



Florida
Healthy Start
Central Healthy Start Coalition



SERVICE DELIVERY PLAN
2021



ACKNOWLEDGEMENTS

The Central Healthy Start Coalition's 2021 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. Survey Monkey was used to create surveys and those survey links were sent to diverse populations across our four counties to gain valuable insight from those whom the Coalition serves. We are grateful to the Healthy Start home visitors, physician providers, community agencies, and Healthy Start participants who participated in the assessment. The Board of Directors and coalition members 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 appreciate everyone's efforts and time that made this endeavor possible.

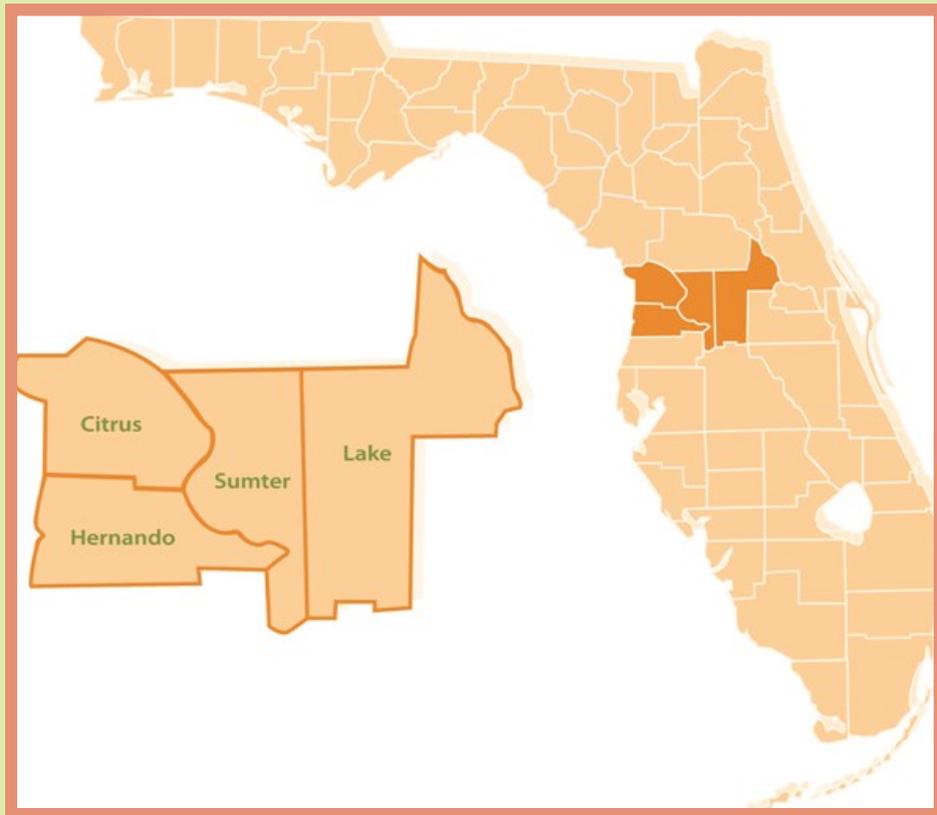


TABLE OF CONTENTS

ACKNOWLEDGMENTS	2
HEALTHY START BACKGROUND AND COALITION STRUCTURE	6
Healthy Start Initiative	7
Healthy Start Coalition	9
PROCESS USED TO UPDATE THE SERVICE DELIVERY PLAN	12
Methodology for Needs Assessment	13
Summary of Data Sources	14
SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT	16
Key Findings	17
Screening Rates	20
Healthy Start Services	22
MAJOR HEALTH INDICATORS SELECTED	24
Infant Mortality	25
Neonatal Mortality	28
Postneonatal Mortality	30
Fetal Mortality	33
Preterm Births	35
Low Birth Weight	38
Very Low Birth Weight	40
TARGET POPULATION	42
Population Characteristics	43
Births	50
FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS	60
Prenatal Care	61
Inter-Pregnancy Interval	66
BMI Prior to Pregnancy (Overweight/Obese)	68
Smoked During Pregnancy	70
Breastfeeding	72
Births to Unwed Mothers	74
Father Not on Birth Certificate	75
Sudden Unexpected Infant Death	76
Unintentional Injuries	78

TABLE OF CONTENTS

Substance Exposed Newborns & Neonatal Abstinence Syndrome	81
Comparison of SDP Plans	84
CONSUMER AND PROVIDER INPUT	85
Partner Agency Survey	86
General Survey	91
Healthy Start Participant Survey	97
Healthy Start Provider Survey	104
Prenatal Health Care Provider Survey	108
Postnatal Health Care Provider Survey	114
Pediatric Health Care Provider Survey	119
RESOURCE INVENTORY	124
Citrus County Resources	125
Hernando County Resources	129
Lake County Resources	132
Sumter County Resources	136
HEALTH STATUS PROBLEM LINKED TO ACTION PLAN	139
Health Problem Analysis	140
QUALITY IMPROVEMENT/QUALITY ASSURANCE PLAN	146
Continuous Quality Improvement Plan	147
Financial Monitoring Process	155
Coalition Board Responsibilities	158
PROCESS FOR ALLOCATING FUNDS	161
Service Budget	162
Funding Allocation Methodology	163
NEW STRATEGIC PLAN	164
Objective One	165
Objective Two	166
Objective Three	167
Objective Four	170
Objective Five	171
Objective Six	172

TABLE OF CONTENTS

APPENDICES	173
Board Members	174
Surveys	175
Screening Forms	183



**HEALTHY START
BACKGROUND
AND
COALITION STRUCTURE**

HEALTHY START BACKGROUND AND COALITION STRUCTURE

FLORIDA'S HEALTHY START INITIATIVE

The Florida Legislature passed the Healthy Start Initiative (s.282.2161, F.S.) 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 statute mandated:

- 1) Universal screening for pregnant women and newborns to identify those at risk for poor birth, health and development outcomes
- 2) Increased access to comprehensive, risk-appropriate maternity and well-child care and support services
- 3) State-wide implementation of community-based care coordination systems
- 4) Expansion of Medicaid funding and expanded eligibility for pregnant women
- 5) Formation of local Coalitions to spearhead system change through public and/or private partnerships at the community level and leverage additional resources.

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.

Healthy Start System Components

The Healthy Start system has three main components: universal screening, core and enhanced Healthy Start 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.

HEALTHY START BACKGROUND AND COALITION STRUCTURE

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.

Core and enhanced Healthy Start Services. Healthy Start provides one-on-one support to assist a mother throughout her pregnancy and after the birth of her baby. A Healthy Start Home Visitor meets with the participant in her doctor's office, her home or any other place that is convenient for her. The Healthy Start Home Visitor assists the participant with services and education to help them have a health pregnancy and a healthy baby. Services include the following:

- **Home Visiting:** One-on-one support in the home or another convenient location; friendly advisors throughout pregnancy and after the baby is born; access to services that are designed to meet unique needs.
- **Prenatal Education & Support:** Information on changes that happen to a woman's body and emotions during pregnancy; what to expect during labor and delivery; nutrition, medicine and exercise that can help or harm a pregnant woman or baby; warning signs of an early delivery.
- **Breastfeeding Education & Support:** Techniques for successful and enjoyable breastfeeding; information on how breastfeeding benefits mom and baby.
- **Newborn Care:** Tips on how to take care of a new baby, keeping baby safe according to the latest safety guidelines on sleep, car seats and more; infant nutrition; proper growth for baby.
- **Parenting Education & Support:** Preparation for baby coming home; tracking and supporting baby's development; ways to play and connect with baby; how to become baby's first teacher.
- **Health and Well-Being:** Help with planning for future pregnancies; making healthy lifestyles choices for the family; getting support for feeling anxious, stressed or having the "Baby Blues."

Healthy Start provides a personal Healthy Start home visitor 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 BACKGROUND AND COALITION STRUCTURE

HEALTHY START COALITION

The Central Healthy Start Coalition 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 mission of the Coalition is to create a collaborative partnership to ensure maternal and child health through proactive planning and cost effective allocation of resources.

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 the counties of Citrus, Hernando, Lake and Sumter.

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. 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. 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 Advisory Council. In addition, ad hoc committees are established as needed.

WellFlorida Council

WellFlorida Council serves as the fiscal agent and provides staff services to the Central Healthy Start Coalition. The Council is a private, nonprofit organization designated as the Local Health Council for 16 counties, including the four 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.

HEALTHY START BACKGROUND AND COALITION STRUCTURE

- 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 Provider Liaison promotes the Healthy Start goals of improved birth outcomes and screening rates through trainings and presentations to prenatal, postnatal and pediatric providers. The Community 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.

HEALTHY START SERVICE PROVIDERS

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

CITRUS COUNTY

Department of Health in Citrus County provides Healthy Start services in Lecanto. Prenatal care services are provided at the DOH Citrus Lecanto office, with high-risk women referred to UF Health or Winnie Palmer. Other services include Immunizations, Family Planning Services, STI Testing and Treatment. Nutritional education is offered through the WIC Program available at the DOH Citrus office in Lecanto and the WIC office in Inverness. Healthy Start participants are assisted in applying for Medicaid and translation services are available for Spanish-speaking participants.

During the 2019-2020 contract year, Citrus County Healthy Start (Citrus CHD) provided 11,225 prenatal services to 197 participants. A total of 15,987 services were provided to 209 infants and children.

HERNANDO COUNTY

The Hernando County Healthy Start Program is provided by Kids Central, Inc. They are a community-based care organization contracted to provide Healthy Start services in Brooksville, Florida. Healthy Start participants are assisted in applying for Medicaid and translation services are available for Spanish-speaking participants. Services offered include core and enhanced Healthy Start services as well as a car seat and infant safety program. WIC services are available at the Hernando County Health Department.

During the 2019-2020 contract year, Hernando County Healthy Start (KCI) provided 6,146 prenatal services to 210 participants. A total of 8,976 services were provided to 214 infants and children.

HEALTHY START BACKGROUND AND COALITION STRUCTURE

LAKE COUNTY

The Lake County Healthy Start Program is provided by Kids Central, Inc. They are a community-based care organization contracted to provide Healthy Start services in Leesburg, Florida. Healthy Start participants are assisted in applying for Medicaid and translation services are available for Spanish-speaking participants. Services offered include core and enhanced Healthy Start services as well as a car seat and infant safety program. WIC services are available at the Lake County Health Department.

During the 2019-2020 contract year, Lake County Healthy Start (KCI) provided 10,112 prenatal services to 437 participants. A total of 11,977 services were provided to 424 infants and children.

SUMTER COUNTY

The Sumter County Healthy Start Program is provided by Langley Health Services. Langley Health Services, a Federally Qualified Health Center (FQHC) is located in Sumterville. Participants are assisted in applying for Medicaid and translation services are available for Spanish-speaking participants. Services offered include primary, dental and behavioral health care as well as a car seat program. WIC services are available at the Sumter County Health Department.

During the 2019-2020 contract year, Sumter County Healthy Start (Langley Health Services) provided 5,438 prenatal services to 96 participants. A total of 11,139 services were provided to 138 infants and children.

CONNECT Services

The Connect program is provided by WellFlorida Council. WellFlorida Council is the local health council for North Central Florida and consultants for statewide health related causes located in Gainesville, Florida. Connect is a coordinated intake and referral process that helps pregnant women, caregivers and families with young children by providing a one-stop entry point for needed resources. Connect Representatives connect with pregnant women and families to provide education on the resources and home visiting programs available in the community that they may be qualified for based on their screen or referral.

During the 2019-2020 contract year, the Connect program provided 23,686 services to 8,369 clients.



**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 community-wide strategic planning framework for improving public health. MAPP helps communities prioritize their public health issues, identify resources and implement strategies.

Phase 1: Organizing & Engaging

Phase 2: Visioning

Phase 3: Assessment

Phase 4: Identify & Prioritize

Phase 5: Formulate Goals & Strategies

Phase 6: Taking & Sustaining Action

Phase 1 (Organizing & Engaging): We utilized Coalition meetings to convene and work on our needs assessment (organize); our partners are Coalition members, Board of Directors, service providers, healthcare providers, consumers (program participants, family members, etc.), and partner agencies.

Phase 2 (Visioning): Our vision is somewhat determined for us by Florida Statute and the Florida Department of Health. We have a specific target population and health factors we need to address.

Phase 3 (Assessment): From January 2020 until December 2020 (an entire year) we collected and analyzed data for our four counties (Citrus, Hernando, Lake and Sumter counties).

The assessment included a demographic profile of the four counties and surveys. 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

Phase 4 (Identify and Prioritize): The following critical issues for moms and babies in our four county service area were identified and prioritized.

- 1) Improve risk screening and referral rates to increase participation in the Healthy Start program.
- 2) Reduce the number of substance using pregnant women and substance exposed newborns.
- 3) Reduce deaths for children ages 0-3 related unintentional injuries (child passenger safety, safe sleep and home safety).
- 4) Reduce the rates of preterm births.
- 5) Increase breastfeeding initiation and duration rates.
- 6) Improve perinatal mental health.

Phase 5 (Formulate Goals & Strategies): We identified 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.

Phase 6 (Taking & Sustaining Action): We 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.

SUMMARY OF DATA SOURCES

The following quantitative and qualitative data sources were used for development of the 2021-2026 service delivery plan:

Quantitative Data Sources

- Agency for Health Care Administration (AHCA)
- Florida Community Health Assessment Resource Tool (CHARTS)
- Well Family Data System
- Florida Vital Statistics
- Healthy People 2030
- U.S. Census Bureau

Qualitative Data Sources

- Partner Agency Survey
- General Healthy Start Survey
- Healthy Start Participant Survey (have received Healthy Start services)
- Healthy Start Contracted Service Provider Survey
- Prenatal Health Care Provider Survey
- Postnatal Health Care Provider Survey
- Pediatric Health Care Provider Survey

(See Appendix for Surveys.)

PROCESS USED TO UPDATE THE SERVICE DELIVERY PLAN

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.

The number of births in the four-county area has slightly decreased since 2016. In 2016, the birth rate was 8.3 per 1,000 population. In 2019, the birth rate decreased to 7.9 per 1,000 population. Lake County experienced the highest number of total live births in 2019 with 3,407. Sumter County had the lowest number of total live births with 457 in 2019.

The Coalition has seen a decrease in the **prenatal screening rates** within our service area. In 2016-2017, the Coalition went from 79 percent of pregnant women screened to 77 percent of pregnant women screened in 2019-2020. The Coalition has seen an increase in the **infant screening rates** as well as the **prenatal consent rates**. In 2016-2017, 89 percent of infants were screened while 96 percent of infants were screened in 2019-2020. The **prenatal consent rates** went from 86 percent in 2016-2017 to 91 percent in 2019-2020.

Central Healthy Start Prenatal Screening Rates, 2016-2017					
Area	Est. # of Pregnant Women	Total Forms Processed	Total Consenting to Screen	% of Pregnant Women Screened	% of Pregnant Women Consenting to Screen
Coalition	6,331	5,828	4,991	78.83%	85.64%
Florida	222,434	189,817	169,620	76.26%	89.36%

Central Healthy Start Prenatal Screening Rates, 2019-2020					
Area	Est. # of Pregnant Women	Total Forms Processed	Total Consenting to Screen	% of Pregnant Women Screened	% of Pregnant Women Consenting to Screen
Coalition	6,518	5,551	5,036	77.26%	90.72%
Florida	216,805	160,931	144,952	66.86%	90.07%

Central Healthy Start Infant Screening Rates, 2016-2017			
Area	Total Infants	Total Screened	% of Infants Screened
Coalition	6,331	5,644	89.15%
Florida	222,434	207,969	93.50%

Central Healthy Start Infant Screening Rates, 2019-2020			
Area	Total Infants	Total Screened	% of Infants Screened
Coalition	6,518	6,271	96.21%
Florida	216,805	208,016	95.95%

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

A comparison of services from 2016-2017 to 2019-2020 shows significant increases in the number of services provided to each pregnant woman and infant. Pregnant women were provided, on average, the number of services provided in 2019-2020 more than quadrupled; likewise infants were provided seven times the number of services in 2019-2020 than in 2016-2017. Overall, the total number of pregnant women and infants served decreased. This is in response to the new system of care which is designed to provide more intensive services to our highest risk participants.

Number of Prenatal and Infant Participants Served and Services Provided

Participant Type	2016-2017			2019-2020		
	# Served	# Services Provided	# Services per Participant	# Served	# Services Provided	# Services per Participant
Prenatal	5,395	37,598	8	967	33,769	35
Infant	6,735	50,642	7	1,016	49,416	49

SOURCE: Florida Association of Healthy Start Coalitions, Well Family Data System

The needs assessment showed that there are still areas in need of improvement within the Coalition area. **Racial disparities** continue to be seen within many of our major health indicators and will require us to continue focusing on disparity reduction:

- **Infant, neonatal and fetal mortality** rates continue to be higher for the Black population than White
- Rates of **preterm and low birth weight births** were significantly higher for the Black population than it was for the White population
- **Teen births to mothers 10-17 years of age** was higher in the Black population than the White population
- Number of Black mothers who **initiated breastfeeding** was below the state's rate in Hernando and Sumter counties

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

- 3 of 4 counties exceed the state in the rate of **interpregnancy interval < 18 months**
- **Smoking during pregnancy** rates are at least double the state's rate
- Number of **mothers who initiated breastfeeding** has continued to remain below the rate of the state
- The Coalition rate of **SUIDs** has been higher than the state's rate in 2016, 2017 and 2019.

Positive changes in the coalition 12-county service area:

- **Births to mother 15-17 years** decreased from 9.6 to 7.1 per 1,000 births
- **Births to mother 18-19 years** decreased from 53.0 to 41.3 per 1,000 births
- **Repeat births to mothers 15-19** decreased from 15.9 to 14.1

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

- **Smoking during pregnancy** decreased from 12.2% to 8.8%
- **Mothers who initiated breastfeeding** increased from 80.6% to 83.8%
- **SUIDs** decreased from 1.9 to 1.4 per 1,000 births
- **Deaths caused by unintentional injuries** for children 1-4 years of age decreased from 26.9 to 10.8
- **Unintentional Injuries** for children less than 1 year of age decreased from 62.4 to 37.5 per 100,000

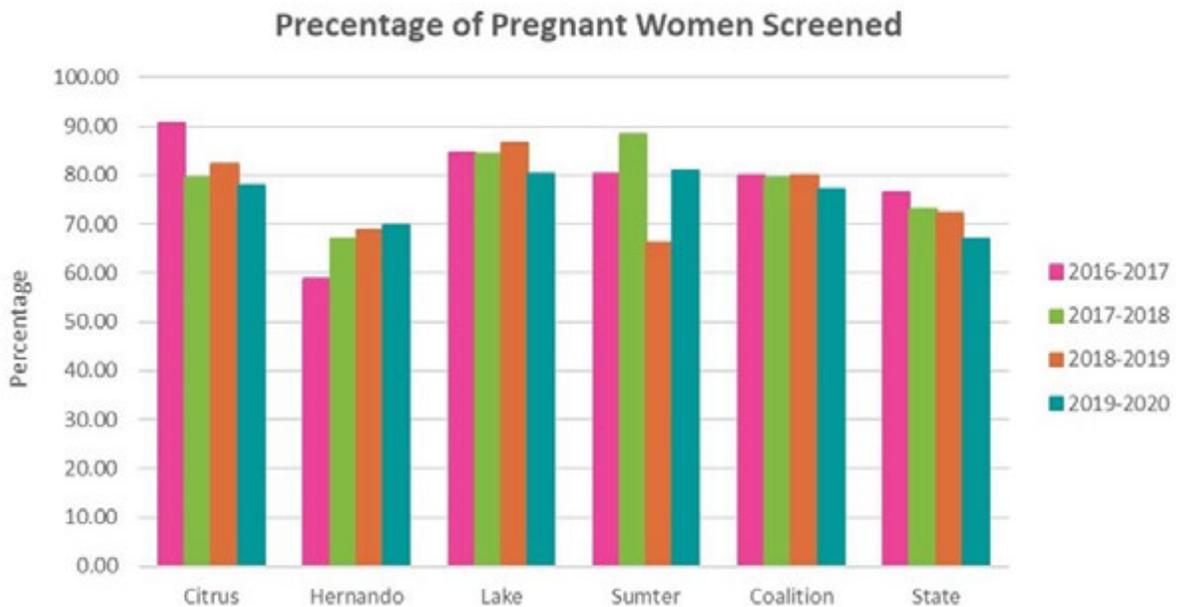
SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

HEALTHY START RISK SCREENING — PRENATAL

Number and Percent of Pregnant Women Screened

Area	2016-2017		2017-2018		2018-2019		2019-2020	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Citrus	1,074	90.69%	991	79.49%	971	82.31%	945	77.79%
Hernando	1,285	58.90%	1,306	66.94%	1,262	68.65%	1,260	69.73%
Lake	3,018	84.50%	3,063	84.30%	3,172	86.50%	2,958	80.22%
Sumter	451	80.08%	422	88.38%	403	66.27%	388	80.95%
Coalition	5,828	79.83%	5,782	79.53%	5,808	79.96%	5,551	77.26%
State	189,817	76.26%	182,455	73.16%	177,127	72.29%	160,931	66.76%

SOURCE: Florida Department of Health, Healthy Start Reports



SOURCE: Florida Department of Health, Healthy Start Reports

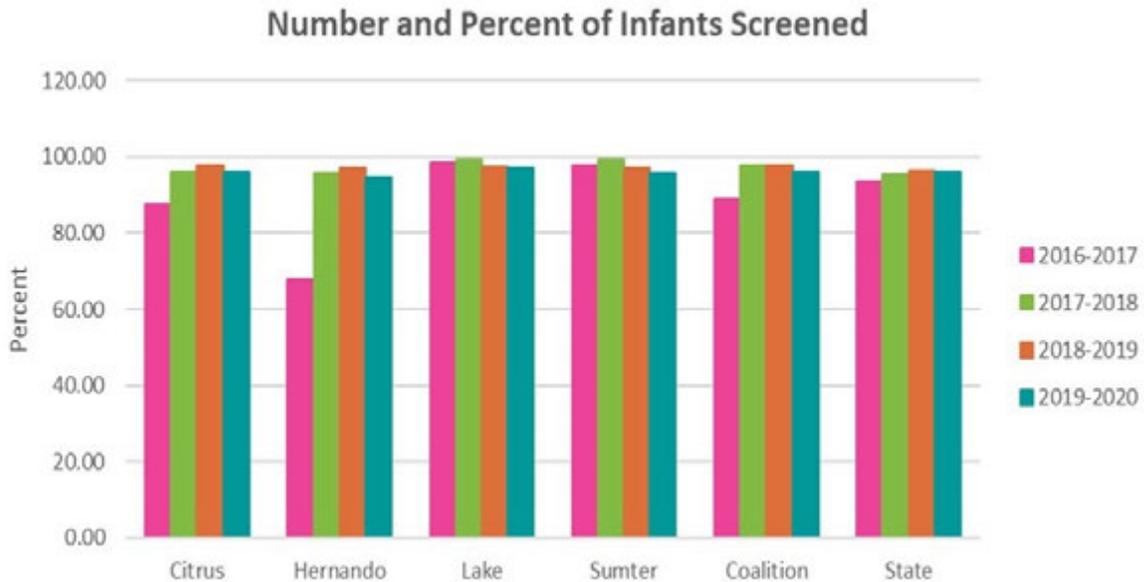
SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

HEALTHY START RISK SCREENING — INFANT

Number and Percent of Infants Screened

Area	2016-2017		2017-2018		2018-2019		2019-2020	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Citrus	895	87.75%	1,054	96.08%	983	97.71%	1,033	96.00%
Hernando	1,065	67.96%	1,492	95.76%	1508	97.29%	1,531	94.56%
Lake	3,222	98.47%	3,271	99.12%	3,323	97.40%	3,285	97.13%
Sumter	462	97.88%	435	99.09%	489	97.02%	422	95.69%
Coalition	5,644	89.15%	6,252	97.78%	6,303	97.92%	6,271	96.21%
State	207,969	93.50%	213,189	95.52%	211,866	96.45%	208,016	95.95%

SOURCE: Florida Department of Health, Healthy Start Reports



SOURCE: Florida Department of Health, Healthy Start Reports

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

HEALTHY START SERVICES — PRENATAL

Number of Pregnant Women Served and Number of Services

Area	2016-2017			2019-2020		
	# of Women Served	# of Services Provided	# of Services per Woman	# of Women Served	# of Services Provided	# of Services per Woman
Citrus	1,094	11,141	10	197	11,225	57
Hernando	993	6,958	7	210	6,147	29
Lake	2,526	12,557	5	437	10,112	23
Sumter	782	6,942	9	95	5,436	57
Coalition	5,395	37,598	7	967	33,769	35

SOURCE: Florida Association of Healthy Start Coalitions, Well Family Data System

HEALTHY START SERVICES — INFANT

Number of Infants Served and Number of Services

Area	2016-2017			2019-2020		
	# of Infants Served	# of Services Provided	# of Services per Infant	# of Infants Served	# of Services Provided	# of Services per Infant
Citrus	1,309	13,215	10	207	15,910	77
Hernando	1,116	6,773	6	219	9,207	42
Lake	2,925	14,722	5	424	11,978	28
Sumter	1,385	15,932	12	137	11,147	81
Coalition	6,735	50,642	8	1,016	49,416	49

SOURCE: Florida Association of Healthy Start Coalitions, Well Family Data System

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

CONNECT SERVICES

Prenatal Clients Served & Number of Services

Area	2019-2020	
	# of Clients Served	# of Services Provided
Citrus	873	2,429
Hernando	1,293	3,536
Lake	2,628	7,766
Sumter	433	1,281
Coalition	5,227	15,012

SOURCE: Florida Association of Healthy Start Coalitions, Well Family Data System

Infant/Child Clients Served & Number of Services

Area	2019-2020	
	# of Clients Served	# of Services Provided
Citrus	616	1,704
Hernando	546	1,453
Lake	1,661	4,727
Sumter	225	599
Coalition	3,048	8,483

SOURCE: Florida Association of Healthy Start Coalitions, Well Family Data System



**MAJOR HEALTH
INDICATORS SELECTED
FOR NEW PLANNING**

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE

MAJOR HEALTH INDICATORS

Numerous health indicators were reviewed as part of the needs assessment. The following were selected for the action planning process:

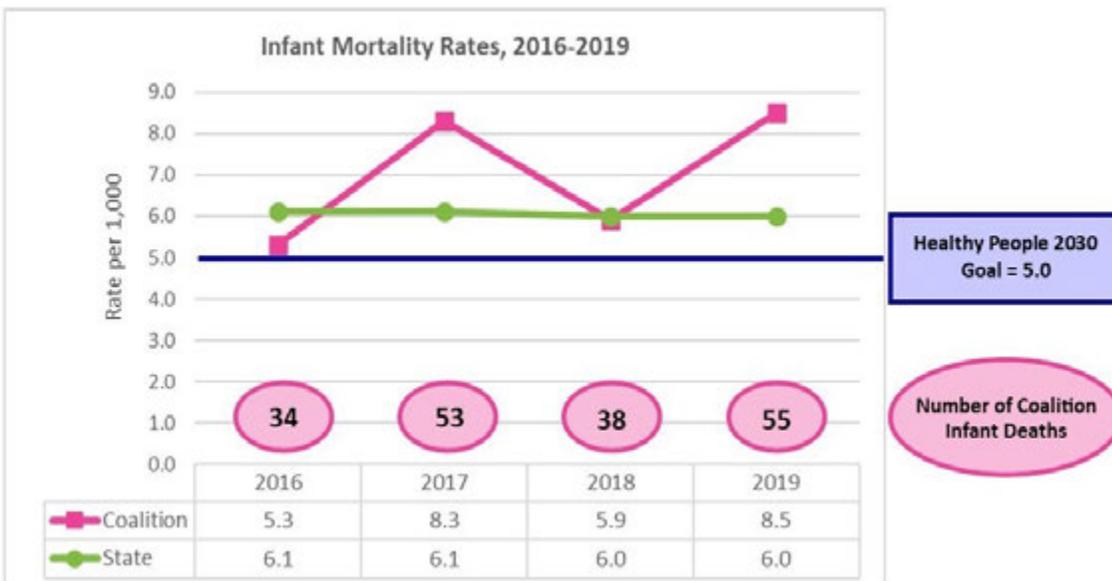
1. Infant Mortality
2. Fetal Mortality
3. Preterm Births
4. Low Birth Weight
5. Very Low Birth Weight

There are associations among the birth outcomes of infant mortality, fetal mortality, preterm births, low birth weight, and very low birth weight, and strategies designed to reduce the rates of one indicator may have a positive impact on the other 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 Central Healthy Start Coalition area.

INFANT MORTALITY

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

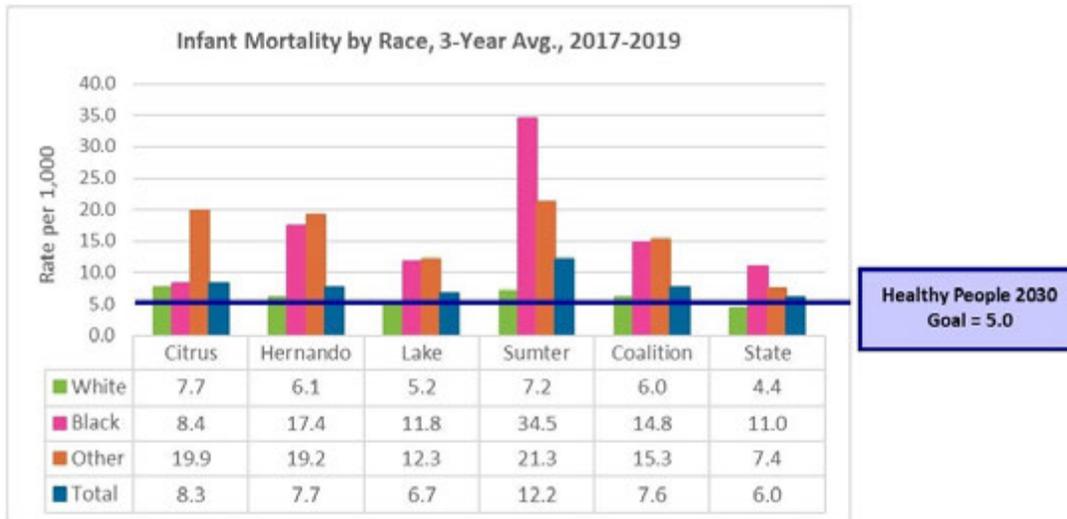
The Coalition’s infant mortality rate has fluctuated over the past few years. Since 2016, the Coalition’s infant mortality rate has varied, as it has gone from a low of 5.3 per 1,000 births to a high of 8.5 per 1,000 births in 2019. The 2016 infant mortality rate was the lowest in the four year time period, falling below the state rate of 6.1 per 1,000 births and meeting the Healthy People 2030 goal of 5.0. However, in 2019, the infant mortality rate reached a height of 8.5 per 1,000 births, higher than the state’s rate of 6.0 per 1,000 births and much higher than the Healthy People 2030 goal of 5.0.



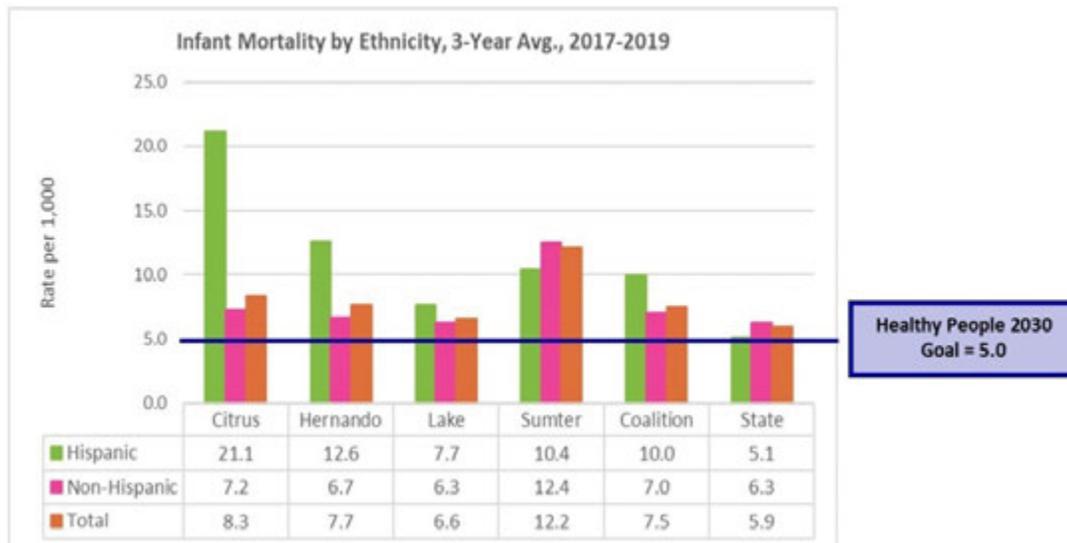
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE

The rate of Other races infant mortality (15.3 per 1,000 births) in the Coalition area was higher than any other race in 2017-2019. Sumter County had the highest rate of Other infant deaths with 21.3 per 1,000 births compared to a rate of 7.2 per 1,000 White births. Additionally, the Black infant mortality (34.5 per 1,000 births) in Sumter County was the highest within the Coalition area. The Coalition exceeded the state's infant mortality rate for all races in all counties. The Healthy People 2030 goal of an infant mortality of 5.0 was not met for any race within the Coalition area.



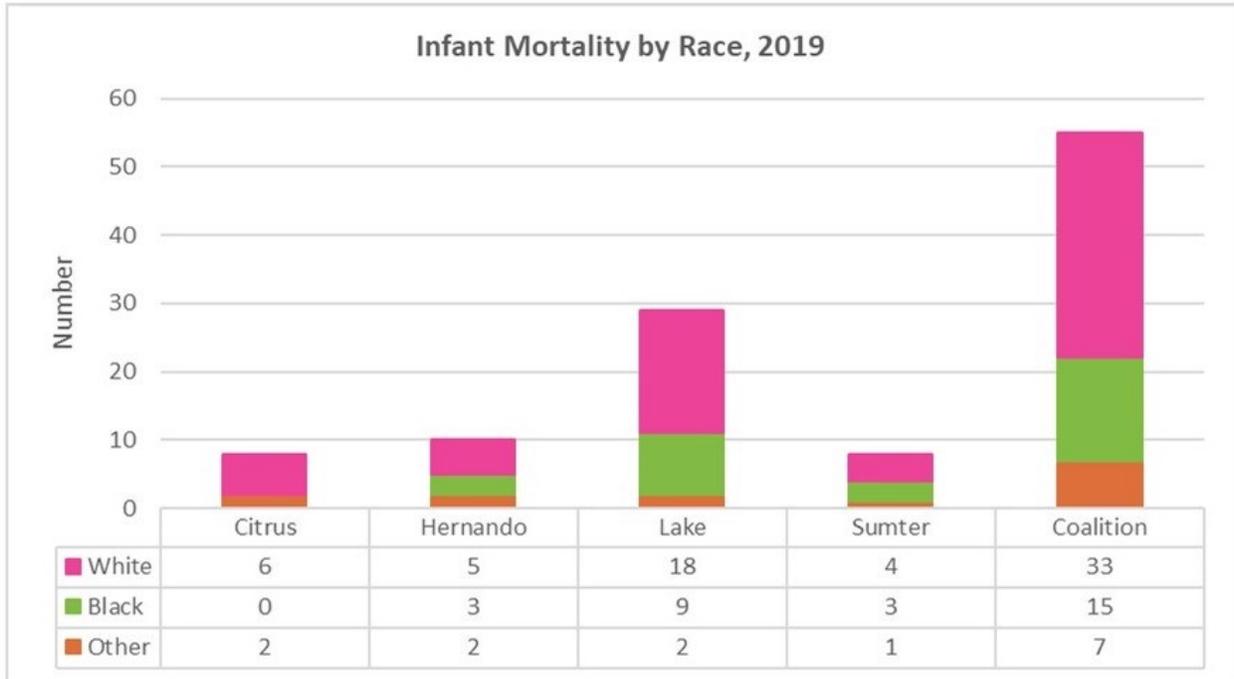
SOURCE: Florida Health CHARTS, www.flhealthcharts.com



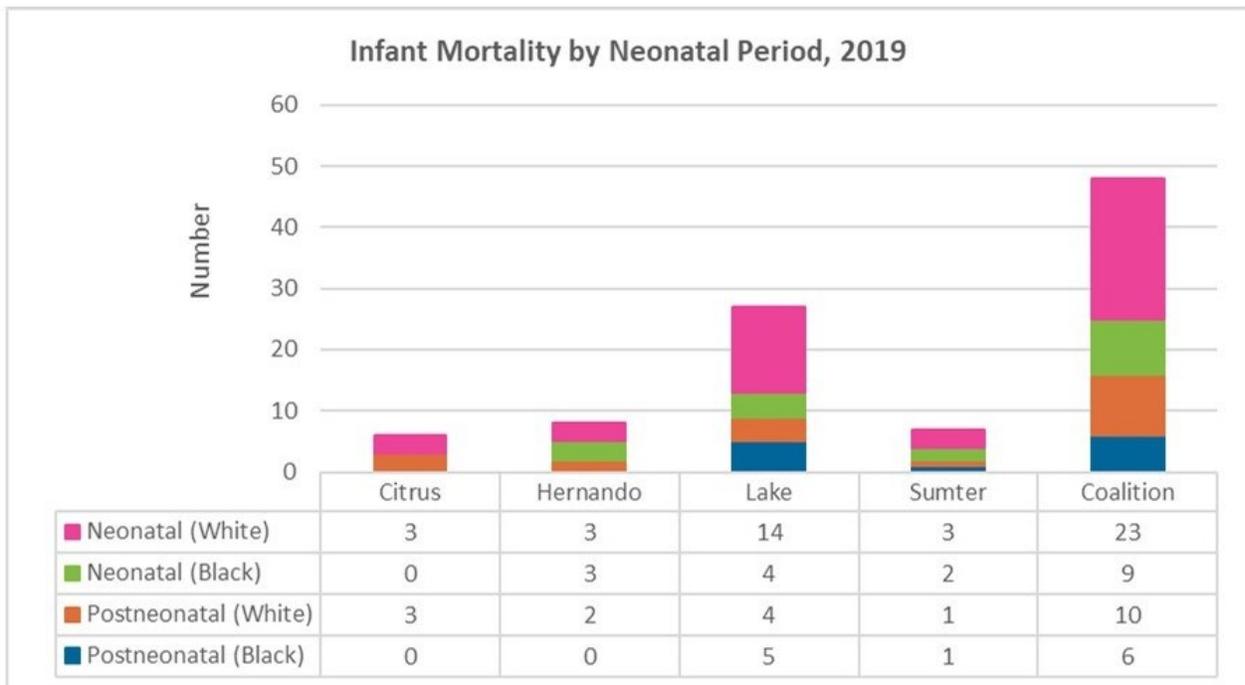
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

Between 2017-2019, the Hispanic infant mortality rate exceeded the non-Hispanic infant mortality rate in all Coalition counties except Sumter County. The Coalition's Hispanic infant mortality rate (10.0 per 1,000 births) was nearly double that of the state (5.1 per 1,000 births). Both the Hispanic and non-Hispanic infant mortality rates for the Coalition (10.0 per 1,000 and 7.0 per 1,000, respectively) and the state (7.0 per 1,000 births and 6.3 per 1,000 births, respectively) exceeded the Healthy People 2030 goal of 5.0 per 1,000 births.

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

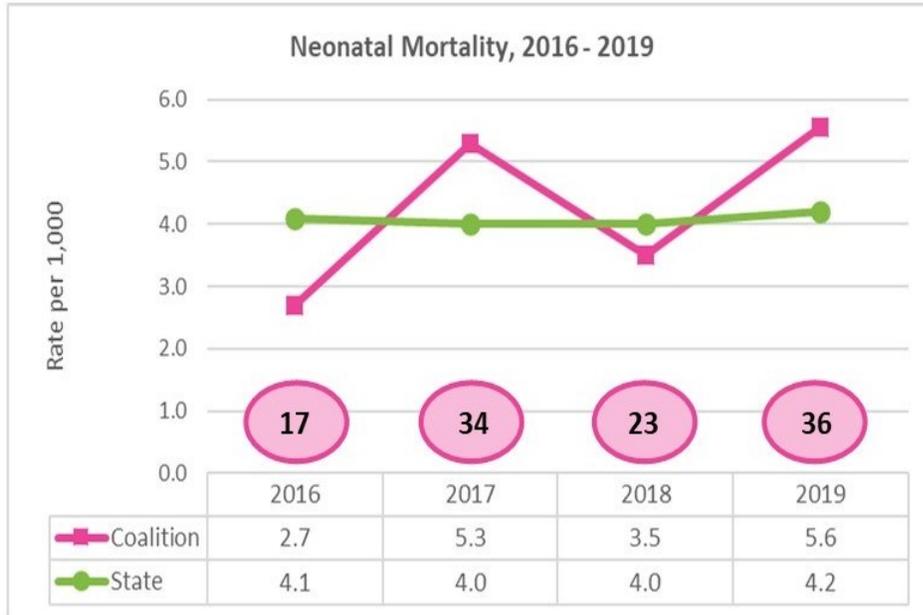


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE

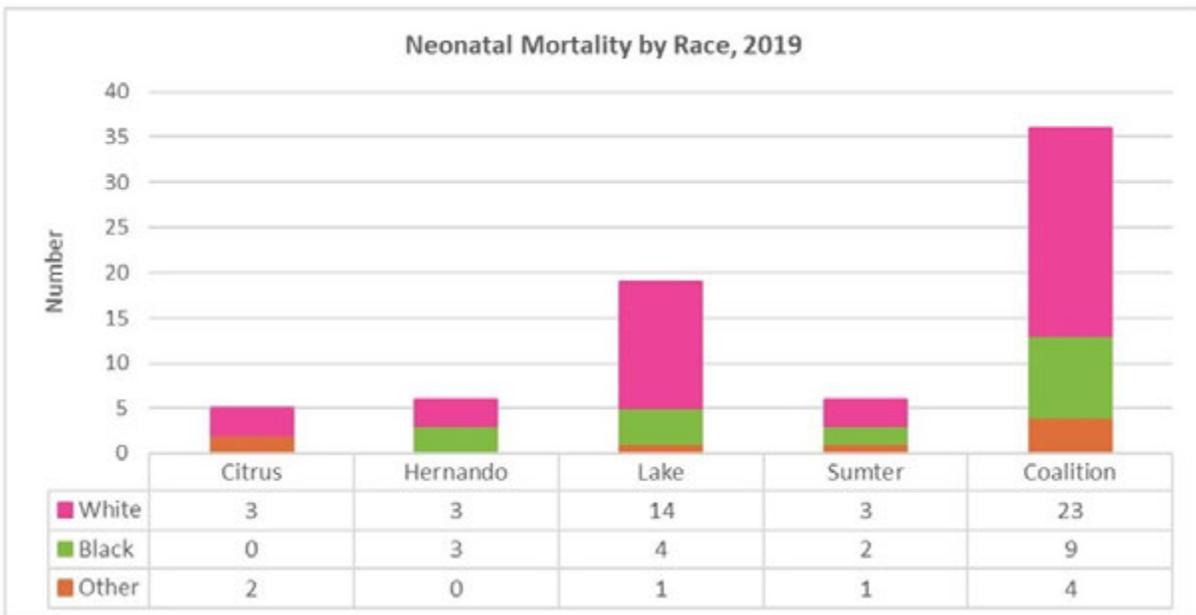
NEONATAL MORTALITY

The rate of neonatal mortality in the Coalition was lower than the state’s rate in 2016 and 2018, but higher than the state’s rate in 2017 and 2019. In 2016, the Coalition’s rate of 2.7 per 1,000 births was lower than the state’s rate of 4.1 per 1,000 births; in 2019, the Coalition’s rate of 5.6 per 1,000 births was higher than the state’s rate of 4.2 per 1,000 births.



**Number of Coalition
Neonatal Deaths**

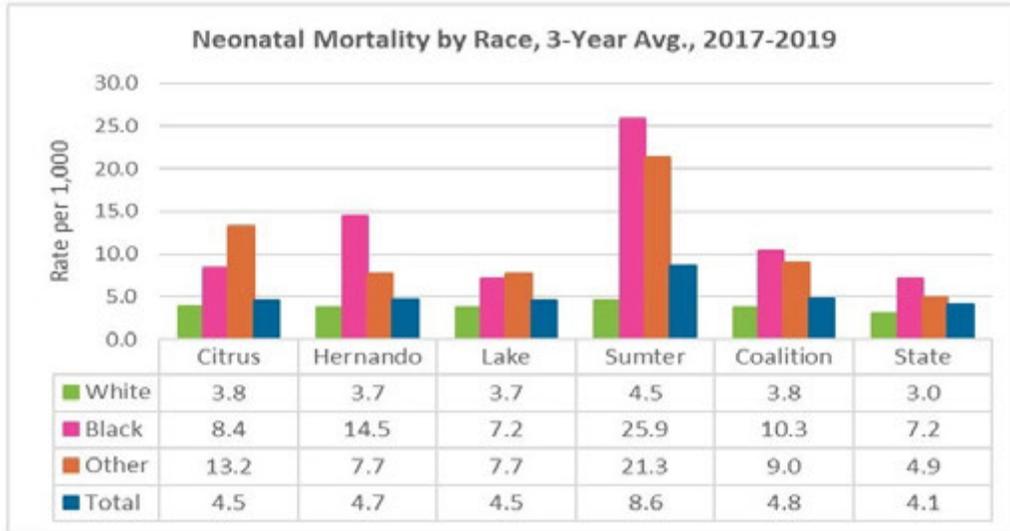
SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

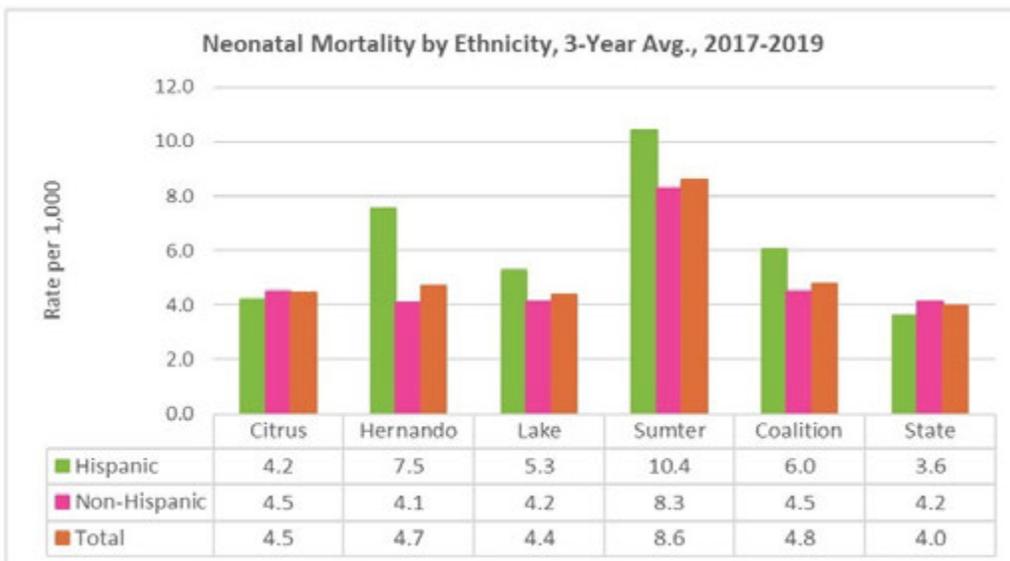
MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE

When examined by race, the rate of neonatal mortality in the Coalition was slightly higher than the state’s rate for the three-year rolling average for all races. However, the neonatal mortality rate for Black and Other races is much higher than the White neonatal mortality rate within the Coalition. Sumter County had the highest neonatal mortality rate within the Coalition for both Black (25.9 per 1,000 births) and Other (21.3 per 1,000 births) races. The Black neonatal mortality rate in Sumter County was more than three-times that of the state’s rate. The Other races neonatal mortality rate in Sumter County was more than four times the state’s rate.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

The three-year average neonatal mortality rate within the Coalition was higher than that of the state for both Hispanic and non-Hispanic ethnicities; it was also higher in each county within the Coalition, except Citrus County. In Sumter County, the Hispanic neonatal mortality rate (10.4 per 1,000 births) was nearly three times the state’s rate (3.6 per 1,000 births); the non-Hispanic neonatal mortality rate (8.3 per 1,000 births) was almost double the state’s rate (4.3 per 1,000 births).



