

Central Healthy Start, Inc.
Service Delivery Plan I 2026-2031

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ACKNOWLEDGEMENTS

ACKNOWLEDGEMENTS

The Central Healthy Start 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 four 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.

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HEALTHY START COUNTY PROGRAMS

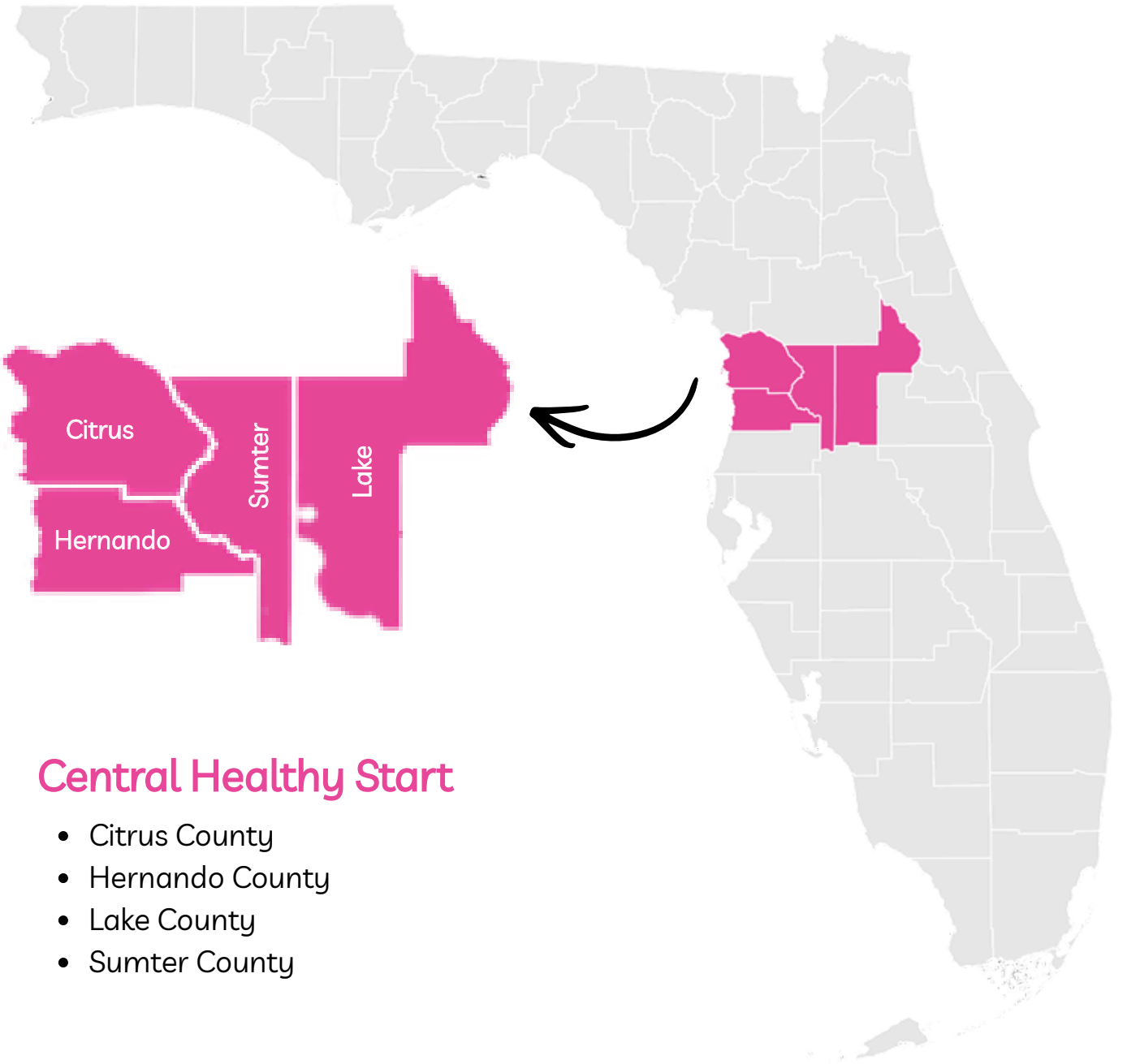
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CENTRAL HEALTHY START COALITION SERVICE AREA



Central Healthy Start

- Citrus County
- Hernando County
- Lake County
- Sumter 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 Central Healthy Start Coalition is one of 32 Healthy Start Coalitions in Florida established to improve the health and developmental outcomes of pregnant women, infants and families in Florida. 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 Citrus, Hernando, Lake and Sumter.

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

WellFlorida Council

WellFlorida Council serves as the fiscal agent and provides staff services to the Central Healthy Start Coalition. 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 funders 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 four counties of the Coalition service area. A brief summary of each of the service providers follows.

Citrus County

The Citrus County Healthy Start program, provided by the Florida Department of Health in Citrus County (Citrus CHD), offers core Healthy Start services along with enhanced services including breastfeeding support, car seat checks and installations, and mom-and-baby classes. Participants receive help applying for Medicaid, and translation services are available for Spanish-speaking participants and other languages.

The Florida Department of Health in Citrus County also provides prenatal care services, immunizations, family planning, STI testing & treatment, and nutritional education is offered through their WIC Program located in Inverness, Florida.

During the 2024-2025 contract year, Citrus County Healthy Start (Citrus CHD) provided 8,265 prenatal services to 187 participants. A total of 17,311 services were provided to 369 infants and children.

Hernando County

The Hernando County Healthy Start program, provided by Kids Central Incorporated (KCI), offers core Healthy Start services and enhanced services including breastfeeding support, car seat checks and installations, CPR and childbirth education classes, mommy-and-me classes, and a support group for mothers. 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, Hernando County Healthy Start (KCI) provided 7,805 prenatal services to 253 participants. A total of 17,717 services were provided to 458 infants and children.

HEALTHY START BACKGROUND AND COALITION STRUCTURE

Lake County

The Lake County Healthy Start program is provided by Kids Central Incorporated. The program offers core Healthy Start services and enhanced services such as breastfeeding support, car seat checks and installations, Infant CPR, infant massage classes, as well as mommy and me classes. In addition, Healthy Start 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, Lake County Healthy Start (KCI) provided 9,062 prenatal services to 540 participants. A total of 15,354 services were provided to 369 infants and children.

Sumter County

The Sumter County Healthy Start program, provided by Langley Health Services, offers core Healthy Start services and enhanced services including breastfeeding support, car seat checks and installations, childbirth education, and mommy-and-me classes. Participants also receive help applying for Medicaid. Services are available in Spanish, with translation services offered for other languages.

Langley Health Services is a non-profit, Federally Qualified Health Center (FQHC). It provides comprehensive, affordable medical, dental, and behavioral health care to everyone in the community, regardless of income, insurance status, or ability to pay. They provide the following services: primary and preventative care, behavioral health, dental care, supportive services, and specialized programs.

During the 2024-2025 contract year, Sumter County Healthy Start (Langley Health Services) provided 2,675 prenatal services to 118 participants. A total of 12,475 services were provided to 231 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, our Connect program provided 20,671 prenatal services to 6,227 participants. A total of 16,482 services were provided to 5,289 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 four counties (Citrus, Hernando, Lake and Sumter counties).

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

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

Phase 4 (Identify and Prioritize): The following critical issues for moms and babies in our four 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
- Bump2Baby Expo 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 and babies in our Coalition area. A summary of the most important findings is given below.

The number of births in the four-county area has slightly decreased since 2019. In 2019, the birth rate was 7.9 per 1,000 population. In 2023, the birth rate decreased to 7.8 per 1,000 population. Lake County experienced the highest number of total live births in 2023 with 2,969. Sumter County had the lowest number of total live births with 446 in 2023.

The Coalition has seen a decrease in the prenatal and infant screening rates within our service area. In 2019-2020, the Coalition went from 77.3 percent of pregnant women screened to 57.7 percent of pregnant women screened in 2024-2025; and from 96.2 percent of infants screened in 2019-2020 to 85.0 percent of infants screened in 2024-2025. The percentage of women consenting to the prenatal screen went from 90.7 percent in 2019-2020 to 74.6 percent in 2024-2025.

Table 1.1. Central Healthy Start Prenatal Screening Rates, 2019-2020

Central Healthy Start 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	6,518	5,551	5,036	77.3%	90.7%
Florida	216,805	160,931	144,952	66.9%	90.1%

SOURCE: Florida Department of Health, Healthy Start Reports

Table 1.2. Central Healthy Start Prenatal Screening Rates, 2024-2025

Central Healthy Start 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	7,601	4,386	3,926	57.7%	74.6%
Florida	225,405	138,195	124,354	61.3%	82.0%

SOURCE: Florida Department of Health, Healthy Start Reports

Table 1.3. Central Healthy Start Infant Screening Rates, 2019-2020

Central Healthy Start Infant Screening Rates, 2019-2020			
Area	Total Infants	Total Screened	% of Infants Screened
Coalition	6,518	6,271	96.2%
Florida	216,805	208,016	95.9%

SOURCE: Florida Department of Health, Healthy Start Reports

Table 1.4. Central Healthy Start Infant Screening Rates, 2024-2025

Central Healthy Start Infant Screening Rates, 2024-2025			
Area	Total Infants	Total Screened	% of Infants Screened
Coalition	7,601	6,458	85.0%
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 an increase in the number served as well as the number of services provided to each pregnant woman and infant. Overall, we served 953 more participants (approximately a 48.0 percent increase) and provided an additional 10,110 services (approximately a 12.1 percent increase).

Table 1.5. Number of Participants Served and Services Provided, 2019-2020 and 2024-2025

Participant Type	2019-2020		2024-2025	
	# Served	# Services Provided	# Served	# Services Provided
Prenatal	**967**	**33,769**	**1,114**	**28,832**
Infant	**1,016**	**49,416**	**1,823**	**64,463**
Total	**1,983**	**83,185**	**2,937**	**93,295**

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, neonatal, and fetal mortality rates were also higher for our Hispanic population when compared to non-Hispanic rates.
- 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 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 and Other populations when compared to White. Conversely, mothers receiving late or no prenatal care was higher for the Black and Other populations when compared to White.
- Mothers with interpregnancy intervals less than 18 months was higher in the Other population when compared to Black and White.
- 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 3 of our 4 counties and lower than the White and Other population when compared.

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

Other critical issues for moms and babies in the 4-county area include:

- All 4 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 4 counties, and two of the four counties (Citrus and Sumter) are more than triple the state's percentage.
- Number of mothers who initiated breastfeeding has continued to remain slightly below the state's.
- The number of births to unwed mothers is slightly higher than the state's (with the exception of 2022).

Positive changes in the coalition 4-county service area:

- Infant mortality rates decreased from 8.5 per 1,000 births to 6.8 per 1,000 births, with a low of 5.1 per 1,000 births in 2021.
- Neonatal mortality rates decreased from 5.6 per 1,000 births to 4.5 per 1,000 births with a low of 3.0 per 1,000 births in 2020.
- Postneonatal mortality rates decreased from 2.9 per 1,000 live births to 2.4 per 1,000 live births with a low of 1.7 in 2021.
- Fetal mortality rates decreased from 8.9 per 1,000 deliveries in 2021 to 6.4 per 1,000 deliveries in 2023.
- Teen births to mothers 10-17 years of age decreased from 2.8 per 1,000 to 2.2 per 1,000
- Births to mother 18-19 years decreased from 41.3 per 1,000 female population in 2019 to 31.1 per 1,000 female population in 2023.
- Repeat births of mothers 15-19 years decreased from 18.2% in 2020 to 10.4% in 2023.
- Mothers who reported smoking during pregnancy significantly decreased from 8.8% in 2019 to 3.2% in 2023, meeting the healthy people 2030 goal.
- Mothers who initiate breastfeeding increased from 83.8% in 2019 to 85% in 2023.
- Births to unwed mothers decreased from 50.6% in 2019 to 46.5% in 2023.
- Births with the father not on the birth certificate decreased from 11.7% in 2019 to 8.5% in 2023.
- Alleged substance exposed newborns has decreased.
- Removal of infants due to verified drug abuse of the parent has decreased.

SUMMARY OF FINDINGS FROM THE NEEDS ASSESSMENT

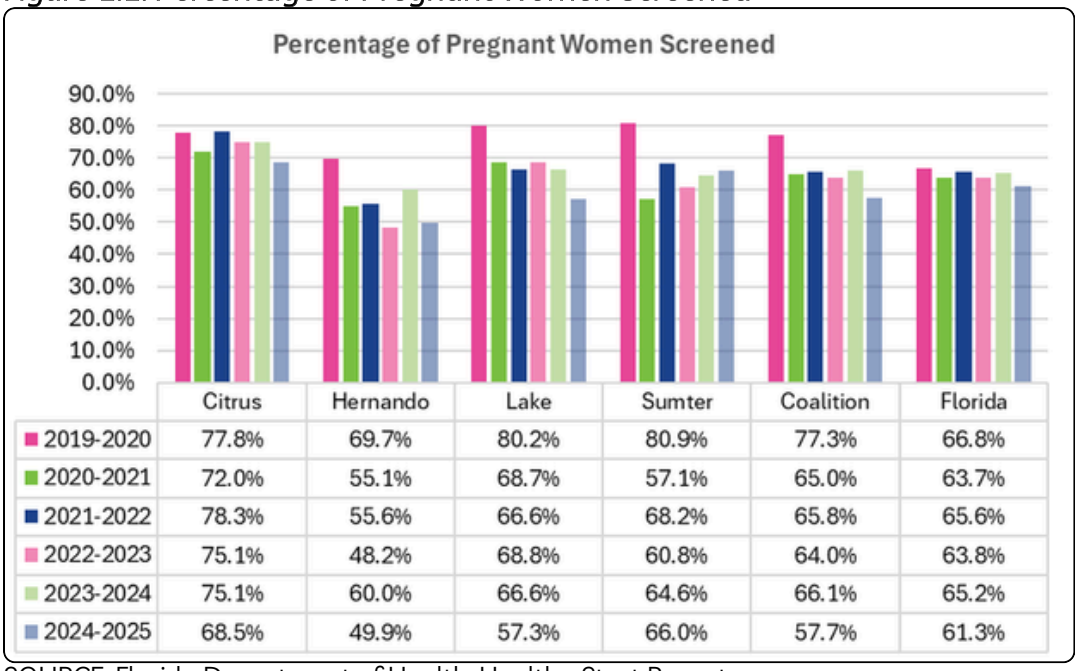
FLORIDA PRENATAL SCREEN

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
Citrus	945	77.8%	822	72.0%	773	78.3%	773	75.1%	771	75.1%	740	68.5%
Hernando	1,260	69.7%	960	55.1%	905	55.6%	833	48.2%	1,010	60.0%	958	49.9%
Lake	2,958	80.2%	2,505	68.7%	2,431	66.6%	2,603	68.8%	2,527	66.6%	2,296	57.3%
Sumter	388	80.9%	317	57.1%	351	68.2%	360	60.8%	352	64.6%	392	66.0%
Coalition	5,551	77.3%	4,604	65.0%	4,460	65.8%	4,569	64.0%	4,660	66.1%	4,386	57.7%
Florida	160,931	66.8%	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

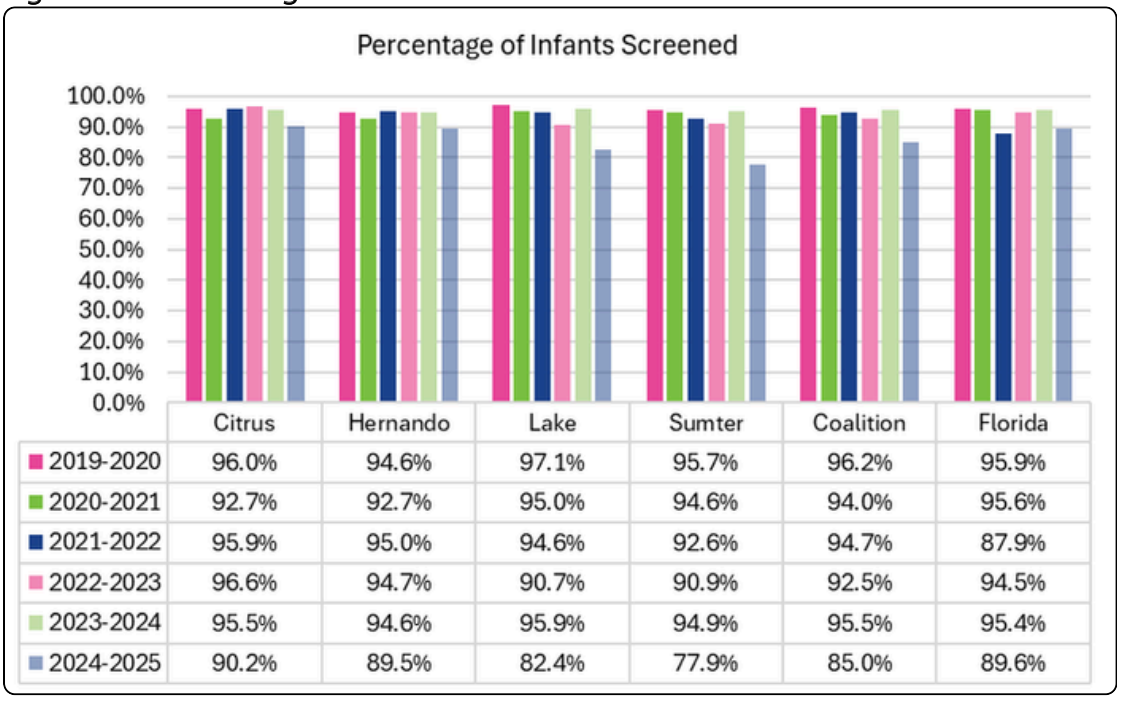
FLORIDA INFANT SCREEN

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

	2019-2020		2020-2021		2021-2022		2022-2023		2023-2024		2024-2025	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Citrus	1,033	96.0%	1,011	92.7%	947	95.9%	994	96.6%	981	95.5%	1,081	90.2%
Hernando	1,531	94.6%	1,562	92.7%	1,546	95.0%	1,639	94.7%	1,593	94.6%	1,918	89.5%
Lake	3,285	97.1%	3,346	95.0%	3,452	94.6%	3,432	90.7%	3,641	95.9%	3,304	82.4%
Sumter	422	95.7%	485	94.6%	477	92.6%	538	90.9%	517	94.9%	463	77.9%
Coalition	6,271	96.2%	6,404	94.0%	6,422	94.7%	6,603	92.5%	6,732	95.5%	6,458	85.0%
Florida	208,016	95.9%	207,741	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, 2019-2020 and 2024-2025

Area	2019-2020		2024-2025	
	# of Women Served	# of Services Provided	# of Woman Served	# of Services Provided
Citrus	197	11,225	188	8,269
Hernando	210	6,147	253	7,806
Lake	437	10,112	533	9,063
Sumter	95	5,436	115	2,671
Coalition	967	33,769	1,114	28,832

SOURCE: Healthy Start MomCare Network, Well Family Data System

HEALTHY START INFANT SERVICES

Table 1.9. Number of Infants Served and Services Provided, 2019-2020 and 2024-2025

Area	2019-2020		2024-2025	
	# of Infants Served	# of Services Provided	# of Infants Served	# of Services Provided
Citrus	205	15,624	304	17,150
Hernando	218	9,050	459	17,794
Lake	425	12,205	788	15,363
Sumter	135	10,705	229	12,392
Coalition	983	47,584	1,780	64,463

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. Number of Prenatal Clients Served and Services Provided, 2019-2020 and 2024-2025

Area	2019-2020		2024-2025	
	# of Clients Served	# of Services Provided	# of Clients Served	# of Services Provided
Citrus	870	2,739	1,083	3,523
Hernando	1,284	4,054	1,470	4,871
Lake	2,606	8,313	3,083	10,399
Sumter	434	1,445	514	1,716
Coalition	5,194	16,551	6,150	20,509

SOURCE: Healthy Start MomCare Network Well Family Data System

Table 1.11. Number of Infants and Children Served and Services Provided, 2019-2020 and 2024-2025

Area	2019-2020		2024-2025	
	# of Clients Served	# of Services Provided	# of Clients Served	# of Services Provided
Citrus	615	1,956	930	2,842
Hernando	547	1,715	1,539	4,945
Lake	1,658	5,179	2,411	7,508
Sumter	226	664	369	1,121
Coalition	3,046	9,514	5,249	16,416

SOURCE: Healthy Start MomCare Network, Well Family Data System

Table 1.12. Number of Prenatal, Infants, Children, & ICC clients Served and Services Provided, 2019-2020 and 2024-2025

Area	2019-2020		2024-2025	
	# of Clients Served	# of Services Provided	# of Clients Served	# of Services Provided
Citrus	1,488	4,702	2,024	6,396
Hernando	1,838	5,787	3,013	9,825
Lake	4,269	13,509	5,502	17,935
Sumter	662	2,112	884	2,840
Coalition	8,257	26,110	11,423	36,996

SOURCE: Healthy Start MomCare Network, Well Family Data System



MAJOR HEALTH INDICATORS

MAJOR HEALTH INDICATORS

The major health indicators include:

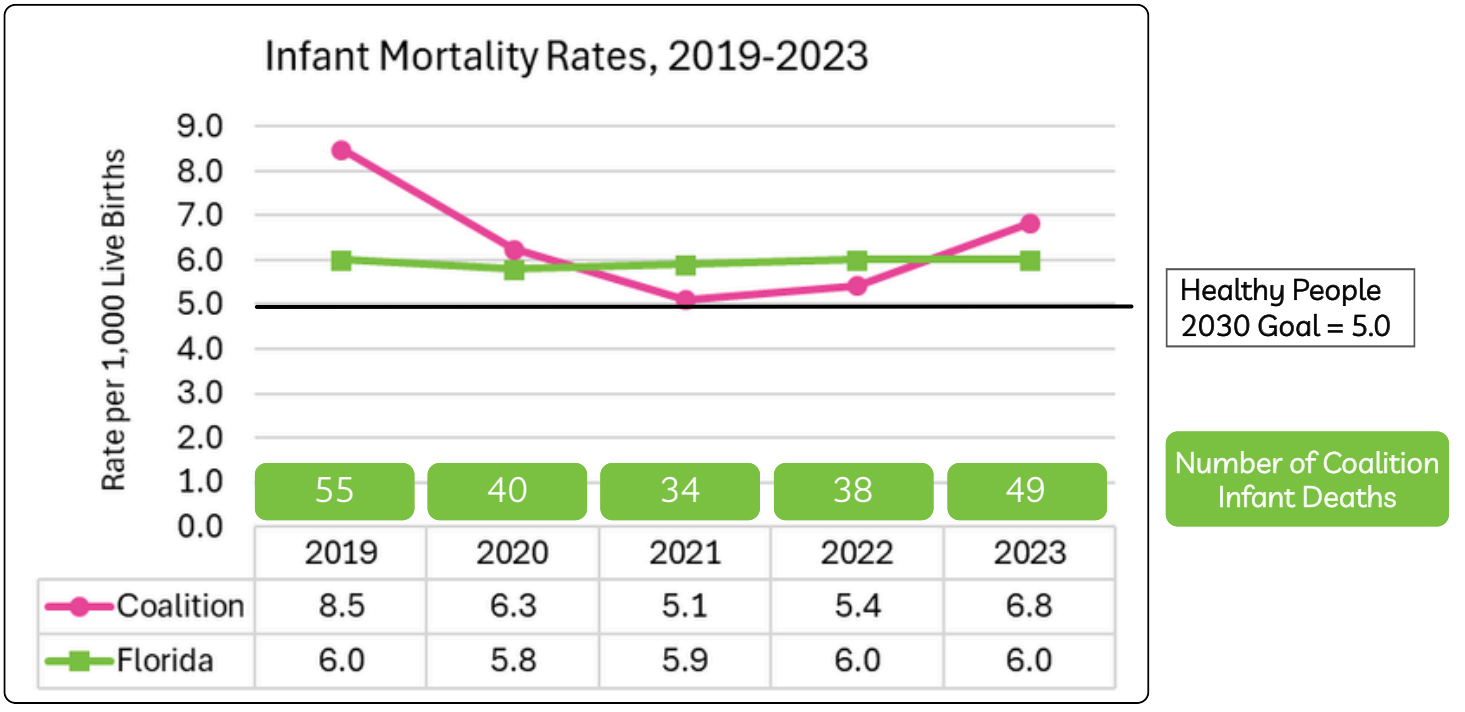
1. Infant Mortality
2. Fetal Mortality
3. Preterm Births
4. Low Birth Weight
5. Very Low Birth Weight

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).

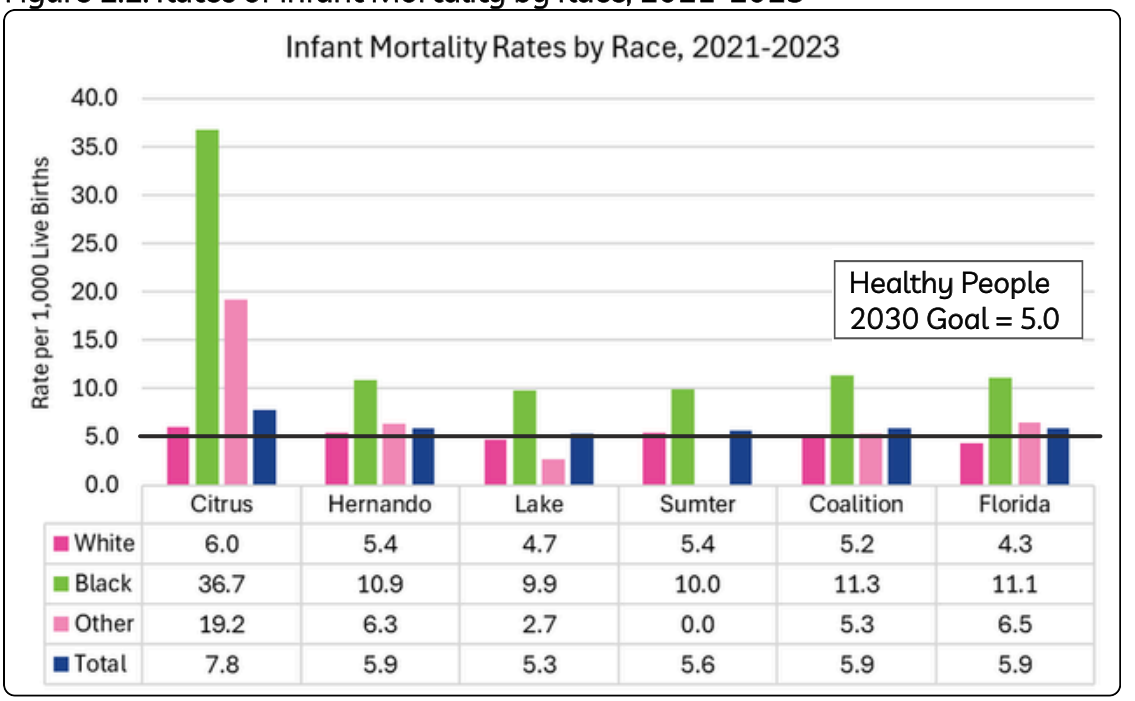
Figure 2.1. Rates of Infant Mortality, 2019-2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

From 2019 to 2023, the Coalition's infant mortality rate decreased from 8.5 per 1,000 births to 6.8 per 1,000 births. From 2021-2022, the Coalition's infant mortality rates were below the state's rates. Both the state and Coalition rates are above the Healthy People 2030 goal (Figure 2.1).

Figure 2.2. Rates of Infant Mortality by Race, 2021-2023

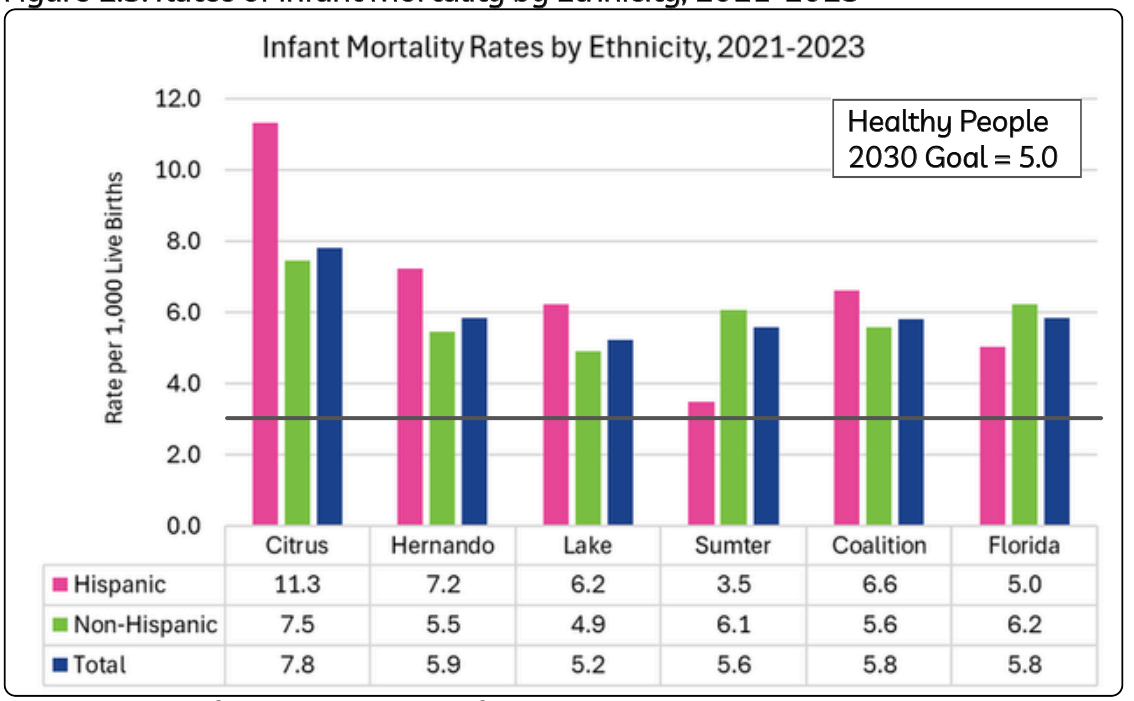


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	6.0	5.4	4.7	5.4	5.2	4.3
Black	36.7	10.9	9.9	10.0	11.3	11.1
Other	19.2	6.3	2.7	0.0	5.3	6.5
Total	7.8	5.9	5.3	5.6	5.9	5.9

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Between 2021-2023, the three-year average of infant mortality in the Coalition mirrored the state's rate at 5.9 per 1,000 births. When examined by race, the Coalition's infant mortality rates were higher than the state's rate in every population except Other. Black infant mortality rates were higher than any other race throughout the Coalition region, with the Coalition's overall Black infant mortality rate more than two-times the overall White and Other rates. There have been zero Other infant deaths in Sumter County since 2020 (Figure 2.2).

Figure 2.3. Rates of Infant Mortality by Ethnicity, 2021-2023

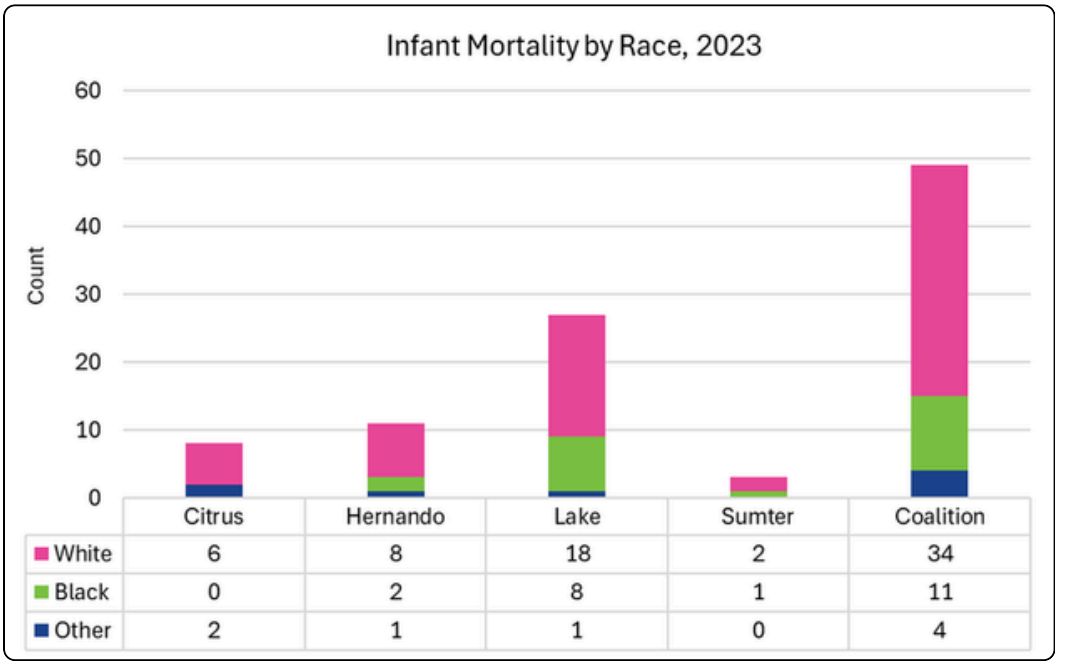


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
Hispanic	11.3	7.2	6.2	3.5	6.6	5.0
Non-Hispanic	7.5	5.5	4.9	6.1	5.6	6.2
Total	7.8	5.9	5.2	5.6	5.8	5.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Hispanic infant mortality rate for the Coalition (6.6 per 1,000 births) was higher than the state's rate (5.0 per 1,000 births). Across the Coalition, non-Hispanic infant mortality rates were lower than the state's rate in three of the four counties. Although the Coalition Hispanic infant mortality rate is still higher than the state rate, we have seen a significant decrease in our Coalition infant mortality rate since the last needs assessment was conducted, as well as in Citrus and Sumter counties specifically (Figure 2.3).

Figure 2.4. Counts of Infant Mortality by Race, 2023

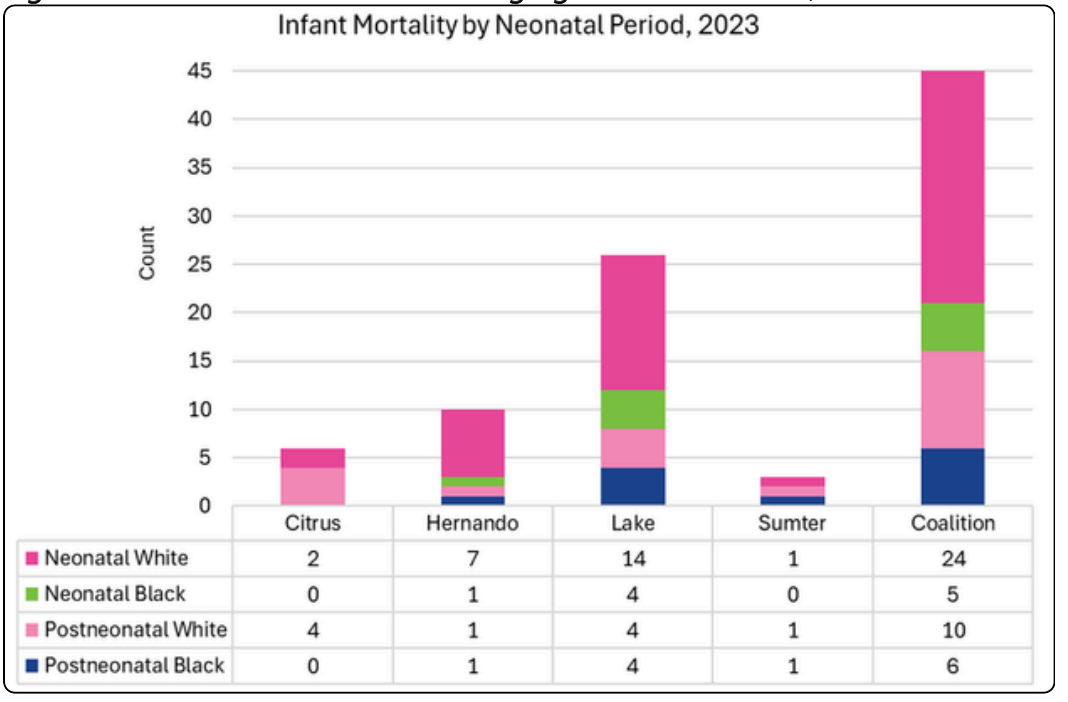


	Citrus	Hernando	Lake	Sumter	Coalition
White	6	8	18	2	34
Black	0	2	8	1	11
Other	2	1	1	0	4

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, the highest number of deaths occurred in the White population while the lowest number of infant deaths occurred in the Other population. Lake County had the highest number of infant deaths, 27, while Sumter County had the lowest total at 3 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



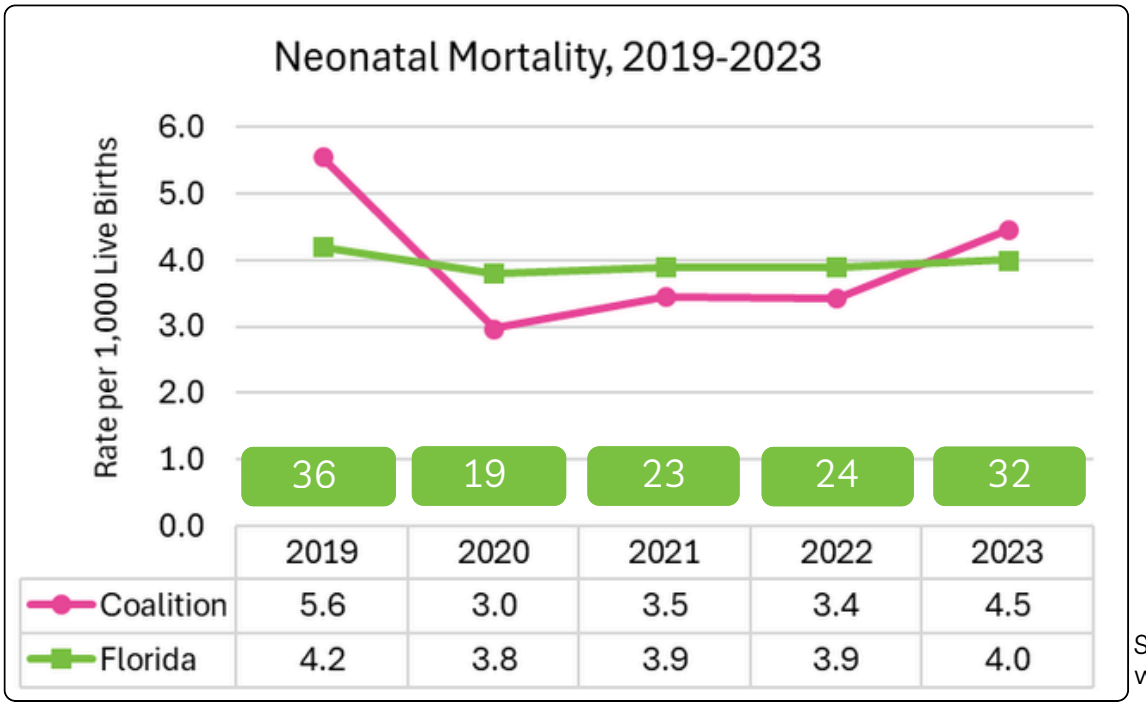
	Citrus	Hernando	Lake	Sumter	Coalition
Neonatal White	2	7	14	1	24
Neonatal Black	0	1	4	0	5
Postneonatal White	4	1	4	1	10
Postneonatal Black	0	1	4	1	6

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

MAJOR HEALTH INDICATORS

NEONATAL MORTALITY

Figure 2.6. Rates of Neonatal Mortality, 2019-2023

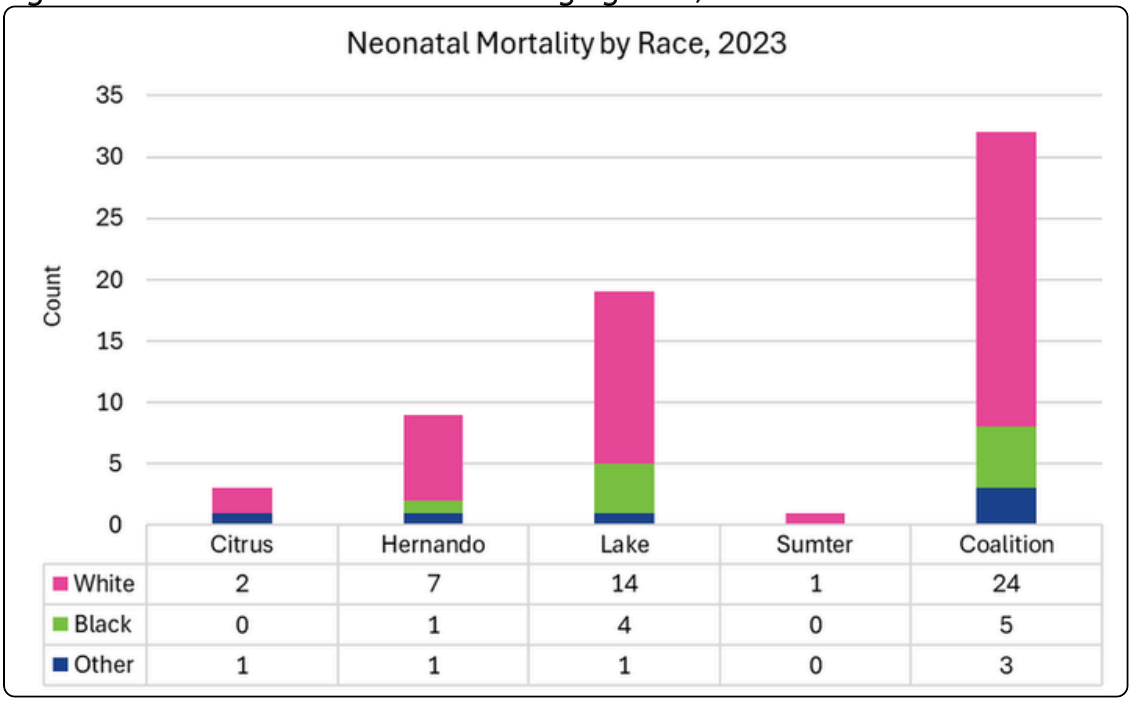


	2019	2020	2021	2022	2023
Coalition	5.6	3.0	3.5	3.4	4.5
Florida	4.2	3.8	3.9	3.9	4.0

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

From 2020 to 2022, the Coalition's neonatal mortality rates were lower than the state. However, while the overall neonatal mortality rate for the Coalition service area has decreased since 2019, the rates show a recent increase. In 2023, the Coalition's rate increased above the state's rate at 4.5 per 1,000 births (Figure 2.6).

