



SERVICE DELIVERY PLAN
2021

ACKNOWLEDGEMENTS

The Healthy Start of North Central Florida 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 twelve 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.



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HEALTHY START BACKGROUND & COALITION STRUCTURE

HEALTHY START BACKGROUND AND COALITION STUCTURE

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 STUCTURE

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 STUCTURE

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 STUCTURE

- 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 12 counties of the Coalition area. A brief summary of each of the service providers follows.

ALACHUA COUNTY

The Alachua County Healthy Start Program is provided by Kids Central, Inc. They are a community-based care organization contracted to provide Healthy Start services in Gainesville, 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 Alachua County Health Department.

During contract year 2019-2020, Alachua County Healthy Start (KCI) provided 8,822 prenatal services to 577 participants. A total of 6,928 services were provided to 373 infants and children.

BRADFORD COUNTY

The Bradford County Health Department is located in Starke. The health department provides prenatal care services for a half day each week. WIC is available at the health department. Participants are assisted in the Medicaid application process and translation services are available. Other services available include a dental program, car seat program, domestic violence program, and teen pregnancy program. Medicaid transport is available.

During contract year 2019-2020, Bradford County Healthy Start (CHD) provided 1,560 prenatal services to 49 participants. A total of 1,242 services were provided to 54 infants and children.

HEALTHY START BACKGROUND AND COALITION STUCTURE

HEALTHY START SERVICE PROVIDERS

COLUMBIA COUNTY

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

During contract year 2019-2020, Columbia County Healthy Start (CHD) provided 13,091 prenatal services to 236 participants. A total of 7,599 services were provided to 142 infants and children.

DIXIE COUNTY

Healthy Start Services in Dixie County are located at the Dixie County Health Department in Cross City. Pregnancy testing and referral to surrounding county OB providers is completed at Dixie CHD for positive pregnancy tests. WIC services are available at the Dixie County Health Department in Cross City. Car seat program is available. Pediatric services are available at North FI Pediatrics which is located inside the Dixie County Health Department building. Dixie County Health Department offers pediatric dental, vaccine administration to all ages, as well as Women's Health and Family Planning services. Translation services available.

During contract year 2019-2020, Dixie County Healthy Start (CHD) provided 1,708 prenatal services to 37 participants. A total of 1,085 services were provided to 29 infants and children.

GILCHRIST COUNTY

Healthy Start Services in Gilchrist County are located at the Gilchrist County Health Department in Trenton. Pregnancy testing and referral to OB care is completed for positive pregnancy tests. MIC provides services in Gilchrist County at Palms Medical Center in Trenton. Car Seat program is available. WIC services are available in Trenton. Gilchrist County Health Department offers pediatric dental, vaccine administration to all ages, as well as Women's Health and Family Planning services. Translation services available

During contract year 2019-2020, Gilchrist County Healthy Start (CHD) provided 2,030 prenatal services to 39 women. A total of 1,597 services were provided to 32 infants and children.

HAMILTON COUNTY

The Hamilton County Health Department provides Healthy Start services in Jasper and services the Hamilton County area. Prenatal services are provided in the Lake City area or by an OB of choice. High-risk pregnant women are referred to UF Health. WIC services are available at the health department. Participants are given assistance with the Medicaid application process, and translation services are available. Special services include a family planning clinic, primary care, and children's dental clinic.

During contract year 2019-2020, Hamilton County Healthy Start (CHD) provided 4,262 prenatal services to 66 participants. A total of 1,930 services were provided to 43 infants.

HEALTHY START BACKGROUND AND COALITION STUCTURE

LAFAYETTE COUNTY

The Lafayette County Health Department is located in Mayo. WIC is available at the health department. Medicaid application assistance is provided to Healthy Start participants. Other services include Medicaid transport.

During contract year 2019-2020, Lafayette County Healthy Start (CHD) provided 650 prenatal services to 16 participants. A total of 449 services were provided to 8 infants and children.

LEVY COUNTY

Healthy Start Services in Levy County are located at the Levy County Health Department in Bronson. Pregnancy testing and referral to OB care is completed for positive pregnancy tests. MIC provides services in Levy County at Palms Medical Center in Chiefland. Levy County has an additional private OB provider “A Woman’s Place” located in Chiefland. Car Seat program is available. There is one WIC location in Bronson. Levy County Health Department offers Dental as well as Women’s Health and Family Planning services. Translation services available.

During contract year 2019-2020, Levy County Healthy Start (CHD) provided 3,659 prenatal services to 81 participants. A total of 2,229 services were provided to 66 infants and children.

MARION COUNTY

The Florida Department of Health in Marion County is located in Ocala. Programs and services include family planning, STD testing and treatment, HIV/AIDS testing, prevention and medication, dental care, car seats, immunizations and Medicaid application assistance and transport. WIC services are also at the health department. Translation services are available. Comprehensive prenatal care is provided at the Heart of Florida Health Center. High-risk participants are referred to UF Health.

During contract year 2019-2020, Marion County Healthy Start (CHD) provided 10,287 prenatal services to 712 participants. A total of 7,275 services were provided to 416 infants and children.

PUTNAM COUNTY

Children’s Home Society (CHS) provides Healthy Start services in Putnam County. Putnam’s Healthy Start program is housed in Palatka. They collaborate with the local pediatricians and obstetricians offices and visit moms and babies at their prenatal and pediatric appointments, if desired. Items such as diapers, wipes, car seats, baby clothes and pack-n-plays are provided as needed (as long as there are items available). Referrals to services such as Mental Health Counseling are also provided. WIC is available at the Putnam County Health Department.

During contract year 2019-2020, Putnam County Healthy Start (CDS) provided 3,562 prenatal services to 122 participants. A total of 1,975 services were provided to 80 infants and children.

HEALTHY START BACKGROUND AND COALITION STUCTURE

SUWANNEE COUNTY

The Suwannee County Health Department is located in Live Oak. WIC is available at the health department. Spanish language translation is available, as is assistance with the Medicaid process. The health department also provides dental services. Dental services for children and Medicaid transportation are also available.

During contract year 2019-2020, Suwannee County Healthy Start (CHD) provided 99 prenatal services to 3,182 participants. A total of 1,782 services were provided to 65 infants and children.

UNION COUNTY

The Union County Health Department is located in Lake Butler. Prenatal care services are provided a half day each week. Participants may receive WIC services at the health department. Participants are assisted in the Medicaid application process. Dental services, car seat and domestic violence programs are also available.

During contract year 2019-2020, Union County Healthy Start (CHD) provided 1,531 prenatal services to 36 participants. A total of 2,141 services were provided to 50 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 30,543 services to 12,034 clients.



PROCESS USED TO UPDATE THE SERVICE DELIVERY PLAN

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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 twelve counties (Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Putnam, Suwannee and Union 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 twelve-county area has slightly decreased since 2016. In 2016, the birth rate was 10.6 per 1,000 population. In 2019, the birth rate decreased to 10.2 per 1,000 population. Marion County experienced the highest number of total live births in 2019 with 3,551. Lafayette County had the lowest number of total live births with 63 in 2019.

The Coalition has seen a decrease in the **prenatal and infant screening rates and prenatal consent rates** within our service area. In 2016-2017, the Coalition went from 88 percent of pregnant women screened to 80 percent of pregnant women screened in 2019-2020; and from 95 percent of infants screened in 2016-2017 to 94 percent of infants screened in 2019-2020. The prenatal consent rates went from 88 percent in 2016-2017 to 87 percent in 2019-2020.

Healthy Start of North Central Florida 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	9,805	9,899	8,664	88.36%	87.52%
Florida	222,434	189,817	169,620	76.26%	89.36%

Healthy Start of North Central Florida 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	9,688	8,843	7,719	79.68%	87.29%
Florida	216,805	160,931	144,952	66.86%	90.07%

Healthy Start of North Central Florida Infant Screening Rates, 2016-2017

Area	Total Infants	Total Screened	% of Infants Screened
Coalition	9,805	9,309	94.94%
Florida	222,434	207,969	93.50%

Healthy Start of North Central Florida Infant Screening Rates, 2019-2020

Area	Total Infants	Total Screened	% of Infants Screened
Coalition	9,688	9,118	94.12%
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, almost twice as many services in 2019-2020 than in 2016-2017; likewise infants were provided three times as many services in 2019-2020 than in 2016-2017. Overall, the total number of pregnant women and infants served as well as total number of services provided 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	6,449	99,519	15	2,041	53,971	26
Infant	9,337	87,822	9	1,355	36,249	27

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 10 of our 12 counties

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

- 9 of 12 counties exceed the state in the rate of **interpregnancy interval < 18 months**
- **Smoking during pregnancy** rates are higher than the state for all 12 counties, and 11 of the 12 counties are at least double the state's rate
- Number of **mothers who initiated breastfeeding** has continued to remain below the rate of the state

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

Positive changes in the coalition 12-county service area:

- **Infant mortality** rates decreased from 9.2 to 8.8 per 1,000 births
- **Neonatal mortality** rates decreased from 6.6 to 5.4 per 1,000 births
- **Teen Births ages 10 to 17 years** decreased from 5.3% to 3.9%
- **Births to mother 15-17 years** decreased from 5.8 to 3.9 per 1,000 births
- **Births to mother 18-19 years** decreased from 21.0 to 16.8 per 1,000 births
- **Interpregnancy interval less than 18 months** decreased from 37.2% to 36.6%
- **Smoking during pregnancy** decreased from 12.3% to 9.7%
- **Mothers who initiated breastfeeding** increased from 77.0% to 79.8%

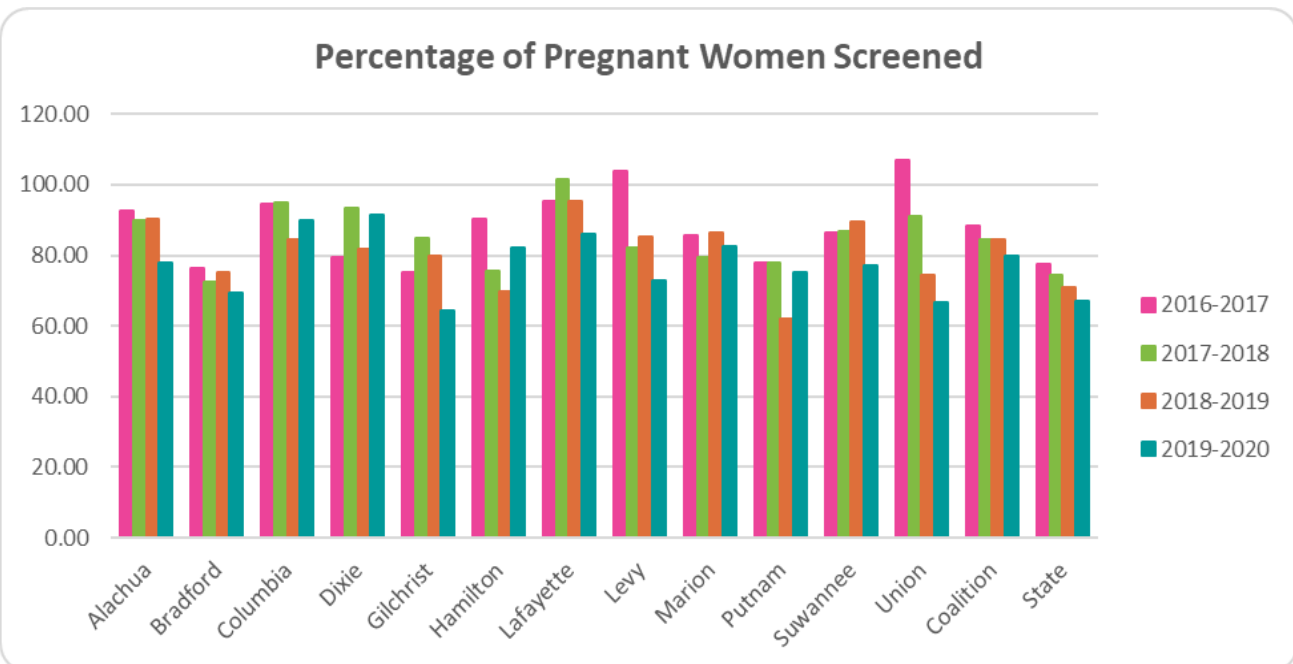
SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

HEALTHY START RISK SCREENING — PRENATAL

Number and Percent of Pregnant Women Screened

Area	2016-2017		2017-2018		2018-2019		2019-2020	
	#	%	#	%	#	%	#	%
Alachua	2,971	92.59	2,801	89.92	2,757	90.24	2,428	78.08
Bradford	247	76.53	238	72.63	252	75.25	232	69.21
Columbia	832	94.58	810	94.74	746	84.29	747	89.74
Dixie	138	79.62	153	93.33	128	81.94	163	91.50
Gilchrist	171	75.24	166	84.78	175	79.90	143	64.25
Hamilton	161	90.34	137	75.76	131	69.88	150	82.04
Lafayette	66	95.31	67	101.61	69	95.24	53	86.21
Levy	427	103.79	405	82.11	436	85.26	345	73.03
Marion	3,518	85.81	3,221	79.26	3,442	86.31	3,282	82.54
Putnam	793	77.80	768	78.02	611	62.09	767	75.03
Suwannee	422	86.37	453	86.75	444	89.49	406	77.20
Union	153	106.98	162	91.08	149	74.23	127	66.67
Coalition	9,899	88.36	9,381	84.35	9,340	84.36	8,843	79.68
State	189,817	76.26%	182,455	73.16%	177,127	72.29%	160,931	66.86%

SOURCE: Florida Department of Health, Healthy Start Reports



SOURCE: Florida Department of Health, Healthy Start Reports

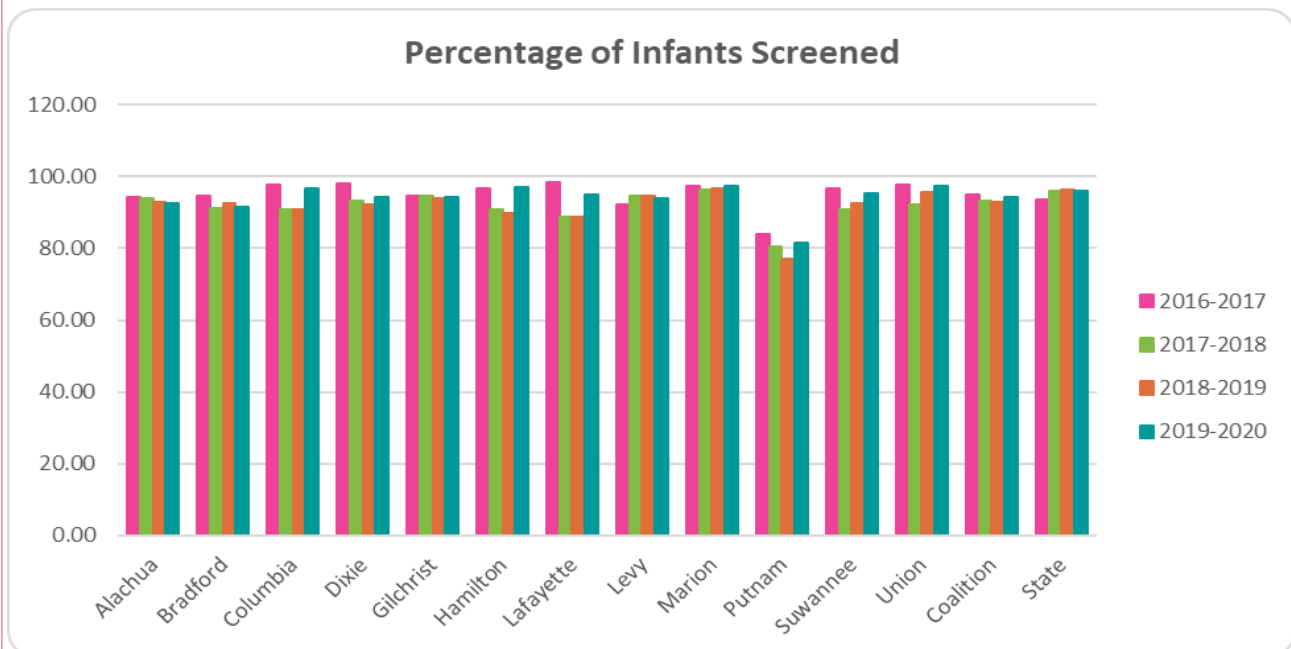
SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

HEALTHY START RISK SCREENING — INFANT

Number and Percent of Infants Screened

Area	2016-2017		2017-2018		2018-2019		2019-2020	
	#	%	#	%	#	%	#	%
Alachua	2,710	94.33	2,612	93.99	2,532	92.88	2,493	92.64
Bradford	278	94.56	260	91.23	273	92.54	276	91.39
Columbia	813	97.83	726	90.86	700	90.91	735	96.71
Dixie	154	98.09	140	93.33	133	92.36	144	94.12
Gilchrist	195	94.66	174	94.57	187	93.97	182	94.30
Hamilton	170	96.59	150	90.91	149	89.76	162	97.01
Lafayette	63	98.44	55	88.71	56	88.89	55	94.83
Levy	340	92.14	412	94.50	418	94.78	393	93.79
Marion	3,323	97.25	3,330	96.44	3,413	96.71	3,408	97.54
Putnam	718	83.88	652	80.49	627	76.93	678	81.39
Suwannee	419	96.77	411	90.73	396	92.52	443	95.27
Union	126	97.67	145	92.36	156	95.71	149	97.39
Coalition	9,309	94.94	9,067	93.16	9,040	92.82	9,118	94.12
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 participant	# of Women Served	# of Services Provided	# of services per participant
Alachua	1,637	14,951	9	564	8,688	15
Bradford	200	2,382	12	49	1,560	32
Columbia	546	11,532	21	231	12,945	56
Dixie	106	3,107	29	39	1,793	46
Gilchrist	89	3,558	40	37	1,973	53
Hamilton	145	2,879	20	67	4,273	64
Lafayette	33	722	22	16	650	41
Levy	257	6,543	26	79	3,600	46
Marion	2,397	35,482	15	705	10,240	15
Putnam	697	13,344	19	121	3,533	29
Suwannee	241	3,259	14	99	3,203	32
Union	101	1,760	17	34	1,513	45
Coalition	6,449	99,519	15	2,041	53,971	26

SOURCE: Well Family Data System

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

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 participant	# of Infants Served	# of Services Provided	# of services per participant
Alachua	1,679	9,802	6	372	6,940	19
Bradford	419	2,357	6	54	1,242	23
Columbia	750	5,811	8	142	7,600	54
Dixie	270	3,386	13	29	1,085	37
Gilchrist	259	2,890	11	32	1,597	55
Hamilton	247	1,798	7	42	1,929	46
Lafayette	125	894	7	8	449	56
Levy	643	8,399	13	66	2,229	34
Marion	2,399	25,039	10	416	7,280	18
Putnam	1,342	17,844	13	79	1,974	25
Suwannee	801	6,574	8	65	1,783	27
Union	403	3,028	8	50	2,141	43
Coalition	9,337	87,822	9	1,355	36,249	27

SOURCE: 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
Alachua	1,952	5,197
Bradford	215	646
Columbia	649	1,796
Dixie	167	391
Gilchrist	131	304
Hamilton	158	414
Lafayette	49	129
Levy	363	893
Marion	3,183	7,698
Putnam	789	2,151
Suwannee	390	1,013
Union	123	356
Coalition	8,169	20,988

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

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

CONNECT SERVICES

Infant/Child Clients Served & Number of Services

Area	2019-2020	
	# of Clients Served	# of Services Provided
Alachua	1,088	2,621
Bradford	123	358
Columbia	423	968
Dixie	71	185
Gilchrist	64	154
Hamilton	99	201
Lafayette	39	102
Levy	187	468
Marion	1,024	2,670
Putnam	371	972
Suwannee	242	562
Union	63	133
Coalition	3,794	9,394

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



MAJOR HEALTH INDICATORS

MAJOR HEALTH INDICATORS

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

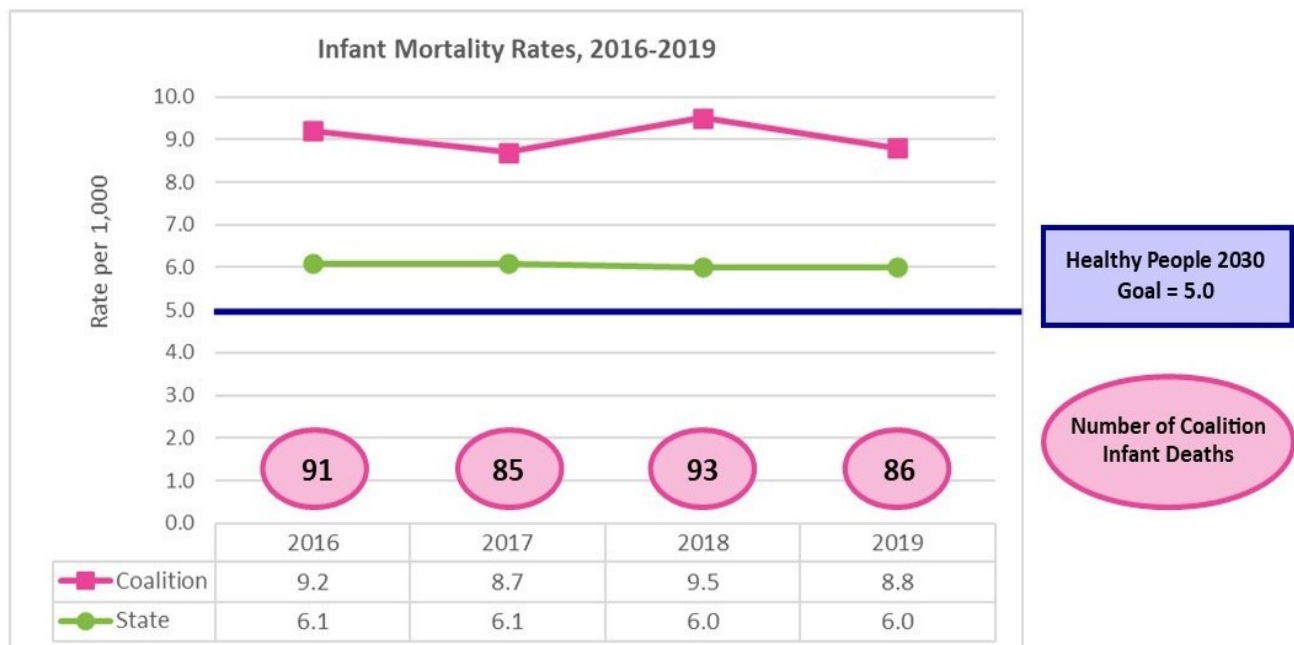
1. Infant Mortality
2. Fetal Mortality
3. Preterm Births
4. Low Birth Weight
5. Very Low Birth Weight

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

INFANT MORTALITY

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

From 2016 to 2019, the Coalition's infant mortality rate decreased from 9.2 per 1,000 births in 2016 to 8.8 per 1,000 births. The rates remain higher than the state, and higher than the Healthy People 2030 goal of 5.0 per 1,000 live births.

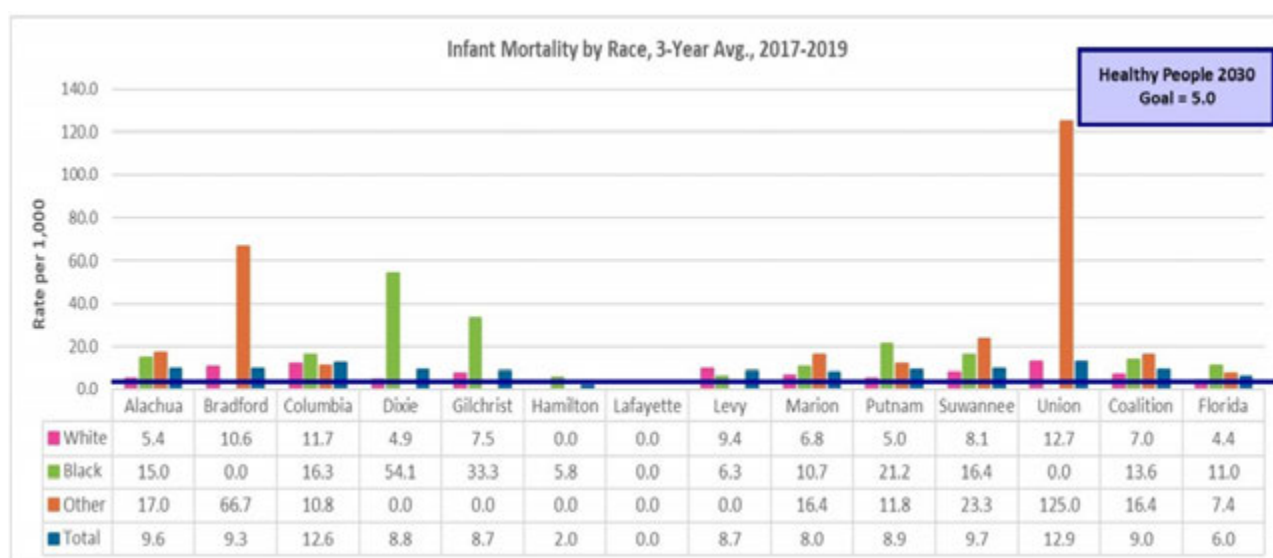


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

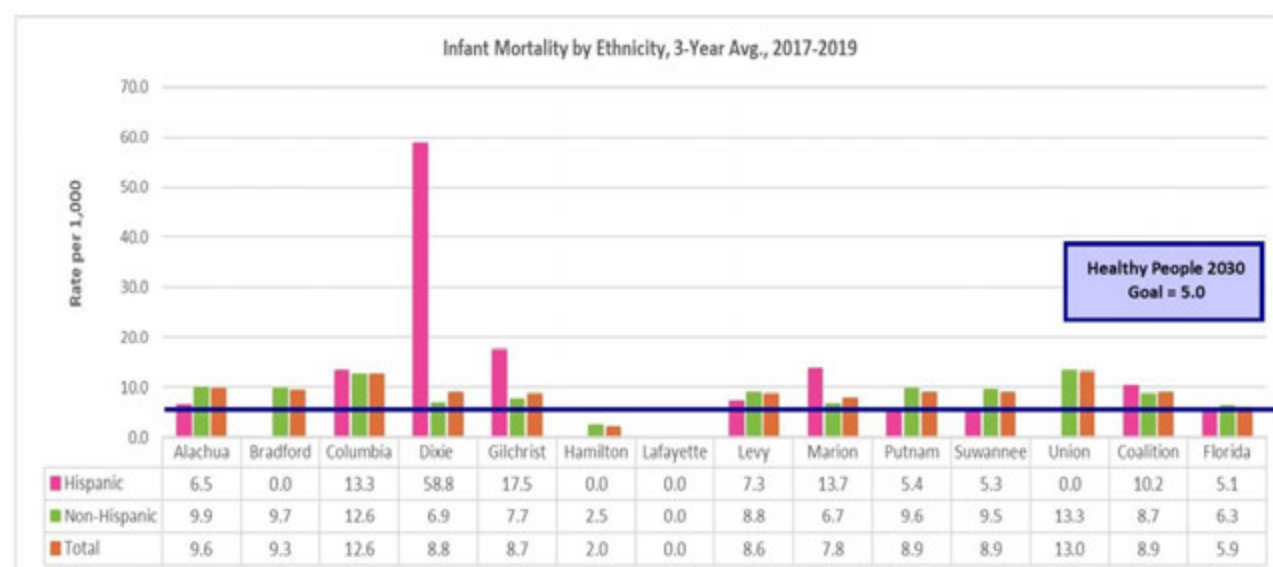
MAJOR HEALTH INDICATORS

The infant mortality rate for the Coalition (9.0 per 1,000 births) is higher than the state's rate (6.0 per 1,000 births). While there were no Other infant deaths in five of the counties, the rate of Other infant deaths was higher than any other race throughout the Coalition region during 2017-2019. Since the population is very small, one infant death can dramatically increase the rate. Lafayette County had zero infant deaths for the three year period, and there were zero White infant deaths in Hamilton County. Overall, the White population had the lowest rate (7.0 per 1,000 births). A disparity between Black infant deaths and White infant deaths exists in half of the counties in the Coalition.

SOURCE: Florida Health CHARTS, www.flhealthcharts.com



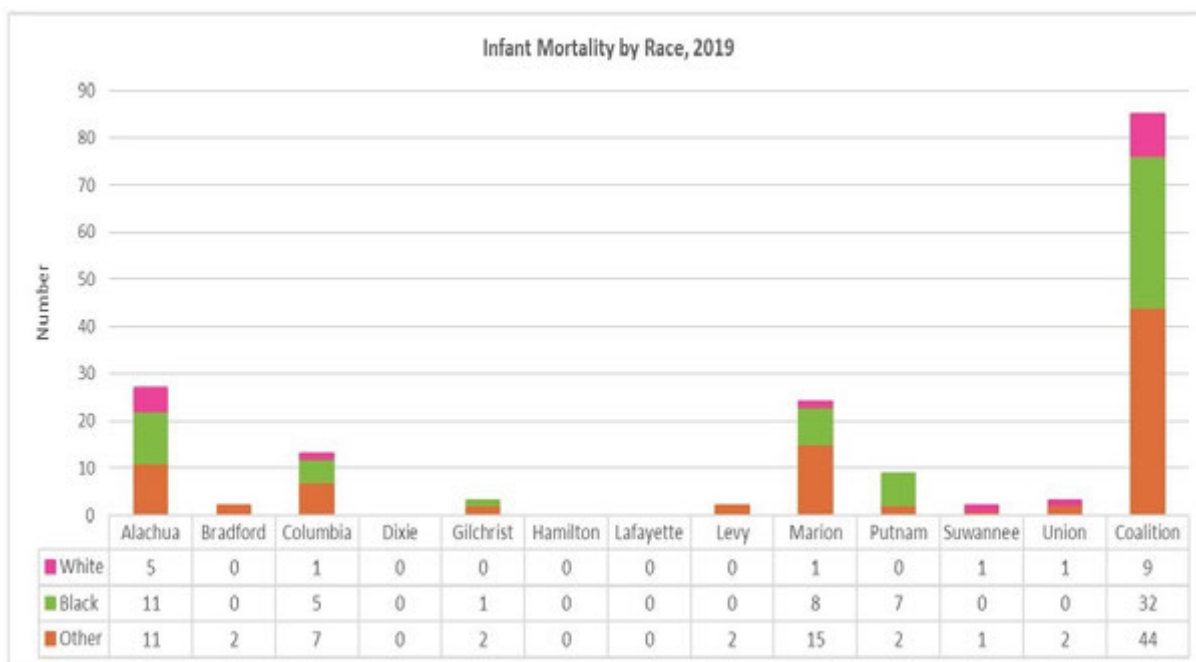
SOURCE: Florida Health CHARTS, www.flhealthcharts.com



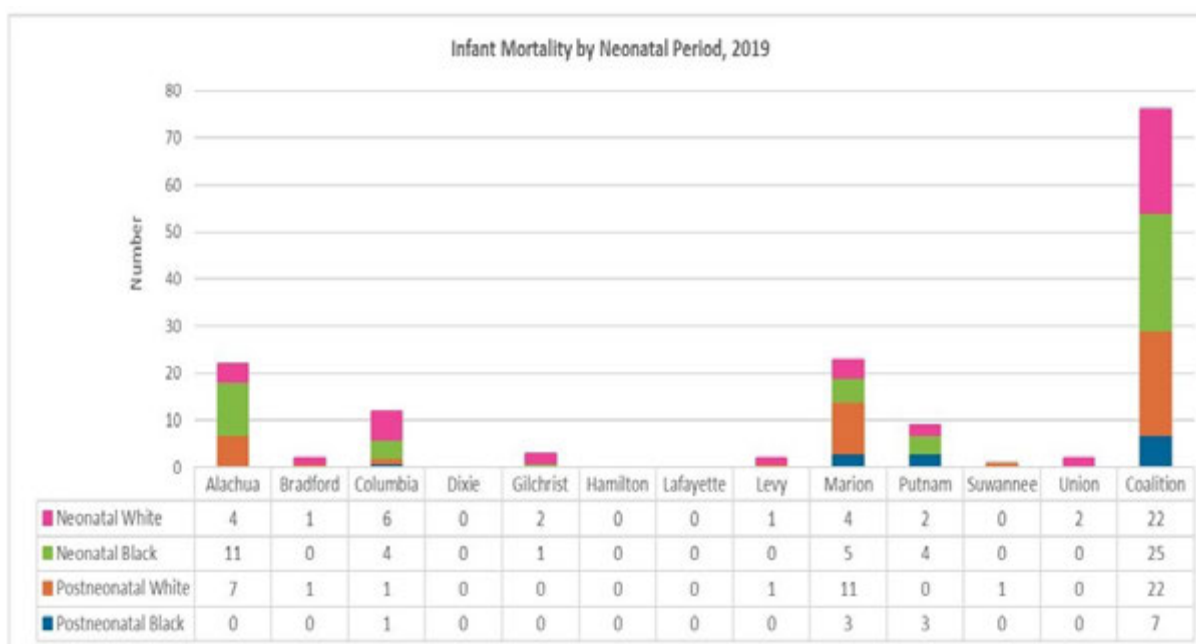
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS

The Hispanic infant mortality rate for the Coalition is double that of the state (10.2 per 1,000 births and 5.1 per 1,000 births, respectively). However, the Non-Hispanic infant mortality rate is higher than Hispanic in eight of the Coalition's twelve county service area.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

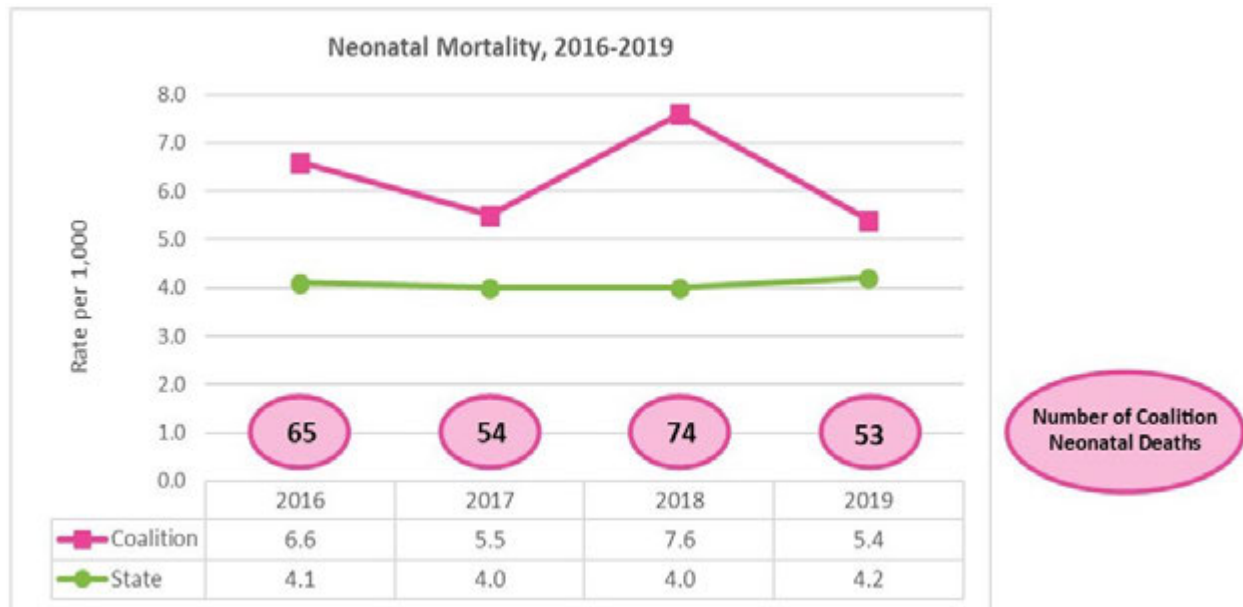


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

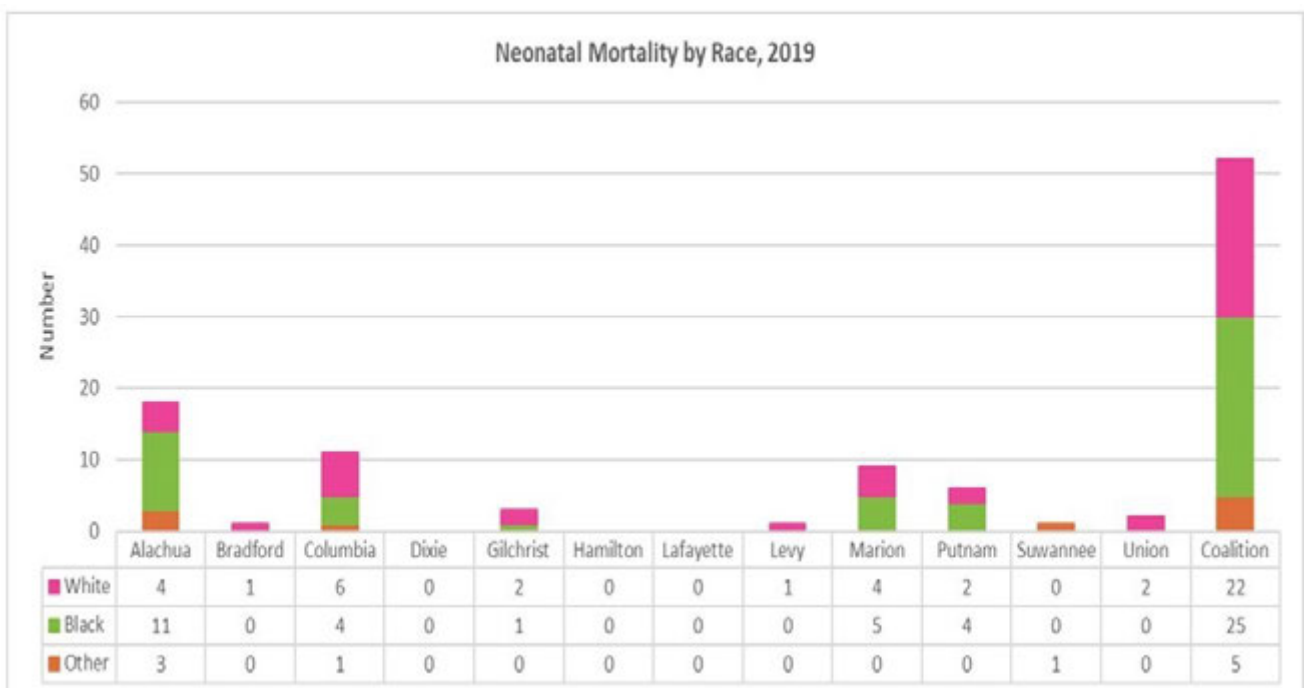
MAJOR HEALTH INDICATORS

NEONATAL MORTALITY

From 2016 to 2019, the Coalition's neonatal mortality rates have been higher than the state. From 2016 to 2019, the Coalition's neonatal mortality rate decreased from 6.6 per 1,000 births to 5.4 per 1,000 live births. In 2018, the rate increased to 7.6 per 1,000 births.