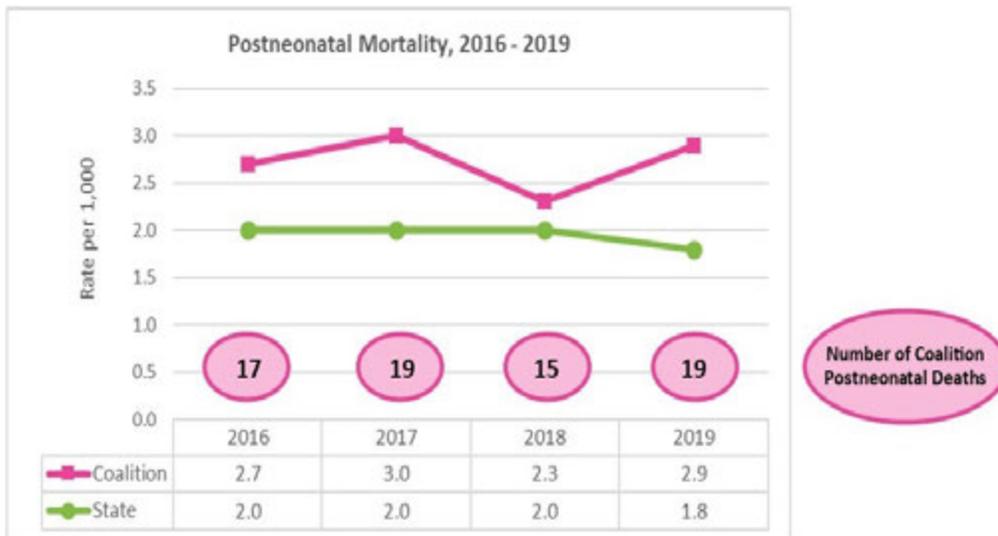
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE

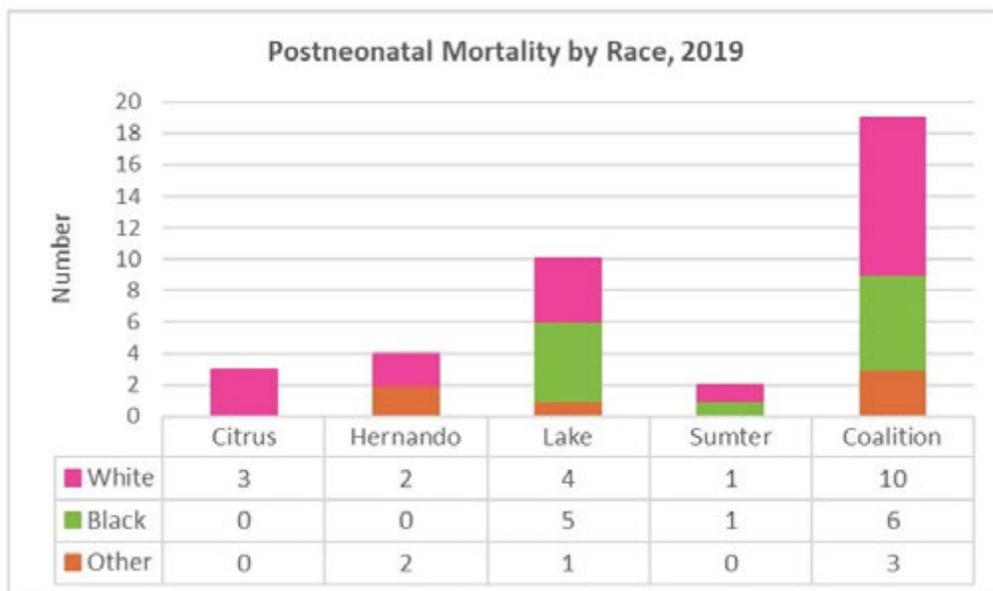
Between 2016-2019, the Hispanic neonatal mortality rate exceeded the non-Hispanic infant mortality rate in all Coalition counties except Citrus County. The Coalition's Hispanic infant mortality rate (6.0 per 1,000 births) was nearly double that of the state (3.6 per 1,000 births). The non-Hispanic infant mortality rates for the Coalition and the state were nearly the same (4.5 per 1,000 and 4.2 per 1,000 births, respectively).

POSTNEONATAL MORTALITY

Between 2016-2019, the Coalition's postneonatal mortality rate exceeded the state's rate each year, although the Coalition's rates were not much higher than the state's.



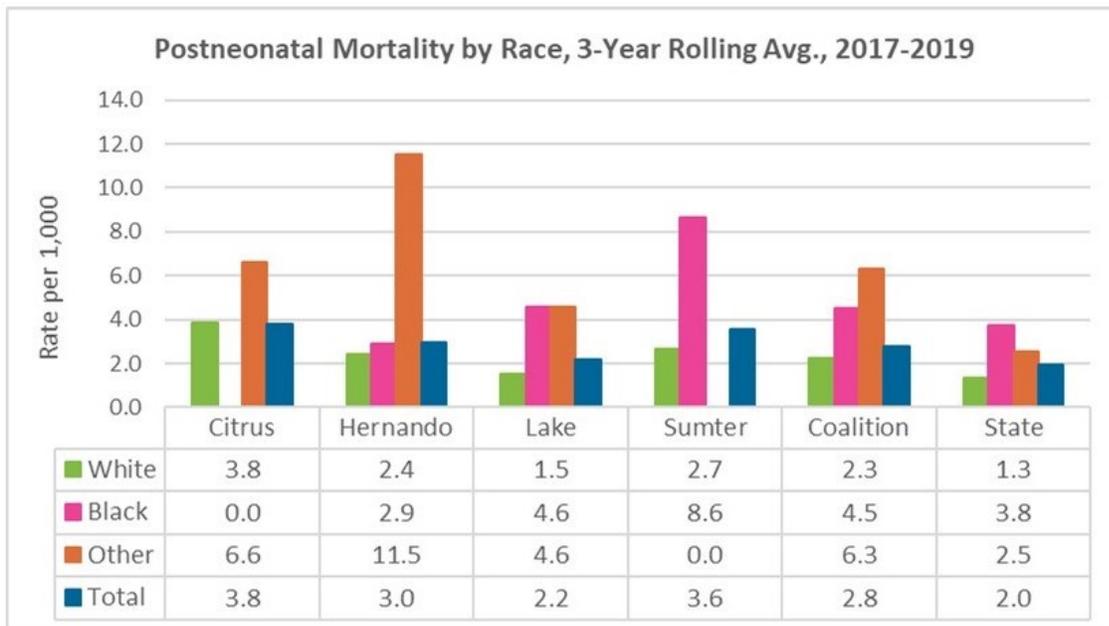
SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE

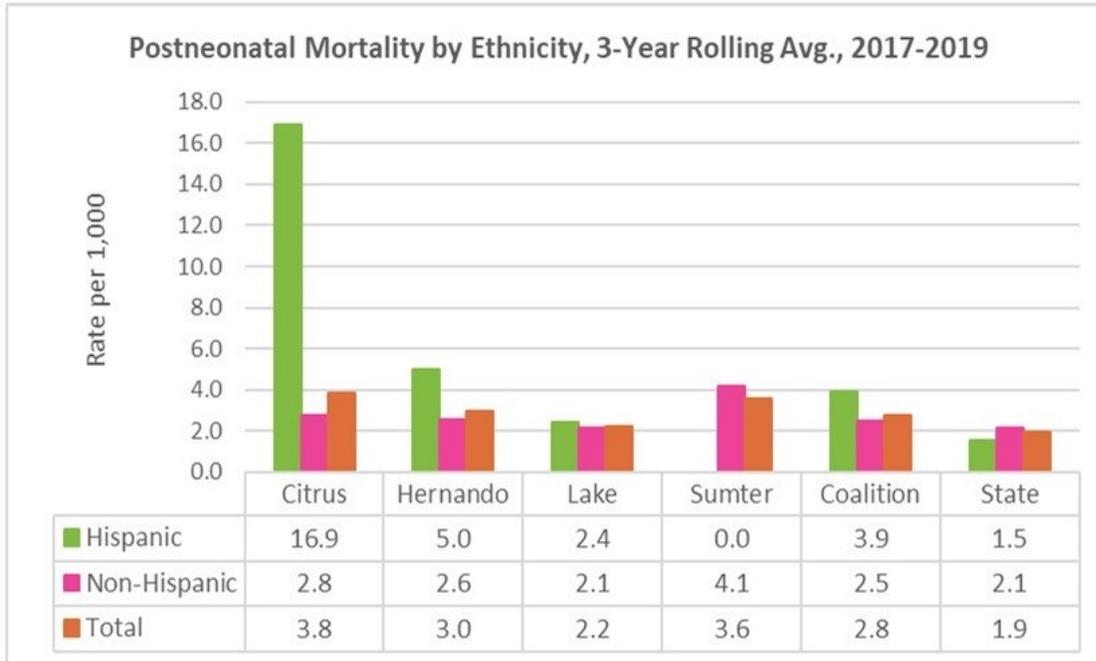
The rate of postneonatal mortality in the Coalition (2.8 per 1,000 births) was slightly higher than the state’s rate (2.0 per 1,000 births) for the three-year rolling average for all races in 2017-2019. However, when examining the postneonatal mortality rate by race, disparities are evident, as the rates varies across races. The state’s total postneonatal mortality rate for the three-year rolling average period in 2017-2019 (2.0 per 1,000 births) was most similar to that of the Coalition’s White postneonatal mortality rate (2.3 per 1,000 births). However, the Coalition’s Black postneonatal mortality rate (4.5 per 1,000 births) was more than double the state’s; the Coalition’s “Other” postneonatal mortality rate (6.3 per 1,000 births) was nearly three times that of the state’s. The Coalition’s highest Black postneonatal mortality rate was 8.6 per 1,000 births in Sumter County. The Coalition’s highest “Other” postneonatal mortality rate was 11.5 per 1,000 births in Hernando County.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE

The three-year average neonatal mortality rate within the Coalition was higher than that of the state for both Hispanic and non-Hispanic ethnicities; it was also higher in each County within the Coalition, except Sumter. In Citrus County, the Hispanic neonatal mortality rate (16.9 per 1,000 births) was nearly 11 times the state's rate (1.5 per 1,000 births) and four times the Coalition's rate (3.9 per 1,000 births). Citrus County's non-Hispanic neonatal mortality rate (2.8 per 1,000 births) was only slightly higher than the state's rate (2.1 per 1,000 births).



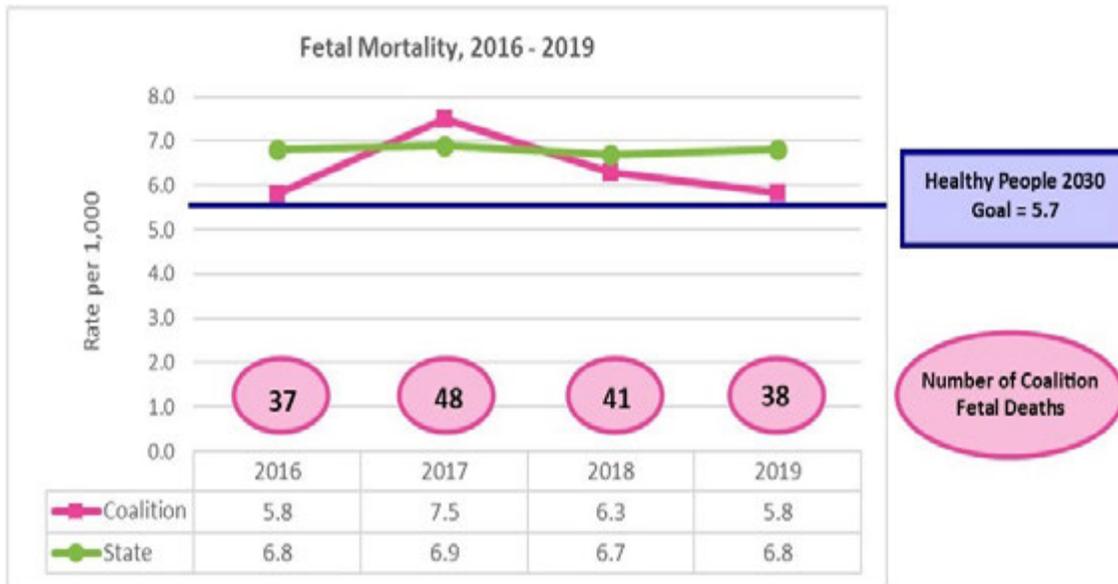
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE

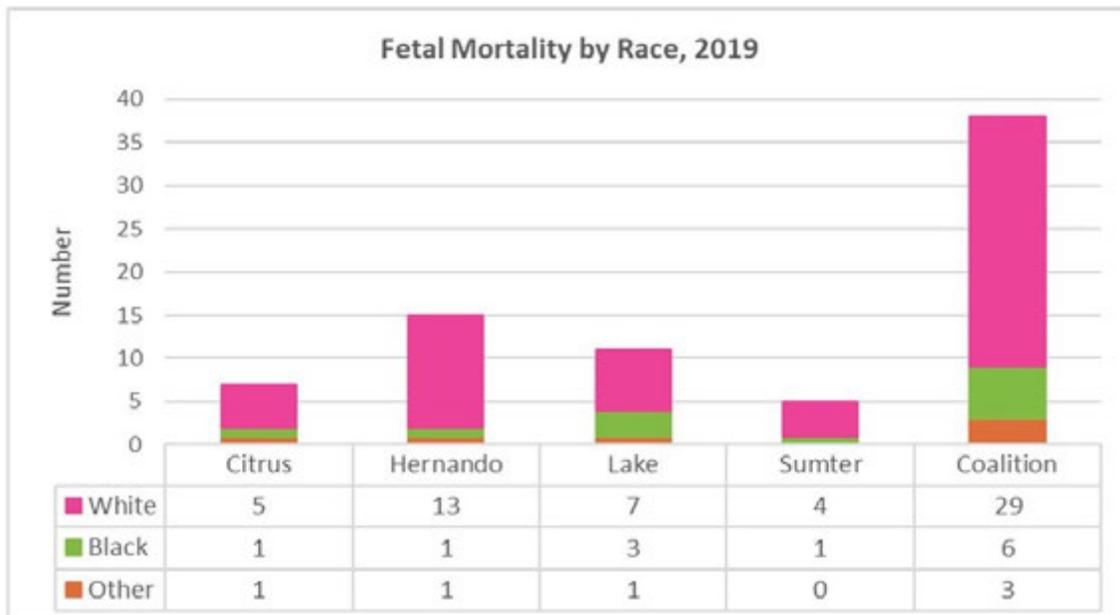
FETAL MORTALITY

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

In 2016, the Coalition’s fetal mortality rate (5.8 per 1,000) was very close to the Healthy People 2030 goal (5.7 per 1,000 births). However, in 2017, the Coalition’s fetal mortality rate spiked to 7.5 per 1,000 births, but began to fall again the following year. As of 2019, the Coalition’s fetal mortality rate is back down to 5.8 per 1,000 births, which is almost on par with the Healthy People 2030 goal of 5.7 per 1,000 births.



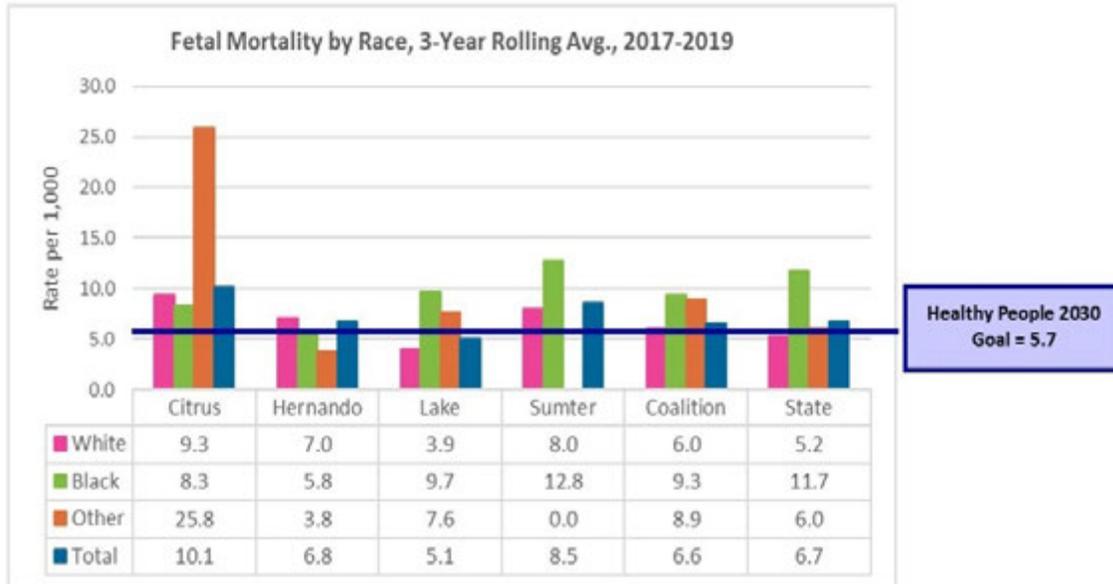
SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

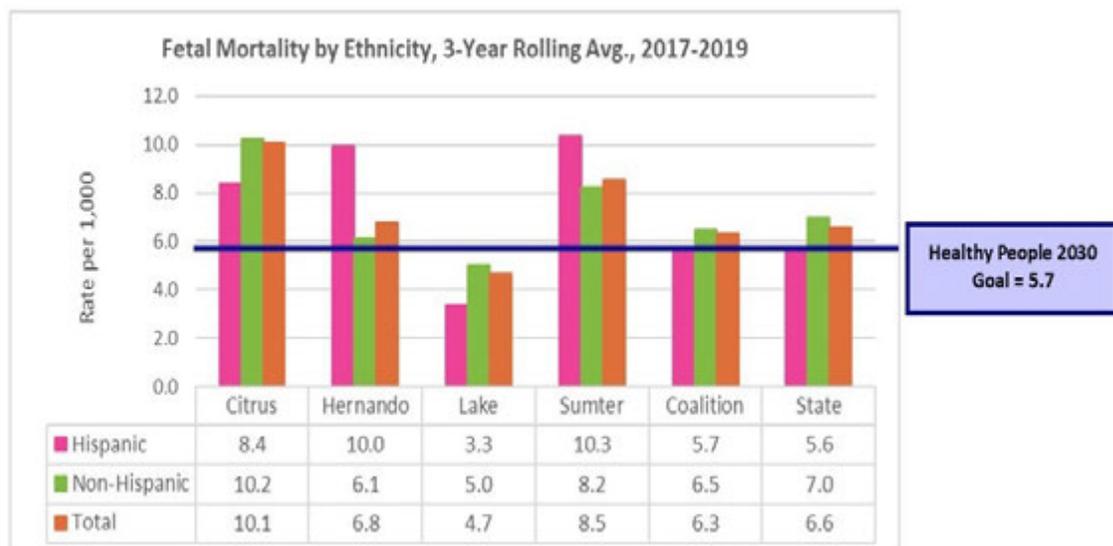
MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE

In 2017-2019, the White and “Other” fetal mortality rates in the Coalition area (6.0 per 1,000 and 8.9 per 1,000, respectively) were higher than the state’s rates (5.2 per 1,000 births and 8.9 per 1,000 births, respectively). Within the Coalition, the White fetal mortality rate was higher than the Black fetal mortality rate in Citrus and Hernando counties but lower in Lake and Sumter counties. The fetal mortality rate was the highest in the Coalition for Other races in Citrus County (25.8 per 1,000 births).



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

In 2017-2019, the Coalition’s non-Hispanic three-year average fetal mortality rate (6.5 per 1,000 births) was higher than the Hispanic fetal mortality rate (5.7 per 1,000 births). The Hispanic fetal mortality average in the Coalition area (5.7 per 1,000 births) met the Healthy People 2030 goal of 5.7 per 1,000 births and is slightly higher than the state’s rate of 5.6 per 1,000 births. The highest Hispanic fetal mortality rate was in Lake County with 10.3 per 1,000 births.



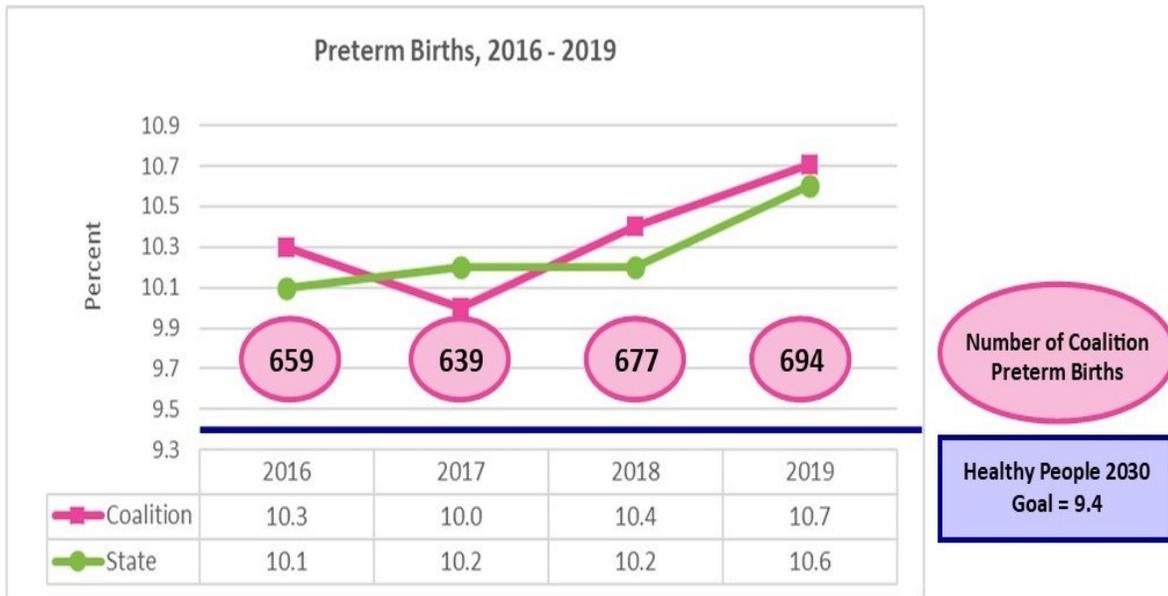
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE

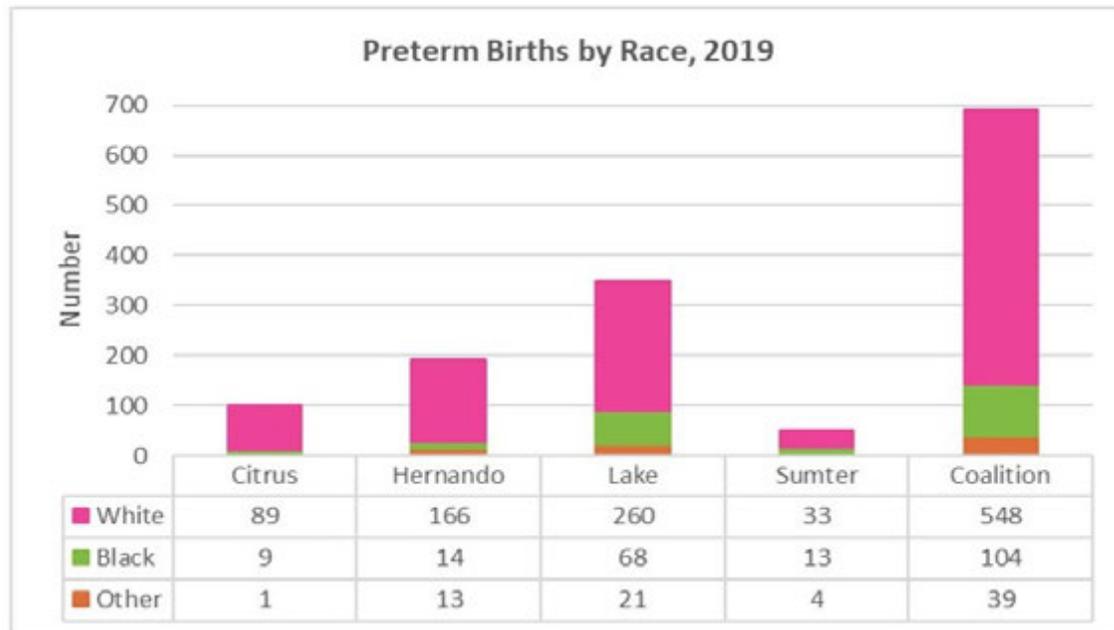
PRETERM BIRTHS

Preterm births occur when a baby is born prior to 37 completed weeks of gestation. Risk factors for preterm births include multiple pregnancies, past history of preterm delivery, high blood pressure, diabetes, obesity, infections during pregnancy, smoking, alcohol use, and illicit drug use during pregnancy.

The percent of preterm births in the Coalition area remained steady with the state over the past four years, but are still above the Healthy People 2030 goal of 9.4 percent.

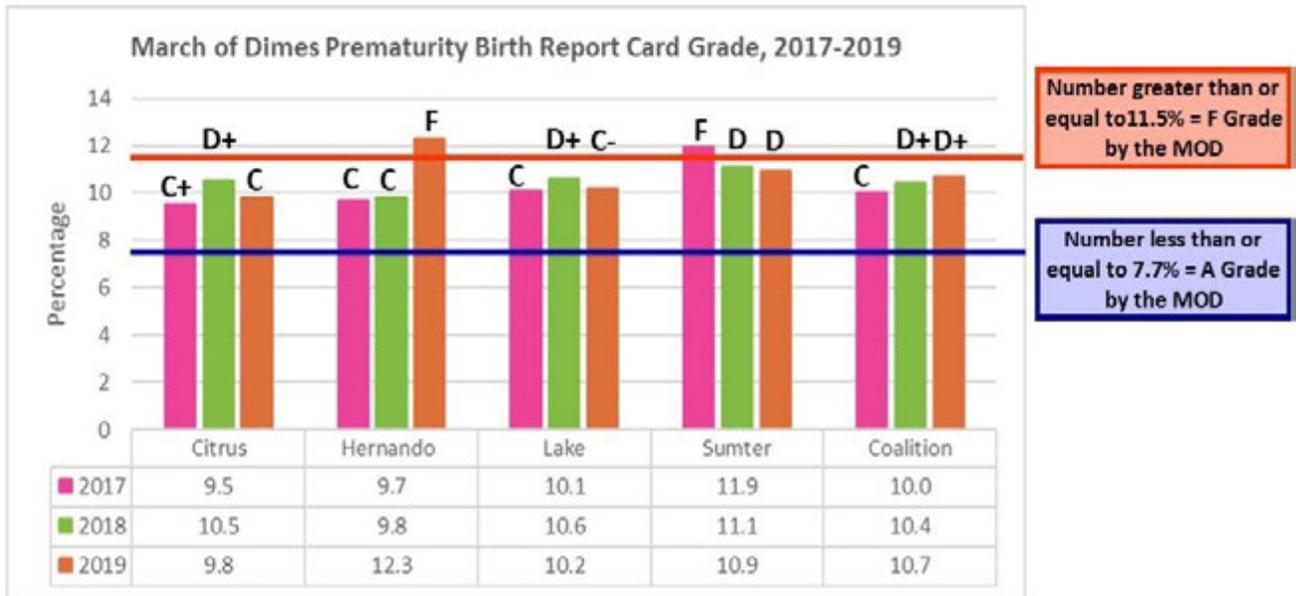


SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE



SOURCE: Florida Health CHARTS, www.flhealthcharts.com; March of Dimes, www.marchofdimes.org/mission/reportcard.aspx#

Between 2017-2019, all counties within the Coalition area scored a C+ or below for the March of Dimes prematurity birth report card. Some counties within the Coalition improved over the three year period while others declined.

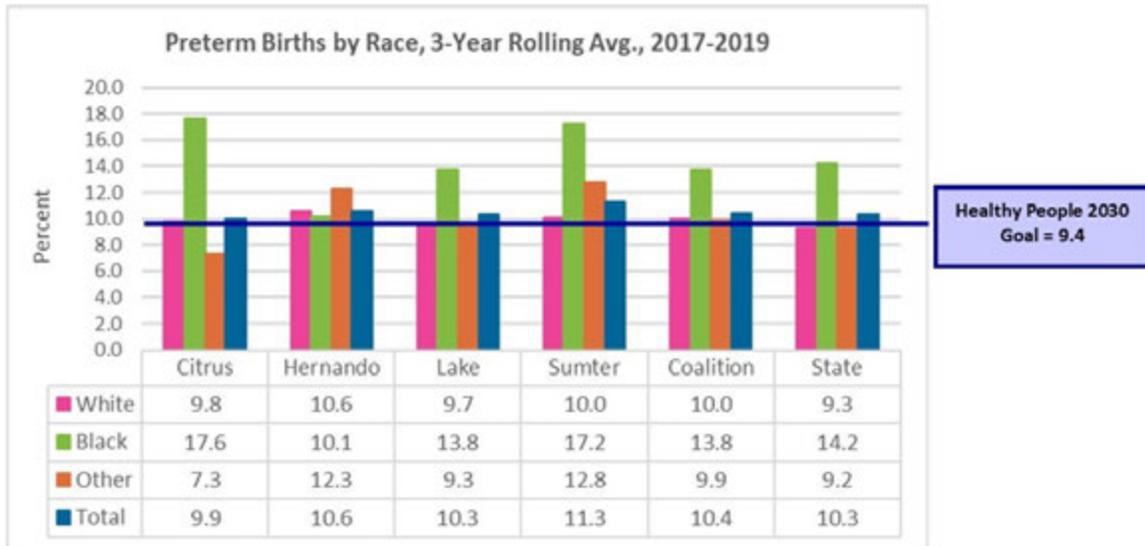
March of Dimes Prematurity Birth Report Card Grades, 2017-2019						
	2017		2018		2019	
	Rate	Grade	Rate	Grade	Rate	Grade
Coalition	10.0	C	10.4	D+	10.7	D+
Florida	10.2	C-	10.2	C-	10.6	D+

SOURCE: Florida Health CHARTS, www.flhealthcharts.com; March of Dimes, www.marchofdimes.org/mission/reportcard.aspx#

MOD Preterm Birth Rate Raging Scoring Criteria											
A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F
< or = 7.7	7.8-8.1	8.2-8.5	8.6-8.9	9.0-9.2	9.3-9.6	9.7-10.0	10.1-10.3	10.4-10.7	10.8-11.1	11.2-11.4	> or = 11.5

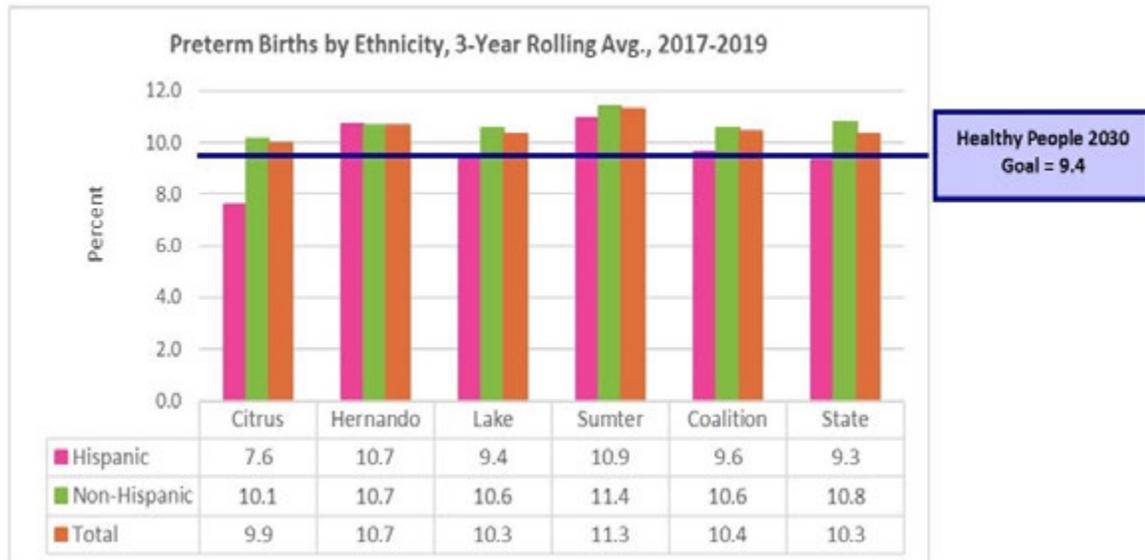
SOURCE: March of Dimes, www.marchofdimes.org/mission/reportcard.aspx#

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

When examining the percentage of preterm births by race, the Coalition’s total for all races fell below the state’s percentage, but did not meet the Healthy People 2030 goal of 9.4 percent. The highest percentage of preterm births was within the Black population in Citrus County (17.6 percent); conversely, the lowest was within Other populations in Citrus County (7.3 percent).



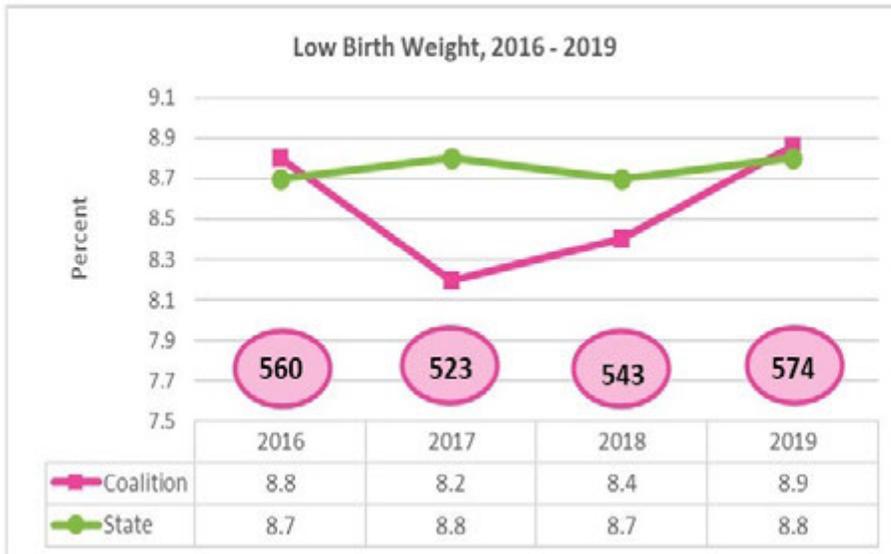
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE

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 closely associated with neonatal deaths. Many factors relate to low birth weight including preterm delivery, short gestational age and maternal age.

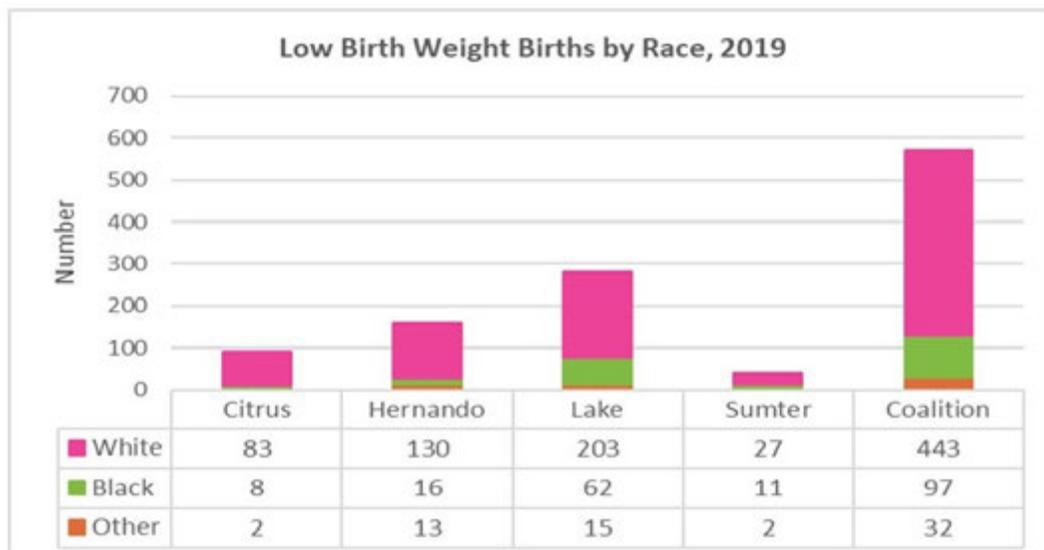
The percentage of low birth weight infants in the Coalition area has been either slightly below or above the state's rate within the past four years.



Number of Coalition
Low Birth Weight
Births

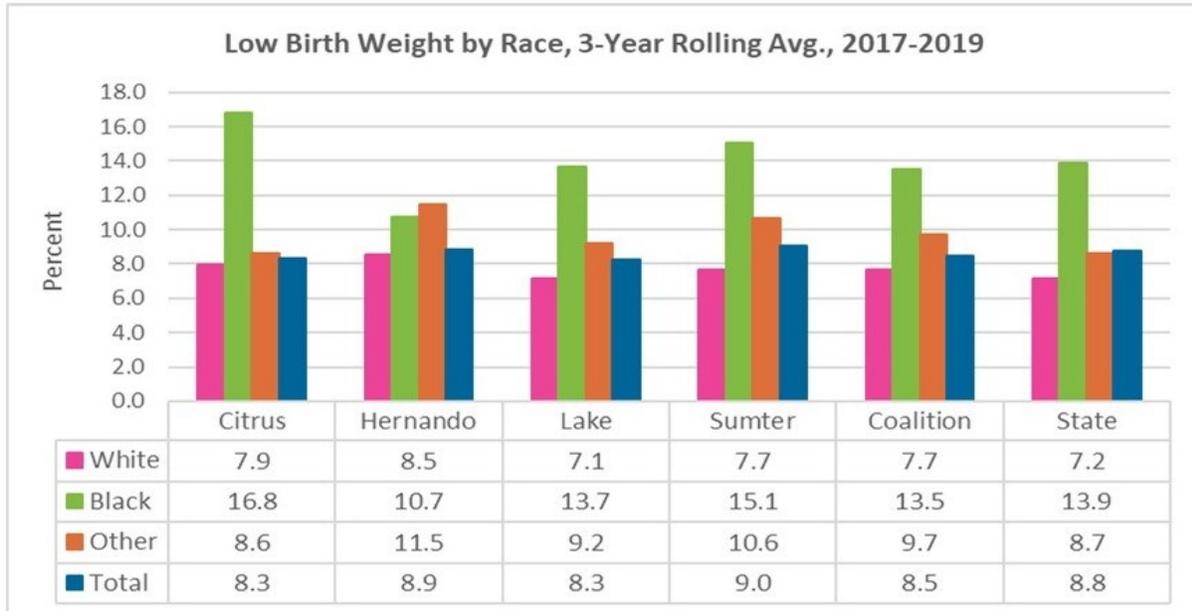
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

The highest number of low birth weights was amongst the White population in Lake County. The lowest number of low birth weights was among Other populations in both Citrus and Sumter counties. For the purpose of trends, caution should be used when interpreting numbers instead of rates.



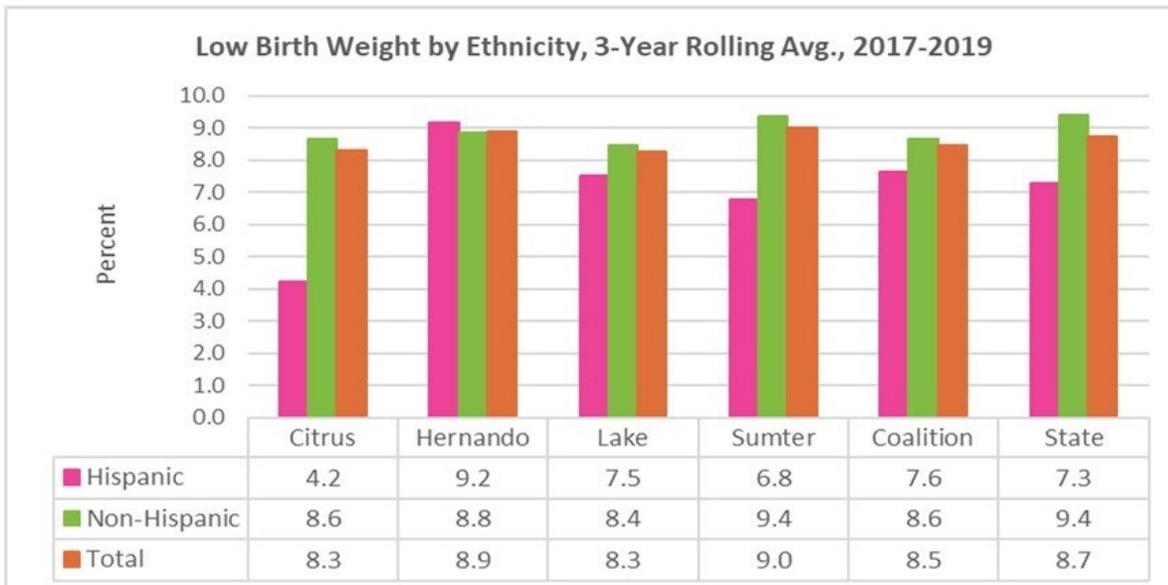
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

The Coalition’s total three-year low birth weight average (8.5 percent) was below the state’s percentage (8.8 percentage). However, the three-year White and Other low birth weight averages were higher than the state’s percentage (7.7 and 9.7 percent, respectively). The highest three-year low birth weight averages were within the Black population in Citrus and Sumter counties (16.8 and 15.1 percent, respectively). The lowest three-year low birth weight average was within the White population in Citrus County (7.9 percent).



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

When examining low birth weight by ethnicity, the percentage of Hispanic low birth weight babies was higher for the Coalition than for the state; conversely, the percentage of non-Hispanic low birth weight babies was lower for the Coalition than the state.

MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE

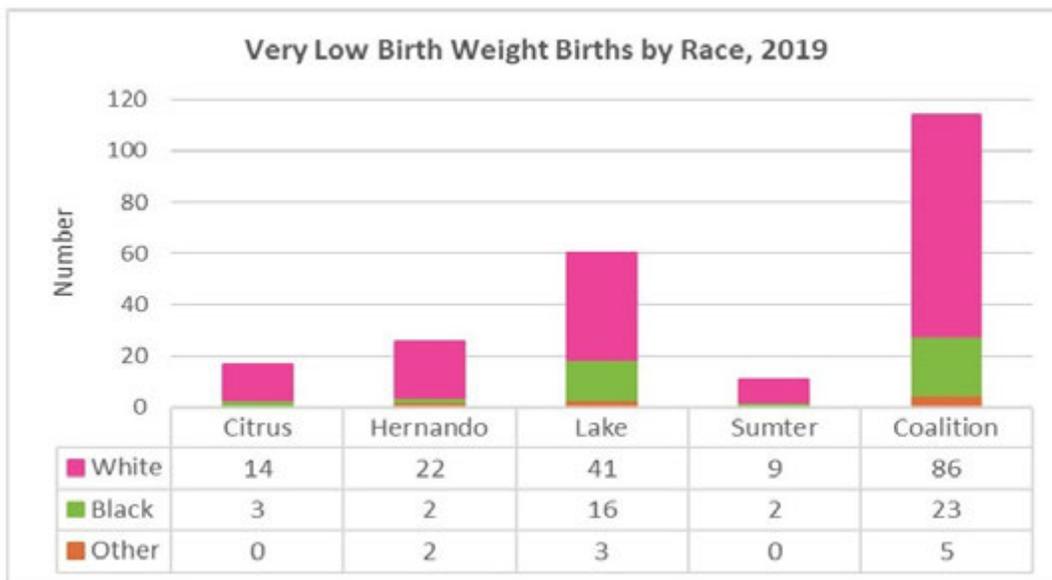
VERY LOW BIRTH WEIGHT

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 weight was below the state's rate between 2016-2018 but slightly surpassed the state in 2019. Since a low of 1.3 per 1,000 births in 2016, the low birth weight percentage has slightly increased and is now above the state's (1.8 per 1,000 births compared to 1.6 per 1,000 births).



