analyzed and monitored. Contracted providers are required to report the following monthly and quarterly information:

<u>Monthly</u>

- progress toward meeting coalition service delivery goals;
- successes of participants helped by the program; and
- current caseload and leveling.

<u>Quarterly</u>

- staff trainings
- summary and findings of their quarterly record review
- progress on meeting their waiver services requirements
- progress toward meeting Core Outcome and Performance Measures
- MomCare activity
- strategies they plan to implement for program improvement based on the findings of their record review tracking on participant referrals.

The QA team conducts site monitoring visits with all contracted providers at minimum annually. Sites on a Corrective Action Plan may require follow-up site visits to assess progress toward meeting goals.

Annual site visits

Prior to visit

- Schedule for site visits is developed at the beginning of the contract year and counties are notified
- QA staff collect and analyzes all Executive Summary and Services data, monthly and quarterly monitoring reports, and have the providers complete a pre-visit questionnaire
- Staff pulls and begins auditing:
  - 10% of active caseload or 12 records (whichever is greater)
  - Same number as above or 10% of total number of Level E's/closed as *No further services needed* at Initial Contact (whichever is fewer)
  - Same number as above or 10% of total number of Level P's/closed as *unable to locate* or *unable to complete* (whichever is fewer)
- QA staff meets with program director to review and summarize preliminary findings and complete Annual Program Review matrix.

At Site Visit

- Complete record review
- Review matrix with program manager and address questions raised about preliminary findings
- Review preliminary record review findings with program staff and provide technical assistance

After Site Visit

- Complete final report which includes:
  - Completed matrix
  - Final Actions (recommendations for program improvement, request for CAP or PIP)
  - Attachments (copies of all data sources utilized)
- Conduct exit review with Administrator/Director of CHD or Provider of Healthy Start services, QA staff, and program director

Continuous Quality Improvement Internal Process

Just as the Coalition is focused on external QA, Coalition staff continuously assess and revise the internal processes as well. Staff adapt and change internal processes and responsibilities based on the needs identified in the counties.

- The Program Director meets weekly with QA staff to discuss the status of ongoing projects and issues. As new issues or questions arise, they are added to the CQI monitoring task list so that they can be prioritized and discussed at the weekly meetings.
- A CQI monitoring checklist is used to keep track of the many steps involved in monthly, quarterly and annual monitoring and to provide some continuity in internal processes. This checklist is modified as needed to add measures or steps identified throughout the year.
- A monitoring spreadsheet is used to follow data patterns over the course of the year in order to identify any potential issues that arise before or after the annual site visit.
- PIP/CAP tracking report follows counties who are on a PIP or CAP and their progress towards reaching each measure.
- Staff meet annually to assess the annual site visit process. The review process as well as new performance measures are developed at this time.

The Board of Directors of the Healthy Start of North Central Florida Coalition is also responsible for oversight of Coalition activities. The Board's responsibilities include establishing Coalition policies, approving contracts and budgets, and ensuring fiscal and programmatic accountability.

COMPREHENSIVE TRAINING PLAN

Pre-service

- All direct service staff must attend the Coalition's pre-service training upon hire and at a minimum of once every five years.
- The Coalition will make every effort to provide the pre-service training three times per year (Quarters 1, 2 and 3).
- Until the Coalition's pre-service training is available, new staff can be trained by a care coordinator who has attended the Coalition's pre-service training and has provided Healthy Start services for a minimum of 2 years.

Motivational Interviewing

- All direct service staff must receive motivational interviewing training within six months of hire and at a minimum of once every five years.
- The Coalition will make every effort to provide/facilitate motivational interviewing training for new staff.
- The direct service staff may identify and attend a motivational interviewing training subject to approval by the Coalition.

Cultural Diversity

- All direct service staff must receive cultural diversity training within six-months of hire and at a minimum of once every five years.
- The Coalition will make every effort to identify available cultural diversity training for new staff.
- The direct service staff may identify and attend cultural diversity training subject to approval by the Coalition.

Coding

- All direct service staff must receive coding training annually.
- The Coalition will make every effort to provide the coding training at least once per year (Quarter 4).
- It is highly recommended that all direct service staff attend the Coalition's coding training. If this is not an option, staff can utilize the Department of Health's online training: http://www.doh.state.fl.us/family/mch/training/library.html

Parenting Education and Support

- Direct service staff providing and coding for Parenting Education and Support services must be certified. Approved curricula include: *Partners for a Healthy Baby* and *Parents as Teachers*.
- Until the *Parents as Teachers* trainings are available, new staff can be trained by a certified *Partners for a Healthy Baby* trainer.

Parenting Education and Support *(continued)*

- The Coalition will make every effort to provide the *Partners for a Healthy Baby* training three times per year (Quarters 1, 2 and 3) with the Pre-service training.
- Coalition will facilitate *Parents as Teachers* trainings when the minimum number of participants needed has been met.
- Direct service staff providing Parenting Education and Support services must receive a minimum of 10 hours of professional development on parenting topics every year.

Interconception Education and Counseling:

- Direct service staff providing and coding Interconception Education and Counseling services must be certified. Staff must be recertified every five years. Approved curricula include: Department of Health ICE and Healthy Start of North Central Florida ICE.
- Until the Healthy Start of North Central Florida ICE training is available, new staff can be trained by a care coordinator that has been trained in the DOH curriculum and has provided interconception education and counseling services for a minimum of 2-years.
- The Coalition will make every effort to provide the Interconception Education and Counseling training three times per year (Quarters 1, 2 and 3) with the Pre-service training.

Breastfeeding Education and Support:

- Direct service staff providing and coding Breastfeeding Education and Support services must be certified. Staff must be recertified every five years.
- Approved curricula include: *10 Steps for Successful Breastfeeding* and *Breastfeeding for a Healthy Start*.
- If a care coordinator is already a Certified Lactation Counselor or Consultant, attending the coding and guidelines portion of the HS Breastfeeding training is required upon hire.
- The Coalition will make every effort to provide the Breastfeeding Education and Support training two times per year (Quarters 1 and 3).

Tobacco Education and Cessation:

- Direct service staff providing and coding Tobacco Education and Cessation services must be certified. Staff must be recertified every five years. Approved curricula include: *New Beginnings*, *Clearing the Air*, and *Make Yours a Fresh Start Family (MYAFSF)*.
- Until the *New Beginning* and *Clearing the Air* training is available, new staff can be trained in *MYAFSF* by a care coordinator that has been trained in *MYAFSF* and has provided tobacco education and cessation services for a minimum of 2 years.
- The Coalition will make every effort to provide the *New Beginnings* and *Clearing the Air* training two times per year (Quarters 2 and 4).

FINANCIAL MONITORING PROCESS

Board of Directors

The Board of Directors is the operating authority of the Coalition. It is the duty of the Directors to:

- Monitor and supervise the administration of the Coalition to ensure that all required functions are properly performed.
- Establish and approve an annual Coalition budget and monitor expenditures in accordance with the adopted budget.
- Allocate resources in accordance with Florida statutory and administrative law.

The Board of Directors is responsible for the financial integrity and accountability of the Healthy Start of North Central Florida Coalition. The Board ensures the Coalition uses its funds efficiently and in line with the Coalition's goals.

It is the duty of the Treasurer of the Board of Directors to do the following:

- Keep or cause to be kept and maintain adequate and correct accounts of the Coalition's properties and business transactions, including account of its assets, liabilities, receipts, disbursements, surpluses and deficits.
- Exhibit at any reasonable time to any Director or member of the Coalition, on request, the books of account and financial records that the requestor has right, by law or regulation, to access.
- Render to the President and Directors, whenever they request it, an account of any or all of the transactions of the Coalition and of the financial condition of the Coalition.
- Prepare or cause to be prepared an audit and certification of the corporate financial statements at such time as may be authorized by the Directors.

Healthy Start of North Central Florida Coalition

The Board of Directors works closely with staff. The Director of Healthy Start of North Central Florida Coalition presents the following information to the Executive Committee of the Board of Directors a minimum of four times per year:

- Budget analysis including base/waiver funding allocations and base/waiver service analysis
- Monthly Statement of Revenues and Expenditures for both Administrative and sub-contracted providers
- Monthly in-kind earnings

Contracted Service Providers

The Contract Manager of the Coalition works closely with the service providers regarding budgets, expenditures, and reports. The required reports are as follows:

Annual Reports

The following documents are required prior to execution of the contract:

- **Financial Monitoring and Evaluation Plan** signed by an individual with legal binding authority.
- **Budget Narrative**
  Provider submits a line item budget narrative to include a total of project expenditures for base and Medicaid waiver direct service funds, in-kind funds, and unfunded prenatal care clinical services funds with a line item justification for each approved categorical expense.
- **Personnel List**
  Provider includes a list of current staff to include employee name, job position, FTE, salary cost, and fringe cost. Administrative support personnel are not included on this list.
- **Administrative Support Budget Narrative and Personnel List**
  Provider includes a total of projected expenditures for administrative support personnel and facilities. Budget amount cannot exceed five percent of the total Healthy Start Direct Service budget.

Monthly Reports

The following monthly reports are required within 15 days after the end of each month of service.

- **Expenditure Report**
  Provider submits an itemized expenditure report to Coalition Contract Manager for approval by line item, of all expenditures made by the providers as a direct result of services pursuant to the contract. Revisions to the line item budget will be submitted to the Coalition for approval. Any revision to the budget must be accompanied by a formal request on letterhead, detailing the line item(s) funds to be moved and justification for moving fund(s).
- **In-Kind Contributions Report**
  Provider submits a line item in-kind expenditure report to include all expenditures for funds from other sources to support the Healthy Start program.

