

Healthy Start Coalition

Report

2007-2008

Fiscal Year

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Dear Reader:

As part of the Department of Health's (DOH) contract with each of the 30 Healthy Start Coalitions, coalitions answered a series of questions at the end of the 2007-2008 fiscal year. The answers to these questions can be a helpful tool to the state, as well as to coalitions, for educating the public. The six questions are as follows:

1. A brief description of the Coalition catchment area.
2. Number of Coalition members and the organizations they represent.
3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).
4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.
5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.
6. Description of the greatest unmet maternal and child health population need in your service area.

In the **coalition's own words**, this report lists each coalition's response to these questions. This report illustrates the different needs that exist throughout the state and strategies being utilized for an improved maternal and child health community.

COALITION: Bay, Franklin, Gulf Healthy Start Coalition, Inc.

1. A brief description of the Coalition catchment area.

Bay, Franklin and Gulf Counties are coastal counties located on the Gulf of Mexico toward the western side of the bend between the Florida Panhandle and the Florida Peninsula. The three counties possess a distinctive geographic, economic, and social profile. The coalition catchment area has rural characteristics with a few large centers of populations. Panama City in Bay County and Tallahassee in Leon County are the most common areas in which to obtain services and resources.

2. Number of Coalition members and the organizations they represent.

The Coalition members total varies, but the average amount of members is 120. The members represent a varied number of agencies and businesses including, Children's Home Society, North West Florida Homeless Coalition, School Board Title 1 Program, Medicaid, WIC, Children's Medical Services, both hospital facilities, Healthy Families, local social service assistance programs and several more.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (*not including in-kind sources or amounts*).

The total "other" funding is \$24,550. This funding is obtained through "Bingo funding for non-profits, March of Dimes funding, United Way, KidCare funding and private donors.

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

- The Coalition has received a grant in order to provide safe sleeping for Gulf County Healthy Start (HS) clients, over 25 Pak and Plays will be purchased.
- Cupcakes are given to the obstetrician offices in appreciation to those that produce the largest totals of correctly completed prenatal screens.
- A local consignment store provides baby clothes and items (car seats etc.) weekly for distribution to the three counties.
- Gas vouchers continue to be purchased and distributed to clients in order for them to have the ability to travel to medical appointments.
- The local college has over 25 Maternal and Child Health (MCH) nursing students that graduate each semester and work at local provider offices and the HS staff conducts training on the infant screening process and HS and the services provided.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS)

during the contract year.

The initiatives listed above address the disparities in the three county areas served. An additional activity included an epidemiological study that was a collaborative effort between the Coalition, County Health Department (CHD), and DOH staff, providers and clients. An increase in late term fetal demises above 31 weeks prompted the study and the results were non-conclusive.

6. Description of the greatest unmet maternal and child health population need in your service area.

The greatest unmet need would be the ability for clients to obtain substance abuse prevention and recovery services. The Coalition has researched several opportunities that may be able to provide the three counties served and the surrounding counties with services for pregnant women and new mothers with substance abuse recovery and prevention services.

COALITION: Healthy Start Coalition of Brevard County, Inc.

1. A brief description of the coalition catchment area.

The Healthy Start Coalition of Brevard County, Inc. serves all of Brevard County, just over 1/2 million residents. Brevard County covers approximately 995 square miles, 72.5 miles long and 20 miles wide.

2. Number of Coalition Members and Organizations they Represent:

As of June 30, 2007 the Healthy Start Coalition of Brevard County, Inc. has approximately 105 members (46 voting and 59 non-voting) representing the following types of organizations (please note, this is a count of organizational types, not individuals, therefore the sum of the sub-categories will not match the total number of members):

Private Business	21	Hospitals	7	Public Health	6
Social Service	27	Schools	9	Funding Agencies	0
State Gov.	6	Local Gov.	4	Federal Gov.	1
Churches	2	Civic	1	Consumers	20
Media	1				

3. Dollar amounts for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

Over the course of the 07-08 fiscal year, the Healthy Start Coalition of Brevard County, Inc. was able to secure the following grant funds:

Organization(s)	Funding Awarded	Timeline	Purpose of Grant
United Way of Brevard County	\$12,000.00	7/1/07 - 6/30/08	Emergent Needs for mothers, babies and families of Brevard

			County.
CJ Foundation for SIDS	\$4,625.00	10/1/06 – 9/30/07	Bereavement Education, Services & Training
Margaret Heinz Foundation	\$5,000.00	8/1/07 – 12/31/07	Building Tomorrow's Child educational campaign.
Junior League of South Brevard	\$13,073.00 annually \$39,219/3 years	9/06 – 5/09	Postnatal Screening Incentive Program – South Brevard; "The Birthing Gift"
March of Dimes	\$8,623.00	1/07 – 12/07	SIDS Risk Reduction Activities
Sponsorship & Registrations	\$18,780.16	7/1/07 – 6/30/08	Annual Training Conference, community assistance projects

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

Through the Service Delivery Plan identification and subsequently the Hispanic and LBW Committee it was determined that the Hispanic women of Brevard County were not accessing prenatal care. Therefore the Healthy Start Coalition contracted with Florida Outreach to educate Hispanic women and their families about the importance of early prenatal care through the "Seras Madre" program. The "Seras Madre" program are and will continue to recruit and train bilingual advocates to provide outreach, education and support to the Hispanic community. Education has focused on the importance of early prenatal care and information about the importance of postpartum and interconceptional care. Additionally, bilingual Childbirth Education classes and bilingual Doula services have been provided. Ultimately, the goal for "Seras Madre" is that by increasing knowledge of the importance of early prenatal care while providing bilingual support services, the incidence of low birth weight and infant mortality within the Hispanic community will decrease.

5. Activities or Strategies Undertaken to Combat:

Access to prenatal care: Access to prenatal care has been a challenge in Brevard for years. In the 2005-2010 SDP, it was identified that the Hispanic Community did not access prenatal care nor did they access Healthy Start services. Therefore the Coalition developed a Hispanic and Low Birth Weight (LBW) committee. The focus of the committee was to develop best practices and strategies in the prevention of low birth weight infants, fetal mortality, and infant mortality in addition to improving effective outreach to the Hispanic community resulting in an increase of early access to prenatal care with an emphasis in the Hispanic Community.

Through the Committee's recommendation the Healthy Start Coalition contracted with Florida Outreach to educate Hispanic women and their families about the importance of early prenatal care through the "Seras Madre" program. The

“Seras Madre” program was established to recruit and train bilingual advocates to provide outreach, education and support to the Hispanic community. Education will focus on the importance of early prenatal care as well as the importance of postpartum and interconceptional care. Additionally, bilingual Childbirth Education classes and bilingual Doula services will be provided. Ultimately, the goal for “Seras Madre” is that by increasing knowledge of the importance of early prenatal care while providing bilingual support services, the incidence of low birth weight and infant mortality within the Hispanic community will decrease. The “Seras Madre” program will continue throughout FY 08-09.

6. Description of the greatest unmet maternal and child health population need in your service area.

Brevard County’s greatest unmet needs are:

- Access to prenatal care with a special emphasis on high risk prenatal care,
- Public transportation,
- Affordable health insurance for pregnant women and children not on Medicaid, and
- Mental health/psychosocial assistance for women and children.

COALITION: Broward Healthy Start Coalition, Inc.