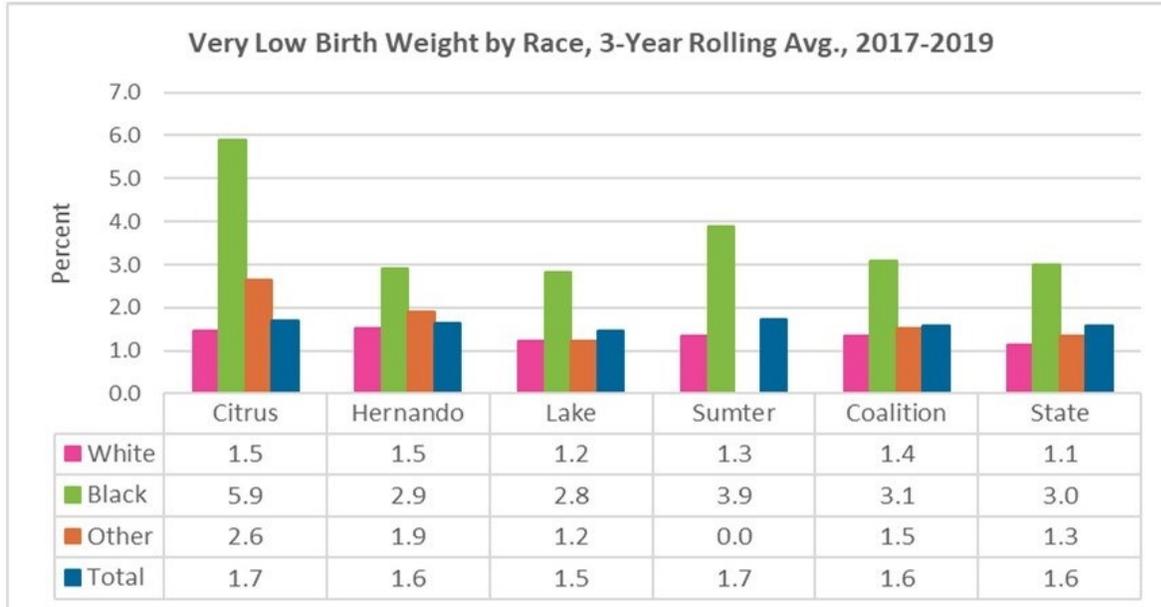
SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

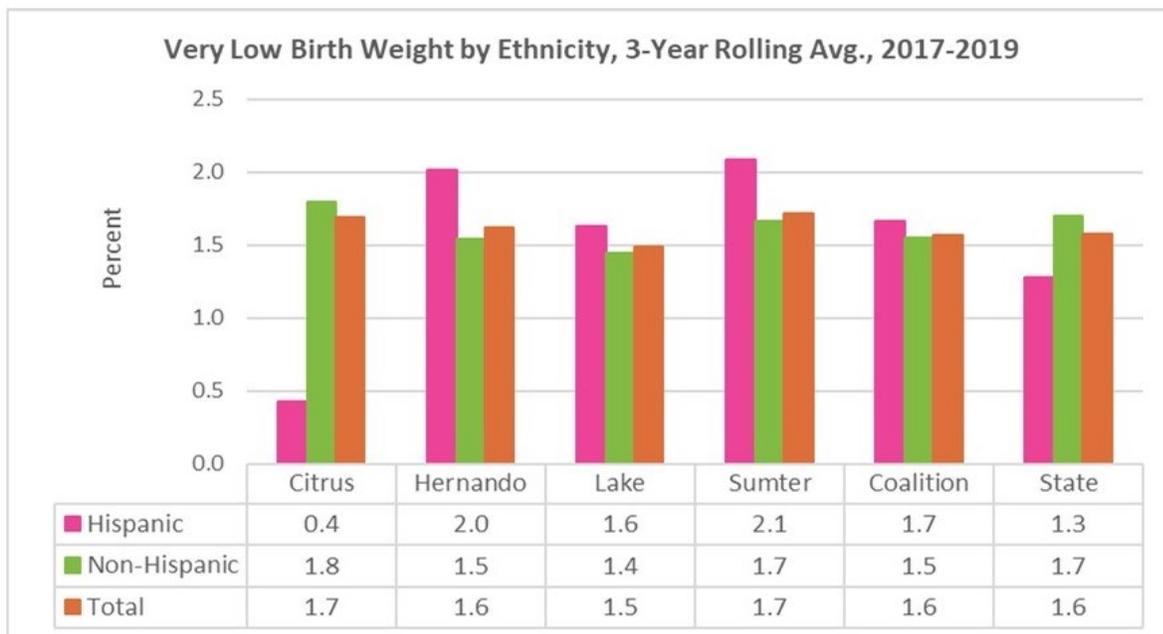
MAJOR HEALTH INDICATORS SELECTED FOR NEW PLANNING CYCLE

The very low birth weight births in the Coalition area were similar to the state for the three-year average between 2017-2019. The exception is the Black very low birth weight births in Citrus County. At 5.9 percent, the Black very low birth weight births are considerably higher than the White population of 1.5 percent in Citrus County.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

The Hispanic (1.7 percent) and the non-Hispanic (1.5 percent) very low birth weight births in the Coalition area are similar to the state (1.3 percent and 1.7 percent, respectively).



SOURCE: Florida Health CHARTS, www.flhealthcharts.com



TARGET POPULATION

TARGET POPULATION

Geographic Description

The Central Healthy Start Coalition region is the geographic center of the state and consists of Citrus, Hernando, Lake and Sumter counties. The region covers 2,561 square miles and is bordered by the Gulf of Mexico on the West and mostly rural counties on the other three sides. Orlando and Tampa are the closest metropolitan areas. Orlando is South of Lake County, and Tampa is south of Hernando County. Lake County is the largest county with 953 square miles. The other three counties are smaller, ranging from 478 to 584 square miles (Table 5.1).

Population Density

The Coalition region is 3.9 percent of the state’s population and represents 4.7 percent of the land mass. It is primarily a rural region with a population density of 321.2 people per square miles, which is below the state average of 394.4. Within the Coalition region, Sumter County is the most rural (239.4 people per square mile), and Hernando County is the most densely populated (396.5 people per square mile) (Table 5.1).

Table 5.1. Total Population, Area and Density by County, Coalition and State, 2019

Area	Population			Area		Density
	Total	Percent of State	Percent of Coalition	Square Miles	Percent of State	People Per Square Mile
Citrus	147,735	0.7	18.0	583.8	1.1	253.1
Hernando	189,661	0.9	23.1	478.3	0.9	396.5
Lake	354,537	1.7	43.1	953.2	1.8	371.9
Sumter	130,642	0.6	15.9	545.7	1.0	239.4
Coalition	822,575	3.9	100.00	2,561	4.7	321.2
State	21,268,553			53,926.8		394.4

SOURCES: Florida Health CHARTS, www.flhealthcharts.com; US Census Bureau, 2010 Summary File 1; University of Florida, Bureau of Economic and Business Research, 2009.

TARGET POPULATION

In 2010, the Coalition region had a population 704,481 people. The Coalition region has grown significantly, 14.4 percent, since 2010, and now has a population of 822,575. Sumter County has experienced the largest growth (28.5 percent).

In 2025, the Coalition region population is estimated to be 781,105. This is a 7.3 percent increase in the number of individuals living in the four-county region as compared to 2019. This is higher than the state of Florida's expected increase of 5.3 percent (Table 5.2).

Table 5.2. Estimated Population by County, Coalition and State, 2010-2030

Area	Target Population				Percent Changes			
	2010 Census	2019	2025 Estimate	2030 Estimate	2010 to 2019	2019 to 2025	2025 to 2030	2010 to 2030
Citrus	141,236	147,735	153,043	157,744	4.4	3.5	3.0	10.5
Hernando	172,778	189,661	202,749	213,457	8.9	6.5	5.0	19.1
Lake	297,047	354,537	392,894	427,566	16.2	9.8	8.1	30.5
Sumter	93,420	130,642	158,866	179,978	28.5	17.8	11.7	48.1
Coalition	704,481	822,575	907,552	978,745	14.4	9.4	7.3	28.0
State	18,802,847	21,268,553	23,061,892	24,357,003	11.6	7.8	5.3	22.8

SOURCES: Florida Health CHARTS, www.flhealthcharts.com; US Census Bureau, 2010 Summary File 1; University of Florida, Bureau of Economic and Business Research, 2009.

Age and Gender

Table 5.3. Population by Age, Gender, Central Healthy Start Coalition and State, 2014-2018.

Area	Coalition						State		
	Number			Percent			Percent		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-14	54,250	51,886	106,136	14.3	12.9	13.6	17.4	15.9	16.6
15-44	110,259	106,125	216,384	29.0	26.4	27.7	38.3	35.9	37.1
45-64	94,720	107,817	202,527	24.9	26.8	25.9	26.1	26.9	26.5
65-84	110,022	119,738	229,760	28.9	29.8	29.4	16.2	18.1	17.1
85+	11,009	16,328	27,337	2.9	4.1	3.5	2.0	3.2	2.6
Total	380,250	401,894	782,144	100.0	100.0	100.0	100.0	100.0	100.0

SOURCE: US Census Bureau, American Community Survey, 2014-2018, Table B01001

TARGET POPULATION

Since 2016, the number of females 15-44 years of age has increased from 103,743 to 107,885, but the percent of females has remained at 13.5 percent. (Table 5.4). Of the four counties, Lake County has the highest percent (15.9 percent) and Sumter County has the lowest percent (6.3 percent) of females 15-44 of age. Overall, the Coalition region has smaller percent of females of childbearing age than the state (13.6 percent and 18.4 percent, respectively) (Table 5.5).

Table 5.4. Women 15-44 Years of Age for Central Healthy Start, 2016-2018

Year	Total Population	Female Population 15-44	Percent of Total Population	Total Female Population	Percent of Total Female Population
2016	768,991	103,743	13.5	395,285	26.2
2017	785,513	105,645	13.4	404,229	26.1
2018	798,720	107,885	13.5	410,788	26.3

SOURCE: Florida CHARTS

Table 5.5. Women 15-44 Years of Age by County, Coalition and State, 2014-2018

County	Population	Females 15-44 Years	
		Number	Percent
Citrus	143,087	17,134	12.0
Hernando	182,696	28,004	15.3
Lake	335,362	53,420	15.9
Sumter	120,999	7,567	6.3
Coalition	782,144	106,125	13.6
State	20,598,139	3,783,727	18.4

SOURCE: US Census Bureau, American Community Survey, 2014-2018, Table B01001

Race and Ethnicity

The racial makeup of the region is primarily White (87.2 percent) and non-Hispanic (88.7 percent). Citrus County has the largest White population (92.7 percent) and Lake County has the smallest (83.0 percent). The Black and Hispanic populations represent only 7.4 percent and 11.3 percent of the total Coalition population, respectively. Lake County has the largest Black population (10.5 percent), while Citrus County has the smallest (2.9 percent). All the other races combined represent 5.4 percent of the Coalition with Lake County at the highest (6.5 percent) and Sumter County at the lowest (3.7 percent).

TARGET POPULATION

The Hispanic population within the region is significantly smaller than that of the state (11.3 percent vs. 25.2 percent, respectively). Lake County has the largest Hispanic population in the region (14.9 percent) and Citrus County has the smallest (5.5 percent) (Table 5.6).

Table 5.6. Percent of Total Population by Race, Ethnicity, County, Coalition and State, 2014-2018

Area	Total Population	White	Black	All Others	Hispanic	Non-Hispanic
Citrus	143,087	92.7	2.9	4.4	5.5	94.5
Hernando	182,696	89.4	5.1	5.5	12.9	87.1
Lake	335,362	83.0	10.5	6.5	14.9	85.1
Sumter	120,999	88.8	7.5	3.7	5.7	94.3
Coalition	782,144	87.2	7.4	5.4	11.3	88.7
State	20,598,139	75.4	16.1	8.5	25.2	74.8

SOURCE: US Census Bureau, American Community Survey, 2014-2018, Table B01001, B01001A, B01001B, B00100I

The majority of the women of childbearing age (15-44 years of age) in the Coalition region are White (82.2 percent) and non-Hispanic (83.2 percent). The Black and Hispanic populations comprise only 10.6 percent and 16.8 percent, respectively. Within this group, Sumter County has the largest Black population (14.8 percent) and Lake County has the largest Hispanic population (20.4 percent) (Table 5.7).

Table 5.7. Percent of Women of Childbearing Age (15-44) by Race, Ethnicity, County, Coalition and State, 2014-2018

Area	Total Women 15-44 Years	White	Black	All Others	Hispanic	Non-Hispanic
Citrus	17,134	89.6	4.1	6.2	7.9	92.1
Hernando	28,004	86.9	6.4	6.7	16.8	83.2
Lake	53,420	78.1	14.3	7.7	20.4	79.6
Sumter	7,567	77.2	14.8	8.0	11.7	88.3
Coalition	106,125	82.2	10.6	7.2	16.8	83.2
State	3,783,727	69.9	19.8	10.3	29.3	70.7

SOURCE: US Census Bureau, American Community Survey, 2014-2018, Table B01001, B01001A, B01001B, B00100I

TARGET POPULATION

Special Populations

The seasonal and migrant farmworker population in the Coalition region represents a small (3.2 percent) 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 Lake County (70.8 percent) (Table 5.8).

Table 5.8. Number and Percent of Migrant and Seasonal Farmworkers by County, Coalition, and State, 2019

Area	Number of Migrant and Seasonal Farmworkers	Percent of Coalition	Percent of Population
Citrus	246	6.7	0.2
Hernando	264	7.2	0.3
Lake	2,608	70.8	0.7
Sumter	566	15.4	0.4
Coalition	3,684	3.2	0.5
State	113,354	0.0	0.5

SOURCE: Shimberg Center for Housing Studies, UF, 2019 Rental Market Study Housing Needs for Farmworkers and Commercial Fishing Workers, March 2019. Flhealthcharts.com population query, 2019 accessed 4-23-20.

Number of Households and Income Levels

There are 321,129 households within the Coalition region. These households have a median income of \$48,642. Citrus County has the lowest median household income at \$41,424, and Sumter County has the highest at \$55,228 (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 \$100,000 or more, the state has a higher percentage than the region. Sumter County is the most affluent with the largest percentage (11.9 percent) of households above \$100,000. Sumter County is the poorest with the greatest percentage (28.7 percent) of households with income under \$25,000 (Table 5.9).

Table 5.9. Percent of Households by Income Level, County, Coalition and State, 2014-2018

Area	Number of Households	Less than \$25,000	\$25,000-\$49,999	\$50,000-\$99,999	\$100,000-\$149,999	Over \$150,000	Median Household Income
Citrus	62,762	28.7	31.4	27.5	8.2	4.2	41,424
Hernando	73,541	23.9	30.2	31.7	9.7	4.5	46,030
Lake	130,190	21.4	27.0	33.1	11.6	6.9	51,884
Sumter	54,636	18.1	26.4	36.2	11.9	7.4	55,228
Coalition	321,129	22.8	28.5	32.2	10.5	5.9	48,642
State	7,621,760	22.1	25.0	30.3	12.5	10.2	53,267

SOURCE: US Census Bureau, American Community Survey, 2014-2018. Table DP03

TARGET POPULATION

Poverty

According to the US Census Bureau, poverty rates were less in the Coalition region than statewide for persons in general and the elderly in particular. However, poverty rates were higher for children. The region also had more female-headed households in poverty than the state. Within the region, Sumter County was the poorest community with 29.0 percent of its children living in poverty. All the counties had fewer elderly living in poverty than the state (Table 5.10).

Table 5.10. Percent of Persons and Families Below Poverty Level by County, Coalition and State, 2014-2018

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
Citrus	16.7	29.0	8.6	11.1	29.9
Hernando	14.3	19.2	9.4	10.1	24.1
Lake	12.5	19.5	7.9	26.3	25.2
Sumter	8.8	22.6	4.8	5.0	24.9
Coalition	13.1	21.2	7.5	16.2	25.8
State	14.8	21.3	10.3	10.6	25.8

SOURCE: US Census Bureau, American Community Survey, 2014-2018. Table DP03

Medicaid Eligibility

According to the Agency for Healthcare Administration (AHCA), 133,908 individuals in the Coalition region are Medicaid eligible, 74,127 (55.4 percent) of whom are 20 years of age or younger. Adults ages 21-35 years (11.9 percent), 36-59 years (15.4 percent), 60-64 years (3.8 percent), and 65 years and older (13.5 percent) make up the remaining 59,781 eligible individuals (Table 5.11).

Table 5.11. Medicaid Population by Age, County, Coalition and State, as of December 2019

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	
	#	%	#	%	#	%	#	%	#	%
Citrus	13,901	51.2	3,197	11.8	4,553	16.8	1,293	4.8	4,186	15.4
Hernando	20,881	55.2	4,721	12.5	6,321	16.7	1,405	3.7	4,511	11.9
Lake	33,562	57.8	6,844	11.8	7,984	13.7	1,941	3.3	7,758	13.4
Sumter	5,783	53.3	1,214	11.2	1,751	16.1	465	4.3	1,637	15.1
Coalition	74,127	55.4	15,976	11.9	20,609	15.4	5,104	3.8	18,092	13.5
State	2,157,727	57.1	410,795	10.9	462,512	12.2	117,038	3.1	631,583	16.7

SOURCE: Florida Medicaid Program Analysis Report for December 2019

TARGET POPULATION

Educational Attainment

Within the Coalition region, 91.6 percent of those 25 years of age and older have a high school diploma (57.2 percent) or a college degree (31.8 percent). However, 10.9 percent of the population did not complete high school. Compared to the state of Florida, those individuals completing high school represent 49.0 percent, which is 8.2 percent less than the Coalition. Those individuals receiving college degrees total 39.0 percent; this is 7.2 percent more than the Coalition. For those individuals who did not receive a high school diploma, the state is at 12.0 percent, which is 1.1 percent higher than the Coalition (Table 5.12).

Table 5.12. Persons over 25 Years of Age by Level of Education, County, Coalition and State, 2014-2018

Area	Population 25 Years of Age and Older	No High School Diploma		High School Diploma		College Degree	
		Number	Percent	Number	Percent	Number	Percent
Citrus	113,645	13,556	11.9	69,648	61.3	30,441	26.8
Hernando	136,540	17,202	12.6	81,525	59.7	37,813	27.7
Lake	247,089	26,405	10.7	138,632	56.1	82,052	33.2
Sumter	108,330	9,130	8.4	56,837	52.5	42,363	39.1
Coalition	605,604	66,293	10.9	346,642	57.2	192,669	31.8
State	14,686,727	1,769,489	12.0	7,195,151	49.0	5,722,087	39.0

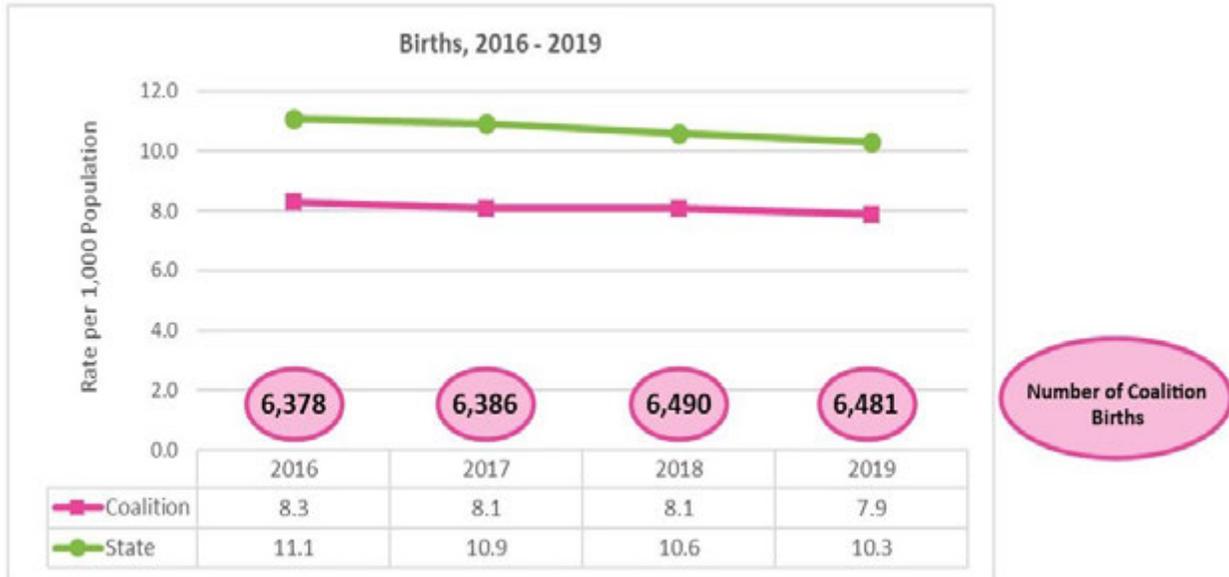
SOURCE: US Census Bureau, American Community Survey, 2014-2018. Table B15002

TARGET POPULATION

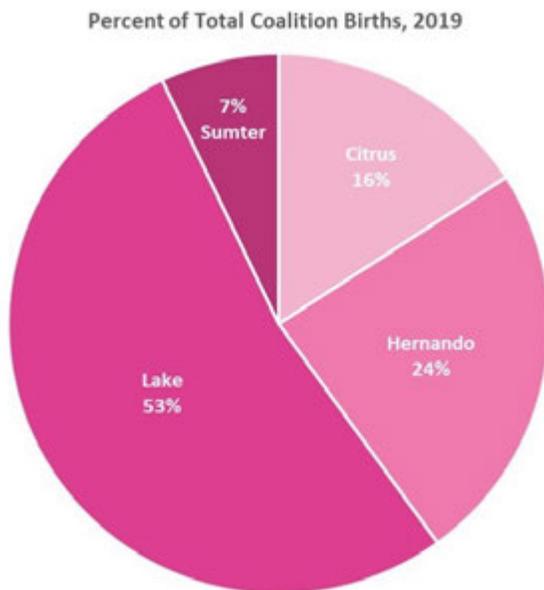
BIRTHS

From 2016 to 2019, the rate of births in the Coalition area slightly decreased (8.3 per 1,000 population to 7.9 per 1,000 population). However, in 2017 and 2018, the rate remained the same (8.1 per 1,000 population).

Lake County experienced the highest percent of live births within the Coalition, at 53 percent of the total births; conversely, Sumter County had the lowest percent, with 7 percent.



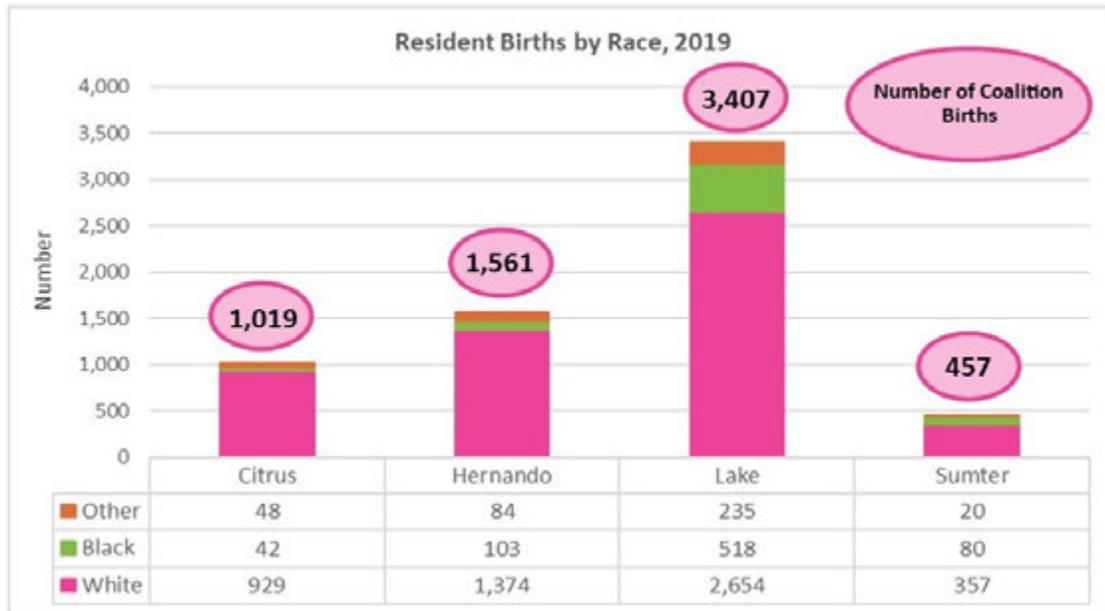
SOURCE: Florida Health CHARTS, www.flhealthcharts.com



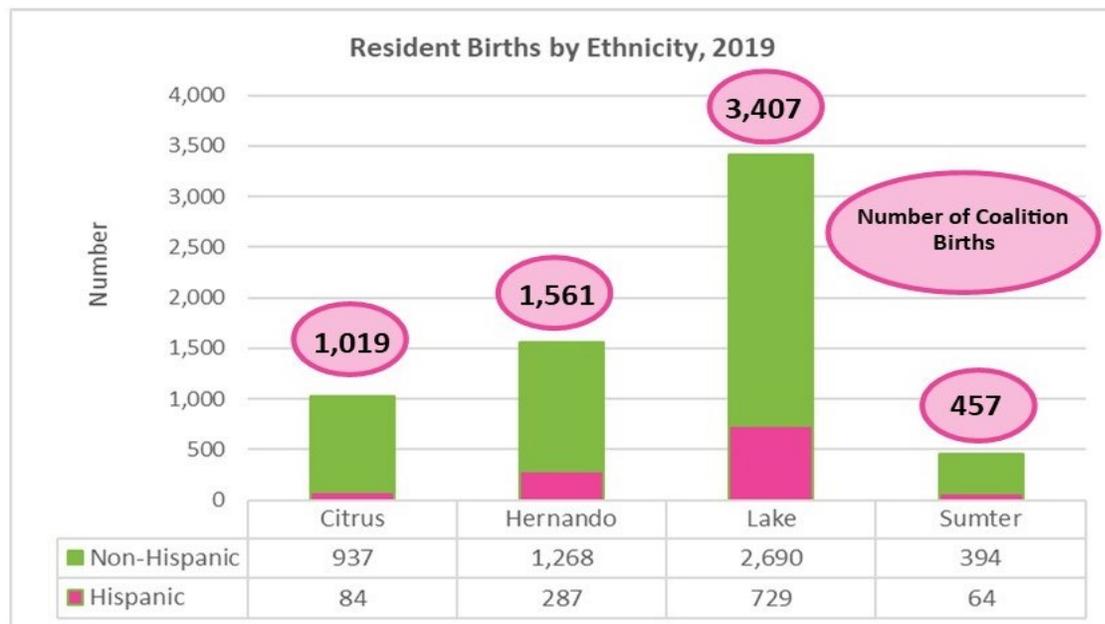
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

Approximately 83 percent of the births in 2019 were White infants, 12 percent were Black infants, and 6 percent were infants of Other races.

TARGET POPULATION



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

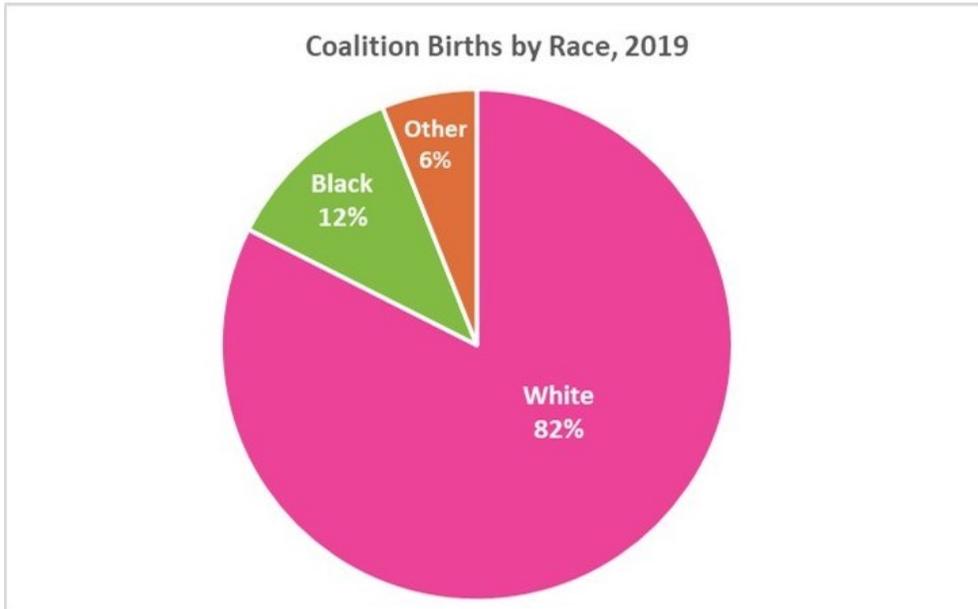


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

Approximately 82 percent of the births in 2019 were non-Hispanic infants, while 18 percent were Hispanic infants.

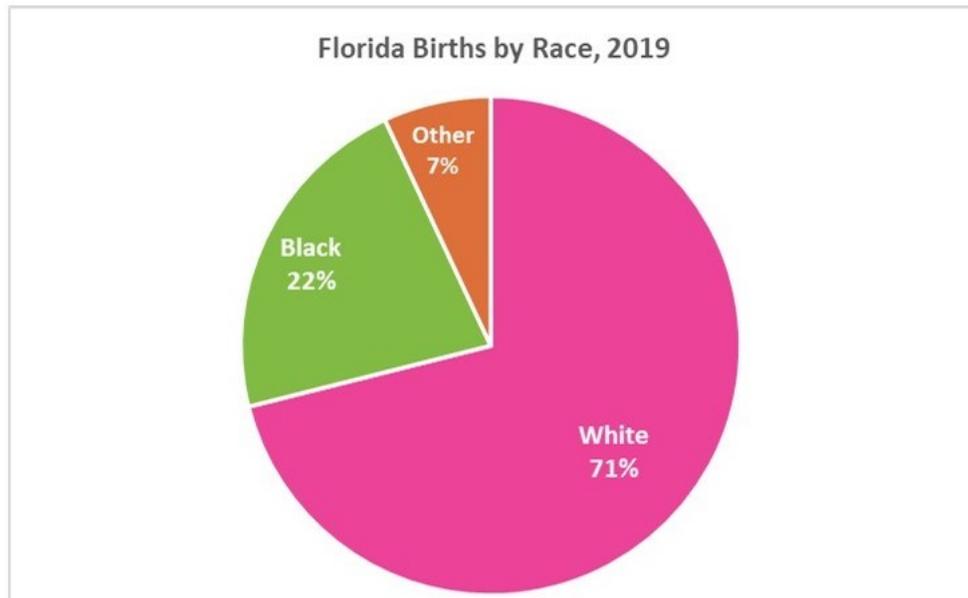
TARGET POPULATION

Approximately 82 percent of the births in 2019 were White infants, 12 percent were Black infants, and 6 percent were infants of Other races.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

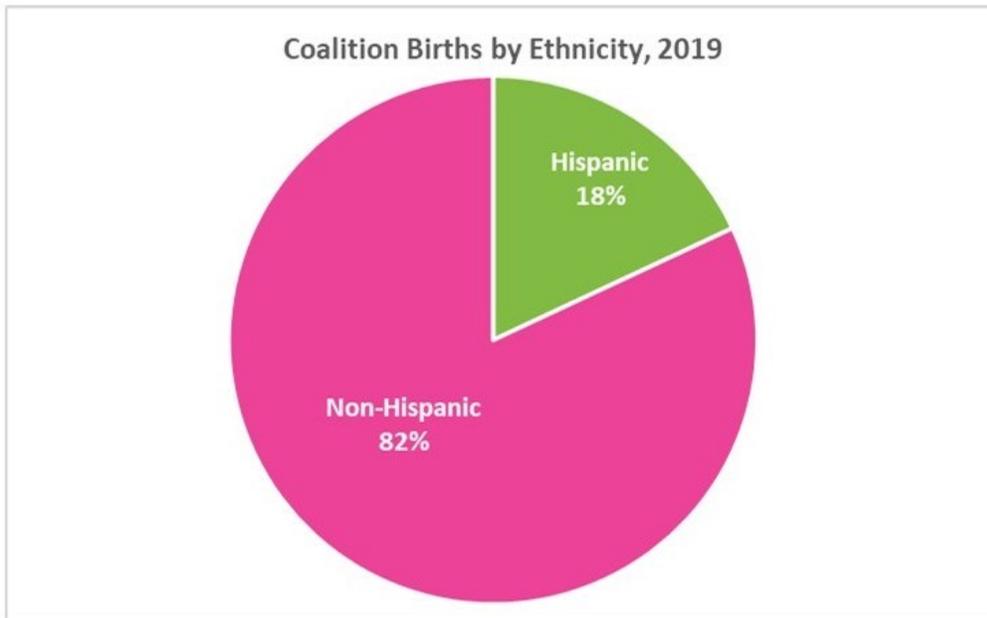
Compared to the state (71 percent), the Coalition area has a higher percentage of White births (82 percent) and lower percentage of Black births (12 percent and 22 percent, respectively).



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

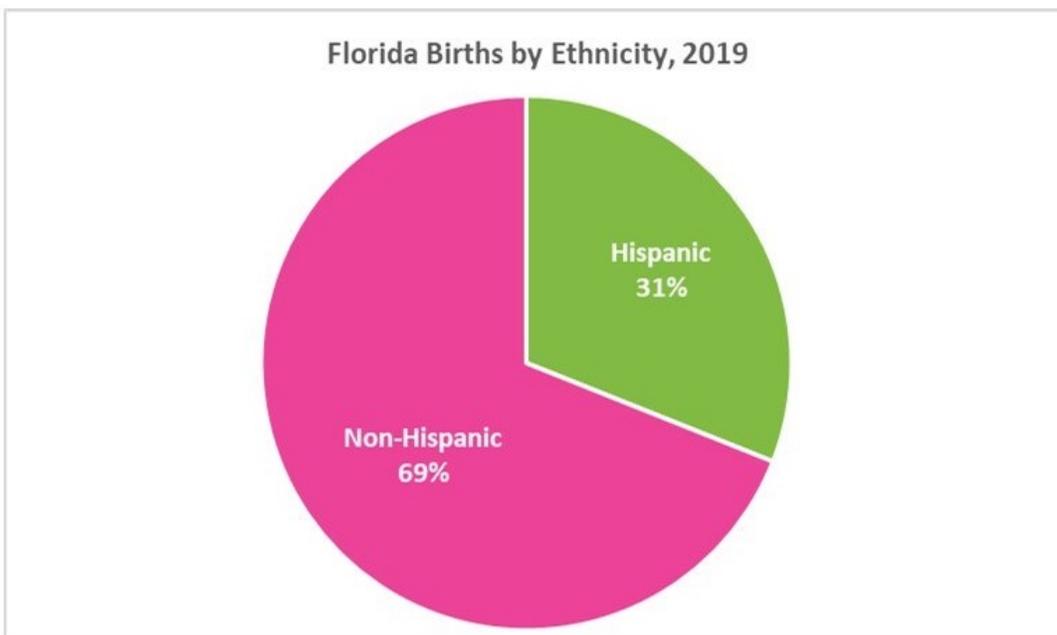
TARGET POPULATION

Approximately 82 percent of the births in 2019 were non-Hispanic infants, while 18 percent were Hispanic infants.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

Compared to the state, the Coalition area has a greater percentage of non-Hispanic births as compared to the state (82 percent and 69 percent, respectively). The Coalition has a lower percentage of Hispanic births as compared to the state (18 percent and 31 percent, respectively).



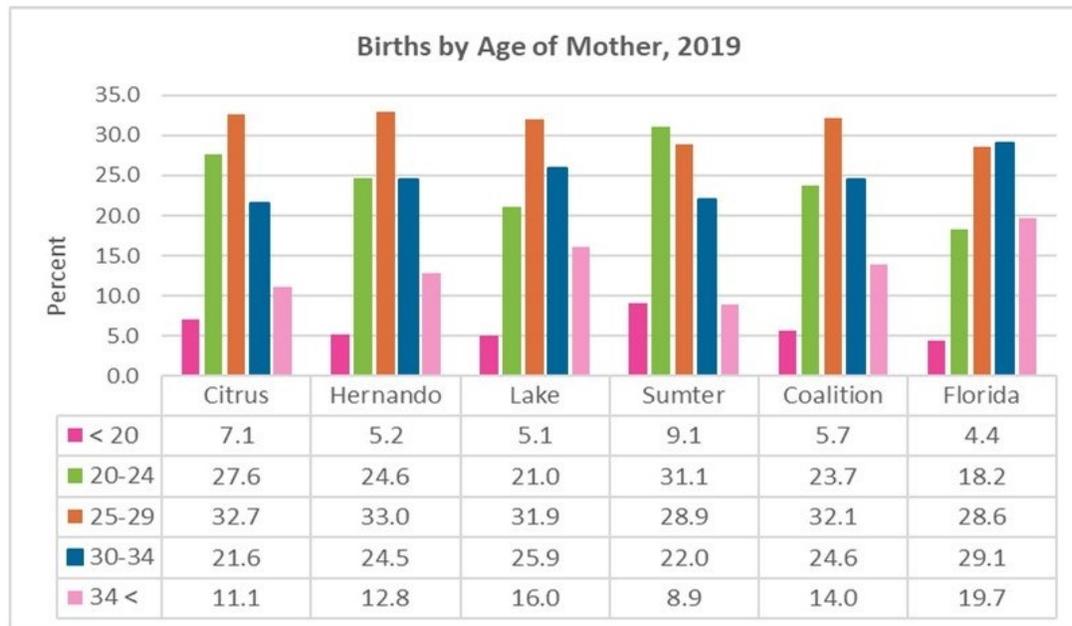
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

TARGET POPULATION

Resident Births by Age, 2016-2019								
Year	10-14	15-17	18-19	20-24	25-29	30-34	34<	Total
2016	0	108	319	1,703	2,028	1,424	796	6,378
2017	4	93	314	1,630	2,021	1,513	811	6,386
2018	1	82	272	1,521	2,075	1,602	937	6,490
2019	2	76	293	1,533	2,079	1,593	905	6,481

SOURCE: Florida Health CHARTS, www.flhealthcharts.com

In 2019, 32.1 percent of births in the four county area were to 25-29 year olds and 24.6 percent of births were to 30-34 year olds. Births to mothers less than 20 years old was 5.7 percent in the Coalition area and highest in Sumter County, with 9.1 percent.

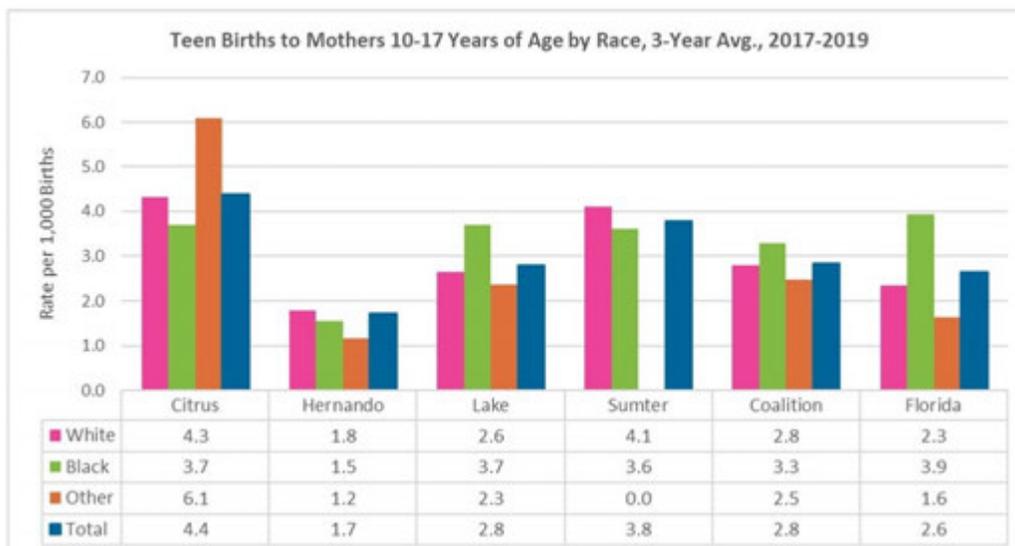


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

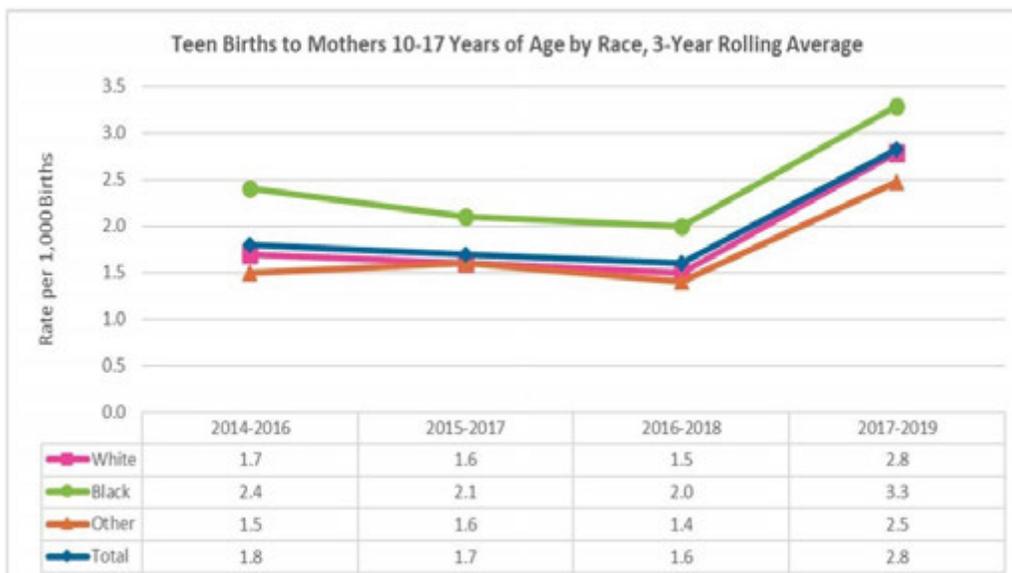
TARGET POPULATION

In 2017-2019, the three-year average rate for teen births to mothers 10-17 years of age was 2.8 per 1,000 births in the Coalition area and 2.6 per 1,000 births in the state. Citrus County has the highest rates of teen births to mothers 10-17 years of age for White (4.3 per 1,000 births), Black (3.7 per 1,000 births), and Other (6.1 per 1,000 births) races.

Teen Births to Mothers 10-17 Years of Age by Race, 2016-2019				
	2016	2017	2018	2019
Total	108	97	83	78
White	88	73	66	65
Black	14	16	12	7
Other	6	8	4	5



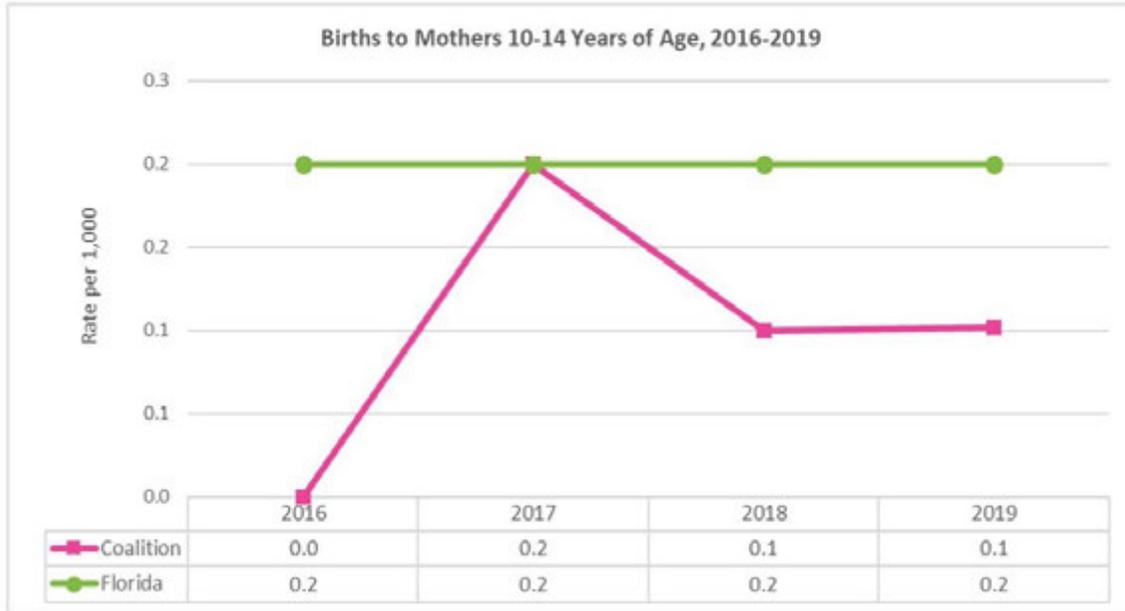
SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

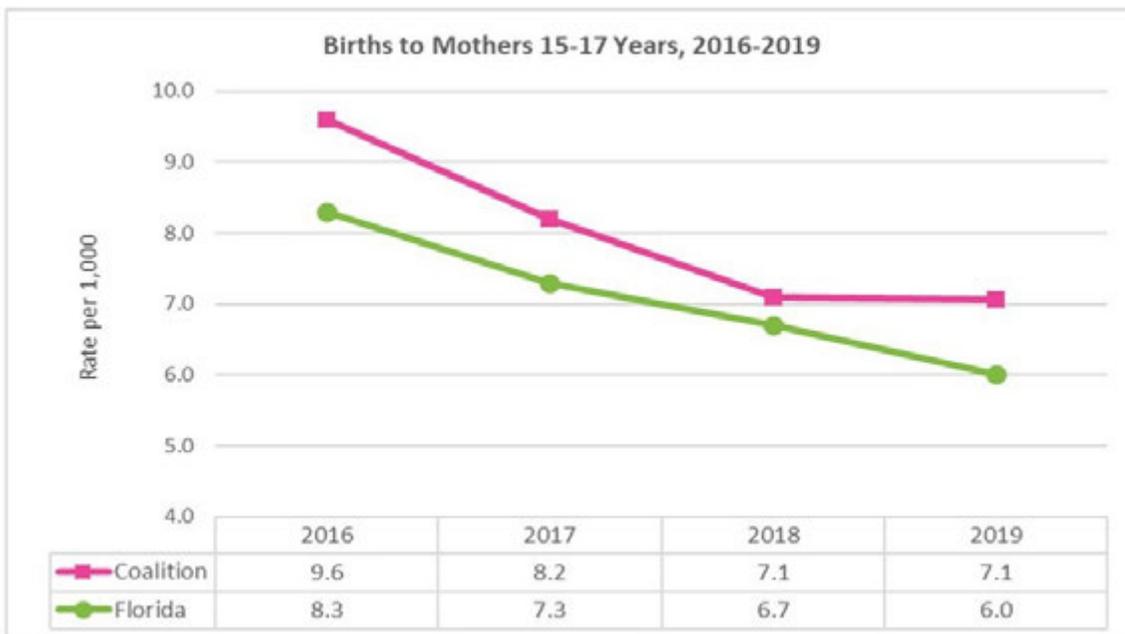
TARGET POPULATION

The rate of births to mothers 10-14 years of age has remained relatively stable in both the Coalition and the state between 2016-2019.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

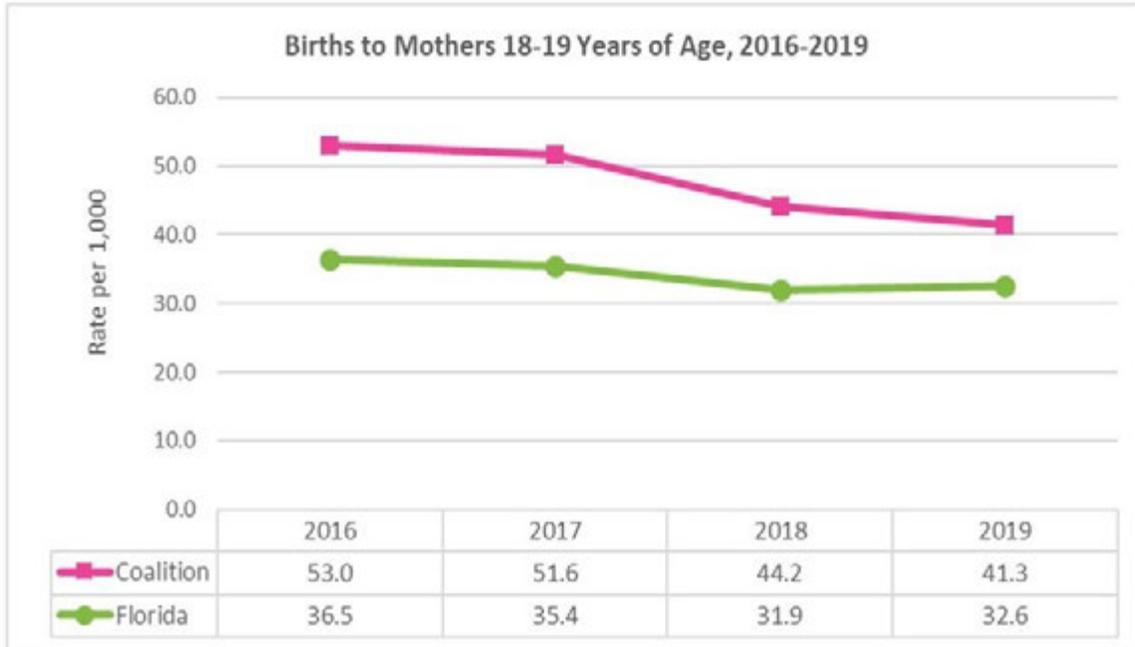
The rate of births to mothers 15-17 years of age has declined in both the Coalition and the state between 2016-2019.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

TARGET POPULATION

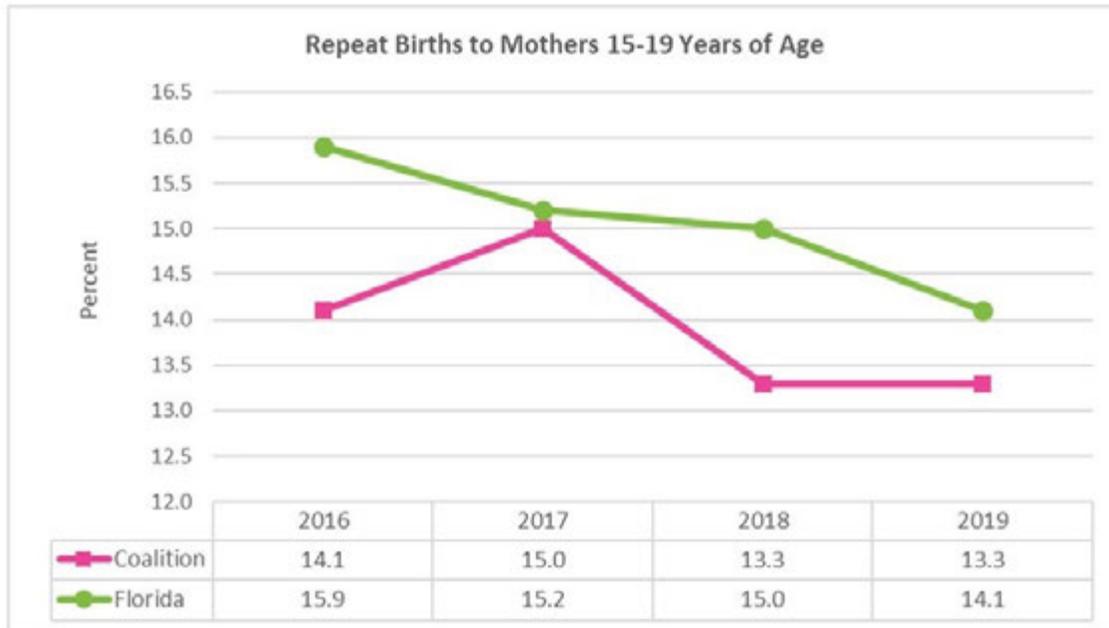
The rate of births to mothers 18-19 years of age has declined in both the Coalition and the state between 2016-2019, with the exception of an uptick in the state's rate in 2019.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

TARGET POPULATION

Within the Coalition region, the rate of repeat births for 15-19 year olds declined from 14.1 percent in 2016 to 13.3 percent in 2019. The Coalition's rates increased in 2017, decreased in 2018, and then remained the same in 2019; conversely, the state's rate have been on a decline since 2016.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

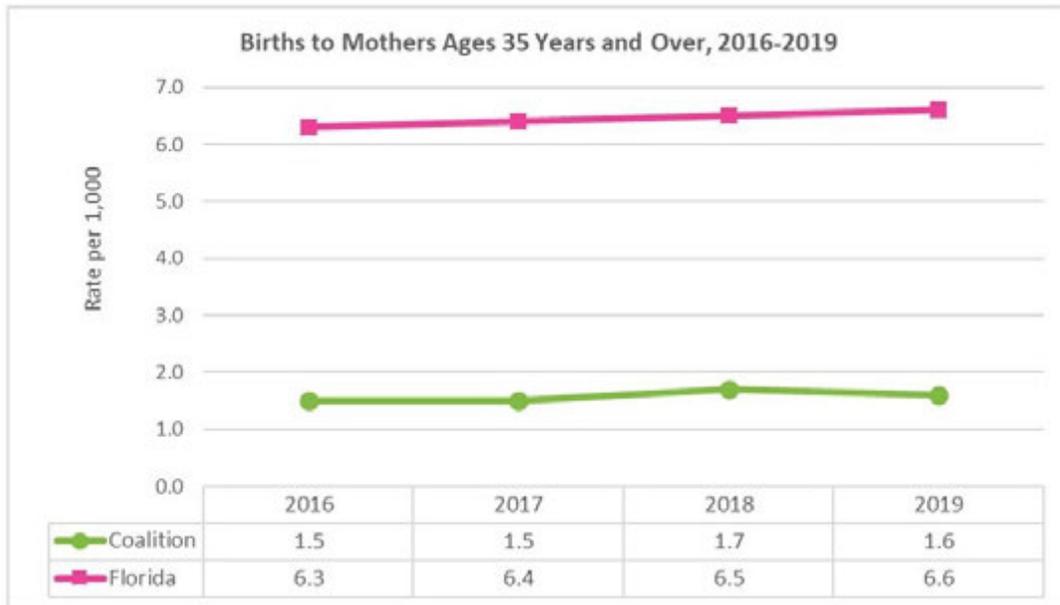
Sumter County had the highest percentage of repeat births in 2019 with 14.3 percent; conversely, Hernando County had the lowest percentage of repeat births to 15-19 year olds with 9.9 percent. Contrary to the decreasing rate of repeat births in the state, the Coalition's area had lots of variability in its repeat births rates amongst nearly all counties, excluding Lake County.