Figure 2.7. Counts of Neonatal Mortality by Race, 2023

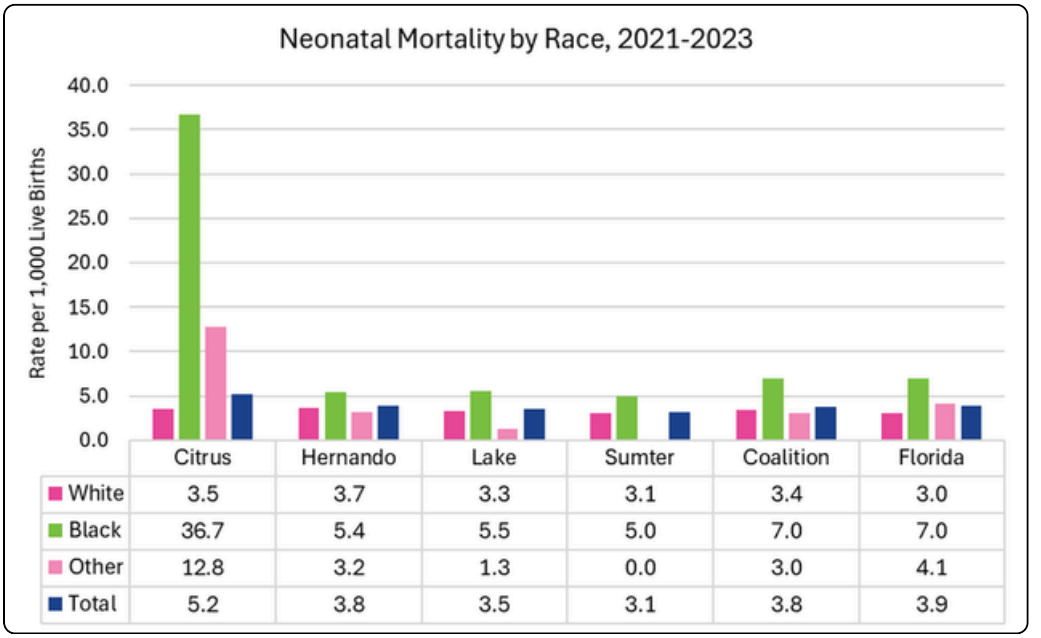


	Citrus	Hernando	Lake	Sumter	Coalition
White	2	7	14	1	24
Black	0	1	4	0	5
Other	1	1	1	0	3

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. Lake County had the most neonatal deaths, while Sumter County had the least neonatal deaths (Figure 2.7).

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

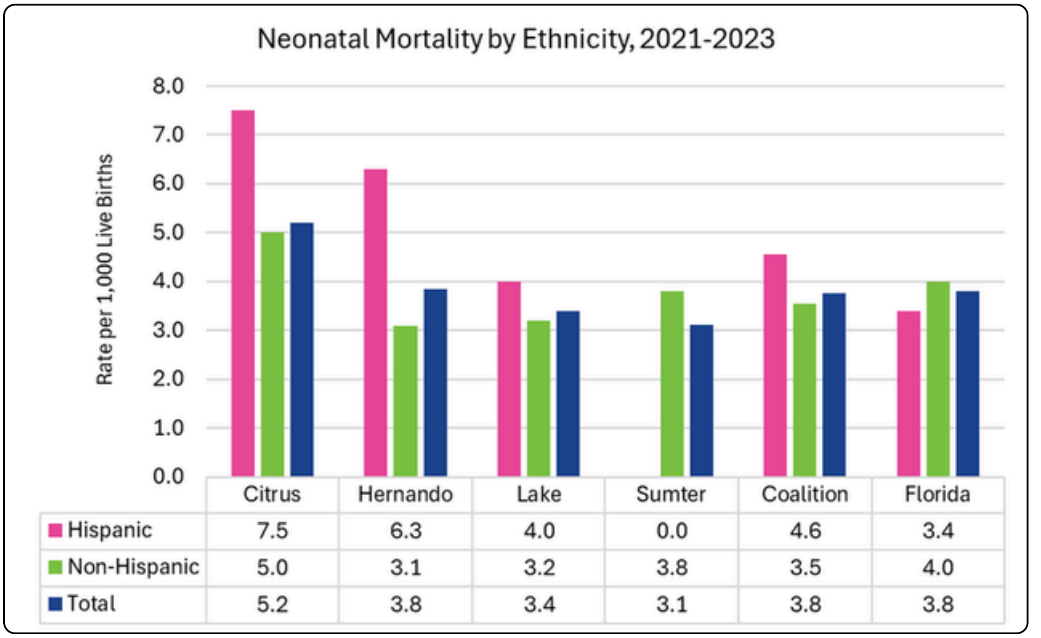


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	3.5	3.7	3.3	3.1	3.4	3.0
Black	36.7	5.4	5.5	5.0	7.0	7.0
Other	12.8	3.2	1.3	0.0	3.0	4.1
Total	5.2	3.8	3.5	3.1	3.8	3.9

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

When examined by race, the Black neonatal mortality rate was consistently higher than the White and Other neonatal mortality rates throughout the Coalition from 2021-2023. Citrus County had the highest neonatal mortality rate within the Coalition for both Black (36.7 per 1,000 births) and Other (12.8 per 1,000 births) races. The Black neonatal mortality rate in Citrus County was more than five-times that of the state's rate; the Other neonatal mortality rate in Citrus County was more than three-times that of the state's rate. The Coalition's overall White neonatal mortality rate (3.4 per 1,000 births) exceeded the state's rate of 3.0 per 1,000 births (Figure 2.8).

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



	Citrus	Hernando	Lake	Sumter	Coalition	Florida
Hispanic	7.5	6.3	4.0	0.0	4.6	3.4
Non-Hispanic	5.0	3.1	3.2	3.8	3.5	4.0
Total	5.2	3.8	3.4	3.1	3.8	3.8

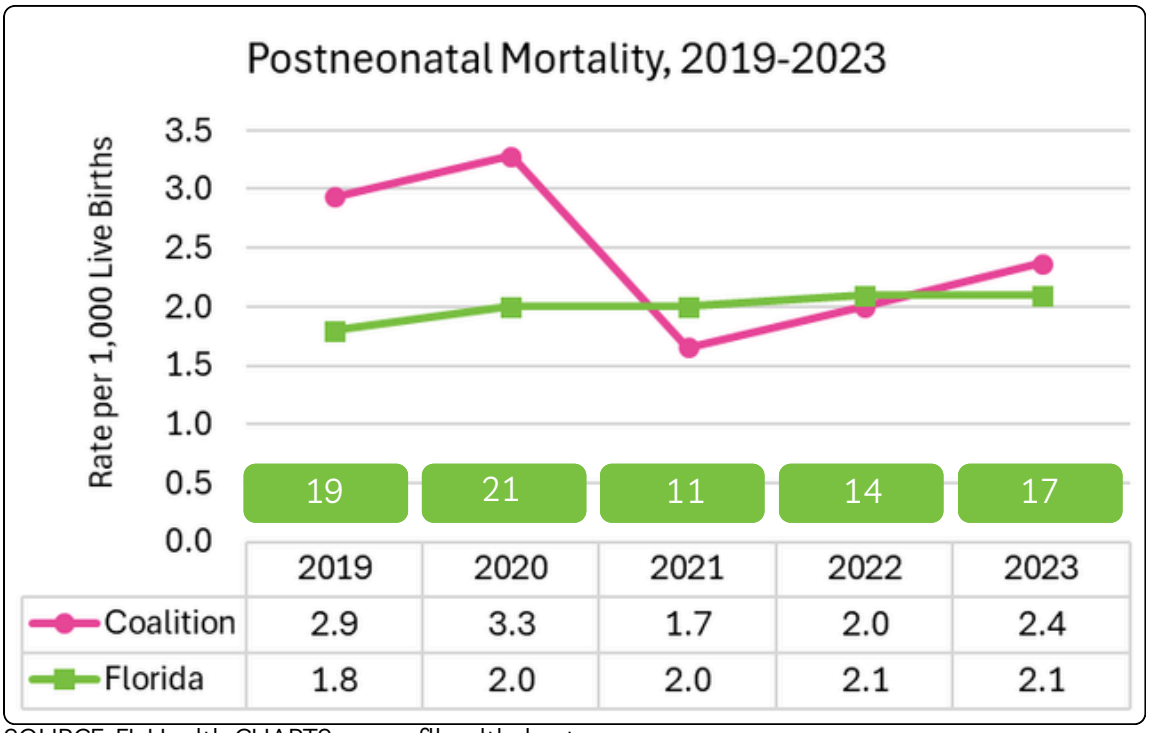
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The three-year Hispanic neonatal mortality average for the Coalition was higher than the state (4.6 and 3.4 per 1,000 births, respectively). Citrus (7.5 per 1,000 births) and Hernando (6.3 per 1,000 births) counties both had significantly higher Hispanic neonatal mortality averages compared to the remaining service area and to the state. The Coalition's overall non-Hispanic neonatal mortality rate was lower than the state (3.5 and 4.0 per 1,000 births, respectively) (Figure 2.9).

MAJOR HEALTH INDICATORS

POSTNEONATAL MORTALITY

Figure 2.10. Rates of Postneonatal Mortality, 2019-2023

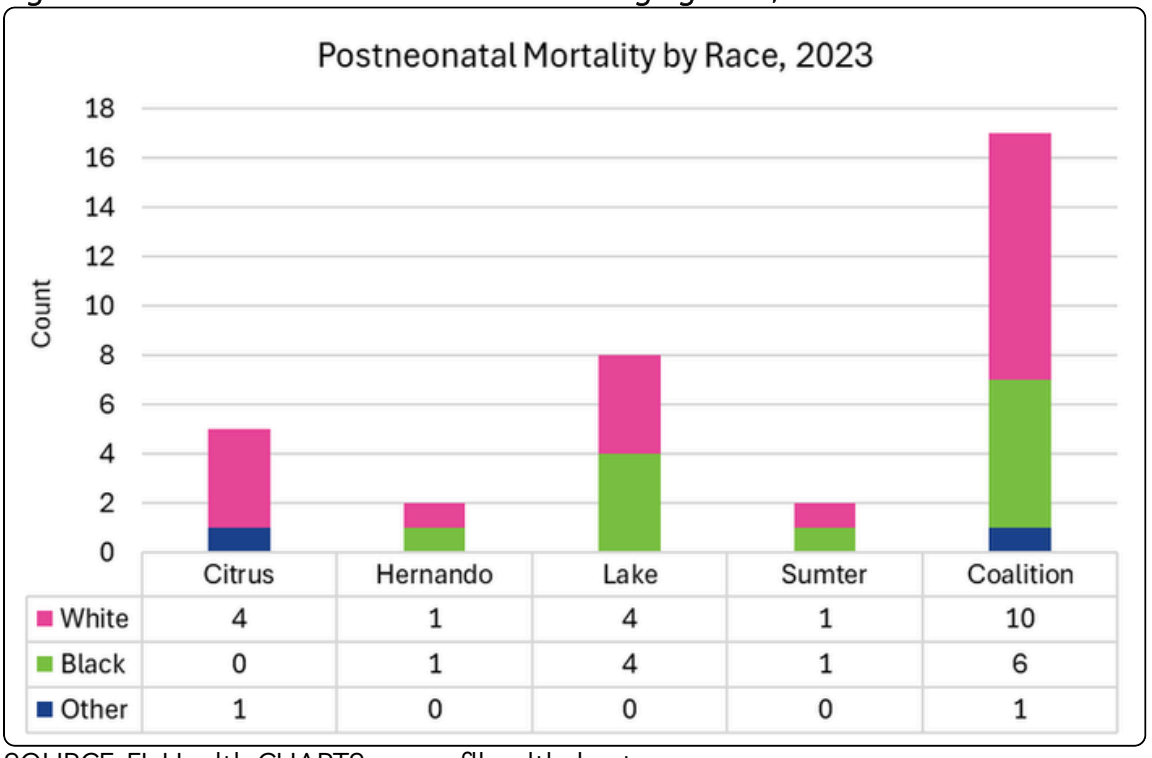


	2019	2020	2021	2022	2023
Coalition	2.9	3.3	1.7	2.0	2.4
Florida	1.8	2.0	2.0	2.1	2.1

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2021, the Coalition's postneonatal mortality rate sharply dropped to 1.7 per 1,000 births, halving the rate from the year before and landing below the state's rate. However, the postneonatal mortality rates in the Coalition service area have showed a steady increase since. In 2023, the Coalition's postneonatal mortality rate increased above the state's rate at 2.4 per 1,000 births (Figure 2.10).

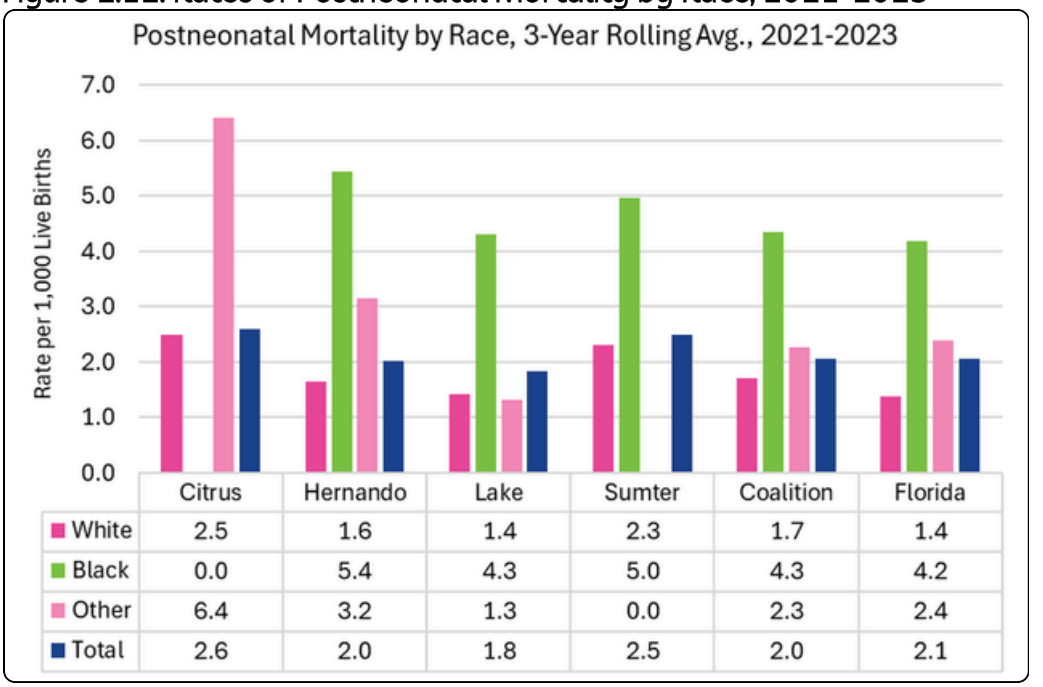
Figure 2.11. Counts of Postneonatal Mortality by Race, 2023



	Citrus	Hernando	Lake	Sumter	Coalition
White	4	1	4	1	10
Black	0	1	4	1	6
Other	1	0	0	0	1

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

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

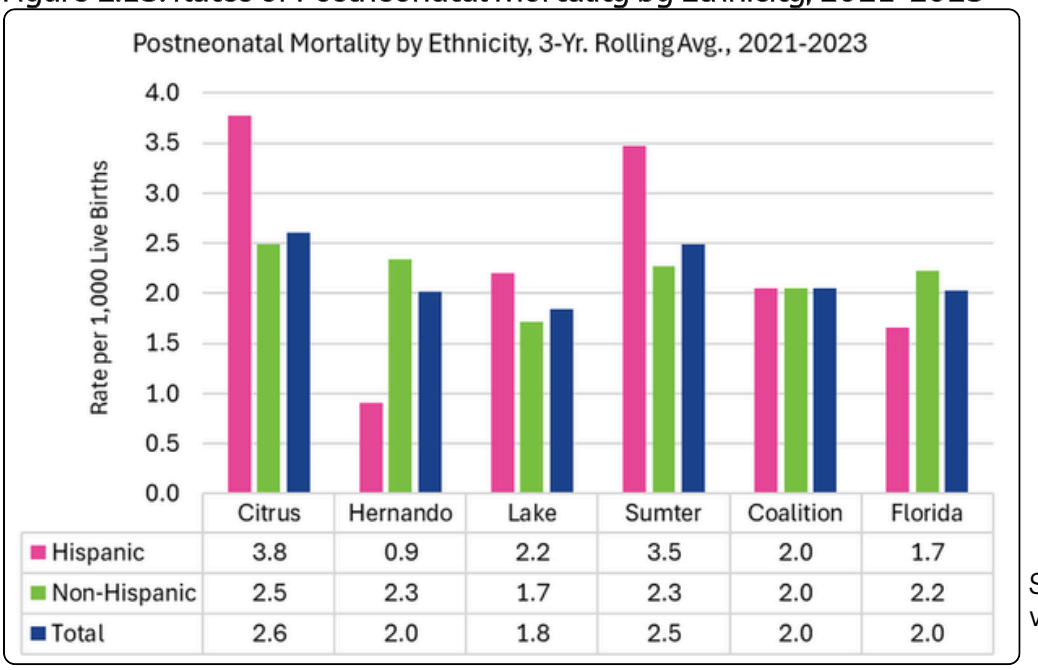


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	2.5	1.6	1.4	2.3	1.7	1.4
Black	0.0	5.4	4.3	5.0	4.3	4.2
Other	6.4	3.2	1.3	0.0	2.3	2.4
Total	2.6	2.0	1.8	2.5	2.0	2.1

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The rate of postneonatal mortality in the Coalition (2.0 per 1,000 births) was slightly lower than the state's rate (2.1 per 1,000 births) for the three-year rolling average for all races in 2021-2023. However, the Coalition exceeded the state's rates in all populations except Other. The rate of Black postneonatal mortality was greater than any other race in Hernando, Lake, and Sumter counties. The highest postneonatal mortality rate was in Citrus County; the rate for Other was 6.4 per 1,000 births, and this accounted for one death in 2023 (Figure 2.12).

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



	Citrus	Hernando	Lake	Sumter	Coalition	Florida
Hispanic	3.8	0.9	2.2	3.5	2.0	1.7
Non-Hispanic	2.5	2.3	1.7	2.3	2.0	2.2
Total	2.6	2.0	1.8	2.5	2.0	2.0

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

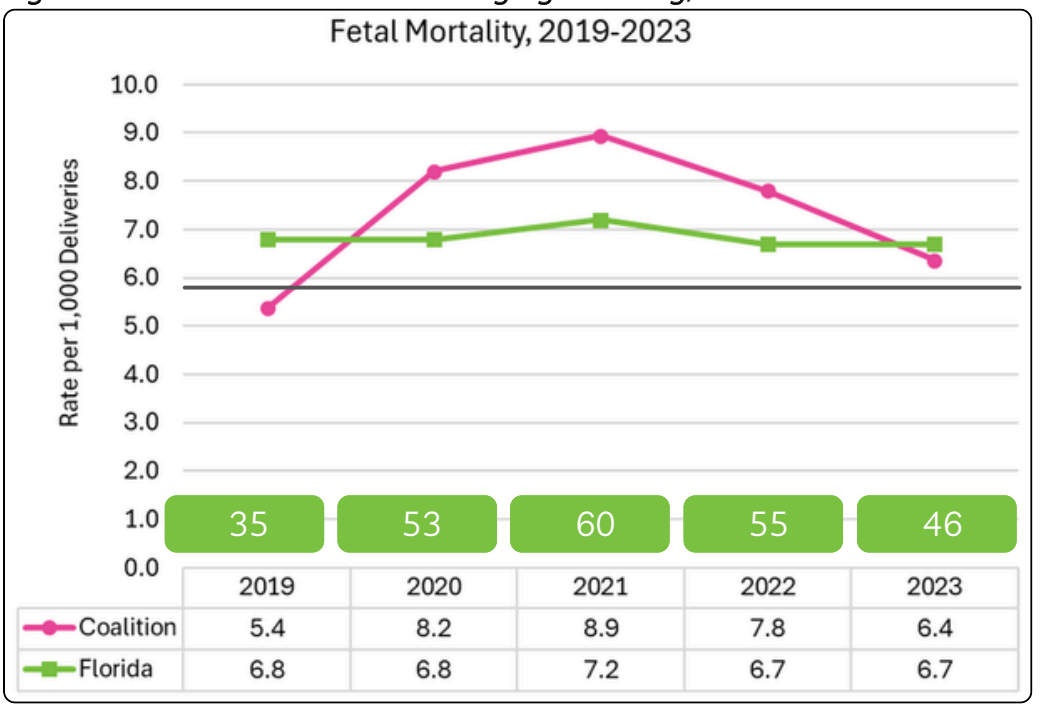
The three-year Hispanic postneonatal mortality average for the Coalition was higher than the state (2.0 per 1,000 births and 1.7 per 1,000 births, respectively). Notably, the Hispanic averages in Citrus and Sumter counties were two times the state's average. Hernando County had a significantly lower Hispanic postneonatal mortality average compared to the rest of the Coalition service area (0.9 per 1,000 births). The Coalition's non-Hispanic postneonatal mortality average (2.0 per 1,000 births) was lower than the state (2.2 per 1,000 births) (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 by Ethnicity, 2019-2023



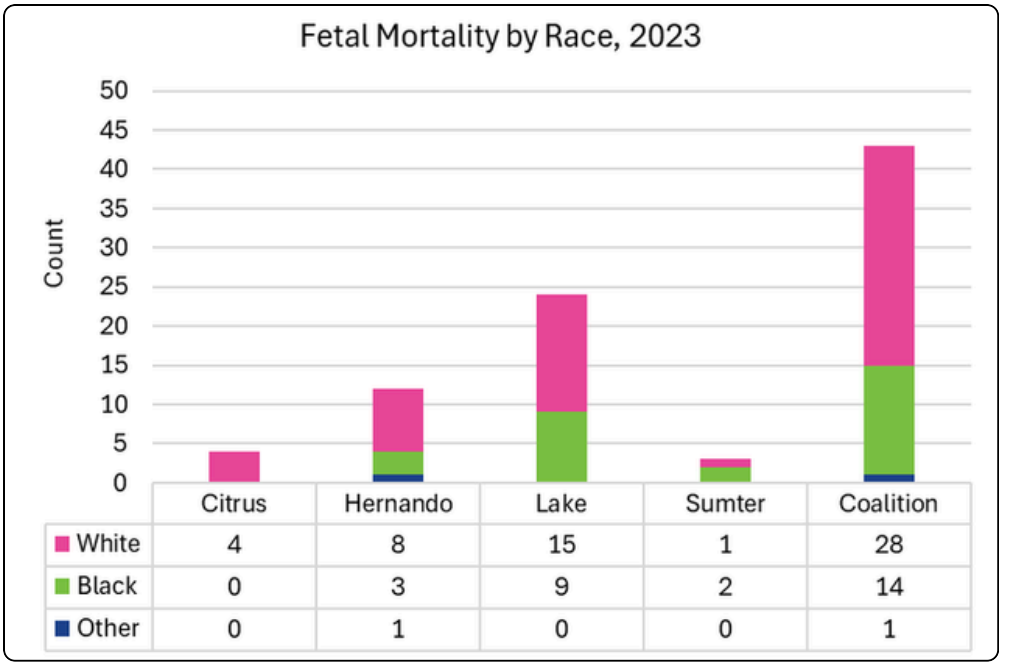
Healthy People 2030 Goal = 5.7

Number of Coalition Fetal Deaths

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's fetal mortality rate has increased overall since 2019, rising above the state's rate from 2020 to 2022. However, the Coalition's fetal mortality rate has showed a steady decrease since 2021. In 2023, the Coalition's fetal mortality rate returned to a lower rate than that of the state. Both the state and Coalition rates have remained above the Healthy People 2030 goal since 2020 (Figure 2.14).

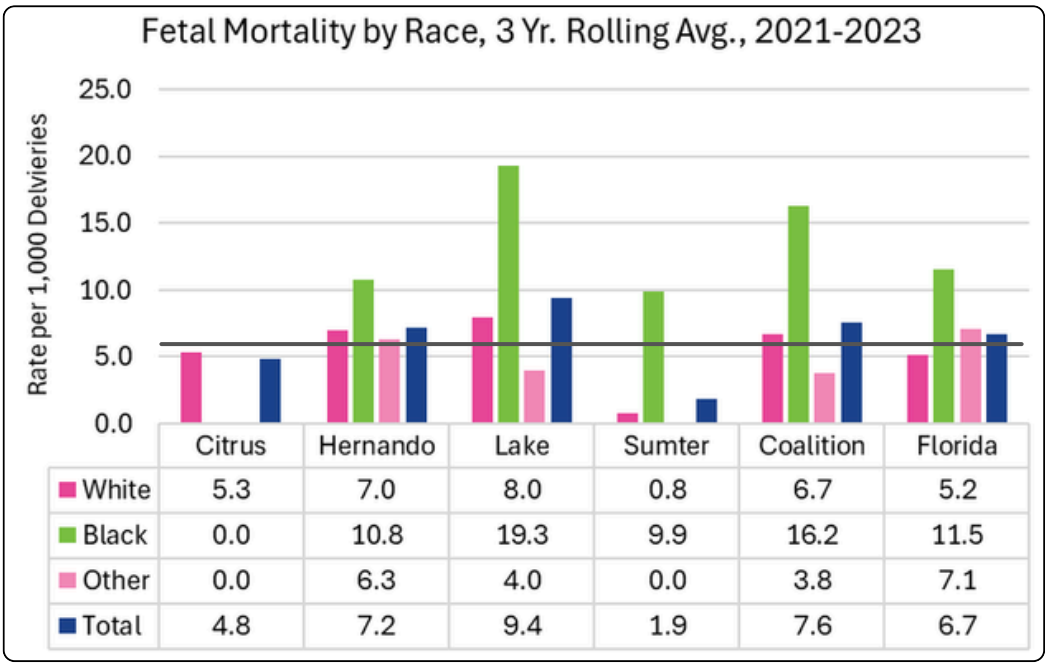
Figure 2.15. Counts of Fetal Mortality by Race, 2023



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. Lake County had the most fetal deaths, while Sumter County had the least fetal deaths (Figure 2.15).

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



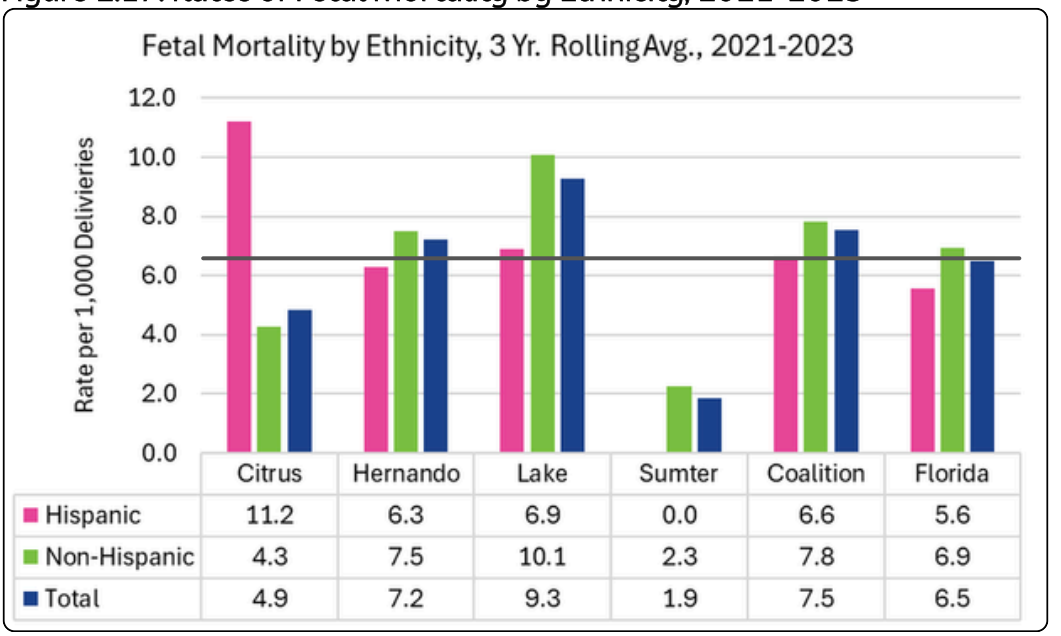
	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	5.3	7.0	8.0	0.8	6.7	5.2
Black	0.0	10.8	19.3	9.9	16.2	11.5
Other	0.0	6.3	4.0	0.0	3.8	7.1
Total	4.8	7.2	9.4	1.9	7.6	6.7

Healthy People 2030 Goal = 5.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The three-year average fetal mortality rates within the Coalition for 2021-2023 exceeded the state's rate in all populations except Other. The rate of White fetal deaths was highest in Lake County (8.0 per 1,000 births) and lowest in Sumter County (0.8 per 1,000 births). The Black fetal mortality rate was greater than the White and Other fetal mortality rates in Hernando, Lake, and Sumter counties. From 2021-2023, there were no Black or Other fetal deaths in Citrus County and no Other fetal deaths in Sumter County (Figure 2.16).

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



	Citrus	Hernando	Lake	Sumter	Coalition	Florida
Hispanic	11.2	6.3	6.9	0.0	6.6	5.6
Non-Hispanic	4.3	7.5	10.1	2.3	7.8	6.9
Total	4.9	7.2	9.3	1.9	7.5	6.5

Healthy People 2030 Goal = 5.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

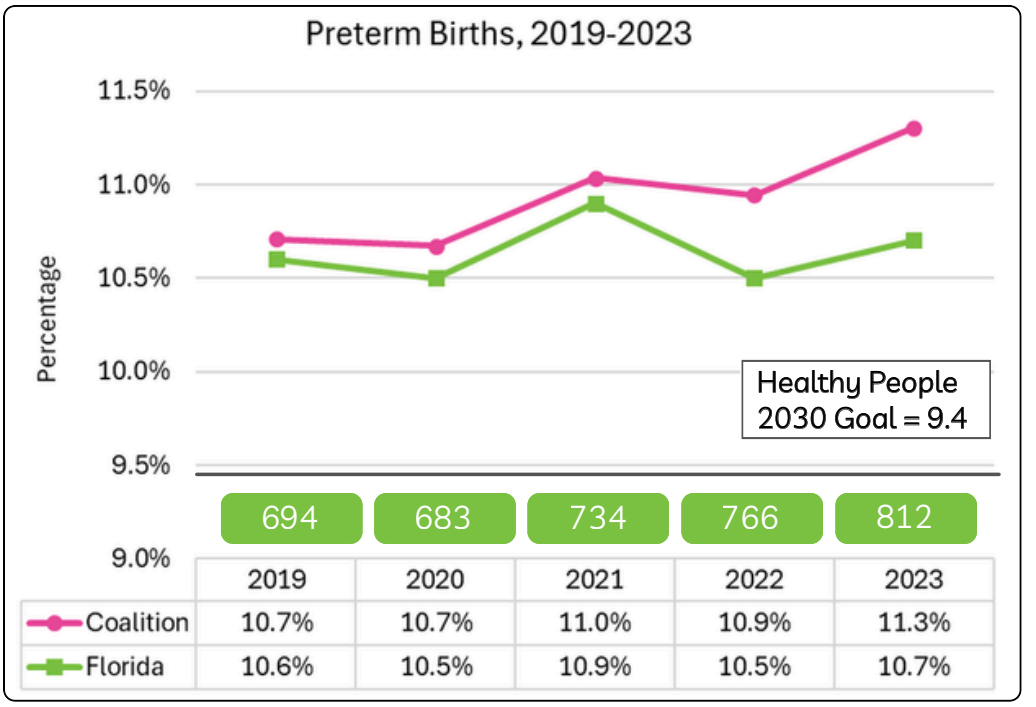
The three-year Hispanic fetal mortality average was higher than the state's average in three of the four counties within the Coalition. Notably, the Hispanic fetal mortality rate in Citrus County was two-times the state's average. There were zero Hispanic fetal deaths in Sumter County from 2021-2023. The non-Hispanic fetal mortality rate was higher than the Hispanic fetal mortality rate in Hernando, Lake, and Sumter counties (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

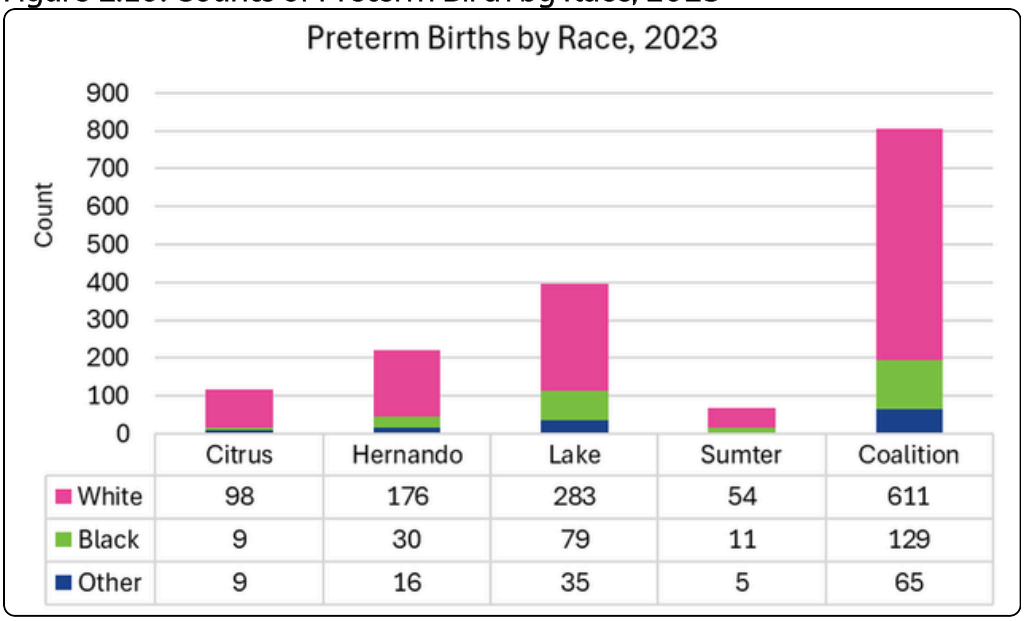


Number of Coalition Preterm Births

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Since 2019, the Coalition has shown an overall upward trend for preterm births. Both the state and Coalition rates are above the Healthy People 2030 goal (Figure 2.18).

Figure 2.19. Counts of Preterm Birth by Race, 2023

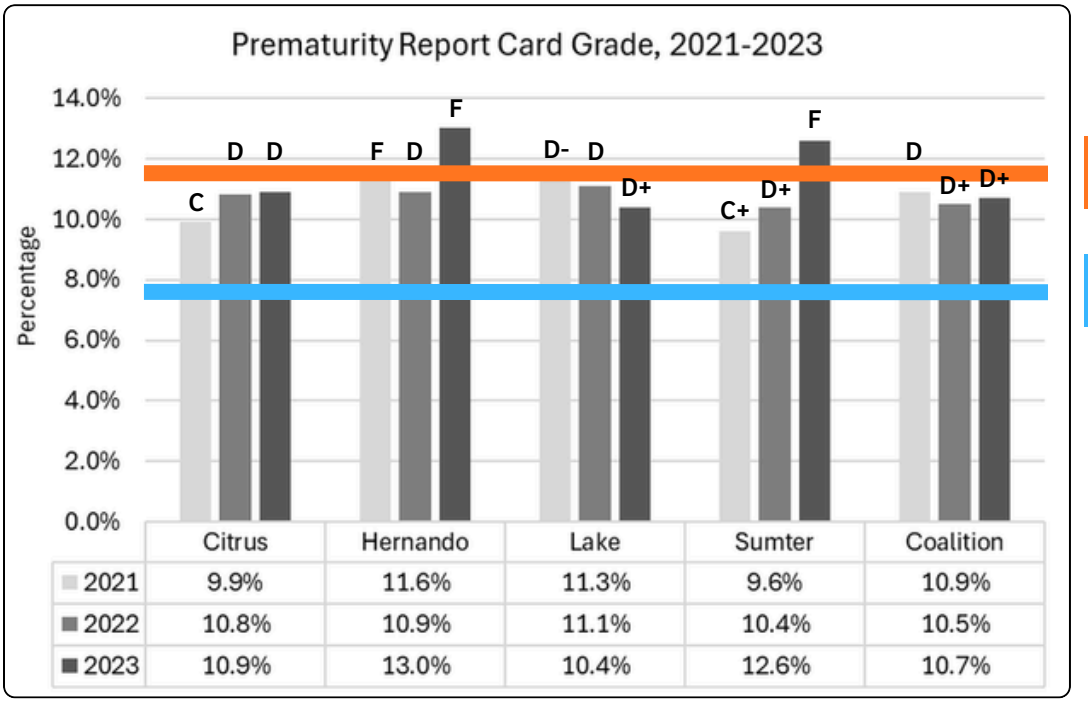


SOURCE: FL Health CHARTS, www.flhealthcharts.gov

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. Lake County had the most preterm births while Sumter County had the least preterm births (Figure 2.19).

