

Healthy Start of North Central FL Service Delivery Plan I 2026-2031

TABLE OF CONTENTS

ACKNOWLEDGEMENTS 5
Healthy Start Service Area of North Central Florida Service Area 7
HEALTHY START BACKGROUND AND COALITION STRUCTURE 8
Healthy Start Initiative 9
Healthy Start Coalition 11
PROCESS USED TO UPDATE THE SERVICE DELIVERY PLAN 15
Methodology for Needs Assessment 16
Summary of Data Sources 17
SUMMARY OF KEY FINDINGS FROM THE NEEDS ASSESSMENT 19
Key Findings 20
Screening Rates 23
Healthy Start & Connect Services 25
MAJOR HEALTH INDICATORS SELECTED 28
Infant Mortality 29
Neonatal Mortality 32
Postneonatal Mortality 34
Fetal Mortality 36
Preterm Births 38
Low Birth Weight 40
Very Low Birth Weight 42
TARGET POPULATION 45
Population Characteristics 46
Births 56
FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS 65
Prenatal Care 66
Interpregnancy Interval 71
BMI Prior to Pregnancy (Overweight and Obese) 72
Smoking During Pregnancy 74
Breastfeeding 76
Births to Unwed Mothers 78
Father Not On Birth Certificate 79
Sudden Unexpected Infant Death 81
Unintentional Injuries 76
Substance Exposed Newborns and Neonatal Abstinence Syndrome 84
Summary of Significant Findings to Guide Future Strategies 86

TABLE OF CONTENTS

FETAL AND INFANT MORTALITY REVIEW FINDINGS 87
Fetal and Infant Mortality Review Findings 88
CONSUMER AND PROVIDER INPUT 90
Consumer Survey 91
Paternal Survey 100
Community Partner Survey 108
RESOURCE INVENTORY 117
Alachua County Resources 118
Bradford County Resources 122
Columbia & Hamilton Resources 124
Dixie, Levy, & Gilchrist Resources 126
Suwannee & Lafayette Resources 128
Marion County Resources 130
Putnam County Resources 133
Union County Resources 135
Alachua County Childcare Providers 137
Bradford & Union Childcare Providers 142
Columbia & Hamilton Childcare Providers 143
Dixie, Gilchrist, & Levy Childcare Providers 145
Suwannee & Lafayette Childcare Providers 146
Marion County Childcare Providers 147
Putnam County Childcare Providers 151
Prenatal Care Providers 153
Postnatal Care Providers 155
Pregnancy Care Centers 156
HEALTH STATUS PROBLEM LINKED TO ACTION PLAN 157
Health Problem Analysis 158
NEW STRATEGIC PLAN 205
Objective One 207
Objective Two 210
Objective Three 212

TABLE OF CONTENTS

COLLABORATION EFFORTS 215
QUALITY IMPROVEMENT/QUALITY ASSURANCE PLAN 217
Continuous Quality Improvement Plan 222
Financial Monitoring Process 225
Coalition Board Responsibilities 229
PROCESS FOR ALLOCATING FUNDS 230
Service Budget 231
Funding Allocation Methodology 231



ACKNOWLEDGEMENTS

ACKNOWLEDGEMENTS

The Healthy Start of North Central Florida Coalition's 2026 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 different populations across our twelve counties to gain valuable insight from those whom the Coalition serves. We are grateful to the Healthy Start home visitors, healthcare 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 appreciates everyone's efforts and time that made this endeavor possible.

BOARD OF DIRECTORS

Lauren Mollman, MS, CHES, CTTS, President
Suwannee River Area Health Education Center
Healthy Communities Director

Nancy Castillo, Vice President
Community Coalition Alliance, Inc.
Program and Outreach Director

Deepthi Varma, PhD, MSW, MPhil, Treasurer
University of Florida, Department of Epidemiology
Assistant Professor

Elizabeth Deola, Secretary
Early Learning Coalition of Marion County
Chief Programs Officer

Cheryl Dawson, RN
Partnership for Strong Families
Nurse Care Coordinator

Ann-Marie Fenn, CNM, ARNP, MS, FACCE, MSW, LMHC
Midwife/Licensed Mental Health Counselor

Heather Gilardi, BSN, RN
Advent Health Ocala
Birth Coordinator, Labor and Delivery

Varnessa McCray
The Children's Movement of Florida
Director of Community Engagement

Adetola Louis-Jacques, M.D.
University of Florida, College of Medicine
Assistant Professor, OBGYN

HEALTHY START COUNTY PROGRAMS

Lindsey Tew, Program Supervisor
Alachua County Healthy Start
Kids Central, Inc.

Sabrina Wynn, Program Supervisor
Bradford/Union County Healthy Start
FL Department of Health in Bradford & Union

Susie Tyson, Program Supervisor
Columbia/Hamilton County Healthy Start
FL Department of Health in Columbia/Hamilton

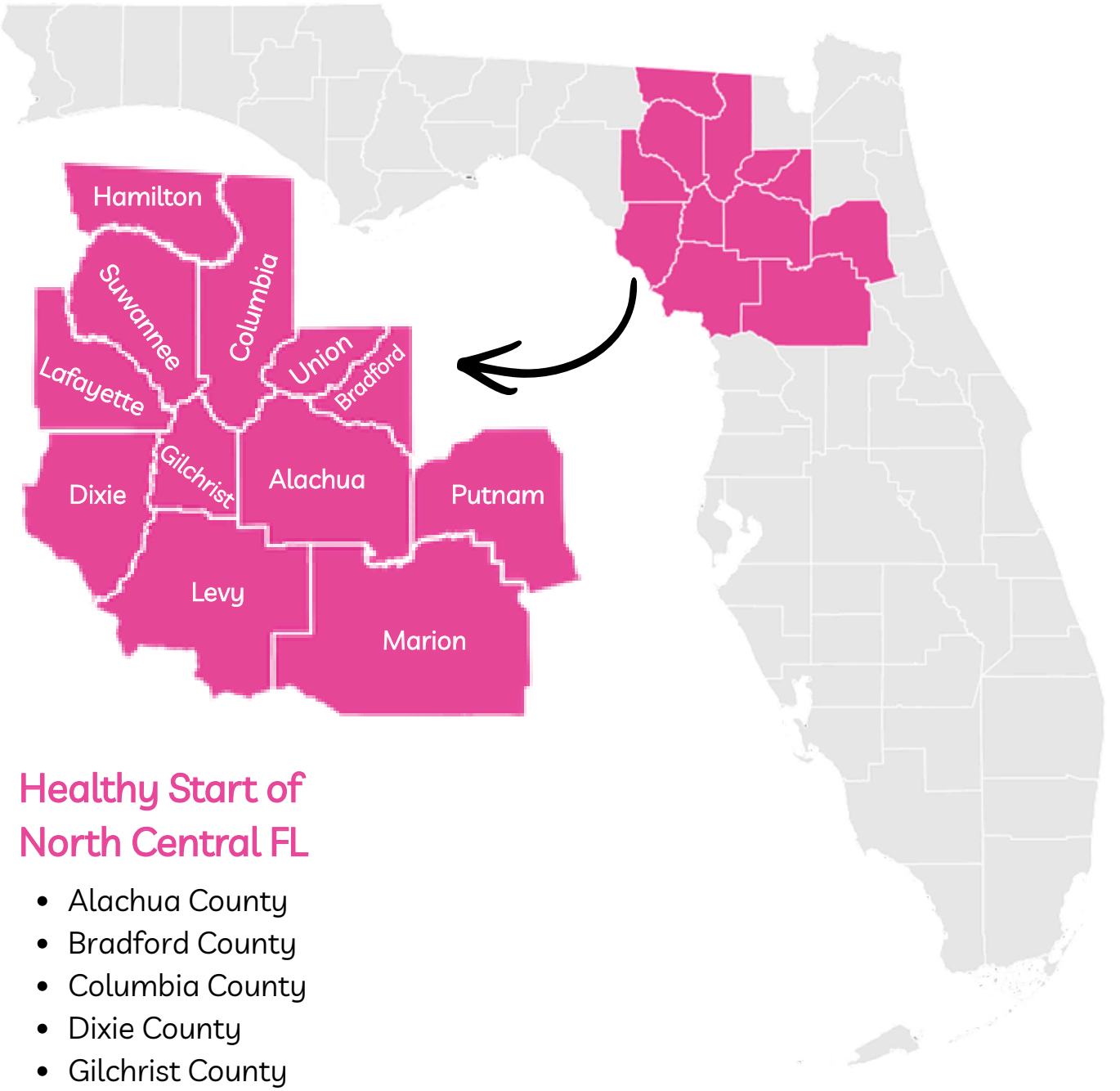
Leslie Olavarria, Program Supervisor
Dixie/Gilchrist/Levy County Healthy Start
FL Department of Health in Dixie/Gilchrist/Levy

Brooke Hingson, Program Supervisor
Suwannee/Lafayette County Healthy Start
FL Department of Health in Suwannee/Lafayette

Quameshia Townsend, Program Supervisor
Marion County Healthy Start
FL Department of Health in Marion County

Kimberly Williams, Program Supervisor
Putnam County Healthy Start
Children's Home Society of Florida

HEALTHY START OF NORTH CENTRAL FLORIDA COALITION SERVICE AREA



Healthy Start of North Central FL

- Alachua County
- Bradford County
- Columbia County
- Dixie County
- Gilchrist County
- Hamilton County
- Lafayette County
- Levy County
- Marion County
- Putnam County
- Suwannee County
- Union County



BACKGROUND AND STRUCTURE

HEALTHY START BACKGROUND AND COALITION STRUCTURE

FLORIDA'S HEALTHY START INITIATIVE

The Florida Legislature passed the Healthy Start Initiative (s.282.2161, F.S.) in 1991 with leadership from the late Governor Lawton Chiles. The impetus for the initiative was Florida's poor standing on key maternal and infant health indicators—infant mortality, low birth weight, teen pregnancy, and access to prenatal care. Through the Healthy Start Initiative, all babies born in the state of Florida are given the opportunity to have a healthy start in life.

The key components of the statute mandated:

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

The state agency designated to administer Florida's maternal and child health services is the Florida Department of Health (DOH). DOH currently contracts with 32 Healthy Start Coalitions around the state of Florida to address the key components of the Healthy Start Initiative to improve the health of pregnant women and infants in their communities. The legislatively mandated responsibilities of Healthy Start Coalitions include: increasing public awareness of the issues related to infant mortality; building and maintaining broad community support; selecting and contracting with local providers for the delivery of Healthy Start services; performing on-going monitoring and evaluation of contracted services; and conducting short and long range planning for the local maternal and infant populations.

Healthy Start System Components

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

Universal Screening

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

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; throughout pregnancy and after the baby is born; access to services that are designed to meet unique needs.
- **Prenatal Education and 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 labor.
- **Breastfeeding Education and 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 and 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."

Community-Based Planning and System Management

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

HEALTHY START BACKGROUND AND COALITION STRUCTURE

Healthy Start Coalition

The Healthy Start of North Central Florida 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. It 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 Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Putnam, Suwannee, and Union counties.

Healthy Start of North Central Florida Mission Statement

"The Healthy Start Coalition is dedicated to improving pregnancy, birth, and early childhood outcomes by empowering families through personalized support, education, and connections to resources."

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 includes 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 plan, and coordinating with other community organizations.

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

WellFlorida Council

WellFlorida Council serves as the fiscal agent and provides staff services to the Healthy Start of North Central Florida Coalition. WellFlorida 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:

- **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.
- **Contract Management and Monitoring**
  Staff manage and monitor all contracts and financial matters related to the Coalition and the service providers.

- **Quality Assurance Reviews**
  Staff provide continuous quality improvement and technical support, as well as conducting annual site visits to each provider to ensure that Healthy Start standards and guidelines are followed.
- **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.
- **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 twelve counties of the Coalition service area. A brief summary of each of the service providers follows.

Alachua County

The Alachua County Healthy Start program, provided by Kids Central Incorporated (KCI), offers core Healthy Start services and enhanced services including breastfeeding support, car seat checks & installations, and CPR classes. Participants receive help applying for Medicaid. Services are available in Spanish, with translation services offered for other languages.

Kids Central manages a wide network of community-based services to protect children and strengthen families that include: foster care & adoption, prevention & diversion, kinship care & support, educational advocacy & mentoring, and resource & family care centers

During the 2024-2025 contract year, Alachua County Healthy Start (Kids Central, Inc.) provided 10,634 prenatal services to 666 participants. A total of 14,772 services were provided to 753 infants and children.

Bradford and Union Counties

The Healthy Start program in Bradford and Union counties, provided by the Florida Department of Health in Bradford and Union counties offers core Healthy Start services and enhanced services such as breastfeeding support, car seat checks & installation, and infant CPR classes. Participants receive help applying for Medicaid and translation services are offered for Spanish and other languages.

In addition, the health departments provide programs for WIC, dental, domestic violence, and teen pregnancy.

During the 2024-2025 contract year, the Bradford and Union Healthy Start program (County Health Departments) provided 1,592 prenatal services to 96 participants. A total of 2,646 services were provided to 107 infants and children.

HEALTHY START BACKGROUND AND COALITION STRUCTURE

Columbia and Hamilton Counties

The Healthy Start program in Columbia and Hamilton counties, provided by the Florida Department of Health in Columbia and Hamilton counties offers core Healthy Start services and enhanced services such as breastfeeding support and car seat checks & installation. Participants receive help applying for Medicaid. Services are available in Spanish, with translation services offered for other languages.

In addition, the county health departments provide prenatal care services, WIC, family planning, and dental care for children.

During the 2024-2025 contract year, the Columbia and Hamilton Healthy Start program (County Health Departments) provided 21,062 prenatal services to 364 participants. A total of 25,870 services were provided to 340 infants and children.

Dixie, Levy, and Gilchrist Counties

The Healthy Start program in Dixie, Levy and Gilchrist counties, provided by the Florida Department of Health in Dixie, Levy, and Gilchrist counties offers core Healthy Start services and enhanced services such as breastfeeding support and car seat checks & installation. Participants receive help applying for Medicaid. Services are available in Spanish, with translation services offered for other languages.

In addition, the county health departments provide pregnancy testing, prenatal care, WIC, pediatric care, dental, vaccinations, women's health and family planning services.

During the 2024-2025 contract year, Dixie, Levy and Gilchrist Healthy Start program (County Health Departments) provided 4,844 prenatal services to 172 participants. A total of 5,935 services were provided to 176 infants and children.

Suwannee and Lafayette Counties

The Healthy Start program in Suwannee and Lafayette counties, provided by the Florida Department of Health in Suwannee and Lafayette counties offers core Healthy Start services and enhanced services such as breastfeeding support and car seat checks & installation. Participants receive help applying for Medicaid. Services are available in Spanish, with translation services offered for other languages.

In addition, the county health departments provide dental care and WIC services.

During the 2024-2025 contract year, the Suwannee and Lafayette Healthy Start program (County Health Departments) provided 11,166 prenatal services to 196 participants. A total of 12,801 services were provided to 239 infants and children.

Marion County

The Healthy Start program in Marion County, provided by the Florida Department of Health in Marion County offers core Healthy Start services and enhanced services such as breastfeeding support and car seat checks & installation. Participants receive help applying for Medicaid. Services are available in Spanish, with translation services offered for other languages.

In addition, the county health department provides prenatal care, family planning services, STD testing/treatment, HIV/AIDS testing, prevention and medication, dental care, immunizations, and WIC.

During the 2024-2025 contract year, Marion County Healthy Start (County Health Department) provided 14,854 prenatal services to 762 participants. A total of 13,717 services were provided to 747 infants and children.

HEALTHY START BACKGROUND AND COALITION STRUCTURE

Putnam County

The Putnam County Healthy Start program, provided by Children's Home Society of Florida, offers core Healthy Start services and enhanced services including breastfeeding support and car seat checks & installations. Participants receive help applying for Medicaid and translation services are offered for Spanish and other languages.

Children's Home Society of Florida is a comprehensive child welfare nonprofit that protects and supports children and families. They offer behavioral and mental health counseling, early childhood development services, and child welfare, foster care, & adoption services.

During the 2024-2025 contract year, Putnam County Healthy Start (Children's Home Society of Florida) provided 6,624 prenatal services to 162 participants. A total of 7,346 services were provided to 170 infants and children.

Connect (Coordinated Intake and Referral 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 2024-2025 contract year, the Connect program provided 31,674 prenatal services to 9,795 participants. A total of 19,924 services were provided to 6,792 infants and children.



PROCESS FOR UPDATES

PROCESS USED TO UPDATE SERVICE DELIVERY PLAN

Methodology for Needs Assessment

To update the five year service delivery plan, the Healthy Start Coalition selected the Mobilizing for Action through Planning and Partnership (MAPP) model. MAPP is a community-wide strategic planning framework for improving public health. MAPP helps communities prioritize their public health issues, identify resources and implement strategies.

Phase 1: Organizing and Engaging

Phase 2: Visioning

Phase 3: Assessment

Phase 4: Identify and Prioritize

Phase 5: Formulate Goals and Strategies

Phase 6: Taking and 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 June 2025 until December 2025 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 twelve 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

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

PROCESS USED TO UPDATE SERVICE DELIVERY PLAN

1. Reduce pregnancy related factors that contribute to poor perinatal period condition outcomes.
2. Reduce birth related underlying factors that contribute to poor perinatal period condition outcomes.
3. Reduce underlying factors that contribute to SUID and sleep related infant deaths.

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 of Directors 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 2026-2031 service delivery plan:

Quantitative Data Sources

- Florida Community Health Assessment Resource Tool (CHARTS)
- Well Family Data System
- Florida Vital Statistics
- Healthy People 2030
- U.S. Census Bureau
- Fetal and Infant Mortality Review (FIMR) Case Findings

Qualitative Data Sources

- Consumer Survey
- Paternal Survey
- Community Partner Survey

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, preterm births, low birth weight, maternal infections, maternal stress, repeat teen births, smoking cessation during pregnancy, depression, optimal birth spacing, protective factors, father inclusion, and strategies for evidence-based intervention.



NEEDS ASSESSMENT



SUMMARY OF FINDINGS

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, dads, babies and families in our Coalition area. A summary of the most important findings is given below.

The number of births in the twelve-county area has decreased since 2019. In 2019, the birth rate was 10.2 per 1,000 population. In 2023, the birth rate decreased to 9.3 per 1,000 population. Marion County experienced the highest number of total live births in 2023 with 3,599. Lafayette County had the lowest number of total live births with 84 in 2023.

The Coalition has seen a slight decrease in the prenatal and infant screening rates within our service area. In 2019-2020, the Coalition went from 79.7 percent of pregnant women screened to 71.1 percent of pregnant women screened in 2024-2025; and from 94.9 percent of infants screened in 2019-2020 to 88.1 percent of infants screened in 2024-2025. The percentage of pregnant women consenting to the prenatal screen went from 87.3 percent in 2019-2020 to 79.4 percent in 2024-2025.

Table 1.1. Healthy Start of North Central Florida Prenatal Screening Rates

Healthy Start of North Central Florida Prenatal Screening Rates, 2019-2020					
Area	Est. # of Pregnant Women	Total Forms Processed	Total Consenting to Screen	% of Screens Processed	% of Women Consenting to Screen
Coalition	9,688	8,843	7,719	79.7%	87.3%
Florida	218,488	142,472	127,762	65.2%	80.9%

SOURCE: Florida Department of Health, Healthy Start Reports

Table 1.2. Healthy Start of North Central Florida Prenatal Screening Rates

Healthy Start of North Central Florida Prenatal Screening Rates, 2024-2025					
Area	Est. # of Pregnant Women	Total Forms Processed	Total Consenting to Screen	% of Screens Processed	% of Women Consenting to Screen
Coalition	10,196	7,249	6,158	71.1%	79.4%
Florida	225,405	138,195	124,354	61.3%	82.0%

SOURCE: Florida Department of Health, Healthy Start Reports

Table 1.3. Healthy Start of North Central Florida Infant Screening Rates

Healthy Start of North Central Florida Infant Screening Rates, 2019-2020			
Area	Total Infants	Total Screened	% of Infants Screened
Coalition	9,688	9,118	94.9%
Florida	222,434	207,969	93.5%

SOURCE: Florida Department of Health, Healthy Start Reports

Table 1.4. Healthy Start of North Central Florida Infant Screening Rates

Healthy Start of North Central Florida Infant Screening Rates, 2024-2025			
Area	Total Infants	Total Screened	% of Infants Screened
Coalition	10,196	8,979	88.1%
Florida	225,405	201,893	89.6%

SOURCE: Florida Department of Health, Healthy Start Reports

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

A comparison of services from 2019-2020 to 2024-2025 shows a significant increase in the number of participants served and the number of services provided to each pregnant woman and infant. Pregnant women were provided, on average, more services in 2024-2025 when compared to 2019-2020; and infants were served and provided more services in 2024-2025 than in 2019-2020. Overall, we served 1,487 more participants (approximately a 43.5 percent increase) and provided an additional 64,470 services (approximately a 71.4 percent increase).

Table 1.5. Number of Participants Served and Services Provided

Participant Type	2019-2020			2024-2025		
	# Served	# Services Provided	# of Services per Participant	# Served	# Services Provided	# of Services per Participant
Prenatal	**2,041**	**53,971**	**26**	**2,452**	**71,381**	**29**
Infant	**1,355**	**36,249**	**27**	**2,431**	**83,309**	**34**
Total	**3,396**	**90,220**	**53**	**4,883**	**154,690**	**63**

SOURCE: Healthy Start MomCare Network, Well Family Data System

The needs assessment showed there are still areas in need of improvement within the Coalition area. Differences continue to be seen within many of our major health indicators and will require us to continue focusing on reducing those differences:

- Infant, neonatal, post neonatal and fetal mortality rates continue to be higher for the Black population than White. Infant mortality and post neonatal rates were highest for the Other population when compared to both Black and White.
- Preterm births, low birth weight births, and very low birth weight births were higher for the Black population when compared to the White and Other populations.
- Teen births to mothers 10-17 years of age were consistently slightly higher in the Black population when compared to the White and Other populations.
- Mothers receiving prenatal care in their first trimester was lower for the Black population when compared to the White and Other populations. Conversely, mothers receiving late or no prenatal care was higher for the Black population when compared to the White and Other populations.
- Mothers who are overweight or obese were higher in the Black population when compared to the White and Other populations.
- The Number of Black mothers who initiated breastfeeding was below the state's percentage in 11 of our 12 counties.

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

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

- Ten of the 12 counties exceed the state in the rate of interpregnancy interval less than 18 months.
- Mothers who were obese prior to pregnancy were significantly higher compared to the state's rate of mothers who were obese prior to pregnancy.
- Smoking during pregnancy percentages were higher than the state for all 12 counties, and nine of the 12 counties are at least double the state's percentage.
- Number of mothers who initiated breastfeeding has continued to remain below the state's.
- The number of births to unwed mothers is consistently higher than the state's.
- The number of births with fathers not on the birth certificate is consistently higher than the state's percentage.

Positive changes in the coalition 12-county service area:

- Infant mortality rates decreased from 8.8 per 1,000 births to 7.7 per 1,000 births, with a low of 6.6 per 1,000 births in 2022.
- Neonatal mortality rates decreased from 5.4 per 1,000 births to 4.6 per 1,000 births with a low of 3.9 per 1,000 births in 2020.
- Postneonatal mortality rates decreased from 3.4 per 1,000 live births to 3.1 per 1,000 live births with a low of 2.7 in 2020, 2021, and 2022.
- Fetal mortality rates decreased from 9.7 per 1,000 deliveries in 2019 to 7.2 per 1,000 deliveries in 2023.
- Preterm births decreased from 11.8% in 2019 to 10.8% in 2023.
- Low birth weight births decreased from 10.4% in 2019 to 9.3% in 2023.
- Very Low Birth Weight rates decreased from 1.9 per 1,000 live births to 1.5 per 1,000 live births.
- Teen births to mothers 10-14 years of age decreased from .35 per 1,000 to .07 per 1,000
- Teen births to mothers 10-17 years of age decreased from 3.9 per 1,000 to 3.4 per 1,000
- Births to mother 18-19 years decreased from 33.2 per 1,000 female population in 2019 to 24.4 per 1,000 female population in 2023.
- Repeat births of mothers 15-19 years decreased from 16.6% in 2019 to 13.8% in 2023.
- Mothers who reported smoking during pregnancy significantly decreased from 9.7% in 2019 to 3.8% in 2023, meeting the Healthy People 2030 goal.
- Births to unwed mothers decreased from 54.2% in 2019 to 51.5% in 2023.
- Births with the father not on the birth certificate decreased from 15.5% in 2019 to 12.2% in 2023.
- The number of alleged substance exposed newborns decreased.
- The number of infants removed due to verified drug abuse of the parent decreased.

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

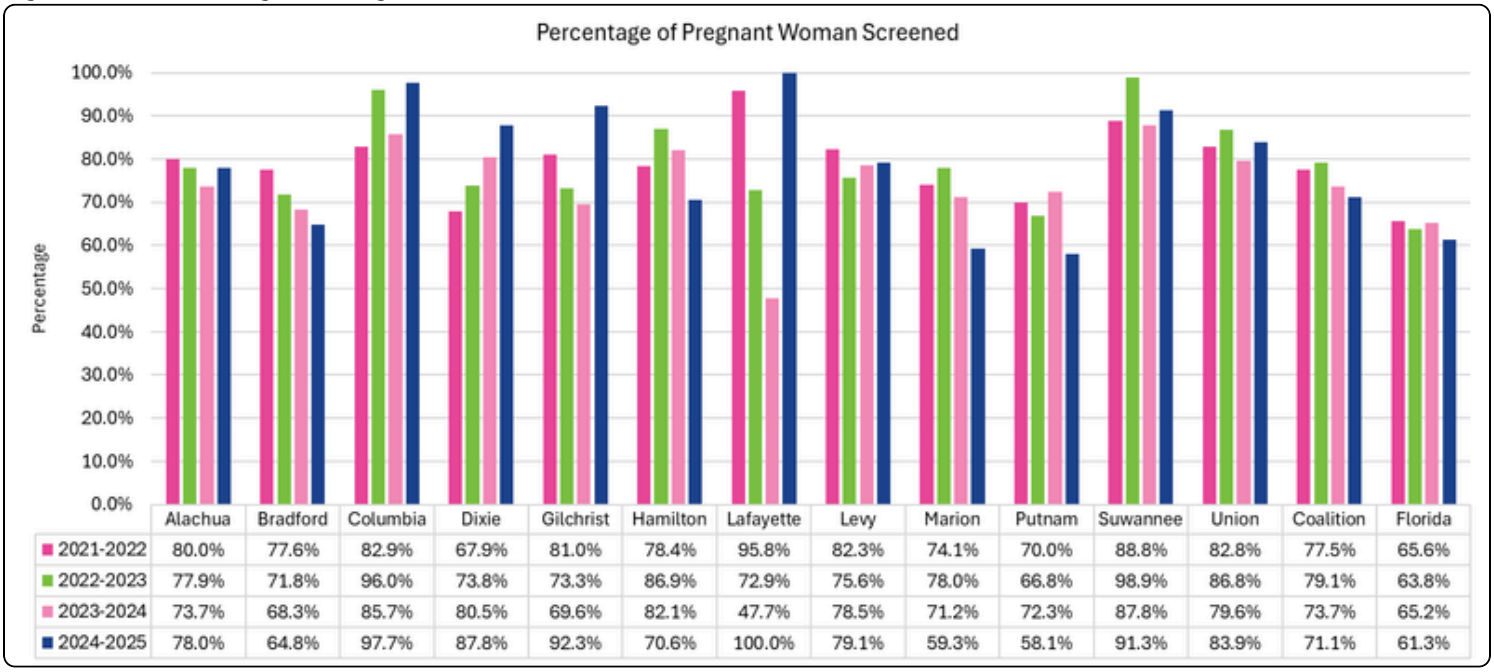
FLORIDA PRENATAL SCREEN

Table 1.6. Number and Percentage of Pregnant Women Screened by Contract Year

	2019-2020		2020-2021		2021-2022		2022-2023		2023-2024		2024-2025	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Alachua	2,362	75.9%	2,161	73.9%	2,095	80.0%	2,019	77.9%	1,764	73.7%	2,031	78.0%
Bradford	224	67.5%	213	64.0%	218	77.6%	227	71.8%	207	68.3%	212	64.8%
Columbia	744	89.5%	634	73.6%	606	82.9%	698	96.0%	623	85.7%	726	97.7%
Dixie	159	88.9%	126	58.2%	108	67.9%	104	73.8%	124	80.5%	137	87.8%
Gilchrist	139	62.7%	145	60.5%	158	81.0%	159	73.3%	151	69.6%	181	92.3%
Hamilton	148	81.8%	110	58.9%	138	78.4%	126	86.9%	110	82.1%	101	70.6%
Lafayette	51	82.8%	49	61.8%	68	95.8%	62	72.9%	31	47.7%	62	100.0%
Levy	340	72.3%	337	69.3%	302	82.3%	341	75.6%	332	78.5%	348	79.1%
Marion	3,239	81.4%	2,582	66.3%	2,663	74.1%	2,788	78.0%	2,556	71.2%	2,443	59.3%
Putnam	731	71.7%	592	62.8%	568	70.0%	537	66.8%	561	72.3%	460	58.1%
Suwannee	398	75.2%	341	66.5%	380	88.8%	439	98.9%	395	87.8%	418	91.3%
Union	124	65.4%	137	80.1%	111	82.8%	145	86.8%	133	79.6%	130	83.9%
Coalition	8,659	78.1%	7,427	68.5%	7,415	77.5%	7,645	79.1%	6,987	73.7%	7,249	71.1%
Florida	156,429	65.0%	146,486	63.7%	145,338	65.6%	142,884	63.8%	142,472	65.2%	138,195	61.3%

SOURCE: Florida Department of Health, Healthy Start Reports

Figure 1.1. Percentage of Pregnant Women Screened



SOURCE: Florida Department of Health, Healthy Start Reports

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

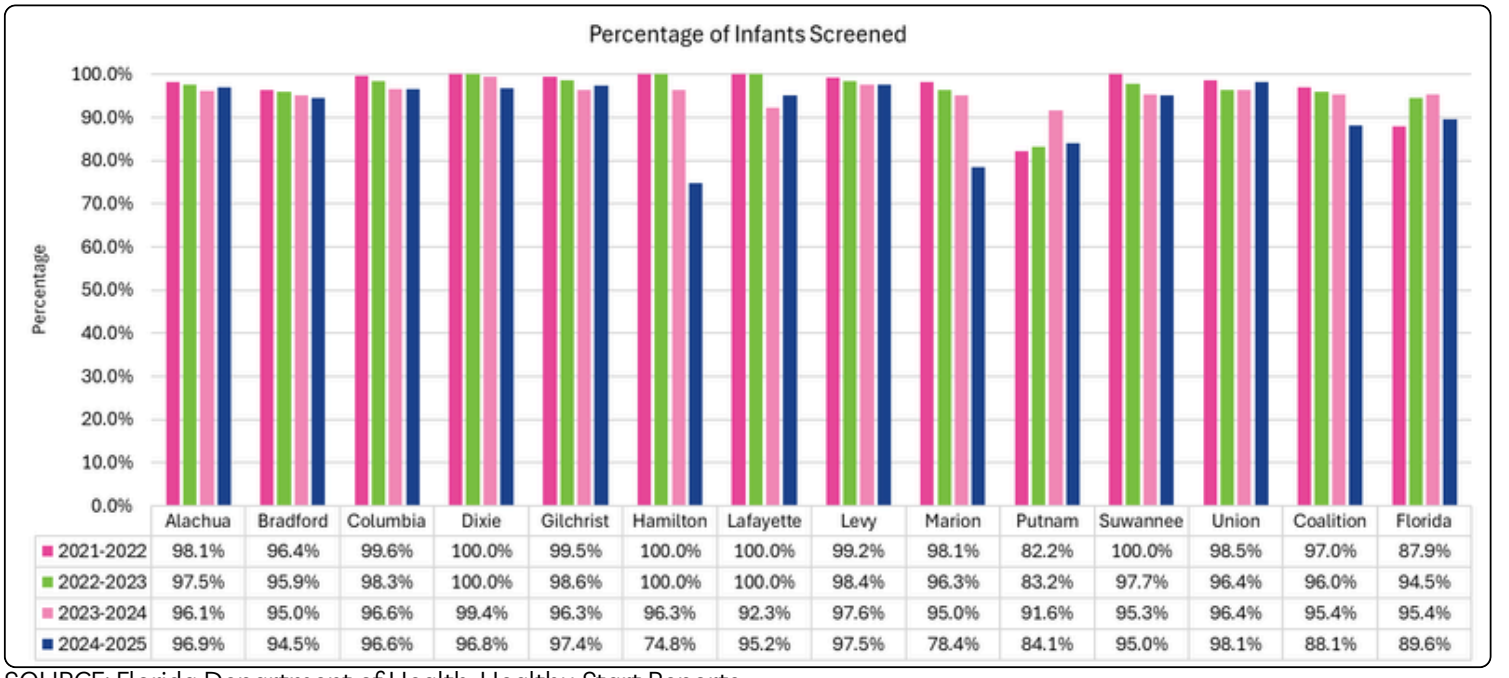
FLORIDA INFANT SCREEN

Table 1.7. Number and Percentage of Infants Screened by Contract Year

	2019-2021		2020-2021		2021-2022		2022-2023		2023-2024		2024-2025	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Alachua	2,691	92.6%	2,399	95.3%	2,569	98.1%	2,528	97.5%	2,381	96.1%	2,525	96.9%
Bradford	302	91.4%	274	94.8%	271	96.4%	303	95.9%	288	95.0%	309	94.5%
Columbia	759	96.7%	724	97.2%	728	99.6%	715	98.3%	702	96.6%	718	96.6%
Dixie	153	94.1%	179	94.7%	159	100.0%	141	100.0%	153	99.4%	151	96.8%
Gilchrist	193	94.3%	186	97.9%	194	99.5%	214	98.6%	209	96.3%	191	97.4%
Hamilton	165	97.0%	155	98.1%	176	100.0%	145	100.0%	129	96.3%	107	74.8%
Lafayette	58	94.8%	66	97.1%	71	100.0%	85	100.0%	60	92.3%	59	95.2%
Levy	419	93.8%	380	96.4%	364	99.2%	444	98.4%	413	97.6%	429	97.5%
Marion	3,494	97.5%	3,353	97.4%	3,524	98.1%	3,441	96.3%	3,407	95.0%	3,229	78.4%
Putnam	833	81.4%	639	78.5%	667	82.2%	669	83.2%	711	91.6%	674	84.1%
Suwannee	467	95.3%	412	96.5%	428	100.0%	434	97.7%	429	95.3%	435	95.0%
Union	153	97.4%	141	96.6%	132	98.5%	161	96.4%	161	96.4%	152	98.1%
Coalition	9,687	94.1%	8,908	95.0%	9,283	97.0%	9,280	96.0%	9,043	95.4%	8,979	88.1%
Florida	216,752	95.9%	198,498	95.6%	194,786	87.9%	211,568	94.5%	280,484	95.4%	201,893	89.6%

SOURCE: Florida Department of Health, Healthy Start Reports

Figure 1.2. Percentage of Infants Screened



SOURCE: Florida Department of Health, Healthy Start Reports

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

HEALTHY START PRENATAL SERVICES

Table 1.8. Number of Pregnant Women Served and Services Provided

Area	2019-2020			2024-2025		
	# of Woman Served	# of Services Provided	Average # of Services Per Participant	# of Woman Served	# of Services Provided	Average # of Services Per Participant
Alachua	569	8,667	15	662	10,627	16
Bradford	48	1,550	32	64	977	15
Columbia	235	13,123	56	283	16,775	59
Dixie	37	1,708	46	42	1,294	31
Gilchrist	39	2,058	53	49	1,302	27
Hamilton	66	4,262	65	84	4,429	53
Lafayette	15	567	38	20	567	28
Levy	79	3,600	46	116	3,461	30
Marion	704	10,216	15	761	14,501	19
Putnam	122	3,561	29	163	6,194	38
Suwannee	98	3,174	32	177	10,690	60
Union	34	1,513	45	31	564	18
Coalition	2,046	53,999	26	2,452	71,381	29

SOURCE: Healthy Start MomCare Network, Well Family Data System

HEALTHY START INFANT SERVICES

Table 1.9. Number of Infants Served and Services Provided

Area	2019-2020			2024-2025		
	# of Infants Served	# of Services Provided	Average # of Services Per Participant	# of Infants Served	# of Services Provided	Average # of Services Per Participant
Alachua	371	6,895	19	655	14,920	23
Bradford	54	1,241	23	59	1,385	23
Columbia	142	7,598	54	265	21,037	79
Dixie	29	1,085	37	30	1,194	40
Gilchrist	32	1,597	50	34	1,268	37
Hamilton	43	1,929	45	75	5,132	68
Lafayette	8	449	56	20	591	30
Levy	66	2,229	34	111	3,370	30
Marion	414	7,270	18	745	13,712	18
Putnam	80	1,972	25	169	7,203	43
Suwannee	65	1,782	27	220	12,221	56
Union	49	2,099	43	48	1,276	27
Coalition	1,353	36,146	27	2,431	83,309	34

SOURCE: Healthy Start MomCare Network, Well Family Data System

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

COORDINATED INTAKE & REFERRAL (CI&R) SERVICES

Table 1.10. Prenatal Clients Served and Number of Services Provided

	2019-2020		2024-2025	
	# of Clients Served	# of Services Provided	# of Clients Served	# of Services Provided
Alachua	1,941	6,281	2,524	8,063
Bradford	215	698	273	866
Columbia	651	2,089	859	2,687
Dixie	166	488	188	604
Gilchrist	132	386	190	596
Hamilton	155	486	146	473
Lafayette	49	150	60	205
Levy	362	1,073	455	1,490
Marion	3,173	9,500	3,625	11,868
Putnam	786	2,493	854	2,837
Suwannee	391	1,190	496	1,580
Union	123	409	133	431
Coalition	8,144	25,243	9,803	31,700

SOURCE: Healthy Start MomCare Network, Well Family Data System

Table 1.11. Infants and Children Served and Number of Services Provided

	2019-2020		2024-2025	
	# of Clients Served	# of Services Provided	# of Clients Served	# of Services Provided
Alachua	1,086	3,309	2,109	6,142
Bradford	123	406	190	558
Columbia	423	1,233	632	1,846
Dixie	71	225	109	316
Gilchrist	64	195	147	421
Hamilton	99	266	113	308
Lafayette	39	119	57	160
Levy	187	562	330	939
Marion	1,021	3,135	2,118	6,350
Putnam	371	1,169	461	1,415
Suwannee	242	711	385	1,086
Union	65	181	112	329
Coalition	3,791	11,511	6,763	19,870

SOURCE: Healthy Start MomCare Network, Well Family Data System

Table 1.12. Prenatal, Infants, Children, and ICC Clients Served and Number of Services Provided

	2019-2020		2024-2025	
	# of Clients Served	# of Services Provided	# of Clients Served	# of Services Provided
Alachua	3,033	9,606	4,650	14,244
Bradford	338	1,104	466	1,433
Columbia	1,045	3,324	1,495	4,545
Dixie	237	713	297	920
Gilchrist	197	586	338	1,020
Hamilton	254	752	260	783
Lafayette	88	269	117	365
Levy	550	1,637	785	2,429
Marion	4,199	12,645	5,758	18,258
Putnam	1,159	3,667	1,319	4,262
Suwannee	634	1,903	883	2,668
Union	188	590	246	763
Coalition	11,952	36,796	16,614	51,690

SOURCE: Healthy Start MomCare Network, Well Family Data System



MAJOR HEALTH INDICATORS

MAJOR HEALTH INDICATORS

The major health indicators include:

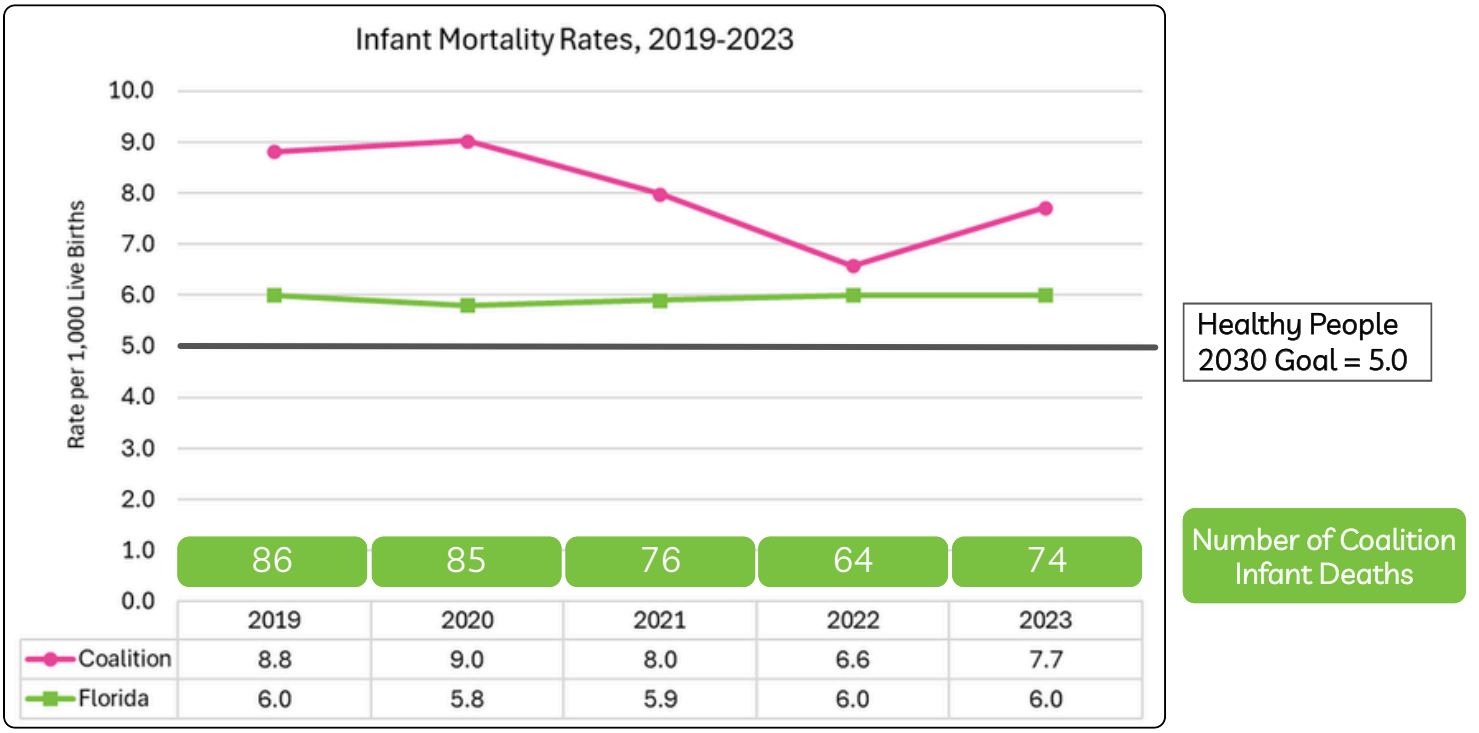
1. Infant Mortality
2. Fetal Mortality
3. Preterm Births
4. Low Birth Weight
5. Very Low Birth Weight

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).

Figure 2.1. Rates of Infant Mortality, 2019-2023

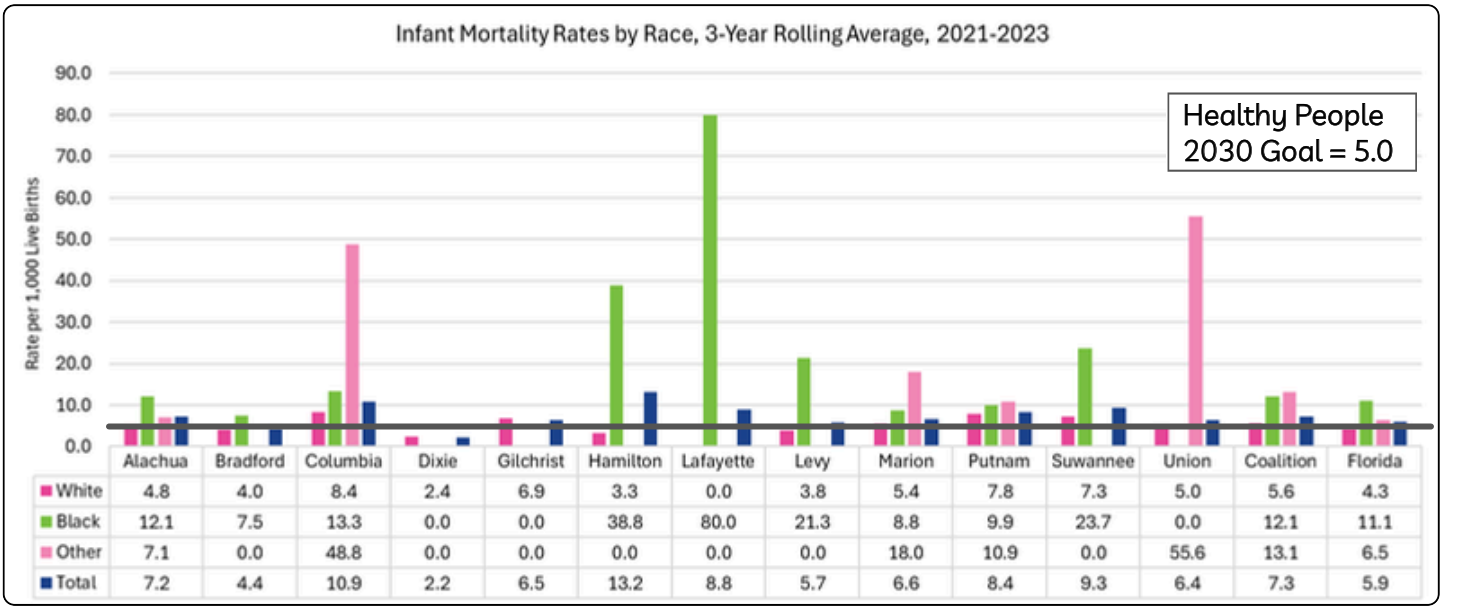


	2019	2020	2021	2022	2023
Coalition	8.8	9.0	8.0	6.6	7.7
Florida	6.0	5.8	5.9	6.0	6.0

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

From 2019 to 2023, the Coalition's infant mortality rate decreased from 8.8 per 1,000 births in 2019 to 7.7 per 1,000 births in 2023. The rates remain higher than the state, and higher than the Healthy People 2030 goal of 5.0 per 1,000 live births (Figure 2.1).

Figure 2.2. Rates of Infant Mortality by Race, 3-Year Rolling Avg., 2021-2023

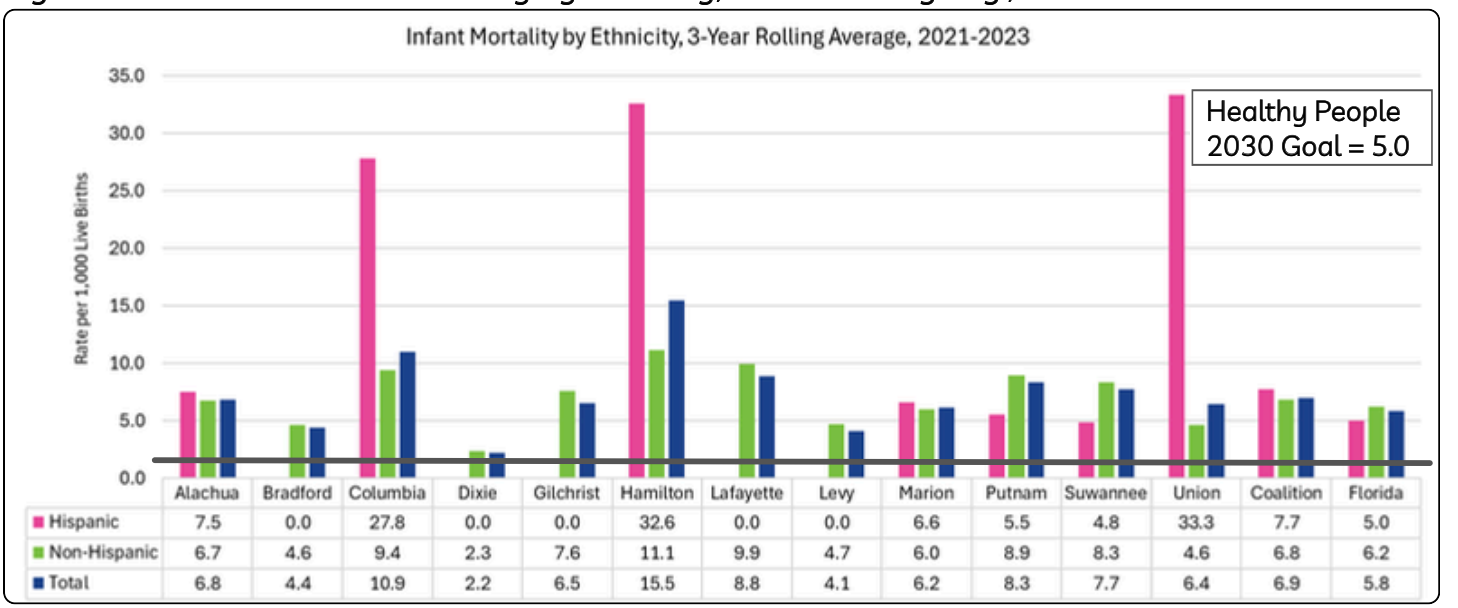


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
White	4.8	4.0	8.4	2.4	6.9	3.3	0.0	3.8	5.4	7.8	7.3	5.0	5.6	4.3
Black	12.1	7.5	13.3	0.0	0.0	38.8	80.0	21.3	8.8	9.9	23.7	0.0	12.1	11.1
Other	7.1	0.0	48.8	0.0	0.0	0.0	0.0	0.0	18.0	10.9	0.0	55.6	13.1	6.5
Total	7.2	4.4	10.9	2.2	6.5	13.2	8.8	5.7	6.6	8.4	9.3	6.4	7.3	5.9

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Between 2021-2023, the infant mortality rate for the Coalition (7.3 per 1,000 live births) was higher than the state (5.9 per 1,000 live births). While there were no Other infant deaths in seven of the counties, the rate of Other infant deaths was higher than any other race throughout the Coalition region. Since the population is very small, one infant death can dramatically increase the rate. Dixie, Gilchrist, and Union counties had zero Black infant deaths for the three year period, and there were zero White infant deaths in Lafayette County. Overall, the White population had the lowest rate (5.6 per 1,000 live births). Black and Other infant deaths were significantly higher than White infant deaths for the Coalition service area (Figure 2.2).

Figure 2.3. Rates of Infant Mortality by Ethnicity, 3-Year Rolling Avg., 2021-2023

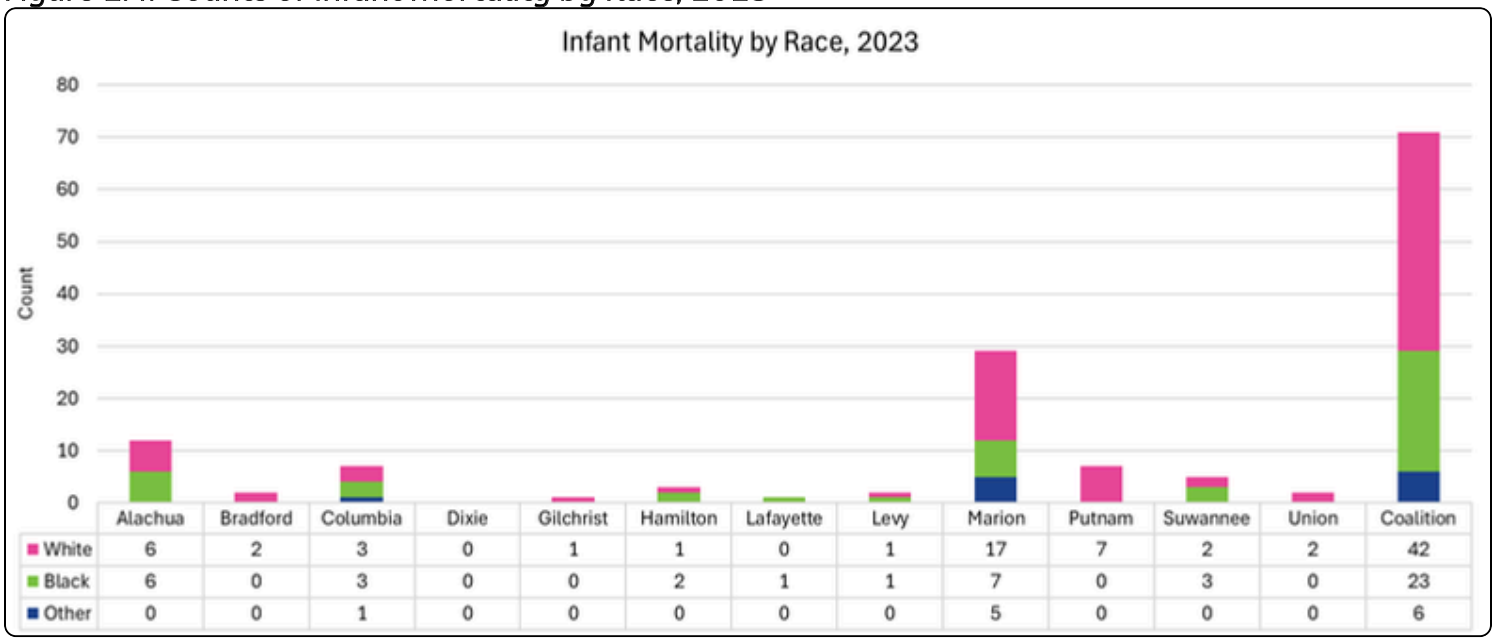


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
Hispanic	7.5	0.0	27.8	0.0	0.0	32.6	0.0	0.0	6.6	5.5	4.8	33.3	7.7	5.0
Non-Hispanic	6.7	4.6	9.4	2.3	7.6	11.1	9.9	4.7	6.0	8.9	8.3	4.6	6.8	6.2
Total	6.8	4.4	10.9	2.2	6.5	15.5	8.8	4.1	6.2	8.3	7.7	6.4	6.9	5.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The three-year Hispanic infant mortality rate for the Coalition was higher than the state (7.7 per 1,000 live births and 5.0 per 1,000 live births, respectively). However, the non-Hispanic infant mortality rate was higher than the Hispanic infant mortality rate in seven of the Coalition's twelve county service area (Figure 2.3).

Figure 2.4. Counts of Infant Mortality by Race, 2023

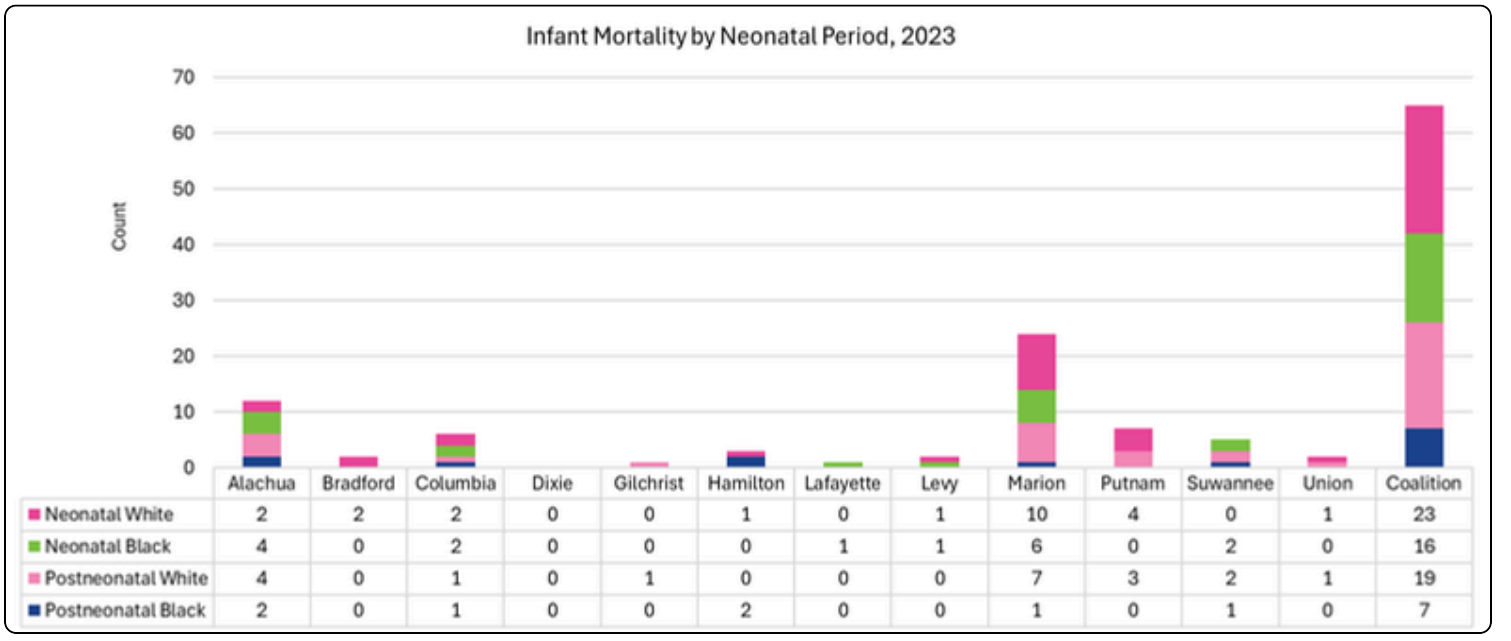


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition
White	6	2	3	0	1	1	0	1	17	7	2	2	42
Black	6	0	3	0	0	2	1	1	7	0	3	0	23
Other	0	0	1	0	0	0	0	0	5	0	0	0	6

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, the highest number of infant deaths occurred in the White population while the lowest number of infant deaths occurred in the Other population. Marion County had the highest number of infant deaths, 30, while Dixie County had zero infant deaths. As seen in previous graphs, because of the smaller population size, when we look at infant deaths as a rate, Black infant deaths were much higher than White or Other even though the counts were less (Figure 2.4).

Figure 2.5. Counts of Infant Mortality by Neonatal Period, 2023



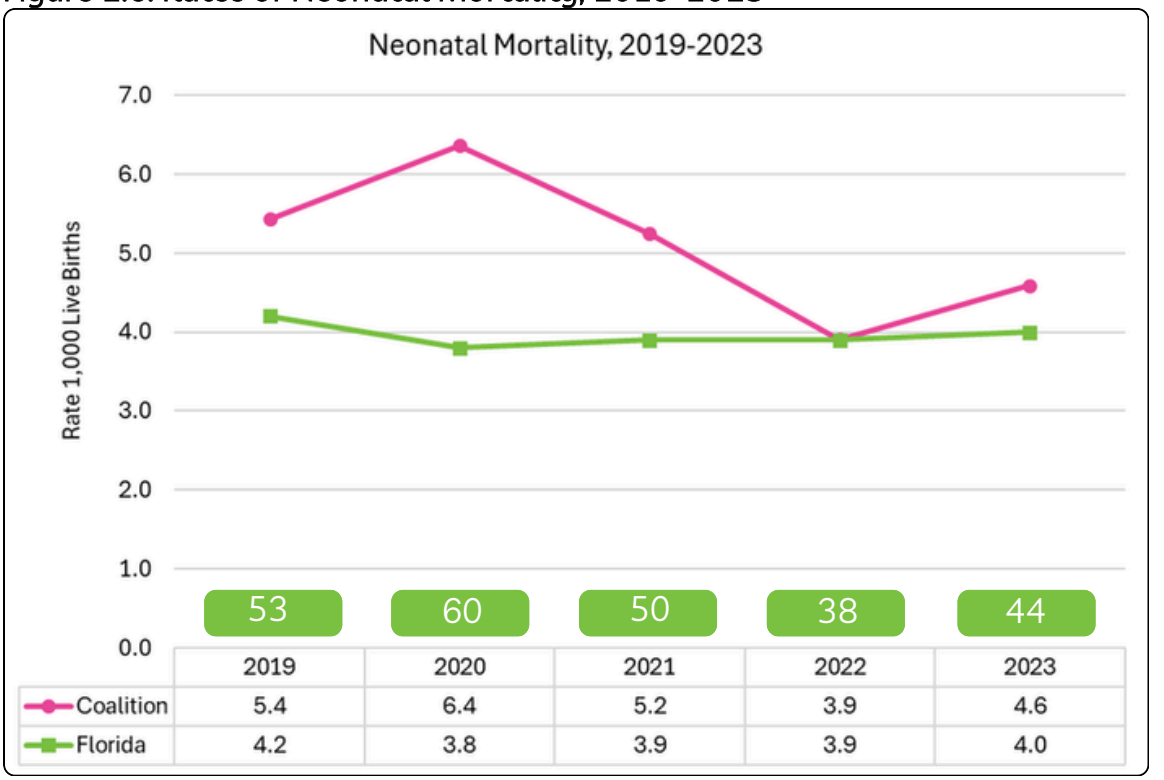
	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition
Neonatal White	2	2	2	0	0	1	0	1	10	4	0	1	23
Neonatal Black	4	0	2	0	0	0	1	1	6	0	2	0	16
Postneonatal White	4	0	1	0	1	0	0	0	7	3	2	1	19
Postneonatal Black	2	0	1	0	0	2	0	0	1	0	1	0	7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

MAJOR HEALTH INDICATORS

NEONATAL MORTALITY

Figure 2.6. Rates of Neonatal Mortality, 2019-2023

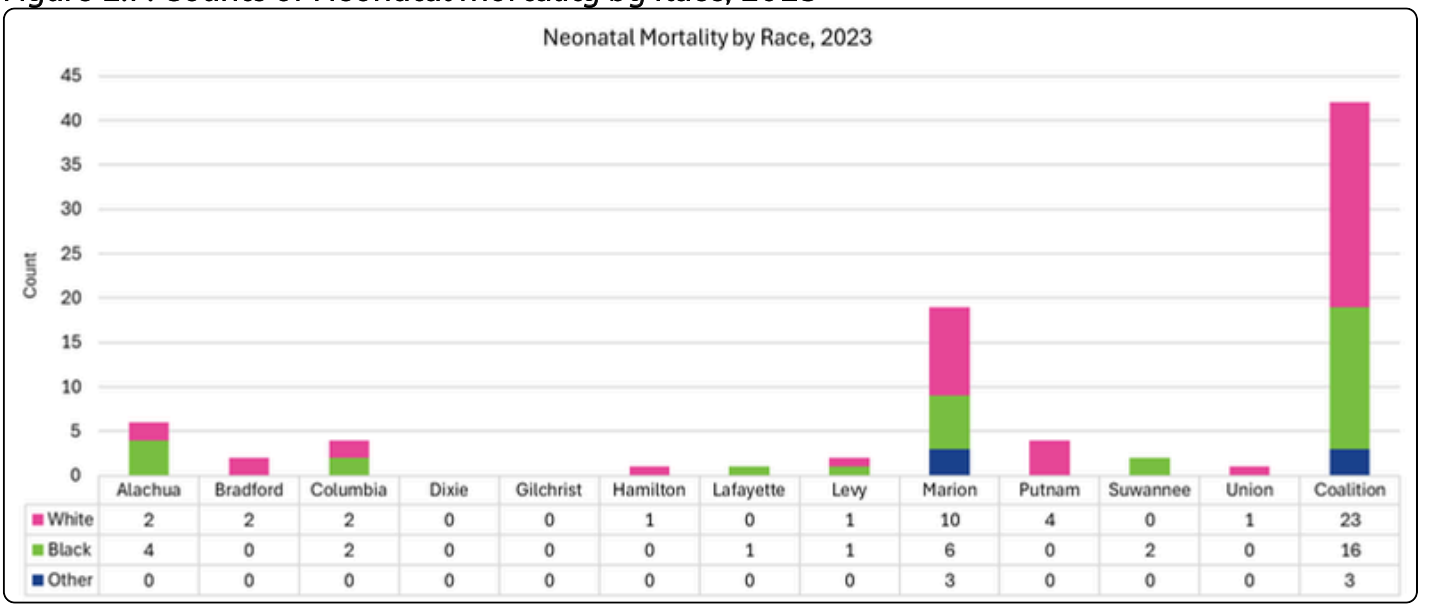


	2019	2020	2021	2022	2023
Coalition	5.4	6.4	5.2	3.9	4.6
Florida	4.2	3.8	3.9	3.9	4.0

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

From 2019 to 2021, the Coalition's neonatal mortality rates were higher than the state. In 2022, the Coalition's neonatal mortality rate decreased and was the same as the state's rate at 3.9 per 1,000 live births. In 2023, the Coalition's rate increased above the state's rate at 4.6 per 1,000 births (Figure 2.6).