Repeat Births to Mothers 15-19 Years, 2016-2019								
	2016		2017		2018		2019	
	#	%	#	%	#	%	#	%
Citrus	9	11.7	15	18.1	5	7.8	12	16.4
Hernando	14	13.1	11	11.6	12	14.1	8	9.9
Lake	32	15.6	26	14.5	22	13.4	23	13.3
Sumter	5	13.2	9	18.0	8	19.5	6	14.3
Coalition	60	14.1	61	15.0	47	13.3	49	13.3
State	1,784	15.9	1,626	15.2	1,478	15.0	1,341	14.1

SOURCE: Florida Health CHARTS, www.flhealthcharts.com

TARGET POPULATION

Within the Coalition area, births to mothers 35 years and older have slightly increased from 1.5 per 1,000 births in 2016 to 1.6 per 1,000 births in 2019. However, the Coalition's rates remain much lower than the state's (6.3 per 1,000 births in 2016 and 6.6 per 1,000 births in 2019).



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

	2016		2017		2018		2019	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Citrus	122	1.2	113	1.1	111	1.1	114	1.1
Hernando	163	1.4	192	1.6	217	1.8	200	1.6
Lake	466	2.3	467	2.2	557	2.6	550	2.5
Sumter	45	0.4	39	0.4	52	0.5	41	0.4
Coalition	796	1.5	811	1.5	937	1.7	905	1.6
State	39,100	6.3	40,166	6.4	41,997	6.5	43,324	6.6

SOURCE: Florida Health CHARTS, www.flhealthcharts.com



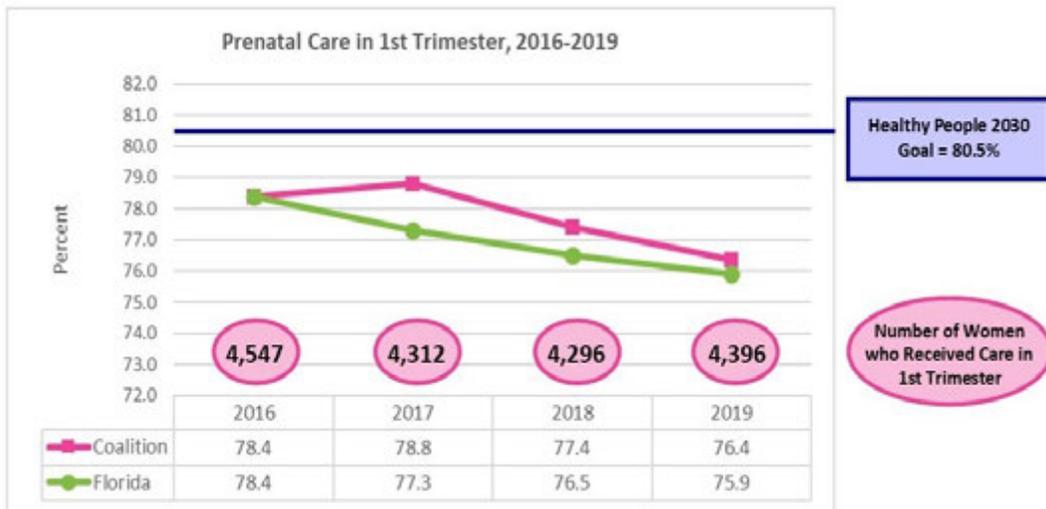
**FACTORS
CONTRIBUTING TO THE
HEALTH STATUS
INDICATORS**

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

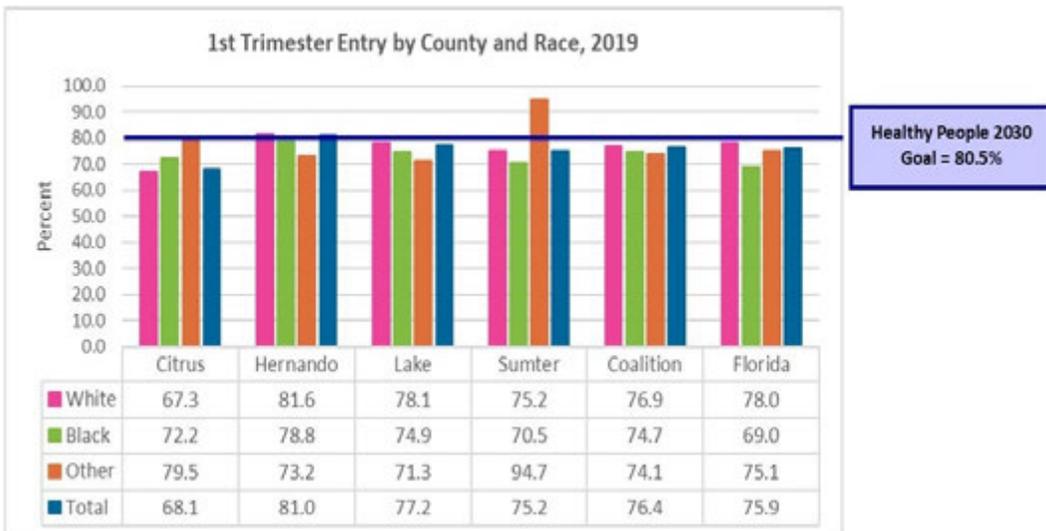
PRENATAL CARE

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 first trimester entry, late entry and no prenatal care.

The number of pregnant women who received prenatal care in the first trimester has continued to decline over the last four years in the Coalition area. In 2019, only 76.4 percent of pregnant women received care in the first trimester, down from 78.4 percent in 2016. The Healthy People 2030 goal is 80.5 percent.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

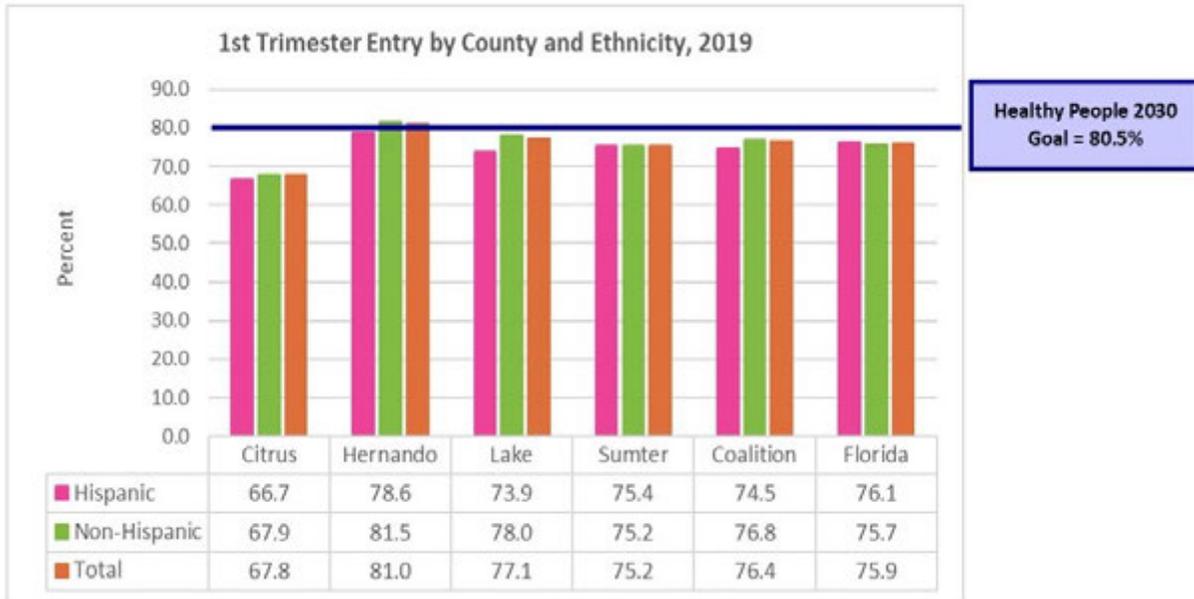


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

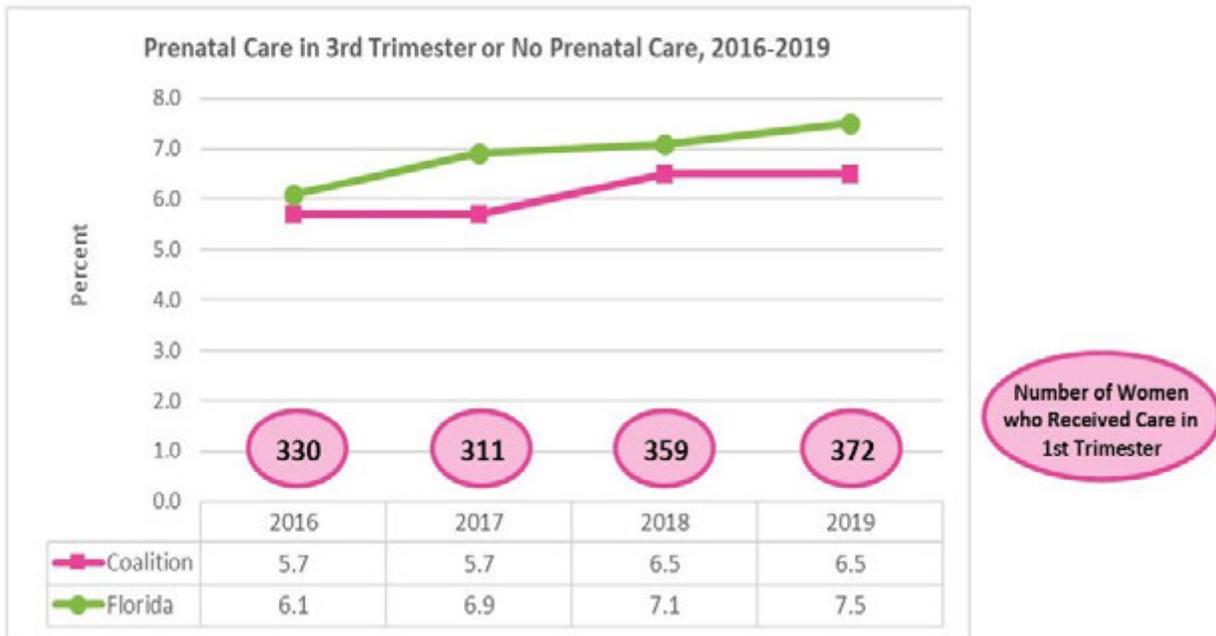
There is variation by race in prenatal care in the first trimester, as the Coalition has slight differences in first trimester entry to prenatal care in all counties and for all races. The Coalition falls below the state for first trimester entry to prenatal care for White and Other races, while it exceeds the state's percentage for Black races.

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

The Coalition area falls below the state rate for Hispanic first trimester entry to prenatal care (75.5 percent compared to 76.1 percent). However, the Coalition area exceeds the state rate for non-Hispanic first trimester entry to prenatal care (76.8 percent compared to 75.7 percent). Nearly all counties within the Coalition area are on par with the state’s percentage of first trimester entry to care, with the exception of Citrus County, where the Hispanic, non-Hispanic, and total percent of first trimester entry to care falls below the Coalition, state, and Healthy People 2030 goal.



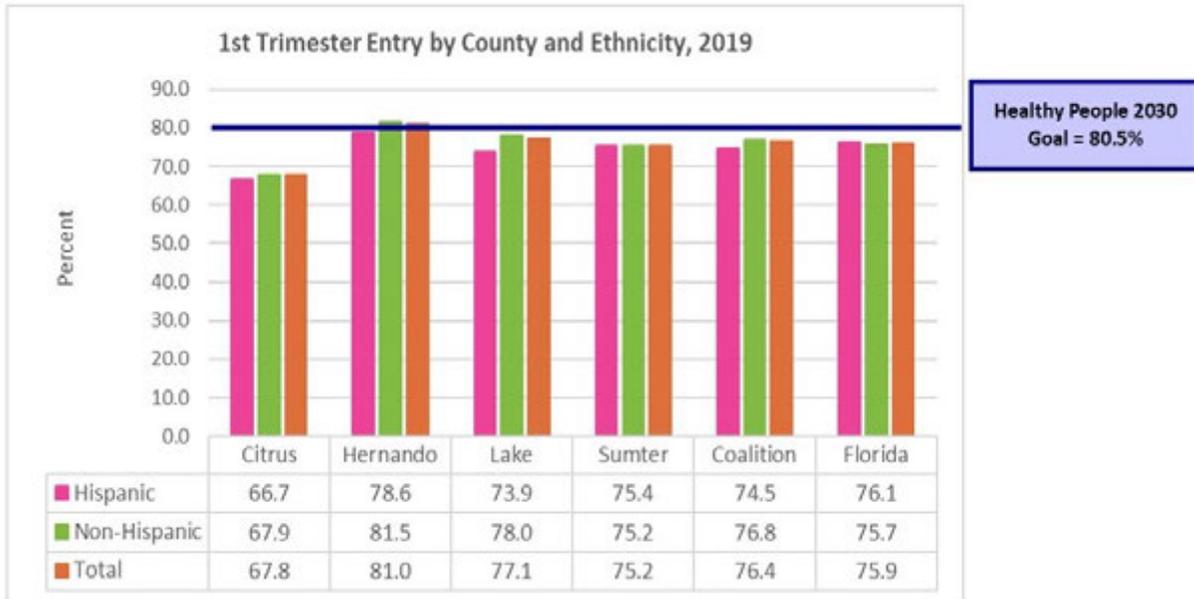
SOURCE: Florida Health CHARTS, www.flhealthcharts.com



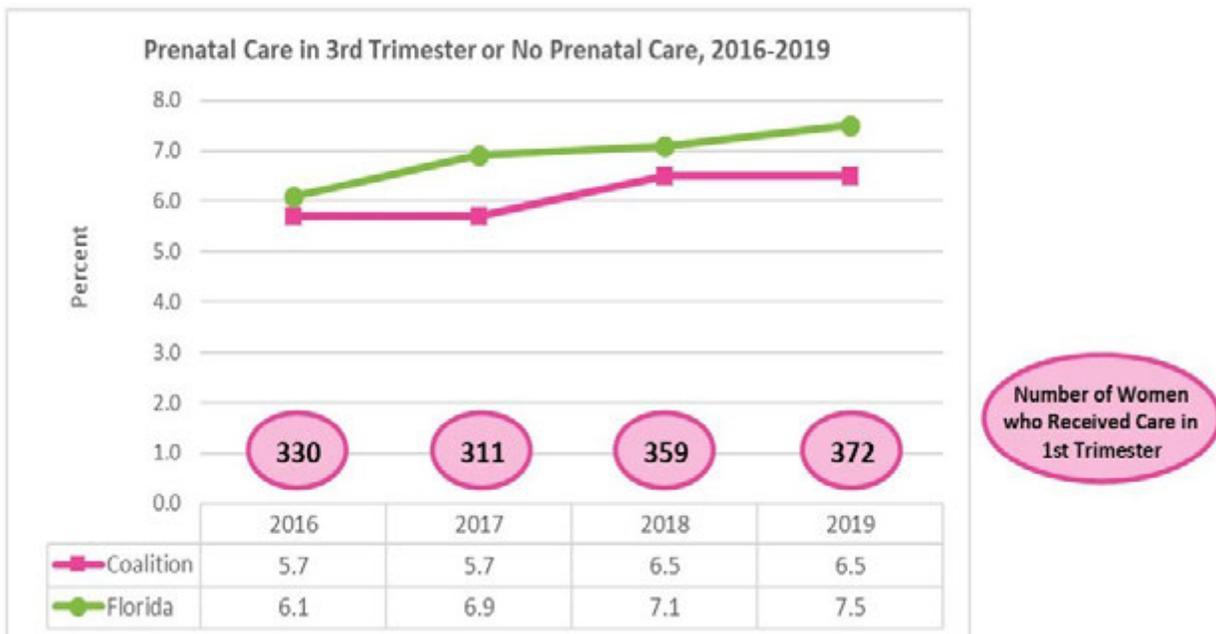
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

The Coalition area falls below the state rate for Hispanic first trimester entry to prenatal care (75.5 percent compared to 76.1 percent). However, the Coalition area exceeds the state rate for non-Hispanic first trimester entry to prenatal care (76.8 percent compared to 75.7 percent). Nearly all counties within the Coalition area are on par with the state's percentage of first trimester entry to care, with the exception of Citrus County, where the Hispanic, non-Hispanic, and total percent of first trimester entry to care falls below the Coalition, state, and Healthy People 2030 goal.

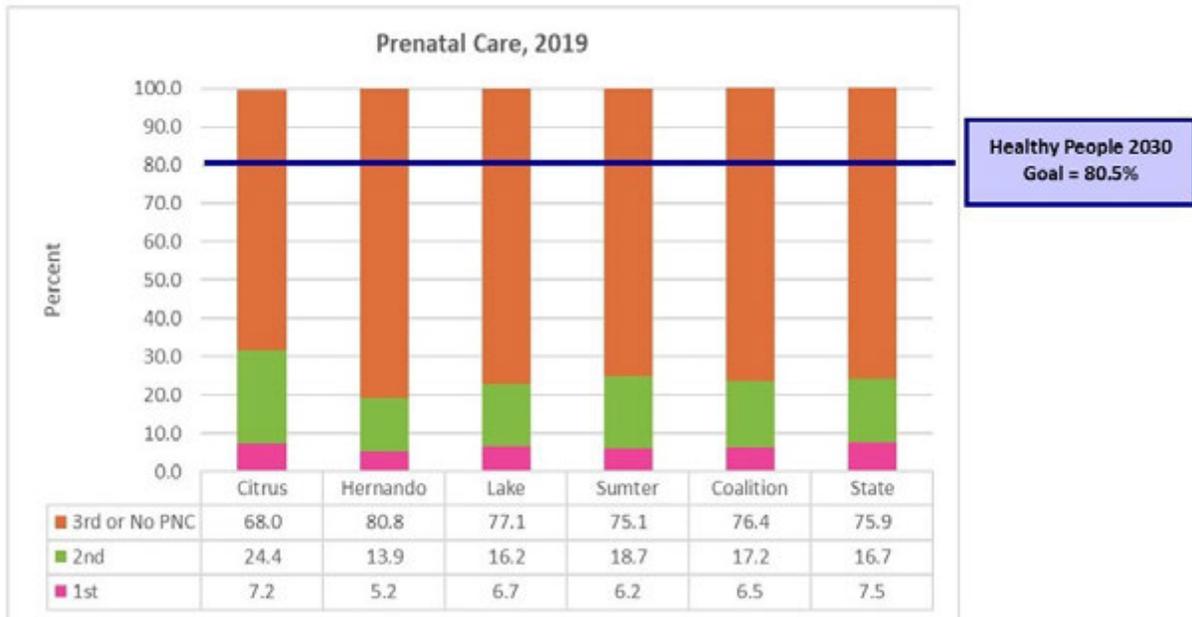


SOURCE: Florida Health CHARTS, www.flhealthcharts.com



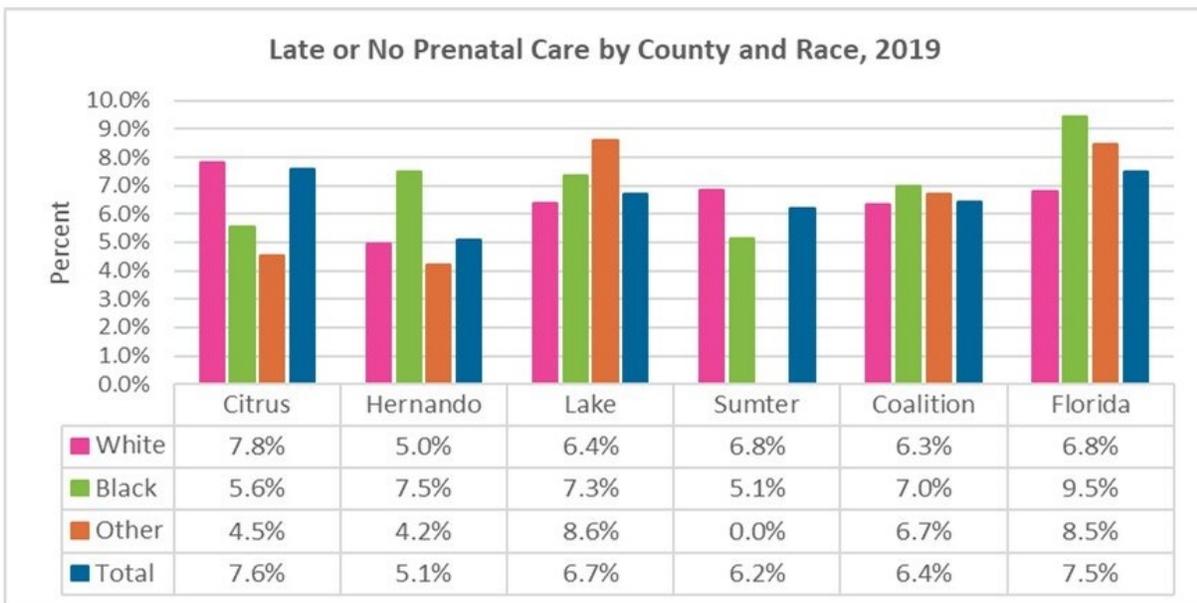
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

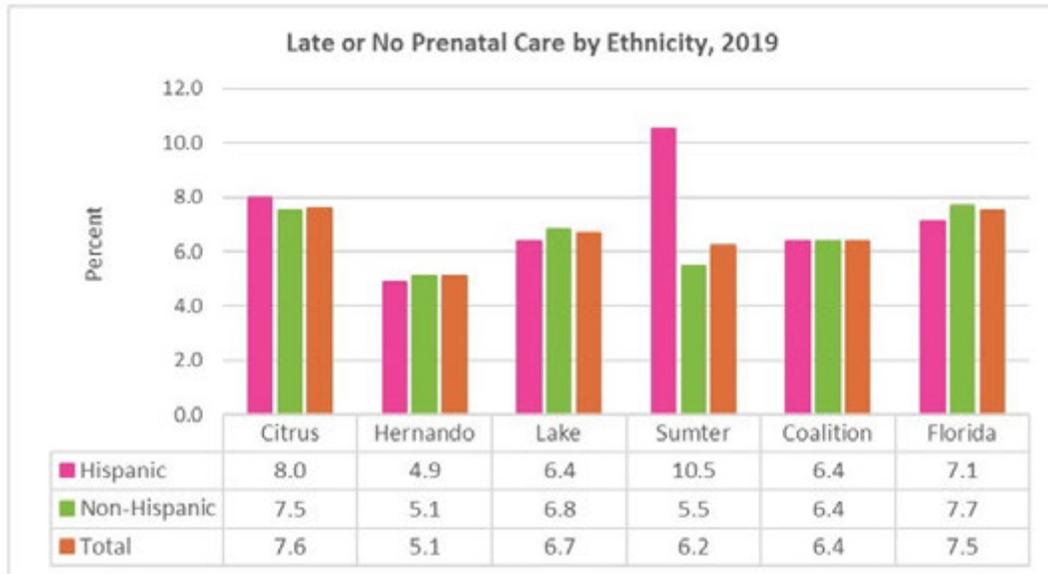
The total number of pregnant women who have late entry into prenatal care or no prenatal care is highest in Citrus County (7.2 percent) compared to the Coalition (6.5 percent) and the state (7.5 percent). Citrus County also has the highest percentage of White women (7.8 percent) who have late entry into prenatal care or no prenatal care compared to the Coalition (6.3 percent) and the state (6.8 percent). Hernando County has the highest percentage of Black women (7.3 percent) who have late entry into prenatal care or no prenatal care compared to the Coalition (7.0 percent) and the state (9.5 percent).



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

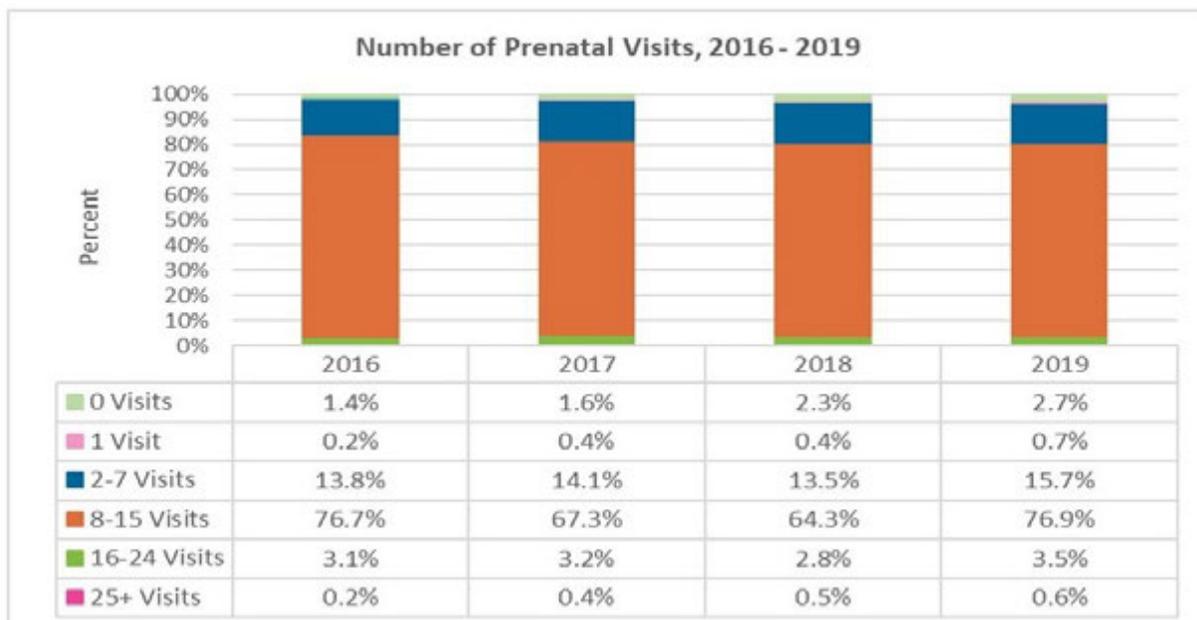
FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

The Coalition area fell below the state’s percentage of late or no prenatal care in 2019 (6.4 percent compared to 7.1 percent, respectively). However, Citrus County exceeded the state’s percentage for Hispanic and total number of women who have late or no prenatal care. Sumter County had the highest percentage within the Coalition of Hispanic women (10.5 percent) who have late or no prenatal care.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

In 2019, the majority of pregnant women in the Coalition area had 8-15 prenatal visits during their pregnancy (76.9 percent). The number of prenatal visits increased from 76.7 percent in 2016 but declined in 2017 (67.3 percent) and 2018 (64.3 percent). Pregnant women who had 25 or more prenatal visits slightly increased from 0.2 percent in 2016 to 0.6 percent in 2019.



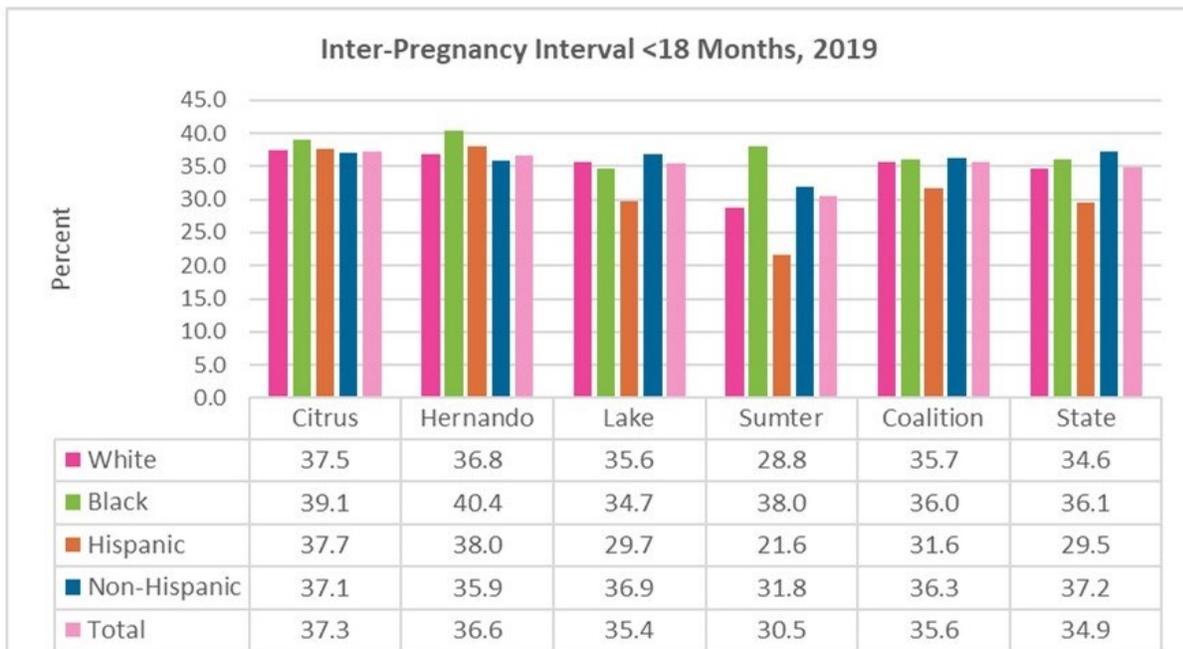
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

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.

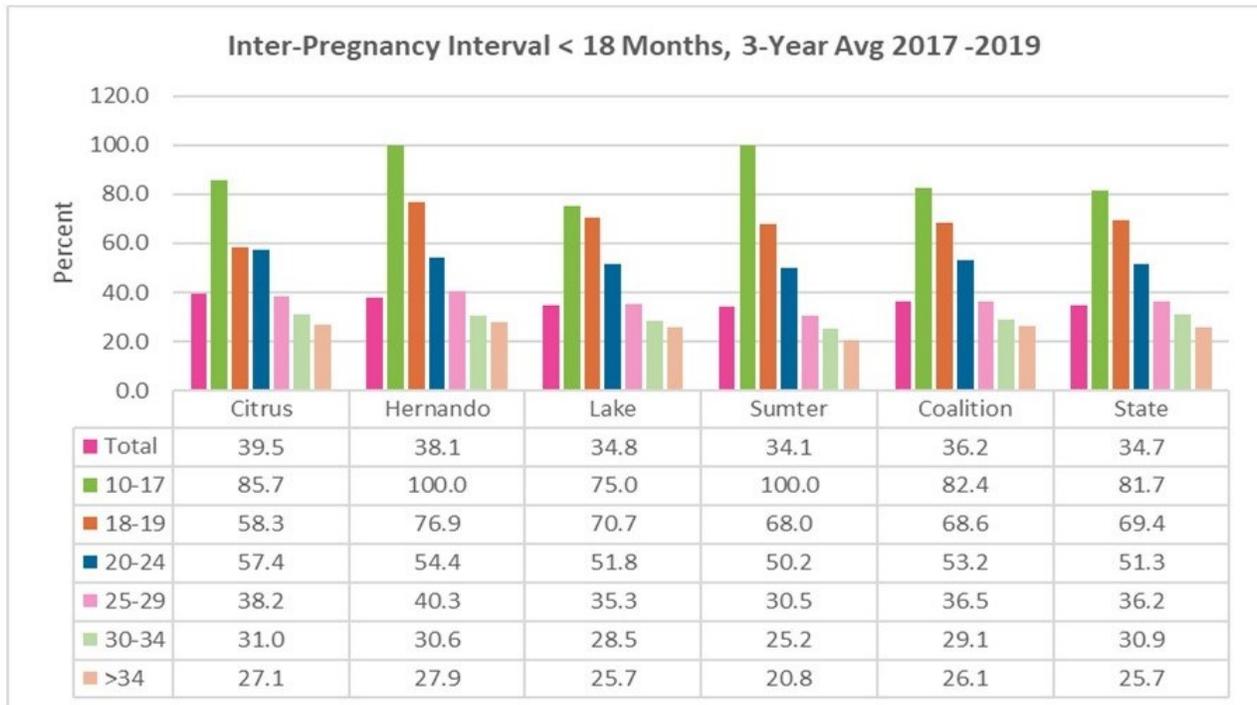
Citrus County has the highest percentage of women with an inter-pregnancy interval less than 18 months (37.3 percent). The Black inter-pregnancy interval less than 18 months is higher in Citrus County than most other counties in the Coalition area and higher than the state’s rate (39.1 percent and 36.1 percent, respectively). Hernando County has the highest percentage of Black women with an inter-pregnancy interval less than 18 months (40.4 percent). Overall, Black women within the Coalition area had the highest inter-pregnancy interval of less than 18 months.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

Data indicates that within the 2017-2019 three-year time period, women between the ages 10-17 and 18-19 most frequently experienced an inter-pregnancy interval of less than 18 months. On average, the Coalition's inter-pregnancy interval of less than 18 months was higher than that of the state for almost all age groups.



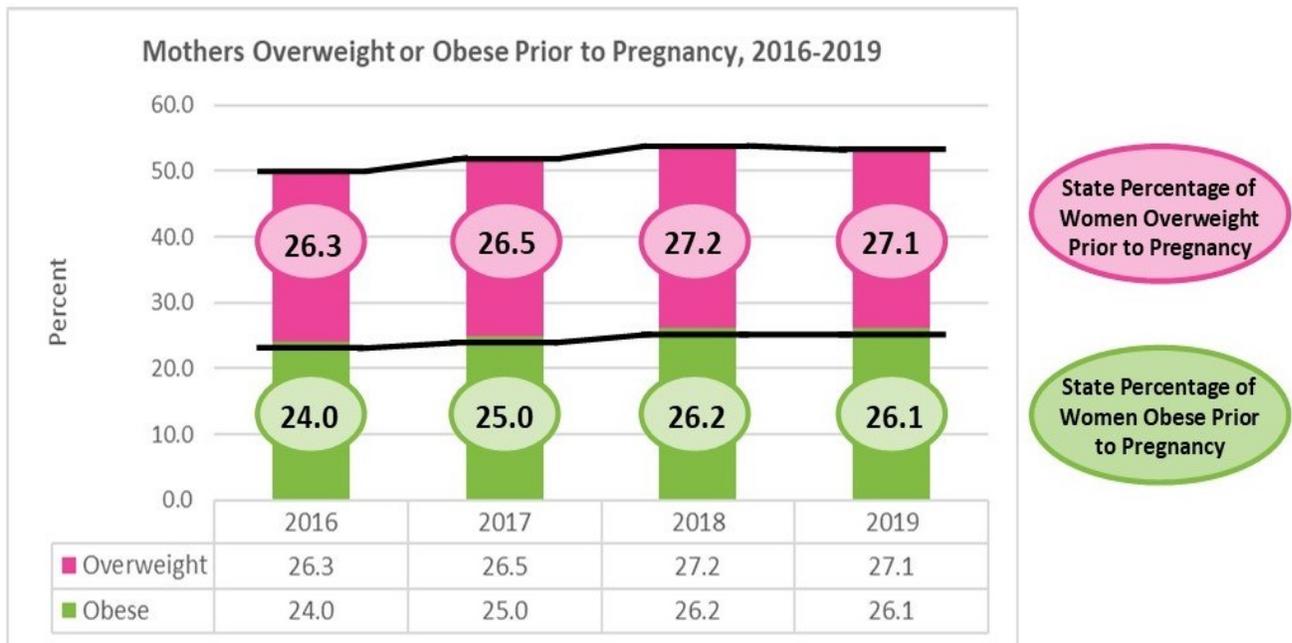
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

BMI PRIOR TO PREGNANCY (OVERWEIGHT/OBESE)

The pre-pregnancy 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.

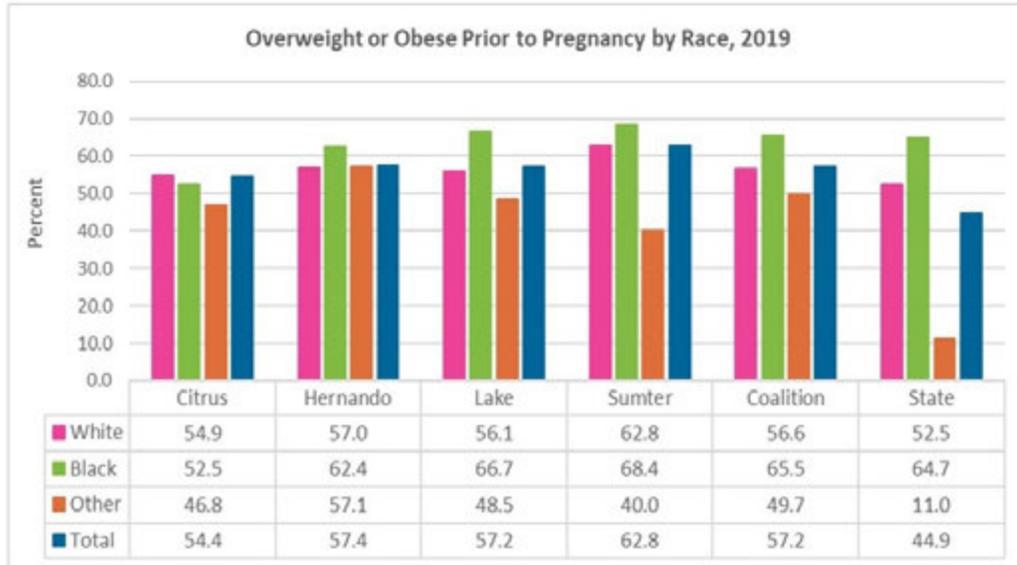
Mothers who were overweight or obese prior to pregnancy in the Coalition area have increased since 2016. In 2016, 26.3 percent of mothers were overweight prior to pregnancy compared to 27.6 percent in 2019. In 2016, 24.0 percent of mothers were obese compared to 27.1 percent of mothers who were obese prior to pregnancy in 2019.



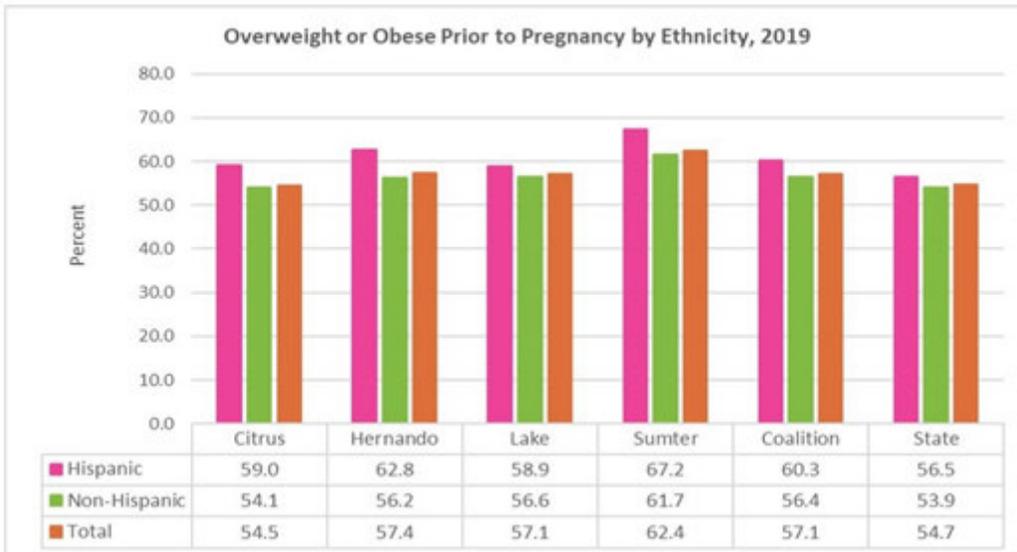
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

Sumter County has the greatest percentage of overweight or obese women prior to pregnancy (62.8 percent) compared to the Coalition (57.2 percent) and the state (44.9 percent). Black overweight or obese mothers is also highest in Sumter County (68.4 percent). However, White overweight or obese mothers are substantially higher in Citrus County (62.8 percent).



SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

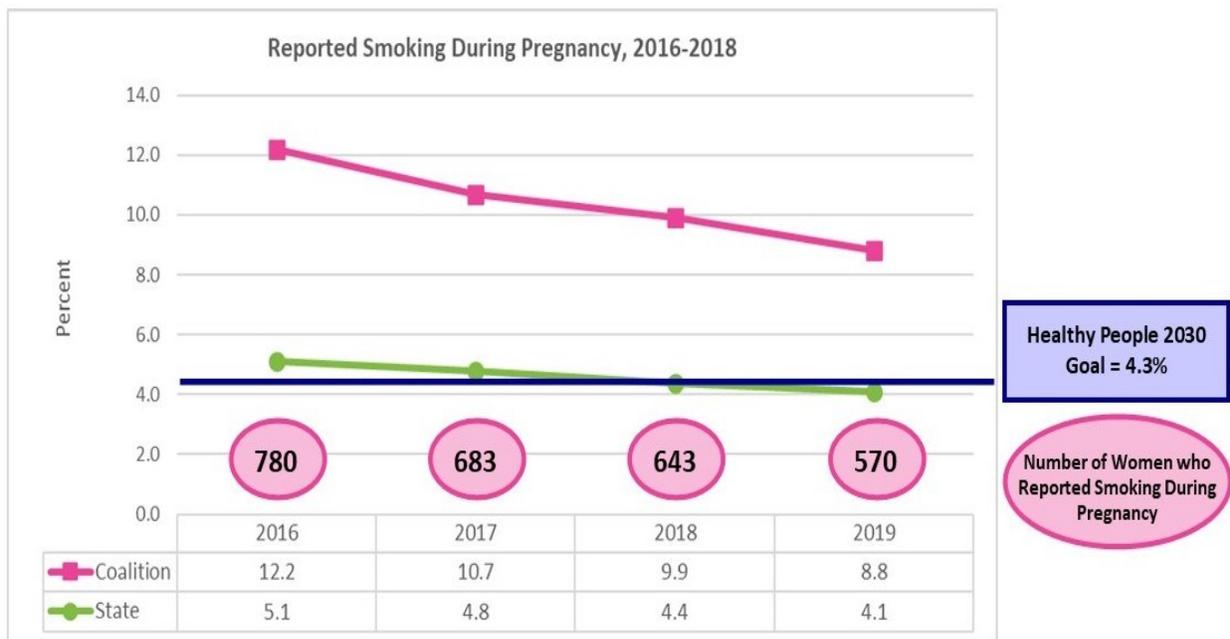
Sumter County has the greatest percentage of overweight or obese Hispanic women prior to pregnancy (67.2 percent) compared to the Coalition (60.3 percent) and the state (56.5 percent). Comparatively, 61.7 percent of non-Hispanic women in Sumter County are obese or overweight, while 56.4 percent of non-Hispanic women in the Coalition and 53.9 percent in the state are obese or overweight. Hernando County has the second highest percentage of overweight or obese Hispanic women prior to pregnancy in the Coalition (62.8 percent).