1. A brief description of the Coalition catchment area.

Broward County is the service area for the Broward Healthy Start Coalition. The discussion below highlights the major demographic information on the county.

Physical Description. Broward County lies along a 25-mile stretch of the Southeastern Florida Coastline between Palm Beach County, on the north, and Miami-Dade County, on the south. From its eastern border on the Atlantic, the County extends westward approximately 48 miles to the Collier and Hendry county lines. Broward’s land area totals approximately 1,197 square miles with the western two-thirds of the area divided into a conservation area (622 square miles) and an Indian reservation (165 square miles).

Population Characteristics. Broward County is the second most populous county in Florida and continues to grow. Census 2005 data indicates that Broward County’s population grew by 10.1% between 2000 and 2006 to 1,787,636. The population is expected to grow to 1,936,801 by 2010. It is important to note that Broward County has a very seasonal population. The population increases significantly during the winter months (November to March), by approximately 98,600 persons according to the Broward County Planning Information Technology Division.

An analysis of the 2005 Census data reveals that 6.8% of Broward County’s population was under 5 years old and 24.5% between the ages of 5-19 years; and 14% of the population was 65 years old or older. The median age is 37.8 and 51.7% of the population is female. Broward County’s population is 16.7% Hispanic, 20.5 % Black and 70.6% White. The Simpson’s Reciprocal Index mapping diversity, US ranges are between 1.0 and 6.0; with higher ratings

indicating greater diversity. In 2000, Broward County ranked as the third most diverse county within the state, with an index of 2.46. According to the Broward Planning Services Division, by 2030, the diversity index in Broward County will be 3.628; higher than any other County in the nation other than Queens County, NY.

Census 2004 reveals that Broward County's median family income is \$43,361. In respect to poverty, 11.6% of the population lived below poverty and of this, 15.3% are children under age 18.

2. Number of Coalition members and the organizations they represent.

The Coalition currently has 81 members serving on the Membership. These individuals represent various organizations and community members.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (*not including in-kind sources or amounts*).

The Coalition has leveraged a total amount of \$ 6,779.00 from community donations to support our annual provider retreat, the annual meeting, our quarterly Mom Care Baby Showers and the Annual meeting.

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

- Postnatal Screening – The Broward Healthy Start coalition board of directors committed to increasing the postnatal screening rates in Broward County by partnering with birthing facilities and by funding 6 full time equivalents (FTEs) to complete the Healthy Start Post-natal Risk Screen. The results have been extremely positive and have resulted in a greater partnership and has resulted increase in screening rates as of December 2007 of 86.19% in Broward County as compared to the state screening rate of 81.73%.
- Prenatal Screening- The Broward Healthy Start Coalition had partnered with the Broward County Health Department to conduct prenatal screening for all pregnant women in their clinic in the past. However, in March of 2007 the responsibility was transferred to the two tax-assisted hospital district prenatal clinics. In response, the Coalition launched a public awareness campaign using palm cards, flyers and newspaper articles to redirect pregnant women to the appropriate hospital district sites for prenatal screening. We have also hired two full-time provider liaison consultants who work directly with the OB providers to ensure that pregnant women are being screened. As a result, our prenatal screening rate has increased to a rate of 64.92% which is only 3 percentage points lower than the state screening rate of 67.76%.
- Enhancement of Fetal Infant Mortality Review (FIMR) Case Review Project - Broward Healthy Start Coalition has partnered with the Children's Services Council and the local branch of the United Way to enhance the scope of the local FIMR project by increasing the number of cases reviewed in Broward County on an annual basis from 28, as required by the Florida Department of

Health, to 45 during the past year.

- Maternal Depression and Infant Mental Health Campaigns- The Broward Healthy Start Coalition's maternal depression task force and infant mental health task force continue to facilitate public awareness campaign activities implemented last year through print ad and bus advertisement.
- Interconceptional-The Coalition received a one-time funding from the Department of Health to promote interconceptional counseling activities last year. Funding carried forward into this fiscal period allowed the Coalition to launch a public awareness campaign that addresses women's health care, sexually transmitted diseases (STD) education and prevention, etc.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

- The Women Initiative To Start Healthy (WISH) - The WISH program was implemented in targeted zip code 33311 and 33313 to address the racial disparity related to birth outcomes. The focus of this program is to provide interconceptional counseling and intensive outreach to the targeted population. This program continues to provide intense outreach activity in order to reach as many women as possible in the targeted zip code. In June 2007 the WISH program launched the Sister Circle training initiative which trained a number of services provider on how to effectively reach-out to women of color and provide education on preventive measures.
- During the fourth quarter a full-time program coordinator for the Cribs for Kids program was funded by the Coalition. Previously this program was run by a part-time volunteer and although cribs were available, training was not occurring throughout the community at a level that would allow the cribs to be distributed to meet the level of community need.
- The Coalition was one of 8 in the state to receive additional funding in January 2008 under the Black Infant Health Practice Initiative. This funding allowed the Coalition to perform a PPOR analysis and facilitate local focus groups to better identify the reasons for the high rate of disparity between black and white infant deaths. This data was used to develop a Community Engagement Plan that identified a multi-level approach of intervention. The first approach was to launch a large-scale community-wide social marketing campaign.
- Prior to the state's Black Infant Health Practice Initiative, the Coalition has partnered with Broward County Human Services, North Broward Hospital District, the Children's Services Council of Broward and Healthy Babies/Healthy Mothers Coalition, Inc. for a period of three-years to perform pediatric autopsies on 400 infants and fetuses. The results of this project were released in November 2007 which again pointed to the great disparity between black and white infant deaths in this county being 3 to 1. This report also indicated that 40% of infant deaths in Broward County are preventable. This report was released to the public and the media during a "Call to Action"

meeting that occurred on April 11, 2008 at the African American Research and Cultural Center in Fort Lauderdale and was attended by over 200 community leaders and stakeholders.

6. Description of the greatest unmet maternal and child health population need in your service area.

Access to prenatal care especially for the undocumented population remains a major challenge for the citizens of Broward County. To address this particular issue the Coalition hosted a meeting and invited one of the hospital district to present on the internal policy regarding access to care for pregnant women. We have also discussed the frustration and challenges clients face in getting access to care. These types of conversation will most likely need to continue until this situation has been solved.

COALITION: Capital Area Healthy Start Coalition, Inc.

1. A brief description of the Coalition catchment area.

Leon County: Leon County is approximately 671 square miles, with a population of almost 245,000 people. The principal place in Leon County is Tallahassee, the county seat and state capital. Leon County is home to two of Florida's major public universities, Florida State University and Florida A&M University. Leon County holds the distinction as having the highest level of education among all of Florida's 67 counties.

Healthy Start Service Description. Healthy Start services are provided through the Leon County Health Department (LCHD). LCHD provides preventive health services that will assist mothers, children and families in obtaining their optimal health status. Goals of the program include increasing access to prenatal and infant care and educating women of childbearing age about health during pregnancy. Services are provided through care coordination and case management. Case management involves developing family care plans, referring, coordinating and following up with patients to assure access to services.

Wakulla County: Crawfordville is the county seat of Wakulla County. As of 2000, the population was 22,863. By 2004 the estimation had grown to 27,179.