Figure 2.7. Counts of Neonatal Mortality by Race, 2023

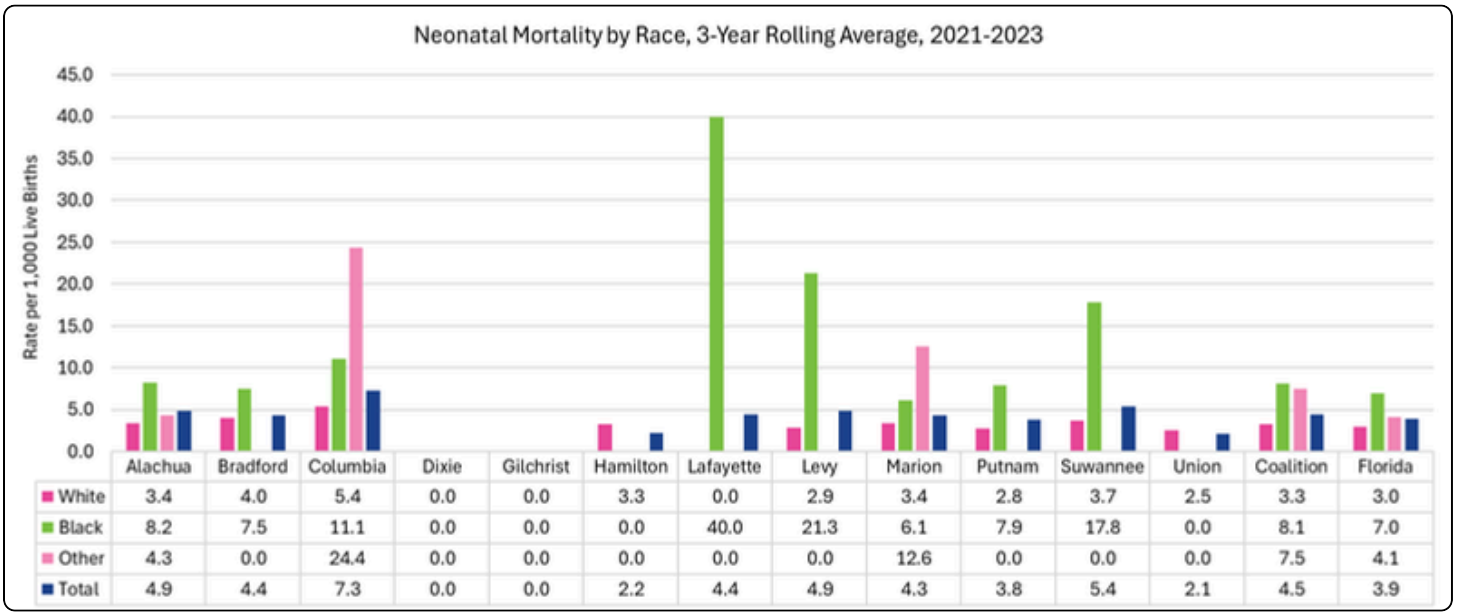


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition
White	2	2	2	0	0	1	0	1	10	4	0	1	23
Black	4	0	2	0	0	0	1	1	6	0	2	0	16
Other	0	0	0	0	0	0	0	0	3	0	0	0	3

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, the highest number of neonatal deaths occurred in the White population while the lowest number of neonatal deaths occurred in the Other population. Marion County had the most neonatal deaths, while Dixie and Gilchrist counties had zero neonatal deaths (Figure 2.7).

Figure 2.8. Rates of Neonatal Mortality by Race, 2021-2023

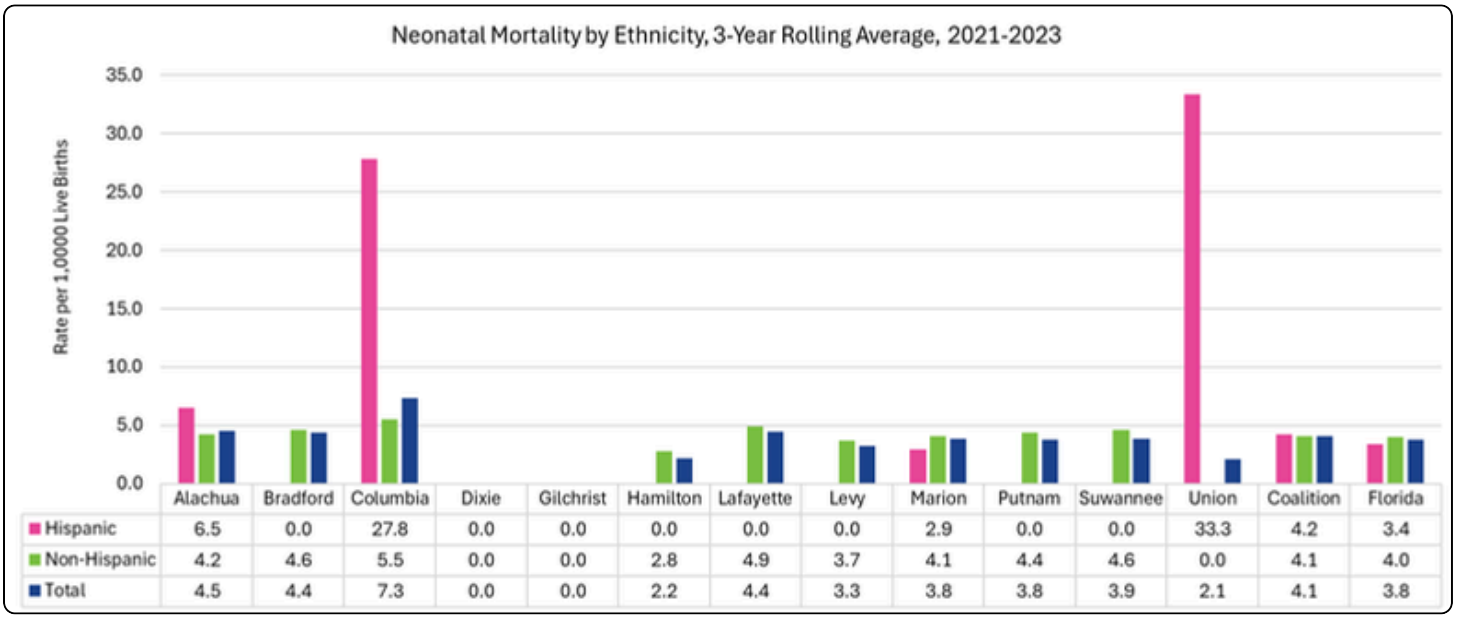


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
White	3.4	4.0	5.4	0.0	0.0	3.3	0.0	2.9	3.4	2.8	3.7	2.5	3.3	3.0
Black	8.2	7.5	11.1	0.0	0.0	0.0	40.0	21.3	6.1	7.9	17.8	0.0	8.1	7.0
Other	4.3	0.0	24.4	0.0	0.0	0.0	0.0	0.0	12.6	0.0	0.0	0.0	7.5	4.1
Total	4.9	4.4	7.3	0.0	0.0	2.2	4.4	4.9	4.3	3.8	5.4	2.1	4.5	3.9

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's three-year average neonatal mortality rate exceeded the State's rate in all populations. The overall Black and Other neonatal mortality rates were more than two-times the overall White neonatal mortality rate within the Coalition. The Black neonatal mortality rate was much higher in Lafayette, Levy, and Suwannee counties while the Other neonatal mortality rate was much higher in Columbia and Marion counties (Figure 2.8).

Figure 2.9. Rates of Neonatal Mortality by Ethnicity, 2021-2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
Hispanic	6.5	0.0	27.8	0.0	0.0	0.0	0.0	0.0	2.9	0.0	0.0	33.3	4.2	3.4
Non-Hispanic	4.2	4.6	5.5	0.0	0.0	2.8	4.9	3.7	4.1	4.4	4.6	0.0	4.1	4.0
Total	4.5	4.4	7.3	0.0	0.0	2.2	4.4	3.3	3.8	3.8	3.9	2.1	4.1	3.8

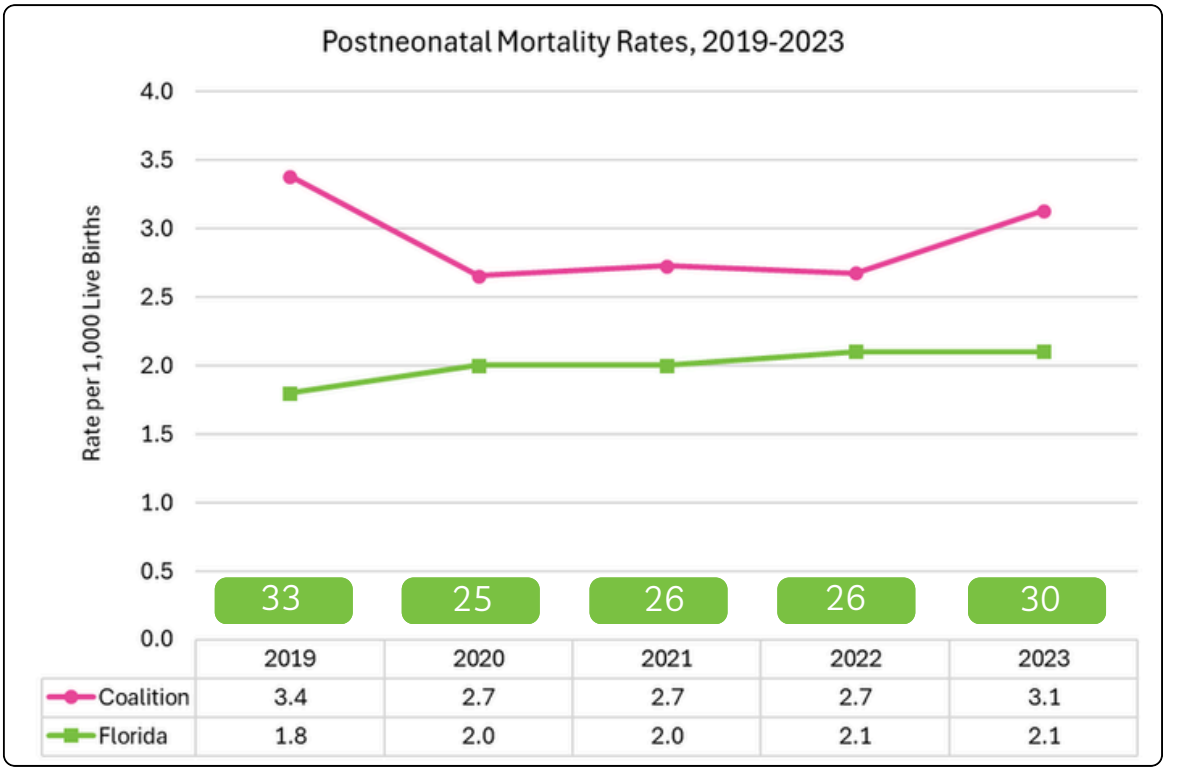
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Hispanic neonatal mortality average for the Coalition was higher than the state (4.2 per 1,000 births and 3.4 per 1,000 births, respectively). Columbia (27.8 per 1,000 births) and Union (33.3 per 1,000 births) counties both had significantly higher Hispanic neonatal mortality averages compared to the remaining service area. However, the non-Hispanic neonatal mortality average was higher than the Hispanic neonatal mortality average in seven of the Coalition's twelve county service area (Figure 2.9).

MAJOR HEALTH INDICATORS

POSTNEONATAL MORTALITY

Figure 2.10. Rates of Postneonatal Mortality, 2019-2023

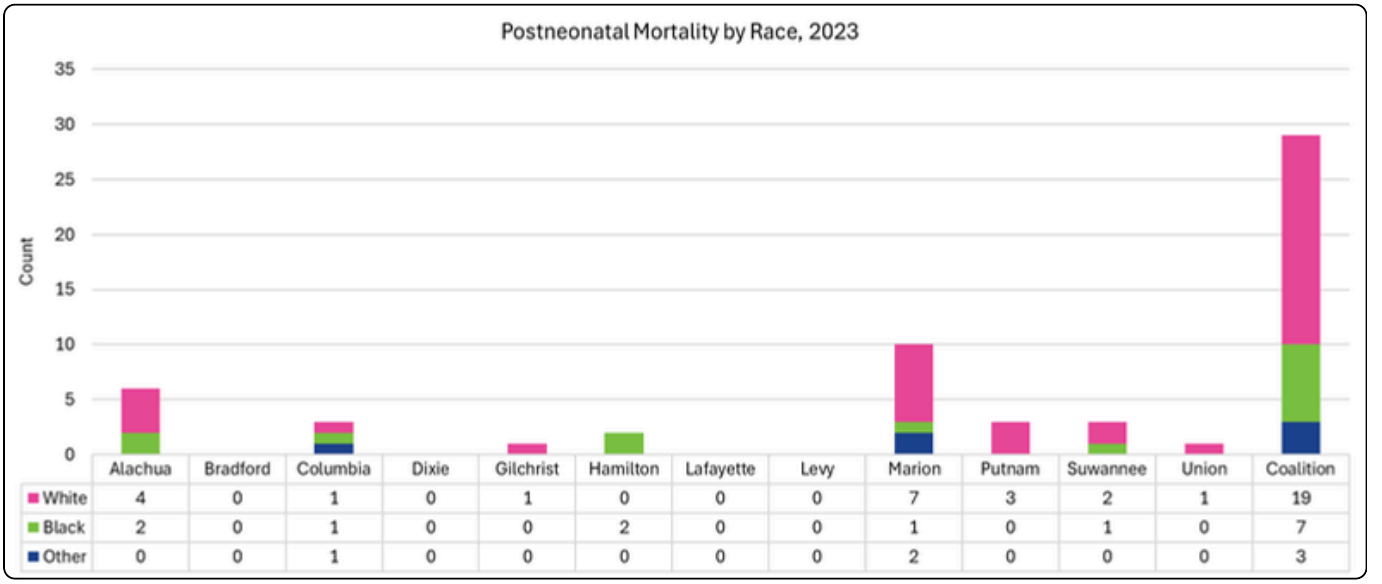


Number of Coalition Postneonatal Deaths

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

From 2019 to 2023, the Coalition's postneonatal mortality rates exceeded the state's rate. We saw a decrease and stabilization in the Coalition's postneonatal mortality rates from 2020-2022 at 2.7 per 1,000 live births. In 2023, the Coalition's postneonatal mortality rate increased to 3.1 per 1,000 live births (Figure 2.10).

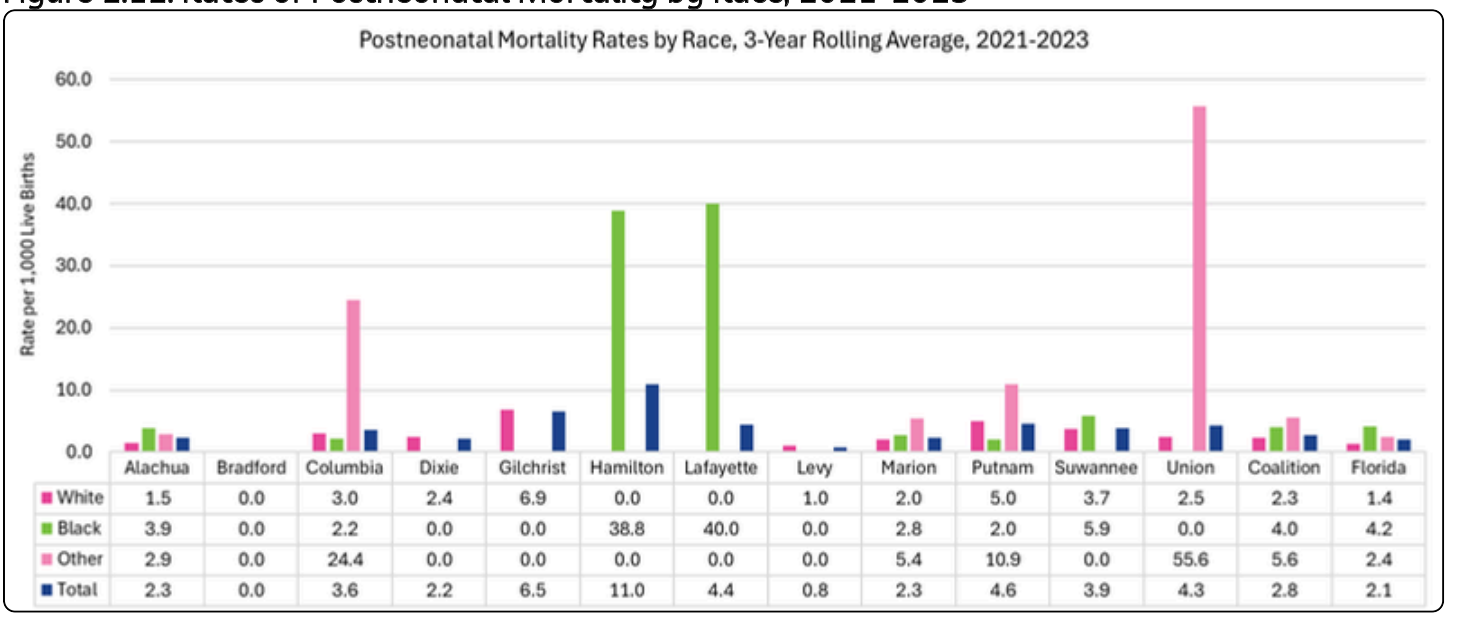
Figure 2.11. Counts of Postneonatal Mortality by Race, 2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, the highest number of postneonatal deaths occurred in the White population while the lowest number of postneonatal deaths occurred in the Other population. Marion County had the most postneonatal deaths, while Bradford, Dixie, Lafayette and Levy counties had zero postneonatal deaths (Figure 2.11).

Figure 2.12. Rates of Postneonatal Mortality by Race, 2021-2023

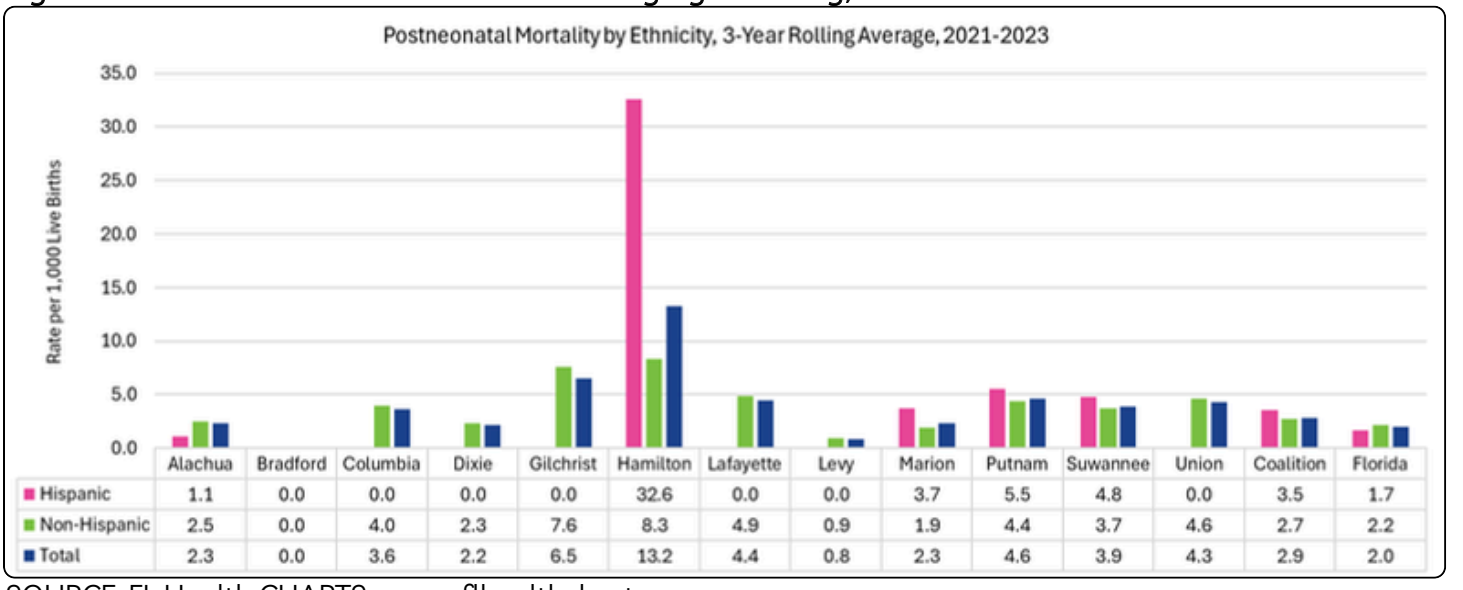


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
White	1.5	0.0	3.0	2.4	6.9	0.0	0.0	1.0	2.0	5.0	3.7	2.5	2.3	1.4
Black	3.9	0.0	2.2	0.0	0.0	38.8	40.0	0.0	2.8	2.0	5.9	0.0	4.0	4.2
Other	2.9	0.0	24.4	0.0	0.0	0.0	0.0	0.0	5.4	10.9	0.0	55.6	5.6	2.4
Total	2.3	0.0	3.6	2.2	6.5	11.0	4.4	0.8	2.3	4.6	3.9	4.3	2.8	2.1

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's three-year postneonatal mortality average was higher than the state in every population except Black. There have been zero postneonatal mortalities in Bradford County since 2021. The average number of White postneonatal deaths was highest in Gilchrist County and was more than four-times the state's average. Black postneonatal deaths were higher than White in Alachua, Hamilton, Lafayette, Marion, and Suwannee counties. The highest postneonatal mortality rate was in Union County; the rate for Other was 55.6 per 1,000 births, and this accounted for one death in 2021 (Figure 2.12).

Figure 2.13. Rates of Postneonatal Mortality by Ethnicity, 2021-2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
Hispanic	1.1	0.0	0.0	0.0	0.0	32.6	0.0	0.0	3.7	5.5	4.8	0.0	3.5	1.7
Non-Hispanic	2.5	0.0	4.0	2.3	7.6	8.3	4.9	0.9	1.9	4.4	3.7	4.6	2.7	2.2
Total	2.3	0.0	3.6	2.2	6.5	13.2	4.4	0.8	2.3	4.6	3.9	4.3	2.9	2.0

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

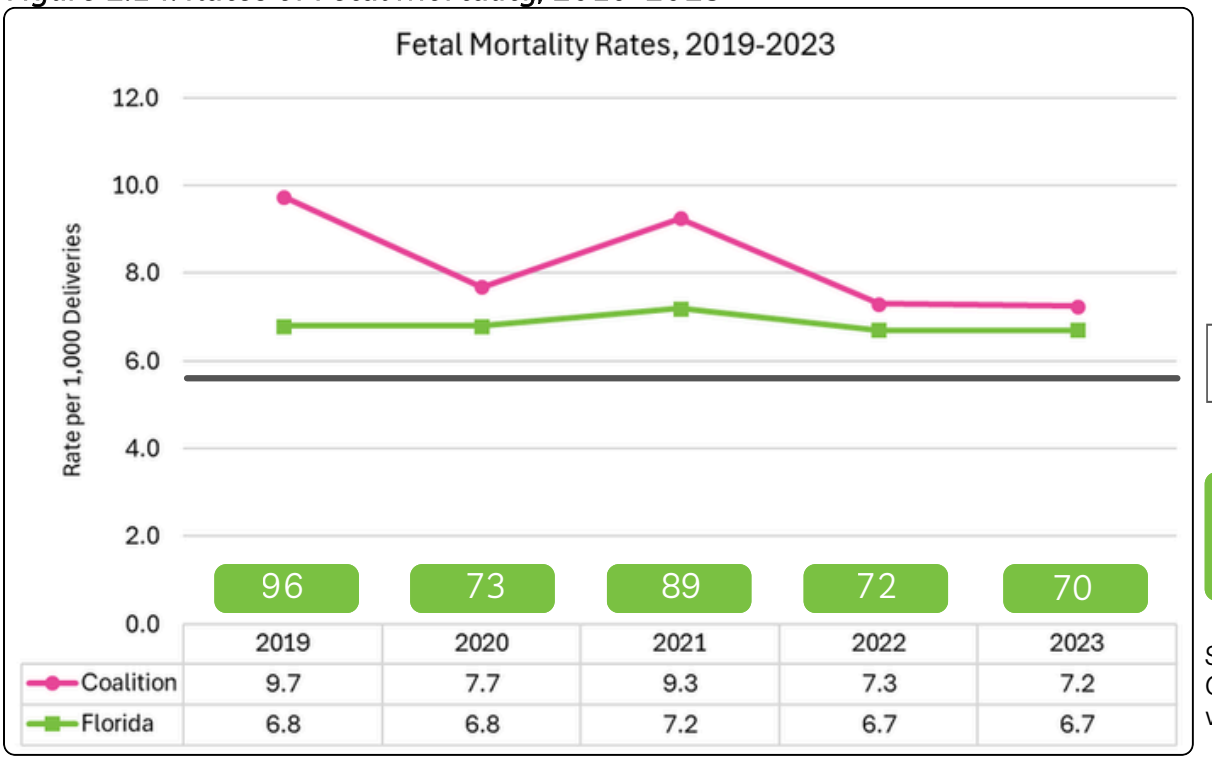
The three-year Hispanic postneonatal mortality average for the Coalition was higher than the state (3.5 per 1,000 live births and 1.7 per 1,000 live births, respectively). Hamilton County (32.6 per 1,000 births) had a significantly higher Hispanic postneonatal mortality average compared to the rest of the Coalition service area. The Coalition's non-Hispanic postneonatal mortality average was lower than the Hispanic postneonatal mortality average. In addition, nine of the 12 counties had higher Non-Hispanic postneonatal mortality rates compared to the state (Figure 2.13).

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.

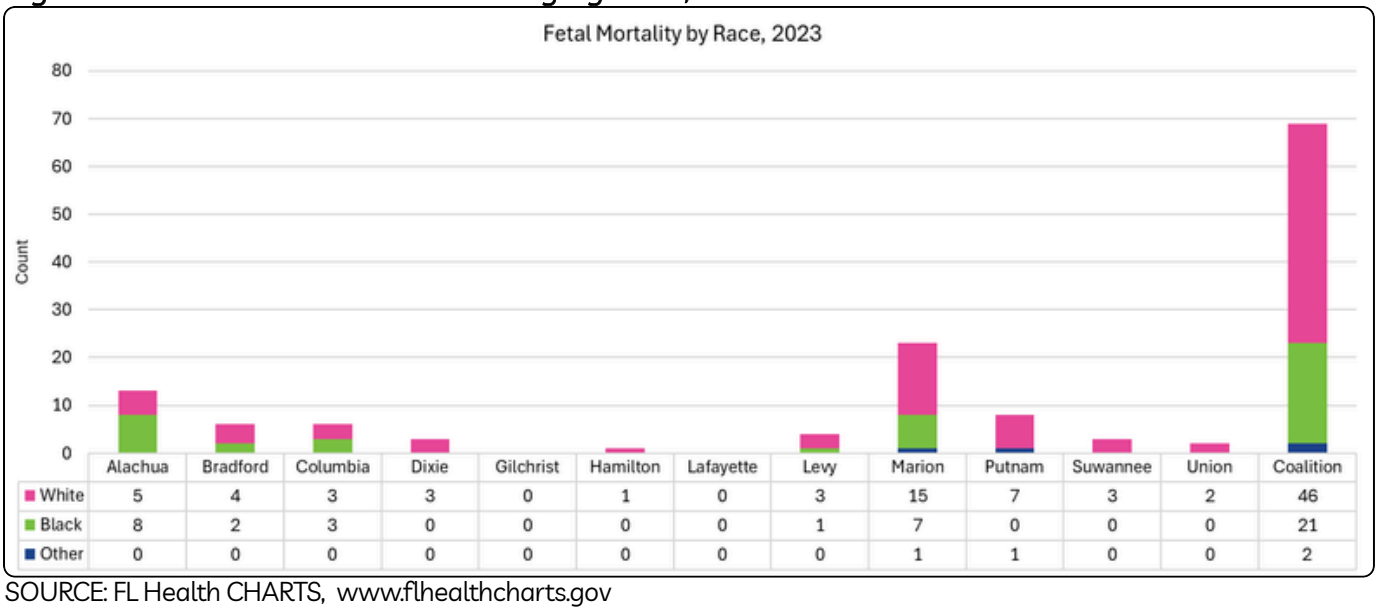
Figure 2.14. Rates of Fetal Mortality, 2019-2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's fetal mortality rate has remained above the state's rate since 2019. However, the Coalition's rates demonstrate an overall decrease since then, despite a spike in 2021. In 2023, the Coalition's rates were only slightly above the state's rates. Both the state and Coalition rates are above the Healthy People 2030 goal.

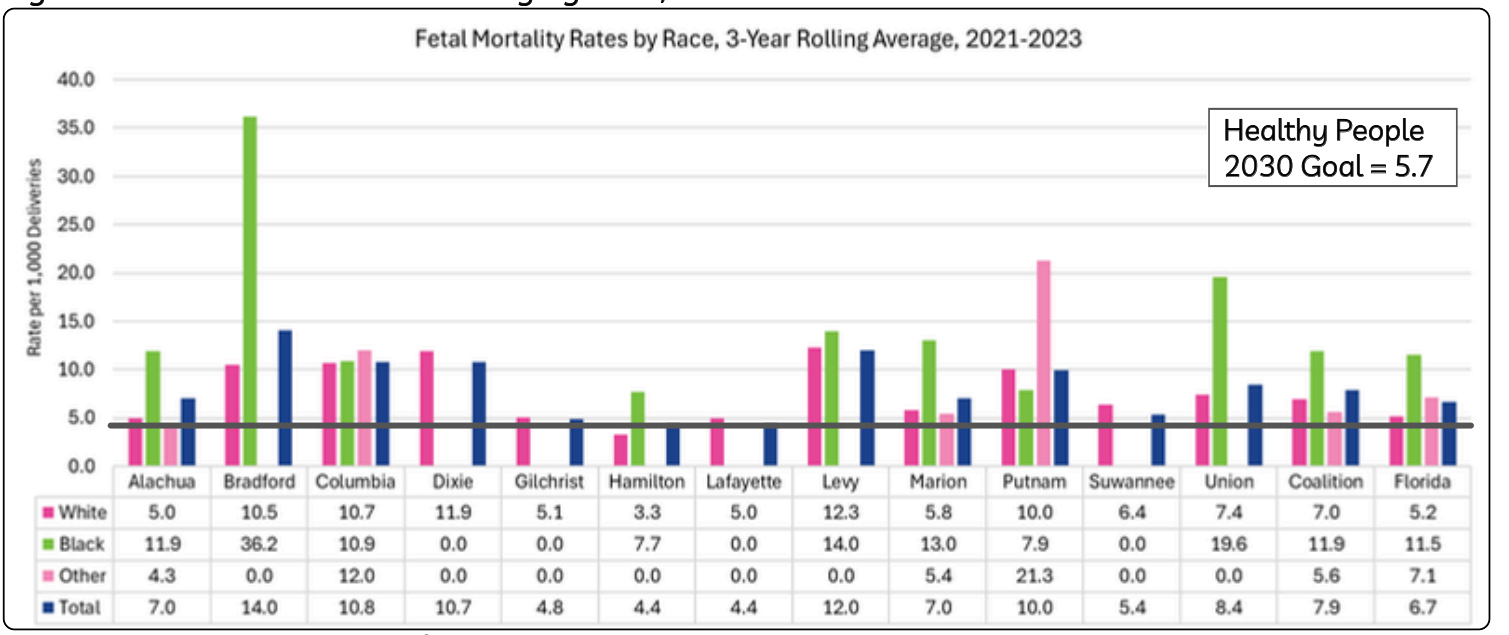
Figure 2.15. Counts of Fetal Mortality by Race, 2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, the highest number of fetal deaths occurred in the White population while the lowest number of fetal deaths occurred in the Other population. Marion County had the most fetal deaths, while Gilchrist and Lafayette counties had zero fetal deaths (Figure 2.15).

Figure 2.16. Rates of Fetal Mortality by Race, 2021-2023

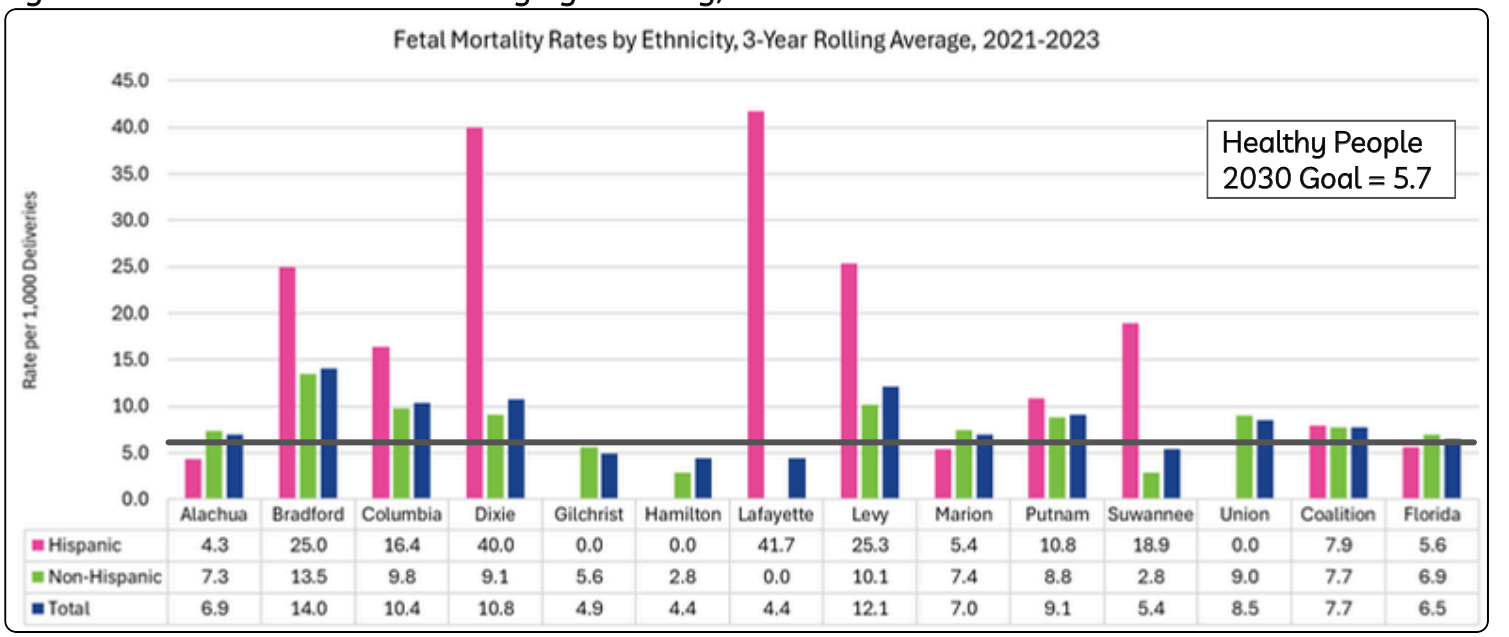


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
White	5.0	10.5	10.7	11.9	5.1	3.3	5.0	12.3	5.8	10.0	6.4	7.4	7.0	5.2
Black	11.9	36.2	10.9	0.0	0.0	7.7	0.0	14.0	13.0	7.9	0.0	19.6	11.9	11.5
Other	4.3	0.0	12.0	0.0	0.0	0.0	0.0	0.0	5.4	21.3	0.0	0.0	5.6	7.1
Total	7.0	14.0	10.8	10.7	4.8	4.4	4.4	12.0	7.0	10.0	5.4	8.4	7.9	6.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The three-year Black fetal mortality average was higher than the White and Other fetal mortality averages in Alachua, Bradford, Hamilton, Levy, Marion, and Union counties. In addition, the Black fetal mortality average was higher than the state's average in Alachua, Bradford, Levy, Marion, and Union counties. The Other fetal mortality average for the Coalition was lower than the state's average (Figure 2.16).

Figure 2.17. Rates of Fetal Mortality by Ethnicity, 2021-2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
Hispanic	4.3	25.0	16.4	40.0	0.0	0.0	41.7	25.3	5.4	10.8	18.9	0.0	7.9	5.6
Non-Hispanic	7.3	13.5	9.8	9.1	5.6	2.8	0.0	10.1	7.4	8.8	2.8	9.0	7.7	6.9
Total	6.9	14.0	10.4	10.8	4.9	4.4	4.4	12.1	7.0	9.1	5.4	8.5	7.7	6.5

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

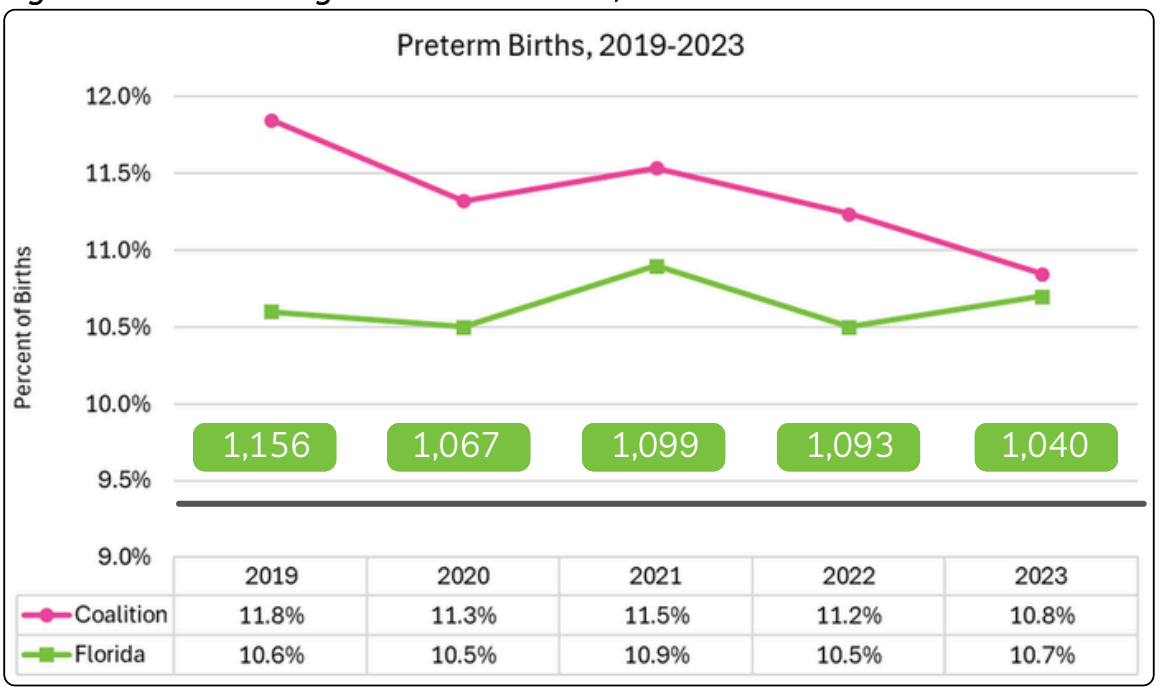
The Hispanic fetal mortality three-year average was higher than the state and the non-Hispanic average in Bradford, Columbia, Dixie, Lafayette, Levy, Putnam, and Suwannee counties. Most notably, the Hispanic averages in Dixie and Lafayette counties were seven times the state's average. The Hispanic fetal mortality average in Gilchrist, Hamilton, and Union counties was zero per 1,000 deliveries for the three years. Additionally, the non-Hispanic fetal mortality average in Lafayette County was zero per 1,000 deliveries for the three years (Figure 2.17).

MAJOR HEALTH INDICATORS

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.

Figure 2.18. Percentage of Preterm Births, 2019-2023



	2019	2020	2021	2022	2023
Coalition	11.8%	11.3%	11.5%	11.2%	10.8%
Florida	10.6%	10.5%	10.9%	10.5%	10.7%

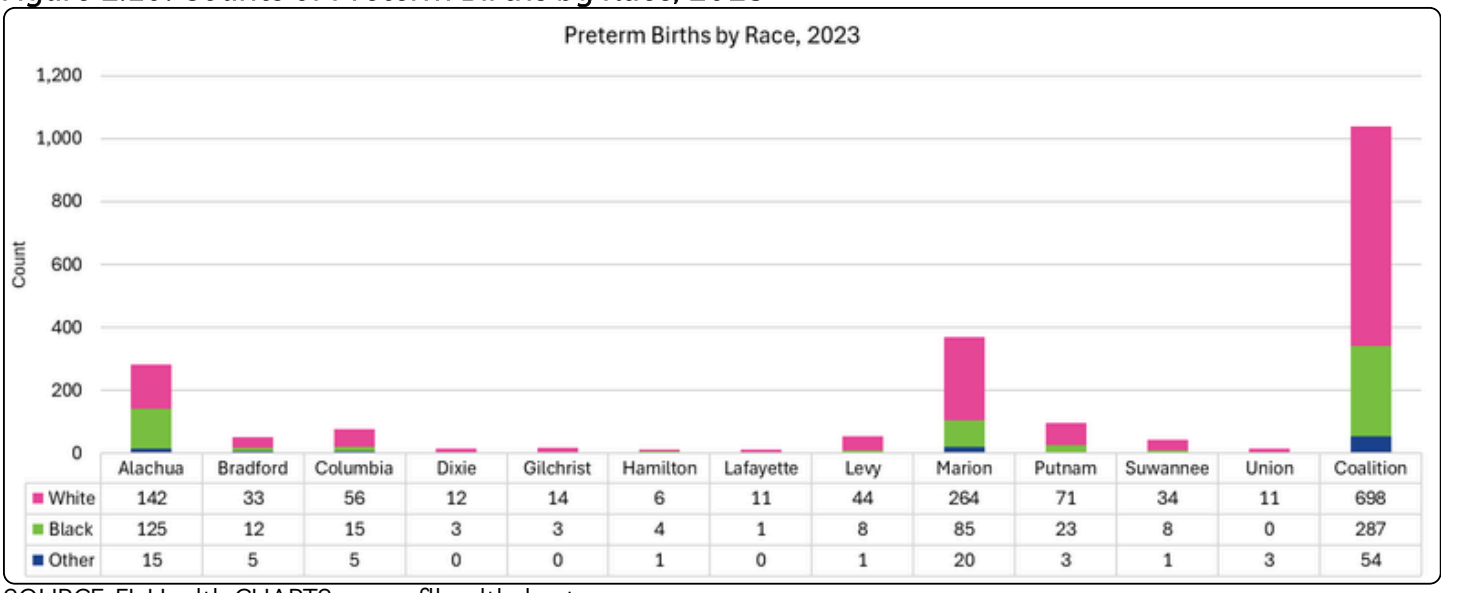
Number of Coalition Preterm Births

Healthy People 2030 Goal = 9.4

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Since 2019, the Coalition has shown an overall downward trend for preterm births. The Coalition's 2023 percentage (10.8 percent) was only slightly higher than the state's percentage (10.7 percent) (Figure 2.18).

Figure 2.19. Counts of Preterm Births by Race, 2023

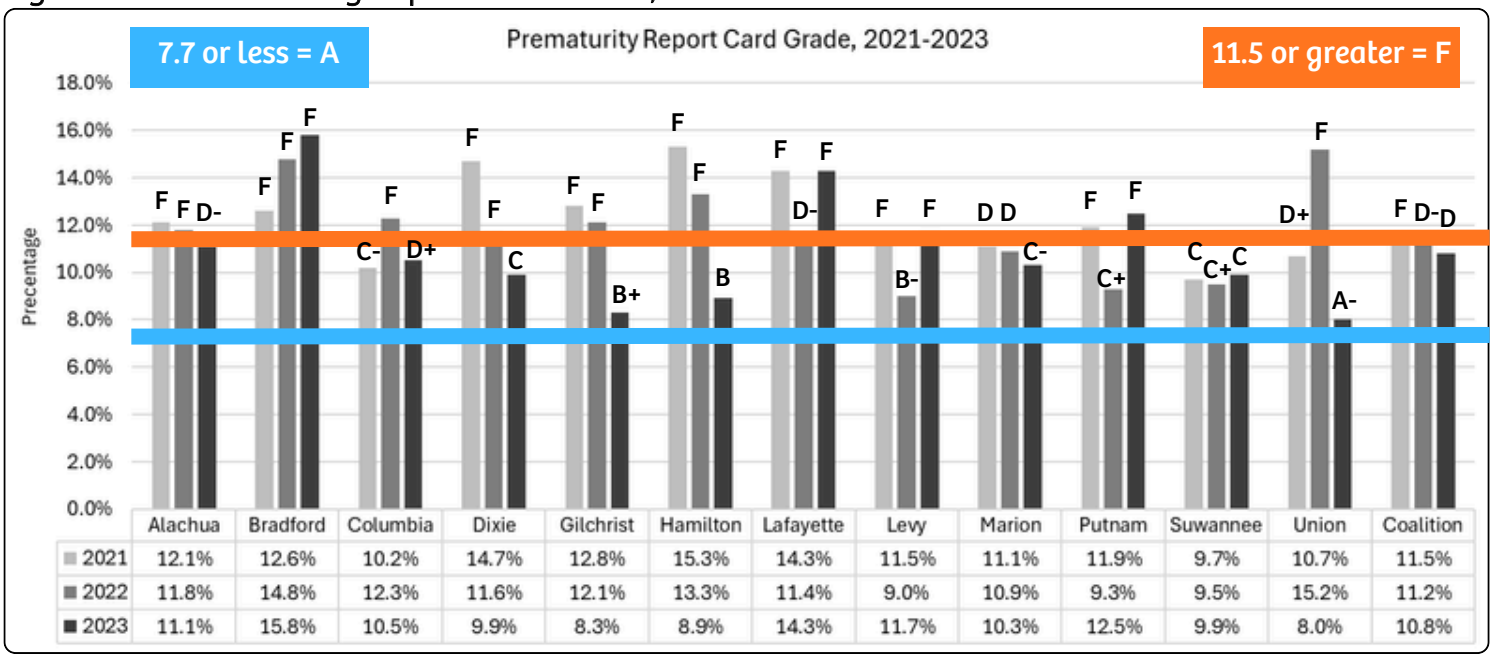


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition
White	142	33	56	12	14	6	11	44	264	71	34	11	698
Black	125	12	15	3	3	4	1	8	85	23	8	0	287
Other	15	5	5	0	0	1	0	1	20	3	1	3	54

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, the highest number of preterm births occurred in the White population while the lowest number of preterm births occurred in the Other population. Marion County had the most preterm births, while Hamilton County had the least preterm births (Figure 2.19).

Figure 2.20. Prematurity Report Card Grade, 2021-2023



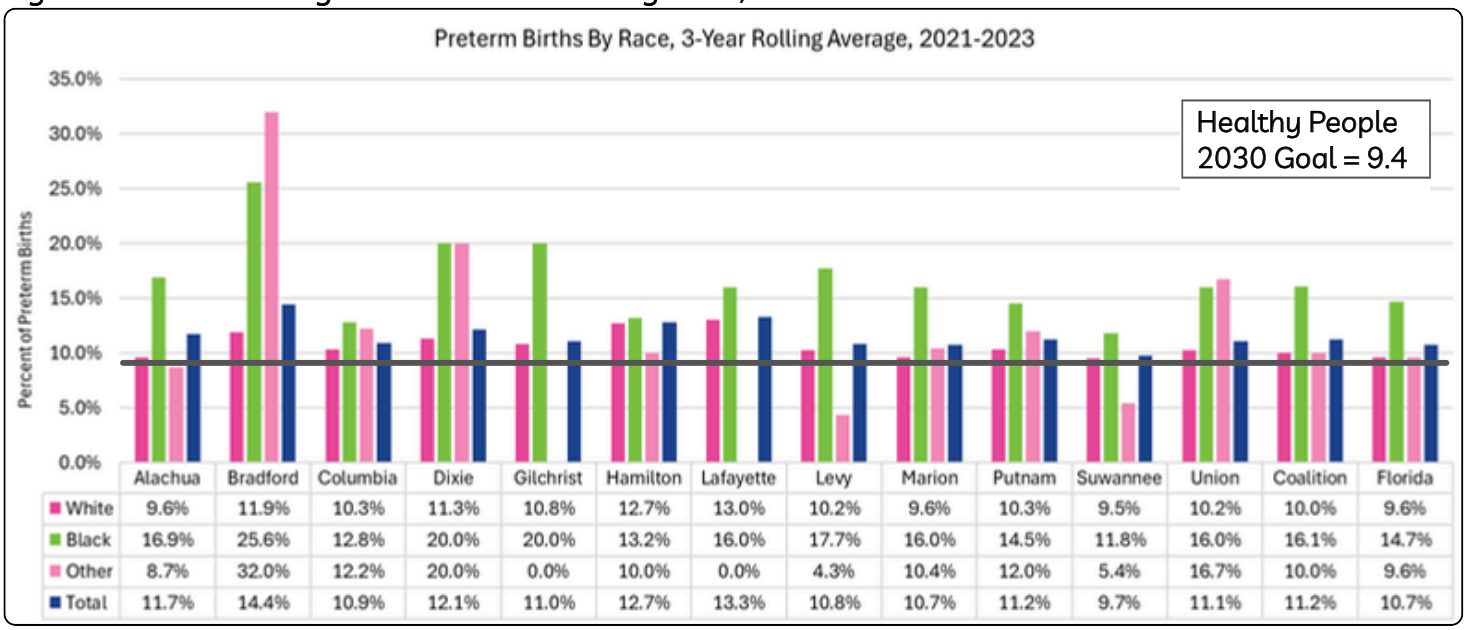
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Table 2.1. March of Dimes Grade Based on Preterm Birth Rate

March of Dimes Grade and Preterm Birth Rate											
A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F
7.7% or less	7.8% to 8.1%	8.2% to 8.5%	8.6% to 8.9%	9.0% to 9.2%	9.3% to 9.6%	9.7% to 10.0%	10.1% to 10.3%	10.4% to 10.7%	10.8% to 11.1%	11.2% to 11.4%	11.5% or greater

SOURCE: March of Dimes, www.marchofdimes.org/report-card

Figure 2.21. Percentage of Preterm Births by Race, 2021-2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition did not collectively meet the Healthy People 2030 goal of 9.4 percent. Additionally, we are still seeing higher preterm birth rates 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 Bradford, Dixie, and Union counties. The state is also above the Healthy People 2030 goal of 9.4 percent (Figure 2.21).

Figure 2.22. Percentage of Preterm Births by Ethnicity, 2021-2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
Hispanic	8.9%	12.8%	8.9%	12.5%	9.6%	16.3%	13.0%	6.5%	9.0%	8.7%	4.8%	3.3%	8.9%	9.6%
Non-Hispanic	12.0%	14.3%	11.1%	12.2%	11.2%	11.9%	13.3%	11.4%	11.2%	11.7%	10.7%	11.6%	11.6%	11.2%
Total	11.7%	14.2%	10.9%	12.2%	10.9%	12.8%	13.3%	10.8%	10.7%	11.2%	9.7%	11.1%	11.2%	10.7%

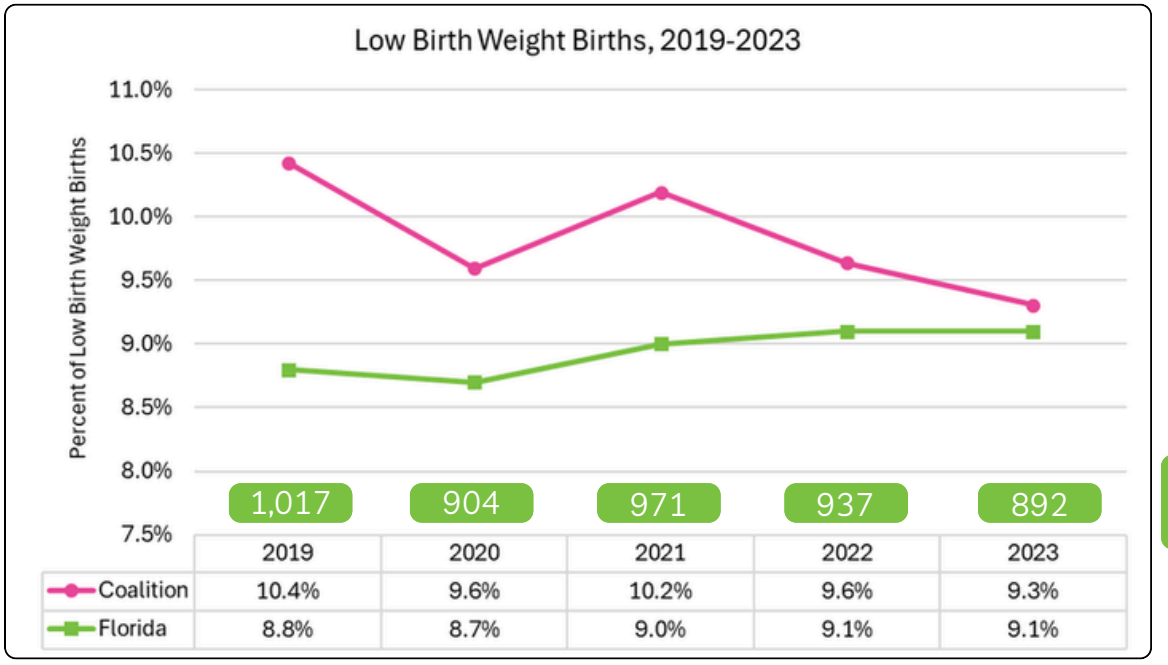
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The three-year average Hispanic preterm birth rate was lower for the Coalition (8.9 percent) than the state (9.6 percent). However, the Coalition's non-Hispanic preterm birth rate (11.6 percent) was higher than the state (11.2 percent) (Figure 2.22).

LOW BIRTH WEIGHT BIRTHS

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.

Figure 2.23. Percentage of Low Birth Weight Births, 2019-2023



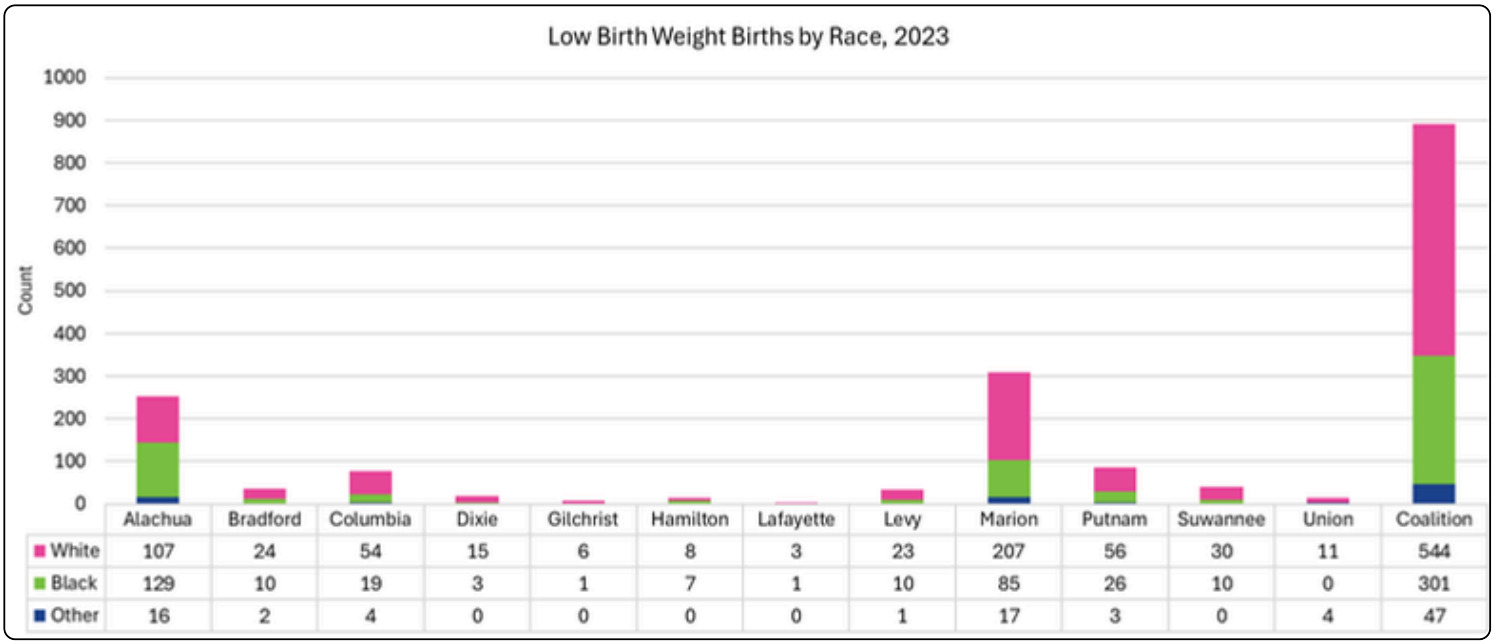
	2019	2020	2021	2022	2023
Coalition	10.4%	9.6%	10.2%	9.6%	9.3%
Florida	8.8%	8.7%	9.0%	9.1%	9.1%

1,017	904	971	937	892

Number of Coalition Low Birth Weight Births

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Figure 2.24. Count of Low Birth Weight Births by Race, 2023

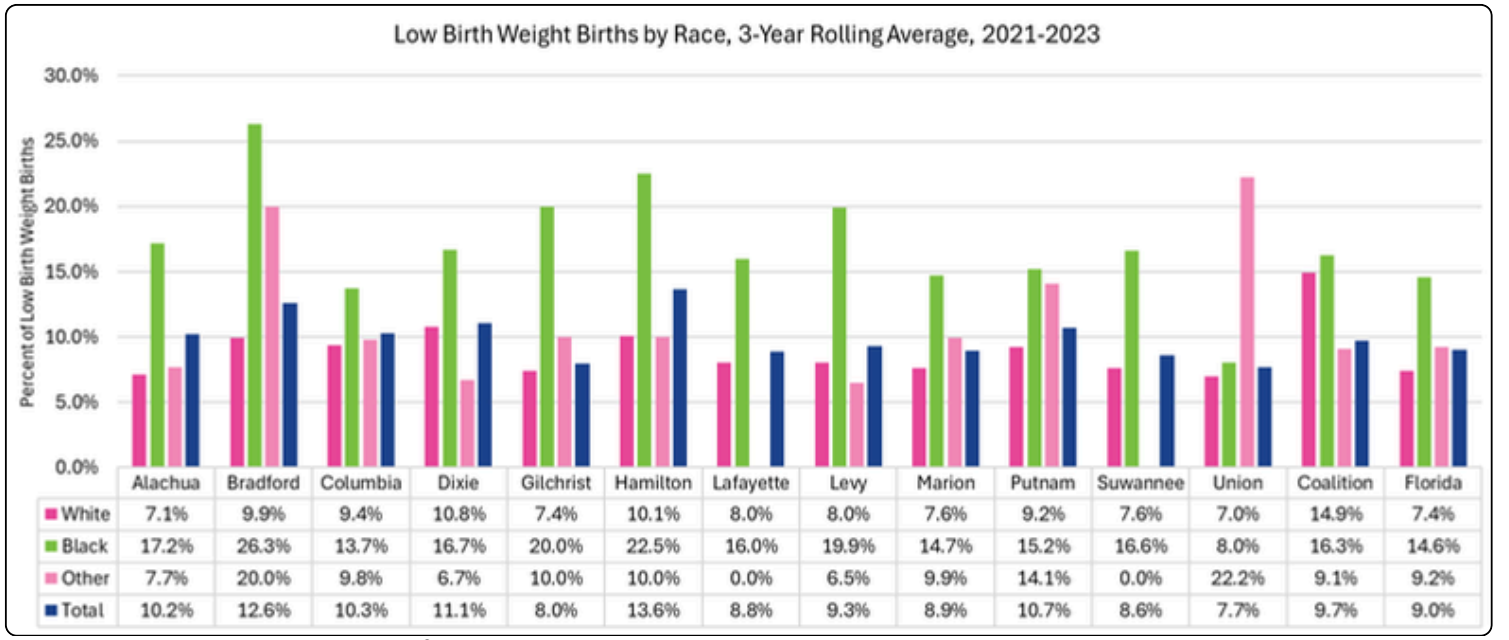


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition
White	107	24	54	15	6	8	3	23	207	56	30	11	544
Black	129	10	19	3	1	7	1	10	85	26	10	0	301
Other	16	2	4	0	0	0	0	1	17	3	0	4	47

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, the highest number of low birth weight births occurred in the White population while the lowest number of low birth weight births occurred in the Other population. Marion County had the most low birth weight births while Lafayette County had the least low birth weight births (Figure 2.24).

Figure 2.25. Percentage of Low Birth Weight Births by Race, 2021-2023

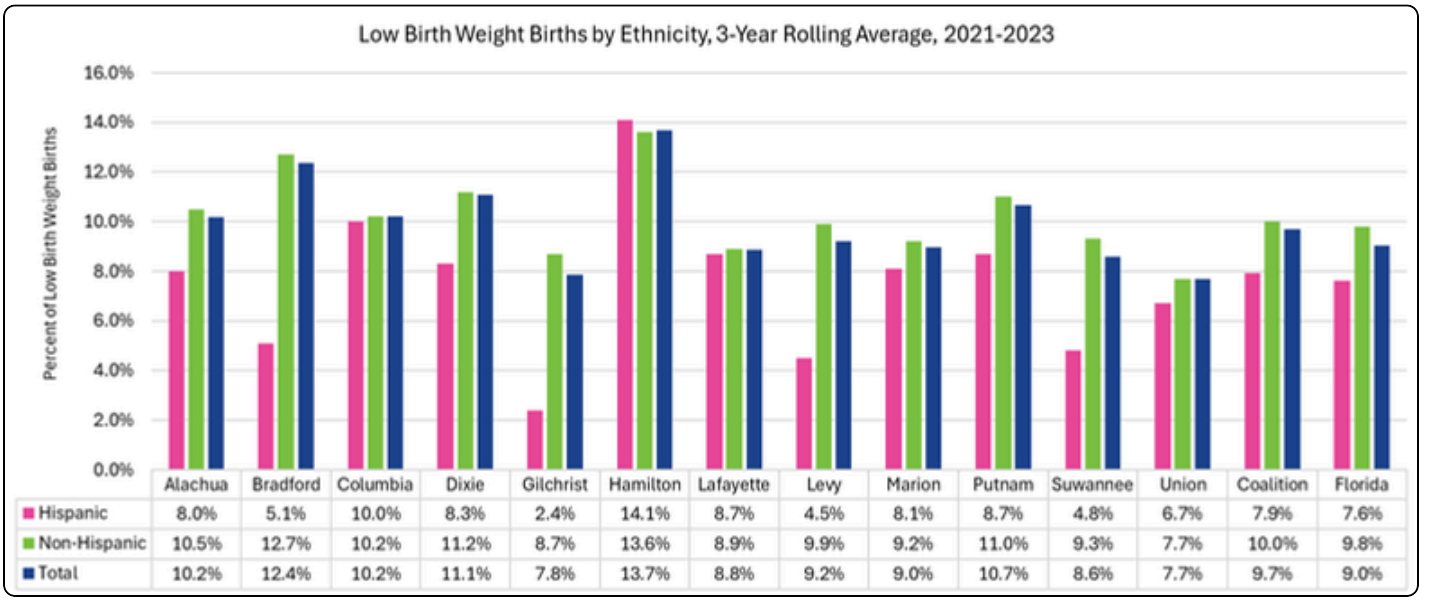


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
White	7.1%	9.9%	9.4%	10.8%	7.4%	10.1%	8.0%	8.0%	7.6%	9.2%	7.6%	7.0%	14.9%	7.4%
Black	17.2%	26.3%	13.7%	16.7%	20.0%	22.5%	16.0%	19.9%	14.7%	15.2%	16.6%	8.0%	16.3%	14.6%
Other	7.7%	20.0%	9.8%	6.7%	10.0%	10.0%	0.0%	6.5%	9.9%	14.1%	0.0%	22.2%	9.1%	9.2%
Total	10.2%	12.6%	10.3%	11.1%	8.0%	13.6%	8.8%	9.3%	8.9%	10.7%	8.6%	7.7%	9.7%	9.0%

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Similar to the infant mortality rates, the three-year low birth weight average was highest in the Black population between 2021-2023. The Black low birth weight average was greater than any other race throughout the Coalition area except for Union County. The Coalition's overall percentage of White low birth weight births (14.9 percent) was more than twice the state's average (7.4 percent). This is a significant increase from the time of our last Service Delivery Plan (previously 8.3 percent for the Coalition compared to the state rate of 7.2 percent) (Figure 2.25).

Figure 2.26. Percentage of Low Birth Weight Births by Ethnicity, 2021-2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
Hispanic	8.0%	5.1%	10.0%	8.3%	2.4%	14.1%	8.7%	4.5%	8.1%	8.7%	4.8%	6.7%	7.9%	7.6%
Non-Hispanic	10.5%	12.7%	10.2%	11.2%	8.7%	13.6%	8.9%	9.9%	9.2%	11.0%	9.3%	7.7%	10.0%	9.8%
Total	10.2%	12.4%	10.2%	11.1%	7.8%	13.7%	8.8%	9.2%	9.0%	10.7%	8.6%	7.7%	9.7%	9.0%

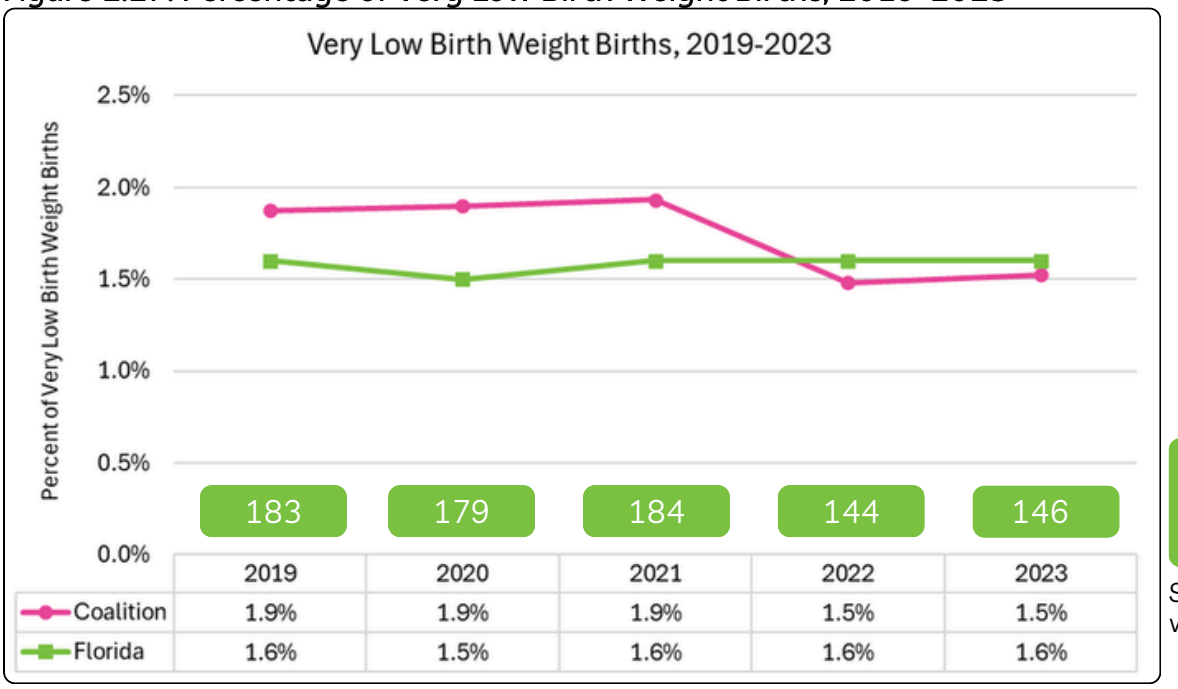
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's three-year Hispanic low birth weight average (7.9 percent) was slightly higher than the state's (7.6 percent). Hamilton County had the highest percentage of Hispanic low birth weight births (14.1 percent). Gilchrist County had the lowest percentage of Hispanic low birth weight births (2.4 percent). Across the Coalition, the non-Hispanic low birth weight birth average was higher than the state's average (9.8 percent) in seven of the twelve counties (Figure 2.26).