MAJOR HEALTH INDICATORS

Figure 2.20. Prematurity Report Card Grade, 2021-2023



	Citrus	Hernando	Lake	Sumter	Coalition
2021	9.9%	11.6%	11.3%	9.6%	10.9%
2022	10.8%	10.9%	11.1%	10.4%	10.5%
2023	10.9%	13.0%	10.4%	12.6%	10.7%

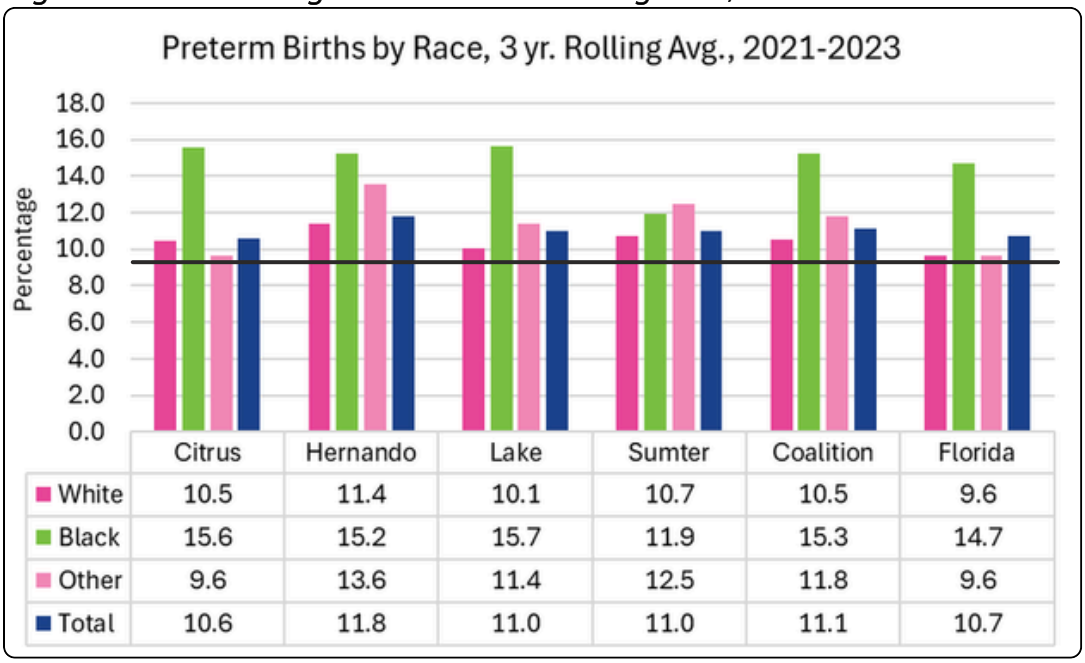
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Table 2.1. March of Dimes Grading Scale for Preterm Birth Rates

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. Percentages of Preterm Births by Race, 2021-2023

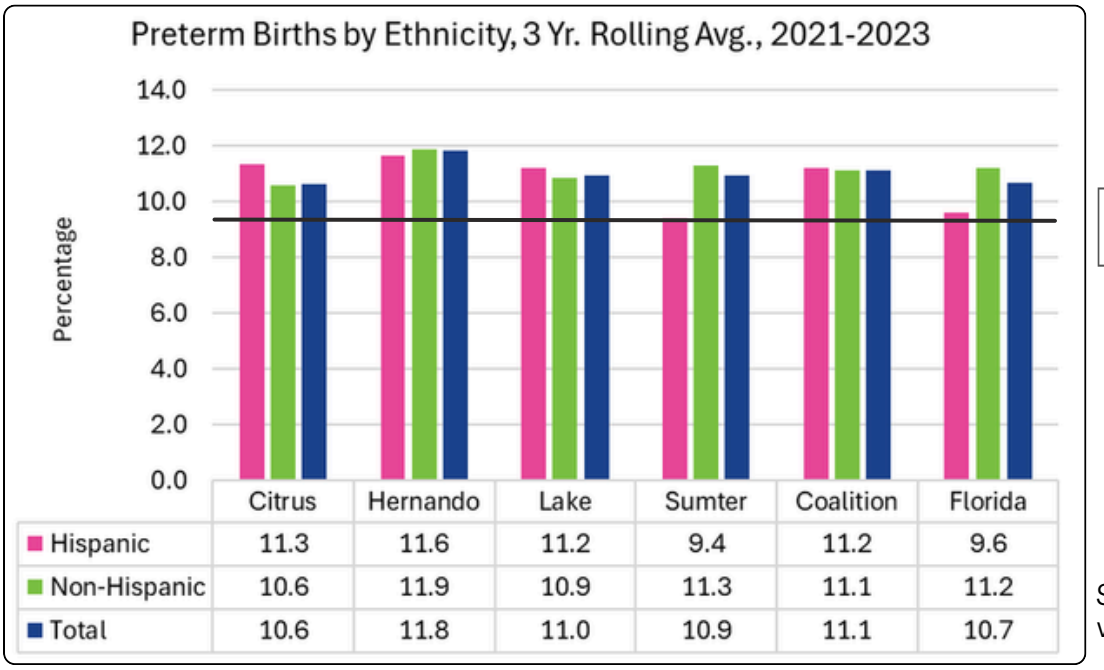


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	10.5	11.4	10.1	10.7	10.5	9.6
Black	15.6	15.2	15.7	11.9	15.3	14.7
Other	9.6	13.6	11.4	12.5	11.8	9.6
Total	10.6	11.8	11.0	11.0	11.1	10.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition did not collectively meet the Healthy People 2030 goal of 9.4 percent. Additionally, we still are 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 three of the four counties. The state is also above the Healthy People 2030 goal of 9.4 percent (Figure 2.21).

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



	Citrus	Hernando	Lake	Sumter	Coalition	Florida
Hispanic	11.3	11.6	11.2	9.4	11.2	9.6
Non-Hispanic	10.6	11.9	10.9	11.3	11.1	11.2
Total	10.6	11.8	11.0	10.9	11.1	10.7

Healthy People 2030 Goal = 9.4

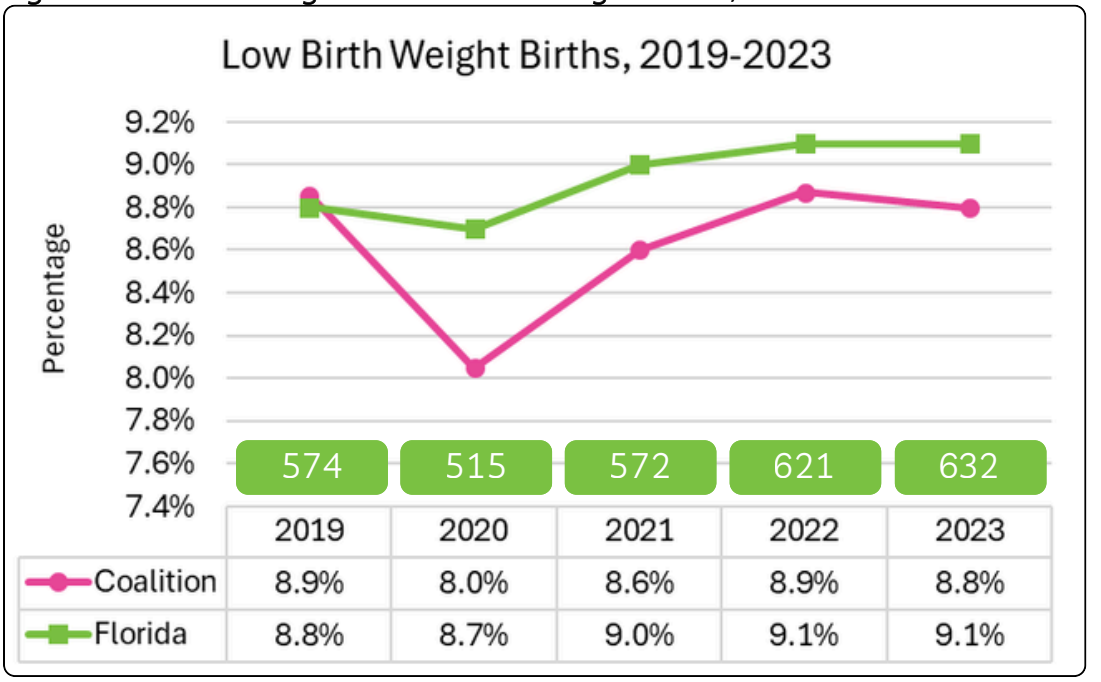
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's Hispanic preterm birth rate (11.2 percent) was higher than the state (9.6 percent). Notably, the 3-year rolling average of Hispanic preterm births in Sumter County met the Healthy People 2030 Goal of 9.4 percent. The non-Hispanic preterm birth rate was lower for the Coalition (11.1 percent) 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.

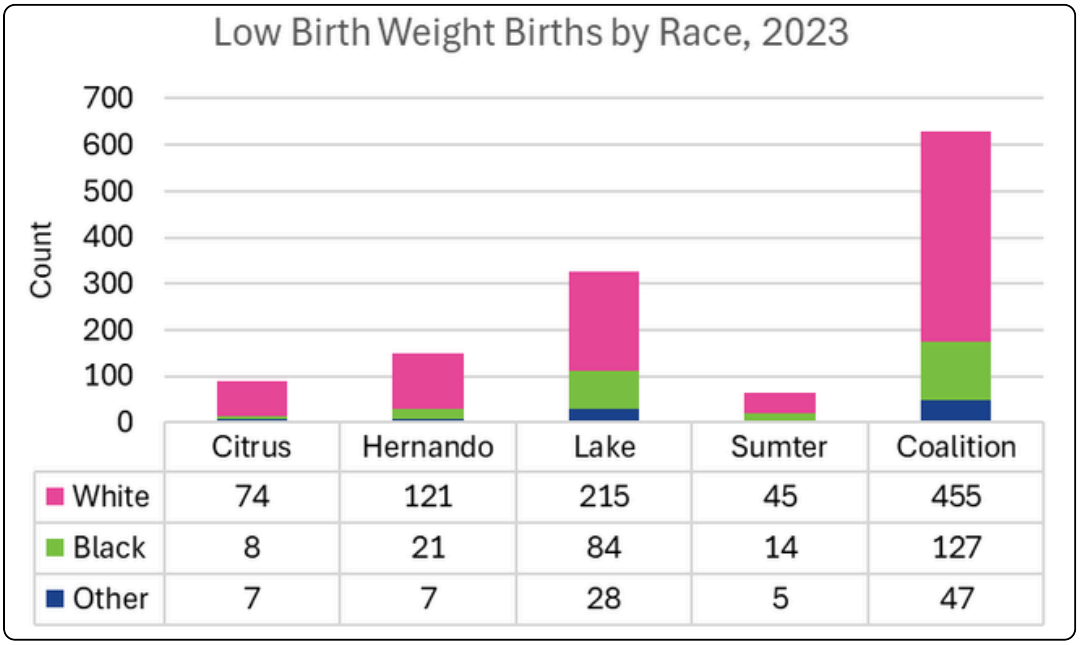
Figure 2.23. Percentages of Low Birth Weight Births, 2019-2023



	2019	2020	2021	2022	2023
Number of Coalition Low Birth Weight Births	574	515	572	621	632
Coalition	8.9%	8.0%	8.6%	8.9%	8.8%
Florida	8.8%	8.7%	9.0%	9.1%	9.1%

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

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

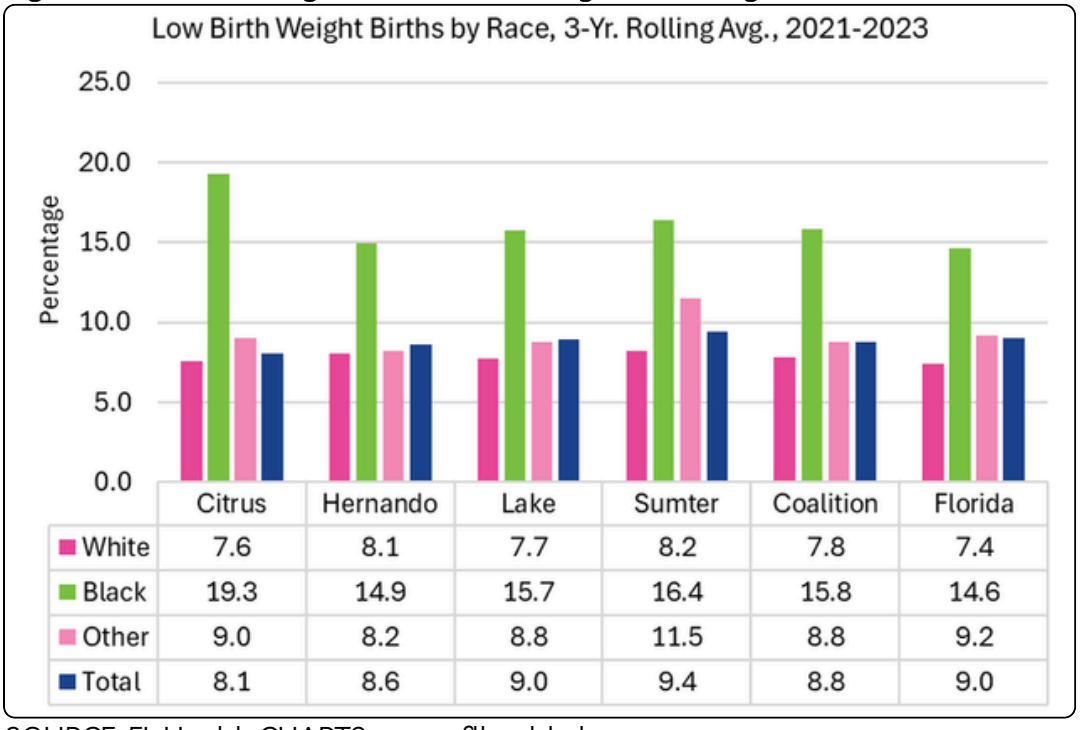


	Citrus	Hernando	Lake	Sumter	Coalition
White	74	121	215	45	455
Black	8	21	84	14	127
Other	7	7	28	5	47

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 preterm births occurred in the Other population. Lake County had the most low birth weight births while Sumter County had the least low birth weight births (Figure 2.24).

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

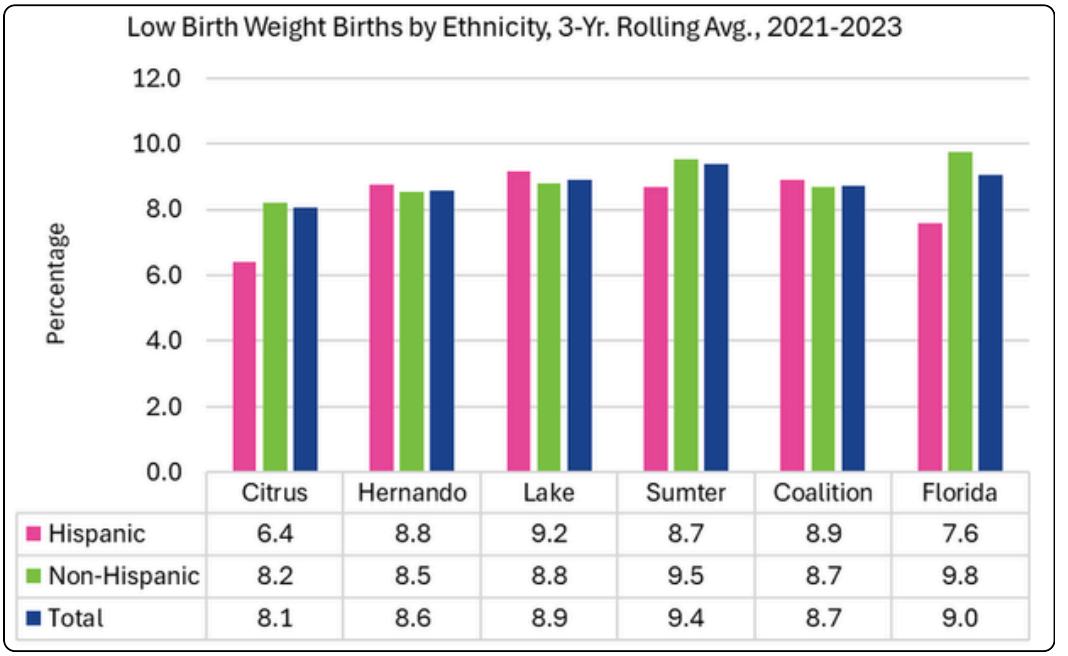


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	7.6	8.1	7.7	8.2	7.8	7.4
Black	19.3	14.9	15.7	16.4	15.8	14.6
Other	9.0	8.2	8.8	11.5	8.8	9.2
Total	8.1	8.6	9.0	9.4	8.8	9.0

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Similar to the infant mortality rates, the three-year rolling average of low birth weight births was highest in the Black population. The percentage of Black low birth weight births (15.8 percent) was greater than any other race throughout the Coalition area, and was higher than the state average (14.6 percent) (Figure 2.25).

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



	Citrus	Hernando	Lake	Sumter	Coalition	Florida
Hispanic	6.4	8.8	9.2	8.7	8.9	7.6
Non-Hispanic	8.2	8.5	8.8	9.5	8.7	9.8
Total	8.1	8.6	8.9	9.4	8.7	9.0

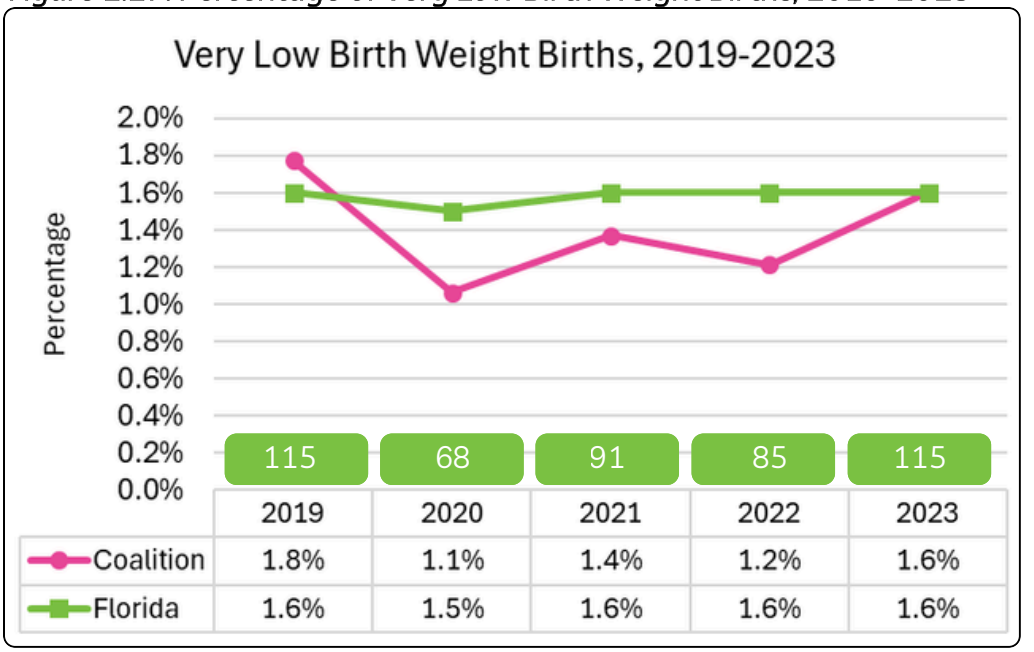
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's overall three-year average of Hispanic low birth weight births (8.9 percent) was higher than the state's (7.6 percent). Lake County had the highest percentage of Hispanic low birth weight births (9.2 percent). Citrus County had the lowest percentage of Hispanic low birth weight births (6.4 percent). The Coalition had a lower overall average of non-Hispanic low birth weight births (8.7 percent) than the state (9.8 percent) (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.

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

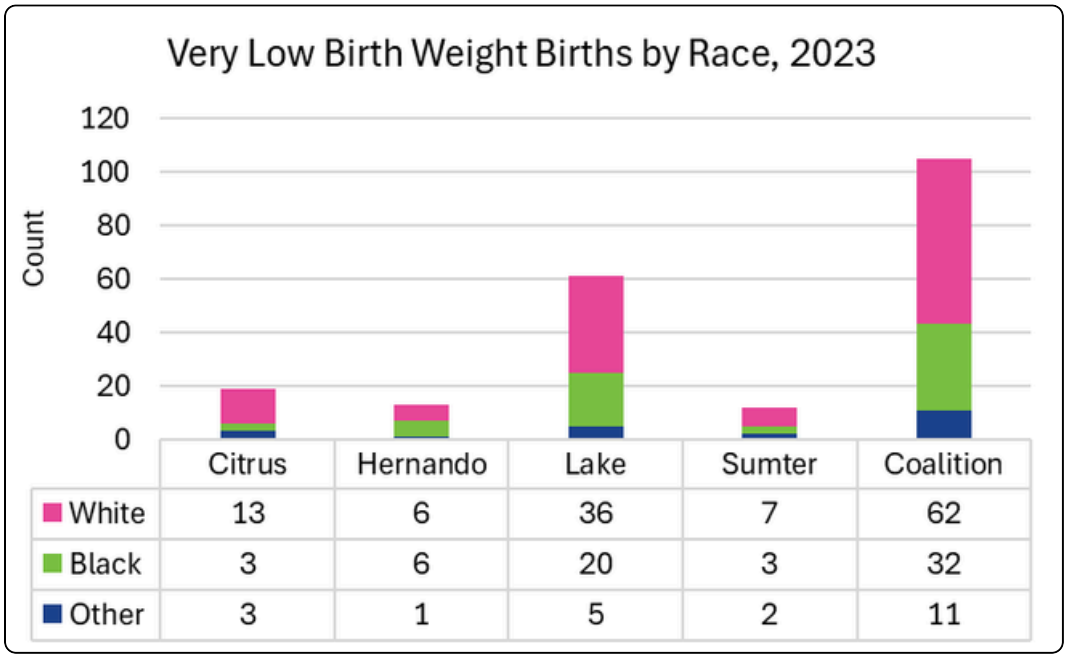


	2019	2020	2021	2022	2023
Number of Coalition Very Low Birth Weight Births	115	68	91	85	115
Coalition	1.8%	1.1%	1.4%	1.2%	1.6%
Florida	1.6%	1.5%	1.6%	1.6%	1.6%

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's very low birth weight birth rate trend has remained relatively steady over the past 10 years and closely mirrors the state's rates (Figure 2.27).

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

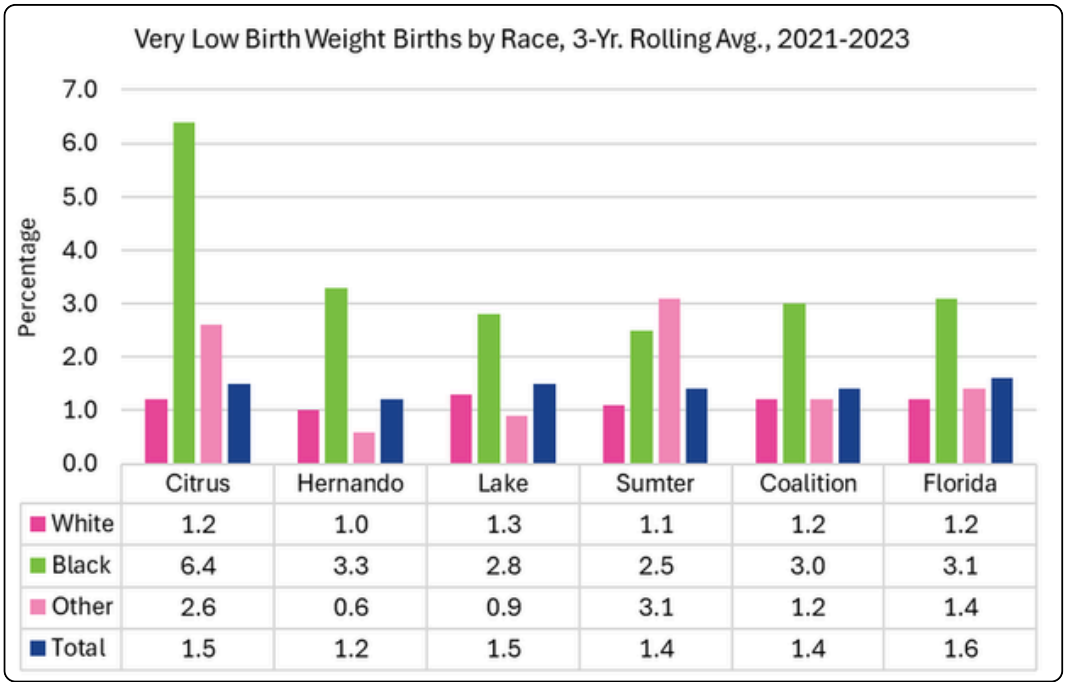


	Citrus	Hernando	Lake	Sumter	Coalition
White	13	6	36	7	62
Black	3	6	20	3	32
Other	3	1	5	2	11

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 preterm births occurred in the Other population. Lake County had the most very low birth weight births while Sumter County had the least very low birth weight births (Figure 2.28).

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

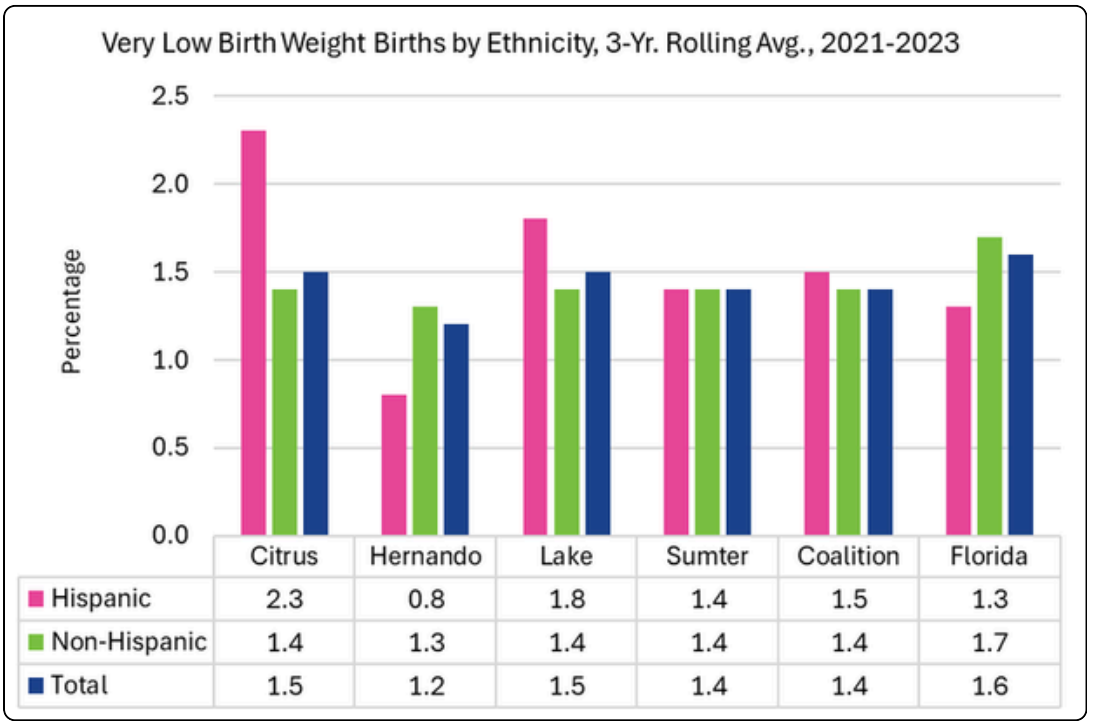


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	1.2	1.0	1.3	1.1	1.2	1.2
Black	6.4	3.3	2.8	2.5	3.0	3.1
Other	2.6	0.6	0.9	3.1	1.2	1.4
Total	1.5	1.2	1.5	1.4	1.4	1.6

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's total three-year very low birth weight average (1.4 percent) was slightly lower than the state's (1.6 percent). Within the Coalition's area, the Black very low birth weight average was highest in three of the four counties within the Coalition's area. Citrus County had the highest percentage of Black very low birth weight births (6.4 percent); Sumter County had the lowest percentage of Black very low birth weight births (2.5 percent) (Figure 2.29).

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



	Citrus	Hernando	Lake	Sumter	Coalition	Florida
Hispanic	2.3	0.8	1.8	1.4	1.5	1.3
Non-Hispanic	1.4	1.3	1.4	1.4	1.4	1.7
Total	1.5	1.2	1.5	1.4	1.4	1.6

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's three-year Hispanic very low birth weight average (1.5 percent) was slightly higher than the state's (1.3 percent). Citrus County had the highest percentage of Hispanic very low birth weight births (2.3 percent). Hernando County had the lowest percentage of Hispanic very low birth weight births (0.8 percent). The Coalition's non-Hispanic very low birth weight birth average (1.4 percent) was lower than the state's (1.7 percent) (Figure 2.30).



TARGET POPULATION

TARGET POPULATION

Geographic Description

The Central Healthy Start Coalition region is the geographic center of the state and consists of Citrus, Hernando, Lake and Sumter counties. The region covers 2,564 square miles and is bordered by the Gulf on the West and mostly rural counties on the other three sides. Orlando and Tampa are the closest metropolitan areas. Orlando is south of Lake County, and Tampa is south of Hernando County. Lake County is the largest county with 952 square miles. The other three counties are smaller, ranging from 473 to 582 square miles (Table 3.1).

Population Density

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
Citrus	158,693	0.7	17.7	582	1.1	272.7
Hernando	201,512	0.9	22.5	473	0.9	426.0
Lake	398,696	1.8	44.5	952	1.8	418.8
Sumter	137,536	0.6	15.3	557	1.0	246.9
Coalition	896,437	4.1	100.0	2,564	4.8	349.6
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.

The population density of the Coalition region (349.6 people per square mile) has a lower population density on average compared to the state of Florida (408.7 people per square mile). Within the Coalition region, Sumter County is the most rural (246.9 people per square mile), and Hernando County is the most densely populated (426.0 people per square mile) (Table 3.1).

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
Citrus	153,843	162,240	166,370	175,366	5.5	2.5	5.4	14.0
Hernando	194,515	204,265	210,306	222,985	5.0	3.0	6.0	14.6
Lake	383,956	414,749	434,881	478,499	8.0	4.9	10.0	24.6
Sumter	129,752	155,318	166,472	190,729	19.7	7.2	14.6	47.0
Coalition	862,066	936,572	978,029	1,067,579	8.6	4.4	9.2	23.8
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 is estimated to occur from 2025 to 2030 (9.2 percent), closely followed by the 2020 to 2023 period (8.6 percent). The overall 10-year growth from 2020 to 2030 is 23.8 percent, which is above the state average of 14.7 percent. This consistent growth suggests continued development, possibly driven by urban expansion, migration, and economic opportunities within the Coalition area. Sumter County is estimated to have the largest percentage increase in population by 2030, at 47.0 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	Central Healthy Start						Florida					
	Number			Percent			Number			Percent		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-14	61,459	58,486	119,945	51.2	48.8	13.4	1,813,022	1,730,694	3,543,716	51.2	48.8	16.2
15-44	129,970	124,883	254,853	51.0	49.0	28.4	4,071,929	3,980,946	8,052,875	50.6	49.4	36.7
45-64	107,587	117,248	224,835	47.9	52.1	25.1	2,785,467	2,916,090	5,701,557	48.9	51.1	26.0
65-84	124,592	140,573	265,165	47.0	53.0	29.6	1,877,167	2,189,090	4,066,257	46.2	53.8	18.5
85+	14,370	17,269	31,639	45.4	54.6	3.5	226,035	338,441	564,476	40.0	60.0	2.6
Total	437,978	458,459	896,437	48.9	51.1	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 Central Healthy Start Coalition, 2019-2023

Year	Total Population	Female Population Ages 15-44	% of Total Population	Total Female Population	% of Total Female Population
2019	822,575	111,321	13.5	422,854	26.3
2020	844,108	114,709	13.6	433,941	26.4
2021	878,593	118,399	13.5	451,748	26.2
2022	915,021	127,435	13.9	467,529	27.3
2023	923,417	129,408	14.0	472,091	27.4

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Since 2019, the total number of females has increased from 422,854 to 472,091 in 2023. The percentage of females increased from 13.5 percent in 2019 to 14.0 percent in 2023 (Table 3.4). Of the 4 counties, Lake County has the highest percentage (16.3 percent) and Sumter County has the lowest percentage (6.2 percent) of females 15-44 of age. Overall, the Coalition region has a much lower percentage of females of childbearing age than the state (13.9 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 111,321 in 2019 to 129,408 in 2023. The percentage of females 15-44 years of age has also increased (26.3 percent and 27.4 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
Citrus	158,693	19,310	12.2
Hernando	201,512	32,261	16.0
Lake	398,696	64,847	16.3
Sumter	137,536	8,465	6.2
Coalition	896,437	124,883	13.9
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		Hispanic		Non-Hispanic	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Citrus	158,693	140,889	88.8	3,546	2.2	14,258	9.0	10,329	6.5	148,364	93.5
Hernando	201,512	158,608	78.7	10,078	5.0	32,826	16.3	32,348	16.1	169,164	83.9
Lake	398,696	281,556	70.6	40,334	10.1	76,806	19.3	71,545	17.9	327,151	82.1
Sumter	137,536	118,694	86.3	9,405	6.8	9,437	6.9	8,369	6.1	129,167	93.9
Coalition	896,437	699,747	78.1	63,363	7.1	133,327	14.9	122,591	13.7	773,846	86.3
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 and ethnic makeup of the region is primarily White (78.1 percent) and non-Hispanic (86.3 percent). Citrus County has the largest White population (88.8 percent) and Lake County has the smallest (70.6 percent). Black and Hispanic populations represent only 7.1 percent and 13.7 percent of the total Coalition population, respectively. Lake County has the largest Black population (10.1 percent), while Citrus County has the smallest (2.2 percent). All the other races combined represent 14.9 percent of the Coalition with Lake County at the highest (19.3 percent) and Sumter County at the lowest (6.9 percent). The Hispanic population within the region is significantly smaller than that of the state (13.7 vs. 26.7 percent, respectively). Lake County has the largest Hispanic population in the region (17.9 percent) and Sumter County has the smallest (6.1 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
Citrus	19,310	16,601	86.0	408	2.1	2,301	11.9	1,772	9.2	17,538	90.8
Hernando	32,261	23,573	73.1	1,929	6.0	6,759	21.0	6,595	20.4	25,666	79.6
Lake	64,847	40,600	62.6	7,891	12.2	16,356	25.2	15,416	23.8	49,431	76.2
Sumter	8,465	6,072	71.7	1,134	13.4	1,259	14.9	1,133	13.4	7,332	86.6
Coalition	124,883	86,846	69.5	11,362	9.1	26,675	21.4	24,916	20.0	99,967	80.0
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 (69.5 percent) and non-Hispanic (80.0 percent). The Black and Hispanic populations comprise 9.1 percent and 20.0 percent, respectively. Within this group, Sumter County has the largest Black population (13.4 percent) and Lake County has the largest Hispanic population (23.8 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
Citrus	208	4.6	166,709	0.1
Hernando	201	4.4	210,865	0.1
Lake	3,436	75.5	437,069	0.8
Sumter	708	15.6	167,230	0.4
Coalition	4,553	100.0	981,873	0.5
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 (0.5 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 Lake County (75.5 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. %	
Citrus	69,701	14,568	20.9	17,146	24.6	21,607	31.0	9,340	13.4	7,110	10.2	$55,355
Hernando	80,544	13,129	16.3	17,317	21.5	28,271	35.1	13,370	16.6	8,457	10.5	$63,193
Lake	159,474	21,688	13.6	33,649	21.1	52,626	33.0	27,270	17.1	24,240	15.2	$69,956
Sumter	66,941	7,564	11.3	13,388	20.0	24,032	35.9	12,853	19.2	9,104	13.6	$73,297
Coalition	376,660	56,949	15.1	81,501	21.6	126,536	33.6	62,833	16.7	48,911	13.0	$66,574
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 376,660 households within the Coalition region. These households have a median income of $66,574. Citrus County has the lowest median household income at $55,355, and Sumter County has the highest at $73,297 (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. For households with an income of $50,000 or more, the region also has a higher percentage than the state. Lake County is the most affluent with the largest percentage (19.2%) of households above $100,000. Citrus County is the poorest with the greatest percentage (20.9%) of households with income under $25,000 (Table 3.9).

TARGET POPULATION

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
Citrus	15.5	23.2	11.2	11.1	42.7
Hernando	12.0	15.5	9.6	9.1	17.7
Lake	9.5	12.8	7.8	6.4	41.6
Sumter	9.1	30.3	4.4	6.0	67.0
Coalition	10.8	16.3	7.9	7.8	--
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 lower in the Coalition region than statewide rates. Citrus and Hernando counties have a higher percentage of families in poverty (11.1 and 9.1 percent, respectively) than the state (8.9 percent). As is true throughout the United States, female-headed households with children have the greatest risk for living in poverty. Almost every county in the Coalition, with the only exception being Hernando County, has a higher percentage of female-headed families with children in poverty than the state (34.0 percent). Sumter County has the highest percentage in the Coalition region (67.0 percent) (Table 3.10).

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
Citrus	30,338	15,073	49.7	4,148	13.7	5,146	17.0	1,271	4.2	4,700	15.5
Hernando	40,903	21,628	52.9	5,900	14.4	7,017	17.2	1,415	3.5	4,943	12.1
Lake	66,075	36,409	55.1	9,305	14.1	9,596	14.5	1,929	2.9	8,836	13.4
Sumter	12,817	6,497	50.7	1,631	12.7	1,987	15.5	571	4.5	2,131	16.6
Coalition	150,133	79,607	53.0	20,984	14.0	23,746	15.8	5,186	3.5	20,610	13.7
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), 150,133 individuals in the Coalition region are Medicaid eligible, 79,607 (53 percent) of whom are 20 years of age or younger. Adults ages 21-34 years (14 percent), 35-59 years (15.8 percent), 60-64 years (3.5 percent), and 65 years and older (13.7 percent) make up the remaining 70,526 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
Citrus	126,772	11,553	9.1	76,842	60.6	38,377	30.3
Hernando	150,881	15,003	9.9	87,735	58.1	48,143	31.9
Lake	296,660	26,922	9.1	156,505	52.8	113,233	38.2
Sumter	123,814	8,462	6.8	59,603	48.1	55,749	45.0
Coalition	698,127	61,940	8.9	380,685	54.5	255,502	36.6
Florida	15,850,299	1,643,437	10.4	7,343,603	46.3	6,863,259	43.3

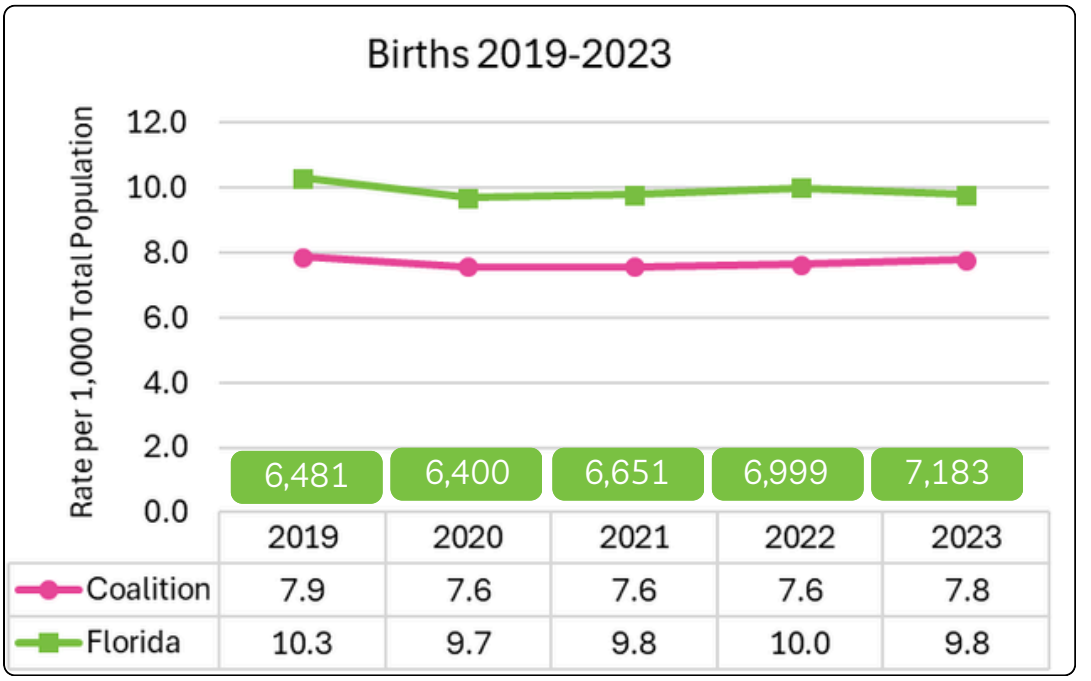
Data displayed reflect the American Community Survey 5-Year estimates for the year selected.
SOURCE: US Census Bureau, American Community Survey 5-Year Estimates, Table B15002; 2019-2023.