Healthy Start Service Description. The Wakulla County Health Department (WCHD) provides Healthy Start services. The Health Department screens all pregnant women to identify high-risk pregnancies and provides enhanced services. High-risk infants and babies are case managed to ensure that adequate medical and social service delivery is obtained for the child. The Health Department also provides parenting and childbirth education classes at the Health Department and at various locations throughout the community.

2. Number of Coalition members and the organizations they represent.

There are currently sixty voting members of the coalition representing individual organizations and consumers. The organizations include, but are not limited to: insurance agencies (Earl Bacon Agency, Hallmark Insurance Services), prenatal care providers (Dr. A.D. Bricker, the Birth Cottage), pediatricians (Tallahassee Pediatric Foundation, Florida Pediatric Society), social service agencies (Capital Area Community Action Agency, Brehon Institute), businesses (Morgan Stanley, Florida United Businesses Association, Mike Vassalinda Productions), universities (FAMU), law firms (Holland and Knight), county health departments (LCHD, WCHD, GCHD), business related organizations (Kiwanis, Rotary, etc.) and the Leon County School Board.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (*not including in-kind sources or amounts*). \$262,188.21

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

The Coalition continued the “Cribs for Kids” Campaign, a national program aimed at reducing the incidence of sleeping infant deaths by providing cribs to needy families. The Coalition raised over \$17,000 to purchase and distributed Graco “Pak and Plays” to local families who do not have cribs. Over one hundred Pak and Plays were distributed to needy families this year. The Coalition also partnered with Project Moses to distribute portable bassinets.

This year the Leon County community responded to the increasing infant mortality rate, particularly the racial disparity between Black and White deaths, with a series of community education events. The Coalition played an integral role in the implementation of several community initiatives aimed at addressing the infant mortality issue. First, the Coalition participated in Florida A&M University’s (FAMU) Black Infant Health Alliance Summit and Community Forum. Coalition staff also attended and presented at the Office of Minority Health’s “A Healthy Baby Begins with You” Summit at FAMU. The Leon County Commission named 2008 the Year of the Healthy Infant. Coalition staff participated in the Leon County Infant Mortality workshop where community members looked closely at the Five Infant Survival Priority Areas which are premature delivery, racial disparity, maternal infection, poor pre-pregnancy health, and unsafe infant sleep. A community plan was published and distributed by the local newspaper. The Coalition will continue to be a partner with other agencies as the community works to address infant mortality.

The Coalition partnered with the Florida Department of Agriculture and Consumer Services to introduce the Fresh from Florida Kids program to Healthy Start families. Fresh from Florida Kids is a primary obesity prevention campaign aimed at introducing fresh fruits and vegetables to children when they are young. Participating families received recipes and tools for making homemade baby foods.

This year the Coalition launched a new partnership with Florida A&M University. A Healthy Start Care Coordinator is now housed at Florida Agricultural and Mechanical University (FAMU) campus providing Healthy Start services to students.

The Coalition hosted its annual “Walk to Remember,” an event for the community to recognize and remember infants who have died.

The Coalition hosted trainings for home visitors and program coordinators in Perinatal Bereavement, Breastfeeding, Respiratory Syncytial Virus (RSV), Signs and Symptoms of Preterm Labor, Dental Hygiene, and Stress & Depression.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

The Coalition was instrumental in the Leon County Commission’s “Year of the Healthy Infant” workshop. The workshop centered on identifying possible community interventions for the Five Infant Survival Priority areas: prematurity, racial disparity, maternal infection, poor pre-pregnancy health, and unsafe sleep. A community action plan was drafted from the workshop proceedings. The Coalition will continue to work with the Commission, universities, hospitals, Whole Child Leon, city officials, and other community partners to address the infant mortality issue in our community.

To address infant sleeping death, the Coalition initiated the “Cribs for Kids” Campaign and distributed over 100 Pak and Plays in our local community. In addition, the Coalition partnered with “Project Moses” to distribute portable bassinets in the local community.

6. Description of the greatest unmet maternal and child health population need in your service area.

The greatest unmet maternal and child health need in our community is health education. During the Leon County Commission’s “Year of the Health Infant” workshop the Five Infant Survival Priority Areas were discussed in detail. Community members ranked Health Education as the number one priority for each of the five Infant Survival Priority areas. The message was clear—reach women and young girls before they become pregnant to educate them on the importance of taking care of their bodies. Men and young boys also need to be educated on taking care of their bodies and the importance of healthy lifestyles. The Coalition employs one health educator but could use dozens more to adequately address the needs in the community. The Coalition will continue seeking funds to support this important cause.

COALITION: Central Healthy Start, Inc.

1. A brief description of the Coalition catchment area.

Four Counties: Citrus, Hernando, Lake and Sumter. Challenges include transportation within such a rural geographical area and limited healthcare

facilities to meet the demand of an increasing maternal and infant population, as well as lack of healthcare insurance coverage.

2. Number of Coalition Members (19) and the organizations they represent:

- Consumers: (0)
- Health Care Providers: County Health Departments (7)
- Health Care Providers: Migrant/Community Health Centers (2)
- Health Care Providers: Hospitals (3)
- Local Health Advocacy Interest Group/Community Organization (2)
- County & Municipal Government (1)
- Local Education (2)
- Social Service Organization: (2)
- Other: (0)

3. Dollar amounts for grants or other funding that have been leveraged by your coalition during the contract period (not including in-kind sources or amounts):

Several grants were awarded to Central Healthy Start:

* \$2,500 from CVS to purchase and distribute prenatal vitamins to those pregnant women identified in private physician and county health department clinics that could not afford them.

* \$1,000 from Capital City Bank to purchase and distribute Florida State University (FSU) Parenting Curriculum for those clients living in the Hernando County Health Department service area.

* \$11,800 from Lake County Early Learning Coalition to purchase and distribute FSU Parenting Curriculum for those clients living in the Lake County Health Department service area. The Community Liaison and members of the Board who submitted this grant received notice of some potential cuts in the amount of total funding, however, this will not be known until later in the year. It is anticipated that only a nominal cut will occur. Funding is scheduled for disbursement in October 2008.

4. Any initiatives that have been developed as a result of a local system of care assessments during the contract year:

The need for cooperation with community agencies has been addressed by assessing interested agencies through memoranda of understanding or interagency agreements throughout the coalition service area. Some interagency agreements have already been explored in Lake and Sumter Counties with Children's Home Society and Healthy Families Foundation as well as Citrus County with Children's Health and Early Services Taskforce, which is the Florida Transition Project.

The annual Florida Outreach Childbirth Education Program (FOCEP) training was proctored by the QI/QA Specialists from Central and North Central Healthy Start Programs in May 2008 in Ocala, Florida. It was a 40 hour course with

CEU's offered to nursing personnel. Nine staff members attended and passed the course.

5. Any activities or strategies undertaken to address racial disparities: access to prenatal care; preterm labor or Sudden Infant Death Syndrome (SIDS) during the contract year:

The Coalition's Healthy start brochure highlights minority infants.

The Coalition continued to supply Spanish-Version "Healthy Start, Grow Smart" booklets to care coordinators for distribution to Spanish-speaking clients.

The Coalition distributed prenatal and infant consumer surveys in Spanish.

A Healthy Start informational poster was created in both Spanish and English for placement throughout the community.

Coalition Board and staff completed online cultural awareness training.

Community Liaisons conduct intensive public awareness activities to inform the community about the Healthy Start program and the importance of screening.