Quarterly Reports

Quarterly reports are required within 15 days after the end of each quarter of service. Due dates are October 15th (Quarter 1), January 15th (Quarter 2), April 15th (Quarter 3), and July 15th (Quarter 4). Attachments to the quarterly report include:

- Personnel List
- Administrative Support Budget Narrative and Personnel List
- Revenue Report

Financial Monitoring Review and Site Visit

The Coalition's Contract Manager conducts an annual financial site visit. The following documentation is required at the financial monitoring site visit:

- Personnel -- Salary and wages, fringe, unemployment, and workman's comp printout from Flair/FIS or FIRS and job descriptions for all Healthy Start staff listed on the personnel list.
- Operating Expense – copies of paid invoices for all operating expenses
- Operating capital outlay – copies of paid invoices
- Property purchase list

Following the site visit, the financial monitoring review summary report is completed and sent to the fiscal agent and administrator with findings and recommendations resulting from the on-site review. Areas not meeting required financial policies and procedures will require a corrective action plan. On-going monitoring of the contracted provider continues until the issue is resolved.

COALITION BOARD RESPONSIBILITIES

The main mission of the Healthy Start of North Central Florida Coalition is to maintain a comprehensive healthcare system and support services for women and their infants throughout the Coalition service area. The Coalition coordinates and monitors Healthy Start programs in the 12 counties as well as providing education, planning services, and allocating resources. The Coalition works with DOH to ensure that funding is used to help pregnant women and infants decrease their risks of poor health outcomes and to stay healthy.

Coalition Membership. Membership of the Coalition includes the Board of Directors and General Members from the community at large interested in maternal and child health issues.

Qualifications of General Members. The General Membership consists of persons, 18 years of age or older, who reside or work in the service area, attend one meeting , complete an application, and provide such contact information as the Board of Directors request.

In accordance with Florida Statute 383.216 the General Membership should represent the health care providers, the recipient community, and the community at large including:

- Consumers of family planning, primary care, or prenatal care services
- Health Care Providers, unless funded by the Coalition, including, but not limited to: county health departments, migrant and community health centers, hospitals, local medical societies, local health planning organizations
- Local health advocacy interest groups and community organizations
- County and municipal governments
- Social service organizations
- Local education communities

Meetings of the Board of Directors. The General Members of the Coalition meet at least annually and other times as necessary to exercise the powers and duties of the Board.

Director Qualifications. The Board of Directors shall not exceed 15. Directors may represent advocacy groups serving pregnant women and infants in the service area; consumers of family planning, primary care or prenatal care services; and community organizations including but not limited to businesses, service clubs, the clergy, local education community, county or municipal governments, community health centers, a health planning organization, and local substance abuse service agencies.

Duties and Responsibilities of the Board of Directors. The Board of Directors conducts the business of the Coalition, including ensuring fiscal and programmatic accountability.

PROCESS FOR ALLOCATING FUNDS

SERVICE BUDGET 2013-2013

AGENCY	BASE	MEDICAID WAIVER	PRENATAL CARE	PSYCHO-SOCIAL COUNSELING	MOM-CARE	DATA ENTRY	CONTRACT TOTAL
Alachua – Kids Central, Inc.	$199,490	$71,067	$0	$0	$0	$0	$270,557
Alachua – County Health Department	$0	$0	$0	$0	$320,487	$5,960	$326,447
Bradford – County Health Department	$89,526	$27,393	$0	$0	$0	$0	$116,920
Columbia – County Health Department	$96,920	$20,127	$9,972	$0	$0	$0	$127,019
Dixie – Childhood Development Services	$81,839	$30,026	$0	$0	$0	$0	$111,865
Dixie – County Health Department	$0	$0	$0	$0	$0	$372	$372
Gilchrist – Childhood Development Services	$81,867	$31,767	$0	$0	$0	$0	$113,634
Gilchrist – County Health Department	$0	$0	$0	$0	$0	$414	$414
Hamilton – County Health Department	$74,529	$20,836	$16,904	$0	$0	$0	$112,270
Lafayette – County Health Department	$67,581	$9,183	$14,411	$0	$0	$0	$91,175
Levy – County Health Department	$123,520	$96,986	$16,520	$0	$0	$0	$237,027
Marion – County Health Department	$323,890	$195,727	$53,503	$0	$0	$0	$573,120
Putnam – Azalea Health	$130,464	$77,912	$16,875	$0	$0	$0	$225,251
Putnam – County Health Department	$0	$0	$0	$0	$0	$2,154	$2,154
Suwannee – County Health Department	$94,365	$25,631	$25,150	$0	$0	$0	$145,147
Union – County Health Department	$78,008	$33,887	$0	$0	$0	$0	$111,896
UF- MIC Psychosocial Counseling	$0	$0	$0	$340,669	$0	$0	$340,669
UF- MIC Prenatal Care	$0	$0	$70,874	$0	$0	$0	$70,874
Redesign Training	$16,044	$0	$0	$0	$0	$0	$16,044
Waiver Holdback	$0	$113,037	$0	$0	$0	$0	$113,037
Total	**$1,458,043**	**$753,581**	**$224,208**	**$340,669**	**$320,487**	**$8,900**	**$3,105,888**

FUNDING ALLOCATION METHODOLOGY

Base Funding Allocation Methodology

Variable	Percent Applied
Number of Level 3 Encounters	20%
Number of Services	25%
Number of Initial Contacts Completed	25%
Number of Participants Served	30%
$60,000 per county for 1.0 FTE Nurse	$5,000 per month

Contract Year	Data Source
2013-2014	July 2011 - June 2013; Service Month Data

Base Direct Service funds in contract are a fixed amount using the Base Funding Allocation Methodology based on the services provided July 1, 2011 – June 30, 2013.

Medicaid Waiver Funding Allocation Methodology

Variable	Percent Applied
Billable Medicaid Waiver Services	100%

Contract Year	Data Source
2013-2014	2013—2014 Service Month Data

Medicaid Waiver Direct Services funds in contract are a projected dollar amount using the Medicaid Waiver funding allocation methodology with service data from July 1, 2012 – June 30, 2013.

NEW ACTION PLAN

PLANNING SUMMARY SHEET

Coalition: Healthy Start of North Central Florida (Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Putnam, Suwannee, and Union counties)

SDPU Due Date: 10/31/13 **AAPU Due Date:** 7/31/14

Coalition Priorities:

- Identify pregnant women, interconceptional women and infants up to age 3 at risk to funnel them into Healthy Start service.
- Increase breastfeeding initiation and duration rates by Healthy Start participants.
- Reduce tobacco exposure to Healthy Start participants.
- Reduce Interpregnancy interval less than 18 months.
- Reduce deaths for children ages 0-3 related to sleep and unintentional injuries.

Check the "Y" column if Healthy Start money is being used.
Check the "N" column if Healthy Start money is not being used.

Healthy Start System Component	Provider	Y	N	Begin/End Date of Contract
Outreach services for pregnant women	Coalition Staff Kids Central, Inc. Bradford/Union CHD Columbia/Hamilton CHD Dixie/Gilchrist CDS Levy CHD Marion CHD Putnam Azalea Health Suwannee/Lafayette CHD	X		7/1/13 - 6/30/14
Outreach services for children	Community Liaison Kids Central, Inc. Bradford/Union CHD Columbia/Hamilton CHD Dixie/Gilchrist CDS Levy CHD Marion CHD Putnam Azalea Health Suwannee/Lafayette CHD	X		7/1/13 - 6/30/14
Process for assuring access to Medicaid (PEPW & ongoing)	Kids Central, Inc. Bradford/Union CHD Columbia/Hamilton CHD Dixie/Gilchrist CDS Levy CHD Marion CHD Putnam Azalea Health Suwannee/Lafayette CHD	X		7/1/13 - 6/30/14

PLANNING SUMMARY SHEET

Healthy Start System Component	Provider	Y	N	Begin/End Date of Contract
Clinical prenatal care for all unfunded women	Coalition Staff UF-MIC Columbia/Hamilton CHD Levy CHD Marion CHD Putnam Azalea Health Suwannee/Lafayette CHD	X		7/1/13 - 6/30/14
Funding to support the CHD Vital Statistics Healthy Start screening infrastructure	Alachua CHD Dixie/Gilchrist CHD Putnam CHD	X		7/1/13 - 6/30/14
Ongoing training for providers doing screens and referrals	Coalition Staff	X		7/1/13 - 6/30/14
Initial contact after screening	Kids Central, Inc. Bradford/Union CHD Columbia/Hamilton CHD Dixie/Gilchrist CDS Levy CHD Marion CHD Putnam Azalea Health Suwannee/Lafayette CHD	X		7/1/13 - 6/30/14
Initial assessment of service needs	Kids Central, Inc. Bradford/Union CHD Columbia/Hamilton CHD Dixie/Gilchrist CDS Levy CHD Marion CHD Putnam Azalea Health Suwannee/Lafayette CHD	X		7/1/13 - 6/30/14
Ongoing care coordination	Kids Central, Inc. Bradford/Union CHD Columbia/Hamilton CHD Dixie/Gilchrist CDS Levy CHD Marion CHD Putnam Azalea Health Suwannee/Lafayette CHD	X		7/1/13 - 6/30/14
Interconceptional education and counseling	Kids Central, Inc. Bradford/Union CHD Columbia/Hamilton CHD Dixie/Gilchrist CDS Levy CHD Marion CHD Putnam Azalea Health Suwannee/Lafayette CHD	X		7/1/13 - 6/30/14