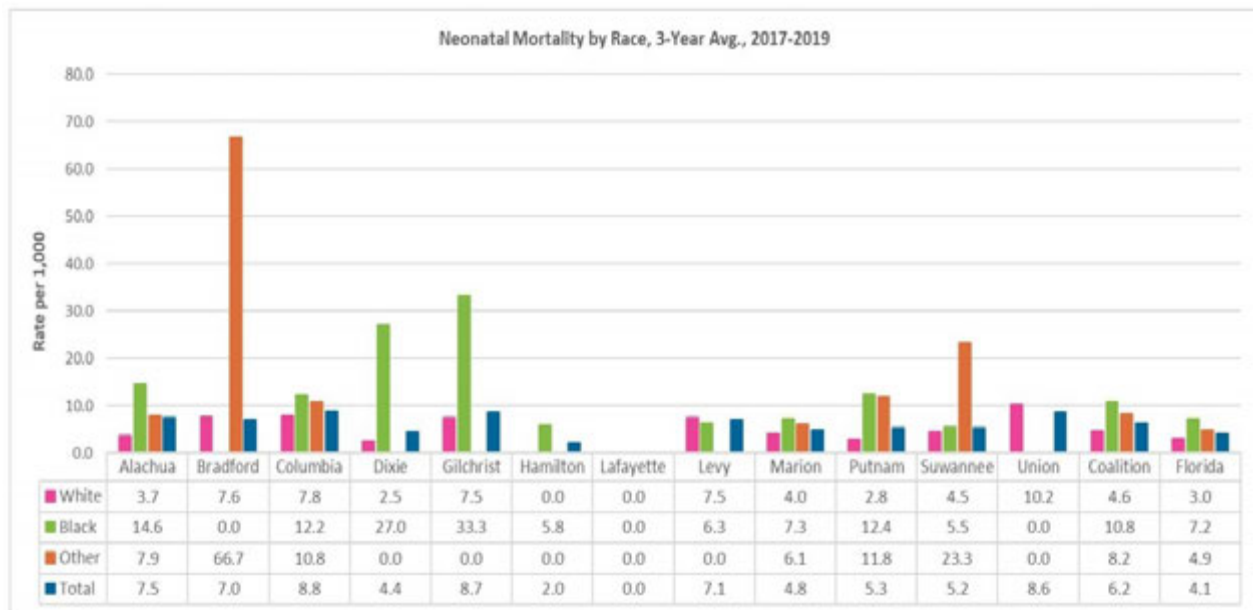
SOURCE: Florida Health CHARTS, www.flhealthcharts.com



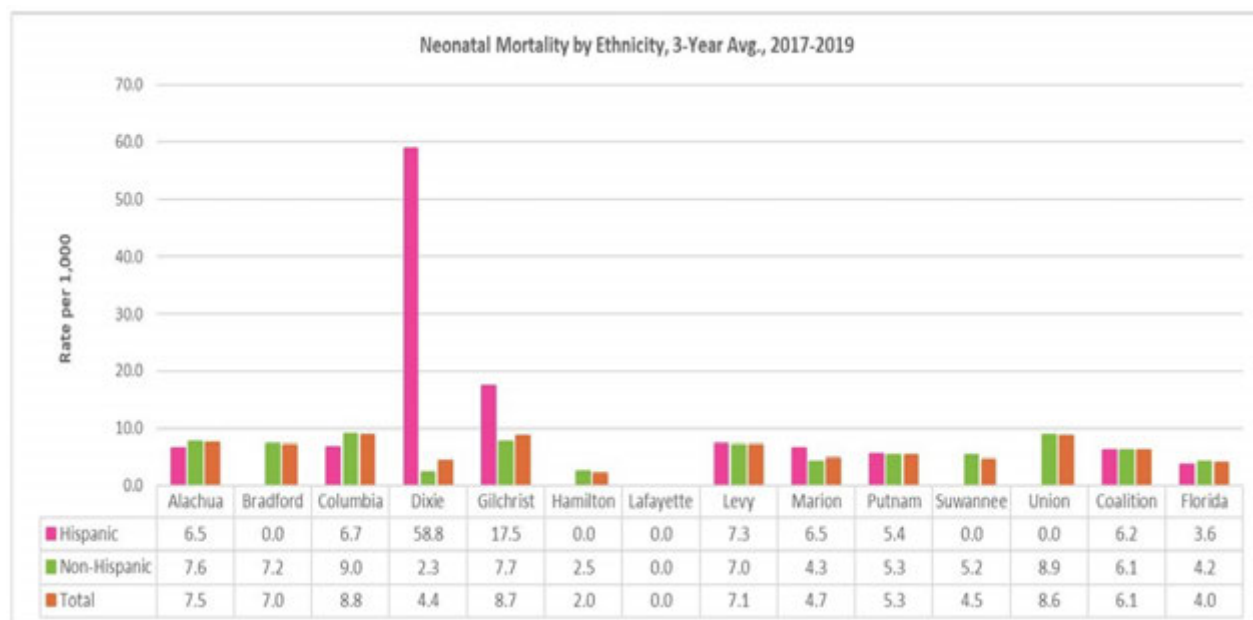
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS

The Coalition's neonatal mortality rate exceeds the State's rate in all populations. A disparity between the Black neonatal mortality rate and the White neonatal mortality rate exists in over half of the Coalition's counties with notable exceptions in Bradford, Lafayette, Levy, and Union counties. The rate of neonatal deaths in Other populations is significantly higher than Black and White deaths in Bradford and Suwannee counties.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

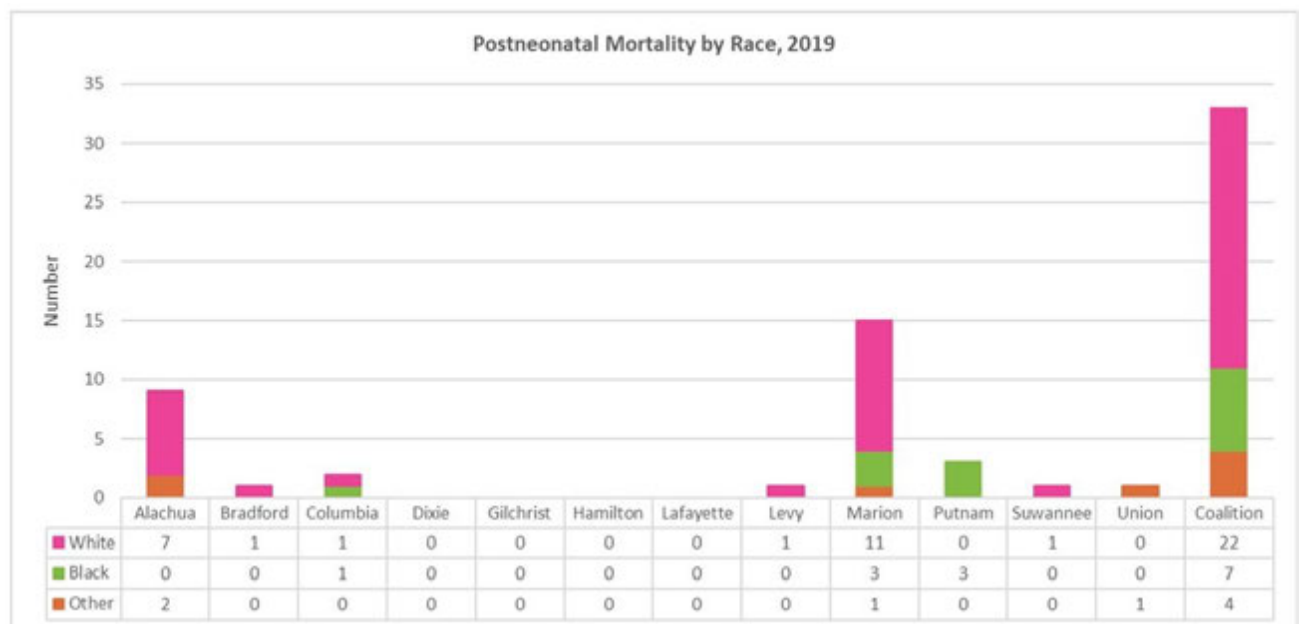
MAJOR HEALTH INDICATORS

POSTNEONATAL MORTALITY

From 2016 to 2017, the Coalition's postneonatal mortality rates exceeded the state's rate. However, in 2018, the Coalition's postneonatal mortality rate was lower than the state (2.0 per 1,000 births). The rate increased again in 2019 to 3.4 per 1,000 live births.



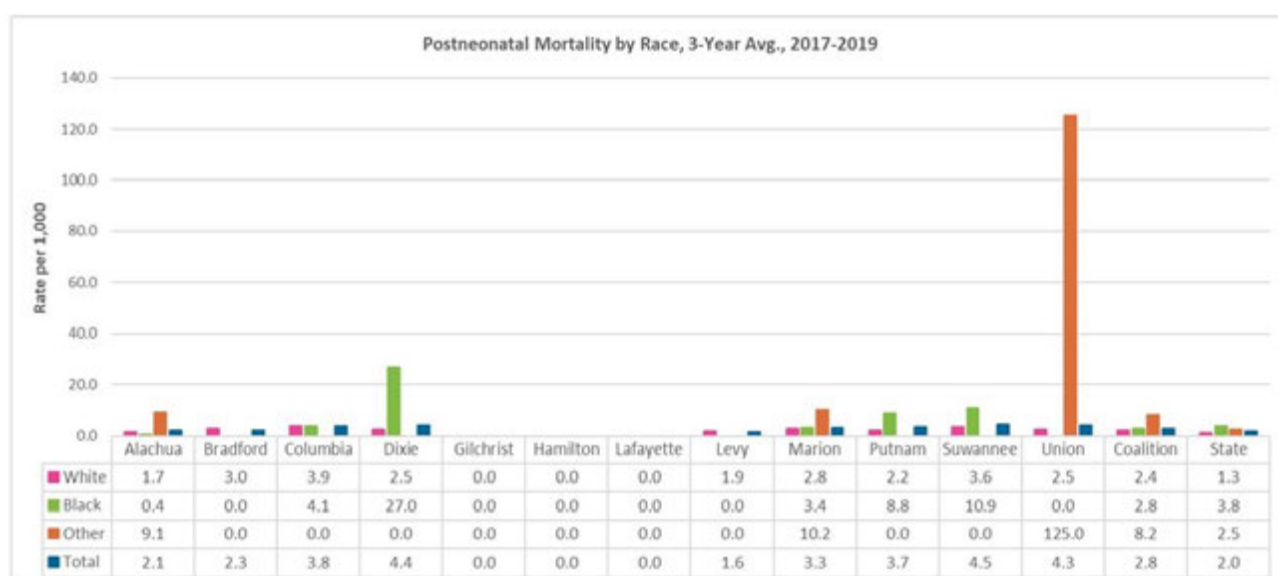
SOURCE: Florida Health CHARTS, www.flhealthcharts.com



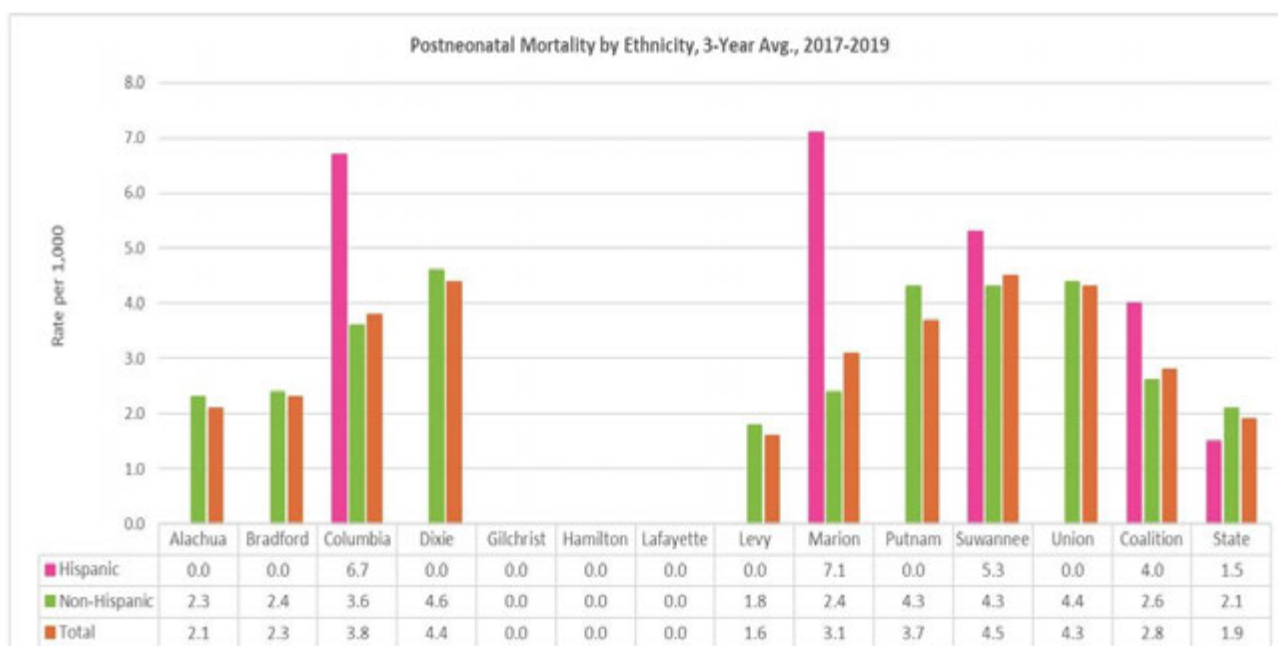
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS

The Coalition's postneonatal mortality 3-year average is higher than the state's average in every population except Black. There have been zero postneonatal mortalities in Gilchrist, Hamilton and Lafayette county since 2017. The average number of White postneonatal deaths is highest in Columbia County and is more than three-times the state's average. Black postneonatal deaths are higher than White in Columbia, Dixie, Marion, Putnam, and Suwannee counties. The highest postneonatal mortality rate is in Union County. The rate for Other is 125.0 per 1,000 births, and this accounts for one death in 2019.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com



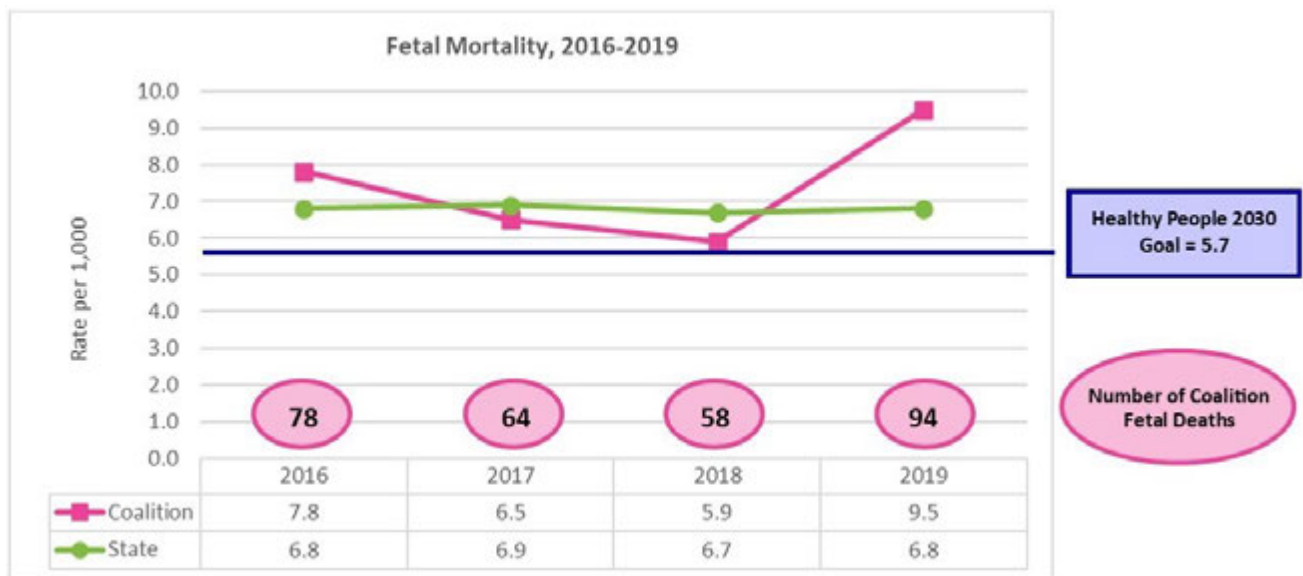
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS

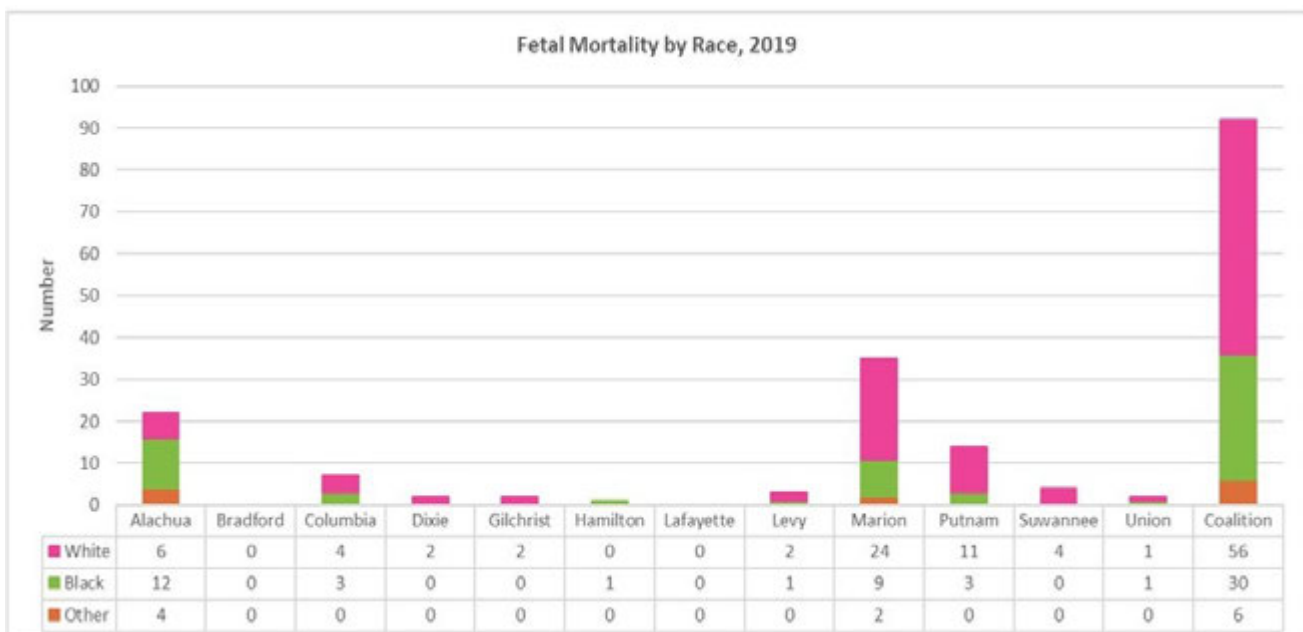
FETAL MORTALITY

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

The Coalition's fetal mortality rate was trending downward and was below the state's rate in 2017 and 2018. However, in 2019 the Coalition's fetal mortality rate spiked to 9.5 per 1,000 births. The state and Coalition rates are above the Healthy People 2030 goal.



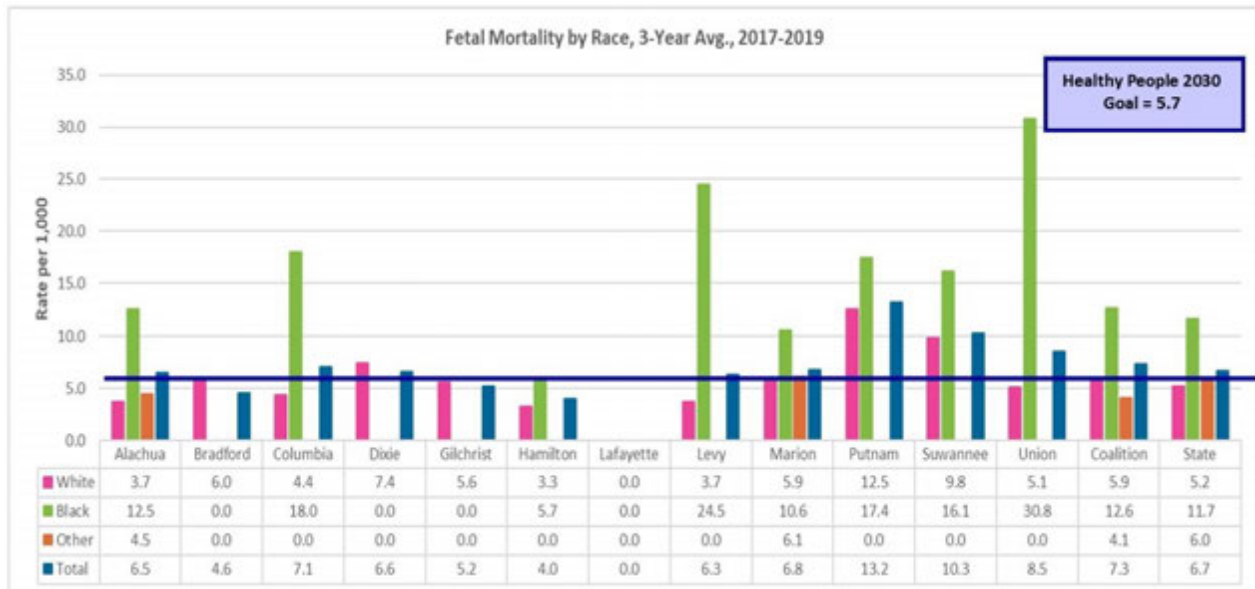
SOURCE: Florida Health CHARTS, www.flhealthcharts.com



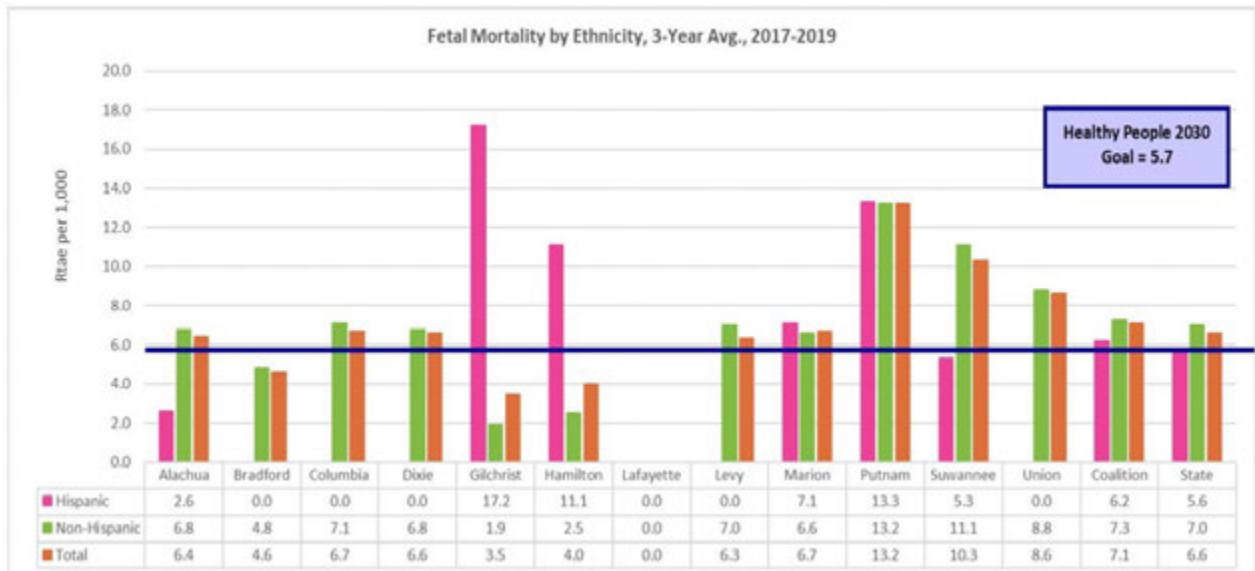
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS

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



SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

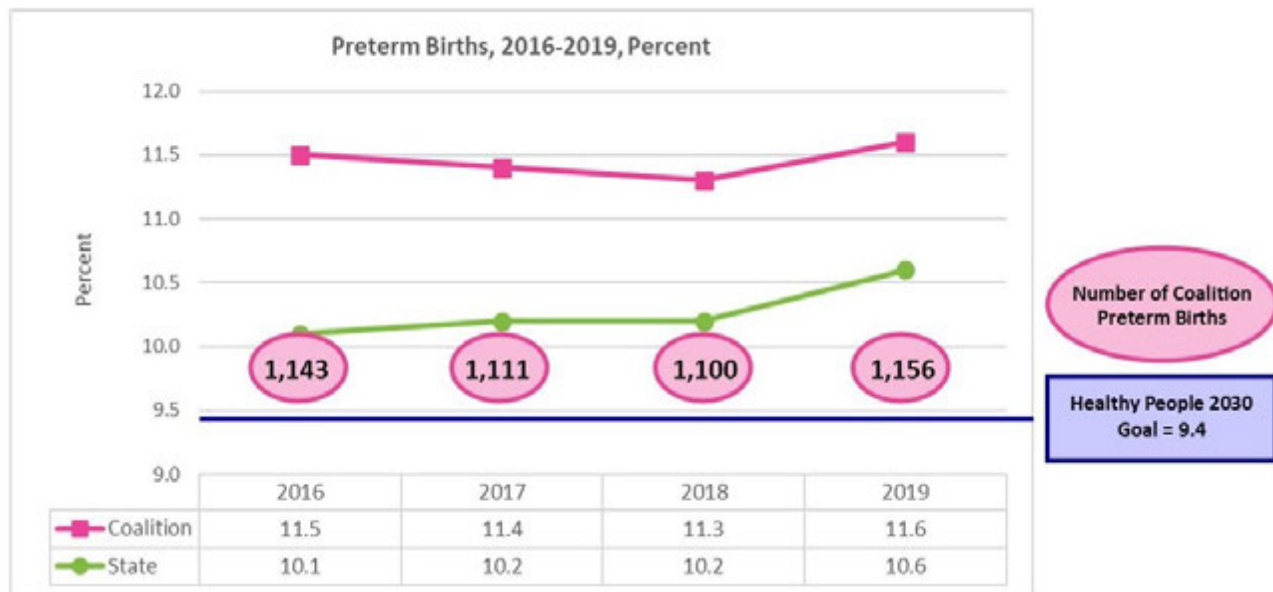
MAJOR HEALTH INDICATORS

The Hispanic fetal mortality average is higher than the state's rate and the non-Hispanic rate in Bradford, Gilchrist, Hamilton, and Lafayette counties. Most notably is the Hispanic average in Gilchrist County which is three times the state's average. The Hispanic and Non-Hispanic fetal mortality rates for Lafayette County were 0.0 per 1,000 births for all three years. Additionally, the Hispanic fetal mortality rate Bradford, Columbia, Dixie, Lafayette, Levy, and Union counties was 0.0 per 1,000 births for the three years.

PRETERM BIRTHS

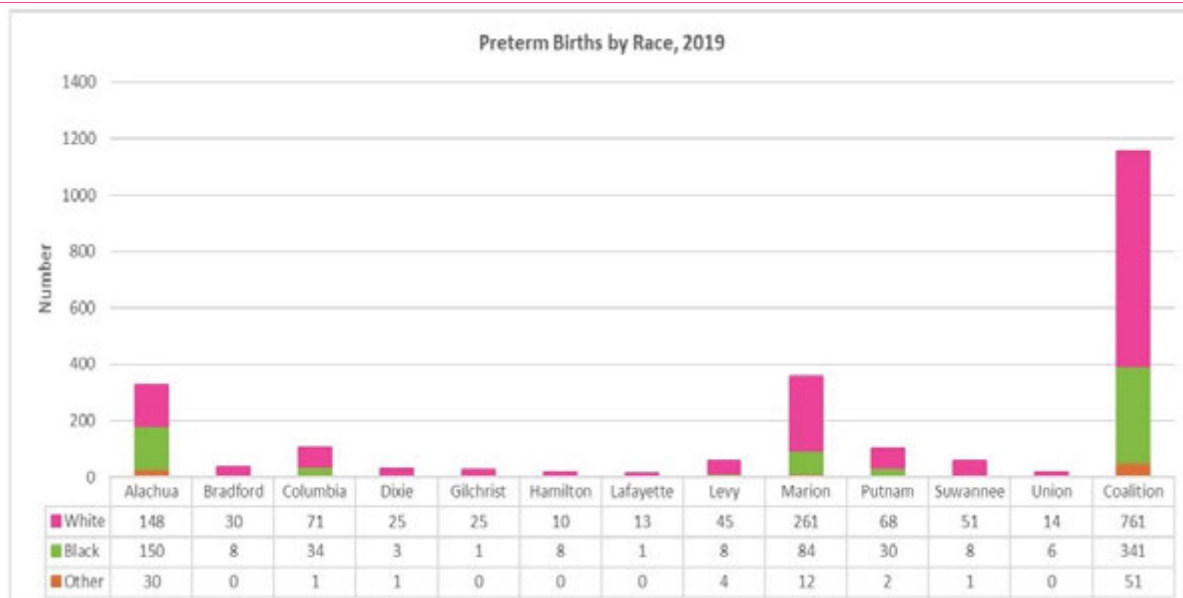
Preterm births occur when a baby is born prior to 37 completed weeks of gestation. Preterm births occur for many reasons, and are associated with race, maternal age, marital status, and socioeconomic status. Risk factors for preterm labor include multiple pregnancies, past history of preterm delivery,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

Since 2016, the Coalition has been slightly higher than the state for preterm births. The Coalition's 2019 percent of 11.6 percent is higher than the newly implemented Healthy People 2030 goal of 9.4 percent.

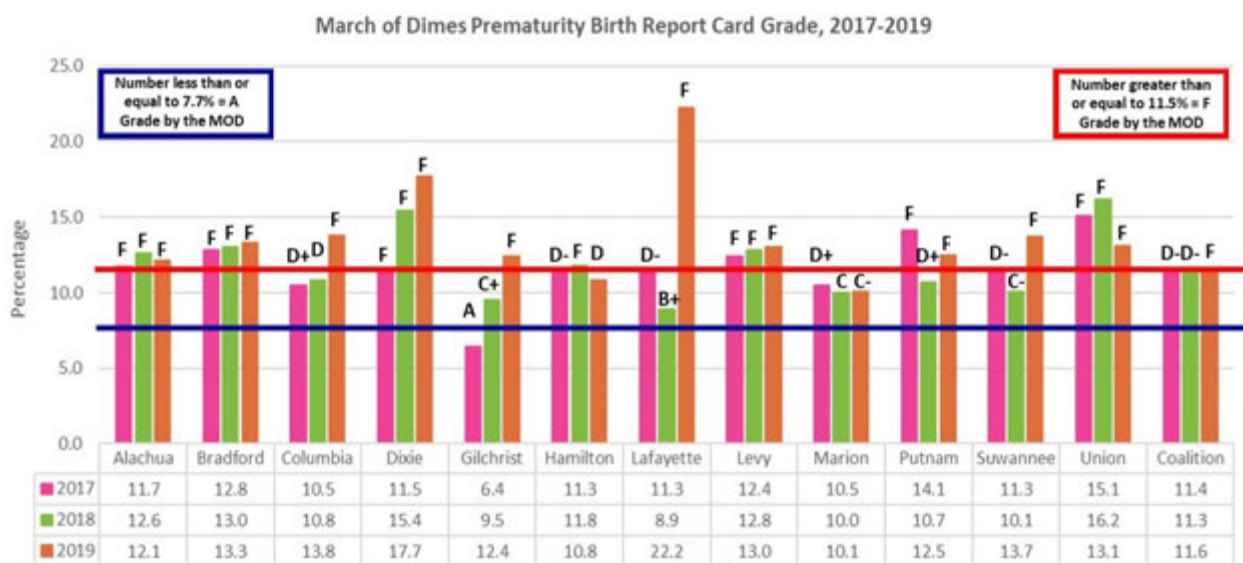


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS



SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

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

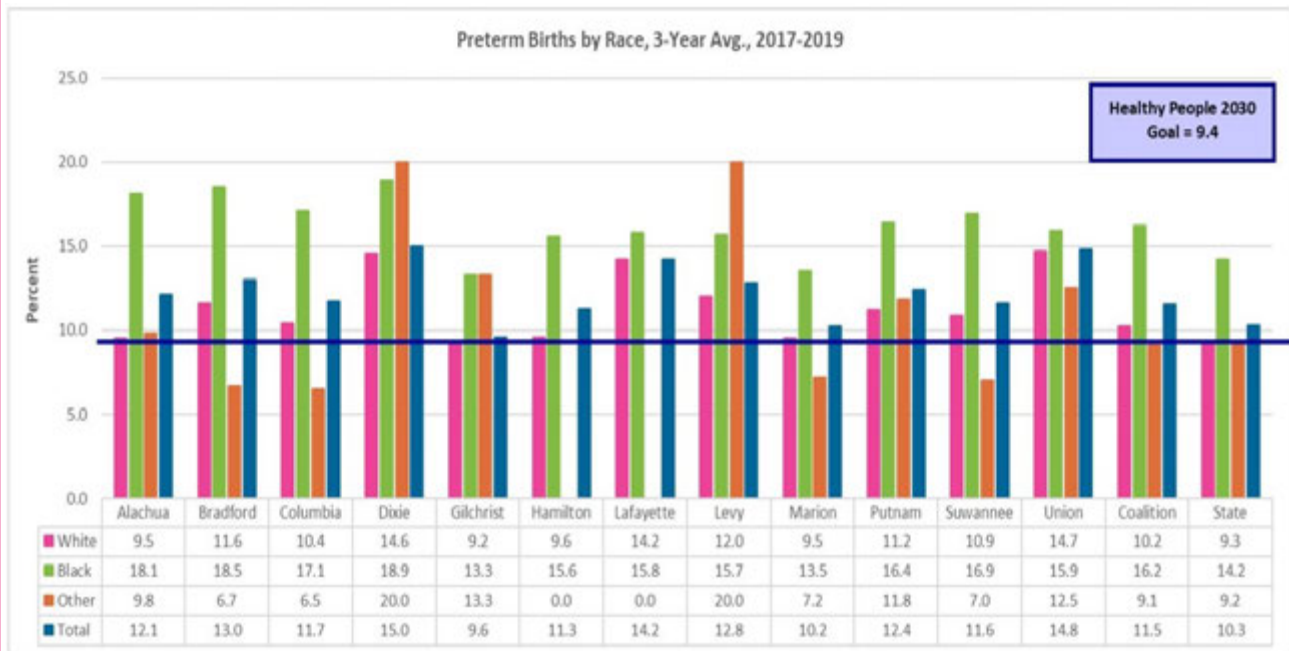
SOURCE: Florida Health CHARTS, www.flhealthcharts.com; March of Dimes, www.marchofdimes.org/mission/reportcard.aspx#

March of Dimes Prematurity Birth Report Card Grades, 2017-2018						
	2017		2018		2019	
	Rate	Grade	Rate	Grade	Rate	Grade
Coalition	11.4	D-	11.3	D-	11.6	F
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#

MAJOR HEALTH INDICATORS

The Coalition did not collectively meet the Healthy People 2030 goal of 9.4 percent. Additionally, a disparity is apparent in preterm births in the Black population. Black preterm birth rates were higher than White rates in every county within the Coalition. The Black preterm birth rates were also higher than Other in all counties except Dixie, Gilchrist, and Levy counties. The state is also below the Healthy People 2020 goal of 9.4 percent.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

The Hispanic preterm birth rate is lower for the coalition (8.6 percent) than the state (9.3 percent). However, the Coalition's Non-Hispanic preterm birth rate (11.9 percent) is higher than the state (10.8 percent).

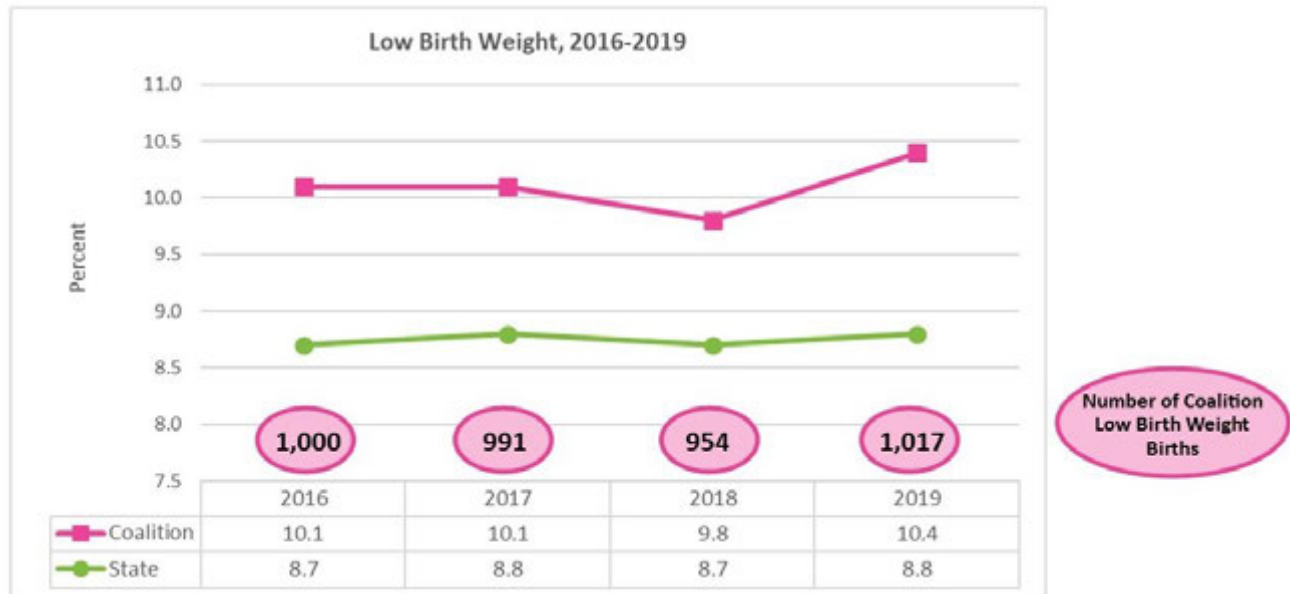


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

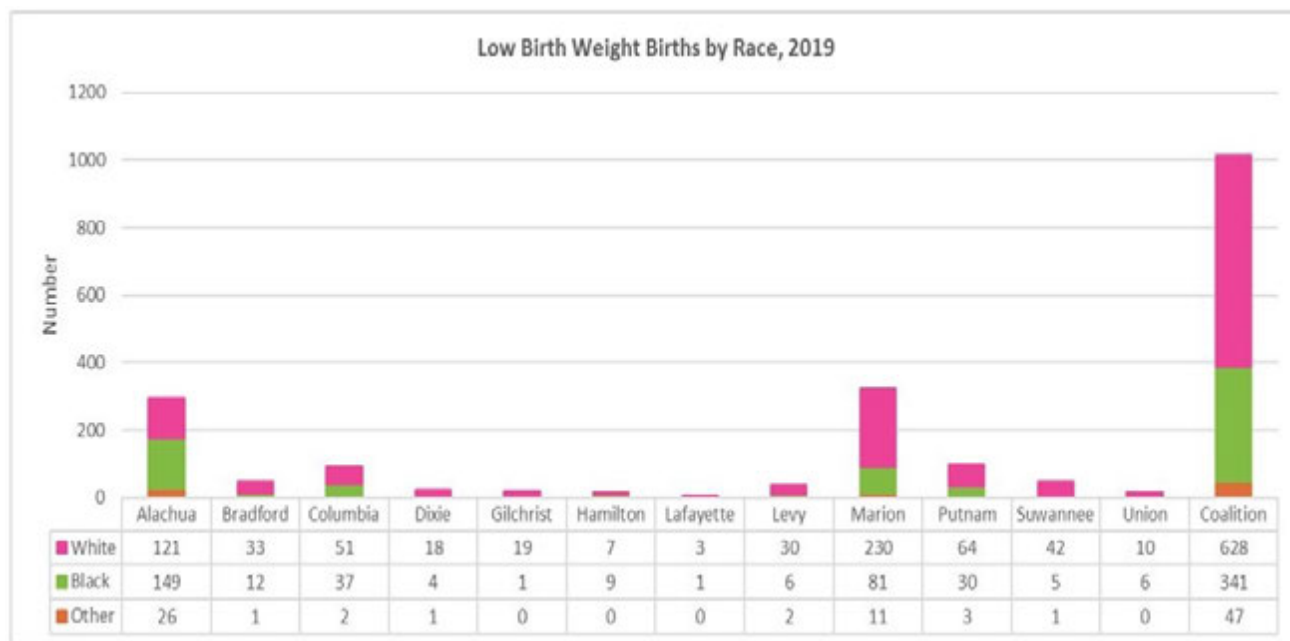
MAJOR HEALTH INDICATORS

LOW BIRTH WEIGHT

Low birth weight has a significant relationship with infant mortality and is the risk factor most closely associated with neonatal deaths. Therefore, improvements in infant birth weight can contribute considerably to a reduction in death rates. Many factors relate to low birth weight including delivery of a preterm infant, short gestational age, and maternal age.