VERY LOW BIRTH WEIGHT BIRTHS

Very low birth weight babies are born weighing less than 3 pounds, 4 ounces (1500 grams). One of the primary causes of very low birth weight is intrauterine growth restriction. Risk factors include mother's age, mother's health, problems with the placenta, multiple births, race, and socioeconomic factors. The Coalition's very low birth weight birth rate trend has remained relatively steady over the past 5 years and closely mirrors the state's rates.

Figure 2.27. Percentage of Very Low Birth Weight Births, 2019-2023



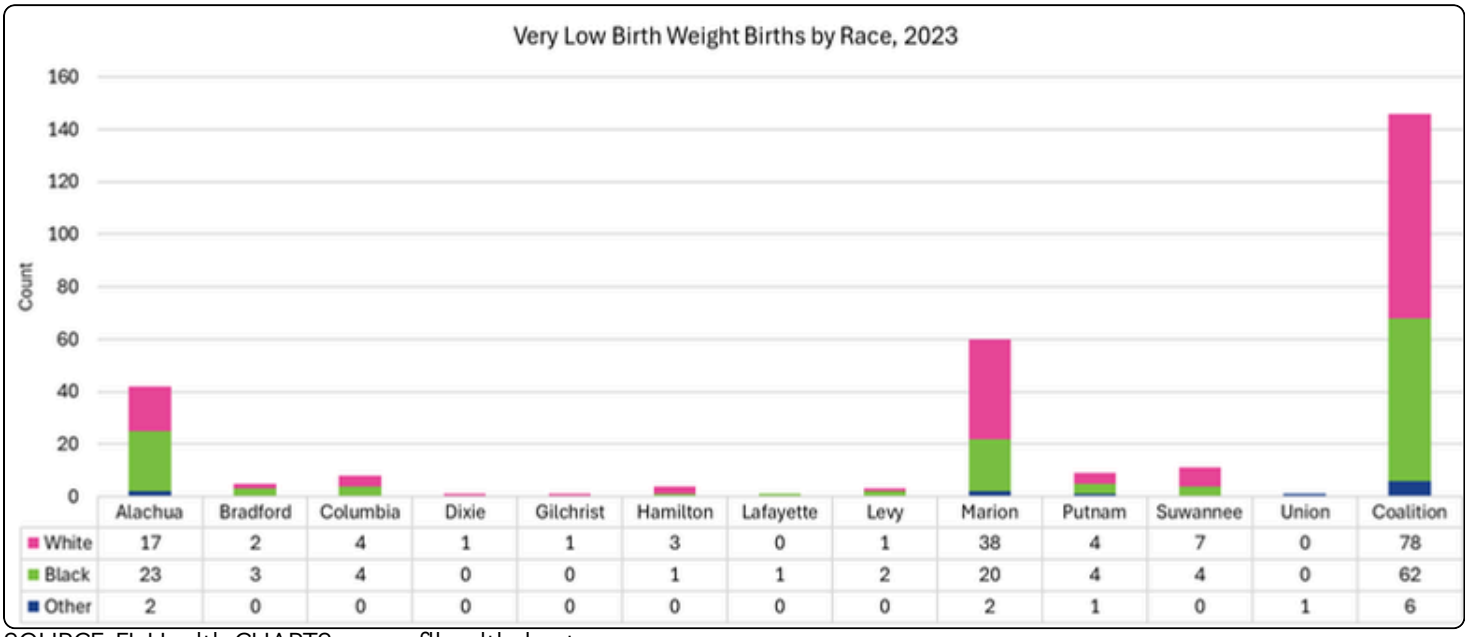
	2019	2020	2021	2022	2023
Coalition	1.9%	1.9%	1.9%	1.5%	1.5%
Florida	1.6%	1.5%	1.6%	1.6%	1.6%

183	179	184	144	146

Number of Coalition Very Low Birth Weight Births

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Figure 2.28. Counts of Very Low Birth Weight Births by Race, 2023

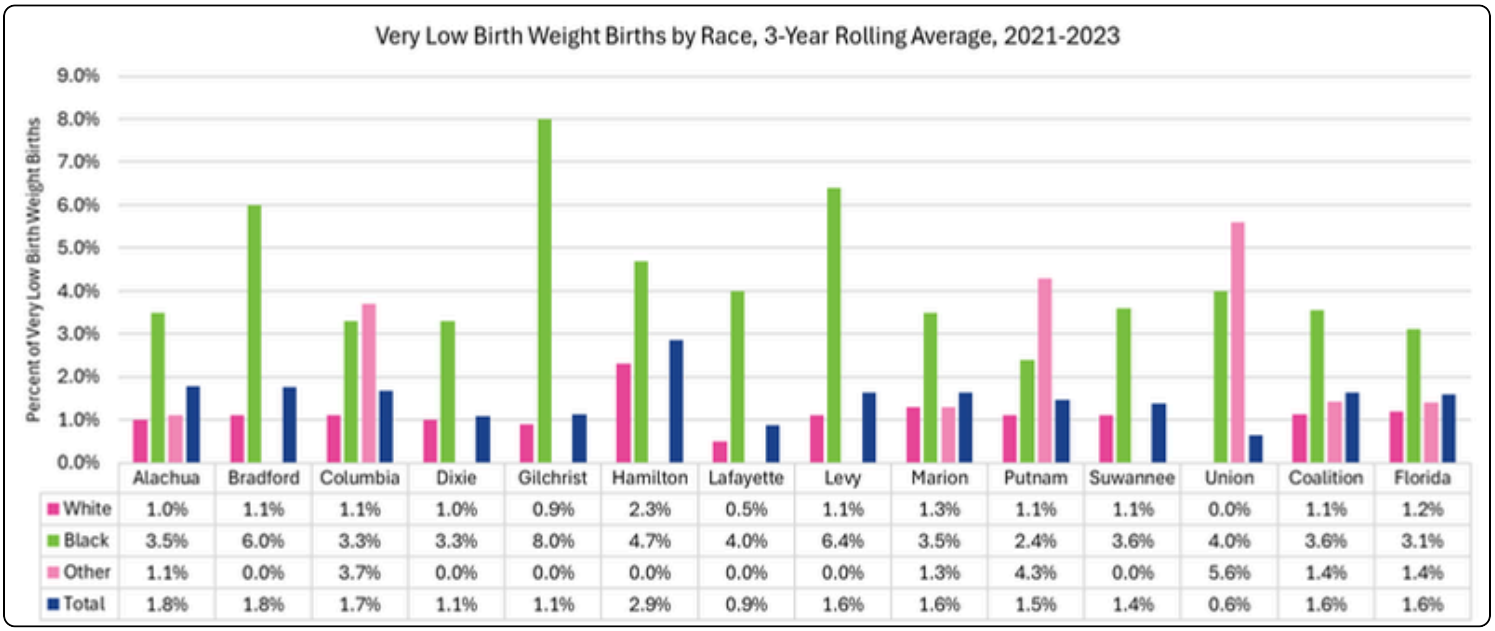


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition
White	17	2	4	1	1	3	0	1	38	4	7	0	78
Black	23	3	4	0	0	1	1	2	20	4	4	0	62
Other	2	0	0	0	0	0	0	0	2	1	0	1	6

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, the highest number of very low birth weight births occurred in the White population while the lowest number of very low birth weight births occurred in the Other population. Marion County had the most very low birth weight births, while Dixie, Gilchrist, Lafayette, and Union counties each had one very low birth weight birth (Figure 2.28).

Figure 2.29. Percentage of Very Low Birth Weight Births by Race, 2021-2023

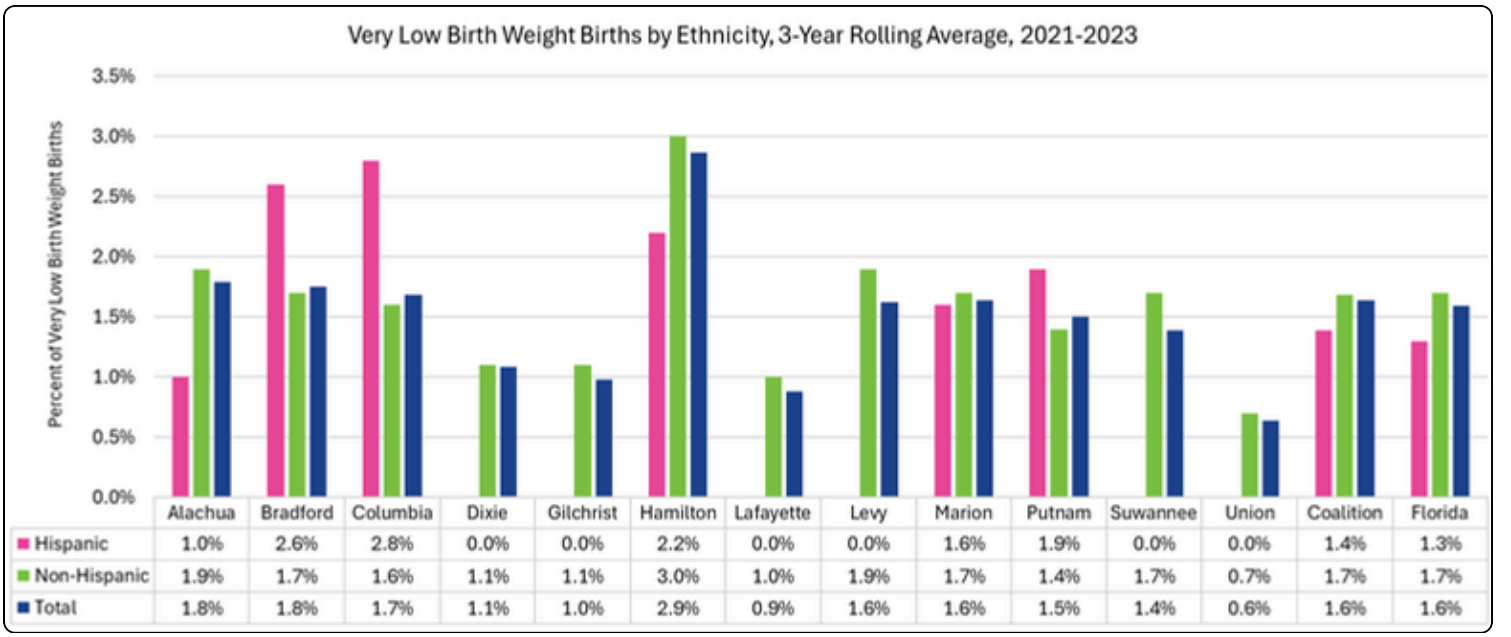


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
White	1.0%	1.1%	1.1%	1.0%	0.9%	2.3%	0.5%	1.1%	1.3%	1.1%	1.1%	0.0%	1.1%	1.2%
Black	3.5%	6.0%	3.3%	3.3%	8.0%	4.7%	4.0%	6.4%	3.5%	2.4%	3.6%	4.0%	3.6%	3.1%
Other	1.1%	0.0%	3.7%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	4.3%	0.0%	5.6%	1.4%	1.4%
Total	1.8%	1.8%	1.7%	1.1%	1.1%	2.9%	0.9%	1.6%	1.6%	1.5%	1.4%	0.6%	1.6%	1.6%

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Across the Coalition, the three-year Black very low birth weight average was higher than the state (3.1 percent) in all counties except Putnam County. Within the Coalition's area, the Black very low birth weight average was the highest in nine of the twelve counties. The Coalition's three-year White very low birth weight average (1.1 percent) was slightly lower than the state (1.2 percent). The data reviewed during our last Service Delivery Plan showed the Coalition higher than the state in all categories but looking at the data now, the Coalition is only higher in one of the categories (Figure 2.29).

Figure 2.30. Percentage of Very Low Birth Weight Births by Ethnicity, 2021-2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
Hispanic	1.0%	2.6%	2.8%	0.0%	0.0%	2.2%	0.0%	0.0%	1.6%	1.9%	0.0%	0.0%	1.4%	1.3%
Non-Hispanic	1.9%	1.7%	1.6%	1.1%	1.1%	3.0%	1.0%	1.9%	1.7%	1.4%	1.7%	0.7%	1.7%	1.7%
Total	1.8%	1.8%	1.7%	1.1%	1.0%	2.9%	0.9%	1.6%	1.6%	1.5%	1.4%	0.6%	1.6%	1.6%

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's three-year Hispanic very low birth weight average (1.4 percent) was slightly higher than the state (1.3 percent). Columbia County had the highest percentage of Hispanic very low birth weight births (2.8 percent). Dixie, Gilchrist, Lafayette, Levy, Suwannee, and Union counties all had the lowest percentage of Hispanic very low birth weight births (0.0 percent). The Coalition's total non-Hispanic very low birth weight average mirrored the state at 1.7 percent (Figure 2.30).



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 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 (Table 3.1).

Population Density

The population density of the Coalition region (118.8 people per square mile) has a much lower population density on average compared to the state of Florida (408.7 people per square mile). The Coalition area is largely rural, with only a few counties (like Alachua and Marion) approaching or exceeding moderate density levels. Alachua County (321.6 people per square mile) is the most densely populated county within the Coalition area due to the large student population at the University of Florida, while Lafayette County is the least densely populated (14.8 people per square mile) making it the most rural (Table 3.1).

Table 3.1. Total Population, Area and Density by County, Coalition and State, 2019-2023

	Population			Area		Density
	Total Population (2019-2023)	Percent of State	Percent of Coalition	Square Miles (2020)	Percent of State	People Per Square Mile
Alachua	281,751	1.3	28.1	876	1.6	321.6
Bradford	27,888	0.1	2.8	294	0.5	94.9
Columbia	70,755	0.3	7.1	798	1.5	88.7
Dixie	16,952	0.1	1.7	705	1.3	24.0
Gilchrist	18,494	0.1	1.8	350	0.7	52.8
Hamilton	13,445	0.1	1.3	514	1.0	26.2
Lafayette	8,035	0.0	0.8	543	1.0	14.8
Levy	44,276	0.2	4.4	1,118	2.1	39.6
Marion	387,697	1.8	38.6	1,588	3.0	244.1
Putnam	74,235	0.3	7.4	728	1.4	102.0
Suwannee	44,484	0.2	4.4	689	1.3	64.6
Union	15,551	0.1	1.5	244	0.5	63.7
Coalition	1,003,563	4.6	100.0	8,447	15.7	118.8
Florida	21,928,881			53,652		408.7

Data displayed reflect the American Community Survey 5-year estimates for the year selected.

SOURCE: US Census Bureau, American Community Survey - 5-Year Estimates, Table B02001, 2019-2023; University of Florida, Bureau of Economic and Business Research, 2024.

TARGET POPULATION

Population Growth

Table 3.2. Estimated Population by County, Coalition and State, 2019-2023

	Total Population				Percent Changes			
	2020 Census	2023	2025 Estimate	2030 Estimate	2020 to 2023	2023 to 2025	2025 to 2030	2020 to 2030
Alachua	278,468	293,040	300,783	316,957	5.2	2.6	5.4	13.8
Bradford	28,303	27,389	27,677	28,247	(3.2)	1.1	2.1	(0.2)
Columbia	69,698	72,191	73,279	75,377	3.6	1.5	2.9	8.1
Dixie	16,759	17,271	17,520	18,024	3.1	1.4	2.9	7.5
Gilchrist	17,864	19,123	19,593	20,607	7.0	2.5	5.2	15.4
Hamilton	14,004	13,671	13,780	13,959	(2.4)	0.8	1.3	(0.3)
Lafayette	8,226	8,074	8,191	8,430	(1.8)	1.4	2.9	2.5
Levy	42,915	45,283	46,243	48,335	5.5	2.1	4.5	12.6
Marion	375,908	403,966	417,101	446,399	7.5	3.3	7.0	18.8
Putnam	73,321	75,906	76,443	77,560	3.5	0.7	1.5	5.8
Suwannee	43,474	45,448	46,167	47,634	4.5	1.6	3.2	9.6
Union	16,147	16,137	16,428	16,984	(0.1)	1.8	3.4	5.2
Coalition	985,087	1,037,499	1,063,205	1,118,513	5.3	2.5	5.2	13.5
Florida	21,538,187	22,634,867	23,292,200	24,698,545	5.1	2.9	6.0	14.7

SOURCE: University of Florida, Bureau of Economic and Business Research, 2024.

The Coalition area has a steady upward trend in population growth. The highest growth rate occurred in the 2020 to 2023 period (5.3 percent), to be closely followed by 2025 to 2030 (5.2 percent). The overall 10-year growth from 2020 to 2030 is 13.5 percent, which is slightly below the state average of 14.7 percent but still significant. This consistent growth suggests continued development, possibly driven by urban expansion, migration, and economic opportunities within the Coalition area. Marion County is estimated to have the largest percentage increase in population by 2030, at 18.8 percent (Table 3.2).

Age and Gender

Table 3.3. Population by Age, Gender, Healthy Start of North Central Florida Coalition and State, 2019-2023

Age Group	Healthy Start of North Central Florida						Florida					
	Number			Percent			Number			Percent		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-14	82,746	76,900	159,646	51.8	48.2	15.9	1,813,022	1,730,694	3,543,716	51.2	48.8	16.2
15-44	193,050	186,868	379,918	50.8	49.2	37.9	4,071,929	3,980,946	8,052,875	50.6	49.4	36.7
45-64	117,126	121,542	238,668	49.1	50.9	23.8	2,785,467	2,916,090	5,701,557	48.9	51.1	26.0
65-84	94,912	105,723	200,635	47.3	52.7	19.9	1,877,167	2,189,090	4,066,257	46.2	53.8	18.5
85+	9,595	15,101	24,696	38.9	61.1	2.5	226,035	338,441	564,476	40.0	60.0	2.6
Total	497,429	506,134	1,003,563	49.6	50.4	100.0	10,773,620	11,155,261	21,928,881	49.1	50.9	100.0

Data displayed reflect the American Community Survey 5-year estimates for the year selected.
SOURCE: US Census Bureau, American Community Survey, 5-Year Estimates, Table B01001, 2019-2023.

TARGET POPULATION

Table 3.4. Women 15-44 Years of Age for Healthy Start of North Central Florida Coalition, 2019-2023

Year	Total Population	Female Population Ages 15-44	% of Total Population	Total Female Population	% of Total Female Population
2019	959,202	174,476	18.2	483,782	36.1
2020	971,744	176,616	18.2	490,555	36.0
2021	987,523	179,903	18.2	498,965	36.1
2022	1,010,572	185,959	18.4	508,698	36.6
2023	1,031,469	192,341	18.6	521,721	36.9

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Since 2019, the number of females has increased from 483,782 to 521,721 in 2023. The percentage of females increased from 18.2 percent in 2019 to 18.6 percent in 2023 (Table 3.4). Of the 12 counties, Alachua County has the highest percentage (25.9 percent) and Union County has the lowest percentage (12.7 percent) of females 15-44 of age (Table 3.5). Overall, the Coalition region has a slightly higher percentage of females of childbearing age than the state (18.6 percent and 18.2 percent, respectively) (Table 3.5). Similar to the total population of females, the number of females 15-44 years of age has increased from 174,476 in 2019 to 192,341 in 2023. The percentage of females 15-44 years of age has also increased (36.1 percent and 36.9 percent, respectively) (Table 3.4).

Table 3.5. Women 15-44 Years of Age by County, Coalition and State, 2019-2023

Area	Total Population	Females 15-44 Years of Age	
		Number	Percent
Alachua	287,751	72,881	25.9
Bradford	27,888	4,274	15.3
Columbia	70,755	12,149	17.2
Dixie	16,952	2,482	14.6
Gilchrist	18,494	2,854	15.4
Hamilton	13,445	1,993	14.8
Lafayette	8,035	1,200	14.9
Levy	44,276	7,064	16.0
Marion	387,697	60,936	15.7
Putnam	74,235	11,928	16.1
Suwannee	44,484	7,127	16.0
Union	15,551	1,980	12.7
Coalition	1,003,563	186,868	18.6
Florida	21,928,881	3,980,946	18.2

Data displayed reflect the American Community Survey 5-year estimates for the year selected.
SOURCE: US Census Bureau, American Community Survey - 5-Year Estimates, Table B01001, 2019-2023.

TARGET POPULATION

Race and Ethnicity

Table 3.6. Percent of Total Population by Race, Ethnicity, County, Coalition and State, 2019-2023

Area	Total Population	White Alone		Black or African American Alone		All Others		Hispanics		Non-Hispanics	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Alachua	281,751	176,610	62.7	54,537	19.4	50,604	18.0	34,392	12.2	247,359	87.8
Bradford	27,888	20,612	73.9	5,182	18.6	2,094	7.5	1,360	4.9	26,528	95.1
Columbia	70,755	51,524	72.8	11,658	16.5	7,573	10.7	5,258	7.4	65,497	92.6
Dixie	16,952	14,427	85.1	1,119	6.6	1,406	8.3	759	4.5	16,193	95.5
Gilchrist	18,494	16,476	89.1	592	3.2	1,426	7.7	1,378	7.5	17,116	92.5
Hamilton	13,445	7,889	58.7	4,327	32.2	1,229	9.1	1,478	11.0	11,967	89.0
Lafayette	8,035	6,169	76.8	1,419	17.7	447	5.6	956	11.9	7,079	88.1
Levy	44,276	36,408	82.2	3,705	8.4	4,163	9.4	4,365	9.9	39,911	90.1
Marion	387,697	278,140	71.7	48,781	12.6	60,776	15.7	61,736	15.9	325,961	84.1
Putnam	74,235	54,226	73.0	11,347	15.3	8,662	11.7	8,092	10.9	66,143	89.1
Suwannee	44,484	34,244	77.0	4,431	10.0	5,809	13.1	5,040	11.3	39,444	88.7
Union	15,551	11,388	73.2	2,518	16.2	1,645	10.6	799	5.1	14,752	94.9
Coalition	1,003,563	708,113	70.6	149,616	14.9	145,834	14.5	125,613	12.5	877,950	87.5
Florida	21,928,881	13,136,701	59.9	3,363,769	15.3	5,428,411	24.8	5,865,737	26.7	16,063,144	73.3

Data displayed reflect the American Community Survey 5-year estimates for the year selected.
SOURCE: US Census Bureau, American Community Survey - 5-Year Estimates, Table B02001, B03003, 2019-2023.

The racial makeup of the region is primarily White (70.6 percent) and non-Hispanic (87.5 percent). Gilchrist County has the largest White population (89.1 percent) and Hamilton County has the smallest (58.7 percent). The Black and Hispanic populations represent only 14.9 percent and 12.5 percent of the total Coalition population, respectively. Hamilton County has the largest Black population (32.2 percent), while Gilchrist County has the smallest (3.2 percent). All the other races combined represent 14.5 percent of the Coalition with Alachua County at the highest (18.0 percent) and Lafayette County at the lowest (5.6 percent). The Hispanic population within the region is significantly smaller than that of the state (12.5 percent vs. 26.7 percent, respectively). Marion County has the largest Hispanic population in the region (15.9 percent) and Dixie County has the smallest (4.5 percent) (Table 3.6).

TARGET POPULATION

Table 3.7. Percent of Women of Childbearing Age (15-44) by Race, Ethnicity, County, Coalition and State, 2019-2023

Area	Women 15-44 Years of Age Population	Race and Ethnicity									
		White		Black		All Others		Hispanic		Non-Hispanic	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Alachua	72,881	44,191	60.6	13,901	19.1	14,789	20.3	10,798	14.8	62,083	85.2
Bradford	4,274	3,246	75.9	711	16.6	317	7.4	187	4.4	4,087	95.6
Columbia	12,149	8,408	69.2	2,332	19.2	1,409	11.6	988	8.1	11,161	91.9
Dixie	2,482	1,964	79.1	84	3.4	434	17.5	100	4.0	2,382	96.0
Gilchrist	2,854	2,622	91.9	44	1.5	188	6.6	255	8.9	2,599	91.1
Hamilton	1,993	1,098	55.1	607	30.5	288	14.5	276	13.8	1,717	86.2
Lafayette	1,200	905	75.4	229	19.1	66	5.5	213	17.8	987	82.3
Levy	7,064	5,550	78.6	746	10.6	768	10.9	856	12.1	6,208	87.9
Marion	60,936	38,722	63.5	10,560	17.3	11,654	19.1	12,734	20.9	48,202	79.1
Putnam	11,928	7,850	65.8	2,516	21.1	1,562	13.1	1,605	13.5	10,323	86.5
Suwannee	7,127	5,163	72.4	809	11.4	1,155	16.2	1,117	15.7	6,010	84.3
Union	1,980	1,767	89.2	99	5.0	114	5.8	81	4.1	1,899	95.9
Coalition	186,868	121,486	65.0	32,638	17.5	32,744	17.5	29,210	15.6	157,658	84.4
Florida	3,980,946	2,121,056	53.3	736,417	18.5	1,123,473	28.2	1,216,910	30.6	2,764,036	69.4

Data displayed reflect the American Community Survey 5-year estimates for the year selected.
SOURCE: US Census Bureau, American Community Survey - 5-Year Estimates, Table B01001, B01001A, B01001B, B01001I, 2019-2023.

The majority of the women of childbearing age (15-44 years of age) in the Coalition region are White (65.0 percent). The Black and Other populations each comprise 17.5 percent, with Hamilton County having the largest Black population (30.5 percent) and Alachua County having the largest Other population (20.3 percent) (Table 3.7).

Additionally, a majority of the women are non-Hispanic (84.4 percent). The Hispanic population comprises 15.6 percent of the population, with Marion County having the largest Hispanic population (20.9 percent) (Table 3.7).

Special Populations

Table 3.8. Number and Percent of Migrant and Seasonal Farmworkers by County, Coalition, and State, 2025

Area	Number of Migrant & Seasonal Farmworkers	Percent of Coalition	Total Population	Percent of Population
Alachua	2,650	31.6	301,571	0.9
Bradford	20	0.2	27,672	0.1
Columbia	255	3.0	73,415	0.3
Dixie	82	1.0	17,540	0.5
Gilchrist	831	9.9	19,656	4.2
Hamilton	317	3.8	13,782	2.3
Lafayette	126	1.5	8,189	1.5
Levy	1,285	15.3	46,321	2.8
Marion	805	9.6	418,367	0.2
Putnam	741	8.8	76,406	1.0
Suwannee	1,203	14.4	46,235	2.6
Union	60	0.7	16,424	0.4
Coalition	8,375	100.0	1,065,578	0.8
Florida	115,328		23,368,579	0.5

SOURCE: Shimberg Center for Housing Studies, UF, 2025 Rental Market Study, June, 2025. www.floridacharts.gov population query, 2025, accessed 10-7-25.

The seasonal and migrant farmworker population in the Coalition region represents a small (0.8 percent) portion of the total population. Many experience language barriers, since Spanish is often their primary language. Most of the migrant and seasonal farmworkers are located in Alachua County (31.6 percent) (Table 3.8).

TARGET POPULATION

Number of Households and Income Levels

Table 3.9. Percent of Households by Income Level, County, Coalition and State, 2019-2023

Area	Total Households	Less than $25,000		$25,000 - $49,999		$50,000 - $99,999		$100,000 - $149,999		$150,000 +		Median Household income
		Est. #	Est. %	Est. #	Est. %	Est. #	Est. %	Est. #	Est. %	Est. #	Est. %	
Alachua	112,776	24,247	21.5	24,472	21.7	29,660	26.3	15,676	13.9	18,834	16.7	$59,659
Bradford	9,104	2,185	24.0	1,948	21.4	2,613	28.7	1,375	15.1	992	10.9	$59,740
Columbia	26,720	5,852	21.9	6,546	24.5	7,936	29.7	3,474	13.0	2,912	10.9	$55,070
Dixie	6,130	1,496	24.4	1,919	31.3	1,533	25.0	779	12.7	405	6.6	$47,655
Gilchrist	6,913	1,313	19.0	1,549	22.4	2,164	31.3	1,148	16.6	740	10.7	$61,070
Hamilton	4,360	1,186	27.2	1,042	23.9	1,513	34.7	480	11.0	144	3.3	$47,655
Lafayette	2,619	652	24.9	427	16.3	1,021	39.0	338	12.9	181	6.9	$60,692
Levy	17,976	4,404	24.5	3,847	21.4	5,860	32.6	2,463	13.7	1,402	7.8	$53,805
Marion	159,796	30,042	18.8	38,511	24.1	52,413	32.8	22,851	14.3	15,980	10.0	$58,535
Putnam	30,650	7,938	25.9	8,429	27.5	8,797	28.7	3,341	10.9	2,176	7.1	$47,256
Suwannee	15,567	3,362	21.6	3,705	23.8	5,122	32.9	2,133	13.7	1,245	8.0	$55,479
Union	4,192	742	17.7	968	23.1	1,274	30.4	750	17.9	461	11.0	$64,922
Coalition	396,803	83,419	21.0	93,363	23.5	119,905	30.2	54,805	13.8	45,472	11.5	$57,007
Florida	8,550,911	1,325,391	15.5	1,650,326	19.3	2,599,477	30.4	1,436,553	16.8	1,547,715	18.1	$71,711

Data displayed reflect the American Community Survey 5-year estimates for the year selected.
SOURCE: US Census Bureau, American Community Survey 5-Year Estimates, Tables S1901 and B19013, 2019-2023.

There are 396,803 households within the Coalition region. These households have a median income of $57,007. Putnam County has the lowest median household income at $47,256, and Union County has the highest at $64,922 (Table 3.9).

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. Union County is the most affluent with the largest percentage (17.9 percent) of households above $100,000. Hamilton County is the poorest with the greatest percentage (27.2 percent) of households with income under $25,000 (Table 3.9).

Poverty

Table 3.10. Percent of Persons and Families Below Poverty Level by County, Coalition and State, 2019-2023

	Persons in Poverty	Children in Poverty (0-17)	65 and Over in Poverty	Families in Poverty	Female-Headed Families with Children Under 5 In Poverty
Alachua	19.7	15.2	10.6	8.8	34.2
Bradford	19.1	25.1	20.6	12.6	90.6
Columbia	17.0	21.4	10.8	11.3	16.2
Dixie	19.3	34.5	13.8	12.1	23.4
Gilchrist	11.2	10.3	8.9	8.3	58.1
Hamilton	27.3	38.5	18.1	18.0	88.9
Lafayette	17.8	23.0	17.4	15.0	100.0
Levy	17.2	25.0	11.6	13.6	41.4
Marion	14.6	22.3	9.8	10.2	64.5
Putnam	23.9	33.7	13.3	17.8	52.0
Suwannee	14.2	18.0	11.7	10.8	62.7
Union	18.7	27.0	10.2	13.5	75.0
Coalition	16.4	21.6	10.9	10.9	--
Florida	12.6	16.9	11.4	8.9	34.0

Data displayed reflect the American Community Survey 5-year estimates for the year selected.
SOURCE: www.flhealthcharts.gov; US Census Bureau, American Community Survey 5-Year Estimates, Tables B01001, B02001, B17001, B17010 and DP03; 2019-2023.

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. Ten of the twelve counties in the Coalition have a higher percentage of families in poverty than the state (8.9 percent). Hamilton and Putnam counties have the highest percentages of families in poverty (18.0 percent and 17.8 percent, respectively). As is true throughout the United States, female-headed households with children have the greatest risk for living in poverty. Ten of the twelve counties in the Coalition have a higher percentage of female-headed families with children in poverty than the state (34.0 percent). Lafayette County has the highest percentage in the Coalition region (100.0 percent) (Table 3.10).

When we compare this data to the data from the previous Service Delivery Plan, we noticed every one of our Coalition counties had a higher percentage of female-headed families in poverty when compared to the state. Additionally, we see significant changes in Bradford, Dixie, Gilchrist, Hamilton, Marion, Suwannee, and Union counties.

TARGET POPULATION

Medicaid Eligibility

Table 3.11. Medicaid Population by Age, County, Coalition and State, as of December 2024

Area	Medicaid Population	0-20 Years Old		21-34 Years Old		35-59 Years Old		60-64 Years Old		65+ Years Old	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Alachua	43,119	23,456	54.4	6,303	14.6	6,622	15.4	1,466	3.4	5,272	12.2
Bradford	6,521	3,504	53.7	940	14.4	1,048	16.1	234	3.6	795	12.2
Columbia	19,441	10,343	53.2	2,771	14.3	3,088	15.9	728	3.7	2,511	12.9
Dixie	4,800	2,415	50.3	581	12.1	838	17.5	234	4.9	732	15.3
Gilchrist	4,533	2,505	55.3	588	13.0	650	14.3	157	3.5	633	14.0
Hamilton	3,790	2,162	57.0	482	12.7	543	14.3	124	3.3	479	12.6
Lafayette	1,546	886	57.3	189	12.2	218	14.1	49	3.2	204	13.2
Levy	10,733	5,558	51.8	1,398	13.0	1,753	16.3	488	4.5	1,536	14.3
Marion	88,315	48,380	54.8	12,447	14.1	13,226	15.0	2,872	3.3	11,390	12.9
Putnam	22,630	12,302	54.4	3,172	14.0	3,449	15.2	884	3.9	2,823	12.5
Suwannee	12,260	6,704	54.7	1,596	13.0	1,882	15.4	434	3.5	1,644	13.4
Union	2,739	1,544	56.4	410	15.0	427	15.6	96	3.5	262	9.6
Coalition	220,427	119,759	54.3	30,877	14.0	33,744	15.3	7,766	3.5	28,281	12.8
Florida	4,223,894	2,236,054	52.9	567,778	13.4	597,242	14.1	110,431	2.6	712,389	16.9

SOURCE: Florida Medicaid Program Analysis Report for December 2024.

According to the Agency for Healthcare Administration (AHCA), 220,427 individuals in the Coalition region are Medicaid eligible, 119,759 (54.3 percent) of whom are 20 years of age or younger. Adults ages 21-34 years (14.0 percent), 35-59 years (15.3 percent), 60-64 years (3.5 percent), and 65 years and older (12.8 percent) make up the remaining 100,668 eligible individuals (Table 3.11).

TARGET POPULATION

Educational Attainment

Table 3.12. Persons over Twenty-Five Years of Age by Level of Education, County, Coalition and State, 2019-2023

Area	Total	No High School Diploma		High School Diploma		All College Degree	
		Number	Percent	Number	Percent	Number	Percent
Alachua	171,905	9,925	5.8	61,004	35.5	100,976	58.7
Bradford	20,241	3,504	17.3	12,087	59.7	4,650	23.0
Columbia	49,348	7,161	14.5	29,082	58.9	13,105	26.6
Dixie	12,824	2,265	17.7	8,833	68.9	1,726	13.5
Gilchrist	13,146	1,901	14.5	7,950	60.5	3,295	25.1
Hamilton	9,727	2,107	21.7	5,744	59.1	1,876	19.3
Lafayette	5,874	1,173	20.0	3,842	65.4	859	14.6
Levy	32,667	3,997	12.2	19,549	59.8	9,121	27.9
Marion	289,496	30,065	10.4	163,892	56.6	95,539	33.0
Putnam	53,091	9,443	17.8	32,251	60.7	11,397	21.5
Suwannee	31,419	4,866	15.5	18,994	60.5	7,559	24.1
Union	11,189	2,425	21.7	6,691	59.8	2,073	18.5
Coalition	700,927	78,832	11.2	369,919	52.8	252,176	36.0
Florida	15,850,299	1,643,437	10.4	7,343,603	46.3	6,863,259	43.3

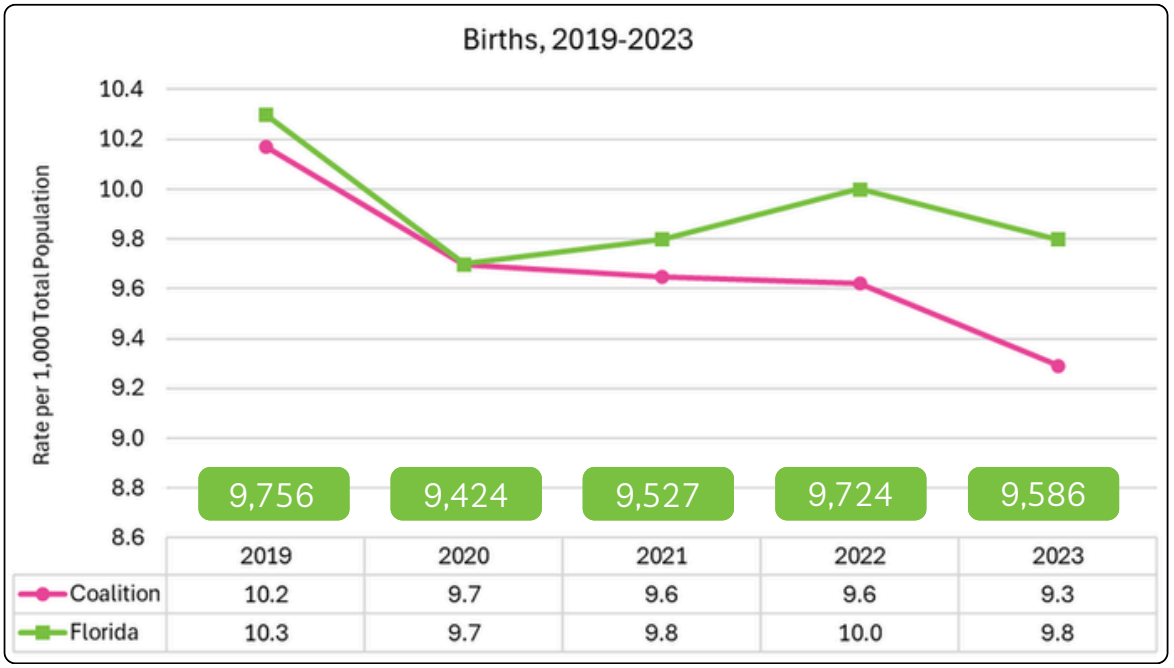
Data displayed reflect the American Community Survey 5-Year estimates for the year selected.
SOURCE: US Census Bureau, American Community Survey 5-Year Estimates, Table B15002; 2019-2023.

Within the Coalition region, 88.8 percent of those 25 years of age and older have a high school diploma (52.8 percent) or a college degree (36.0 percent). However, 11.2 percent of the population did not complete high school. Compared to the state of Florida, those individuals completing high school represent 46.3 percent, which is 6.5 percent less than the Coalition. Those individuals receiving college degrees total 43.3 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 10.4 percent, which is 0.8 percent lower than the Coalition (Table 3.12).

TARGET POPULATION

BIRTHS

Figure 3.1. Rate of Total Births, 2019-2023

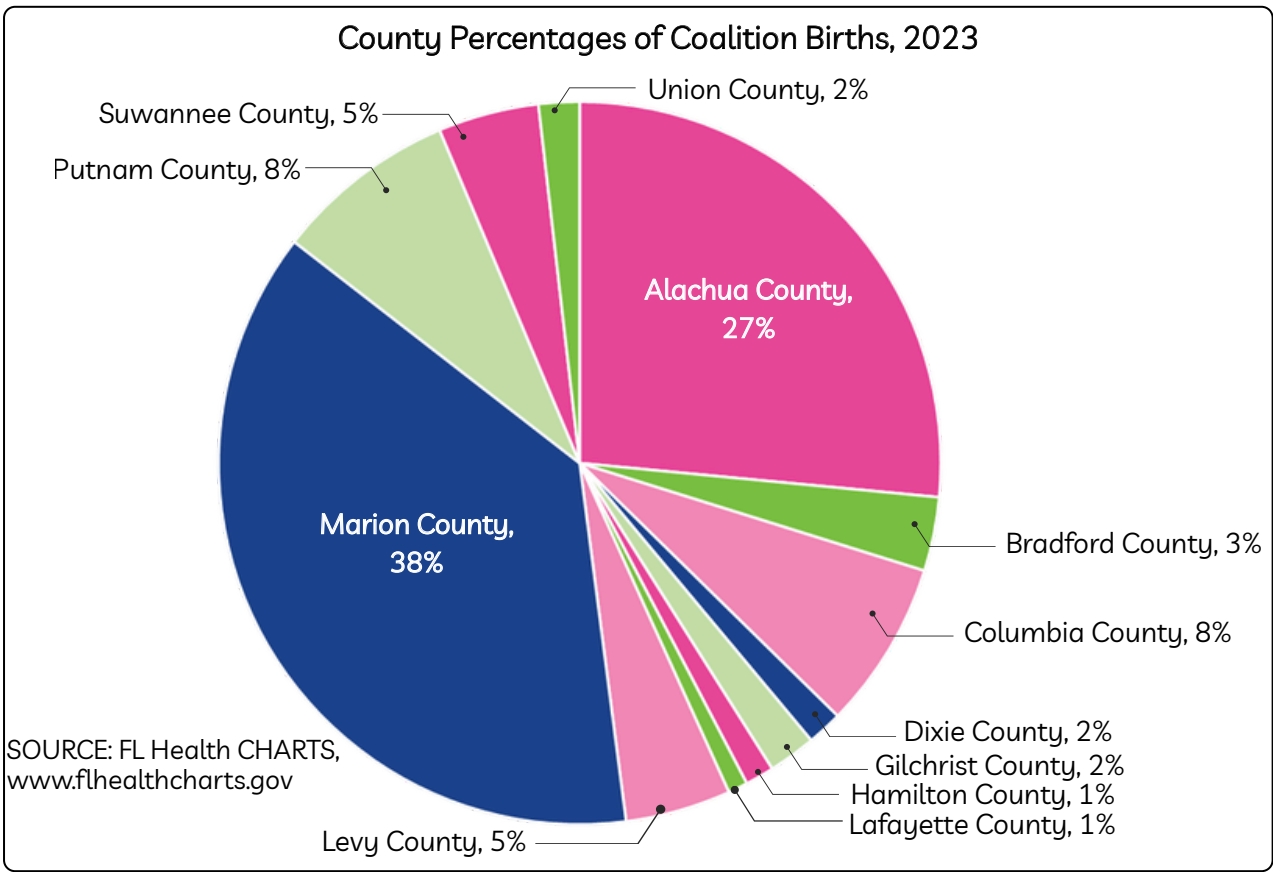


	2019	2020	2021	2022	2023
Coalition	10.2	9.7	9.6	9.6	9.3
Florida	10.3	9.7	9.8	10.0	9.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

From 2019 to 2023, the rate of births in the Coalition region decreased from 10.2 per 1,000 population to 9.3 per 1,000 population. The Coalition has seen a steady decline in the rate of births since 2013 (Figure 3.1).

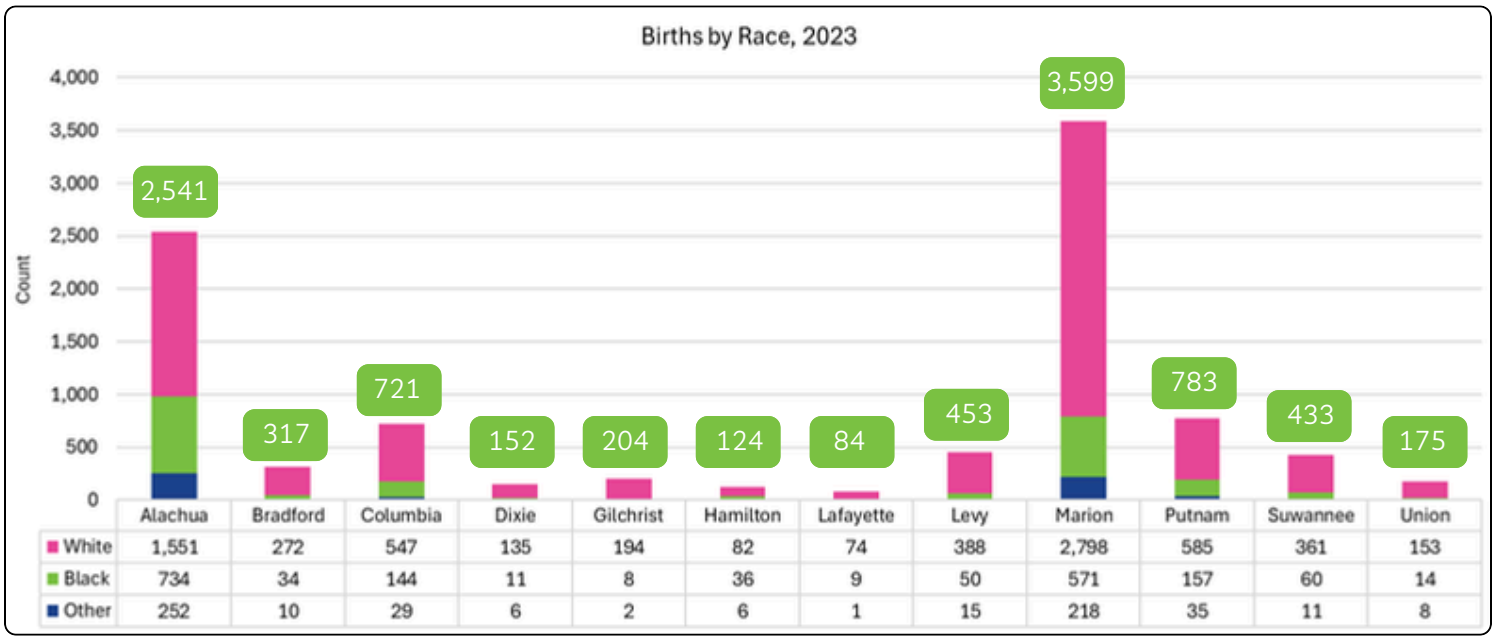
Figure 3.2. Percentage of Births by County, 2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Marion County experienced the highest percentage of births (38 percent) within the Coalition in 2023. Hamilton and Lafayette counties had the lowest percentage of births (1 percent) within the Coalition in 2023 (Figure 3.2).

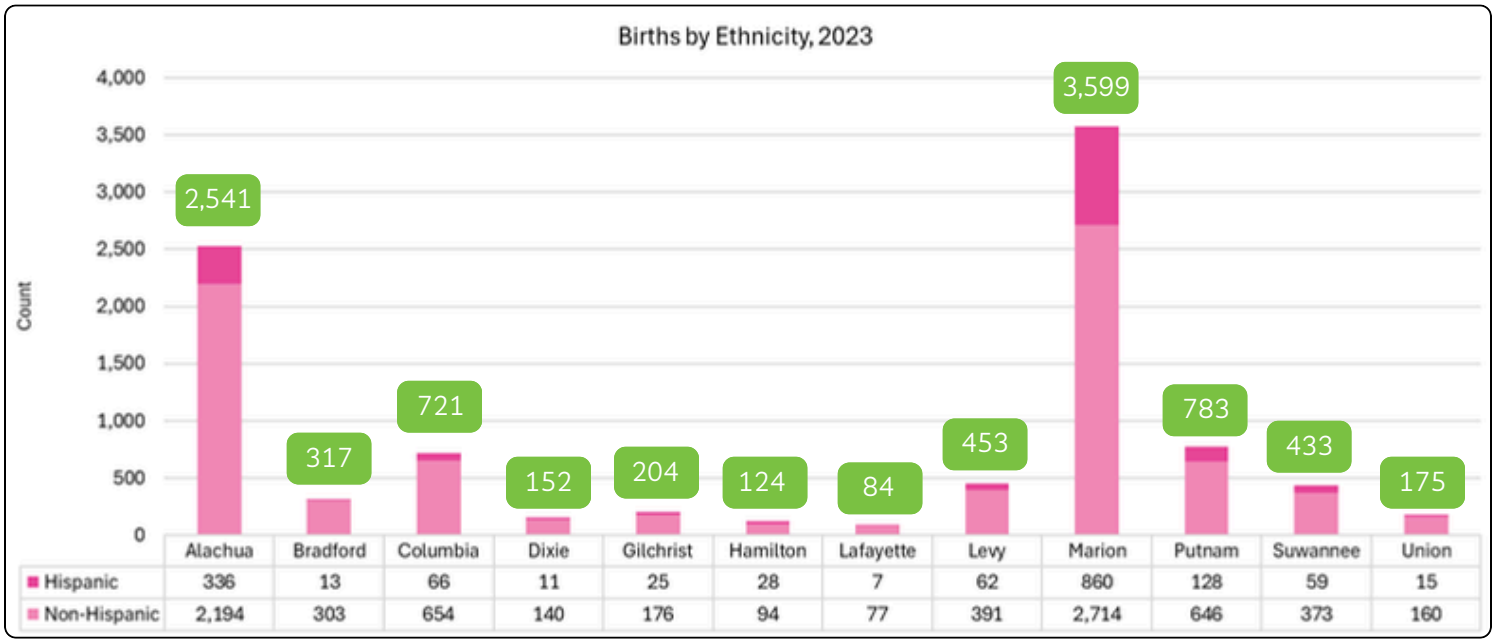
Figure 3.3. Counts of Births by Race, 2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union
White	1,551	272	547	135	194	82	74	388	2,798	585	361	153
Black	734	34	144	11	8	36	9	50	571	157	60	14
Other	252	10	29	6	2	6	1	15	218	35	11	8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

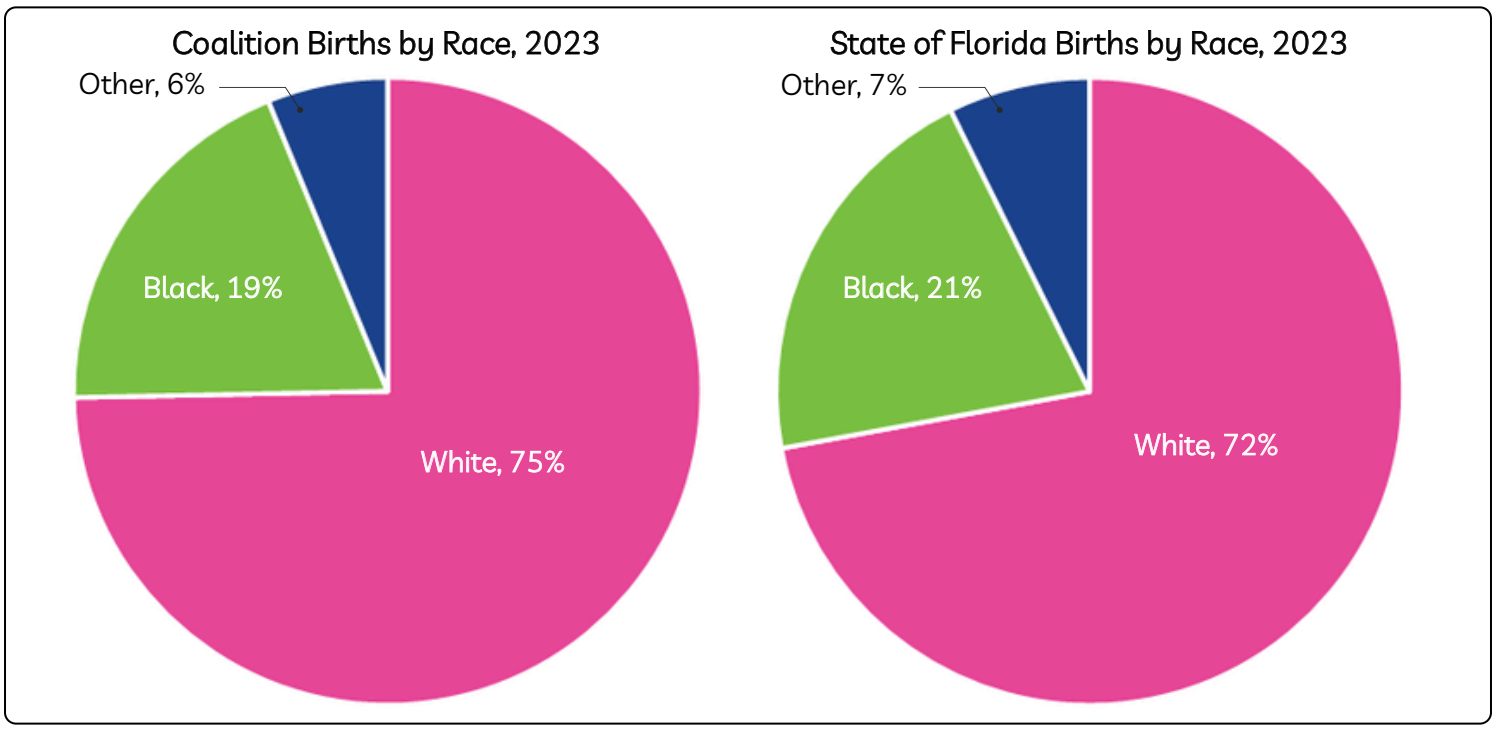
Figure 3.4. Counts of Births by Ethnicity, 2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union
Hispanic	336	13	66	11	25	28	7	62	860	128	59	15
Non-Hispanic	2,194	303	654	140	176	94	77	391	2,714	646	373	160

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

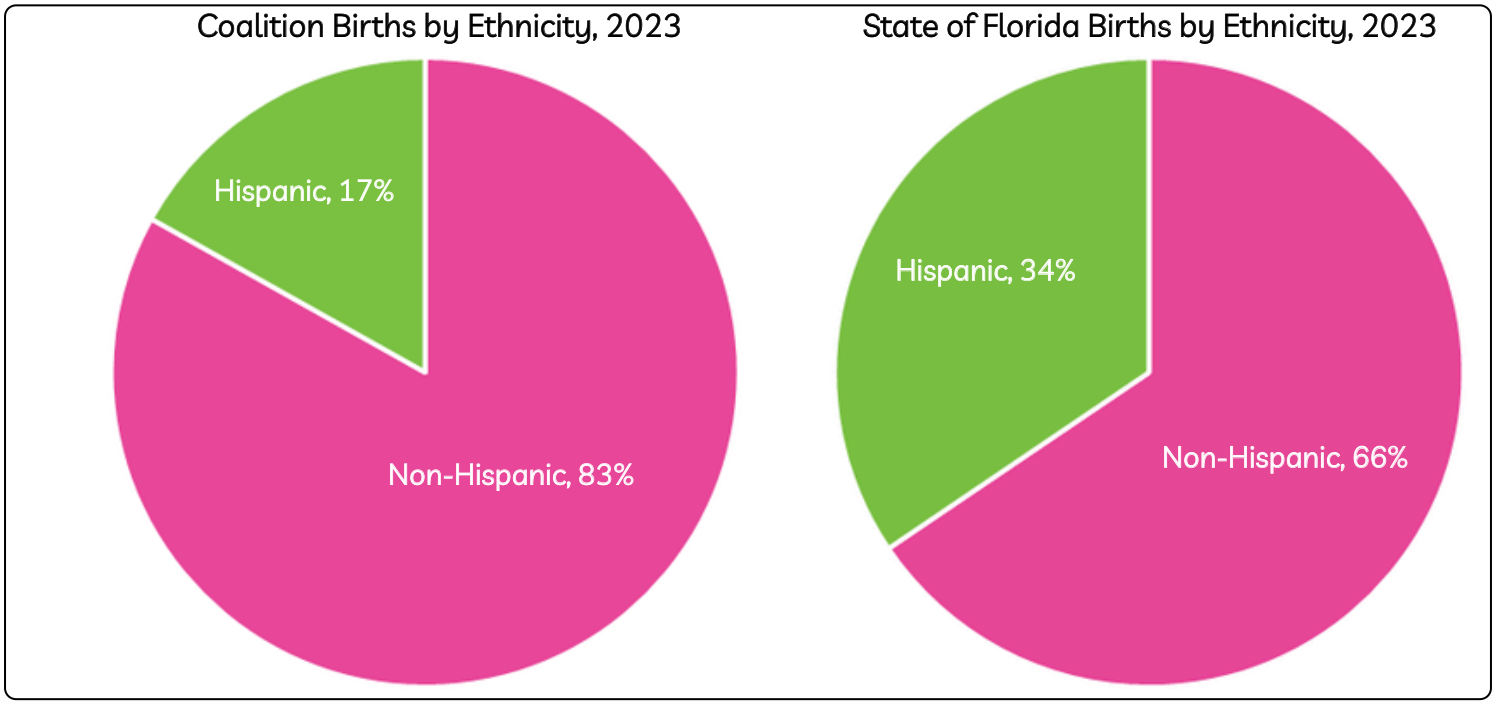
Figure 3.5. Percentage of Coalition Births by Race Compared to Florida Births by Race, 2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Seventy-five percent of the births in 2023 in the Coalition area were White infants; nineteen percent were Black infants, and six percent were Other infants. Compared to the state (72 percent), the Coalition area had a slightly higher percentage of White births (75 percent) and a lower percentage of Black births (21 percent and 19 percent, respectively). The Coalition had a slightly lower percentage of Other births (6 percent) than the state (7 percent) (Figure 3.5).

Figure 3.6. Percentage of Coalition Births by Ethnicity Compared to Florida Births by Ethnicity, 2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Regarding births by ethnicity, the Coalition had a much lower percentage of Hispanic births (17 percent) than the state (34 percent) (Figure 3.6).

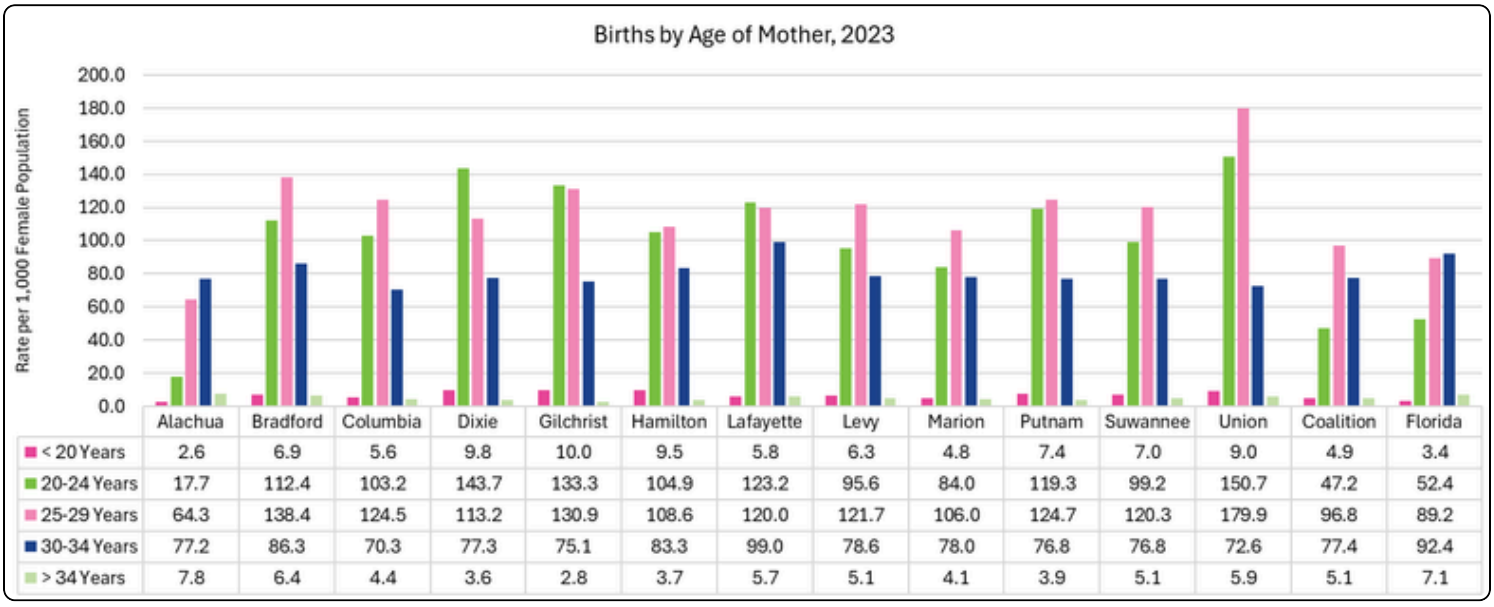
TARGET POPULATION

Table 3.13. Counts of Births by Mother's Age, 2019-2023

Births by Age, 2019-2023								
Year	10-14	15-17	18-19	20-24	25-29	30-34	35 or older	Total
2019	9	116	432	2,405	2,990	2,401	1,355	9,708
2020	6	136	411	2,343	2,814	2,382	1,320	9,412
2021	9	150	421	2,278	2,935	2,353	1,411	9,557
2022	8	136	421	2,218	2,822	2,632	1,473	9,710
2023	2	136	409	2,175	2,810	2,452	1,569	9,553

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Figure 3.7. Rates of Birth by Mother's Age, 2023



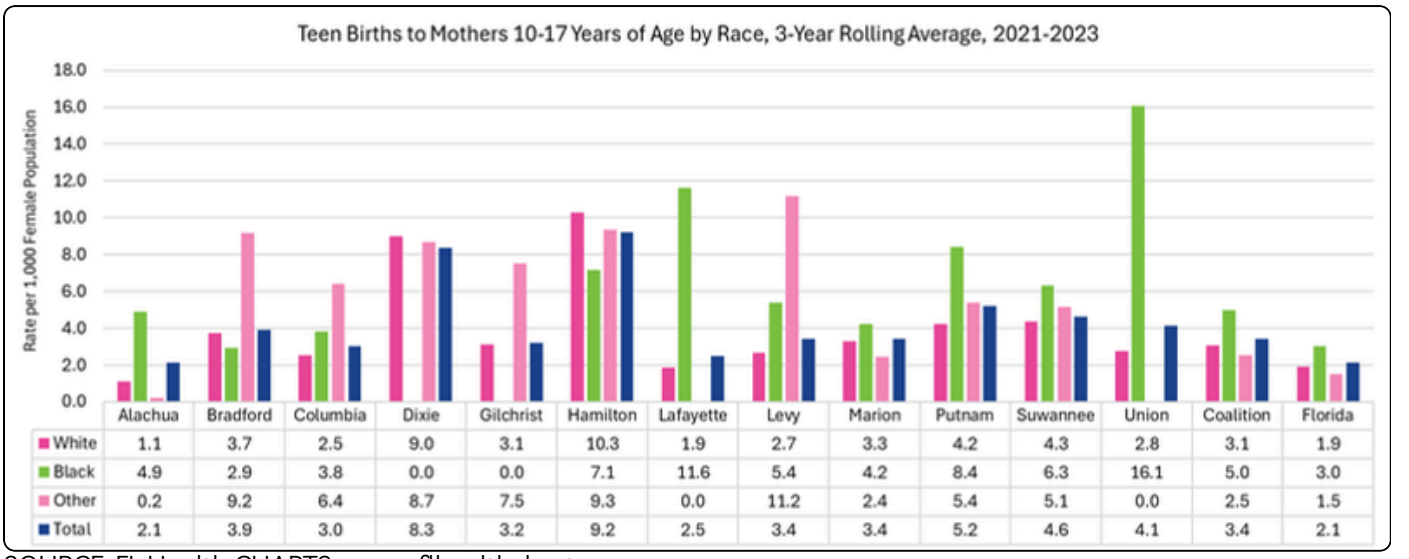
	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
< 20 Years	2.6	6.9	5.6	9.8	10.0	9.5	5.8	6.3	4.8	7.4	7.0	9.0	4.9	3.4
20-24 Years	17.7	112.4	103.2	143.7	133.3	104.9	123.2	95.6	84.0	119.3	99.2	150.7	47.2	52.4
25-29 Years	64.3	138.4	124.5	113.2	130.9	108.6	120.0	121.7	106.0	124.7	120.3	179.9	96.8	89.2
30-34 Years	77.2	86.3	70.3	77.3	75.1	83.3	99.0	78.6	78.0	76.8	76.8	72.6	77.4	92.4
> 34 Years	7.8	6.4	4.4	3.6	2.8	3.7	5.7	5.1	4.1	3.9	5.1	5.9	5.1	7.1

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, births to mothers 25-29 years of age had the highest rate (96.8 per 1,000 female population) within the Coalition area. The second highest age group for births was to mothers 30-34 years of age (77.4 per 1,000 female population) within the Coalition area. Births to mothers 20-24 years of age had a rate of 47.2 per 1,000 female population. For mothers less than 20 years of age, the rate was 4.9 per 1,000 female population while the rate for mothers older than 34 years of age was 5.1 per 1,000 female population (Figure 3.7).

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 77.4 per 1,000 female population, compared to the state's significantly higher rate of 92.4 per 1,000 female population (Figure 3.7).

Figure 3.8. Rates of Teen Births to Mothers 10-17 Years of Age by Race, 3-Year Rolling Average, 2021-2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
White	1.1	3.7	2.5	9.0	3.1	10.3	1.9	2.7	3.3	4.2	4.3	2.8	3.1	1.9
Black	4.9	2.9	3.8	0.0	0.0	7.1	11.6	5.4	4.2	8.4	6.3	16.1	5.0	3.0
Other	0.2	9.2	6.4	8.7	7.5	9.3	0.0	11.2	2.4	5.4	5.1	0.0	2.5	1.5
Total	2.1	3.9	3.0	8.3	3.2	9.2	2.5	3.4	3.4	5.2	4.6	4.1	3.4	2.1

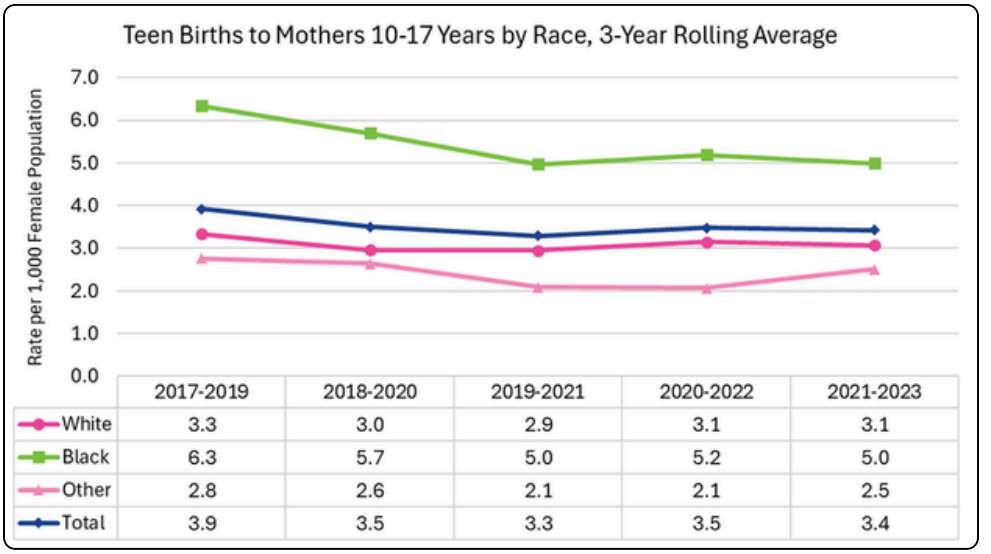
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

From 2021-2023, the Coalition's average rate of births to Black mothers 10-17 years of age was 5.0 per 1,000 female population, while the rate for White mothers 10-17 years of age was 3.1 per 1,000 female population. In comparison to the state, the Coalition had higher rates of teen births for all races than the state as a whole. White mothers in Dixie, Hamilton, Putnam, and Suwannee counties each had at least double the state's teen birth rate of 1.9 per 1,000 female population. Black mothers throughout the majority of the Coalition service area including Alachua, Columbia, Hamilton, Lafayette, Levy, Marion, Putnam, Suwannee, and Union counties all had a higher rate of teen birth than that of the state (3.0 per 1,000 female population) (Figure 3.8).