PLANNING SUMMARY SHEET

Healthy Start System Component	Provider	Y	N	Begin/End Date of Contract
Childbirth education	Kids Central, Inc. Bradford/Union CHD Columbia/Hamilton CHD Dixie/Gilchrist CDS Levy CHD Marion CHD Putnam Azalea Health Suwannee/Lafayette CHD	X		7/1/13 - 6/30/14
Parenting support and education	Kids Central, Inc. Bradford/Union CHD Columbia/Hamilton CHD Dixie/Gilchrist CDS Levy CHD Marion CHD Putnam Azalea Health Suwannee/Lafayette CHD	X		7/1/13 - 6/30/14
Nutritional counseling			X	
Provision of psychosocial counseling	UF-MIC	X		7/1/13 - 6/30/14
Smoking cessation counseling	Kids Central, Inc. Bradford/Union CHD Columbia/Hamilton CHD Dixie/Gilchrist CDS Levy CHD Marion CHD Putnam Azalea Health Suwannee/Lafayette CHD	X		7/1/13 - 6/30/14
Breastfeeding education and support	Kids Central, Inc. Bradford/Union CHD Columbia/Hamilton CHD Dixie/Gilchrist CDS Levy CHD Marion CHD Putnam Azalea Health Suwannee/Lafayette CHD	X		7/1/13 - 6/30/14
Data entry into HMS	Kids Central, Inc. Bradford/Union CHD Columbia/Hamilton CHD Dixie/Gilchrist CDS Levy CHD Marion CHD Putnam Azalea Health Suwannee/Lafayette CHD	X		7/1/13 - 6/30/14
MomCare Program (SOBRA)	Alachua CHD	X		7/1/13 - 6/30/14

CATEGORY A ACTIVITIES: FUNDED SERVICES

Strategy 1: Maintain Coalition operations to ensure quality of service provision			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
1. Develop and execute contracts and MOAs with HS providers	Contract Manager	04/01/14	06/30/14
2. Develop and negotiate interagency agreements	Associate Planner Community Liaison	10/01/13	06/30/14
3. Prepare and submit all required reports, AAPU, and SDPU	Associate Planner	10/01/13	06/30/14
4. Develop funding allocation budgets - Format and frequency of reporting	Program Director	04/01/14	06/30/14
5. Allocate funding received from DOH to HS providers - Invoice DOH, calculate allocation, check requests, tracking logs, analyze allocations	Contract Manager	10/01/13	06/30/14
6. Conduct fiscal monitoring of HS providers	Contract Manager	10/01/13	06/30/14
7. Collect HS provider financial reports and review expenditures	Contract Manager	10/01/13	06/30/14
8. Provide technical assistance to HS Providers	Coalition Staff	10/01/13	06/30/14
Strategy 2: Develop and implement internal QA/QI process to ensure quality of service provision			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
1. Develop and implement an internal QA/QI plan	Coalition Staff	10/01/13	09/30/13
2. Develop staff's knowledge and skills to maintain a high level of performance	Coalition Staff	10/01/13	06/30/14
3. Actively participate in FAHSC membership and operations	Program Director	10/01/13	06/30/14
4. Engage in DOH initiatives to remain current in the roles and responsi-bilities of the Coalition as well as of the service providers	Coalition Staff	10/01/13	06/30/14

CATEGORY A ACTIVITIES: FUNDED SERVICES

Strategy 3: Develop and conduct external QA/QI to ensure quality of service provision			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
1. Develop and implement an external QA/QI plan	QA Specialists	10/01/13	06/30/14
2. Develop a HS provider training plan	QA Specialists	10/01/13	09/30/13
3. Implement and report on HS provider trainings	QA Specialists	10/01/13	06/30/14
4. Collect and review HS providers QA/QI reports to ensure compliance with contractual goals and outcome/ performance measures	QA Specialists Contract Manager	10/01/13	06/30/14
5. Obtain consumer feedback	QA Specialists	10/01/13	06/30/14
6. Provide technical assistance to HS providers	QA Specialists	10/01/13	06/30/14
7. Create and update QA/QI tools for monitoring HS providers	QA Specialists	04/01/14	06/30/14
8. Conduct annual program review of HS providers	QA Specialists	10/01/13	06/30/14
9. Analyze HS providers' service data and program reports	QA Specialists	10/01/13	06/30/14
10. Develop and report on Performance Improvement Plans and Corrective Action Plans	QA Specialists	10/01/13	06/30/14
11. Report to the Board and/or designated committee findings from the annual monitoring review	Program Director QA Specialists	10/01/13	06/30/14
Strategy 4: Coalition membership and operations			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
1. Develop and implement a Coalition membership recruitment and retention plan	Associate Planner	10/01/13	06/30/14
2. Update and conduct annual Coalition training - Review members' roles and responsibilities, Sunshine Law, service delivery system, MCH indicator data	Associate Planner	06/01/14	06/30/14
3. Conduct new Director orientations	Associate Planner	10/01/13	06/30/14

CATEGORY A ACTIVITIES: FUNDED SERVICES

Action Step	Person(s) Responsible	Start Date	End Date
4. Develop and update the Board of Directors handbook	Associate Planner	10/01/13	9/30/13
5. Include an education component to each Board meeting in which a current MCH topic is presented and discussed	Program Director	10/01/13	6/30/14
6. Conduct an annual meeting for the Coalition to review and update the Annual Action Plan	Program Director Associate Planner	6/01/14	6/30/14
7. Review bylaws, vision, mission, and goals annual for possible revisions	Program Director Associate Planner	6/01/14	6/30/14
8. Conduct Coalition meetings - General members, board of directors, committee, and service providers	Program Director Associate Planner	10/01/13	6/30/14

CATEGORY B ACTIVITIES

1. **CONTRACT REQUIREMENT OR IDENTIFIED COMMUNITY-WIDE/SYSTEM ISSUE:**
   - **A. What is the requirement or system/community-wide problem or need identified to be addressed by a strategy?**

     The target population needs increased awareness and knowledge of the benefits of the Healthy Start program. Increased knowledge will empower women to request the risk screen if not offered by their healthcare provider, and create awareness of the risk behaviors associated with adverse birth outcomes.

   - **B. What health status indicator/coalition administrative activity is being addressed by the strategy?**

     Community awareness of the Healthy Start Program
     Prenatal and infant risk screening
     First trimester entry into prenatal care
     Prenatal and infant risk screening training to healthcare providers

   - **C. What information, if any, was used to identify the issue/problem (i.e. HPS, FIMR, screening, client satisfaction, interviews, QI/QA)?**

     Screening rates
     Prenatal care entry
     Feedback from surveys

2. **PLANNING PHASE QUESTIONS: (All Required)**
   - **A. What strategy has been selected to address this?**

     1.1 Target healthcare providers to increase screening and referral rates.
     1.2 Target partnering agencies to increase referrals to the Healthy Start program
     1.3 Target community to increase knowledge and awareness of the Healthy Start program

   - **B. What information will you gather to demonstrate that you have implemented this strategy as intended (who, what, how many, how often, where, etc.)?**

     Screening data including total forms processed, number of consents, number of positives, number of referrals, and number of BOOFs
     Screening rates
     Interagency agreements
     Marketing plan
     Provider request for materials

   - **C. Where/how will you get the information?**

     Screening reports, provider feedback, surveys, and reports of the number of community events attended.

D. What do you expect will be the observed impact of the strategy on the system or community-wide problem/need?

The community, healthcare providers and participants will be more knowledgeable about the benefits of Healthy Start, the importance of the risk screen, as well as adverse health outcomes.
Ongoing technical assistance will result in improved screening procedures by healthcare providers.
Greater awareness of the Healthy Start program will increase the number of Healthy Start participants.
The system of care for maternal and child health will be improved in the Coalition area as the community is aware of the factors impacting infant mortality.

E. What information will you gather to demonstrate this change on the system?

Screening report
Analyze screening rates
Interagency agreements with newly identified community agencies
Participation in community outreach events
Executive summary report

F. Where/how will you get the information?

DOH screening data reports, quarterly reports, provider and community surveys, website tracking

CATEGORY B ACTIVITIES

Goal 1: Identify pregnant women, interconceptional women and infants up to age 3 at risk to funnel them into Healthy Start services			
Strategy 1.1 – Target healthcare providers to increase screening and referral rates			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
1.1.a. Develop and utilize a report to collect and analyze screening rates - Total forms processed, number of consents, number of positives, number of referrals, number of BOOFs	Community Liaison	10/01/13	06/30/14
1.1.b. Ongoing identification of screening concerns with Healthy Start Service Providers	Community Liaison Board of Directors HS Service Providers MomCare Advisors	10/01/13	06/30/14
1.1.c. Educate and provide ongoing technical assistance to healthcare providers regarding components of the screen and services provided by HS	Community Liaison	10/01/13	06/30/14
1.1.d. Educate Board members on components of screening so they can be advocates in the community	Community Liaison Program Director Associate Planners	10/01/13	06/30/14
1.1.e. Develop and implement a plan to encourage participants, hospitals and OBs to increase screening	Community Liaison Coalition Staff Comm. Specialist Board of Directors MomCare Advisors	01/01/14	06/30/14
1.1.f. Identify funding resources to purchase incentives to increase screening rates	Community Liaison Comm. Specialist	04/01/14	06/30/14
Strategy 1.2 – Target partnering agencies to increase referrals to the Healthy Start program			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
1.2.a. Identify and collaborate with community agencies that serve the same population	Community Liaison Coalition Staff	10/01/13	06/30/14
1.2.b. Review and update current interagency agreements	Associate Planner Community Liaison HS Service Providers	01/01/14	06/30/14
1.2.c. Develop interagency agreements with newly identified agencies that serve the same target population	Associate Planner Community Liaison	10/01/13	06/30/14