Community Liaison conducted a Results Campaign to increase screening rates in Citrus and Hernando Counties.

Information about preterm labor is provided to clients by prenatal care providers and Healthy Start care coordinators.

Smoking was the focus of the first issue of the Coalition Newsletter, "Blossom." Information on local smoking classes were included in the Newsletter as well as support group information.

Smoking cessation posters with information about smoking and Healthy Start were distributed to providers for use with clients.

Smoking cessation packets were distributed to providers for use with their pregnant clients who smoke.

Coalition collaborated with the Suwannee River AHEC for online smoking cessation and motivational interviewing techniques.

Liaisons distributed smoking cessation materials at health fairs and community agencies, including Quitline information, brochures, and smoking cessation promotional items.

Program Director and Associate Planner met with Tobacco Educator from Lake County to work together on the quit smoking campaign and to research those who can be of assistance the other counties in Central's service area.

SIDS was the focus of the second issue of the Coalition newsletter "Blossom."

SIDS information is a standard part of the information provided to clients by prenatal care providers and by Healthy Start care coordinators.

6. Description of the greatest unmet maternal and child health population need in your service area:

- Transportation
- Timely Medicaid to ensure appropriate doctor visits and hospital delivery is covered.

COALITION: Charlotte County Healthy Start Coalition, Inc.

1. A brief description of the Coalition catchment area.

The residents of Charlotte County, located on Florida's southwest gulf coast between the cities of Sarasota and Ft. Myers, are served by the Charlotte County Healthy Start Coalition. A July 2007 estimate of the county's population prepared by the Charlotte County Economic Development Council indicates that 16,619 residents live in the city of Punta Gorda, and 136,195 live in unincorporated Charlotte County, for a total population of 152,814. Demographic breakdown includes 92.6% White, 5.8% Black, 4.1% Hispanic, 1.6% Other, 52.2% female.

2. Number of Coalition members and the organizations they represent.

Seventy-one members, representing consumers, the community at large and 42 organizations, are involved in the Coalition. Participating groups include medical providers, social services organizations, faith-based, government, attorney, private business, education, health advocacy, child care providers, media, fraternal organization, libraries and the Department of Children and Families.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

Grants funding received during fiscal year 2007-08 included:
Community Impact Grant, United Way of Charlotte County, \$15,000
Psychosocial Counseling, Charlotte Community Foundation, \$7,200

4. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

Twenty-nine at-risk prenatal women learned more about proper nutrition and prenatal care, child care, breastfeeding, infant immunizations, child safety and infant massage at Charlotte County Healthy Start's first "educational baby shower." Attendees also selected a "shower gift" from an assortment of baby essential packages including car seats, strollers, room monitors, infant clothing, diapers, pack-n-plays, and much, much more.

With the Gulfcoast South Area Health Education Center, the Coalition sponsored a workshop for service providers, health care professionals and social workers which was entitled “Responding to Teen Moms,” and presented by Amity Chandler, Director of Drug Free Charlotte. The session provided insight on the struggles of teen parenthood, and offered recommendations for positive interaction with teen parents.

In an effort to combat high prenatal smoking rates and with the help of a grant from the Florida Department of Health, the Charlotte County Healthy Start Coalition funds the first year of a two-year billboard campaign targeting prenatal smoking cessation. The billboard is located on a high-volume east-west county thoroughfare.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

A monthly column in the local newspaper’s “Feeling Fit” magazine, has provided the Charlotte County Healthy Start Coalition the opportunity to educate the general public on the following pregnancy-related topics this past year: planning for a healthy pregnancy; baby spacing; alcohol and pregnancy; prenatal smoking cessation; chronic health issues and pregnancy; stress, folic acid; oral health and pregnancy; proper nutrition; exercising during pregnancy; pregnancy and your emotions; Healthy Start services; and maintaining a healthy environment .

The Coalition expanded services to include limited funding for perinatal care for qualified high risk prenatal clients who are uninsured and Medicaid ineligible.

6. Description of the greatest unmet maternal and child health population need in your service area.

There is still very limited availability of dental care for Medicaid clients residing in Charlotte County. Most often, those who are uninsured and in need must travel out-of-county for services.

Charlotte County’s pregnant women continue to smoke at a rate more than double that of the state average.

Unfunded and uninsured prenatal women who are determined to be high-risk lack access to specialized care and the additional tests required.

COALITION: Chipola Healthy Start, Inc.

1. A brief description of the Coalition catchment area.

Chipola Healthy Start Coalition serves pregnant women and children in a five-county region of the Florida Panhandle: Calhoun, Holmes, Jackson, Liberty and Washington. The geographic area covers the southern border of the state of Alabama to the coastal regions of Florida which bring a diverse socio-economic

population. The Coalition is made up of public and private health care providers, social service organizations, representatives of the local school system, county governmental staff, maternal and infant advocacy groups and consumers of health services. The five counties have a diverse population make-up with various cultural backgrounds with families moving in and out of the counties due to the service delivery areas high rate of prison systems. Currently the service delivery area has one Federal Prison and six State Prisons. High smoking and teen pregnancy rates along with out-migration of services continue to affront all five counties. Additionally, the region suffers high rates of poverty among the people who reside in the rural counties located in the region. Public assistance programs for women and children involved in the region reflect a cycle that predicates higher risk pregnancies and low birth weight infants. During the last community survey responders cited factors of poverty and unemployment as the most “crucial” and then stress in homes and families, lack of public transportation, domestic violence, teenage pregnancy, substance abuse, lack of local medical services, and illiteracy. Prenatal care for uninsured and undocumented illegal residents in the five counties is currently being paid for with a small portion of Schedule C dollars to a local OB centrally located to all five counties through a contract. Chipola Healthy Start had a total of 979.55 volunteer hours for meeting, community events, and advisory counsels.

2. Number of Coalition members and the organizations they represent.

Chipola Healthy Start members consist of the wide array of backgrounds and currently have approximately 151 members for the five-county region. The membership consists of the following:

- | | |
|--|----------------------------------|
| County Libraries (2) | Hospital (2) |
| Education (20) | Local Government (8) |
| Businesses (15) | Public Health (28) |
| Consumers (2) | Media (1) |
| Public Assistance (10) | Faith Based (2) |
| Universities (1) | Healthcare Providers (12) |
| Social Services (20) | State Government (15) |
| Other miscellaneous Community representation (13) | |

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (*not including in-kind sources or amounts*).

Chipola Healthy Start receives approximately \$30,000 in funds from the Department of Health for the Fetal and Infant Mortality Review Project and Florida KidCare.

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

Chipola Healthy Start developed a partnership with Bay, Franklin, and Gulf to increase the screening rates due to out migration of prenatal services experienced by Calhoun, Holmes, Jackson and Washington Counties.

5. Any activities or strategies undertaken to address racial disparities; access

to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

Chipola Healthy Start is working with the State Task Force for racial disparity needs, although we are not receiving funds for this initiative at this time. Additionally, the Coalition continues to contract with a local bi-lingual OB for the increasing number of illegal immigrant population giving birth within the catchment area to assure access for prenatal care.

6. Description of the greatest unmet maternal and child health population need in your service area.

The greatest unmet need for Chipola Healthy Start is the lack of development for rural systems of healthcare concerning prenatal clients. The region still has no readily accessible prenatal or delivery facility for Level II or high risk pregnancies. Chipola Healthy Start has only one hospital offering obstetrics services in the five county areas.