Table 3.14. Counts of Teen Birth to Mothers 10-17 Years of Age of Race, 2019-2023

Teen Births to Mothers 10-17 Years of Age by Race, 2019-2023					
	2019	2020	2021	2022	2023
White	82	79	91	105	78
Black	36	45	43	45	45
Other	6	9	5	7	15
Total	124	133	139	157	138

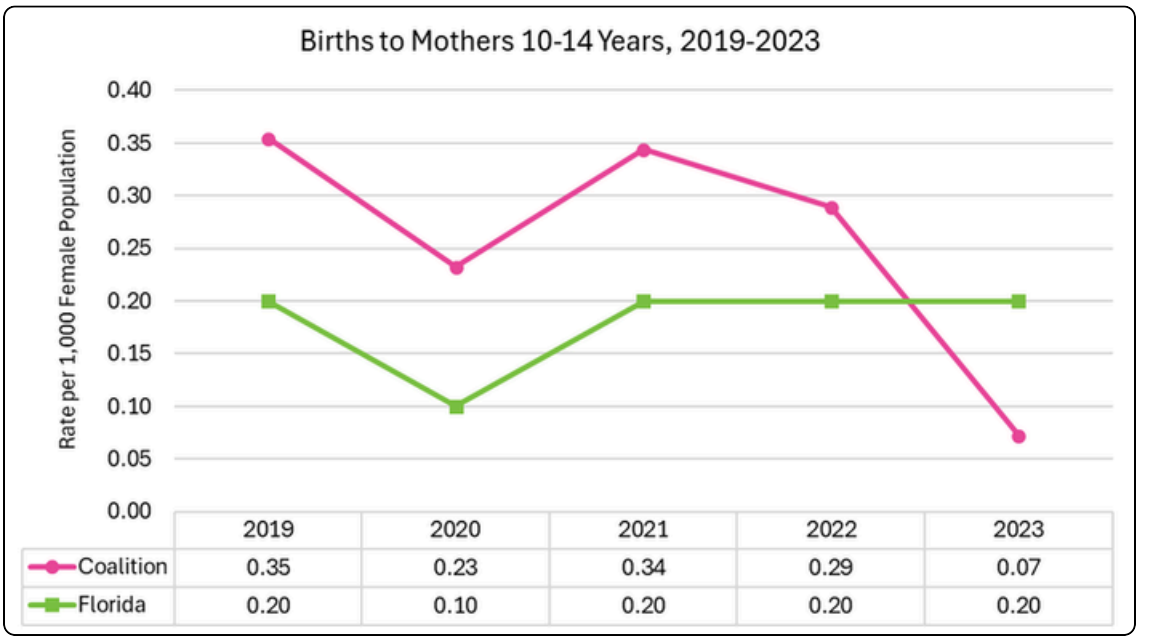
Figure 3.9. Rates of Teen Births to Mothers 10-17 Years of Age by Race, 3-Year Rolling Averages



	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
White	3.3	3.0	2.9	3.1	3.1
Black	6.3	5.7	5.0	5.2	5.0
Other	2.8	2.6	2.1	2.1	2.5
Total	3.9	3.5	3.3	3.5	3.4

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

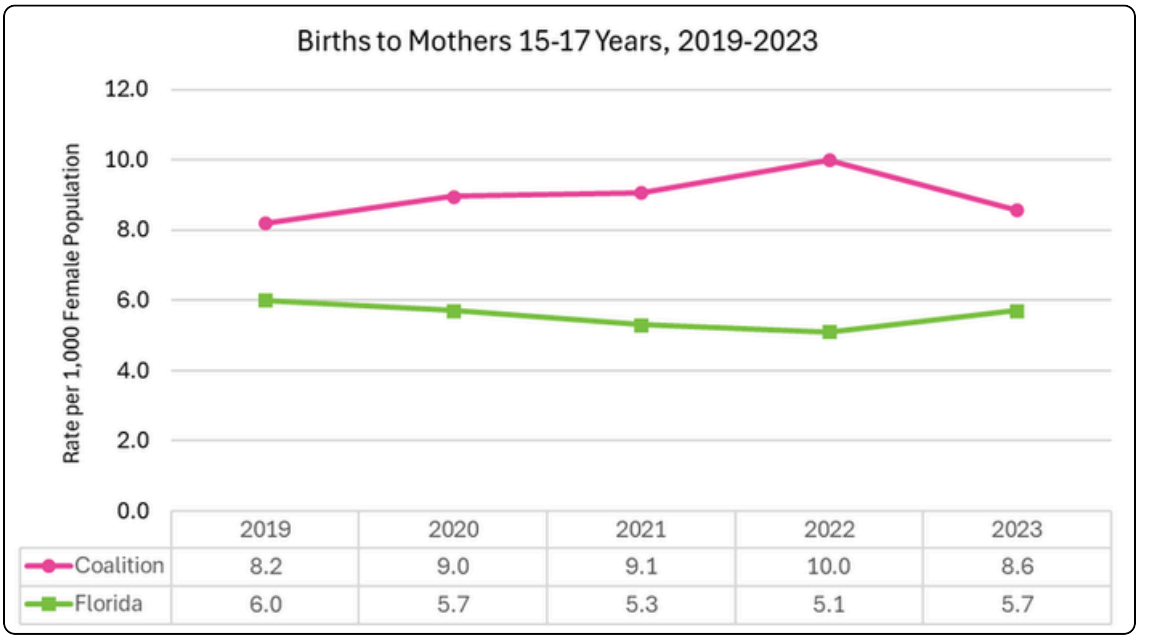
Figure 3.10. Rates of Teen Births to Mothers 10-14 Years of Age, 2019-2023



	2019	2020	2021	2022	2023
Coalition	0.35	0.23	0.34	0.29	0.07
Florida	0.20	0.10	0.20	0.20	0.20

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

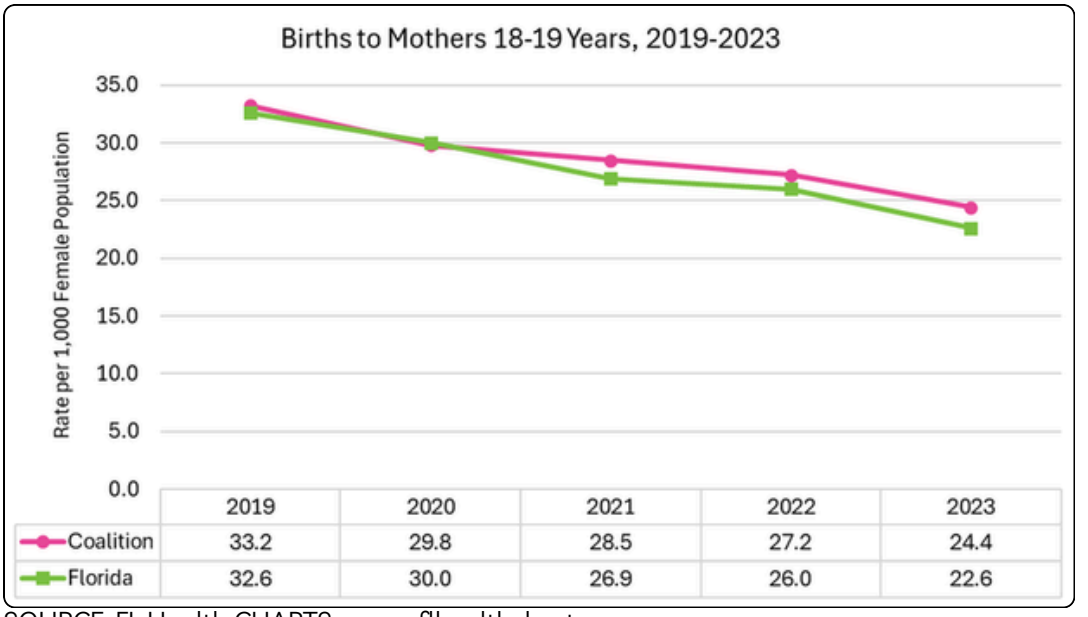
Figure 3.11. Rates of Teen Births to Mothers 15-17 Years of Age, 2019-2023



	2019	2020	2021	2022	2023
Coalition	8.2	9.0	9.1	10.0	8.6
Florida	6.0	5.7	5.3	5.1	5.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Figure 3.12. Rate of Births to Mothers 18-19 Years of Age, 2019-2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

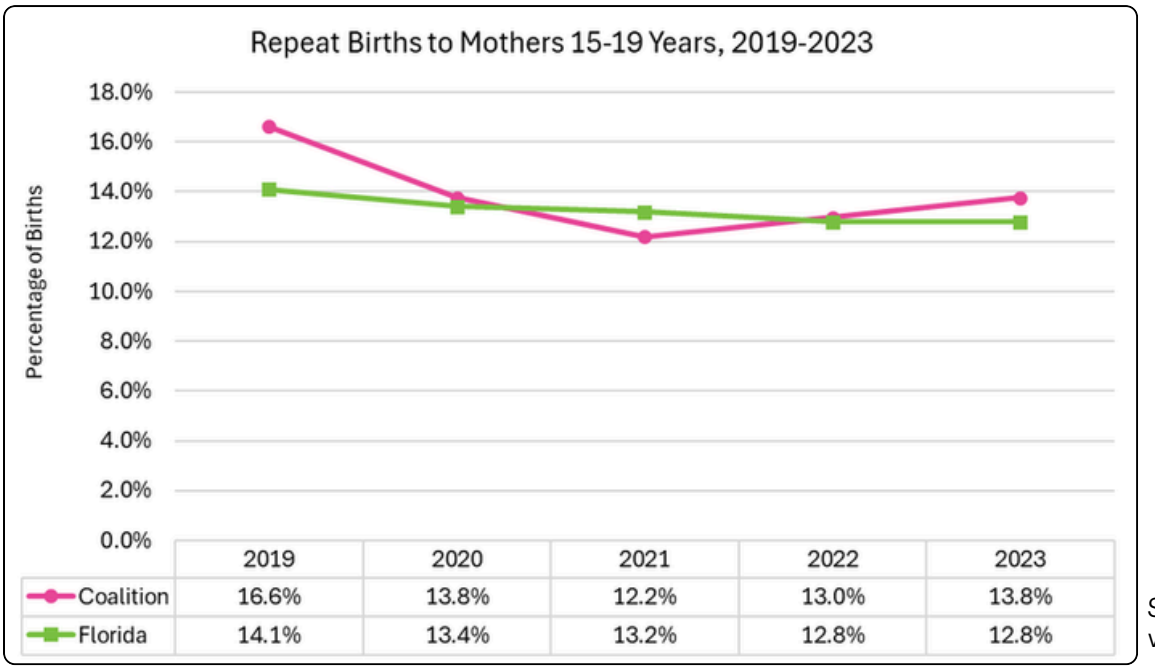
Table 3.15. Percentage and Count of Repeat Births to Mothers 15-19 Years of Age, 2020-2023

Repeat Births 15-19 Years, 2020-2023								
	2020		2021		2022		2023	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Alachua	12	11.2%	13	12.6%	12	12.5%	12	13.0%
Bradford	4	16.7%	3	16.7%	3	16.7%	3	15.0%
Columbia	3	7.1%	7	17.1%	5	9.3%	5	10.6%
Dixie	2	8.0%	0	0.0%	3	18.8%	4	25.0%
Gilchrist	2	18.2%	2	15.4%	2	20.0%	4	19.0%
Hamilton	2	13.3%	3	21.4%	2	9.5%	1	7.1%
Lafayette	1	25.0%	2	28.6%	3	60.0%	0	0.0%
Levy	3	16.7%	2	10.0%	2	9.5%	3	10.7%
Marion	34	15.5%	21	10.5%	21	10.6%	27	14.1%
Putnam	10	14.9%	8	11.8%	12	15.8%	8	13.3%
Suwannee	4	16.7%	4	12.1%	7	15.2%	8	22.9%
Union	0	0.0%	1	12.5%	2	22.2%	0	0.0%
Coalition	77	13.8%	66	12.2%	74	13.0%	75	13.8%
Florida	1,192	13.4%	1,064	13.2%	1,039	12.8%	1,042	12.8%

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Dixie County had the highest percentage of repeat births to mothers 15-19 years of age in 2023 with 25.0 percent. Although Lafayette County had the highest percentage of repeat births to mothers 15-19 years of age from 2020 to 2022, the county had one of the lowest in 2023 (0.0 percent), as there were zero reported repeat births (Table 3.15).

Figure 3.13. Percentage of Repeat Births to Mothers 15-19 Years of Age, 2019-2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

From 2019 to 2023, the percentage of repeat births to mothers 15-19 years of age within the Coalition decreased overall from 16.6 percent to 13.8 percent. However, while the percentage decreased overall, the rate shifted from steadily decreasing from 2019-2021 to steadily increasing. 2021 had the lowest percentage of repeat births (12.2 percent) during the five-year period with the Coalition's rate dropping below the state at 13.2 percent (Figure 3.13).

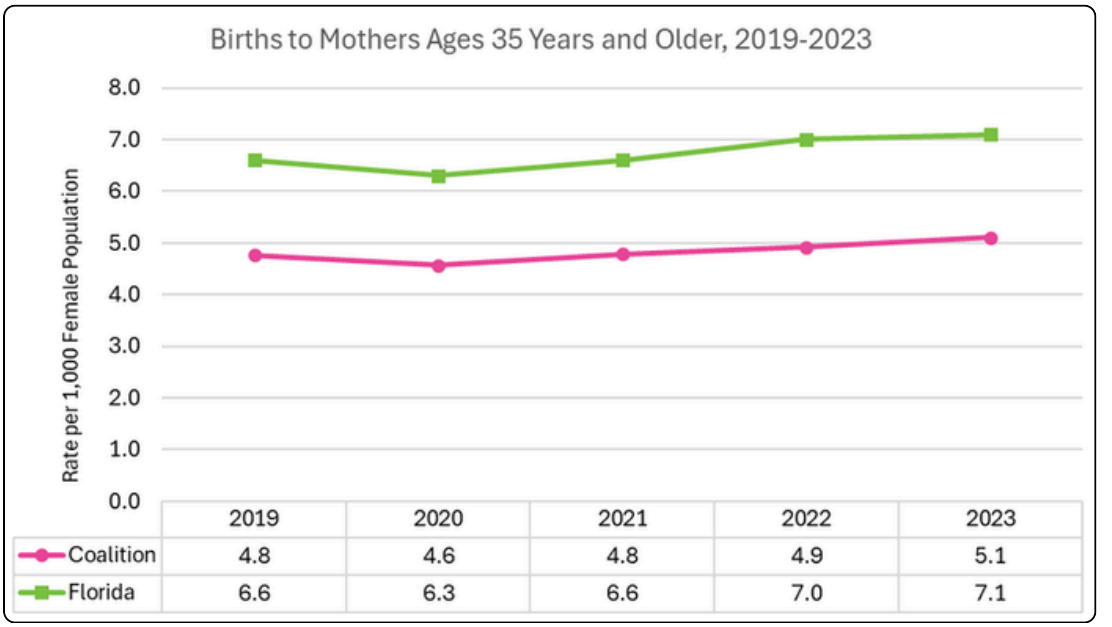
Table 3.16. Rate of Births to Mothers 35 Years of Age and Older, 2020-2023

Births to Mothers 35 Years and Older, Rate per 1,000 Female Population, 2020-2023								
	2020		2021		2022		2023	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Alachua	479	7.2	505	7.4	590	8.2	554	7.8
Bradford	30	3.9	29	3.8	32	4.4	47	6.4
Columbia	102	5.1	101	5.0	86	4.3	94	4.4
Dixie	21	4.3	12	2.4	14	2.9	18	3.6
Gilchrist	23	4.2	29	5.1	27	4.9	16	2.8
Hamilton	24	6.4	16	4.3	22	6.8	14	3.7
Lafayette	4	1.8	7	3.0	8	4.1	12	5.7
Levy	50	3.7	56	4.0	41	2.8	74	5.1
Marion	428	3.4	501	3.9	476	3.6	561	4.1
Putnam	91	4.0	88	3.8	93	4.0	91	3.9
Suwannee	56	4.1	52	3.8	61	4.6	69	5.1
Union	12	4.1	15	5.1	23	8.0	19	5.9
Coalition	1,320	4.6	1,411	4.8	1,473	4.9	1,569	5.1
Florida	42,291	6.3	45,121	6.6	48,738	7.0	49,880	7.1

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Between 2020 and 2023, both the Coalition and state rates of births to mothers 35 years and older consistently increased. The increase was more significant for the state when compared to the Coalition area (Table 3.16).

Figure 3.14. Rate of Births to Mothers 35 Years and Older, 2019-2023



	2019	2020	2021	2022	2023
Coalition	4.8	4.6	4.8	4.9	5.1
Florida	6.6	6.3	6.6	7.0	7.1

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Within the Coalition region, the rate of births to mothers 35 years and older remained relatively stable, at approximately 4.8 per 1,000 female population between 2019-2023. As a comparison, the state's rate also remained relatively stable, at approximately 6.7 per 1,000 female population. Between 2019-2023, the Coalition had a lower rate of births to mothers age 35 years and older than the state (5.1 per 1,000 female population and 7.1 per 1,000 female population, respectively, in 2023) (Figure 3.14).



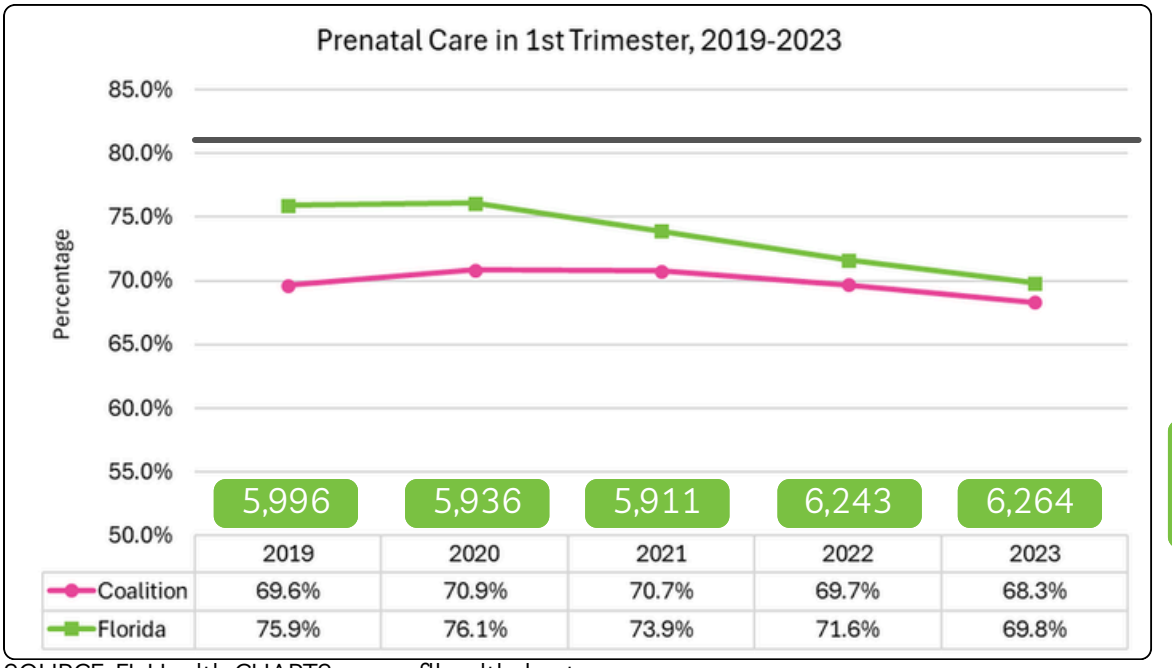
FACTORS CONTRIBUTING TO HEALTH STATUS INDICATORS

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

PRENATAL CARE

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

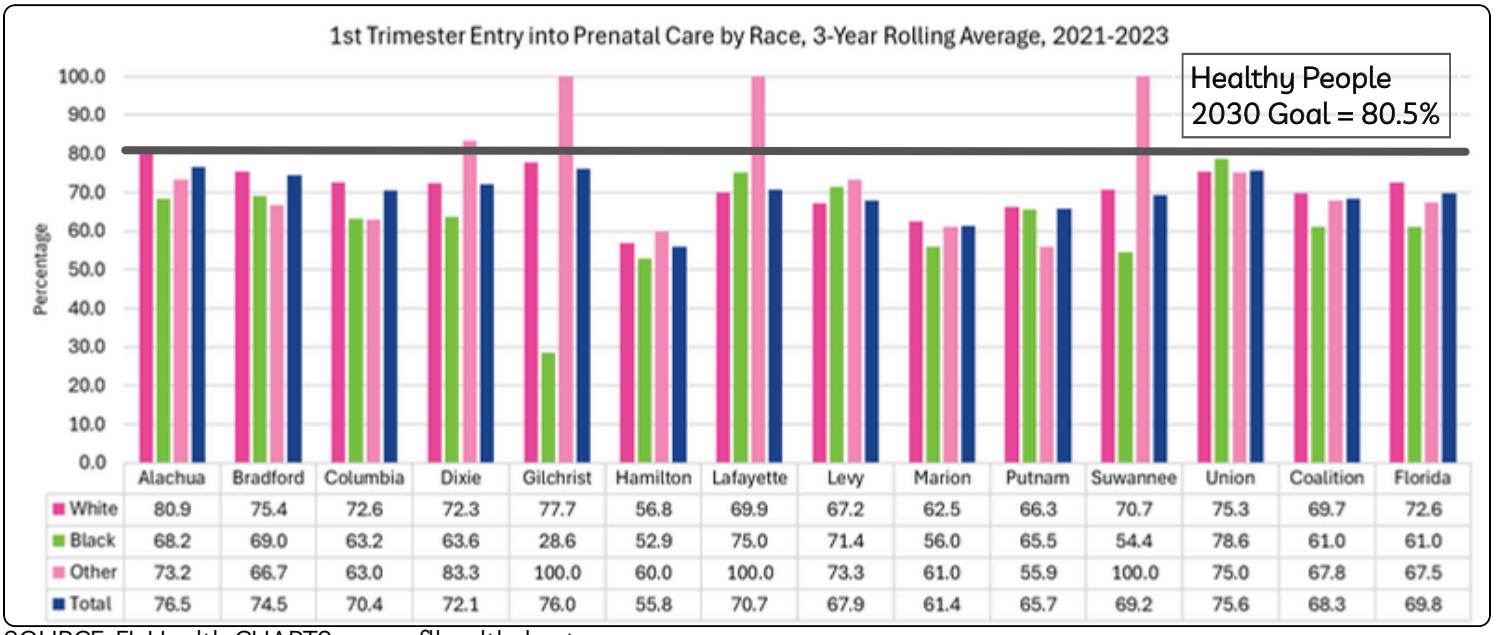
Figure 4.1. Percentage of Prenatal Care in 1st Trimester, 2019-2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The number of pregnant women who receive prenatal care in the first trimester has declined since 2019 in the Coalition area and in the state. In 2023, only 68.3 percent of pregnant women in the Coalition area received care in the first trimester, down from 69.6 percent in 2019 and 72.7 percent in 2016. The Healthy People 2030 goal is 80.5 percent (Figure 4.1).

Figure 4.2. Percentage of First Trimester Entry into Prenatal Care by Race, 3-Year Rolling Average, 2021-2023

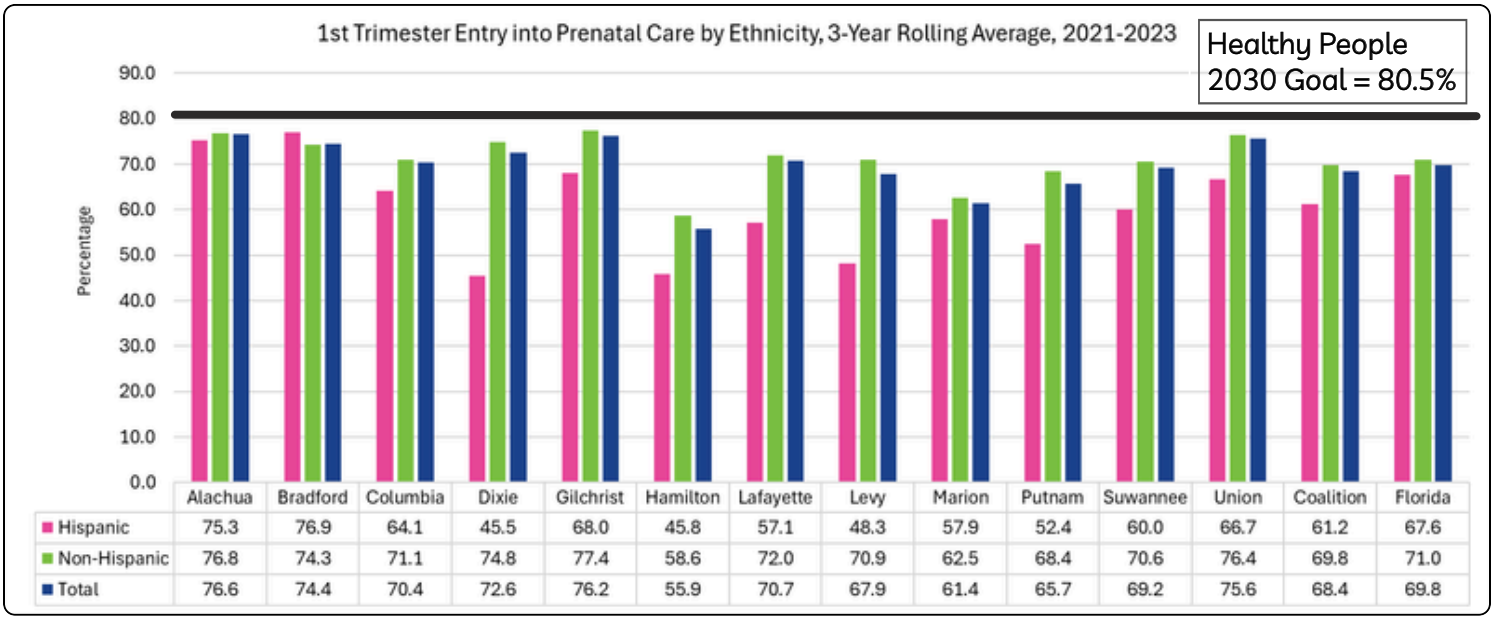


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
White	80.9	75.4	72.6	72.3	77.7	56.8	69.9	67.2	62.5	66.3	70.7	75.3	69.7	72.6
Black	68.2	69.0	63.2	63.6	28.6	52.9	75.0	71.4	56.0	65.5	54.4	78.6	61.0	61.0
Other	73.2	66.7	63.0	83.3	100.0	60.0	100.0	73.3	61.0	55.9	100.0	75.0	67.8	67.5
Total	76.5	74.5	70.4	72.1	76.0	55.8	70.7	67.9	61.4	65.7	69.2	75.6	68.3	69.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition area falls below the state's rate in White and total percentage of women who enter prenatal care in the first trimester. Alachua County white women is the only population (80.9 percent) close to the Healthy People 2030 goal of 80.5 percent. While the Other population appears to have better rates in some instances, the actual raw numbers of women in those counties are too small to draw any clear conclusions (Figure 4.2).

Figure 4.3. Percentage of First Trimester Entry into Prenatal Care by Ethnicity, 3-Year Rolling Average, 2021-2023



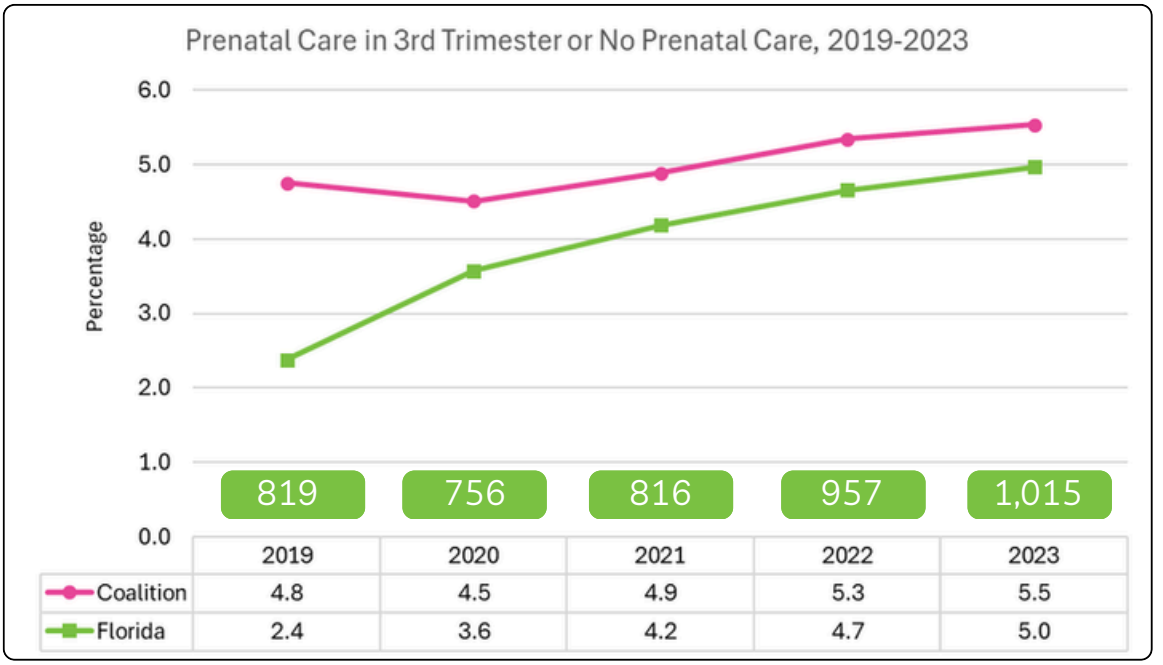
	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
Hispanic	75.3	76.9	64.1	45.5	68.0	45.8	57.1	48.3	57.9	52.4	60.0	66.7	61.2	67.6
Non-Hispanic	76.8	74.3	71.1	74.8	77.4	58.6	72.0	70.9	62.5	68.4	70.6	76.4	69.8	71.0
Total	76.6	74.4	70.4	72.6	76.2	55.9	70.7	67.9	61.4	65.7	69.2	75.6	68.4	69.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's percentage for Hispanic (61.2 percent) and Non-Hispanic (69.8 percent) women entering prenatal care in the first trimester also falls below the state (67.6 percent and 71.0 percent). Hispanic women in nine of our counties (Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Putnam, Suwannee, and Union counties) are less likely to have prenatal care in the first trimester than Hispanic women living in one of the three remaining counties within the Coalition service area. Overall, there haven't been significant changes for first trimester entry into prenatal care by ethnicity since the last Service Delivery Plan (Figure 4.3).

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

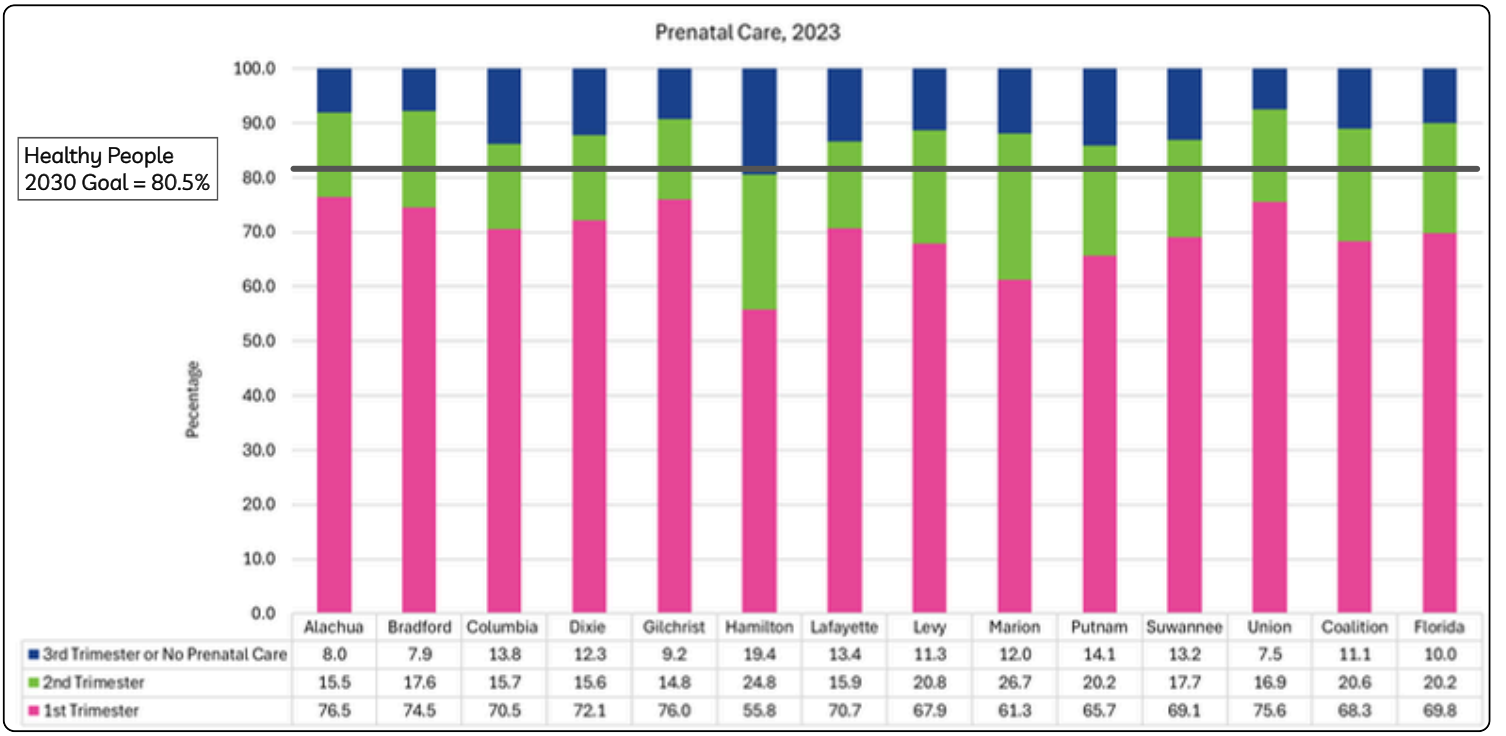
Figure 4.4. Percentage of Prenatal Care in Third Trimester or No Prenatal Care, 2019-2023



Number of women who received prenatal care in 3rd trimester or no care

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

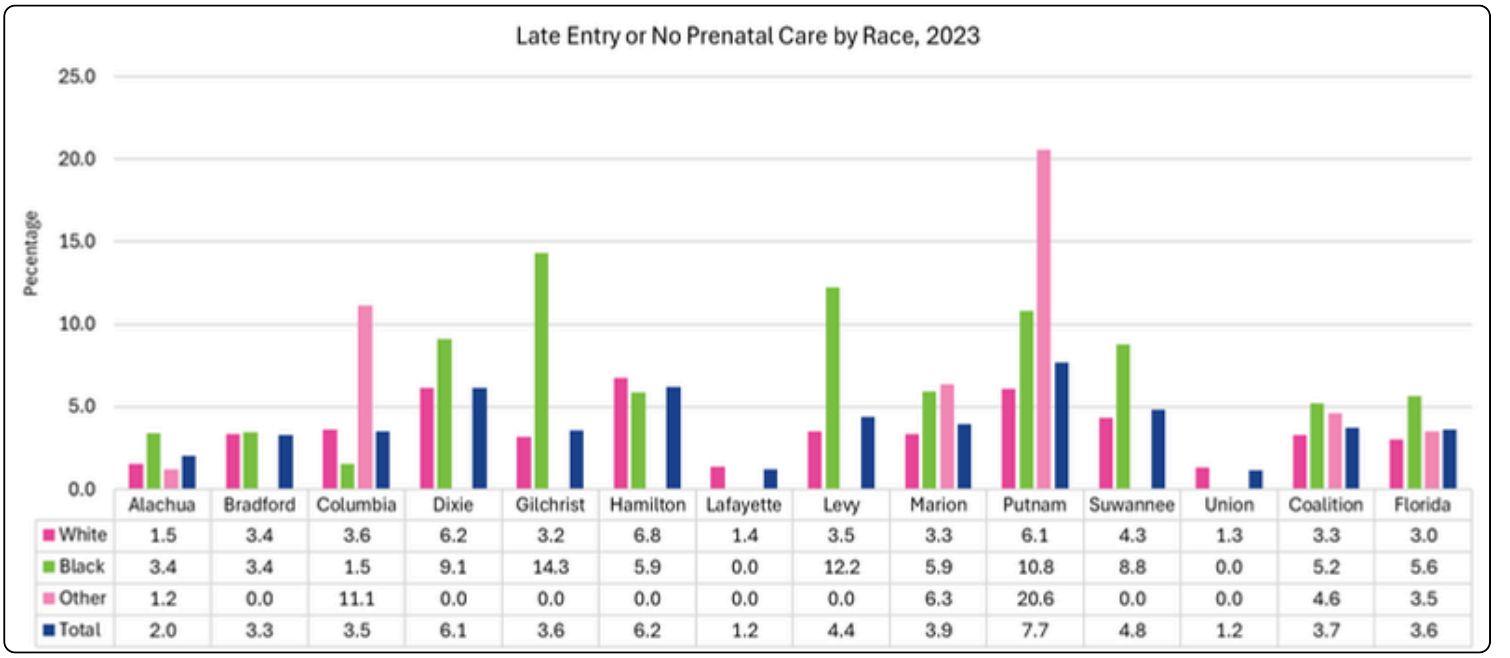
Figure 4.5. Percentage of Prenatal Care Entry, 2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The percentage of women not accessing timely prenatal care has been increasing overall since 2019. This includes women not accessing care until the third trimester or receiving no prenatal care at all. Eight of the Coalition's twelve counties were above the state rate for third trimester or no prenatal care in 2023. Hamilton County, one of the Coalition's smallest and most rural counties, was nearly twice the state's rate (Figure 4.5).

Figure 4.6. Percentage of Late Entry or No Prenatal Care Percentages by Race, 2023

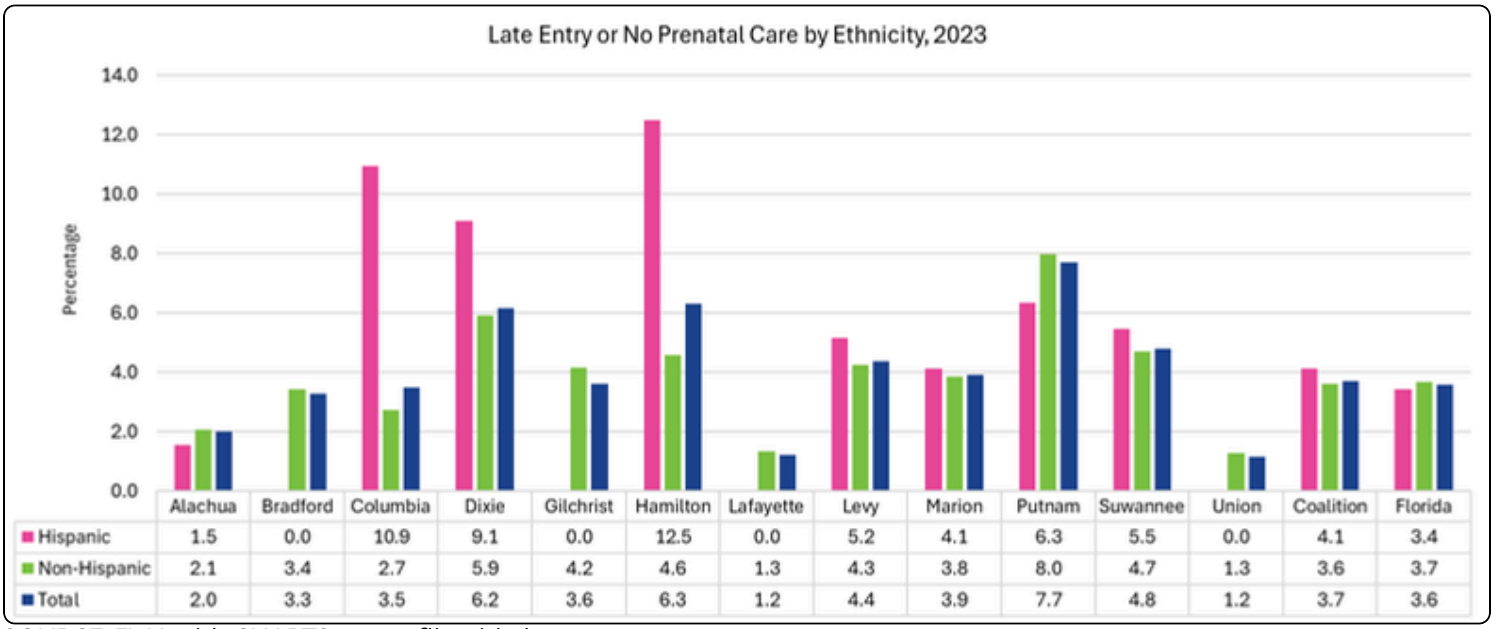


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
White	1.5	3.4	3.6	6.2	3.2	6.8	1.4	3.5	3.3	6.1	4.3	1.3	3.3	3.0
Black	3.4	3.4	1.5	9.1	14.3	5.9	0.0	12.2	5.9	10.8	8.8	0.0	5.2	5.6
Other	1.2	0.0	11.1	0.0	0.0	0.0	0.0	0.0	6.3	20.6	0.0	0.0	4.6	3.5
Total	2.0	3.3	3.5	6.1	3.6	6.2	1.2	4.4	3.9	7.7	4.8	1.2	3.7	3.6

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's overall White and Other rates of late entry or no prenatal care were higher than the state's rates in 2023. However, Black women had the highest percentage overall in the Coalition at 5.2 percent. Percentages of late or no prenatal care have improved significantly across the board since the last Service Delivery Plan. While lower population counts in our rural counties make it more difficult to observe data trends, it is clear that there are persistent differences when accessing care (Figure 4.6).

Figure 4.7. Percentage of Late Entry or No Prenatal Care Percentages by Ethnicity, 2023

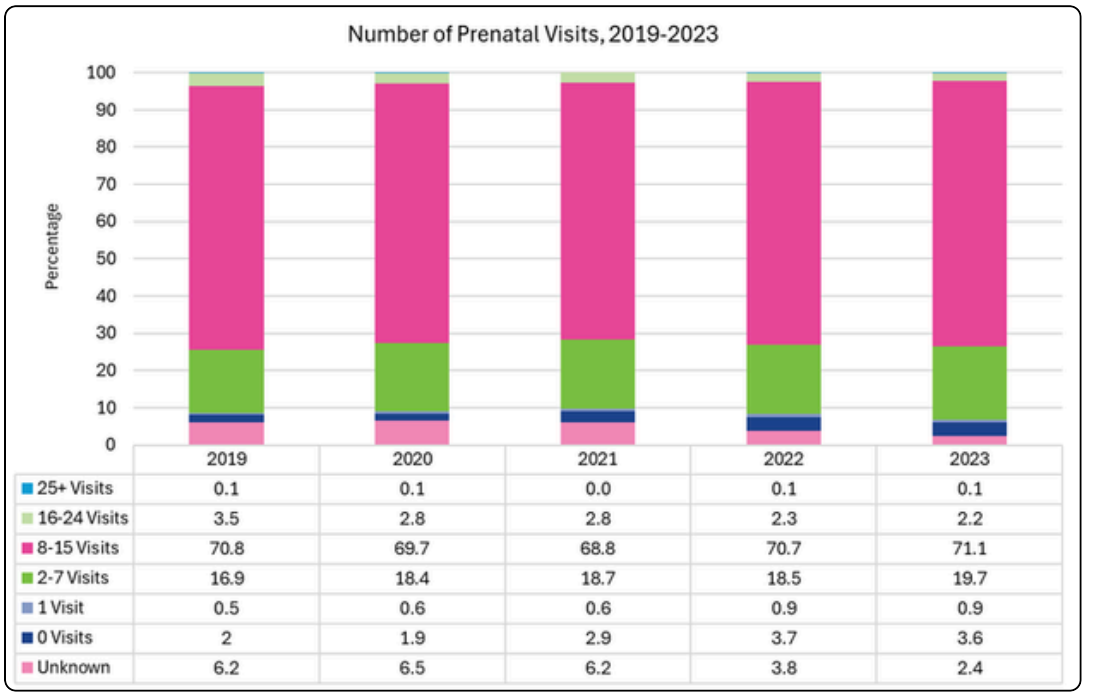


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
Hispanic	1.5	0.0	10.9	9.1	0.0	12.5	0.0	5.2	4.1	6.3	5.5	0.0	4.1	3.4
Non-Hispanic	2.1	3.4	2.7	5.9	4.2	4.6	1.3	4.3	3.8	8.0	4.7	1.3	3.6	3.7
Total	2.0	3.3	3.5	6.2	3.6	6.3	1.2	4.4	3.9	7.7	4.8	1.2	3.7	3.6

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

When evaluating data by ethnicity, Hispanic women had the highest overall rate of late entry or no prenatal care (4.1 percent) in the Coalition and a higher overall rate than the state (3.4 percent) in 2023. The Coalition's overall rate of late entry or no prenatal care for non-Hispanic women (3.6 percent) was lower than the state (3.7 percent) (Figure 4.7).

Figure 4.8. Percentage of the Number of Prenatal Visits, 2019-2023



	2019	2020	2021	2022	2023
25+ Visits	0.1	0.1	0.0	0.1	0.1
16-24 Visits	3.5	2.8	2.8	2.3	2.2
8-15 Visits	70.8	69.7	68.8	70.7	71.1
2-7 Visits	16.9	18.4	18.7	18.5	19.7
1 Visit	0.5	0.6	0.6	0.9	0.9
0 Visits	2	1.9	2.9	3.7	3.6
Unknown	6.2	6.5	6.2	3.8	2.4

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

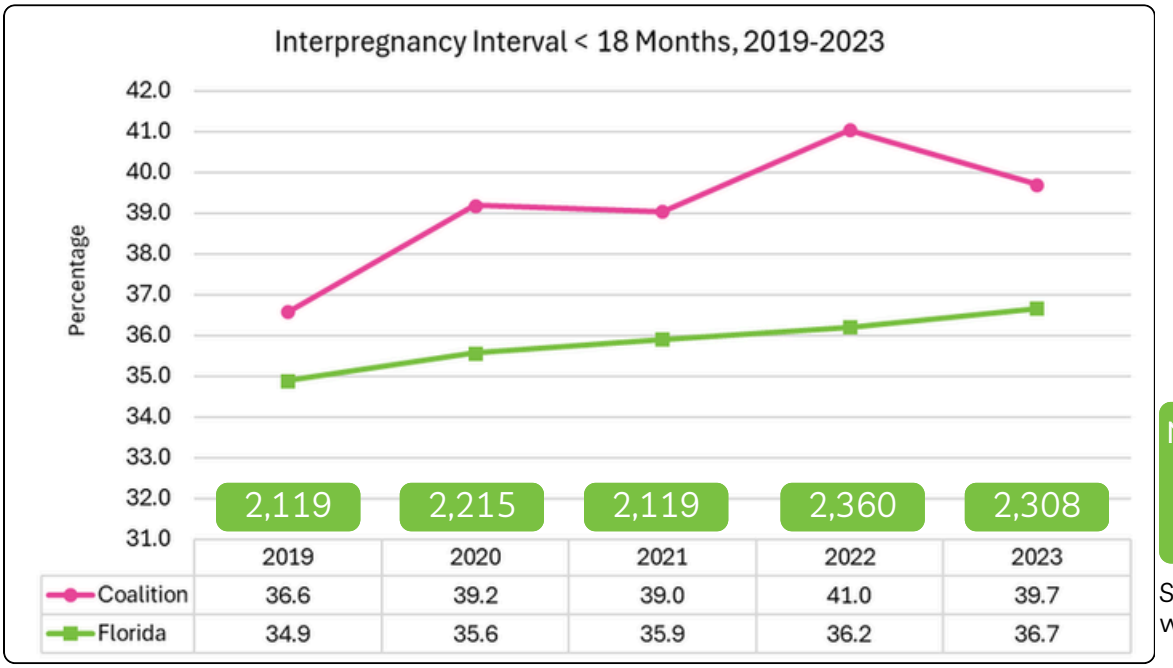
The majority of pregnant women in the Coalition area (71.1 percent in 2023) have 8-15 prenatal care visits, which meets the recommendation for quality prenatal care. The number of women that have no prenatal care, however, has been worsening. In 2019, only 2 percent of women were receiving no prenatal care visits and that percentage has risen to 3.6 percent in 2023. Additionally, the percentage of women who are receiving less than the recommended number of prenatal care visits has steadily increased since the last Service Delivery Plan, increasing from 16.4 percent in 2016 to 19.7 percent in 2023. With a decrease in availability of prenatal care providers in the region, these numbers are likely to continue to worsen (Figure 4.8).

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

INTERPREGNANCY INTERVAL LESS THAN 18 MONTHS

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

Figure 4.9. Percentage of Interpregnancy Intervals less than 18 Months Percentages, 2019-2023



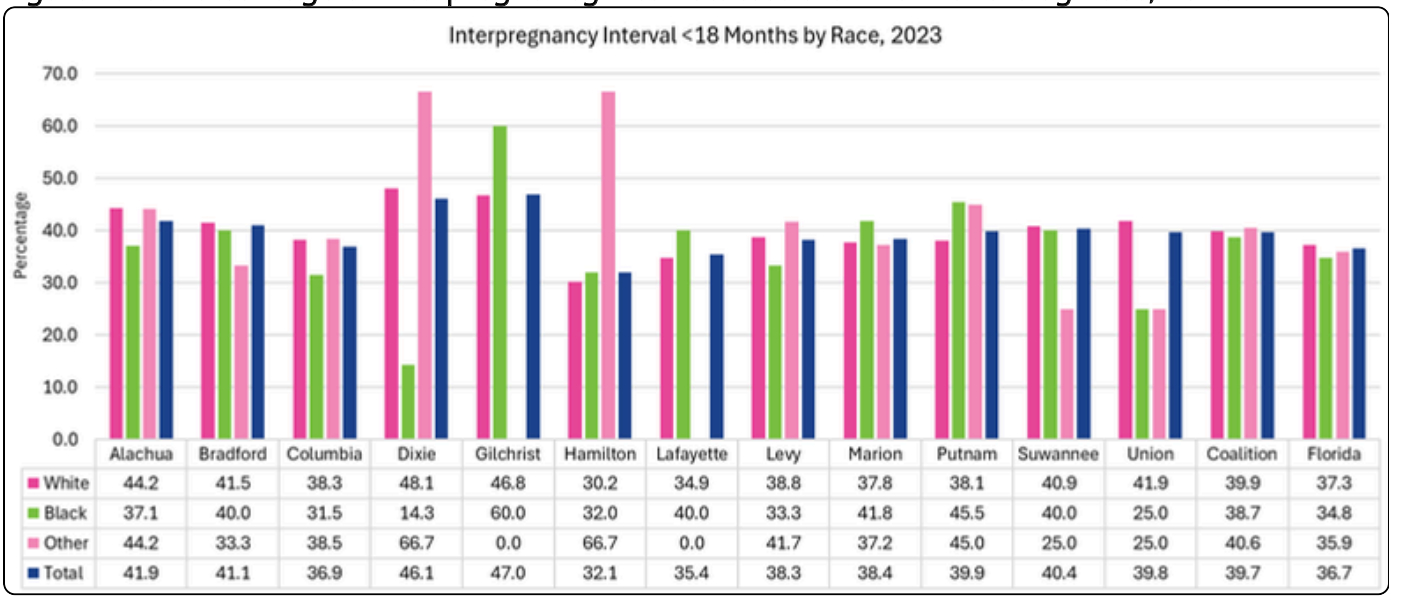
	2019	2020	2021	2022	2023
Coalition	36.6	39.2	39.0	41.0	39.7
Florida	34.9	35.6	35.9	36.2	36.7

Number of births with an interpregnancy interval less than 18 months

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Overall, the rate of women having closely spaced pregnancies in the Coalition region has been trending upward (worsening) since 2019 and is consistently higher than the state's rate (Figure 4.9).

Figure 4.10. Percentage of Interpregnancy Intervals less than 18 Months by Race, 2023

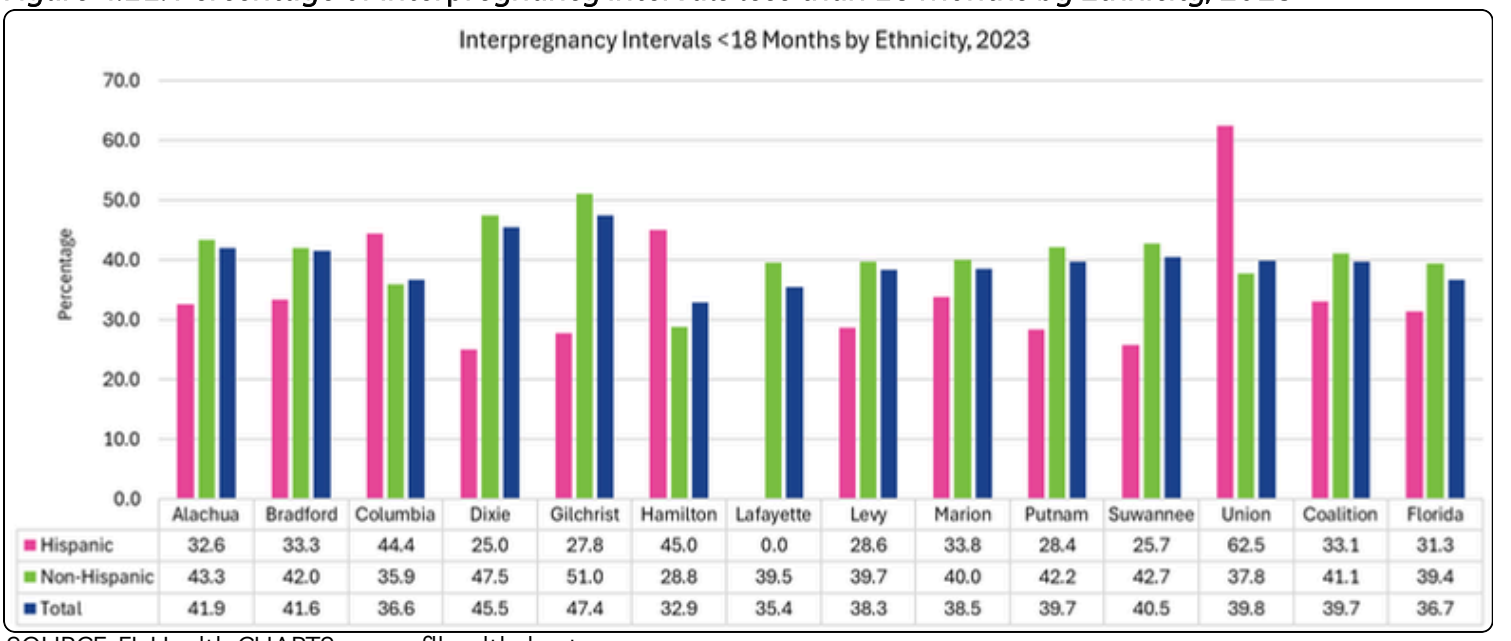


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
White	44.2	41.5	38.3	48.1	46.8	30.2	34.9	38.8	37.8	38.1	40.9	41.9	39.9	37.3
Black	37.1	40.0	31.5	14.3	60.0	32.0	40.0	33.3	41.8	45.5	40.0	25.0	38.7	34.8
Other	44.2	33.3	38.5	66.7	0.0	66.7	0.0	41.7	37.2	45.0	25.0	25.0	40.6	35.9
Total	41.9	41.1	36.9	46.1	47.0	32.1	35.4	38.3	38.4	39.9	40.4	39.8	39.7	36.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In seven out of the twelve Coalition counties, White women were more likely to have closely spaced pregnancies than Black women in 2023. Though the small population numbers of Other in small counties may cause the rates to be skewed, women who identify themselves as Other for race had the highest percentages of closely spaced pregnancies in Columbia, Dixie, Hamilton, and Levy counties (Figure 4.10).

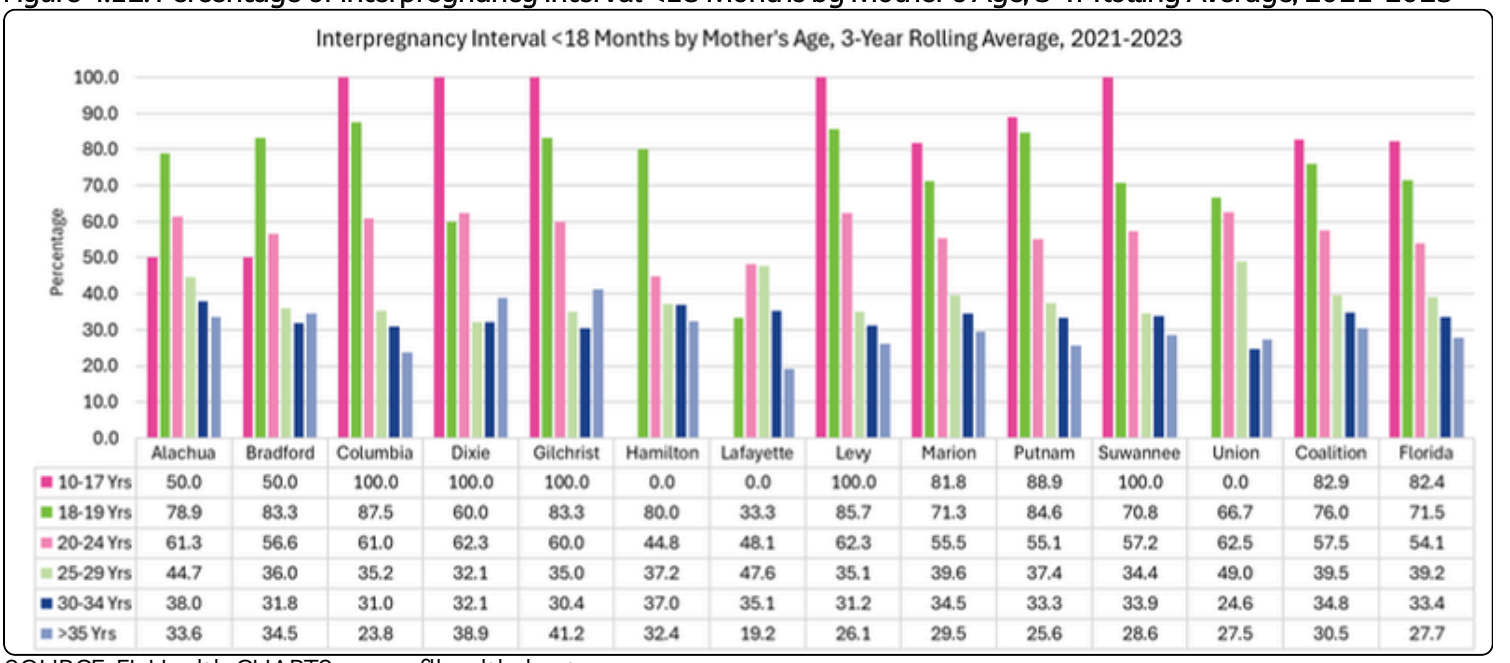
Figure 4.11. Percentage of Interpregnancy Intervals less than 18 Months by Ethnicity, 2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
Hispanic	32.6	33.3	44.4	25.0	27.8	45.0	0.0	28.6	33.8	28.4	25.7	62.5	33.1	31.3
Non-Hispanic	43.3	42.0	35.9	47.5	51.0	28.8	39.5	39.7	40.0	42.2	42.7	37.8	41.1	39.4
Total	41.9	41.6	36.6	45.5	47.4	32.9	35.4	38.3	38.5	39.7	40.5	39.8	39.7	36.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Figure 4.12. Percentage of Interpregnancy Interval <18 Months by Mother's Age, 3-Yr Rolling Average, 2021-2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
10-17 Yrs	50.0	50.0	100.0	100.0	100.0	0.0	0.0	100.0	81.8	88.9	100.0	0.0	82.9	82.4
18-19 Yrs	78.9	83.3	87.5	60.0	83.3	80.0	33.3	85.7	71.3	84.6	70.8	66.7	76.0	71.5
20-24 Yrs	61.3	56.6	61.0	62.3	60.0	44.8	48.1	62.3	55.5	55.1	57.2	62.5	57.5	54.1
25-29 Yrs	44.7	36.0	35.2	32.1	35.0	37.2	47.6	35.1	39.6	37.4	34.4	49.0	39.5	39.2
30-34 Yrs	38.0	31.8	31.0	32.1	30.4	37.0	35.1	31.2	34.5	33.3	33.9	24.6	34.8	33.4
>35 Yrs	33.6	34.5	23.8	38.9	41.2	32.4	19.2	26.1	29.5	25.6	28.6	27.5	30.5	27.7

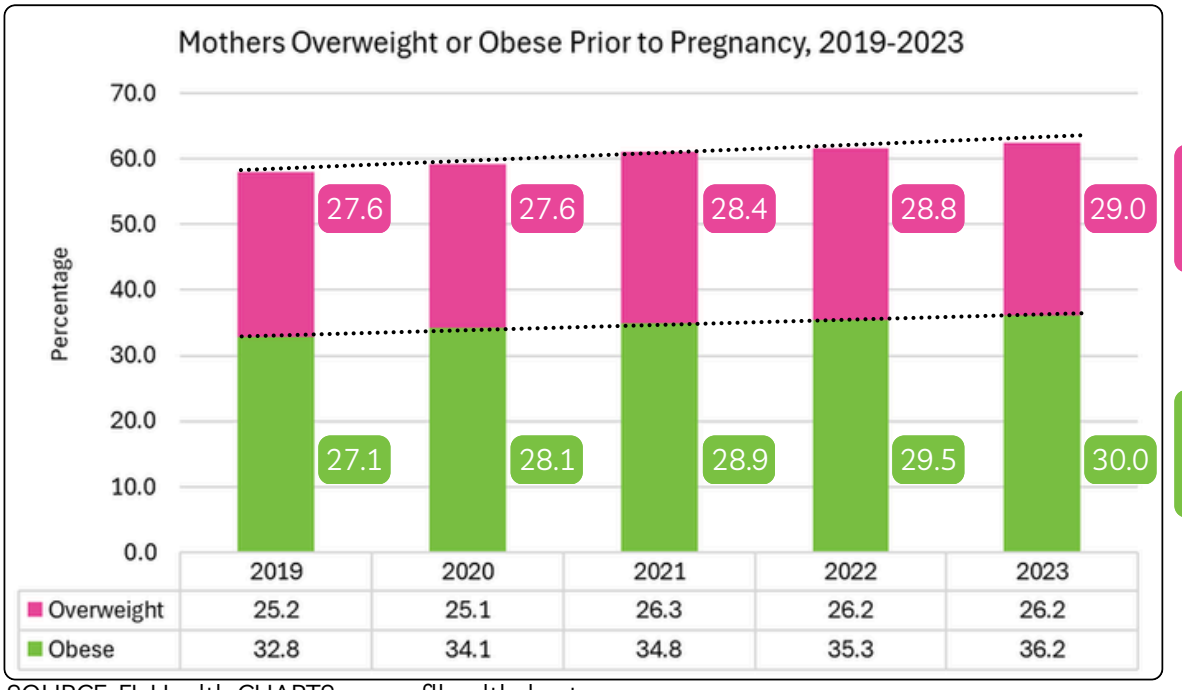
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's percentage of non-Hispanic women with closely spaced pregnancies is slightly higher than the state's rate. Throughout the Coalition area, women of Hispanic ethnicity tended to have lower percentages of closely spaced pregnancies compared to non-Hispanic women, with the exception of Columbia, Hamilton, and Union counties (Figure 4.11).

BMI PRIOR TO PREGNANCY (OVERWEIGHT AND 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.