CATEGORY B ACTIVITIES

Strategy 1.2 – Target partnering agencies to increase referrals to the Healthy Start program			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
1.2.d. Increase interaction between the Healthy Start and Healthy Families programs	Program Director Coalition Staff	7/1/13	06/30/14
Strategy 1.3 – Target community to increase knowledge and awareness of the Healthy Start program			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
1.3.a. Participate in community outreach events (health fairs, baby showers, etc.)	Community Liaison Comm. Specialist MomCare Advisors	10/01/13	06/30/14
1.3.b. Develop and implement a marketing plan targeting general public and specific populations such as blacks, Hispanics, and teens to increase knowledge and awareness of the Healthy Start program and how to self-refer	Associate Planner Community Liaison Comm. Specialist MomCare Advisors	01/01/14	06/30/14
1.3.d. Identify funding to purchase public awareness materials	Community Liaison Comm. Specialist	10/01/13	06/30/14

NEW ACTION PLAN

1. **CONTRACT REQUIREMENT OR IDENTIFIED COMMUNITY-WIDE/SYSTEM ISSUE:**
   - **A. What is the requirement or system/community-wide problem or need identified to be addressed by a strategy?**

     Increase breastfeeding initiation and duration rates by Healthy Start participants.
   - **B. What health status indicator/coalition administrative activity is being addressed by the strategy?**

     This strategy addresses cause-specific infant mortality. Contributing factors to infant mortality include lack of breastfeeding.
   - **C. What information, if any, was used to identify the issue/problem (i.e. HPS, FIMR, screening, client satisfaction, interviews, QI/QA)?**

     Vital statistics data, Healthy Start service data, surveys

2. **PLANNING PHASE QUESTIONS: (All Required)**
   - **A. What strategy has been selected to address this?**

     2.1 Improve and strengthen breastfeeding services offered by Healthy Start.

     2.2 Promote breastfeeding among prenatal care providers, hospitals and pediatricians in the Coalition area.

     2.3 Motivate the support system of targeted women to encourage and support breastfeeding.

     2.4 Use marketing strategies to target Healthy Start participants and Coalition communities to identify breastfeeding as the norm.
   - **B. What information will you gather to demonstrate that you have implemented this strategy as intended (who, what, how many, how often, where, etc.)?**

     Copy of breastfeeding curriculum based on evidence-based practices/components
     Scheduled trainings including agenda and attendance
     Copies of materials distributed
     Plan to motivate the support system to encourage breastfeeding
     Interagency agreements
     Implementation of the campaign to promote breastfeeding targeting the Black population
     Copies of materials with positive images of breastfeeding with African Americans
   - **C. Where/how will you get the information?**

     Coalition reports outlining the dates, times and places of all trainings and education
     Primary data collection
     Executive Summary Reports
     Website tracking

D. What do you expect will be the observed impact of the strategy on the system or community-wide problem/need?

Increase in knowledge about breastfeeding by Healthy Start Care Coordinators
Increased number of Healthy Start Care Coordinators who become competent breastfeeding advocates
Reduced racial disparity in breastfeeding initiation
Increase in breastfeeding initiation
Prenatal care providers, hospitals and pediatricians will encourage and support breastfeeding

E. What information will you gather to demonstrate this change on the system?

Copy of breastfeeding curriculum
Agendas and sign in sheets from presentations and meetings
Coalition reports

F. Where/how will you get the information?

Florida CHARTs
Executive Summary Report
Survey responses
Coalition reports
Copies of print materials and documents
Training records including agenda and attendance

CATEGORY B ACTIVITIES

Goal 2: Increase breastfeeding initiation and duration rates by Healthy Start participants			
Strategy 2.1 – Improve and strengthen breastfeeding services offered by Healthy Start			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
2.1.a. Develop culturally appropriate breastfeeding curriculum based on evidence-based practices/components.	Coalition Staff	10/01/13	06/30/14
2.1.b. Train care coordinators to use breastfeeding curriculum with Healthy Start participants (prenatal education based on 10 steps to successful breastfeeding) and facilitate on-going continuing education.	Coalition Staff	10/01/13	06/30/14
2.1.c. Identify Care Coordinators to become competent breastfeeding advocates.	QA Specialist HS Service Providers	10/01/13	03/31/14
2.1.d. Empower moms to breastfeed at hospital (exclusive breastfeeding plan); at home; and at workplace (educate on rights and how to present to employer – breaks and location).	HS Service Providers MomCare Advisors	10/01/13	06/30/14
2.1.e. Increase number of participants and intensity of services provided.	HS Service Providers	10/01/13	06/30/14
2.1.f. Identify funding sources to purchase breastfeeding education models.	QA Specialist Comm. Specialist	10/01/13	06/30/14
Strategy 2.2 – Promote breastfeeding among prenatal care providers, hospitals, and pediatricians in the Coalition area			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
2.2.a. Assess knowledge and practices regarding breastfeeding.	Coalition Staff Community Liaison	01/01/14	06/30/14
2.2.b. Develop and implement a plan that targets prenatal providers, hospitals and pediatricians to encourage breastfeeding.	Coalition Staff Community Liaison	01/01/14	06/30/14
2.2.c. Identify resources based upon plan to be developed for prenatal care providers, hospitals, and pediatricians to encourage and support breastfeeding.	QA Specialist Community Liaison Comm. Specialist	04/01/14	06/30/14
2.2.d. Strengthen Healthy Start's relationship with local hospitals through development of MOU (referral for teens, first-time moms, and moms who initiate and have complications)	Associate Planner Community Liaison QA Specialist	01/01/14	03/31/14

CATEGORY B ACTIVITIES

Strategy 2.3 – Motivate support system of targeted women to encourage and support breastfeeding			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
2.3.a. Identify what the support system of targeted women can do to encourage and support breastfeeding.	Coalition Staff HS Service Providers MomCare Advisors	10/01/13	06/30/14
2.3.b. Identify how the support system of targeted women is motivated to encourage breastfeeding.	Coalition Staff HS Service Providers	10/01/13	06/30/14
2.3.c. Identify funding sources to purchase breast pumps to support continuation of breastfeeding.	QA Specialist	10/01/13	06/30/14
Strategy 2.4 – Use marketing strategies to target Healthy Start participants and Coalition communities to identify breastfeeding as the norm			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
2.4.a. Identify and promote state/national media campaign to use in Coalition area. Target African American population.	Comm. Specialist	10/01/13	06/30/14
2.4.b. Identify and disseminate information to educate and promote breastfeeding.	Community Liaison Comm. Specialist MomCare Advisors	10/01/13	06/30/14
2.4.c. Present positive images of breastfeeding including African Americans.	Community Liaison Comm. Specialist MomCare Advisors	10/01/13	06/30/14
2.4.d. Identify and establish partnerships with local coalitions and agencies with mutual missions and goals.	Community Liaison QA Specialist HS Service Providers	10/01/13	06/30/14
2.4.e. Disseminate information about Healthy Start's breastfeeding services.	Community Liaison Comm. Specialist Associate Planner MomCare Advisors	10/01/13	06/30/14

1. **CONTRACT REQUIREMENT OR IDENTIFIED COMMUNITY-WIDE/SYSTEM ISSUE:**
   - **A. What is the requirement or system/community-wide problem or need identified to be addressed by a strategy?**
     Women who smoke during pregnancy are at an increased risk for adverse birth outcomes.
   - **B. What health status indicator/coalition administrative activity is being addressed by the strategy?**
     Reduce tobacco exposure to Healthy Start participants.
     Low birth weight babies
   - **C. What information, if any, was used to identify the issue/problem (i.e. HPS, FIMR, screening, client satisfaction, interviews, QI/QA)?**
     Florida CHARTS
     Healthy Start Executive Summary Reports
     Florida Vital Statistics
     Surveys

2. **PLANNING PHASE QUESTIONS: (All Required)**
   - **A. What strategy has been selected to address this?**
     3.1 Reduce prenatal smoking rates.
     3.2 Reduce exposure to environmental tobacco smoke for Healthy Start participants.
     3.3 Use marketing strategies to target Healthy Start participants and Coalition communities to reduce tobacco.
   - **B. What information will you gather to demonstrate that you have implemented this strategy as intended (who, what, how many, how often, where, etc.)?**
     Plan to target prenatal providers, hospitals and pediatricians to reduce tobacco use and exposure
     Scheduled trainings including agenda and attendance
     Copies of materials distributed
     Implementation of the state/national media campaign for tobacco cessation
   - **C. Where/how will you get the information?**
     Coalition reports outlining the dates, times and places of all trainings and education
     Primary data collection
     Executive Summary Reports
     Website tracking

D. What do you expect will be the observed impact of the strategy on the system or community-wide problem/need?

Increase in knowledge about the dangers of prenatal smoking and environmental exposure by Healthy Start Care Coordinators

Increased number of Healthy Start Care Coordinators who become competent tobacco cessation advocates

Prenatal providers, hospitals, and pediatricians will encourage and support tobacco cessation and reduced exposure to second hand smoke

Increase in number of family/household members who receive Healthy Start cessation services or referrals for cessation services