Within the Coalition region, 91.1 percent of those 25 years of age and older have a high school diploma (54.5 percent) or a college degree (36.6 percent). However, 8.9 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 8.2 percent less than the Coalition. Those individuals receiving college degrees total 43.3 percent; this is 6.7 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 1.5 percent higher than the Coalition (Table 3.12).

TARGET POPULATION

BIRTHS

Figure 3.1. Rate of Births, 2019-2023

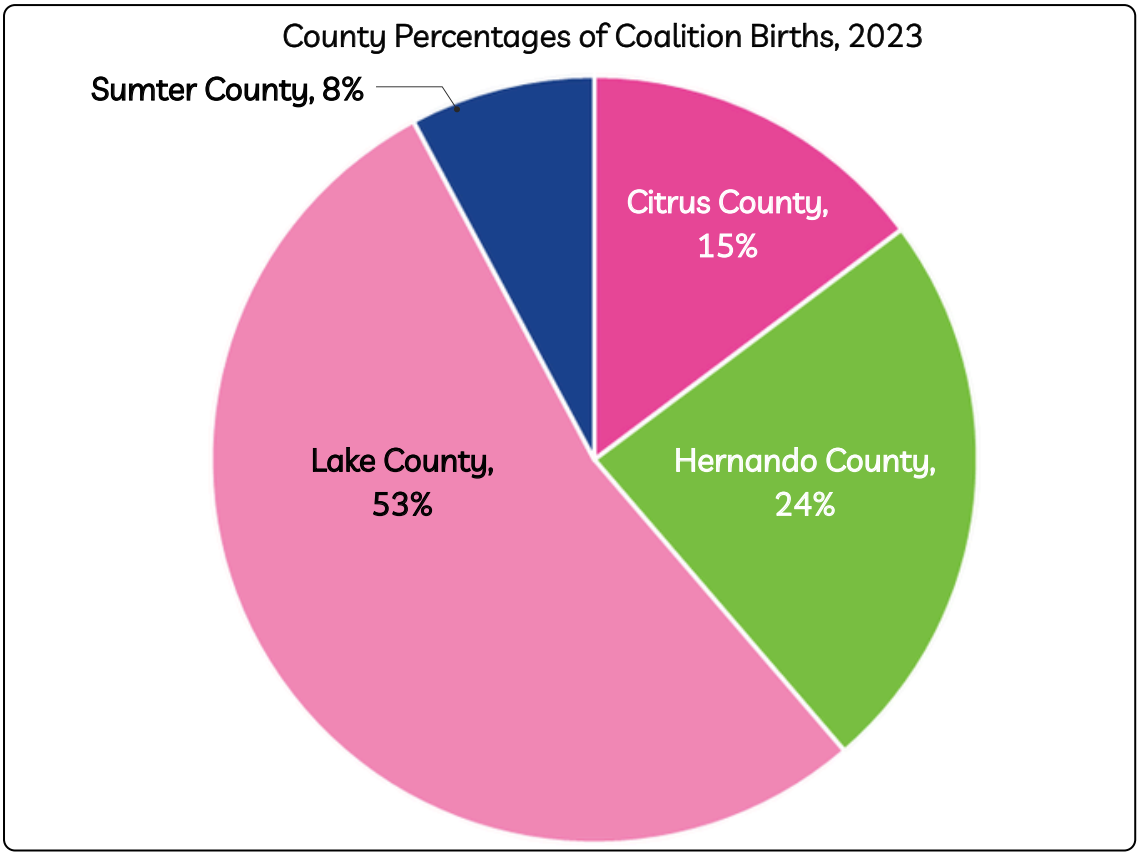


	2019	2020	2021	2022	2023
Coalition	7.9	7.6	7.6	7.6	7.8
Florida	10.3	9.7	9.8	10.0	9.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

From 2019 to 2023, the rate of births in the Coalition region decreased from 7.9 per 1,000 population to 7.8 per 1,000 population (Figure 3.1).

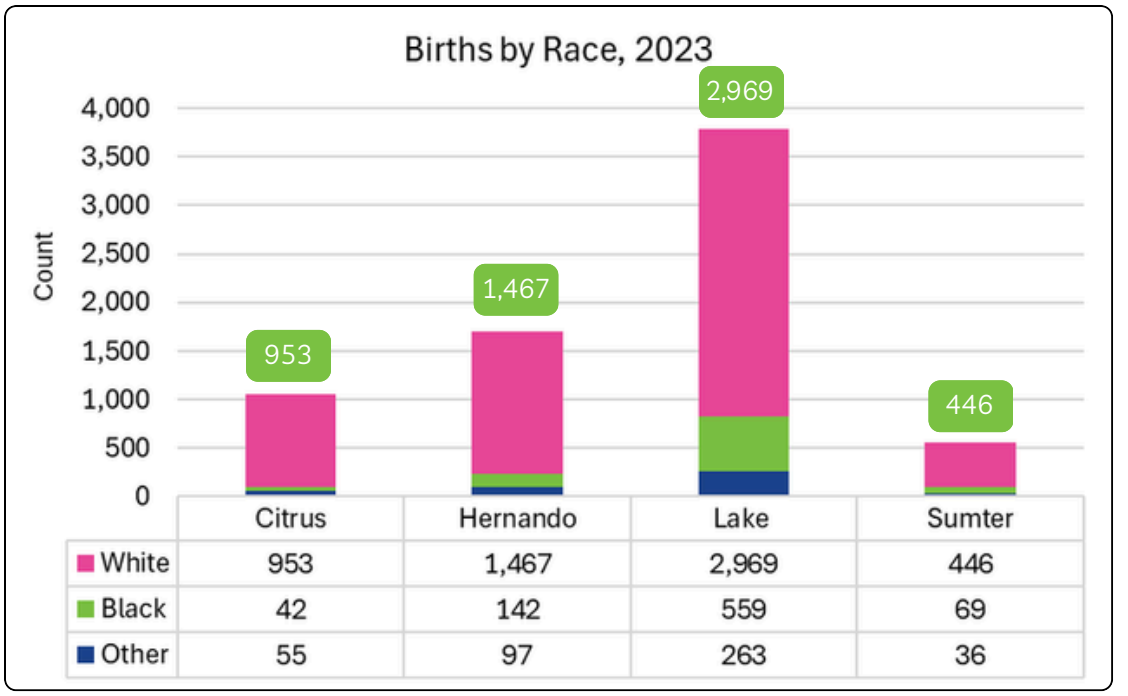
Figure 3.2. Percentage of Births by County, 2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Lake County experienced the highest percentage of births (53 percent) within the Coalition in 2023. Sumter County had the lowest percentage of births (8 percent) within the Coalition in 2023 (Figure 3.2).

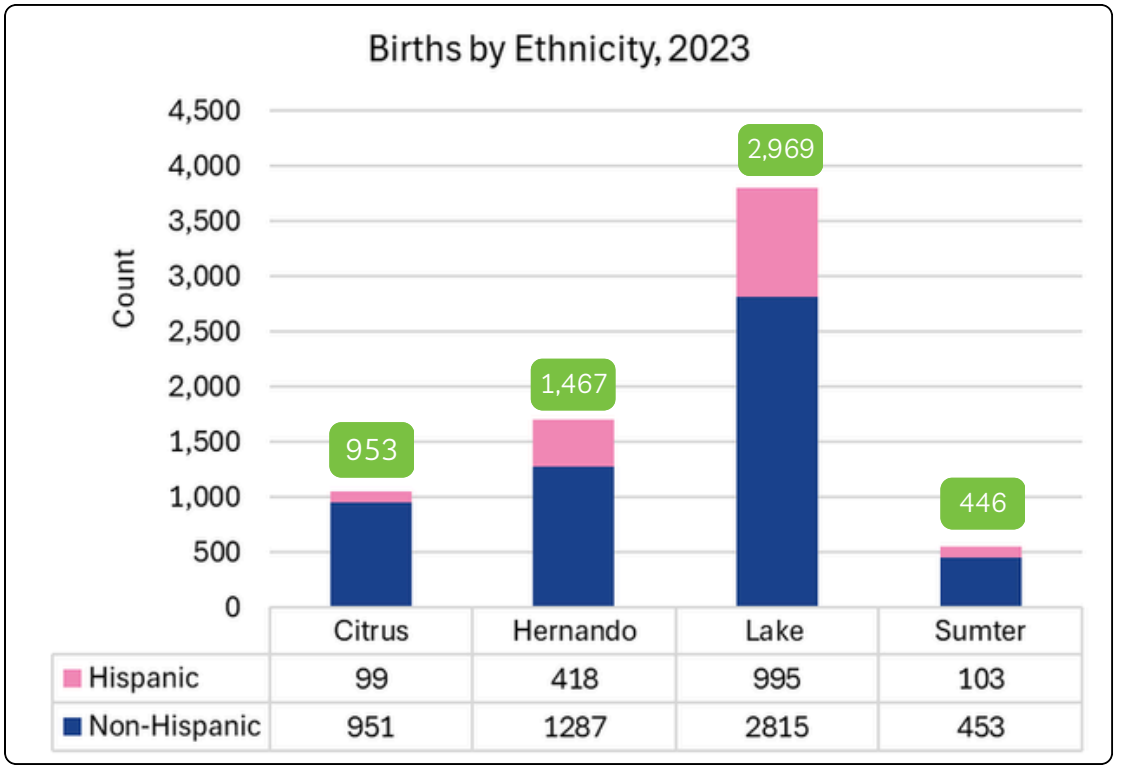
Figure 3.3. Counts of Births by Race, 2023



	Citrus	Hernando	Lake	Sumter
White	953	1,467	2,969	446
Black	42	142	559	69
Other	55	97	263	36

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

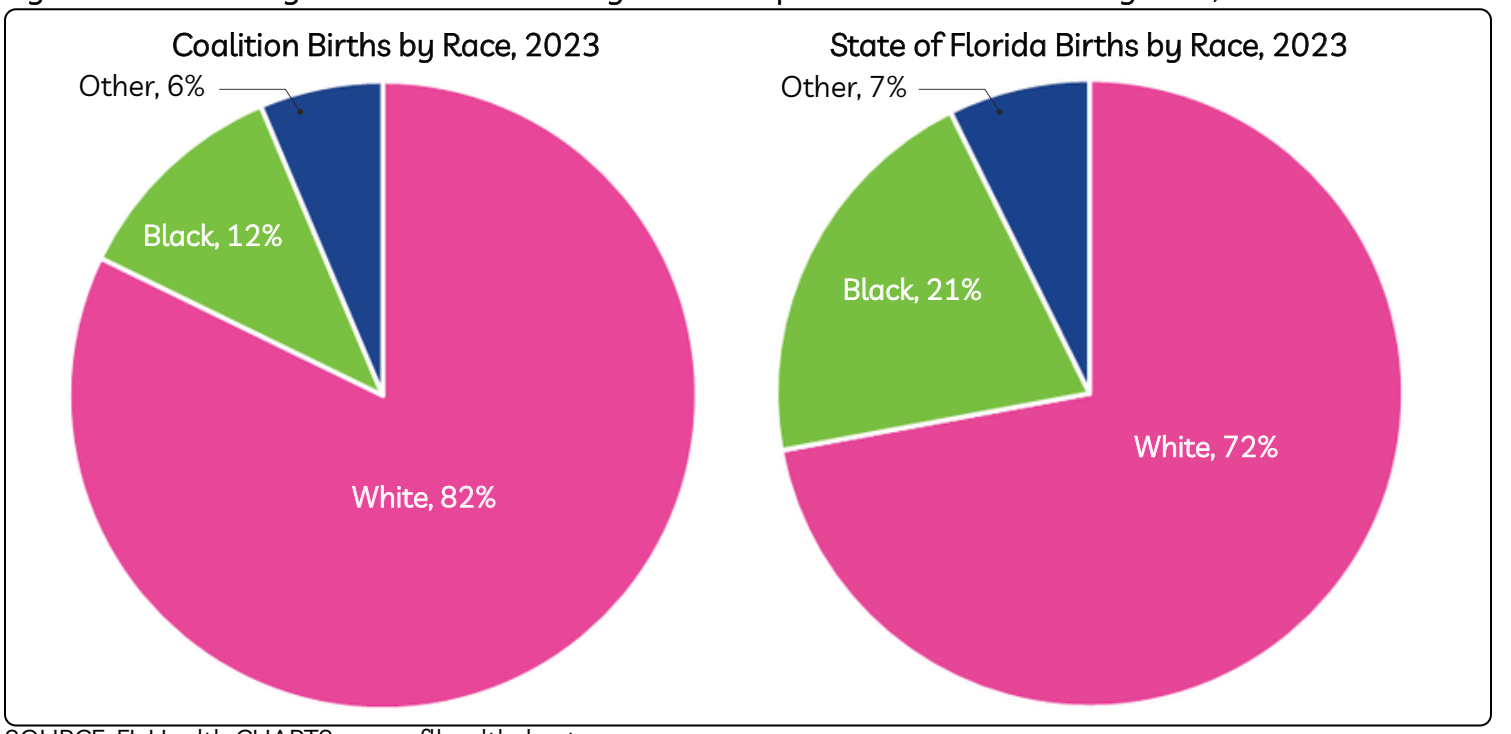
Figure 3.4. Counts of Births by Ethnicity, 2023



	Citrus	Hernando	Lake	Sumter
Hispanic	99	418	995	103
Non-Hispanic	951	1287	2815	453

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

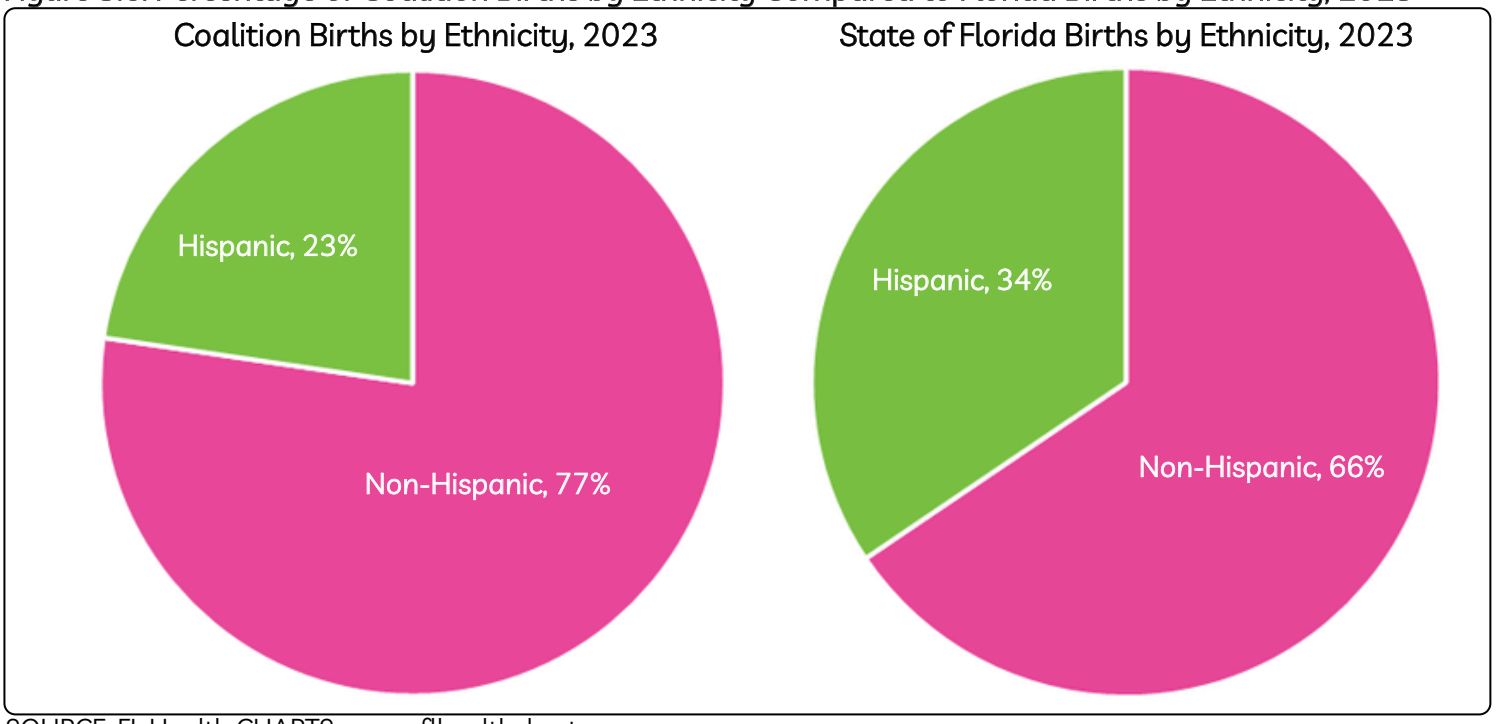
Figure 3.5. Percentage of Coalition Births by Race Compared to Florida Births by Race, 2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Eighty-two percent of the births in 2023 in the Coalition area were White infants; twelve percent were Black infants, and six percent were Other infants. Compared to the state (72 percent), the Coalition area had a higher percentage of White births (82 percent) and a lower percentage of Black births (21 and 12 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 lower percentage of Hispanic births (23 percent) than the state (34 percent) (Figure 3.6).

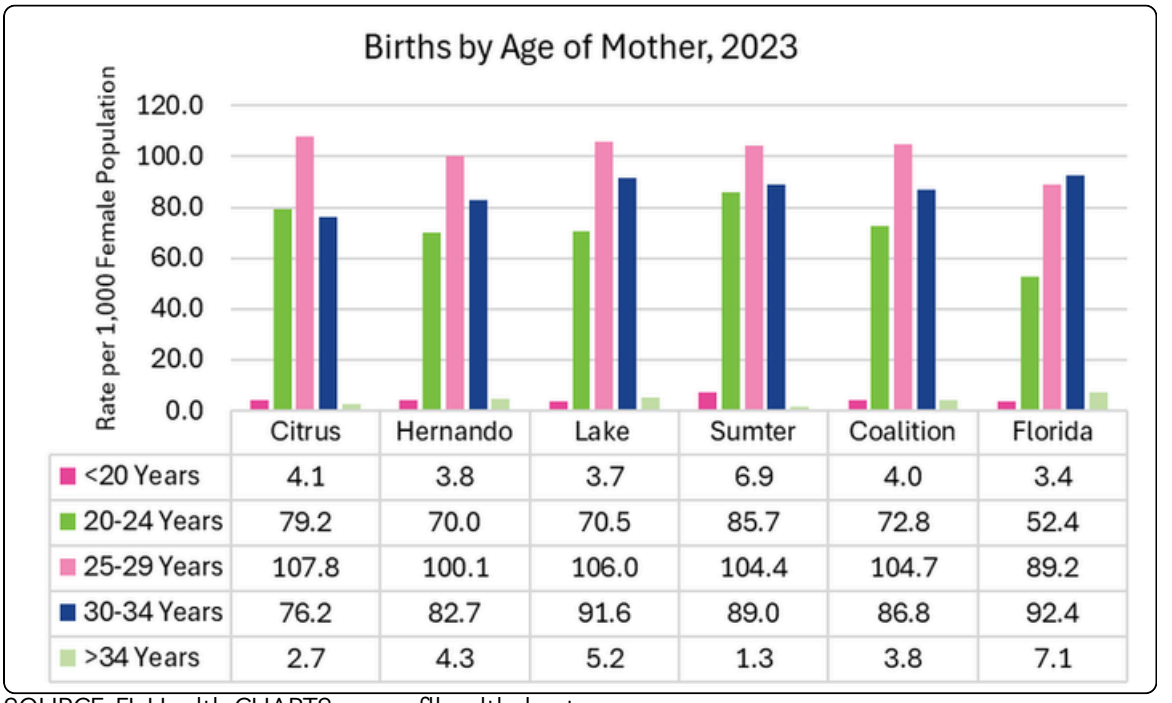
TARGET POPULATION

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	2	76	293	1,533	2,079	1,593	905	6,481
2020	2	60	280	1,416	2,088	1,652	902	6,400
2021	1	69	234	1,500	2,069	1,753	1,025	6,651
2022	5	64	250	1,407	2,150	1,918	1,205	6,999
2023	3	82	234	1,412	2,164	2,037	1,251	7,183

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

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



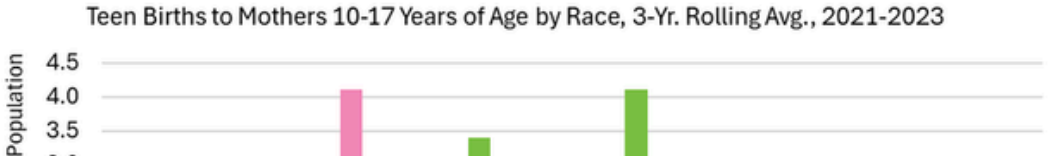
	Citrus	Hernando	Lake	Sumter	Coalition	Florida
<20 Years	4.1	3.8	3.7	6.9	4.0	3.4
20-24 Years	79.2	70.0	70.5	85.7	72.8	52.4
25-29 Years	107.8	100.1	106.0	104.4	104.7	89.2
30-34 Years	76.2	82.7	91.6	89.0	86.8	92.4
>34 Years	2.7	4.3	5.2	1.3	3.8	7.1

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, births to mothers 25-29 years of age had the highest rate (104.7 per 1,000 female population) within the Coalition area. The second highest age group for births was to mothers 30-34 years of age (86.8 per 1,000 female population) within the Coalition area. Births to mothers 20-24 years of age was 72.8 per 1,000 female population. For mothers less than 20 years of age, the rate was 4.0 per 1,000 female population while the rate for mothers older than 34 years of age was 3.8 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 20-24 years old, as the Coalition's rate was 72.8 per 1,000 female population, compared to the state's rate of 52.4 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



	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	2.3	2.1	2.1	2.2	2.1	1.9
Black	0.0	0.4	3.4	4.1	2.7	3
Other	2.4	4.1	1.7	1.8	2.4	1.5
Total	2.2	2.1	2.3	2.4	2.2	2.1

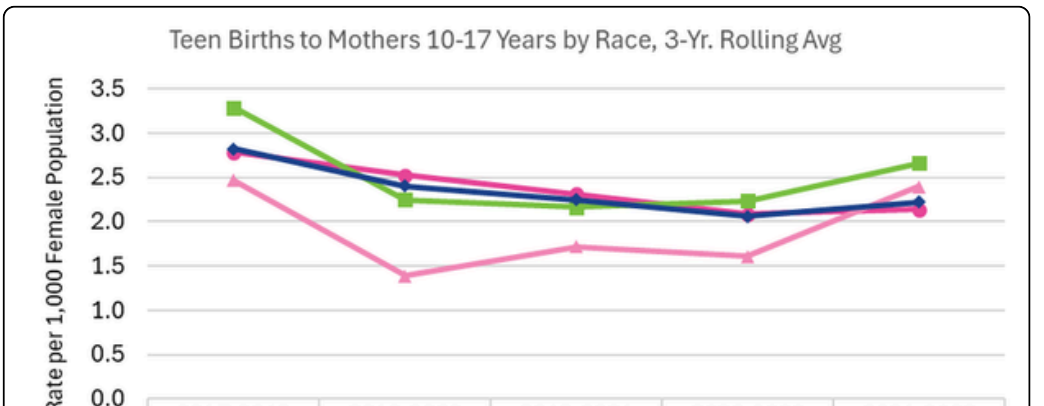
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

From 2021-2023, the Coalition's average rate of births to Black mothers 10-17 years of age was 2.7 per 1,000 female population, while the rate for White mothers 10-17 years of age was 2.1 per 1,000 female population. In comparison to the state, the Coalition had higher rates of White and Other teen births than the state as a whole. Black mothers in Lake and Sumter counties had a higher rate of teen birth than that of the state (3.0 per 1,000 female population). There were no births to Black mothers 10-17 years of age in Citrus County in 2021-2023. In Hernando County, the rate for Other mothers 10-17 years of age was 4.1 per 1,000 female population, more than double the state's rate of 1.5 per 1,000 female population (Figure 3.8).

Table 3.14. Counts of Teen Births to Mothers 10-17 Years of Age by Race, 2021-2023

Teen Births to Mothers 10-17 Years of Age by Race, 2019-2023					
	2019	2020	2021	2022	2023
White	65	55	52	54	64
Black	7	5	11	9	12
Other	5	1	7	5	8
Total	77	61	70	68	84

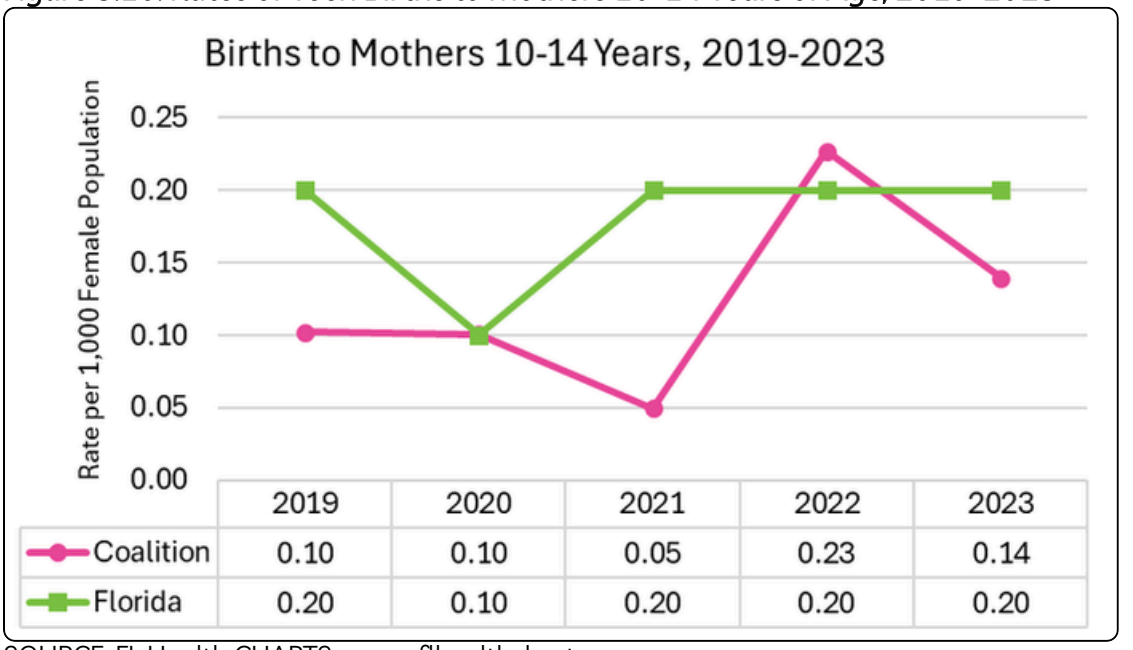
Figure 3.9. Rates of Teen Births to Mothers 10-17 Years of Age by Race, 3-Year Rolling Averages



	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
White	2.8	2.5	2.3	2.1	2.1
Black	3.3	2.2	2.2	2.2	2.7
Other	2.5	1.4	1.7	1.6	2.4
Total	2.8	2.4	2.2	2.1	2.2

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

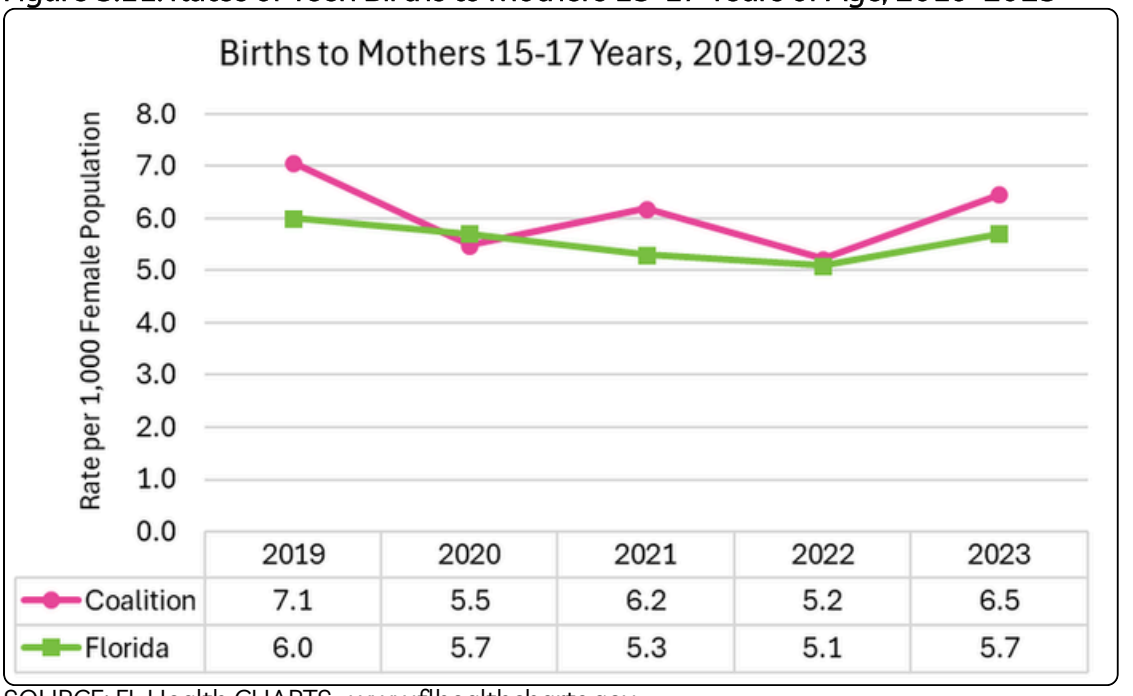
Figure 3.10. Rates of Teen Births to Mothers 10-14 Years of Age, 2019-2023



	2019	2020	2021	2022	2023
Coalition	0.10	0.10	0.05	0.23	0.14
Florida	0.20	0.10	0.20	0.20	0.20

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

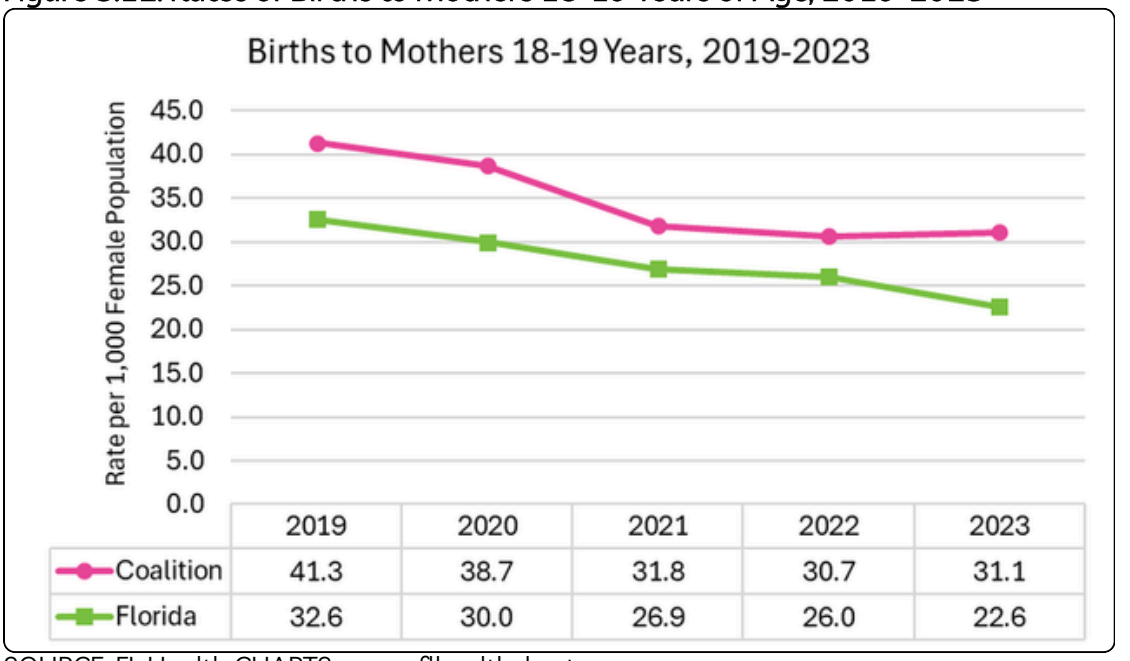
Figure 3.11. Rates of Teen Births to Mothers 15-17 Years of Age, 2019-2023



	2019	2020	2021	2022	2023
Coalition	7.1	5.5	6.2	5.2	6.5
Florida	6.0	5.7	5.3	5.1	5.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

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



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

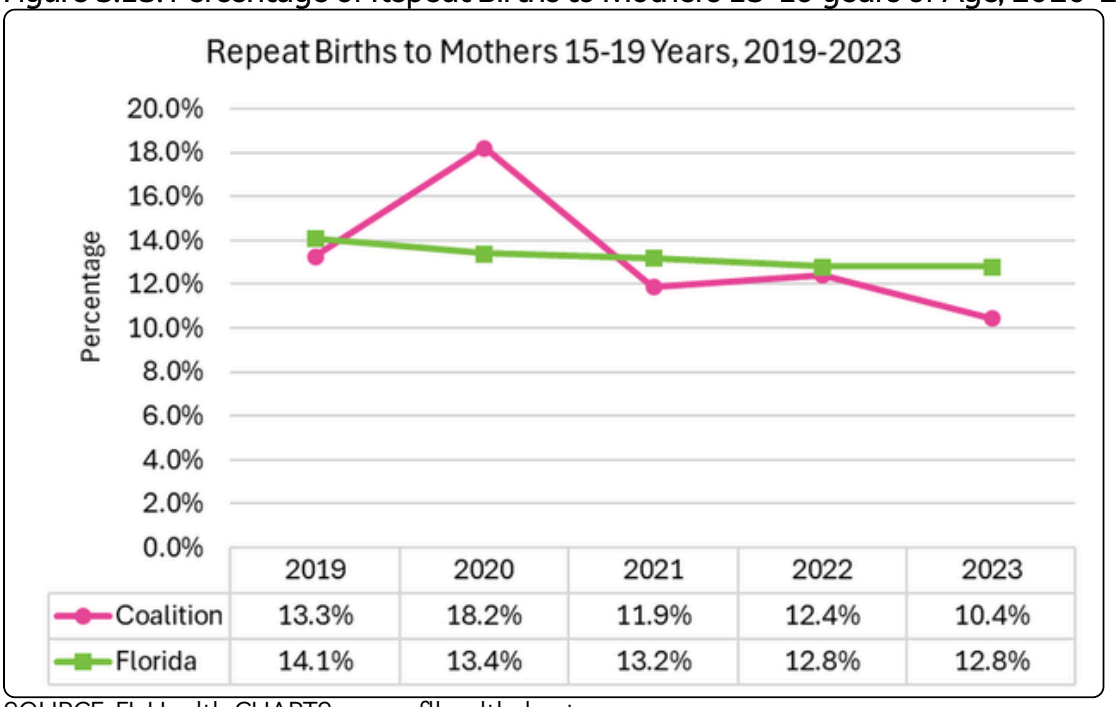
Table 3.15. Percentage and Count of Repeat Births to Mothers 15-19 Years of Age, 2020-2023

Repeat Births 15-19 Years, 2020-2023								
	2020		2021		2022		2023	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Citrus	13	20.3%	9	16.7%	6	10.9%	6	12.0%
Hernando	12	13.6%	4	6.5%	11	13.3%	6	7.9%
Lake	30	19.5%	19	12.3%	18	12.6%	17	11.3%
Sumter	7	20.6%	4	12.1%	4	12.1%	4	10.3%
Coalition	62	18.2%	36	11.9%	39	12.4%	33	10.4%
Florida	1,192	13.4%	1,064	13.2%	1,039	12.8%	1,042	12.8%

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Citrus County had the highest percentage of repeat births to mothers 15-19 years of age in 2023 with 12.0 percent; Hernando County had the lowest percentage of repeat births to mothers 15-19 years of age with 7.9 percent (Table 3.15).

Figure 3.13. Percentage of Repeat Births to Mothers 15-19 years of Age, 2020-2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Overall within the Coalition region, the percentage of repeat births to mothers 15-19 years of age decreased from 13.3 percent in 2019 to 10.4 percent in 2023. While the Coalition's percentage decreased overall, a significant spike was seen in 2020, reaching 18.2 percent (Figure 3.13).

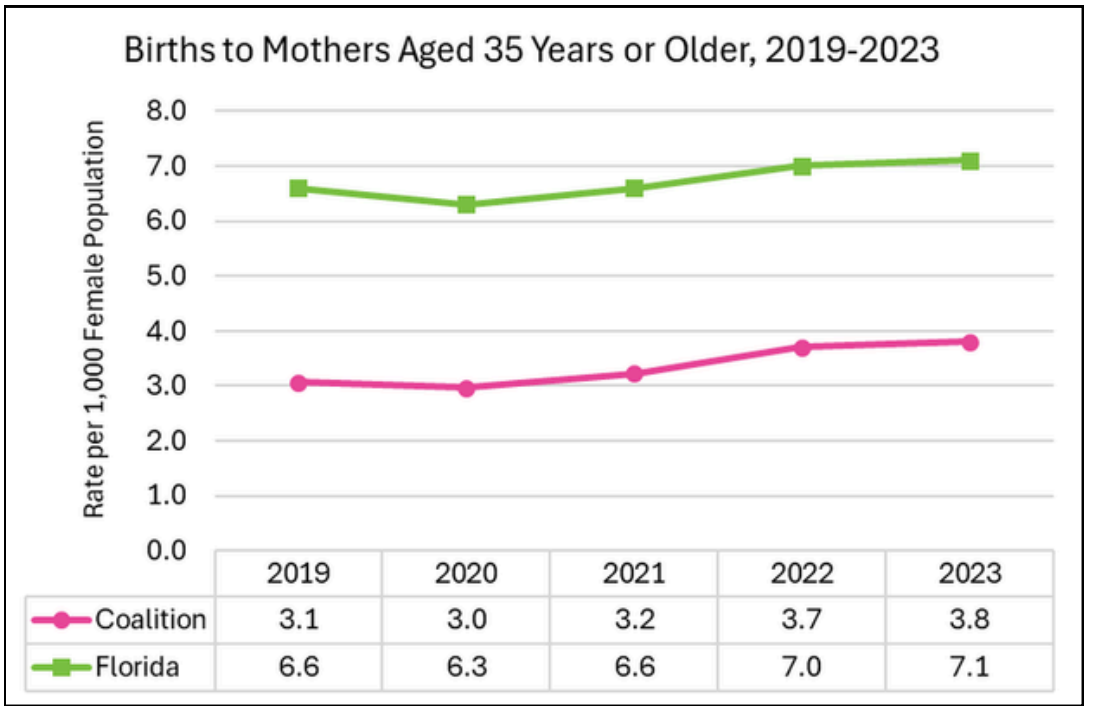
Table 3.16. Percentage of Births to Mothers 35Years and Older, 2020-2023

Births to Mothers 35 Years and Older, 2020-2023								
	2020		2021		2022		2023	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Citrus	136	2.1	141	2.5	130	2.2	161	2.7
Hernando	210	3.1	265	3.9	274	4.1	289	4.3
Lake	504	4.6	563	4.5	727	5.3	717	5.2
Sumter	52	0.7	56	0.8	74	1.2	84	1.3
Coalition	902	3.1	1,025	3.2	1,205	3.7	1,251	3.8
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 increased. Although both the Coalition and the state rates increased, the state rate consistently remains higher than the Coalition (Table 3.16).