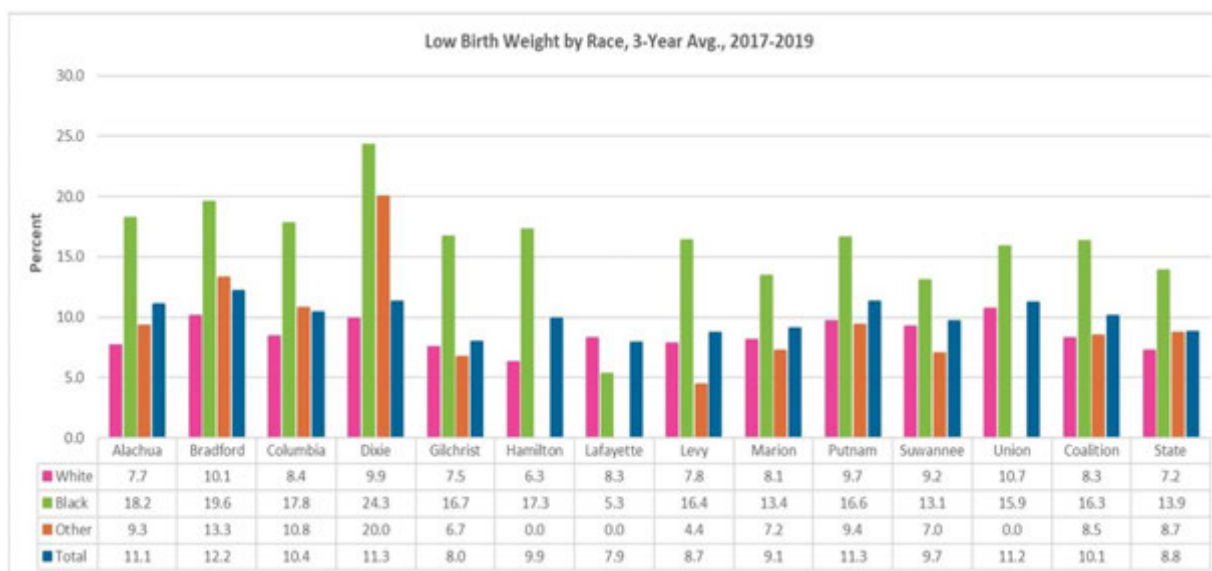
SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS

Similar to the infant mortality rates, the rate of low birth weight births were highest in the Black population. The rate of Black low birth weight births (16.3 per 1,000 births) was greater than any other race throughout the Coalition area, except for Lafayette County, and was higher than the state rate (13.9 per 1,000 births).



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

The Coalition's overall low Hispanic low birth weight three-year average (7.5 percent) was slightly higher than the state's (7.3 percent). Dixie County had the highest percent of Hispanic low birth weights for the three-year average (17.6 percent). Gilchrist County had the lowest percent of Hispanic low birth weights for the three-year average (1.8 percent). The Coalition's non-Hispanic low birth weight averages were higher than the state's average (9.4 percent) in nine of the twelve counties.



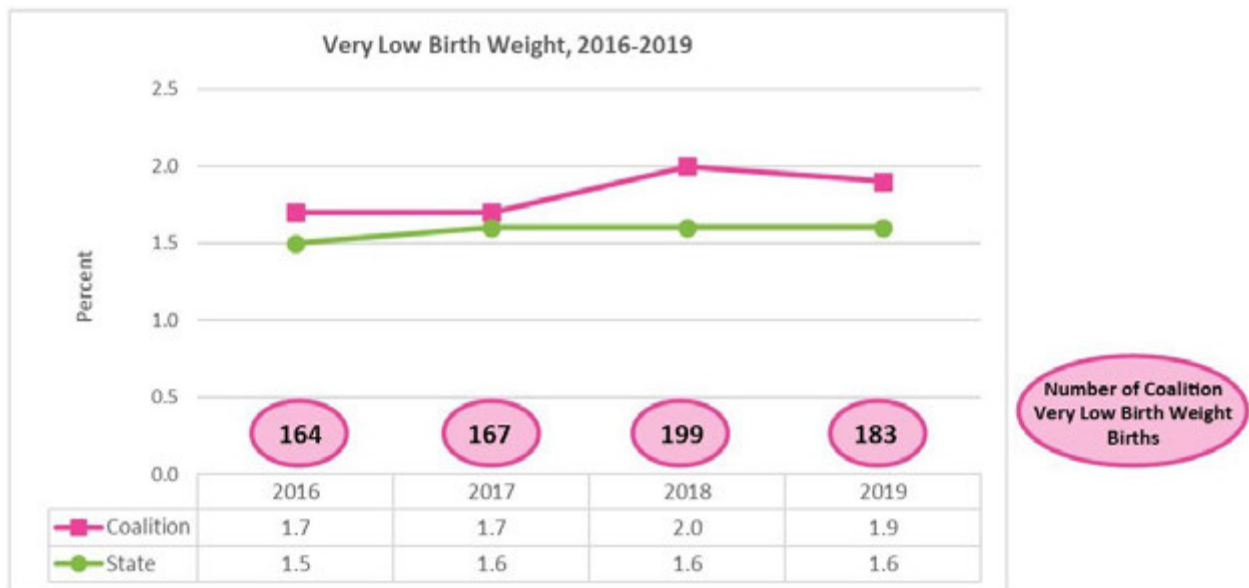
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

MAJOR HEALTH INDICATORS

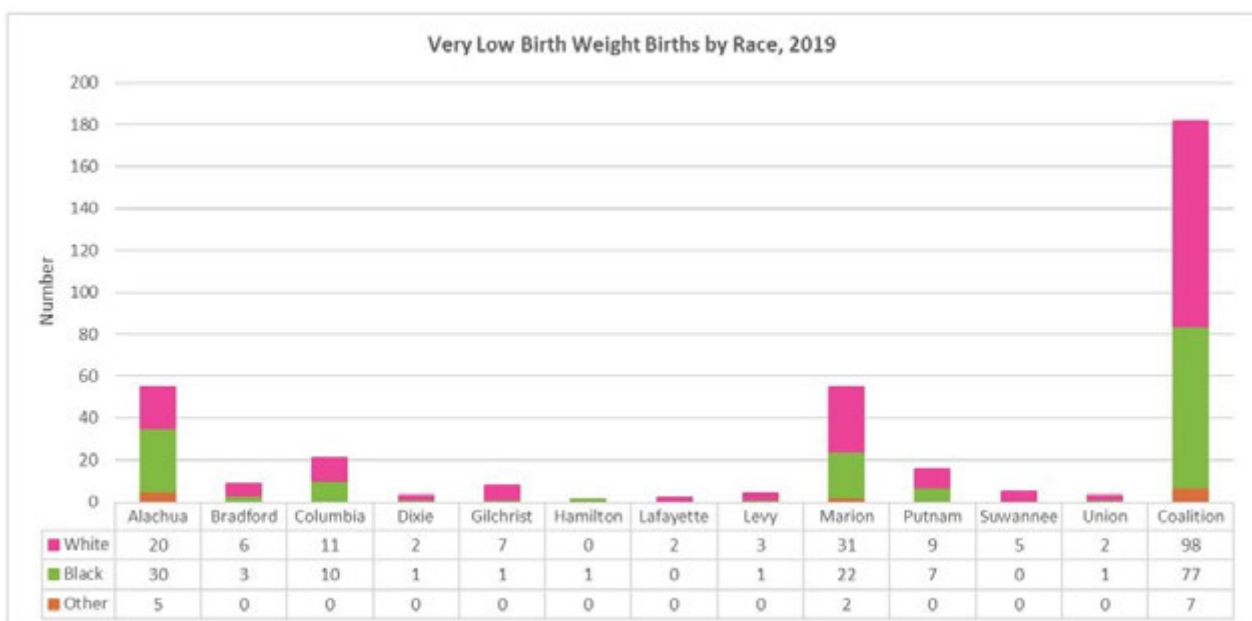
VERY LOW BIRTH WEIGHT

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

The Coalition's very low birth rate trend has remained relatively steady over the past 10 years and closely mirrors the state's rates.



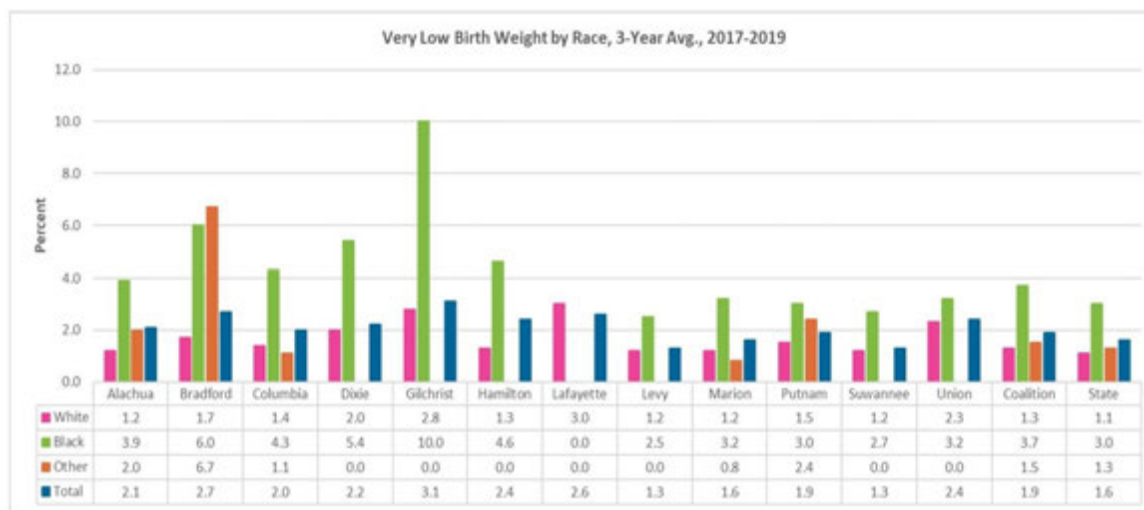
SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

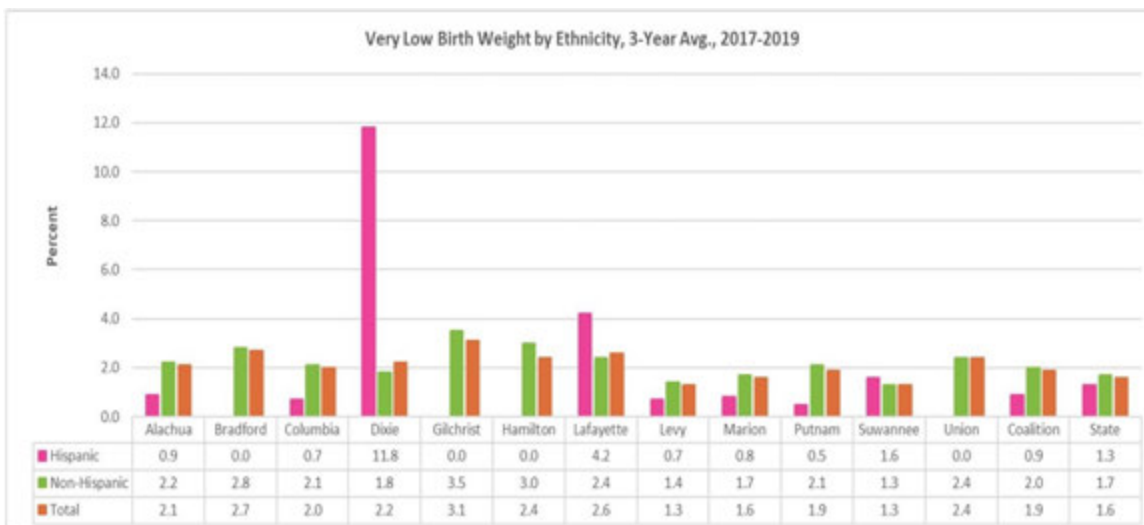
MAJOR HEALTH INDICATORS

The Coalition's overall very low birth weight three-year average (1.9 percent) is slightly higher than the state's (1.6 percent). With regard to race, the Coalition has a higher very low birth weight three-year average for White, Black, and Other races compared to the state. In all counties within the Coalition's area, disparity was evident, as Black very low birth weights were the highest in every county, except Bradford. Gilchrist County had the highest Black very low birth weight (10.0 percent) compared to the lowest Black very low birth weight in Lafayette (0.0 percent).



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

The Coalition's overall Hispanic very low birth weight three-year average (0.9 percent) was slightly lower than the state's (1.3 percent). Dixie County had the highest percent of Hispanic very low birth weights for the three-year average (11.8 percent). Bradford, Gilchrist, Hamilton, and Union counties all had the lowest percent of Hispanic very low birth weights for the three-year average (0.0 percent). The Coalition's non-Hispanic very low birth weight averages were higher than the state's average (1.7 percent) in eleven of the twelve counties.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com



TARGET POPULATION

TARGET POPULATION

Geographic Description

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

Population Density

The population density for the Coalition region is 113.9 people per square mile, which is well below the state's 394.4 people per square mile. All the counties in the region, with the exception of Alachua, Marion, and Putnam, are officially designated as rural (less than 100 persons per square mile). Alachua County's density, which is the highest in the region (305.0 people per square mile), results in part from the large student population at the University of Florida, while Marion County has experienced extremely rapid growth due to the significant influx of elderly and retired people. All counties in the region have lower

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

Area	Population			Area		Density
	Total	Percent of	Percent of	Square	Percent of	
Alachua	266,649	1.3	27.8	874.3	1.6	305.0
Bradford	28,455	0.1	3.0	293.1	0.5	97.1
Columbia	70,614	0.3	7.4	797.1	1.5	88.6
Dixie	16,516	0.1	1.7	704.0	1.3	23.5
Gilchrist	17,682	0.1	1.8	348.9	0.6	50.7
Hamilton	14,787	0.1	1.5	514.9	1.0	28.7
Lafayette	8,613	0.0	0.9	542.8	1.0	15.9
Levy	41,354	0.2	4.3	1,118.4	2.1	37.0
Marion	360,053	1.7	37.5	1,578.9	2.9	228.0
Putnam	73,012	0.3	7.6	721.9	1.3	101.1
Suwannee	45,482	0.2	4.7	687.6	1.3	66.1
Union	15,985	0.1	1.7	240.3	0.4	66.5
Coalition	959,202	4.5	100.0	8,422.2	15.6	113.9
State	21,268,553			53,926.8		394.4

TARGET POPULATION

Population Growth

As in the state as a whole, most of the population growth in the 12-county Coalition region is due to in-migration of people from other counties in Florida or from other states rather than from natural increase. Since 2010, the population in this area has increased by 7.2 percent. In 2010, there were 903,971 individuals compared to 959,971 in 2019. During this period, Marion County had the largest percentage increase in population (6.7%) (Table 5.2).

It is estimated that by the year 2025 the Coalition population will increase by 4.9 percent to 1,008,655. This is lower than the state of Florida's expected increase of 7.8 percent. Marion and Suwannee counties are expected to experience the largest growth with a 6.7 percent change between 2019 and 2025 (Table 5.2).

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

Area	Total Population				Percent Changes			
	2010 Census	2019	2025 Estimate	2030 Estimate	2010 to 2019	2019 to 2025	2025 to 2030	2010 to 2030
Alachua	247,336	266,649	279,726	289,911	7.2	4.7	3.5	14.7
Bradford	28,520	28,455	29,284	29,666	-0.2	2.8	1.3	3.9
Columbia	67,531	70,614	72,989	74,955	4.4	3.3	2.6	9.9
Dixie	16,422	16,516	17,434	17,746	0.6	5.3	1.8	7.5
Gilchrist	16,939	17,682	18,492	19,109	4.2	4.4	3.2	11.4
Hamilton	14,799	14,787	15,083	15,358	-0.1	2.0	1.8	3.6
Lafayette	8,870	8,613	8,626	8,876	-3.0	0.2	2.8	0.1
Levy	40,801	41,354	43,350	44,422	1.3	4.6	2.4	8.2
Marion	331,303	360,053	386,051	404,932	8.0	6.7	4.7	18.2
Putnam	74,364	73,012	74,224	74,689	-1.9	1.6	0.6	0.4
Suwannee	41,551	45,482	47,103	48,424	8.6	6.7	2.7	14.2
Union	15,535	15,985	16,292	16,602	2.8	1.9	1.9	6.4
Coalition	903,971	959,202	1,008,654	1,044,690	5.8	4.9	3.4	13.5
State	18,802,847	21,268,553	23,061,892	24,357,003	11.6	7.8	5.3	22.8

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

TARGET POPULATION

Age and Gender

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

Area	Coalition						State		
	Number			Percent			Percent		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-14	76,239	73,851	150,090	17.4	15.6	16.0	17.4	15.9	16.6
15-44	182,385	171,496	353,881	39.3	36.3	37.8	38.3	35.9	37.1
45-64	113,705	120,479	234,184	24.5	25.5	25.0	26.1	26.9	26.5
65-84	83,123	93,213	176,336	17.9	19.7	18.8	16.2	18.1	17.1
85+	8,749	13,318	22,067	1.9	2.8	2.4	2.0	3.2	2.6
Total	464,201	472,357	936,558	100.0	100.0	100.0	100.0	100.0	100.0

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

Since 2016, the number of females 15-44 years of age has increased from 169,858 to 172,868. The percent of females remained at 18.2 percent (Table 5.4). Of the 12 counties, Alachua County has the highest percent (25.6%) and Dixie County has the lowest percent (12.6%) of females 15-44 of age. Overall, the Coalition region has a slightly lower percent of females of childbearing age than the state (18.3% and 18.4%, respectively). Similar to the total population of females, the number of females 15-44 years of age has increased from 468,651 to 479,011, but the percent of females 15-44 years of age has decreased slightly (36.2% and 36.1%, respectively) (Table 4.5).

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

Year	Total Population	Female Population 15-44	Percent of Total Population	Total Female Population	Percent of Total Female Population
2016	931,427	169,858	18.2	468,651	36.2
2017	940,214	170,532	18.1	473,240	36.0
2018	950,206	172,868	18.2	479,011	36.1

SOURCE: Florida Health CHARTS, www.flhealthcharts.com

TARGET POPULATION

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

County	Population	Females 15-44 Years	
		Number	Percent
Alachua	263,148	67,300	25.6
Bradford	26,979	4,149	15.4
Columbia	69,105	11,216	16.2
Dixie	16,437	2,064	12.6
Gilchrist	17,615	2,686	15.2
Hamilton	14,269	1,926	13.5
Lafayette	8,744	1,201	13.7
Levy	39,961	6,325	15.8
Marion	348,371	54,043	15.5
Putnam	72,766	11,561	15.9
Suwannee	43,924	7,083	16.1
Union	15,239	1,942	12.7
Coalition	936,558	171,496	18.3
State	20,598,139	3,783,727	18.4

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

TARGET POPULATION

Race and Ethnicity

The racial makeup of the region is primarily White (77.8%) and non-Hispanic (89.9%). Gilchrist County has the largest White population (91.4%) and Hamilton County has the smallest (60.6%). The Black and Hispanic populations represent only 15.7 percent and 10.1 percent of the total Coalition population, respectively. Hamilton County has the largest Black population (34.5%), while Gilchrist County has the smallest (6.3%). All the other races combined represent 6.5 percent of the Coalition with Alachua County at the highest (10.6%) and Bradford County at the lowest (2.6%). The Hispanic population within the region is significantly smaller than that of the state (10.1% vs. 25.2%, respectively). Lafayette County has the largest Hispanic population in the region (14.4%) and Dixie County has the smallest (3.9%) (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
Alachua	263,148	69.4	20.0	10.6	9.6	90.4
Bradford	26,979	77.6	19.8	2.6	4.0	96.0
Columbia	69,105	77.1	17.7	5.2	6.0	94.0
Dixie	16,437	86.6	8.3	5.1	3.9	96.1
Gilchrist	17,615	91.4	6.3	2.3	5.7	94.3
Hamilton	14,269	60.6	34.5	4.9	9.3	90.7
Lafayette	8,744	79.1	16.1	4.8	14.4	85.6
Levy	39,961	87.6	8.7	3.7	8.2	91.8
Marion	348,371	81.9	12.6	5.5	12.7	87.3
Putnam	72,766	79.9	16.1	4.0	9.9	90.1
Suwannee	43,924	82.8	13.2	4.0	9.0	91.0
Union	15,239	73.7	21.9	4.4	5.5	94.5
Coalition	936,558	77.8	15.7	6.5	10.1	89.9
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, B001001

TARGET POPULATION

The majority of the women of childbearing age (15-44 years of age) in the Coalition region are White (73.7%) and non-Hispanic (87.4%). The Black and Hispanic populations comprise only 18.6 percent and 12.6 percent, respectively. Within this group, Hamilton County has the largest Black population (36.8%) and Marion County has the largest Hispanic population (16.7%) (Table 5.7).

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

Area	Women 15-44 Years	White	Black	All Others	Hispanic	Non-Hispanic
Alachua	67,300	68.2	19.9	11.9	12.2	87.8
Bradford	4,149	77.5	21.7	0.8	2.1	97.9
Columbia	11,216	77.2	18.2	4.6	6.5	93.5
Dixie	2,064	88.0	5.8	6.2	2.5	97.5
Gilchrist	2,686	93.3	4.3	2.4	4.4	95.6
Hamilton	1,926	58.6	36.8	4.6	9.5	90.5
Lafayette	1,201	79.2	19.7	1.2	15.4	84.6
Levy	6,325	84.7	11.1	4.1	11.2	88.8
Marion	54,043	76.0	17.4	6.6	16.7	83.3
Putnam	11,561	76.5	20.8	2.6	13.7	86.3
Suwannee	7,083	75.5	21.8	2.7	9.6	90.4
Union	1,942	82.4	12.9	4.7	4.4	95.6
Coalition	171,496	73.7	18.6	7.7	12.6	87.4
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, B001001

TARGET POPULATION

Special Populations

The seasonal and migrant farmworker population in the Coalition region represents a small (5.0%) portion of the total population. However, this population utilizes a disproportionate share of the public health system, since many do not have insurance. Many also experience language barriers, since Spanish is often their primary language. Most of the migrant and seasonal farmworkers are located in Alachua County (29.5%) (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
Alachua	1,667	29.5	0.6
Bradford	21	0.4	0.1
Columbia	103	1.8	0.1
Dixie	52	0.9	0.3
Gilchrist	332	5.9	1.9
Hamilton	898	15.9	6.1
Lafayette	38	0.7	0.4
Levy	529	9.4	1.3
Marion	568	10.0	0.2
Putnam	509	9.0	0.7
Suwannee	939	16.6	2.1
Union	0	0.0	0.0
Coalition	5,656	5.0	0.6
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.

TARGET POPULATION

Number of Households and Income Levels

There are 350,823 households within the Coalition region. These households have a median income of \$41,299. Hamilton County has the lowest median household income at \$34,583, and Alachua County has the highest at \$449,078 (Table 5.9).

Income levels within the Coalition region are slightly lower than the state. For households with an income of \$49,999 or less, the region has a higher percentage than the state. Conversely, for households with an income of \$50,000 or more, the state has a higher percentage than the region. Lafayette County is the most affluent with the largest percentage (12.6%) of households above \$100,000. Hamilton County is the poorest with the greatest percentage (37.7%) of households with income under \$25,000 (Table 4.9).

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
Alachua	97,048	28.7	22.0	28.1	11.3	9.9	49,078
Bradford	8,993	29.8	22.6	33.1	10.5	4.1	46,197
Columbia	24,985	26.9	27.5	29.7	10.3	5.6	44,491
Dixie	6,520	33.2	34.2	21.1	6.9	4.7	38,237
Gilchrist	6,511	25.7	31.5	31.2	7.6	4.0	42,357
Hamilton	4,485	37.7	24.1	27.8	7.6	2.9	34,583
Lafayette	2,095	33.7	22.7	25.7	12.6	5.4	39,543
Levy	16,433	35.0	27.6	28.4	6.0	3.1	37,634
Marion	136,514	25.8	30.4	30.1	8.8	4.9	43,361
Putnam	28,264	35.8	29.5	24.5	6.6	3.6	35,649
Suwannee	15,083	28.8	29.5	30.7	7.1	4.0	42,686
Union	3,892	26.6	30.1	34.5	5.7	3.1	41,770
Coalition	350,823	28.5	27.4	28.9	9.2	6.0	41,299
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 are higher in the Coalition region than statewide rates. This fact is significant, as poverty is consistently one of the greatest predictors of poor maternal and infant outcomes. Every county, except Alachua, in the Coalition has a higher percentage of families in poverty than the state (10.6%). Hamilton and Lafayette counties have the highest percentages of families in poverty (25.2% and 26.3%, respectively). As is true throughout the United States, female-headed households with children have the greatest risk for living in poverty. Every county in the Coalition has a higher percentage of female-headed families with children in poverty than the state (25.8%). Lafayette County has the highest percentage in the Coalition region. (79.9%) (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
Alachua	21.8	20.5	9.1	10.6	29.7
Bradford	20.3	30.7	11.1	15.6	39.8
Columbia	17.4	25.7	11.0	11.0	28.7
Dixie	23.1	31.1	9.8	16.8	45.6
Gilchrist	17.9	28.4	6.0	13.6	29.7
Hamilton	29.5	40.1	17.2	25.2	44.4
Lafayette	20.1	19.8	22.0	26.3	79.9
Levy	20.7	33.8	11.6	16.4	35.1
Marion	16.6	28.4	8.2	12.0	30.0
Putnam	24.8	38.6	12.3	18.3	43.2
Suwannee	17.8	30.5	6.2	13.3	29.6
Union	22.0	34.2	8.2	17.6	45.2
Coalition	19.5	27.6	9.2	13.0	32.8
State	14.8	21.3	10.3	10.6	25.8

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

TARGET POPULATION

Medicaid Eligibility

According to the Agency for Healthcare Administration (AHCA), 200,450 individuals in the Coalition region are Medicaid eligible, 113,207 (56.5%) of whom are 20 years of age or younger. Adults ages 21-35 years (12.3%), 36-59 years (14.8%), 60-64 years (4.0%), and 65 years and older (12.5%) make up the remaining 87,243 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	
	#	%	#	%	#	%	#	%	#	%
Alachua	23,544	57.2	5,492	13.3	6,006	14.6	1,554	3.8	4,559	11.1
Bradford	3,389	55.9	740	12.2	915	15.1	294	4.9	722	11.9
Columbia	10,003	56.4	2,240	12.6	2,707	15.3	772	4.4	2,013	11.4
Dixie	2,318	50.6	517	11.3	819	17.9	270	5.9	658	14.4
Gilchrist	2,099	56.1	416	11.1	543	14.5	170	4.5	515	13.8
Hamilton	2,143	58.2	411	11.2	508	13.8	180	4.9	443	12.0
Lafayette	892	61.9	138	9.6	181	12.6	47	3.3	183	12.7
Levy	5,308	54.2	1,125	11.5	1,557	15.9	420	4.3	1,390	14.2
Marion	43,004	56.4	9,241	12.1	11,062	14.5	2,922	3.8	10,025	13.1
Putnam	12,292	56.5	2,699	12.4	3,258	15.0	848	3.9	2,648	12.2
Suwannee	6,652	57.4	1,257	10.8	1,649	14.2	412	3.6	1,617	14.0
Union	1,563	58.7	374	14.0	378	14.2	111	4.2	237	8.9
Coalition	113,207	56.5	24,650	12.3	29,583	14.8	8,000	4.0	25,010	12.5
State	2,157,727	57.1	410,000	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, 86.7 percent of those 25 years of age and older have a high school diploma (55.0%) or a college degree (31.7%). However, 13.3 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 6.0 percent less than the Coalition. Those individuals receiving college degrees total 39.0 percent; this is 7.3 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 1.3 percent lower than the Coalition (Table 5.12).

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

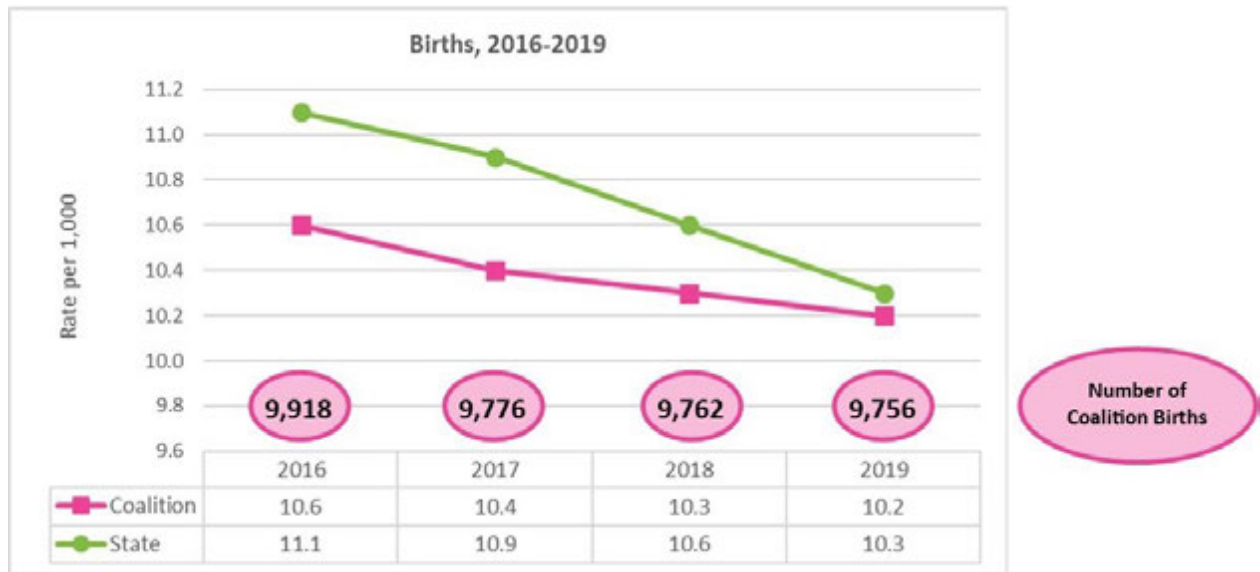
Area	Population 25 Years of Age and Older	No High School Diploma		High School Diploma		College Degree	
		Number	Percent	Number	Percent	Number	Percent
Alachua	159,261	12,112	7.6	62,627	39.3	84,522	53.1
Bradford	19,488	4,229	21.7	11,619	59.6	3,640	18.7
Columbia	47,814	6,365	13.3	28,992	60.6	12,457	26.1
Dixie	12,370	2,557	20.7	7,783	62.9	2,030	16.4
Gilchrist	11,890	1,673	14.1	7,211	60.6	3,006	25.3
Hamilton	10,133	2,418	23.9	6,269	61.9	1,446	14.3
Lafayette	6,146	1,467	23.9	3,503	57.0	1,176	19.1
Levy	29,171	4,590	15.7	18,106	62.1	6,475	22.2
Marion	259,032	32,787	12.7	154,020	59.5	72,225	27.9
Putnam	51,840	9,887	19.1	31,454	60.7	10,499	20.3
Suwannee	30,969	5,739	18.5	18,565	59.9	6,665	21.5
Union	11,211	2,589	23.1	6,666	59.5	1,956	17.4
Coalition	649,325	86,413	13.3	356,815	55.0	206,097	31.7
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

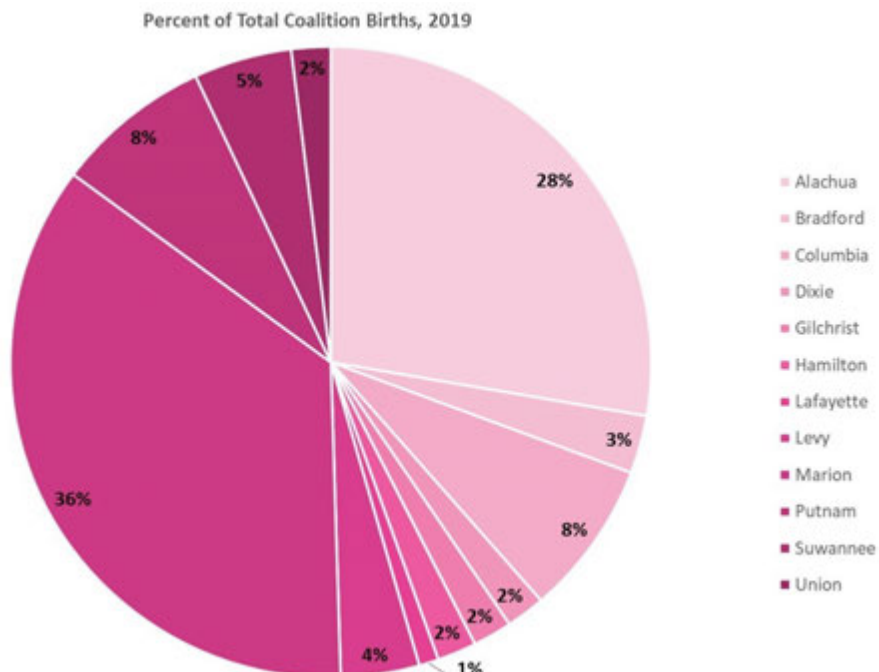
BIRTHS

From 2016 to 2019, the number of births in the Coalition region decreased from 10.6 per 1,000 population to 10.2 per 1,000 population. The Coalition has seen a steady decline in the number of births since 2013.



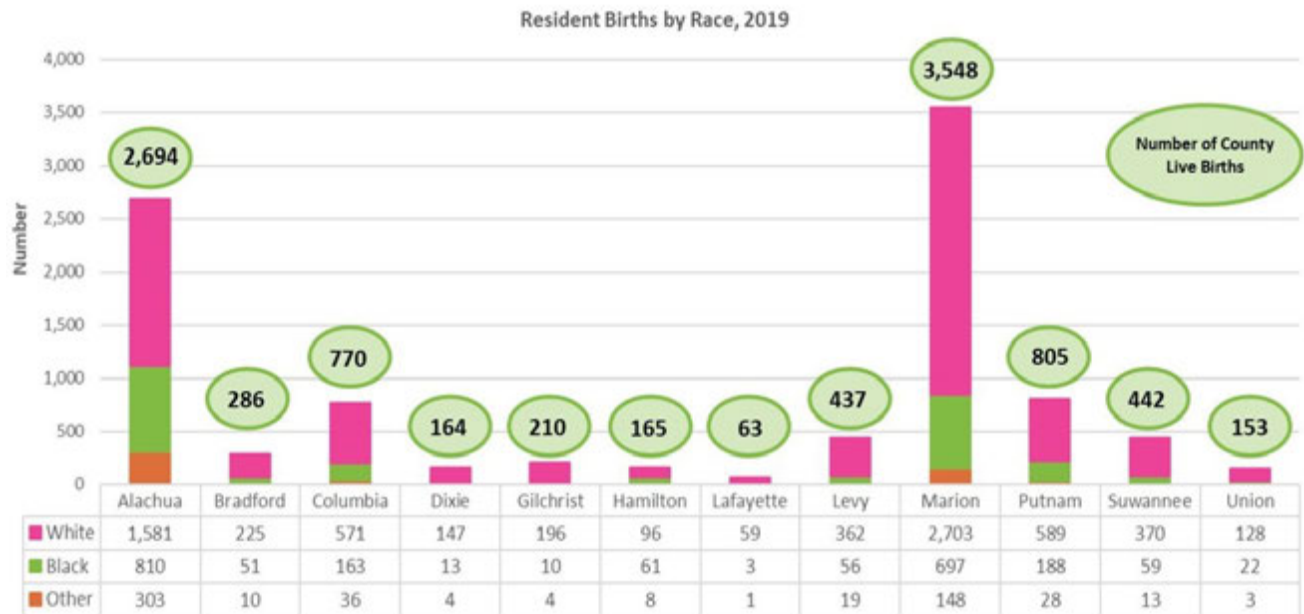
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

Marion County experienced the highest percent of births (36%) within the Coalition in 2019. Lafayette had the lowest percent of births (1%) within the Coalition in 2019.

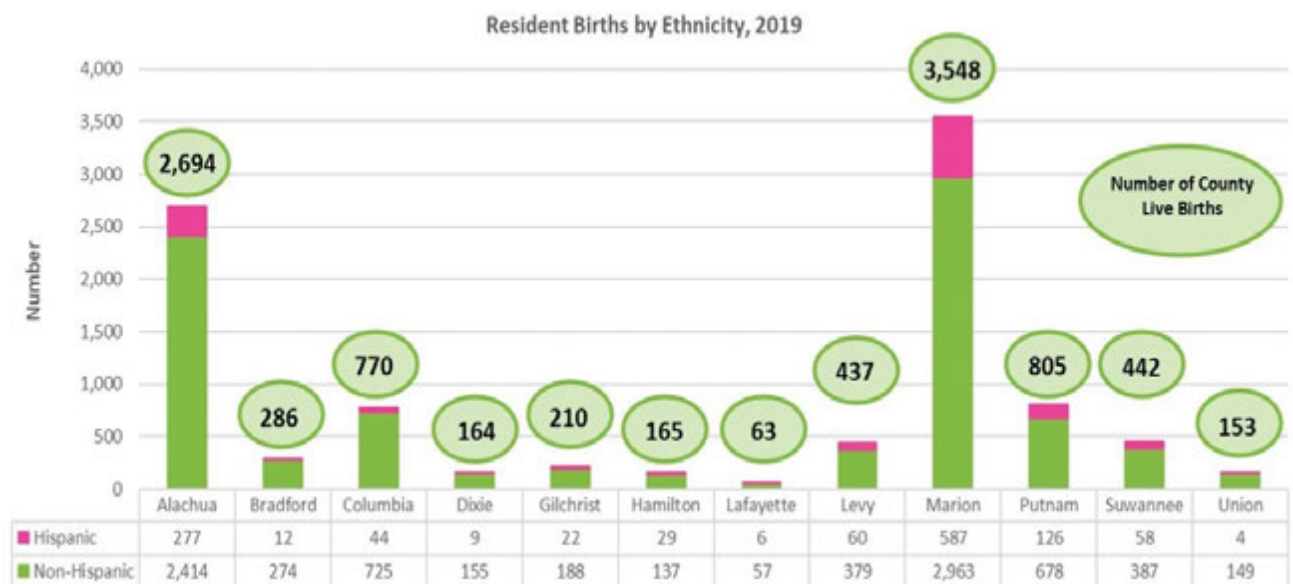


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

TARGET POPULATION



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

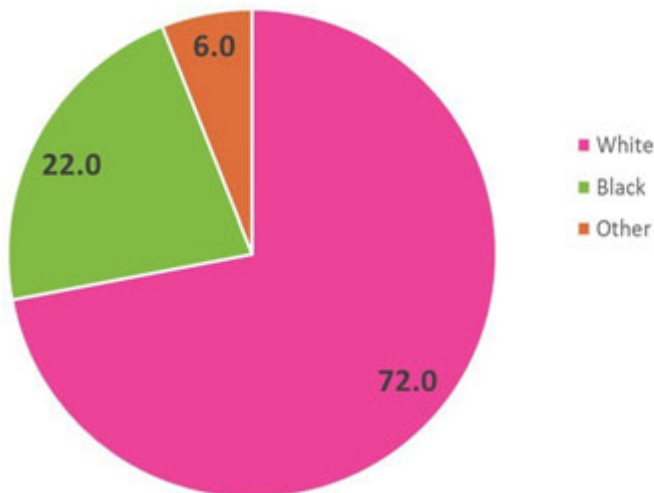


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

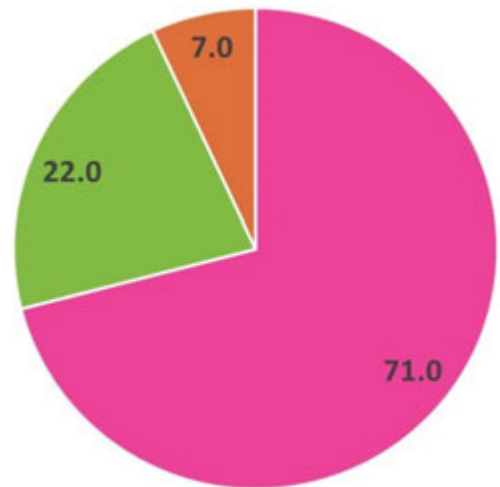
TARGET POPULATION

Seventy-two percent of the births in 2019 in the Coalition area were White infants; 22.0 percent were Black infants. Infants in Other were 6.0 percent of births in the Coalition area in 2019. Compared to the state (71.0 percent), the Coalition area has a slightly higher percentage of White births (72 percent) and the same percentage of Black births (22.0 percent). The Coalition has a slightly lower percent of Other births (6.0 percent) than the state (7.0 percent).