E. What information will you gather to demonstrate this change on the system?

Agendas and sign in sheets from meetings and presentations

Interagency agreements with newly identified community agencies

Coalition reports

Healthy Start Executive Summary Report

F. Where/how will you get the information?

Florida CHARTs

Executive Summary Report

Survey responses

Coalition reports

Copies of print materials and documents

Training records including agenda and attendance

Goal 3: REDUCE TOBACCO EXPOSURE TO HEALTHY START PARTICIPANTS			
Strategy 3.1 – Reduce prenatal smoking rates			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
3.1.a Assess knowledge and practices regarding tobacco exposure and use.	Coalition Staff Community Liaison	01/01/14	06/30/14
3.1.b. Develop and implement a plan that targets prenatal providers, hospitals, and pediatricians to reduce tobacco use and exposure.	Coalition Staff MomCare Advisors	01/01/14	06/30/14
3.1.c. Identify and disseminate resources based upon plan to be developed for participants, prenatal care providers, hospitals, and pediatricians to reduce tobacco use and exposure.	QA Specialist Community Liaison Comm. Specialist MomCare Advisors	04/01/14	06/30/14
3.1.d. Evaluate implementation of smoking curriculum.	QA Specialist	10/01/13	06/30/14
3.1.e. Identify the ways to fill gaps in knowledge or resources based upon Evaluation.	Coalition Staff	10/01/13	06/30/14
3.1.f. Facilitate on-going continuing education for Care Coordinators.	QA Specialist	10/01/13	06/30/14
3.1.g. Identify Care Coordinators to become competent tobacco cessation advocates.	QA Specialist HS Service Providers	01/01/14	03/31/14
3.1.h. Increase number of participants and intensity of services provided.	HS Service Providers	10/01/13	06/30/14
3.1.i. Identify funding sources to purchase CO2 monitors.	QA Specialist	10/01/13	06/30/14
Strategy 3.2 – Reduce exposure to environmental tobacco smoke for Healthy Start participants			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
3.2.a. Identify and promote strategies that address postpartum relapse.	QA Specialist Comm. Specialist Community Liaison HS Service Providers MomCare Advisors	10/01/13	06/30/14
3.2.b. Assess implementation of second hand smoke curriculum.	QA Specialist	10/01/13	06/30/14
3.2.c. Identify and disseminate resources to educate on the risks of third hand smoke exposure.	Comm. Specialist Community Liaison	10/01/13	06/30/14

CATEGORY B ACTIVITIES

Strategy 3.3 – Use marketing strategies to target Healthy Start participants and Coalition communities to reduce tobacco			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
3.3.a. Identify state/national media campaign to use in Coalition area.	Comm. Specialist	10/01/13	06/30/14
3.3.b. Promote identified state/national media campaign in Coalition area.	Community Liaison Comm. Specialist MomCare Advisors	10/01/13	06/30/14
3.3.c. Identify and establish partnerships with local coalitions and agencies with mutual missions and goals.	Community Liaison QA Specialist HS Service Providers	10/01/13	06/30/14
3.3.d. Disseminate information about Healthy Start's tobacco cessation and education services.	Community Liaison Comm. Specialist Associate Planner MomCare Advisors	10/01/13	06/30/14

1. **CONTRACT REQUIREMENT OR IDENTIFIED COMMUNITY-WIDE/SYSTEM ISSUE:**
   A. **What is the requirement or system/community-wide problem or need identified to be addressed by a strategy?**

      The need to reduce interpregnancy interval less than 18 months, particularly in Healthy Start teen participants.

   B. **What health status indicator/coalition administrative activity is being addressed by the strategy?**
      Women with short interpregnancy intervals are at risk for adverse birth outcomes. An interpregnancy interval less than 18 months creates a greater risk of delivering a low birth weight infant or preterm.

   C. **What information, if any, was used to identify the issue/problem (i.e. HPS, FIMR, screening, client satisfaction, interviews, QI/QA)?**
      Florida CHARTs
      Vital statistics data
      Healthy Start Executive Summary Report
      Surveys

2. **PLANNING PHASE QUESTIONS: (All Required)**
   A. **What strategy has been selected to address this?**
      4.1 Reduce repeat teen pregnancy.
      4.2 Use marketing strategies to target Healthy Start participants and Coalition communities to reduce interpregnancy interval.
      4.3 Improve and strengthen interconceptional services offered by Healthy Start.

   B. **What information will you gather to demonstrate that you have implemented this strategy as intended (who, what, how many, how often, where, etc.)?**
      Scheduled trainings including agenda and attendance, number of resources distributed
      Copy of culturally appropriate Interconceptional curriculum based on evidence-based practices/ components
      Copies of materials distributed
      Plan to retain parental participants through the postnatal period
      Implementation of the marketing strategies to reduce interpregnancy interval targeting fathers, Blacks, and teens

   C. **Where/how will you get the information?**
      Coalition reports outlining the dates, times and places of all trainings and education
      Primary data collection
      Executive Summary Reports
      Website tracking

D. What do you expect will be the observed impact of the strategy on the system or community-wide problem/need?

Increase in knowledge about interpregnancy interval by Healthy Start Care Coordinators
Increased number of Healthy Start Care Coordinators who specialize in providing services to Healthy Start teen participants
Increased retention of Healthy Start teen participants
Education of school nurses about the Healthy Start program and referral process
Increased knowledge of the importance of interpregnancy interval particularly among fathers, Blacks and teens

E. What information will you gather to demonstrate this change on the system?

Agendas and sign in sheets from trainings, presentations and meetings
Coalition reports
Numbers of Healthy Start teen participants who stay in the Healthy Start program for a longer period of time

F. Where/how will you get the information?

Executive Summary Report
Survey responses
Coalition reports
Copies of print materials and documents
Training records including agenda and attendance

CATEGORY B ACTIVITIES

Goal 4: REDUCE INTERPREGNANCY INTERVAL LESS THAN 18 MONTHS			
Strategy 4.1 – Reduce repeat teen pregnancy			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
4.1.a. Identify ways to recruit and retain teen participants.	Coalition Staff Community Liaison HS Service Providers	10/01/13	06/30/14
4.1.b. Evaluate Healthy Start curricula and services for teen participants.	Coalition Staff	10/01/13	06/30/14
4.1.c. Facilitate education for Care Coordinators on adolescent development, brain cognitive development, positive youth development, reproductive health, and family planning.	Associate Planner	10/01/13	06/30/14
4.1.d. Identify Care Coordinators to specialize in providing services to teen participants.	QA Specialist HS Service Providers	01/01/14	03/31/14
4.1.e. Identify resources to address the need of psychosocial services to teen participants.	Comm. Specialist Community Liaison	10/01/13	06/30/14
Strategy 4.2 – Use marketing strategies to target Healthy Start participants and Coalition communities to reduce interpregnancy interval			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
4.2.a. Include strategies to reduce interpregnancy interval in marketing plan targeting fathers, African Americans and teens.	Comm. Specialist Community Liaison	10/01/13	06/30/14
4.2.b. Identify and disseminate resources based upon marketing plan to reduce interpregnancy interval.	Comm. Specialist Community Liaison MomCare Advisors	10/01/13	06/30/14
4.2.c. Educate school nurses about Healthy Start program and referral process.	Coalition Staff HS Service Providers	10/01/13	06/30/14
Strategy 4.3 – Improve and strengthen interconceptional services offered by Healthy Start			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
4.3.a. Develop culturally appropriate interconceptional curriculum based on evidence-based practicies/components.	Coalition Staff	10/01/13	06/30/14
4.3.b. Train Care Coordinators to use interconceptional curriculum and facilitate on-going continuing education.	Coalition Staff	01/01/14	06/30/14
4.3.c. Develop and implement a plan to retain prenatal participants through the postnatal period.	Coalition Staff	10/01/13	06/30/14

1. **CONTRACT REQUIREMENT OR IDENTIFIED COMMUNITY-WIDE/SYSTEM ISSUE:**
   A. **What is the requirement or system/community-wide problem or need identified to be addressed by a strategy?**

      Reduce deaths for children ages 0-3 related to sleep and unintentional injuries.

   B. **What health status indicator/coalition administrative activity is being addressed by the strategy?**
      This strategy addresses cause-specific infant mortality.

   C. **What information, if any, was used to identify the issue/problem (i.e. HPS, FIMR, screening, client satisfaction, interviews, QI/QA)?**
      Vital statistics data, Safe Kids information, surveys

2. **PLANNING PHASE QUESTIONS: (All Required)**
   A. **What strategy has been selected to address this?**
      5.1 Increase the number of caregivers that have a correctly installed child safety seat in their vehicle.
      5.2 Reduce the number of sleep unexpected infant deaths.
      5.3 Reduce the number of deaths for children ages 0-3 related to unintentional injuries in the home.

   B. **What information will you gather to demonstrate that you have implemented this strategy as intended (who, what, how many, how often, where, etc.)?**
      Scheduled trainings including agenda and attendance, number of resources distributed
      Implementation of a safe sleep campaign
      Interagency agreements

   C. **Where/how will you get the information?**
      Coalition records on training, primary data collection

   D. **What do you expect will be the observed impact of the strategy on the system or community-wide problem/need?**
      There will be an increased number of certified child passenger safety technicians in each county.
      Additional resource distribution will increase the knowledge and awareness of unintentional injuries in the 12 county area.
      A long-term impact will be reduced number of deaths for children ages 0-3 in the Coalition area.