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



	2019	2020	2021	2022	2023
Coalition	3.1	3.0	3.2	3.7	3.8
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 from 2019 to 2023 has followed the same trend and overall increase as the state's rates. Between 2019-2023, the Coalition had a lower rate of births to mothers age 35 years and older than the state (3.8 per 1,000 female population and 7.1 per 1,000 female population, respectively, in 2023) (Figure 3.14).



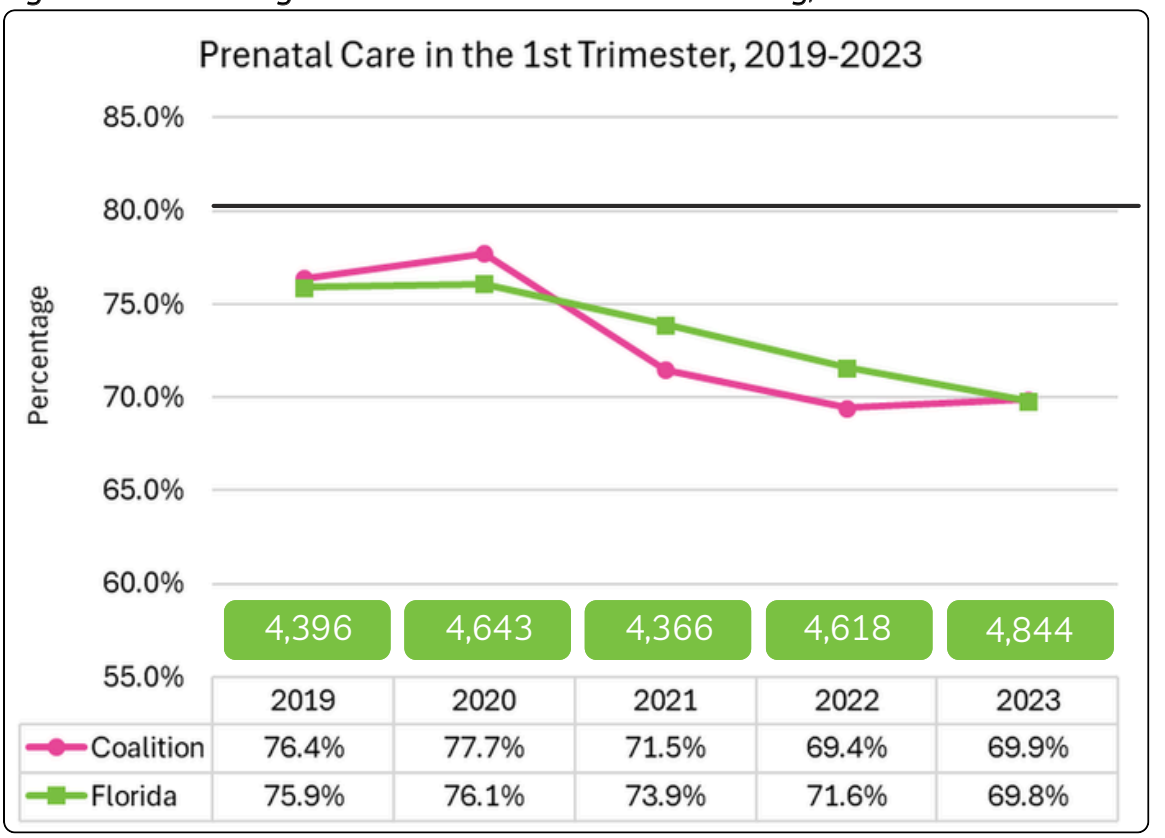
FACTORS CONTRIBUTING TO HEALTH STATUS INDICATORS

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 1st Trimester Entry, 2019-2023

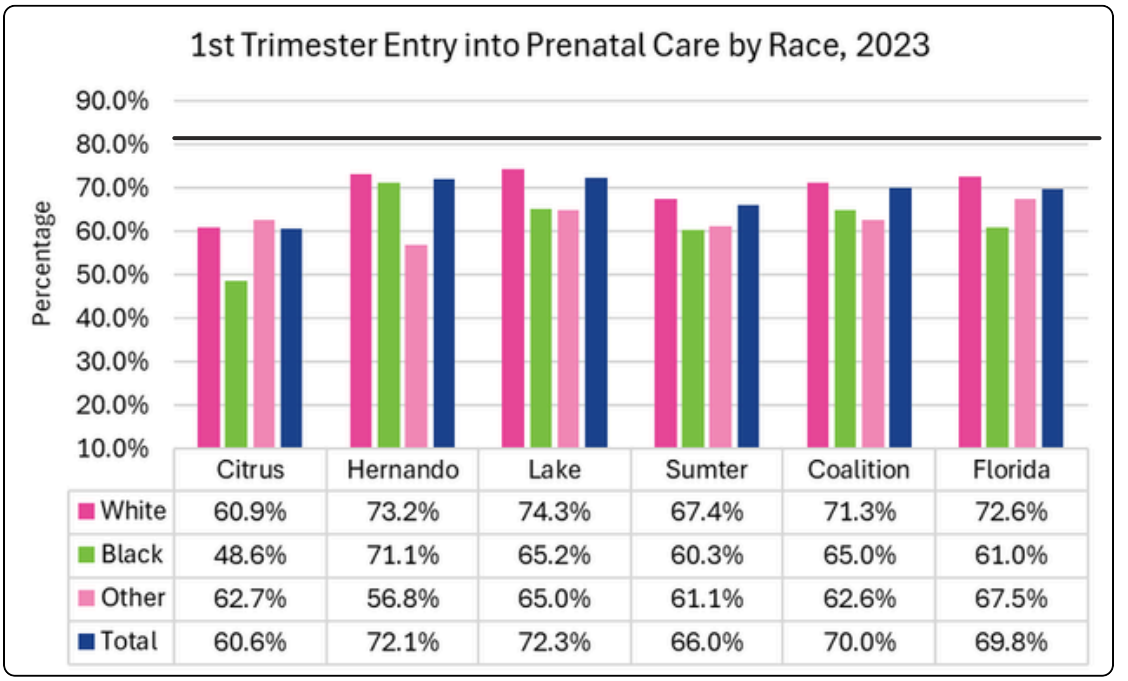


	2019	2020	2021	2022	2023
Coalition	76.4%	77.7%	71.5%	69.4%	69.9%
Florida	75.9%	76.1%	73.9%	71.6%	69.8%

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The number of pregnant women who receive prenatal care in the first trimester has continued to decline in the Coalition area and in the state since the last Service Delivery Plan was published. In 2023, only 69.9% of pregnant women in the Coalition area received care in the first trimester, down from 76.4% in 2019 and 78.4% in 2016. The Healthy People 2030 goal is 80.5% (Figure 4.1).

Figure 4.2. Percentage of Prenatal Care 1st Trimester Entry by Race, 2023



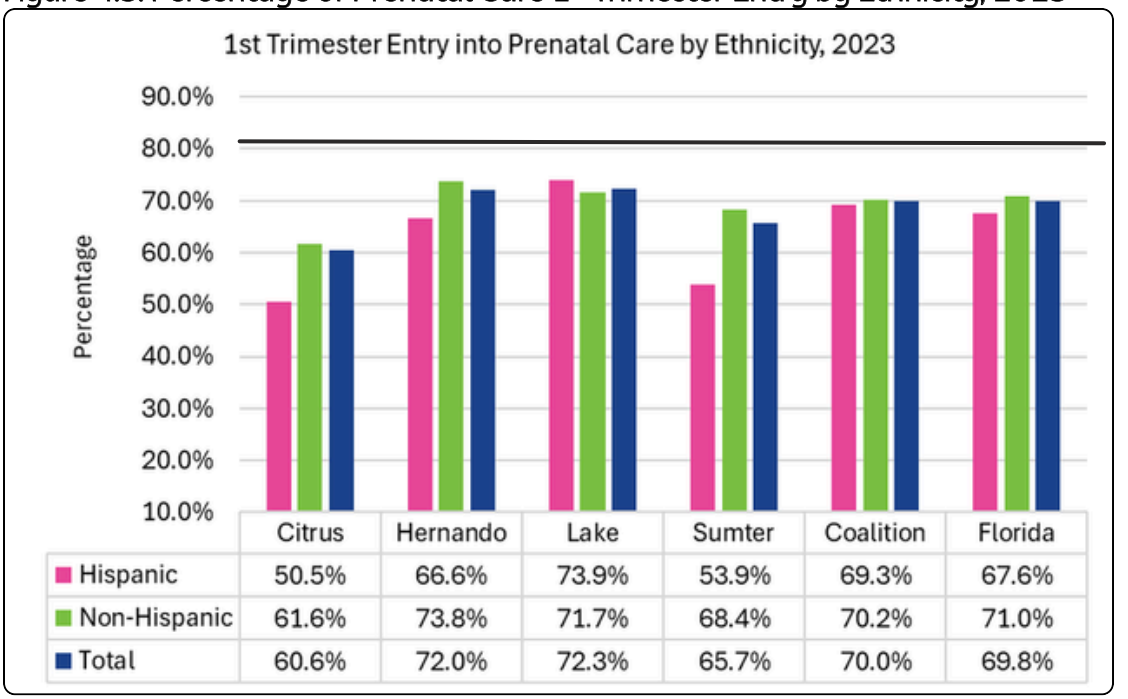
	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	60.9%	73.2%	74.3%	67.4%	71.3%	72.6%
Black	48.6%	71.1%	65.2%	60.3%	65.0%	61.0%
Other	62.7%	56.8%	65.0%	61.1%	62.6%	67.5%
Total	60.6%	72.1%	72.3%	66.0%	70.0%	69.8%

Healthy People 2030 Goal = 80.5%

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, the Coalition's percentage for race was consistent with the state percentage of women who enter prenatal care in the first trimester. However, looking at the county level data, Citrus County's rates for access to care in the first trimester were significantly lower than the rest of the Coalition, particularly in the Black population. Roughly only half of Black women in Citrus County accessed care in the first trimester (Figure 4.2).

Figure 4.3. Percentage of Prenatal Care 1st Trimester Entry by Ethnicity, 2023



	Citrus	Hernando	Lake	Sumter	Coalition	Florida
Hispanic	50.5%	66.6%	73.9%	53.9%	69.3%	67.6%
Non-Hispanic	61.6%	73.8%	71.7%	68.4%	70.2%	71.0%
Total	60.6%	72.0%	72.3%	65.7%	70.0%	69.8%

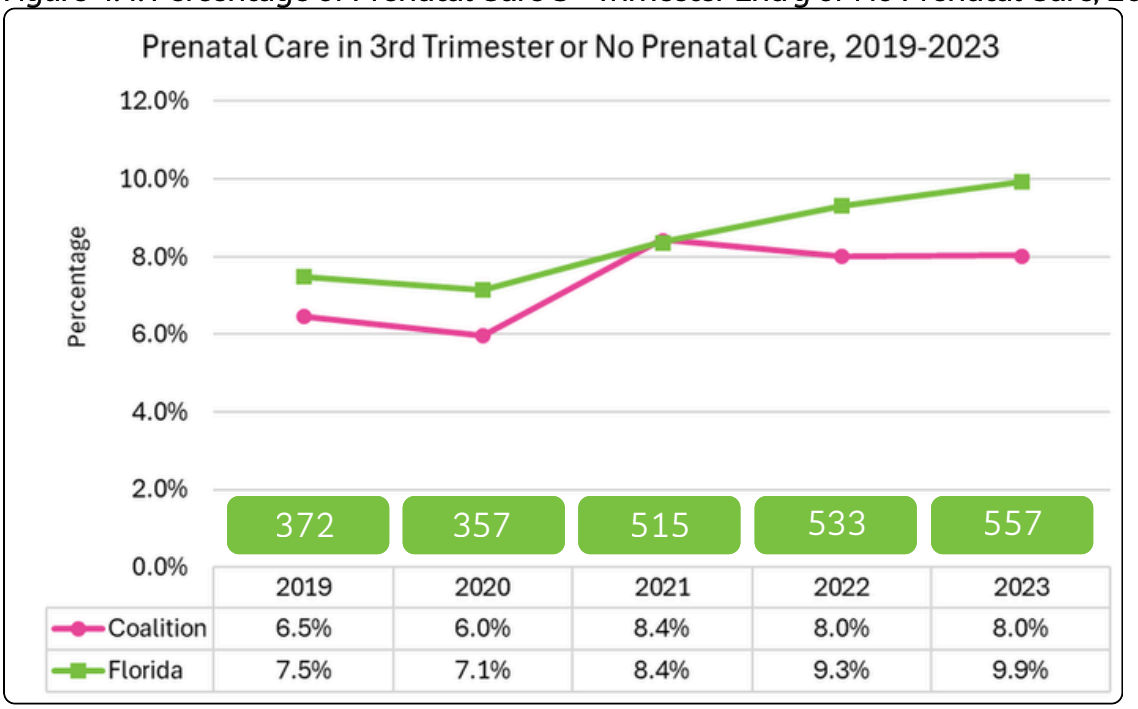
Healthy People 2030 Goal = 80.5%

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Similar to race, the Coalition's percentage for ethnicity in 2023 was consistent with the state percentage of women who enter prenatal care in the first trimester. The Hispanic rate for Citrus and Sumter counties was significantly lower than Hernando and Lake counties. Again, these are significant reductions since the last Service Delivery Plan and all counties in the Coalition area fall well below the Healthy People 2030 Goal of 80.5% (Figure 4.3).

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

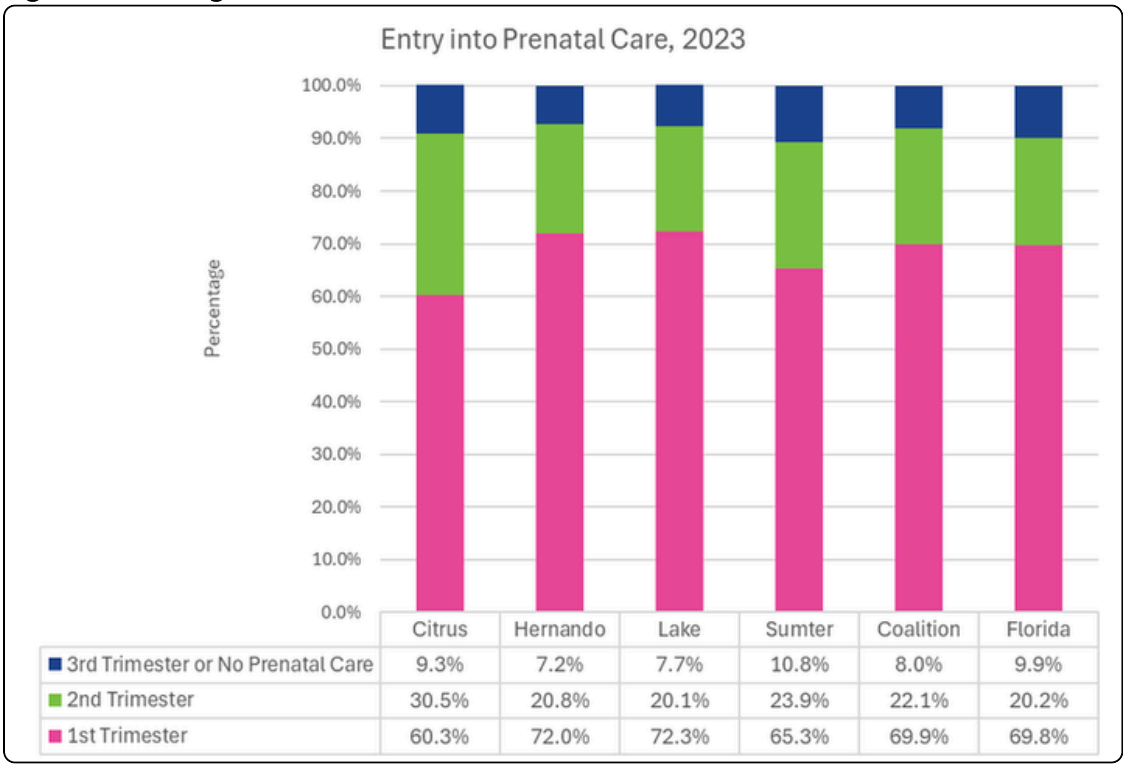
Figure 4.4. Percentage of Prenatal Care 3rd Trimester Entry or No Prenatal Care, 2019-2023



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

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

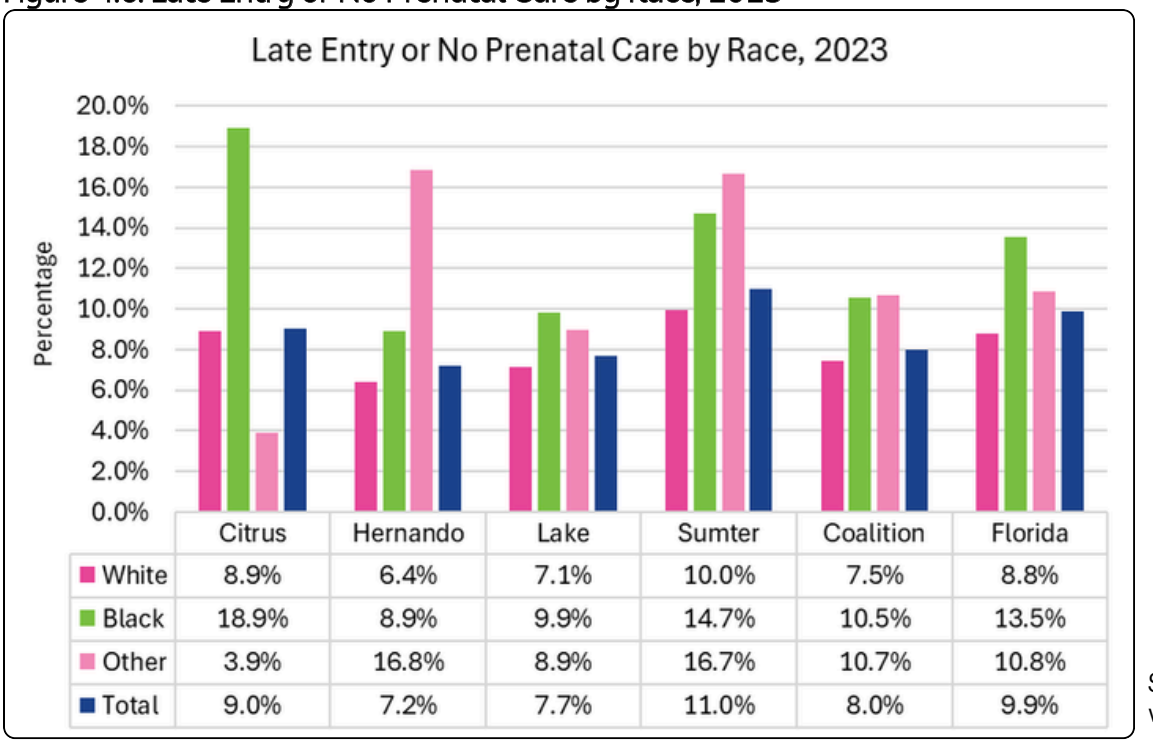
Figure 4.5. Entry into Prenatal Care, 2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The percentage of women not accessing care until the third trimester or receiving no prenatal care at all has increased from 6.5% in 2019 to 8.0% in 2023. While the Coalition rates tend to be better compared to the state (9.9% in 2023), there has been an increase since the last Service Delivery Plan throughout the entire Coalition, but particularly in Sumter County, which also has the worst percentage in the Coalition (Figure 4.4 and Figure 4.5).

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

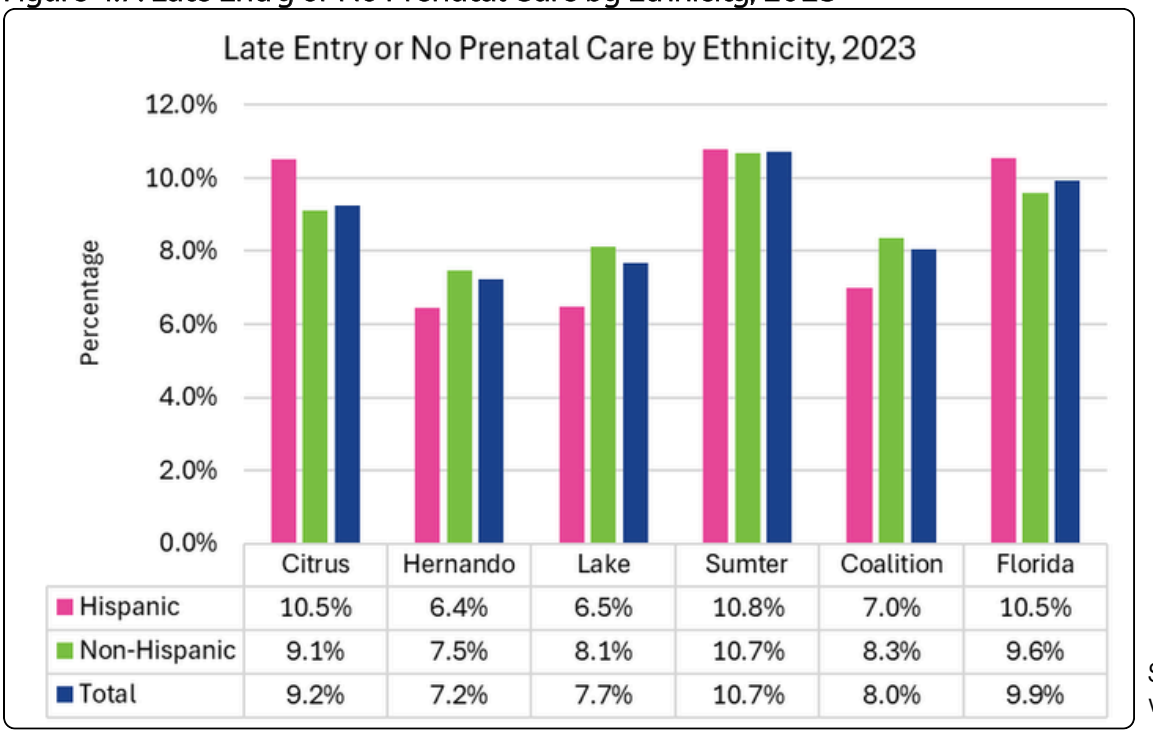


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	8.9%	6.4%	7.1%	10.0%	7.5%	8.8%
Black	18.9%	8.9%	9.9%	14.7%	10.5%	13.5%
Other	3.9%	16.8%	8.9%	16.7%	10.7%	10.8%
Total	9.0%	7.2%	7.7%	11.0%	8.0%	9.9%

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Black women throughout the Coalition's region had higher percentages of late or no prenatal care compared to White women in 2023. Since the last Service Delivery Plan, the percentages of Black women getting late or no prenatal care in Citrus and Sumter counties have tripled, Citrus increasing from 5.6% in 2019 to 18.9% in 2023 and Sumter increasing from 5.1% in 2019 to 14.7% in 2023 (Figure 4.6).

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

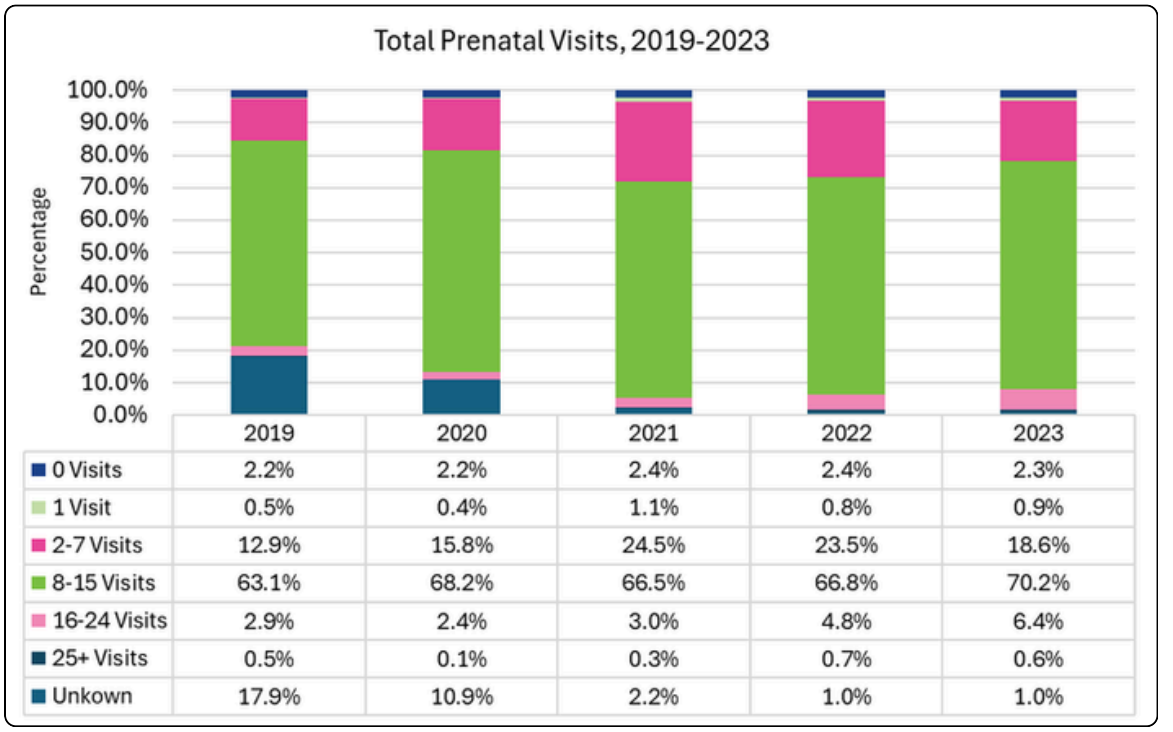


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
Hispanic	10.5%	6.4%	6.5%	10.8%	7.0%	10.5%
Non-Hispanic	9.1%	7.5%	8.1%	10.7%	8.3%	9.6%
Total	9.2%	7.2%	7.7%	10.7%	8.0%	9.9%

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, Hispanic women in Citrus and Sumter counties had higher percentages of late or no prenatal care compared to non-Hispanic women. Overall, the Coalition percentages for both Hispanic and non-Hispanic women with late or no prenatal care remained well below the state percentages (Figure 4.7).

Figure 4.8. Total Number of Prenatal Visits, 2019-2023



	2019	2020	2021	2022	2023
0 Visits	2.2%	2.2%	2.4%	2.4%	2.3%
1 Visit	0.5%	0.4%	1.1%	0.8%	0.9%
2-7 Visits	12.9%	15.8%	24.5%	23.5%	18.6%
8-15 Visits	63.1%	68.2%	66.5%	66.8%	70.2%
16-24 Visits	2.9%	2.4%	3.0%	4.8%	6.4%
25+ Visits	0.5%	0.1%	0.3%	0.7%	0.6%
Unkown	17.9%	10.9%	2.2%	1.0%	1.0%

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

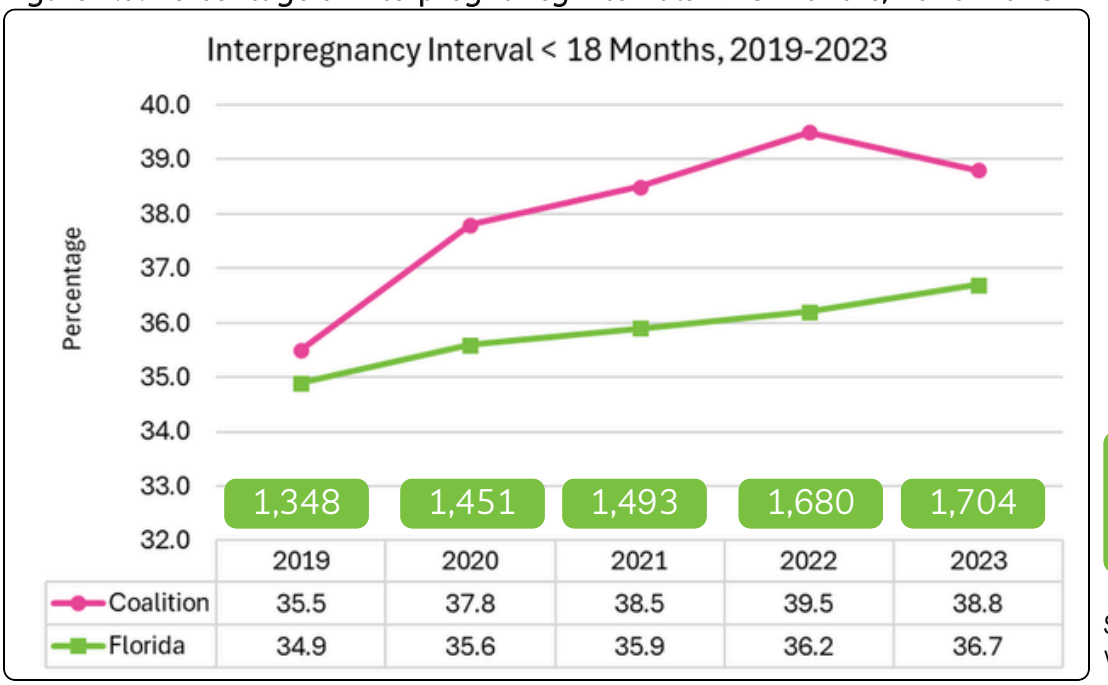
The majority of pregnant women in the Coalition area (70.2 percent in 2023) have 8-15 prenatal visits during their pregnancy, which meets the recommendation for quality prenatal care. The percentage of pregnant women who had fewer prenatal visits than recommended, however, has been steadily worsening since the last Service Delivery Plan. In 2023, 18.6% of women only had 2-7 prenatal visits, up from 12.9% in 2019. Similarly, the percentage of women having 16-24 prenatal visits, which could imply that they are receiving high risk care, has doubled from only 2.9% in 2019 to 6.4% in 2023. With a decrease in availability of prenatal care providers in the region, these numbers are likely to get far worse (Figure 4.8).

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

INTERPREGNANCY INTERVAL LESS THAN 18 MONTHS

Interpregnancy 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 < 18 Months, 2019-2023



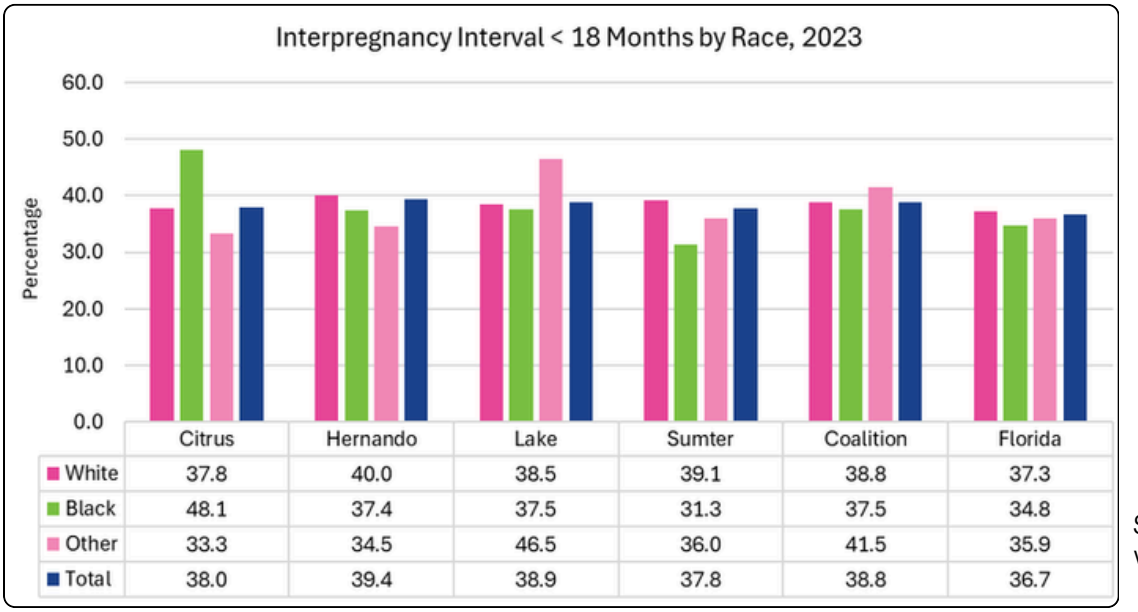
	2019	2020	2021	2022	2023
Coalition	35.5	37.8	38.5	39.5	38.8
Florida	34.9	35.6	35.9	36.2	36.7

Number of Births with an Interpregnancy Interval less than 18 months

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Overall, the Coalition's percentage of women having closely spaced pregnancies has been worsening since 2019 (35.5% compared to 38.8% in 2023) and is consistently higher than the state rate (Figure 4.9).

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

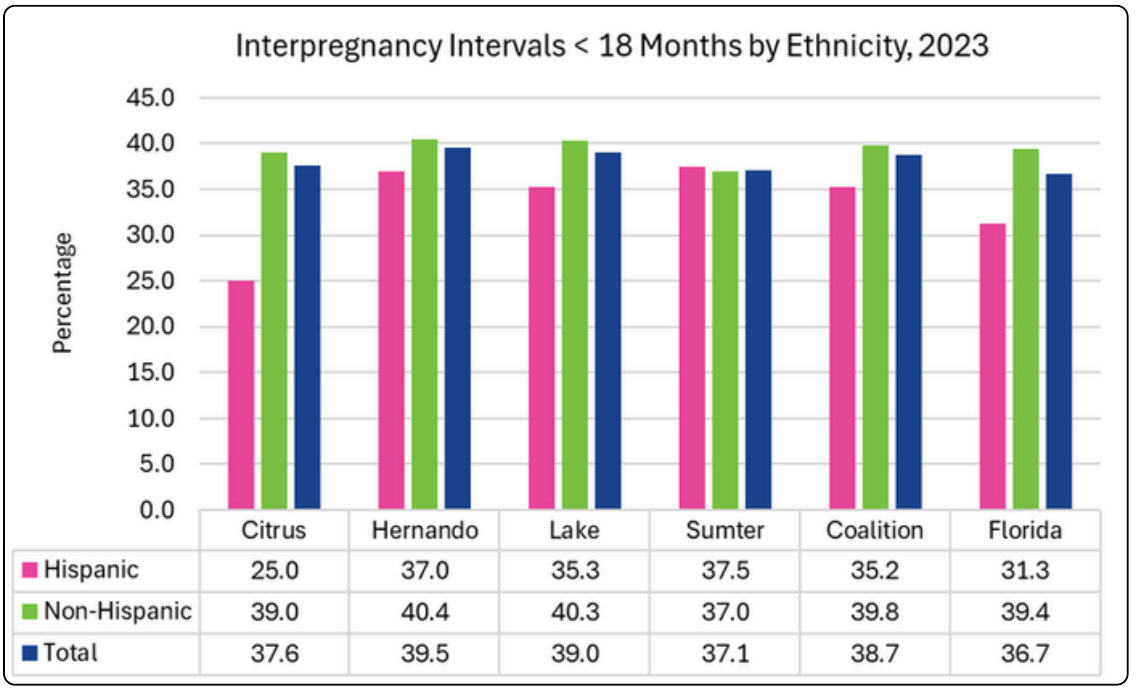


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	37.8	40.0	38.5	39.1	38.8	37.3
Black	48.1	37.4	37.5	31.3	37.5	34.8
Other	33.3	34.5	46.5	36.0	41.5	35.9
Total	38.0	39.4	38.9	37.8	38.8	36.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's overall percentage of women with an interpregnancy interval less than 18 months was slightly higher than the state, in all race and ethnicities. In 2023, the percentages for Black women in Citrus County and Other in Lake County were significantly higher than the rest of the Coalition. While small population sizes in these counties could be skewing this number, the significance still indicates an area for improvement (Figure 4.10).

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

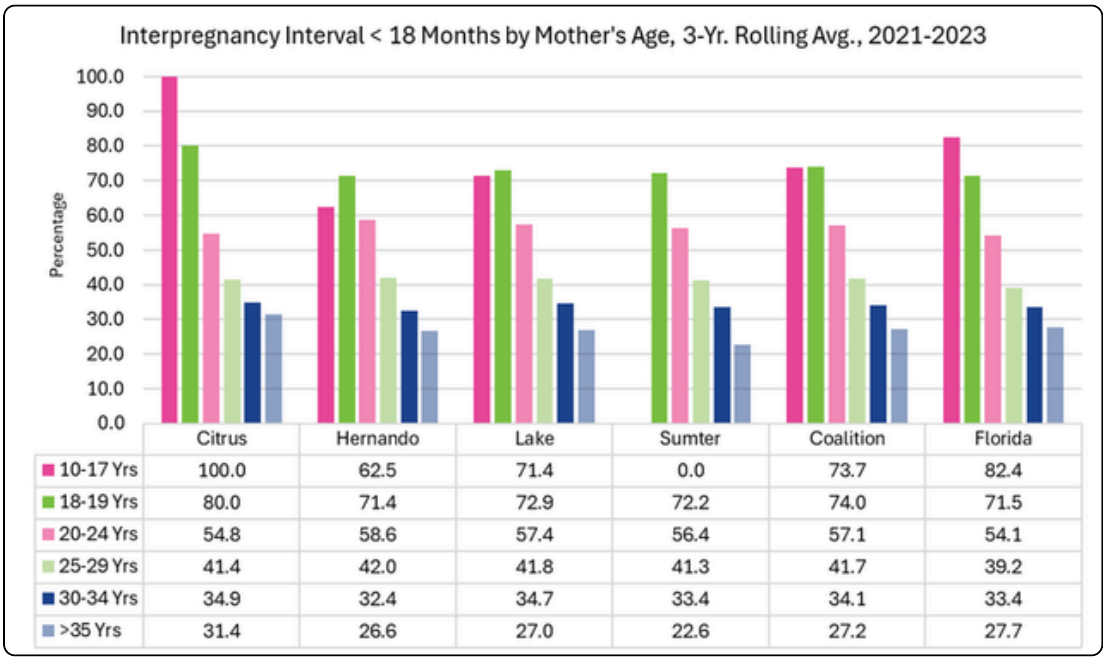


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
Hispanic	25.0	37.0	35.3	37.5	35.2	31.3
Non-Hispanic	39.0	40.4	40.3	37.0	39.8	39.4
Total	37.6	39.5	39.0	37.1	38.7	36.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Again, the Coalition's overall percentages of women with an interpregnancy interval less than 18 months was slightly higher than the State for both Hispanic and non-Hispanic women. Notably, the percentage of Hispanic women with an interpregnancy interval less than 18 months in Citrus County was significantly lower than the rest of the Coalition area in 2023 (Figure 4.11).