Another unmet need in our service area is the lack of affordable and safe housing, lack of public transportation systems, and lack of access to high level prenatal facilities and providers. The continued out migration of commercially insured patients to hospitals in larger towns gives poor incentive for local hospitals to increase services locally. There are four prenatal providers, three Board Certified obstetrician/gynecologists, and one General MD, who refers after 24 weeks.

COALITION: Escambia County Healthy Start Coalition, Inc.

1. Description of Coalition catchment area.

The catchment area for the Escambia County Healthy Start Coalition consists of Escambia County, Florida. Escambia County, the “western gate to the Sunshine State”, has an estimated 2006 population of 295,000 persons, the median age was 37.9 years and 23% of the population in Escambia County was under 18 years. Overall, Escambia County residents are slightly younger than the state as a whole. In terms of the percentage of black population, Escambia County (23%) is substantially higher than the state as a whole. The white population (73%) is substantially lower than the percentage of whites for the state (77%). All other race categories represent 4% of the population in Escambia County, compared to 7% in the entire state of Florida. Since 2004, 3% of the Escambia County population was Hispanic, significantly lower than the statewide percentage (17.8%) but there has been a significant increase since Hurricane Ivan and Hurricane Katrina hit the Gulf Coast. Escambia County illegal alien births jumped from an average of 2 per year to 82 per year.

In 2006, there were 118,000 households in Escambia County with the average household size of 2.3 people. Escambia County has considerable variability among zip codes. For example, the percentage of single parent family households ranges from a low of 7.1% in zip code 32508 to a high of 30.4 in 32501. 16% of people lived in poverty in Escambia County compared to the

state level of 13% in poverty. Children in single, female headed households are much more likely to be in poverty than children in married couple families.

As of 2008, Escambia had 395 Child Care Providers with 17,368 children enrolled. Escambia County Head Start has enrollment of 855, with 655 of those children attending center-based Head Start classrooms. Cost of child care is substantial. With average cost for pre-schooler being \$4,560 and infant being \$5,760. A family with an infant and pre-schooler is paying \$10,320 in 2000. The median family income for a household in zip code 32501 is \$32,002. Two children in daycare would take 33% of their income.

Escambia county has wonderful community resources to meet family needs with three area hospitals, Children Medical Services, The Center for Autism and related disabilities at FSU, Community Action program, Head Start, Early Learning coalition, Escambia County health Department, Fl. Diagnostic and Learning Resources System, Northwest Florida Comprehensive Care/Families Count, WIC, Sacred Heart Early Steps program, Families First Network/Lakeview Center, Nemours Clinic, Caring Hearts, FRAME as well as dedicated physicians, local clinics and school resources.

2. Number of coalition members and the organizations they represent.

The Escambia County Healthy Start Coalition of Escambia County currently has 166 active members representing more than 45 organizations in Escambia County. These organizations include state and local government, hospitals, medical groups, and not-for-profit organizations.

3. Dollar amount for grants or other funding that have been leveraged by your coalition during the contract period (not including in kind sources or amounts).

Total leveraged funding for 2007-08 is \$69,787 including:

Fetal and Infant Mortality Review	\$22,107.00
Health Facility Authority	\$16,000.00
Partnership for Public Health	\$ 7,500.00
Bank Interest	\$ 4,688.40
March of Dimes	\$ 4,105.00
Beds for Babies/Healthy Start Donations	\$ 2,650.00
Wal-Mart Foundation	\$ 2,500.00
HealthEase/Wellcare	\$ 2,250.00
Baptist Healthcare Foundation	\$ 2,000.00
United Methodist Women	\$ 2,000.00
United Way	\$ 1,607.00
Merrill Lynch	\$ 1,130.00
Sacred Heart Hospital	\$ 750.00
Region Bank	\$ 500.00

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

Our continuing assessment of our local system of care resulted in the following initiatives during 2007-08:

- Analysis of 2002 – 2005 linked data with PPOR for Escambia County.
- Interconception materials presented to physicians, community agencies and developed training modules for home visitors use and screening form for physicians.
- March of Dimes SIDS and Safe Sleeping grant to educate the African American community about SIDS and safe sleeping.
- Beds for Babies Program – a program that supplies our Healthy Start Nurses with new cribs for their clients who are at risk of suffocation due to lack of a crib.
- Fetal and Infant Mortality Review Process – a program to better understand the pattern and circumstance of fetal and infant deaths and to develop local strategies to reduce these deaths.
- Board Development Process – a continuing strategy to improve the capacity of our Board of Directors to provide oversight and guidance for our Healthy Start initiative.
- Provider Education Strategy – developed and distributed a DVD in increase Healthy Start information in all OB/GYN offices; an initiative to improve our prenatal and infant screening rates. Continuation of Physician symposium has been successful keeping the physician network involved with Healthy Start and updated on current data and procedures.
- Community Education Initiative – a targeted strategy to reduce the rate and extent of prematurity in Escambia County with focus on increase screening, reduce smoking, increase interconception awareness and infant safety.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care, preterm labor, or sudden infant death syndrome (SIDS) during the contract year.

During this contract year, the Escambia County Healthy Start Coalition enacted the following strategies to address racial disparities, access to prenatal care, preterm labor, or sudden infant death syndrome:

- Beds for Babies Program – a program to promote safe sleeping practices among at-risk families.
- Community Education Initiative – a strategy to reduce the rate and extent of prematurity in Escambia County with focus on increase screening, reduce smoking, increase interconception awareness and infant safety. Four Community Baby Showers were conducted with excellent attendance.
- March of Dimes SIDS and Safe Sleeping grant to educate the African American community about SIDS and safe sleeping. Over 900 community members were educated with PowerPoint safe sleeping presentation. 100 table top SIDS training packets were provided to over 14 agencies. Several community agencies continue to use this program.

6. Describe the greatest unmet maternal and child health population need in your service area.

The greatest problem Escambia County has seen has been an increase in infant asphyxiation. There were 7 infant deaths due to suffocation in 2007. Even though education is provided, social norms continue to encourage mothers to sleep with their infants. There also continues to be a need to reduce the racial disparities in birth outcomes, especially for our black population. Access to health insurance is a real problem for mothers who are not pregnant and have a low paying job. Many women with chronic health problems do not get health care and the condition may interfere with a subsequent healthy pregnancy.

COALITION: The Healthy Start Coalition of Flagler and Volusia Counties, Inc.

1. A brief description of the Coalition catchment area.

Volusia and Flagler Counties comprise approximately 1,588 square miles of Northeast Florida, extending more than 70 miles along the coastline of the Atlantic Ocean and inland to the St. John's River. The two-county region is home to over 566,465 residents.

2. Number of Coalition members and the organizations they represent.

The Flagler/Volusia County Healthy Start Coalition is currently comprised of approximately 50 members who represent a diverse cross section of the health, human services, academic, and business communities. These include but are not limited to: Stewart Marchman Center for Chemical Independence, Early Learning Coalition, County of Volusia, Easter Seals of Volusia and Flagler Counties, Halifax Health Systems, Florida Hospital Deland, Volusia and Flagler County Health Departments, the City of South Daytona, the Volusia County Council, the City of Deltona, SunTrust Bank, Daytona Beach Community College Women's Center, Charles Wayne Properties, March of Dimes, Children's Medical Services, Chiles Academy Charter School for Pregnant and Parenting Teens, the Department of Children and Families, Junior League of Daytona Beach, Four Townes Rotary, Two prior Consumers of Healthy Start services, Halifax OB/GYN Associates, Cobb & Cole Law Firm, Childbirth Education, and Pediatric Choice.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (*not including in-kind sources or amounts*).