E. What information will you gather to demonstrate this change on the system?

Training records including agenda and attendance
Interagency agreements with newly identified community agencies
Participation in community outreach events
Executive summary report

F. Where/how will you get the information?

Coalition documents and reports, vital statistics

CATEGORY B ACTIVITIES

Goal 5: REDUCE DEATHS FOR CHILDREN AGES 0-3 RELATED TO SLEEP AND UNINTENTIONAL INJURIES			
Strategy 5.1 – Increase the number of caregivers that have a correctly installed child safety seat in their vehicle			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
5.1.a. Ensure that each County has a Healthy Start Care Coordinator that is a certified child passenger safety technician.	QA Specialist HS Service Providers	10/01/13	06/30/14
5.1.b. Identify and disseminate resources to educate caregivers on child passenger safety.	QA Specialist Community Liaison Comm. Specialist HS Service Providers	10/01/13	06/30/14
5.1.c. Increase the number of vehicles with a correctly installed child safety seat.	QA Specialist HS Service Providers	10/01/13	06/30/14
5.1.d. Educate participants on how to correctly install a child safety seat in their vehicle.	QA Specialist HS Service Providers	10/01/13	06/30/2014
Strategy 5.2 – Reduce the number of sleep unexpected infant deaths			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
5.2.a. Participate in the NICHD Safe to Sleep campaign.	Community Liaison Comm. Specialist	10/01/13	06/30/14
5.2.b. Identify and disseminate resources to educate on safe sleep.	Community Liaison Comm. Specialist QA Specialist HS Service Providers MomCare Advisors	10/01/13	06/30/14
5.2.c. Increase the number of infants that have a safe place to sleep.	HS Service Providers	10/01/13	06/30/14
Strategy 5.3 – Reduce the number of deaths for children ages 0-3 related to unintentional injuries in the home			
Action Step	**Person(s) Responsible**	**Start Date**	**End Date**
5.3.a. Identify the leading causes of unintentional injuries in the home.	QA Specialist	10/01/13	06/30/14
5.3.b. Identify and disseminate resources to educate on the leading causes of unintentional injuries in the home.	Community Liaison Comm. Specialist QA Specialist HS Service Providers MomCare Advisors	10/01/13	06/30/14
5.3.c. Identify and establish partnerships with local agencies with mutual missions and goals.	Community Liaison Comm. Specialist QA Specialist HS Service Providers	10/01/13	06/30/14

APPENDICES

BOARD MEMBERS

Without the support of our Healthy Start Board of Directors and general members, the Service Delivery Plan for 2013-2017 would not be possible. We extend our sincere thanks to members of the Board who devote their time and talent to assist the Coalition.

Mary Peoples-Sheps, *PRESIDENT*

University of Florida College of Public Health and Health Professions

Julie Samples, *VICE-PRESIDENT*

North Florida Regional Medical Center

Sarah Catalanotto, *TREASURER*

Suwannee River Area Health Educator Center

Cathy Winfrey, *SECRETARY*

Healthy Families Florida

Ellen Prosser, *PAST PRESIDENT*

Munroe Regional Medical Center

Roseann Fricks

Early Learning Coalition Marion County

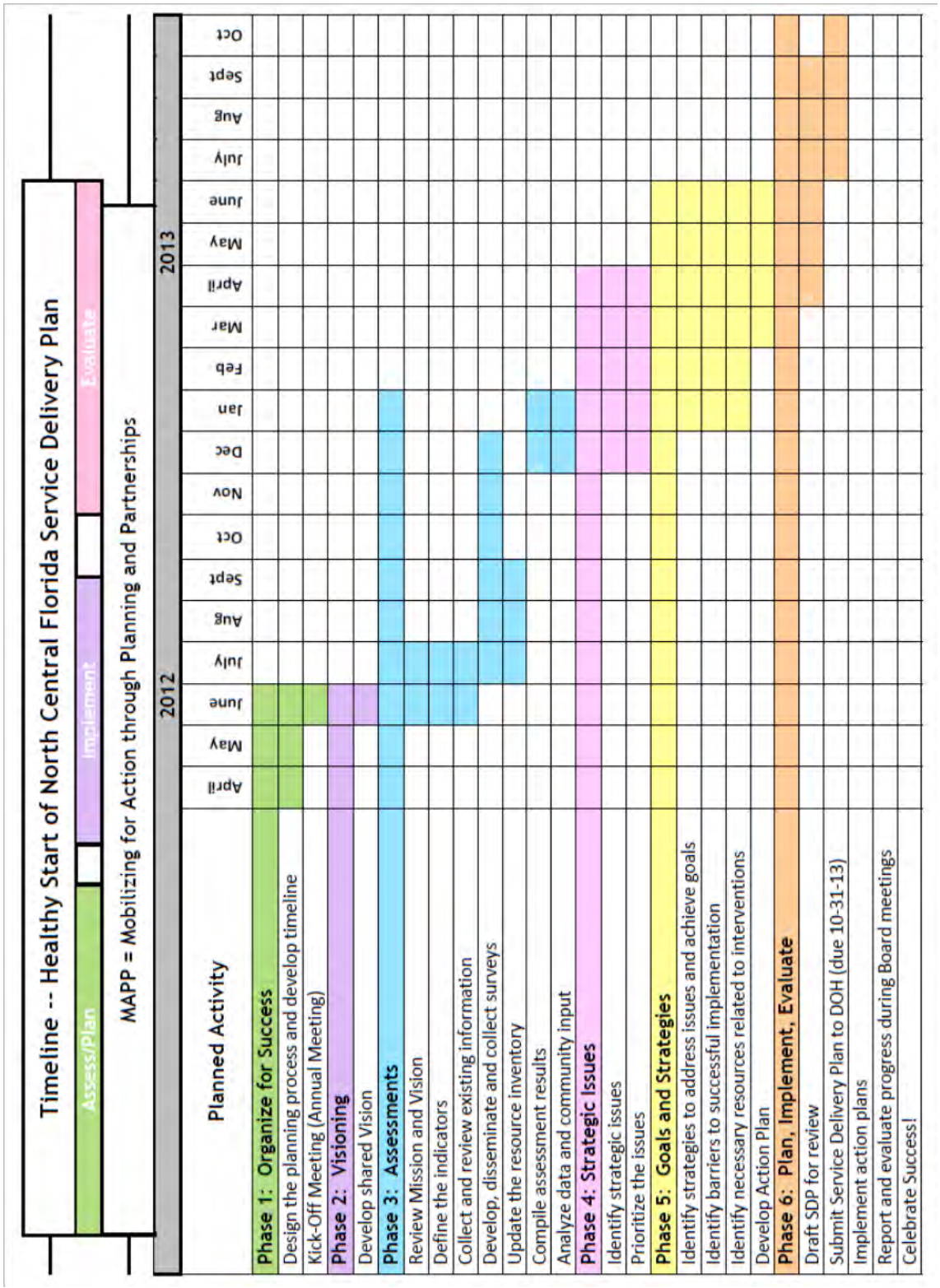
Mona Gil de Gibaja

Project Consultant

Shirley Lick

Shands Lakeshore Regional Medical Center

SERVICE DELIVERY TIMELINE



Healthy Start Community Survey

(AGENCY, ORGANIZATION, PARTNER)

PART A

Business/Organization Name: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

1. Please select the county(ies) in which you provide services:

☐ Alachua	☐ Dixie	☐ Lafayette	☐ Putnam	☐ Other *(please list)*
☐ Bradford	☐ Gilchrist	☐ Lake	☐ Sumter	_____
☐ Citrus	☐ Hamilton	☐ Levy	☐ Suwannee	_____
☐ Columbia	☐ Hernando	☐ Marion	☐ Union	_____

2. Please select the population(s) to which you provide services:

☐ Infants (birth - age 3)	☐ School age (6-10 years)	☐ Adults (20-35 years)	*(optional)*
☐ Preschool (3-5 years)	☐ Teens (11-19 years)	☐ Adults (36+ years)	☐ *Women only*
		☐ Pregnant Women	☐ *Men only*

3. Please select the resources and/or services you provide:

☐ Adoption Information	☐ Employment	☐ Prenatal Care	☐ Breast pumps
☐ Adult Education	☐ Food, Clothes, Other Help	☐ Parenting Education	☐ Car seats
☐ Breastfeeding Education	☐ Home Visiting	☐ Pediatrics	☐ Cribs/Pack-n-plays
☐ Childcare/Preschool	☐ Housing	☐ Rent/Utility Assistance	☐ Diapers/wipes
☐ Dental Services	☐ Legal Services	☐ Shelters	☐ Household safety items
☐ Developmental Evaluation	☐ Medicaid Eligibility	☐ Substance/Tobacco Abuse	
☐ Domestic Violence	☐ Mental Health	☐ Transportation	

4. Does your agency/organization engage fathers in services? ☐ Yes ☐ No

5. Do you offer any of the following screenings:

☐ Substance Exposure (prenatal)	☐ Perceived Stress Test (prenatal)	☐ Hearing (infant)
☐ Substance Exposure (infant)	☐ Perceived Stress Test (postnatal)	☐ Vision (infant)
☐ Depression Scale (prenatal)	☐ ASQ (infant)	☐ IT-HOME (infant)
☐ Depression Scale (postnatal)	☐ ASQ-SE (infant)	

PART B

1. Do you discuss the Healthy Start program with the people you serve? ☐ Yes ☐ No

2. Do you give out Healthy Start printed materials? ☐ Yes ☐ No, but would like some ☐ Not applicable

3. Which Healthy Start services have you heard about?

☐ Prenatal risk screening	☐ Care coordination services	☐ Home visiting support	☐ Women's health education
☐ Infant risk screening	☐ Childbirth education	☐ Parenting education	☐ Unaware of Healthy Start
☐ Breastfeeding support	☐ Counseling services	☐ Tobacco free education	