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

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.

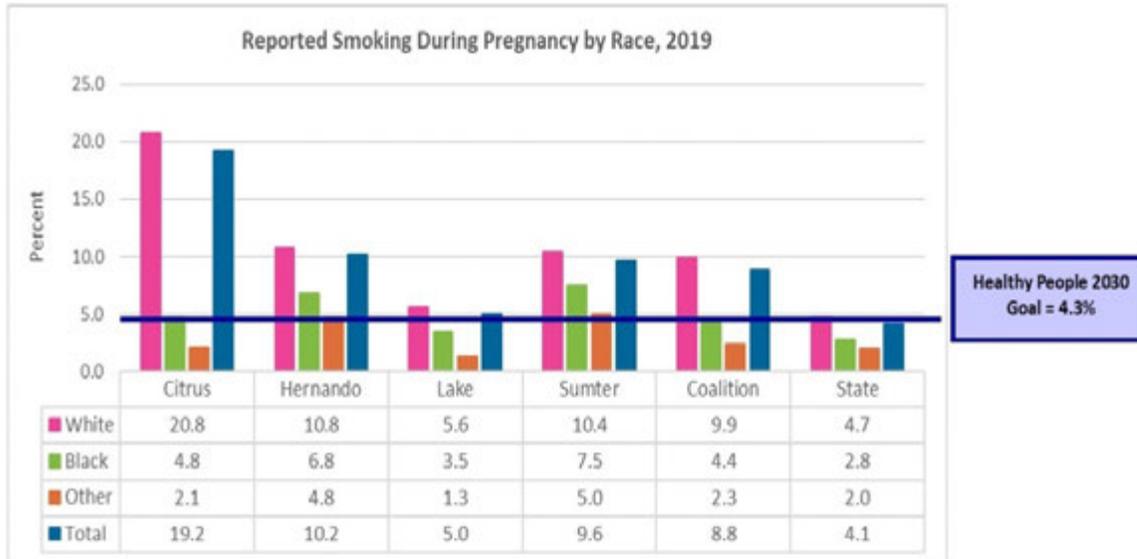
Reported smoking during pregnancy is unacceptably high in the four counties of the Coalition area. In 2016, 12.2 percent of mothers in the Coalition area reported smoking during pregnancy compared to 5.1 percent in the state. In 2019, 8.8 percent of mothers in the Coalition area reported smoking during pregnancy compared to 4.1 percent in the state. The Healthy People 2030 goal is 4.3 percent.



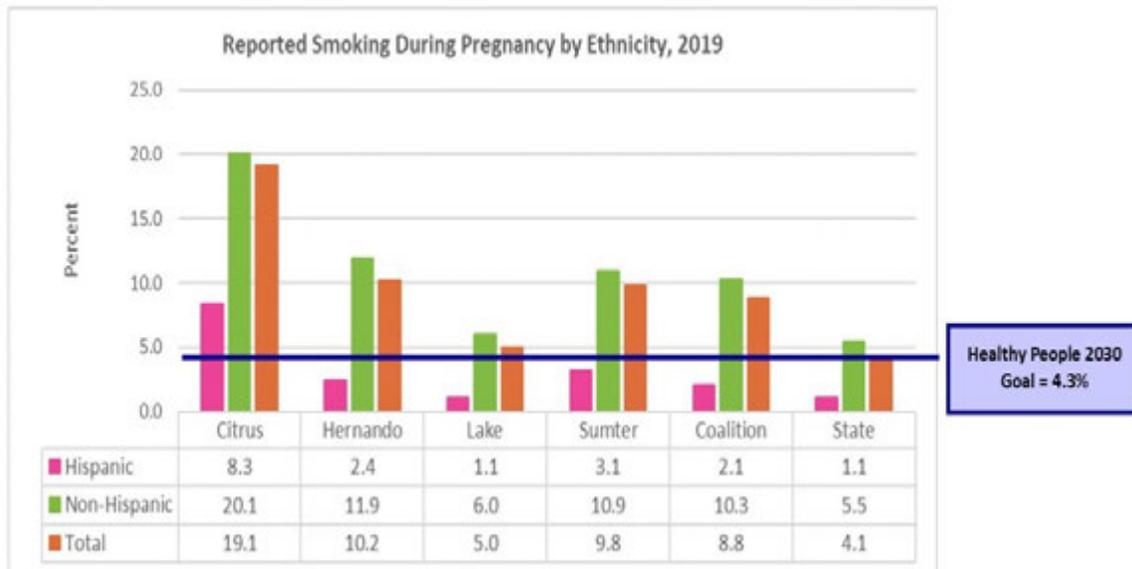
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

The percentage of women who reported smoking during pregnancy in the Coalition area (8.8 percent) was nearly double that of the state (4.1 percent) in White and Black populations. Citrus County had the highest percentage of White women (20.8 percent) who reported smoking during pregnancy in 2019. Sumter County had the highest percentage of Black women (7.5 percent) who reported smoking during pregnancy in 2019.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

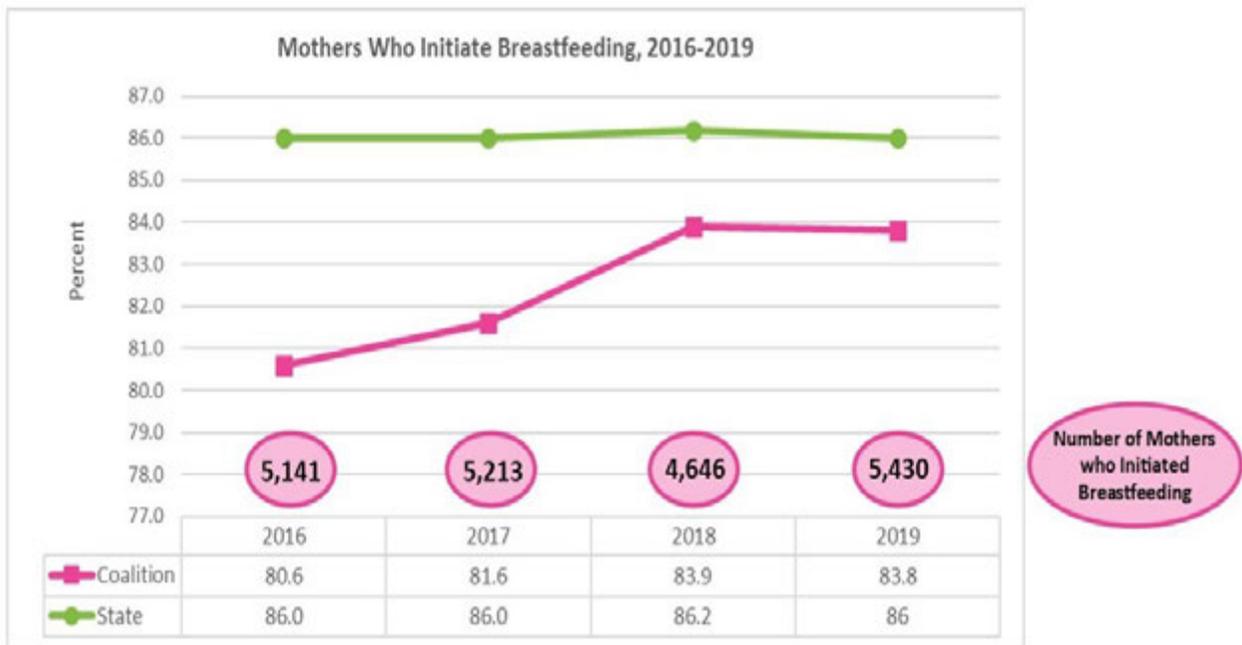
The percentage of Hispanic women who reported smoking during pregnancy in the Coalition area (2.1 percent) was nearly double that of the state (1.1 percent). The percentage of non-Hispanic women who reported smoking during pregnancy in the Coalition area (10.3 percent) was also nearly double that of the state (5.5 percent). Citrus County had the highest percentage of Hispanic women (8.3 percent) and non-Hispanic women (20.1 percent) who reported smoking during pregnancy in 2019.

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

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 their infants.

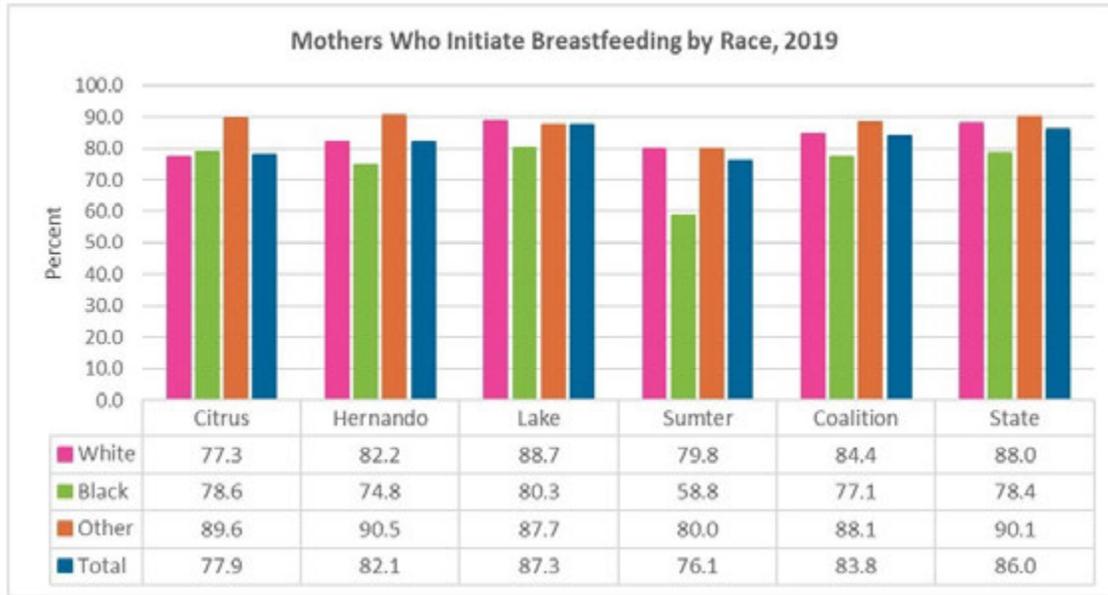
The number of mothers who initiated breastfeeding in the Coalition area has increased since 2016. In 2016, 80.6 percent of mothers initiated breastfeeding in the Coalition area. In 2019, 83.8 percent of mothers initiated breastfeeding. However, the total number of mothers who initiated breastfeeding in the Coalition area is slightly less than the number of mothers in the state (86.0 percent compared to 83.8 percent in 2019).



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

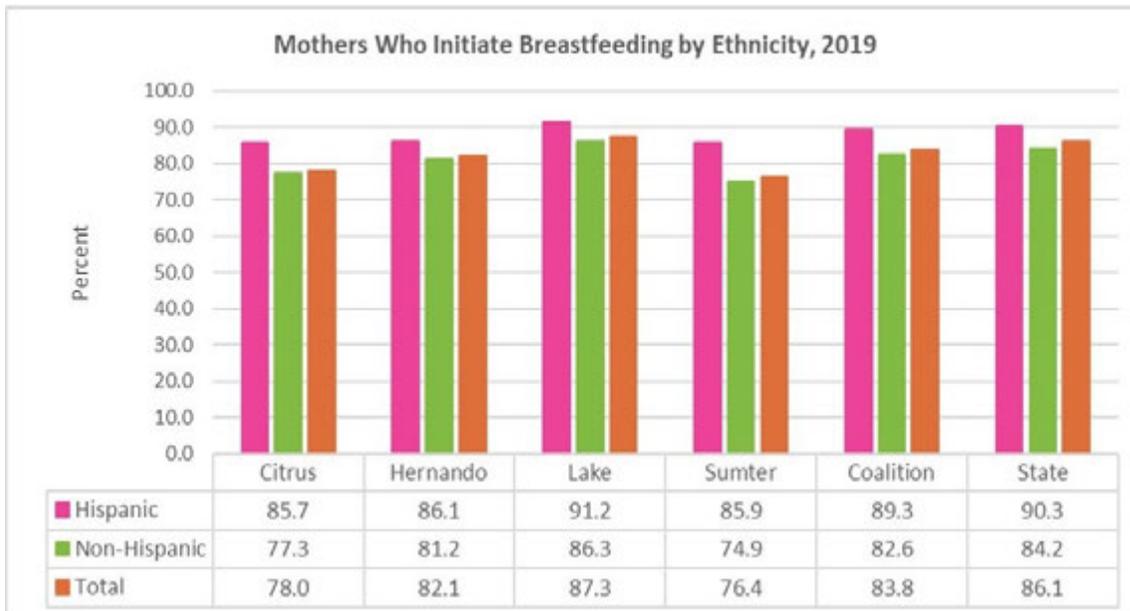
FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

Across all four counties in the Coalition, mothers who initiate breastfeeding varies by race. Women of Other races in Hernando County have the highest percentage of breastfeeding initiation (90.5 percent), while Black women in Sumter County have the lowest percentage breastfeeding initiation (58.8 percent). Overall, the Coalition has lower percentages of breastfeeding initiation compared to the state's percentages.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

The percentage of Hispanic women who initiate breastfeeding in the Coalition area (89.3 percent) is slightly lower than the state (90.3 percent). The percentage of non-Hispanic women who initiate breastfeeding in the Coalition area (82.6 percent) is also lower than the state (84.2 percent). Lake County had the highest percentage of Hispanic women who initiate breastfeeding (91.3 percent), while Sumter County had the lowest percentage of non-Hispanic women who initiated breastfeeding (74.9 percent).



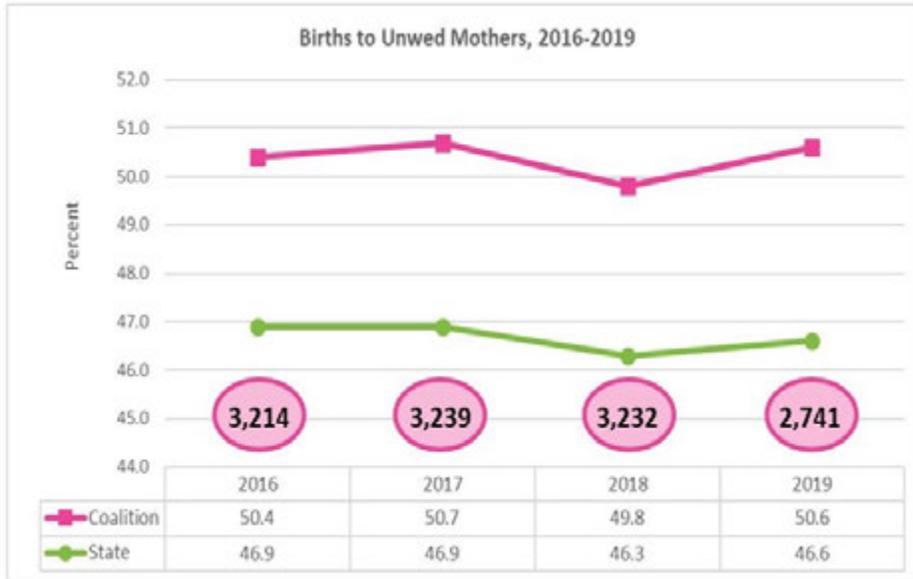
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

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.

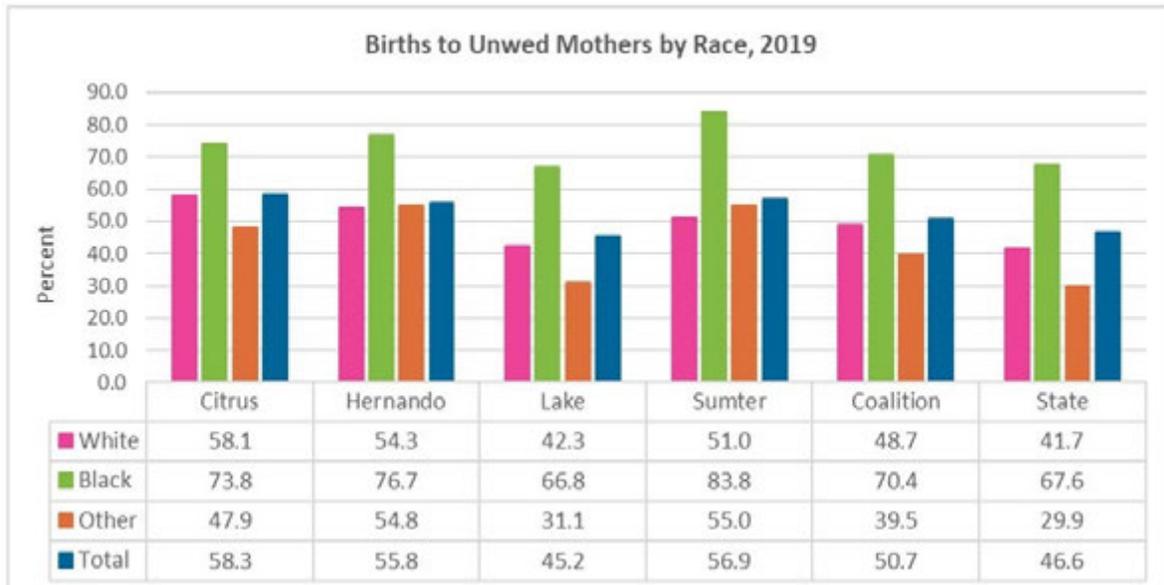
Births to unwed mothers in the Coalition area have been fairly steady for the last four years (50.4 percent in 2016 compared to 50.6 percent in 2019), but are still higher than the percentage of births to unwed mothers in the state (46.9 percent in 2016 compared to 46.6 percent in 2019).



Number of Births to Unwed Mothers

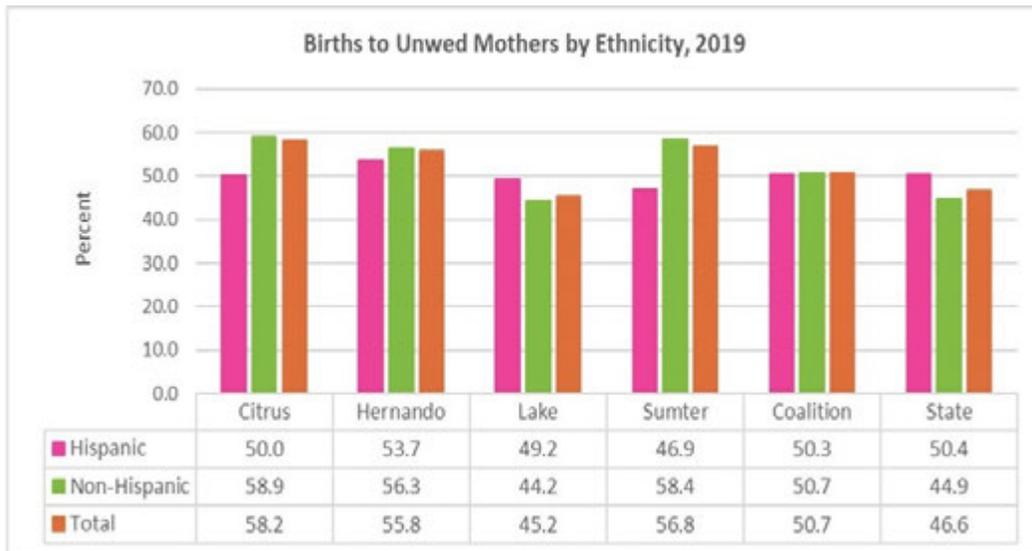
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

A disparity between Black births to unwed mothers and White/Other births to unwed mothers exists in all counties of the Coalition, as there are considerably higher percentages of Black births to unwed mothers than other races.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

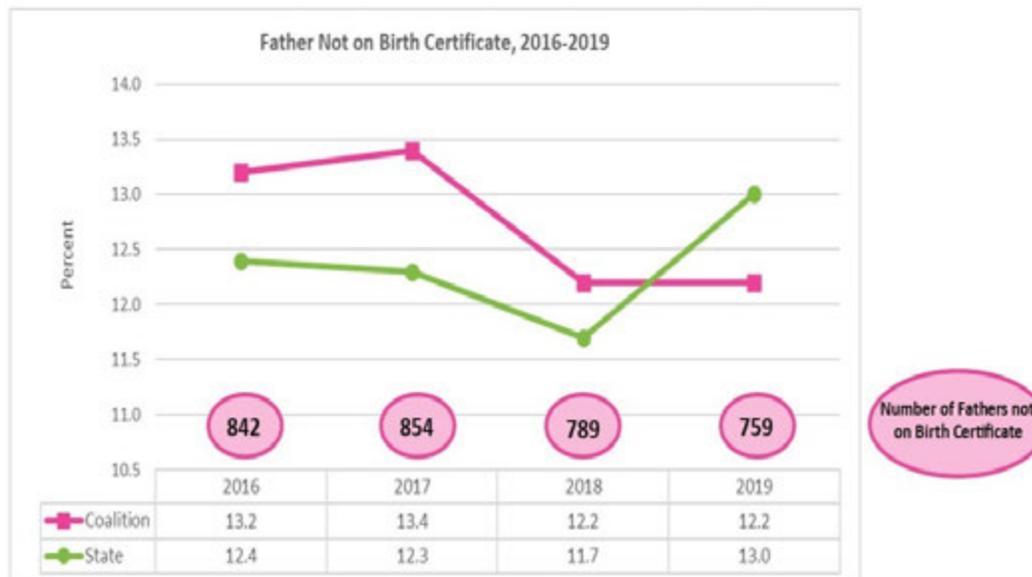


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

When examining the percentage of births to unwed mothers by ethnicity, births to unwed Hispanic women are nearly the same in Coalition’s area (50.3 percent) and the state (50.4 percent). The percentage of births to unwed non-Hispanic women is much higher in the Coalition area (50.7 percent) than the state (44.9 percent). Hernando County had the highest percentage of births to unwed Hispanic women (53.7 percent), while Lake County had the lowest percentage of births to unwed non-Hispanic women (44.2 percent).

FATHER NOT ON BIRTH CERTIFICATE

The percentage of births in which the father is not on the birth certificate have been on a declining trend between 2016-2018 in the Coalition’s area and in the state. However, in 2019, the Coalition’s percentage of births which the father was not on the birth certificate remained the same (12.2 percent), while the state’s percentage increased (11.7 percent to 13.0 percent).



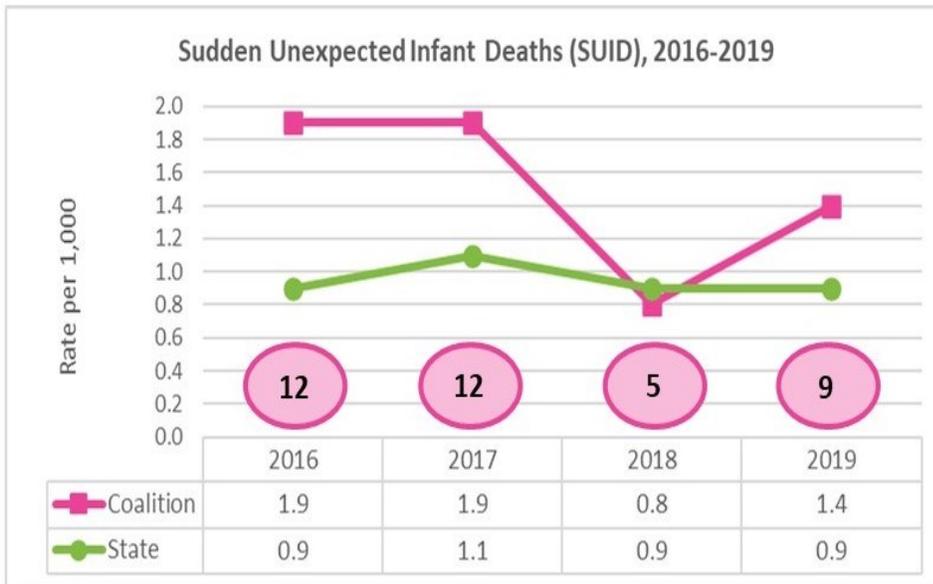
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

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.

From 2008 to 2012, the Coalition area experienced a slight decrease in SUID rates (1.9 per 1,000 births in 2016 and 1.4 per 1,000 in 2019). This was slightly higher than the state's rate of 0.9 per 1,000 births in 2016 and 2019.

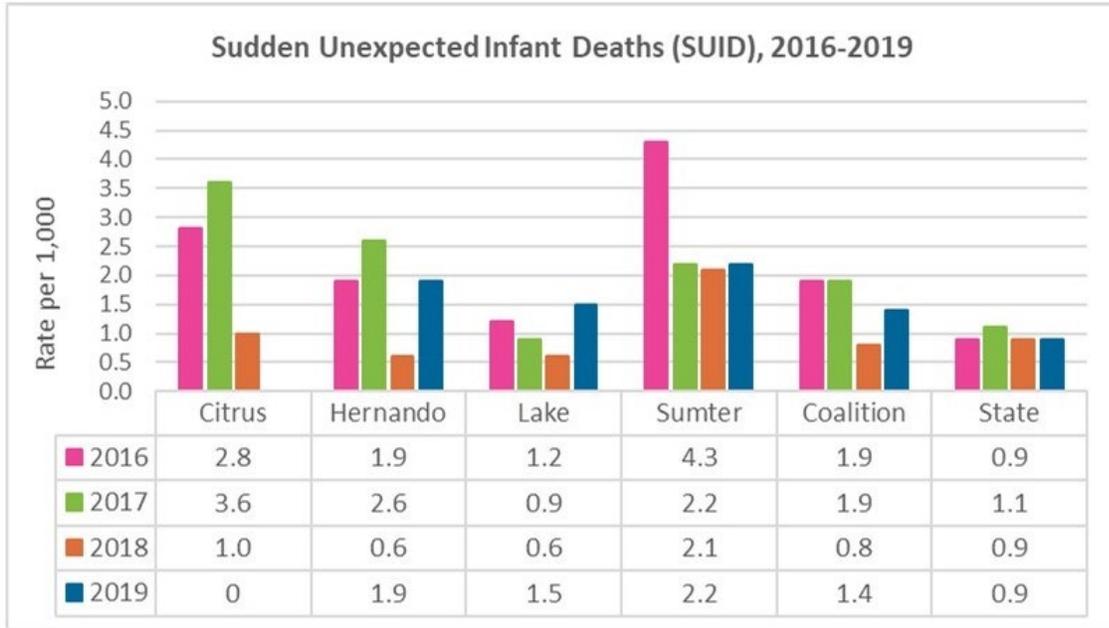


Number of Coalition Sudden Unexpected Infant Deaths

SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

Between 2016-2019, the Coalition had higher rates of SUID than the state, except in 2018. In 2019, Sumter, Hernando, and Lake counties had higher rates of SUID than the state (2.2 per 1,000, 1.9 per 1,000, and 1.5 per 1,000, respectively); comparatively, Citrus County's SUID rate was 0 per 1,000.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

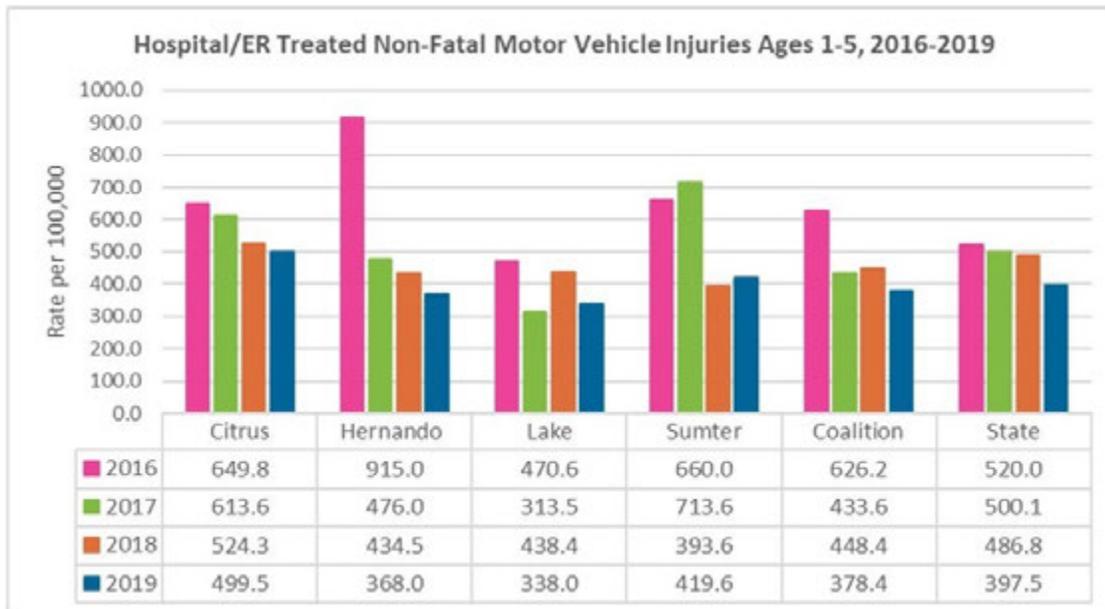
FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

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, 2016-2019								
	2016		2017		2018		2019	
	Number	Rate per 100,000						
Citrus	36	649.8	34	613.6	30	524.3	29	499.5
Hernando	76	915.0	41	476.0	38	434.5	33	368.0
Lake	79	470.6	54	313.5	76	438.4	60	338.0
Sumter	16	660.0	18	713.6	10	393.6	11	419.6
Coalition	207	626.2	147	433.6	154	448.4	133	378.4
State	5,804	520.0	5,662	500.1	5,605	486.8	4,600	397.5

SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

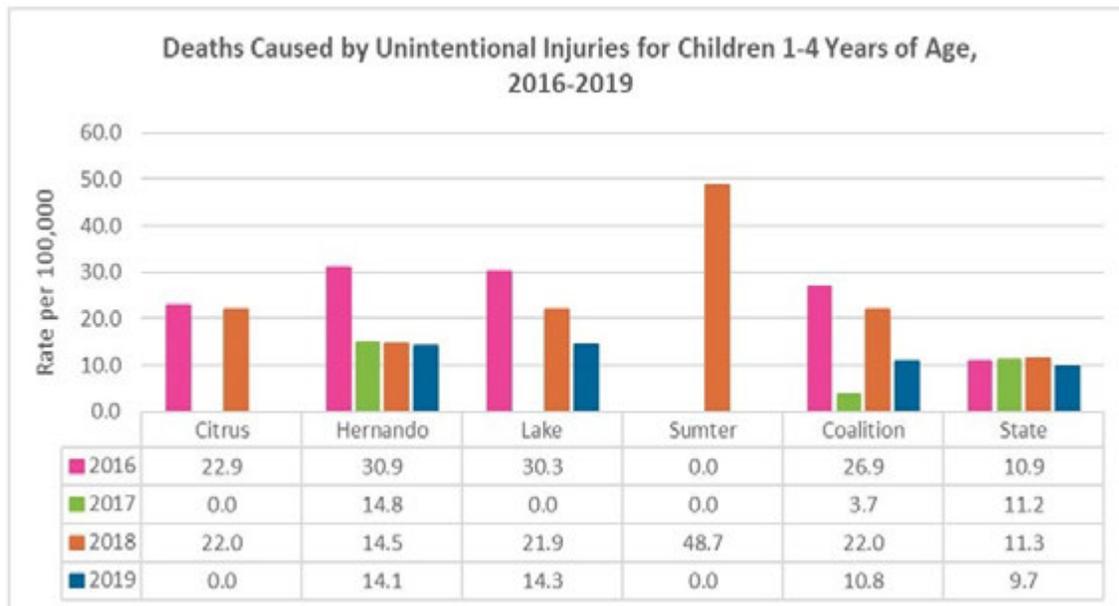
Between 2016-2019, the rate of hospital/ER treated non-fatal motor vehicle injuries for children ages 1-5 have been on a downward trend; additionally, the Coalition's rate has been below the state's since 2017.

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

Deaths caused by unintentional injuries for children 1-4 years of age have been variable in the Coalition area from 2016 to 2019 (26.9 per 100,000 and 10.8 per 100,000, respectively). Some counties in the Coalition area had a rate of 0 deaths per 100,000 between 2016-2019. Overall, deaths caused by unintentional injuries for children 1-4 were higher than the state for each year between 2016-2019, excluding 2017.

Deaths Caused by Unintentional Injuries for Children 1-4 Years of Age, 2016-2019				
	2016	2017	2018	2019
Citrus	22.9	0.0	22.0	0.0
Hernando	30.9	14.8	14.5	14.1
Lake	30.3	0.0	21.9	14.3
Sumter	0.0	0.0	48.7	0.0
Coalition	26.9	3.7	22.0	10.8
State	10.9	11.2	11.3	9.7

SOURCE: Florida Health CHARTS, www.flhealthcharts.com



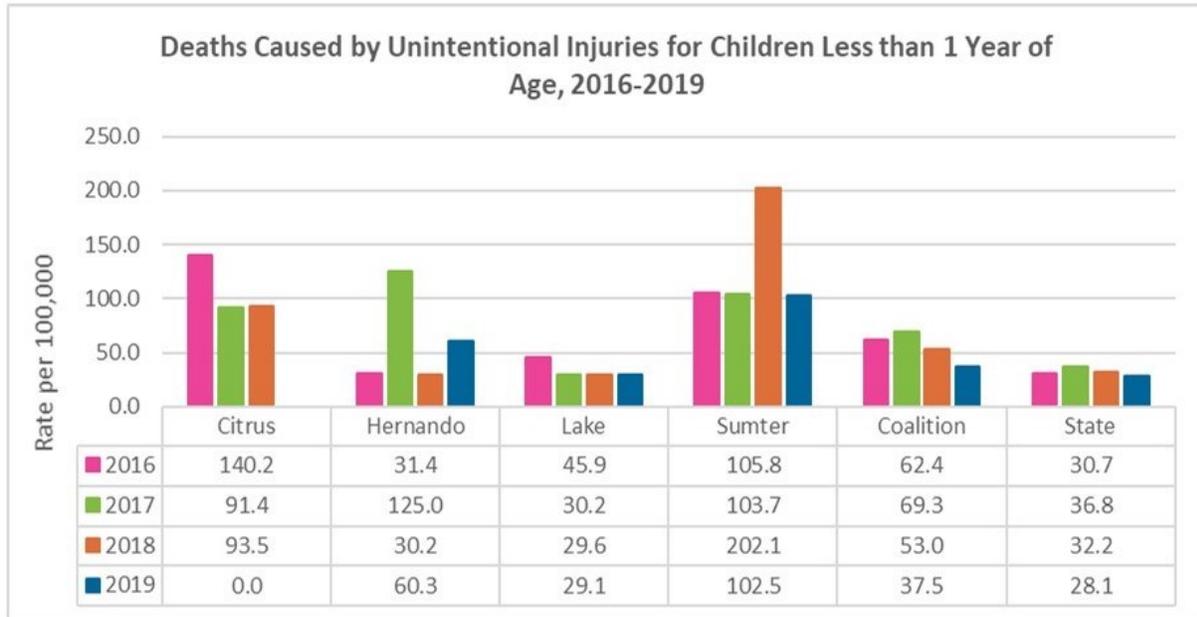
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

Deaths caused by unintentional injuries for children less than 1 year of age have been variable in the Coalition area from 2016 to 2019 (62.4 in 2016 to 37.5 in 2019, respectively). Overall, deaths caused by unintentional injuries for children less than 1 year of age were higher than the state between 2016-2019. During the four year time period, some counties experienced spikes in deaths caused by unintentional injuries for children less than 1 year of age, while others experienced a downward trend.

Deaths Caused by Unintentional Injuries for Children Less Than 1 Year of Age, 2016-2019				
	2016	2017	2018	2019
Citrus	140.2	91.4	93.5	0.0
Hernando	31.4	125.0	30.2	60.3
Lake	45.9	30.2	29.6	29.1
Sumter	105.8	103.7	202.1	102.5
Coalition	62.4	69.3	53.0	37.5
State	30.7	36.8	32.2	28.1

SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

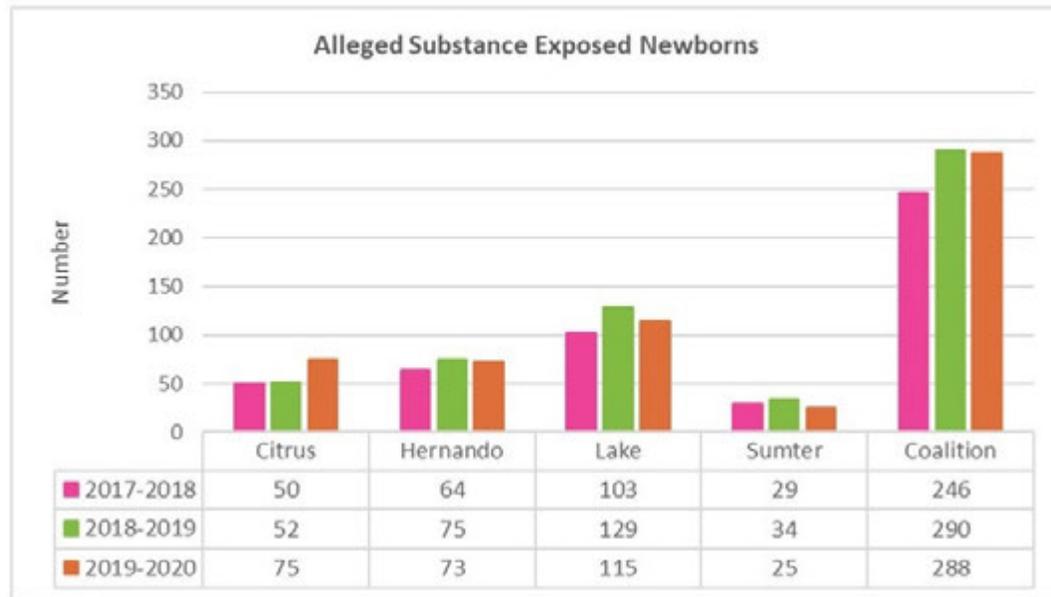
FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

SUBSTANCE EXPOSED NEWBORNS & NEONATAL ABSTINENCE SYNDROME

The number of alleged substance exposed newborns has been variable throughout the Coalition’s area since 2017. However, caution should be used when examining total numbers as compared to rates.

Alleged Substance Exposed Newborns			
	2017-2018	2018-2019	2019-2020
Citrus	50	52	75
Hernando	64	75	73
Lake	103	129	115
Sumter	29	34	25
Coalition	246	290	288

Source: <https://www.myflfamilies.com/programs/childwelfare/dashboard/alleged-maltreatments.shtml>



Source: <https://www.myflfamilies.com/programs/childwelfare/dashboard/alleged-maltreatments.shtml>

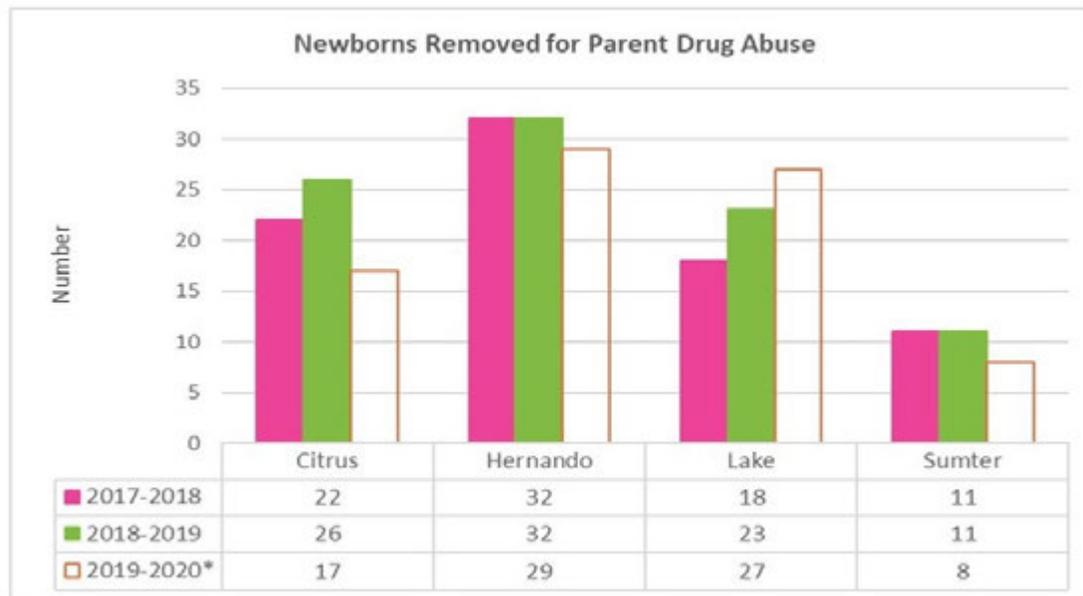
FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

The number of newborns removed for parent drug abuse has been variable throughout the Coalition’s area since 2017. However, caution should be used when examining total numbers as compared to rates. Additionally, the data for 2019-2020 is only up to date until August 13, 2020.

Newborns Removed for Parent Drug Abuse			
	2017-2018	2018-2019	2019-2020
Citrus	22	26	17
Hernando	32	32	29
Lake	18	23	27
Sumter	11	11	8
Coalition	83	92	81

2019-2020 numbers are through August 13, 2020 when the data was pulled.

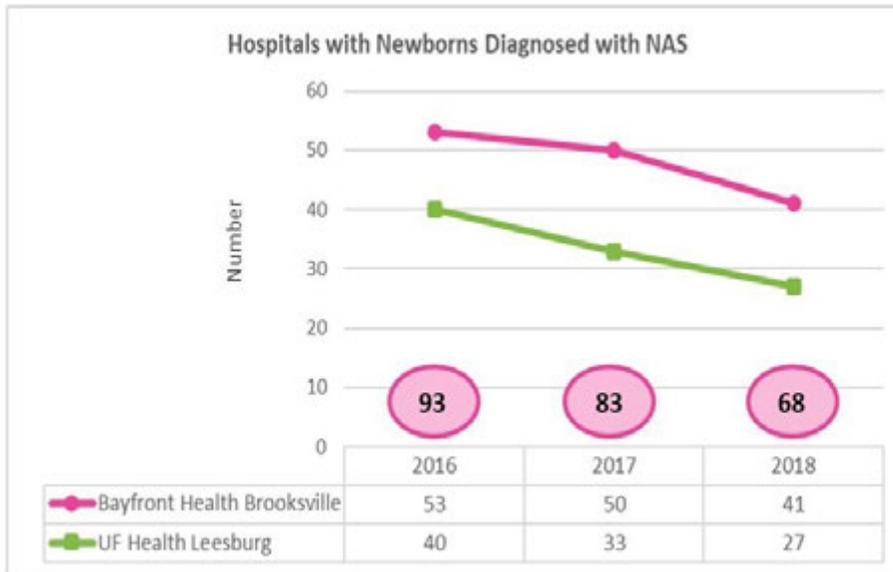
Source: <https://www.myflfamilies.com/programs/childwelfare/dashboard/alleged-maltreatments.shtml>



2019-2020 numbers are through August 13, 2020 when the data was pulled.

Source: <https://www.myflfamilies.com/programs/childwelfare/dashboard/alleged-maltreatments.shtml>

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS



Total Number of NAS Babies Diagnosed at Two of the Hospitals in our Service Area

Data is only available for hospitals with 30 or more newborns diagnosed with NAS.

Source: https://bi.ahca.myflorida.com/t/FLMedicaid/views/QualityandPerformanceMeasuresDashboardSeries-20190923/NASHospitalandHealthPlan?iframeSizedToWindow=true&%3Aembed=y&%3AshowAppBanner=false&%3Adisplay_count=no&%3AshowVizHome=n

The number of newborns diagnosed with NAS has decreased since 2016. However, caution should be used when examining total numbers as compared to rates.

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:

- Overall, the percentage of mothers receiving prenatal care in their first trimester has decreased in the Coalition area since the 2009-2013 service delivery plan. In 2012, 79.2 percent of pregnant women received care in the first trimester. In 2019, 76.4 percent of pregnant women received care in the first trimester.
- In 2012, the percentage of women with interpregnancy intervals less than 18 months was higher than the state's percentage (35.3 percent) for all four of our counties. In 2019, the percentage of women with interpregnancy intervals less than 18 months was higher than the state's percentage (34.9 percent) for three out of our four counties. Sumter County is the only one that sits below the state's percentage at 30.5 percent.
- Mothers who reported smoking during pregnancy has decreased. In 2012, 13.6 percent of mothers reported smoking during pregnancy compared to the 8.8 percent in 2019. However, even with the decrease the Coalition remains almost double the state (8.8 percent compared to 4.1 percent for the state) in 2019.
- The percentage of mothers who initiated breastfeeding has increased since 2012 (72.1 percent in 2012 compared to 83.8 percent in 2019). However, in 2019, the percentage is still less than the percentage of mothers in the state who initiated breastfeeding (83.8 percent in the Coalition compared to 86.0 percent in the state).
- Births to unwed mothers in the Coalition increased from 2012 to 2019 (47.1 percent to 50.6 percent, respectively). 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 decreased since 2012 (15.5 percent in 2012 to 12.2 percent in 2019). Although the Coalition percentage has decreased, it still remained above the state's percentage in 2016, 2017 and 2018. In 2019, the Coalition percentage fell below the state's percentage (12.2 percent for the Coalition compared to the state's percentage of 13.0).
- The Coalition's sudden unexpected infant death rate slightly increased from 1.2 percent in 2012 to 1.4 percent in 2019. The Coalition rate fell below the state's rate in 2018 (0.8 for the Coalition and 0.9 for the state) but unfortunately jumped back up in 2019 while the state's rate remained the same (1.4 for the Coalition and 0.9 for the state).



CONSUMER AND PROVIDER INPUT

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, contracted service providers, prenatal care providers, postnatal providers, and pediatric providers.

A total of seven surveys were developed and disseminated:

- Partner Agency Survey
- General Healthy Start Survey
- Healthy Start Participant Survey
- Healthy Start Contracted Service Provider Survey
- Prenatal Health Care Provider Survey
- Postnatal Health Care Provider Survey
- Pediatric Health Care Provider Survey

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

PARTNER AGENCY SURVEY

A total of 148 community agency/organization/partner surveys were collected. The survey responses are summarized in the tables that follow. Questions one through four were specific to the person completing the survey. Survey responses start with question five.