Coalition Births by Race, 2019



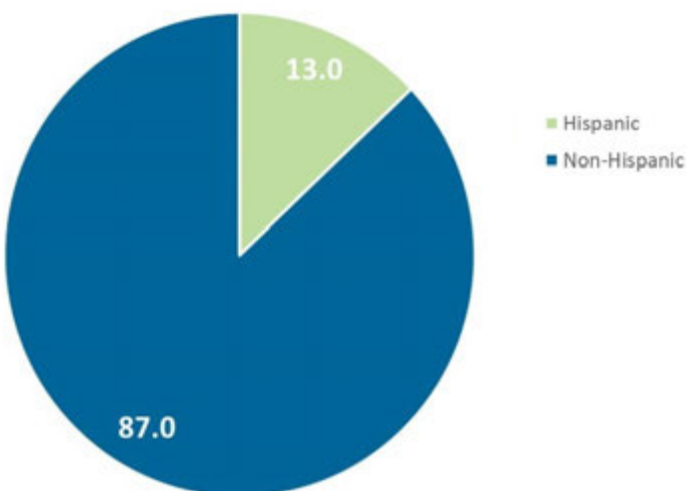
Florida Births by Race, 2019



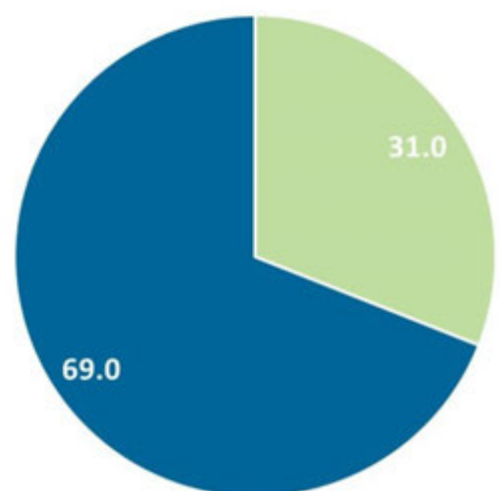
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

Regarding births by ethnicity, the Coalition has a much lower percent of Hispanic births (13.0 percent) than the state (31.0 percent).

Coalition Births by Ethnicity, 2019



Florida Births by Ethnicity, 2019



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

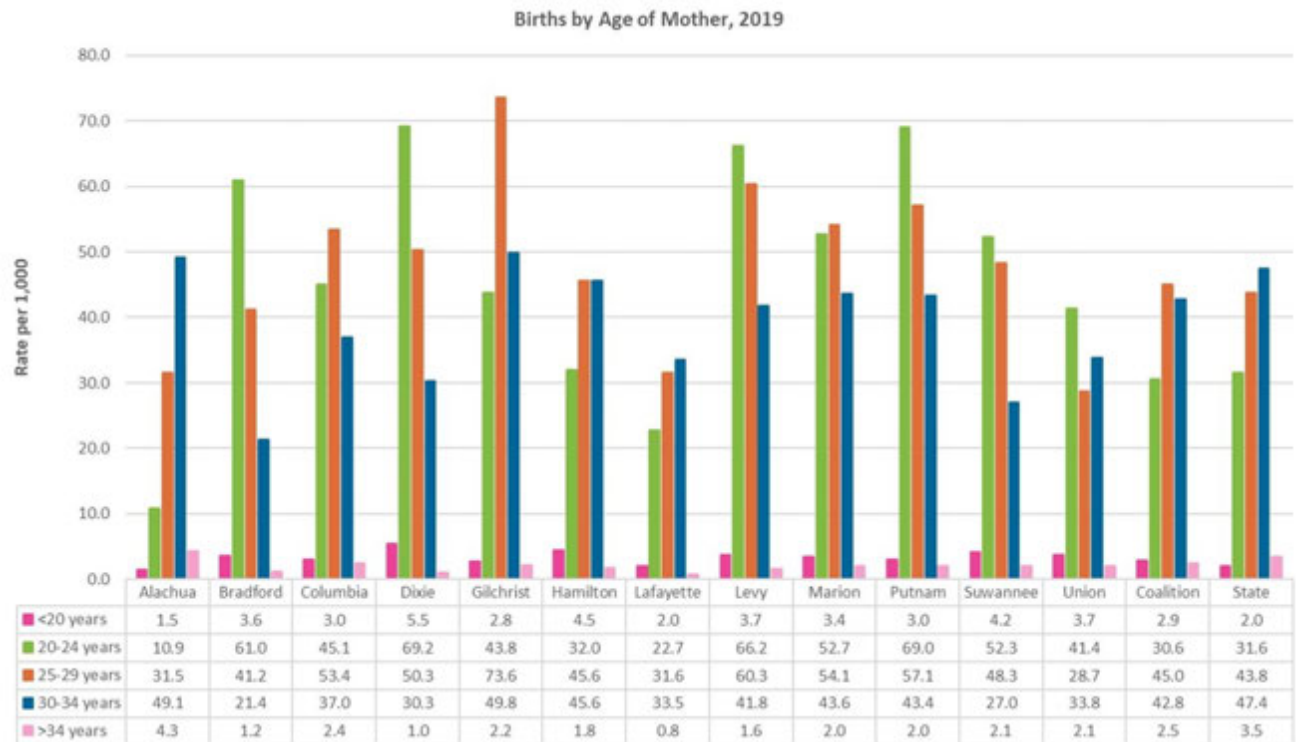
TARGET POPULATION

Resident Births by Age, 2016-2019								
Year	10-14	15-17	18-19	20-24	25-29	30-34	34<	Total
2016	9	172	564	2,633	3,013	2,321	1,206	9,918
2017	9	167	527	2,489	3,097	2,297	1,190	9,776
2018	7	153	529	2,474	3,011	2,313	1,275	9,762
2019	9	116	480	2,405	2,990	2,401	1,355	9,756

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

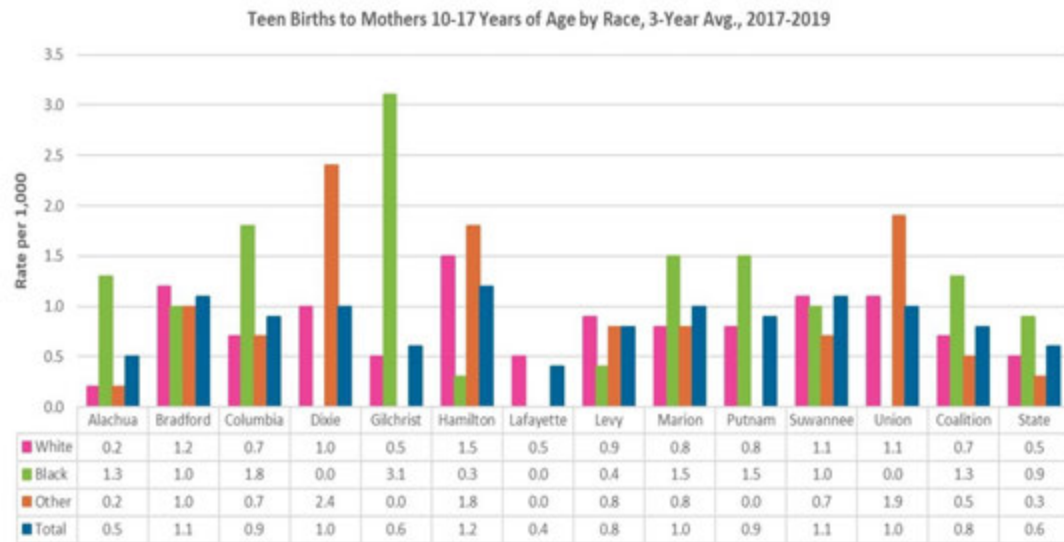
In 2019, births to mothers 25-29 years of age had the highest percentage (45.0 percent) with the Coalition area. The second highest age group for births was to mothers 30-34 years of age (42.8 percent) within the Coalition area. Births to mothers 20-24 years of age was 30.6 percent. Mothers less than 20 years of age accounted for 6.1 percent of births while mothers older than 34 years of age accounted for 2.5 percent.

When comparing the Coalition's rate of births by age of mother to the state's rates, almost all were similar to one another. The most notable difference was the rate of births to mothers aged 30-34 years old, as the Coalition's rate was 42.8 per 1,000 births, compared to the state's rate of 47.4 per 1,000 births.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

TARGET POPULATION



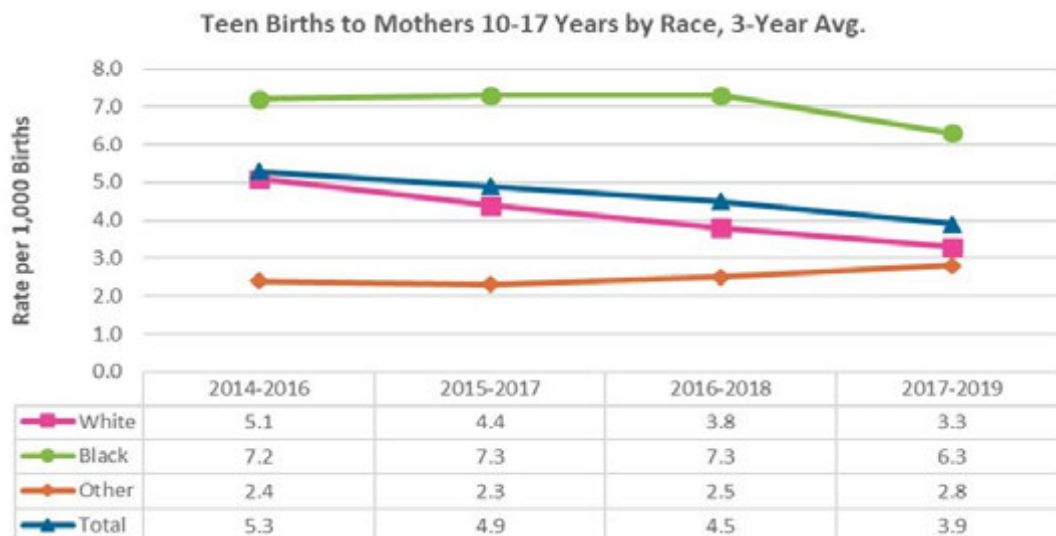
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

Teen Births to Mothers 10-17 Years of Age by Race, 2016-2019				
Year	2016	2017	2018	2019
White	121	108	91	82
Black	57	59	60	36
Other	3	9	9	6
Total	181	176	160	124

SOURCE: Florida Health CHARTS, www.flhealthcharts.com

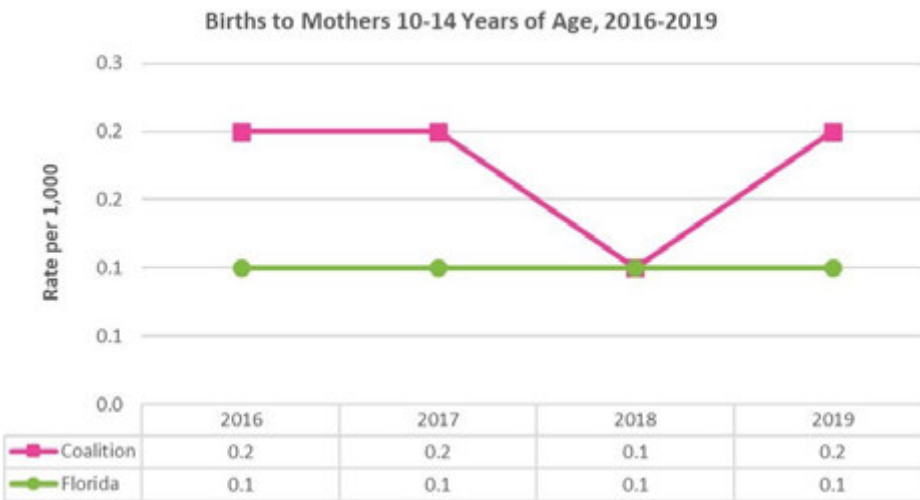
From 2017-2019, the Coalition's average rate of births to Black mothers 10-17 years of age was 1.3 per 1,000 births, while the rate for White mothers 10-17 years of age was 0.7 per 1,000 births. In comparison to the state, the Coalition has higher rates of teen births for all races than the state as a whole.

Notably, the Coalition's rate of teen births to mothers 10-17 years of age is 0.7 per 1,000 births for White mothers as compared to 1.3 per 1,000 births for Black mothers. White mothers in Bradford, Dixie, Hamilton, Suwannee, and Union counties each had at least double the state's teen birth rate of 0.5 per 1,000 births. Black mothers in Alachua, Bradford, Columbia, Gilchrist, Marion, Putnam, and Suwannee all had a higher rate of teen birth than that of the state (0.9 per 1,000 births).

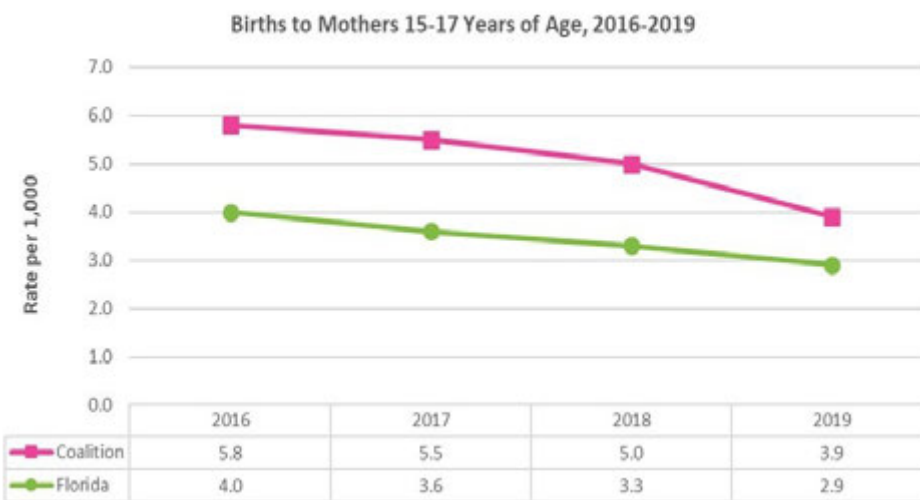


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

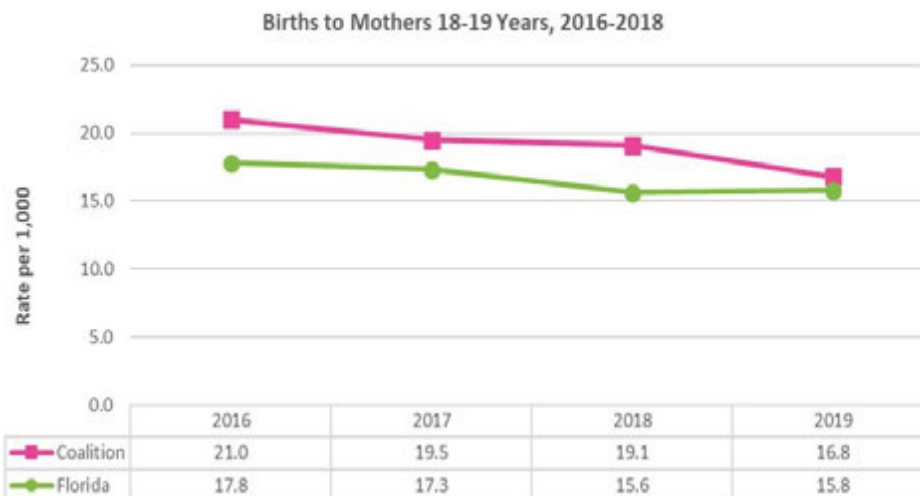
TARGET POPULATION



SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health Charts, www.flhealthcharts.com

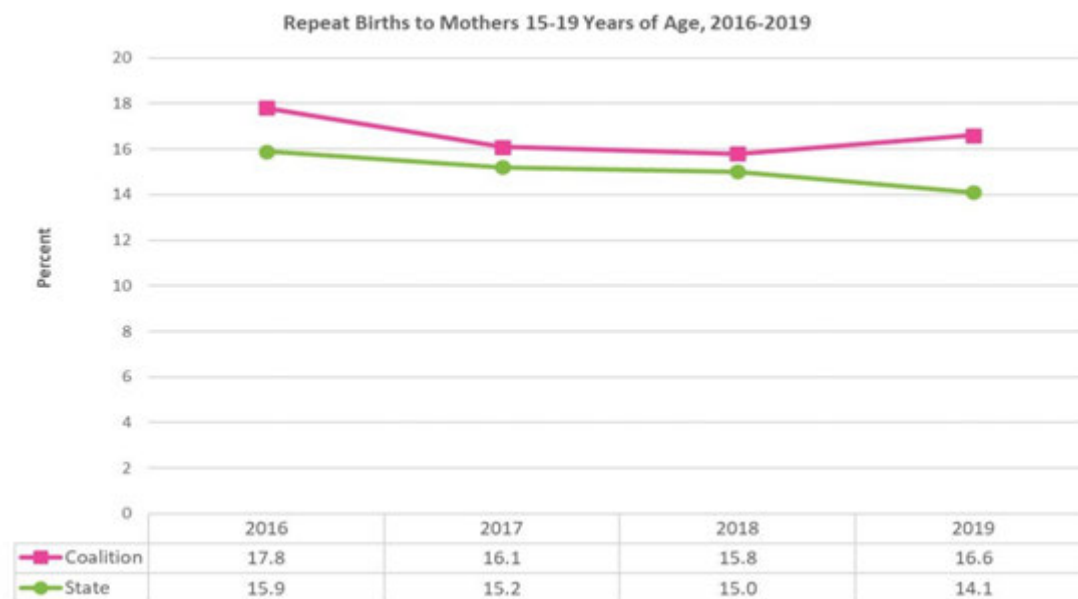
TARGET POPULATION

Columbia County had the highest percentage of repeat births to mothers 15-19 years of age in 2019 with 23.5 percent. Although Lafayette County had the highest percentage of repeat births to mothers 15-19 years of age in 2016 (40.0 percent), the county had the lowest in 2019 (0.0 percent), as there were zero reported repeat births.

Repeat Births for 15-19 Years of Age, 2016-2019								
	2016		2017		2018		2019	
	#	%	#	%	#	%	#	%
Alachua	26	21.0	10	7.8	12	10.3	10	11.2
Bradford	7	25.9	6	20.7	3	13.0	4	18.2
Columbia	10	15.6	22	29.3	7	11.1	12	23.5
Dixie	0	0.0	3	20.0	1	7.1	2	11.1
Gilchrist	1	4.5	2	11.8	2	13.3	2	16.7
Hamilton	3	20.0	3	16.7	4	22.2	3	21.4
Lafayette	2	40.0	3	75.0	1	25.0	0	0.0
Levy	3	11.5	3	11.1	4	13.8	7	21.9
Marion	45	16.5	44	16.5	51	19.0	42	17.1
Putnam	18	18.9	7	10.9	12	15.8	8	15.7
Suwannee	11	21.6	9	22.0	10	24.4	8	18.2
Union	5	27.8	0	0.0	1	7.1	1	7.7
Coalition	131	17.8	112	16.1	108	15.8	99	16.6
State	1,784	15.9	1,626	15.2	1,478	15.0	1,341	14.1

SOURCE: Florida Health CHARTS, www.flhealthcharts.com

Overall within the Coalition region, the percent of repeat births to mothers 15-19 years of age decreased from 17.8 percent in 2016 to 16.6 percent in 2019. While the Coalition's percentage decreased between 2016-2018, it increased in 2019.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

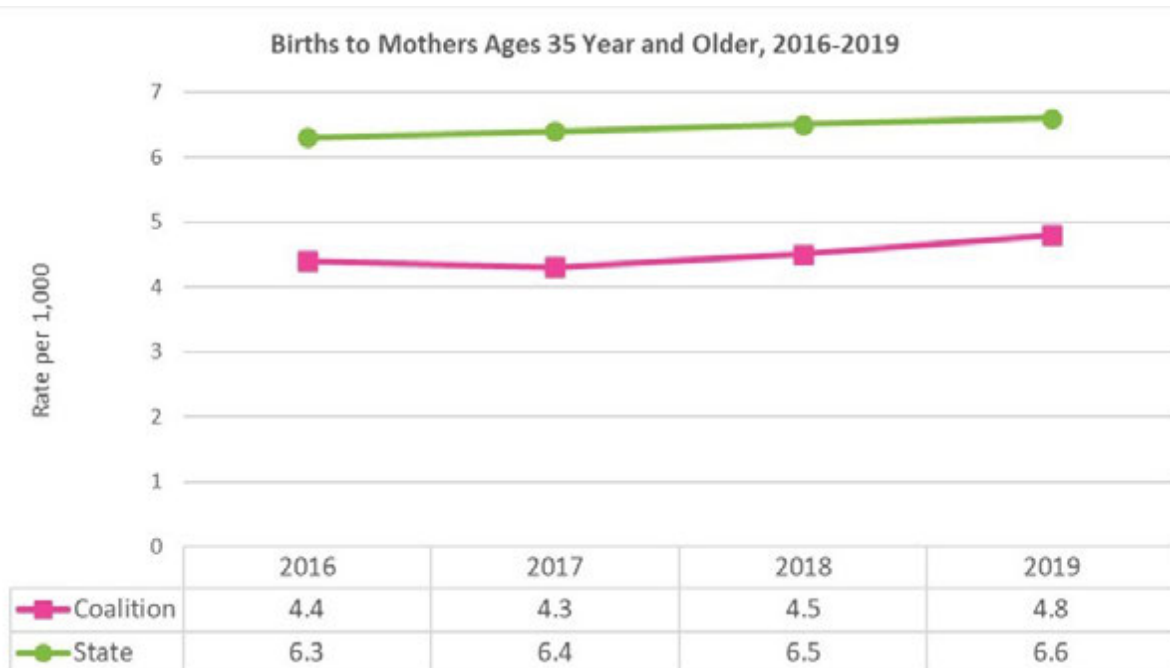
Between 2016 and 2019, the Coalition's percent of repeat births to mothers 15-19 years old was consistently higher than the state's. The four year time period indicates a decreasing trend for the state, while the Coalition's percent of repeat births increased in 2019.

TARGET POPULATION

Births to Mothers 35 Years and Older, 2016-2019								
	2016		2017		2018		2019	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Alachua	486	7.9	469	7.5	488	7.7	522	8.1
Bradford	30	4.0	23	3.0	23	3.0	19	2.5
Columbia	83	4.3	66	3.4	82	4.1	96	4.8
Dixie	17	3.5	14	2.9	17	3.5	10	2.1
Gilchrist	24	4.8	19	3.7	18	3.4	22	4.1
Hamilton	15	4.0	18	4.8	22	5.8	15	4.0
Lafayette	10	5.0	10	5.0	7	3.5	4	1.9
Levy	43	3.3	42	3.2	51	3.7	42	3.1
Marion	363	3.1	402	3.4	414	3.4	460	3.7
Putnam	78	3.4	76	3.3	85	3.7	89	3.9
Suwannee	48	3.7	34	2.6	50	3.8	55	4.1
Union	9	3.1	17	5.9	18	6.1	21	6.9
Coalition	1,206	4.4	1,190	4.3	1,275	4.5	1,355	4.8
State	39,100	6.3	40,166	6.4	41,997	6.5	43,324	6.6

SOURCE: Florida Health CHARTS, www.flhealthcharts.com

Within the Coalition region, the rate of births to mothers 35 years and older has remained relatively stable, at approximately 4.5 per 1,000 births. As a comparison, the state's rate has also remained relatively stable, at approximately 6.4 per 1,000 births. Between 2016-2019, the Coalition had a lower rate of births to mothers age 35 years and older than the state (4.8 per 1,000 births and 6.6 per 1,000 births, respectively, in 2019).



SOURCE: Florida Health CHARTS, www.flhealthcharts.com



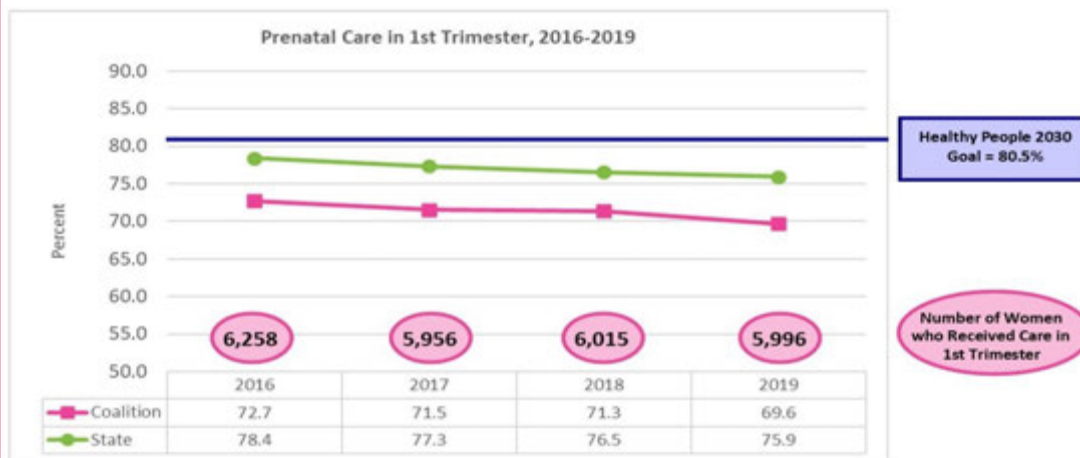
FACTORS CONTRIBUTING TO THE HEALTH STATUS

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

PRENATAL CARE

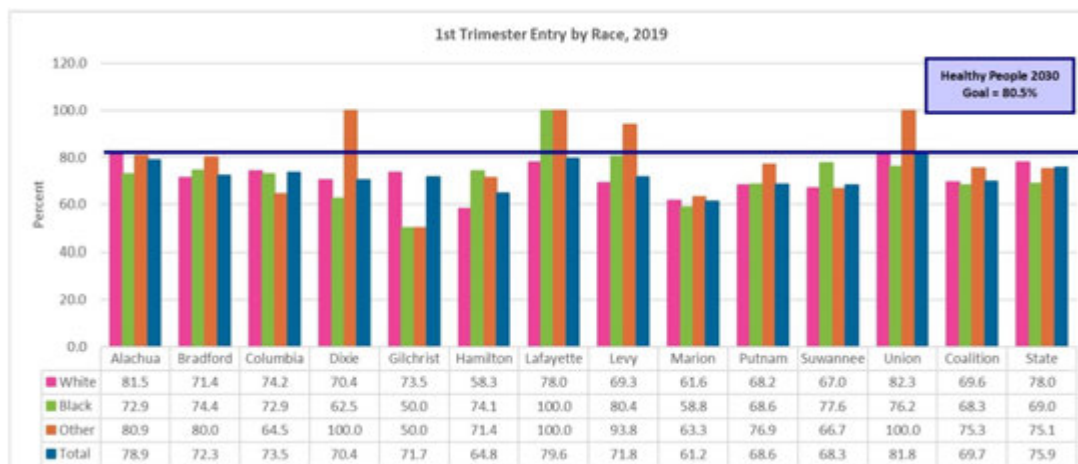
Early and continuous prenatal care helps identify conditions and behaviors such as inadequate weight gain during pregnancy, smoking, as well as drug and alcohol abuse that contribute to poor birth outcomes. Entry into prenatal care is divided into three sections: first trimester entry, late entry or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

The number of pregnant women who receive prenatal care in the first trimester has declined since 2016 in the Coalition area and in the state. In 2019, only 69.6 percent of pregnant women in the Coalition area received care in the first trimester, down from 72.7 percent in 2016. The Healthy People 2030 goal is 80.5 percent.



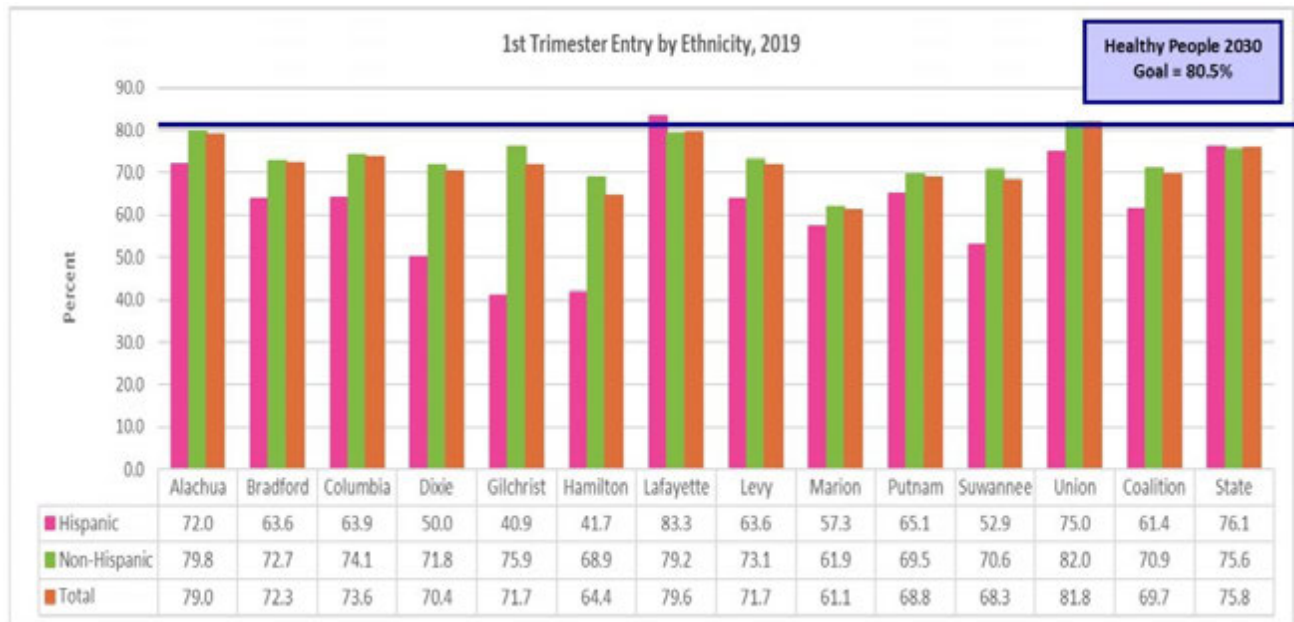
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

The Coalition area falls below the state rate in White, Black, and total percentage of women who enter prenatal care in the first trimester. Of the 12 counties, Alachua, Dixie, Lafayette, Levy, and Union Counties were the only counties that met the Healthy People 2030 goal of 80.5%. Alachua met the Healthy People 2030 goal in White (81.5 percent) and Other (80.9 percent); Dixie in Other (100.0 percent); Lafayette in Black and Other (100.0 percent); Levy in Other (93.8 percent) and Union in Other (100.0 percent).

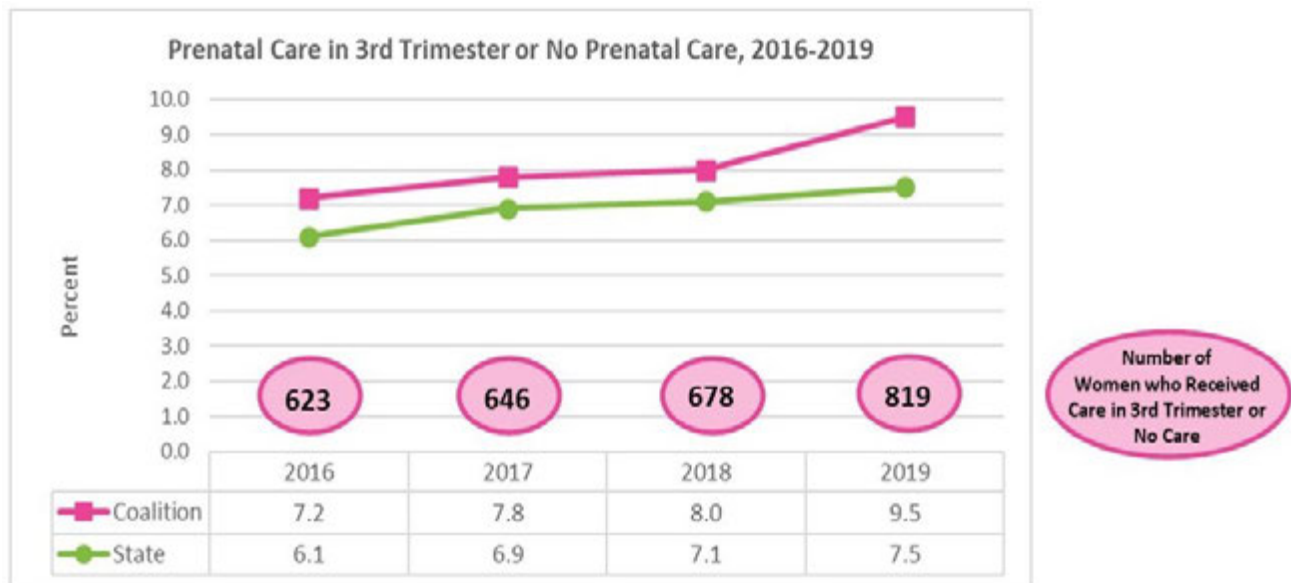


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

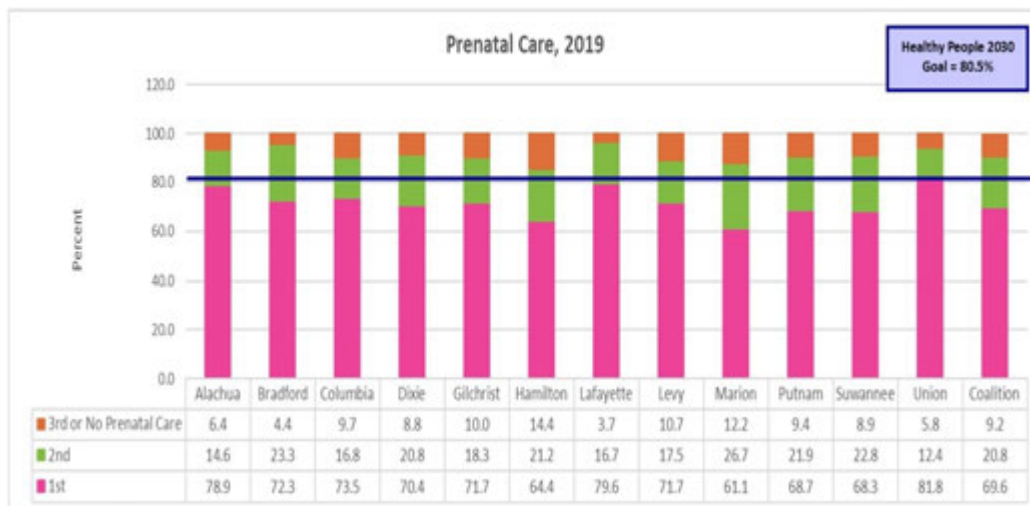


SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

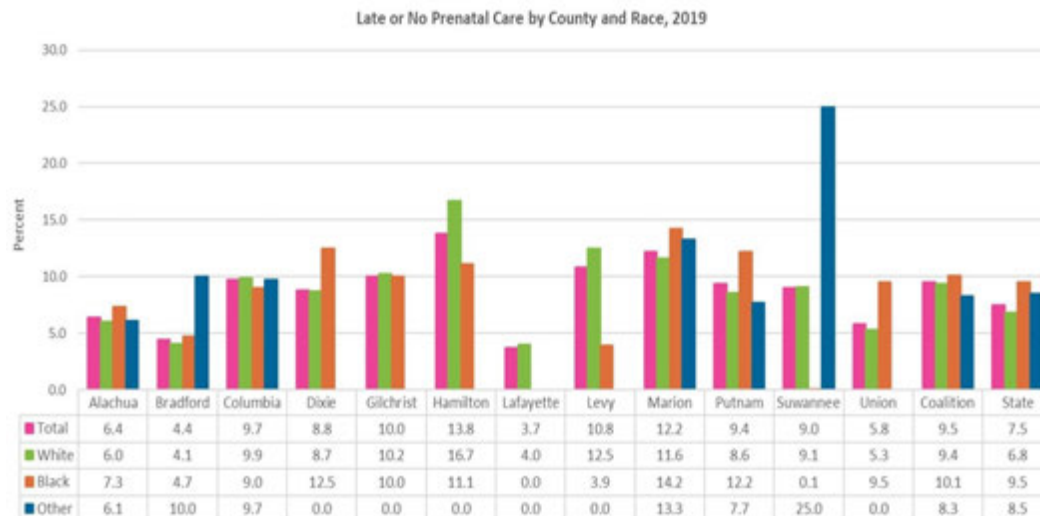
FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

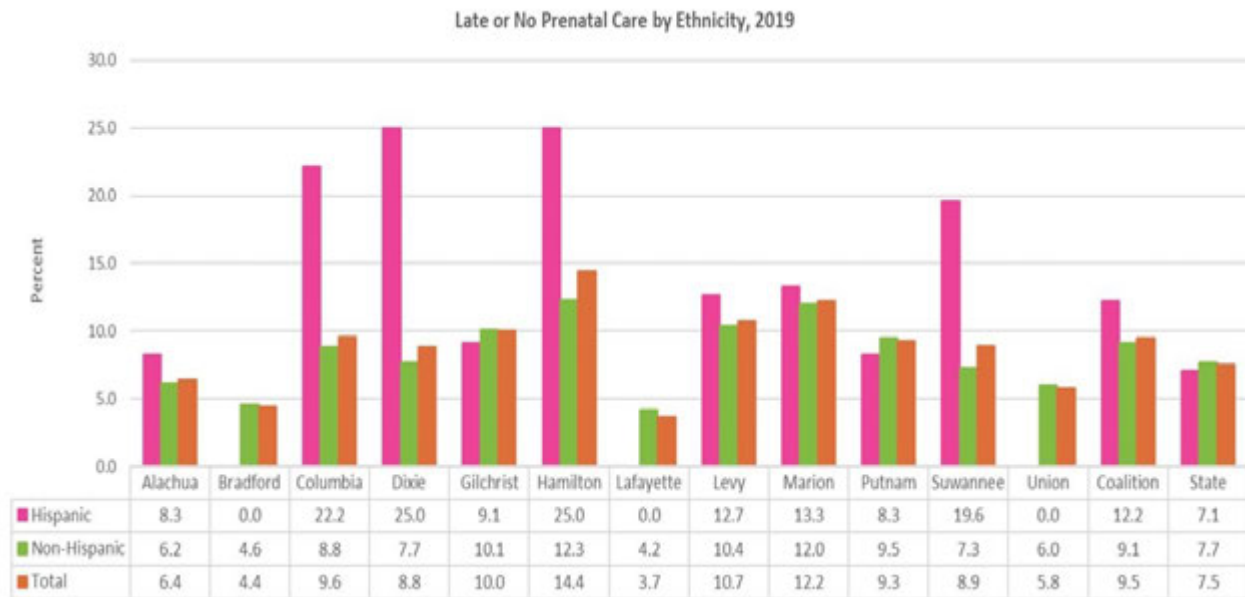
The percentage of pregnant women who had late entry into prenatal care or no prenatal care in 2019 is at or above ten percent in the following counties: Gilchrist (10.0 percent), Hamilton (14.4 percent), Levy (10.7 percent), and Marion County (12.2 percent). As a comparison, the Coalition's overall percentage of women who had late entry into prenatal care or no prenatal care in 2019 is 9.2 percent, whereas the state is 7.5 percent.