Figure 4.13. Percentage of Mothers Overweight or Obese Prior to Pregnancy, 2019-2023

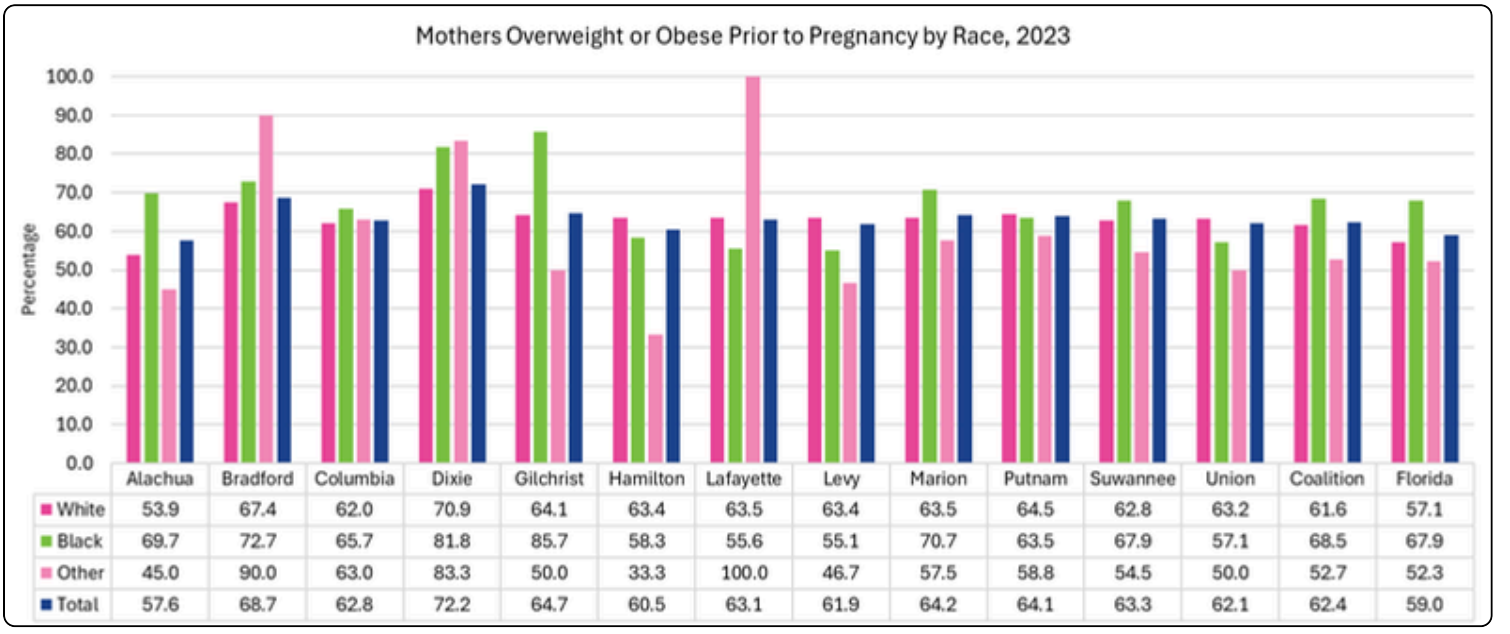


	2019	2020	2021	2022	2023
Overweight	25.2	25.1	26.3	26.2	26.2
Obese	32.8	34.1	34.8	35.3	36.2

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The percentages of women who are overweight or obese prior to pregnancy have increased overall since 2019. There are more women who are obese prior to pregnancy than women who are only overweight (Figure 4.13).

Figure 4.14. Percentage of Mothers Overweight or Obese Prior to Pregnancy by Race, 2023

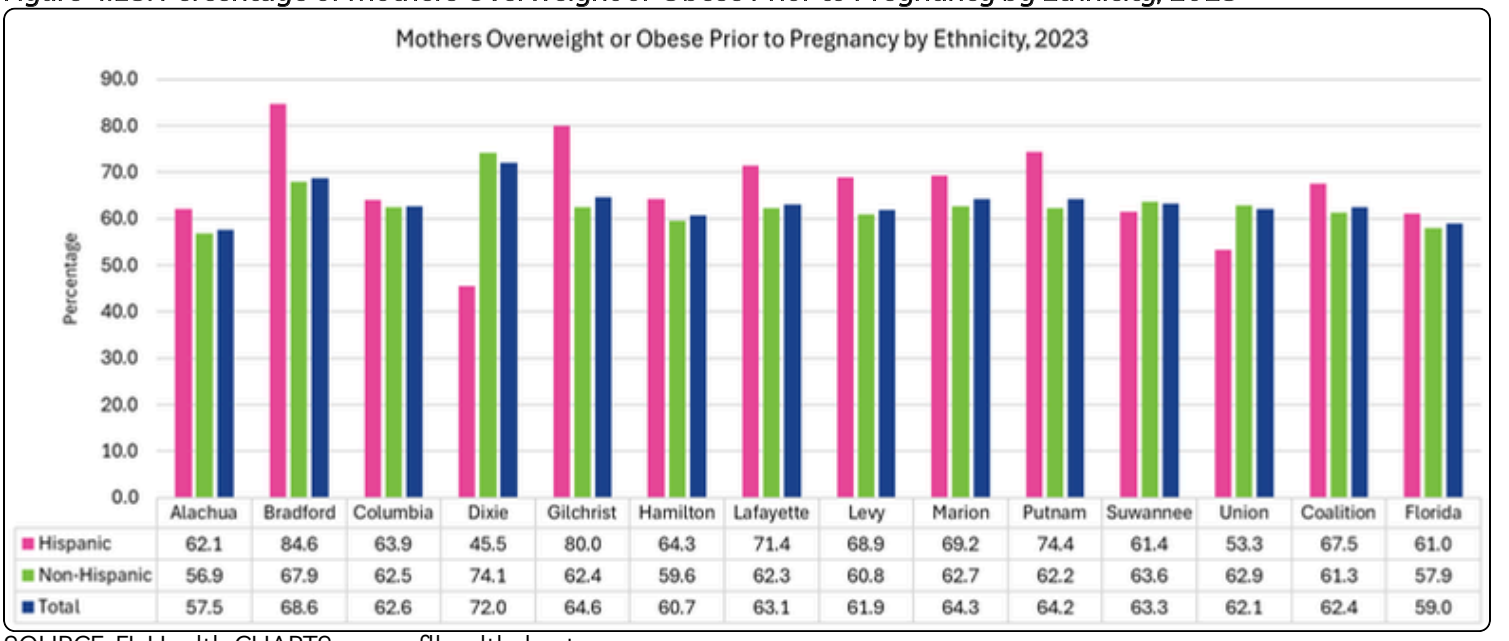


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
White	53.9	67.4	62.0	70.9	64.1	63.4	63.5	63.4	63.5	64.5	62.8	63.2	61.6	57.1
Black	69.7	72.7	65.7	81.8	85.7	58.3	55.6	55.1	70.7	63.5	67.9	57.1	68.5	67.9
Other	45.0	90.0	63.0	83.3	50.0	33.3	100.0	46.7	57.5	58.8	54.5	50.0	52.7	52.3
Total	57.6	68.7	62.8	72.2	64.7	60.5	63.1	61.9	64.2	64.1	63.3	62.1	62.4	59.0

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Overall, Black women were more likely to be overweight or obese prior to pregnancy when compared to White women for the Coalition and the state. Notable exceptions to this are in the more rural Hamilton, Lafayette, Levy, Putnam, and Union counties. Women who identify as Other race in some of the smaller, rural counties also have significantly higher percentages of obesity or being overweight, however small population numbers may attribute to these outliers (Figure 4.14).

Figure 4.15. Percentage of Mothers Overweight or Obese Prior to Pregnancy by Ethnicity, 2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
Hispanic	62.1	84.6	63.9	45.5	80.0	64.3	71.4	68.9	69.2	74.4	61.4	53.3	67.5	61.0
Non-Hispanic	56.9	67.9	62.5	74.1	62.4	59.6	62.3	60.8	62.7	62.2	63.6	62.9	61.3	57.9
Total	57.5	68.6	62.6	72.0	64.6	60.7	63.1	61.9	64.3	64.2	63.3	62.1	62.4	59.0

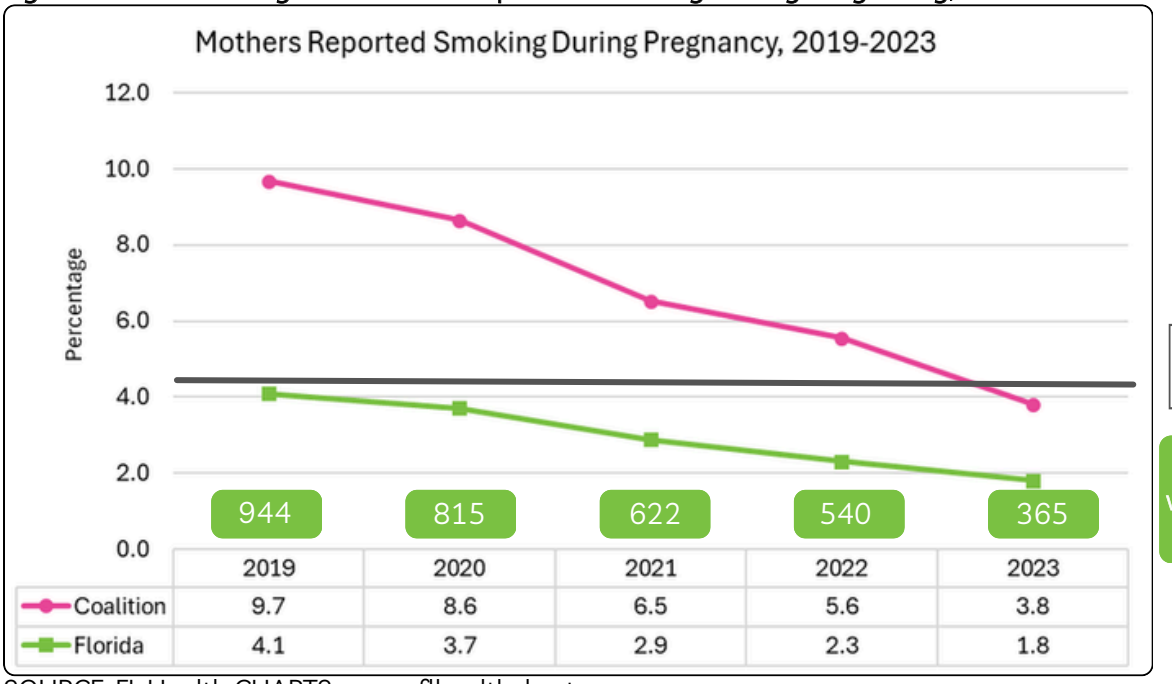
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, Hispanic women in the majority of the Coalition service area were more likely to be overweight or obese prior to pregnancy when compared to Non-Hispanic women for the Coalition and the state. Dixie, Suwannee, and Union counties are the exceptions (Figure 4.15). Overall, the Coalition percentages for mothers overweight or obese prior to pregnancy remain higher than the state.

SMOKING 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.

Figure 4.16. Percentage of Mothers Reported Smoking During Pregnancy, 2019-2023

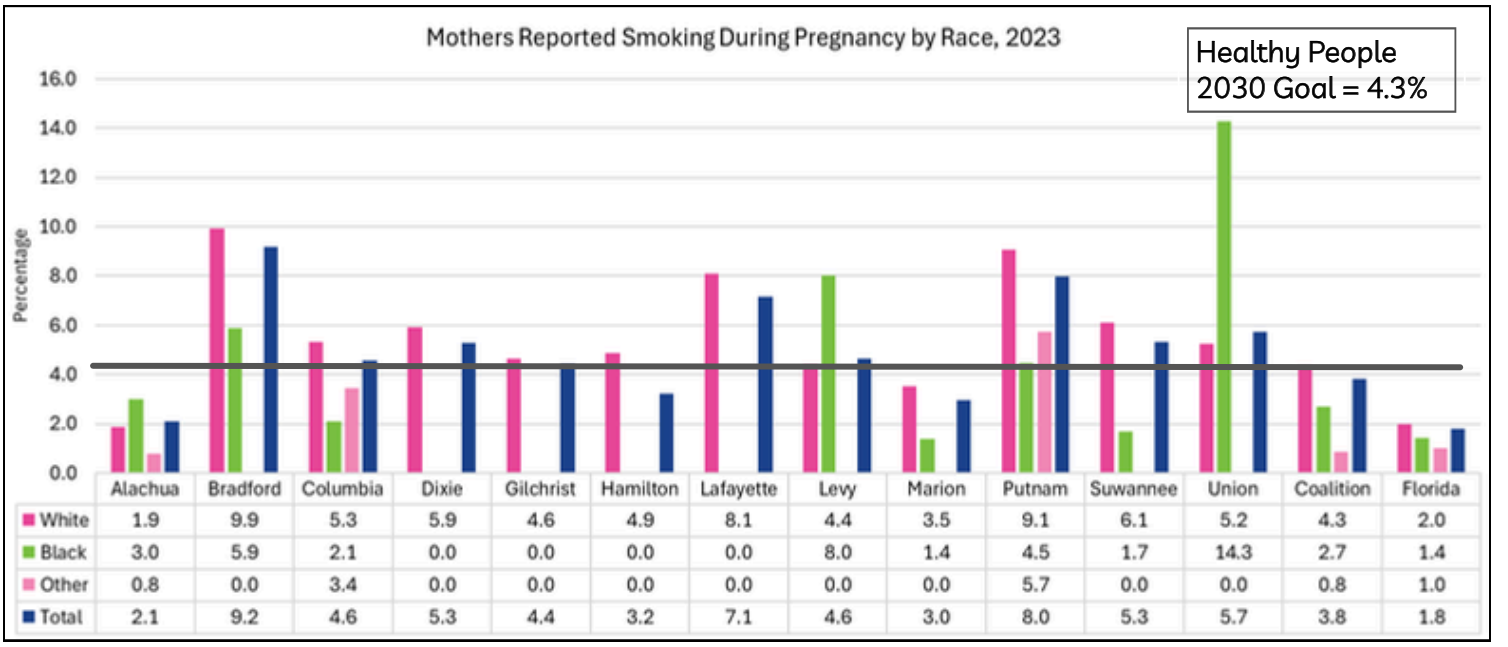


	2019	2020	2021	2022	2023
Coalition	9.7	8.6	6.5	5.6	3.8
Florida	4.1	3.7	2.9	2.3	1.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's rate of mothers who smoke during pregnancy continues to be higher than (double) the state's rate. However, the rate has been on a downward trend since 2019, and for the first time the overall Coalition rate met the Healthy People 2030 Goal of 4.3 percent (Figure 4.16).

Figure 4.17. Percentage of Mothers Reported Smoking During Pregnancy by Race, 2023

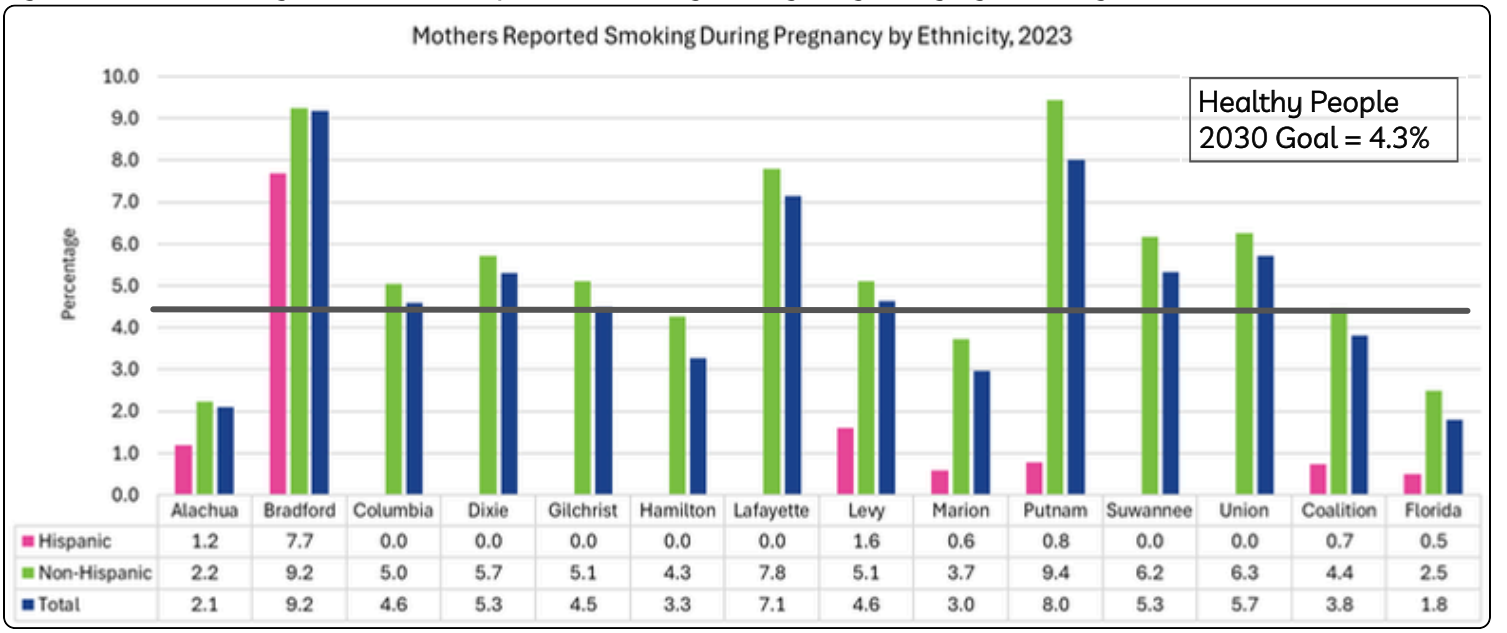


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
White	1.9	9.9	5.3	5.9	4.6	4.9	8.1	4.4	3.5	9.1	6.1	5.2	4.3	2.0
Black	3.0	5.9	2.1	0.0	0.0	0.0	0.0	8.0	1.4	4.5	1.7	14.3	2.7	1.4
Other	0.8	0.0	3.4	0.0	0.0	0.0	0.0	0.0	0.0	5.7	0.0	0.0	0.8	1.0
Total	2.1	9.2	4.6	5.3	4.4	3.2	7.1	4.6	3.0	8.0	5.3	5.7	3.8	1.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Surprisingly high overall rates of smoking during pregnancy were reported in Bradford, Lafayette, and Putnam counties in 2023. In 9 of the 12 counties, White women had the highest rate of reported smoking during pregnancy compared to Black and Other women, particularly in rural counties, where smoking rates are typically highest (Figure 4.17).

Figure 4.18. Percentage of Mothers Reported Smoking During Pregnancy by Ethnicity, 2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
Hispanic	1.2	7.7	0.0	0.0	0.0	0.0	0.0	1.6	0.6	0.8	0.0	0.0	0.7	0.5
Non-Hispanic	2.2	9.2	5.0	5.7	5.1	4.3	7.8	5.1	3.7	9.4	6.2	6.3	4.4	2.5
Total	2.1	9.2	4.6	5.3	4.5	3.3	7.1	4.6	3.0	8.0	5.3	5.7	3.8	1.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

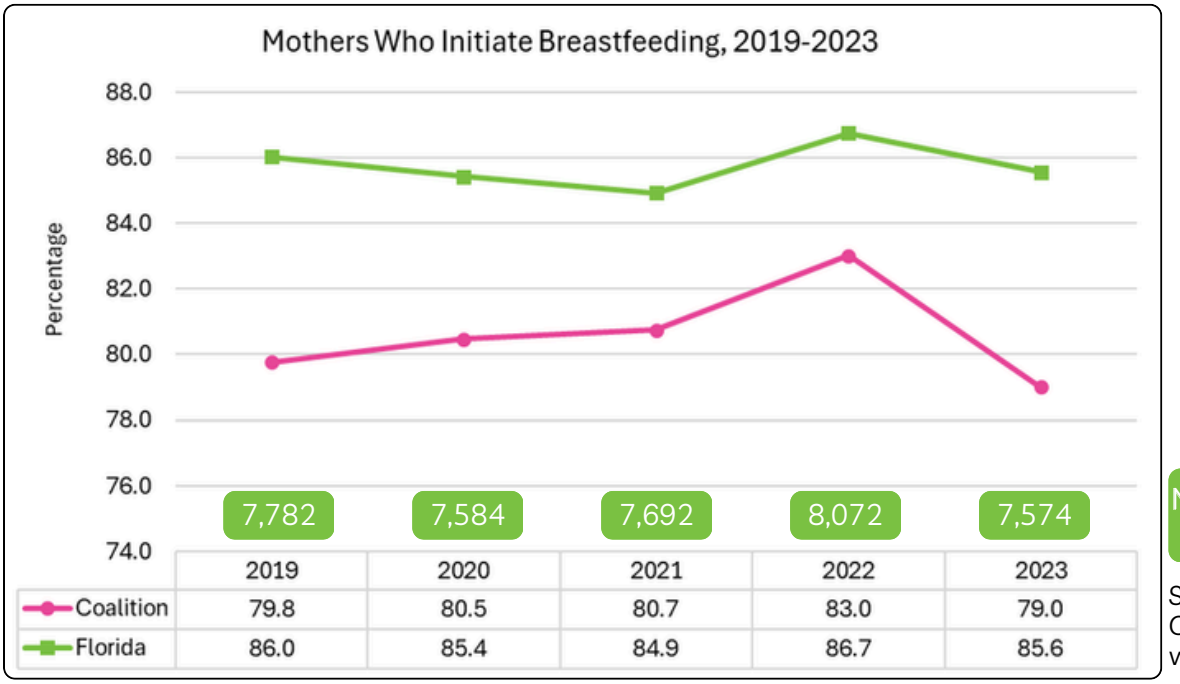
The Coalition's non-Hispanic rate of reported smoking during pregnancy (4.4 percent) was significantly higher than the state (2.5 percent) in 2023 (Figure 4.18).

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

BREASTFEEDING

Breastfeeding has enormous economic and health benefits for mothers, babies and communities. Breast milk provides optimal nutrition for infants and is associated with decreased infant mortality.

Figure 4.19. Percentage of Mothers Who Initiate Breastfeeding, 2019-2023

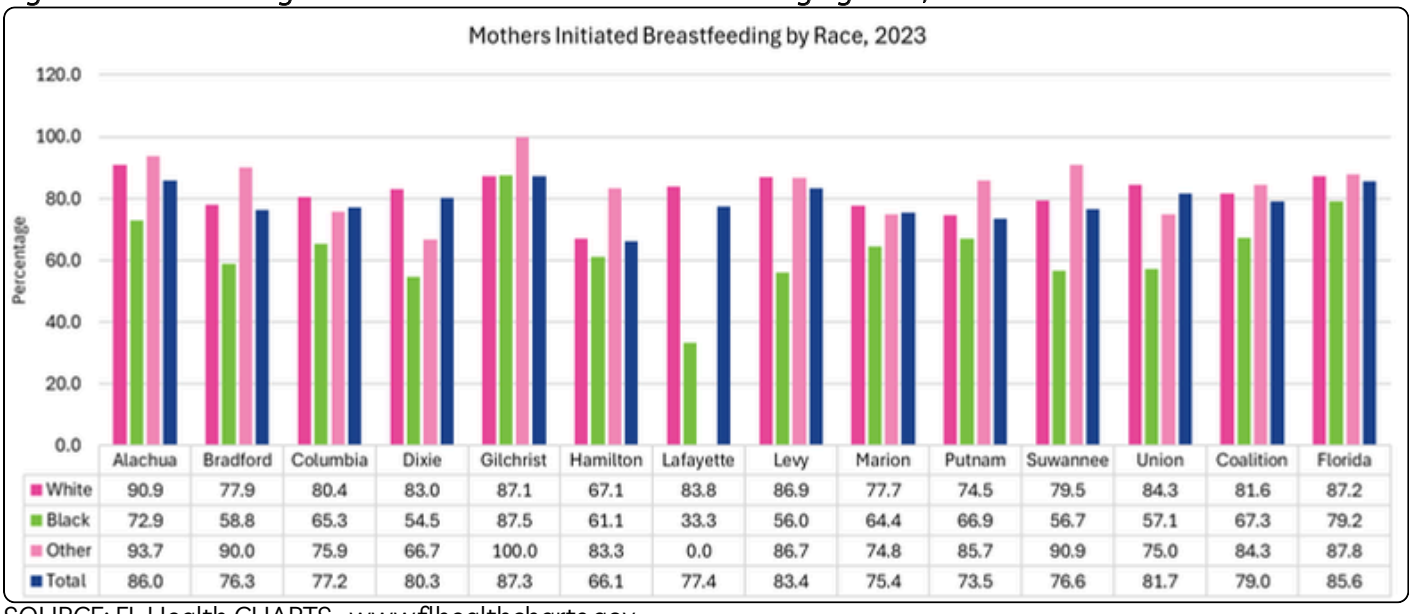


Number of women who initiate breastfeeding

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The percentage of women who initiate breastfeeding in the Coalition area is consistently less than the state's rate and has been on a relatively steady trend over the past five years (Figure 4.19).

Figure 4.20. Percentage of Mothers Who Initiate Breastfeeding by Race, 2023

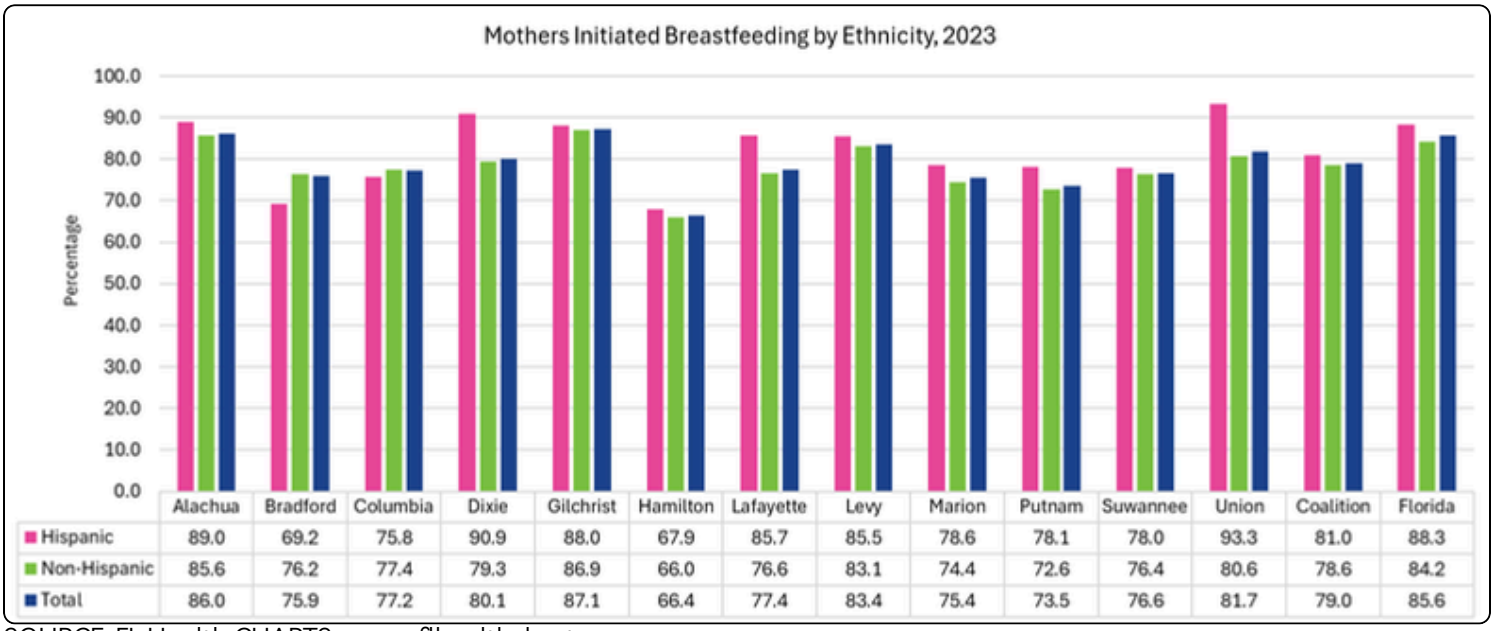


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
White	90.9	77.9	80.4	83.0	87.1	67.1	83.8	86.9	77.7	74.5	79.5	84.3	81.6	87.2
Black	72.9	58.8	65.3	54.5	87.5	61.1	33.3	56.0	64.4	66.9	56.7	57.1	67.3	79.2
Other	93.7	90.0	75.9	66.7	100.0	83.3	0.0	86.7	74.8	85.7	90.9	75.0	84.3	87.8
Total	86.0	76.3	77.2	80.3	87.3	66.1	77.4	83.4	75.4	73.5	76.6	81.7	79.0	85.6

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Breastfeeding initiation rates among Black women in rural counties were particularly low in 2023. In all counties except Gilchrist County, Black mothers had significantly lower rates of breastfeeding than White mothers. Notably, the percentage of Black mothers who initiated breastfeeding in Lafayette County (33.3 percent) was less than half the state's rate (79.2 percent), while the percentage of Other mothers who initiated breastfeeding was 0.0 percent (Figure 4.20).

Figure 4.21. Percentage of Mothers Who Initiate Breastfeeding by Ethnicity, 2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
Hispanic	89.0	69.2	75.8	90.9	88.0	67.9	85.7	85.5	78.6	78.1	78.0	93.3	81.0	88.3
Non-Hispanic	85.6	76.2	77.4	79.3	86.9	66.0	76.6	83.1	74.4	72.6	76.4	80.6	78.6	84.2
Total	86.0	75.9	77.2	80.1	87.1	66.4	77.4	83.4	75.4	73.5	76.6	81.7	79.0	85.6

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

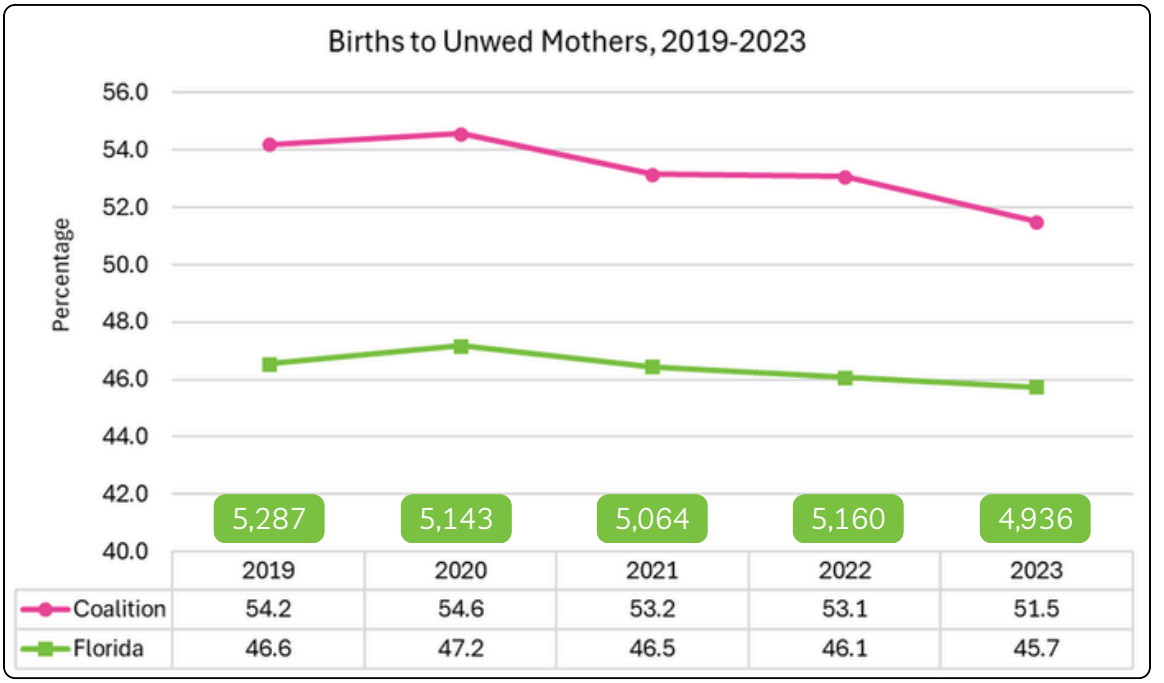
In 2023, the Coalition had significantly lower overall percentages of Hispanic (81.0 percent) and non-Hispanic mothers (78.6 percent) who initiated breastfeeding compared to the state (88.3 percent and 84.2 percent, respectively). In ten of the twelve counties, a higher percentage of Hispanic mothers initiated breastfeeding than non-Hispanic women (Figure 4.21).

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.

Figure 4.22. Percentage of Births to Unwed Mothers, 2019-2023

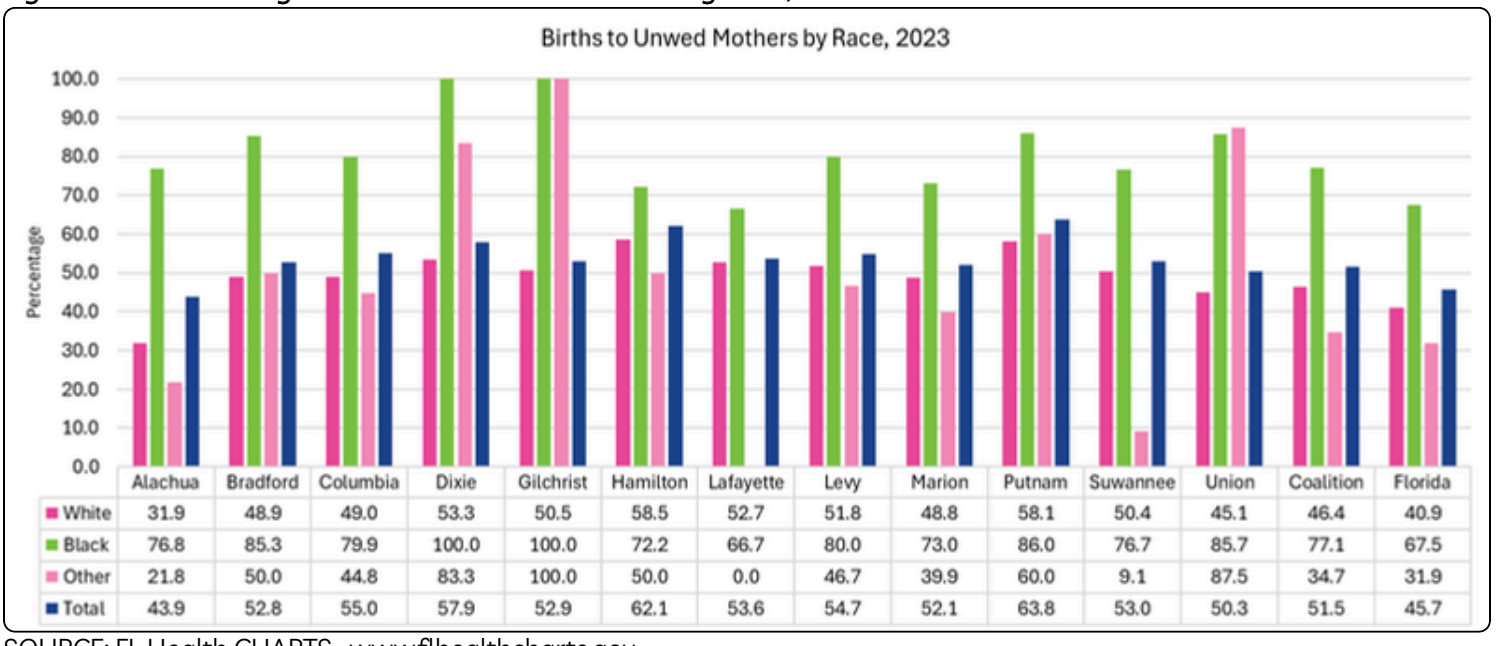


	2019	2020	2021	2022	2023
Coalition	54.2	54.6	53.2	53.1	51.5
Florida	46.6	47.2	46.5	46.1	45.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The percentage of births to unwed mothers in the Coalition area is consistently much higher than the state and has been on a slight downward trend since 2020 (Figure 4.22).

Figure 4.23. Percentage of Births to Unwed Mothers by Race, 2023



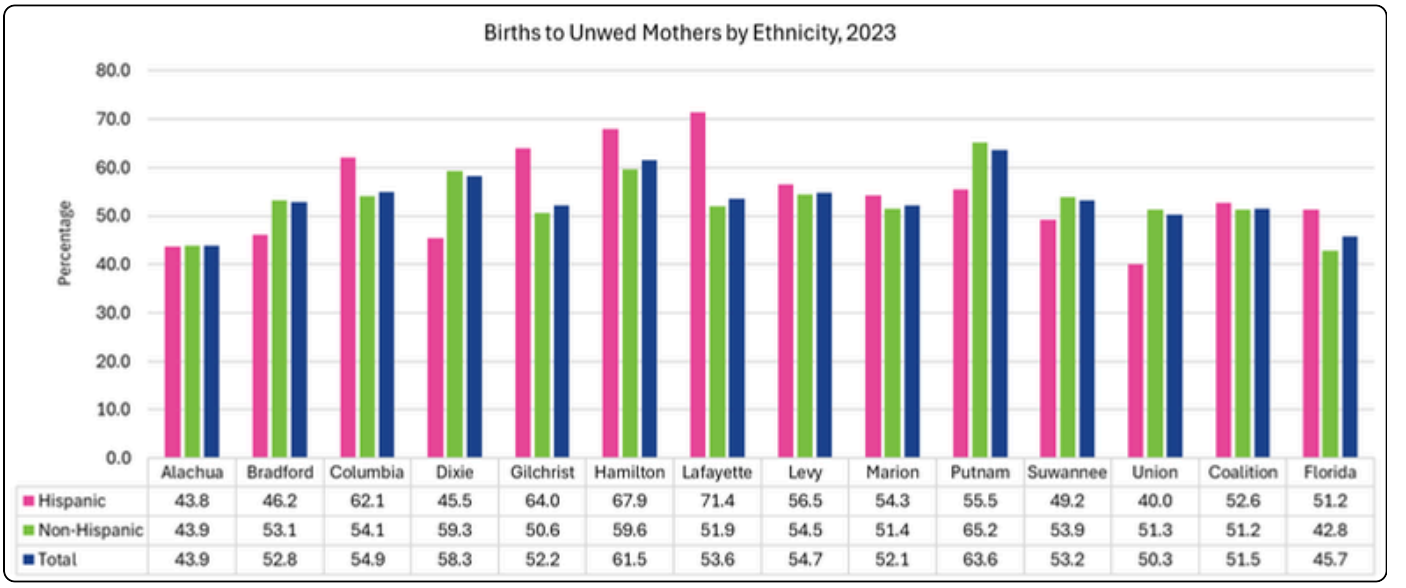
	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
White	31.9	48.9	49.0	53.3	50.5	58.5	52.7	51.8	48.8	58.1	50.4	45.1	46.4	40.9
Black	76.8	85.3	79.9	100.0	100.0	72.2	66.7	80.0	73.0	86.0	76.7	85.7	77.1	67.5
Other	21.8	50.0	44.8	83.3	100.0	50.0	0.0	46.7	39.9	60.0	9.1	87.5	34.7	31.9
Total	43.9	52.8	55.0	57.9	52.9	62.1	53.6	54.7	52.1	63.8	53.0	50.3	51.5	45.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, the percentages of mothers who were unmarried in the Coalition area were higher than the state in all populations. Percentages among Black women were significantly higher than White women (Figure 4.23).

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

Figure 4.24. Percentage of Births to Unwed Mothers by Ethnicity, 2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
Hispanic	43.8	46.2	62.1	45.5	64.0	67.9	71.4	56.5	54.3	55.5	49.2	40.0	52.6	51.2
Non-Hispanic	43.9	53.1	54.1	59.3	50.6	59.6	51.9	54.5	51.4	65.2	53.9	51.3	51.2	42.8
Total	43.9	52.8	54.9	58.3	52.2	61.5	53.6	54.7	52.1	63.6	53.2	50.3	51.5	45.7

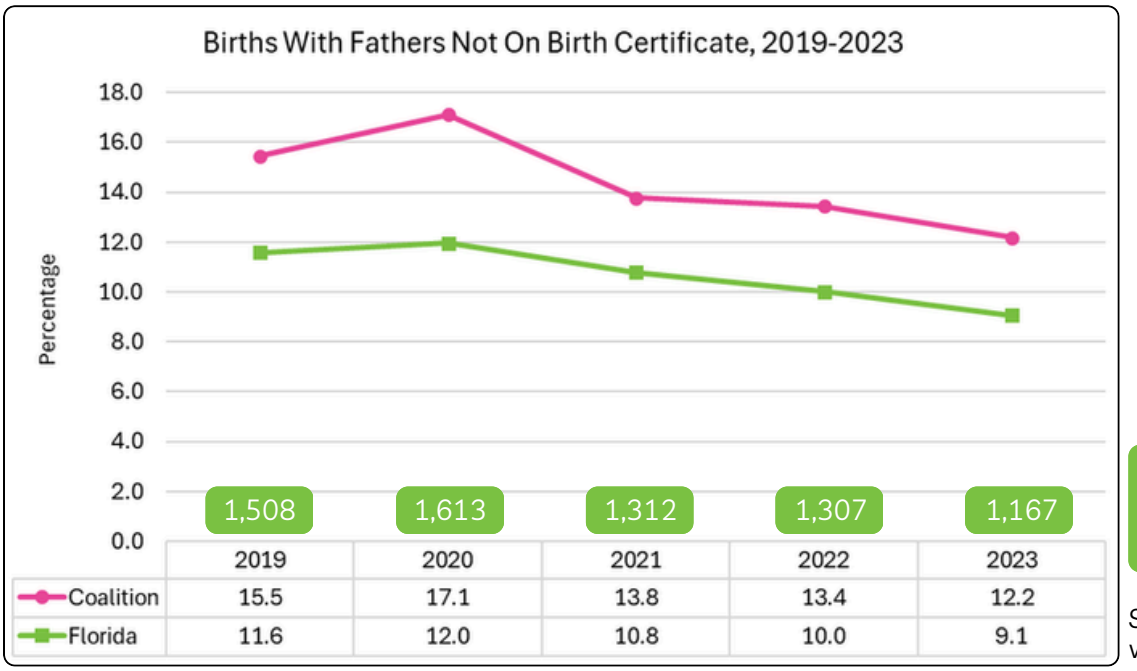
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In half the Coalition's 12 counties, there were more births to unwed Hispanic women than to unwed non-Hispanic women in 2023 (Figure 4.24).

BIRTHS WHERE FATHERS ARE NOT ON THE BIRTH CERTIFICATE

While the percentage of birth certificates in the Coalition area that do not have a father listed is consistently higher than the state, percentages have been steadily decreasing since 2020.

Figure 4.25. Percentage of Births With Fathers Not On Birth Certificate, 2019-2023



	2019	2020	2021	2022	2023
Coalition	15.5	17.1	13.8	13.4	12.2
Florida	11.6	12.0	10.8	10.0	9.1

Number of births with father not on the birth certificate

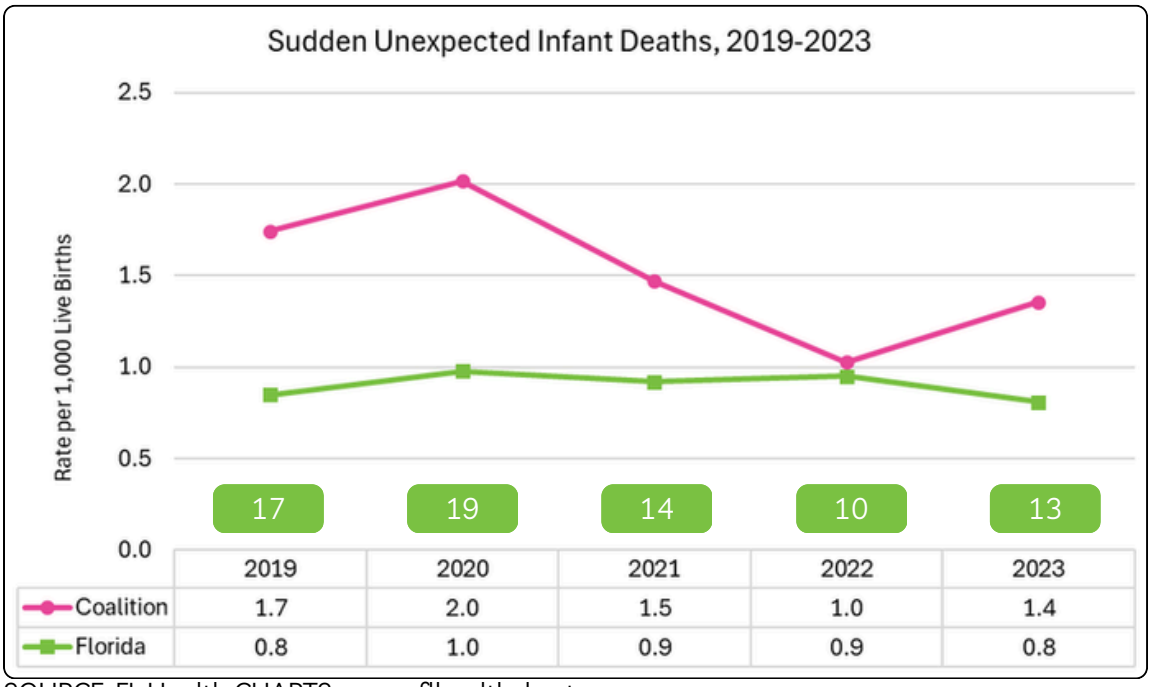
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

SUDDEN UNEXPECTED INFANT DEATHS (SUIDS)

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.

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

Figure 4.26. Sudden Unexpected Infant Death Rates, 2019-2023

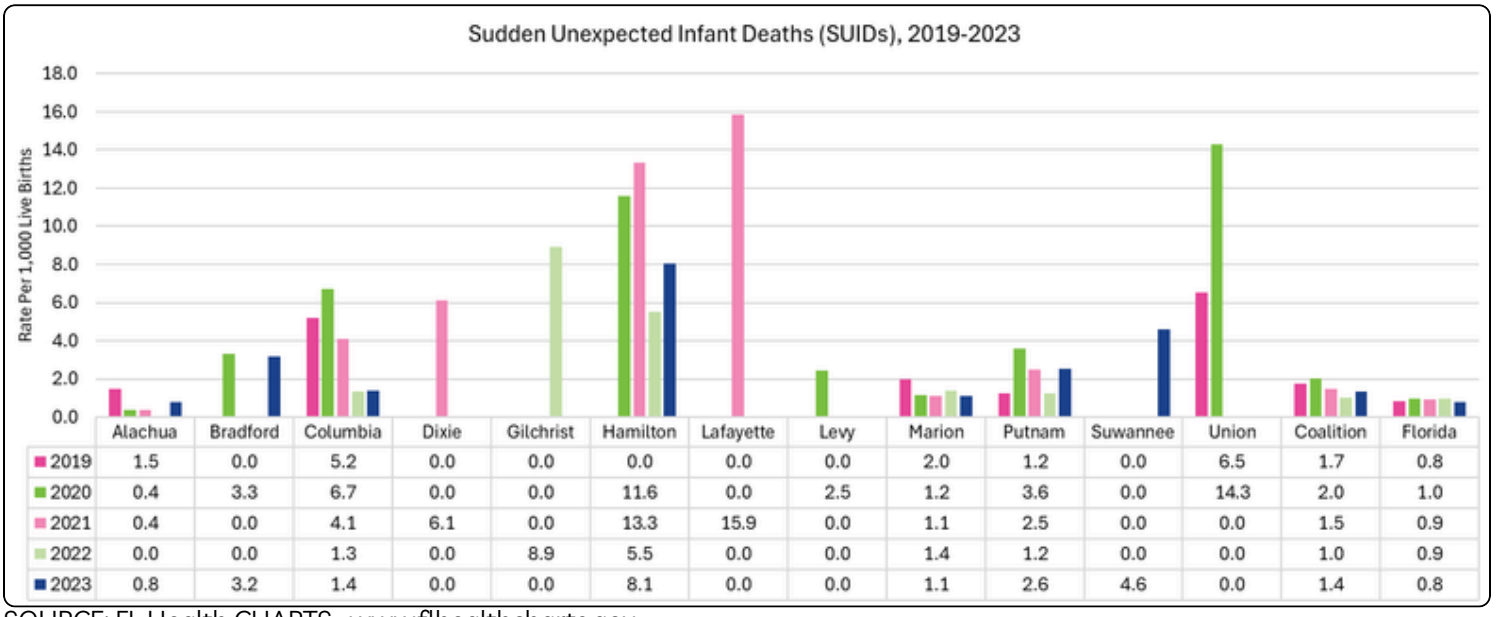


	2019	2020	2021	2022	2023
Coalition	1.7	2.0	1.5	1.0	1.4
Florida	0.8	1.0	0.9	0.9	0.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Between 2019-2023, the Coalition's SUID rates were consistently higher than the SUID rates for the state. The Coalition's rates were double or nearly double the state most years (Figure 4.26).

Figure 4.27. Sudden Unexpected Infant Death Rates by County, 2019-2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Coalition	Florida
2019	1.5	0.0	5.2	0.0	0.0	0.0	0.0	0.0	2.0	1.2	0.0	6.5	1.7	0.8
2020	0.4	3.3	6.7	0.0	0.0	11.6	0.0	2.5	1.2	3.6	0.0	14.3	2.0	1.0
2021	0.4	0.0	4.1	6.1	0.0	13.3	15.9	0.0	1.1	2.5	0.0	0.0	1.5	0.9
2022	0.0	0.0	1.3	0.0	8.9	5.5	0.0	0.0	1.4	1.2	0.0	0.0	1.0	0.9
2023	0.8	3.2	1.4	0.0	0.0	8.1	0.0	0.0	1.1	2.6	4.6	0.0	1.4	0.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Rural counties in the Coalition had significantly higher rates of SUIDs when deaths occurred compared to the counties with more suburban areas (Alachua and Marion counties). Columbia, Marion and Putnam counties consistently had higher rates of SUIDs compared to the state (Figure 4.27).

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

UNINTENTIONAL INJURY

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.

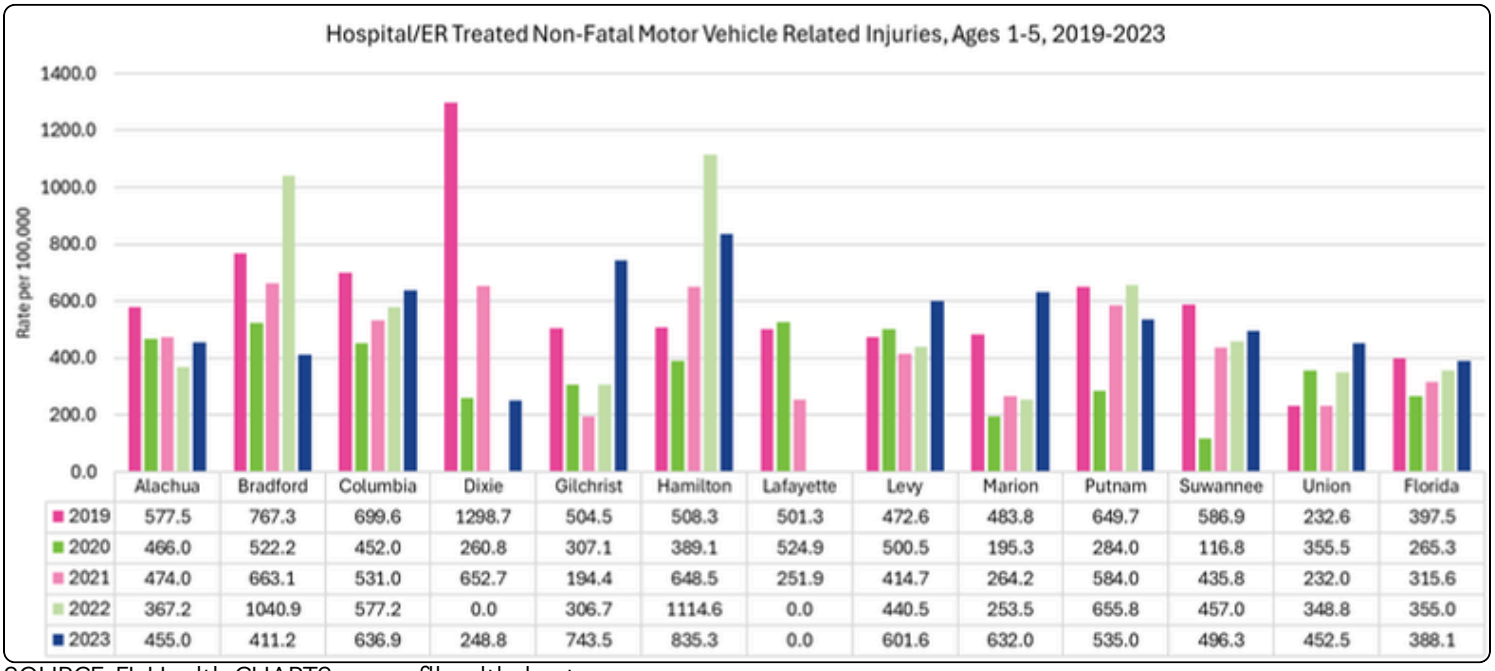
Table 4.1. Hospital/ER Treated Non-Fatal Vehicle Related Injuries Counts and Rates, Ages 1-5, 2019-2023

Hospital/ER Treated Non-Fatal Vehicle Related Injuries, Ages 1-5, 2019-2023										
	2019		2020		2021		2022		2023	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Alachua	81	577.5	66	466.0	67	474.0	53	367.2	63	455.0
Bradford	12	767.3	8	522.2	10	663.1	15	1,040.9	6	411.2
Columbia	30	699.6	19	452.0	22	531.0	23	577.2	26	636.9
Dixie	10	1,298.7	0	260.8	5	652.7	0	0.0	0	248.8
Gilchrist	5	504.5	0	307.1	0	194.4	0	306.7	8	743.5
Hamilton	0	508.3	0	389.1	5	648.5	7	1,114.6	7	835.3
Lafayette	0	501.3	0	524.9	0	251.9	0	0.0	0	0.0
Levy	10	472.6	11	500.5	9	414.7	10	440.5	13	601.6
Marion	87	483.8	36	195.3	50	264.2	48	253.5	122	632.0
Putnam	28	649.7	12	284.0	25	584.0	27	655.8	22	535.0
Suwannee	15	586.9	0	116.8	11	435.8	11	457.0	12	496.3
Union	0	232.6	0	355.5	0	232.0	0	348.8	0	452.5
Florida	4,600	397.5	3,131	265.3	3,716	315.6	4,097	355.0	4,479	388.1

*Rates per 100,000

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

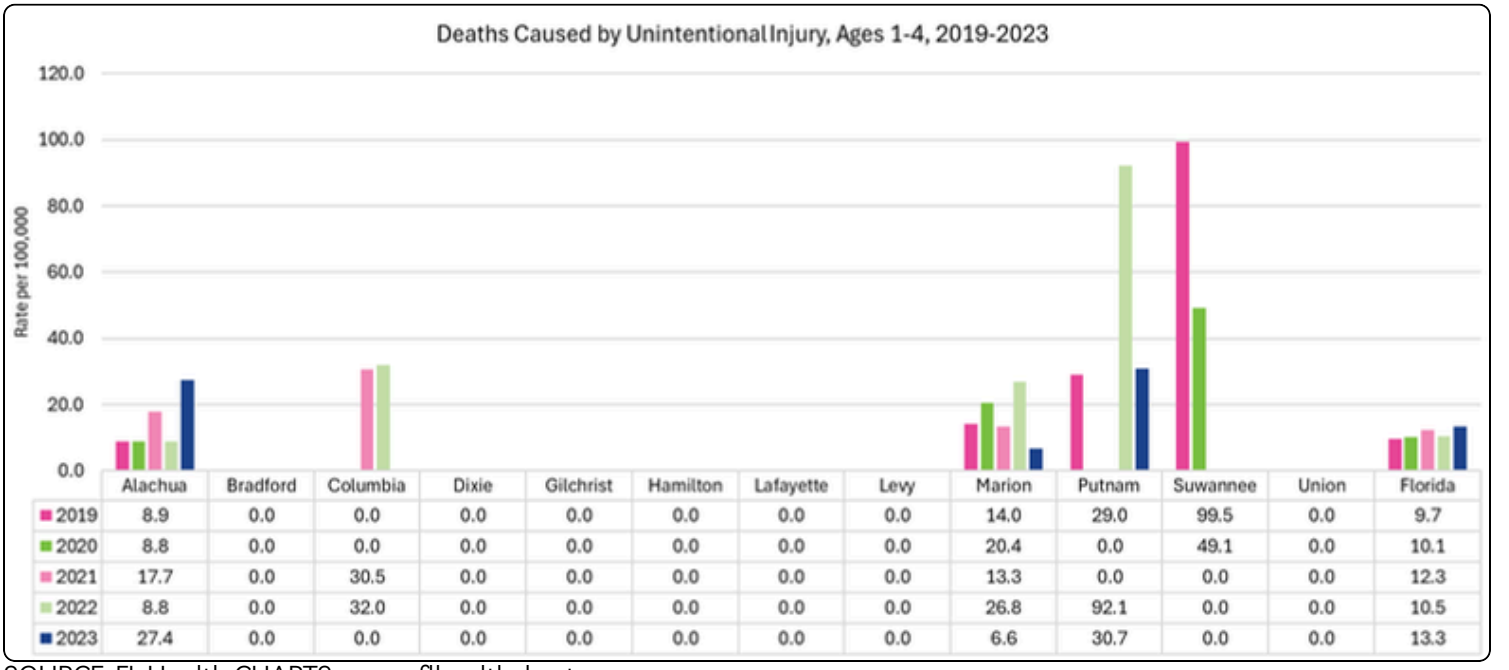
Figure 4.28. Hospital/ER Treated Non-Fatal Motor Vehicle Related Injuries, Counts and Rates, Ages 1-5, 2019-2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

All 12 counties in the Coalition area trend higher than the state in non-fatal motor vehicle related injuries. The smaller, more rural counties tend to have much higher rates than the more urban counties (Table 4.1 and Figure 4.28).

Figure 4.29. Rates of Deaths Caused by Unintentional Injury, Ages 1-4, 2019-2023

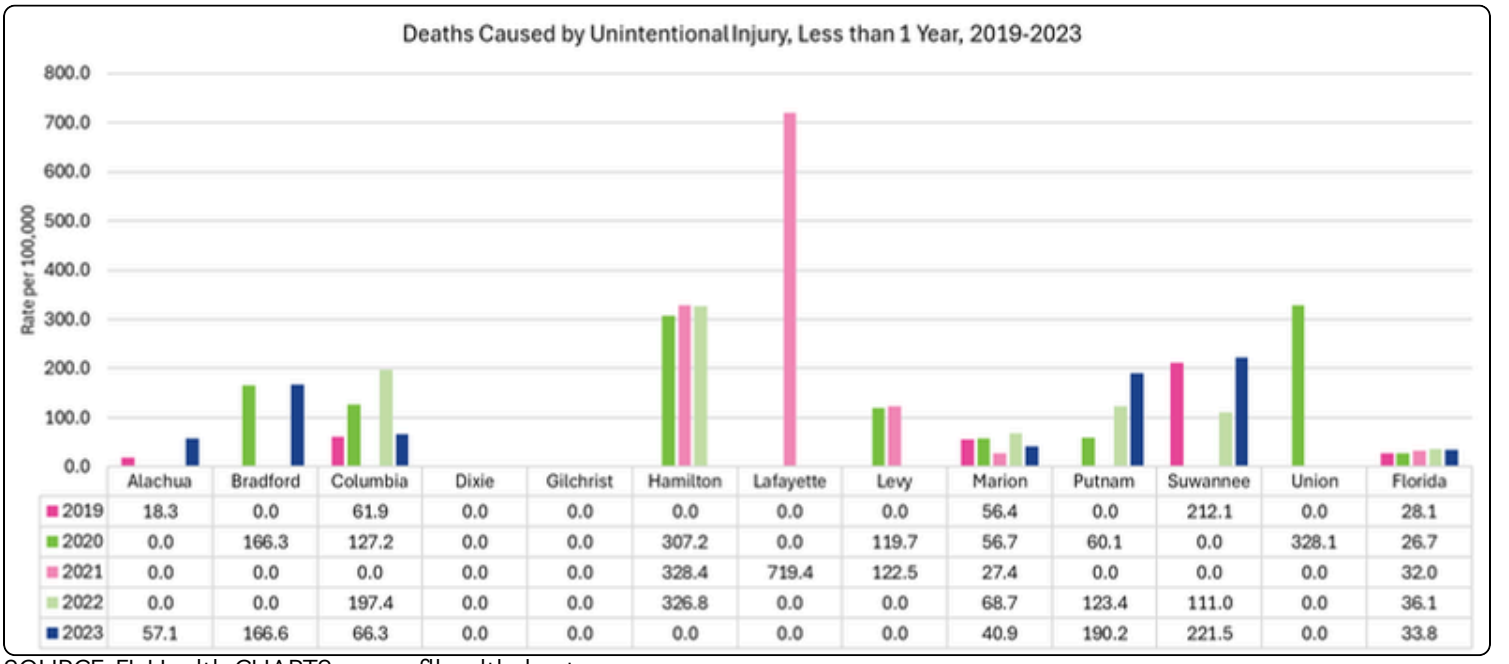


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Florida
2019	8.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.0	29.0	99.5	0.0	9.7
2020	8.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.4	0.0	49.1	0.0	10.1
2021	17.7	0.0	30.5	0.0	0.0	0.0	0.0	0.0	13.3	0.0	0.0	0.0	12.3
2022	8.8	0.0	32.0	0.0	0.0	0.0	0.0	0.0	26.8	92.1	0.0	0.0	10.5
2023	27.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.6	30.7	0.0	0.0	13.3

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In the five Coalition counties where deaths due to unintentional injury ages 1-4 occurred between 2019-2023, rates tended to be higher than the state. Seven of the 12 counties did not have any unintentional injury deaths ages 1-4 in those five years (Figure 4.29).

Figure 4.30. Rates of Deaths Caused by Unintentional Injury, Less Than One Year Old, 2019-2023



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union	Florida
2019	18.3	0.0	61.9	0.0	0.0	0.0	0.0	0.0	56.4	0.0	212.1	0.0	28.1
2020	0.0	166.3	127.2	0.0	0.0	307.2	0.0	119.7	56.7	60.1	0.0	328.1	26.7
2021	0.0	0.0	0.0	0.0	0.0	328.4	719.4	122.5	27.4	0.0	0.0	0.0	32.0
2022	0.0	0.0	197.4	0.0	0.0	326.8	0.0	0.0	68.7	123.4	111.0	0.0	36.1
2023	57.1	166.6	66.3	0.0	0.0	0.0	0.0	0.0	40.9	190.2	221.5	0.0	33.8

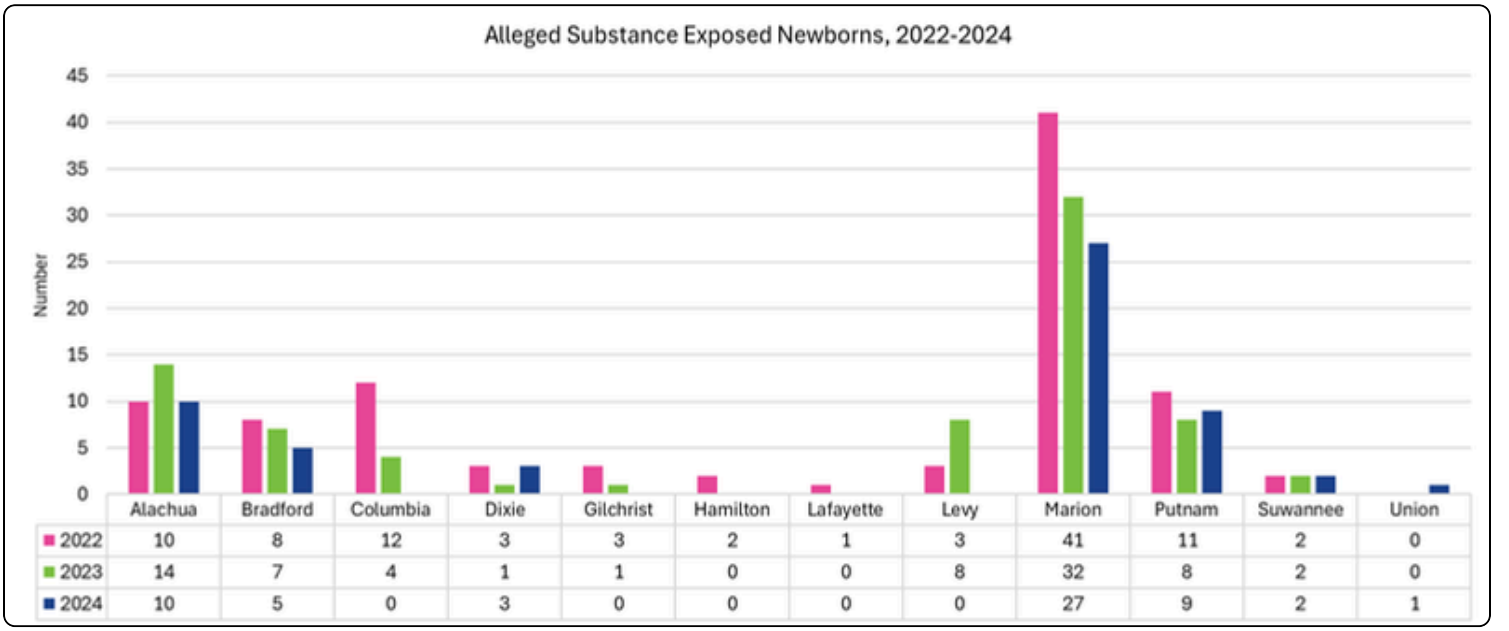
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Ten of the twelve Coalition counties had deaths of children less than one year old due to unintentional injury between 2019-2023. In those counties, the rates tended to be significantly higher than the state. Across the Coalition, most counties had rates at least 3x the state rate, with some reaching rates up to 11x to 22x more. The most common type of unintentional injury deaths in infants less than one year old in these counties are unsafe sleep related deaths (Figure 4.30).