The Healthy Start Coalition of Flagler and Volusia Counties leveraged approximately \$1.3 million in additional funds during Fiscal Year 2007-2008. Funding sources were from the Department of Children and Families/Ounce of Prevention, Volusia County Children and Family Advisory Board, Junior League, Rotary, local fundraising, and other private donations.

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

- Implementation of two EASY ACCESS Clinics for pregnant and interconceptional women to reduce barriers to care.
- Implementation of Nurse Midwives and care coordination at the Flagler

County Health Department to ensure continuity of care in this county which has no local OB/GYN providers.

- Completion of a commissioned study to analyze the systemic issues related to the decline in first trimester entry to care related to the Pregnancy Medicaid process. This study identified that prenatal health care providers have capacity to serve Medicaid but will not serve them until their status changes from MU to MMP status and because of delays in status change, their pregnancy advances past the point where the physician wants to take them on due to potential risk. The study assisted in educating policy makers and leaders in the health care industry as to why the Managed Care model and PEPW process was not supporting first trimester entry into prenatal care.
- Prenatal Healthcare Summit held in April brought together hospitals, OB/GYN's, CHD's, Managed Care organizations, Policy Makers, DCF, AHCA, and midwives to build consensus around the development of a Virtual Billing model as an alternative to the current Pregnancy Medicaid system and that proposed under Medicaid Reform. This model would change the process by which pregnant women access care and interact with key points of entry into eligibility, care, delivery and post partum services. Its goal is to minimize barriers to patients, providers, hospitals and Managed Care Organizations.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

During this past fiscal year, several strategies were initiated to address racial disparities, access to prenatal care, preterm labor and Sudden Infant Death Syndrome.

Racial Disparities and SIDS: The Beds for Babies initiative provided over 70 cribs to women who otherwise would not have had a safe sleeping environment for their baby and provided safe sleep information to over 55 churches through the Black Clergy Alliance in the form of church fans and other printed materials. This took place in October which is SIDS Awareness month. Our ongoing coordination with Bethune-Cookman University School of Nursing (an historically Black College in Daytona Beach) has brought about successful community engagement events as well as faculty participation in the Fetal and Infant Mortality Review to identify causes of death and implement system-wide change to reduce health disparities for infants.

Access to Prenatal Care, Preterm Labor: Our Virtual Billing Model as an alternative to current Pregnancy Medicaid and Medicaid Reform has provided a model which will eliminate many barriers women face. Two EASY ACCESS Clinics have been implemented to serve women who would otherwise fall through the cracks because of inability to pay. These clinics provide prenatal care, education, and interconception education to prevent low birth weight, prematurity, as well as preventing unintended pregnancies following the birth of a baby.

6. Description of the greatest unmet maternal and child health population need in your service area.

A. Black women are still disproportionately impacted by poor birth outcome and infant loss and experience poor access to health services.

B. Complexities to navigating the Medicaid system have threatened to divest the private OB/GYN providers from seeing Medicaid patients which delays care for patients. We hope our alternative model will gain support and provide a solution to this problem.

C. Women's oral health has no funding sources other than Medicaid, which provides "limited extraction" services to adult women, and only those who are eligible. Our recent Interconception Care Project identified women who have health issues related to poor oral health but have no payor source. **Oral health among women of childbearing age is related to poor birth outcome, high blood pressure, and heart disease.**

D. Access to healthcare for rural families – i.e., language barriers, transportation barriers, limitations of our local Federally Qualified Health Centers who are prohibited from providing prenatal services.

E. Increasing economic challenges have exacerbated issues such as affordable housing, food, and gas costs, which emerge as new priorities to ensure the wellbeing of pregnant women.

F. Chronic Disease Management for women of child bearing age – (diabetes, high blood pressure, cancer.). Diagnostic and laboratory services are extremely limited, even when the health services are available.

G. Healthy Start funding only allows us to meet 50% or less of the need based on risk factor information and additional funding cuts and economic challenges facing our families leaves us helpless to reach many of the families in need. Our local homeless shelter has seen a significant increase in pregnant and new mothers entering the shelter following eviction or foreclosure on their homes.

COALITION: Florida Keys Healthy Start Coalition, Inc.

1. A brief description of the Coalition catchment area.

The Coalition's catchment area is Monroe County, which encompasses the entire Florida Keys, an island chain of 120 miles southwest of mainland Florida.

2. Number of Coalition members and the organizations they represent.

There are 32 active Coalition members, representing the following industries/community members: medical services, social services, education, local business, corrections, faith community, environmental protection, school district, Florida House of Representatives.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (*not including in-kind sources or*

amounts).

Monroe County United Way	\$ 1,000
Community Foundation of Florida Keys	\$ 5,000
Monroe County Sheriff's Office	\$ 2,000
Monroe County Human Services Advisory Board	\$ 9,460
Business Donations	\$ 900
Individual Donations	<u>\$ 7,640</u>
Total	\$26,000

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

This year we initiated a partnership with local social service agencies to offer FASD assessments. We realized this would be necessary after launching our Zero Exposure Project (ZEP) last year.

In response to the overwhelming request for breastfeeding services the Coalition launched its breast pump loan program. The Coalition now has 7 medical grade breast pumps which Healthy Start clients can check out on an as needed basis. We have seen an improvement in our breastfeeding rate along with an increase in the duration a mom decides to breastfeed.

After a call from our local detention center a partnership was developed due to an increase in the number of pregnant detainees. The detention facility was faced with finding a provider and getting these women plugged back into the community upon their release. We now have a system in place to ensure these women do not fall through the cracks.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

Access to care continues to be addressed by our Healthy Babies program. This program provides financial assistance for prenatal care. We have also developed a transportation program by partnering with our local municipalities busing systems and taxi companies to ensure women can physically get to their appointments. This service is especially needed in the upper keys.

SIDS was addressed this year by our Safe Sleep program. We have partnered with the Halo Company to provide new parents with their sleep sacks which have imprinted on them "Back to Sleep" and come with information in English and Spanish about safe sleep habits.

Our FIMR committee continues to meet to better understand the deaths that occur in our community and to ensure that we have done all we could to prevent them.

6. Description of the greatest unmet maternal and child health population need in your service area.

Our greatest unmet need continues to be access to affordable care, as well as, timely entry into care. This is due to the location of our physicians, lack of physicians, and Medicaid challenges.

This year we have also noticed an increase in preterm labor and deliveries. This is something the Coalition intends to investigate and address in the upcoming fiscal year.

COALITION: Healthy Start Coalition of Hardee, Highlands and Polk Counties, Inc.

1. A brief description of the Coalition catchment area.

The Healthy Start Coalition of Hardee, Highlands and Polk Counties, inc. serve a tri-county area that encompasses 3,541 square miles. Each county is unique in population, ethnicity and health care providers.