Figure 4.12. Percentage of Interpregnancy Intervals < 18 Months by Mother's Age, 2021-2023



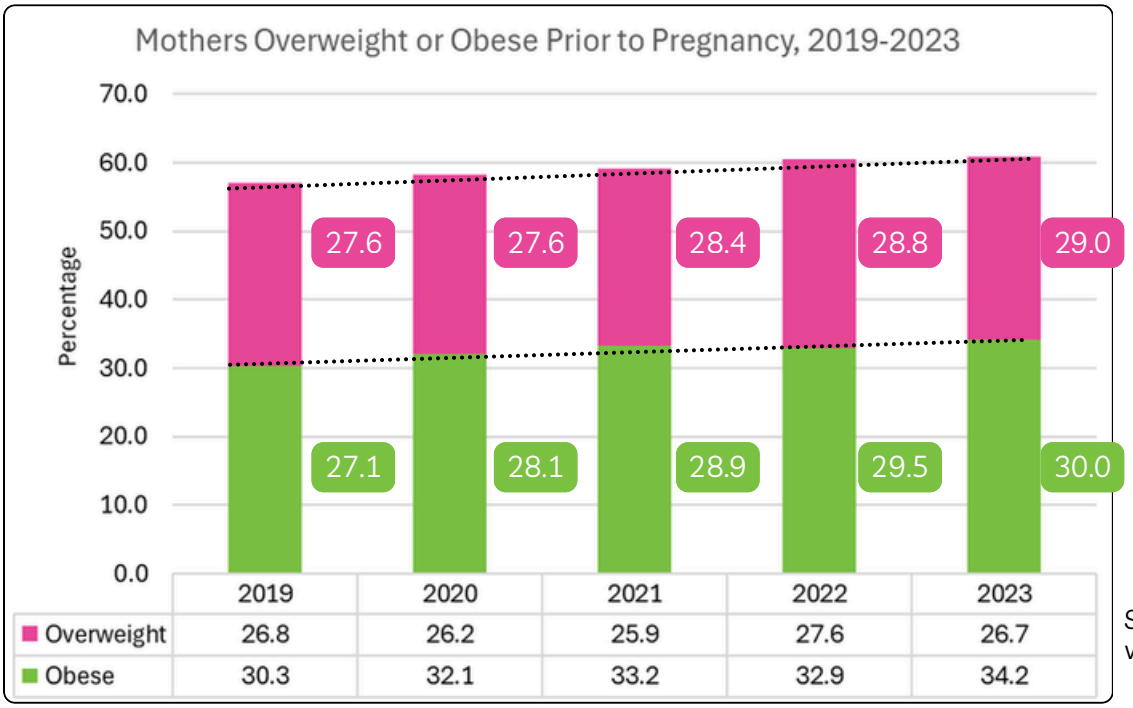
	Citrus	Hernando	Lake	Sumter	Coalition	Florida
10-17 Yrs	100.0	62.5	71.4	0.0	73.7	82.4
18-19 Yrs	80.0	71.4	72.9	72.2	74.0	71.5
20-24 Yrs	54.8	58.6	57.4	56.4	57.1	54.1
25-29 Yrs	41.4	42.0	41.8	41.3	41.7	39.2
30-34 Yrs	34.9	32.4	34.7	33.4	34.1	33.4
>35 Yrs	31.4	26.6	27.0	22.6	27.2	27.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

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

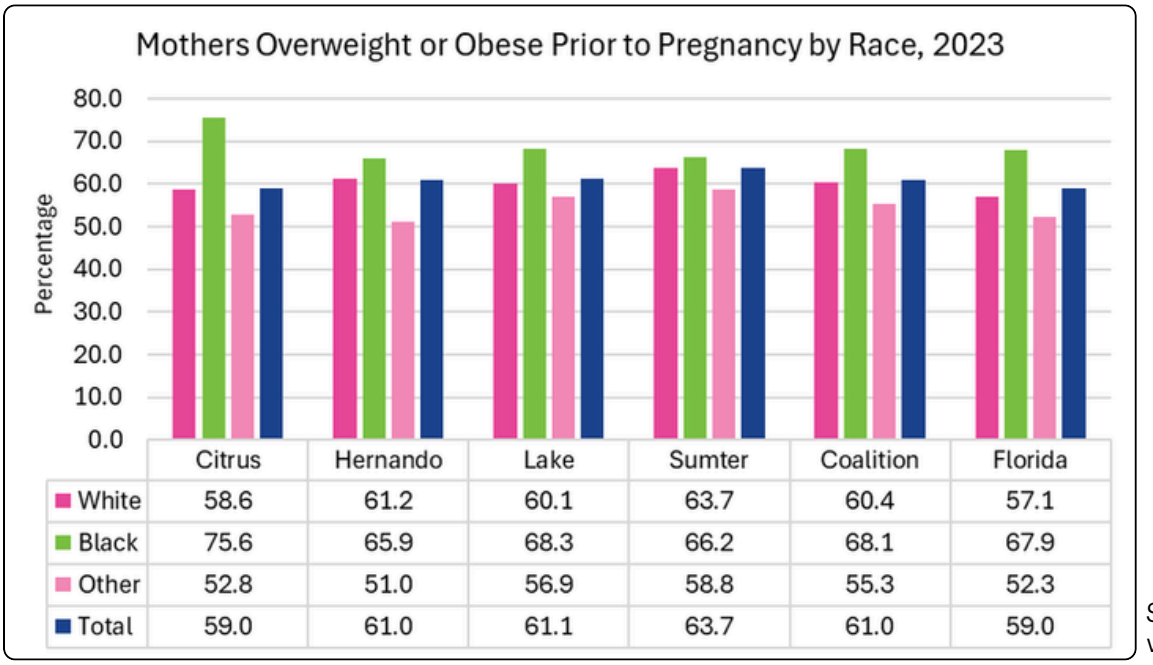


	2019	2020	2021	2022	2023
Overweight	26.8	26.2	25.9	27.6	26.7
Obese	30.3	32.1	33.2	32.9	34.2

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In the Coalition area, the percentages of mothers who were overweight or obese prior to pregnancy have been increasing. These numbers are consistent with the state's trend. The percentages of women who are obese compared to overweight are close, meaning just as many women are obese as are overweight prior to pregnancy. The Coalition's percentage of obese women prior to pregnancy has increased from 30.3% in 2019 to 34.2% in 2023 (Figure 4.13).

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

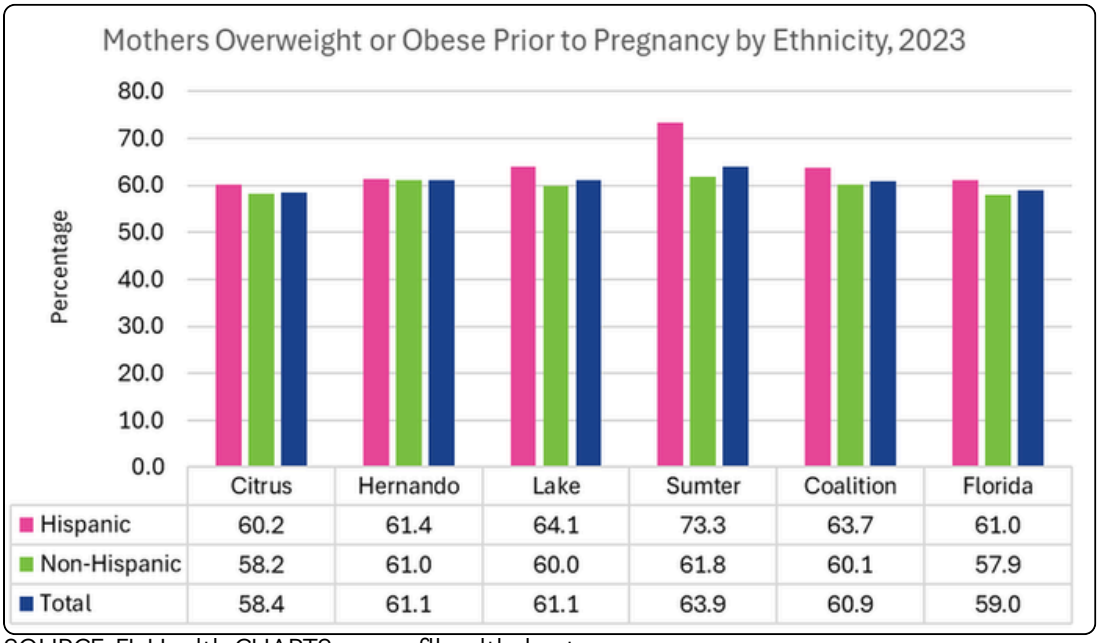


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	58.6	61.2	60.1	63.7	60.4	57.1
Black	75.6	65.9	68.3	66.2	68.1	67.9
Other	52.8	51.0	56.9	58.8	55.3	52.3
Total	59.0	61.0	61.1	63.7	61.0	59.0

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The percentage of women of who are overweight or obese prior to pregnancy in the Coalition area is higher than the state. Black women have the highest percentages of being overweight or obese prior to pregnancy. In 2023, the percentage of Black mothers in Citrus County who were overweight or obese prior to pregnancy was significantly higher than the rest of the Coalition or the state (Figure 4.14).

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



	Citrus	Hernando	Lake	Sumter	Coalition	Florida
Hispanic	60.2	61.4	64.1	73.3	63.7	61.0
Non-Hispanic	58.2	61.0	60.0	61.8	60.1	57.9
Total	58.4	61.1	61.1	63.9	60.9	59.0

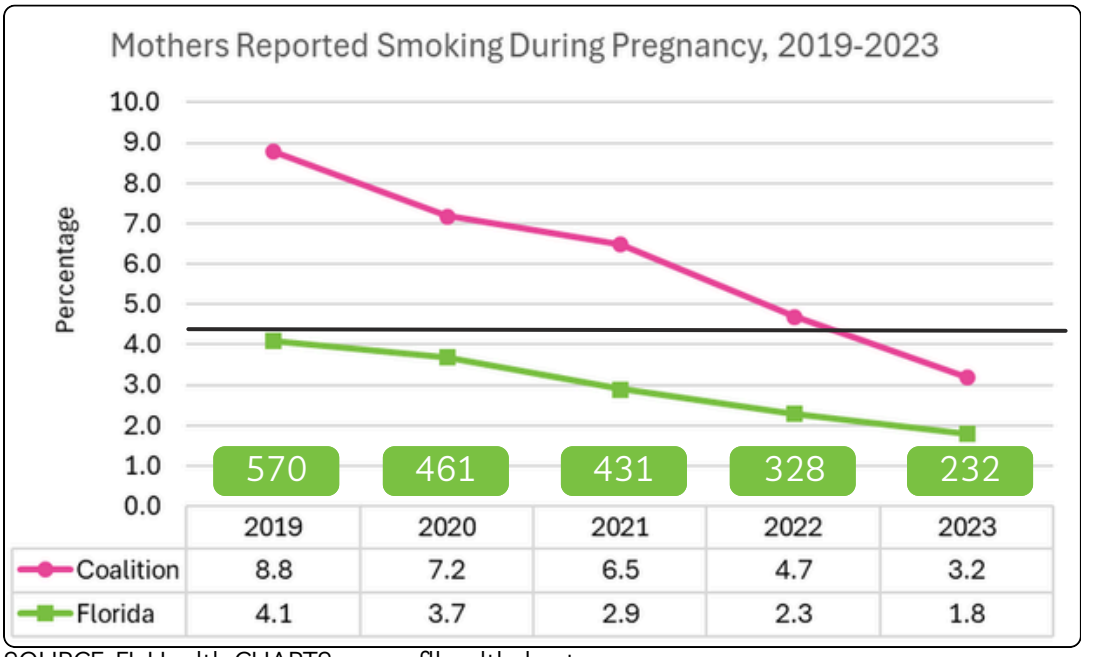
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Hispanic women had higher percentages of being overweight or obese prior to pregnancy when compared to non-Hispanic women in 2023. Hispanic mothers in Sumter County being significantly higher than the rest of the Coalition or the state (Figure 4.15).

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

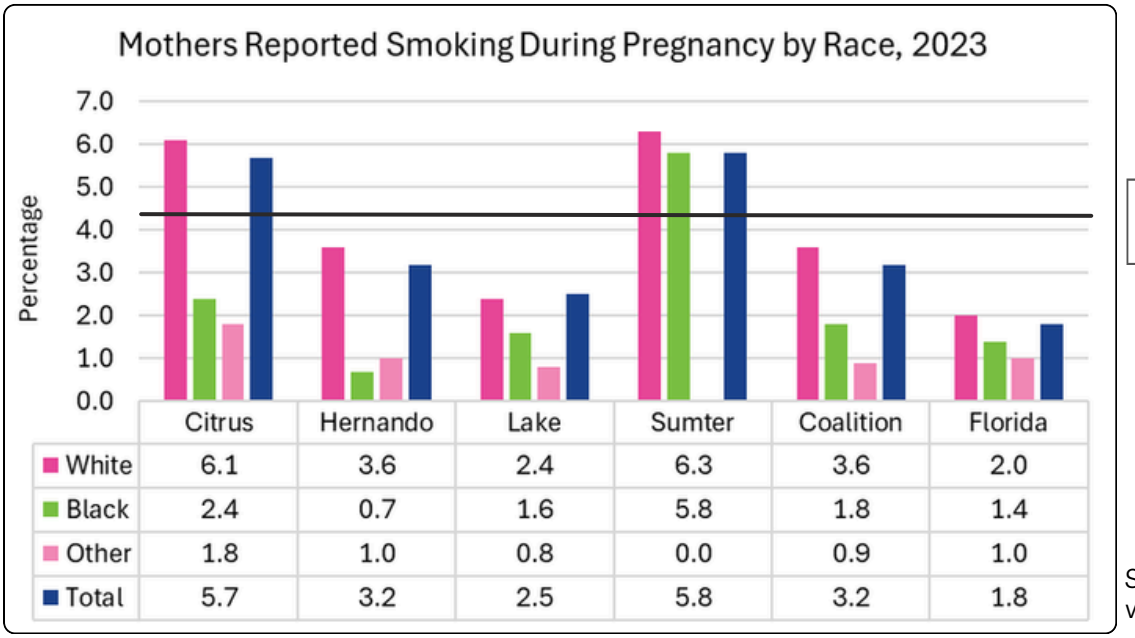


	2019	2020	2021	2022	2023
Coalition	8.8	7.2	6.5	4.7	3.2
Florida	4.1	3.7	2.9	2.3	1.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition rates of mothers who reported smoking during pregnancy continues to be higher than (double) the state rates. 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% (Figure 4.16).

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

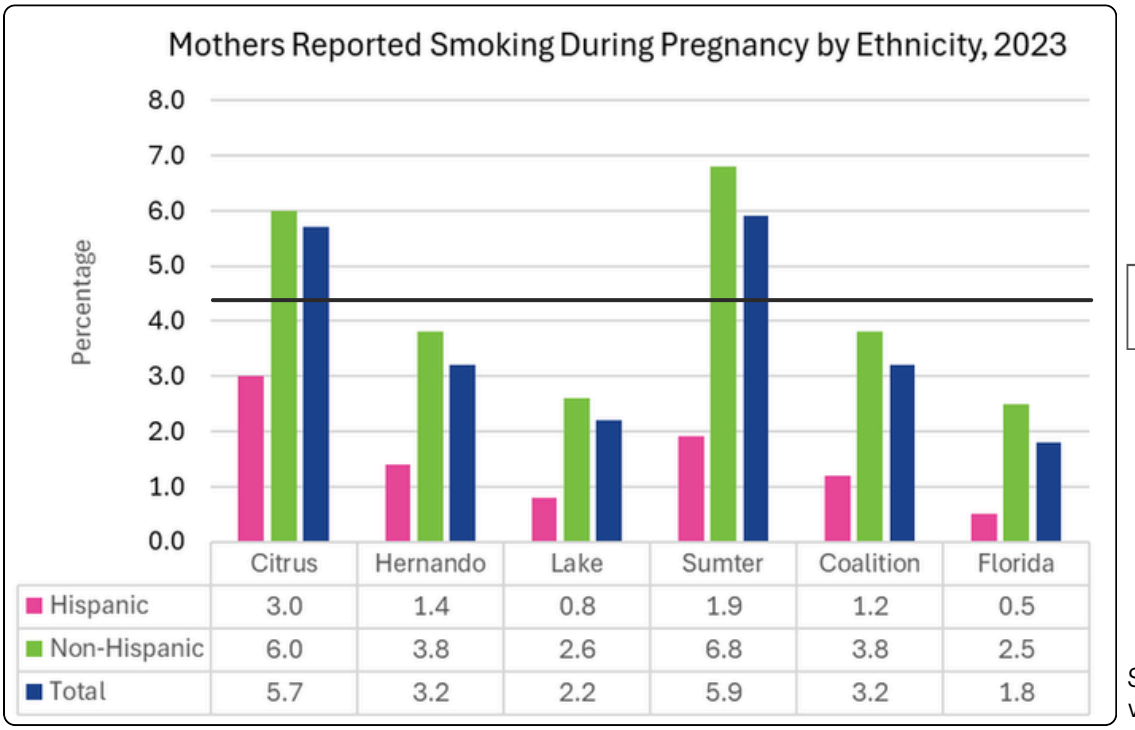


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	6.1	3.6	2.4	6.3	3.6	2.0
Black	2.4	0.7	1.6	5.8	1.8	1.4
Other	1.8	1.0	0.8	0.0	0.9	1.0
Total	5.7	3.2	2.5	5.8	3.2	1.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, the percentages of women who reported smoking during pregnancy in Citrus and Sumter counties were significantly higher than the state. While White women were more likely to smoke during pregnancy, the percentage of Black women in Sumter County who reported smoking during pregnancy was more than four times the state percentage (Figure 4.17).

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



	Citrus	Hernando	Lake	Sumter	Coalition	Florida
Hispanic	3.0	1.4	0.8	1.9	1.2	0.5
Non-Hispanic	6.0	3.8	2.6	6.8	3.8	2.5
Total	5.7	3.2	2.2	5.9	3.2	1.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

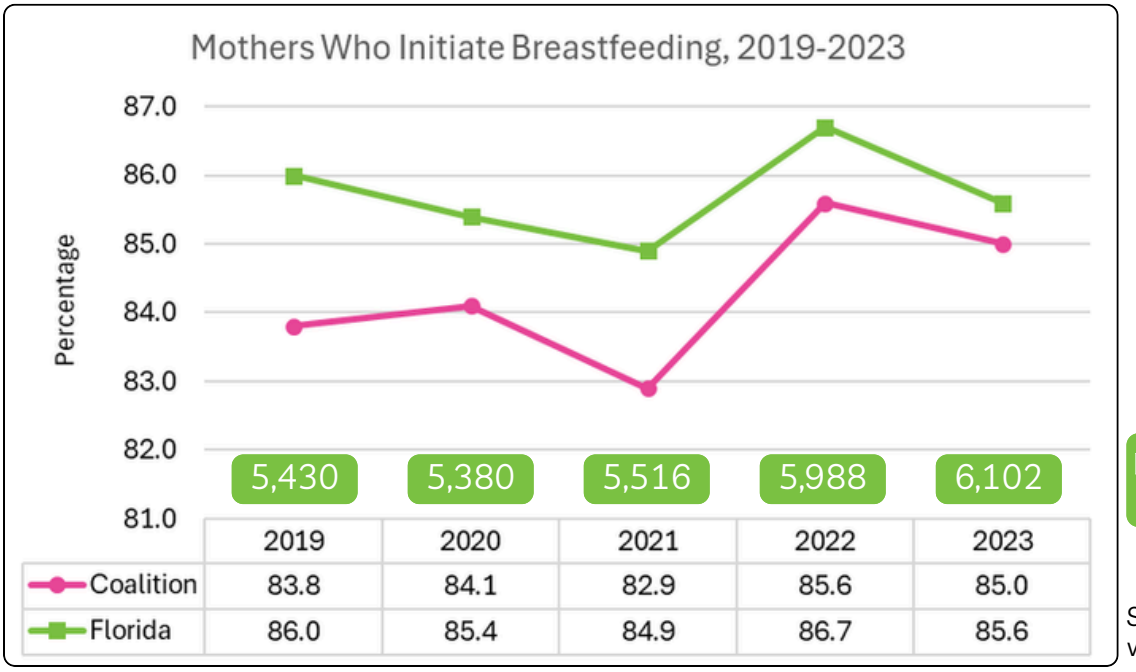
In 2023, the percentage of Hispanic women in Citrus County who reported smoking during pregnancy was significantly higher than the rest of the Coalition or the state. Overall, the percentage of Hispanic women who reported smoking during pregnancy was less than non-Hispanic women (Figure 4.18).

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

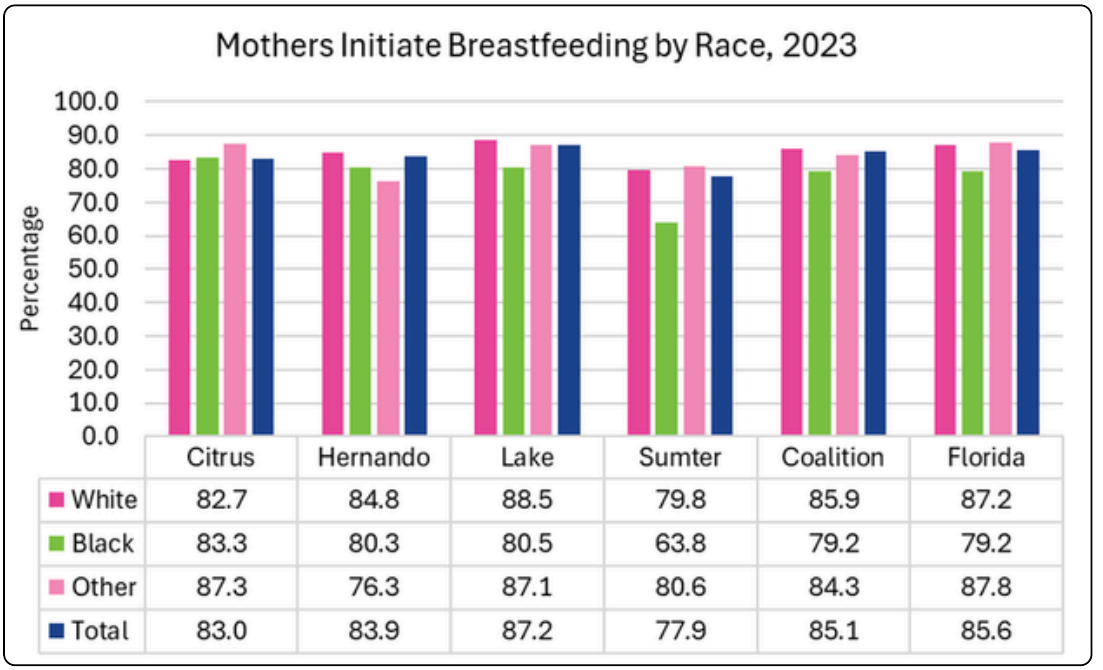


	2019	2020	2021	2022	2023
Coalition	83.8	84.1	82.9	85.6	85.0
Florida	86.0	85.4	84.9	86.7	85.6

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

While the percentage of women who initiate breastfeeding in the Coalition area is consistently less than the state's rate, the Coalition has been trending upward over the past five years and the gap between the Coalition and state percentages is closing (Figure 4.19).

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

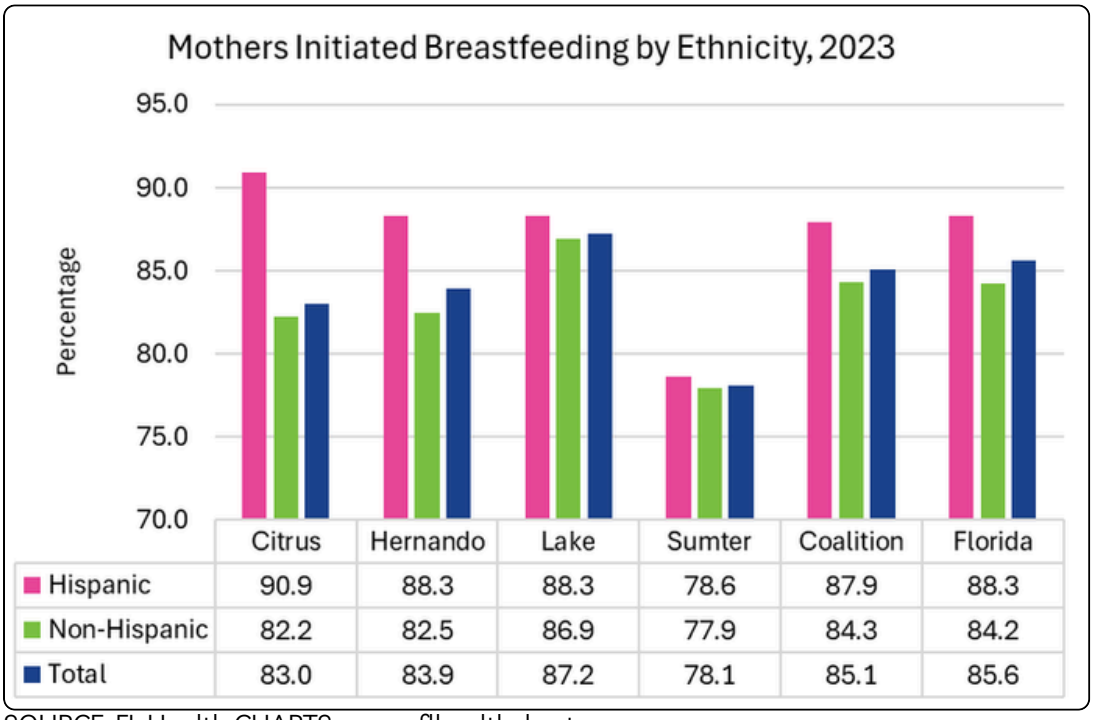


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	82.7	84.8	88.5	79.8	85.9	87.2
Black	83.3	80.3	80.5	63.8	79.2	79.2
Other	87.3	76.3	87.1	80.6	84.3	87.8
Total	83.0	83.9	87.2	77.9	85.1	85.6

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, Black mothers in Sumter County were significantly less likely to initiate breastfeeding than White mothers (63.8% of Black women compared to 79.8% of White women). However, in Citrus County, Black mothers were slightly more likely to initiate breastfeeding than White mothers (83.3% of Black women compared to 82.7% of White women) (Figure 4.20).

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



	Citrus	Hernando	Lake	Sumter	Coalition	Florida
Hispanic	90.9	88.3	88.3	78.6	87.9	88.3
Non-Hispanic	82.2	82.5	86.9	77.9	84.3	84.2
Total	83.0	83.9	87.2	78.1	85.1	85.6

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

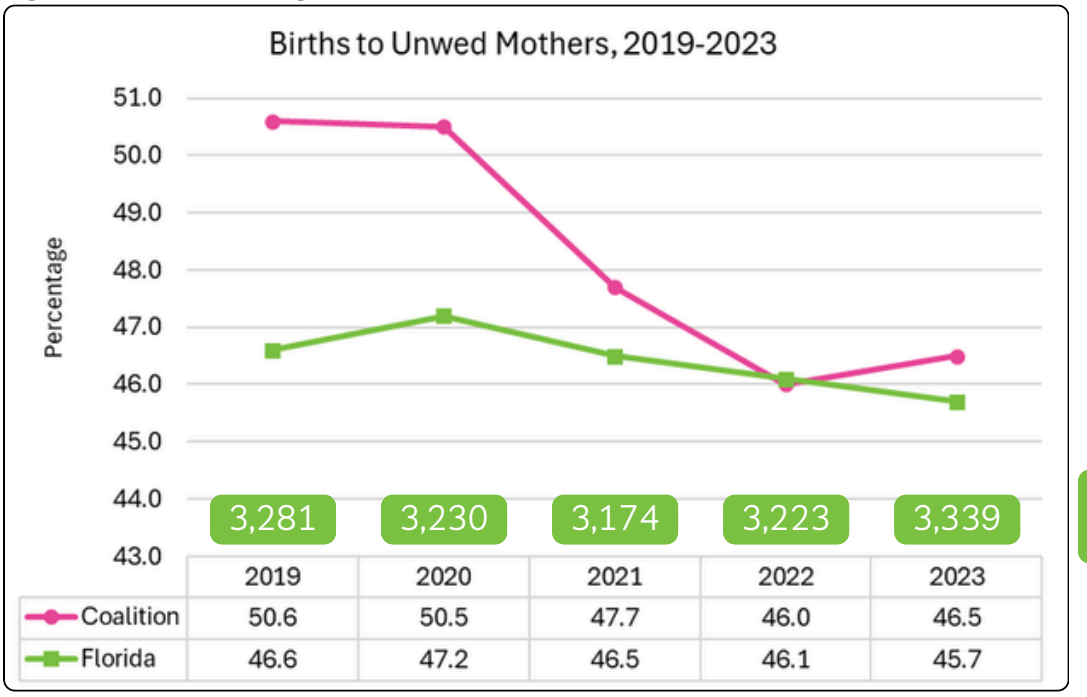
Overall, Hispanic women were more likely to breastfeed than non-Hispanic women (87.9% Hispanic compared to 84.3% non-Hispanic) in 2023. Citrus County had the highest percentage of Hispanic women initiating breastfeeding at 90.9% while Sumter County had the lowest percentage at 78.6% (Figure 4.21).

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

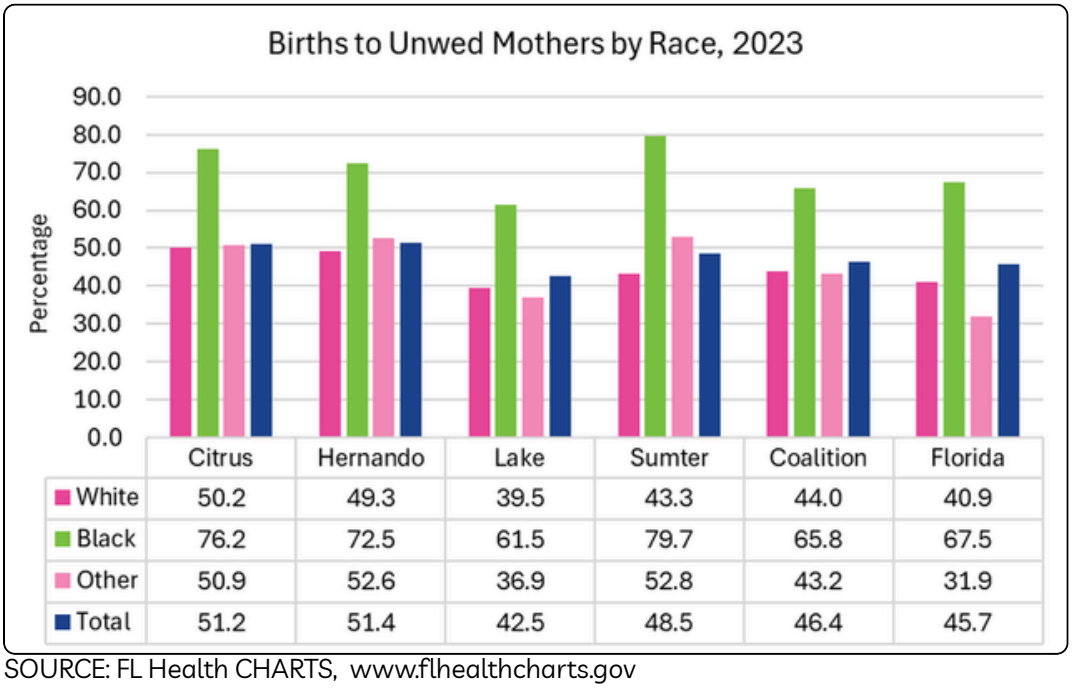


	2019	2020	2021	2022	2023
Coalition	50.6	50.5	47.7	46.0	46.5
Florida	46.6	47.2	46.5	46.1	45.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Births to unwed mothers in the Coalition area have significantly decreased since 2020 and the gap between the Coalition and the state percentages closing (Figure 4.22).

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

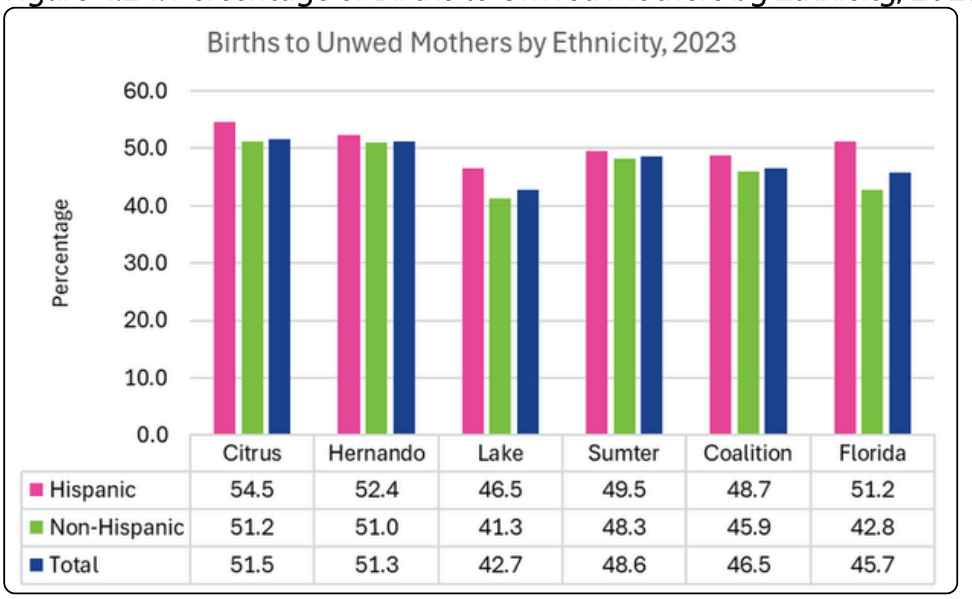


	Citrus	Hernando	Lake	Sumter	Coalition	Florida
White	50.2	49.3	39.5	43.3	44.0	40.9
Black	76.2	72.5	61.5	79.7	65.8	67.5
Other	50.9	52.6	36.9	52.8	43.2	31.9
Total	51.2	51.4	42.5	48.5	46.4	45.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

In 2023, percentage of births to Black unwed mothers was significantly higher than White and Other unwed mothers (65.8% Black unwed mothers compared to 44% White unwed mothers and 43.2% Other unwed mothers) (Figure 4.23).

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



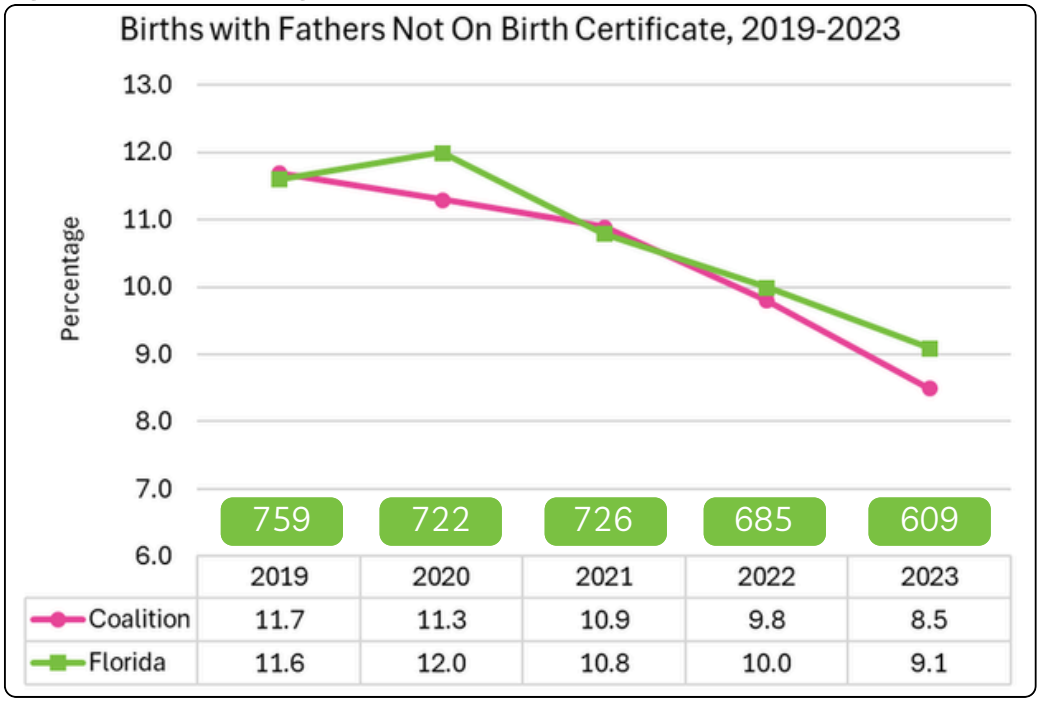
	Citrus	Hernando	Lake	Sumter	Coalition	Florida
Hispanic	54.5	52.4	46.5	49.5	48.7	51.2
Non-Hispanic	51.2	51.0	41.3	48.3	45.9	42.8
Total	51.5	51.3	42.7	48.6	46.5	45.7

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The percentage of births to Hispanic unwed mothers was slightly higher than births to non-Hispanic unwed mothers (48.7% of Hispanic compared to 45.9% non-Hispanic) in 2023. However, the Coalition percentage of Hispanic births to unwed mothers was lower than the state percentage (48.7% compared to 51.2%) (Figure 4.24).

BIRTHS WHERE FATHERS ARE NOT ON THE BIRTH CERTIFICATE

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



	2019	2020	2021	2022	2023
	759	722	726	685	609
Coalition	11.7	11.3	10.9	9.8	8.5
Florida	11.6	12.0	10.8	10.0	9.1

Number of births with the father not on birth certificate

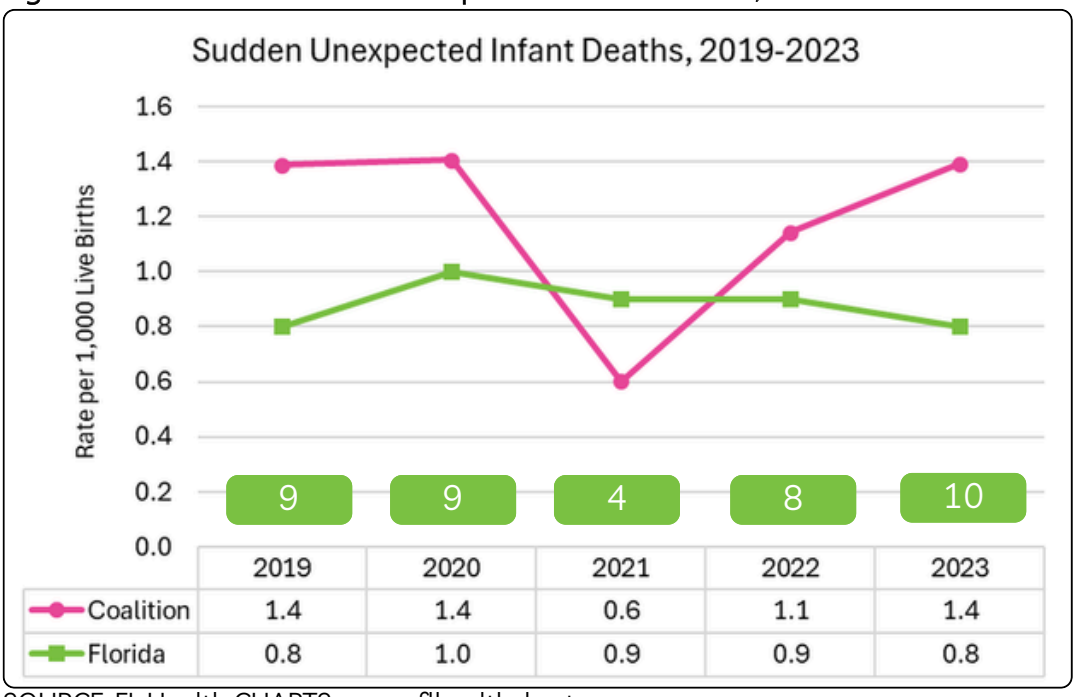
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The percentage of birth certificates in the Coalition area that do not have a father listed is consistent with the state and has been steadily decreasing since 2019 (Figure 4.25).