4. Do you know how to contact your local Healthy Start office? ☐ Yes ☐ No

5. Do you currently make referrals to Healthy Start? ☐ Yes ☐ No, but I would like to learn ☐ Not applicable

6. Rate the following unmet healthcare needs for pregnant women and newborns: ***(circle the number)***

	No need	Low need	Med need	High need		No need	Low need	Med need	High need
Unintended pregnancy	0	1	2	3	Reducing low birth weight babies	0	1	2	3
Access to birth control	0	1	2	3	Safe infant sleep behaviors	0	1	2	3
Reducing teen pregnancy	0	1	2	3	Inadequate or unsafe housing	0	1	2	3
Reducing prenatal smoking	0	1	2	3	Increasing father involvement	0	1	2	3
Mental health issues	0	1	2	3	Routine prenatal care	0	1	2	3
Obese prior to pregnancy	0	1	2	3	Care for uninsured/underinsured women	0	1	2	3
Prenatal substance use	0	1	2	3	Preconception/interconception education	0	1	2	3
Dental care	0	1	2	3	Nutrition/healthy lifestyles	0	1	2	3

continues on next page

Healthy Start Survey

(GENERAL)

PART A

1. Have you heard of the Healthy Start program? ☐ Yes ☐ No *(skip to Part B)*

2. How did you hear about Healthy Start?

☐ Radio	☐ Physician/Pediatrician	☐ Web search	☐ Other *(please list)*
☐ Billboard	☐ Family/Friend	☐ Facebook	_____
☐ TV	☐ Newspaper		_____

3. Which Healthy Start services have you heard about?

☐ Prenatal risk screening	☐ Childbirth education	☐ Parenting education
☐ Infant risk screening	☐ Counseling services	☐ Tobacco free education
☐ Breastfeeding support	☐ Home visiting support	☐ Women's health education *(ex. family planning)*

Part B

1. Have you heard of Healthy Families, Head Start, Early Steps, MomCare, Early Learning Coalition, Voluntary Pre-K (VPK) or WIC? ☐ Yes ☐ No

2. How have you heard about these organizations/services?

☐ Radio	☐ Physician/Pediatrician	☐ Web search	☐ Other *(please list)*
☐ Billboard	☐ Family/Friend	☐ Facebook	_____
☐ TV	☐ Newspaper		_____

3. Are you, or have you ever been, pregnant? ☐ Yes ☐ No *(end of survey, thank you!)*

4. Please select the county in which you received prenatal services:

☐ Alachua	☐ Dixie	☐ Lafayette	☐ Putnam	☐ Other *(please list)*
☐ Bradford	☐ Gilchrist	☐ Lake	☐ Sumter	_____
☐ Citrus	☐ Hamilton	☐ Levy	☐ Suwannee	_____
☐ Columbia	☐ Hernando	☐ Marion	☐ Union	_____

5. When did you first receive prenatal care services?

☐ 0-3 months (first trimester)	☐ 7 or more months (third trimester)
☐ 4-6 months (second trimester)	☐ I did not see a prenatal provider during pregnancy

6. If you did not receive prenatal care in the first three months, what was the reason?

☐ Didn't know you were pregnant	☐ Not aware of importance of early prenatal care	☐ Transportation
☐ Personal reasons	☐ Policy of prenatal care provider	☐ Other *(please list)*
☐ Cultural or religious reasons	☐ Could not get an appointment	_____

7. Where did you receive most of your prenatal care?

☐ OB/GYN office	☐ County Health Department	☐ I did not receive prenatal care	☐ Other *(please list)*
☐ Midwife	☐ Shands/UF Clinic		_____

8. How did you pay for your prenatal care?

☐ Private insurance	☐ Self-pay	☐ Other *(please list)*
☐ Medicaid	☐ I did not receive prenatal care	_____

9. What problems make it hard to keep a prenatal care appointment?

☐ Forgot the appointment	☐ Could not get childcare	☐ Other *(please list)*
☐ Transportation problems	☐ Cost too much	_____
☐ Inconvenient appointment times	☐ Did not have problems keeping appointments	_____

10. Rate the following unmet healthcare needs for pregnant women and newborns: *(circle the number)*

	No need	Low need	Med need	High need		No need	Low need	Med need	High need
Unintended pregnancy	0	1	2	3	Reducing low birth weight babies	0	1	2	3
Access to birth control	0	1	2	3	Safe infant sleep behaviors	0	1	2	3
Reducing teen pregnancy	0	1	2	3	Inadequate or unsafe housing	0	1	2	3
Reducing prenatal smoking	0	1	2	3	Increasing father involvement	0	1	2	3
Mental health issues	0	1	2	3	Routine prenatal care	0	1	2	3
Obese prior to pregnancy	0	1	2	3	Care for uninsured/underinsured women	0	1	2	3
Prenatal substance use	0	1	2	3	Preconception/interconception education	0	1	2	3
Dental care	0	1	2	3	Nutrition/healthy lifestyles	0	1	2	3

Healthy Start Participant Survey

(HAVE RECEIVED SERVICES)

1. Please select the county where you received services:

☐ Alachua	☐ Dixie	☐ Lafayette	☐ Putnam
☐ Bradford	☐ Gilchrist	☐ Lake	☐ Sumter
☐ Citrus	☐ Hamilton	☐ Levy	☐ Suwannee
☐ Columbia	☐ Hernando	☐ Marion	☐ Union

2. When did you start receiving prenatal care?

- ☐ 0-3 months (first trimester)
- ☐ 4-6 months (second trimester)
- ☐ 7 or more months (third trimester)
- ☐ I did not see a prenatal provider during pregnancy

3. If you did not receive prenatal care in the first three months, what was the reason?

- ☐ Didn't know you were pregnant
- ☐ Personal reasons
- ☐ Cultural or religious reasons
- ☐ Could not get an appointment
- ☐ Policy of prenatal care provider
- ☐ Transportation
- ☐ Not aware of importance of early prenatal care
- ☐ Other *(please list)* _____

4. Where did you receive your prenatal care?

- ☐ OB/GYN office
- ☐ Midwife
- ☐ County Health Department
- ☐ Shands/UF Clinic
- ☐ I did not receive prenatal care
- ☐ Other *(please list* _____

5. How did you pay for your prenatal care?

- ☐ Private insurance
- ☐ Medicaid
- ☐ Self-pay
- ☐ I did not receive prenatal care
- ☐ Other *(please list)* _____

6. What problems make it hard to keep a prenatal care appointment?

- ☐ Forgot the appointment
- ☐ Transportation problems
- ☐ Appointment times
- ☐ Could not get childcare
- ☐ Cost too much
- ☐ Did not have problems keeping appointments
- ☐ Other *(please list)* _____

7. Did you know about Healthy Start before you started receiving services? ☐ Yes ☐ No

8. Did your prenatal care provider explain the Healthy Start risk screening to you? ☐ Yes ☐ No

9. Why did you participate in Healthy Start services?

- ☐ Thought it was required
- ☐ Thought it was part of Medicaid
- ☐ Friend or family told me about it
- ☐ To learn how to care for myself in pregnancy
- ☐ To learn how to care for my baby
- ☐ Needed help, support or more resources
- ☐ Other *(please list)* _____

10. Rate the following unmet healthcare needs for pregnant women and newborns: *(circle the number)*

	No need	Low need	Med need	High need		No need	Low need	Med need	High need
Unintended pregnancy	0	1	2	3	Reducing low birth weight babies	0	1	2	3
Access to birth control	0	1	2	3	Safe infant sleep behaviors	0	1	2	3
Reducing teen pregnancy	0	1	2	3	Inadequate or unsafe housing	0	1	2	3
Reducing prenatal smoking	0	1	2	3	Increasing father involvement	0	1	2	3
Mental health issues	0	1	2	3	Routine prenatal care	0	1	2	3
Obese prior to pregnancy	0	1	2	3	Care for uninsured/underinsured women	0	1	2	3
Prenatal substance use	0	1	2	3	Preconception/interconception education	0	1	2	3
Dental care	0	1	2	3	Nutrition/healthy lifestyles	0	1	2	3

THANK YOU!

Healthy Start Survey

(CONTRACTED SERVICE PROVIDER)

1. Please select the county in which you provide Healthy Start services:

☐ Alachua	☐ Dixie	☐ Lafayette	☐ Putnam
☐ Bradford	☐ Gilchrist	☐ Lake	☐ Sumter
☐ Citrus	☐ Hamilton	☐ Levy	☐ Suwannee
☐ Columbia	☐ Hernando	☐ Marion	☐ Union

2. Do you assist your participants with applying for Medicaid? ☐ Yes ☐ No

3. Please select the resources and/or services you provide:

☐ Adoption Information	☐ Employment	☐ Prenatal Care	☐ Breast pumps
☐ Adult Education	☐ Food, Clothes, Other Help	☐ Parenting Education	☐ Car seats
☐ Breastfeeding Education	☐ Home Visiting	☐ Pediatrics	☐ Cribs/Pack-n-plays
☐ Childcare/Preschool	☐ Housing	☐ Rent/Utility Assistance	☐ Diapers/wipes
☐ Dental Services	☐ Legal Services	☐ Shelters	☐ Household safety items
☐ Developmental Evaluation	☐ Medicaid Eligibility	☐ Substance/Tobacco Abuse	
☐ Domestic Violence	☐ Mental Health	☐ Transportation	

4. What are your participants' main reasons for not receiving first trimester entry to care?

☐ Didn't know they were pregnant	☐ Policy of prenatal care provider
☐ Personal reasons	☐ Could not get an appointment
☐ Cultural or religious reasons	☐ Transportation
☐ Not aware of importance of early prenatal care	☐ Other *(please list)*_____

5. What is most concerning about your participants? ***(please select only one)***

☐ Underweight	☐ Tobacco use (prenatal)	☐ Tobacco use (at home with infant)
☐ Overweight/obese	☐ Alcohol use (prenatal)	☐ Alcohol abuse (at home with infant)
☐ Little or no father involvement	☐ Drug use (prenatal)	☐ Drug use (at home with infant)
☐ Little or no family support	☐ Mental health issues	☐ Other *(please list)*_____