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

SUBSTANCE USE AND NEONATAL ABSTINENCE SYNDROME

Figure 4.31. Counts of Alleged Substance Exposed Newborns, 2022-2024

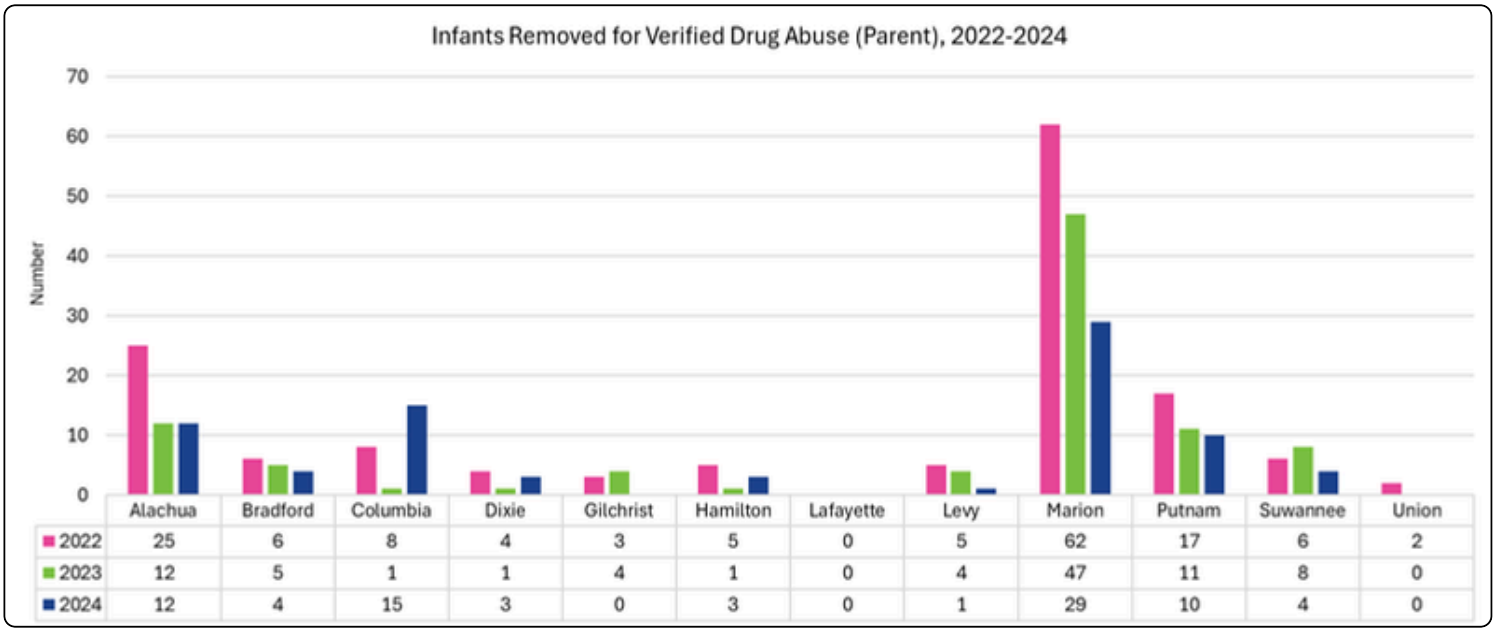


	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union
2022	10	8	12	3	3	2	1	3	41	11	2	0
2023	14	7	4	1	1	0	0	8	32	8	2	0
2024	10	5	0	3	0	0	0	0	27	9	2	1

SOURCE: https://www.myflfamilies.com/ocfw-dashboard

The number of alleged substance exposed newborns has decreased throughout the Coalition since 2022. All counties in the Coalition area have reported instances of alleged substance exposed newborns between 2022-2024 (Figure 4.31).

Figure 4.32. Counts of Infants Removed for Verified Drug Abuse (Parent), 2022-2024



	Alachua	Bradford	Columbia	Dixie	Gilchrist	Hamilton	Lafayette	Levy	Marion	Putnam	Suwannee	Union
2022	25	6	8	4	3	5	0	5	62	17	6	2
2023	12	5	1	1	4	1	0	4	47	11	8	0
2024	12	4	15	3	0	3	0	1	29	10	4	0

SOURCE: https://www.myflfamilies.com/ocfw-dashboard

Overall, Alachua and Marion counties had the highest number of infants 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 and Marion counties are the two most populated counties within the Coalition.

The number of infants removed for parental drug abuse has decreased within the Coalition since 2022. These decreases are mainly attributed to the decreases in the counties of Alachua, Marion, and Putnam, where the number of infants removed has reduced by half since 2022. All counties in the Coalition with the exception of Lafayette County had verified cases of infants removed for drug abuse (Figure 4.32).

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

SUMMARY OF SIGNIFICANT FINDINGS TO GUIDE FUTURE STRATEGIES

Access to early prenatal care:

- Accessing prenatal care in first trimester has decreased (68.3% in 2023 compared to 72.7% in 2016). Conversely, third trimester or no prenatal care has increased overall since 2019, increasing from 4.8% in 2019 to 5.5% in 2023.

Improve interpregnancy intervals

- The percentage of women who have had pregnancies spaced less than 18 months apart has been steadily worsening, with teens and young adults (20-24 years old) being the population most likely to have pregnancies too closely spaced.

Overweight or Obese prior to pregnancy

- Percentages of women who were overweight or obese prior to pregnancy has continued to worsen, increasing from 58.0% in 2019 to 62.4% in 2023.

Sudden Unexpected Infant Deaths

- There has been improvement in the Coalition's SUID rate, decreasing from 1.7 per 1,000 births in 2019 to 1.4 per 1,000 births in 2023, but remains nearly twice the state's rate. Through our Fetal & Infant Mortality Reviews we know that many of these deaths had unsafe sleep factors present.

Key Successes:

- Overall Coalition smoking rates have continued to improve, decreasing from 9.7% in 2016 to 3.8% in 2023, meeting the Healthy People 2030 Goal.
- Births to unwed mothers and births with fathers not on the birth certificate have improved overall since 2019.
- Decreased instances of alleged substance exposed newborns.
- Decreased instances of removal of infants due to verified drug abuse of the parent.



FETAL AND INFANT MORTALITY REVIEW FINDINGS

FETAL AND INFANT MORTALITY REVIEW FINDINGS

Figure 5.1. Cases Reviewed by County, February 2023-September 2025 (Aggregate Data)

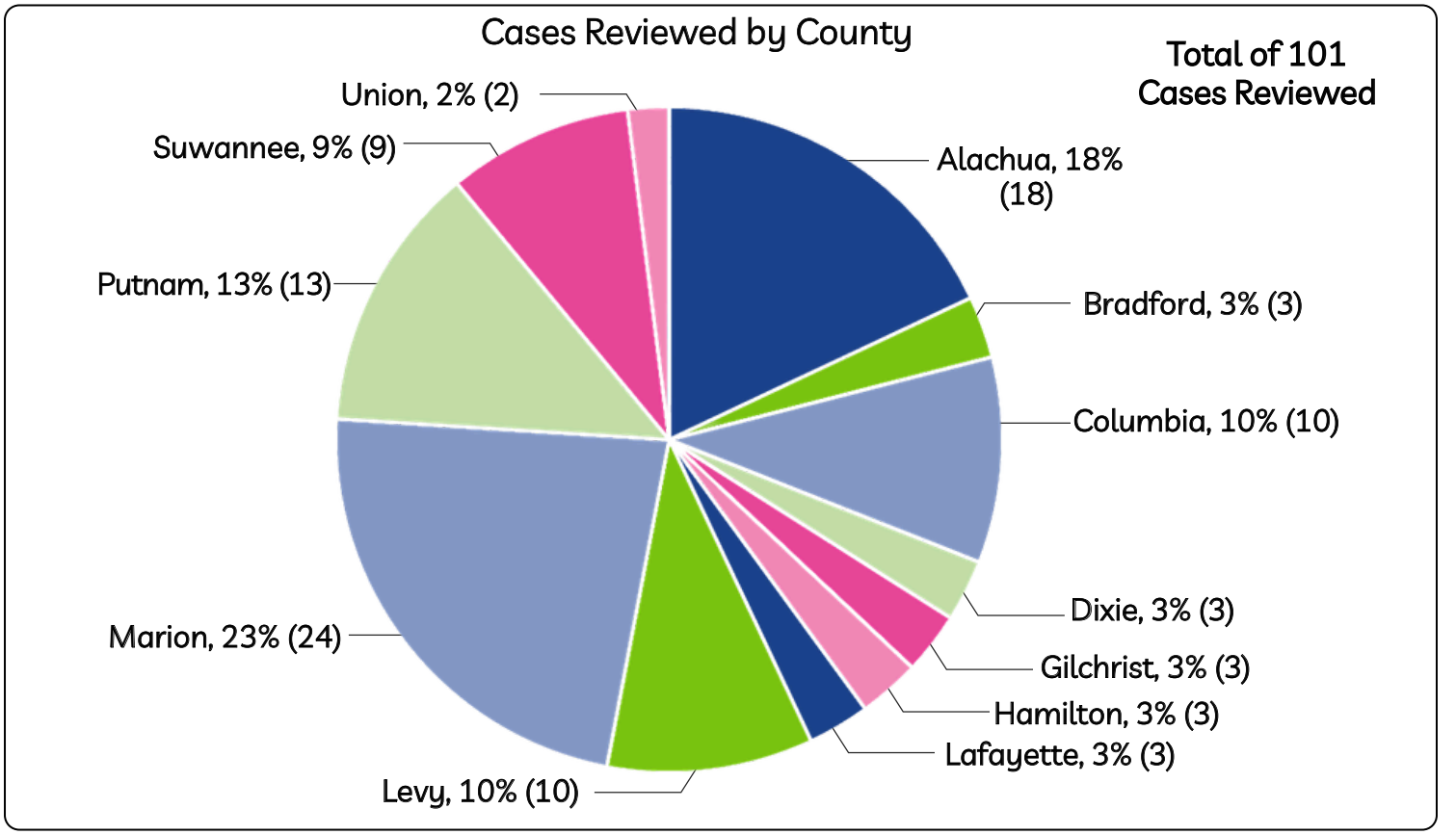


Figure 5.2. Cases Reviewed by Type, February 2023-September 2025 (Aggregate Data)

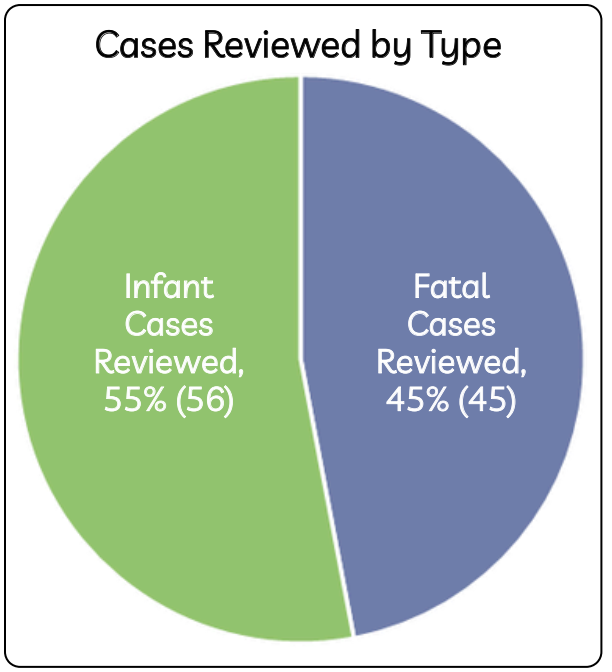
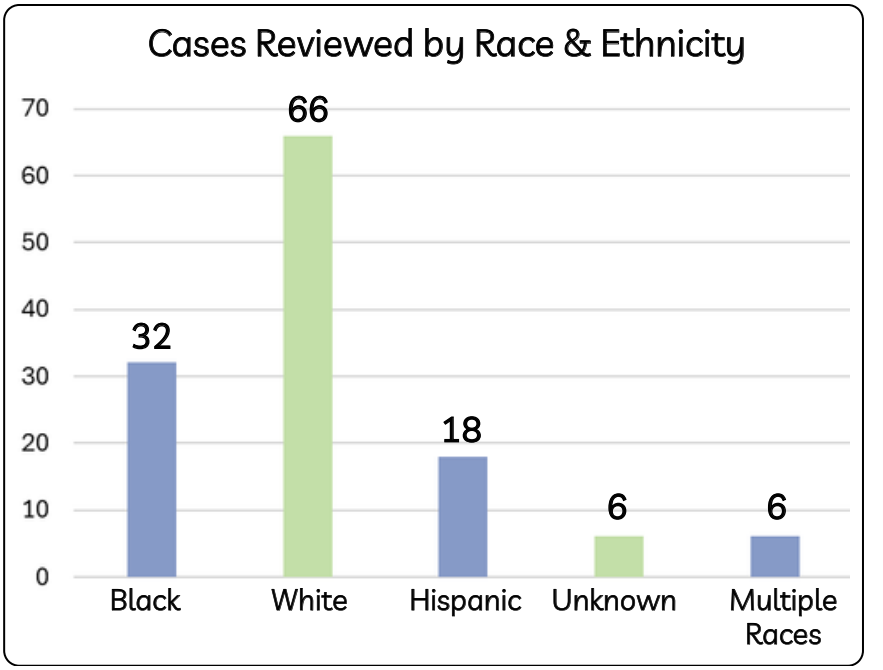
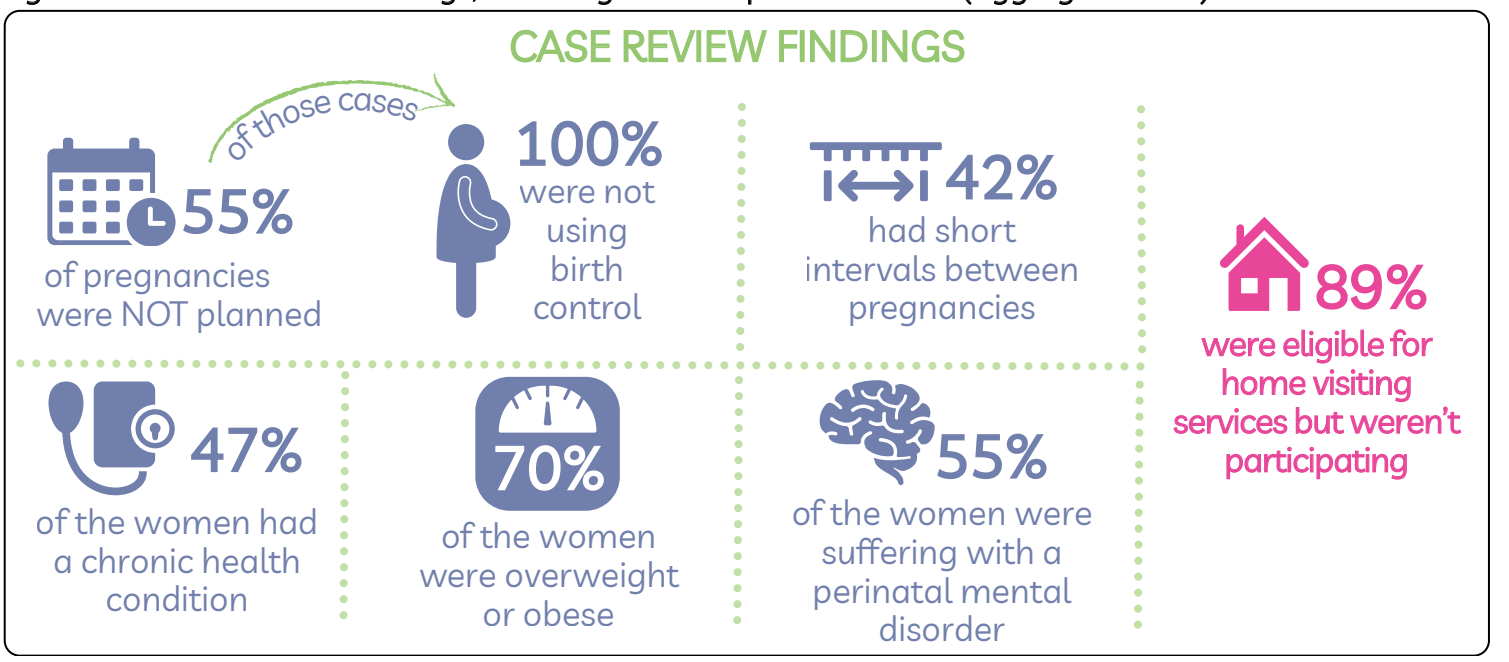


Figure 5.3. Cases Reviewed by Race and Ethnicity, February 2023-September 2025 (Aggregate Data)



FETAL AND INFANT MORTALITY REVIEW FINDINGS

Figure 5.4. Cases Review Findings, February 2023-September 2025 (Aggregate Data)





CONSUMER AND PROVIDER INPUT

CONSUMER SURVEY RESULTS

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 three surveys were developed and disseminated:

- Consumer Survey
- Paternal Survey
- Community Partner Survey

Links to the surveys were shared via email and in-person with community partners. Home visitors shared survey links with their participants or a paper version when requested during their home visits. (See Appendix for Survey Assessment Tools.)

CONSUMER SURVEY

A total of 44 consumer surveys were collected. The survey responses are summarized in the tables below. Questions one through three (1-3) were specific to the person completing the survey. Survey responses start with question four.

Question 4: Where do you live?		
	Percent	Count
Alachua	2.63%	1
Bradford	0.0%	0
Citrus	0.0%	0
Columbia	7.89%	3
Dixie	0.0%	0
Gilchrist	0.0%	0
Hamilton	0.0%	0
Hernando	28.95%	11
Lafayette	0.0%	0
Lake	2.63%	1
Levy	2.63%	1
Marion	2.63%	1
Putnam	21.05%	8
Sumter	31.58%	12
Suwannee	0.0%	0
Union	0.0%	0
Total Responses:		38
Skipped Question:		6

CONSUMER SURVEY RESULTS

Question 5: Which services below have you used in the past 12 months or were interested in but unable to use?				
	Used in Past 12 Months	Interested in but unable to use	Don't know or N/A	Total Reponses
Doula services	7.1%	14.3%	78.6%	28
Fatherhood services	7.4%	3.7%	88.9%	27
Breastfeeding support	57.1%	3.6%	39.3%	28
Family planning/birth spacing	42.3%	3.9%	53.9%	26
Safe sleep tips for babies	76.7%	0.0%	23.3%	30
Support for families affected by substances	8.3%	0.0%	91.7%	24
Mental health support	37.9%	0.0%	62.1%	29
Parenting tips	71.0%	3.2%	25.8%	31
Help finding local resources	46.4%	21.4%	32.1%	28
Newborn care	57.1%	3.6%	39.3%	28
Pregnancy support	66.7%	0.0%	33.3%	30
Infant CPR	31.0%	10.3%	58.6%	29
Car seat safety	70.0%	10.0%	20.0%	30
Postpartum care	63.3%	0.0%	36.7%	30
Home safety for infants	70.4%	3.7%	25.9%	27
Maternal health	58.6%	3.5%	37.9%	29
Preparing for baby	71.4%	0.0%	28.6%	28
			Total Responses:	32
			Skipped Question:	12

Question 6: Are you part of any home visiting programs? Please select all that apply.		
	Percent	Count
Healthy Start	67.7%	23
Parents As Teachers	5.9%	2
Nurse-Family Partnership	0.0%	0
TEAM Dad	2.9%	1
NewboRN Home Visiting	0.0%	0
None of the above	23.5%	8
Other (please specify): Did not specify	2.9%	1
	Total Responses:	34
	Skipped Question:	10

CONSUMER SURVEY RESULTS

Question 7: Please share with us why you are not in a home visiting program.		
	Percent	Count
I never received information about home visiting programs	12.5%	1
I was never asked about enrolling in a home visiting program	25.0%	2
I don't want someone I don't know in my home	37.5%	3
I had a bad experience with a home visiting program before	0.0%	0
I don't think being in a home visiting program will help me	50.0%	4
I don't have time to be in a home visiting program	25.0%	2
I am scared people will judge me	12.5%	1
Total Responses:		8
Skipped Question:		36

Question 8: What challenges, if any, did you face when engaging with home visiting?		
	Percent	Count
No challenges were faced	100.0%	22
Didn't know how or where to get the services	0.0%	0
Unable to make contact with the program	0.0%	0
Days/times/location did not work for me	0.0%	0
Services did not meet my needs	0.0%	0
Lost interest	0.0%	0
Services not offered in native language	0.0%	0
Did not relate to the person providing the services	0.0%	0
Total Responses:		22
Skipped Question:		22

Question 9: Are you satisfied with your home visiting experience?		
	Percent	Count
Yes	100.0%	25
No	0.0%	0
Total Responses:		25
Skipped Question:		19

Question 9: Was your home visitor helpful?		
	Percent	Count
Yes	100.0%	25
No	0.0%	0
Total Responses:		25
Skipped Question:		19

CONSUMER SURVEY RESULTS

Question 11: What did you learn from the home visiting program(s)? (Open Response)
Valorie has been very supportive and helpful.
I learned a lot of information about breastfeeding, pregnancy, infant milestones, emotional well being, coping mechanisms, and so much more life skills.
I was told helpful tips for 2 year old
Lots of education and support!
Very helpful, give advice && plenty of resources as needed
Lots of helpful resources for my kids including local activities. Healthcare options for me as I have no insurance
A lot about what my daughter should be doing and mile markers.
Lots of birthing/after birth tips an lots of coping mechanisms and breastfeeding tips
How to handle when my toddler is temper tantrum. Tips on potty training.
That they are amazing people and give great feedback back on my child's development
Goals for when baby gets older
Advice and tips on how to care for our child, learning through as first time parents, all of these visits have been very helpful to my family.
It was & is good to have someone reassure that I'm doing well as a mother & that my baby is doing well
Information about how to prepare to parent my child
Total Responses: 14
Skipped Question: 30

CONSUMER SURVEY RESULTS

Question 12: What social or health-related services have you used or could not get in to during the past 12 months?				
	Used in Past 12 Months	Needed but did not get in past 12 months	Don't know or N/A	Total Reponses
Childcare	14.3%	14.3%	71.4%	28
Transportation	7.1%	7.1%	85.7%	28
Food assistance	35.7%	3.5%	60.7%	28
Employment services	3.9%	0.0%	96.2%	26
Legal help	8.0%	4.0%	88.0%	25
Help with affordable housing	3.6%	25.0%	71.4%	28
Help paying rent or mortgage	3.7%	25.9%	70.4%	27
Help paying for utilities	10.3%	27.6%	62.1%	29
Education (finish school, higher education)	12.5%	4.2%	83.3%	24
Health insurance	35.7%	17.9%	46.4%	28
Help with getting clothing or household items	14.8%	18.5%	66.7%	27
Primary care services	37.9%	6.9%	55.2%	29
Specialty medical services	26.9%	3.9%	69.2%	26
Mental health care	25.0%	3.6%	71.4%	28
Substance misuse care	0.0%	3.7%	96.3%	27
Dental care	28.6%	25.0%	46.4%	28
Parenting groups	10.7%	7.1%	82.1%	28
			Total Responses:	31
			Skipped Question:	13

CONSUMER SURVEY RESULTS

Question 13: Please select barriers to access or use of social and health-related services.		
	Percent	Count
There were no barriers	56.3%	18
Transportation	6.3%	2
No internet access at home	9.4%	3
Language or cultural differences	6.3%	2
Stigma/bias	6.3%	2
Cost (co-pays, deductibles)	28.1%	9
Didn't have insurance	12.5%	4
Work schedule	15.6%	5
Caregiver responsibilities for another person (child or adult)	9.4%	3
Lack of providers	6.3%	2
No appointments available	6.3%	2
Long wait time for getting an appointment	15.6%	5
Safety concerns	3.1%	1
Location was too far	6.3%	2
Office hours didn't work	9.4%	3
Trust in the system	9.4%	3
Fear of the unknown	9.4%	3
Did not need/want	6.3%	2
Total Responses:		32
Skipped Question:		12

Question 14: I felt heard, respected and was treated well during my healthcare experience.				
	Always	Sometimes	Never	Total Reponses
Prenatal care	87.1%	12.9%	0.0%	31
Birth	86.7%	13.3%	0.0%	30
Postpartum care	80.7%	19.4%	0.0%	31
Pediatric care	87.1%	12.9%	0.0%	31
Total Responses:				32
Skipped Question:				12

CONSUMER SURVEY RESULTS

Question 15: If you answered sometimes or never in question #12, would you like to share why? Please enter N/A if this question does not apply to you. (Open Response)
I feel like I'm never taken seriously or brushed off. You have to fight to get further investigation into things. If you're overweight then you're not going to get help at all because everything is just "lose weight"
N/A
N/A
N/A
There are a few times I felt like I was on my own during postpartum.
N/A
N/A
N/A
N/A
N/A
N/A
Total Responses: 11
Skipped Question: 33

Question 16: Select 3 greatest concerns impacting the health of pregnant women and families with children 0-5 years.		
	Percent	Count
Unplanned pregnancy	29.0%	9
Access to birth control/family planning	9.7%	3
Teen pregnancy	6.5%	2
Smoking during pregnancy	3.2%	1
Anxiety/depression	54.8%	17
Unhealthy weight before pregnancy	6.5%	2
Drug and/or alcohol use	16.1%	5
Dental care	12.9%	4
Safe place for baby to sleep	6.5%	2
No housing or unsafe housing	9.7%	3
Father not involved	16.1%	5
Going to prenatal care appointments	6.5%	2
No health insurance	35.5%	11
Getting healthy before getting pregnant again	9.7%	3
Nutrition/healthy lifestyles	25.8%	8
Child passenger safety	0.0%	0
Transportation	9.7%	3
Help with childcare	41.9%	13
Total Responses:		31
Skipped Question:		13

CONSUMER SURVEY RESULTS

Question 17: What is your race?		
	Percent	Count
American Indian or Alaska Native	0.0%	0
Asian or Asian American	0.0%	0
Black or African American	6.5%	2
Native Hawaiian or other Pacific Islander	0.0%	0
White	71.0%	22
Two or more races	19.2%	5
Prefer not to say	6.5%	2
Total Responses:		31
Skipped Question:		13

Question 18: Are you Hispanic or Latino?		
	Percent	Count
Yes, Hispanic or Latino	19.4%	6
No, not Hispanic or Latino	74.2%	23
Prefer not to say	6.5%	2
Total Responses:		31
Skipped Question:		13

Question 19: How old are you?		
	Percent	Count
18-24	22.6%	7
25-29	25.8%	8
30-34	19.4%	6
35-39	22.6%	7
40-49	3.2%	1
50-59	3.2%	1
60-69	0.0%	0
70 or older	0.0%	0
Prefer not to say	3.2%	1
Total Responses:		31
Skipped Question:		13

CONSUMER SURVEY RESULTS

Question 20: What is the highest level of education you have completed? Please select one.		
	Percent	Count
Elementary or middle school	6.5%	2
High school or have GED	32.3%	10
Technical school or community college	16.1%	5
Same college	16.1%	5
4-year college or Bachelor's degree	12.9%	4
Graduate or advanced degree	3.2%	1
Prefer not to say	6.5%	2
Other (please specify): Made it through 10th grade, graduated HS	6.5%	2
Total Responses:		31
Skipped Question:		13

Question 21: How do you pay for healthcare? Please select all that apply		
	Percent	Count
Don't have health insurance	10.0%	3
Medicaid	60.0%	18
Health insurance through my job or employer	20.0%	6
Private health insurance that I pay for myself	13.3%	4
Self-pay	16.7%	5
Use services of a free clinic	0.0%	0
Other (please specify): Medicare, VA Healthcare	6.67%	2
Total Responses:		30
Skipped Question:		14

Consumer survey respondents identified the following positive results:

- 77 percent of survey respondents indicated they were participating in a home visiting program. 68 percent of survey respondents indicated they were Healthy Start home visiting program participants.
- 100 percent of survey respondents indicated there were no challenges faced when engaging with home visiting. 100 percent of survey respondents indicated that they were satisfied with their home visiting experience and found their home visitor helpful.
- 53 percent of survey respondents selected that there were no barriers to access of use of social and health-related services.
- 87 percent of survey respondents felt heard, respected and were treated well during their prenatal care, birth, and pediatric care experiences. 81 percent of survey respondents felt heard, respected and were treated well during their postpartum care experience.

Consumer survey respondents identified the following areas for development and improvement:

- 25 percent of survey respondents identified affordable housing and dental care as health-related services they needed but could not get within the last 12 months. 26 percent needed help paying rent or mortgage while 28 percent needed help paying for utilities and were unable to receive it within the last 12 months.
- 28 percent of survey respondents said the cost of copays and deductibles was a barrier to access or use of social and health-related services.
- The greatest concerns impacting the health of pregnant women and families identified by survey respondents was anxiety/depression (55 percent), help with childcare (42 percent) and no health insurance (36 percent). Unplanned pregnancy and nutrition and healthy lifestyles were also identified as a concern for pregnant women and families (29 percent and 26 percent, respectively) in our Coalition area.

PATERNAL SURVEY

A total of 9 paternal surveys were collected. The survey responses are summarized in the tables below. Questions one and two are specific to the person completing the survey. Survey responses start with question three.

Question 3: In what county do you reside?		
	Percent	Count
Alachua	40.0%	2
Bradford	0.0%	0
Citrus	0.0%	0
Columbia	0.0%	0
Dixie	0.0%	0
Gilchrist	0.0%	0
Hamilton	0.0%	0
Hernando	40.0%	2
Lafayette	0.0%	0
Lake	0.0%	0
Levy	0.0%	0
Marion	0.0%	0
Putnam	0.0%	0
Sumter	20.0%	1
Suwannee	0.0%	0
Union	0.0%	0
Total Responses:		5
Skipped Question:		4

Question 4: Have you had a health check-up and/or received medical care in the past 12 months?		
	Percent	Count
Yes	60.0%	3
No	40.0%	2
Total Responses:		5
Skipped Question:		4

PATERNAL SURVEY RESULTS

Question 5: What barriers did you have in getting a check-up and/or medical care in the past 12 months?		
	Percent	Count
There were no barriers	40.0%	2
Transportation	20.0%	1
Location was too far	0.0%	0
Language or cultural differences	0.0%	0
Stigma/bias	0.0%	0
Cost (co-pays, deductibles)	20.0%	1
Didn't have insurance	20.0%	1
Work schedule	20.0%	1
Caregiver responsibilities for another person (child or adult)	20.0%	1
Lack of providers	0.0%	0
No appointments available	0.0%	0
Long wait time for getting an appointment	0.0%	0
Safety concerns	0.0%	0
Office hours didn't work	20.0%	1
No internet access	0.0%	0
Trust in the system	0.0%	0
Fear of the unknown	0.0%	0
Did not need/want	0.0%	0
Other (please specify):	0.0%	0
Total Responses:		5
Skipped Question:		4

Question 6: Do you have a primary care provider (could be a doctor, physician assistant, or nurse practitioner)?		
	Percent	Count
Yes	60.0%	3
No	40.0%	2
Total Responses:		5
Skipped Question:		4

PATERNAL SURVEY RESULTS

Question 7: What keeps you from having a primary care provider?		
	Percent	Count
No health insurance	0.0%	0
Can't find a provider in my area	0.0%	0
Can't find a provider who accepts my health insurance	0.0%	0
Providers aren't accepting new patients	0.0%	0
Language and/or cultural barriers	0.0%	0
Healthcare system is difficult to navigate	0.0%	0
Did not want/need a primary care provider	50.0%	1
Other (please specify):	50.0%	1
Total Responses:		2
Skipped Question:		7

Question 8: What type of health insurance do you have for yourself?		
	Percent	Count
I do not have health insurance	20.0%	1
Medicaid	40.0%	2
Health insurance through my job or employer	20.0%	1
Private health insurance that I pay for myself	20.0%	1
Other (please specify):	0.0%	0
Total Responses:		5
Skipped Question:		4

Question 9: How many children (0-5) are you the father or father figure to?		
	Percent	Count
1	60.0%	3
2	20.0%	1
3	0.0%	0
4	20.0%	1
5	0.0%	0
More than 5	0.0%	0
Total Responses:		5
Skipped Question:		4

Question 10: Do you live with all of these children?		
	Percent	Count
Yes, I live with all of these children	100.0%	5
No, I live with some of these children	0.0%	0
No, I live with none of these children	0.0%	0
Total Responses:		5
Skipped Question:		4

PATERNAL SURVEY RESULTS

Question 11: Are you the only parent at home?		
	Percent	Count
Yes	60.0%	3
No (please share what other parental figures live in the home): Mom, Mother	40.0%	2
Total Responses:		5
Skipped Question:		4

Question 12: Are you part of any home visiting programs? Please select all that apply.		
	Percent	Count
No, I do not/did not participate	0.0%	0
Healthy Start	80.0%	4
Parents As Teachers	0.0%	0
Nurse-Family Partnership	0.0%	0
TEAM Dad	40.0%	2
NewboRN Home Visiting	0.0%	0
Other (please specify)	0.0%	0
Total Responses:		5
Skipped Question:		4

Question 13 on the paternal survey was a follow-up question to question 12 if, "No, I do not/did not participate," in a home visiting program and no one selected this answer so we will jump to question 14.

Question 14: What challenges, if any, did you face when engaging with home visiting?		
	Percent	Count
No challenges were faced	100.0%	5
Didn't know how or where to get the services	0.0%	0
Unable to make contact with the program	0.0%	0
Days/times/location did not work for me	0.0%	0
Services did not meet my needs	0.0%	0
Lost interest	0.0%	0
Services not offered in native language	0.0%	0
Did not relate to the person providing the services	0.0%	0
Total Responses:		5
Skipped Question:		4

Question 15: Are you satisfied with your home visiting experience?		
	Percent	Count
Yes	100.0%	5
No	0.0%	0
Total Responses:		5
Skipped Question:		4

PATERNAL SURVEY RESULTS

Question 16: Was your home visitor helpful?		
	Percent	Count
Yes	100.0%	5
No	0.0%	0
Total Responses:		5
Skipped Question:		4

Question 17: What did you learn from the home visiting program(s)? (Open Response)
Many things. Mostly that I'm not alone and there are people that care.
That I'm not alone with how I'm feeling sometimes. That other dads have felt or feel the way I do
Child development
A lot
How to set goals for our baby
Total Responses: 5
Skipped Question: 4

Question 18: What social or health-related services have you used or could not get in to during the past 12 months?				
	Used in Past 12 Months	Needed but did not get in past 12 months	Don't know or N/A	Total Reponses
Childcare	0.0%	40.0%	60.0%	5
Transportation	0.0%	20.0%	80.0%	5
Food assistance	20.0%	40.0%	40.0%	5
Employment services	0.0%	20.0%	80.0%	5
Legal help	0.0%	0.0%	100.0%	5
Help with affordable housing	0.0%	20.0%	80.0%	5
Help paying rent or mortgage	0.0%	20.0%	80.0%	5
Help paying for utilities	0.0%	20.0%	80.0%	5
Education (finish school, higher education)	0.0%	40.0%	60.0%	5
Health insurance	40.0%	20.0%	40.0%	5
Help with getting clothing or household items	40.0%	0.0%	60.0%	5
Primary care services	0.0%	20.0%	80.0%	5
Specialty medical services	0.0%	0.0%	100.00%	5
Mental health care	20.0%	20.0%	60.0%	5
Substance misuse care	0.0%	0.0%	100.0%	5
Dental care	0.0%	40.0%	60.0%	5
Parenting groups	40.0%	0.0%	60.0%	5
Total Responses:				5
Skipped Question:				4

PATERNAL SURVEY RESULTS

Question 19: Please select barriers to access or use of social and health-related services.		
	Percent	Count
There were no barriers	40.0%	2
Transportation	20.0%	1
No internet access at home	20.0%	1
Language or cultural differences	0.0%	0
Stigma/bias	0.0%	0
Cost (co-pays, deductibles)	40.0%	2
Didn't have insurance	20.0%	1
Work schedule	40.0%	2
Caregiver responsibilities for another person (child or adult)	20.0%	1
Lack of providers	0.0%	0
No appointments available	0.0%	0
Long wait time for getting an appointment	0.0%	0
Safety concerns	0.0%	0
Location was too far	0.0%	0
Office hours didn't work	0.0%	0
Trust in the system	0.0%	0
Fear of the unknown	0.0%	0
Did not need/want	0.0%	0
Other (please specify):	0.0%	0
Total Responses:		5
Skipped Question:		4

PATERNAL SURVEY RESULTS

Question 20: Select 3 greatest concerns impacting the health of pregnant women and families with children 0-5 years.		
	Percent	Count
Unplanned pregnancy	60.0%	3
Access to birth control/family planning	20.0%	1
Teen pregnancy	0.0%	0
Smoking during pregnancy	0.0%	0
Anxiety/depression	60.0%	3
Unhealthy weight before pregnancy	0.0%	0
Drug and/or alcohol use	0.0%	0
Dental care	20.0%	1
Safe place for baby to sleep	0.0%	0
No housing or unsafe housing	0.0%	0
Father not involved	40.0%	2
Going to prenatal care appointments	0.0%	0
No health insurance	40.0%	2
Getting healthy before getting pregnant again	0.0%	0
Nutrition/healthy lifestyles	0.0%	0
Child passenger safety	0.0%	0
Transportation	20.0%	1
Help with childcare	40.0%	2
Total Responses:		5
Skipped Question:		4

Question 21: What is your race?		
	Percent	Count
American Indian or Alaska Native	0.0%	0
Asian or Asian American	0.0%	0
Black or African American	0.0%	0
Native Hawaiian or other Pacific Islander	0.0%	0
White	100.0%	5
Two or more races	0.0%	0
Prefer not to say	0.0%	0
Total Responses:		5
Skipped Question:		4

PATERNAL SURVEY RESULTS

Question 22: Are you Hispanic or Latino?		
	Percent	Count
Yes, Hispanic or Latino	20.0%	1
No, not Hispanic or Latino	80.0%	4
Prefer not to say	0.0%	0
Total Responses:		5
Skipped Question:		4

Question 23: How old are you?		
	Percent	Count
18-24	20.0%	1
25-29	0.0%	0
30-34	60.0%	3
35-39	0.0%	0
40-49	20.0%	1
50-59	0.0%	0
60-69	0.0%	0
70 or older	0.0%	0
Prefer not to say	0.0%	0
Total Responses:		5
Skipped Question:		4

Question 24: What is the highest level of education you have completed? Please select one.		
	Percent	Count
Elementary or middle school	20.0%	1
High school or have GED	60.0%	3
Technical school or community college	0.0%	0
Same college	20.0%	1
4-year college or Bachelor's degree	0.0%	0
Graduate or advanced degree	0.0%	0
Prefer not to say	0.0%	0
Other (please specify)	0.0%	0
Total Responses:		5
Skipped Question:		4

Due to the small number of respondents completing the paternal survey, we cannot accurately summarize nor conclude areas identified to develop and improve. We have worked to brainstorm ways to achieve a higher response rate for our paternal population for our next Service Delivery Plan.

COMMUNITY PARTNER SURVEY

A total of 93 community partner surveys were collected. The survey responses are summarized in the tables below. Questions one and two are specific to the person completing the survey. Survey responses start with question three.

Question 3: In what county(ies) do you provide these services and/or resources? Please check all that apply.		
	Percent	Count
Alachua	35.6%	32
Bradford	18.9%	17
Citrus	35.6%	32
Columbia	28.9%	26
Dixie	23.3%	21
Gilchrist	25.6%	23
Hamilton	24.4%	22
Hernando	23.3%	21
Lafayette	14.4%	13
Lake	26.7%	24
Levy	24.4%	22
Marion	25.6%	23
Putnam	20.0%	18
Sumter	26.7%	24
Suwannee	17.8%	16
Union	16.7%	16
None of the above	0.0%	0
Total Responses:		90
Skipped Question:		3

Question 4: Please select the populations you serve. Select all that apply.		
	Percent	Count
Infants (birth to 12 months of age)	75.6%	68
Toddlers (1 to 2 years)	68.9%	62
Preschoolers (3 to 4 years)	41.1%	37
Elementary schoolers (5 to 10 years)	28.9%	26
Adolescents and teenagers (youth aged 11 to 19 years)	42.2%	38
Adults of reproductive age (20 to 49 yeras)	54.4%	49
Family planning clients	40.0%	36
Pregnant women	76.7%	69
Families with infants and/or young children	72.2%	65
Individuals (or families) for whom English is not their primary language	58.9%	53
None of the above	1.1%	1
Total Responses:		90
Skipped Question:		3

COMMUNITY PARTNER SURVEY RESULTS

Question 5: Which of the following best describes your organization?		
	Percent	Count
Prenatal care provider	14.9%	13
Pediatric provider	2.3%	2
Hospital or birth center	17.2%	15
County health department	17.2%	15
Community clinic	1.2%	1
Dental provider	1.2%	1
Housing/shelter provider (DV, homeless, mental health, substance use)	0.0%	0
Early learning provider	12.6%	11
School/education (PK-12), college, technical, university	1.2%	1
Library (county or city)	0.0%	0
Mental health provider	1.2%	1
Emergency response agency/organization	0.0%	0
Government agency (city, county, state)	0.0%	0
Social service provider	5.8%	5
Grassroots community organizing group/organization	0.0%	0
Non-profit organization	23.0%	20
For-profit organization or private business	1.2%	1
Faith-based organization	0.0%	0
Other (please specify): Drug prevention coalition	1.2%	1
Total Responses:		87
Skipped Question:		6

COMMUNITY PARTNER SURVEY RESULTS

Question 6: Please select the resources and/or services you and/or your organization/agency provide. Select all that apply.		
	Percent	Count
Adoption information	11.8%	10
Adult education	18.8%	16
Breastfeeding education	68.2%	58
Breast pumps	37.7%	32
Car seats	40.0%	34
Childbirth classes	35.3%	30
Childcare/preschool	21.2%	18
Cribs/pack-n-plays	38.8%	33
Dental services	18.8%	16
Developmental evaluation	40.0%	34
Diapers and/or wipes	36.5%	31
Domestic violence prevention and/or counseling	24.7%	21
Employment (i.e., help finding a job or applying for a job)	9.4%	8
Family planning	41.2%	35
Food and/or clothing	15.3%	13
Home visiting	45.9%	39
Household safety items (i.e., smoke alarms, child safety locks, etc.)	31.8%	27
Housing	7.1%	6
Legal services	5.9%	5
Medicaid eligibility	18.8%	16
Mental health services	17.7%	15
Parenting education	49.4%	42
Rent and/or utility assistance	8.2%	7
Shelters (i.e., for homeless persons, emergency housing, etc.)	7.1%	6
Tobacco cessation	29.4%	25
Well-woman care	35.3%	30
Substance misuse treatment	9.4%	8
Transportation	11.8%	10
Other (please specify): OBGYN, perinatal care, VPK/School readiness, safe sleep, substance misuse prevention, prenatal, labor/delivery, and postpartum care.	7.1%	6
Total Responses:		85
Skipped Question:		8

COMMUNITY PARTNER SURVEY RESULTS

Question 7: Select 3 greatest concerns impacting the health of pregnant women and families with children 0-5 years.		
	Percent	Count
Unplanned pregnancy	27.7%	23
Access to birth control/family planning	10.8%	9
Teen pregnancy	6.0%	5
Smoking during pregnancy	8.4%	7
Anxiety/depression	31.3%	26
Unhealthy weight before pregnancy	9.6%	8
Drug and/or alcohol use	28.9%	24
Dental care	8.4%	7
Safe place for baby to sleep	12.1%	10
No housing or unsafe housing	20.5%	17
Father not involved	18.1%	15
Going to prenatal care appointments	13.3%	11
No health insurance	34.9%	29
Getting healthy before getting pregnant again	4.8%	4
Nutrition/healthy lifestyles	19.3%	16
Child passenger safety	7.2%	6
Transportation	13.3%	11
Help with childcare	25.3%	21
	Total Responses:	83
	Skipped Question:	10

COMMUNITY PARTNER SURVEY RESULTS

Question 8: Please indicate if the following needs are being met or unmet for pregnant women, mothers, fathers, and/or families with infants and young children (0-5 years)				
	Met	Unment	Not sure or N/A	Total Reponses
Access to primary care services	50.7%	24.0%	25.3%	75
Access to pediatric care services	73.0%	8.1%	18.9%	74
Access to obstetric care services	51.4%	33.8%	14.9%	74
Access to specialty health care services (maternal fetal medicine, cardiology)	48.7%	33.8%	17.6%	74
Access to mental health care services	34.3%	50.7%	15.1%	73
Access to substance misuse services	31.6%	35.6%	32.9%	73
Access to dental care services	30.1%	41.1%	28.8%	73
Affordable, safe housing	9.3%	58.7%	32.0%	75
Jobs with fair, livable wages	13.9%	52.8%	33.3%	72
Public transportation	29.8%	44.6%	25.7%	74
Access to sufficient, nutritious food	51.4%	23.6%	25.0%	72
Chronic disease prevention and management (heart disease, asthma, diabetes)	48.0%	31.5%	20.1%	73
Neighborhood and community safety (law enforcement presence)	45.2%	21.9%	32.9%	73
Birth control and family planning services	68.5%	11.0%	20.6%	73
Tobacco use prevention and cessation	61.6%	9.6%	28.8%	73
Childcare including early learning programs	47.3%	27.0%	25.7%	74
High quality, accessible education and job skill development opportunities	33.8%	28.4%	37.8%	74
			Total Responses:	77
			Skipped Question:	16

COMMUNITY PARTNER SURVEY RESULTS

Question 9: From the list below, please select the factors that are barriers that pregnant women and families with children (0-5 years) face when accessing services and resources. Please select all that apply.		
	Percent	Count
There were no barriers	1.3%	1
Transportation	76.6%	59
No internet access at home	20.8%	16
Language or cultural differences	44.2%	34
Stigma/bias	35.1%	27
Cost (co-pays, deductibles)	53.3%	41
Didn't have insurance	57.1%	44
Work schedule	42.9%	33
Caregiver responsibilities for another person (child or adult)	31.2%	24
Lack of providers	42.9%	33
No appointments available	22.1%	17
Long wait time for getting an appointment	57.1%	44
Safety concerns	7.8%	6
Location was too far	54.6%	42
Office hours didn't work	23.4%	18
Trust in the system	39.0%	30
Fear of the unknown	24.7%	19
Did not need/want	15.6%	12
Other (please specify): Lack of funding for ECE programs, rural area with limited resources	2.6%	2
Total Responses:		77
Skipped Question:		16

Question 10: Which home visiting programs and services offered by the Healthy Start Coalition are available in your community? Please select all that apply.		
	Percent	Count
Healthy Start	94.7%	71
Parents As Teachers	32.0%	24
Nurse-Family Partnership	41.3%	31
TEAM Dad	62.7%	47
NewboRN Home Visiting	42.7%	32
Other (please specify): offered on south end, too far away, unknown, I don't know, Healthy Families, Early Steps	9.3%	7
None of the above	0.0%	0
Total Responses:		75
Skipped Question:		18

COMMUNITY PARTNER SURVEY RESULTS

Question 11: Do you know how to make referrals to our home visiting programs through Connect?		
	Percent	Count
Yes	79.8%	59
No	20.3%	15
Total Responses:		74
Skipped Question:		19

Question 12: Which Healthy Start services have you heard about? Please select all that apply.		
	Percent	Count
Connect (Coordinated Intake & Referral)	81.1%	60
Breastfeeding support	71.6%	53
Care coordination	51.4%	38
Childbirth education	60.8%	45
Counseling services	46.0%	34
Developmental screening	56.8%	42
Family health and well-being	60.8%	45
Family planning	54.1%	40
Fatherhood support	60.8%	45
Home visiting support	74.3%	55
Newborn care	68.9%	51
Parenting education	73.0%	54
Referral services	59.5%	44
Tobacco cessation	60.8%	45
Women's health	51.4%	38
I am unaware of these services	4.1%	3
Total Responses:		74
Skipped Question:		19

Question 13: What is your race?		
	Percent	Count
American Indian or Alaska Native	0.0%	0
Asian or Asian American	0.0%	0
Black or African American	9.5%	7
Native Hawaiian or other Pacific Islander	0.0%	0
White	78.4%	58
Two or more races	1.4%	1
Prefer not to answer	9.5%	7
Other (please specify): Hispanic	1.4%	1
Total Responses:		74
Skipped Question:		19

COMMUNITY PARTNER SURVEY RESULTS

Question 14: Are you Hispanic or Latino?		
	Percent	Count
Yes, Hispanic or Latino	8.1%	6
No, not Hispanic or Latino	82.4%	61
Prefer not to say	9.5%	7
Total Responses:		74
Skipped Question:		19

Question 15: How old are you?		
	Percent	Count
18-24	2.7%	2
25-29	6.7%	5
30-34	12.0%	9
35-39	4.0%	3
40-49	29.3%	22
50-59	24.0%	18
60-69	14.7%	11
70 or older	0.0%	0
Prefer not to say	6.7%	5
Total Responses:		75
Skipped Question:		18

Question 16: How long have you provided services in the area served by Central and North Central Healthy Start Coalitions? (Central Healthy Start: Citrus, Hernando, Lake, and Sumter counties) (Healthy Start of North Central Florida: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Putnam, Suwannee, and Union counties)		
	Percent	Count
Less than a year	4.1%	3
1-4 years	31.1%	23
5-9 years	14.9%	11
10-14 years	14.9%	11
15-19 years	13.5%	10
20 years or more	21.6%	16
Total Responses:		74
Skipped Question:		19

COMMUNITY PARTNER SURVEY RESULTS

Community partner survey respondents identified the following positive results:

- 68 percent of survey respondents indicated that they assisted their participants with breastfeeding education. 50 percent indicated they provide parenting education for their participants.
- 95 percent of survey respondents indicated Healthy Start home visiting programs are offered in their community.
- 80 percent of survey respondents indicated they know how to make referrals to home visiting programs through Connect.
- The following Healthy Start services were identified by survey respondents the most when asked if they had heard of them. Connect (81 percent), breastfeeding support (72 percent), parenting education (73 percent), and newborn care (69 percent).

Respondents to the community partner survey identified the following areas for development and improvement:

- The greatest concerns impacting the health of pregnant women and families identified by survey respondents was no health insurance (35 percent) and anxiety/depression (31 percent). Drug/alcohol use were also identified as a concern for pregnant women and families (29 percent) in our Coalition area.
- 59 percent of survey respondents indicated that affordable and safe housing was the highest unmet need for pregnant women, mothers, fathers, and/or families with infants and young children. Jobs with fair, livable wages were the second highest unmet need identified (53 percent).
- 77 percent of survey respondents indicated that transportation was the number one barrier that pregnant women and families with children face when accessing services and resources. In addition, didn't have insurance and long wait time for getting an appointment (57 percent), location was too far (55 percent), and cost of copays/deductibles (53 percent) were identified by survey respondents as significant barriers for pregnant women and families with children when accessing services and resources.



RESOURCE INVENTORY

ALACHUA COUNTY RESOURCES

CHILDCARE

Early Learning Coalition of Alachua County
352-375-4110
www.elcalachua.org

Episcopal Children's Services - Head Start/Early Head Start
904-726-1500
www.ecs4kids.org

EMPLOYMENT

CareerSource North Central Florida
352-955-2245
www.careersourcencfl.com

Central Florida Community Action Agency
352-373-7667
www.cfaa.org

GoodCareers Center
352-376-9041 or 352-340-2738
www.goodwill.org

Employ Florida
800-438-4128
www.employflorida.com

Gainesville Community Ministry
352-372-8162
http://www.gcmhelp.org

HOUSING

Alachua County Housing Authority
352-372-2549
www.acha-fl.com

Family Promises of Gainesville
352-378-2030
https://www.familypromisegvl.org/

Habitat for Humanity
352-378-4663
www.alachuahabitat.org

St. Francis House
352-379-9079
https://stfrancishousegnv.com/

FOOD AND CLOTHING

Gainesville Catholic Charities
352-372-0294
www.catholiccharitiesgainesville.org

Gainesville Community Ministry
352-372-8162
http://www.gcmhelp.org

Grace Marketplace
352-792-0800
www.gracemarketplace.org

Goodwill Industries - Gainesville South
352-340-2738 or 352-376-9041
www.goodwill.org

Goodwill Industries - Gainesville North
352-378-4449 or 352-340-2361
https://goodwillnorthfl.org/

Salvation Army
352-376-1743
www.gainesville.salvationarmyflorida.org/

SNAP Benefits
866-762-2237
https://myaccessflorida.us/

WIC Nutrition Program
352-334-7900 or 800-342-3556
https://alachua.floridahealth.gov/

Lake Area Ministries L.A.M. Ministries (Keystone Heights)
352-473-2846
https://awall05.wixsit.com/lake-area-minitries

United Way of North Central Florida
352-331-2800
https://www.unitedwayncfl.org

Bread of the Mighty
352-336-0839
https://breadofthemight.org/

ALACHUA COUNTY RESOURCES

FOOD AND CLOTHING CONTINUED

SWAG Family Resource Center
352-505-6823
https://www.pfsf.org/resourcecenters/swagfrc/

Library Partnership Resource Center
352-334-0160
https://www.pfsf.org/resourcecenters/librarypartnership/

St. Madeleine Community Outreach
386-454-1000
https://www.stmco.org/home.html

Feeding Northeast Florida
904-513-1333
https://feedingnefl.org/

INFANT & EARLY CHILDHOOD DEVELOPMENT

Early Steps
352-273-8555
https://earlysteps.pediatrics.med.ufl.edu/

FDLRS Springs
352-671-6051
www.springs.fdlrs.org

Healthy Start of North Central Florida Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Help Me Grow Alachua
352-810-1914
https://www.pfsf.org

MENTAL HEALTH & SUBSTANCE ABUSE COUNSELING

Alachua County BOCC - Metamorphosis Program
352-381-0153
www.alachuacounty.us

Alachua County Crisis Center
352-264-6789
www.alachuacounty.us

Alcoholics Anonymous
352-372-8091
www.aagainesville.org

MENTAL HEALTH & SUBSTANCE ABUSE COUNSELING

CDS Family & Behavioral Health Services
Food - 352-244-0628, Housing - 352-244-0618
www.cdsfl.org

Helping Hands
352-519-5542
http://hhclinicgnv.org/

Lutheran Services Florida - LSF Health Systems
904-900-1075
www.lsfhealthsystems.org

Meridian Behavioral Healthcare, Inc.
352-374-5600
www.mbhci.org

NAMI Gainesville
1-800-950-6264 or 352-949-6925
www.namigainesville.org

Narcotics Anonymous
352-376-8008 or 844-623-5674
www.uncoastna.org

National Suicide Preventoion Lifeline
988 for Spanish dial 988 and press 2
https://988lifeline.org/

Peaceful Paths
352-377-8255 or 352-377-5690
www.peacefulpaths.org

Suwannee River AHEC - Smoking Cessation
386-462-1551
www.srahec.org

New Season Treatement Center
877-284-7074
https://www.newseason.com

Chrysalis Health in Gainesville
352-505-3534
https://www.chrysalishealth.com/

ALACHUA COUNTY RESOURCES

MENTAL HEALTH & SUBSTANCE ABUSE COUNSELING

Oxford House
https://www.oxfordhousefl.org/

UF Health Florida Recovery Center
352-265-4372
https://ufhealth.org/locations

UF Health Psychiatric Hospital
352-265-5481
https://ufhealth.org/locations

PARENTING

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

2-1-1 Big Bend Helpline
2-1-1 or 850-617-6333/ 800-451-2229
www.211bigbend.org

Library Partnership Resource Center
352-334-0160
www.pfsf.org/resource-centers/librarypartnership

Healthy Families
Enroll at 877-678-9355 Questions? 352-294-5523
https://healthyfamiliesfla.org/

Parents as Teachers
877-678-9355
www.helpingbabiesgrow.org

TRANSPORTATION

Alachua County RTS
352-334-2600
www.go-rts.com

Medicaid Transportation (MV Transit)
352-375-2784
www.mvtransit.com

Medicaid Transportation (ModivCare)
https://www.modivcare.com/contact-us-business

TRANSPORTATION

Children's Medical Services (CMS Health Plan)
866-799-5321
https://www.sunshinehealth.com/members/cms.html

Florida Non-Emergency Medical Transportation
844-239-5974
https://www.mtm-inc.net/floridaaffs/

UTILITIES

Alachua County Community Support Services
352-264-6750
https://www.alachuacounty.us

Catholic Charities
352-372-0294
www.catholiccharitiesgainesville.org

Central Florida Community Action Agency
352-373-7667
www.cfcaa.org

Gainesville Community Ministry
352-382-8162
www.gcmhelp.org

United Way of North Central Florida
352-331-2800
https://unitedwayncfl.org/request-assistance

WOMEN'S SERVICES

A Woman's Answer Medical Center
352-367-2716
www.awomansanswer.net

Alachua County Health Department
352-334-7900
http://alachua.floridahealth.gov/

UF Health Archer Family Health Care
352-265-2550
www.ufhealth.org/archer-family-health-care

ALACHUA COUNTY RESOURCES

WOMEN'S SERVICES

Connect

877-678-9355

www.EveryBabyDeservesAHealthyStart.org

Mobile Outreach Clinic

352-273-5329

https://outreach.med.ufl.edu

HCA Florida North Florida Women's Center

352-333-4000

https://nfrmc.com/specialities/womens-care/

SWAG Advocacy Group Health Clinic

352-225-4320

www.swadvocacygroup.org/sw-health-clinic

BRADFORD COUNTY RESOURCES

CHILDCARE

Early Learning Coalition of North Florida
904-342-2267
www.elcnorthflorida.org

Episcopal Children's Services - Head Start
904-726-1500
https://www.ecs4kids.org/programs/head-start/

EMPLOYMENT

CareerSource North Central Florida
904-964-8092
www.careersourcencfl.com

North Florida Technical College
904-966-6764
https://nftc.bradfordschools.org

Employ Florida
800-438-4128
www.employflorida.com

HOUSING

Section 8 Program
800-365-9527
https://www.nwfloridahousing.org/

Habitat for Humanity
352-378-4663
www.alachuahabitat.org

FOOD AND CLOTHING

Catholic Charities
352-372-0294
www.catholiccharitiesgainesville.org

Lake Area Ministries (L.A.M.)
352-473-2846
https://awall05.wixsite.com/lake-area-ministries

SNAP Benefits
866-762-2237
https://myaccessflorida.us/

WIC Nutrition Program
904-964-7732
https://bradford.floridahealth.gov/

FOOD AND CLOTHING

Bradford Food Pantry
904-964-3984

United Way of North Central Florida
352-331-2800
https://www.unitedwayncfl.org/about-uwncfl

Feeding Northeast Florida
904-513-1333
https://feedingnefl.org/

INFANT & EARLY CHILDHOOD DEVELOPMENT

Early Steps
904-427-7600
https://pediatrics.med.jax.uefl.edu/

FDLRS NEFEC (FL Diagnostic & Learning Resources)
386-329-3811
https://www.fdlrsnefec.org/

MENTAL HEALTH & SUBSTANCE ABUSE

Alcoholics Anonymous
904-399-8535
www.neflaa.org

Meridian Behavioral Healthcare, Inc.
352-374-5600 or 800-330-5615
www.mbhci.org

Narcotics Anonymous
904-723-5683
www.firstcoastna.org

Suwannee River AHEC - Smoking Cessation
386-462-1551
www.srahec.org

Village Counseling Center
352-373-8189
www.villagecounselingcenter.net

PARENTING

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

BRADFORD COUNTY RESOURCES

PARENTING

Healthy Families

Enroll at 877-678-9355 Questions? 352-294-5523

https://healthyfamiliesfla.org/

Parents as Teachers

Enroll at 877-678-9355 Questions? 352-203-0628

www.helpingbabiesgrow.org

Partnership for Strong Families

904-964-1540 or 866-888-6548

https://www.pfsf.org/

TRANSPORTATION

Suwannee River Economic Council

904-964-6696 ext. 25 or 800-824-5308

http://srecinc.org

ModivCare (Medicaid Transportation)

https://www.modivcare.com/contact-us-business

Children's Medical Servcies (CMS Health Plan)

866-799-5321

https://www.sunshinehealth.com/CMS

Florida Non-Emergency Medical Transportation

844-239-5974

https://www.mtm-inc.net/floridaffs/

UTILITIES

Suwannee River Economic Council

904-964-6696

http://srecinc.org

United Way of North Central Florida

352-331-2800

https://unitedwayncfl.org/request-assistance

WOMEN'S SERVICES

Bradford County Health Department

904-964-7732

http://bradford.floridahealth.gov/

Connect

877-678-9355

www.EveryBabyDeservesAHealthyStart.org

COLUMBIA & HAMILTON COUNTY RESOURCES

CHILDCARE

Early Learning Coalition of Florida's Gateway
386-752-9770 or 866-752-9770
www.elcgateway.org

Happy House
386-752-4736
https://www.happyhouselakecity/org/

SV4C's - Head Start and Early Head Start
386-754-2222
www.sv4cs.org

EMPLOYMENT

CareerSource Florida North Central Florida - Columbia
386-243-6647
https://careersourcencfl.com/

CareerSource Florida North Central Florida - Hamilton
850-973-9675
https://careersourcencfl.com/

Labor Finders of Lake City
386-758-2330
https://www.laborfinders.com/locations

Employ Florida
800-438-4128
www.employflorida.com

HOUSING

Columbia County Housing Authority
386-752-4227
https://cchafl.com/

Northwest Florida Housing Authority - Section 8
850-365-9527
www.nwfloridahousing.org

United Way of Suwannee Valley
386-752-5604
https://unitedwsv.org/

FOOD AND CLOTHING

Catholic Charities
386-754-9180
www.catholiccharitieslakecity.org

Christian Service Center
386-755-1770
www.cscofcc.org

SNAP Benefits
866-762-2237
https://myaccessflorida.us/

WIC Nutrition Program
386-758-1068 (Columbia County)
386-792-1414 (Hamilton County)

NorthStar Family Resouce Center
386-758-3319
https://www.pfsf.org/resourcecenters/nsfrc/

INFANT & EARLY CHILDHOOD DEVELOPMENT

Early Steps
352-273-8555 or 800-334-1447
www.earlysteps.pediatrics.med.ufl.edu

FDLRS Gateway (FL Diagnostic & Learning Resources)
386-312-2265
https://www.fdlrs.org/

MENTAL HEALTH AND SUBSTANCE ABUSE

Alcoholics Anonymous
386-243-5374
https://www.nfaadistrict16.org

Meridian Behavioral Healthcare
352-374-5600 or 800-330-5615
https://mbhci.org/

Narcotics Anonymous
352-376-8008
www.uncoastna.org

Resolutions Health Alliance
386-754-9005
www.rhapa.com

COLUMBIA & HAMILTON COUNTY RESOURCES

MENTAL HEALTH AND SUBSTANCE ABUSE

Substance Use and Treatment Hotline
988

Suwannee River AHEC - Smoking Cessation
386-462-1551
www.srahec.org

Chrysalis Health - Lake City
386-749-8533
https://www.chrysalishealth.com/

PARENTING

Caring Choices Pregnancy Services (Catholic Charities)
866-901-9647
https://www.caringchoicesnorthflorida.org/

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Healthy Families
Enroll at 877-678-9355 Questions? 352-294-5523
https://healthyfamiliesfla.org/

Parents as Teachers
Enroll at 877-678-9355 Questions? 352-203-0628
www.helpingbabiesgrow.org

TRANSPORTATION

Suwannee Valley Transit
386-362-5332 or 800-258-7267
www.ridesvta.com

UTILTIES

Catholic Charities
386-754-9180
www.catholiccharitieslakecity.org

Suwannee River Economic Council
386-752-8726 (Columbia) 386-792-1136 (Hamilton)
https://srecinc.org/

WOMEN'S SERVICES

Caring Choices Pregnancy Servcies
866-901-9647
https://www.caringchoicesnorthflorida.org/

Columbia County Health Department
386-758-1068
https://columbia.floridahealth.gov/

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Hamilton County Health Department
386-792-1414
https://hamilton.floridahealth.gov/

DIXIE, GILCHRIST & LEVY COUNTY RESOURCES

CHILDCARE

Episcopal Children's Services - Head Start
904-726-1500
www.ecs4kids.org/programs/head-start/

Early Learning Coalition of the Nature Coast
352-563-9939
https://www.elc-naturecoast.org/

EMPLOYMENT

CareerSource in Levy County
800-434-5627 or 352-493-6813
www.careersourceclm.com

CareerSource Florida North Central Florida (Dixie & Gilchrist)
352-384-3433
https://careersourcencfl.com

Employ Florida
800-438-4128
http://www.employflorida.com/

HOUSING

Catholic Charities
352-372-0294
www.catholiccharitiesgainesville.org

Housing Authority in Levy and Gilchrist Counties
352-486-5420
www.tricountyha.com

Levy County State Housing Initiative Partnership (SHIP)
352-670-4211
https://www.levycounty.org/

Suwannee River Economic Council
352-498-5018 (Dixie) or 352-463-2940 (Gilchrist)
www.srecinc.org

FOOD AND CLOTHING

Bronson United Methodist Church
352-486-2281
www.bronsonmethodist.wixsite.com/home

Catholic Charities
352-372-0294
www.catholiccharitiesgainesville.org

FOOD AND CLOTHING

First United Methodist Church of Williston
352-528-3636
http://firstmethodistwilliston.org/

Food Pantry of Gilchrist County
352-463-2710
https://www.facebook.com/FoodPantryofGilchristCoInc/

St. Madeleine Community Outreach in Gilchrist Co
386-454-1000
www.stmco.org/home/html

SNAP Benefits
866-762-2237
https://www.myflfamilies.com/

The Children's Table
352-493-2310
www.childrenstable.org/index.html

WIC Nutrition Program
352-498-1360 (Dixie) 352-463-3120 (Gilchrist)
352-486-5300 (Levy)

Tri-Community Resource Center
352-507-4000
https://www.pfsf.org/resourcecenters/tccrc/

Feeding Northeast Florida
904-513-1333
https://feedingnefl.org/

INFANT AND EARLY CHILDHOOD DEVELOPMENT

Early Steps
352-273-8555
https://earlysteps.pediatrics.med.ufl.edu/

FDLRS Springs
352-671-6051
https://springs.fdlrs.org/

MENTAL HEALTH AND SUBSTANCE ABUSE

Alcoholics Anonymous
352-757-2756
www.district27aa.org

DIXIE, GILCHRIST & LEVY COUNTY RESOURCES

MENTAL HEALTH AND SUBSTANCE ABUSE

Meridian Behavioral Health
352-374-5600
https://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

PARENTING

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Healthy Families
Enroll 877-678-9355 Questions? 352-486-5590
https://healthyfamiliesfla.org/

TRANSPORTATION

Levy County Transit
352-486-3485
https://www.levycounty.org/373/Transportation

Suwannee River Economic Council
352-463-2940 (Gilchrist) 352-498-5018 (Dixie)
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