Black women throughout the Coalition's region had a higher percent (10.1 percent) of late or no prenatal care than White women (9.4 percent) or women of Other races (8.3 percent). The following counties all had ten percent or higher of Black women who received late or no prenatal care: Dixie (12.5 percent), Gilchrist (10.0 percent), Hamilton (11.1 percent), Marion (14.2 percent), and Putnam County (12.2 percent). Twenty-five percent of women of Other races in Suwannee County had late or no prenatal care. Nearly seventeen percent of White women in Hamilton County (16.7 percent) had late or no prenatal care.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

The percentage of pregnant Hispanic women who had late entry into prenatal care or no prenatal care in 2019 is above twelve percent in the following counties: Columbia (22.2 percent), Dixie (25.0 percent), Hamilton (25.0 percent), Levy (12.7 percent), Marion (13.3 percent), and Suwannee County (19.6 percent). As a comparison, the Coalition's overall percentage of women who had late entry into prenatal care or no prenatal care in 2019 is 9.5 percent, whereas the state is 7.5 percent.

Hispanic women throughout the Coalition's region had a higher percent (12.2 percent) of late or no prenatal care than non-Hispanic women (9.1 percent). Five out of twelve of the Coalition's counties had a higher percentage of non-Hispanic women who received late or no prenatal care than Hispanic women. The five counties included: Bradford (4.6 percent compared to 0.0 percent), Gilchrist (10.1 percent compared to 9.1 percent), Lafayette (4.2 percent to 0.0 percent), Putnam (9.5 percent to 8.3 percent) and Union (6.0 percent to 0.0 percent).

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS



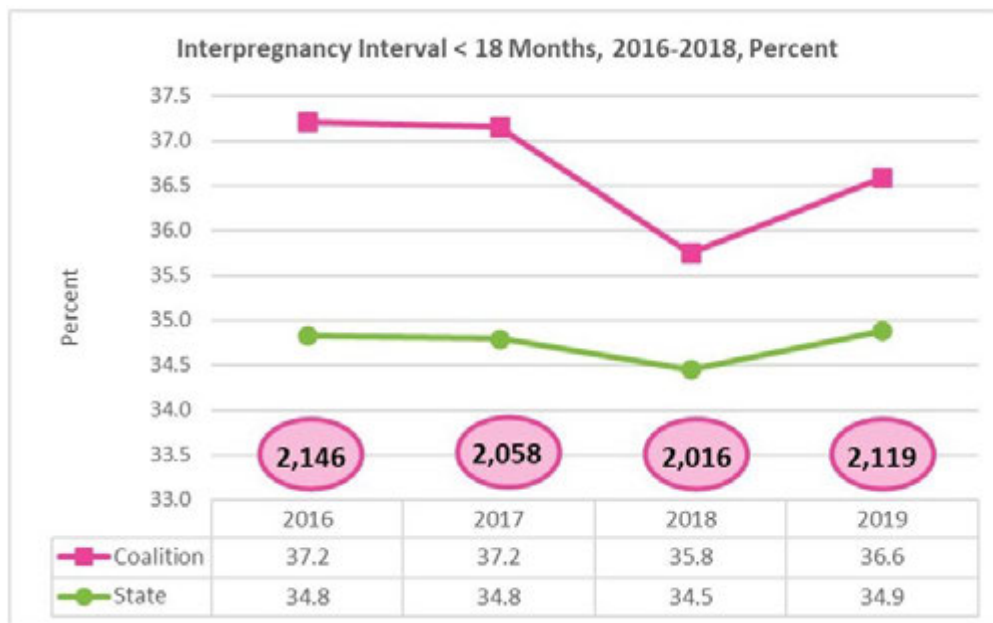
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

In 2019, the majority of pregnant women in the Coalition area had 8-15 prenatal visits during their pregnancy (75.5 percent), compared to 78.8 percent of women in 2016. Pregnant women who had zero prenatal visits increased from 1.4 percent in 2016 to 2.1 percent in 2019.

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

INTER-PREGNANCY INTERVAL LESS THAN 18 MONTHS

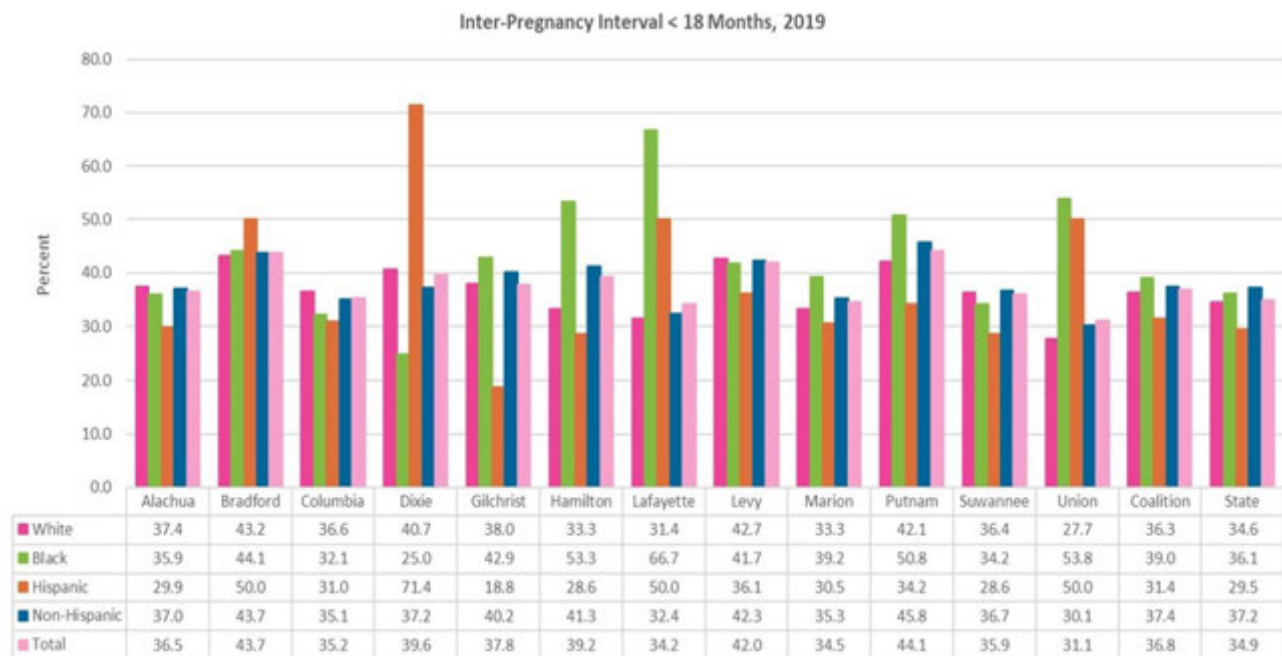
Inter-pregnancy interval is considered to be the amount of time between pregnancies. Women with short inter-pregnancy intervals are at nutritional risk and more likely to experience adverse birth outcomes. Women with an inter-pregnancy interval less than 18 months are also at greater risk of delivering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



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

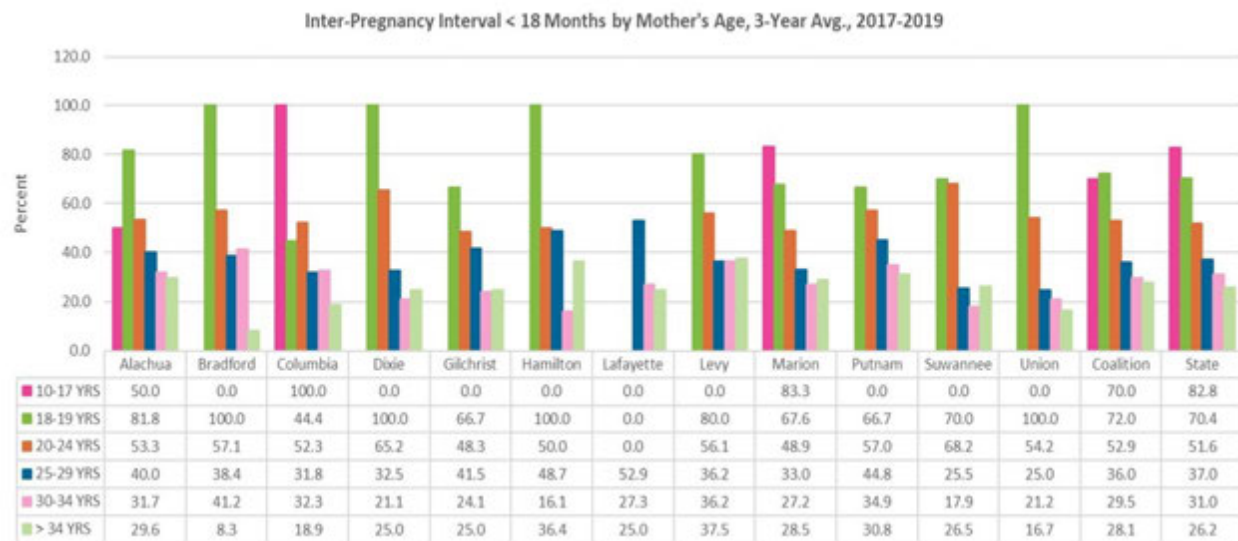
The Coalition's overall percentage of women with an inter-pregnancy interval less than 18 months was 36.8 percent in 2019. Putnam County has the highest percentage of women with an inter-pregnancy interval less than 18 months (44.1 percent) with Bradford County following with 43.7 percent of women with an interval less than 18 months in 2019. Hispanic women in Dixie County had the highest percentage of women with an inter-pregnancy interval less than 18 months (71.4 percent). Black women in Lafayette County had the second highest percentage of women with an inter-pregnancy interval less than 18 months (66.7 percent).



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

SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

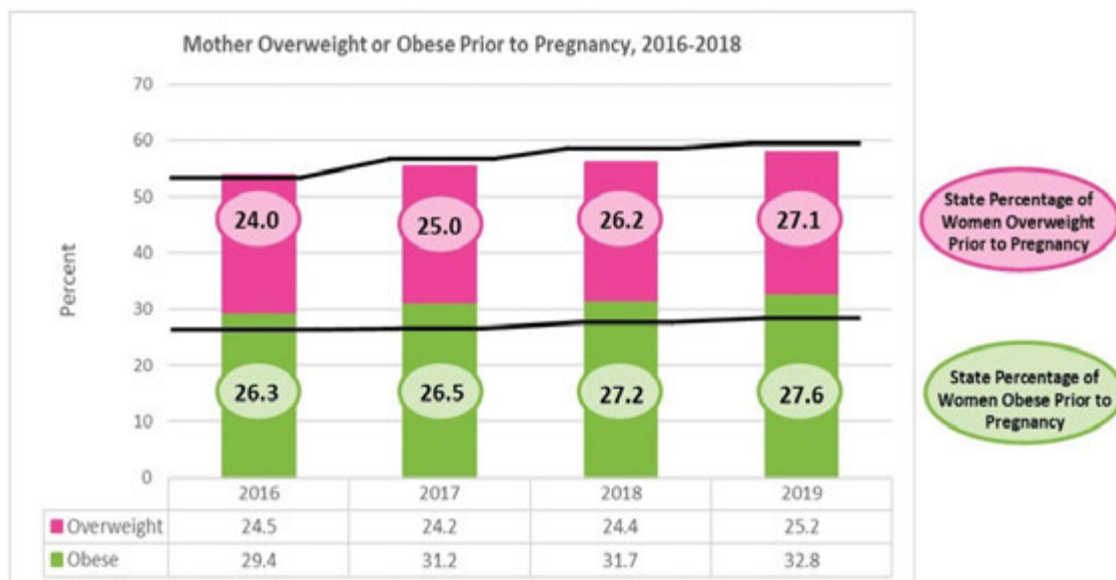


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

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 an 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.

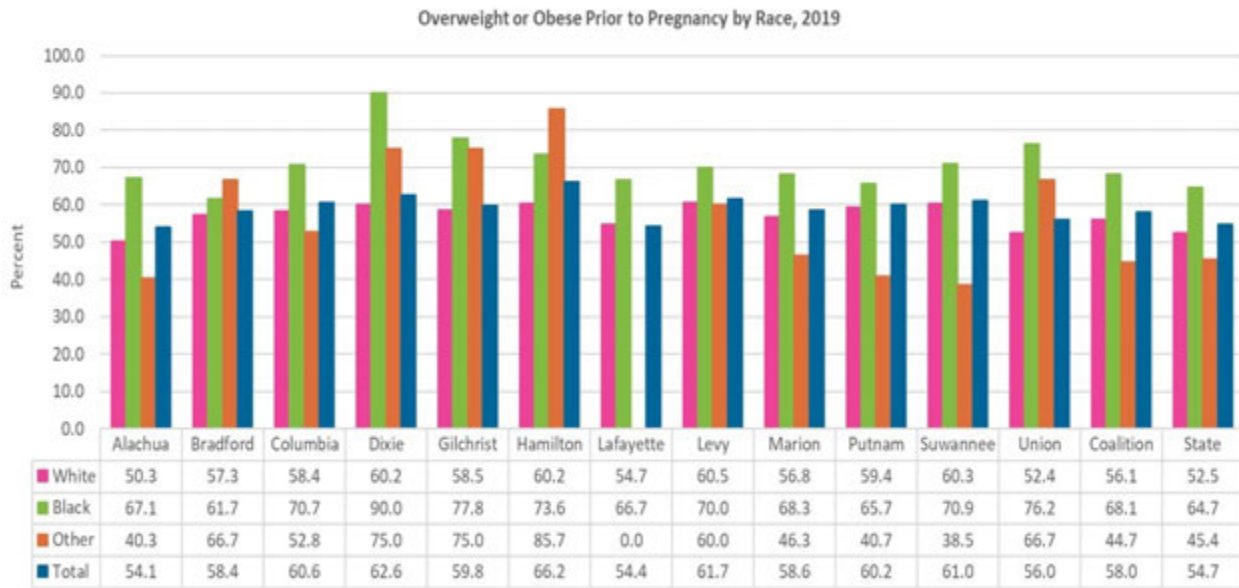
Mothers who were overweight or obese prior to pregnancy in the Coalition area have increased since 2016. In 2019, 25.2 percent of mothers were overweight prior to pregnancy compared to 24.5 percent in 2016. In 2019, 32.8 percent of mothers were obese prior to pregnancy compared to 29.4 percent in 2016.



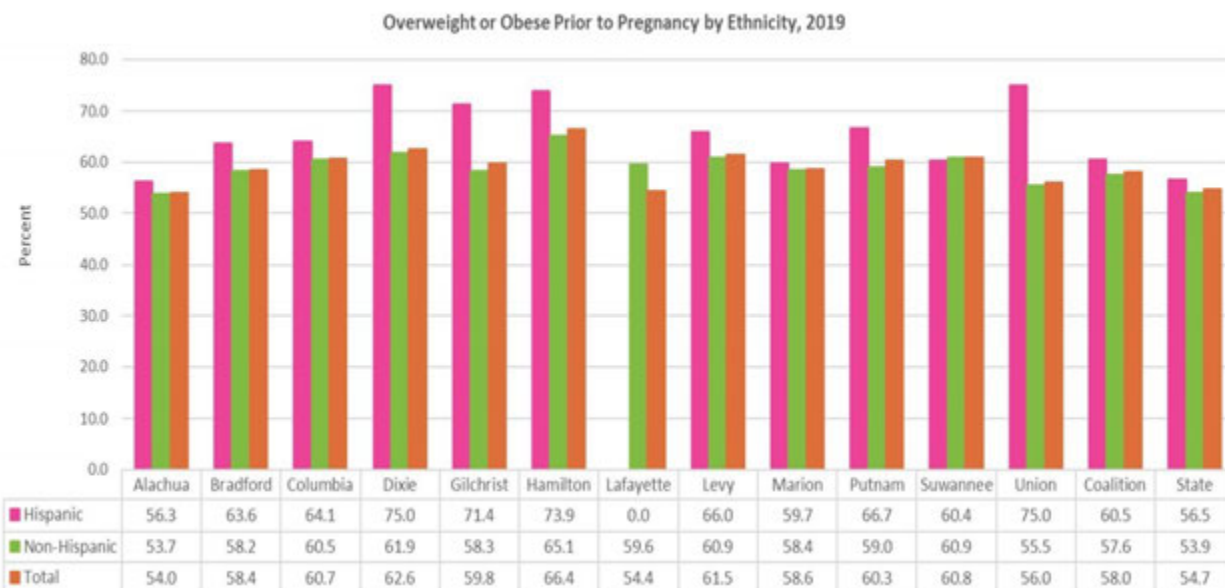
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

The percentage of Black (68.1 percent) overweight or obese mothers in the Coalition area is higher than the state (64.7 percent). Black women in Dixie County had the highest percentage within the entire Coalition (90.0 percent). Women of Other races in Hamilton County had the second highest percentage within the entire Coalition (85.7 percent).



SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

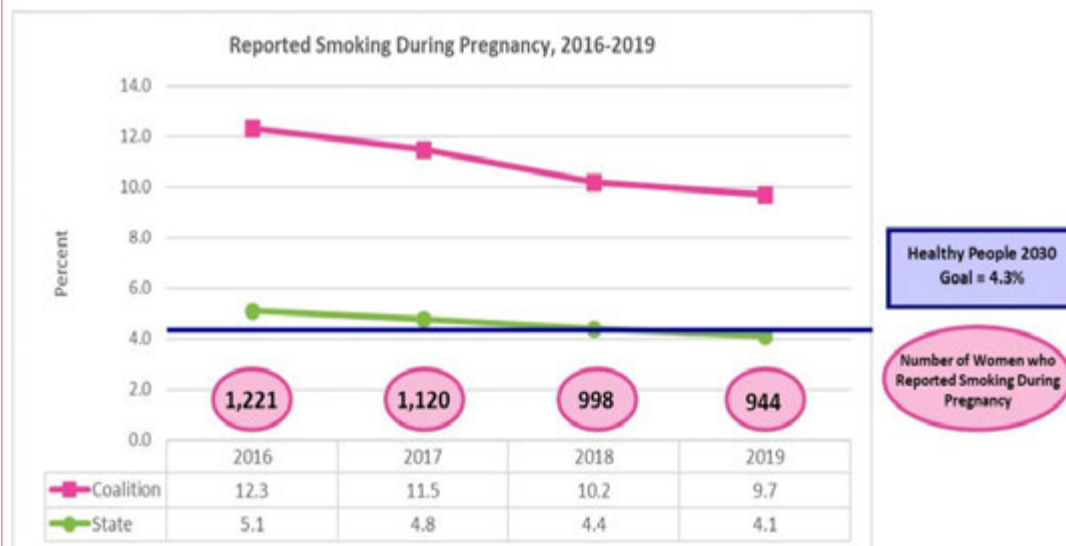
The percentage of Hispanic (60.5 percent) overweight or obese mothers in the Coalition area is higher than the state (56.5 percent). Hispanic women in Dixie and Union County had the highest percentage within the entire Coalition (75.0 percent). Hispanic women in Hamilton County had the second highest percentage of overweight or obese women prior to pregnancy (73.9 percent).

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

SMOKED DURING PREGNANCY

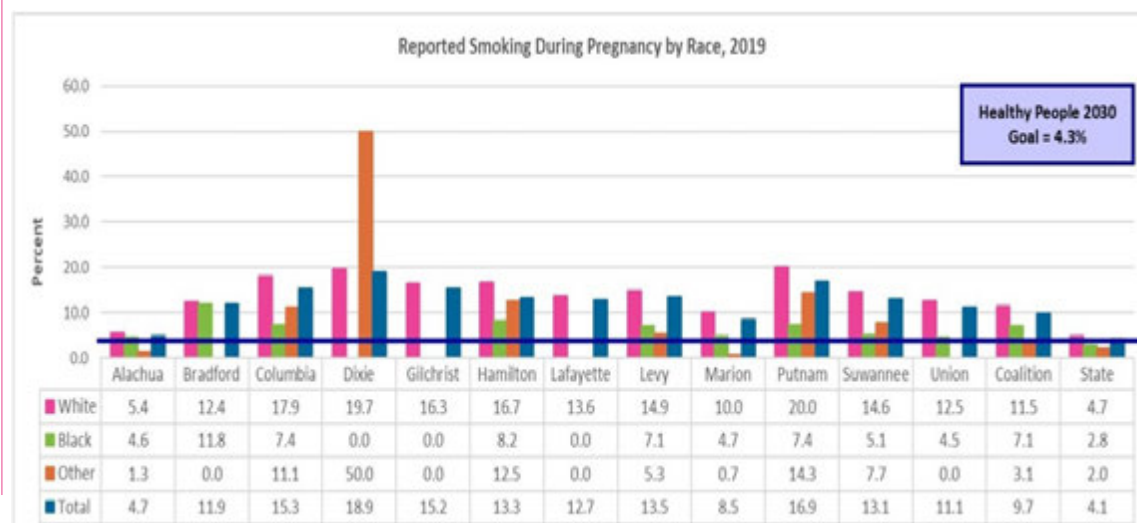
Smoking during pregnancy increases the risk of pregnancy complications, premature delivery, low birth weight, and sudden infant death syndrome. Smoking is a preventable cause of poor health and birth outcomes among mothers and infants in the community.

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

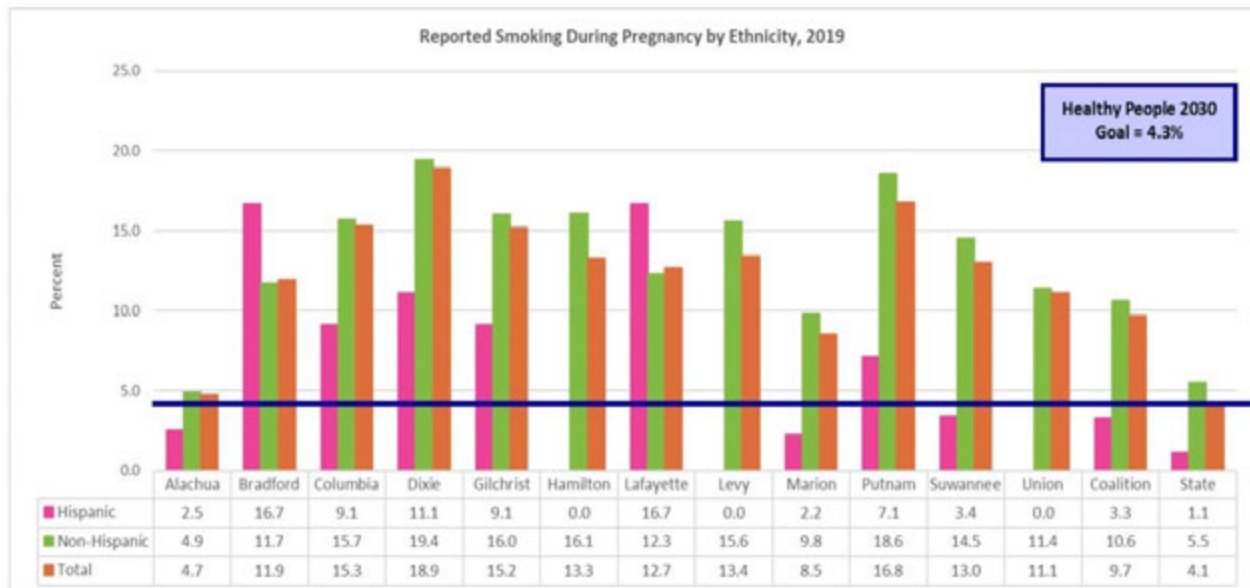


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

The percentage of women who reported smoking during pregnancy in the Coalition area in 2019 (9.7 percent) is more than double that of the state (4.1 percent). Putnam County has the highest percentage of White women (20.0 percent) and Bradford County has the highest percentage of Black women (11.8 percent) who reported smoking during pregnancy in 2019. In Dixie County, 50.0 percent of women of Other races reported smoking during pregnancy in 2019.



FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

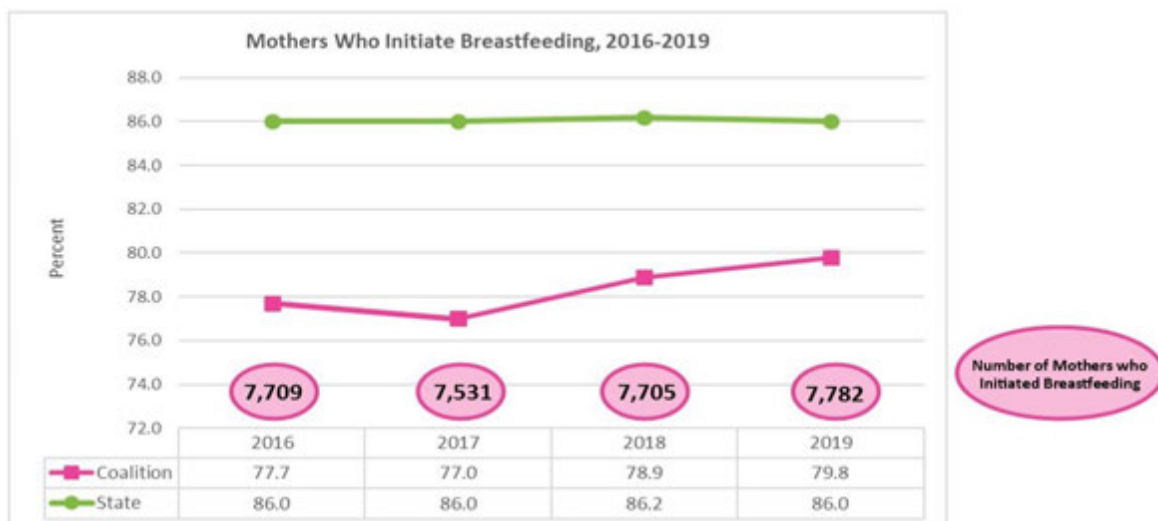


SOURCE: Florida Health CHARTS, www.flhealthcharts.com

BREASTFEEDING

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

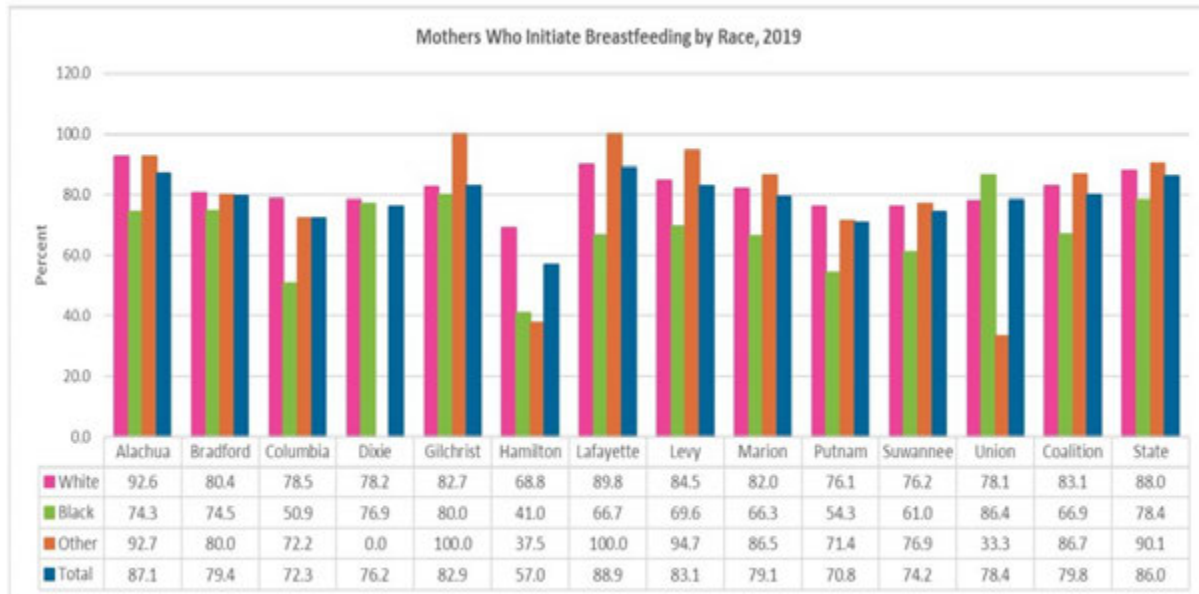
The percentage of mothers who initiated breastfeeding in the Coalition area has increased since 2016. In 2019, 79.8 percent of mothers initiated breastfeeding in the Coalition area. In 2016, 77.7 percent of mothers initiated breastfeeding. However, the percentage of mothers who initiated breastfeeding in the Coalition area is significantly less than the number of mothers in the state (79.8 percent compared to 86.0 percent).



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

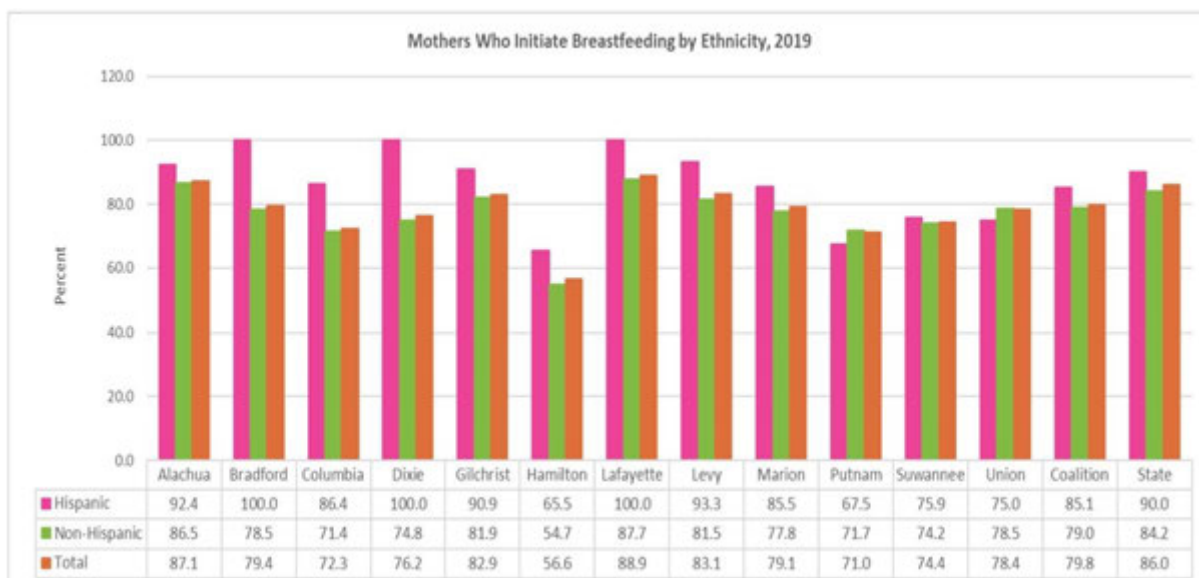
FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

In all 12 counties, the rate of breastfeeding initiation by Black mothers (66.9 percent) was less than White mothers (83.1 percent). Women of Other races initiated breastfeeding at a higher percentage (86.7 percent) than both Black and White women.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

In ten of the twelve counties in the Coalition area, the rate of breastfeeding initiation by Hispanic mothers was greater than non-Hispanic mothers. However, in Putnam and Union counties the percent of non-Hispanic mothers who initiated breastfeeding was higher than Hispanic mothers. Hispanic mothers in Bradford, Dixie, and Lafayette counties had the highest initiation of breastfeeding in 2019 (100.0 percent). Hispanic and non-Hispanic mothers in Hamilton County had the lowest initiation of breastfeeding in 2019 (65.5 percent and 54.7 percent, respectively).



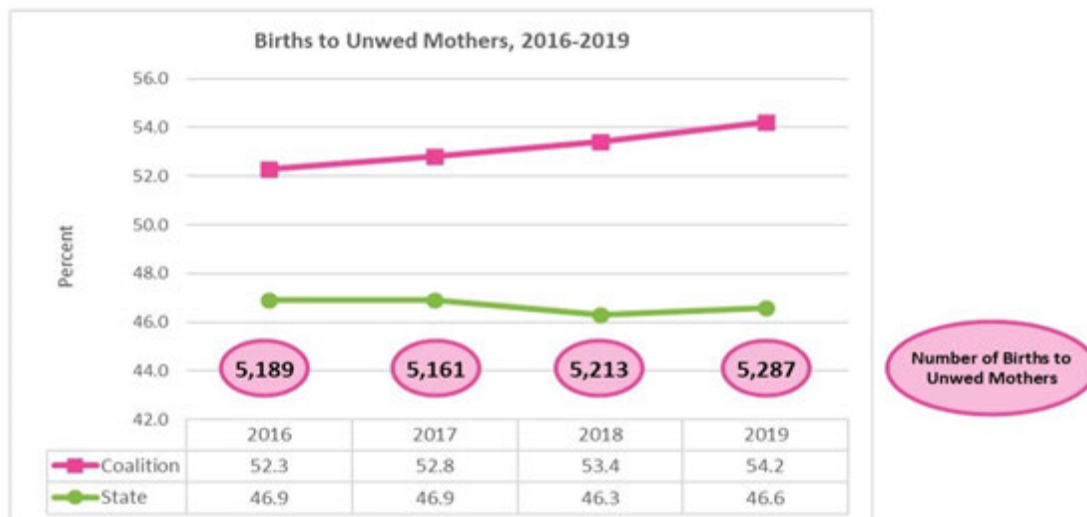
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

BIRTHS TO UNWED MOTHERS

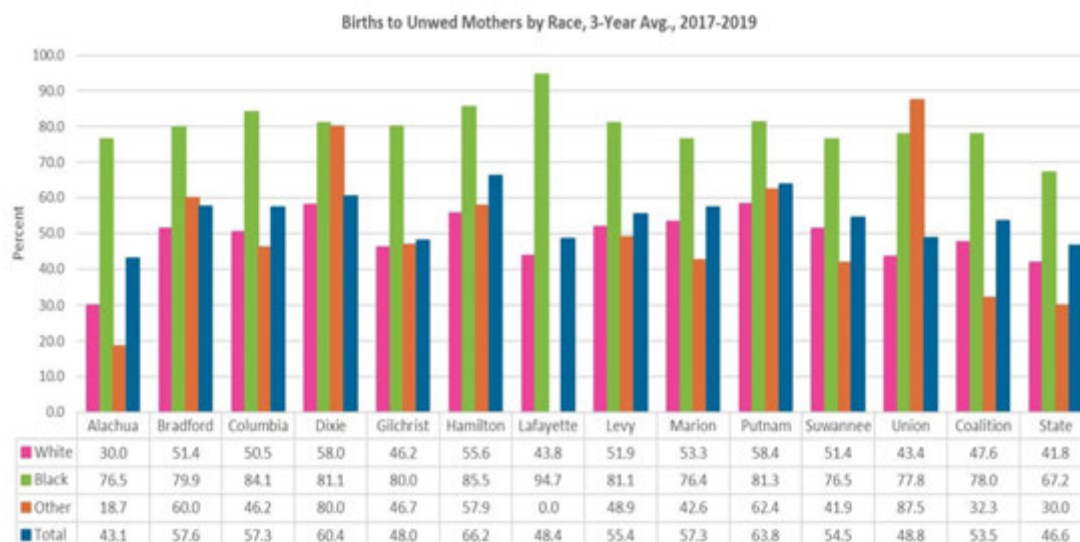
Children of unmarried mothers are at higher risk of adverse birth outcomes such as low birth weight and infant mortality. They are also more likely to live in poverty.

Births to unwed mothers in the Coalition area increased from 52.3 percent in 2016 to 54.2 percent in 2019. Between 2016-2019, the Coalition consistently had a greater percentage of births to unwed mothers than the state.



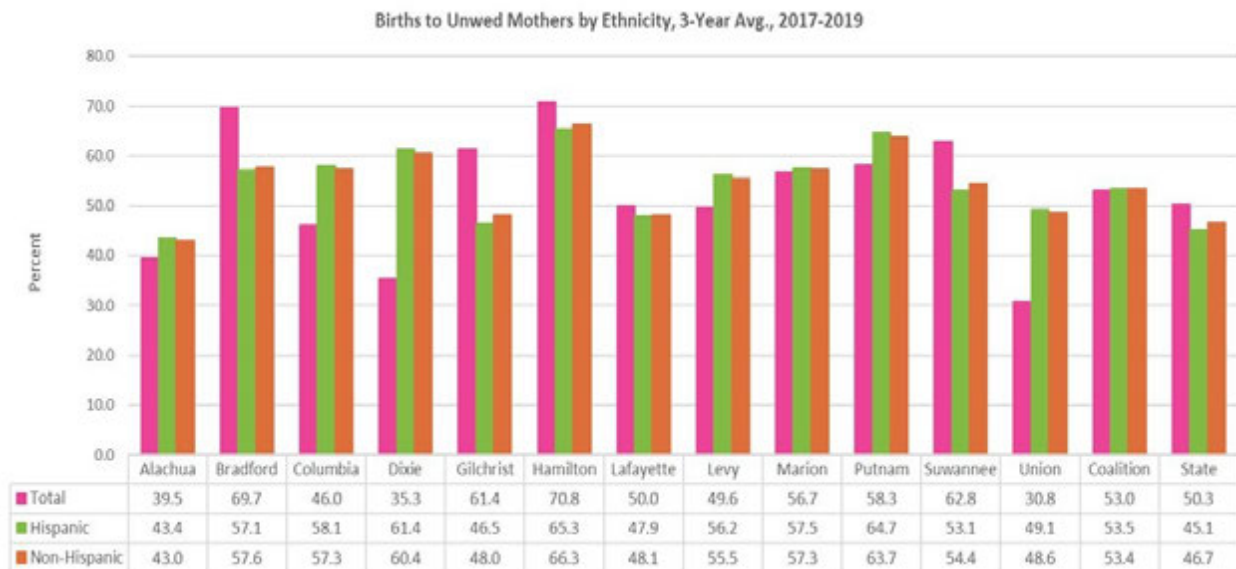
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

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. The greatest difference exists in Lafayette County, where 94.7 percent of births were to Black unwed mothers, as compared to 43.8 percent of births to White unwed mothers.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

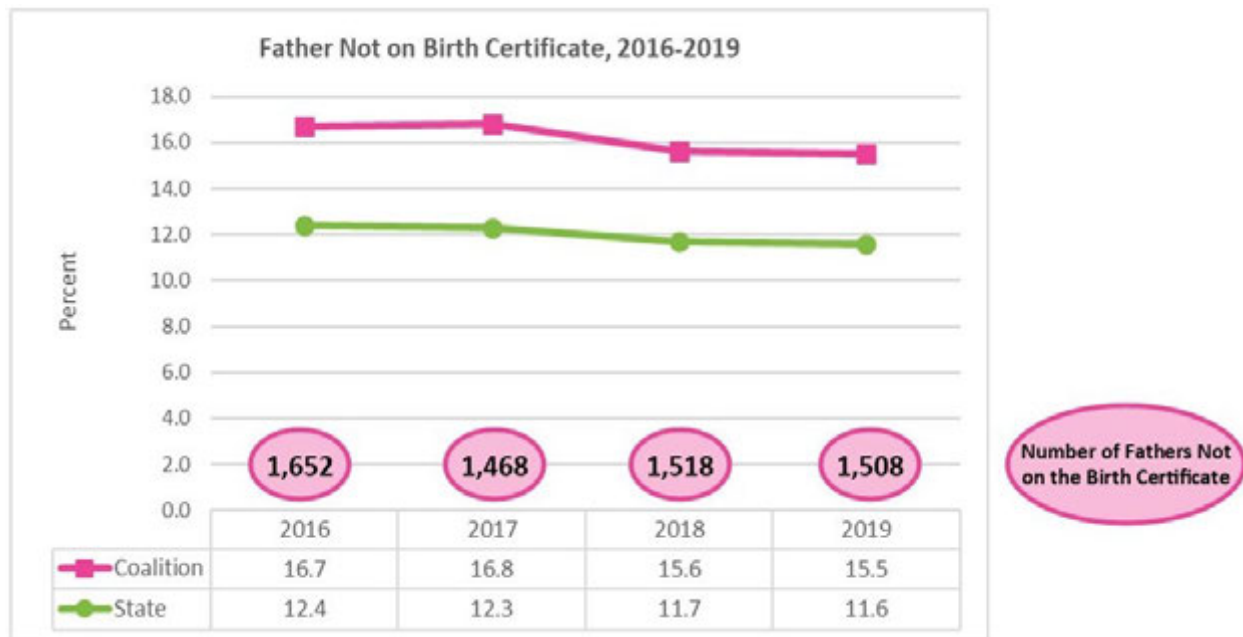
FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FATHER NOT ON BIRTH CERTIFICATE

Since 2016, the percentage of fathers not listed on the birth certificate has decreased in the Coalition area as well as in the state. In 2016, 16.7 percent of fathers were not listed on the birth certificate in the Coalition area. In 2019, 15.5 percent were not listed on the birth certificate in the Coalition area.