Question #5 -- Please select the county (ies) to which you provide services.		
	Response Percent	Response Count
Alachua County	6.8%	10
Bradford County	2.0%	3
Citrus County	36.5%	54
Columbia County	2.7%	4
Dixie County	9.5%	14
Gilchrist County	9.5%	14
Hamilton County	2.0%	3
Hernando County	16.2%	24
Lafayette County	2.0%	3
Lake County	47.3%	70
Levy County	12.8%	19
Marion County	25.7%	38
Putnam County	2.0%	3
Sumter County	38.5%	57
Suwannee County	2.0%	3
Union County	2.0%	3
Total Respondents		148
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #6 -- Please select the population (s) to which you provide services:		
	Response Percent	Response Count
Pregnant Women	63.3%	93
Parent/Caregiver	72.1%	106
Infants (birth—age 3)	72.1%	106
Preschool (3—5 years)	69.4%	102
School Age (6—10 years)	62.6%	92
Teens (11—19 Years)	65.3%	96
Total Respondents		147
(skipped this question)		1

Question #7 -- Please select the resources and/or services you provide.		
	Response Percent	Response Count
Adoption Information	14.9%	22
Adult Education	27.0%	40
Breastfeeding Education	28.4%	42
Breast Pumps	14.9%	22
Car Seats	20.3%	30
Childbirth Classes	12.8%	19
Childcare/Preschool	21.6%	32
Cribs/Pack-n-Plays	21.6%	32
Dental Services	12.8%	19
Developmental Evaluation	21.6%	32
Diapers/Wipes	20.3%	30
Domestic Violence	16.9%	25
Employment	10.8%	16
Family Planning	16.9%	25
Food/Clothes	25.7%	38
Home Visiting	27.7%	41
Household Safety Items	14.9%	22
Housing	10.1%	15
Legal Services	4.7%	7
Medicaid Eligibility	14.2%	21
Mental Health	26.4%	39
Parenting Education	37.8%	56
Rent/Utility Assistance	9.5%	14
Shelter	12.8%	19
Tobacco Cessation	14.9%	22
Well Woman Care	13.5%	20
Substance Use Treatment	10.1%	15
Transportation	11.5%	17
Other	40.5%	60
Total Respondents		148
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #8 -- Does your agency/organization engage fathers in services?		
	Response Percent	Response Count
Yes	88.3%	128
No	11.7%	17
Total Respondents		145
(skipped this question)		3

Question #9 -- Do you offer any of the following screenings?		
	Response Percent	Response Count
Substance Exposure	20.5%	23
Depression	35.7%	40
Child Development (ASQ, ASQ-SE, Milestones, etc.)	33.9%	38
Domestic Violence	23.2%	26
Hearing (infant/child)	16.1%	18
IT-HOME	0.0%	0
M-CHAT	1.8%	2
Perceived Stress Test	0.0%	0
Vision (infant/child)	10.7%	12
Other	42.9%	48
Total Respondents		112
(skipped this question)		36

Question #10 -- Do you offer any special programs to the pregnant women and families with young children you serve?		
	Response Percent	Response Count
No	55.2%	80
Yes	45.5%	66
Total Respondents		145
(skipped this question)		3

CONSUMER AND PROVIDER INPUT

Question # 11 -- Which Healthy Start services have you heard about?		
	Response Percent	Response Count
Prenatal Risk Screening	50.0%	70
Infant Risk Screening	50.0%	70
CONNECT (Coordinated Intake & Referral)	45.7%	64
Breastfeeding Support	60.7%	85
Care Coordination	37.1%	52
Childbirth Education	44.3%	62
Counseling Services	42.1%	59
Developmental Screenings	47.9%	67
Family Health & Well Being	52.9%	74
Family Planning	40.7%	57
Home Visiting Support	60.7%	85
Newborn Care	44.3%	62
Parenting Education	62.9%	88
Referral Services	48.6%	68
Tobacco Cessation	37.1%	52
Women's Health Education	40.7%	57
Unaware of Healthy Start	6.4%	9
Total Respondents		140
(skipped this question)		8

Question #12 -- Do you discuss the Healthy Start program with people you serve?		
	Response Percent	Response Count
Yes	64.9%	96
No	18.2%	27
N/A	16.9%	25
Total Respondents		148
(skipped this question)		0

Question #13 -- Do you give out Healthy Start printed materials?		
	Response Percent	Response Count
Yes	51.0%	74
No, but I would like some	32.4%	47
N/A	17.2%	25
Total Respondents		145
(skipped this question)		3

CONSUMER AND PROVIDER INPUT

Question #14 -- Do you refer the people you serve to CONNECT for Healthy Start		
	Response Percent	Response Count
Yes	37.0%	54
No, but would like to learn how	36.3%	53
N/A	26.7%	39
Total Respondents		146
(skipped this question)		2

Question #15 -- Select the three greatest concerns impacting the health of pregnant women and newborns:		
	Response Percent	Response Count
Unintended pregnancy	18.2%	27
Access to birth control/family planning	5.4%	8
Teen pregnancy	16.9%	25
Mental health issues	41.2%	61
Obese prior to pregnancy	0.7%	1
Substance use	58.8%	87
Dental care	1.4%	2
Safe infant sleep behaviors	20.3%	30
Inadequate or unsafe housing	23.7%	35
Lack of Father Involvement	18.9%	28
Routine prenatal care	24.3%	36
Care for uninsured/underinsured women	23.7%	35
Nutrition/Healthy Lifestyles	24.3%	36
Child Passenger Safety	6.8%	10
Transportation	2.7%	4
Child Care Assistance	10.8%	16
Total Respondents		148
(skipped this question)		0

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

- 88 percent of survey respondents indicate the agency/organization engages fathers in services.
- 65 percent of survey respondents said s/he discusses the Healthy Start program with the people served.
- Approximately 50 percent or higher of survey respondents reported having heard about the following Healthy Start services: prenatal and infant risk screenings, breastfeeding support, family health and well being, home visiting support, and parenting education. Less than 7 percent were unaware of Healthy Start services.

Community partners identified the following areas for development and improvement:

- 32 percent of survey respondents want Healthy Start printed materials to distribute to client.
- 36 percent of survey respondents want to learn how to make referrals to CONNECT for Healthy Start.

CONSUMER AND PROVIDER INPUT

- The highest unmet healthcare needs for pregnant women and infants identified by survey respondents was substance use (59 percent) and mental health issues (41 percent). Nutrition/healthy lifestyles was also identified as a high need for pregnant women and newborns (24 percent) in our Coalition area.

GENERAL SURVEY

Distribution of the general survey was targeted to individuals in the four county area who did not fit into one of the other survey categories. A total of 12 surveys were collected with 41.6 percent of survey respondents received prenatal services from Lake County. The sample may not be representative of the entire Coalition.

The survey responses are summarized in the tables that follow.

Question #1 -- Please select the county where you live		
	Response Percent	Response Count
Alachua County	8.3%	1
Bradford County	0.0%	0
Citrus County	16.7%	2
Columbia County	0.0%	0
Dixie County	0.0%	0
Gilchrist County	0.0%	0
Hamilton County	0.0%	0
Hernando County	16.7%	2
Lafayette County	0.0%	0
Lake County	41.7%	5
Levy County	0.0%	0
Marion County	8.3%	1
Putnam County	0.0%	0
Sumter County	8.3%	1
Suwannee County	0.0%	0
Union County	0.0%	0
Total Respondents		12
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #2 -- In what county did you receive prenatal care?		
	Response Percent	Response Count
Alachua County	8.3%	1
Bradford County	0.0%	0
Citrus County	16.7%	2
Columbia County	0.0%	0
Dixie County	0.0%	0
Gilchrist County	0.0%	0
Hamilton County	0.0%	0
Hernando County	16.7%	2
Lafayette County	0.0%	0
Lake County	33.3%	4
Levy County	0.0%	0
Marion County	8.3%	1
Putnam County	0.0%	0
Sumter County	8.3%	1
Suwannee County	0.0%	0
Union County	0.0%	0
Other	8.3%	1
Total Respondents		12
(skipped this question)		0

Question #3 -- When did you start receiving prenatal care?		
	Response Percent	Response Count
0-3 Months (First Trimester)	91.7%	11
4-6 Months (2nd Trimester)	0.0%	0
7 or more months (3rd Trimester)	8.3%	1
I did not receive prenatal care during pregnancy	0.0%	0
Total Respondents		12
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #4 -- If you didn't receive prenatal care in the first trimester, what was the reason?		
	Response Percent	Response Count
Didn't know I was pregnant	0.0%	0
Personal reasons	9.1%	1
Cultural or religious reasons	0.0%	0
Not aware of importance of early prenatal care	0.0%	0
Cost of care	0.0%	0
I don't/didn't have insurance	0.0%	0
Temporary Medicaid not accepted by	0.0%	0
Policy of prenatal care provider	0.0%	0
Could not get an appointment	0.0%	0
Transportation to prenatal care appointments	0.0%	0
None of these apply	90.9%	10
Other	0.0%	0
Total Respondents		11
(skipped this question)		1

Question #5 -- Where did you receive your prenatal care?		
	Response Percent	Response Count
OBGYN Office	83.3%	10
Midwife	8.3%	1
County Health Department	8.3%	1
Community Health Center	0.0%	0
High Risk Clinic	8.3%	1
I did not receive prenatal care	0.0%	0
Other	0.0%	0
Total Respondents		12
(skipped this question)		0

Question #6 -- How did you pay for your prenatal care?		
	Response Percent	Response Count
Private Insurance	75.0%	9
Medicaid	33.3%	4
Self-pay/Cash	33.3%	4
I did not receive prenatal care	0.0%	0
Other	0.0%	0
Total Respondents		12
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #7 -- What makes/made it hard to keep your prenatal care appointment?		
	Response Percent	Response Count
Forgot appointments	0.0%	0
Transportation problems	0.0%	0
Appointment times	0.0%	0
Distance to provider	0.0%	0
Could not get childcare	0.0%	0
Cost too much	0.0%	0
Did not have problems keeping appointments	91.7%	11
Other	16.7%	2
Total Respondents		12
(skipped this question)		0

Question #8 -- Have you heard about Healthy Start services?		
	Response Percent	Response Count
Yes	66.7%	8
No	33.3%	4
Total Respondents		12
(skipped this question)		0

Question #9 -- If you've heard about Healthy Start services, did your prenatal care provider explain Healthy Start and other home visiting services to you?		
	Response Percent	Response Count
Yes	16.7%	2
No	50.0%	6
I've never heard about Healthy Start services	33.3%	4
Total Respondents		12
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #10 -- Please select the three greatest concerns impacting the health of pregnant women and newborns:		
	Response Percent	Response Count
Unplanned Pregnancy	16.7%	2
Access to Birth Control/Family Planning	0.0%	0
Teen Pregnancy	0.0%	0
Smoking During Pregnancy	25.0%	3
Anxiety/Depression	41.7%	5
Unhealthy Weight Before Pregnancy	25.0%	3
Drug and/or Alcohol Use	33.3%	4
Dental Care	16.7%	2
Safe Place for Baby to Sleep	8.3%	1
No Housing or Unsafe Housing	16.7%	2
Father Not Involved	25.0%	3
Going to Prenatal Care Appointments	16.7%	2
No Health Insurance	16.7%	2
Getting Healthy Before Getting Pregnant Again	16.7%	2
Nutrition/Healthy Lifestyles	25.0%	3
Child Passenger Safety	0.0%	0
Transportation	0.0%	0
Help with Childcare	16.7%	2
Total Respondents		12
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #11 -- What hospital/birthing facility did you deliver at (if applicable)?		
	Response Percent	Response Count
Citrus Memorial	8.3%	1
Bayfront Health Seven Rivers	8.3%	1
Bayfront Health Spring Hill	16.7%	2
Oak Hill Hospital	0.0%	0
Advent Health Waterman	16.7%	2
Leesburg Regional Medical Center	8.3%	1
South Lake Hospital	0.0%	0
Community Birth & Wellness Center (Lake County)	8.3%	1
North Florida Regional Medical Center	8.3%	1
The Birth Center at Comprehensive Women's Health	0.0%	0
UF Health at Shands	0.0%	0
Birth and Wellness Center of Gainesville	0.0%	0
Shands at LakeShore	0.0%	0
Advent Health Ocala	8.3%	1
Loving Arms Birth and Wellness Center	0.0%	0
Putnam Birth & Beyond	0.0%	0
Putnam Community Medical Center	0.0%	0
Other	16.7%	2
Total Respondents		12
(skipped this question)		0

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

- 67 percent of survey respondents in the general community had heard of the Healthy Start program.
- 92 percent of survey respondents in the general community reported that they started receiving prenatal care in the first trimester.
- 92 percent of survey respondents in the general community did not have difficulty keeping their prenatal appointments.

Survey respondents identified the following areas for development and improvement:

- Highest unmet healthcare needs for pregnant women and infants identified by survey respondents were: anxiety/depression (42 percent), drug and/or alcohol use (33 percent), smoking during pregnancy (25 percent), unhealthy weight before pregnancy (25 percent), father not being involved (25 percent) and nutrition/healthy lifestyles (25 percent).
- 33 percent of survey respondents who had not heard of Healthy Start services reported that their providers did not explain Healthy Start or other home visiting services to them.

CONSUMER AND PROVIDER INPUT

HEALTHY START PARTICIPANT SURVEY

A total of 116 Healthy Start participant surveys were collected. The survey responses are summarized in the tables that follow.

Question #1 -- Please select the county where you live		
	Response Percent	Response Count
Alachua County	0.0%	0
Bradford County	0.0%	0
Citrus County	25.0%	29
Columbia County	0.0%	0
Dixie County	0.0%	0
Gilchrist County	0.0%	0
Hamilton County	0.0%	0
Hernando County	17.2%	20
Lafayette County	0.0%	0
Lake County	53.5%	62
Levy County	0.0%	0
Marion County	0.0%	0
Putnam County	0.0%	0
Sumter County	4.3%	5
Suwannee County	0.0%	0
Union County	0.0%	0
Total Respondents		116
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #2 -- In what county did you receive prenatal care?		
	Response Percent	Response Count
Alachua County	0.9%	1
Bradford County	0.0%	0
Citrus County	22.4%	26
Columbia County	0.0%	0
Dixie County	0.0%	0
Gilchrist County	0.0%	0
Hamilton County	0.0%	0
Hernando County	14.7%	17
Lafayette County	0.0%	0
Lake County	47.4%	55
Levy County	0.0%	0
Marion County	1.7%	2
Putnam County	0.0%	0
Sumter County	0.9%	1
Suwannee County	0.0%	0
Union County	0.0%	0
Other	13.8%	16
Total Respondents		116
(skipped this question)		0

Question #3 -- When did you start receiving prenatal care?		
	Response Percent	Response Count
0-3 Months (First Trimester)	81.6%	93
4-6 Months (2nd Trimester)	15.8%	18
7 or more months (3rd Trimester)	2.6%	3
I did not receive prenatal care during pregnancy	0.0%	0
Total Respondents		114
(skipped this question)		2

CONSUMER AND PROVIDER INPUT

Question #4 -- If you didn't receive prenatal care in the first trimester, what was the reason?		
	Response Percent	Response Count
Didn't know I was pregnant	11.2%	13
Personal reasons	0.9%	1
Cultural or religious reasons	0.0%	0
Not aware of importance of early prenatal care	1.7%	2
Cost of care	1.7%	2
I don't/didn't have insurance	5.2%	6
Temporary Medicaid not accepted by prenatal care provider	0.0%	0
Policy of prenatal care provider	0.0%	0
Could not get an appointment	0.0%	0
Transportation to prenatal care appointments	0.9%	1
None of these apply	76.7%	89
Other	8.6%	10
Total Respondents		116
(skipped this question)		0

Question #5 -- Where did you receive your prenatal care?		
	Response Percent	Response Count
OBGYN Office	82.8%	96
Midwife	1.7%	2
County Health Department	9.5%	11
Community Health Center	4.3%	5
High Risk Clinic	6.0%	7
I did not receive prenatal care	0.0%	0
Other	6.0%	7
Total Respondents		116
(skipped this question)		0

Question #6 -- How did you pay for your prenatal care?		
	Response Percent	Response Count
Private Insurance	25.0%	29
Medicaid	75.9%	88
Self-pay/Cash	6.9%	8
I did not receive prenatal care	0.9%	1
Other	3.5%	4
Total Respondents		116
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #7 -- What makes/made it hard to keep your prenatal care appointment?		
	Response Percent	Response Count
Forgot appointments	2.6%	3
Transportation problems	6.9%	8
Appointment times	1.7%	2
Distance to provider	4.3%	5
Could not get childcare	0.0%	0
Cost too much	0.0%	0
Did not have problems keeping appointments	69.8%	81
Other	17.2%	20
Total Respondents		116
(skipped this question)		0

Question #8 -- Did you know about Healthy Start before you started receiving services?		
	Response Percent	Response Count
Yes	38.6%	44
No	61.4%	70
Total Respondents		114
(skipped this question)		2

Question #9 -- Did your prenatal care provider explain Healthy Start and other home visiting services to you?		
	Response Percent	Response Count
Yes	51.4%	56
No	48.6%	53
I've never heard about Healthy Start services	0.0%	0
Total Respondents		107
(skipped this question)		7

CONSUMER AND PROVIDER INPUT

Question #10 -- How does Healthy Start benefit you and your baby?		
	Response Percent	Response Count
Provides emotional support	74.8%	86
Teaches me how to care for myself while pregnant	49.6%	57
Helps me prepare for labor and delivery	41.7%	48
Teaches me how to care for my baby	67.8%	78
Gives me access to support groups and classes	53.9%	62
Provides car seat safety information	52.2%	60
Provides safe sleep information	68.7%	79
Providers home safety information	68.7%	79
Helps me to understand the growth and development of my baby	79.1%	91
Teaches me new ways to play with my baby	60.0%	69
Supports me in my efforts to quit smoking	23.5%	27
Teaches me how to reduce everyday stress and anxiety	59.1%	68
Helps me plan for future pregnancies	35.7%	41
Guides me in making healthy lifestyle choices	66.1%	76
Provides breastfeeding support	50.4%	58
Provides information on infant nutrition	54.8%	63
Other	3.5%	4
Total Respondents		115
(skipped this question)		1

CONSUMER AND PROVIDER INPUT

Question #11 -- Please select the three greatest concerns impacting the health of pregnant women and newborns:

	Response Percent	Response Count
Unplanned Pregnancy	25.9%	30
Access to Birth Control/Family Planning	14.7%	17
Teen Pregnancy	10.3%	12
Smoking During Pregnancy	23.3%	27
Anxiety/Depression	44.0%	51
Unhealthy Weight Before Pregnancy	6.0%	7
Drug and/or Alcohol Use	40.5%	47
Dental Care	2.6%	3
Safe Place for Baby to Sleep	9.5%	11
No Housing or Unsafe Housing	19.0%	22
Father Not Involved	14.7%	17
Going to Prenatal Care Appointments	7.8%	9
No Health Insurance	24.1%	28
Getting Healthy Before Getting Pregnant Again	7.8%	9
Nutrition/Healthy Lifestyles	22.4%	26
Child Passenger Safety	3.5%	4
Transportation	4.3%	5
Help with Childcare	19.8%	23
Total Respondents		116
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #12 -- What hospital/birthing facility did you deliver at (if applicable)?		
	Response Percent	Response Count
Citrus Memorial	10.4%	12
Bayfront Health Seven Rivers	5.2%	6
Bayfront Health Spring Hill	2.6%	3
Oak Hill Hospital	10.4%	12
Advent Health Waterman	6.1%	7
Leesburg Regional Medical Center	14.8%	17
South Lake Hospital	8.7%	10
Community Birth & Wellness Center (Lake County)	0.0%	0
North Florida Regional Medical Center	0.0%	0
The Birth Center at Comprehensive Women's Health	0.0%	0
UF Health at Shands	2.6%	3
Birth and Wellness Center of Gainesville	0.0%	0
Shands at LakeShore	0.0%	0
Advent Health Ocala	3.5%	4
Loving Arms Birth and Wellness Center	0.0%	0
Putnam Birth & Beyond	0.0%	0
Putnam Community Medical Center	0.0%	0
Other	37.4%	43
Total Respondents		115
(skipped this question)		1

Healthy Start participant survey respondents identified the following positive results:

- 82 percent of survey respondents indicated prenatal care services were received in the first trimester.
- 70 percent of survey respondents indicated there were no problems keeping their prenatal care appointments.
- 51 percent of survey respondents had the Healthy Start risk screen explained to them by the prenatal care provider.

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

- The greatest concerns impacting the health of pregnant women and infants identified by survey respondents was anxiety/depression (44 percent), and drug and/or alcohol use (41 percent). Unplanned pregnancy and smoking during pregnancy were also identified as a concern for pregnant women and newborns (26 percent and 23 percent, respectively) in our Coalition area.
- 61 percent of survey respondents did not know about Healthy Start before receiving services.
- 49 percent of prenatal care providers did not explain the Healthy Start program or home visiting services to them.

CONSUMER AND PROVIDER INPUT

HEALTHY START PROVIDER SURVEY

A total of 8 surveys were collected. The survey responses are summarized in the tables that follow. Questions one through four were specific to the person completing the survey. Survey responses start with question five. Survey question #12 is an open ended question so we will jump from question #11 to question #13 as the responses varied among those completing the survey. The same is true for question #14.

Question #5 -- Please select the county (ies) in which you provide Healthy Start		
	Response Percent	Response Count
Alachua County	0.0%	0
Bradford County	0.0%	0
Citrus County	50.0%	4
Columbia County	0.0%	0
Dixie County	0.0%	0
Gilchrist County	0.0%	0
Hamilton County	0.0%	0
Hernando County	12.5%	1
Lafayette County	0.0%	0
Lake County	37.5%	3
Levy County	0.0%	0
Marion County	0.0%	0
Putnam County	0.0%	0
Sumter County	0.0%	0
Suwannee County	0.0%	0
Union County	0.0%	0
Total Respondents		8
(skipped this question)		0

Question #6 -- Do you assist your participants with applying for Medicaid?		
	Response Percent	Response Count
Yes	75.0%	6
No	25.0%	2
Total Respondents		8
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #7 -- Please select the resources and/or services you provide.		
	Response Percent	Response Count
Adoption Information	50.0%	4
Adult Education	62.5%	5
Breastfeeding Education	100.0%	0
Breast Pumps	62.5%	5
Car Seats	100.0%	8
Childbirth Classes	87.5%	7
Childcare/Preschool	62.5%	5
Cribs/Pack-n-Plays	100.0%	8
Dental Services	62.5%	5
Developmental Evaluation	75.0%	6
Diapers/Wipes	62.5%	5
Domestic Violence	62.5%	5
Employment	62.5%	5
Family Planning	100.0%	8
Food/Clothes	62.5%	5
Home Visiting	100.0%	8
Household Safety Items	62.5%	5
Housing	62.5%	5
Legal Services	62.5%	5
Medicaid Eligibility	62.5%	5
Mental Health	75.0%	6
Parenting Education	100.0%	8
Rent/Utility Assistance	62.5%	5
Shelter	62.5%	5
Tobacco Cessation	87.5%	7
Well Woman Care	75.0%	6
Substance Use Treatment	75.0%	6
Transportation	62.5%	5
Other	12.5%	1
Total Respondents		8
(skipped this question)		0

Question #8 -- Do you engage fathers when providing services?		
	Response Percent	Response Count
Yes	87.5%	7
No	12.5%	1
Total Respondents		8
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #9 -- What are your participants' main reasons for not receiving first trimester entry into care?		
	Response Percent	Response Count
Didn't know they were pregnant	75.0%	6
Personal reasons	12.5%	1
Cultural or religious reasons	12.5%	1
Not aware of importance of early prenatal care	12.5%	1
Cost of care	12.5%	1
Does not have insurance	50.0%	4
Temporary Medicaid not accepted by prenatal care provider	25.0%	2
Policy of prenatal care provider	12.5%	1
Could not get an appointment	50.0%	4
Transportation to prenatal care appointments	25.0%	2
Other	0.0%	0
Total Respondents		8
(skipped this question)		0

Question #10 -- What item is needed most often by your participants?		
	Response Percent	Response Count
Breast pumps	50.0%	4
Cart seats	75.0%	6
Cribs/Pack-n-Plays	75.0%	6
Diapers/wipes	75.0%	6
Household safety items (i.e. plug outlet covers, baby gates, etc.)	37.5%	3
Other	0.0%	0
Total Respondents		8
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #11 -- To which services do you refer participants to?							
	1 = Never		2 = Sometimes		3 = Always		Total
	%	#	%	#	%	#	#
WIC	12.5%	1	12.5%	1	75.0%	6	8
ACCESS	37.5%	3	37.5%	3	25.0%	2	8
Early Steps	12.5%	1	75.0%	6	12.5%	1	8
Early/Head Start	37.5%	3	50.0%	4	12.5%	1	8
Child care (ELC)	12.5%	1	62.5%	5	25.0%	2	8
CONNECT	12.5%	1	37.5%	3	50.0%	4	8
Mental Health	0.0%	0	62.5%	5	37.5%	3	8
Substance Use Treatment	12.5%	1	75.0%	6	12.5%	1	8
Adult Education	37.5%	3	50.0%	4	12.5%	1	8
Adoption Centers	50.0%	4	50.0%	4	0.0%	0	8
Pregnancy Resource Centers	12.5%	1	25.0%	2	62.5%	5	8
Community Support Services	12.5%	1	12.5%	1	75.0%	6	8
Domestic Violence Shelters	25.0%	2	50.0%	4	25.0%	2	8
Housing/Homeless Shelters	25.0%	2	62.5%	5	12.5%	1	8
Total Respondents							8
(skipped this question)							0

Question #13 — Please select the three greatest concerns impacting the health of pregnant women and newborns:		
	Response Percent	Response Count
Unintended Prengnacy	12.5%	1
Access to Birth Control/Family Planning	0.0%	0
Teen Pregnancy	0.0%	0
Tobacco Use During Pregnancy	62.5%	5
Mental Health Issues	62.5%	5
Obese Prior to Pregnancy	0.0%	0
Substance Use	100.0%	8
Dental Care	0.0%	0
Safe Infant Sleep Behaviors	0.0%	0
Inadequate or Unsafe Housing	12.5%	1
Lack of Father Involvement	25.0%	2
Routine Prenatal Care	0.0%	0
Care for Uninsured/Underinsured Women	0.0%	0
Preconception/Interconception Education	0.0%	0
Nutrition/Healthy Lifestyles	12.5%	1
Child Passenger Safety	0.0%	0
Transportation	12.5%	1
Child Care Assistance	0.0%	0
Total Respondents		8
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

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

- 75 percent of survey respondents indicated that they assisted their participants in applying for Medicaid.
- 88 percent of survey respondents indicated that they engage fathers when providing services to the participant.

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 didn't know they were pregnant. 50 percent of survey respondents indicated pregnant women who not receive care in the first trimester didn't have health insurance and could not get an appointment with their provider.
- The highest unmet healthcare need for pregnant women and infants identified by survey respondents was substance use (100 percent) followed by tobacco use during pregnancy (63 percent) and mental health issues (63 percent).

PRENATAL HEALTH CARE PROVIDER

A total of 21 surveys were collected. The survey responses are summarized in the tables that follow. Questions one through four were specific to the person completing the survey. Survey responses start with question five.

Question #5 -- In which county (ies) do the majority of your patients live:		
	Response Percent	Response Count
Alachua County	0.0%	0
Bradford County	0.0%	0
Citrus County	28.5%	6
Columbia County	0.0%	0
Dixie County	0.0%	0
Gilchrist County	0.0%	0
Hamilton County	0.0%	0
Hernando County	14.2%	3
Lafayette County	0.0%	0
Lake County	61.9%	13
Levy County	4.7%	1
Marion County	0.0%	0
Putnam County	0.0%	0
Sumter County	4.7%	1
Suwannee County	0.0%	0
Union County	0.0%	0
Total Respondents		21
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #6 -- Please check all that apply		
	Response Percent	Response Count
Offer evening and/or weekend hours for appointments	17.7%	3
Provide high risk prenatal/postnatal care	82.4%	14
Provide services to Medicaid patients	76.5%	13
Provide services to patients during the Medicaid eligibility process	52.9%	9
Offer a sliding fee scale or payment plan to those without insurance	41.2%	7
Total Respondents		17
(skipped this question)		4

Question #7 -- What percentage of your practice/facility is:		
	Response Percent	Response Count
Private Insurance	100.0%	21
Medicaid	100.0%	21
Uninsured/Self Pay	95.2%	20
Total Respondents		21
(skipped this question)		0

Question #8-- Do you assist your patients in applying for Medicaid?		
	Response Percent	Response Count
Yes	11.8%	2
No	88.2%	15
Total Respondents		17
(skipped this question)		4

Question #9 -- Do you offer any of the following screenings?		
	Response Percent	Response Count
Substance exposure	47.6%	10
Depression	100.0%	21
Domestic violence	57.1%	12
Other	0.0%	0
Total Respondents		21
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #10 -- What are your patients main reason for not receiving first trimester prenatal care?		
	Response Percent	Response Count
Didn't know they were pregnant	85.7%	18
Personal reasons	19.1%	4
Cultural or religious reasons	0.0%	0
Not aware of the importance of prenatal care	61.9%	13
Policy of prenatal care provider	0.0%	0
Could not get an appointment	4.8%	1
Transportation	38.1%	8
Other	14.3%	3
Total Respondents		21
(skipped this question)		0

Question #11 -- Do you offer any special programs to the pregnant women and families with young children you serve?		
	Response Percent	Response Count
Yes	23.8%	5
No	76.2%	16
Total Respondents		21
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #12 -- Select the three greatest concerns impacting the health of pregnant women and newborns:

	Response Percent	Response Count
Unintended pregnancy	14.3%	3
Access to birth control/family planning	9.5%	2
Teen pregnancy	57.1%	12
Tobacco use during pregnancy	47.6%	10
Mental health issues	14.3%	3
Obese prior to pregnancy	19.1%	4
Substance use	47.6%	10
Dental care	0.0%	0
Safe infant sleep behaviors	0.0%	0
Inadequate or unsafe housing	0.0%	0
Lack of father involvement	0.0%	0
Routine prenatal care	9.5%	2
Care for uninsured /underinsured women	23.8%	5
Preconception/interconception education	4.8%	1
Nutrition/healthy lifestyles	19.1%	4
Child passenger safety	0.0%	0
Transportation	14.3%	3
Child care assistance	4.8%	1
Total Respondents		21
(skipped this question)		0

Question #13 -- Are you willing to offer the Healthy Start risk screen to ALL of your patients?

	Response Percent	Response Count
Yes	100.0%	21
No	0.0%	0
Total Respondents		21
(skipped this question)		0

Question #14 -- Are you aware of Florida State Statute 383.14 (Prenatal Care: Florida Statute 383.14 mandates that all pregnant women be offered the Healthy Start prenatal risk screening at their first prenatal visit.

	Response Percent	Response Count
Yes	100.0%	21
No	0.0%	0
Total Respondents		21
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #15 -- Do you discuss the Healthy Start program with your patients?		
	Response Percent	Response Count
Yes	100.0%	21
No	0.0%	0
Total Respondents		21
(skipped this question)		0

Question #16 -- Which Healthy Start services have you heard about?		
	Response Percent	Response Count
Prenatal risk screening	81.0%	17
Infant risk screening	47.6%	10
CONNECT—Coordinated Intake & Referral	52.4%	11
Breastfeeding support	95.2%	20
Care coordination	47.6%	10
Childbirth education	57.1%	12
Counseling services	47.6%	10
Developmental screening	42.9%	9
Family health and well being	52.4%	11
Family planning	61.9%	13
Home visiting support	52.4%	11
Newborn care	52.4%	11
Parenting education	57.1%	12
Referral services	47.6%	10
Tobacco cessation	52.4%	11
Women's health education	42.9%	9
Unaware of Healthy Start	9.5%	2
Total Respondents		21
(skipped this question)		0

Question #17 -- Do you give our Healthy Start printed materials?		
	Response Percent	Response Count
Yes	100.0%	21
No, but would like some	0.0%	0
N/A	0.0%	0
Total Respondents		21
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #18 -- Do you refer the people you serve to CONNECT for Healthy Start?		
	Response Percent	Response Count
Yes	90.5%	19
No, but would like learn how to	4.8%	1
N/A	4.8%	1
Total Respondents		21
(skipped this question)		0

In summary, Prenatal Health Care Providers who responded to the survey identified the following positive results:

- 100 percent of survey respondents indicated that they offer depression screenings for their patients.
- 100 percent of survey respondents indicated that they offer printed Healthy Start materials to their patients.
- 100 percent of respondents indicated that they discuss Healthy Start services with their patients.
- 91 percent of survey respondents indicated that they refer the people they serve to the CONNECT program for Healthy Start.

Prenatal Health Care Providers identified the following areas for development and improvement:

- 86 percent of survey respondents indicated pregnant women did not receive care in the first trimester because they did not know they were pregnant. 62 percent of survey respondents indicated pregnant women did not receive care in the first trimester because they did not understand the importance of prenatal care. 38 percent of survey respondents indicated pregnant women did not receive care in the first trimester because they did not have transportation.
- The greatest concern impacting the health of pregnant women and newborns identified by survey respondents was teen pregnancy (57 percent). Tobacco use during pregnancy and substance use were also identified as a concern for pregnant women and newborns (48 percent) in our Coalition area.

CONSUMER AND PROVIDER INPUT

POSTNATAL HEALTH CARE PROVIDER

A total of four surveys were collected. The survey responses are summarized in the tables that follow. Questions one through four were specific to the person completing the survey. Survey responses start with question five.

Question #5 -- In which county (ies) do the majority of your patients live:		
	Response Percent	Response Count
Alachua County	0.0%	0
Bradford County	0.0%	0
Citrus County	50.0%	2
Columbia County	0.0%	0
Dixie County	0.0%	0
Gilchrist County	0.0%	0
Hamilton County	0.0%	0
Hernando County	0.0%	0
Lafayette County	0.0%	0
Lake County	50.0%	0
Levy County	0.0%	0
Marion County	25.0%	1
Putnam County	0.0%	0
Sumter County	25.0%	1
Suwannee County	0.0%	0
Union County	0.0%	0
Other	0.0%	0
Total Respondents		4
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #6 -- Please check all that apply		
	Response Percent	Response Count
Provide high risk maternity unit	25.0%	1
Provide services to Medicaid patients	100.0%	4
Provide services to patients during the Medicaid eligibility process	100.0%	4
Offer a sliding fee scale or payment plan to those without insurance	25.0%	1
Provide neonatal intensive care unit. (Please include the level of the unit below)	0.0%	0
Total Respondents		4
(skipped this question)		0

Question #7 -- What percentage of your deliveries are covered by:		
	Response Percent	Response Count
Private Insurance	75.0%	3
Medicaid	100.0%	4
Uninsured/Self Pay	75.0%	3
Total Respondents		4
(skipped this question)		0

Question #8 -- Do you assist your patients in applying for Medicaid?		
	Response Percent	Response Count
Yes	25.0%	0
No	75.0%	3
Total Respondents		4
(skipped this question)		0

Question #9 -- Do you offer any of the following screenings?		
	Response Percent	Response Count
Substance exposure	75.0%	3
Depression	75.0%	3
Domestic violence	100.0%	4
Vision	25.0%	1
Hearing	75.0%	3
Other	0.0%	0
Total Respondents		4
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #10 -- Do you offer any special programs to the pregnant women and families with young children you serve?		
	Response Percent	Response Count
No	50.0%	2
Yes	50.0%	2
Total Respondents		4
(skipped this question)		0

Question #11 -- Select the three greatest concerns impacting the health of pregnant women and newborns:		
	Response Percent	Response Count
Unintended pregnancy	0.0%	0
Access to birth control/family planning	0.0%	0
Teen pregnancy	50.0%	2
Tobacco use during pregnancy	50.0%	2
Mental health issues	25.0%	1
Obese prior to pregnancy	0.0%	0
Substance use	100.0%	4
Dental care	0.0%	0
Safe infant sleep behaviors	0.0%	0
Inadequate or unsafe housing	0.0%	0
Lack of father involvement	50.0%	2
Routine prenatal care	0.0%	0
Care for uninsured /underinsured women	0.0%	0
Preconception/interconception education	0.0%	0
Nutrition/healthy lifestyles	25.0%	1
Child passenger safety	0.0%	0
Transportation	0.0%	0
Child care assistance	0.0%	0
Total Respondents		4
(skipped this question)		0

Question #12 -- Are you willing to offer the Healthy Start risk screen to ALL of your patients?		
	Response Percent	Response Count
Yes	100.0%	4
No	0.0%	0
Total Respondents		4
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #13 -- Are you aware of Florida State Statute 383.14 (Birthing Facilities: Florida Statute requires the Healthy Start infant (postnatal) risk screening be offered to parents or guardians of all infants born in Florida before leaving the delivery facility)?

	Response Percent	Response Count
Yes	100.0%	4
No	0.0%	0
Total Respondents		4
(skipped this question)		0

Question #14 -- Do you discuss the Healthy Start program with your patients?

	Response Percent	Response Count
Yes	75.0%	3
No	25.0%	1
Total Respondents		4
(skipped this question)		0

Question #15 -- Which Healthy Start services have you heard about?

	Response Percent	Response Count
Prenatal risk screening	50.0%	2
Infant risk screening	75.0%	3
CONNECT—Coordinated Intake & Referral	25.0%	1
Breastfeeding support	100.0%	4
Care coordination	25.0%	1
Childbirth education	50.0%	2
Counseling services	50.0%	2
Developmental screening	0.0%	0
Family health and well being	75.0%	3
Family planning	25.0%	1
Home visiting support	25.0%	1
Newborn care	75.0%	3
Parenting education	50.0%	2
Referral services	0.0%	0
Tobacco cessation	50.0%	2
Women's health education	25.0%	1
Unaware of Healthy Start	0.0%	0
Total Respondents		4
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #16 -- Do you give our Healthy Start printed materials?		
	Response Percent	Response Count
Yes	100.0%	4
No, but would like some	0.0%	0
N/A	0.0%	0
Total Respondents		4
(skipped this question)		0

Question #17 -- Do you refer the people you serve to CONNECT for Healthy Start?		
	Response Percent	Response Count
Yes	75.0%	3
No, but would like learn how to	0.0%	0
N/A	25.0%	1
Total Respondents		4
(skipped this question)		0

In summary, Postnatal Health Care Providers who responded to the survey identified the following positive results:

- 100 percent of survey respondents indicated that they provide services to Medicaid patients as well as patients during the Medicaid Eligibility process.
- 100 percent of survey respondents indicated that they offer a domestic violence screening for their patients. 75 percent of survey respondents indicated that they offer substance exposure, depression, and hearing screenings to their patients.
- 50 percent of survey respondents indicated that they offer special programs to pregnant women and families with young children that they serve.
- 100 percent of survey respondents indicated that they are willing to offer the Healthy Start risk screen to all of their patients.
- 100 percent of survey respondents indicated that they were aware that breastfeeding education and support is a service provided by Healthy Start.

Prenatal Health Care Providers identified the following areas for development and improvement:

- The greatest concern impacting the health of pregnant women and newborns identified by survey respondents was substance use (100 percent). Teen pregnancy, tobacco use during pregnancy, and lack of father involvement was also identified as a concern for pregnant women and newborns (50 percent) in our Coalition area. Mental health issues and nutrition/healthy lifestyles were also identified as a concern for pregnant women and newborns (25 percent) in the Coalition area.

CONSUMER AND PROVIDER INPUT

PEDIATRIC HEALTH CARE PROVIDER

A total of eight surveys were collected. The survey responses are summarized in the tables that follow. Questions one through four were specific to the person completing the survey. Survey responses start with question five.

Question #5 -- In which county (ies) do the majority of your patients live:		
	Response Percent	Response Count
Alachua County	0.0%	0
Bradford County	0.0%	0
Citrus County	50.0%	4
Columbia County	0.0%	0
Dixie County	0.0%	0
Gilchrist County	0.0%	0
Hamilton County	0.0%	0
Hernando County	12.5%	1
Lafayette County	0.0%	0
Lake County	25.0%	2
Levy County	0.0%	0
Marion County	0.0%	0
Putnam County	0.0%	0
Sumter County	25.0%	0
Suwannee County	0.0%	0
Union County	0.0%	0
Other	0.0%	0
Total Respondents		8
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #6 -- Please check all that apply		
	Response Percent	Response Count
Offer evening and/or weekend hours for appointments	50.00%	4
Provide services to Medicaid patients	100.00%	8
Provide services to patients during the Medicaid eligibility process	100.00%	0
Offer a sliding fee scale or payment plan to those without insurance	62.50%	5
Total Respondents		8
(skipped this question)		0

Question #7 -- What percentage of your practice/facility is:		
	Response Percent	Response Count
Private Insurance	100.00%	8
Medicaid	100.00%	8
Uninsured/Self Pay	87.50%	7
Total Respondents		8
(skipped this question)		0

Question #8 -- Do you assist your patients in applying for Medicaid?		
	Response Percent	Response Count
Yes	0.00%	0
No	100.00%	8
Total Respondents		8
(skipped this question)		0

Question #9 -- Do you offer any of the following screenings?		
	Response Percent	Response Count
Substance exposure	25.00%	2
Depression	75.00%	6
Domestic violence/IPV	25.00%	2
Child Development (ASQ, ASQ-SE, Milestones, etc.)	75.00%	6
Hearing (infant/child)	75.00%	6
IT-HOME	0.00%	0
M-CHAT	37.50%	3
Perceived Stress Test	0.00%	0
Vision (infant/child)	75.00%	6
Other (please list)	0.00%	0
Total Respondents		8
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #10 -- Do you offer any special programs to the pregnant women and families with young children you serve?		
	Response Percent	Response Count
No	87.50%	7
Yes (please describe)	12.50%	1
Total Respondents		8
(skipped this question)		0

Question #11 -- Select the three greatest concerns impacting the health of pregnant women and newborns:		
	Response Percent	Response Count
Unintended pregnancy	25.00%	2
Access to birth control/family planning	12.50%	1
Teen pregnancy	37.50%	3
Tobacco use during pregnancy	37.50%	3
Mental health issues	75.00%	6
Obese prior to pregnancy	12.50%	1
Substance use	50.00%	4
Dental care	0.00%	0
Safe infant sleep behaviors	12.50%	1
Inadequate or unsafe housing	12.50%	1
Lack of father involvement	0.00%	0
Routine prenatal care	12.50%	1
Care for uninsured /underinsured women	0.00%	0
Preconception/interconception education	0.00%	0
Nutrition/healthy lifestyles	12.50%	1
Child passenger safety	0.00%	0
Transportation	0.00%	0
Child care assistance	0.00%	0
Total Respondents		8
(skipped this question)		0

Question #12 -- Do you discuss the Healthy Start program with your patients?		
	Response Percent	Response Count
Yes	100.00%	8
No	0.00%	0
Total Respondents		8
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #13 -- Which Healthy Start services have you heard about?		
	Response Percent	Response Count
Prenatal risk screening	62.50%	5
Infant risk screening	62.50%	5
CONNECT—Coordinated Intake & Referral	50.00%	4
Breastfeeding support	87.50%	7
Care coordination	62.50%	5
Childbirth education	75.00%	6
Counseling services	75.00%	6
Developmental screening	87.50%	7
Family health and well being	62.50%	5
Family planning	50.00%	4
Home visiting support	37.50%	3
Newborn care	87.50%	7
Parenting education	62.50%	5
Referral services	50.00%	4
Tobacco cessation	50.00%	4
Women's health education	50.00%	4
Unaware of Healthy Start	25.00%	2
Total Respondents		8
(skipped this question)		0

Question #14 -- Do you give out Healthy Start printed materials?		
	Response Percent	Response Count
Yes	87.50%	7
No, but would like some	12.50%	1
N/A	0.00%	0
Total Respondents		8
(skipped this question)		0

Question #15 -- Do you refer the people you serve to CONNECT for Healthy Start?		
	Response Percent	Response Count
Yes	87.50%	7
No, but would like learn how to	12.50%	1
N/A	0.00%	0
Total Respondents		8
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

In summary, Pediatric Health Care Providers who responded to the survey identified the following positive results:

- 100 percent of survey respondents indicated that they discuss the Healthy Start program with their patients.
- 88 percent of survey respondents indicated that they give out Healthy Start materials to their patients.
- 75 percent of survey respondents indicated that they offer depression, child development (ASQ, ASQ-SE, Milestones, etc.), hearing (infant/child) and vision (infant/child) screenings for their patients. 38 percent of survey respondents indicated that they offer the M-CHAT screenings for their patients. 25.0 percent of survey respondents indicated that they offer substance exposure and domestic violence/IPV screenings for their patients.

Pediatric Health Care Providers identified the following areas for development and improvement:

- 100 percent of survey respondents indicated that they do not assist patients with applying for Medicaid.
- The greatest concerns impacting the health of pregnant women and newborns identified by survey respondents was mental health issues (75 percent). Substance use was also identified as a concern for pregnant women and newborns (50 percent) in our Coalition area. Teen pregnancy and tobacco use during pregnancy (38 percent) were reported as a great concern impacting the health of pregnant women and newborns by survey respondents as well.