- a. Hardee County: estimated population 26,938, which is comprised of approximately 88.1% white, 9.1% African-American and 2.8% of the population identifying them as “other” (2006 U.S. census). Approximately 40.8% of the residents identify themselves as of Hispanic or Latino origin. 19.5% of the population lives below the poverty level. (2004 Census data) There is no child birth/delivering facility in the county.
- b. Highlands County: estimated population 97,987, which is comprised of 87.8% white, 9.6% African-American and 2.6% of the population identifying themselves as “other” (2006 U.S. census). Approximately 15.3% of the resident’s identifying themselves as of Hispanic or Latino origin. 13.1% of the population lives below the poverty line (2004 Census data). There are two child birth/delivery facilities in the county.
- c. Polk County: estimated population 561,606, which is comprised of 82.6% white, 14.2% African-American and 3.2% of the population identifying themselves as “other”. (2003 U.S. census) Approximately 14.5% of the residents identify themselves as of Hispanic or Latino origin. 13.2% of the population lives below the poverty line. There are four child birth/delivery facilities in the county.

2. Number of Coalition members and the organizations they represent.

There are 702 members representing 273 organizations.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period.

- a. Polk County Health Department: \$ 20,000.00
- b. Polk County Board of County Commissioners \$ 25,000.00

c. Heartland for Children	\$ 45,600.00
d. Polk Healthcare Plan Community Outreach	\$ 52,068.74
e. Beds-4-Babies	\$ 40,550.00
f. Cash Donations	\$ 23,891.76
g. Florida Healthy Kids Corporation	\$ 500.00
h. Polk Works	\$ 15,000.00
Total	\$222,610.50

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

- ❖ The Coalition serves as Chapter Coordinator for A Safe Haven for Newborns, providing educational and material distribution on Florida's Safe Baby Law and Safe Haven for Newborns.
- ❖ The Coalition participated in the March of Dimes Vita Grant Project, distributing prenatal vitamins and education to women of childbearing age.
- ❖ In an effort to increase the rate and quality of Healthy Start Risk Screens, a provider manual has been developed and distributed. This manual provides a step-by-step guide for providers on the importance and process of the risk screen. The Provider Manual will be updated with information concerning the new screen.
- ❖ Developed, printed and distributed "infant passports" – a portable record of infant birth, medical and immunization history.
- ❖ The Interconceptional Care Project funded in Hardee, Highlands and Polk counties targeted women of childbearing age, focusing on Center for Disease Control recommendations.
- ❖ The Coalition supported increased outreach within the Hispanic and Migrant populations to provide information on services available for individuals who are uninsured.
- ❖ Prematurity Awareness activities were conducted in Hardee, Highlands and Polk counties during FY 2007-2008.
- ❖ A community outreach grant was secured from the Polk County Healthcare Plan. The grant is being used to expand the outreach to teens in Polk County regarding teen pregnancy.
- ❖ A Heartland for Children's grant continued to fund a part-time Youth Pregnancy Prevention Specialist position to assist in outreach.
- ❖ The Coalition became a partner in the Florida Kid Care Program and participates in distribution and promotion of services for uninsured children.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome during the contract year.

- ❖ Centering Pregnancy Groups conducted in Hardee and Polk counties to address both racial disparity and access to care.
- ❖ Pre-service training for all new staff includes cultural diversity training.
- ❖ Healthy Start care coordinators, in completing initial contacts, inform clients of risks associated with racial disparities.
- ❖ Hardee, Highlands and Polk Health Departments continue to provide prenatal care regardless of patients' ability to pay or insurance status.

- ❖ In response to an increase in accidental suffocation deaths, the Coalition continues with the “Beds 4 Babies” project. The project consists of two components: a public awareness campaign and distribution of cribs to qualified families to provide a safe place for babies to sleep.
- ❖ SIDS and Back to Sleep information is provided through client contact and extensive community education and outreach.
- ❖ Healthy Start care coordinators inform clients of risks, warning signs and preventive measures associated with pre-term labor.
- ❖ Healthy Start staff and/or supervisors attended a number of trainings and conference calls throughout the year on topics related to pre-term birth and/or prevention strategies including: Make Yours a Fresh Start Family Smoking Cessation Training; Sexual Abuse Task Force Training; HIV Training; Ages & Stages Developmental Training; Infant/Toddler Cultural Immigrant Teleconference; Infant Mental Health Workshop; Coping with Crying Training; and March of Dimes Prematurity Summit.
- ❖ Healthy Start nurses and family support workers collaborate with other PCHD programs such as the Mama Bear Program for HIV positive pregnant women and PCHD staff in the STD and other communicable disease program to ensure services for women at risk.
- ❖ Healthy Start nurses and Family Support Workers assisted in the Beds-4-Babies project to decrease infant deaths related to unsafe sleeping conditions and provided education and cribs to more than 175 high-risk families in 2007-2008. Hardee County Health Department will continue to offer Group Prenatal Care as an effort to serve more women who are uninsured. In addition, the childbirth education classes will be provided in Spanish and open to the community.
- ❖ Due to the high rate of infant mortality in Highlands County, the Highlands County had requested a perinatal periods of risk (PPOR). The rates were not significant to warrant the PPOR; however a presentation and intervention strategies were presented to the Highlands County Health Improvement Plan (CHIP) in May, 2008. Implementation of strategies will be explored during FY 2008-2009.
- ❖ In Highlands County plans are underway to open a new clinic in the Avon Park area. The location will be within walking distance of many clients in an area where a high rate of infant mortality was noted in 2006. It is hopeful that maternity services will be offered at this location. In the meantime Healthy Start staff continues to participate in events in this community and to display materials particularly related to preterm labor, safe sleep and SIDS.

6. Description of the greatest unmet maternal and child health population need in your service area.

- ❖ Inadequate funding, primarily in Polk County to meet the needs of the increasing numbers of high risk families. The inadequate funding has contributed to turnover of staff due to the majority of the salaries being below that of similar jobs in the current local job market. Turnover of staff is costly and time consuming, and also results in current staff having to take on additional cases.
- ❖ The downturn in the economy has contributing to loss of jobs and services to high-risk families.

- ❖ Hardee County does not have a delivery facility, which creates a transportation problem at the time of delivery, especially since no affordable local transportation is available.
- ❖ Limited funding sources and services for undocumented aliens. Of the 2,066 prenatal patients served by the Polk County Health Department, (data through 3rd quarter 07-08 only) only 46% received Medicaid. 26% had no social security number and were denied Medicaid.
- ❖ Residential drug treatment programs for pregnant women and women with infants. Approximately one-fifth of the Healthy Start families in Polk County have a history of drug abuse. There is only one residential treatment center in Polk for women who are pregnant or recently had a baby who is substance exposed. The program does not allow infants or children, only has 12 beds available and often has a long waiting list. A residential program in which women could reside their infants would promote bonding as well as foster care-giving skills needed once the child and mother are reunited.
- ❖ Need for a funding source for unfunded prenatal patients who have diabetes and cannot afford testing strips and for clients who cannot afford an ultrasound.
- ❖ Continuing source for cribs and information about safe sleep. The Coalition did receive a large grant to fund 500 cribs in the Greater Lakeland and Polk County area; however that does not meet the needs of the clients who reside in the rest of our service area.

COALITION: Healthy Start Coalition of Hillsborough County, Inc.