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.

Figure 4.26. Rate of Sudden Unexpected Infant Deaths, 2019-2023

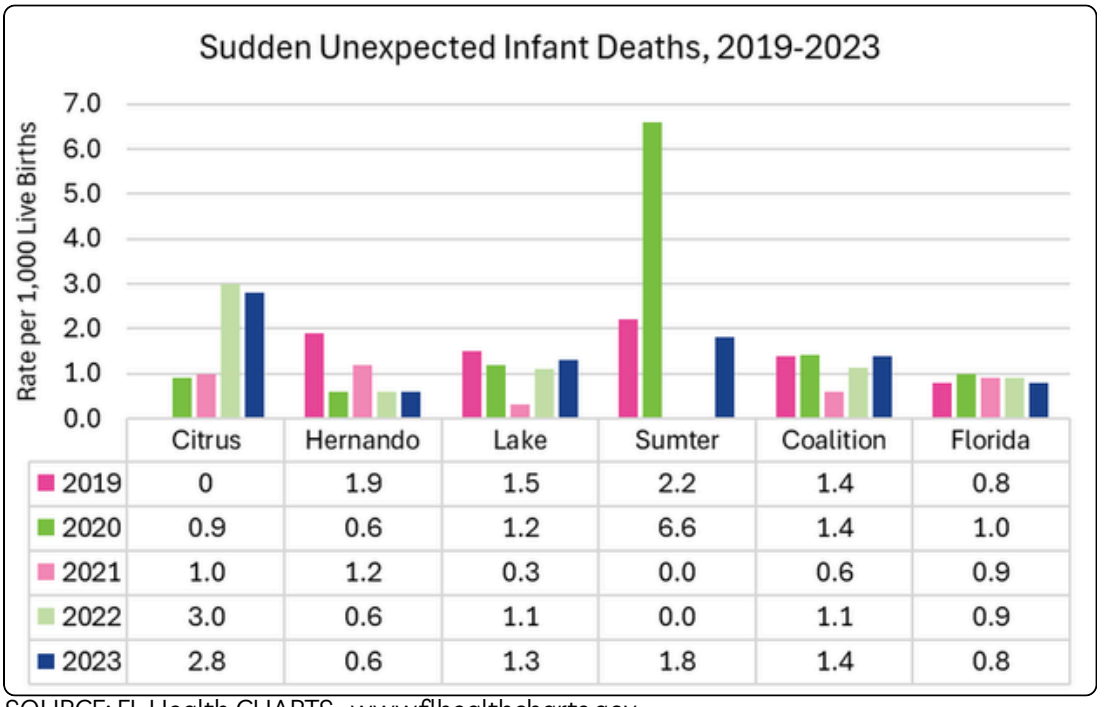


	2019	2020	2021	2022	2023
Coalition	1.4	1.4	0.6	1.1	1.4
Florida	0.8	1.0	0.9	0.9	0.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

The Coalition's SUID rate, with the exception of 2021, has been consistently higher than the state's rate. Disregarding outliers, the trend is consistent with what it was 5-years ago, similar to the state rate (Figure 4.26).

Figure 4.27. Rate of Sudden Unexpected Infant Deaths, 2019-2023



	Citrus	Hernando	Lake	Sumter	Coalition	Florida
2019	0	1.9	1.5	2.2	1.4	0.8
2020	0.9	0.6	1.2	6.6	1.4	1.0
2021	1.0	1.2	0.3	0.0	0.6	0.9
2022	3.0	0.6	1.1	0.0	1.1	0.9
2023	2.8	0.6	1.3	1.8	1.4	0.8

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

For four of the five years shown in the graph above, the Coalition's SUID rates were higher than the state. In 2020, Sumter County had a significantly higher SUID rate compared to the rest of the Coalition service area (6.6 per 1,000 live births) but decreased back to 0.0 per 1,000 live births in both 2021 and 2022 (Figure 4.27).

FACTORS CONTRIBUTING TO THE HEALTH STATUS INDICATORS

UNINTENTIONAL INJURY

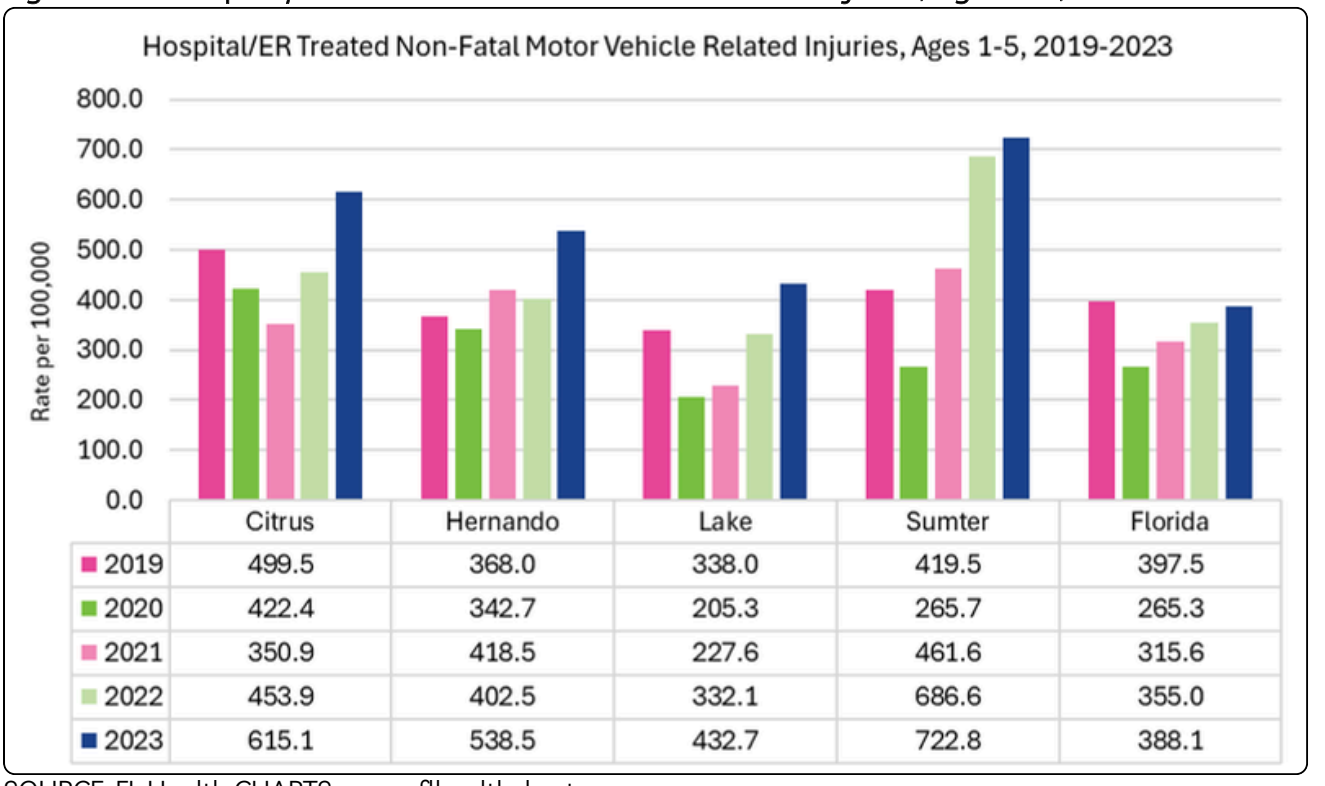
Unintentional injury is one of the leading causes of infant mortality. Preventive actions can be taken to reduce the risks of unintentional injuries in the community.

Table 4.1. Hospital/ER Treated Non-Fatal Vehicle Related Injuries, 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*
Citrus	29	499.5	24	422.4	20	350.9	27	453.9	36	615.1
Hernando	33	368.0	31	342.7	38	418.5	37	402.5	49	538.5
Lake	60	338.0	38	205.3	43	227.6	68	332.1	85	432.7
Sumter	11	419.5	7	265.7	13	461.6	17	686.6	20	722.8
Florida	4,600	397.5	3,131	265.3	3,716	315.6	4,097	355.0	4,479	388.1

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

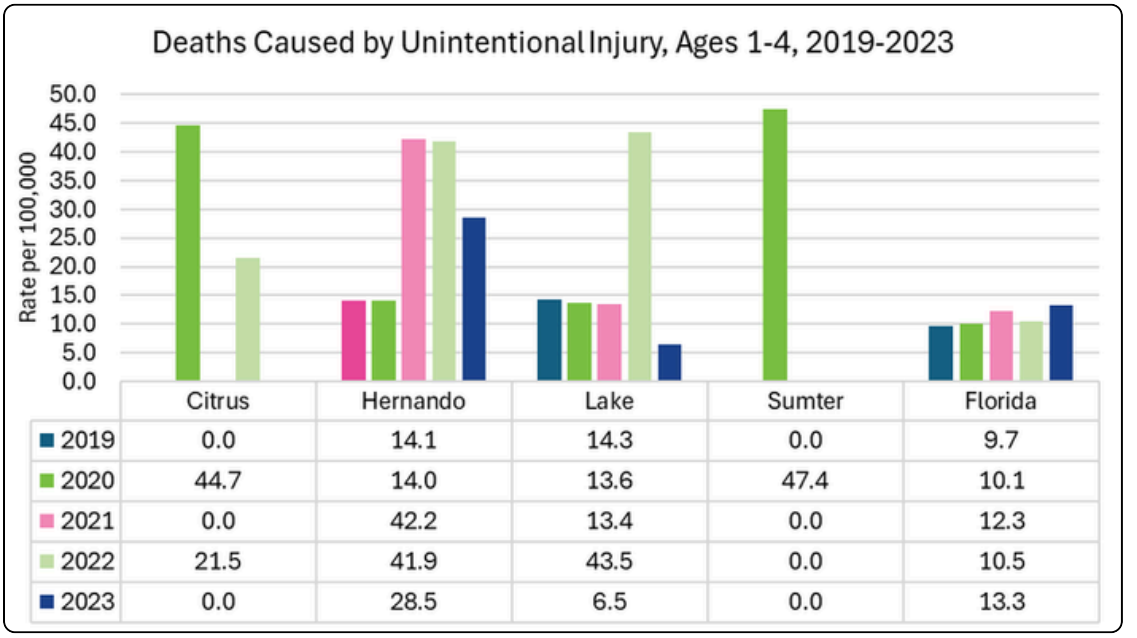
Figure 4.28. Hospital/ER Treated Non-Fatal Vehicle Related Injuries, Ages 1-5, 2019-2023



SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Between 2019-2023, Citrus and Sumter counties were consistently higher than the state in hospital/ER treated non-fatal motor vehicle related injuries. Hernando County was lower than the state in 2019 while Lake County was lower than the state every year with the exception of 2023 (Table 4.1 and Figure 4.28).

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

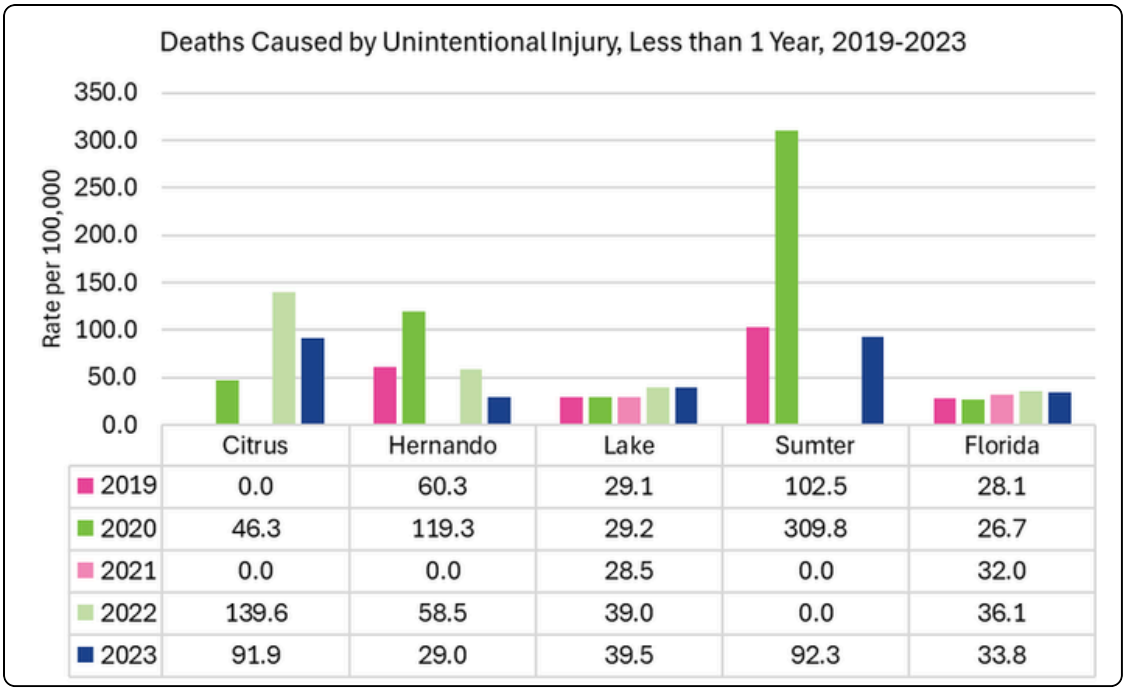


	Citrus	Hernando	Lake	Sumter	Florida
2019	0.0	14.1	14.3	0.0	9.7
2020	44.7	14.0	13.6	47.4	10.1
2021	0.0	42.2	13.4	0.0	12.3
2022	21.5	41.9	43.5	0.0	10.5
2023	0.0	28.5	6.5	0.0	13.3

SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Between 2019-2023, the rate of deaths caused by unintentional injuries for children 1-4 years of age exceeded the state's rate most years in Hernando and Lake counties. In the Coalition's smaller counties (Citrus and Sumter), deaths due to unintentional injury ages 1-4 did not occur every year, however when they did the rates were at least double that of the state (Figure 4.29).

Figure 4.30. Deaths Caused by Unintentional Injury, Less than 1 Year Old, 2019-2023



	Citrus	Hernando	Lake	Sumter	Florida
2019	0.0	60.3	29.1	102.5	28.1
2020	46.3	119.3	29.2	309.8	26.7
2021	0.0	0.0	28.5	0.0	32.0
2022	139.6	58.5	39.0	0.0	36.1
2023	91.9	29.0	39.5	92.3	33.8

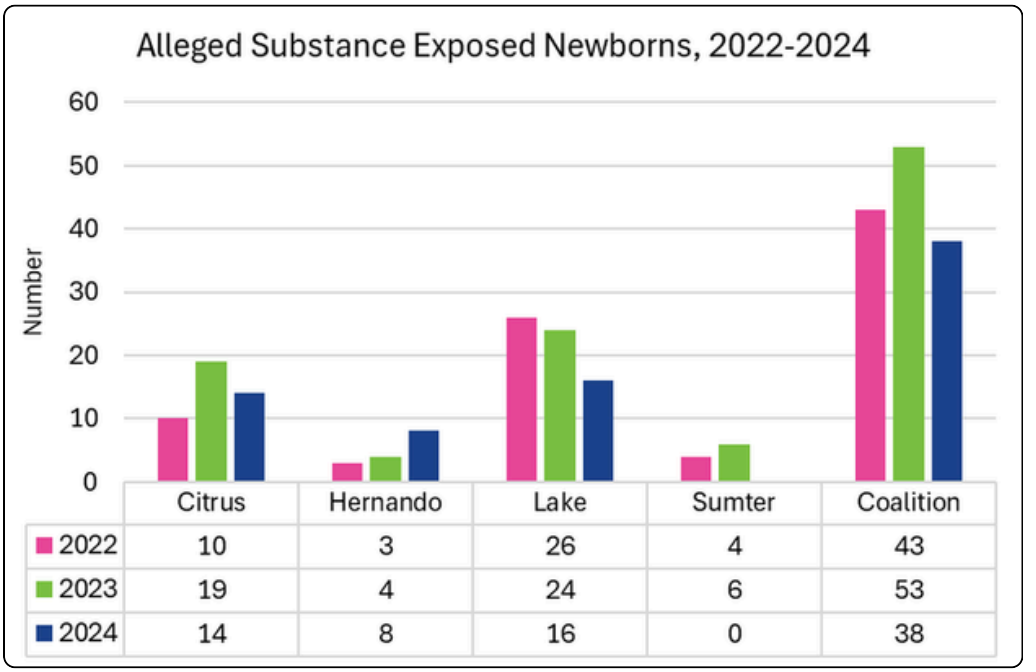
SOURCE: FL Health CHARTS, www.flhealthcharts.gov

Lake County has rates that are the most consistent with the state, though often still slightly higher. In the years that Citrus and Sumter counties have these types of deaths, the rates spike significantly higher than the state rate. While the small populations of these counties contribute to the large spikes, these concerning numbers are early warning signs of potential injuries and are reason enough for us to continue focusing on our intervention efforts. 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. Alleged Substance Exposed Newborns, 2022-2024

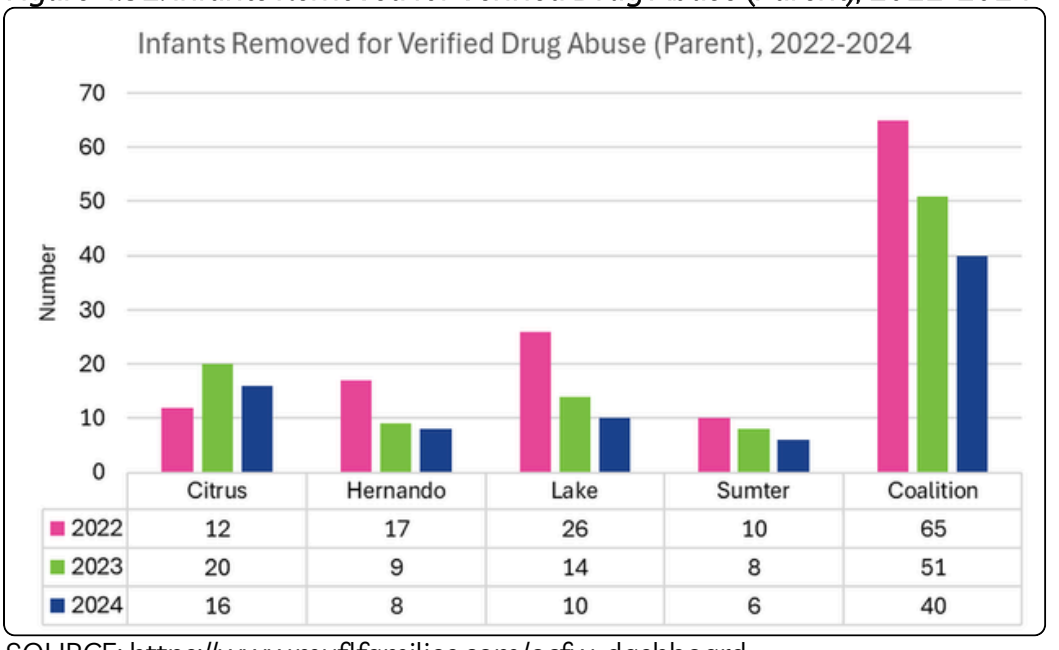


	Citrus	Hernando	Lake	Sumter	Coalition
2022	10	3	26	4	43
2023	19	4	24	6	53
2024	14	8	16	0	38

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 (Figure 4.31).

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



	Citrus	Hernando	Lake	Sumter	Coalition
2022	12	17	26	10	65
2023	20	9	14	8	51
2024	16	8	10	6	40

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

The overall number of infants in the Coalition area removed from their homes for verified drug abuse by the parent has decreased since 2022. Citrus County had the highest number of infants removed due to verified drug abuse by the parent and accounted for almost half of the total number of infants removed for parental drug abuse in the Coalition area in 2023 and 2024. The numbers in Hernando, Lake, and Sumter counties, however, are trending downward (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 dropped over the last decade and is down nearly 10% (69.9% in 2023 compared to 78.4% in 2016). Conversely, third trimester or no prenatal care has increased since 2016, increasing from 5.7% in 2016 to 8.0% 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 being the population most likely to have pregnancies too closely spaced.

Overweight or Obese prior to pregnancy

- Percentage of women who were overweight or obese prior to pregnancy has continued to worsen, increasing from 57.1% in 2019 to 60.9% in 2023.

Sudden Unexpected Infant Deaths

- There has been improvement in the Coalition's SUID rate over the past decade, decreasing from 1.9 per 1,000 births in 2016 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 12.2% in 2016 to 3.2% in 2023, meeting the Healthy People 2030 Goal.
- Breastfeeding initiation rates have continued to improve, increasing from 80.6% in 2016 to 85.0% in 2023.
- Births to unwed mothers and births with fathers not on the birth certificate have steadily improved 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)

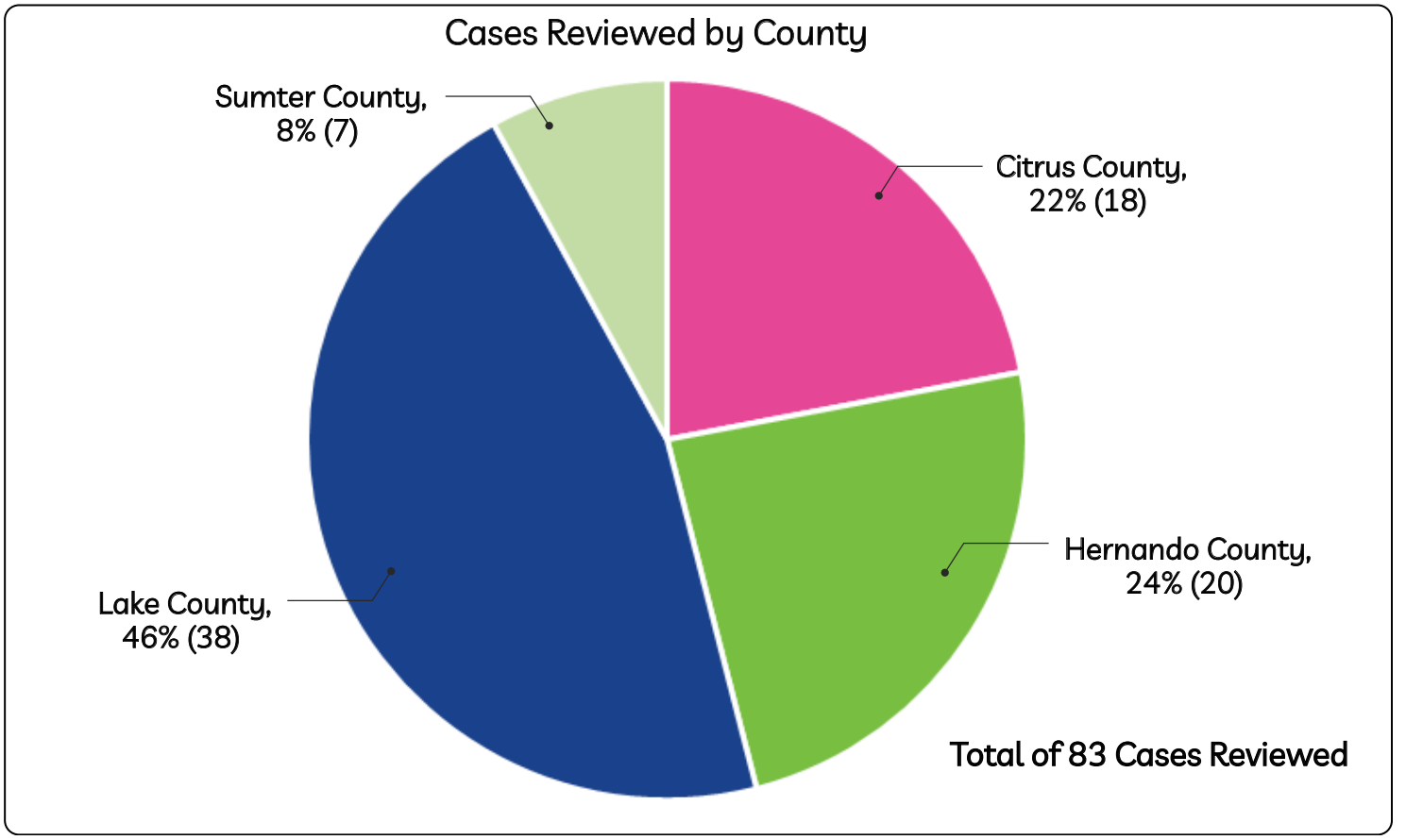


Figure 5.2. Cases Reviewed by Type, February 2023-September 2025 (Aggregate Data)

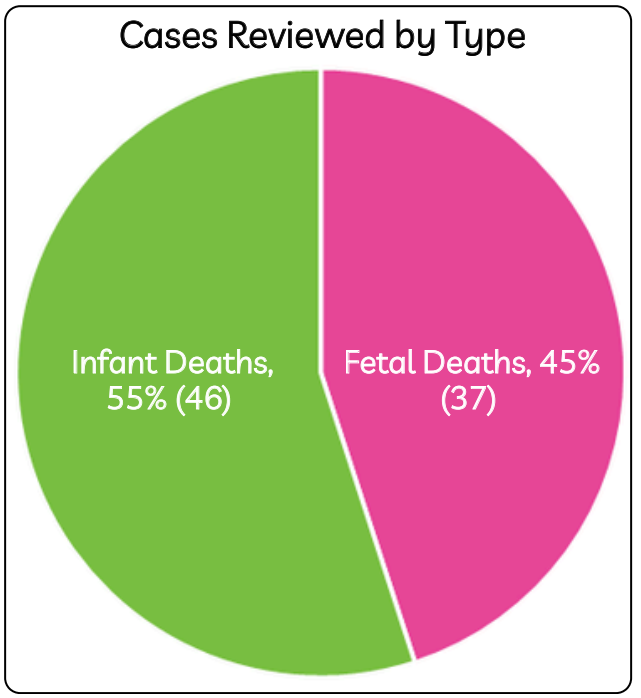
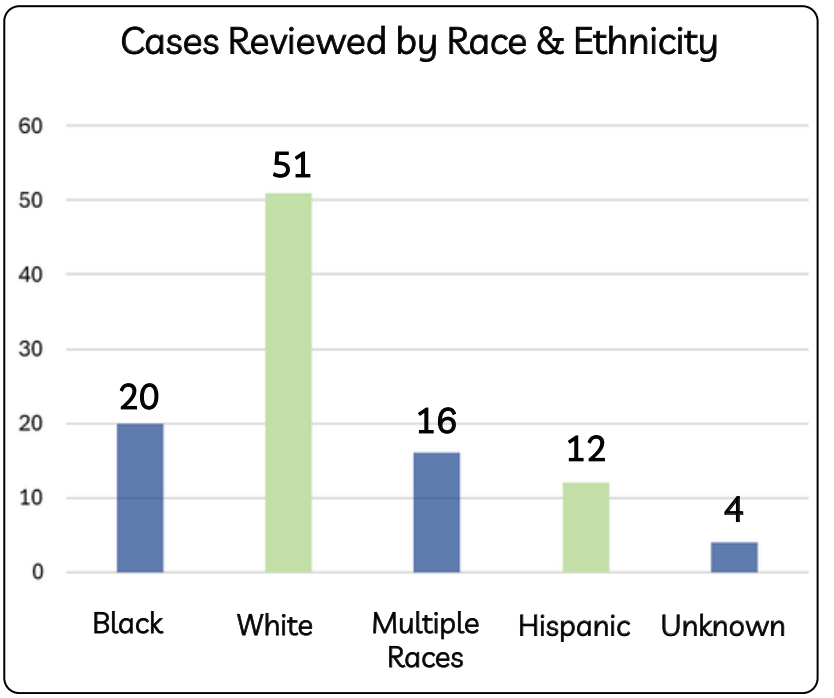
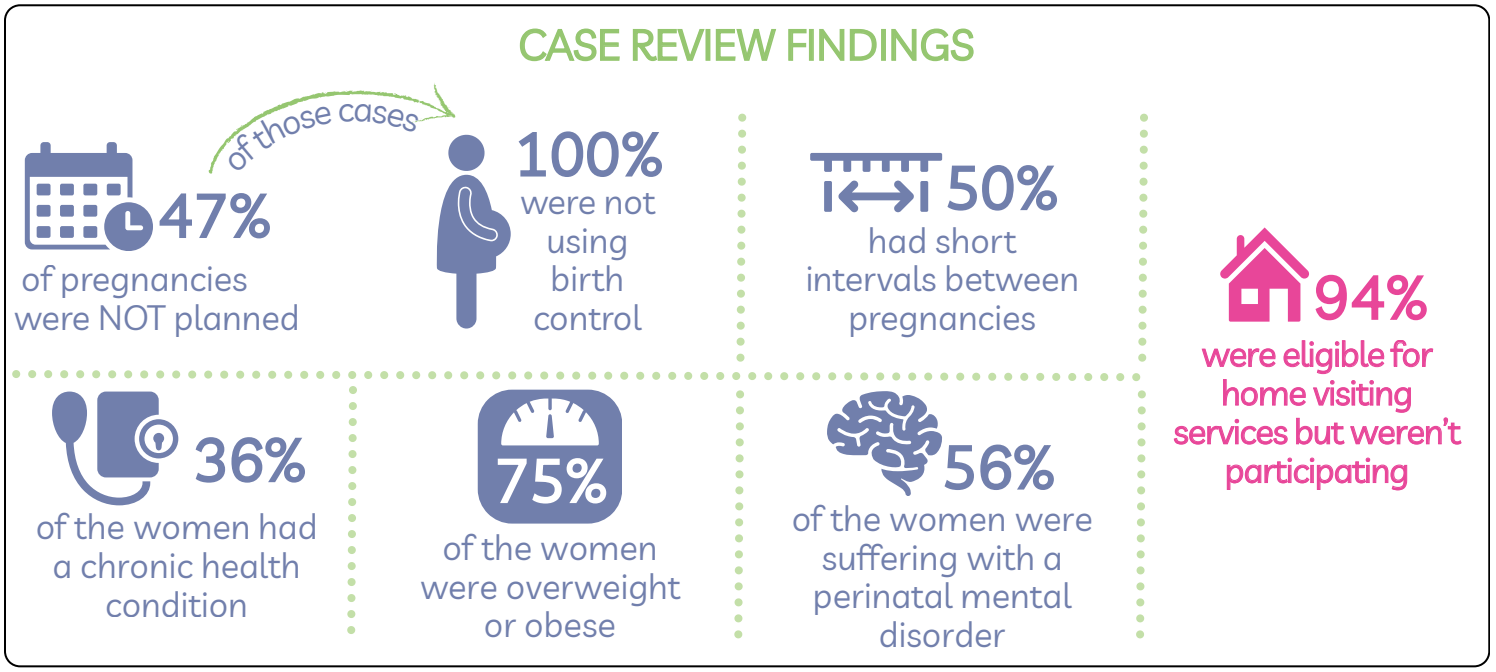


Figure 5.3. Cases Reviewed by Race and Ethnicity, February 2023-September 2025 (Aggregate Data)



FETAL AND INFANT MORTALITY REVIEW FINDINGS

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





CONSUMER AND PROVIDER INPUT

CONSUMER AND PROVIDER INPUT

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

A total of 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 AND PROVIDER INPUT

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

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

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 AND PROVIDER INPUT

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

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

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

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

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

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

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

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

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

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

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

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	26.67%	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

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

CONSUMER AND PROVIDER INPUT

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

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

CONSUMER AND PROVIDER INPUT

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

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

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

CONSUMER AND PROVIDER INPUT

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

CONSUMER AND PROVIDER INPUT

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.

CONSUMER AND PROVIDER INPUT

BUMP 2 BABY EXPOS SURVEYS

Citrus County

The following is data was collected during the registration process for our Bump2Baby Expo (our signature health and education event) in Citrus County, Florida. There were a total of 111 people in attendance and 43 provided registration information.

Who is here today?		
	Percent	Count
Mom	97.7%	42
Dad	23.3%	10
Total Responses:		43
Skipped Question:		0

Check all that apply.		
	Percent	Count
Pregnant	67.4%	29
Baby under 12 months of age	32.6%	14
Trying to get pregnant	0.0%	0
Total Responses:		43
Skipped Question:		0

CONSUMER AND PROVIDER INPUT

Mother's Age		
	Percent	Count
Age 19 or under	4.7%	2
Ages 20-25	20.9%	9
Ages 26-30	35.6%	14
Ages 31-35	18.6%	8
Age 36 or older	23.3%	10
Total Responses:		43
Skipped Question:		0

City of Residence		
	Percent	Count
Crystal River	9.3%	4
Inverness	25.6%	11
Lecanto	0.0%	0
Citrus Springs	9.3%	4
Beverly Hills	14.0%	6
Hernando	9.3%	4
Homosassa	18.6%	8
Out of County	14.0%	6
Total Responses:		43
Skipped Question:		0

Are you currently in a home visiting program?		
	Percent	Count
Not enrolled in home visiting	72.1%	31
Healthy Start	20.9%	9
Healthy Families	4.7%	2
Nurse-Family Partnership	0.0%	0
TEAM Dad	2.3%	1
Total Responses:		43
Skipped Question:		0

Do you have health insurance?		
	Percent	Count
Private insurance	48.8%	21
Medicaid	44.2%	19
No insurance/self-pay	7.0%	3
Total Responses:		43
Skipped Question:		0

CONSUMER AND PROVIDER INPUT

When did you start prenatal care?		
	Percent	Count
4-12 Weeks	83.7%	36
13-26 Weeks	7.0%	3
27+ Weeks	2.3%	1
Total Responses:		40
Skipped Question:		3

The following data was collected from attendees of our Bump2Baby Expo (our signature health and education event) in Citrus County, Florida. There were a total of 37 respondents.

What are/were your biggest concerns while pregnant?		
	Percent	Count
Health before pregnancy	22.2%	8
Unintended pregnancy	5.6%	2
Access to prenatal care	22.2%	8
Cost of prenatal care	19.4%	7
Teen pregnancy	11.1%	4
Lack of father/partner involvement	8.3%	3
Lack of social/community support	5.6%	2
Mental health (anxiety, depression)	44.4%	16
Tobacco use while pregnant	8.3%	3
Substance use while pregnant	2.8%	1
Obesity/nutrition/healthy lifestyle	36.1%	13
Trouble paying bills	38.9%	14
Discrimination or bias	8.3%	3
No housing or unsafe housing	8.3%	3
Transportation	2.8%	1
Dental care	11.1%	4
Access to birth control/family planning	2.8%	1
Safe place for baby to sleep	8.3%	3
Car seat safety	22.2%	8
infant/child safety in the home	5.6%	2
Help with childcare	27.8%	10
Other (please specify)	0.0%	0
Total Responses:		36
Skipped Question:		1

How did you find out about today's event?		
	Percent	Count
Doctor's office	13.5%	5
Health department	32.4%	12
Hospital	0.0%	0
Facebook	29.7%	11
Other (please specify): Pregnancy center, Family/friend, Humana, Chronicle	46.0%	17
Total Responses:		37
Skipped Question:		0

North Lake County

The following is data was collected during the registration process for our Bump2Baby Expo (our signature health and education event) in Northern Lake County, Florida. There were a total of 56 people in attendance and 23 provided registration information.

Who is here today?		
	Percent	Count
Mom	100.0%	23
Dad	26.1%	6
Total Responses:		23
Skipped Question:		0

Check all that apply.		
	Percent	Count
Pregnant	60.9%	14
Baby under 12 months of age	34.8%	8
Trying to get pregnant	4.4%	1
Total Responses:		23
Skipped Question:		0

Mother's Age		
	Percent	Count
Age 19 or under	13.0%	3
Ages 20-25	13.0%	3
Ages 26-30	43.5%	10
Ages 31-35	13.0%	3
Age 36 or older	17.4%	4
Total Responses:		23
Skipped Question:		0

CONSUMER AND PROVIDER INPUT

City of Residence		
	Percent	Count
Leesburg	39.1%	9
Eustis	17.4%	4
Groveland	17.4%	4
Fruitland Park	4.4%	1
Paisley	8.7%	2
Yalaha	4.4%	1
Out of County	8.7%	2
Did not answer	0.0%	0
Total Responses:		23
Skipped Question:		0

Are you currently in a home visiting program?		
	Percent	Count
Not enrolled in home visiting	73.9%	17
Healthy Start	17.4%	4
Healthy Families	8.7%	2
Nurse-Family Partnership	0.0%	0
TEAM Dad	0.0%	0
Total Responses:		23
Skipped Question:		0

Do you have health insurance?		
	Percent	Count
Private insurance	43.5%	10
Medicaid	56.5%	13
No insurance/self-pay	0.0%	0
Total Responses:		23
Skipped Question:		0

When did you start prenatal care?		
	Percent	Count
4-12 Weeks	87.0%	20
13-26 Weeks	4.4%	1
27+ Weeks	0.0%	0
Did not answer	8.7%	2
Total Responses:		23
Skipped Question:		0

The following data was collected from attendees of our Bump2Baby Expo (our signature health and education event) in Northern Lake County, Florida. There were a total of 21 respondents.

CONSUMER AND PROVIDER INPUT

What are/were your biggest concerns while pregnant?		
	Percent	Count
Health before pregnancy	23.8%	5
Unintended pregnancy	9.5%	2
Access to prenatal care	4.8%	1
Cost of prenatal care	42.9%	9
Teen pregnancy	14.3%	3
Lack of father/partner involvement	9.5%	2
Lack of social/community support	14.3%	3
Mental health (anxiety, depression)	23.8%	5
Tobacco use while pregnant	4.8%	1
Substance use while pregnant	0.0%	0
Obesity/nutrition/healthy lifestyle	33.3%	7
Trouble paying bills	42.9%	9
Discrimination or bias	4.8%	1
No housing or unsafe housing	14.3%	3
Transportation	28.6%	6
Dental care	19.0%	4
Access to birth control/family planning	9.5%	2
Safe place for baby to sleep	14.3%	3
Car seat safety	23.8%	5
infant/child safety in the home	19.0%	4
Help with childcare	38.1%	8
Other (please specify) none and high risk pregnancy	14.3%	3
Total Responses:		21
Skipped Question:		0

How did you find out about today's event?		
	Percent	Count
Doctor's office	0.0%	0
Health department	10.0%	2
Hospital	15.0%	3
Facebook	10.0%	2
Other(please specify): Friend/family, ELC, Healthy Start, Counselor, CHC, Doula, Salvation Army	70.0%	14
Total Responses:		20
Skipped Question:		1

South Lake County

The following is data was collected during the registration process for our Bump2Baby Expo (our signature health and education event) in Southern Lake County, Florida. There were a total of 112 people in attendance and 45 provided registration information.