RESOURCE INVENTORY

RESOURCES FOR CITRUS COUNTY

Childcare

1. Early Learning Coalition of the Nature Coast

352.563.9939

www.elc-naturecoast.org

2. Episcopal Children's Services—Head Start

800.745.4836

www.ecs4kids.org

Employment

1. One Stop Workforce Connection

352.527.2223

2. Mid-Florida Community Services

352.527.3809

www.mfcs.us.com

3. CareerSouce

352.249.3278 ext. 1464

www.careersourceclm.com

Housing

1. Citrus County Housing Services

352.527.7520

www.citrusbocc.com/commserv/housing/housing-services.htm

Housing Continued

2. Habitat for Humanity

352.563.2744

www.habitatcc.org

3. HUD/Section 8

352.527.5377

www.hud.gov

Food/Clothing

1. Agape House (FBC Ministries)

352.795.3367

www.firstbaptistcrystalriver.org

2. Citrus United Basket

352.344.2242

www.citrusunitedbasketonline.org

3. Community Food Bank of Citrus County

352.628.3663

www.communityfoodbankofcitruscounty.org

4. Gateway4Hope, Inc.

239.246.9041

www.gateway4hopeinc.org

RESOURCES FOR CITRUS COUNTY

Food/Clothing Continued

5. Helping Hands Ministry Food Pantry

352.746.2970

www.fcbh.com

6. Salvation Army

352.513.4960

www.salvationarmyflorida.org/citrus/us

7. SNAP Benefits

866.762.2237

www.myflorida.com/accessflorida/

8. The New Church without Walls

352.344.2425

www.newchurchwithoutwalls.com

9. The Path Rescue Mission

352.527.6500 ext. 1

www.pathofcitrus.org

10. We Care Food Pantry

352.228.4921

Email at wecarefood@gmail.com

11. WIC Nutrition Program

352.527.8490 or 352.726.5222

www.citrus.floridahealth.gov/programs-and-services/wellness-programs/wic/index/html

Infant & Early Childhood Development Assessment

1. Johns Hopkins All Children's Hospital—Early Steps

727.767.4403

[Www.hopkinsallchildrens.org/Services/West-Central-Early-Steps](http://www.hopkinsallchildrens.org/Services/West-Central-Early-Steps)

2. FDLRS Springs

352.671.6051

www.springs.fdlrs.org

Mental Health and Substance Abuse Counseling

1. Alcoholics Anonymous

352.621.0599

www.ncintergroup.com

2. Citrus Memorial Hospital—Behavioral Transitions

844.423.4283

www.citrusmh.com/service/behavioral-health

3. Ecclesia Behavioral Health

352.244.9294

www.ecclesiabh.com

4. Gulfcoast North AHEC—Smoking Cessation

813.929.1000

www.gnahec.org

RESOURCES FOR CITRUS COUNTY

Mental Health and Substance Abuse Counseling Continued

5. IMPACT Counseling & Consulting

352.560.7027

www.impactyourlife.bravesites.com

6. LifeStream Behavioral Health Center

866.929.1000

www.lsbc.net

7. NAMI

844.687.6264

[www.nami.org/Local-NAMI/Details?
state=FL&local=0011Q000022G88oQAC](http://www.nami.org/Local-NAMI/Details?state=FL&local=0011Q000022G88oQAC)

8. Narcotics Anonymous

352.508.1604

www.nanaturecoast.org

9. The Lighthouse Center, Inc.

352.560.7027

www.impactyourlife.bravesites.com

10. The Centers

352.291.5555

www.thecenters.us

11. Tree of Life Counseling Center, LLC

352.310.3485

Mental Health and Substance Abuse Counseling Continued

12. Zero Hour Life Center

352.765.4943

www.zerohourlifecenter.org

Parenting

1. Citrus Pregnancy Center

352.341.5176

www.citruspregnancy.org

2. Connect

877.678.9355

www.connectncf.org

3. Family Resource Center

352.344.1001

www.ccfrc.org/index2.html

4. Healthy Families Program

352.563.0107

Email: ddixon@cdsi.org

5. The Pregnancy and Family Life Center

352.344.3030

www.pflcenter.org/index.php

RESOURCES FOR CITRUS COUNTY

Transportation

1. Citrus County Transit

352.527.7630

www.citruscountytransit.com

Women's Services Continued

4. Pregnancy & Family Life Center

352.344.3030

www.pflcenter.org

Utilities

1. Daystar Life Center of Citrus County

352.795.8668

www.DaystartCitrusCounty.org

Women's Services

1. Citrus County Health Department

352.527.0247

www.citrus.floridahealth.gov

2. Connect

877.678.9355

www.connectncf.org

3. Citrus Pregnancy Center

352.341.5176

www.citruspregnancy.org

RESOURCES FOR HERNANDO COUNTY

Childcare

1. Early Learning Coalition of Pasco/Hernando

727.233.8291

www.phelc.org

2. Hernando Head Start/Early Head Start

888.227.0010

www.midfloridaheadstart.com

Employment

1. CareerSource Brooksville

352.200.3020

www.careersourcepascohernando.com

2. Florida Department of Economic Opportunity

800.204.2418

www.floridajobs.org/job-seekers

Housing

1. Hernando County Housing Authority

352.754.4160

www.hernandocounty.us/departments/departments-f-m/housing-authority

2. Life Center of Hernando

352.597.0119

www.lifecenterofhernando.com

Housing Continued

2. Habitat for Humanity of Hernando County

352.754.1159

www.habitathernando.org

Food/Clothing

1. The Barn at Jericho

352.799.2912

www.jericho-road.net

2. Salvation Army

352.796.1186

www.salvationarmyflorida.org/hernando/

3. People Hiring People

352.686.4466

www.phphernando.org

4. SNAP Benefits

866.762.2237

www.myflorida.com/accessflorida

5. WIC Nutrition Program

352.540.6800

www.hernando/floridahealth.gov/programs-and-services/clinical-and-nutrition-services/wic/

RESOURCES FOR HERNANDO COUNTY

Infant & Early Childhood Development Assessment

1. Early Steps—Johns Hopkins All Children’s Hospital

727.767.4403

www.hopkinsallchildrens.org/Services/West-Central-Early-Steps

2. FDLRS Gulfcoast

727.793.2723

www.fdlrsgulfcoast.org

Mental Health and Substance Abuse Counseling

1. Achieve Wellness Group, LLC

352.515.6914

www.achievwellnessgroup.net

2. Alcoholics Anonymous

352.683.4597

www.aahernando.org

3. Baycare Behavioral Health

866.762.1743

www.baycare.org

4. Gulfcoast North AHEC—Smoking Cessation

813.929.1000

www.gnahec.org

Mental Health and Substance Abuse Counseling Continued

5. NAMI Hernando

352.684.0004

www.namihernando.org

6. Narcotics Anonymous

352.754.7200

www.rivercoastareana.org

7. New Vision—Bayfront Health Brooksville

352.797.4649

www.bayfrontbrooksville.com

8. Operation PAR Inc., Medication Assisted Patient Services

352.666.5709

www.operationpar.org

9. Springbrook Psychiatric Hospital

352.596.4306 or 352.597.8877

www.springbrookhospital.org

Parenting

1. Connect

877.678.9355

www.connectncf.org

RESOURCES FOR HERNANDO COUNTY

Parenting Continued

2. Healthy Families Program

727.861.3436 or 352.583.6236

Email: info@pascokidsfirst.org

3. 2-1-1 Big Bend, Family Health Line

800.451.2229

www.211bigbend.org/familyhealthline

4. Youth & Family Alternatives, Inc.

727.835.4166

www.yfainc.org

Transportation

1. Hernando Express (The Bus)

352.754.4444

www.hernandocounty.us/departments/departments-n-z/transit-thebus

Utilities

1. Mid Florida Community Services, Inc.

352.796.1425

www.mfcs.us.com

2. United Way of Hernando County

352.688.2026 or 2.1.1

www.unitedwayhernando.org

Women's Services

1. Hernando County Health Department— Family Planning

352.540.6800

www.hernando.floridahealth.org

2. Catholic Charities—Foundations of Life

352.686.9897 ext. 22

www.foundationsoflife.org

3. Connect

877.678.9355

www.connectncf.org

4. Obria Medical Clinic

352.544.0911

www.obria.org/locations/west-central-florida-

RESOURCES FOR LAKE COUNTY

Childcare

1. Early Learning Coalition of Lake County

352.435.0566

www.elclc.org

2. Mid Florida Community Services—Head Start/Early Head Start

888.227.0010

www.midfloridaheadstart.com

Employment

1. CareerSource Central Florida

800.757.4598

www.careersourcecentralflorida.com

2. Central Florida Careers

407.644.1293

www.cfcareers.com

3. Employ Florida

800.438.4128

www.employflorida.com

4. Goodwill Job Connection Center

407.235.1541

www.goodwillcfl.org/services.php

Housing

1. Eustis Housing Authority

352.357.4851

www.eustishousingauthority.com/programs/html

2. Habitat for Humanity of Lake-Sumter, Florida, Inc.

352.483.0434

www.habitatls.org

3. Lake County Government Housing Department

352.742.6540

www.lakecountyfl.gov/departments/community-services/housing-services/rental-assistance.aspx

Food/Clothing

1. Agape Ministries Food Closet

352.589.2235

www.lakeeustischristian.com

2. Calvary Chapel of the Lakes

352.551.5999

www.servingu.org

3. Caring Hands of FBC of Wildwood

352.748.1822

www.fbcwildwood.org

RESOURCES FOR LAKE COUNTY

Food/Clothing Continued

4. First Baptist Church Tavares

352.343.7131

www.fbctavares.com

5. Salvation Army

352.365.0079

www.salvationarmyflorida.org/leesburg/

6. SNAP Benefits

866.762.2237

www.myflorida.com/accessflorida

7. WIC Nutrition Program

352.771.5559

www.lake.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/wic/index.html

Infant & Early Childhood Development Assessment

1. Early Steps—Easter Seals Northeast Central

386.873.0365

www.easterseals.com/necfl/

2. FDLRS Action

407.317.3660

www.fdlrsaction.com

Infant & Early Childhood

Development Assessment Continued

3. Help Me Grow—Early Learning Coalition of Lake County

352.315.6670

Email: smiller@elclc.org

Mental Health and Substance Abuse Counseling

1. Alcoholics Anonymous

352.360.0960

www.aalakesumter.com

2. Central Florida AHEC—Smoking Cessation

407.889.2292

www.cfahec.org

3. Lake Center of H.O.P.E.

352.787.0081

www.lakecenterofhope.com

4. LifeStream Behavioral Health

352.315.7500

www.lsbc.net

5. Narcotics Anonymous

352.368.6061

www.forestareana.org

RESOURCES FOR LAKE COUNTY

Mental Health and Substance Abuse Counseling Continued

6. Pathways to Recovery Counseling Center

352.253.5200

www.pathwaystorecovery-fl.com

Parenting

1. Christian Care Center—Pregnancy and Family Resource Center

352.787.8839

[www.christiancarecenter.org/
pregnancyandfamilycarecenter](http://www.christiancarecenter.org/pregnancyandfamilycarecenter)

2. Connect

877.678.9355

www.connectncf.org

3. Comprehensive Psychological & Assessment Services—Parenting Skills 101

352.508.5399

www.cpasounseling.com

4. Healthy Families Program

352.742.6170

Email: porcha.green@chsfl.org

Transportation

1. LakeXpress Bus Services

352.742.1940

www.ridelakexpress.com

2. Triangle Cab

352.589.4222

www.trianglecab.net

Utilities

1. Come As You Are Ministry, Inc.

352.396.3570

2. St. Mary of the Lake Church

352.589.2603

3. United Way of Lake and Sumter Counties

352.787.7530 or 2.1.1

www.uwls.org

Women's Services

1. Connect

877.678.9355

www.connectncf.org

RESOURCES FOR LAKE COUNTY

Women's Services Continued

2. Lake County Health Department

352.589.6424

www.lake.floridahealth.gov

3. South Lake Pregnancy Care Center

352.242.0257

www.slpfcc.org

4. Life Choices of Lake County

352.357.2202

www.lifechoices.net

RESOURCES FOR SUMTER COUNTY

Childcare

1. Early Learning Coalition of the Nature Coast

352.793.5430

www.elc-naturecoast.org

2. Mid Florida Community Services—Head

888.227.0010

www.midfloridaheadstart.com

Employment

1. CareerSource Central Florida

800.757.4598

www.careersourcecentralflorida.com

2. Employ Florida

800.438.4128

www.employflorida.com

3. Goodwill Job Connection Center

407.235.1541

Www.goodwillcfl.org/services.php

4. United Way of Lake & Sumter Counties

352.787.7530

www.uwls.org

Housing

1. Department of Housing & Urban Development

www.hud.gov

2. Mid-Florida Community Services, Inc.

352.795.1425

www.mfcs.us.com

3. St. Vincent de Paul Parish

352.330.0220

www.sumtercatholic.org

4. The Refuge at Jumper Creek

352.568.8400

www.therefugeatjumpercreekinc.com

Food/Clothing

1. Caring Hands Food Ministry

352.748.2553

www.fbcwildwood.org/caring-hands.html

2. Mid-Florida Community Services, Inc.

352.795.1425

www.mfcs.us.com

RESOURCES FOR SUMTER COUNTY

Food/Clothing Continued

3. SNAP Benefits

866.762.2237

www.myflorida.com/accessflorida

4. The Salvation Army (Bushnell)

352.568.2284

www.salvationarmyflorida.org/leesburg

5. United Methodist Church of Bushnell

352.793.3221

www.umc.org/en/find-a-church/church?id=36190

6. WIC Nutrition Program

352.569.3140 or 352.689.6540

www.sumter.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/WIC/

7. Wildwood Soup Kitchen

352.748.1008

www.wildwoodsoupkitchen.org

Infant & Early Childhood Development Assessment

1. Early Steps—Easter Seals Northeast Central

386.873.0365

www.easterseals.com/necfl

Infant & Early Childhood

Development Assessment Continued

2. FDLRS Action

407.317.3660

www.fdlrsaction.com

Mental Health and Substance Abuse Counseling

1. Alcoholics Anonymous

352.360.0960

www.alakesumter.com

2. Celebrate Recovery

352.978.8368

www.celebraterecovery.com

3. House of Hope

352.748.0338

www.houseofhopefl.org

4. LifeStream Behavioral Health

866.355.9394

www.lsbc.et

5. Narcotics Anonymous

352.754.7200

www.rivercoastareana.org

RESOURCES FOR SUMTER COUNTY

Parenting

1. Connect

877.678.9355

www.connectncf.org

2. Healthy Families Program

352.742.6170

Email: porcha.green@chsfl.org

3. Parenting Classes at Church of the Fishermen

352.793.3438

www.lakepanumc.org

4. Parenting Resource Center at Webster Elementary

352.793.6061

www.sumterk12.fl.us/wes

Transportation

1. Sumter County Transit

352.568.6683

www.sumtercountyfl.gov/95/Transit

Utilities

1. Mid Florida Community Services, Inc.

352.796.1425

www.mfcs.us.com

Utilities Continued

2. The Salvation Army (Bushnell)

352.568.2284

www.salvationarmyflorida.org/leesburg

3. United Way of Lake & Sumter Counties

352.787.7530

www.uwls.org

Women's Services

1. Adoption & Family Support Center

386.852.9098

www.adoptfloridafamily.com/placement-from-the-heart-birth-parent-support-group

2. Connect

877.678.9355

www.connectncf.org

3. Sumter County Health Department

352.569.3102

www.sumter.floridahealth.gov/



**HEALTH STATUS
PROBLEM LINKED TO
STRATEGIC PLAN**

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Numerous health indicators were identified and reviewed in the needs assessment process. Based on an analysis of qualitative and quantitative data, the following concerns were identified and prioritized for the 2021-2024 service delivery plan:

1. Risk screening and referral rates
2. Substance using pregnant women and substance exposed newborns
3. Unintentional injuries for children ages 0-3
4. Preterm births
5. Breastfeeding initiation and duration
6. Perinatal mental health

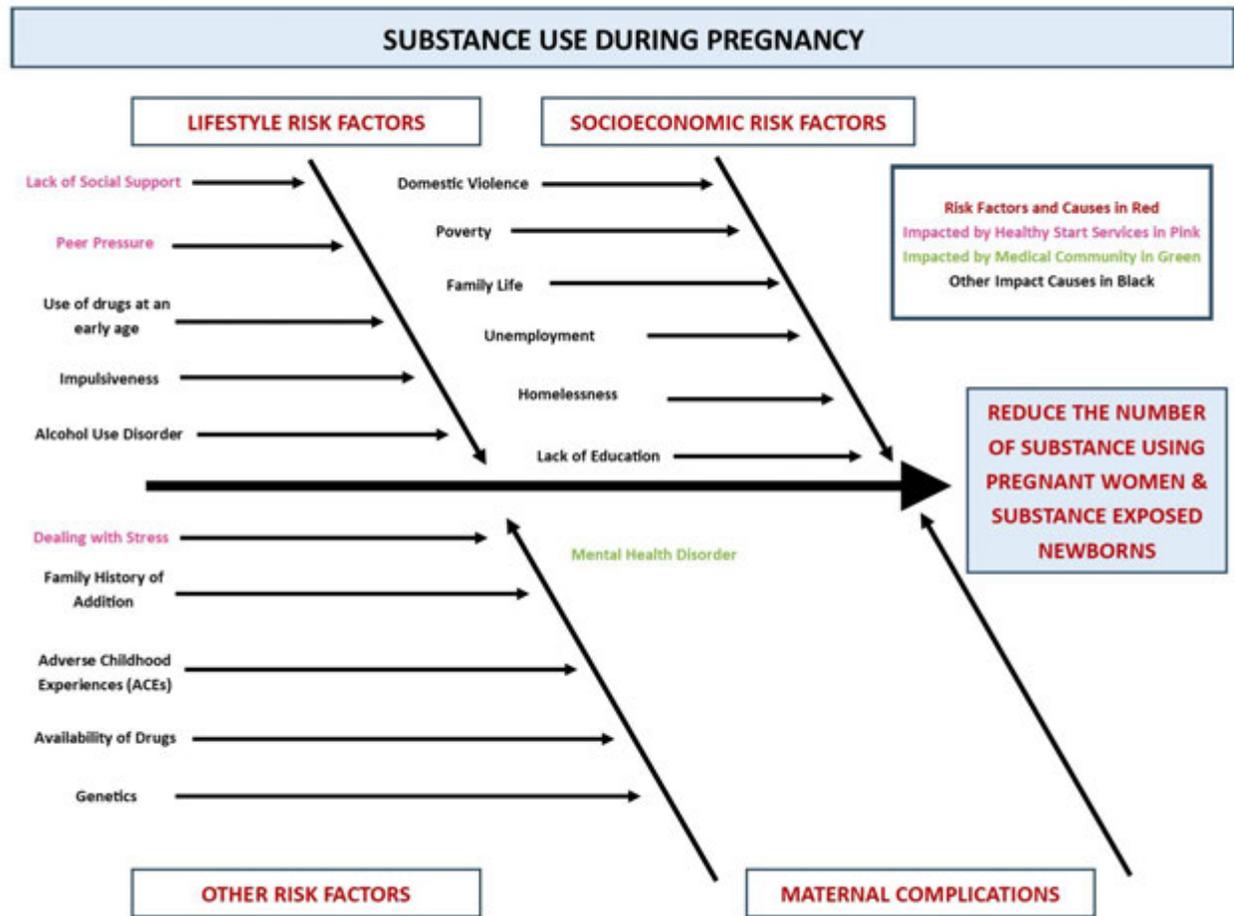
Analysis of risk factors in each of the health status problems clarified the areas that could be impacted by Healthy Start services. Objectives, performance measures, timelines, indicators and activities were then carefully developed.

In the new strategic plan, activities also address the social determinants of health.

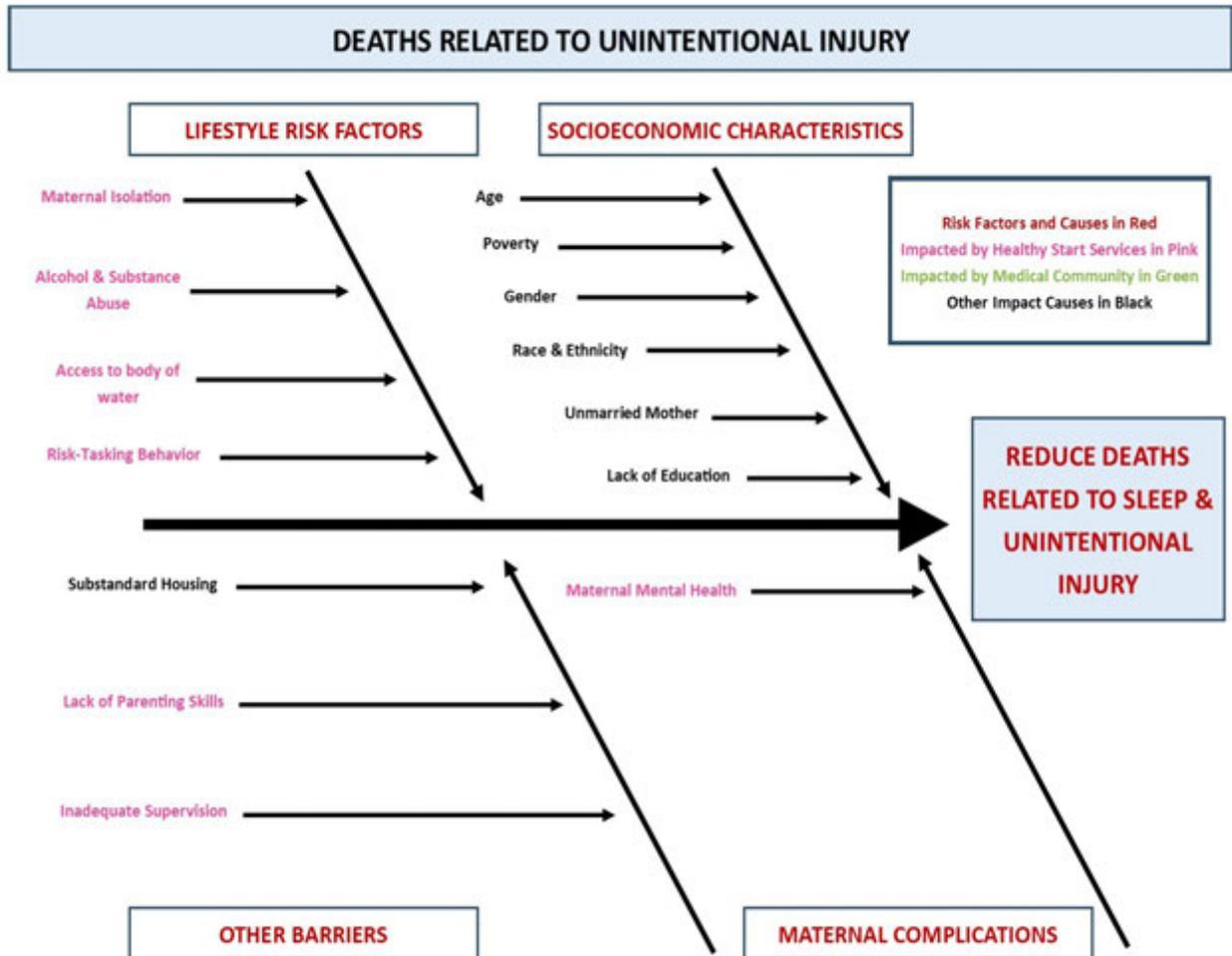
Comparison with the 2013-2017 Service Delivery Plan

In the 2013-2017 service delivery plan, the focus was on racial disparities. Strategies focused on increasing breastfeeding initiation rates , decreasing smoking rates, reduction of births to women with interpregnancy intervals less than 18 months and decreasing the number of deaths due to unintentional injuries. For the breastfeeding initiation rates and the reduction of births to women with interpregnancy intervals less than 18 months we specifically created strategies that would address the disparity with the Black and White populations.

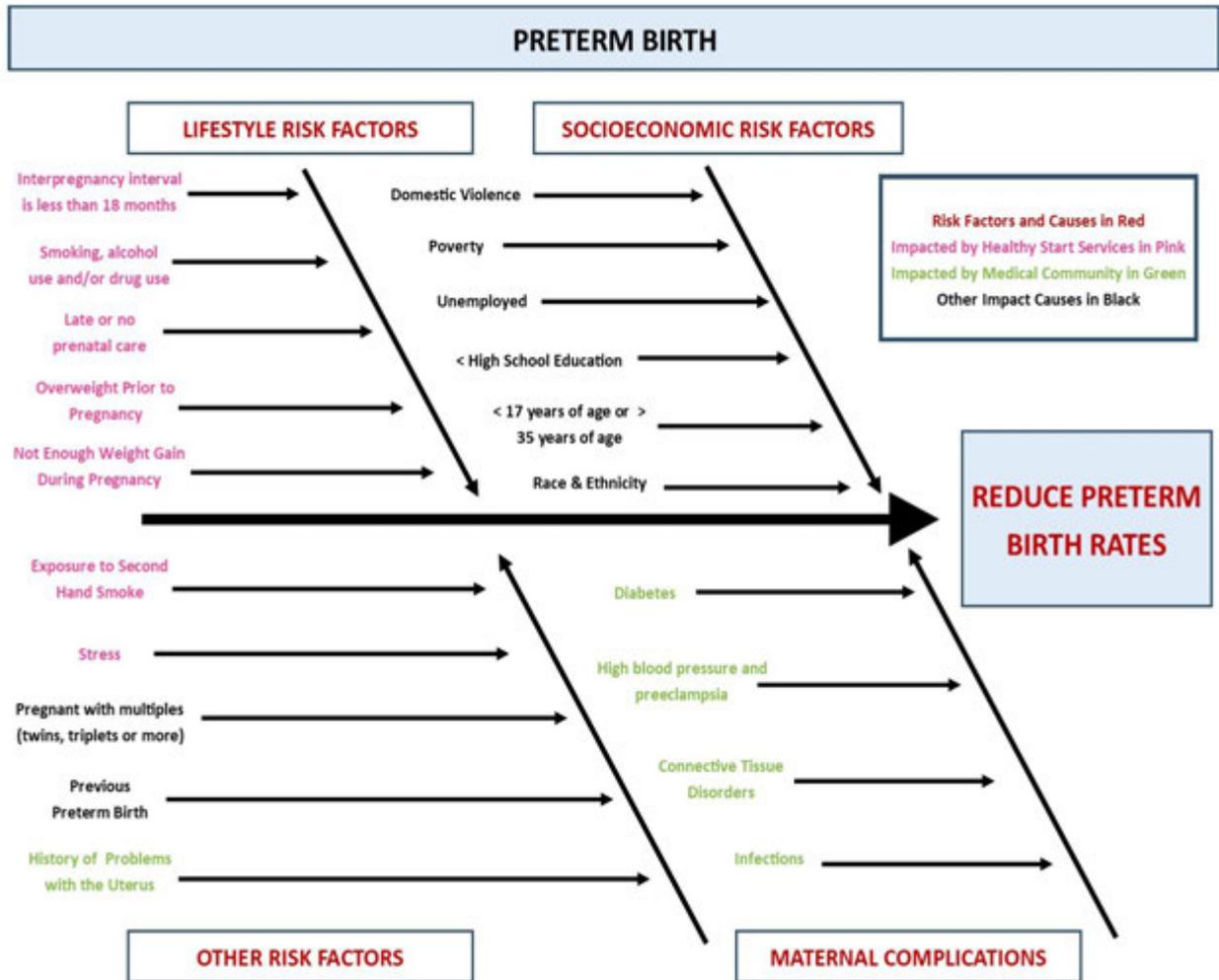
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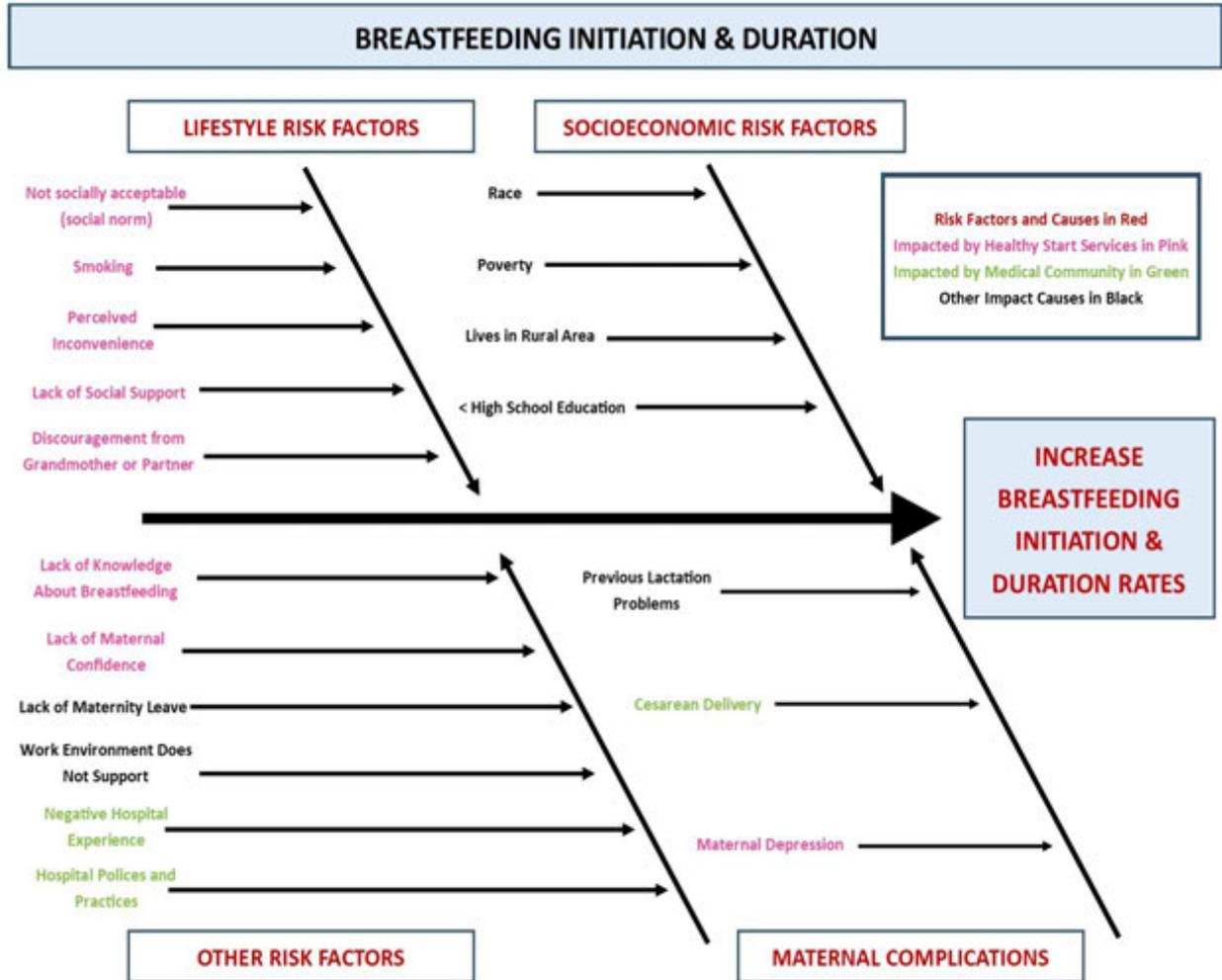
HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN



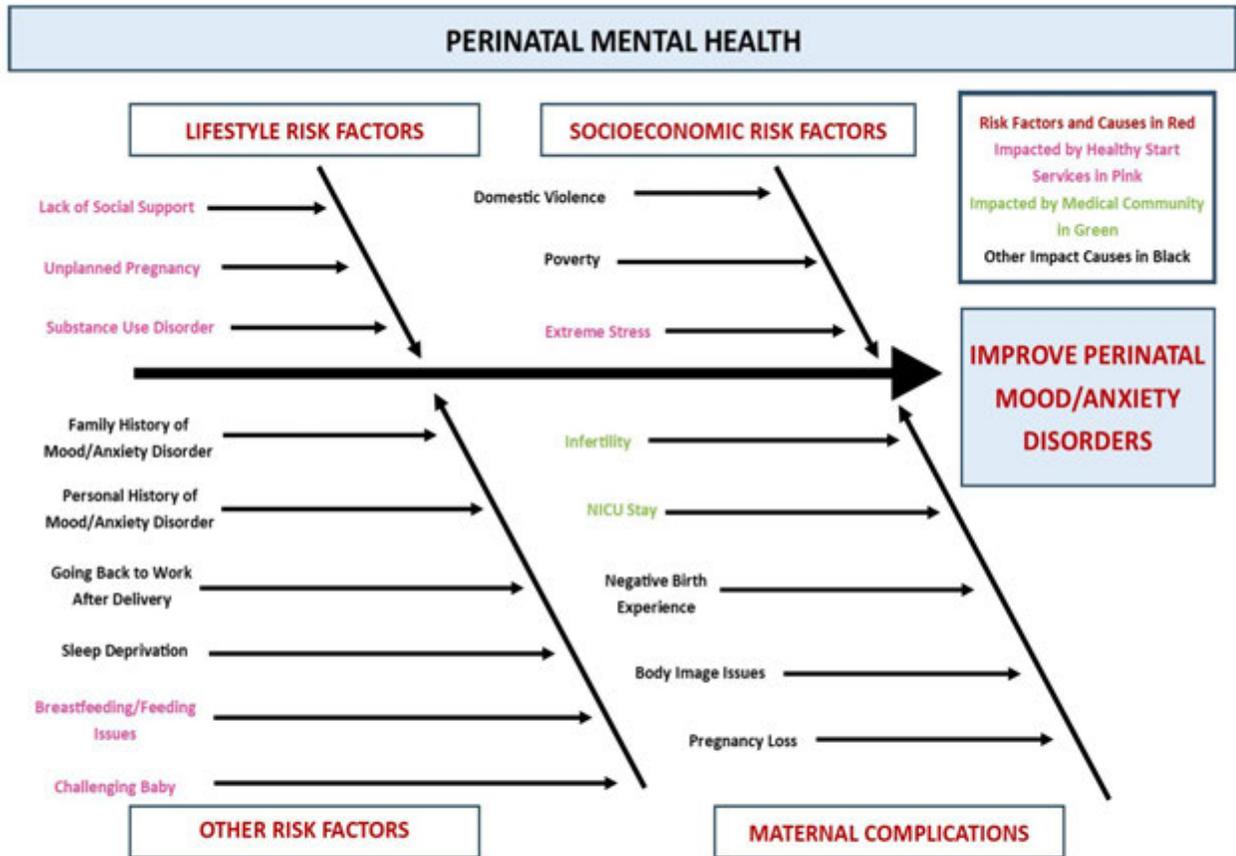
HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

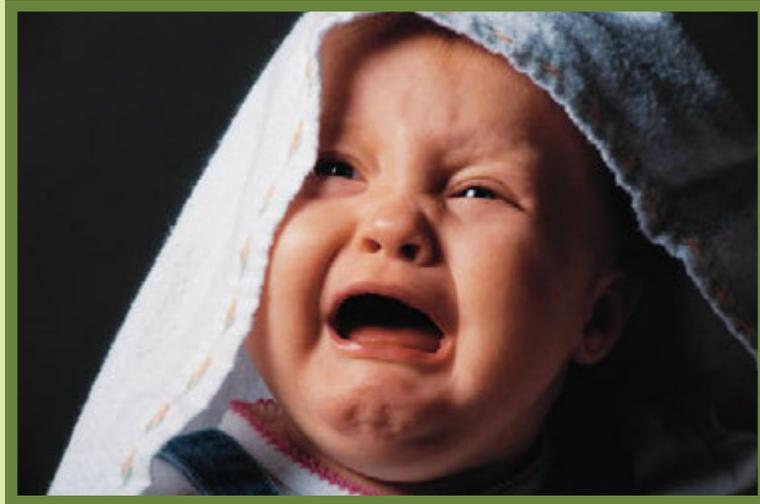


HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN



HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN





**QUALITY
IMPROVEMENT/
QUALITY ASSURANCE**

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

CONTINUOUS QUALITY IMPROVEMENT PLAN

A. Purpose

The 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 Internal Quality Assurance (QA) Program 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 the Coalition (1) teaches, trains, and consults program staff on the implementation and support of Healthy Start Standards and Guidelines (HSSG) and best practices; (2) evaluates the quality and appropriateness of HSNCF's services; (3) continuously improves programs through the utilization of operational data, satisfaction surveys, and needs assessments.

B. Objectives of the CQI Plan

1. To provide an organization-wide plan and process to ensure compliance with the standards of its regulatory agencies, HSSG, and best practices in the field
2. Systematically measure, assess, and improve its performance to achieve its goals
3. To provide a system of accountability and ongoing monitoring of the activities and competence of contracted providers

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

4. To monitor, evaluate, and maintain quality client care
5. To ensure identification of internal challenges and those of the contracted providers and develop strategies to overcome these challenges
6. To identify on an ongoing basis education and training needs of contracted providers' direct service staff

C. Coalition's Values for the CQI Process

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

D. Roles and Responsibilities Related to CQI Process

1. **Coalition 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
2. **Coalition 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

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

3. **Coalition Program Director:** The program director is accountable for managing the Coalition’s operations and provides resources and support systems for quality improvement functions. The program director directs and oversees the overall CQI process.
4. **Coalition Quality Assurance Specialists:** Under the direction of the program director, the Quality Assurance (QA) specialists are responsible for:
 - a. Training Service Providers: Enrollment and participation of trainings are completed through (LMS Learning Management System). Trainings required for service delivery are provided by the HSMN Training institute or QA specialists.
 - Healthy Start System of Care (LMS)
 - WellFamily System Documentation on the new System of Care (LMS)
 - Cultural Diversity (Local decision)
 - Health Equity (LMS)
 - Motivational Interviewing
 - Parenting Education – Partners for a Healthy Baby (HSMN Training Institute)
 - Breastfeeding Education and Support (10 Steps to Successful Breastfeeding) (QA Specialist)
 - Tobacco Education and Cessation – SCRIPT curriculum (HSMN Training Institute)
 - Ages and Stages Questionnaire (ASQ3 and SE2) (HSMN Training Institute)
 - Using ASQ-3 and ASQ-SE2 Together (LMS)
 - Mothers and Babies (HSMN Training Institute)
 - Edinburgh Depression Scale (Web Training) (HSMN Training Institute)
 - Using Partners for a Healthy Baby to Support Pregnant and Postpartum Women At Risk for or experiencing Depression (LMS)
 - SCRIPT Video Links – English and Spanish (LMS)
 - Family Planning and Contraceptive Counseling: Family Planning 101 (LMS)
 - Women’s Health Series Part 1, 2, and 3: Preconception Health, Prenatal Health, Breastfeeding and Nutrition (LMS)
 - Substance Abuse Model 3: Strategies for Working with Substance-Involved Families (LMS)
 - SBIRT Screening (LMS)
 - DOH approved Interconception Education and Counseling (HSMN Training Institute)
 - Documenting Interconceptional Care Services in Well Family System (LMS)
 - One Key Question (LMS)
 - Screening for and Identifying Intimate Partner Violence (LMS)

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

b. Conducting Annual Site Visits

- Annual audits of contracted providers
- Develop and monitor Performance Improvement Plans (PIPs) and Corrective Action Plans (CAPs)
- 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 Board of Directors

c. Reviewing Monthly & Quarterly Reports

- Review and analyze contracted provider's monthly and quarterly reports
- Ongoing monitoring of performance measures
- Ongoing monitoring of PIPs and CAPs
- Internal grievances and complaints reports

5. **Subcontracted Providers' Program Managers/Supervisors:** Manage the daily activities and supervision of the direct service and support staff and coordination of service delivery to ensure that participant needs, program goals, and contract objectives are effectively met and are in compliance with contractual obligations and HSSG and reporting findings to the regulatory agency.

a. QA/QI Monitoring and Evaluation Reports

- 1) **Monthly QA/QI Report.** The Provider shall submit the following form(s) within **fifteen (15) days** after the end of each month of service:
 - a) **Form G - Caseload Report:** Data consisting of the current prenatal and infant caseload.
 - b) **Form H - Let's Talk About Tobacco Evaluation Report:** Tobacco services provided.
 - c) **Form I – Prenatal Risk Screen Data Entry Form:** Number of prenatal screens received, screens in query, declined screens, declined program, screens not referred, and screens referred.
 - d) **Form J - Staffing Report:** Trainings staff received and dates of completion, staffing changes, and provision of culturally competent services.
 - e) **Form K - New Materials Request Form:** List of new educational/outreach materials needing approval from AHCA and DOH
- 2) **Quarterly QA/QI Report.** The Provider shall submit the following form(s) within **fifteen (15) days** after the end of each quarter of service:
 - a) **Form L - Summary Report:** Summary of findings from the record review.
 - b) **Form M - Core Outcome and Performance Measures Report:** Progress summary toward meeting the core outcome/performance.
 - c) **Form N - Outcomes and Outputs Report:** Progress summary toward meeting the outcomes and outputs.
 - d) **Form O - Continuous Quality Improvement Plan:** Based on findings from the QA/QI Review, develop a plan for improvement for any services not meeting contractual requirements and the *Healthy Start Standards and Guidelines*.

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

- e) **Form P - Face-to-Face Observation Log:** Supervisor's/program manager's observation of at least one face-to-face encounter conducted by each of their care coordinators annually.
- f) **Form Q - Complaints and Grievances Log:** Complaints and/or grievances filed by the participant as defined in the Complaints and Grievances Procedure (Attachment III).

E. Continuous Quality Improvement Process.

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

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 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

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 counties' Healthy Start programs. The CQI process includes:

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

1. 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:

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

- Contract deliverables
- Performance specifications
- WFS reports data
- Referral data
- Caseload Management
- Staffing updates
- Record reviews
- Participant grievances and complaints
- Participant satisfaction surveys

2. 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.

3. 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.

4. 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

a. Monthly:

- progress toward meeting Coalition service delivery goals;
- current caseload;
- Let's Talk About Tobacco Evaluation Report
- Prenatal risk screening data entry report
- staffing updates

b. Quarterly:

- summary and findings of their quarterly record review;
- progress towards meeting core outcome and performance measures;
- progress toward meeting Outcomes and Outputs;
- strategies developed and implemented by the provider for program improvement (PIP) based on analysis of provider services and core outcomes and performance measures;

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

- completed supervisory observations of face-to-face encounters between Healthy Start caseworkers and Healthy Start participants; and
- tracking on participant's complaints and grievances.

c. Annually:

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

1) Prior to annual site visit

- a) Schedule for site visits is developed at the beginning of the contract year and counties are notified and sent a pre-visit questionnaire
- b) QA staff collects and analyzes all available reports, pre-visit questionnaire, WFS data, and monthly and quarterly monitoring reports to start the annual program matrix.
- c) Staff pulls and begins auditing:
 - 10% of active caseload or 12 records (whichever is greater) – includes 50% Prenatal and 50% Infant
 - 2 ICC participants (if available)

2. At site visit

- a) Record Review Discussion and technical support with supervisor and HS staff

3. After site visit

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

F. Resolution of Issues/Problems Identified

If the Provider fails to meet the terms of this contract, the Coalition shall notify the Provider in writing of the specific performance failures and shall require the Provider to respond to the performance failures.

- 1) Performance Improvement and Corrective Action Plans are developed in conjunction with the Provider in the event that Performance Specifications are not being met, or in the event that the program has had ongoing problems with program performance and has failed to meet goals set to improve performance.
 - a) Performance Improvement Plan (PIP).

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

- (1) PIP is based on failure to meet a monthly, quarterly or annual performance specification
- (2) The plan may be initiated by the provider or requested by the Coalition.

b) Corrective Action Plan (CAP).

- (1) CAP is based on a program's repeated failure to meet performance specifications, failure to meet the goals set in previously placed PIPs, and significant signs that the program is not functioning effectively and/or efficiently.
- (2) The Coalition is responsible for developing a CAP that is mutually agreed upon by the Provider and the Coalition. In the event a mutual agreement cannot be reached, the Coalition shall have final determination of the CAP requiring conformance with the contract. If the Provider fails to achieve compliance with the CAP within the specified time frame the Coalition has the authority to terminate the contract for cause in the absence of any extenuating or mitigating circumstances.

c) Development of PIPs and CAPs.

- (1) Delineate services and processes that should be maintained and those that need improvement.
- (2) Define strategies and process changes designed to directly improve performance outcomes.
- (3) Include, at a minimum:
 - (a) Baseline data (when available) and a specific goal measurement to be achieved and maintained
 - (b) The status of performance achievement
 - (c) The status of progress toward full implementation of strategies and their impact on the performance outcome
 - (d) Discussion of additional strategies that will be attempted or of strategies found to be ineffective that will be discontinued.

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

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 Central Healthy Start 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.

Central Healthy Start Coalition

The Board of Directors works closely with staff. The Director of Central Healthy Start 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:

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

Annual Reports

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

- **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 ten percent of the total Healthy Start Direct Service budget.

Monthly Reports

The following monthly reports are required within 30 days after the end of each month of service.

- **Personnel List**

Provider submits a list of current staff to include employee name, job position, FTE, salary cost, and fringe cost, calculated by each month.

- **Administrative Support Budget Narrative and Personnel List**

Provider submits a line item budget narrative to include the total expenditures for administrative support personnel and facilities. Administrative Support shall not exceed 10 percent of the total funds earned.

- **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).

- **Property Purchase List**

Provider submits a listing of all purchases defined as non-expendable property. Said listing must include a description of the property, model number, manufacturer's serial number, funding source, information needed to calculate the federal and/or state share, date of acquisition, unit cost, property inventory number, and information on the location, use and condition, transfer, replacement or disposition of the property.

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

- **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 30 days after the end of each quarter of service. Due dates are October 30th (Quarter 1), January 30th (Quarter 2), April 30th (Quarter 3), and July 30th (Quarter 4).

- **Quarterly General Ledger**

Provider submits a quarterly general ledger to the Coalition listing all expenditures during the quarter, reported on the monthly expenditure report.

Financial Monitoring Review and Site Visit

The Coalition's Contract Manager conducts an annual financial virtual visit. The following documentation is required at the financial monitoring virtual 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
- Revenue Report—all revenue received year-to-date from the Coalition

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 virtual 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.

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

COALITION BOARD RESPONSIBILITIES

The mission of the Central Healthy Start Coalition is to create a collaborative partnership to ensure maternal and child health through proactive planning and cost effective allocation of resources. The Coalition coordinates and monitors Healthy Start programs in the four counties of Citrus, Hernando, Lake and Sumter as well as provides education, planning services, and allocation of 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 shall request. A General Member shall remain a member so long as he or she resides or works in the service area.

In accordance with Florida Statute 383.216 the General Membership shall represent the health care providers, the recipient community, and the community at large; shall represent the racial, ethnic, and gender composition of the community; and shall include at a minimum the following representation:

- 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

In addition to the statutory members, the General Members may also represent the business community, faith-based community, and child welfare agencies.

Corporations may be General Members if they maintain offices within the four county Service Area, and shall designate an official representative to attend meetings.

Powers and Duties of General Members. The General Members shall have the following powers and duties:

- Approve the initial set of bylaws for the Coalition and approve amendments to these bylaws as proposed by the Board of Directors
- Elect members of the Board of Directors in accordance with the procedures specified in Article IV of the bylaws.
- Approve the regional maternal and infant care service delivery plan recommended by the Board of Directors
- Advocate to ensure the availability and accessibility of maternal and children health services in the four county area.
- Serve on committees established by the Board of Directors

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

Meetings of the General Members. The General Members of the Coalition shall meet at least annually, as specified in Article VI Section 1 of the bylaws, and such other times as necessary to exercise the powers and duties reserved to them.

Qualifications for the Board of Directors. The Board of Directors shall not exceed 12. The Board of Directors shall include the following categories for representation:

- Three (3) Directors may represent advocacy groups serving pregnant women and infants in the service area
- One (1) Director may represent a consumer of family planning, primary care or prenatal care services who is low income or Medicaid eligible
- Eight (8) Directors may represent 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.

There shall be no more than one (1) Director who represents any one agency or organization, unless approved by the Board of Directors. To the extent possible, at least one (1) Director of the Board shall reside in each of the counties contained in the Service Area. No one (1) county may have representation of more than fifty (50) percent of the Directors on the Board.

Duties and Responsibilities of the Board of Directors. The Board of Directors shall exercise the power of the Coalition and conduct its affairs. It shall be the sole operating authority of the Coalition. It shall be the duty of the Directors to do the following:

- Perform any and all duties imposed upon them collectively or individually by the bylaws, state or federal statute regulation.
- Develop a prenatal and infant care plan that identifies the needs of women and infants in the Service Area, assesses available resources, identifies priority target groups and recommends actions necessary to meet identified needs, in accordance with state law, rules and guidelines under Florida's Healthy Start Program.
- Initiate such actions as may be necessary to implement the recommendations and improve services interconceptional women, pregnant women and children birth to three years in accordance with the Coalition's adopted service delivery plan.
- 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.
- Recommend amendments to these bylaws that the General Membership must approve. Amend all other provisions of the bylaws through approval of the Board of Directors.
- Meet as such times and places as required by the bylaws as specified in Article VI Section 1.
- Serve as the final arbiter of the interpretation of the bylaws.
- Enter into contracts or agreements with such agencies and organizations as from time to time may be deemed necessary or useful to carry out the functions, plans, and purposes of the Coalition.

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

- The Board of Directors may also enter into contracts for services, including staffing, health care planning, analysis, and research with independent contractors and such contractors shall not be considered employees of the Coalition.

Meetings of the Board of Directors. The Board of Directors shall meet at least four (4) times a year. All business meetings of the Coalition, whether regular or special, shall be open to the public as stated in Florida's Government in the Sunshine Laws. The physical presence of more than fifty (50) percent of the members of the Board of Directors shall constitute a quorum for the transaction of business.