Suwannee River Economic Council
352-463-2940 (Gilchrist) 352-498-5018 (Dixie)
www.srecinc.org

United Way of North Central Florida
352-331-2800
https://unitedwayncfl.org/request-assistance

WOMEN'S SERVICES

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Florida Department of Health in Dixie County
352-498-1360
https://dixie.floridahealth.gov/

Florida Department of Health in Gilchrist County
352-463-3120
https://gilchrist.floridahealth.gov/

Florida Department of Health in Levy County
352-486-5300
https://levy.floridahealth.gov/

Palms Medical Group
888-730-2374
www.palmsmg.org

Tri-County Pregnancy Center
352-528-0200
www.tcpcfl.com

SUWANNEE & LAFAYETTE COUNTY RESOURCES

CHILDCARE

Early Learning Coalition of Florida's Gateway
386-752-9770
www.elcgateway.org

Suwannee Valley 4 C's Head Start/Early Head Start
386-754-2222
www.sv4cs.org

EMPLOYMENT

CareerSource North Florida
850-973-9675
www.careersourcenorthflorida.com

Employ Florida
800-438-4128
http://www.employflorida.com/

HOUSING

HUD Housing
800-225-5342
www.hud.gov

Live Oak Housing Authority
386-362-2123
https://liveoakha.org/

Suwannee River Economic Council
386-294-2202 (Lafayette) 386-362-6079 (Suwannee)
www.srecinc.org

North Central Florida Regional Housing Authority
352-486-5420
https://www.ncfrha.com/

FOOD AND CLOTHING

First Baptist Church of Live Oak & LOVE, Inc.
386-364-4673
www.fbcliveoak.org

SNAP Benefits
866-762-2237
www.myflorida.com/accessflorida

WIC Nutrition Program
386-362-2708 (Suwannee) 386-294-1321 (Lafayette)
Suwannee CHD Lafayette CHD

INFANT AND EARLY CHILDHOOD DEVELOPMENT

Early Steps
352-273-8555 or 800-334-1447
https://earlysteps.pediatrics.med.ufl.edu/

FDLRS
386-312-2265
http://www.fdlrs.org

MENTAL HEALTH AND SUBSTANCE ABUSE

Alcoholics Anonymous
386-243-5374
https://www.nfaadistrict16.org/

Meridian Behavioral Health
352-374-5600
https://mbhci.org/

Narcotics Anonymous
352-376-8008
www.uncoastna.org

Suwannee River AHEC - Smoking Cessation
386-462-1551
www.srahec.org

PARENTING

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Healthy Families Seven Rivers (Lafayette)
Enroll at 877-678-9355 Questions? 850-948-2741
https://healthyfamiliesfla.org

Healthy Families Gilchrist/Levy/Dixie/Suwannee
Enroll at 877-678-9355 Questions? 352-486-5590
https://healthyfamiliesfla.org

Pregnancy Care Center
386-330-2229
www.northfloridapregnancy.com

SUWANNEE & LAFAYETTE COUNTY RESOURCES

TRANSPORTATION

Medicaid Transport

844-352-1485 (Sunshine) 888-716-8787 (United)

866-779-0565 (Humana) 844-399-9469 (CMS)

Suwannee River Economic Council

800-597-7579

www.srecinc.org

Suwannee Valley Transit Authority

800-258-7267

www.ridesvta.com

UTILITIES

Catholic Charities Bureau

386-754-9180

www.catholiccharitieslakecity.org

Suwannee River Economic Council

386-294-2202 (Lafayette) 386-362-6079 (Suwannee)

www.srecinc.org

WOMEN'S SERVICES

Connect

877-678-9355

www.EveryBabyDeservesAHealthyStart.org

Florida Department of Health in Lafayette County

386-294-1321

https://lafayette.floridahealth.gov/

Pregnancy Care Center

386-330-2229

www.friendsofpcc.com

Florida Department of Health in Suwannee County

386-362-2708

https://suwannee.floridahealth.gov/

MARION COUNTY RESOURCES

CHILDCARE

Early Learning Coalition of Marion County
352-369-2315
www.elc-marion.org

Episcopal Children's Services - Head Start
904-726-1500
https://www.ecs4kids.org/programs/head-start/

EMPLOYMENT

CareerSource
352-873-7939 or 352-840-5700
www.careersourceclm.com

Silver Springs Shores Resource Center
352-687-0350
https://shoresresourcecenter.wordpress.com/

Employ Florida
800-438-4128
http://www.employflorida.com/

HOUSING

Florida SHIP
850-488-4197
www.floridahousing.org

Marion County Community Services
352-671-8770
https://www.marionfl.org/

Habitat for Humanity
352-351-4663
www.habitatocala.org

Hands of Mercy Everywhere - Teen Maternity
352-347-4663
www.handsofmercyeverywhere.org

Interfaith Emergency Services
352-629-8868
www.iesmarion.org

Ocala Housing Authority
352-369-2636
www.ocalahousing.org

FOOD AND CLOTHING

Brother's Keeper Pantry
352-622-3846
www.bkocala.org

Interfaith Food Pantry
352-629-8868
www.iesmarion.org

Love, Inc. of the Heart of Florida
352-629-2004
www.salvationarmyflorida.org/Ocala

SNAP Benefits
866-762-2237
www.myflorida.com/accessflorida

WIC Nutrition Program
800-342-3556
https://marion.floridahealth.gov/

Wings of Faith
352-687-4600
https://wingsoffaith.churchcenter.com/home

First Baptist Church of Belleview - Community Outreach
352-245-9106
https://www.fbcbelleview.org/next-steps

INFANT AND EARLY CHILDHOOD DEVELOPMENT

Early Learning Coalition of Marion County - Help Me Grow
352-369-2315
www.elc-marion.org

Early Steps
352-273-8555
https://earlysteps.pediatrics.med.ufl.edu/

FDLRS Springs
352-671-6051
https://springs.fdlrs.org/

MARION COUNTY RESOURCES

MENTAL HEALTH AND SUBSTANCE ABUSE

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

ORCA, Inc.
352-351-0867
www.orcaocala.com

New Season Treatment Center - Quad County
877-284-7074
https://www.newseason.com

Suwannee River AHEC - Smoking Cessation
386-462-1551
www.srahec.org

The Vines Hospital
352-671-3130
www.thevineshospital.com

Zero Hour Life Center Recovery Community
352-765-4943
www.zerohourlifecenter.org

SMA Healthcare
800-539-4228
https://smahealthcare.org/marion-county/

Groups Recover Together
352-505-2432
https://locations.joingroups.com

Langley Health Services in Ocala
352-680-7000
https://langley.tangentmedia.com/behavioral-health/

Heart of Florida Health Center
352-732-6599
https://www.myhfhc.org/

MENTAL HEALTH AND SUBSTANCE ABUSE

Perspectives Integrated Treatment
352-209-0551
https://perspectives2.com/index.html

Oxford House
https://www.oxfordhouse.org/

Ocala Counsulting and Prevention
352-622-4488
https://www.ocalaconsulting.com/

Phoenix House Florida
813-957-9639
https://phoenixfl.org/

PARENTING

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Healthy Families Lake, Sumter, and Marion
Enroll at 877-678-9355 Questions? 352-742-6170
https://healthyfamiliesfla.org/

Parents As Teachers
877-678-9355
www.helpingbabiesgrow.org

Women's Pregnancy Center
352-704-1851
https://wpcocala.com/

TRANSPORTATION

Interfaith Emergency Services
352-629-8868
www.iesmarion.org

SunTran Bus Service
352-629-2489
www.suntran.org

MARION COUNTY RESOURCES

UTILITIES

Central Florida Community Action Agency

352-732-3008

https://www.cfcaa.org/

Neighborhood Housing & Development Corporation

352-380-9119

https://gnhdc.org/nhdc-cares/

WOMEN'S SERVICES

Alpha Center for Women

352-629-4357

https://www.alphacenterocala.org/

Connect

877-678-9355

www.EveryBabyDeservesAHealthyStart.org

Family Hope Resource and Pregnancy Center

352-558-7373

www.familyhoperesource.org

Florida Department of Health in Marion County

352-629-0137

https://marion.floridahealth.gov/

Women's Pregnancy Center

352-704-1851

www.wpcocala.com

PUTNAM COUNTY RESOURCES

CHILDCARE

Early Learning Coalition of North Florida
904-342-2268
www.elcnorthflorida.org

Redlands Chrisitan Migrant Association - Head Start
800-282-6540
www.rcma.org

EMPLOYMENT

Career Source Northeast Florida
386-530-7089
www.careersourcenortheastflorida.com

Northeast Florida Community Action Agency
386-385-3954
www.nfcaa.net

Putnam County Re-Entry Program
386-328-0984
www.pcreentry.weebly.com

Employ Florida
800-438-4128
http://www.employflorida.com/

HOUSING

Florida Coalition for the Homeless
727-809-1980
www.fchonline.org

Palatka Housing Authority
386-329-0132
www.palatkaha.org

Putnam Habitat for Humanity
386-325-5862
www.putnamhabitat.org

FOOD AND CLOTHING

Catholic Charities
386-328-2333
www.ccbstaug.org

Heart of Putnam
386-328-0984
www.heartofputnam.com

FOOD AND CLOTHING

Interlachen Soup Kitchen Ministries
386-972-1045
https://soupkitchenministries.com/

SNAP Benefits
866-762-2237
https://myaccessflorida.us/

WIC Nutrition Program
386-326-3200 or 800-440-0420
https://putnam.floridahealth.gov/

Feeding Northeast Florida
904-513-1333
https://feedingnefl.org/

INFANT AND EARLY CHILDHOOD DEVELOPMENT

Easter Seals NE Central Florida - Early Steps
386-873-0365
https://florida.easterseals.com

FDLRS NEFEC
386-329-3811
https://www.fdlrsnefec.org/

Early Learning Coalition of Flagler/Volusia
386-323-2400
https://www.elcfv.org/help-me-grow

MENTAL HEALTH AND SUBSTANCE ABUSE

Alcoholic Anonymous
904-399-8535
www.neflaa.org

Children's Home Society (FSPT)
386-274-0341
www.chsfl.org

Narcotics Anonymous
352-376-8008
https://www.uncoastna.org/uncoasthome.aspx

SMA Healthcare
800-539-4228
https://smahealthcare.org/putnam-county/

PUTNAM COUNTY RESOURCES

MENTAL HEALTH AND SUBSTANCE ABUSE

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

Oxford House
https://www.oxfordhousefl.org/

Recovery Point Palatka, INC.
386-385-3079
https://www.recoverypointpalatka.com/

PARENTING

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Healthy Families
Enroll at 877-678-9355 Questions? 386-326-3200
https://healthyfamiliesfla.org/

Parents as Teachers
877-678-9355
www.helpingbabiesgrow.org

TRANSPORTATION

The Ride Solution
386-325-9999
www.theridesolution.com

UTILITIES

Catholic Charities
386-328-2333
https://www.ccbstaug.org

Northeast Florida Community Action Agency
904-362-8052
https://nfcaa.net/

WOMEN'S SERVICES

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Florida Department of Health in Putnam County
386-326-3200
https://putnam.flhealth.gov/

Women's Resouce Center
386-328-9394
www.awrcleadershipteam.com

UNION COUNTY RESOURCES

CHILDCARE

Early Learning Coalition of Florida's Gateway
386-752-9770
www.elcgateway.org

EMPLOYMENT

CareerSource North Central Florida
904-964-8092
https://careersourcencfl.com/

Florida Department of Economic Opportunity
850-245-7105
www.floridajobs.org

Employ Florida
800-438-4128
http://www.emplyflorida.com/

HOUSING

Suwannee River Economic Council - SHIP Program
386-496-2342
www.srecinc.org

Union County Housing Authority
386-496-2047
https://uchafl.com/

FOOD AND CLOTHING

Catholic Charities
386-754-9180
www.catholiccharitieslakecity.org

Fellowship Baptist Church
386-431-1066

SNAP Benefits
866-762-2237
https://myacessflorida.us/

WIC Nutrition Program
386-496-3211
https://union.floridahealth.gov/

Feeding Northeast Florida
904-513-1333
https://feedingnefl.org/

INFANT AND EARLY CHILDHOOD DEVELOPMENT

Early Steps
352-273-8555
https://earlysteps.pediatrics.med.ufl.edu/

FDLRS/NEFEC
386-329-3811
https://www.fdlrsnefec.org/

MENTAL HEALTH AND SUBSTANCE ABUSE

Alcoholics Anonymous
352-372-8091
https://www.aa.org/

Meridian Behavioral Healthcare
352-374-5600
https://mbhci.org/

Narcotics Anonymous
352-376-8008
www.uncaostaa.org

Suwannee River AHEC - Smoking Cessation
386-462-1551
www.srahec.org

PARENTING

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Healthy Families ACUB
Enroll at 877-678-9355 Questions? 352-294-5523
https://healthyfamiliesfla.org/

Pregnancy Care Center
386-288-0129
https://www.northfloridapregnancy.com/

TRANSPORTATION

Suwannee River Economic Council
844-496-0624
www.srecinc.org

UNION COUNTY RESOURCES

UTILITIES

Catholic Charities

386-754-9180

www.catholiccharitieslakecity.org

Suwannee River Economic Council

386-496-2342

www.srecinc.org

United Way of North Central Florida

352-331-2800

https://unitedwayncfl.org/request-assistance

WOMEN'S SERVICES

Connect

877-678-9355

www.EveryBabyDeservesAHealthyStart.org

Pregnancy Care Center

386-288-0129

www.northfloridapregnancy.com

Florida Department of Health in Union County

386-496-3211

https://union.floridahealth.gov/

ALACHUA COUNTY CHILDCARE CENTERS

A Brighter Beginning Day Care, LLC
352-377-7923

A Child's Academy
352-371-3360

A Hidden Child's World
352-378-6343

A Kid's Life Academy
386-454-0400

A to Z Professional Childcare Academy, LLC
352-338-7723

A World of Angels of Gainesville, Inc.
352-381-0080

Alachua County Schools - Kimball Wiles Elementary
352-955-6955

Alachua County Schools - Rawlings Elementary
352-955-6715

Abacus Learning Center
352-758-4135

Alachua County Schools - Shell Elementary
352-481-1901

Alachua County Schools - Archer Elementary
352-495-2111

Alachua County Schools - High Springs Community School
386-454-1958

Alachua County Schools - Irby Elementary
352-462-5002

Alachua County Schools - Lake Forest Elementary
352-495-6710

Alachua County Schools - Newberry Elementary
352-472-1100

Alachua County Schools - Terwilliger Elementary
352-955-6717

Angel's Christian Academy LLC
352-374-8521

Baby Gator Child Development at UF
352-294-2243/352-292-2330/352-273-8000

Bailey Family DayCare Home
352-240-2082

Baker Large Family Day Care Home
352-374-6545

Bhaktivedanta Academy
386-462-2886

B'nai Israel Community Day School
352-376-1508

Bright Minds Family Day Care LLC
352-301-3351

Building Dreams Early Learning Center, LLC
386-454-0771

Cedarville Global Community School
352-225-3224

CHILD Center for Early Learning
352-519-1345

Clanton Family Day Care Home
352-354-1179/352-328-6503

Cornerstone Academy and Ministries, Inc.
352-378-9337

Countryside Christian School
352-332-1493

Deeper Purpose Community Church
386-545-5300

Education Station and Preschool
352-335-0026

Education Station and Preschool Tech City
386-588-3221

Elevate Early Learning Academy
352-756-4867

Episcopal Children's Services Gainesville - Head Start
352-240-6533

ALACHUA COUNTY CHILDCARE CENTERS

Episcopal Children's Services Hawthorne - Head Start
352-481-1908

Episcopal Children's Services Eastside - Head Start
352-264-4023

Episcopal Children's Services Eden Park - Head Start
352-554-4063

Episcopal Children's Services Highlands - Head Start
352-554-5005

Fernside Family Services Center Head Start
352-955-6875

First Christian Academy
386-454-1641

First Presbyterian Church of Gainesville, Inc.
352-376-1818

First United Methodist Preschool
352-373-0108

Flowers Montessori School, Inc.
352-376-4700

Gainesville Country Day School
352-332-9032

Gainesville Empowerment Zone Family Learning Center
352-225-3931

Gainesville Morning Garden, LLC
352-262-6396

Gainesville Country Day School 2
352-332-7783

Galindo Family Day Care Home
352-213-5375

Gods Arc of Little Angels, LLC
386-418-0129

Grace Christian Prep School, LLC
352-554-4733

Granny D's Learning Center
352-872-5852

Greenfield Preschool 2
352-256-3931

Greenfield Preschool East, LLC
352-472-7977

Greenfield Preschool West, LLC
352-474-6141

Hagios Early Learning Center
352-260-4477

Hand N Hand Christian Child Care Center, Inc.
352-335-9622

Hawthorne Academy
352-358-8030

Head Family Day Care Home
352-214-0492

Heavenly Kids Academy
352-372-8200

High-Class Educated Role Models Academy, LLC
352-519-1554

Holy Trinity Episcopal School
352-377-2290

House of Love Family Child Care Home
352-371-6544

Howard Family Day Care Home
386-266-3079

I Rise Performing Kids Academy LLC
352-682-4590

Imagine Learning Center
352-371-6544

In His Arms Childhood Development Center
352-331-7770

Incredible Minds Learning Childcare
352-451-4514

Inspiring Learning Academy
352-316-8178

ALACHUA COUNTY CHILDCARE CENTERS

It's My Educational World, LLC
352-575-6013

Jonesville Preparatory School, Inc.
352-300-7669

Joyce Vinson Large Family Child Care Home
352-494-8179

Kiddie Academy
352-264-7724

Kids Count in Alachua County
352-244-9723

Kid's Culture Learning Academy, LLC
352-213-1675

Kidsworks Preschool
352-335-1335

Kidsworks Preschool, Inc.
352-331-3833

Kidz R Kidz Learning Academy, Inc.
352-554-5209

Latson Family Day Care Home
352-374-4123

Lee's Fun to Learn Daycare & Tutoring, Inc.
386-454-5568

Lee's Preschool Center, Inc., Lee's Enrichment Center
386-462-2109

Lil Scholars Learning Academy
352-519-5552

Limitless Adventures
954-309-6490

Little Angels Child Care & Learning Center
386-418-2211

Little Pioneers Preschool
386-454-4381

Little Warriors Day School, LLC
352-451-4623

Love N Care Christian Learning Center
352-378-5190

Love N Care Preschool, LLC
386-418-0404

Lynch Family Day Care Home
352-519-6282

Lyria's Loving Daycare
352-376-1198

Martin-Rochelle Learning Center, Inc.
352-495-9346

Micanopy Area Cooperative School
352-466-0990

Millhopper Montessori School
352-375-6773

Mini Faces Academy, Inc.
352-660-2209

Mitchell Large Family Day Care Home
352-264-1633

Momma C's Nest
386-454-5683

Morning Meadow Preschool, Inc.
352-339-1417

My School
352-373-1328

Nanny's Family Home
352-256-7243

O2B Kids College 2
352-371-4202

O2B Kids College 3
352-378-8838

O2B Kids College 4
352-374-2202

O2B Kids College 6
386-462-0092

ALACHUA COUNTY CHILDCARE CENTERS

O2B Kids Newberry Park
352-664-5437

Oh To Be Kids
352-332-5500

Open Arms Child Development Center
352-373-5856

Orange Blossom Prep
352-375-8900

Papallo Large Family Child Care Home
352-792-6120

Pattie-Cake Christian Academy, LLC
386-283-4719

Pena Family Day Care Home
352-339-6285

Persimmon at Millhopper
352-373-6988

Persimmon Early Learning Academy, LLC
352-505-0144

Pierre Large Family Child Care Home
352-372-8033

Pre-K at P.K. Younge Developmental Research School
352-294-8720

Praire's Edge Forest School
352-514-0218

Premier Preschool of Gainesville
352-519-5300

Pumpkin Patch Child Care, Inc.
352-481-2709

Queen of Peace Academy
352-332-8808

Rabbani Large Family Child Care Home
352-331-4371

Rising Star Educational Academy #1
352-384-3900

Rutledge Large Family Child Care Home
352-373-9213

Santa Fe College Little School
352-395-5599

Shekinah Chirstian Learning Center
352-278-5253

Sherry Que Family Day Care Home
352-474-7771

Small Steps Institute, LLC
352-225-3410

Small World Daycare and Learning Center
352-376-0917

Sonshine Day Preschool
352-333-0017

St. Anne Early Learning Center
352-448-9395

St. Patrick Interparish School
352-376-9878

Star Christian Academy
352-336-5300

Stepping Stones Preschool
352-416-3025

The Caring and Sharing Learning Center
352-372-1004

The Child's Garden
352-374-8586

The Kidz House
352-371-6269

The New Beginning Christian Worship Center
352-466-3311

The Oak Tree Christian Academy North
352-371-9936

The Oak Tree Christian Academy South
352-336-3200

ALACHUA COUNTY CHILDCARE CENTERS

The One Room School House Project, Inc.

352-376-4014

The Rock Preschool

352-331-7625

The Spouting Center

352-300-8979

Tiny Little Blessing, LLC

352-301-5575

Townsend-Danzy Family Day Care Home

352-377-1813

Train Up A Child Academy

352-554-4125

Watson Family Day Care Home

352-871-7724

Yes I can Kids Academy, Inc.

352-371-5554

BRADFORD & UNION COUNTY CHILDCARE CENTERS

Auntie Lili's Child Care Center

904-303-1014

Bradford County

Kid City USA Hampton

352-468-1008

Bradford County

Kid City USA Starke

904-964-2558

Bradford County

Midway Learning Center Group, LLC

352-475-2123

Bradford County

Northside Christian Academy Preschool

904-966-0444

Bradford County

Little Rainbow's Learning Center

386-496-8278

Union County

Love & Care Daycare Center, LLC

352-258-1592

Union County

COLUMBIA & HAMILTON COUNTY CHILDCARE CENTERS

Busy Bee Preschool 2
386-755-0195
Columbia County

Castle Hill Academy, LLC
386-703-3747
Columbia County

First Horizon Christian Academy
386-487-3928
Columbia County

Fort White Learning Center
386-497-5944
Columbia County

Full of Joy Family Child Care Home
386-697-6338
Columbia County

Greater Heights Academy
386-243-8322
Columbia County

Green Acres Learning Center
386-755-1234
Columbia County

Hands of Love Learning Center
386-487-5178
Columbia County

Happy House
386-752-4736
Columbia County

Harriette's Right Way Nursery
386-755-1930
Columbia County

Jewel's Little Rascals
386-758-2368
Columbia County

Johnson's Love-N-Learn Daycare
386-292-5192
Columbia County

Kid City USA Lake City 2
386-269-4607
Columbia County

Kountry Kids Daycare
386-752-5412
Columbia County

Langston Family Day Care Home
386-754-0276
Columbia County

Lawton's Place
386-752-1734
Columbia County

Lollipop Childcare Center
386-755-3953
Columbia County

Lollipop Hangout, Inc.
386-961-5102
Columbia County

My Little Red Schoolhouse
386-487-5626
Columbia County

Nanny's Place
386-719-5535
Columbia County

New Standards Childcare Facility
386-243-8435
Columbia County

O2B Kids Lake City
386-319-9977
Columbia County

COLUMBIA & HAMILTON COUNTY CHILDCARE CENTERS

Our Little Acorns
386-243-8285
Columbia County

Pride & Joy Child Care & Preschool
386-752-7041
Columbia County

SouthRidge Day School
386-755-0900
Columbia County

Suwannee Valley 4C's Learning Center
386-754-2222
Columbia County

Wee Care, Too
386-755-7677
Columbia County

Wee Care Pre-School & Daycare, Inc.
386-754-5111
Columbia County

Busy Bee's Early Learning Center, LLC
386-638-0033
Hamilton County

Cherry Ingram Family Day Care Home
386-792-1612
Hamilton County

Grow Early Learning Jennings Center
386-855-2315
Hamilton County

Hamilton County Elementary Early Learning Center
386-792-8000
Hamilton County

Holden Family Day Care Home
386-792-1842
Hamilton County

Jasper Learning Center
386-792-2552
Hamilton County

Jennings Learning Center
386-938-2538
Hamilton County

Why Can't I Learn Preschool
386-638-9902
Hamilton County

DIXIE, GILCHRIST & LEVY COUNTY CHILDCARE CENTERS

Doodle Bugs Learning Center

352-578-8047

Dixie County

Goat Learning Center

352-542-7391

Dixie County

Quinn-Dahm Family Day Care Home

352-210-2436

Dixie County

Fun 4 Kids

352-463-7614

Gilchrist County

Trenton Learning Academy

352-463-3555

Gilchrist County

Clyatt House Learning Center

352-493-7304

Levy County

ECS Bronson Head Start/Early Head Start

352-486-4444

Levy County

ECS4KIDS at Chiefland Head Start

352-493-0332

Levy County

Follow the Dream Daycare, Inc.

352-257-0879

Levy County

Kids N Company of Williston, Inc.

352-528-1000

Levy County

Kountry Kids Learning Center

352-493-0749

Levy County

Little Friends Day Care Center

352-528-2822

Levy County

Nanna's Place of Bronson, Inc.

352-486-3705

Levy County

Two by Two Learning Center, Inc.

352-528-4242

Levy County

Visison's Tiny Toe'z Early Learning Center

352-575-8955

Levy County

LAFAYETTE & SUWANNEE COUNTY CHILDCARE CENTERS

Mayo Learning Center
386-294-1903
Lafayette County

Tiny Tots
386-294-3936
Lafayette County

Wee Care Academy of Mayo
386-294-5437
Lafayette County

Advent Christian Village Wee Care Center
386-658-5385
Suwannee County

Azalea Park First Class
386-362-1346
Suwannee County

Branford Love N Learn Preschool
386-935-2635
Suwannee County

Bright Stars Academy, Inc.
386-362-3600
Suwannee County

Ebenezer Nursery & Preschool, Inc.
386-364-4422
Suwannee County

Little Angels Lo Daycare, LLC
386-219-0285
Suwannee County

Little Dreamer's Enrichment Center
386-965-6447
Suwannee County

Melody Christian Academy
386-364-4800
Suwannee County

Our Little Learning Place, LLC
386-935-6925
Suwannee County

Radford Family Day Care Home
386-364-4271
Suwannee County

Stepping Stones Pre-School
386-364-7004
Suwannee County

SV4C's Life Oak Learning Center
386-362-4944
Suwannee County

Tender Touch Learning Center, LLC
386-208-2273
Suwannee County

Wee Kare Academy
386-362-3340
Suwannee County

MARION COUNTY CHILDCARE CENTERS

A Child's Delight
352-624-2223

A Step Above Learning Academy, Inc.
352-844-5272

ABC Academy Child Care and Learning Center
352-347-1998

ABC Academy of Belleview
352-245-4788

Adams Family Day Care Home
352-690-6656

All My Children Family Child Care, LLC
352-421-5307

All Stars Learning Academy
352-351-2273

Alphabet Land Learning Center
352-307-2067

Alza Daycare and Learning Center, LLC
352-692-1122

Amazing Kids World Academy, LLC
352-368-1600

Angels Are Us Child Care
352-328-1126

Anointed Hands Developmental Center 2, LLC
352-261-1100

Belleview Christian Academy
352-245-6151

Belleview Montessori School
718-801-2155

Belleview Playland and Learning Center
352-245-0339

Blessed Trinity Angel In Arms Day Care Center
352-622-6167

Bright Beginning Daycare
352-207-5317

Bright Beginnings Learning Center, LLC
352-347-6593

Bright Stars Family Day Care Home, LLC
954-205-6710

Brooks Family Day Care Home
352-454-1326

Building Blocks of Ocala Preschool
352-694-7440

Busy Bees Learning Center
352-286-1732

C & B Tiny Miracles Christian Learning Center
352-421-5204

Capstone Academy and Preschool
352-351-3777

College of Central Florida Learning Lab School
352-873-5806

Crayola Kidz Learning Academy
352-512-0622

Creative Beginnings Preschool
352-245-2416

Creative Beginnings Preschool at the Garden
352-713-9202

Creative Christian Preschool and Learning Center
352-368-2595

Creative Learning Preschool, LLC
352-291-1219

Doris Watkis Family Day Care Home
352-288-1107

Dr. D.D. Brown Christian Academy of Hope
352-433-2728

MARION COUNTY CHILDCARE CENTERS

Dunnellon Christian Academy
352-489-7716

Elevate Early Learning Academy in Ocala
352-237-2900

Episcopal Children's Services Boynton Head Start
352-547-8017

Episcopal Children's Services Howard Head Start
352-547-8083

Episcopal Children's Services Skylark Head Start
352-512-9027

Episcopal Children's Services Thelma Griffith Center
352-547-8061

Family Ties Child Care III, Inc.
352-694-4554

Fantastic Kids
352-690-3000

Felton Family Day Care Home
352-425-5901

First Assembly Christian School
352-351-1913

First Steps Education Ocala, LLC,
352-236-0118

Fordham Early Learning Academy
352-671-4925

Future Scholars Academy of Ocala, Inc.
352-694-3115

Future Stars Academy of Ocala, LLC
352-237-7022

Future Stars Preschool Academy
352-877-2100

God's Gift Christian Academy, LLC
352-351-8019

God's Gift Preschool, LLC
352-401-0390

Grace Christian School Ocala
352-387-3090

Grace Garden Academy, Inc.
352-414-5252

Graceway Academy
352-414-4523

Happy Hearts Kindergarten, Inc.
352-622-7636

Harmony Preschool
352-489-9552

Harris Family Day Care Home
352-622-2155

Heavenly Sent Kids & Co.
352-443-9738

Highlands Baptist Learning Center
352-694-2194

His Hands for Little Hearts Early Learning Center, LLC
352-537-0519

Imagination Station Learning Academy, LLC
352-622-1206

Infinite Trickz Academy
352-653-4375

Isabel Donken Family Day Care Home
352-502-2806

Jackson Family Day Care Home
352-871-0314

Jones Family Child Care Home
352-622-7748

K&S Kidz Christian Academy, LLC
352-624-0110

Kids Academy, Inc.
352-622-3913

Kids City USA 2nd Street Ocala
352-622-6481

MARION COUNTY CHILDCARE CENTERS

Kids Kampus of Cala Hills, Inc.
352-854-2223

Kids Prep Academy
352-687-0190

Kids Zone Learning Center
352-245-4839

Kidz R Us Childcare and Learning Center
352-369-0566

Kinderoo Children's Academy, Inc.
352-854-3800

Little Jem Stones Academy
352-462-7150

Little Leaf Daycare
352-816-8339

Little Trunk and Big Adventures
352-226-4820

Little Wings of Faith Learning Center
352-687-4600

Little World, Big Creations, LLC
305-975-1476

Love Em' Like Family Child Care Home
352-694-1758

Loving Care Preschool
352-732-9867

Marion Oaks Christian Academy Preschool
352-347-0076

Martinez Family Day Care Home
305-801-3795

Mary's Family Childcare, Inc.
352-304-9580

Mayz Family Day Care Home
786-942-6467

McIntosh Area School, Inc.
352-207-1829

Montessori House of Ocala, Inc.
352-237-3281

Montessori Preparatory School of Marion, Inc.
352-351-3140

Ms. Shirley Campbell Family Day Care Home
352-622-8148

Murray Family Day Care Home
352-509-4818

Nana's Early Learning Academy 2
352-732-6262

Nana's Early Learning Academy, LLC
352-304-6736

Ocala First Preschool, Inc.
352-620-0003

Play Academy
352-292-4687

Ponders Christian Academy, LLC
352-421-5590

Ponders Christian Learning Center, LLC
352-789-6464

Precious Angels Learning Academy
352-307-7080

Precious Gifts Family Child Care
352-390-8132

Preschool @ The Springs
352-507-8716

RCMA LA Guadalupana Child Development Center
352-291-6015

Redeemer Christian School
352-854-2999

Robinson Family Day Care Home
352-572-0226

Rosa Jones Family Daycare Home
352-732-0989

MARION COUNTY CHILDCARE CENTERS

Shores Early Education Development Center
352-687-1823

Spirit of Love Childcare Centers, Inc.
352-662-1543

St. Francis Day Care
352-292-3332

St. John Lutheran School
352-622-7275

St. Paul's Christian School
352-694-4219

Stepping Stones Christian Academy, LLC
352-347-3055

Sunshine Academy of Marion Co, LLC
352-261-1006

Tanius Family Day Care Home
352-361-4812

Tellas Children Preschool, Inc.
352-288-8585

The Academy at Anthony
352-620-2714

The Academy at Downtown Ocala
352-421-9120

The King's Academy at Village View Community Church
352-307-7303

The Oak Tree Christian Academy of Ocala (South)
352-690-6868

The Pine School
772-283-1222

Tiny Tykes Child Care
352-629-5838

Toddler Town Academy, LLC
352-629-2365

Tonika's Home Child Care
352-203-5239

Triumphant Tots
352-351-2470

West Family Learning Center East, LLC
352-622-1520

Wilson's Lovable Daycare, LLC
352-351-5370

Wings of Knowledge Home Childcare
352-282-6769

Wiz Kids Learning Academy
352-304-6526

Worry Free Preschool, LLC
352-207-4831

PUTNAM COUNTY CHILDCARE CENTERS

A Child's Castle Christian Learning Center
386-326-3811

A Safe Haven Academy, LLC
386-643-7595

Academy of Rising Stars, Inc.
386-328-6448

Belton Family Day Care Home
386-538-1657

Branham Family Day Care Home
386-385-3176

Brown Family Childcare Home
386-643-7017

Children's World
386-325-5155

Ebony Allen Family Day Care Home
386-546-2318

First Assembly of God, Inc./School of the Heights
386-325-0951

First Baptist Church Preschool
386-530-0456

Future Little Learners II
386-698-4774

God's Little Creations Child Care Center, LLC
386-326-1611

Gutierrez Family Day Care Home
386-698-1030

Julia Keenon Family Day Care Home
386-328-6583

Just Kiddin Around Learning Academy
386-643-7095

Kids City USA Palatka
386-385-3054

Kreative & Younigue Kidz Family Daycare Home
323-918-5692

Latanya Lee Family Day Care Home
386-530-0888

Little Child Steps Learning Academy, LLC
386-698-0921

Little Sprouts Learning Center, LLC
386-326-5000

Martha Kearse Family Day Care Home
386-328-5121

Pope Family Day Care Home
386-329-5283

Pumpkin Patch Childcare 2
386-684-0865

RCMA Irene M. Walker Child Development Center
386-481-1930

RCMA Palatka Child Development Center
386-312-2240

RCMA Pomona Park Child Development Center
386-649-6790

Round Lake Academy, LLC
386-328-0808

Shirley Crooms Family Day Care Home
386-329-5243

Sonshine Inn Day Care
386-475-2265

St. Johns Christian Preschool
386-200-2265

Stay-N-Play Day Care Center, Inc.
386-328-0134

Sugar Bear's Learning Center
386-328-5361

Teresa Charles Family Day Care Home
386-222-5182

The Future Little Learners, LLC
386-698-2123

PUTNAM COUNTY CHILDCARE CENTERS

Unity Childcare & Learning Center

386-385-3200

PRENATAL CARE PROVIDERS

Midwives Cooperative
352-377-3879
https://www.midwivescooperative.com/
Alachua County

Comprehensive Women's Health
352-332-7222
https://www.cwhfl.com/
Alachua County

Womens Group of North Florida
352-792-6123
https://northflwomen.com/
Alachua County

Women's Health Group at Spring Hill
352-265-6200
https://ufhealth.org/
Alachua County

Women's Health Group at Medical Plaza
352-265-8200
https://ufhealth.org/
Alachua County

Florida Department of Health in Bradford County
904-964-7732
https://bradford.floridahealth.gov/
Bradford County

Lake City OBGYN
386-438-5095
https://lakecity-obgyn.com/
Columbia County

Women's Center of Florida
386-466-1106
https://www.myobcare.com/
Columbia County

Palms Medical Group in Trenton
352-463-2374
https://palmsmg.org/trenton/
Gilchrist County

Palms Medical Group in Cheifland
352-493-7274
https://palmsmg.org/chiefland/
Levy County

Dr. Delcharco
352-690-6300
https://delcharco.com/
Marion County

Dr. Hunt
352-622-9900
Marion County

UF Health at Heathbrook
352-265-8200
https://ufhealth.org/
Marion County

Dr. Marquette, OBGYN
352-622-2229
https://drmarquette.com/
Marion County

All About Women of Ocala, PMA
352-561-3222
https://www.allaboutobgyn.com/
Marion County

Dr. Nagda
352-622-9226
Marion County

Advent Health OBGYN
352-368-2238
https://www.adventhealth.com
Marion County

Advent Health Medical Group
352-671-2320
https://www.AHMGOcala.com/
Marion County

PRENATAL CARE PROVIDERS

A Mother's Village
352-470-7565
https://www.amothersvillagebirthservices.com/
Marion County

Heart of Florida Health Center in Ocala
352-877-7465
https://www.myhfhc.org/
Marion County

Loving Arms Birth and Wellness Center
352-612-0657
https://www.lovingarmsbirthcenterocala.com
Marion County

Comprehensive Women's Health
352-332-7222
https://www.cwhfl.com/
Marion County

Essential Woman
352-425-1704
https://www.myessentialwoman.com/
Marion County

Putnam OBGYN
386-325-0826
Putnam County

First Coast OBGYN
386-325-5699
https://www.firstcoastobgyn.com/
Putnam County

Palms Medical Group in Branford
386-935-3090
https://palmsmg.org/branford/
Suwannee County

Florida Department of Health in Union County
386-496-3211
https://union.floridahealth.gov/
Union County

POSTNATAL CARE PROVIDERS

UF Health at Shands
352-265-0035
https://ufhealth.org/
Alachua County

HCA North Florida Hospital
352-333-5360
https://www.hcafloridahealthcare.com/
Alachua County

Loving Arms Birth and Wellness Center
352-612-0657
https://www.lovingarmsbirthcenterocala.com
Marion County

A Mother's Village
352-470-7565
https://www.amothersvillagebirthservices.com/
Marion County

Advent Health Ocala
352-351-7200
https://www.adventhealth.com
Marion County

PREGNANCY CARE CENTERS

Caring Choices
352-372-2094
https://www.catholiccharitiesgainesville.org/
Alachua County

Community Pregnancy Clinic
352-758-4370
https://communitypregnancyclinic.com
Alachua County

Sira
352-499-1376
https://www.siragainesville.com/
Alachua County

Answers Health and Resource Facility
352-473-1000
https://findanswersnow.org/
Bradford County

Pregnancy Care Center
386-755-0058
https://www.northfloridapregnancy.com/
Columbia County

Harmony Pregnancy and Resource Center
352-493-7773
http://www.harmonyprc.org/
Levy County

Tri-County Pregnancy Center
352-528-0200
https://tricountypregnancycenter.org/
Levy County

Alpha Center for Women
352-629-4357
https://www.facebook.com/alphaocala/
Marion County

Family Hope Resource and Pregnancy Center
352-558-7373
https://familyhoperesource.org/
Marion County

Tri-County Pregnancy Center
352-591-5331
https://tcpcfl.com/
Marion County

Women's Pregnancy Center
352-704-1851
https://wpocala.com/
Marion County

A Women's Resource Center
386-328-9394
https://awrcenter.org/
Putnam County

Pregnancy Care Center
386-330-2229
https://www.northfloridapregnancy.com/
Suwannee County



HEALTH STATUS PROBLEM

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Numerous health indicators were identified and reviewed in the needs assessment process. Based on an analysis of qualitative and quantitative data, the following concerns were identified and prioritized for the 2026-2031 service delivery plan:

1. Reduce pregnancy related factors that contribute to poor perinatal period condition outcomes.
2. Reduce birth related underlying factors that contribute to poor perinatal period condition outcomes.
3. Reduce underlying factors that contribute to SUID and sleep related infant deaths.

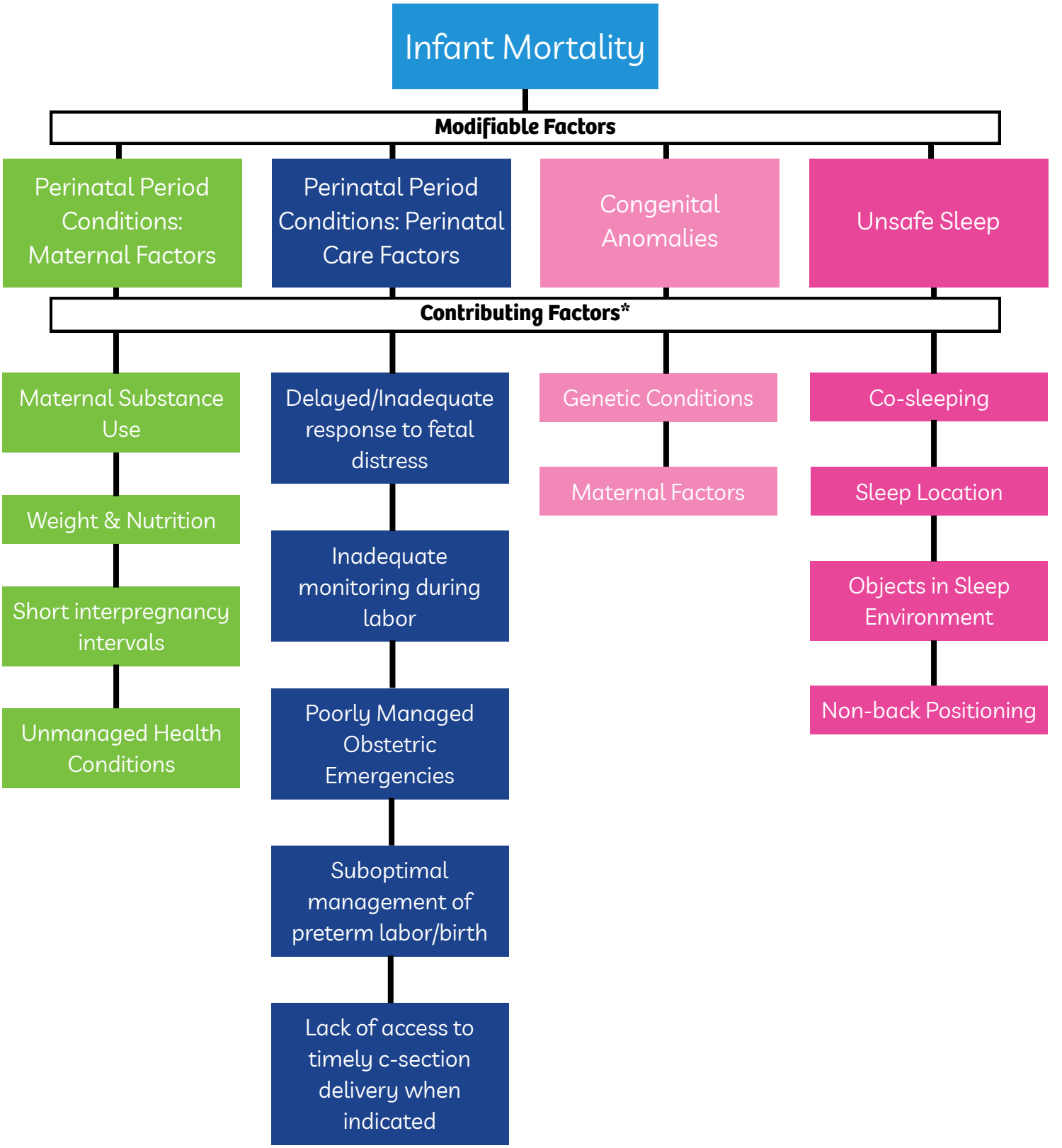
Analysis of risk factors in each of the health status problems clarified the areas that could be impacted by Healthy Start services. Objectives, performance measures, timelines, indicators and activities were then carefully developed.

Comparison with the 2020-2025 Service Delivery Plan

In the 2020 service delivery plan, 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. Specifically with the breastfeeding initiation rates and the reduction of births to women with interpregnancy intervals less than 18 months strategies were developed that would address the differences between populations.

In the 2026 Service Delivery Plan, our primary priority is to reduce infant mortality throughout the Coalition service area. The objectives focus on addressing pregnancy- and birth-related factors that contribute to poor perinatal outcomes, as well as underlying risk factors associated with Sudden Unexpected Infant Death (SUID) and sleep-related infant deaths. These objectives will be achieved through comprehensive education on the importance of managing chronic health conditions before and during pregnancy, promoting participation in a home visiting program, ensuring appropriate screening and training for home visitors in motivational interviewing and teach-back techniques, increasing awareness of and access to prenatal care—particularly in maternity care deserts, developing and implementing a standardized birth preparation guide, and providing consistent safe sleep education and training for families and professionals.

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN



*Interventions for contributing factors were mapped out at the individual, healthcare, and social/environmental levels (See below).

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Maternal Factors → Maternal Substance Use → Individual Level

Individual Level	How it Contributes to Perinatal Substance Use	Interventions
Untreated depression/anxiety	Self-medication with alcohol, opioids, or other substances	Routine screening, integrated behavioral health
Trauma history / PTSD	Higher risk of substance dependence	Trauma-informed counseling; coordinated perinatal mental health care
Limited knowledge of risks	Underestimates harm of substance use in pregnancy	Targeted education with teach-back on SUD, naloxone, harm reduction, infant care
Low health literacy	Difficulty understanding care plans	Simplified education materials
Poor coping skills	Uses substances to manage stress	Stress management programs
Nicotine dependence	Continued smoking	Smoking cessation programs, NRT as appropriate
Polysubstance use	Compounded substance effects	Comprehensive substance treatment
Low self-efficacy to quit	Belief quitting isn't possible	Motivational interviewing
Lack of contraceptive planning	Short interpregnancy interval with ongoing use	Family planning access
Delayed prenatal care	Unmonitored substance exposure	Early outreach, case management
Poor nutrition	Combined with substance exposure	Nutritional support
Fear of stigma/legal consequences	Avoids healthcare	Non-punitive, supportive care models

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Maternal Factors → Maternal Substance Use → Healthcare Level

Healthcare Level	How it Contributes to Perinatal Substance Use	Interventions
Screening gaps (SUD & mental health)	Missed identification, untreated co-occurring disorders	Universal screening (SBIRT), data monitoring to identify gaps in screening and reporting, referral pathways & follow-up
Inadequate mental health care	Untreated disorders, self-medication	Integrated behavioral health, access to psychiatric care, coordinated care pathways
Limited MAT access	Untreated OUD	Low-barrier MAT, same-day access
Insufficient access to prenatal care	Late risk identification	Early outreach, care navigation, barrier reduction
Fragmented care	Poor cross-provider follow-up	Care coordination, multidisciplinary teams
Stigma/punitive care	Care avoidance	Trauma-informed, non-punitive, bias-aware care
Poor discharge planning	Poor linkage to services	Warm handoffs, referral tracking, standardized discharge summary form for all patients
Insurance gaps	Loss of access	Medicaid extension
Limited harm reduction	High-risk use continues	Naloxone, syringe services, harm reduction education
Communication barriers	Disengagement, missed SUD	Patient-centered communication, separate care from child welfare enforcement

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Maternal Factors → Maternal Substance Use → Social/Environmental

Social/Environmental Level	How it Contributes to Perinatal Substance Use	Interventions
Economic instability	Stress, limited access to care	Income supports, SDOH screening & referrals
Housing instability	Unsafe, high-stress environments	Housing support, referral follow-up
Food insecurity	Poor nutrition, health conditions	WIC, food access programs
Limited treatment access	Inability to sustain recovery	Expand community-based treatment
Transportation barriers	Missed appointments	Transport support, telehealth, mobile clinics
Household substance use	Normalization, relapse triggers	Family-based interventions
Intimate partner violence	Trauma, care avoidance	IPV screening, referrals for resources
Social isolation	Lack of support	Peer recovery support programs
Community norms	Reduced risk perception	Community education
Stigma	Avoidance of care	Anti-stigma, culturally competent care
Criminalization policies	Fear of disclosure	Non-punitive approaches
Lack of paid leave	Early return to stressors	Family leave policies
Childcare barriers	Inability to attend treatment	Family-inclusive programs
Insurance gaps	Limited access to care	Medicaid expansion

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Maternal Factors → Weight & Nutrition → Individual Level

Individual Level	How it Contributes to Perinatal Weight/Nutrition	Interventions
Limited nutrition knowledge	Poor diet quality	Nutrition education, teach-back, home/virtual counseling
Poor dietary patterns	Inadequate nutrient intake	Individualized diet & weight gain counseling, goal setting
Inadequate prenatal vitamins	Micronutrient deficiency	Free prenatal vitamins, supplementation counseling
Food avoidance (nausea/misinformation)	Reduced intake	Nausea management, culturally tailored counseling
Disordered eating / mental health	Poor weight gain regulation	Behavioral health referral, care coordination
Physical inactivity	Metabolic dysfunction	Safe pregnancy activity guidance
Substance use	Poor absorption/appetite	Integrated SUD + nutrition care
Stress / fatigue	Hormonal/metabolic disruption	Stress management and coping support

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Maternal Factors → Weight & Nutrition → Healthcare Level

Healthcare Level	How it Contributes to Perinatal Weight/Nutrition	Interventions
Inadequate screening/monitoring	Missed malnutrition or obesity	Routine BMI/weight tracking, integrated nutrition services
Limited dietitian access	No individualized nutrition plan	Dietitian referral, care coordination, clear referral pathways
Lack of anemia screening	Undetected iron deficiency	Routine screening + iron supplementation
Insufficient GDM screening	Poor glucose control	Universal GDM screening
Short postpartum follow-up	Missed ongoing counseling	Extended postpartum care, interpregnancy planning
Low-quality education materials	Poor comprehension	Culturally tailored materials
Inadequate counseling	Limited behavior change	Standardized nutrition counseling protocols
Poor communication	Missed risk identification	Shared decision-making, Encourage the presence of a designated support person during all instances of care as desired, and particularly when teaching or education occurs
Provider bias/stigma	Delayed/missed identification	Bias training, peer support, group prenatal care

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Maternal Factors → Weight & Nutrition → Social/Environmental

Social/Environmental Level	How it Contributes to Perinatal Weight/Nutrition	Interventions
Food insecurity	Inconsistent access to healthy foods	WIC, SNAP support, produce prescriptions, referral follow-up
Food deserts	Limited availability of healthy food	Mobile markets, community food programs
Poverty	Inability to afford nutritious foods	Income support programs, problem-solving counseling
Housing instability	Irregular meals, stress	Housing assistance
Transportation barriers	Limited access to food/clinics	Transportation support, telehealth/digital access
Cultural norms	Restricted nutrient intake	Culturally tailored education
Low social support	Limited assistance with nutrition goals	Peer support, community programs, care planning
Time constraints	Limited ability to prioritize health	Flexible services, care navigation

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Maternal Factors → Short Interpregnancy Intervals → Individual Level

Individual Level	How it Contributes to Short Interpregnancy Intervals	Interventions
Limited birth spacing knowledge	Unaware of ≥18-month recommendation	Birth spacing education, postpartum planning tools
Fertility misconceptions	Misunderstands pregnancy risk postpartum	Postpartum fertility + lactation counseling
No contraception use	No postpartum protection	Immediate postpartum contraception (LARC)
Inconsistent contraception use	Missed/incorrect use	LARC access, designated social support
Low self-efficacy	Limited pregnancy planning	Motivational interviewing, reproductive life planning
Substance use	Poor judgment/adherence	Integrated SUD + family planning care
Mental health conditions	Reduced follow-up/self-care	Screening, treatment, care coordination
Fear of side effects	Avoids effective contraception	Evidence-based counseling
Missed postpartum visits	Missed contraception window	Telehealth, reminders, flexible care
Cultural preference for spacing	Intentional short interval	Culturally sensitive counseling
Contraceptive misinformation	Limited awareness, avoidance	Shared decision-making, clear counseling

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Maternal Factors → Short Interpregnancy Intervals → Healthcare Level

Healthcare Level	How it Contributes to Short Interpregnancy Intervals	Interventions
Inadequate postpartum contraception counseling	Missed counseling opportunities	Standardized counseling, shared decision-making
Limited access to immediate postpartum LARC	Delayed initiation	Hospital-based LARC programs
Lack of postpartum follow-up	Loss to follow-up	Extended postpartum care, IMPLICIT toolkit use
Insurance loss postpartum	Cannot afford contraception	Medicaid extension coverage
Provider bias	Patient distrust, refusal	Patient-centered, culturally responsive care
Fragmented OB–primary care	No continuity of family planning	Care coordination, continuity of primary care
Lack of adolescent services	Higher rapid repeat pregnancy rates	Youth-friendly reproductive services
Lack of birth spacing counseling	Insufficient guidance	Standardized prenatal/postpartum counseling

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Maternal Factors → Short Interpregnancy Intervals → Social/Environmental

Social/Environmental Level	How it Contributes to Short Interpregnancy Intervals	Interventions
Poverty	Limited access to contraception/care	Income support programs, subsidized contraception
Transportation barriers	Missed postpartum visits	Transport vouchers, telehealth, digital access
Partner opposition	Restricted contraceptive use	Include social support in education
IPV / reproductive coercion	Forced pregnancy, sabotaged contraception	IPV screening, safety planning, trauma-informed care
Cultural norms	Intentional short spacing	Community education, shared planning tools
Limited childcare	Missed appointments	On-site childcare, care coordination and support planning

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Maternal Factors → Unmanaged Health Conditions → Individual Level

Individual Level	How it Contributes to Unmanaged Health Conditions	Interventions
Limited health literacy	Poor understanding of condition/warning signs	Teach-back, simple instructions, social support in education
Low adherence	Inconsistent disease control	Medication counseling, reminders, care planning
Medication fears during pregnancy	Treatment discontinuation	Risk–benefit counseling
Missed care visits	No disease monitoring	Reminders, telehealth, care coordination
Poor diet/inactivity	Worsened metabolic control	Nutrition & exercise counseling
Substance use	Poor adherence/physiologic instability	Integrated SUD treatment, referral follow-up
Untreated mental health	Poor self-management	Integrated behavioral health care
Stress/poor coping	Elevated BP/glucose dysregulation	Stress management, coping support

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Maternal Factors → Unmanaged Health Conditions → Healthcare Level

Healthcare Level	How it Contributes to Unmanaged Health Conditions	Interventions
Inadequate prenatal screening	Missed/delayed diagnosis (HTN, GDM, infection)	Universal screening protocols
Fragmented care coordination	Poor follow-up/continuity	Case management, care navigation
Limited specialist access	Delayed high-risk care	Tele-specialty consults
Short postpartum follow-up	Chronic condition worsening because it wasn't identified	12-month postpartum coverage
Provider bias/dismissal	Missed warning signs	Bias training, patient-centered communication
Culturally competent care	Disengagement	Culturally responsive care models
Insurance loss postpartum	Interrupted treatment	Medicaid extension
Poor discharge planning	Unclear follow-up	Standardized discharge + care linkage
Insufficient patient education	Low understanding, disengagement	Standardized education protocols

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Maternal Factors → Unmanaged Health Conditions → Social/Environmental

Social/Environmental Level	How it Contributes to Unmanaged Health Conditions	Interventions
Poverty	Cannot afford meds/supplies	Medication assistance programs
Transportation barriers	Missed appointments	Transport vouchers, mobile care, telehealth
Housing instability	Stress, medication storage	Housing support, referral follow-up
Food insecurity	Cannot follow diet	WIC/SNAP enrollment
Low social support	No childcare/help	Peer support, care coordination, resource linkage
IPV	Care avoidance, chronic stress	IPV screening, safety planning
Unsafe work conditions	Limited rest/care access	Workplace accommodations
Chronic stress/violence	Sustained physiologic stress	Stress reduction, coping support programs

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Delayed/Inadequate Response → Individual Level

Individual Level	How it Contributes to Delayed/Inadequate Response to Fetal Distress	Interventions
Delayed care-seeking in labor	Late hospital arrival after warning signs	Kick count education, birth planning, transport/support
Limited knowledge of warning signs	Failure to recognize fetal distress	Teach-back prenatal education
Missed prenatal care	Undetected high-risk conditions	Reminders, outreach, barrier reduction
Substance use	Placental/fetal hypoxia, system distrust	Integrated SUD treatment
Fear/mistrust of healthcare	Delayed presentation	Culturally responsive engagement
Language barriers	Miscommunication of symptoms	Interpreter services
Out-of-hospital birth	Delayed emergency response	Birth planning, safe transfer protocols
Transportation/access delays	Difficulty reaching care	Transport support, childcare assistance
Limited autonomy in care seeking	Delayed decision-making	Primary care linkage, shared planning
Low engagement/adherence	Reduced participation in care	Empowerment-based education
Nonadherence to medical advice	Poor follow-through	Counseling, adherence support

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Delayed/Inadequate Response → Healthcare Level

Healthcare Level	How it Contributes to Delayed/Inadequate Response to Fetal Distress	Interventions
Inadequate fetal monitoring	Missed non-reassuring patterns	Standardized monitoring protocols
Poor interpretation of fetal tracings	Misclassification of distress	Staff training, standardized interpretation policies
Delayed decision-to-incision	Slow emergency response	Simulation training, time benchmarks
Staffing shortages	Delayed emergency response	Adequate staffing ratios
Poor team communication	Breakdowns in emergencies	TeamSTEPPS, SBAR
Lack of escalation protocols	Hesitation in response	Clear protocols, safety bundles
Limited access to OB services	Transfer delays	Regionalized perinatal systems
Equipment failure, equipment scarcity	Inability to monitor/intervene	Routine equipment checks
Bias / dismissal of concerns	Misclassification of distress	Bias & trauma-informed training
Poor communication with patient	Delayed recognition/response	Communication training
Lack of interpreters	Communication delays	Interpreter services
Delayed triage/assessment	Slow emergency evaluation	Standardized triage + transfer protocols
Fragmented care coordination	Delayed referrals	Navigators, integrated referral systems
Incomplete medical records	Misclassification of risk	Interoperable health records
Insufficient patient education	Delayed recognition of warning signs	Standardized education + teach-back

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Delayed/Inadequate Response → Social/Environmental

Social/Environmental Level	How it Contributes to Delayed/Inadequate Response to Fetal Distress	Interventions
Transportation barriers	Delayed hospital arrival	EMS access, transport vouchers, Medicaid coverage
Maternal care deserts	Long travel distances	Tele-obstetrics, maternal transport systems
Poverty	Limited prenatal engagement	Community outreach, Medicaid expansion
Limited leave/work constraints	Delayed care seeking	Workplace protections
Low social support	Delayed help-seeking, childcare gaps	Doula programs, peer support, education campaigns
Hospital closures/limited services	Reduced OB access	Rural OB policy support
Language barriers / system unfamiliarity	Delayed communication/entry to care	Birth planning, interpreter access, navigation support

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Inadequate Monitoring in Labor → Individual Level

Individual Level	How it Contributes to Inadequate Monitoring During Labor	Interventions
Limited knowledge of labor warning signs	Delayed reporting of fetal or maternal warning signs	Public education on labor warning signs
Delayed presentation to facility	Reduced time for monitoring and intervention	Prenatal preparedness education; 24/7 triage awareness
Fear/mistrust of healthcare	Hesitation to report symptoms	Trauma-informed training; continuous labor support, doula
Language barriers	Miscommunication of symptoms and monitoring	Community multilingual doula programs
Low health literacy	Misunderstanding monitoring and urgency	Standardized patient education tools
Pain, fatigue, distress in labor	Reduced ability to communicate changes	Community doula support programs
Low patient engagement / reluctance to question care	Missed escalation of concerns	Patient empowerment and shared decision-making programs
Substance use	Altered mental status or unreliable system reporting	Integrated perinatal SUD care teams
Mental health conditions	Reduced symptom recognition/communication	Integrated perinatal mental health services
Birth outside hospital setting	Delayed monitoring/intervention	Standardized safe transfer systems
Poor birth preparedness	Lack of awareness or plan	Birth preparedness education programs
Limited autonomy in care-seeking	Delayed escalation of concerns	Patient empowerment & navigation programs

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Inadequate Monitoring in Labor → Healthcare Level

Healthcare Level	How it Contributes to Inadequate Monitoring During Labor	Interventions
Insufficient staffing / high ratios	Missed assessments; delayed response	Safe staffing standards; surge plans; protected high-risk coverage; expand care team (midwives, doulas, CHWs)
Failure to recognize/act on abnormal FHR	Delayed response to fetal distress	Standardized FHR training; competency checks; mandatory second review
Lack of standardized protocols	Inconsistent monitoring	Evidence-based protocols; EHR embedded order sets and defaults; monitoring checklists
Inadequate escalation pathways	Delayed evaluation/intervention	Clear escalation criteria; rapid response teams; standing orders for emergent situations
Poor interdisciplinary communication	Missed/misinterpreted status changes	SBAR/closed-loop tools; team huddles; structured handoffs
Provider bias / dismissal of concerns	Missed symptoms; delayed care	Bias training; patient reported escalation tools; audit & feedback on adverse events
Technology/equipment gaps	Delayed or missed detection	Routine maintenance; backup devices; staff training
Documentation / EHR issues	Missed trends; delayed decisions	Standardized documentation; real-time alerts; streamlined displays
Delayed provider availability/decisions	Prolonged fetal compromise	On-site coverage standards; response time targets; tele-ob support; transfer protocols
Limited training/simulation	Reduced emergency readiness	Simulation drills; team training; continuous QI review
Poor patient communication / language barriers	Delayed evaluation/intervention	Interpreter services; clear communication protocols
Poor care coordination / continuity	Delayed referrals across care levels	Defined referral pathways; coordinated consultation/transfer

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Inadequate Monitoring in Labor → Social/Environmental

Social/Environmental Level	How it Contributes to Inadequate Monitoring During Labor	Interventions
Limited maternal support	Delayed care-seeking and reduced advocacy	Doulas, peer support, home visiting, family-inclusive education
Healthcare access inequities	Delayed or limited access to monitoring	Mobile clinics, telehealth, safety-net services, Medicaid expansion
Transportation/childcare barriers	Missed or delayed arrival to care	Medical transport, ride vouchers, on-site/subsidized childcare
Poor geographic access (care deserts)	Late presentation, limited monitoring capacity	Community birth centers, outreach, strengthened transfer systems
Language/immigration/system barriers	Miscommunication of symptoms or instructions	Interpreter services, multilingual materials, patient navigation
Socioeconomic stressors	Delayed care-seeking and reduced advocacy	Social needs screening, case management, flexible support
Cultural beliefs/mistrust	Hesitation to engage with monitoring or report concerns	Culturally competent care/outreach, CHWs, trauma-informed support

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Poorly Managed OB Emergencies → Individual Level

Individual Level	How it Contributes to Poorly Managed Obstetric Emergencies	Interventions
Delayed recognition of warning signs	Delayed care-seeking and intervention	Education on emergency signs, teach-back, visual tools, public awareness
Previous negative experiences/mistrust	Hesitation to report symptoms	Trauma-informed care, shared decision-making, support person inclusion
Language barriers	Miscommunication of urgency/symptoms	Interpreter services, multilingual materials, patient navigation
Low health literacy	Poor understanding of urgency/interventions	Plain-language education, teach-back, visual/digital aids
Fear/anxiety/mental health conditions	Delayed reporting or difficulty following instructions	Mental health screening, supportive communication, labor support person
Substance use	Altered symptom reporting, higher risk	Nonjudgmental care, enhanced monitoring, multidisciplinary care
Low engagement / reluctance to advocate	Missed escalation of symptoms	Patient empowerment tools, structured prompts, shared decision-making
Nonadherence to medical advice	Increased risk of complications	Counseling and adherence support
Out-of-hospital birth	Delayed emergency response	Birth planning, informed risk counseling, transfer protocols
Limited autonomy in care-seeking	Delayed care	Empowerment-focused education and support
Poor birth preparedness	Delayed response to complications	Antenatal preparedness counseling

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Poorly Managed OB Emergencies → Healthcare Level

Healthcare Level	How it Contributes to Poorly Managed Obstetric Emergencies	Interventions
Insufficient staffing	Delayed recognition and response	Staffing standards, surge protocols, protected high-risk staffing
Inadequate training/competency	Poor recognition of emergencies	Simulation training, certification, continuing education
Lack of standardized protocols	Inconsistent or delayed response	Embedded protocols, checklists, standing orders, safety bundles
Poor interdisciplinary communication	Delayed coordination in emergencies	SBAR, closed-loop communication, team huddles
Delayed escalation/recognition	Failure to act on deterioration	Early warning systems, rapid response teams
Inadequate equipment/supplies	Inability to intervene quickly	Equipment checks, backup supplies, staff training
Documentation/EHR issues	Missed clinical trends	Standardized documentation, EHR alerts, interoperable records
Provider bias/dismissal	Ignored or delayed care	Bias training, patient concern escalation, disparity audits
Weak quality improvement systems	Repeated system failures	Morbidity and mortality review, continuous QI, data feedback systems
Poor communication/language access	Misunderstood symptoms	Interpreter services, trauma-informed communication
Fragmented care coordination	Delayed referrals/transfer	Care navigators, referral pathways, transfer protocols
Insufficient patient education	Delayed help-seeking	Standardized education, teach-back
Limited specialist access	Delayed high-risk management	Expanded access, maternal transport systems

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Poorly Managed OB Emergencies → Social/Environmental

Social/Environmental Level	How it Contributes to Poorly Managed Obstetric Emergencies	Interventions
Geographic/infrastructure barriers	Delayed access to emergency obstetric care	Decentralized maternity centers, improved transport systems, telehealth, Medicaid transport coverage
Socioeconomic inequities/poverty	Late presentation, poor prenatal care, limited support	Income, housing, nutrition supports; targeted subsidies
Workforce shortages	Reduced access to trained emergency staff	Workforce incentives, task-sharing, rural staffing strategies
Public health infrastructure gaps	Limited risk detection and quality tracking	Strengthened surveillance systems, standardized reporting, QI programs
Regulatory/legal barriers	Restrictive policies may limit scope of practice, emergency protocols, or patient rights	Policy reform to support midwifery, nurse practitioners, and team-based obstetric care
Lack of maternal support/childcare	Delayed care-seeking or arrival	Navigation services, peer support, childcare/transport assistance
Language barriers/immigration status	Miscommunication and delayed care	Interpreter services, navigation support, culturally responsive systems