6. What item is needed most often by your participants?

☐ Breast pumps	☐ Cribs/Pack-n-plays	☐ Household safety (ex. plug covers, baby gates)
☐ Car seats	☐ Diapers/wipes	☐ Other *(please list)*_____

7. To which services do you refer participants: ***(1 = never, 2 = sometimes, 3 = always)***

	1	2	3		1	2	3		1	2	3
WIC	☐	☐	☐	Early/Head Start	☐	☐	☐	Pregnancy Resource Centers	☐	☐	☐
DCF	☐	☐	☐	Early Learning Coalition	☐	☐	☐	Adoption Centers	☐	☐	☐
Healthy Families	☐	☐	☐	Early Steps	☐	☐	☐	Other _____	☐	☐	☐

8. What areas would you benefit from more training/education?

_____

_____

9. Rate the following unmet healthcare needs for pregnant women and newborns: ***(circle the number)***

	No need	Low need	Med need	High need		No need	Low need	Med need	High need
Unintended pregnancy	0	1	2	3	Reducing low birth weight babies	0	1	2	3
Access to birth control	0	1	2	3	Safe infant sleep behaviors	0	1	2	3
Reducing teen pregnancy	0	1	2	3	Inadequate or unsafe housing	0	1	2	3
Reducing prenatal smoking	0	1	2	3	Increasing father involvement	0	1	2	3
Mental health issues	0	1	2	3	Routine prenatal care	0	1	2	3
Obese prior to pregnancy	0	1	2	3	Care for uninsured/underinsured women	0	1	2	3
Prenatal substance use	0	1	2	3	Preconception/interconception education	0	1	2	3
Dental care	0	1	2	3	Nutrition/healthy lifestyles	0	1	2	3

THANK YOU!

Help your baby have a healthy start in life!

Please answer the following questions to find out if anything in your life could affect your health or your baby's health. Your answers are confidential. You may qualify for free services from the Healthy Start Program or the Healthy Families Program, no matter what your income level is! (Please complete in ink.)*

Today's Date: _____

	YES	NO
1. Have you graduated from high school or received a GED?	☐	☐ 1
2. Are you married now?	☐	☐ 1
3. Are there any children at home younger than 5 years old?	☐	☐
4. Are there any children at home with medical or special needs?	☐	☐
5. Is this a good time for you to be pregnant?	☐	☐
6. In the last month, have you felt down, depressed or hopeless?	☐ 1	☐
7. In the last month, have you felt alone when facing problems?	☐	☐
8. Have you ever received mental health services or counseling?	☐	☐
9. In the last year, has someone you know tried to hurt you or threaten you?	☐	☐
10. Do you have trouble paying your bills?	☐	☐

11. What race are you? Check one or more.
☐ White ☐ 2 Black ☐ Other _____

12. In the last month, how many alcoholic drinks did you have per week?
_____ drinks 1 ☐ did not drink

13. In the last month, how many cigarettes did you smoke a day? *(a pack has 20 cigarettes)*
_____ cigarettes 1 ☐ did not smoke

14. Thinking back to just before you got pregnant, did you want to be.....?
☐ pregnant now ☐ pregnant later ☐ 1 not pregnant

15. Is this your first pregnancy?
☐ 2 Yes ☐ No If no, give date your last pregnancy ended:
Date: (month/year)_____

16. Please mark any of the following that have happened.
☐ 2 Had a baby that was not born alive
☐ 3 Had a baby born 3 weeks or more before due date
☐ 4 Had a baby that weighed less than 5 pounds, 8 ounces
☐ None of the above

PATIENT INFORMATION

Name: First / Last / M.I.	Social Security Number:	Date of Birth (mo/day/yr):	17. Age:	☐ 1 <18
Street address (apartment complex name/number):	County:	City: / State: / Zip Code:		
Prenatal Care covered by: ☐ Medicaid ☐ Private Insurance _____ ☐ No Insurance ☐ Other _____	Best time to contact me:	Phone #1 _____ Phone #2 _____		

I authorize the exchange of my health information between the Healthy Start Program, Healthy Start Providers, Healthy Start Coalitions, Healthy Families Florida, WIC, Florida Department of Health, and my health care providers for the purposes of providing services, paying for services, improving quality of services or program eligibility. This authorization remains in effect until revoked in writing by me.

Patient Signature: _____ **Date:** _____

Please initial: _____ Yes _____ No I also authorize specific health information to be exchanged as described above, which includes any of my mental health, TB, alcohol/drug abuse, STD, or HIV/AIDS information.

** If you do not want to participate in the screening process, please complete the patient information section only and sign below:*

Signature: _____ *Date:* _____

PROVIDER ONLY

LMP (mo/day/yr):	EDD (mo/day/yr):	18. Pre-Pregnancy: Wt: _____lbs. Height: ____ft. ____in. BMI: _____	☐ 1 < 19.8 ☐ 2 > 26.0
Provider's Name:	Provider's ID:	19. Pregnancy Interval Less Than 18 Months? ☐ N/A ☐ No	☐ 1 Yes
		20. Trimester at 1st Prenatal Visit? _____	☐ 1 2nd
Provider's Phone Number:	Provider's County:	21. Does patient have an illness that requires ongoing medical care? Specify illness: _____ ☐ No	☐ 2 Yes
Healthy Start Screening Score: _____	**Check One: ☐ Referred to Healthy Start. If score <6, specify:_____ ☐ Not Referred to Healthy Start.**		
Provider's/Interviewer's Signature and Title _____ **Date (mo/day/yr)**_____			

DH 3134, 04/08, stock number 5744-100-3134-7 Distribution of copies: WHITE & YELLOW—County Health Department in county where screening occurred PINK—Retained in patient's record GREEN—Patient's Copy

FLORIDA DEPARTMENT OF HEALTH

INFANT RISK SCREEN

Use ink. Be certain to check the appropriate boxes at the top of the birth certificate.

HEALTHY START

Pursuant to § 383.14(1)(b) and 383.011(1)(e), F.S., this form must be completed for each infant and submitted to the local County Health Department, Office of Vital Statistics.

MOTHER

Mother's Name: First Last Maiden

Mother's Date of Birth | Mother's Social Security Number

INFANT

Infant's Name: First Last | Infant's Date of Birth | Boy | Girl

Name of Infant's Doctor/ HMO or Group: _____ Name of birth hospital/facility: _____

Was the infant transferred? ❑ No ❑ Yes If Yes, enter name of facility transferred to: _____

Was the infant admitted to neonatal intensive care unit for more than 24 hours? ❑ No ❑ Yes ❑ Unknown

SECTION 1: COMPLETED BY PATIENT

Yes_____ No_____ (please initial) I am interested in having my infant screened for risks that could affect his/her health or development in the first year of life.

Yes_____ No_____ (please initial) If my infant is referred, Healthy Start may contact me.

I can be reached at (home phone): _____ or (work or contact phone): _____

Street Address: _____
(Give either street address with bldg.#, apt.# or lot# or directions to baby's home)

Mailing Address: _____
(if different from street address)

Yes_____ No_____ (please initial) By initialing yes, I am giving my written permission on behalf of my infant for release of the confidential information on this form and any information provided during his/her evaluation for service by Healthy Start to Healthy Start care coordination providers, Healthy Start Coalitions, Healthy Families Florida, WIC, and my health care providers for the following purposes: care coordination, payment of claims for services, quality improvement of services, or screening for program eligibility. This includes any medical, mental health, alcohol/drug abuse, sexually transmitted disease, tuberculosis, HIV/AIDS, and adult or child abuse information. This authorization shall remain in effect unless withdrawn in writing.

_____ Signature of parent or guardian

_____ Date (mo/day/yr)

SECTION 2: BY PROVIDER

Item numbers correspond to the numbers on the Birth Certificate. Write the point(s) on the appropriate lines, and add for the total score.

Item 54	④____	Abnormal conditions include one or more of the following: Assisted Ventilation (30 min. or more), Assisted Ventilation (6 hrs. or more), NICU admission, newborn given Surfactant Replacement Therapy, Hyaline Membrane Disease/RDS, or seizure or serious neurological dysfunction.
Item 4	④____	Birthweight less than 2000 grams or less than 4 pounds, 7 ounces
Item 28b	④____	Infant transferred within 24 hours of delivery
Item 15	①____	Mother unmarried
Item 26	①____	Principal source of payment Medicaid
Item 31	①____	Maternal race black
Item 19	①____	Father's name not present or unknown
Item 40	①____	Mother used tobacco in one or more trimesters
Item 36d	①____	Prenatal visits less than 2 or unknown
Item 16	①____	Maternal age less than 18 or unknown
	_____	**Infant's Healthy Start Screening Score**

CHECK ONE

❑ **Referred to Healthy Start**
If score less than 4 specify reason for referral: _____
❑ **Not referred to Healthy Start**

BE CERTAIN TO CHECK THE APPROPRIATE BOXES AT THE TOP OF THE BIRTH CERTIFICATE.

I have explained the Healthy Start program, and if screened, the patient's screening score.

_____ Provider's/Interviewer's Signature and Title

_____ Date (mo/day/yr)

NO ATTACHMENTS MAY BE ADDED TO THIS FORM.

DH 3135, 01/12 stock number 5744-100-3135-5
Distribution of copies: WHITE & YELLOW – With Birth Certificate
PINK – To Baby's File
GREEN – Parent's Copy

Addressograph Imprint