Who is here today?		
	Percent	Count
Mom	100.0%	45
Dad	35.6%	16
Total Responses:		45
Skipped Question:		0

Check all that apply.		
	Percent	Count
Pregnant	66.7%	30
Baby under 12 months of age	33.3%	15
Trying to get pregnant	0.0%	0
Total Responses:		45
Skipped Question:		0

Mother's Age		
	Percent	Count
Age 19 or under	0.0%	0
Ages 20-25	13.3%	6
Ages 26-30	26.7%	12
Ages 31-35	20.0%	9
Age 36 or older	28.9%	13
Total Responses:		40
Skipped Question:		5

City of Residence		
	Percent	Count
Clermont/Minneola	40.0%	18
Groveland/Mascotte	17.8%	8
Ocoee/Winter Garden	4.4%	2
North Lake Area	8.9%	4
Out of County	13.3%	6
Total Responses:		38
Skipped Question:		7

CONSUMER AND PROVIDER INPUT

Are you currently in a home visiting program?		
	Percent	Count
Not enrolled in home visiting	75.0%	33
Healthy Start	20.5%	9
Healthy Families	0.0%	0
Nurse-Family Partnership	2.3%	1
	2.3%	1
Total Responses:		44
Skipped Question:		1

Do you have health insurance?		
	Percent	Count
Private insurance	48.9%	22
Medicaid	46.7%	21
No insurance/self-pay	4.4%	2
Total Responses:		45
Skipped Question:		0

When did you start prenatal care?		
	Percent	Count
4-12 Weeks	77.8%	35
13-26 Weeks	4.4%	2
27+ Weeks	8.9%	4
Total Responses:		41
Skipped Question:		4

The following data was collected from attendees of our Bump2Baby Expo (our signature health and education event) in Southern Lake County, Florida. There were a total of 45 respondents.

CONSUMER AND PROVIDER INPUT

What are/were your biggest concerns while pregnant?		
	Percent	Count
Health before pregnancy	25.0%	10
Unintended pregnancy	15.0%	6
Access to prenatal care	15.0%	6
Cost of prenatal care	25.0%	10
Teen pregnancy	5.0%	2
Lack of father/partner involvement	15.0%	6
Lack of social/community support	12.5%	5
Mental health (anxiety, depression)	42.5%	17
Tobacco use while pregnant	0.0%	0
Substance use while pregnant	0.0%	0
Obesity/nutrition/healthy lifestyle	37.5%	15
Trouble paying bills	27.5%	11
Discrimination or bias	12.5%	5
No housing or unsafe housing	10.0%	4
Transportation	10.0%	4
Dental care	5.0%	2
Access to birth control/family planning	0.0%	0
Safe place for baby to sleep	7.5%	3
Car seat safety	30.0%	12
infant/child safety in the home	12.5%	5
Help with childcare	37.5%	15
Other (please specify)	2.5%	1
	Total Responses:	40
	Skipped Question:	5

How did you find out about today's event?		
	Percent	Count
Doctor's office	7.8%	2
Health department	23.8%	10
Hospital	9.5%	4
Facebook	33.3%	14
Other (please specify): WIC, Healthy Start, Doula, Family, Nurse, Insurance, MMO, Coworker	35.7%	15
	Total Responses:	42
	Skipped Question:	3

Sumter County

The following is data was collected during the registration process for our Bump2Baby Expo (our signature health and education event) in Sumter County, Florida. There were a total of 30 people in attendance and 10 provided registration information.

Who is here today?		
	Percent	Count
Mom	100.0%	10
Dad	40.0%	4
Total Responses:		10
Skipped Question:		0

Check all that apply.		
	Percent	Count
Pregnant	66.7%	6
Baby under 12 months of age	33.3%	3
Trying to get pregnant	0.0%	0
Total Responses:		9
Skipped Question:		1

Mother's Age		
	Percent	Count
Age 19 or under	0.0%	0
Ages 20-25	30.0%	3
Ages 26-30	40.0%	4
Ages 31-35	20.0%	2
Age 36 or older	10.0%	1
Total Responses:		10
Skipped Question:		0

City of Residence		
	Percent	Count
Sumterville	10.0%	1
Bushnell	40.0%	4
Lake Pan	10.0%	1
Oxford	10.0%	1
Webster	20.0%	2
Total Responses:		9
Skipped Question:		1

CONSUMER AND PROVIDER INPUT

Are you currently in a home visiting program?		
	Percent	Count
Not enrolled in home visiting	90.0%	9
Healthy Start	10.0%	1
Healthy Families	0.0%	0
Nurse-Family Partnership	0.0%	0
TEAM Dad	0.0%	0
Total Responses:		10
Skipped Question:		0

Do you have health insurance?		
	Percent	Count
Private insurance	30.0%	3
Medicaid	60.0%	6
No insurance/self-pay	10.0%	1
Total Responses:		10
Skipped Question:		0

When did you start prenatal care?		
	Percent	Count
4-12 Weeks	90.0%	9
13-26 Weeks	0.0%	0
27+ Weeks	0.0%	0
Total Responses:		9
Skipped Question:		1

The following data was collected from attendees of our Bump2Baby Expo (our signature health and education event) in Sumter County, Florida. There were a total of 10 respondents.

CONSUMER AND PROVIDER INPUT

What are/were your biggest concerns while pregnant?		
	Percent	Count
Health before pregnancy	30.0%	3
Unintended pregnancy	10.0%	1
Access to prenatal care	10.0%	1
Cost of prenatal care	20.0%	2
Teen pregnancy	0.0%	0
Lack of father/partner involvement	0.0%	0
Lack of social/community support	10.0%	1
Mental health (anxiety, depression)	50.0%	5
Tobacco use while pregnant	0.0%	0
Substance use while pregnant	0.0%	0
Obesity/nutrition/healthy lifestyle	10.0%	1
Trouble paying bills	20.0%	2
Discrimination or bias	0.0%	0
No housing or unsafe housing	0.0%	0
Transportation	20.0%	2
Dental care	10.0%	1
Access to birth control/family planning	0.0%	0
Safe place for baby to sleep	0.0%	0
Car seat safety	10.0%	1
infant/child safety in the home	0.0%	0
Help with childcare	30.0%	3
Other (please specify): Breastfeeding education	10.0%	1
Total Responses:		10
Skipped Question:		0



RESOURCE INVENTORY

CITRUS COUNTY RESOURCES

CHILDCARE

Early Learning Coalition of Nature Coast
352-563-9939
www.elc-naturecoast.org

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

EMPLOYMENT

CareerSource
352-249-3278 or 1-800-434-5627
www.careersourceclm.com

HOUSING

Citrus County Housing Services
352-527-7520
www.citrusbocc.com/departments/community_services/housing

Habitat for Humanity
352-563-2744
www.habitatcc.org

HUD/Section 8
904-232-2627
www.hud.gov

The Path Rescue Mission
352-527-6500 ext. 1
www.pathofcitrus.org

FOOD AND CLOTHING

First Baptist Church of Crystal River
352-795-3367
www.firstbaptistcrystalriver.org

Citrus United Basket
352-344-2242
www.citrusunitedbasketonline.org

Community Food Bank
352-628-3663
https://feed35.org

FOOD AND CLOTHING CONTINUED

Salvation Army
352-513-4960
https://citruscounty.salvationarmyflorida.org

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

Let's Feed Citrus Food Pantry (Calvary Church)
352-637-5100
https://calvary.online/food-pantry

WIC Nutrition Program
352-527-0068
https://www.citrus.floridahealth.gov/

Daystar Life Center of Citrus County
352-795-8668
https://www.daystarcitruscounty.org/index.php

Citrus County Family Resource Center
352-344-1001
https://www.ccfrc.org/resource-center

First Baptist Church Floral City
352-726-4296
https://www.fbcfloralcity.org/food-pantry/

First United Methodist Church of Homosassa
352-628-4083
https://www.1umc.org/

Helping Hands of Our Lady of Fatima
352-726-1707
https://ourladyoffatimainc.org/ministry/helping-hands/

Helping Hands Ministry Food Pantry
352-746-2970
www.fbcbh.com

CITRUS COUNTY RESOURCES

INFANT & EARLY CHILDHOOD DEVELOPMENT

Johns Hopkins All Children's Hospital - Early Steps
727-767-4403
https://www.hopkinsmedicine.org

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

MENTAL HEALTH & SUBSTANCE ABUSE COUNSELING

Alcoholic Anonymous
352-621-0599
www.ncintergroup.com

Gulfcoast North AHEC-Smoking Cessation
813-929-1000
www.gnahec.org

IMPACT Counseling and Consulting
352-419-4856
www.impactyourlife.bravesites.com

LifeStream Behavioral Health Center
352-360-6595
www.lsbc.net

NAMI
844-687-6264
www.nami.org/

Narcotics Anonymous
352-508-1604
www.nanaturecoast.org

The Lighthouse Center, Inc.
352-560-7027
www.impactyourlife.bravesites.com

Tree of Life Counseling Center, LLC
352-400-9118
https://treeoflifecounselingcenter.com/

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

MENTAL HEALTH & SUBSTANCE ABUSE COUNSELING

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

Operation PAR
352-560-6077
https://www.operationpar.org/

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

Langley Health Services
888-298-5510
https://langley.tangentmedia.com/behavioral-health/

PARENTING

Citrus Pregnancy Center
352-341-5176
www.citruspregnancy.org

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Healthy Families Program
877-678-9355 (enroll) or call 352-302-5568 for questions
https://healthyfamiliesfla.org

The Pregnancy and Family Life Center
352-344-3030
www.pflcenter.org/index.php

TRANSPORTATION

Citrus County Transit
352-527-7630
www.citruscountytransit.com

CITRUS COUNTY RESOURCES

UTILITIES

Daystar Life Center of Citrus County

352-795-8668

https://www.daystarcitruscounty.org/index.php

Citrus United Basket

352-344-2242

https://citrusunitedbasketonline.org/contact.html

WOMEN'S SERVICES

Citrus County Health Department

352-527-0247

https://citrus.floridahealth.gov/

Connect

877-678-9355

www.EveryBabyDeservesAHealthyStart.org

Citrus Pregnancy Center

352-341-5176

www.citruspregnancy.org

Pregnancy and Family Life Center

352-344-3030

www.pflcenter.org

HERNANDO COUNTY RESOURCES

CHILDCARE

Early Learning Coalition of Pasco & Hernando counties
727-233-8291
www.phelc.org

Hernando Head Start and Early Head Start
352-754-2464
https://youthrivefl.org/location/hernando-county/

EMPLOYMENT

CareerSource Brooksville
352-200-3020
www.careersourcepascohernando.com

Florida Department of Economic Opportunity
www.floridajobs.org/job-seekers

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

HOUSING

Hernando County Housing Authority
352-754-4160
https://www.hernandocounty.us/living-here/

Life Center of Hernando
352-597-0119
www.lifecenterofhernando.com

Habitat for Humanity of Hernando County
727-536-4755
https://habitatbg.org/

FOOD AND CLOTHING

The Barn at Jericho
352-799-2912
www.jericho-road.net

Salvation Army
352-796-1186
www.salvationarmyflorida.org/hernando/

FOOD AND CLOTHING CONTINUED

People Helping People
352-686-4466
www.phphernando.org

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

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

Community Food Bank
352-628-3663
https://feed352.org/

Istachatta Baptist Church
352-667-4273
https://istachattabaptist.com/

Daystar Life Center
352-799-5930
https://daystarlifecenter.org/

Forest Oaks Lutheran Church
352-683-9731
https://www.forestoakslutheran.com/

Northcliffe Food Pantry
352-683-5882
https://northcliffe.church/local-outreach/

Spring Hill Calvary Church of the Nazarene
352-683-0587
https://www.springhillcalvarynaz.org/

Christian Life Assembly of God
352-597-1139
https://clagchurch.com/food-pantry.html

Holy Cross Lutheran Church
352-683-9016
https://www.lutheranholycross.org/

HERNANDO COUNTY RESOURCES

FOOD AND CLOTHING CONTINUED

You Thrive Florida
352-796-1425
https://youthrivefl.org/location/hernando-county/

INFANT AND EARLY CHILDHOOD DEVELOPMENT

Early Steps - John Hopkins All Children's Hospital
727-767-4403
https://www.hopkinsmedicine.org

FDLRS Gulf Coast
727-793-2723
www.fdlrsgulfcoast.org

MENTAL HEALTH & SUBSTANCE ABUSE COUNSELING

Achieve Wellness Group, LLC
352-515-6914
www.achievewellnessgroup.net

Alcoholics Anonymous
352-683-4597
www.aahernando.org

Baycare Behavioral Health
877-850-9613
www.baycare.org

Gulf Coast North AHEC - Smoking Cessation
813-929-1000
www.gnahec.org

NAMI Hernando
352-684-0004
www.namihernando.org

Narcotics Anonymous
352-754-7200

Operation PAR Inc., Medication Assisted Patient Services
352-666-5709
www.operationpar.org

Springbrook Behavioral Hospital
352-596-4306
www.springbrookhospital.org

MENTAL HEALTH & SUBSTANCE ABUSE COUNSELING

New Season Treatment Center
352-340-0530
https://www.newseason.com/treatment-center

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

PARENTING

Connect
3877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Healthy Families Program
877-678-9355 (enroll) or call 352-345-7452 for questions
https://healthyfamiliesfla.org/

2-1-1 Big Bend, Family Health Line
800-451-2229
https://211bigbend.org/family-health-line/

Youth and Family Advocates
727-835-4166
www.yfainc.org

TRANSPORTATION

Hernando Express (The Bus)
352-754-4444
www.hernandocounty.us/living-here/transit-thebus/

You Thrive Paratransit
352-799-1510
https://youthrivefl.org/program/transportation

UTILITIES

You Thrive Florida
352-7796-1425
https://youthrivefl.org/

United Way of Hernando County
352-688-2026 or 2-1-1
www.unitedwayhernando.org

HERNANDO COUNTY RESOURCES

WOMEN'S SERVICES

Hernando County Health Department - Family Planning

352-540-6800

https://hernando.floridahealth.gov/

Catholic Charities - Foundations of Life

352-686-9897 ext. 22

www.foundationsoflife.org

Connect

877-678-9355

www.EveryBabyDeservesAHealthyStart.org

LAKE COUNTY RESOURCES

CHILDCARE

Early Learning Coalition of Lake County
352-435-0566
www.elclc.org

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

EMPLOYMENT

CareerSource Central Florida
800-757-4598
www.careersourcecentralflorida.com

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

Goodwill Job Connection Center
407-235-1541
www.goodwillcfl.org/services.php

HOUSING

Eustis Housing Authority
352-357-4851
https://www.eustishousingauthority.com/

Habitat for Humanity of Lake-Sumter, Florida, Inc.
352-483-0434
www.habitatls.org

Lake County Government Housing Department
352-742-6540
https://www.lakecountyfl.gov/housing/housing-services

FOOD AND CLOTHING

Agape Ministries Food Closet
352-357-2351
https://www.ahmlakefl.org/

First Wildwood/First Baptist Church of Wildwood
352-748-1822
www.fbcwildwood.org

FOOD AND CLOTHING CONTINUED

Salvation Army
352-365-2540
www.salvationarmyflorida.org/leesburg/

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

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

Christian Care Center - Benevolence Center
352-787-5289
https://www.christiancarecenter.org

South Lake Presbyterian Church
352-394-2753
https://www.slpcclermont.com/Community.html

Well of Hope
352-241-4377
https://wellofhope-thriftstore.com/

Society of St. Vincent de Paul - St. Mary of the Lakes Church
352-589-2603
https://stpatrickmtdora.org/ministries/st-vincent-de-paul-2-2/

The Neighborhood Center of South Lake
352-429-1200
https://www.tncsl.org/

Leesburg Food Bank
352-326-5463
https://leesburgfoodbank.org/

INFANT AND EARLY CHILDHOOD DEVELOPMENT

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

LAKE COUNTY RESOURCES

INFANT AND EARLY CHILDHOOD DEVELOPMENT

FDLRS Action
407-317-3660
https://action.fdlrs.org/

Help Me Grow - Early Learning Coalition of Lake County
352-315-6670
https://www.elclc.org/help-me-grow/

MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING

Alcoholic Anonymous
352-360-0960
https://aalakesumter.org/

Central Florida AHEC - Smoking Cessation
407-889-2292
www.cfahec.org

LifeStream Behavioral Health Center
352-315-7500
www.lsbc.net

Narcotics Anonymous
407-425-5157 or 866-579-8333
https://orlandoa.org/

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

Perspectives Integrated Treatment
352-620-4399
https://perspectives2.com/index.html

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

The Recovery Village Umatilla Drug & Alcohol Rehab
352-771-2700
https://www.advancedrecoverysystems.com

Harmony Hills
855-497-0917
https://www.hhills.com/

PARENTING

Christian Care Center - Pregnancy & Family Care Center
352-787-8839
www.christiancarecenter.org

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Healthy Families Program
877-678-9355 to Enroll or 352-742-6170 for Questions
https://healthyfamiliesfla.org/

TRANSPORTATION

LakeXpress Bus Services
352-742-1940
www.ridelakeexpress.com

Lake County Transit Services
352-323-5733
https://www.lakecountyfl.gov/transit

UTILITIES

United Way of Lake and Sumter Counties
352-787-7530 or 2-1-1
www.uwls.org

WOMEN'S SERVICES

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Lake County Health Department
352-589-6424
https://lake.floridahealth.gov/

South Lake Pregnancy Care Center
352-242-0257
https://slpfcc.com/

Life Choices of Lake County
352-357-2202
https://lifechoices.net/

SUMTER COUNTY RESOURCES

CHILDCARE

Early Learning Coalition of the Nature Coast
352-793-5430
www.elc-naturecoast.org

You Thrive Florida - Head Start & Early Head Start
352-568-0821
https://youthrivefl.org/

EMPLOYMENT

CareerSource Central Florida
800-757-4598
www.careersourcecentralflorida.org

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

Goodwill Job Connection Center
407-235-1541
https://www.goodwillcfl.org

United Way of Lake & Sumter Counties
352-787-7530
www.uwls.org

HOUSING

Department of Housing & Urban Development
www.hud.gov

The Refuge at Jumper Creek
352-568-8400 or 845-418-8993
www.therefugeatjumpercreekinc.com

FOOD AND CLOTHING

Caring Hands Food Ministry
352-748-2553
https://caringhandswildwood.com/

You Thrive Florida
888-802-7483
https://youthrivefl.org/location/sumter-county/

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

FOOD AND CLOTHING CONTINUED

The Salvation Army - Bushnell
352-568-2284
www.salvationarmyflorida.org/leesburg

WIC Nutrition Program
352-569-3102
https://sumter.floridahealth.gov

Wildwood Soup Kitchen
352-748-1008
www.wildwoodsoupkitchen.org

Community Food Bank
352-628-3663
https://feed352.org/

Lake Panasoffkee United Methodist Church
352-793-3438
https://www.lakepanumc.org/food-pantry

Wildwood Food Pantry
352-661-0837
https://www.wildwoodfoodpantry.com/

INFANT AND EARLY CHILDHOOD DEVELOPMENT

Early Steps - Easter Seals Northeast Central
352-323-0612
https://florida.easterseals.com

FDLRS Action
407-317-3660
https://action.fdlrs.org/

MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING

Alcoholics Anonymous
352-360-0960 or 352-632-2001
https://aalakesumter.org/

Celebrate Recovery
352-793-3455
www.celebraterecovery.com

SUMTER COUNTY RESOURCES

MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING

House of Hope
352-399-6446
www.houseofhopefl.org

LifeStream Behavioral Health Center
352-315-7500
https://www.lsbc.net

Narcotics Anonymous
352-754-7200
www.rivercoastareana.org

PARENTING

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Healthy Families Program
877-678-9355 to enroll or 352-742-6170 for questions
https://healthyfamiliesfla.org/

Adoption & Family Support Center
386-8529098
www.adoptfloridafamily.org

TRANSPORTATION

Sumter County Transit
352-568-6683
www.sumtercountyfl.gov/95/Transit

UTILITIES

You Thrive Florida
888-802-7483
https://youthrivefl.org/program/

The Salvation Army - Bushnell
352-568-2284
www.salvationarmyflorida.org/leesburg

United Way of Lake and Sumter Counties
352-787-7530
www.uwls.org

PARENTING

Connect
877-678-9355
www.EveryBabyDeservesAHealthyStart.org

Sumter County Health Department
352-569-3102
https://sumter.floridahealth.gov/

CITRUS COUNTY CHILDCARE CENTERS

A Fresh Start Learning Center
352-341-1559

All About Kids Clubhouse
352-513-3847

All About Kids Daycare Preschool
352-746-2828

America's Angels
352-637-1005

Ark Angels Christian Preschool
352-795-2360

Blossom Breeze Early Learning Center
352-794-1270

Caterpillar Clubhouse Learning Center
352-503-2048

Guardian Angel Preschool
352-568-7818

Kid City USA Crystal River
352-794-3415

Kingdom Kids
352-464-0171

Little Disciples
352-564-0300

Little Leos Family Childcare
352-503-2580

Lofley Family Day Care Home
352-564-0816

Nature Coast Preschool and Therapy Center
352-503-7000

Noah's Ark School Readiness Center
352-344-8899

Noah's Christian Academy
352-489-2820

Playcare School Readiness Center
352-341-3888

Precious Cargo Preschool
352-628-3719

Precious Lambs Preschool
352-489-3027

Purpose & Promise Learning Academy
352-565-9472

Russell Martie Family Daycare Home
352-322-1101

Tadpoles Early Learning Academy
352-560-4222

Tiny Treasures Childcare Center & Preschool
352-527-8440

Today's Child Learning Academy
352-344-9444

Treasure Chest Learning Center
352-795-4641

Under the Son Christian Academy
352-564-0393

Wee Care Daycare & Preschool
813-534-8494

HERNANDO COUNTY CHILDCARE CENTERS

A Brighter Future Preschool & Daycare
352-593-4911

A Brighter Future Preschool & Daycare II
352-610-9424

Adrian's Clubhouse
352-340-4530

Adventure Time Child Care
352-293-3275

All Aboard Academy
352-835-7915

Anderson Family Day Care Home
352-799-4179

Bello Amanecer Large Childcare
352-398-0660

Blossom Breeze Early Learning Center
352-794-1270

Bly Sky Daycare
786-665-4132

Bright Beginnings Challenger Explorers
352-797-7024

Bright Beginnings Preschool
352-686-8070

Bundles of Joy Childcare
352-701-1319

Care-A-Lot Child Care and Preschool
352-686-1993

Davis Family Day Care Home
352-544-2991

Discovery Point Seven Hills
352-686-0728

Discovery Point Silverthorn
352-796-1619

Eden Christian School
352-796-1619

Ellie's Day Care Center
352-795-5683

First Friends Preschool
352-688-0338

First Friends Preschool
352-684-5999

Gonzalez Family Child Care Home
352-600-8882

Great Beginnings II
352-592-4441

Holy Cross Lutheran Church Day Care
352-686-4986

Iris Family Home Day Care
813-442-9106

Jungle Express Learning Center
352-777-4976

Jury's Daycare Home
352-293-3825

Kathatine Castronova Family Day Care Home
941-391-0143

Kiddie City Daycare
813-810-0023

Kids Station Childcare & Preschool
352-683-6018

Lil' Kingdom Children's Academy
352-701-0022

Little Bees Early Learning Center
352-597-5417

Little Bees Early Learning Center
352-684-2700

HERNANDO COUNTY CHILDCARE CENTERS

Little Bees Early Learning Center
352-600-7077

Little Blessings
352-293-3082

Little Miracles & Blessings Family Home Daycare
352-777-1828

Little Nest Day Care Home
786-320-4758

Little Wings of Prayer Early Learning Center
352-777-4997

Lopez-Rodriguez Family Day Care Home
813-650-7161

Mrs. B's Day Care
352-688-4792

Mrs Maxine's Family Child Care Home
352-442-3441

Ms. Cassandra's Alphabetz Kidz Center
352-796-9831

Ms. Cassandra's Happy Land Daycare Center
352-754-4555

Ms. Julie's Place
727-455-6033

Pichardo Family Day Care home
352-293-4437

Praying Hands Preschool & Childcare
352-683-7013

Scribbles Preschool
352-688-2714

Small Adventures Day Care Home
352-701-7044

Step Forward Learning Center
813-466-0776

Sunny Smiles Daycare
305-588-9011

Sunshine Family Home Child Daycare
786-261-8250

Tayslen Perez Family Day Care Home
352-340-5569

The Suncoast Academy
352-345-4251

TLC Learning Tree
352-740-0144

Wiggle Worms Learning Center
352-686-2400

LAKE COUNTY CHILDCARE CENTERS

Abbott Family Day Care Home
352-242-7161

ABC Learning Center
407-750-2344

Adventures Christian Learning Center
352-508-5501

Aim High Academy
352-747-0004

Amore Learning Academy Eustis
352-357-3833

Amore Learning Academy Mount Dora
352-383-1141

Ant's Farm Childcare Center
352-735-2324

Aquarelle Kids
352-242-6232

Bay Street Schoolhouse
352-483-8300

Bear Lake Montessori Academy
407-786-2255

Bee's Learning Center
407-408-5881

Brown's Early Learning Academy
352-901-6175

Brown's Early Learning Academy North
352-255-1144

Brown's Early Learning Academy South
352-728-8888

Cardiello Family Day Care
352-787-7788

Cherry Lake Preparatory Academy
954-416-4071

Childtime Learning Center
407-905-9485

Christian Academy Preschool
352-455-0078

Clermont Kidz Care
352-241-0165

Creative Child Learning Center
352-243-4744

Creative Kids Learning Center
352-357-8005

Dots Tots Preschool
352-977-3061

Elevate Early Learning Academy Eustis
352-589-0006

Elevate Early Learning Academy Mount Dora
352-729-6482

Encanto Kids Academy II
407-781-6835

Explorations Childcare & Learning Center
609-815-5428

Fields Family Day Care Home
352-404-9708

First Academy Preschool
352-787-0155

First Steps in Learning
352-243-2433

Four Seasons Preschool
973-865-9442

Golden Triangle Learning Center
352-609-5905

Golden Triangle Learning Center
352-308-8310

LAKE COUNTY CHILDCARE CENTERS

Guppies International
352-255-2729

Gwendolyn's Childcare & Learning Center
352-801-6719

Happee Home Daycare
352-801-6719

Happy Childhood Learning Center
352-227-3503

Happy Days Daycare
352-787-5425

Harley's Angels Child Care Center
352-357-7000

High Achievers Kingdom Academy
407-432-9448

Honey Bee's Educational Center II
352-435-4505

Huidobro Family Day Care Home
352-242-3704

It's A Kids World
352-360-0323

Just Like Home Daycare Center
352-308-8493

Kid City USA
352-460-0627

KidCity Learning Center
352-268-0205

Kiddie Academy of Clermont
352-989-5894

Kids of Distinction Agape
352-365-0128

Kids of Distinction East
352-728-6079

Kids of Distinction Main Street
352-323-4804

Kids of Distinction Southlake
352-429-2055

Kids of Distinction West
352-323-1241

Kidz to Kids Learning Center
352-742-5000

Ladybird Academy of Clermont
352-708-5558

Ladybirth Academy of Wekiva Springs
407-960-1907

Lafler Family Day Care Home
352-636-0408

Learn to Shine Home Preschool
321-316-8614

Little Academy
321-246-9408

Little Baby Bubbles
352-787-8785

Little Blessings Christian Preschool
352-259-0700

Little Bug Preschool
417-545-0402

Little Darlings Children Center
352-699-5545

Little Explorers Preschool
352-775-0811

Little Journeys Learning Center
352-589-7703

Little Village Preschool
352-323-6111

LAKE COUNTY CHILDCARE CENTERS

Luv N Hugs Kidz College
352-461-6181

Luv N Hugs Learning Center III
352-787-0829

Magic Moments Clermont One
352-394-0533

Magic Moments Cermont Two
352-243-6811

Mama Bear Cub Care
863-409-4855

McIntyre Family Day Care Home
407-616-0636

Morrison United Methodist Preschool
352-326-5942

Mrs. Candi's Joy School
352-705-5560

Palms Day School
352-645-7256

Porter's Educational Playhouse
352-435-7371

Potter's Hands Christian Academy
352-655-1200

Praise Kids Learning Center
352-429-3225

Restepo Family Day Care Home
352-396-1353

Sage Palm Learning Center
407-754-4393

Shaw Family Day Care Home
352-742-7876

Sherwood Preschool Academy
352-383-6075

St. Edwards Preschool
352-383-0290

Sunshine Schoolhouse
352-431-3179

Tender Steps
352-455-9460

The Learning Experience Clermont
352-708-3511

The Learning Experience Golden Eagle
561-948-3113

The Learning House 4Kids
754-204-1738

Tiny Treasures Learning Academy
352-343-8585

Trinity Learning Center
352-787-4510

We Are The Future Academy
352-429-4888

We Care Child Care
352-536-1541

Wekiva Children's Academy
407-917-1555

Wonder Nest Home Daycare
321-616-0096

Woodlands Lutheran Early Learning Center
407-469-2525

SUMTER COUNTY CHILDCARE CENTERS

Abundance of Joy Learning Academy
352-569-8036

Abundance of Joy Learning Center II
352-569-4386

Amazing Grace Early Learning Center
352-350-6449

Aunt K's Bullfrogs & Butterflies
352-815-2100

Bright Futures Early Learning Academy
352-748-3109

Cradles to Crayons Early Learning Center
352-568-2052

First Baptist Lake Pan Academy
352-793-1622

First Baptist Early Learning Center
352-748-6155

First Steps Child Care Center
352-444-2940

L.J. Hannah Center for Learning
352-748-0438

Mini Milestones Childcare Academy
352-299-4712

Muse Family Daycare
352-748-0517

Norris Family Day Care Home
352-399-2462

Smith Family Day Care Home
352-303-4928

Sunflowers Early Learning Academy
352-748-1242

The Hobby Horse Day Care
352-793-5777

The Hobby Horse Day Care III
352-793-1500

The Keys to Knowledge 2
352-748-0134

The Keys to Knowledge Learning Academy
352-569-1237

The Villages Early Childhood Center Buffalo Ridge
352-259-7161

The Villages Early Childhood Center Middleton
352-259-6870

PRENATAL CARE PROVIDERS

Florida Department of Health in Citrus County
352-527-0068
https://citrus.floridahealth.gov/
Citrus County

HCA Florida Citrus Women's Health
352-726-7667
https://www.hcafloridaphysicians.com
Citrus County

In Due Season Birth Center & Family Wellness
813-900-2229
https://birthindueseason.org/
Hernando County

From the Roots Up Birth and Gynecology (Mobile)
954-703-0350
Hernando County

HCA Florida Oak Hill Women's Health - Dr. Shakfeh
352-666-0544
https://www.hcafloridahealthcare.com/physicians
Hernando County

HCA Florida Oak Hill Women's Health - Spring Hill
352-263-2600
https://www.hcafloridahealthcare.com/physicians
Hernando County

HCA Florida Oak Hill Women's Health - Brooksville
352-596-8911
https://www.hcafloridahealthcare.com/physicians
Hernando County

Tampa General North
352-686-8888
https://www.getcare.tgh.org/locations/
Hernando County

Gaia Obstetrics & Gynecology
352-653-1101
https://gaiaobgyn.com/
Hernando County

Community Birth and Wellness Center
352-357-3026
https://communitybirthcenterfl.com/
Lake County

Unity Maternal Fetal Medicine
352-404-5544
https://unitymfm.com/
Lake County

South Lake OBGYN
352-241-7050
https://southlakeobgyn.net/
Lake County

Lakeside Center for Women
352-787-1001
Lake County

Orlando Health Physician Associates (Clermont)
352-241-7275
https://www.orlandoheatlh.com/phyisician-finder/
Lake County

Orlando Health Physician Associates (Leesburg)
352-750-5001
https://www.orlandoheatlh.com/phyisician-finder/
Lake County

Lake OB-GYN Associates of Mid Florida
352-787-1535
https://www.toplinemd.com/lake-obgyn-associates
Lake County

Advent Health Medical Group at Waterman
352-589-6005
https://www.adventhealth.com/practice/
Lake County

Orlando Health Physician Associates (South Lake)
352-315-0307
https://www.orlandohealth.com/
Lake County

PRENATAL CARE PROVIDERS

Orlando Health Physicians (Four Corners)

407-635-5805

https://www.orlandohealth.com/

Lake County

Orlando Health Women's Institute for MFM

321-841-8555

https://www.orlandohealth.com/

Lake County

POSTNATAL PROVIDERS

From the Roots Up Birth & Gynecology
954-703-0350
Hernando County

In Due Season Birth Center & Family Wellness
813-900-2229
https://birthindueseason.org/
Hernando County

Tampa General Hospital (Spring Hill)
352-688-3008
https://www.tgnorth.org/
Hernando County

HCA Florida Oak Hill Hospital
352-596-6632
https://www.hcafloridahealthcare.com
Hernando County

Community Birth and Wellness
352-357-3026
https://communitybirthcenterfl.com/
Lake County

Advent Health Waterman
352-253-3545
https://www.adventhealth.com
Lake County

Orlando Health (South Lake)
352-241-7250
https://www.southlakehospital.com/
Lake County

PREGNANCY CARE CENTERS

Citrus County Pregnancy Resource Center
352-341-5176
https://www.citruspregnancy.org/
Citrus County

Pregnancy and Family Life Center
352-344-3030
https://pflcenter.org/
Citrus County

A New Generation
352-544-0911
https://anewgen.org/
Hernando County

Foundations of Life
352-686-9897
https://foundationsoflife.org/
Hernando County

Life Choices Women's Clinic
352-357-2202
https://lifechoices.net/
Lake County

Pregnancy & Family Care Center
352-540-7457
https://www.3choicespregnancy.com/
Lake County

South Lake Pregnancy & Family Care Center
352-242-0257
https://slpfcc.com/
Lake County

Her Choices Pregnancy Services
352-354-2179
https://herchoices.org/
Sumter 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.

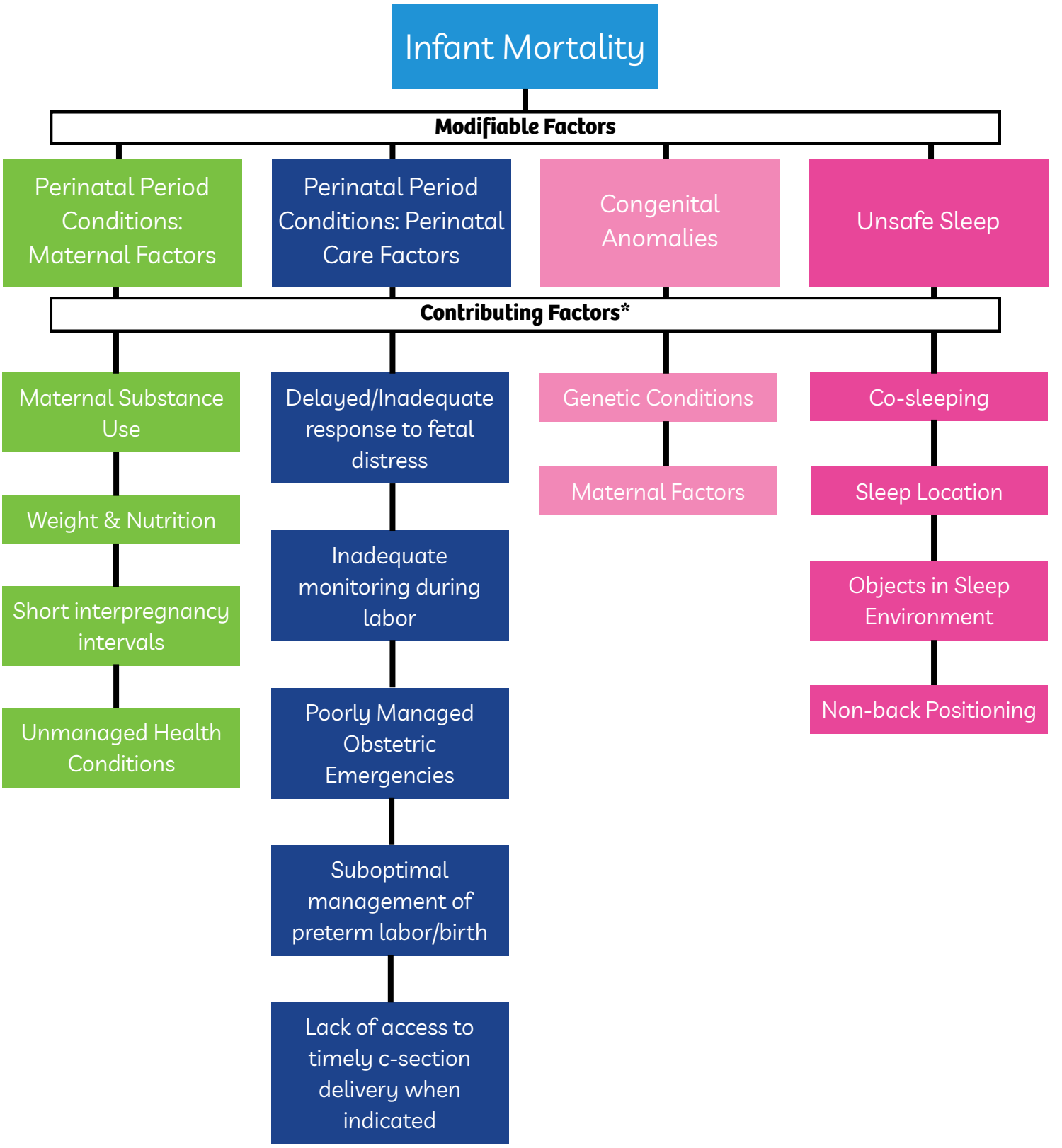
Analysis of risk factors in each of the health status problems clarified the areas that could be impacted by Healthy Start services. Objectives, performance measures, timelines, indicators and activities were then carefully developed.

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 to address the differences between populations.

In the 2026 Service Delivery Plan, the 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
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 assess 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 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 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 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 an 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 an 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 an 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 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 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 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 5-year rolling rate per 100,000 of infant deaths from perinatal period conditions births in the Central Healthy Start region from 267.8 to 254.4 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

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

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

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 Central Healthy Start region from 267.8 to 254.4 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 Central Healthy Start region from 1.19 to 1.13 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

NEW STRATEGIC PLAN

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 Central Healthy Start Coalition. The Board ensures the Coalition uses its funds efficiently and in line with the Coalition's goals.

Central Healthy Start Coalition

The Director of Central Healthy Start Coalition presents the following information to the Executive Committee of the Board of Directors a minimum of four times per year:

- Budget analysis including base/waiver funding allocations and base/waiver service analysis
- Monthly Statement of Revenues and Expenditures for 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
Citrus	County Health Department
Hernando	Kid's Central, Inc.
Lake	Kid's Central, Inc.
Sumter	Langley Health Services

Healthy Start Data Entry Subcontracted Providers	
County	Subcontracted Provider
Hernando	County Health Department
Lake	County Health Department
Sumter	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

Provider	FDOH Base	HSMN Medicaid	Contract Amount
Core and Enhanced Services			
Citrus CHD	$104,947.00	$326,730.00	$ 431,677.00
Hernando KCI	$165,903.00	$379,741.00	$545,644.00
Lake KCI	$399,453.00	$379,585.00	$779,038.00
Sumter LHS	$72,785.00	$348,615.00	$421,400.00
Data Entry - Prenatal Risk Screen			
Hernando CHD	$3,403.00	--	$3,403.00
Lake CHD	$7,495.00	--	$7,495.00
Sumter CHD	$1,219.00	--	$1,219.00

FUNDING ALLOCATION METHODOLOGY

Base Funding Allocation Methodology

Variable	Percent Applied
Non-Medicaid Births & Non-Medicaid Served	100%
$30,000 per County (An increase of 8.91% 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.

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

Nurse-Family Partnership
Helping First-Time Parents Succeed®

Healthy Start
Healthy Start of North Central Florida Coalition

Healthy Start Doula Program

FIMR
Fetal & Infant Mortality Review
Central & North Central Healthy Start Coalitions