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Management of Preterm Labor/Birth → Individual Level

Individual Level	How it Contributes to Suboptimal Management of Preterm Labor/Birth	Interventions
Delayed recognition of preterm labor / lack of warning-sign knowledge	Late presentation; missed antenatal steroids, tocolysis, or transfer	Symptom education (bleeding, pain, fluid loss); culturally appropriate counseling at each visit; 24/7 nurse advice lines/text triage
Low health literacy	Misunderstanding urgency or instructions	Plain-language materials; teach-back; visual/video aids
Inconsistent/late prenatal care	Missed screening and preventive care	Navigation support; reminders; flexible scheduling; transport support
Nonadherence to meds (e.g., progesterone, antibiotics)	Increased preterm/infection risk	Adherence counseling; simplified regimens; pharmacy/cost support
Substance use	Increased risk of spontaneous preterm birth	Brief intervention; MI; referral to SUD treatment; harm reduction
High stress / IPV	Stress-induced preterm labor; care avoidance	Psychosocial screening; BH referral; safety planning; social work support
Poor understanding of antenatal corticosteroids	Delayed/refused treatment	Focused counseling on neonatal benefit; decision aids
Fear/mistrust of healthcare system	Delayed care or refusal of intervention	Trauma-informed care; continuity of providers; doulas/CHWs
Prior preterm birth without care plan	Missed prevention strategies	Individualized prevention plan; early MFM referral; progesterone when indicated
Language barriers	Miscommunication	Medical interpreters; multilingual materials; bilingual navigators
Lack of awareness of NICU capability	Delivery at under-resourced facility	Delivery planning counseling; referral and transport planning
Out-of-hospital birth	Delayed emergency intervention	Birth planning; risk/benefit counseling; transfer protocols and hospital linkage
Poor birth preparedness	Delayed care-seeking	Antenatal birth preparedness counseling
Limited autonomy/agency in care-seeking	Reduced engagement and decision-making	Empowerment-focused education and shared decision-making support

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Management of Preterm Labor/Birth → Healthcare Level

Healthcare Level	How it Contributes to Suboptimal Management of Preterm Labor/Birth	Interventions
Lack of standardized preterm labor protocols	Delays/omissions in steroids, magnesium, antibiotics	Evidence-based protocols, standing orders, EMR order sets; data reporting for QI and rapid response teams
Delayed triage/assessment	Missed or late diagnosis of preterm labor	Rapid triage pathways; OB early warning systems; standardized admission/triage protocols; simulation drills; patient safety bundles
Inadequate provider training	Inconsistent or incorrect management	Regular simulation training, competency assessments, continuing education, interprofessional drills
Poor communication/care coordination	Delayed decisions and handoff errors	SBAR tools, multidisciplinary huddles, standardized handoffs
Limited MFM access	Missed risk stratification/advanced care	Tele-MFM, early referral pathways, telemedicine support for rural sites
Inadequate OB–NICU coordination	Delayed neonatal readiness	Joint OB–NICU protocols; prenatal neonatal consults
Failure to identify high-risk pregnancies	Missed prevention opportunities	Risk screening tools; EMR alerts (e.g., prior preterm birth)
Limited access to antenatal steroids/$MgSO_4$	Incomplete evidence-based care	Pharmacy stocking protocols; rapid-access medication kits
Limited maternal transfer capacity	Delayed escalation of care	Regional transport systems; transfer agreements; coordinated referral pathways
Facility not NICU-appropriate	Increased neonatal morbidity/mortality	Level-of-care triage; regional perinatal networks; maternal transport policies
Bias or inconsistent care	Unequal treatment quality	Bias training; trauma-informed care training
Weak data/QI systems	Persistent system failures	Preterm birth dashboards; audits; morbidity review and feedback loops
Staffing shortages/high volume	Delayed assessment and treatment	Acuity-based staffing models; surge staffing plans; resource allocation protocols
Weak referral/care pathways	Fragmented care and delays	Patient navigators; standardized referral systems; telemedicine; coordinated OB–primary care communication
Insufficient patient education	Delayed care-seeking	Standardized counseling; teach-back; consistent warning-sign education
Lack of interpreter services	Miscommunication → delayed care	On-demand medical interpreters; multilingual materials
Poor documentation/information gaps	Mismanagement or delayed care	Interoperable EHRs; standardized documentation and follow-up procedures

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Management of Preterm Labor/Birth → Social/Environmental

Social/Environmental Level	How it Contributes to Suboptimal Management of Preterm Labor/Birth	Interventions
Poverty & economic instability	Barriers to care, meds, or time off work	Medicaid expansion; paid leave; financial assistance
Housing instability/homelessness	Missed care; stress-related preterm labor	Housing support; medical–legal partnerships
Transportation barriers	Delayed presentation for care	Transit vouchers; mobile prenatal care; Medicaid transport coverage; patient navigation support
Limited access to prenatal care	Late diagnosis, poor monitoring, delayed transfer	Community health centers; teleprenatal care; regionalized perinatal systems; care coordination
Food insecurity	Poor nutrition, anemia	WIC/SNAP expansion; food support programs
Limited social support/childcare	Delayed care-seeking; increased stress	Community doulas; peer support; structured social support planning
Immigration status	Avoidance of care	Safe-access policies
Language barriers	Poor communication of symptoms	Multilingual public health education; interpreter access
Low awareness of preterm labor urgency	Delayed presentation	Public education campaigns on warning signs
Inadequate workplace protections	Delayed or missed care	Paid leave; pregnancy accommodations
Limited broadband/digital access	Reduced telehealth access	Broadband expansion; digital access initiatives

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Lack of Access to Timely C-Section Delivery → Individual Level

Individual Level	How it Contributes to Delays in Timely C-section Delivery	Interventions
Delayed recognition of danger signs	Late presentation; reduced window for emergency cesarean	Education on warning signs; symptom checklists; 24/7 nurse lines; public education campaigns
Low health literacy	Misunderstanding urgency/indications	Plain-language counseling; teach-back; visual decision aids
Fear of cesarean	Delayed or refused consent	Antenatal counseling; trauma-informed communication
Mistrust of healthcare system	Hesitation to seek care or consent	Continuity of care; culturally responsive counseling; doulas/CHWs
Language barriers	Miscommunication during consent/emergency	Certified interpreters; multilingual consent materials
Cultural opposition to surgery	Delay/refusal despite medical need	Respectful cultural counseling; inclusion of trusted supports
Poor birth planning	Delayed decision-making in emergencies	Antenatal birth planning; contingency documentation; support planning
Prior traumatic birth	Avoidance/refusal of care	Trauma-informed care; behavioral health referral; early trust-building

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Lack of Access to Timely C-Section Delivery → Healthcare Level

Healthcare Level	How it Contributes to Delays in Timely C-section Delivery	Interventions
No standardized emergent cesarean criteria	Delayed decision due to clinical uncertainty	Evidence-based algorithms; standardized criteria; patient safety bundles; multidisciplinary review and simulation drills
Delayed triage/recognition of distress	Late escalation to surgery	OB early warning systems; rapid response protocols; simulation training; QI collaboratives
Inadequate staffing	Delayed mobilization of surgical team	Staffing standards; 24/7 OB/anesthesia coverage; surge capacity planning
OR unavailability	Surgical delays due to competing cases	Dedicated OB ORs; protected surgical time
Anesthesia delays	Prolonged time to incision	In-house anesthesia; rapid response pathways
Poor interdisciplinary communication	Slowed coordination in emergencies	SBAR tools; team drills; structured communication protocols
Lack of emergency drills/simulation	Inefficient response under pressure	Regular OB emergency simulations; debriefs; QI feedback systems
Inefficient consent processes	Delays in urgent decision-making	Pre-discussion of risks; streamlined emergency consent workflows
Limited blood product access	Delay due to hemorrhage preparedness concerns	OB blood protocols; rapid release systems
Inadequate fetal monitoring systems	Late detection of fetal compromise	Standardized monitoring; real-time alert systems
Poor adherence to decision-to-incision benchmarks	Prolonged fetal hypoxia	Time tracking, audits, and performance feedback
Provider bias in escalation	Delayed cesarean delivery	Bias training; trauma-informed care training
Weak transport/referral systems	Delayed access to surgical care	Regional perinatal networks; rapid transfer protocols; coordinated referral systems
Fragmented antenatal/OB care	Delayed referral and escalation	Patient navigation; care coordination systems; strengthened communication pathways
Incomplete medical records	Delayed or unsafe decision-making	Interoperable EHRs; standardized documentation and follow-up procedures
Delays in being seen	Slower evaluation and escalation	Required access to specialists; improved triage systems
Language/communication barriers	Misunderstanding urgency or consent	Interpreter services; teach-back; standardized patient education materials

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Perinatal Period Conditions: Perinatal Care Factors → Lack of Access to Timely C-Section Delivery → Social/Environmental

Social/Environmental Level	How it Contributes to Delays in Timely C-section Delivery	Interventions
Maternity care deserts (geographic maldistribution)	Long travel times to cesarean-capable facilities	Regionalized perinatal systems; rural OB expansion
Rural hospital closures	Reduced local surgical access	Policy incentives to sustain OB units; mobile services
Transportation barriers	Delayed arrival for urgent delivery	EMS systems; Medicaid transport; vouchers; transportation support services
Insurance gaps/authorization delays	Delayed admission or transfer	Medicaid expansion; emergency coverage protections
Immigration-related fear	Avoidance or delay of emergency care	Safe-access policies
Poverty/work constraints	Delayed presentation during complications	Paid leave; workplace protections
Language barriers	Miscommunication before/during care-seeking	Multilingual messaging; community health navigators
Low awareness of obstetric emergencies	Delayed recognition and care-seeking	Public education campaigns on danger signs
Housing instability/homelessness	Difficulty accessing timely care	Housing support for pregnant individuals
Legal/regulatory barriers	Provider hesitation or limited services	Emergency care protections; safe-harbor policies
Underfunded EMS	Delayed response and transport	EMS investment, staffing, and training
Limited broadband/digital access	Delayed triage/coordination	Broadband expansion; mobile alert systems
Limited social support	Delayed care-seeking during labor	Peer support programs; community doulas; structured social support planning

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Congenital Anomalies → Genetic Conditions → Individual Level

Individual Level	How it Contributes to Increased Risk of Genetic Conditions	Interventions
Family history of genetic disorders	Increased risk of inheriting; delayed awareness limits early intervention	Family history collection; genetic counseling; risk education
Consanguinity	Higher risk of autosomal recessive conditions	Preconception counseling; education on risks; targeted screening
Advanced maternal/paternal age	Higher risk of chromosomal abnormalities	Preconception counseling; early prenatal screening; informed decision-making
Maternal chronic illnesses with genetic component (e.g. diabetes, epilepsy)"	Increased risk of congenital/metabolic disorders	Preconception optimization; medication review; high-risk OB/genetics referral
Limited knowledge of carrier status	Missed risk awareness and reproductive planning	Carrier screening; genetic counseling; education on reproductive options (e.g., PGT/IVF)
Limited access to prenatal screening	Delayed detection of anomalies	Early screening (cfDNA, ultrasound, serum markers)
Teratogen or medication exposures	Increased expression or severity of genetic conditions	Medication review; teratogen counseling; folic acid and prevention guidance
Lack of pregnancy planning	Missed preconception risk reduction	Family planning services; preconception care visits; counseling on timing/spacing

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Congenital Anomalies → Genetic Conditions → Healthcare Level

Healthcare Level	How it Contributes to Increased Risk of Genetic Conditions	Interventions
Limited access to genetic testing/counseling	Missed risk assessment and guidance	Expand counseling; tele-genetics; clear referral pathways
Delayed/inconsistent prenatal screening	Missed or late anomaly detection	Standardized screening (1st/2nd trimester, cfDNA); timely ultrasounds
Lack of carrier screening	Missed inherited condition risks	Universal/targeted screening; EMR prompts
Insufficient provider training	Misinterpretation or missed risk factors	Ongoing genetics education; improve genetic literacy
Limited access to high-risk specialists	Suboptimal management of high-risk pregnancies	Strengthen MFM referrals; teleconsults
Poor integration of genetics in prenatal care	Missed early interventions and referrals	EMR decision support; standardized care pathways
Gaps in newborn screening	Delayed detection of treatable conditions	Universal screening; rapid reporting; coordinated follow-up
Lab capacity constraints	Delayed diagnosis and treatment	Expand and streamline lab services; prioritize urgent tests
Fragmented care coordination	Delayed interventions and planning	Multidisciplinary teams; care navigators
Provider bias	Missed or misinterpreted risks	Bias training; patient-centered counseling
Unequal access to advanced care	Unequal treatment outcomes	Expand coverage and referral networks

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Congenital Anomalies → Genetic Conditions → Social/Environmental

Social/Environmental Level	How it Contributes to Increased Risk of Genetic Conditions	Interventions
Inadequate access to care (maternity care deserts)	Geographic isolation limits access to evaluation and treatment	Telehealth expansion; regionalized perinatal care systems
Limited access to genetic testing and counseling	Missed risk identification due to cost, coverage, referral gaps, or availability	Tele-genetics; expanded genetic counseling services; integration into routine preconception/prenatal care; strengthened referral pathways
Limited social or partner support	Reduced care engagement, adherence, and childcare support	Peer support groups; doula/community health worker programs; community maternal support networks
Poverty and economic instability	Limits access to prenatal care, preconception services, and genetic testing	Insurance expansion; financial assistance programs; subsidized prenatal/genetic services
Transportation barriers	Delays or prevents access to care	Transportation vouchers; mobile clinics; telehealth options; support for logistical barriers
Chronic social stressors (violence, discrimination, isolation)	Increased adverse fetal risk and reduced care engagement	Community-based support programs; mental health services; social cohesion initiatives
Cultural beliefs and norms	May reduce uptake of prenatal care, supplements, or genetic testing	Culturally tailored education; community engagement; partnership with trusted leaders
Immigration or legal barriers	Fear or avoidance of healthcare systems and public programs	Safe-access policies; targeted outreach programs

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Congenital Anomalies → Maternal Factors → Individual Level

Individual Level	How it Contributes to Maternal Factors	Interventions
Advanced maternal/paternal age	Increased risk of chromosomal abnormalities (e.g., trisomy 21, 18)	Preconception counseling; early prenatal screening; informed reproductive planning
Poor maternal nutrition / dietary exposures (e.g., folate deficiency, mercury)	Neural tube defects, congenital malformations, micronutrient deficiencies	Folic acid supplementation; dietary counseling; micronutrient support; nutrition programs (e.g., WIC)
Preexisting chronic conditions (diabetes, epilepsy, obesity, hypertension)	Increased risk of structural and metabolic fetal anomalies	Preconception optimization; medication review; tight disease control; MFM referral
Maternal infections / lack of vaccination	Congenital infections, growth restriction, structural anomalies	Vaccination; prenatal screening; early treatment; infection prevention education
Teratogenic medications	Direct fetal developmental disruption	Preconception medication review; avoidance counseling; safer alternatives
Maternal obesity	Increased risk of congenital heart defects and neural tube defects	Weight management; nutrition and lifestyle counseling; preconception optimization
Inadequate prenatal/preconception care	Missed early risk identification and preventive interventions	Early/regular prenatal care; patient navigation; education on importance of care
Environmental toxin exposure	Neural tube defects, growth restriction, congenital anomalies	Exposure counseling; workplace/home safety measures; policy-level protections
Smoking / substance use	Congenital anomalies, growth restriction, FASD	Cessation programs; behavioral counseling; treatment referral; ongoing follow-up
Hyperthermia (hot tubs, fever)	Increased teratogenic risk in early pregnancy	Counseling on heat/fever risks; guidance on fever management and avoidance behaviors
Occupational exposures	Potential exposure to teratogens (chemicals, metals)	Occupational risk screening; exposure reduction counseling; workplace safety guidance
Unplanned pregnancy	Delayed prenatal awareness and risk mitigation	Family planning services; contraception access
Low health literacy / lack of awareness	Poor uptake of prenatal care, supplements, and risk-reduction behaviors	Culturally appropriate education; literacy-sensitive materials; community outreach
Maternal alcohol use	Fetal alcohol spectrum disorders, growth and neurodevelopmental impairment	Abstinence counseling; substance use treatment referral; ongoing support and monitoring

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Congenital Anomalies → Maternal Factors → Healthcare Level

Healthcare Level	How it Contributes to Maternal Factors	Interventions
Limited access to preconception/prenatal care	Delays identification of maternal risk factors (e.g., chronic disease, nutrition)	Expand community clinics; telehealth; mobile outreach; address access barriers (transportation, childcare, insurance)
Inadequate preconception counseling	Missed opportunity to optimize maternal health before pregnancy	Integrate into primary care and family planning; EMR-based risk assessment tools
Inadequate screening for chronic conditions	Uncontrolled maternal disease increases anomaly risk	Standardized screening protocols; EMR alerts for abnormal findings
Limited genetic risk assessment and screening	Missed identification of heritable conditions	Genetic counseling access; carrier screening programs; provider decision-support tools
Insufficient patient education on teratogens	Continued exposure to harmful medications/substances	Standardized counseling; medication review protocols; patient education materials
Inadequate vaccination and infection screening	Increased risk of infection-related congenital anomalies	Preconception vaccination; routine prenatal infection screening; prevention counseling
Limited nutritional supplementation programs	Micronutrient deficiencies (e.g., folate) increase anomaly risk	Standardized supplementation (folic acid, iron); integrate nutrition services; link to food programs
Inconsistent behavioral health screening	Unrecognized substance use, stress, or mental health conditions	Routine screening; referral to behavioral health and substance use services
Limited provider knowledge/training	Missed risk identification or prevention opportunities	Continuing education; guideline dissemination; EMR decision support
Fragmented care coordination	Poor management of high-risk conditions across providers	Multidisciplinary care teams; care navigation programs
Limited access to high-risk obstetric services	Delayed or suboptimal management of complex pregnancies	Expand MFM access; regional referral networks
Poor follow-up of abnormal results	Missed opportunities for timely intervention	EMR tracking systems; reminder systems; standardized follow-up protocols

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Congenital Anomalies → Maternal Factors → Social/Environmental

Social/Environmental Level	How it Contributes to Maternal Factors	Interventions
Poverty and economic instability	Limits access to nutrition, supplements, and prenatal care	Food assistance (WIC, SNAP); financial support programs; community nutrition initiatives
Food insecurity / limited access to healthy foods	Poor nutrition and micronutrient deficiencies increase anomaly risk	Healthy food access programs; supplementation; nutrition education; mobile markets
Housing instability / poor living conditions	Exposure to toxins, stress, and poor nutrition	Housing support; environmental remediation; safe housing programs
Environmental toxins and pollution	Increased exposure to teratogens (chemicals, radiation, pollutants)	Environmental regulation; community mitigation; public awareness
Occupational exposures	Exposure to teratogens or hazardous conditions	Workplace protections; safety enforcement; exposure counseling
Limited water and sanitation access	Increased infection risk and poor nutrition	Water and sanitation infrastructure improvements
Transportation barriers	Reduced access to prenatal and nutrition services	Transportation support; mobile clinics; telehealth; logistical assistance
Social stressors (violence, discrimination, isolation)	Chronic stress increases adverse fetal outcomes	Community support programs; mental health services; social cohesion efforts
Cultural beliefs and norms	May limit uptake of prenatal care or preventive practices	Culturally tailored education; community engagement; involve trusted leaders
Immigration or legal barriers	Avoidance of healthcare services	Safe-access policies; targeted outreach
Limited access to care (maternity care deserts)	Geographic barriers to care	Telehealth; regionalized care systems
Limited social or partner support	Reduced care adherence and engagement	Peer support; doula programs; community maternal networks
Climate events/disasters	Disrupt care access, nutrition, and living conditions	Emergency preparedness; mobile health services

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Unsafe Sleep → Co-Sleeping → Individual Level

Individual Level	How it Contributes to Co-Sleeping	Interventions
Limited knowledge of safe sleep	Bedsharing due to lack of awareness	Culturally appropriate safe sleep education; parenting classes; provider counseling; include support persons
Cultural beliefs and norms	Bedsharing normalized through tradition, experience, or peer influence	Culturally sensitive education; community engagement; use of acceptable alternatives (e.g., bedside bassinets)
Fatigue and sleep deprivation	Falling asleep with infant in unsafe settings (e.g., bed, sofa)	Nighttime support planning; safe sleep plans; caregiver support; mental health screening
Breastfeeding practices	Bedsharing used to facilitate nighttime feeding	Promote room-sharing without bedsharing; safe feeding strategies; individualized sleep planning
Parental substance use	Impaired awareness increases unsafe sleep risk	Screening and counseling; cessation support; high-risk sleep education
Belief in parental vigilance ("light sleeper")	Underestimation of risk during sleep	Education on risks and rationale behind safe sleep guidelines
Infant napping practices	Relaxed adherence to safe sleep during naps	Reinforce safe sleep practices for all sleep periods
Anxiety from SUID messaging	Fear-based responses leading to alternative practices	Nonjudgmental, supportive education; address concerns and misconceptions
Perceived infant comfort/sleep quality	Belief infant sleeps better or longer with cosleeping	Education on normal infant sleep patterns; promote safe soothing and bonding strategies
Difficulty with infant soothing	Increased reliance on cosleeping for convenience	Teach self-soothing techniques; set realistic sleep expectations
Low caregiver self-efficacy	Inconsistent adherence to safe sleep practices	Preventive sleep education; build confidence in safe sleep routines
Perception that safe sleep guidelines are unrealistic	Rejection of recommendations in favor of alternatives	Barrier-focused counseling; practical, individualized safe sleep plans
Risk minimization beliefs	Use of unsafe modifications (e.g., pillows) to reduce perceived risk	Education on evidence-based risks; clear explanation of guidelines ("why it matters")

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Unsafe Sleep → Co-Sleeping → Healthcare Level

Healthcare Level	How it Contributes to Co-Sleeping	Interventions
Insufficient patient education	Inconsistent or limited education due to time, resources, or competing priorities	Standardized safe sleep education (prenatal → postpartum); scripted messaging; consistent reinforcement across shifts; include support persons
Inconsistent messaging across settings	Conflicting guidance leads to confusion and nonadherence	Unified messaging across care settings; standardized materials; provider training; EMR decision support
Limited provider knowledge/training	Variable understanding and application of safe sleep guidelines	Continuing education; all-staff training; emphasize modeling of safe sleep practices
Staff nonadherence to guidelines	Inconsistent promotion due to beliefs, clinical context, or perceived parental preferences	Quality improvement initiatives; audit and feedback on adherence; reinforce guideline-consistent care
Insufficient postpartum follow-up	Missed opportunities to reinforce safe sleep practices	Early postpartum follow-up (home/telehealth); integrate into well-baby visits
Inadequate risk factor screening	High-risk families not identified or supported	Routine screening (substance use, mental health, fatigue); referral to support services
Limited monitoring and quality improvement	Lack of accountability for safe sleep practices	Implement QI programs; track adherence and outcomes; standardize protocols
Feasibility challenges with guidelines	Perceived conflicts (e.g., breastfeeding vs safe sleep) reduce adherence	Anticipatory guidance; individualized counseling; barrier-focused problem-solving

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Unsafe Sleep → Co-Sleeping → Social/Environmental

Social/Environmental Level	How it Contributes to Co-Sleeping	Interventions
Poverty / low income	Limited ability to afford safe sleep surfaces → increased bedsharing	Provide free/subsidized cribs/bassinets; link to social support programs; community distribution programs (e.g., baby showers); problem-solve barriers with families
Housing instability / overcrowding	Limited space encourages bedsharing	Housing support; guidance on safe room-sharing; temporary safe sleep solutions; individualized planning
Cultural norms / beliefs	Bedsharing perceived as normal, beneficial, or expected	Culturally sensitive education; engage trusted community leaders; emphasize room-sharing without bedsharing; consistent messaging with explanation of "why"
Geographic isolation / limited resources	Reduced access to education and safe sleep equipment	Mobile clinics; home visits; telehealth counseling; community distribution programs
Social stressors (violence, isolation)	Increased caregiver stress → unsafe sleep practices	Social work support; mental health services; peer support groups; coping strategies; caregiver screening and referral
Limited social support	Caregivers may cosleep due to lack of help	Peer support, doulas, home visiting; support planning; encourage involvement of support persons
Media messaging	Reinforces unsafe norms and confirmation bias	Promote safe sleep in media/advertising; model guidelines; avoid one-size-fits-all messaging
Travel / changing environments	Lack of safe sleep setup outside home	Promote availability of portable cribs (e.g., hotels); safe sleep planning; caregiver education
Immigration / language barriers	Reduced access to education and services	Culturally and linguistically appropriate education; community outreach; safe-access policies

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Unsafe Sleep → Sleep Location → Individual Level

Individual Level	How it Contributes to Unsafe Sleep Location	Interventions
Breastfeeding	Falling asleep during feeds; preference for convenience	Anticipatory guidance; troubleshoot barriers; safe feeding and sleep planning
Low self-efficacy (infant sleep)	Infant left in unsafe locations (arms, swing, car seat); fear of waking baby	Preventive sleep education (PSE); teach self-soothing; assess caregiver confidence; problem-solving support
Misunderstanding product safety	Misuse of products (swings, loungers, car seats) for sleep	Clear, consistent messaging on appropriate product use; community-based education
Perceived infant comfort	Belief infant sleeps better outside crib; misinterpret normal waking	Educate on normal sleep patterns; address safe sleep misconceptions
Maternal fatigue	Unintentional unsafe sleep due to exhaustion	Safe sleep planning; nighttime support; mental health screening; reinforce safer alternatives (room-sharing)
Limited awareness of hazards	Unsafe environments created unknowingly	Targeted education; demonstrations; standardized safe sleep plans
Feel it improves emotional bonding and provides reassurance	Use of unsafe sleep locations to promote closeness	Promote safe bonding alternatives; model caregiver–infant interaction
Infant napping practices	Increased risk-taking due to perceived supervision	Reinforce safe sleep practices for all sleep periods
Perceived impracticality of ABCs	Use of alternative guidelines (e.g., Safe Sleep Seven)	Address misconceptions; explain rationale (“why”); individualized planning
Risk minimization beliefs	Caregivers attempt to “reduce” risk in unsafe settings	Targeted risk education; correct misconceptions; problem-solving discussions
Fear-based messaging	Anxiety leads to avoidance or unsafe practices	Use nonjudgmental, culturally sensitive education; normalize safe sleep practices
Confirmation bias	Reinforced by family, culture, or social media	Leverage community voices; address norms; promote consistent messaging
Substance use	Increased likelihood of unsafe sleep practices	Routine screening; counseling; integrated safe sleep education; referral and follow-up
Trust in instincts over guidance	Overconfidence or mistrust of recommendations	Include caregivers in discussions; emphasize rationale behind guidelines; build trust

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Unsafe Sleep → Sleep Location → Healthcare Level

Healthcare Level	How it Contributes to Unsafe Sleep Location	Interventions
Insufficient patient education & modeling	Inconsistent education due to time, resources, staffing, and competing priorities	Standardized scripts; begin education prenatally; reinforce across all shifts; include "why"; use demonstrations and NICU-based models
Inconsistent messaging across settings	Conflicting advice leads to confusion and nonadherence	Unified messaging; standardized materials; provider training; integrate education across prenatal, inpatient, and pediatric care
Limited provider knowledge/training	Variable awareness and inconsistent guidance	Ongoing staff education; CME; EMR decision support; all-staff training; emphasize modeling safe practices
Lack of adherence to guidelines by staff	Staff beliefs or practices conflict with recommendations	Quality improvement (QI) initiatives; reinforce consistent guideline adherence and messaging
Insufficient postpartum follow-up	Missed opportunities to reinforce safe sleep practices and address challenges	Early home visits/telehealth; integrate into well-baby visits; ounseling stops once parent indicates intention to follow ABCs
Inadequate risk screening	High-risk families not identified	Routine screening (substance use, mental health, fatigue); referral to support services
Limited QI and monitoring systems	Lack of accountability and tracking	Implement QI programs; monitor safe sleep practices and outcomes; feedback loops
Feasibility challenges	Conflicting guidance (e.g., breastfeeding vs safe sleep) reduces adherence	Anticipatory guidance; practical problem-solving; align recommendations with real-life contexts

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Unsafe Sleep → Sleep Location → Social/Environmental

Social/Environmental Level	How it Contributes to Unsafe Sleep Location	Interventions
Financial constraints	Inability to afford safe sleep surfaces → use of unsafe locations	Provide free/subsidized cribs; connect to assistance programs; community distribution (e.g., baby showers); leverage local resources
Housing instability / overcrowding	Limited space leads to unsafe sleep environments	Housing support; temporary safe sleep solutions; guidance on safe room-sharing; home visits/telehealth support
Cultural norms / beliefs	Bedsharing or unsafe locations seen as acceptable	Culturally sensitive education; engage community leaders; explain rationale ("why"); promote safer alternatives
Social stressors	Stress/fatigue increase unsafe sleep practices	Social work support; peer programs; mental health screening; postpartum home visits; coping support
Limited caregiver support	Fatigue and convenience lead to unsafe sleep choices	Peer support, doulas, home visiting; support planning; involve support persons
Media influence / misinformation	Normalizes unsafe practices	Public health campaigns; partner with trusted voices; counter misinformation; model safe sleep in media
Lack of trust in healthcare	Reduced engagement with safe sleep guidance	Community-based outreach; nonjudgmental education; resource distribution; home safety support
Travel / changing environments	Lack of safe sleep setup outside home	Promote portable cribs (e.g., hotels); safe sleep planning; caregiver education
Immigration / language barriers	Reduced access to education and services	Culturally and linguistically appropriate education; outreach; safe-access policies

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Unsafe Sleep → Objects in Sleep Environment → Individual Level

Individual Level	How it Contributes to Objects in the Sleep Environment	Interventions
Aesthetic preferences / storage use	Items placed in crib → suffocation risk or crib avoidance	Counseling on keeping the sleep surface free of toys or other items; provide alternative storage for items
Unsafe gifts/products	Caregivers assume items are safe for sleep	Demonstrate safe sleep setup; educate on removing pillows, blankets, toys
Misunderstanding product use	Use of non-recommended items (loungers, pillows)	Clear guidance on appropriate product use; consistent messaging
Perceived comfort/warmth	Use of blankets or soft items	Educate on safe alternatives (e.g., wearable blankets); reinforce ABCs
Lack of trust in providers	Reliance on alternative guidance; reduced disclosure	Nonjudgmental education; explain "why"; build trust and dialogue
Limited knowledge of risks	Unawareness of dangers of objects in sleep space	Culturally appropriate education; address misconceptions; normalize safe practices
Cultural norms / confirmation bias	Reinforces use of unsafe items	Engage community voices; consistent messaging; acknowledge beliefs
Risk minimization strategies	Adding items to "reduce" other risks (e.g., falls)	Educate on risks; promote safe alternatives (room-sharing, bedside sleepers)
Baby is napping and/or parent is awake	Greater deviation from guidelines when caregiver is awake	Reinforce safe sleep for all sleep periods
Preference for alternative guidelines	Perception ABCs are unrealistic	Address concerns; explain rationale; provide practical, individualized strategies

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Unsafe Sleep → Objects in Sleep Environment → Healthcare Level

Healthcare Level	How it Contributes to Objects in the Sleep Environment	Interventions
Lack of standardized education across care settings	Inconsistent guidance on keeping sleep spaces free of objects	Standardized counseling across prenatal–postnatal care; unified messaging; demonstrate safe sleep setup; start education prenatally
Insufficient patient education	Barriers (time, resources, language, competing priorities) limit effective teaching	Use scripts; reinforce across shifts; include "why"; involve support persons; reinforce via home visits/telehealth
Inconsistent provider knowledge	Conflicting advice on bedding, swaddling, and crib items	Use of a script to teach families about safe sleep; Information about safe sleep consistently provided to families. Include the "why" in education. Develop unified messaging and educational materials
Limited postpartum follow-up	Missed reinforcement of safe sleep practices	Integrate into home visits, telehealth, and well-baby visits
Inadequate risk screening	High-risk caregivers not identified	Routine screening (fatigue, substance use, mental health); referral to supports
Limited monitoring / QI	Lack of accountability for safe sleep practices	Implement QI initiatives; track "bare crib" adherence and related outcomes
Poor staff adherence / modeling	Unsafe practices modeled in hospital settings	Strengthen guideline adherence; NICU safe sleep policies; model safe environments consistently

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Unsafe Sleep → Objects in Sleep Environment → Social/Environmental

Social/Environmental Level	How it Contributes to Objects in the Sleep Environment	Interventions
Poverty / low income	Reliance on pillows, blankets, soft bedding due to lack of safe sleep items	Provide free/subsidized cribs, bassinets, sleep sacks; connect to assistance programs; community baby showers with safe sleep education and supplies
Housing instability / overcrowding	Limited space leads to unsafe sleep setups with nearby objects	Housing support; guidance for small spaces; temporary safe sleep options
Cultural norms / beliefs	Use of blankets, pillows, or objects for warmth/comfort	Culturally responsive education; respectful alternatives; community outreach and baby showers; explain rationale for safe sleep
Geographic isolation	Limited access to safe sleep education/resources	Mobile clinics; home visits; telehealth education; distribution of safe sleep equipment
Social stress / low support	Fatigue/stress leads to added objects for perceived safety	Peer support; social work; home visiting programs; coping skills support and safety planning
Media misinformation	Exposure to unsafe sleep images normalizes objects in crib	Social media campaigns; influencer partnerships; myth correction; consistent evidence-based messaging
Low caregiver knowledge / multiple caregivers	Unaware of risks; inconsistent practices across caregivers	Multilingual education; demonstrations; public health campaigns; home/safety assessments; provision of safe sleep supplies

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Unsafe Sleep → Non-Back Sleep Positioning → Individual Level

Individual Level	How it Contributes to Non-Back Sleep Positioning	Interventions
Lack of knowledge about "Back to Sleep"	Prone or side-lying positioning increases SIDS risk	Education during prenatal/postpartum/pediatric visits; visual demonstrations; consistent messaging; culturally appropriate materials; household safe sleep plan for all caregivers
Multiple caregivers / inconsistent caregiving	Different caregivers may use different sleep positions	Household safe sleep plan; education for all caregivers; address postpartum role expectations and barriers
Inconsistent practices (naps / supervision beliefs)	Caregivers may deviate during naps or when awake/supervising	Reinforce that supine position is required at all times; clarify misconceptions about supervision reducing risk
Belief prone/side-lying improves sleep or digestion	Misconceptions about choking/reflux or longer sleep	Counseling on safe reflux management; explain physiologic safety of supine sleep; address misconceptions ("why" education)
Cultural norms / confirmation bias	Traditional practices or social media reinforce non-supine positioning	Culturally responsive education; community engagement; normalize safe sleep as standard practice; include rationale ("why")
Caregiver fatigue	Unintentional prone positioning during nighttime care	Fatigue-aware guidance; nighttime support strategies; troubleshooting and anticipatory planning
Perceived infant comfort issues	Crying/frequent waking leads caregivers to reposition infant	Education on normal infant sleep patterns; self-soothing strategies; reassurance about supine safety
Misunderstanding high-risk infants (preterm/low birth weight)	Prone positioning perceived as safer for fragile infants	Targeted education for high-risk infants; demonstrate safe setups for NICU/preterm discharge
Competing safety priorities	Caregivers modify positioning to prevent perceived risks (falling, choking)	Clarify relative risks; reinforce supine as safest overall position
Low self-efficacy in settling infant	Caregivers choose position that seems to help infant sleep faster	Preventive sleep education; skill-building for soothing/sleep routines; confidence support
Doubt about guidelines / alternative recommendations	Use of non–AAP-aligned guidance (e.g., alternative frameworks)	Reinforce evidence base; address concerns respectfully; problem-solve barriers; clarify risks and benefits
Lack of trust in healthcare systems	Reduced adherence to guidance; preference for instinct or alternative sources	Trust-building communication; respectful dialogue; acknowledge concerns; consistent messaging across providers

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Unsafe Sleep → Non-Back Sleep Positioning → Healthcare Level

Healthcare Level	How it Contributes to Non-Back Sleep Positioning	Interventions
Lack of standardized safe sleep education across settings	Inconsistent guidance on supine sleep across prenatal, hospital, clinic, and home care	Standardized counseling protocols; prenatal-to-postnatal continuity; unified messaging; visual demonstrations of supine sleep; early prenatal education
Insufficient patient education	Inconsistent or incomplete teaching; competing priorities and language barriers	Structured scripts; consistent education across all shifts; address misconceptions (choking, comfort); NICU-safe sleep education models
Inconsistent provider knowledge	Conflicting advice on sleep positioning	Provider training; continuing education; EMR decision support; staff-wide safe sleep education; reinforce role-modeling
Limited postpartum follow-up	Missed reinforcement of supine sleep guidance	Home visits, telehealth, and well-child visits reinforcing safe sleep positioning
Lack of demonstration tools / safe sleep devices	Improvised or incorrect positioning due to lack of resources	Visual aids, videos, hands-on demonstrations; provision of sleep sacks, bassinets, bedside sleepers
Inadequate risk screening	High-risk caregivers more likely to use unsafe positioning	Routine screening (fatigue, substance use, mental health); targeted education and referrals
Limited quality improvement systems	Lack of enforcement or monitoring of safe sleep standards	QI programs; track compliance with supine sleep; review unsafe sleep incidents
Provider/nursing nonadherence or modeling unsafe sleep	Staff use side/prone positioning (e.g., NICU practices, comfort beliefs) influencing caregiver behavior	QI initiatives; NICU safe sleep policies; standardized training; emphasize evidence-based rationale (“why”)

HEALTH STATUS PROBLEM LINKED TO STRATEGIC PLAN

Unsafe Sleep → Non-Back Sleep Positioning → Social/Environmental

Social/Environmental Level	How it Contributes to Non-Back Sleep Positioning	Interventions
Cultural norms / beliefs	Traditional or community practices support prone or side-lying sleep	Culturally responsive education; engage trusted community leaders; offer safe alternatives; community baby showers; include rationale ("why") for safe sleep
Poverty / low income	Limited resources lead to improvised unsafe sleep setups	Provide free/subsidized safe sleep equipment (cribs, bassinets, sleep sacks); connect to assistance programs; home safety assessments; distribute safe sleep supplies
Housing instability / overcrowding	Space constraints lead to unsafe sleep arrangements	Housing support; temporary safe sleep solutions; anticipatory guidance and problem-solving planning
Low social support / caregiver fatigue	Exhaustion or lack of help leads to unsafe positioning for convenience	Peer support, doulas, home visiting; coping and fatigue management strategies; structured support planning
Geographic isolation	Limited access to education and resources	Mobile clinics; home visits; telehealth safe sleep counseling
Media influence / misinformation	Exposure to unsafe sleep images normalizes non-supine positioning	Evidence-based media campaigns; influencer partnerships; misinformation correction; consistent safe sleep messaging across platforms



NEW STRATEGIC PLAN

NEW STRATEGIC PLAN

The following tables outline the different intervention types, levels of intervention, and spheres of influence assigned to each activity within our new strategic plan.

Intervention Types	
Education	Examples: safe sleep education, substance use education, prenatal health education
Service Access	Examples: prenatal care navigation, transportation supports, home visiting programs
Clinical Improvement	Examples: screening protocols, care coordination, OB emergency readiness
Community Systems	Examples: housing supports, social media messaging, community partnerships

Level of Intervention	
Individual	Mother/family behaviors and knowledge (examples: unsafe sleep practices, maternal substance use, poor prenatal care utilization, short interpregnancy intervals)
Healthcare System	Quality and accessibility of care (examples: maternity care deserts, screening issues, poor obstetric emergency management, lack of postpartum follow-up)
Social/Environmental	Examples: community campaigns, support groups, expanding access to care

Sphere of Influence	
Program Level	How could our current programs address these factors?
Partnership Level	What partners could help implement these interventions?
Messaging Level	How can we reinforce key messages (safe sleep, prenatal care, substance use treatment)?
Policy Level	Are there policies we could advocate for locally?

NEW STRATEGIC PLAN

Objective 1	Reduce pregnancy related factors that contribute to poor perinatal period condition outcomes
Indicator:	Decrease the 3-year rolling rate per 100,000 of infant deaths from perinatal period conditions births in the Healthy Start of North Central Florida region from 449.8 to 427.3 per 100,000 births (5% reduction) by 2030.
Activity A:	Increase access to blood pressure monitoring through regional Perinatal Blood Pressure (BP) Project
Underlying contributing factor(s):	Unmanaged chronic health conditions, health literacy, delayed access to care, poorly managed OB emergencies, timely access to cesarean delivery
Performance measure(s):	• Revision of BP project protocol from pilot to maintenance (1 protocol) • Enroll 50 women annually into the Perinatal BP project
Intervention type:	Education, Service Access, Clinical Improvement
Level of intervention:	Individual, Healthcare System
Sphere of influence:	Program Level

Activity B:	Influence community norms perinatally through educational messaging re: chronic health conditions, pregnancy spacing, substance use and affects on pregnancy, weight and nutrition, participating in home visiting prenatally, signs and symptoms of common pregnancy complications, audience focused FIMR findings
Underlying contributing factor(s):	Unmanaged chronic health conditions, short interpregnancy intervals, substance use, weight and nutrition, health literacy, delayed access to care, poorly managed OB emergencies
Performance measure(s):	• One monthly social media postings/public awareness pushes on priority topics (minimum 12 annually); • Create and distribute (1) social media tool kit to partner agencies on preconception health; • Host/participate in (1) community events for education dissemination annually; • Prepare and distribute (1) annual reports and/or newsletter to community partners, board members, legislative representatives, and community members annually
Intervention type:	Education, Service Access, Community Systems
Level of intervention:	Individual, Social and Environmental
Sphere of influence:	Partnership and Messaging Levels

NEW STRATEGIC PLAN

Activity C:	Screen➔Intervene➔Support: • Ensure screenings (mental health, substance use, and/or nutrition), education, and referral process are respectful, easy-to-understand, applies Motivational Interviewing (MI) and teach back principals, and is trauma informed; • Identify and provide any supportive trainings needed for home visitors; • Provide peer-to-peer collaboration opportunities for home visitors
Underlying contributing factor(s):	Unmanaged chronic health conditions, short interpregnancy intervals, substance use, weight and nutrition, delayed care, untreated mental health, health literacy
Performance measure(s):	• Facilitate (1) training and ongoing coaching on motivational interviewing, trauma informed care, and/or reflective supervision; • Identify/develop (1) skill-based tool to support implementation and measure integration of learned techniques into home visiting services
Intervention type:	Education, Service Access, Clinical Improvement
Level of intervention:	Individual, Healthcare
Sphere of influence:	Program Level

Activity D:	Tracking & Teach Back: Standardized tracking of appointments, appointment reminders, follow-ups for no-shows, and verify patient understanding by using teach-back strategies to improve health literacy
Underlying contributing factor(s):	Unmanaged chronic health conditions, short interpregnancy intervals, genetic conditions, teratogens, inadequate monitoring during pregnancy, timely cesarean delivery
Performance measure(s):	• Facilitate (1) training and ongoing coaching on teach-back communication techniques; • Idenfity/develop (1) skill-based tool to support implementation and/or measure integration of learned techniques into home visiting services
Intervention type:	Education, Service Access, Clinical Improvement
Level of intervention:	Individual, Healthcare
Sphere of influence:	Program Level

NEW STRATEGIC PLAN

Activity E:	Advocate for increased access to prenatal care in maternity care deserts (ex: support development of group prenatal care at health departments and telehealth services)
Underlying contributing factor(s):	Lack of support, delayed care, poorly managed OB emergencies, inadequate monitoring during pregnancy
Performance measure(s):	• Idenitfy/develop (1) toolkit to share with partners to educate community members, legislators, decisionmakers on maternity care deserts or FAHSC led initiatives
Intervention type:	Service Access, Clinical Improvement, Community Systems
Level of intervention:	Healthcare System, Community/Environmental
Sphere of influence:	Policy Level

Activity F:	Normalize home visiting as part of healthcare system to healthcare providers
Underlying contributing factor(s):	Health literacy, delayed care, interpregnancy interval, unmanaged health conditions
Performance measure(s):	• Develop and implement (1) strategy targeting prenatal providers (OBs, midwives) demonstrating ways home visiting supports their goals and can be an extension of the healthcare model
Intervention type:	Service Access, Clinical Improvement, Community Systems
Level of intervention:	Healthcare System, Community/Environmental
Sphere of influence:	Partnership Level, Messaging Level

Activity G:	Normalize home visiting in the community to increase home visiting participation
Underlying contributing factor(s):	All
Performance measure(s):	• Post (1) social media normalizing home visiting monthly; • Participate in (1) community event or Bump2Baby expo annually; • Collect and promote (1) home visiting success story; • Produce (1) annual report for legislators and decision makers that educates re: FIMR findings; • Develop (1) strategy to recognize professions, achievements, and accomplishments for home visitors/staff to reward staff retainment and promote staff and participant retention
Intervention type:	Community Systems
Level of intervention:	Social/Environmental
Sphere of influence:	Program, Partnership, Messaging and Policy Level

NEW STRATEGIC PLAN

Objective 2	Reduce birth related underlying factors that contribute to poor perinatal period conditions outcomes.
Indicator:	Decrease the 3-year rolling rate per 100,000 of infant deaths from perinatal period conditions births in the Healthy Start of North Central Florida region from 449.8 to 427.3 per 100,000 births (5% reduction) by 2030.
Activity A:	Increase access to and availability of community doulas
Underlying contributing factor(s):	Chronic health conditions, inadequate monitoring during pregnancy, poorly managed Ob emergencies, suboptimal management of PTL/B, timely c-sect delivery, delayed/inadequate response to fetal distress, genetic abnormalities
Performance measure(s):	• Implement (1) Healthy Start Doula program
Intervention type:	Education, Service Access, Clinical Improvement, Community Systems
Level of intervention:	Individual, Healthcare System
Sphere of influence:	Program, Partnership, Messaging and Policy Level

Activity B:	Increase access to childbirth education with newborn parenting component including community based group classes to build peer-to-peer social support systems
Underlying contributing factor(s):	Inadequate monitoring, Poorly managed OB emergencies, suboptimal management of preterm labor/birth, co-sleeping, delayed/inadquate response to fetal distress
Performance measure(s):	• Identify and/or facilitate (1) sustainable method to increase number of home visitors able to provide childbirth education; • Identify and implement (1) strategy to increase availability of community based childbirth ed classes
Intervention type:	Education, Service Access, Clinical Improvement, Community Systems
Level of intervention:	Individual, Healthcare System, Social/Environmental
Sphere of influence:	Program, Partnership, and Policy Level

NEW STRATEGIC PLAN

Activity C:	Standardize Individualized Birth Preparation Guide that includes: • When and where to present to emergency triage • How to get there and plan for care of other children • Self advocacy to make symptoms heard • Address barriers & unfamiliarity with healthcare system including barriers faced by non-English speaking families • Birth preferences
Underlying contributing factor(s):	Chronic health conditions, inadequate monitoring during pregnancy, poorly managed OB emergencies, suboptimal management of preterm labor and preterm birth, timely cesarean delivery, delayed/inadequate response to fetal distress, genetic abnormalities
Performance measure(s):	• Identify and/or develop (1) Individualized Birth Preparation Guide • Identify a minimum of (1) strategy to support implementation of Individualized Birth Preparation Guide use in Healthy Start model
Intervention type:	Education, Service Access, Clinical Improvement
Level of intervention:	Individual, Healthcare System
Sphere of influence:	Program Level

NEW STRATEGIC PLAN

Objective 3	Reduce underlying factors that contribute to SUID and sleep related infant deaths.
Indicator:	Decrease the 3-year rolling rate per 100,000 of infant deaths from perinatal period conditions births in the Healthy Start of North Central Florida region from 1.37 to 1.30 per 1,000 births (5% reduction) by 2030.
Activity A:	Identify/develop safe sleep education and training tools that unpack complicated messaging, are respectful for all families, are easy to understand, and utilize Motivational Interviewing and Teach-Back techniques [example: field guide with scripting and MI strategies, parental fatigue assessment, improved postpartum follow-up assessment tool, safe sleep assessment tool, safe sleep plan]
Underlying contributing factor(s):	Co-sleeping, sleep location, objects in sleep environment
Performance measure(s):	• Identify or develop one (1) educational material or training quarterly
Intervention type:	Education, Service Access, Clinical Improvement
Level of intervention:	Individual, Healthcare System
Sphere of influence:	Program and Partnership Level

Activity B:	Influence community norms regarding safe sleep through educational messaging (ie: normalizing home visiting participation postnatally, Safe Sleep promotion, audience focused FIMR findings)
Underlying contributing factor(s):	Co-sleeping, sleep location, objects in sleep environment
Performance measure(s):	• Monthly social media postings/public awareness pushes on priority topics (minimum 12) • Create and distribute (1) social media tool kit to partner agencies on safe sleep annually • Host/participate in (1) community events for education dissemination annually • Prepare and distribute (1) annual reports and/or newsletter to community partners, board members, legislative representatives, and community members annually
Intervention type:	Education, Service Access, Community Systems
Level of intervention:	Individual, Social/Environmental
Sphere of influence:	Partnership and Messaging Level

Activity C:	Increase availability and awarness of Infant CPR & Choking Prevention
Underlying contributing factor(s):	Co-sleeping, sleep location, objects in sleep environment
Performance measure(s):	• Identify and/or facilitate (1) sustainable method to increase number of home visitors able to provide infant CPR education • Identify and implement (1) strategy to increase availability of community-based infant CPR classes
Intervention type:	Education, Service Access, Community Systems
Level of intervention:	Individual, Social/Environmental
Sphere of influence:	Partnership and Messaging Level

Activity D:	Increase availability of individualized infant development and soothing education
Underlying contributing factor(s):	Co-sleeping, sleep location, objects in sleep environment
Performance measure(s):	• Facilitate (1) training and ongoing coaching on infant development and soothing education • Develop (1) skill-based tool to support implementation and measure integration of learned techniques into home visiting services
Intervention type:	Education, Service Access, Community Systems
Level of intervention:	Individual, Healthcare System, Social/Environmental
Sphere of influence:	Program Level

Activity E:	Increase availability of community-based empowerment-focused parenting classes and/or increased opportunities to connect with other families (peer groups, community-led spaces)
Underlying contributing factor(s):	Co-sleeping, sleep location, objects in sleep environment
Performance measure(s):	• Identify (1) strategy to increase or advocate for local community-based parenting support
Intervention type:	Community Systems
Level of intervention:	Social/Environmental
Sphere of influence:	Program, Partnership, Messaging, and Policy Level

Activity F:	Maintain and promote the Coalition's Mother's Milk Bank of Florida Milk Drop Depot site
Underlying contributing factor(s):	Prematurity, SUIDs
Performance measure(s):	• Collect at least 1 donation of breast milk monthly; • Monthly social media posts promoting Coalition's Milk Bank Depot site
Intervention type:	Community Systems
Level of intervention:	Social/Environmental
Sphere of influence:	Program, Partnership, Messaging, and Policy Level



COLLABORATION EFFORTS

COLLABORATION EFFORTS

The following outlines our coordination activities with the Telehealth Minority Maternity Care Program within our Coalition service area.

MOMstart™
Supporting Moms in the Fourth Trimester

MOMstart™ Home Visiting Program

MOMstart™ Home Visiting Program is a postpartum support initiative offered to participants enrolled in the University of Florida's MOMitor™ Program. Through a partnership with Healthy Start of North Central Florida and Central Healthy Start Coalition, the University of Florida contracts with these organizations to implement the program across designated counties in North Central and Central Florida.

The program provides a registered nurse home visit within the first week following hospital discharge (and up to 30 days after birth) to support mothers during the critical postpartum period. During the visit, nurses assess maternal recovery, including vital signs, healing, blood pressure monitoring, mental health, nutrition, breastfeeding, and overall well-being. Nurses also provide education on infant safety, healthy birth spacing, postpartum warning signs, and proper use of the MOMitor™ app and blood pressure monitoring equipment.

In addition to clinical assessment and education, the program screens for social, economic, and behavioral health needs and connects families to medical providers, lactation services, community resources, and ongoing home visiting programs. By addressing both health needs and barriers to accessing essential resources and support, MOMstart aims to improve maternal and infant outcomes, promote healthy recovery after childbirth, and ensure families receive the support and resources they need during the postpartum transition.



QUALITY IMPROVEMENT/ QUALITY ASSURANCE

QUALITY IMPROVEMENT/QUALITY ASSURANCE PLAN

QUALITY ASSURANCE PROCESS

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;
- 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.

OBJECTIVES OF THE CQI PLAN

- 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
- Systematically measure, assess, and improve its performance to achieve its goals
- To provide a system of accountability and ongoing monitoring of the activities and competence of contracted providers
- To monitor, evaluate, and maintain quality client care
- To ensure identification of internal challenges and those of the contracted providers and develop strategies to overcome these challenges
- To identify on an ongoing basis education and training needs of contracted providers' direct service staff

COALITION'S VALUES FOR THE CQI PROCESS

- Improving services is a continuous process
- Training, education and quality are ongoing processes and are accomplished through strategies promoting best practices, compliance with HSSG, and accountability

- Providing cost effective quality services and promoting positive outcomes for clients are the responsibilities of all staff and providers
- Improving services through reliable and objective quantitative and qualitative data
- Assuring quality services through input and feedback from our clients, community, staff, key stakeholders and Board of Directors

ROLES AND RESPONSIBILITIES RELATED TO CQI PROCESS

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

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

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.

Coalition Quality Assurance Specialists: Under the direction of the Program Director, the Quality Assurance (QA) Specialists are responsible for:

- Coordinate Trainings for Service Providers. Enrollment and participation of trainings are completed through (LMS) Learning Management System. The training courses are required to be completed within 30 days of employment before starting service delivery. They are facilitated and provided by the HSMN Training Institute or QA Specialists.
  - HIPAA Trainings (LMS – DCF HIPAA Basics, Florida Mandated Reporter Course – Child, Foundations of Disability Rights, Indicators of Child Abuse and Neglect, Security Awareness)
  - Security Policies Including Office Location, Computers, and Home Visiting (LMS)
  - Overview of the local Healthy Start system of care 2019 including Coordinated Intake and Referral, home visiting programs, other Coalition contracts and services, universal risk screens, outreach, and local special initiatives (LMS- Healthy Start System of Care)
  - Healthy Start System of Care Overview 2025 (LMS Learning Module)
  - Understanding and Promoting TEAM Dad (LMS Learning Module)

- Coordinated Intake and Referral (LMS – Connect (CI&R) Program Overview)
- Data System Documentation Requirements (LMS – Education, Training, & Outreach: Data System Requirements)
- Available Community Resources (LMS –Local Community Resources)
- Family Support Planning in Healthy Start Care Coordination (LMS)
- Individualized Plan of Care (IPC) in Healthy Start Care Coordination (LMS Learning Module)
- Motivational Interviewing
- Home Visiting Prenatal and Infant Pathways and Curriculum (LMS – Healthy Start System of Care)
- Parenting Education and Support – Partners for a Healthy Baby Workshop or Home Visitors (HSMN Training Institute – 2 day virtual training)
- Interconception Education and Counseling – DOH approved Interconception Education and Counseling (HSMN Training Institute)
  - Documenting Interconceptional Care Services in Well Family System (LMS)
  - One Key Question (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)
- Breastfeeding Education and Support (10 Steps to Successful Breastfeeding) (Coalition's QA Specialist)
- Tobacco Education and Cessation – SCRIPT curriculum (HSMN Training Institute)
- Let's Talk About Tobacco (HSMN Training Institute or Quality Assurance Team/SRAHEC)
- Stress Management Education – Mothers and Babies Curriculum (HSMN Training Institute)
- Perinatal Depression Screening – Edinburgh Depression Scale 2024 (Web Training – LMS)
- Child Development Screenings – Ages and Stages Questionnaire (ASQ3 and SE2) (HSMN Training Institute)
- Screening, Brief Intervention and Referral to Treatment (SBIRT) in the Prenatal Period (LMS Learning Module)
- Intimate Partner Violence Screening: Screening for and Identifying Intimate Partner Violence (LMS)

- Conduct 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

- 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

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.

- QA/QI Monitoring and Evaluation Reports
  - Monthly QA/QI Report: The Provider shall submit the following form(s) within ten (10) days after the end of each month of service:
    - Form G - Caseload Report: Data consisting of the current prenatal and infant caseload.
    - Form H – Service Analysis Report: Includes the percentage of IAs completed, closures and average of visits per home visitor per day.
    - Form I - Tobacco Services Report: Tobacco services reporting.
    - Form J – Florida Prenatal Screen Data Entry Form: Number of prenatal screens received, screens in query, declined screens, declined program, screens not referred, and screens referred.
    - Form K - Staffing Report: Trainings staff received and dates of completion, staffing changes, and provision of culturally competent services.
    - Form L - New Materials Request Form: List of new educational/outreach materials needing approval from AHCA and DOH.
    - Form M – WFS Performance Measures Report: WFS report consisting of monthly performance measures of Medicaid participants. If the provider falls below 80% on a performance measure, then submit an explanation for any area(s) that need improvement.
    - Form N – Program Accomplishments: Program will submit monthly at least one participant success story, any community events, other accomplishments, as well as the number of car seats and pack-n-plays distributed.
    - Form O – WFS Birth Outcomes Report: WFS report consisting of prenatal and birth outcomes reported by Healthy Start home visitors to monitor percentage of unknown outcomes in the system.
    - Form P – Health Plan ICT Call Report: List of cases submitted for discussion during the Health Plan ICT calls to ensure compliance with the Coalition's requirement of 1 submitted case per quarter.
  - Quarterly QA/QI Report. The Provider shall submit the following form(s) within ten (10) days after the end of each quarter of service.
    - Form Q – Record Review Summary Report: Summary of findings from the record review.
    - Form R - Core Performance Measures Report: Progress summary toward meeting the core performance measures.
    - Form S– Core Outcome Measures Report: Progress summary toward meeting the outcome measures.
    - Form T - 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.
    - Form U - 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.
    - Form V - Complaints and Grievances Log: Complaints and/or grievances filed by the participant as defined in the Complaints and Grievances Procedure (Attachment III).

QUALITY IMPROVEMENT/QUALITY ASSURANCE PLAN

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 import 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 onging, program-specific CQI process is necessary to assure that services are:

- Provided in a manner that meets 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 intot he 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:

- Contract deliverables
- Performance specifications
- WFS reports data
- Referral data
- Caseload management
- Staffing updates
- Record reviews
- Participant grievances and complaints
- Participant satisfacton surveys
- Program accomplishments

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, deficiences, 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 is collected, analyzed and monitored. Contracted providers are required to report

a. Monthly:

- Progress toward meeting Coalition service delivery goals
- Current caseload
- Tobacco services report
- Florida Prenatal Screen data entry report (County Health Department only)
- Staffing updates
- New materials requests
- Program accomplishments
- WFS birth outcomes
- Health plan coordination (ICT calls)

b. Quarterly:

- Summary and findings of their quarterly record review
- Progress towards meeting core performance measures
- Progress towards meeting outcomes
- Strategies developed and implemented by the provider for program improvement bases on analysis of provider services and core outcomes and performance measures
- Completed supervisory observations face-to-face encounters between Healthy Start caseworkers and Healthy Start participants; and
- Tracking on participants' complaints and grievances

c. Annually:

Prior to annual site visit

- Schedule for site visits is developed at the beginning of the contract year and counties are notified and sent a pre-visit questionnaire
- QA staff collects and analyzes all available reports, pre-visit questionnaire, WFS data, annual success story and monthly/quarterly monitoring reports
- Staff pulls and begins to auditing:
  - 10% of active caseload or 12 records (whichever is greater) - 50% prenatal & 50% infant
  - 2 ICC participants (if available)

At site visit

- Record review discussion and technical support with supervisor and Healthy Start staff

After site visit

- Complete final report which includes the following:
  - Completed matrix
  - Final actions (recommendations for program improvement, request for PIP or CAP)
  - Attachments (copies of all data sources utilized)
- Conduct exit review with Administrator/Director of County Health Department or Provider of Healthy Start services, QA staff, and Program Director/Supervisor

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.

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.

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

FINANCIAL MONITORING PROCESS

Board of Directors

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

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

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

Healthy Start of North Central Florida Coalition

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

- Budget analysis including base/waiver funding allocations and base/waiver service analysis
- Monthly Statement of Revenues and Expenditures for the Coalition and sub-contracted providers

Contracted Service Providers

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

Annual Reports

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

- **Budget Narrative**
  Provider submits a line item budget narrative to include a total of project expenditures 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.

QUALITY IMPROVEMENT/QUALITY ASSURANCE PLAN

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 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.
- **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 visit. The following documentation is required at the financial monitoring 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

QUALITY IMPROVEMENT/QUALITY ASSURANCE PLAN

Following the site visit, the financial monitoring review summary completed and sent to the fiscal agent and administrator with findings and recommendations resulting from the 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.

The following is included in the fiscal monitoring summary report:

- Cover letter
- Fiscal monitoring tool (contract compliance questions)
- Revenue and expenditure findings (details each budget line item expenditures and revenue for the quarter selected for review. A budget analysis is also included in the report)

Service Analysis

The Coalition Contract Manager pulls 2 prior years and the current's data for base payments and Medicaid earnings. The Contract Manager reviews this data with the provider at the QA exit review. The Provider can see trends over the 3 year period and can clearly see areas for improvement. The provider is given the opportunity to ask questions.

The data covered in the Service Analysis is:

- Base Earnings over 3-year period
- Medicaid Earnings over 3-year period – broken down into claims type
- County Comparison
- FTE Analysis
- Service Analysis – Monthly QA reporting data

SUBCONTRACTS

Healthy Start Core & Enhanced Services Subcontracted Providers	
County	Subcontracted Provider
Alachua	Kid's Central, Inc.
Bradford	County Health Department
Columbia	County Health Department
Dixie	County Health Department
Gilchrist	County Health Department
Hamilton	County Health Department
Lafayette	County Health Department
Levy	County Health Department
Marion	County Health Department
Putnam	Children's Home Society of Florida
Suwannee	County Health Department
Union	County Health Department

Healthy Start Data Entry Subcontracted Providers	
County	Subcontracted Provider
Alachua	County Health Department
Putnam	County Health Department

QUALITY IMPROVEMENT/QUALITY ASSURANCE PLAN

COALITION BOARD RESPONSIBILITIES

The authority of the Board of Directors derives from their actions as an advisory and policymaking Board functioning in a manner consistent with these bylaws, established policies, and commonly accepted rules of order. Within this framework, Directors may identify concerns and issues affecting the delivery of Healthy Start services, and seek Coalition actions to address specific problems.

Unless authority is specifically delegated by the formal action of the Board at a meeting in which a quorum is present, individual Directors of the Board are not authorized to represent the Coalition in any contract with subcontractors or other agencies with which the Coalition is conducting business.

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

- Perform any and all duties imposed upon them collectively or individually by these bylaws, state or federal statute or 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 for pregnant women, children birth to three years, fathers, and interconceptional women 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 at such times and places as required by these bylaws as specified in Article VI Section 1.
- Serve as the final arbiter of the interpretation of these 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.



PROCESS FOR ALLOCATING FUNDS

PROCESS FOR ALLOCATION FUNDS

SERVICE BUDGET

County	FDOH Base	HSMN Medicaid	Contract Amount
Core and Enhanced Services			
Alachua	$420,979.00	$371,118.00	$792,097.00
Bradford	$71,092.00	$47,777.00	$118,869.00
Columbia	$107,955.00	$448,740.00	$556,695.00
Dixie	$51,928.00	$52,071.00	$103,999.00
Gilchrist	$65,121.00	$41,393.00	$106,514.00
Hamilton	$57,274.00	$126,595.00	$183,869.00
Lafayette	$49,978.00	$29,646.00	$79,624.00
Levy	$79,048.00	$122,331.00	$201,379.00
Marion	$376,444.00	$364,120.00	$740,564.00
Putnam	$94,263.00	$140,199.00	$234,462.00
Suwannee	$78,601.00	$405,264.00	$483,865.00
Union	$59,371.00	$23,533.00	$82,904.00
Data Entry - Prenatal Risk Screen			
Alachua	$4,667.00	---	$4,667.00
Putnam	$1,522.00	---	$1,522.00

FUNDING ALLOCATION METHODOLOGY

Base Funding Allocation Methodology

Variable	Percent Applied
Non-Medicaid Births & Non-Medicaid Served	100%
$40,000 per County (An increase of 8.85% from 2024-2025)	

Contract Year	Data Source
2025-2026	2020-2022 & 2021-2023 (year average)

Base Direct Service funds in contract are a fixed amount using the Base Funding Allocation Methodology based on the Non-Medicaid births from 2020-2022 and Non-Medicaid served 2021-2023.

PROCESS FOR ALLOCATION FUNDS

Medicaid Waiver Funding Allocation Methodology

Coalition payment to the provider shall be contingent upon the HSMN payment for services rendered to eligible, enrolled Medicaid recipients for the services outlined below.

Healthy Start Medicaid Reimbursable Services	
Service Name	Unit Reimbursement Amount
Care Coordination with Medicaid Managed Care Plans	$43.43 per unit (up to 1 unit per recipient)
Healthy Start Prenatal Pathways	$200.55 per unit (up to 18 visits per recipient)
Healthy Start Infant-Child Pathways	$200.55 per unit (up to 36 visits per recipient)
Interconception Care Pathway (Face-to-Face)	$200.55 per unit (up to 8 units per recipient)

Medicaid unit prices were determined using the amount received from the Healthy Start MomCare Network for billable services less 7.5% administration and 3% holdback.

Additionally, 2% will be held back in contingency reserves for potential future funding needs as determined by the Coalition's Board of Directors (i.e., data system, service provider, Medicaid paybacks, etc.).



Connect Families + Resources

TEAM DAD

parents as teachers BLUE RIBBON AFFILIATE

Nurse-Family Partnership Helping First-Time Parents Succeed®

NewboRN Home Visiting

Healthy Start Doula Program

FIMR Fetal & Infant Mortality Review

Central & North Central Healthy Start Coalitions