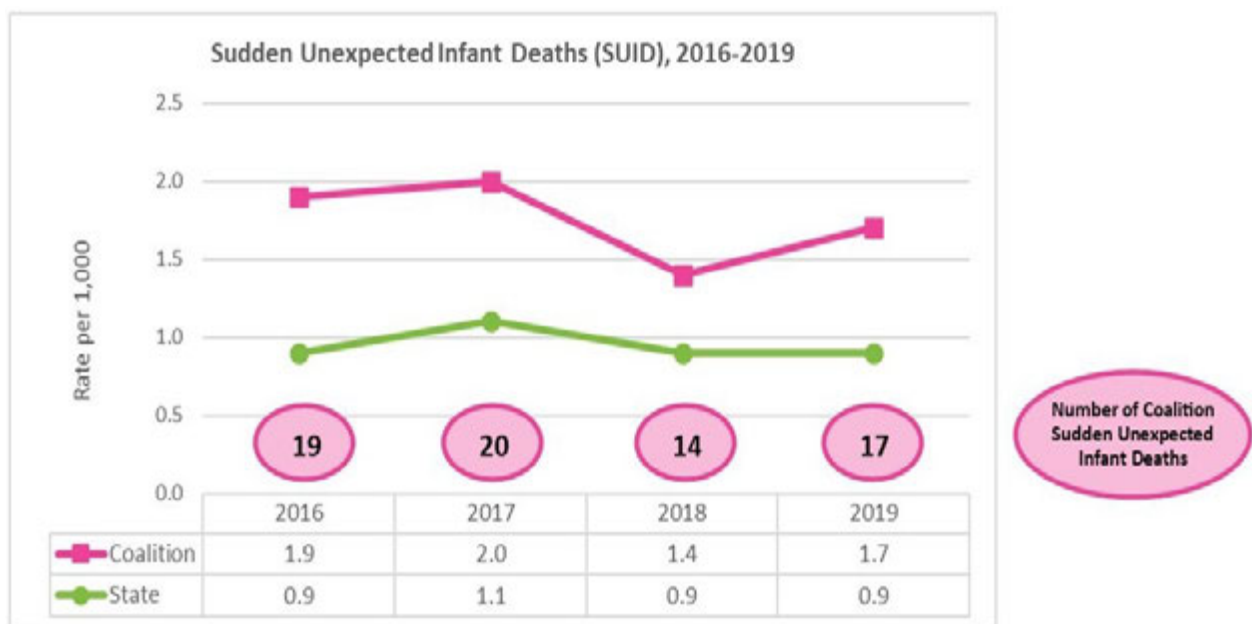
SOURCE: Florida Health CHARTS, www.flhealthcharts.com

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.

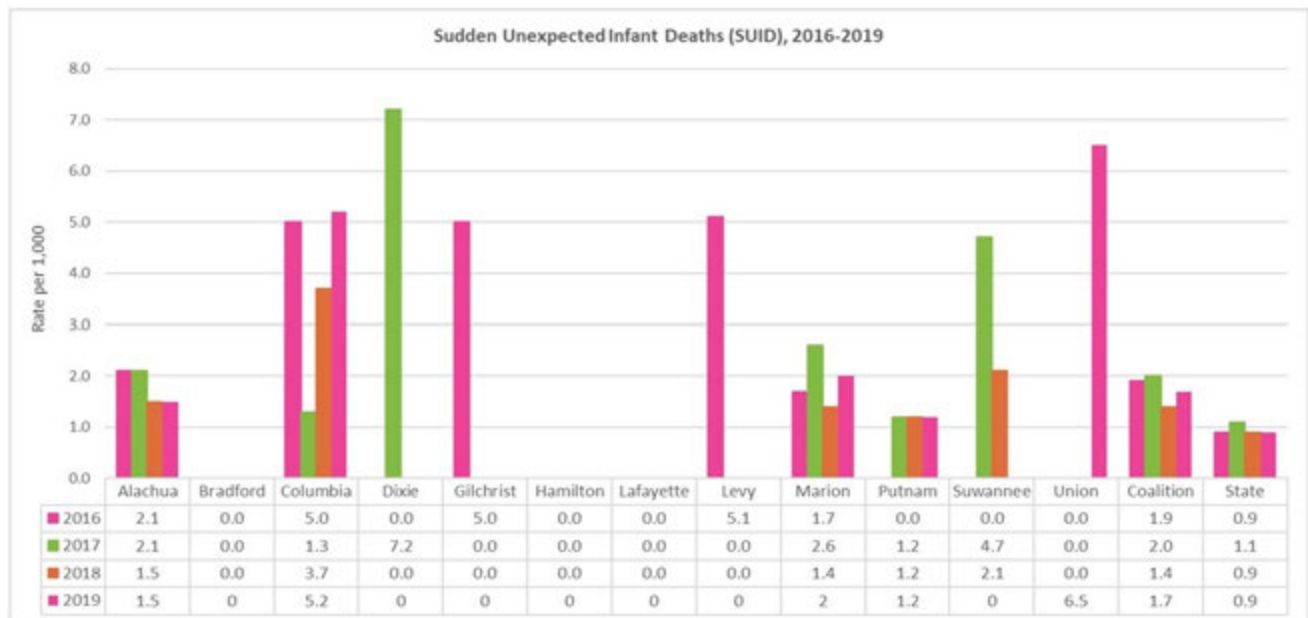
The Coalition's SUID rate has been consistently higher than the state's rate since 2016, though it did decrease slightly in 2018. However, the Coalition's rate increased again in 2019 (1.7 per 1,000) and was nearly double that of the state (0.9 per 1,000).



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

Between 2016-2019, the Coalition's SUID rates were consistently higher than the SUID rates for the state. While the rate of SUIDs decreased since 2016 in Alachua, Gilchrist, and Levy counties, rates spiked in various years of the 2016-2019 time period in Columbia, Dixie, Marion, Putnam, Suwannee, and Union counties. Bradford, Hamilton, and Lafayette counties all had no reported SUIDs between 2016-2019.



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

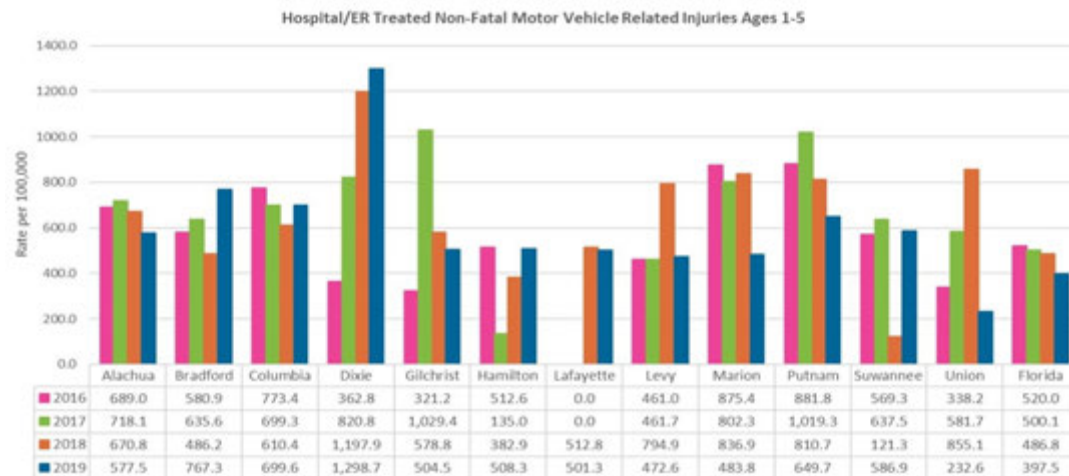
FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

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 Vehicle Related Injuries Ages 1-5, 2016-2019								
	2016		2017		2018		2019	
	#	Rate per 100,000	#	Rate per 100,000	#	Rate per 100,000	#	Rate per 100,000
Alachua	96	689.0	101	718.1	94	670.8	81	577.5
Bradford	9	580.9	10	635.6	8	486.2	12	767.3
Columbia	32	773.4	30	699.3	26	610.4	30	699.6
Dixie	3	362.8	7	820.8	10	1,197.9	10	1,298.7
Gilchrist	3	321.2	10	1,029.4	6	578.8	5	504.5
Hamilton	4	512.6	1	135.0	3	382.9	4	508.3
Lafayette	0	0.0	0	0.0	2	512.8	2	501.3
Levy	10	461.0	10	461.7	17	794.9	10	472.6
Marion	154	875.4	144	802.3	152	836.9	87	483.8
Putnam	38	881.8	43	1,019.3	35	810.7	28	649.7
Suwannee	14	569.3	16	637.5	3	121.3	15	586.9
Union	3	338.2	5	581.7	7	855.1	2	232.6
State	5,804	520.0	5,662	500.1	5,605	786.8	4,600	397.5

SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

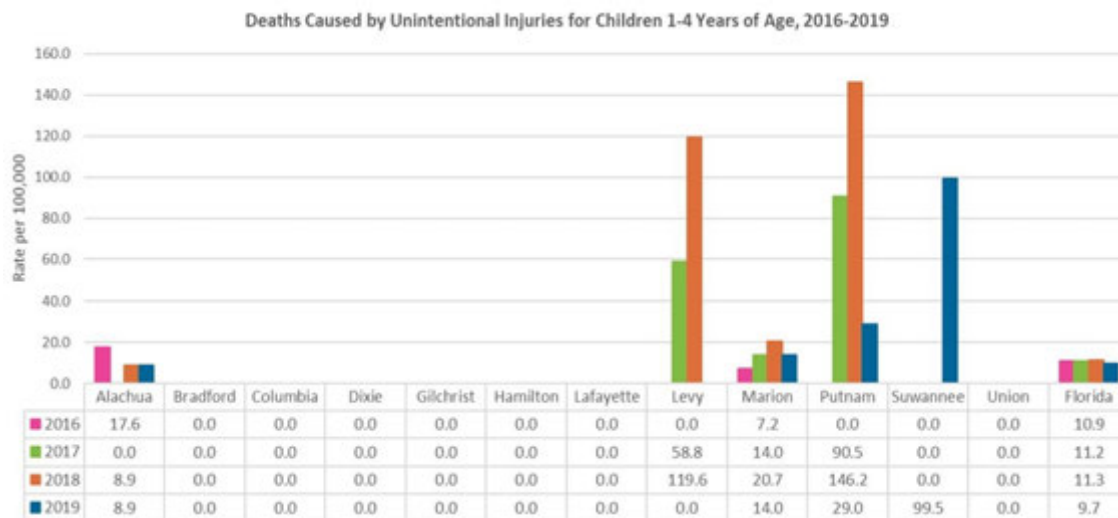
Between 2016-2019, there was variation throughout the Coalition's region in regard to non-fatal motor vehicle related injury rates. Most noticeable was the increasing trend of non-fatal motor vehicle related injury rates in Dixie County, as the rate increased consistently each year between 2016-2019. Over the four year time period, Dixie consistently had some of the highest rates of non-fatal motor vehicle related injuries. In 2018 and 2019, Dixie County had the highest rates of non-fatal motor vehicle related injuries (1,197.9 per 100,000 and 1,298.7 per 100,000, respectively). The state's rates of non-fatal motor vehicle related injuries in 2018 and 2019 were 786.8 per 100,000 and 397.5 per 100,000, respectively.

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

In 2016, the rate of deaths caused by unintentional injuries for children 1-4 years of age exceeded the state's rate (10.9 per 100,000) in Alachua County (17.6 per 100,000). In 2017, the rate of deaths caused by unintentional injuries for children 1-4 years of age exceeded the state's rate (11.2 per 100,000) in the counties of Levy (58.8 per 100,000), Marion (14.0 per 100,000), and Putnam (90.5 per 100,000).

	2016	2017	2018	2019
Alachua	17.6	0.0	8.9	8.9
Bradford	0.0	0.0	0.0	0.0
Columbia	0.0	0.0	0.0	0.0
Dixie	0.0	0.0	0.0	0.0
Gilchrist	0.0	0.0	0.0	0.0
Hamilton	0.0	0.0	0.0	0.0
Lafayette	0.0	0.0	0.0	0.0
Levy	0.0	58.8	119.6	0.0
Marion	7.2	14.0	20.7	14.0
Putnam	0.0	90.5	146.2	29.0
Suwannee	0.0	0.0	0.0	99.5
Union	0.0	0.0	0.0	0.0
State	10.9	11.2	11.3	9.7

SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

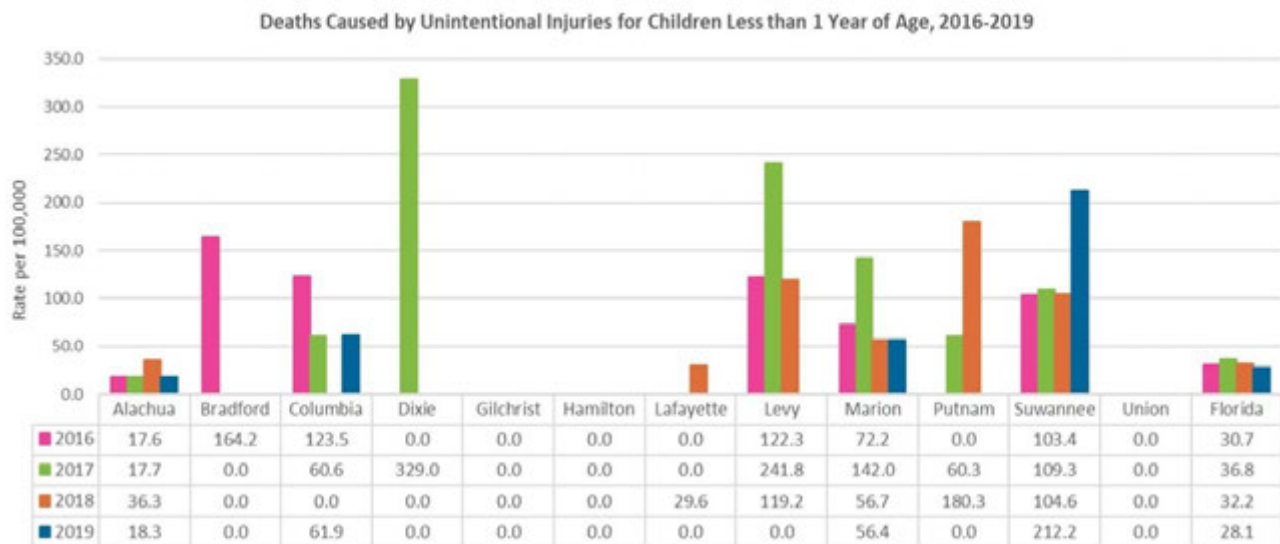
In 2018, the rate of deaths caused by unintentional injuries for children 1-4 years of age exceeded the state's rate (11.3 per 100,000) in the counties of Levy (119.6 per 100,000), Marion (20.7 per 100,000), and Putnam (146.2 per 100,000). In 2019, the rate of deaths caused by unintentional injuries for children 1-4 years of age exceeded the state's rate (9.7 per 100,000) in the counties of Marion (14.0 per 100,000), Putnam (29.0 per 100,000), and Suwannee (99.5 per 100,000).

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

In 2016, the rate of deaths caused by unintentional injuries for children less than one year of age exceeded the state's rate (30.7 per 100,000) in the counties of Bradford (164.2 per 100,000), Columbia (123.5 per 100,000), Levy (122.3 per 100,000), Marion (72.2 per 100,000), and Suwannee (103.4 per 100,000). In 2017, the rate of deaths caused by unintentional injuries for children less than one year of age exceeded the state's rate (36.8 per 100,000) in the counties of Columbia (60.6 per 100,000), Dixie (329.0 per 100,000), Levy (241.8 per 100,000), Marion (142.0 per 100,000), Putnam (60.3 per 100,000), and Suwannee (109.3 per 100,000).

	2016	2017	2018	2019
Alachua	17.6	17.7	36.3	18.3
Bradford	164.2	0.0	0.0	0.0
Columbia	123.5	60.6	0.0	61.9
Dixie	0.0	329.0	0.0	0.0
Gilchrist	0.0	0.0	0.0	0.0
Hamilton	0.0	0.0	0.0	0.0
Lafayette	0.0	0.0	29.6	0.0
Levy	122.3	241.8	119.2	0.0
Marion	72.2	142.0	56.7	56.4
Putnam	0.0	60.3	180.3	0.0
Suwannee	103.4	109.3	104.6	212.2
Union	0.0	0.0	0.0	0.0
State	30.7	36.8	32.2	28.1

SOURCE: Florida Health CHARTS, www.flhealthcharts.com



SOURCE: Florida Health CHARTS, www.flhealthcharts.com

In 2018, the rate of deaths caused by unintentional injuries for children less than one of age exceeded the state's rate (32.2 per 100,000) in the counties of Alachua (36.3 per 100,000), Levy (119.2 per 100,000), Marion (56.7 per 100,000), Putnam (180.3 per 100,000), and Suwannee (104.6 per 100,000). In 2019, the rate of deaths caused by unintentional injuries for children less than one year of age exceeded the state's rate (28.1 per 100,000) in the counties of Columbia (61.9 per 100,000), Marion (56.4 per 100,000), and Suwannee (212.2 per 100,000).

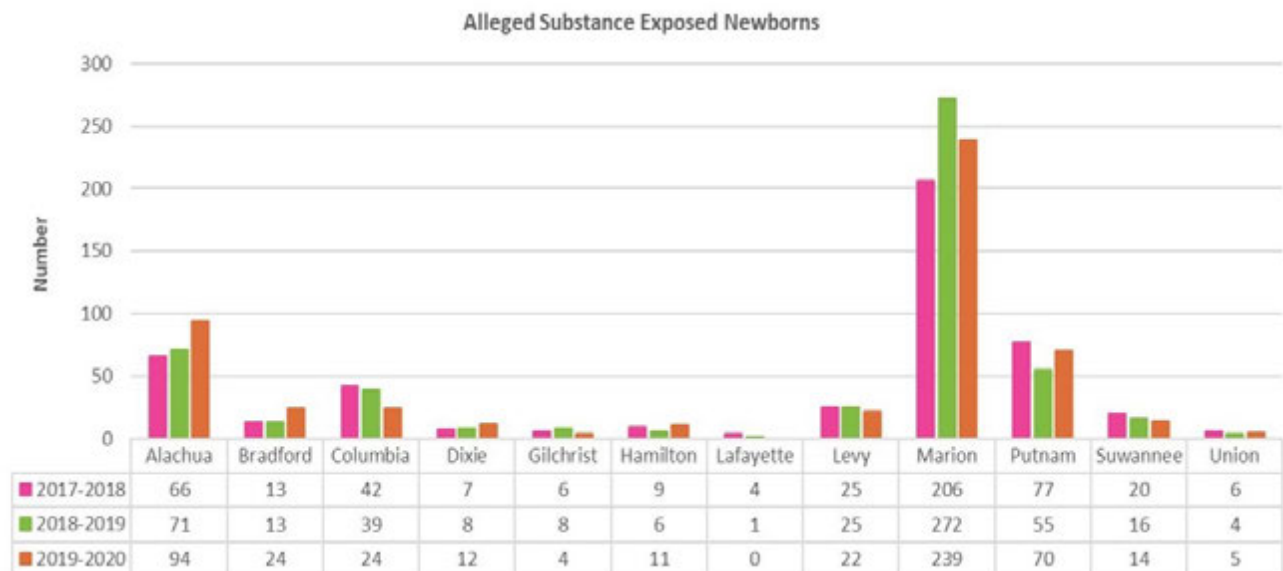
FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

SUBSTANCE EXPOSED NEWBORNS & NEONATAL ABSTINENCE

The number of alleged substance exposed newborns has continued to increase throughout the Coalition since 2017. However, a few counties within the Coalition had a decrease in alleged substance exposed newborns since 2017; these counties included Columbia, Gilchrist, Lafayette, Levy, Putnam, Suwannee, and Union.

Alleged Substance Exposed Newborns			
	2017-2018	2018-2019	2019-2020
Alachua	66	71	94
Bradford	13	13	24
Columbia	42	39	24
Dixie	7	8	12
Gilchrist	6	8	4
Hamilton	9	6	11
Lafayette	4	1	0
Levy	25	25	22
Marion	206	272	239
Putnam	77	55	70
Suwannee	20	16	14
Union	6	4	5
Coalition	481	518	519

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



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

Overall, Alachua and Marion counties had the highest number of alleged substance exposed newborns. It is important to note that careful consideration should be taken when examining raw numbers compared to rates, as Alachua and Marion counties are the two most populated counties within the Coalition.

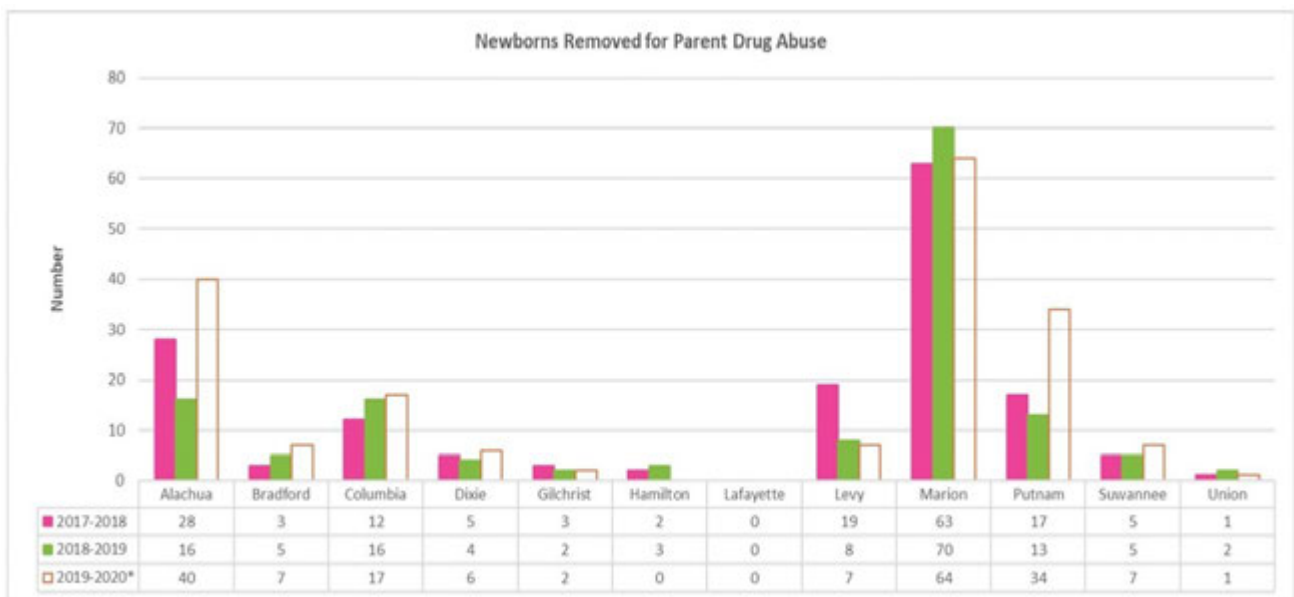
FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

The number of newborns removed for parental drug abuse has slightly increased within the Coalition since 2017. However, these increases are mainly attributed to the increases in the counties of Alachua and Putnam, where the number of newborns removed has almost doubled since 2017. A few counties within the Coalition had a decrease in alleged substance exposed newborns since 2017; these counties included Gilchrist, Hamilton, and Levy. Lafayette has had zero newborns removed for parent drug abuse since 2017.

Newborns Removed for Parent Drug Abuse			
	2017-2018	2018-2019	2019-2020*
Alachua	28	16	40
Bradford	3	5	7
Columbia	12	16	17
Dixie	5	4	6
Gilchrist	3	2	2
Hamilton	2	3	0
Lafayette	0	0	0
Levy	19	8	7
Marion	63	70	64
Putnam	17	13	34
Suwannee	5	5	7
Union	1	2	1
Coalition	158	144	185

*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.

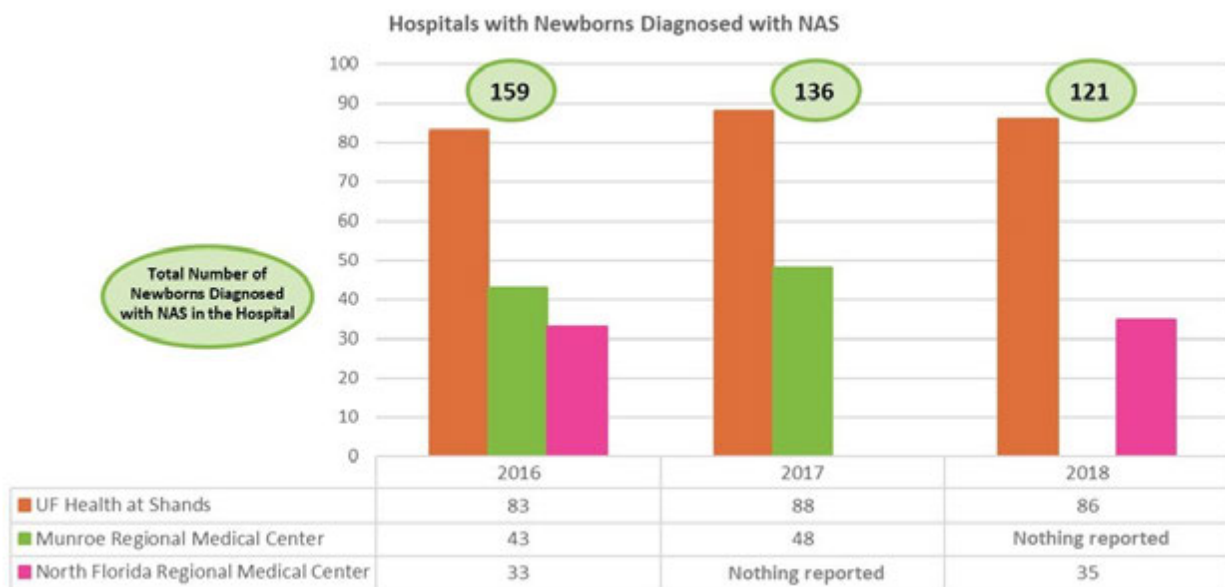
Overall, Alachua, Marion, and Putnam counties had the highest number of newborns removed for parental drug abuse. It is important to note that careful consideration should be taken when examining raw numbers compared to rates, as Alachua, Marion, and Putnam counties are the most heavily populated counties within the Coalition.

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

Hospitals with Newborns Diagnosed with Neonatal Abstinence Syndrome			
	2016	2017	2018
UF Health at Shands	83	88	86
Munroe Regional Medical Center	43	48	—
North Florida Regional Medical Center	33	—	35
Total	159	136	121

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

We currently have a total of three hospitals within our 12-county Coalition service area. Two are located in Alachua County, UF Health at Shands and North Florida Regional Medical Center and one in Marion County, Munroe Regional Medical Center now known as Advent Health Ocala.



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

The number of newborns diagnosed with Neonatal Abstinence Syndrome (NAS) in our three hospitals has remained pretty stable from 2016 to 2018. Please note that there was nothing reported for Munroe Regional Medical Center in 2018 and North Florida Regional Medical Center in 2017.

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

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

Comparison with 2009-2013 Service Delivery Plan

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

- The percentage of mothers receiving prenatal care in their first trimester has slightly increased. In 2012, 68.4 percent of pregnant women received care in the first trimester. In 2019, 69.6 percent of pregnant women received care in the first trimester.
- In 2012, the percentage of women with inter-pregnancy intervals less than 18 months was higher than the state's percentage (35.3 percent) for 10 of our 12 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 9 of our 12 counties.
- Mothers who were overweight or obese prior to pregnancy in the Coalition area have increased. In 2012, 50.4 percent of mothers were overweight or obese prior to pregnancy. In 2019, 58.0 percent of mothers were overweight or obese prior to pregnancy.
- Mothers who reported smoking during pregnancy has decreased. In 2012, 14.1 percent of mothers reported smoking during pregnancy. In 2019, 9.7 percent reported smoking during pregnancy. Although has decreased it is still unacceptably high (9.7 percent compared to 4.1 percent for the state).
- The percentage of mothers who initiated breastfeeding in the Coalition area has increased since 2012 (72.6 percent in 2012 compared to 79.8 percent in 2019). However, in 2019, the percentage is significantly less than the percentage of mothers in the state who initiated breastfeeding (79.8 percent in the Coalition area compared to 86.0 percent in the state).
- Births to unwed mothers in the Coalition area increased from 2012 to 2019 (50.3 percent to 54.2 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 (17.9 percent in 2012 to 15.5 percent in 2019).
- The Coalition's sudden unexpected infant death rate remained the same in 2012 and 2019 (1.7 percent).



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 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 126 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	46.0%	58
Bradford County	29.4%	37
Citrus County	8.7%	11
Columbia County	35.7%	45
Dixie County	29.4%	37
Gilchrist County	34.9%	44
Hamilton County	27.8%	35
Hernando County	5.5%	7
Lafayette County	21.4%	27
Lake County	7.9%	10
Levy County	35.7%	45
Marion County	27.8%	35
Putnam County	23.0%	29
Sumter County	6.4%	8
Suwannee County	29.4%	37
Union County	31.0%	39
Total Respondents		126
(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	73.8%	90
Parent/Caregiver	73.8%	90
Infants (birth—age 3)	67.2%	82
Preschool (3—5 years)	52.5%	64
School Age (6—10 years)	45.9%	56
Teens (11—19 Years)	56.6%	69
Total Respondents		122
(skipped this question)		4

Question #7 -- Please select the resources and/or services you provide.		
	Response Percent	Response Count
Adoption Information	9.5%	12
Adult Education	18.3%	23
Breastfeeding Education	27.0%	34
Breast Pumps	19.1%	24
Car Seats	22.2%	28
Childbirth Classes	9.5%	12
Childcare/Preschool	11.1%	14
Cribs/Pack-n-Plays	23.8%	30
Dental Services	15.9%	20
Developmental Evaluation	18.3%	23
Diapers/Wipes	25.4%	32
Domestic Violence	15.1%	19
Employment	8.7%	11
Family Planning	22.2%	28
Food/Clothes	25.4%	32
Home Visiting	25.4%	32
Household Safety Items	19.8%	25
Housing	10.3%	13
Legal Services	7.9%	10
Medicaid Eligibility	10.3%	13
Mental Health	34.9%	44
Parenting Education	38.8%	49
Rent/Utility Assistance	11.1%	14
Shelter	10.3%	13
Tobacco Cessation	20.6%	26
Well Woman Care	18.3%	23
Substance Use Treatment	15.1%	19
Transportation	11.1%	14
Other	43.7%	55
Total Respondents		126
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #8 -- Does your agency/organization engage fathers in services?		
	Response Percent	Response Count
Yes	87.1%	108
No	12.9%	16
Total Respondents		124
(skipped this question)		2

Question #9 -- Do you offer any of the following screenings?		
	Response Percent	Response Count
Substance Exposure	23.0%	20
Depression	46.0%	40
Child Development (ASQ, ASQ-SE, Mile-	41.4%	36
Domestic Violence	36.8%	32
Hearing (infant/child)	13.8%	12
IT-HOME	2.3%	2
M-CHAT	5.8%	5
Perceived Stress Test	4.6%	4
Vision (infant/child)	10.3%	9
Other	40.2%	35
Total Respondents		87
(skipped this question)		39

Question 10 -- Do you offer any special programs to the pregnant women and fami-		
	Response Percent	Response Count
No	52.1%	63
Yes	48.8%	59
Total Respondents		121
(skipped this question)		5

CONSUMER AND PROVIDER INPUT

Question 11 -- Which Healthy Start services have you heard about?		
	Response Percent	Response Count
Prenatal Risk Screening	67.5%	83
Infant Risk Screening	61.0%	75
CONNECT (Coordinated Intake & Referral)	55.3%	68
Breastfeeding Support	78.1%	96
Care Coordination	51.2%	63
Childbirth Education	70.7%	87
Counseling Services	56.9%	70
Developmental Screenings	59.4%	73
Family Health & Well Being	64.2%	79
Family Planning	61.0%	75
Home Visiting Support	74.8%	92
Newborn Care	67.5%	83
Parenting Education	78.9%	97
Referral Services	64.2%	79
Tobacco Cessation	58.5%	72
Women's Health Education	56.9%	70
Unaware of Healthy Start	5.7%	7
Total Respondents		123
(skipped this question)		3

Question #12 -- Do you discuss the Healthy Start program with people you serve?		
	Response Percent	Response Count
Yes	70.2%	87
No	16.1%	20
N/A	14.5%	18
Total Respondents		124
(skipped this question)		2

Question #13 -- Do you give out Healthy Start printed materials?		
	Response Percent	Response Count
Yes	61.6%	77
No, but I would like some	22.4%	28
N/A	17.6%	22
Total Respondents		125
(skipped this question)		1

CONSUMER AND PROVIDER INPUT

Question #14 -- Do you refer the people you serve to CONNECT for Healthy Start		
	Response Percent	Response Count
Yes	47.6%	59
No, but would like to learn how	29.0%	36
N/A	24.2%	30
Total Respondents		124
(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	26.2%	33
Access to birth control/family planning	13.5%	17
Teen pregnancy	10.3%	13
Mental health issues	42.9%	54
Obese prior to pregnancy	2.4%	3
Substance use	50.0%	63
Dental care	4.0%	5
Safe infant sleep behaviors	10.3%	13
Inadequate or unsafe housing	23.8%	30
Lack of Father Involvement	15.1%	19
Routine prenatal care	19.8%	25
Care for uninsured/underinsured women	23.0%	29
Nutrition/Healthy Lifestyles	22.2%	28
Child Passenger Safety	5.6%	7
Transportation	11.9%	15
Child Care Assistance	19.1%	24
Total Respondents		126
(skipped this question)		0

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

- 87 percent of survey respondents indicate the agency/organization engages fathers in services.
- 70 percent of survey respondents said s/he discusses the Healthy Start program with the people served.
- Approximately 75 percent of survey respondents reported having heard about the following Healthy Start services: breastfeeding support, home visiting support, and parenting education. Less than 6 percent were unaware of Healthy Start services.

Community partners identified the following areas for development and improvement:

- 22 percent of survey respondents want Healthy Start printed materials.
- 29 percent of survey respondents want to learn how to make referrals to Healthy Start.
- The greatest concerns impacting the health of pregnant women and newborns identified by survey respondents was substance abuse (50 percent) and mental health issues (43 percent). Unintended pregnancy was also identified as a concern for pregnant women and newborns (26 percent) in our Coalition area.

CONSUMER AND PROVIDER INPUT

Distribution of the general survey was targeted to individuals in the 12-county area who did not fit into one of the other survey categories. A total of 29 surveys were collected with 65 percent of survey respondents received prenatal services from Alachua County. The sample may not be representative of the entire Coalition.

The survey responses are summarized in the tables that follow.

GENERAL SURVEY

Question #1 -- Please select the county where you live:		
	Response Percent	Response Count
Alachua County	51.7%	15
Bradford County	0.0%	0
Citrus County	0.0%	0
Columbia County	0.0%	0
Dixie County	3.5%	1
Gilchrist County	0.0%	0
Hamilton County	3.5%	1
Hernando County	0.0%	0
Lafayette County	0.0%	0
Lake County	0.0%	0
Levy County	10.3%	3
Marion County	27.6%	8
Putnam County	3.5%	1
Sumter County	0.0%	0
Suwannee County	3.5%	1
Union County	0.0%	0
Total Respondents		29
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #2 -- In what county did you receive prenatal care?		
	Response Percent	Response Count
Alachua County	65.5%	19
Bradford County	0.0%	0
Citrus County	0.0%	0
Columbia County	3.5%	1
Dixie County	0.0%	0
Gilchrist County	0.0%	0
Hamilton County	3.5%	1
Hernando County	0.0%	0
Lafayette County	0.0%	0
Lake County	0.0%	0
Levy County	3.5%	1
Marion County	20.7%	6
Putnam County	0.0%	0
Sumter County	0.0%	0
Suwannee County	0.0%	0
Union County	0.0%	0
Other	3.5%	1
Total Respondents		29
(skipped this question)		0

Question #3 -- When did you start receiving prenatal care?		
	Response Percent	Response Count
0-3 Months (First Trimester)	89.7%	26
4-6 Months (2nd Trimester)	10.4%	3
7 or more months (3rd Trimester)	0.0%	0
I did not receive prenatal care during pregnancy	0.0%	0
Total Respondents		29
(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	0.0%	0
Cultural or religious reasons	0.0%	0
Not aware of importance of early prenatal	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	7.4%	2
Could not get an appointment	3.7%	1
Transportation to prenatal care	0.0%	0
None of these apply	85.2%	23
Other	3.7%	1
Total Respondents		27
(skipped this question)		2

Question #5 -- Where did you receive your prenatal care?		
	Response Percent	Response Count
OBGYN Office	82.8%	24
Midwife	20.7%	6
County Health Department	0.0%	0
Community Health Center	3.5%	1
High Risk Clinic	3.5%	1
I did not receive prenatal care	0.0%	0
Other	3.5%	1
Total Respondents		29
(skipped this question)		0

Question #6 -- How did you pay for your prenatal care?		
	Response Percent	Response Count
Private Insurance	75.9%	22
Medicaid	27.6%	8
Self-pay/Cash	6.9%	2
I did not receive prenatal care	0.0%	0
Other	3.5%	1
Total Respondents		29
(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	3.5%	1
Transportation problems	0.0%	0
Appointment times	13.8%	4
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	75.9%	22
Other	13.8%	4
Total Respondents		29
(skipped this question)		0

Question #8 -- Have you heard about Healthy Start services?		
	Response Percent	Response Count
Yes	93.1%	27
No	6.9%	2
Total Respondents		29
(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	62.1%	18
No	37.9%	11
I've never heard about Healthy Start services	0.0%	0
Total Respondents		29
(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	31.0%	9
Access to Birth Control/Family Planning	27.6%	8
Teen Pregnancy	0.0%	0
Smoking During Pregnancy	17.2%	5
Anxiety/Depression	34.5%	10
Unhealthy Weight Before Pregnancy	6.9%	2
Drug and/or Alcohol Use	34.5%	10
Dental Care	3.5%	1
Safe Place for Baby to Sleep	3.5%	1
No Housing or Unsafe Housing	24.1%	7
Father Not Involved	17.2%	5
Going to Prenatal Care Appointments	3.5%	1
No Health Insurance	31.0%	9
Getting Healthy Before Getting Pregnant Again	17.2%	5
Nutrition/Healthy Lifestyles	13.8%	4
Child Passenger Safety	6.9%	2
Transportation	0.0%	0
Help with Childcare	24.1%	7
Total Respondents		29
(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	0.0%	0
Bayfront Health Seven Rivers	0.0%	0
Bayfront Health Spring Hill	0.0%	0
Oak Hill Hospital	0.0%	0
Advent Health Waterman	3.6%	1
Leesburg Regional Medical Center	0.0%	0
South Lake Hospital	0.0%	0
Community Birth & Wellness Center (Lake County)	0.0%	0
North Florida Regional Medical Center	32.1%	9
The Birth Center at Comprehensive Women's Health	7.1%	2
UF Health at Shands	28.6%	8
Birth and Wellness Center of Gainesville	0.0%	0
Shands at LakeShore	0.0%	0
Advent Health Ocala	21.4%	6
Loving Arms Birth and Wellness Center	0.0%	0
Putnam Birth & Beyond	0.0%	0
Putnam Community Medical Center	0.0%	0
Other	10.7%	3
Total Respondents		28
(skipped this question)		1

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

- 93 percent of survey respondents in the general community had heard of the Healthy Start program.
- 90 percent of survey respondents in the general community received prenatal care within the first trimester of their pregnancy.
- 76 percent of survey respondents in the general community reported not having difficulty keeping their prenatal care appointments.