PROCESS FOR ALLOCATING FUNDS

PROCESS FOR ALLOCATION FUNDS

SERVICE BUDGET 2020-2021

AGENCY	FDOH BASE	HSMN MEDICAID	CONTRACT TOTAL
Core and Enhanced Services			
Citrus County Health Department	\$89,075	\$250,921	\$339,996
Hernando — Kids Central, Inc.	\$111,794	\$299,120	\$413,9114
Lake — Kids Central, Inc.	\$195,795	\$347,504	\$543,299
Sumter — Langley Health Services	\$72,936	\$139,450	\$212,386
Data Entry—Prenatal Risk Screens			
Hernando County Health Department	\$2,864	\$0	\$2,864
Lake County Health Department	\$6,417	\$0	\$6,417
Sumter County Health Department	\$888	\$0	\$888
Connect—Coordinated Intake and Referral			
Central Healthy Start	\$102,568	\$255,817	\$358,385
Total	\$585,336	\$1,292,812	\$1,878,148

PROCESS FOR ALLOCATION FUNDS

FUNDING ALLOCATION METHODOLOGY

Base Funding Allocation Methodology

Variable	Percent Applied
Number of Non-Medicaid Births	50%
Number of Non-Medicaid Services	50%
\$60,000 per county for 1.0 FTE Nurse	\$5,000 per month

Contract Year	Data Source
2020-2021	Three-Year Rolling Average (2016-2018)

Medicaid Waiver Funding Allocation Methodology

Variable	Percent Applied
Medicaid Earnings	100%

Contract Year	Data Source
2020-2021	July 2019—October 2020



NEW STRATEGIC PLAN

NEW STRATEGIC PLAN

Objective 1: Improve risk screening and referral rates to increase participation in the Healthy Start program	
Social Determinant of Health Indicator(s): Education	
Activity 1.1:	Educate and provide ongoing technical assistance to prenatal care providers regarding components of the screen, screening rates and services available.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Provider Liaison
Technique(s):	Inform, collaborate
Performance Measure:	70% of prenatal care providers will receive technical assistance every 8 weeks
Indicator(s):	Number of prenatal care providers that received technical assistance
Activity 1.2:	Educate and provide ongoing technical assistance to birthing facilities regarding components of the screen, screening rates and services available.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Provider Liaison
Technique(s):	Inform, collaborate
Performance Measure:	70% of birthing facilities will receive technical assistance every 8 weeks
Indicator(s):	Number of birthing facilities that received technical assistance
Activity 1.3:	Educate and provide promotional materials to pediatricians regarding the referral process and services provided by Healthy Start.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Provider Liaison
Technique(s):	Inform, collaborate
Performance Measure:	50% of pediatricians will receive education quarterly
Indicator(s):	Number of pediatricians that received education
Activity 1.4:	Educate and provide promotional materials to community agencies regarding the referral process and services provided by Healthy Start.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison
Technique(s):	Inform, collaborate
Performance Measure:	8 community agencies will receive education and awareness monthly
Indicator(s):	Number of community agencies that received education and awareness of home visiting services and the referral process

NEW STRATEGIC PLAN

Objective 2: Reduce the number of substance using pregnant women and substance exposed newborns	
Social Determinant of Health Indicator(s): Toxic stress	
Activity 2.1:	Engage and partner with agencies whose mission is to identify and bridge gaps for substance using pregnant women and substance exposed newborns.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison
Technique(s):	Collaborate
Performance Measure:	8 engagements with partner agencies quarterly
Indicator(s):	Number of engagements with partner agencies
Activity 2.2:	Provide information and education to the community and partner agencies on the risks of substance use while pregnant and the effects on newborns.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison, Provider Liaison
Technique(s):	Inform, empower
Performance Measure:	3 information distribution efforts quarterly
Indicator(s):	Number of information distribution efforts (materials, trainings, social media, email signature tagline, etc.)
Activity 2.3:	Participate in professional development activities that address substance use and substance exposed newborns.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison, Provider Liaison, Quality Assurance Specialists
Technique(s):	Inform, empower
Performance Measure:	2 professional development activities
Indicator(s):	Number of professional development activities
Activity 2.4:	Coordinate and facilitate baby shower events and include partner agencies (, treatment programs and other substance use prevention partners) that address substance use during pregnancies and substance exposed newborns to provide education to pregnant women and their families.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison
Technique(s):	Collaborate
Performance Measure:	4 baby shower events annually
Indicator(s):	Number of baby shower events

NEW STRATEGIC PLAN

Objective 3: Reduce deaths for children ages 0-3 related unintentional injuries (child passenger safety, safe sleep and home safety)	
Social Determinant of Health Indicator(s): Racism, poverty, toxic stress, housing, transportation	
Activity 3.1:	Provide educational materials to healthcare providers on heat stroke to distribute to their patients.
Timeline/Frequency:	July 1, 2021 – July 31, 2021 (National Heatstroke Prevention Day - July 31)
Person Responsible:	Provider Liaison
Technique(s):	Inform, collaborate
Performance Measure:	70% of providers visited will receive materials on heat stroke
Indicator(s):	Number of providers who received materials
Activity 3.2:	Implement “window cling” campaign to raise awareness of heat stroke and risks of leaving children unattended in vehicles.
Timeline/Frequency:	July 1, 2021 – September 30, 2021
Person Responsible:	Community Liaison, Provider Liaison
Technique(s):	Inform, collaborate, empower
Performance Measure:	100 window clings during the quarter
Indicator(s):	Number of window clings distributed
Activity 3.3:	Provide educational materials to healthcare providers on prevention of child passenger safety to distribute to their patients.
Timeline/Frequency:	September 1, 2021 – September 30, 2021 (Child Passenger Awareness Week)
Person Responsible:	Provider Liaison
Technique(s):	Inform, collaborate
Performance Measure:	70% of providers visited will receive materials on child passenger safety
Indicator(s):	Number of providers who received materials
Activity 3.4	Provide information and education to community and partner agencies on child passenger safety.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison
Technique(s):	Inform, collaborate
Performance Measure:	3 information distribution efforts
Indicator(s):	Number of information distribution efforts (meetings, materials, trainings, presentations, email signature taglines, social media, etc.)
Activity 3.5:	Participate in community events that address child passenger safety
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison
Technique(s):	Inform, empower
Performance Measure:	4 community events
Indicator(s):	Number of events attended

NEW STRATEGIC PLAN

Activity 3.6:	Provide educational materials to healthcare providers on safe sleep to distribute to their patients.
Timeline/Frequency:	October 1, 2021 – October 31, 2021 (Safe Sleep Awareness Month)
Person Responsible:	Provider Liaison
Technique(s):	Inform, collaborate
Performance Measure:	70% of providers visited will receive materials on safe sleep
Indicator(s):	Number of providers who received materials
Activity 3.7:	Work with the community and partner agencies (i.e. healthcare providers, child-care providers, housing authorities, homeless coalitions and other community shelters) to become Safe Sleep Ambassadors.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison, Provider Liaison
Technique(s):	Inform, collaborate, empower
Performance Measure:	3 partner agencies will receive safe sleep ambassador education and support
Indicator(s):	Number of partner agencies who received safe sleep ambassador education and support
Activity 3.8:	Implement the “Moving Crib” display.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison
Technique(s):	Inform, collaborate, empower
Performance Measure:	4 “moving crib” displays
Indicator(s):	Number of “moving crib” displays, location and timeframe
Activity 3.9:	Provide information and education on Coping with Crying to healthcare providers to distribute to their patients.
Timeline/Frequency:	April 1, 2022 – April 30, 2022 (Child Abuse Prevention Month)
Person Responsible:	Provider Liaison
Technique(s):	Inform, collaborate
Performance Measure:	70% of our providers will receive out Healthy Start Coping with Crying tip sheets
Indicator(s):	Number of providers who received information
Activity 3.10:	Provide information and education to community and partner agencies on Coping with Crying
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison
Technique(s):	Inform, collaborate
Performance Measure:	3 information distribution efforts
Indicator(s):	Number of information distribution efforts (meetings, materials, trainings, presentations, email signature taglines, etc.)

NEW STRATEGIC PLAN

Activity 3.11:	Provide educational materials to healthcare providers on home safety (i.e. water safety, safe sleep, furniture tip overs) to distribute to their patients.
Timeline/Frequency:	June 1, 2022 – June 30, 2022 (National Safety month)
Person Responsible:	Provider Liaison
Technique(s):	Inform, collaborate
Performance Measure:	70% of providers visited will receive materials on home safety
Indicator(s):	Number of providers who received materials
Activity 3.12:	Provide information and education to the community and partner agencies on home safety (i.e. water safety, safe sleep, furniture tip overs).
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison
Technique(s):	Inform, collaborate
Performance Measure:	3 information distribution efforts quarterly
Indicator(s):	Number of information distribution efforts (meetings, materials, trainings, presentations, social media, email signature tagline, etc.)

NEW STRATEGIC PLAN

Objective 4: Reduce the rates of preterm births	
Social Determinant of Health Indicator(s): Racism, poverty, toxic stress, education	
Activity 4.1:	Provide educational materials to healthcare providers on contributing factors of preterm birth such as health disparities, preterm labor, smoking while pregnant, and family planning/birth spacing to distribute to their patients.
Timeline/Frequency:	November 1, 2021 – November 30, 2021 (National Prematurity Awareness Month)
Person Responsible:	Provider Liaison
Technique(s):	Inform, collaborate
Performance Measure:	70% of providers visited will receive materials on contributing factors of preterm birth
Indicator(s):	Number of providers who received materials
Activity 4.2:	Provide information and education to the community on contributing factors of preterm birth such as health disparities, preterm labor, smoking while pregnant, and family planning/birth spacing.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison
Technique(s):	Inform, collaborate
Performance Measure:	3 information distribution efforts quarterly
Indicator(s):	Number of information distribution efforts (meetings, materials, trainings, presentations, social media, email signature tagline, etc.)
Activity 4.3:	Coordinate and facilitate baby shower events and include partner agencies (teen parenting programs, pregnancy crisis centers, WIC, family planning agencies, and tobacco prevention partners) that address contributing factors of preterm births to provide education to pregnant women and their families.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison
Technique(s):	Collaborate
Performance Measure:	4 baby shower events annually
Indicator(s):	Number of baby shower events
Activity 4.4:	Evaluate the implementation and effectiveness of the “Let’s Talk About Tobacco” curriculum.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Quality Assurance Team
Technique(s):	Collaborate
Performance Measure:	Evaluation report
Indicator(s):	Number of Healthy Start workers using LTAT, quarterly technical assistance calls, number of participants that received LTAT services, number of participants that received SCRIPT services

NEW STRATEGIC PLAN

Objective 5: Increase breastfeeding initiation and duration rates	
Social Determinant of Health Indicator(s): Employment, racism, poverty, toxic stress	
Activity 5.1:	Provide educational materials to healthcare providers (prenatal care providers, birthing hospitals and pediatricians) that promote and support breastfeeding.
Timeline/Frequency:	August 1, 2021 – August 31, 2021 (National Breastfeeding month)
Person Responsible:	Provider Liaison
Technique(s):	Inform, collaborate
Performance Measure:	70% of providers visited will receive materials on breastfeeding
Indicator(s):	Number of providers who received materials
Activity 5.2:	Educate and support childcare providers and employers in obtaining the Breastfeeding Friendly award.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison
Technique(s):	Inform, involve, empower
Performance Measure:	3 partner agencies will receive education and support on the Breastfeeding Friendly Recognition program
Indicator(s):	Number of childcare providers and employers that received education and support on the Breastfeeding Friendly Recognition program
Activity 5.3:	Promote breastfeeding (initiation and duration) in the community (collaboration with community partners, community meetings and events) with an increased focus on targeting specific populations with low rates/ challenges with breastfeeding (working moms, black, teen, rural counties, etc.)
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison
Technique(s):	Inform, collaborate
Performance Measure:	3 information distribution efforts
Indicator(s):	Number of information distribution efforts (meetings, materials, trainings, presentations, social media, email signature tagline, etc.)

NEW STRATEGIC PLAN

Objective 6: Improve perinatal mental health	
Social Determinant of Health Indicator(s): Racism, poverty, toxic stress	
Activity 6.1:	Provide educational materials to healthcare providers (prenatal care providers, hospitals/birthing facilities and pediatricians) that educate on perinatal mental health.
Timeline/Frequency:	May 1, 2022 – May 31, 2022
Person Responsible:	Provider Liaison
Technique(s):	Inform, collaborate, empower
Performance Measure:	70% of providers visited will receive materials on perinatal mental health
Indicator(s):	Number of providers who received materials
Activity 6.2:	Promote perinatal mental health in the community (collaboration with community partners at community meetings and events)
Timeline/Frequency:	July 1, 2021 – July 30, 2022
Person Responsible:	Community Liaison
Technique(s):	Inform, collaborate, empower
Performance Measure:	3 information distribution efforts
Indicator(s):	Number of information distribution efforts (meetings, materials distributed, trainings, presentations, email signature taglines, etc)
Activity 6.3:	Coordinate and facilitate baby shower events and include partner agencies that address perinatal mental health and postpartum depression to provide education to pregnant women and their families.
Timeline/Frequency:	July 1, 2021 – June 30, 2022
Person Responsible:	Community Liaison
Technique(s):	Collaborate
Performance Measure:	4 baby shower events annually
Indicator(s):	Number of baby shower events



APPENDICES

APPENDICES

BOARD MEMBERS

Without the support of our Healthy Start Board of Directors and general members, the Service Delivery Plan for 2021-2026 would not be possible. We extend our sincere thanks to members of the Board who devote their time and talent to assist the Coalition.

Lesha Buchbinder, PAST PRESIDENT

Early Learning Coalition of Lake County

Dana Selfridge, PRESIDENT

Healthy Families Pasco and Hernando

Joelle Aboytes, VICE PRESIDENT

Department of Children and Families, Circuit 5

Sandra Woodard, SECRETARY

Early Learning Coalition of the Nature Coast

Esmeralda Batiz, TREASURER

Community Health Centers

Maria Granado

Lake County Community Health Worker Program

Porcha Green

Healthy Families Lake, Sumter and Marion

Dee Dixon

Healthy Families Citrus

Kristen Hopper

LifeStream Behavioral Health Center

APPENDICES

PARTNER AGENCY SURVEY

Partner Agency Survey



Agency Name: _____

Title of Individual Completing Survey: _____

County: _____ **City:** _____

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

<input type="checkbox"/> Alachua	<input type="checkbox"/> Dixie	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Putnam	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Bradford	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Lake	<input type="checkbox"/> Sumter	_____
<input type="checkbox"/> Citrus	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Levy	<input type="checkbox"/> Suwannee	_____
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hernando	<input type="checkbox"/> Marion	<input type="checkbox"/> Union	_____

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

<input type="checkbox"/> Pregnant Women	<input type="checkbox"/> Infants (birth - age 3)	<input type="checkbox"/> School age (6-10 years)
<input type="checkbox"/> Parent/Caregiver	<input type="checkbox"/> Preschool (3-5 years)	<input type="checkbox"/> Teens (11-19 years)

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

<input type="checkbox"/> Adoption Information	<input type="checkbox"/> Developmental Evaluation	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Transportation
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Diapers/Wipes	<input type="checkbox"/> Medicaid Eligibility	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Breastfeeding Education	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Mental Health	_____
<input type="checkbox"/> Breast Pumps	<input type="checkbox"/> Employment	<input type="checkbox"/> Parenting Education	_____
<input type="checkbox"/> Car Seats	<input type="checkbox"/> Family Planning	<input type="checkbox"/> Rent/Utility Assistance	_____
<input type="checkbox"/> Childbirth Classes	<input type="checkbox"/> Food/Clothes	<input type="checkbox"/> Shelters	_____
<input type="checkbox"/> Childcare/Preschool	<input type="checkbox"/> Home Visiting	<input type="checkbox"/> Tobacco Cessation	_____
<input type="checkbox"/> Cribs/Pack-n-Plays	<input type="checkbox"/> Household Safety Items	<input type="checkbox"/> Well Women Care	_____
<input type="checkbox"/> Dental Services	<input type="checkbox"/> Housing	<input type="checkbox"/> Substance Use Treatment	_____

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

5. Do you offer any of the following screenings:

<input type="checkbox"/> Substance Exposure	<input type="checkbox"/> Domestic Violence/IPV	<input type="checkbox"/> Perceived Stress Test
<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing (infant/child)	<input type="checkbox"/> Vision (infant/child)
<input type="checkbox"/> Child Development (ASQ, ASQ-SE, Milestones, etc.)	<input type="checkbox"/> IT-HOME	<input type="checkbox"/> Other (please list) _____
	<input type="checkbox"/> M-CHAT	_____

6. Do you offer any special programs to the pregnant women and families with young children you serve?
 No Yes, please describe: _____

7. Which Healthy Start services have you heard about?

<input type="checkbox"/> Prenatal risk screening	<input type="checkbox"/> Breastfeeding support	<input type="checkbox"/> Family health and well being	<input type="checkbox"/> Referral services
<input type="checkbox"/> Infant risk screening	<input type="checkbox"/> Care coordination	<input type="checkbox"/> Family planning	<input type="checkbox"/> Tobacco cessation
<input type="checkbox"/> CONNECT – Coordinated Intake and Referral	<input type="checkbox"/> Childbirth education	<input type="checkbox"/> Home visiting support	<input type="checkbox"/> Women's health education
	<input type="checkbox"/> Counseling services	<input type="checkbox"/> Newborn Care	<input type="checkbox"/> Unaware of Healthy Start
	<input type="checkbox"/> Developmental screening	<input type="checkbox"/> Parenting education	

8. Do you discuss the Healthy Start program with the people you serve? Yes No N/A

9. Do you give out Healthy Start printed materials? Yes No, but would like some N/A

10. Do you refer the people you serve to CONNECT for Healthy Start? Yes No, but I would like to learn N/A

11. Select the three greatest concerns impacting the health of pregnant women and newborns:

<input type="checkbox"/> Unintended pregnancy	<input type="checkbox"/> Substance use	<input type="checkbox"/> Care for uninsured/underinsured women
<input type="checkbox"/> Access to birth control/family planning	<input type="checkbox"/> Dental care	<input type="checkbox"/> Preconception/interconception education
<input type="checkbox"/> Teen pregnancy	<input type="checkbox"/> Safe infant sleep behaviors	<input type="checkbox"/> Nutrition/healthy lifestyles
<input type="checkbox"/> Tobacco use during pregnancy	<input type="checkbox"/> Inadequate or unsafe housing	<input type="checkbox"/> Child passenger safety
<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Lack of father involvement	<input type="checkbox"/> Transportation
<input type="checkbox"/> Obese prior to pregnancy	<input type="checkbox"/> Routine prenatal care	<input type="checkbox"/> Child care assistance

Thank you for taking the time to complete this survey!

APPENDICES

HEALTHY START GENERAL SURVEY



Healthy Start General Survey

1. Please select the county where you live:

<input type="checkbox"/> Alachua	<input type="checkbox"/> Dixie	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Putnam
<input type="checkbox"/> Bradford	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Lake	<input type="checkbox"/> Sumter
<input type="checkbox"/> Citrus	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Levy	<input type="checkbox"/> Suwannee
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hernando	<input type="checkbox"/> Marion	<input type="checkbox"/> Union

2. In what county did you receive prenatal care:

<input type="checkbox"/> Alachua	<input type="checkbox"/> Dixie	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Putnam
<input type="checkbox"/> Bradford	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Lake	<input type="checkbox"/> Sumter
<input type="checkbox"/> Citrus	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Levy	<input type="checkbox"/> Suwannee
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hernando	<input type="checkbox"/> Marion	<input type="checkbox"/> Union
<input type="checkbox"/> Other: _____			

3. When did you start receiving prenatal care?

<input type="checkbox"/> 0-3 months (first trimester)	<input type="checkbox"/> 7 or more months (third trimester)
<input type="checkbox"/> 4-6 months (second trimester)	<input type="checkbox"/> I did not see a prenatal provider during pregnancy

4. If you didn't receive prenatal care in the first trimester, what was the reason?

<input type="checkbox"/> Didn't know they were pregnant	<input type="checkbox"/> Temporary Medicaid not accepted by prenatal care provider
<input type="checkbox"/> Personal reasons	<input type="checkbox"/> Policy of prenatal care provider
<input type="checkbox"/> Cultural or religious reasons	<input type="checkbox"/> Could not get an appointment
<input type="checkbox"/> Not aware of importance of early prenatal care	<input type="checkbox"/> Transportation to prenatal care appointments
<input type="checkbox"/> Cost of care	<input type="checkbox"/> N/A
<input type="checkbox"/> Does not have insurance	<input type="checkbox"/> Other (please list) _____

5. Where did you receive your prenatal care?

<input type="checkbox"/> OB/GYN office	<input type="checkbox"/> County Health Department	<input type="checkbox"/> High Risk Clinic	<input type="checkbox"/> Other (please list) _____
<input type="checkbox"/> Midwife	<input type="checkbox"/> Community Health Center	<input type="checkbox"/> I did not receive prenatal care	

6. How did you pay for your prenatal care?

<input type="checkbox"/> Private insurance	<input type="checkbox"/> Self-pay/Cash	<input type="checkbox"/> Other (please list) _____
<input type="checkbox"/> Medicaid	<input type="checkbox"/> I did not receive prenatal care	

7. What makes/made it hard to keep your prenatal care appointment?

<input type="checkbox"/> Forgot the appointment	<input type="checkbox"/> Could not get childcare
<input type="checkbox"/> Transportation problems	<input type="checkbox"/> Cost too much
<input type="checkbox"/> Appointment times	<input type="checkbox"/> Did not have problems keeping appointments
<input type="checkbox"/> Distance to provider	<input type="checkbox"/> Other (please list) _____

8. Have you heard about Healthy Start services before? Yes No

9. If you've heard about Healthy Start services, did your prenatal care provider explain Healthy Start and other home visiting services to you? Yes No I've never heard about Healthy Start services

10. Select the three greatest concerns impacting the health of pregnant women and newborns:

<input type="checkbox"/> Unplanned pregnancy	<input type="checkbox"/> Drug and/or alcohol use	<input type="checkbox"/> No health insurance
<input type="checkbox"/> Access to birth control/family planning	<input type="checkbox"/> Dental care	<input type="checkbox"/> Teen pregnancy
<input type="checkbox"/> Getting healthy before next pregnancy	<input type="checkbox"/> Safe place for baby to sleep	<input type="checkbox"/> Nutrition/healthy lifestyles
<input type="checkbox"/> Smoking during pregnancy	<input type="checkbox"/> No housing or unsafe housing	<input type="checkbox"/> Child passenger safety
<input type="checkbox"/> Anxiety/depression	<input type="checkbox"/> Father not involved	<input type="checkbox"/> Transportation
<input type="checkbox"/> Unhealthy weight before pregnancy	<input type="checkbox"/> Going to prenatal care appointments	<input type="checkbox"/> Help with child care

12. What hospital/birthing facility did you deliver (if applicable):

<input type="checkbox"/> Citrus Memorial	<input type="checkbox"/> AdventHealth	<input type="checkbox"/> North Florida Regional Medical Center	<input type="checkbox"/> Shands at Lake Shore
<input type="checkbox"/> Bayfront Health Seven Rivers	<input type="checkbox"/> Waterman	<input type="checkbox"/> The Birth Center at Comprehensive Women's Health	<input type="checkbox"/> AdventHealth Ocala
<input type="checkbox"/> Bayfront Health Spring Hill	<input type="checkbox"/> Leesburg Regional Medical Center	<input type="checkbox"/> UF Health-Shands Birth and Wellness Center of Gainesville	<input type="checkbox"/> Loving Arms Birth and Wellness Center
<input type="checkbox"/> Oak Hill Hospital	<input type="checkbox"/> South Lake Hospital		<input type="checkbox"/> Putnam Birth and Beyond
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Community Birth & Wellness Center (Lake County)		<input type="checkbox"/> Putnam Community Medical Center

THANK YOU!

APPENDICES

HEALTHY START PARTICIPANT SURVEY



Healthy Start Participant Survey

1. Please select the county where you live:

<input type="checkbox"/> Alachua	<input type="checkbox"/> Dixie	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Putnam
<input type="checkbox"/> Bradford	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Lake	<input type="checkbox"/> Sumter
<input type="checkbox"/> Citrus	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Levy	<input type="checkbox"/> Suwannee
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hernando	<input type="checkbox"/> Marion	<input type="checkbox"/> Union

2. In what county did you receive prenatal care:

<input type="checkbox"/> Alachua	<input type="checkbox"/> Dixie	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Putnam
<input type="checkbox"/> Bradford	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Lake	<input type="checkbox"/> Sumter
<input type="checkbox"/> Citrus	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Levy	<input type="checkbox"/> Suwannee
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hernando	<input type="checkbox"/> Marion	<input type="checkbox"/> Union
<input type="checkbox"/> Other: _____			

3. When did you start receiving prenatal care?

<input type="checkbox"/> 0-3 months (first trimester)	<input type="checkbox"/> 7 or more months (third trimester)
<input type="checkbox"/> 4-6 months (second trimester)	<input type="checkbox"/> I did not see a prenatal provider during pregnancy

4. If you didn't receive prenatal care in the first trimester, what was the reason?

<input type="checkbox"/> Didn't know they were pregnant	<input type="checkbox"/> Temporary Medicaid not accepted by prenatal care provider
<input type="checkbox"/> Personal reasons	<input type="checkbox"/> Policy of prenatal care provider
<input type="checkbox"/> Cultural or religious reasons	<input type="checkbox"/> Could not get an appointment
<input type="checkbox"/> Not aware of importance of early prenatal care	<input type="checkbox"/> Transportation to prenatal care appointments
<input type="checkbox"/> Cost of care	<input type="checkbox"/> N/A
<input type="checkbox"/> Does not have insurance	<input type="checkbox"/> Other (please list) _____

4. Where did you receive your prenatal care?

<input type="checkbox"/> OB/GYN office	<input type="checkbox"/> County Health Department	<input type="checkbox"/> High Risk Clinic	<input type="checkbox"/> Other (please list) _____
<input type="checkbox"/> Midwife	<input type="checkbox"/> Community Health Center	<input type="checkbox"/> I did not receive prenatal care	

5. How did you pay for your prenatal care?

<input type="checkbox"/> Private insurance	<input type="checkbox"/> Self-pay/Cash	<input type="checkbox"/> Other (please list) _____
<input type="checkbox"/> Medicaid	<input type="checkbox"/> I did not receive prenatal care	

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

<input type="checkbox"/> Forgot the appointment	<input type="checkbox"/> Could not get childcare
<input type="checkbox"/> Transportation problems	<input type="checkbox"/> Cost too much
<input type="checkbox"/> Appointment times	<input type="checkbox"/> Did not have problems keeping appointments
<input type="checkbox"/> Distance to provider	<input type="checkbox"/> Other (please list) _____

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

8. Did your prenatal care provider explain Healthy Start and other home visiting services? Yes No

9. How does Healthy Start benefit you and your baby?

<input type="checkbox"/> Provides emotional support	<input type="checkbox"/> Helps me understand the growth and development of my baby
<input type="checkbox"/> Teaches me how to care for myself while pregnant	<input type="checkbox"/> Teaches me new ways to play with my baby
<input type="checkbox"/> Helps me prepare for labor and delivery	<input type="checkbox"/> Supports me in my efforts to quit smoking
<input type="checkbox"/> Teaches me how to care for my baby	<input type="checkbox"/> Teaches me how to reduce everyday stress and anxiety
<input type="checkbox"/> Gives me access to support groups and classes	<input type="checkbox"/> Helps me plan for future pregnancies
<input type="checkbox"/> Provides car seat safety information	<input type="checkbox"/> Guides me in making healthy lifestyle choices
<input type="checkbox"/> Provides safe sleep information	<input type="checkbox"/> Provides breastfeeding support
<input type="checkbox"/> Provides home safety information	<input type="checkbox"/> Provides information on infant nutrition
<input type="checkbox"/> Other (please list) _____	

10. Select the three greatest concerns impacting the health of pregnant women and newborns:

<input type="checkbox"/> Unplanned pregnancy	<input type="checkbox"/> Drug and/or alcohol use	<input type="checkbox"/> No health insurance
<input type="checkbox"/> Access to birth control/family planning	<input type="checkbox"/> Dental care	<input type="checkbox"/> Getting healthy before getting pregnant again
<input type="checkbox"/> Teen pregnancy	<input type="checkbox"/> Safe place for baby to sleep	<input type="checkbox"/> Nutrition/healthy lifestyles
<input type="checkbox"/> Smoking during pregnancy	<input type="checkbox"/> No housing or unsafe housing	<input type="checkbox"/> Child passenger safety
<input type="checkbox"/> Anxiety/depression	<input type="checkbox"/> Father not involved	<input type="checkbox"/> Transportation
<input type="checkbox"/> Unhealthy weight before pregnancy	<input type="checkbox"/> Going to prenatal care appointments	<input type="checkbox"/> Help with child care

APPENDICES

HEALTHY START PARTICIPANT SURVEY

11. What hospital/birthing facility did you deliver (if applicable):

- | | | | |
|-------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Citrus Memorial | <input type="checkbox"/> AdventHealth | <input type="checkbox"/> North Florida Regional | <input type="checkbox"/> Shands at Lake Shore |
| <input type="checkbox"/> Bayfront Health Seven Rivers | <input type="checkbox"/> Waterman | <input type="checkbox"/> Medical Center | <input type="checkbox"/> AdventHealth Ocala |
| <input type="checkbox"/> Bayfront Health Spring Hill | <input type="checkbox"/> Leesburg Regional Medical Center | <input type="checkbox"/> The Birth Center at Comprehensive Women's Health | <input type="checkbox"/> Loving Arms Birth and Wellness Center |
| <input type="checkbox"/> Oak Hill Hospital | <input type="checkbox"/> South Lake Hospital | <input type="checkbox"/> UF Health-Shands | <input type="checkbox"/> Putnam Birth and Beyond |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Community Birth & Wellness Center (Lake County) | <input type="checkbox"/> Birth and Wellness Center of Gainesville | <input type="checkbox"/> Putnam Community Medical Center |

THANK YOU!

APPENDICES

HEALTHY START PROVIDER SURVEY

Healthy Start Provider Survey



Agency Name: _____

Title of Individual Completing Survey: _____

County: _____ **City:** _____

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

<input type="checkbox"/> Alachua	<input type="checkbox"/> Dixie	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Putnam
<input type="checkbox"/> Bradford	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Lake	<input type="checkbox"/> Sumter
<input type="checkbox"/> Citrus	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Levy	<input type="checkbox"/> Suwannee
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hernando	<input type="checkbox"/> Marion	<input type="checkbox"/> Union

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

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

<input type="checkbox"/> Adoption Information	<input type="checkbox"/> Developmental Evaluation	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Transportation
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Diapers/Wipes	<input type="checkbox"/> Medicaid Eligibility	<input type="checkbox"/> Other (please list) _____
<input type="checkbox"/> Breastfeeding Education	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Mental Health	_____
<input type="checkbox"/> Breast Pumps	<input type="checkbox"/> Employment	<input type="checkbox"/> Parenting Education	_____
<input type="checkbox"/> Car Seats	<input type="checkbox"/> Family Planning	<input type="checkbox"/> Rent/Utility Assistance	_____
<input type="checkbox"/> Childbirth Classes	<input type="checkbox"/> Food/Clothes	<input type="checkbox"/> Shelters	_____
<input type="checkbox"/> Childcare/Preschool	<input type="checkbox"/> Home Visiting	<input type="checkbox"/> Tobacco Cessation	_____
<input type="checkbox"/> Cribs/Pack-n-Plays	<input type="checkbox"/> Household Safety Items	<input type="checkbox"/> Well Women Care	_____
<input type="checkbox"/> Dental Services	<input type="checkbox"/> Housing	<input type="checkbox"/> Substance Use Treatment	_____

4. Do you engage fathers when providing services? Yes No
(If yes, please explain how) _____

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

<input type="checkbox"/> Didn't know they were pregnant	<input type="checkbox"/> Temporary Medicaid not accepted by prenatal care provider
<input type="checkbox"/> Personal reasons	<input type="checkbox"/> Policy of prenatal care provider
<input type="checkbox"/> Cultural or religious reasons	<input type="checkbox"/> Could not get an appointment
<input type="checkbox"/> Not aware of importance of early prenatal care	<input type="checkbox"/> Transportation to prenatal care appointments
<input type="checkbox"/> Cost of care	<input type="checkbox"/> Other (please list) _____
<input type="checkbox"/> Does not have insurance	

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

<input type="checkbox"/> Breast pumps	<input type="checkbox"/> Cribs/Pack-n-plays	<input type="checkbox"/> Household safety (ex. plug covers, baby gates)
<input type="checkbox"/> Car seats	<input type="checkbox"/> Diapers/wipes	<input type="checkbox"/> Other (please list) _____

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

WIC	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	CONNECT	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Pregnancy Resource Centers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Use Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domestic Violence Shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early/Head Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing/Homeless Shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care (ELC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adoption Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

9. Select the three greatest concerns impacting the health of pregnant women and newborns:

<input type="checkbox"/> Unintended pregnancy	<input type="checkbox"/> Substance use	<input type="checkbox"/> Care for uninsured/underinsured women
<input type="checkbox"/> Access to birth control/family planning	<input type="checkbox"/> Dental care	<input type="checkbox"/> Preconception/interconception education
<input type="checkbox"/> Teen pregnancy	<input type="checkbox"/> Safe infant sleep behaviors	<input type="checkbox"/> Nutrition/healthy lifestyles
<input type="checkbox"/> Tobacco use during pregnancy	<input type="checkbox"/> Inadequate or unsafe housing	<input type="checkbox"/> Child passenger safety
<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Lack of father involvement	<input type="checkbox"/> Transportation
<input type="checkbox"/> Obese prior to pregnancy	<input type="checkbox"/> Routine prenatal care	<input type="checkbox"/> Child care assistance

10. Do you have any additional suggestions for Healthy Start to improve our services?

Thank you for taking the time to complete this survey!

APPENDICES

HEALTH CARE PROVIDER SURVEY—PRENATAL

Health Care Provider Survey (Prenatal)



Prenatal Care Provider/Practice Name: _____

Title of Individual Completing Survey: _____

County: _____ **City:** _____

1. In which county(ies) do the majority of your patients live:

<input type="checkbox"/> Alachua	<input type="checkbox"/> Dixie	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Putnam	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Bradford	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Lake	<input type="checkbox"/> Sumter	_____
<input type="checkbox"/> Citrus	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Levy	<input type="checkbox"/> Suwannee	_____
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hernando	<input type="checkbox"/> Marion	<input type="checkbox"/> Union	_____

2. Please check all that apply:

Offer evening and/or weekend hours for appointments

Provide high risk prenatal/postnatal care

Provide services to Medicaid patients

Provide services to patients during the Medicaid eligibility process

Offer a sliding fee scale or payment plan to those without insurance

3. What percentage of your practice/facility is:

_____ % Private Insurance + _____ % Medicaid + _____ % Uninsured/Self Pay = **100% Total**

4. Do you assist your patients in applying for Medicaid? Yes No

5. Do you offer any of the following screenings:

Substance Exposure Depression Domestic Violence/IPV

Other (please list) _____

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

<input type="checkbox"/> Didn't know they were pregnant	<input type="checkbox"/> Policy of prenatal care provider
<input type="checkbox"/> Personal reasons	<input type="checkbox"/> Could not get an appointment
<input type="checkbox"/> Cultural or religious reasons	<input type="checkbox"/> Transportation
<input type="checkbox"/> Not aware of importance of early prenatal care	<input type="checkbox"/> Other (please list) _____

7. Do you offer any special programs to the pregnant women and families with young children you serve?

No Yes, please describe: _____

8. Select the three greatest concerns impacting the health of pregnant women and newborns:

<input type="checkbox"/> Unintended pregnancy	<input type="checkbox"/> Substance use	<input type="checkbox"/> Care for uninsured/underinsured women
<input type="checkbox"/> Access to birth control/family planning	<input type="checkbox"/> Dental care	<input type="checkbox"/> Preconception/interconception education
<input type="checkbox"/> Teen pregnancy	<input type="checkbox"/> Safe infant sleep behaviors	<input type="checkbox"/> Nutrition/healthy lifestyles
<input type="checkbox"/> Tobacco use during pregnancy	<input type="checkbox"/> Inadequate or unsafe housing	<input type="checkbox"/> Child passenger safety
<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Lack of father involvement	<input type="checkbox"/> Transportation
<input type="checkbox"/> Obese prior to pregnancy	<input type="checkbox"/> Routine prenatal care	<input type="checkbox"/> Child care assistance

9. Are you willing to offer the Healthy Start risk screen to ALL of your patients? Yes No

10. Are you aware of Florida State Statute 383.14? Yes No

Prenatal care: Florida Statute 383.14 mandates that all pregnant women be offered the Healthy Start prenatal risk screening at their first prenatal visit.

11. Do you discuss the Healthy Start program with your patients? Yes No

12. Which Healthy Start services have you heard about?

<input type="checkbox"/> Prenatal risk screening	<input type="checkbox"/> Breastfeeding support	<input type="checkbox"/> Family health and well being	<input type="checkbox"/> Referral services
<input type="checkbox"/> Infant risk screening	<input type="checkbox"/> Care coordination	<input type="checkbox"/> Family planning	<input type="checkbox"/> Tobacco cessation
<input type="checkbox"/> CONNECT – Coordinated Intake and Referral	<input type="checkbox"/> Childbirth education	<input type="checkbox"/> Home visiting support	<input type="checkbox"/> Women's health education
<input type="checkbox"/> Counseling services	<input type="checkbox"/> Newborn Care	<input type="checkbox"/> Parenting education	<input type="checkbox"/> Unaware of Healthy Start
<input type="checkbox"/> Developmental screening			

13. Do you give out Healthy Start printed materials? Yes No, but would like some N/A

14. Do you refer the people you serve to CONNECT for Healthy Start? Yes No, but I would like to learn N/A

Thank you for taking the time to complete this survey!

APPENDICES

HEALTH CARE PROVIDER SURVEY—BIRTHING FACILITY

Health Care Provider Survey (Birthing Facility)



Hospital/Birthing Facility Name: _____

Title of Individual Completing Survey: _____

County: _____ **City:** _____

1. In which county(ies) do the majority of your patients live:

<input type="checkbox"/> Alachua	<input type="checkbox"/> Dixie	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Putnam	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Bradford	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Lake	<input type="checkbox"/> Sumter	_____
<input type="checkbox"/> Citrus	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Levy	<input type="checkbox"/> Suwannee	_____
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hernando	<input type="checkbox"/> Marion	<input type="checkbox"/> Union	_____

2. Please check all that apply:

Provide a high risk maternity unit

Provide a neonatal intensive care unit (Level: _____)

Provide services to Medicaid patients

Provide services to patients during the Medicaid eligibility process

Offer a sliding fee scale or payment plan to those without insurance

3. What percentage of deliveries are covered by:

_____ % Private Insurance + _____ % Medicaid + _____ % Uninsured/Self Pay = 100% Total

4. Do you assist your patients in applying for Medicaid? Yes No

5. Do you offer any of the following screenings:

Substance Exposure Depression Domestic Violence/IPV

Vision Hearing

Other (please list) _____

6. Do you offer any special programs to the pregnant women and families with young children you serve?

No Yes, please describe: _____

7. Select the three greatest concerns impacting the health of pregnant women and newborns:

<input type="checkbox"/> Unintended pregnancy	<input type="checkbox"/> Substance use	<input type="checkbox"/> Care for uninsured/underinsured women
<input type="checkbox"/> Access to birth control/family planning	<input type="checkbox"/> Dental care	<input type="checkbox"/> Preconception/interconception education
<input type="checkbox"/> Teen pregnancy	<input type="checkbox"/> Safe infant sleep behaviors	<input type="checkbox"/> Nutrition/healthy lifestyles
<input type="checkbox"/> Tobacco use during pregnancy	<input type="checkbox"/> Inadequate or unsafe housing	<input type="checkbox"/> Child passenger safety
<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Lack of father involvement	<input type="checkbox"/> Transportation
<input type="checkbox"/> Obese prior to pregnancy	<input type="checkbox"/> Routine prenatal care	<input type="checkbox"/> Child care assistance

8. Are you willing to offer the Healthy Start risk screen to ALL of your patients? Yes No

9. Are you aware of Florida State Statute 383.14? Yes No

***Birthing facilities:** Florida statute 383.14 requires the Healthy Start infant (postnatal) risk screening be offered to parents or guardians of all infants born in Florida before leaving the delivery facility.*

10. Do you discuss the Healthy Start program with your patients? Yes No

11. Which Healthy Start services have you heard about?

<input type="checkbox"/> Prenatal risk screening	<input type="checkbox"/> Breastfeeding support	<input type="checkbox"/> Family health and well being	<input type="checkbox"/> Referral services
<input type="checkbox"/> Infant risk screening	<input type="checkbox"/> Care coordination	<input type="checkbox"/> Family planning	<input type="checkbox"/> Tobacco cessation
<input type="checkbox"/> CONNECT – Coordinated Intake and Referral	<input type="checkbox"/> Childbirth education	<input type="checkbox"/> Home visiting support	<input type="checkbox"/> Women’s health education
<input type="checkbox"/> Counseling services	<input type="checkbox"/> Newborn Care	<input type="checkbox"/> Parenting education	<input type="checkbox"/> Unaware of Healthy Start
<input type="checkbox"/> Developmental screening			

12. Do you give out Healthy Start printed materials? Yes No, but would like some N/A

13. Do you refer the people you serve to CONNECT for Healthy Start? Yes No, but I would like to learn N/A

Thank you for taking the time to complete this survey!

APPENDICES

HEALTH CARE PROVIDER SURVEY—PEDIATRICS

Health Care Provider Survey (Pediatrics)



Pediatrician/Practice Name: _____

Title of Individual Completing Survey: _____

County: _____ **City:** _____

1. In which county(ies) do the majority of your patients live:

<input type="checkbox"/> Alachua	<input type="checkbox"/> Dixie	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Putnam	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Bradford	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Lake	<input type="checkbox"/> Sumter	_____
<input type="checkbox"/> Citrus	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Levy	<input type="checkbox"/> Suwannee	_____
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hernando	<input type="checkbox"/> Marion	<input type="checkbox"/> Union	_____

2. Please check all that apply:

Offer evening and/or weekend hours for appointments

Provide services to Medicaid patients

Provide services to patients during the Medicaid eligibility process

Offer a sliding fee scale or payment plan to those without insurance

3. What percentage of your practice/facility is:

_____ % Private Insurance + _____ % Medicaid + _____ % Uninsured/Self Pay = **100% Total**

4. Do you assist your patients in applying for Medicaid? Yes No

5. Do you offer any of the following screenings:

<input type="checkbox"/> Substance Exposure	<input type="checkbox"/> Domestic Violence/IPV	<input type="checkbox"/> Perceived Stress Test
<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing (infant/child)	<input type="checkbox"/> Vision (infant/child)
<input type="checkbox"/> Child Development (ASQ, ASQ-SE, Milestones, etc.)	<input type="checkbox"/> IT-HOME	<input type="checkbox"/> Other (please list) _____
	<input type="checkbox"/> M-CHAT	

6. Do you offer any special programs to the pregnant women and families with young children you serve?

No Yes, please describe: _____

7. Select the three greatest concerns impacting the health of pregnant women and newborns:

<input type="checkbox"/> Unintended pregnancy	<input type="checkbox"/> Substance use	<input type="checkbox"/> Care for uninsured/underinsured women
<input type="checkbox"/> Access to birth control/family planning	<input type="checkbox"/> Dental care	<input type="checkbox"/> Preconception/interconception education
<input type="checkbox"/> Teen pregnancy	<input type="checkbox"/> Safe infant sleep behaviors	<input type="checkbox"/> Nutrition/healthy lifestyles
<input type="checkbox"/> Tobacco use during pregnancy	<input type="checkbox"/> Inadequate or unsafe housing	<input type="checkbox"/> Child passenger safety
<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Lack of father involvement	<input type="checkbox"/> Transportation
<input type="checkbox"/> Obese prior to pregnancy	<input type="checkbox"/> Routine prenatal care	<input type="checkbox"/> Child care assistance

8. Do you discuss the Healthy Start program with your patients? Yes No

9. Which Healthy Start services have you heard about?

<input type="checkbox"/> Prenatal risk screening	<input type="checkbox"/> Breastfeeding support	<input type="checkbox"/> Family health and well being	<input type="checkbox"/> Referral services
<input type="checkbox"/> Infant risk screening	<input type="checkbox"/> Care coordination	<input type="checkbox"/> Family planning	<input type="checkbox"/> Tobacco cessation
<input type="checkbox"/> CONNECT – Coordinated Intake and Referral	<input type="checkbox"/> Childbirth education	<input type="checkbox"/> Home visiting support	<input type="checkbox"/> Women’s health education
	<input type="checkbox"/> Counseling services	<input type="checkbox"/> Newborn Care	<input type="checkbox"/> Unaware of Healthy Start
	<input type="checkbox"/> Developmental screening	<input type="checkbox"/> Parenting education	

10. Do you give out Healthy Start printed materials? Yes No, but would like some N/A

11. Do you refer the people you serve to CONNECT for Healthy Start? Yes No, but I would like to learn N/A

Thank you for taking the time to complete this survey!

APPENDICES

PRENATAL RISK SCREENING FORM



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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you married now?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any children at home younger than 5 years old?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any children at home with medical or special needs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is this a good time for you to be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6. In the last month, have you felt down, depressed or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>
7. In the last month, have you felt alone when facing problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever received mental health services or counseling?	<input type="checkbox"/>	<input type="checkbox"/>
9. In the last year, has someone you know tried to hurt you or threaten you?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble paying your bills?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

16. Please mark any of the following that have happened.
 Had a baby that was not born alive
 Had a baby born 3 weeks or more before due date
 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: <input type="checkbox"/> <18
	Street address (apartment complex name/number): _____ County: _____ City: _____ State: _____ Zip Code: _____
	Prenatal Care covered by: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance _____ <input type="checkbox"/> No Insurance <input type="checkbox"/> 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: _____	<input type="checkbox"/> < 19.8 <input type="checkbox"/> > 36.0
	Provider's Name: _____ Provider's ID: _____	19. Pregnancy Interval Less Than 18 Months? <input type="checkbox"/> N/A <input type="checkbox"/> No	<input type="checkbox"/> Yes
	Provider's Phone Number: _____ Provider's County: _____	20. Trimester at 1st Prenatal Visit? _____	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd
	Healthy Start Screening Score: _____	21. Does patient have an illness that requires ongoing medical care? Specify illness: _____ <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Check One: <input type="checkbox"/> Referred to Healthy Start. If score <6, specify: _____ <input type="checkbox"/> 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

APPENDICES

INFANT RISK SCREENING FORM



INFANT RISK SCREEN



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

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/ PMO 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 house)

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 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 Birthweight less than 2000 grams or less than 4 pounds, 7 ounces

Item 28b Infant transferred within 24 hours of delivery

Item 15 Mother unmarried

Item 26 Principal source of payment Medicaid

Item 31 Maternal race black

Item 19 Father's name not present or unknown

Item 40 Mother used tobacco in one or more trimesters

Item 36d Prenatal visits less than 2 or unknown

Item 16 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) _____

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

NO ATTACHMENTS MAY BE ADDED TO THIS FORM.