Survey respondents identified the following areas for development and improvement:

- The greatest concerns impacting the health of pregnant women and newborns identified by survey respondents was drug and/or alcohol use (35 percent) and anxiety/depression (35 percent). Unplanned pregnancy and no health insurance were also identified as a concern for pregnant women and newborns (31 percent) in our Coalition area.
- 38 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.

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

CONSUMER AND PROVIDER INPUT

HEALTHY START PARTICIPANT SURVEY

A total of 153 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	3.9%	6
Bradford County	4.6%	7
Citrus County	0.0%	0
Columbia County	30.7%	47
Dixie County	3.9%	6
Gilchrist County	2.6%	4
Hamilton County	14.4%	22
Hernando County	0.0%	0
Lafayette County	1.3%	2
Lake County	0.0%	0
Levy County	8.5%	13
Marion County	18.3%	28
Putnam County	5.2%	8
Sumter County	0.0%	0
Suwannee County	3.3%	5
Union County	3.9%	6
Total Respondents		153
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #2 -- In what county did you receive prenatal care?		
	Response Percent	Response Count
Alachua County	28.8%	44
Bradford County	2.0%	3
Citrus County	2.0%	3
Columbia County	28.1%	43
Dixie County	0.0%	0
Gilchrist County	3.3%	5
Hamilton County	6.5%	10
Hernando County	0.0%	0
Lafayette County	0.7%	1
Lake County	0.7%	1
Levy County	3.3%	5
Marion County	15.7%	24
Putnam County	3.3%	5
Sumter County	0.0%	0
Suwannee County	5.2%	8
Union County	2.6%	4
Other	2.0%	3
Total Respondents		153
(skipped this question)		0

Question #3 -- When did you start receiving prenatal care?		
	Response Percent	Response Count
0-3 Months (First Trimester)	78.2%	118
4-6 Months (2nd Trimester)	15.9%	24
7 or more months (3rd Trimester)	4.0%	6
I did not receive prenatal care during pregnancy	2.0%	3
Total Respondents		151
(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	5.9%	9
Personal reasons	4.0%	6
Cultural or religious reasons	0.7%	1
Not aware of importance of early prenatal care	2.6%	4
Cost of care	2.6%	4
I don't/didn't have insurance	6.6%	10
Temporary Medicaid not accepted by prenatal care provider	3.3%	5
Policy of prenatal care provider	0.7%	1
Could not get an appointment	1.3%	2
Transportation to prenatal care appointments	3.3%	5
None of these apply	75.0%	114
Other	2.0%	3
Total Respondents		152
(skipped this question)		1

Question #5 -- Where did you receive your prenatal care?		
	Response Percent	Response Count
OBGYN Office	80.4%	123
Midwife	6.5%	10
County Health Department	7.2%	11
Community Health Center	3.3%	5
High Risk Clinic	1.3%	2
I did not receive prenatal care	2.0%	3
Other	5.2%	8
Total Respondents		152
(skipped this question)		1

Question #6 -- How did you pay for your prenatal care?		
	Response Percent	Response Count
Private Insurance	9.2%	14
Medicaid	84.3%	129
Self-pay/Cash	9.2%	14
I did not receive prenatal care	2.0%	3
Other	2.6%	4
Total Respondents		153
(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	5.2%	8
Transportation problems	13.1%	20
Appointment times	9.2%	14
Distance to provider	7.8%	12
Could not get childcare	0.7%	1
Cost too much	3.3%	5
Did not have problems keeping appointments	64.7%	99
Other	9.2%	14
Total Respondents		153
(skipped this question)		0

Question #8 -- Did you know about Healthy Start before you started receiving services?		
	Response Percent	Response Count
Yes	46.9%	69
No	53.1%	78
Total Respondents		147
(skipped this question)		6

Question #9 -- Did your prenatal care provider explain Healthy Start and other home visiting services to you?		
	Response Percent	Response Count
Yes	62.1%	18
No	37.9%	11
I've never heard about Healthy Start services	0.0%	0
Total Respondents		29
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #10 -- How does Healthy Start benefit you and your baby?		
	Response Percent	Response Count
Provides emotional support	68.6%	105
Teaches me how to care for myself while pregnant	67.3%	103
Helps me prepare for labor and delivery	54.3%	83
Teaches me how to care for my baby	70.6%	108
Gives me access to support groups and classes	51.0%	78
Provides car seat safety information	56.9%	87
Provides safe sleep information	69.3%	106
Providers home safety information	53.6%	82
Helps me to understand the growth and development of my baby	77.1%	118
Teaches me new ways to play with my baby	49.7%	76
Supports me in my efforts to quit smoking	24.2%	37
Teaches me how to reduce everyday stress and anxiety	64.1%	98
Helps me plan for future pregnancies	42.5%	65
Guides me in making healthy lifestyle choices	64.1%	98
Provides breastfeeding support	66.7%	102
Provides information on infant nutrition	49.7%	76
Other	6.5%	10
Total Respondents		153
(skipped this question)		0

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	30.7%	47
Access to Birth Control/Family Planning	17.0%	26
Teen Pregnancy	11.1%	17
Smoking During Pregnancy	20.3%	31
Anxiety/Depression	31.4%	48
Unhealthy Weight Before Pregnancy	7.2%	11
Drug and/or Alcohol Use	36.6%	56
Dental Care	7.2%	11
Safe Place for Baby to Sleep	11.8%	18
No Housing or Unsafe Housing	18.3%	28
Father Not Involved	11.1%	17
Going to Prenatal Care Appointments	14.4%	22
No Health Insurance	26.1%	40
Getting Healthy Before Getting Pregnant Again	5.2%	8
Nutrition/Healthy Lifestyles	16.3%	25
Child Passenger Safety	5.9%	9
Transportation	11.1%	17
Help with Childcare	17.7%	27
Total Respondents		153
(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	2.0%	3
Bayfront Health Seven Rivers	0.0%	0
Bayfront Health Spring Hill	0.0%	0
Oak Hill Hospital	0.0%	0
Advent Health Waterman	1.3%	2
Leesburg Regional Medical Center	0.0%	0
South Lake Hospital	0.0%	0
Community Birth & Wellness Center (Lake County)	0.0%	0
North Florida Regional Medical Center	21.7%	33
The Birth Center at Comprehensive Women's Health	0.7%	1
UF Health at Shands	27.6%	42
Birth and Wellness Center of Gainesville	0.0%	0
Shands at LakeShore	18.4%	28
Advent Health Ocala	5.3%	8
Loving Arms Birth and Wellness Center	0.0%	0
Putnam Birth & Beyond	0.7%	1
Putnam Community Medical Center	0.7%	1
Other	21.7%	33
Total Respondents		152
(skipped this question)		1

Healthy Start participant survey respondents identified the following positive results:

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

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

- 13 percent of survey respondents were unable to keep a prenatal care appointment due to transportation problems.
- The greatest concerns impacting the health of pregnant women and newborns identified by survey respondents was drug and/or alcohol use (37 percent) and anxiety/depression (31 percent). Unplanned pregnancy and no health insurance were also identified as a concern for pregnant women and newborns (31 percent and 26 percent, respectively) in our Coalition area.
- 53 percent of survey respondents did not know about Healthy Start before receiving services.

CONSUMER AND PROVIDER INPUT

HEALTHY START PROVIDER SURVEY

A total of 24 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 services:		
	Response Percent	Response Count
Alachua County	8.3%	2
Bradford County	12.5%	3
Citrus County	0.0%	0
Columbia County	25.0%	6
Dixie County	16.7%	4
Gilchrist County	16.7%	4
Hamilton County	16.7%	4
Hernando County	0.0%	0
Lafayette County	4.2%	1
Lake County	0.0%	0
Levy County	16.7%	4
Marion County	25.0%	6
Putnam County	0.0%	0
Sumter County	0.0%	0
Suwannee County	4.2%	1
Union County	20.8%	5
Total Respondents		24
(skipped this question)		0

Question #6 -- Do you assist your participants with applying for Medicaid?		
	Response Percent	Response Count
Yes	69.6%	16
No	30.4%	7
Total Respondents		23
(skipped this question)		1

CONSUMER AND PROVIDER INPUT

Question #7 -- Please select the resources and/or services you provide.		
	Response Percent	Response Count
Adoption Information	20.8%	5
Adult Education	66.7%	16
Breastfeeding Education	95.8%	23
Breast Pumps	66.7%	16
Car Seats	87.5%	21
Childbirth Classes	50.0%	12
Childcare/Preschool	58.3%	14
Cribs/Pack-n-Plays	95.8%	23
Dental Services	58.3%	14
Developmental Evaluation	83.3%	20
Diapers/Wipes	70.8%	17
Domestic Violence	83.3%	20
Employment	54.2%	13
Family Planning	91.7%	22
Food/Clothes	58.3%	14
Home Visiting	100.0%	24
Household Safety Items	75.0%	18
Housing	50.0%	12
Legal Services	33.3%	8
Medicaid Eligibility	54.2%	13
Mental Health	70.8%	17
Parenting Education	95.8%	23
Rent/Utility Assistance	54.2%	13
Shelter	50.0%	12
Tobacco Cessation	87.5%	21
Well Woman Care	75.0%	18
Substance Use Treatment	54.2%	13
Transportation	66.7%	16
Other	8.3%	2
Total Respondents		24
(skipped this question)		0

Question #8 -- Do you engage fathers when providing services?		
	Response Percent	Response Count
Yes	4.2%	1
No	95.8%	23
Total Respondents		24
(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	70.8%	17
Personal reasons	12.5%	3
Cultural or religious reasons	4.2%	1
Not aware of importance of early prenatal care	25.0%	6
Cost of care	50.0%	12
Does not have insurance	83.3%	20
Temporary Medicaid not accepted by prenatal care provider	45.8%	11
Policy of prenatal care provider	8.3%	2
Could not get an appointment	16.7%	4
Transportation to prenatal care appointments	54.2%	13
Other	20.8%	5
Total Respondents		24
(skipped this question)		0

Question #10 -- What item is needed most often by your participants?		
	Response Percent	Response Count
Breast pumps	29.2%	7
Cart seats	62.5%	15
Cribs/Pack-n-Plays	75.0%	18
Diapers/wipes	70.8%	17
Household safety items (i.e. plug outlet covers, baby gates, etc.)	29.2%	7
Other	4.2%	1
Total Respondents		24
(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	0.0%	0	4.4%	1	95.7%	22	23
ACCESS	13.0%	3	47.8%	11	39.1%	9	23
Early Steps	9.5%	2	76.2%	16	14.3%	3	21
Early/Head Start	9.1%	2	68.2%	15	22.7%	5	22
Child care (ELC)	13.6%	3	63.6%	14	22.7%	5	22
CONNECT	0.0%	0	37.5%	9	62.5%	15	24
Mental Health	0.0%	0	72.7%	16	27.3%	6	22
Substance Use Treatment	25.0%	6	62.5%	15	12.5%	3	24
Adult Education	4.4%	1	69.6%	16	26.1%	6	23
Adoption Centers	63.6%	14	36.4%	8	0.0%	0	22
Pregnancy Resource Centers	12.5%	3	45.8%	11	41.7%	10	24
Community Support Services	4.4%	1	60.9%	14	34.8%	8	23
Domestic Violence Shelters	16.7%	4	75.0%	18	8.3%	2	24
Housing/Homeless Shelters	26.1%	6	69.6%	16	4.4%	1	23
Total Respondents							24
(skipped this question)							0

Question #13 -- Please select the three greatest concerns impacting the health of pregnant women and newborns:		
	Response Percent	Response Count
Unplanned Pregnancy	16.7%	4
Access to Birth Control/Family Planning	12.5%	3
Teen Pregnancy	25.0%	6
Smoking During Pregnancy	45.8%	11
Anxiety/Depression	33.3%	8
Unhealthy Weight Before Pregnancy	4.2%	1
Drug and/or Alcohol Use	25.0%	6
Dental Care	0.0%	0
Safe Place for Baby to Sleep	12.5%	3
No Housing or Unsafe Housing	12.5%	3
Father Not Involved	20.8%	5
Going to Prenatal Care Appointments	8.3%	2
No Health Insurance	41.7%	10
Getting Healthy Before Getting Pregnant Again	12.5%	3
Nutrition/Healthy Lifestyles	8.3%	2
Child Passenger Safety	0.0%	0
Transportation	16.7%	4
Help with Childcare	4.2%	1
Total Respondents		24
(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:

- 70 percent of survey respondents indicated that they assisted their participants with applying for Medicaid.

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

- 83 percent of survey respondents indicated pregnant women did not receive care in the first trimester because they did not have insurance. 71 percent of survey respondents indicated pregnant women did not receive care in the first trimester because they did not know they were pregnant.
- The greatest concerns impacting the health of pregnant women and newborns identified by survey respondents was smoking during pregnancy (46 percent) and no health insurance (42 percent). Anxiety/depression were also identified as a concern for pregnant women and newborns (33 percent) in our Coalition area.
- 96 percent of survey respondents reported that they did not engage fathers when providing services.

PRENATAL HEALTH CARE PROVIDER

A total of two 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	0.0%	0
Columbia County	100.0%	2
Dixie County	0.0%	0
Gilchrist County	0.0%	0
Hamilton County	100.0%	2
Hernando County	0.0%	0
Lafayette County	0.0%	0
Lake County	0.0%	0
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		2
(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	0.00%	0
Provide high risk prenatal/postnatal care	100.0%	2
Provide services to Medicaid patients	100.0%	2
Provide services to patients during the Medicaid eligibility process	50.0%	1
Offer a sliding fee scale or payment plan to those without insurance	50.0%	1
Total Respondents		2
(skipped this question)		0

Question #7 -- What percentage of your practice/facility is:		
	Response Percent	Response Count
Private Insurance	100.0%	2
Medicaid	100.0%	2
Uninsured/Self Pay	100.0%	2
Total Respondents		2
(skipped this question)		0

Question #8 -- Do you assist your patients in applying for Medicaid?		
	Response Percent	Response Count
Yes	50.0%	1
No	50.0%	1
Total Respondents		2
(skipped this question)		0

Question #9 -- Do you offer any of the following screenings?		
	Response Percent	Response Count
Substance exposure	100.0%	2
Depression	100.0%	2
Domestic violence	100.0%	2
Other	0.0%	0
Total Respondents		2
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #10 -- What are your patients main reason for not receiving first trimester prenatal care?

	Response	Response Count
Didn't know they were pregnant	100.0%	2
Personal reasons	0.0%	0
Cultural or religious reasons	0.0%	0
Not aware of the importance of prenatal care	100.0%	2
Policy of prenatal care provider	0.0%	0
Could not get an appointment	0.0%	0
Transportation	100.0%	2
Other	0.0%	0
Total Respondents		2
(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	0.0%	0
No	100.0%	2
Total Respondents		2
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

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

	Response	Response Count
Unintended pregnancy	0.0%	0
Access to birth control/family planning	0.0%	0
Teen pregnancy	50.0%	1
Tobacco use during pregnancy	100.0%	2
Mental health issues	100.0%	2
Obese prior to pregnancy	0.0%	0
Substance use	50.0%	1
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	0.0%	0
Care for uninsured /underinsured women	0.0%	0
Preconception/interconception education	0.0%	0
Nutrition/healthy lifestyles	0.0%	0
Child passenger safety	0.0%	0
Transportation	0.0%	0
Child care assistance	0.0%	0
Total Respondents		2
(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%	2
No	0.0%	0
Total Respondents		2
(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%	2
No	0.0%	0
Total Respondents		2
(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%	2
No	0.0%	0
Total Respondents		2
(skipped this question)		0

Question #16 -- Which Healthy Start services have you heard about?		
	Response Percent	Response Count
Prenatal risk screening	100.0%	2
Infant risk screening	0.0%	0
CONNECT—Coordinated Intake & Referral	100.0%	2
Breastfeeding support	100.0%	2
Care coordination	0.0%	0
Childbirth education	100.0%	2
Counseling services	0.0%	0
Developmental screening	0.0%	0
Family health and well being	0.0%	0
Family planning	0.0%	0
Home visiting support	100.0%	2
Newborn care	0.0%	0
Parenting education	50.0%	1
Referral services	0.0%	0
Tobacco cessation	100.0%	2
Women's health education	50.0%	1
Unaware of Healthy Start	0.0%	0
Total Respondents		2
(skipped this question)		0

Question #17 -- Do you give our Healthy Start printed materials?		
	Response Percent	Response Count
Yes	100.0%	1
No, but would like some	0.0%	0
N/A	0.0%	0
Total Respondents		1
(skipped this question)		1

CONSUMER AND PROVIDER INPUT

Question #18 -- Do you refer the people you serve to CONNECT for Healthy Start?		
	Response Percent	Response Count
Yes	100.0%	2
No, but would like learn how to	0.0%	0
N/A	0.0%	0
Total Respondents		2
(skipped this question)		0

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

- 50 percent of survey respondents indicated that they assisted their patients in applying for Medicaid.
- 100 percent of survey respondents indicated that they offer substance exposure, domestic violence and depression screenings for their patients.

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

- 100 percent of survey respondents indicated pregnant women did not receive care in the first trimester because they did not know they were pregnant. 100 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. 100 percent of survey respondents indicated pregnant women did not receive care in the first trimester because they did not have transportation.
- The greatest concerns impacting the health of pregnant women and newborns identified by survey respondents was tobacco use during pregnancy (100 percent) and mental health issues (100 percent). Teen pregnancy and substance use were also identified as a concern for pregnant women and newborns (50 percent) in our Coalition area.

CONSUMER AND PROVIDER INPUT

POSTNATAL HEALTH CARE PROVIDER

A total of six 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	83.3%	5
Bradford County	50.0%	3
Citrus County	16.7%	1
Columbia County	50.0%	3
Dixie County	16.7%	1
Gilchrist County	50.0%	3
Hamilton County	33.3%	2
Hernando County	0.0%	0
Lafayette County	0.0%	0
Lake County	0.0%	0
Levy County	33.3%	2
Marion County	83.3%	5
Putnam County	50.0%	3
Sumter County	0.0%	0
Suwannee County	33.3%	2
Union County	33.3%	2
Other	0.0%	0
Total Respondents		6
(skipped this question)		0

Question #6 -- Please check all that apply		
	Response Percent	Response Count
Provide high risk maternity unit	50.0%	3
Provide services to Medicaid patients	100.0%	6
Provide services to patients during the Medicaid eligibility process	83.3%	5
Offer a sliding fee scale or payment plan to those without insurance	83.3%	5
Provide neonatal intensive care unit. (Please include the level of the unit below)	83.3%	5
Total Respondents		6
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #7 -- What percentage of your deliveries are covered by:		
	Response Percent	Response Count
Private Insurance	100.0%	5
Medicaid	100.0%	5
Uninsured/Self Pay	100.0%	5
Total Respondents		5
(skipped this question)		1

Question #8 -- Do you assist your patients in applying for Medicaid?		
	Response Percent	Response Count
Yes	83.3%	5
No	16.7%	1
Total Respondents		6
(skipped this question)		0

Question #9 -- Do you offer any of the following screenings?		
	Response Percent	Response Count
Substance exposure	100.0%	6
Depression	100.0%	6
Domestic violence	100.0%	6
Vision	33.3%	2
Hearing	50.0%	3
Other	0.0%	0
Total Respondents		6
(skipped this question)		0

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%	3
Yes (please describe)	50.0%	3
Total Respondents		6
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

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

	Response Percent	Response Count
Unintended pregnancy	16.7%	1
Access to birth control/family planning	0.0%	0
Teen pregnancy	0.0%	0
Tobacco use during pregnancy	16.7%	1
Mental health issues	66.7%	4
Obese prior to pregnancy	16.7%	1
Substance use	83.3%	5
Dental care	0.0%	0
Safe infant sleep behaviors	16.7%	1
Inadequate or unsafe housing	0.0%	0
Lack of father involvement	0.0%	0
Routine prenatal care	33.3%	2
Care for uninsured /underinsured women	16.7%	1
Preconception/interconception education	0.0%	0
Nutrition/healthy lifestyles	0.0%	0
Child passenger safety	0.0%	0
Transportation	33.3%	2
Child care assistance	0.0%	0
Total Respondents		6
(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	100.00%	6
No	0.00%	0
Total Respondents		6
(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	83.3%	5
No	16.7%	1
Total Respondents		6
(skipped this question)		0

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

	Response Percent	Response Count
Yes	100.0%	6
No	0.0%	0
Total Respondents		6
(skipped this question)		0

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

	Response Percent	Response Count
Prenatal risk screening	83.3%	5
Infant risk screening	83.3%	5
CONNECT—Coordinated Intake & Referral	100.0%	6
Breastfeeding support	100.0%	6
Care coordination	83.3%	5
Childbirth education	100.0%	6
Counseling services	100.0%	6
Developmental screening	83.3%	5
Family health and well being	83.3%	5
Family planning	83.3%	5
Home visiting support	100.0%	6
Newborn care	100.0%	6
Parenting education	83.3%	5
Referral services	100.0%	6
Tobacco cessation	100.0%	6
Women's health education	83.3%	5
Unaware of Healthy Start	0.0%	0
Total Respondents		6
(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%	6
No, but would like some	0.0%	0
N/A	0.0%	0
Total Respondents		6
(skipped this question)		0

Question #17 -- Do you refer the people you serve to CONNECT for Healthy Start?		
	Response Percent	Response Count
Yes	83.3%	5
No, but would like learn how to	0.0%	0
N/A	16.7%	1
Total Respondents		6
(skipped this question)		0

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

- 83 percent of survey respondents indicated that they assisted their patients in applying for Medicaid.
- 100 percent of survey respondents indicated that they offer substance exposure, domestic violence and depression screenings for their patients. 50 percent of survey respondents indicated that they offer hearing screening services for their patients. 33 percent of survey respondents indicated that they offer vision screening services for their patients.
- 100 percent of survey respondents give out Healthy Start printed materials to their patients and 83 percent refer to Connect for Healthy Start.

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

- The greatest concerns impacting the health of pregnant women and newborns identified by survey respondents was substance use (83 percent) and mental health issues (67 percent). Transportation and routine prenatal care was also identified as a concern for pregnant women and newborns (33 percent) in our Coalition area. Unintended pregnancy, tobacco use during pregnancy, obese prior to pregnancy, safe infant sleep behaviors, and care for uninsured/underinsured women was also identified as a concern for pregnant women and newborns (17 percent) in the Coalition area.

CONSUMER AND PROVIDER INPUT

PEDIATRIC 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	25.0%	1
Bradford County	50.0%	2
Citrus County	0.0%	0
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	0.0%	0
Levy County	0.0%	0
Marion County	25.0%	1
Putnam County	0.0%	0
Sumter County	0.0%	0
Suwannee County	0.0%	0
Union County	0.0%	0
Other	0.0%	0
Total Respondents		4
(skipped this question)		0

Question #6 -- Please check all that apply		
	Response Percent	Response Count
Offer evening and/or weekend hours for appointments	25.0%	1
Provide services to Medicaid patients	75.0%	3
Provide services to patients during the Medicaid eligibility process	50.0%	2
Offer a sliding fee scale or payment plan to those without insurance	75.0%	3
Total Respondents		4
(skipped this question)		0

CONSUMER AND PROVIDER INPUT

Question #7 -- What percentage of your practice/facility is:		
	Response Percent	Response Count
Private Insurance	66.7%	2
Medicaid	66.7%	2
Uninsured/Self Pay	66.7%	2
Total Respondents		3
(skipped this question)		1

Question #8 -- Do you assist your patients in applying for Medicaid?		
	Response Percent	Response Count
Yes	0.0%	0
No	100.0%	4
Total Respondents		4
(skipped this question)		0

Question #9 -- Do you offer any of the following screenings?		
	Response Percent	Response Count
Substance exposure	25.0%	1
Depression	100.0%	4
Domestic violence/IPV	0.0%	0
Child Development (ASQ, ASQ-SE, Milestones, etc.)	100.0%	4
Hearing (infant/child)	100.0%	4
IT-HOME	0.0%	0
M-CHAT	50.0%	2
Perceived Stress Test	0.0%	0
Vision (infant/child)	75.0%	3
Other	0.0%	0
Total Respondents		4
(skipped this question)		0

Question #10 -- Do you offer any special programs to the pregnant women and families with young children you serve?		
	Response Percent	Response Count
No	100.0%	3
Yes	0.0%	0
Total Respondents		3
(skipped this question)		1

CONSUMER AND PROVIDER INPUT

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

	Response	Response Count
Unintended pregnancy	0.0%	0
Access to birth control/family planning	0.0%	0
Teen pregnancy	25.0%	0
Tobacco use during pregnancy	0.0%	0
Mental health issues	25.0%	1
Obese prior to pregnancy	0.0%	0
Substance use	25.0%	1
Dental care	0.0%	0
Safe infant sleep behaviors	0.0%	0
Inadequate or unsafe housing	25.0%	1
Lack of father involvement	0.0%	0
Routine prenatal care	25.0%	1
Care for uninsured /underinsured women	25.0%	1
Preconception/interconception education	0.00%	0
Nutrition/healthy lifestyles	50.0%	2
Child passenger safety	0.0%	0
Transportation	50.0%	2
Child care assistance	0.0%	0
Total Respondents		4
(skipped this question)		0

Question #12 -- 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

CONSUMER AND PROVIDER INPUT

Question #13 -- Which Healthy Start services have you heard about?		
	Response Percent	Response Count
Prenatal risk screening	25.0%	1
Infant risk screening	50.0%	2
CONNECT—Coordinated Intake & Referral	25.0%	1
Breastfeeding support	25.0%	1
Care coordination	50.0%	2
Childbirth education	25.0%	1
Counseling services	25.0%	1
Developmental screening	50.0%	2
Family health and well being	50.0%	2
Family planning	25.0%	1
Home visiting support	75.0%	3
Newborn care	50.0%	2
Parenting education	50.0%	2
Referral services	50.0%	2
Tobacco cessation	25.0%	1
Women's health education	75.0%	3
Unaware of Healthy Start	0.0%	0
Total Respondents		4
(skipped this question)		0

Question #14 -- Do you give our Healthy Start printed materials?		
	Response Percent	Response Count
Yes	50.0%	2
No, but would like some	25.0%	1
N/A	25.0%	1
Total Respondents		4
(skipped this question)		0

Question #15 -- Do you refer the people you serve to CONNECT for Healthy Start?		
	Response Percent	Response Count
Yes	66.7%	2
No, but would like learn how to	0.0%	0
N/A	33.3%	1
Total Respondents		3
(skipped this question)		1

CONSUMER AND PROVIDER INPUT

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

- 75 percent of survey respondents indicated that they discuss the Healthy Start program with their patients.
- 100 percent of survey respondents indicated that they offer depression, child development (ASQ, ASQ-SE, Milestones, etc.) and hearing (infant/child) screenings for their patients. 75 percent of survey respondents indicated that they offer vision (infant/child) screenings for their patients. 50 percent of survey respondents indicated that they offer the M-CHAT screenings for their patients. 25 percent of survey respondents indicated that they offer substance use screenings for their patients.

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

- The greatest concerns impacting the health of pregnant women and newborns identified by survey respondents was nutrition/healthy lifestyles (50 percent) and transportation (50 percent). Teen pregnancy, mental health issues, substance use, inadequate or unsafe housing, routine prenatal care, and care for the uninsured/underinsured women were also identified as a concern for pregnant women and newborns (25 percent) in our Coalition area.



RESOURCE INVENTORY

RESOURCES FOR ALACHUA COUNTY

Childcare

Child Development Services, Inc. (Head Start)

352-629-0055 ext. 327

Early Learning Coalition of Alachua County

352.375.4110

www.elcalachua.org

Employment

CareerSource North Central Florida

352.955.2245

www.careersourcencfl.com

Community Action Agency Central Florida— R.I.S.E. Program

352.373.7667 ext. 207

www.cfaa.org

Goodwill Job Junction

352.335.1311

Housing

Alachua County Housing Authority

352.372.2549

www.acha-fl.com

Housing Continued

Interfaith Hospitality Network

352.378.2030

www.ihngvl.org

Habitat for Humanity

352.378.4663

www.alachuahabitat.org

Food/Clothing

Gainesville Catholic Charities

352.372.0294

www.catholiccharitiesgainesville.org

Grace Marketplace

352.792.0800

www.gracemarketplace.org

Goodwill Industries

352.376.9041

www.goodwill.org

Salvation Army

352.376.1743

Www.uss.salvationarmy.org/uss/

www_uss_gainesvile.nsf

RESOURCES FOR ALACHUA COUNTY

Food/Clothing Continued

SNAP Benefits

866.762.2237

www.myflorida.com/accessflorida

WIC Nutrition Program

800.494.2543

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

Infant & Early Childhood Development Assessment

Early Steps

352.273.8555

www.earlysteps.pediatrics.med.ufl.edu

FDLRS Springs

352.671.6051

www.springs.fdlrs.org

Mental Health and Substance Abuse Counseling

Alachua County Crisis Center

352.264.6789

www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.aspx

Mental Health and Substance Abuse Counseling Continued

Alcoholics Anonymous

352.372.8091

www.aagainesville.org

Children's Home Society Greater NE Florida

800.265.5724

www.chsfl.org/services/counseling

Meridian Behavioral Healthcare, Inc.

352.374.5600

www.mbhci.org

NAMI Gainesville

352.335.7770

www.namigainesville.org

Narcotics Anonymous

352.376.8008

www.uncoastna.org

Peaceful Paths

352.377.8255

www.peacefulpaths.org

Suwannee River AHEC—Smoking Cessation

352.265.9569

www.srahec.org

RESOURCES FOR ALACHUA COUNTY

Parenting

Connect

877.678.9355

www.connectncf.org

Family Source of Florida Parent Helpline

800.352.5683

www.211bigbend.org

Library Partnership Resource Center

352.334.0161

www.pfsf.org/resource-centers/library-partnership

Healthy Families

352.294.5523

Email: cwinfrey@ufl.edu

Library Partnership Resource Center

352.334.0161

www.pfsf.org/resource-centers/library-partnership

MIECHV/Parents As Teachers

352.203.0628

www.helpingbabiesgrow.org

Email: Kasey.Brooks@kidscentralinc.org

Transportation

Alachua County RTS

352.334.2600

www.go-rt.com

Holy Trinity Episcopal Church

352.372.4721

www.holytrinitygnv.org

Medicaid Transportation (MV Transit)

352.375.2784 ext. 11600

www.mvtransit.com

Utilities

Alachua County Community Support Services

352.264.6750

www.alachuacounty.us/DEPTS/CSS/SOCIALSERVICES/Pages/Services.aspx

Catholic Charities

352.372.0294

Www.catholiccharitiesgainesville.org

Community Action Agency

352.373.7667

www.cfcaa.org

RESOURCES FOR ALACHUA COUNTY

Utilities Continued

Gainesville Community Ministry

352.372.8162

www.gcmhelp.org

Women's Services Continued

SW Health Clinic

352.225.4320

www.swadvocacygroup.org/sw-health-clinic

Women's Services

A Woman's Answer Medical Center

352.367.2716

www.awomansanswer.net

Alachua County Health Department

352.334.7900

www.doh.state.fl.us/chdalachua

Archer Family Health Care

352.265.2550

www.ufhealth.org/archer-family-health-care

Connect

877.678.9355

www.connectncf.org

Mobile Outreach Clinic Library Partnership

352.273.5329

www.attend.aclib.us/event/1585997

RESOURCES FOR BRADFORD COUNTY

Childcare

Early Learning Coalition of North Florida

904.964.1543

www.elcnorthflorida.org

Head Start/Early Head Start

904.964.8280

www.ecs4kids.org

Employment

Bradford/Union Technical Center

904.964.6764

www.butc.edu

CareerSource North Central Florida

904.964.8092

www.careersourcencfl.com

Housing

Section 8 Program

800.365.9527

Habitat for Humanity

904.782.3550

www.habitat.org

Food/Clothing

Bradford County Clothes Closet

904.964.9390

www.starkechurch.org

Catholic Charities

352.372.0294

Children's Home Society—Thrift Store Gainesville

352.393.2826

www.chsfl.org

Lake Area Ministries L.A.M. Ministries

352.473.2846

SNAP Benefits

866.762.2237

www.myflorida.com/accessflorida

WIC Nutrition Program

800.494.2543

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

RESOURCES FOR BRADFORD COUNTY

Infant & Early Childhood Development Assessment

Early Steps

904.360.7022 ext. 261

[www.pediatrics.med.jax.ufl.edu/early-steps/
details](http://www.pediatrics.med.jax.ufl.edu/early-steps/details)

FDLRS/NEFEC

386.329.3811

Email: fdlrs@nefec.org

Mental Health and Substance Abuse Counseling

Alcoholics Anonymous

904.399.8535

www.neflaa.org

Meridian Behavioral Healthcare, Inc.

844.652.5981

www.mbhci.org

Narcotics Anonymous

904.723.5683

www.firstcoastna.org

Suwannee River AHEC—Smoking Cessation

352.265.9569

www.srahec.org

Mental Health and Substance Abuse Counseling Continued

Village Counseling Center

352.373.8189

www.villagecounselingcenter.net

Parenting

Connect

877.678.9355

www.connectncf.org

Healthy Families

352.294.5523

Email: cwinfrey@ufl.edu

MIECHV/Parents As Teachers

352.203.0628

www.helpingbabiesgrow.org

Email: mgharris@ufl.edu

Transportation

Suwannee River Economic Council

904.964.6696

RESOURCES FOR BRADFORD COUNTY

Utilities

Central Florida Community Action Agency

352.378.5892

Starke First Baptist Church

904.964.6562

Suwannee River Economic Council

904.964.6696

Women's Services

Bradford County Health Department

904.964.7732

www.bradford.floridahealth.gov

Connect

877.678.9355

www.connectncf.org

RESOURCES FOR COLUMBIA/HAMILTON COUNTIES

Childcare

Early Learning Coalition

386.752.9770

www.elcgateway.org

Happy House

386.752.4736

www.happyhouselc.columbia21stcccl.com

Head Start/Early Head Start

386.754.2222

www.sv4cs.org

Employment

CareerSource Florida Crown—Columbia Co

386.755.9026

www.careersourcefloridacrown.com

CareerSource North Florida—Hamilton Co

850.973.9675

www.careersourcenorthflorida.com

FL Department of Economic Opportunity

850.921.3223

www.floridajobs.org

Employment Continued

Labor Finders of Lake City

386.758.2330

www.laborfinders.com

Suwannee Employment Connections

877.827.0647

Email: Hamilton-ec@nfwdb.org

Wal-Staf

386.755.1991

www.wal-staf.com

Housing

Columbia County Housing Authority

386.752.4227

Northwest Florida Housing Authority—Sect 8

850.263.4442

www.nwfloridahousing.org

United Way of Suwannee Valley

386.752.5604

www.unitedwaysuwanneevalley.org

RESOURCES FOR COLUMBIA/HAMILTON COUNTIES

Food/Clothing

Catholic Charities Bureau

386.754.9180

www.catholiccharitieslakecity.org

Christian Service Center

386.755.1770

www.cscofcc.org

First United Methodist Church

386.792.1122

SNAP Benefits

866.762.2237

www.myfloridacom/accessflorida

Suwannee Valley Rescue Mission Thrift Store

386.758.8438

New Hope Baptist

386.938.5611

WIC Nutrition Program

352.225.4343 or 800.494.2543

Infant & Early Childhood Development Assessment

Early Steps

352.273.8555

www.earlysteps.pediatrics.med.ufl.edu

FDLRS Gateway

386.792.2877

www.fdlrsgateway.com

Mental Health and Substance Abuse Counseling

Alcoholics Anonymous

386.758.4283

www.livingsobergroup.com

Children's Home Society of Florida

800.300.9567

www.chsfl.org

GreenLeaf Center, Inc.

229.588.8215

www.greenleafhospital.com

Living Hope Recovery Center

800.413.2480 or 386.365.4635

www.livinghoperecoveryflorida.com

RESOURCES FOR COLUMBIA/HAMILTON COUNTIES

Mental Health and Substance Abuse Counseling Continued

Meridian Behavioral Healthcare
352.374.5600 or 844.652.5981
www.mbhci.org

Narcotics Anonymous
352.376.8008
www.uncoastna.org

Resolutions Health Alliance
386.754.9005
www.rhapa.com

Substance Abuse & Treatment Hotline
800.662.4357
www.samhsa.gov

Suwannee River AHEC—Smoking Cessation
386.462.1551
www.srahec.org

Parenting

Caring Choices Pregnancy Services (Catholic
Charities)
866.901.9647
Www.ccpregnancyservices.org

Parenting Continued

Connect
877.678.9355
www.connectncf.org

Healthy Families Program
352.294.5323
Email: cwinfrey@ufl.edu

MIECHV/Parents As Teachers
352.294.5521
Email: mgharris@ufl.edu
www.helpingbabiesgrow.org

Pregnancy Care Centers
386.755.0058
www.northfloridapregnancy.com

Transportation

Suwannee Valley Transit
386.362.5332 or 386.362.7433
www.ridesvta.com

Utilities

Catholic Charities Bureau
386.754.9180
www.catholiccharitieslakecity.org

RESOURCES FOR COLUMBIA/HAMILTON COUNTIES

Utilities Continued

Love, Inc.

386.364.4673

www.suwanneeloveinc.com

Suwannee River Economic Council

386.362.4115 or 800.824.5308

www.srecing.org

Women's Services

Caring Choices Pregnancy Services

866.901.9647

www.ccpregnancyservices.org

Columbia County Health Department

386.758.1068

www.columbia.floridahealth.gov

Connect

877.678.9355

www.connectncf.org

Hamilton County Health Department

386.792.1414

www.hamilton.flhealth.gov

Women's Services Continued

Pregnancy Care Centers

386.755.0058

www.northfloridapregnancy.com

RESOURCES FOR DIXIE/LEVY/GILCHRIST COUNTIES

Childcare

Head Start/Early Head Start

904.726.1500

www.ecs4kids.org/programs/head-start/

Employment

CareerSource—Levy County

800.434.5627 or 352.493.6813

www.careersourceclm.com

CareerSource Florida Crown (Dixie & Gilchrist)

386.755.9026 or 352.542.0330

www.careersourcefloridacrown.com

Housing

Catholic Charities

352.372.1422

www.catholiccharitiesgainesville.org

Housing Authority—Levy & Gilchrist

352.486.5420

www.tricountyha.com

Levy County State Housing Initiative Partnership Program (SHIP)

352.486.5268

www.levycounty.org/residents/ship.php

Housing Continued

Suwannee River Economic Council

352.498.5018 (Dixie) 352.463.2940 (Gilchrist)

www.srecinc.org

Food/Clothing

Bronson United Methodist Church

352.486.2281

www.bronsonmethodist.wixsite.com/home

Catholic Charities

352.372.0294

www.catholiccharitiesgainesville.org

Chiefland Attic Resale Store—Haven Hospice

352.493.2573

www.beyourhaven.org

First United Methodist Church of Williston

352.528.3636

Food Pantry of Gilchrist County

352.463.2710

www.foodpantries.org

St. Madeleine Community Outreach—Gilchrist

386.454.1000

www.stmco.org/home.html

RESOURCES FOR DIXIE/LEVY/GILCHRIST COUNTIES

Food/Clothing Continued

SNAP Benefits

866.762.2237

www.myflorida.com/accessflorida

The Children's Table

352.486.6525

www.childrenstable.org/index.html

Tri-County Outreach Thrift Store

352.493.2310

United Christian Service of Dixie County

352.498.5702

WIC Nutrition Program

352.225.4343 or 800.494.2543

Infant & Early Childhood Development Assessment

Early Steps

352.273.8555

www.earlysteps.pediatrics.med.ufl.edu

FDLRS Springs

352.671.6051

www.springs.fdlrs.org

Mental Health and Substance Abuse Counseling

Alcoholics Anonymous

352.949.2239

www.district27aa.org

Archer Family Health Care

352.495.2550

Www.ufhealth.org/archer-family-health-care

Meridian Behavioral Health

352.374.5600

www.mbhci.org

Palms Medical Group

888.730.2374

www.palmsmg.org/index.php

Narcotics Anonymous

352.376.8008

www.uncoastna.org

Suwannee River AHEC—Smoking Cessation

386.462.1551

www.srahec.org

RESOURCES FOR DIXIE/LEVY/GILCHRIST COUNTIES

Parenting

Connect

877.678.9355

www.connectncf.org

Healthy Families Program

352.486.5590

Email: rekeesha.duncan@flhealth.gov

Transportation

Levy County Transit

352.486.3485

www.levycounty.org/departments/transportation/index.php

Suwannee River Economic Council

800.597.7579—Dixie & Gilchrist

www.srecinc.org

Utilities

Catholic Charities

352.372.0294

www.catholiccharitiesgainesville.org

Central Florida Community Action Agency— Levy

352.493.1734

www.cfcaa.org

Utilities Continued

Suwannee River Economic Council

352.498.5018 (Dixie) 352.463.2940 (Gilchrist)

352.490.7055 (Levy)

www.srecinc.org

Women's Services

Archer Family Health Care

352.495.2550

www.ufhealth.org/archer-family-health-care

Connect

877.678.9355

www.connectncf.org

Dixie County Health Department

352.498.1360

www.dixie.floridahealth.gov

Gilchrist County Health Department

352.463.3120

www.gilchrist.floridahealth.gov

Levy County Health Department

352.486.5300

www.levy.floridahealth.gov

RESOURCES FOR DIXIE/LEVY/GILCHRIST COUNTIES

Women's Services Continued

Palms Medical Group

888.730.2374

www.palmsmg.org

Tri-County Pregnancy Center

352.528.0200

www.tcpcfl.com

RESOURCES FOR LAFAYETTE/SUWANNEE COUNTIES

Childcare

Early Learning Coalition

386.752.9770

www.elcgateway.org

Suwannee Valley 4C's Head Start/Early Head Start

386.754.2222

www.sv4cs.org

Employment

CareerSource North Florida

386.518.3090

www.careersourcenorthflorida.com

Housing

HUD Housing

800.365.9527

www.hud.gov

Live Oak Housing Authority

386.362.2123

Suwannee River Economic Council

386.294.2202 (Lafayette) 386.362.6079 or
386.362.1164 (Suwannee)

www.srecinc.org

Food/Clothing

First Baptist Church of Live Oak

386.362.1583

www.fbcliveoak.org

Love, Inc.

386.364.4673

www.suwanneeloveinc.org

Pregnancy Care Center

386.330.2229 or 386.755.0058

www.friendsofpcc.com

SNAP Benefits

866.762.2237

www.myflorida.com/accessflorida

WIC Nutrition Program

352.225.4343 or 800.494.2543

Infant & Early Childhood Development Assessment

Early Steps

352.273.8555 or 800.334.1447

www.earlysteps.pediatrics.med.ufl.edu

FDLRS/Gateway

386.792.2877 or 800.227.0059

www.fdlrsgateway.com

RESOURCES FOR LAFAYETTE/SUWANNEE COUNTIES

Mental Health and Substance Abuse Counseling

Alcoholics Anonymous

www.liveaskaa.com

Meridian Behavioral Health

352.374.5600

www.mbhci.org

Narcotics Anonymous

888.655.9582

www.uncoastna.org

Suwannee River AHEC—Smoking Cessation

386.462.1551

www.srahec.org

Parenting

Connect

877.678.9355

www.connectncf.org

Healthy Families Program—Lafayette County

850.948.2741

Email: dhagen@healthystartjmt.org

Parenting Continued

Healthy Families Program—Suwannee County

352.486.5590

Email: rekeesha.duncan@glhealth.gov

Pregnancy Care Center

386.330.2229 or 386.755.0058

www.northfloridapregnancy.com

Transportation

Medicaid Transport

Staywell: 866.591.4066

Sunshine: 877.659.8420

United: 866.372.9891

Humana: 866.779.0565

CMS Ped-I-Care: 866.799.5321

Suwannee River Economic Council

800.597.7579 ext. 222

www.srecinc.org

Suwannee Valley Transit Authority

386.362.5332 or 386.362.7433

www.ridesvta.com

RESOURCES FOR LAFAYETTE/SUWANNEE COUNTIES

Utilities

Catholic Charities Bureau

386.754.9180

www.catholiccharitieslakecity.org

Love, Inc.

386.364.4673

www.suwanneeloveinc.com

Suwannee River Economic Council

386.294.2202 (Lafayette) 386.362.6079 or

386.362.1164 (Suwannee)

www.srecing.org

Women's Services

Connect

877.678.9355

www.connectncf.org

Lafayette County Health Department

386.294.1321

www.lafayette.flhealth.gov

Pregnancy Care Center

386.330.2229 or 386.755.0058

www.friendsofpcc.com

Women's Services Continued

Suwannee County Health Department

386.362.2708

www.suwannee.floridahealth.gov

RESOURCES FOR MARION COUNTY

Childcare

Early Learning Coalition of Marion County

352.369.2315

www.elc-marion.org

Employment

CareerSource

352.873.7939

www.careersourceclm.com

Silver Springs Shores Resource Center

352.687.0350

www.shoresresource.org

Housing

Florida SHIP

850.488.4197

www.floridahousing.org

Habitat for Humanity

352.351.4663

www.habitatocala.org

Hands of Mercy Everywhere—Teen Maternity

352.732.1369

www.handsofmercyeverywhere.org

Housing Continued

Interfaith Emergency Services

352.629.8868

www.iesmarion/org

Ocala Housing Authority

352.369.2636

www.ocalahousing.org

Food/Clothing

Brother's Keeper Pantry

352.622.3846

www.bkocala.org

First Step Food Bank

352.732.5500

www.firststepfoodbank.org

Interfaith Food Pantry

352.629.8868

www.iesmarion.org

Love, Inc. of the Heart of Florida

352.245.8774

www.loveinheartofflorida/org

RESOURCES FOR MARION COUNTY

Food/Clothing Continued

Salvation Army

352.629.2004

www.salvationarmyflorida.org/Ocala

SNAP Benefits

866.762.2237

www.myflorida.com/acessflorida

WIC Nutrition Program

352.622.1161

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

Wings of Faith

352.687.4600

Www.foodpantries.org/li/wings_of_faith_fellowship_church_of_gof_34472

Infant & Early Childhood Development Assessment

Early Learning Coalition of Marion County— Help Me Grow

352.369.2315

www.elc-marion.org

Infant & Early Childhood Development Assessment Continued

Early Learning Coalition of Marion County—

352.369.2315

www.elc-marion.org

Early Steps

352.273.8555

www.earlysteps.pediatrics.med.ufl.edu

FDLRS Springs

352.671.6051

www.springs.fdlrs.org

Mental Health and Substance Abuse Counseling

Alcoholics Anonymous

352.867.0660

www.aaocalamarion.org

Beacon Point

352.315.7500

www.lsbc.net/beacon-point

Narcotics Anonymous

352.368.6061

www.forestareana.org

RESOURCES FOR MARION COUNTY

Mental Health and Substance Abuse Counseling Continued

ORCA, Inc.

352.351.0867

www.orcaocala.com

Quad County Treatment Center

352.732.6565

www.newseason.com/clinics/quad-county-treatment-center

Suwannee River AHEC—Smoking Cessation

386.462.1551

www.srahec.org

The Centers

352.291.5555

www.thecenters.us

The Vines Hospital

866.671.3130

www.thevineshospital.com

Zero Hour Life Center Recovery Community

352.765.4943

www.zerohourlifecenter.org

Parenting

Connect

877.678.9355

www.connectncf.org

Healthy Families Program

352.742.6170

Email: Porcha.green@chsfl.org

MIECHV/Parents As Teachers

352.861.0641

www.helpingbabiesgrow.org

Women's Pregnancy Center

352.629.2811

www.wpocala.com

Transportation

Interfaith Emergency Services

352.629.8868

www.iesmarion.org

SunTran Bus Service

352.401.6999

www.suntran.org

RESOURCES FOR MARION COUNTY

Utilities

Central Florida Community Action Agency

844.356.8136 or 352.732.3008

www.cfaa.org

Citra First United Methodist Church

352.595.3151

Women's Services

Alpha Center for Women

352.629.4357

www.alphacenterocala.com

Connect

877.678.9355

www.connectncf.org

Family Hope Resource & Pregnancy Center

352.489.9994

www.familyhoperesource.org

Marion County Health Department

352.629.0137

www.marion.floridahealth.gov

Women's Pregnancy Center

352.629.2811

www.wpcocala.com

RESOURCES FOR PUTNAM COUNTY

Childcare

Early Learning Coalition of North Florida

386.385.3450

www.elcnorthflorida.org

Redlands Christian Migrant Association Head Start/Early Head Start

800.282.6540

www.rcma.org

Employment

Career Source Northeast Florida

386.530.7089 ext. 2860

www.careersourcenortheastflorida.com

Northeast Florida Community Action Agency

386.385.3954 or 844.625.8776 (Ext 10)

www.nfcaa.net

Putnam County Re-Entry Program

386.328.0984

www.pcreentry.weebly.com

Housing

Florida Coalition for the Homeless

727.809.1980

www.fchonline.org

Palatka Housing Authority

386.329.0132

www.palatka.org

Putnam Habitat for Humanity, Inc.

386.325.5862

www.putnamhabitat.org

Food/Clothing

Catholic Charities

386.328.2333

www.ccbstaug.org

Feed the Need of Putnam County, Inc.

386.937.3562 or 386.937.4396

www.feedtheneedofputnam.org

Heart of Putnam Food Pantry

386.972.0875

www.heartofputnam.com

RESOURCES FOR PUTNAM COUNTY

Food/Clothing Continued

Interlachen Soup Kitchen/Church of the Nazarene

386.972.1045

SNAP Benefits

866.762.2237

www.myflorida.com/acessflorida

WIC Nutrition Program

386.326.3216

www.putnam.floridahealth.gov

Infant & Early Childhood Development Assessment

Early Steps—Easter Seals NE Central Florida

386.873.0365

www.easterseals.com/necfl

FDLRS/NEFEC

386.329.3811

Email: fdlrs@mefec.org

Early Learning Coalition of North Florida—Help Me Grow Program

419.523.6059

Email: helpmegrow@putnamcountyes.org

Mental Health and Substance Abuse Counseling

Alcoholics Anonymous

904.399.8535

www.neflaa.org

Children's Home Society (FSPT)

386.304.7600

www.chsfl.org

Epic Behavioral Healthcare Counseling and Recovery Center

904.829.2273 or 904.417.7100

www.epicbh.org

Narcotics Anonymous

844.344.3155

www.daytonana.org

Putnam Behavioral Healthcare

386.329.3780

Suwannee River AHEC—Smoking Cessation

386.462.1551

www.srahec.org

UTURN Community Outreach

386.328.0764 or 386.937.5597

www.u-turnoutreach.org

RESOURCES FOR PUTNAM COUNTY

Parenting

Alpha-Omega Miracle Home

904.823.8588

www.aomh.org

Connect

877.678.9355

www.connectncf.org

Healthy Families Program

386.326.3330

Email: robyn.jernigan@flhealth.gov

MIECHV/Parents As Teachers

352.294.5521

Email: mgharris@ufl.edu

www.helpingbabiesgrow.org

The Parent Project

904.999.4659

www.theparenthelpcenter.com

Transportation

Florida's Transition Project

352.372.2485

www.floridatransitionproject.ucf.edu

Transportation Continued

The Ride Solution

386.325.9999

www.theridesolution.com

Utilities

South Putnam Christian Service Center

386.698.1944

St. Vincent De Paul Society

386.684.2797

Women's Services

Connect

877.678.9355

www.connectncf.org

Putnam County Health Department

386.326.3200

www.putnam.floridahealth.gov

Women's Resource Center

386.328.9394

www.awrcleadershipteam.com

RESOURCES FOR UNION COUNTY

Childcare

Early Learning Coalition of Florida's Gateway

386.752.9770

www.elcgateway.org

Lake City Learning Center—Head Start/Early Head Start

386.754.2222

www.sv4cs.org

Employment

CareerSource North Central Florida

904.964.8092

www.employflorida.com

Florida Department of Economic Opportunity

850.245.7105

www.floridajobs.org

Housing

Lake Butler Apartments

386.496.3141

Pleasant Place, Inc.

352.373.6993

Housing Continued

Suwannee River Economic Council—SHIP

386.496.2342

www.srecinc.org

Union County Housing Authority

386.496.2047

www.unioncountyhousing.com

Food/Clothing

Catholic Charities

386.754.9180

www.catholiccharitieslakecity.org

Christ Central of Lake Butler Food Pantry

386.755.2525

www.christcentrallb.com

City of Lake Butler and Farm Share

386.431.1066

Fellowship Baptist Church

386.431.1066

SNAP Benefits

866.762.2237

www.myflorida.com/acessflorida

RESOURCES FOR UNION COUNTY

Food/Clothing Continued

WIC Nutrition Program

352.225.4343 or 800.494.2543

www.union.floridahealth.gov

Infant & Early Childhood Development Assessment

Early Steps

352.273.8555

www.earlysteps.pediatrics.med.ufl.edu

FDLRS/NEFEC

386.329.3811

Email: fdlrs@nefec.org

Mental Health and Substance Abuse Counseling

Alcoholics Anonymous

386.496.3956

Meridian Behavioral Healthcare

386.496.2347

www.mbhci.org

Narcotics Anonymous

352.376.8008

www.uncoastna.org

Mental Health and Substance Abuse Counseling Continued

Suwannee River AHEC—Smoking Cessation

386.376.8008

www.srahec.org

Parenting

Connect

877.678.9355

www.connectncf.org

Healthy Families Program

352.294.5323

Email: cwinfrey@ufl.edu

Pregnancy Care Center

386.755.0058 or 386.330.2229

www.northfloridapregnancy.com/index

Transportation

A & A Transport, Inc.

386.496.2056

Suwannee River Economic Council Transportation

844.496.0624

www.srecinc.org

RESOURCES FOR UNION COUNTY

Utilities

Catholic Charities

386.754.9180

www.catholiccharitieslakecity.org

Suwannee River Economic Council

352.496.2342

www.srecinc.org

Florida Public Service Commission

800.342.3552

www.floridapsc.com

Women's Services

Connect

877.678.9355

www.connectncf.org

Pregnancy Care Center

386.755.0058

www.northfloridapregnancy.com

Union County Health Department

386.496.3211

www.union.floridahealth.gov



**HEALTH STATUS
PROBLEM LINKED TO
ACTION PLAN**

HEALTH STATUS PROBLEM LINKED TO ACTION PLAN

Numerous health indicators were identified and reviewed in the needs assessment process. Based on an analysis of qualitative and quantitative data, the following 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

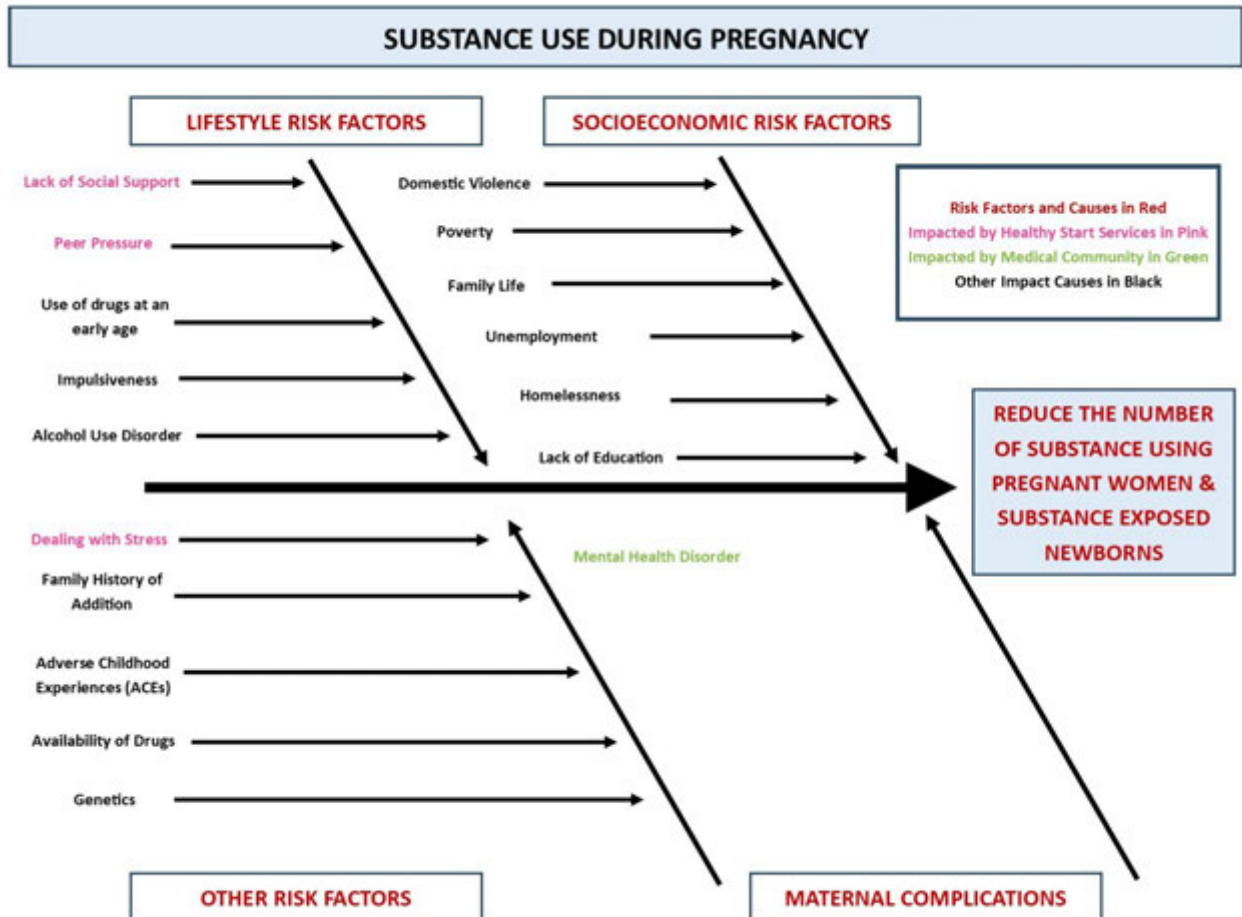
Analysis of risk factors in each of the health status problems clarified the areas that could be impacted by Healthy Start services. Objectives, performance measures, timelines, indicators and activities were then carefully developed.

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

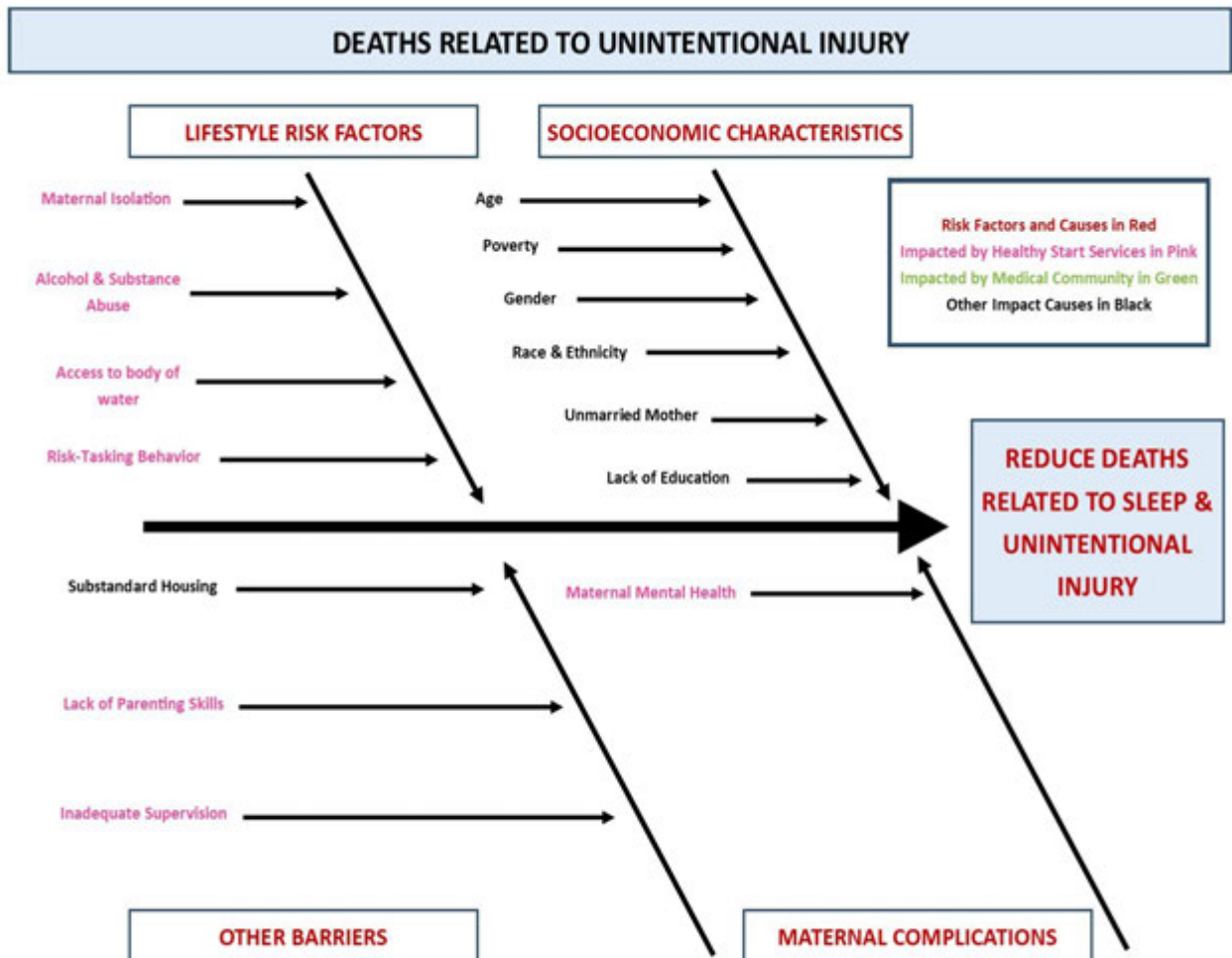
Comparison with the 2013-2017 Service Delivery Plan

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.

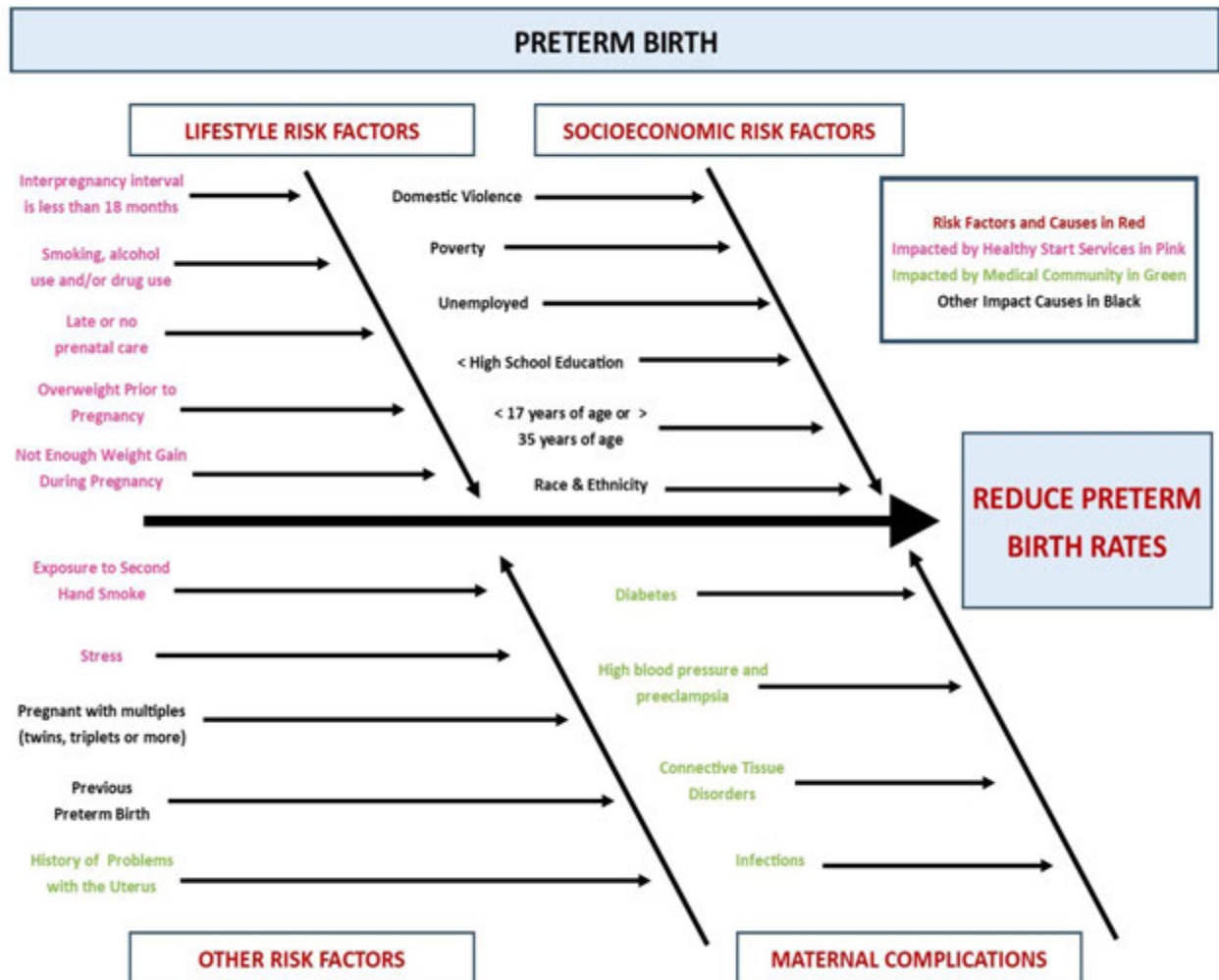
HEALTH STATUS PROBLEM LINKED TO ACTION PLAN



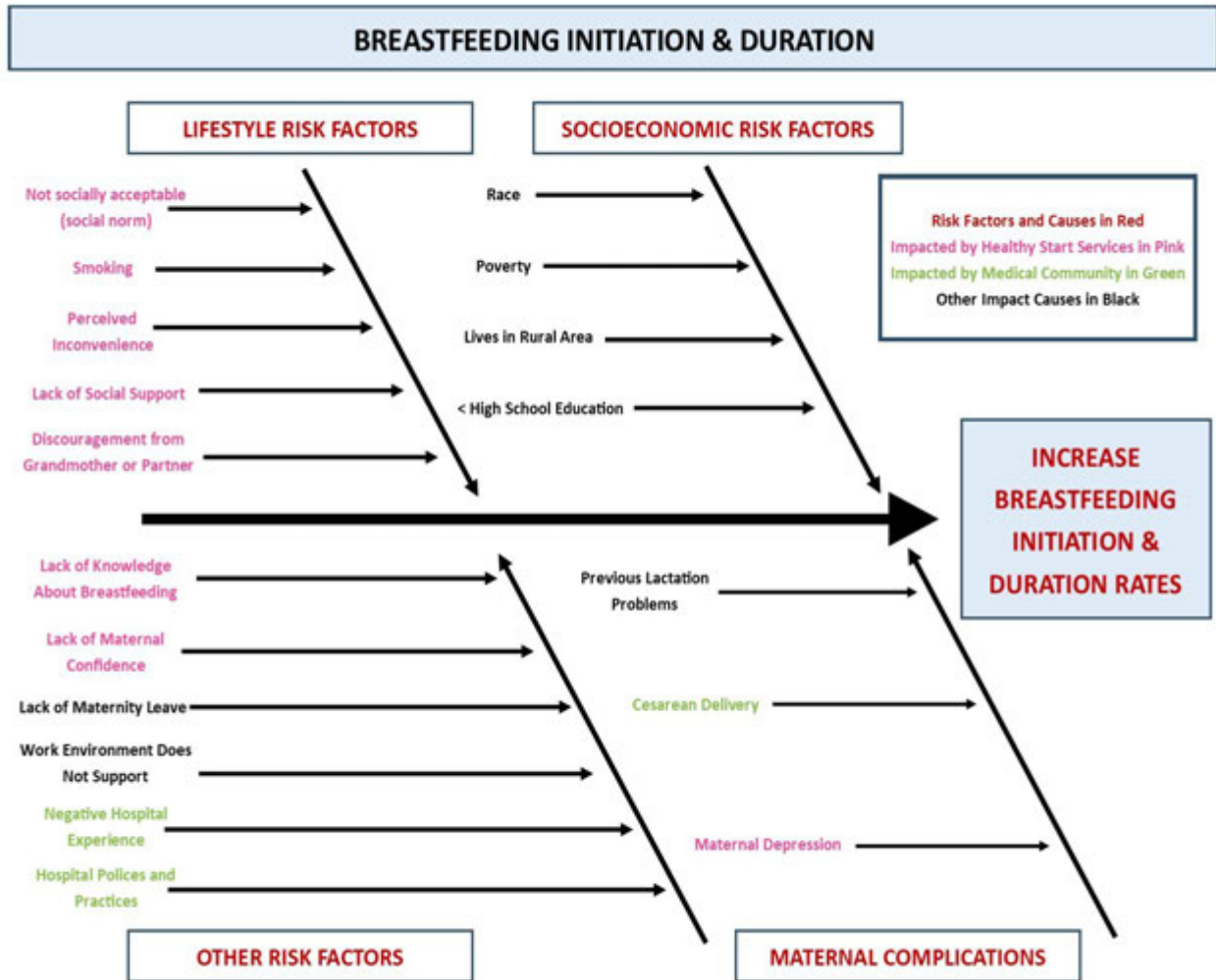
HEALTH STATUS PROBLEM LINKED TO ACTION PLAN



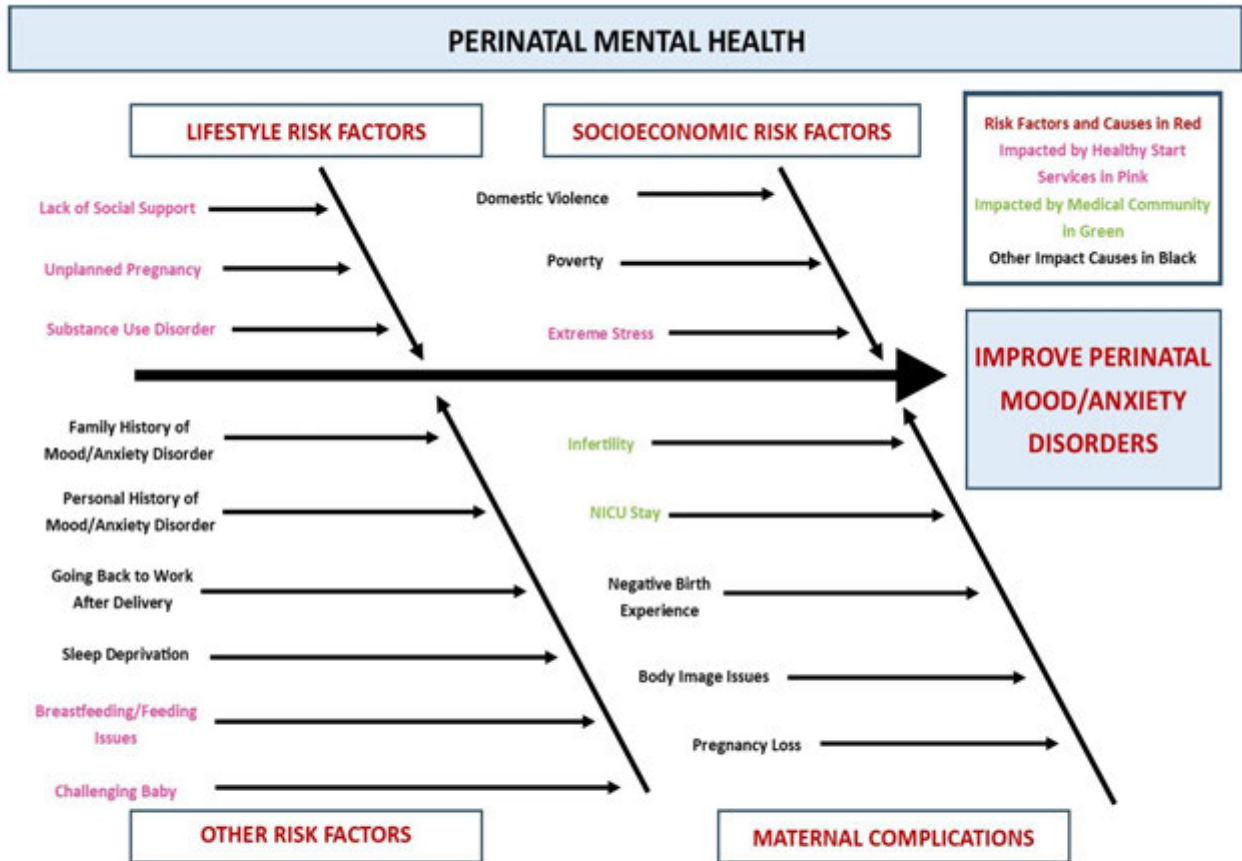
HEALTH STATUS PROBLEM LINKED TO ACTION PLAN

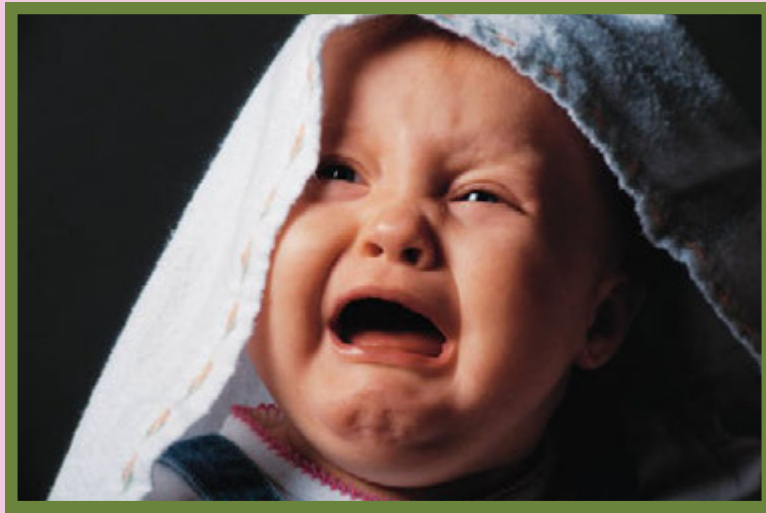


HEALTH STATUS PROBLEM LINKED TO ACTION PLAN



HEALTH STATUS PROBLEM LINKED TO ACTION 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

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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)

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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*.

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- 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:

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- 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;

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- 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).

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- (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.

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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 fund 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.

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- **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.

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

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

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:

QUALITY IMPROVEMENT/ QUALITY ASSURANCE PLAN

- 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 Section1.
- 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.
- 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			
Alachua — Kids Central, Inc.	\$170,886	\$254,519	\$425,405
Bradford County Health Department	\$68,200	\$71,500	\$139,699
Columbia County Health Department	\$78,646	\$283,728	\$362,374
Dixie County Health Department	\$62,500	\$47,824	\$110,324
Gilchrist County Health Department	\$66,335	\$38,457	\$104,792
Hamilton County Health Department	\$63,432	\$82,417	\$145,850
Lafayette County Health Department	\$61,568	\$23,232	\$84,800
Levy County Health Department	\$70,382	\$93,286	\$163,669
Marion County Health Department	\$150,855	\$268,657	\$419,512
Putnam—Children’s Home Society	\$74,005	\$72,234	\$146,239
Suwannee County Health Department	\$71,357	\$92,143	\$163,500
Union County Health Department	\$64,746	\$72,771	\$137,517
Data Entry—Prenatal Risk Screens			
Alachua County Health Department	\$5,586	\$0	\$5,586
Putnam County Health Department	\$1,505	\$0	\$1,505
Connect—Coordinated Intake and Referral			
Healthy Start of North Central Florida	\$155,880	\$507,479	\$663,359
Total	\$1,165,883	\$1,908,248	\$3,074,131

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.

Roseann Fricks, PRESIDENT

Early Learning Coalition of Marion County

Sharon Surrency, VICE-PRESIDENT

Partnership for Strong Families

Lauren Mollman, SECRETARY

Suwannee River Area Health Education Center

Cathy Winfrey, TREASURER

Healthy Families Florida

Chris Schreier

Gainesville Pediatric Associates

Deepthi Satheesa Varma

University of Florida, Department of Epidemiology

Cassandra Young

UF Health at Shands, Women's Health, Shands Medical Plaza

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I've never heard about Healthy Start services			
10. Select the <u>three</u> 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 <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 <input type="checkbox"/> The Birth Center at Comprehensive <input type="checkbox"/> Loving Arms Birth and Wellness Center <input type="checkbox"/> Oak Hill Hospital <input type="checkbox"/> South Lake Hospital <input type="checkbox"/> Women's Health <input type="checkbox"/> Putnam Birth and Beyond <input type="checkbox"/> Other: _____ <input type="checkbox"/> Community Birth & Wellness Center (Lake County) <input type="checkbox"/> UF Health-Shands <input type="checkbox"/> Putnam Community Medical Center <input type="checkbox"/> _____ <input type="checkbox"/> Birth and Wellness Center of Gainesville			

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 Waterman | <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"/> Leesburg Regional Medical Center | <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"/> South Lake Hospital | <input type="checkbox"/> UF Health-Shands | <input type="checkbox"/> Loving Arms Birth and Wellness Center |
| <input type="checkbox"/> Oak Hill Hospital | <input type="checkbox"/> Community Birth & Wellness Center (Lake County) | <input type="checkbox"/> Birth and Wellness Center of Gainesville | <input type="checkbox"/> Putnam Birth and Beyond |
| <input type="checkbox"/> Other: _____ | | | <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)

	1	2	3		1	2	3		1	2	3
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONNECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy Resource Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/> Unaware of Healthy Start
	<input type="checkbox"/> Developmental screening	<input type="checkbox"/> Parenting education	

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: _____	Check One: <input type="checkbox"/> Referred to Healthy Start. If score <6, specify: _____ <input type="checkbox"/> Not Referred to Healthy Start.	21. Does patient have an illness that requires ongoing medical care? Specify illness: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes
	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

APPENDICIES

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/ HMO or Group: _____ Name of birth hospital/ facility: _____

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

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

SECTION 1: COMPLETED BY PATIENT

Yes _____ **No** _____ (please initial) I am interested in having my infant screened for risks that could affect his/her health or development in the first year of life.

Yes _____ **No** _____ (please initial) If my infant is referred, Healthy Start may contact me.

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

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

Mailing Address: _____
(if different from street address)

Yes _____ **No** _____ (please initial) By initialing yes, I am giving my written permission on behalf of my infant for release of the confidential information on this form and any information provided during his/her evaluation for service by Healthy Start to Healthy Start care coordination providers, Healthy Start Coalitions, Healthy Families: Florida, WIC, and my health care providers for the following purposes: care coordination, payment of claims for services, quality improvement of services, or screening for program eligibility. This includes any medical, mental health, alcohol/drug abuse, sexually transmitted disease, tuberculosis, HIV/AIDS, and adult or child abuse information. This authorization shall remain in effect unless withdrawn in writing.

Signature of parent or guardian

Date (mo/day/yr)

SECTION 2: BY PROVIDER

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

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

CHECK ONE ☐ Referred to Healthy Start
If score less than 4 specify reason for referral: _____
☐ Not referred to Healthy Start

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

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

Provider's/Interviewer's Signature and Title

Date (mo/day/yr)

NO ATTACHMENTS MAY BE ADDED TO THIS FORM.

DFH 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

Autograph Imprint