1. A Brief Description of the Coalition Catchment Area:

Hillsborough County encompasses both urban and rural areas. In 2007, Hillsborough County had a population of 1,197,312; 78.8% were White, 17.5% were Black and 23% were Hispanic. The population density was 950.6 persons per square mile compared to the state rate of 296.4. There were a total of 18,001 births. This is an increase of 30% since the beginning of the Healthy Start program. Of the live births, 73.7% were White, 20.3% were Black and one-third was Hispanic.

2. Number of Coalition Members:

67 Voting Members; 1,346 General Members: Represented agencies are comprised of social service agencies, hospitals, businesses, religious, migrant organizations, health insurance companies, education, government, community health centers, physicians, attorneys, health department and foundations.

3. Dollar amounts for grants or other funding that have been leveraged by HSC of Hillsborough during the contract period:

Ounce of Prevention, \$1,003,086 for Healthy Families Hillsborough; Children's Board of Hillsborough County, \$2,824,773 for Healthy Families Hillsborough, Family Support and Resource Centers, Zero Exposure Project and Healthy Start Intensive Teen Pregnancy and Parenting Program; Achieve

Tampa Bay, \$193,006 for NICU/HUG Program; Allegany Franciscan Ministries, \$100,000 for Developmental Screening Program; and March of Dimes, \$100,000 for Zero Exposure Project statewide training program.

4. Any initiatives that have been developed as a result of the local system of care assessments during the contract year:

The Coalition continues implementation of center-based projects began in 2006-2007. Each of these projects was developed by the Coalition and implementation of services at these sites was negotiated by the Coalition. Those include placing Healthy Start staff at the Genesis Clinic (regional perinatal intensive care center), Hillsborough County jail infirmary and the neonatal intensive care units at all area hospitals. This year the concept was expanded to select Health Department clinics and the high-risk antepartum unit at the largest delivery hospital in the county. There are 3,300 high-risk admissions per year in this unit. The purpose of these projects is to provide services to high-risk pregnant women and infants in locations where they already receive medical services. This provides a linkage between the provision of medical care with the provision of education and social support. It also reduces the time spent by care coordination staff in engaging clients by conducting outreach efforts and in-take efforts in these locations thereby increasing service levels to these vulnerable populations.

5. Any Activity or Strategy Undertaken to Address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year:

The Coalition participated in the Florida Black Infant Health Practice Initiative during 2008. There were two meetings held with the community on February 28, 2008 and June 11, 2008. Data from vital statistic analyses, Perinatal Periods of Risk (PPOR) analyses, FIMR reviews, focus group results and survey results were presented. The PPOR framework was used to analyze 2003-2005 linked birth and infant death and 2003-2005 fetal death files for Hillsborough County residents. Black women were surveyed (N=47) regarding the needs of young Black mothers. A retrospective review of Black infant deaths due to prematurity was conducted (N=37). Eleven focus groups were conducted during the month of April. These groups focused on what protective and resiliency factors contributed to positive birth outcomes for Black women. There were eleven focus groups with 97 participants. Eight groups were held with Black women 20-34, and one with each of the following: Black women over 55 years old, Black men, and prenatal care provider front office staff.

The following main recommendations were developed at the June 11, 2008 meeting: use of "Friendly Access" principals for prenatal care provider offices, including cultural diversity and sensitivity training for medical office staff, use of system navigators for the health care system, provision of client educational materials in provider offices, and provide family support through support groups and doulas; health education regarding preconception and interconception care with pregnant women, women of child-bearing age and mothers of Neonatal Intensive Care Unit (NICU) infants; NICU follow-up

programs for both mothers and infants; development of one-stop service centers to provide assistance in Medicaid enrollment and accessing other community-based services; changes to Medicaid enrollment including automatic enrollment in the Florida Family Planning Waiver and simplification of Medicaid on-line application process.

The Coalition continues to work with the hospitals in Hillsborough County to assess every mother of a newborn regarding infant safety. As part of this assessment, mothers are asked about where their infant will sleep once discharged home. For those mothers without a safe place for their infant to sleep, a free crib is provided. A total of 269 cribs were distributed during the last fiscal year.

The Coalition is conducting a survey in area hospitals of women who deliver with late or no prenatal care to determine the barriers they encountered in access health care services. This is part of the continuing work by the Coalition in surveillance and advocacy regarding unfunded prenatal care.

6. Description of the greatest unmet maternal and child health population need in your service area.

There are many unmet needs for this population. One of the greatest unmet needs is access to prenatal care for women without any form of health insurance or the ability to pay for their prenatal care, especially those women with chronic health conditions. Women who qualify for Medicaid are also included in this group. The Medicaid application process, especially now that it is electronic, has made it more difficult for women to complete the application and receive Medicaid. Continuing community meetings between the Hillsborough County Court System, hospitals, social service providers and drug treatment providers have highlighted the need for more drug treatment services, especially in-patient, for pregnant women and young mothers. Others that are most frequently mentioned by those who provide direct services to clients are the lack of access to mental health care services, affordable and safe housing, affordable and safe childcare, job training, and employment that provides a livable wage.

COALITION: Indian River Healthy County Healthy Start Coalition, Inc.

1. A brief description of the Coalition catchment area.

The Coalition covers Indian River County which lies on the east coast of Florida along the Atlantic Ocean approximately half way between Miami and Daytona Beach. Indian River is south of Brevard County and north of St. Lucie County. The population for 2007 is estimated to be 140,675. The county is approximately 22 miles long and 28 miles wide. Cities, towns and areas within the county are Vero Beach, Fellsmere, Gifford, Orchid Island, Wabasso, Indian River Shores and Sebastian. Vero Beach is 12.9 square miles and is the county seat. Although the school district, hospitals and county government employ the largest number of people, the area is also

known for its citrus industry and for Piper Aircraft. In the past five years, the county has experienced a 15% increase in population.

2. Number of Coalition members and the organizations they represent.

The Coalition has 174 members representing all facets of the county's population. This includes two local chambers of commerce, businesses, law enforcement, community volunteers, clients, pediatric healthcare providers, obstetrical healthcare providers, Indian River County Health Department, dentists, Treasure Coast Community Health Center, Planned Parenthood, Indian River Medical Center, Mental Health Association, Sebastian Medical Center, consumers, health advocacy (Health-E Teens), community civic organizations (Exchange Clubs, Kiwanis, Rotary), local government (city council, county government), faith organizations, mothers of preschoolers groups, education (Early Learning Coalition, preschools, and Early Head Start), and the Redland Christian Migrant Association.

3. Dollar amounts for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts)

The Coalition received grants totaling \$176,899 in FY 0708 for maternal/child services. The grants funded three programs that provide a parent helpline (one year support includes lactation counseling), Healthy Families IRC and prenatal/newborn care group support/education for first time mothers.

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

In the past 10 years, 28% of Indian River County women (approximately 350-368) giving birth have less than a high school education. A pilot program, Partners in Pregnancy and Parenting, funded by the March of Dimes is entering a second year of providing education and facilitating educational support groups based on the centering pregnancy model of care. Education in a group setting fosters self sufficiency and empowers women (95% who are insured by Medicaid), to support and learn from each other. Pre-tests show little or no knowledge of pregnancy or newborn parenting. There is little time for providers to educate women on what they will face physically and emotionally during pregnancy. Orientation to attend this program is a requirement of receiving care at Partners in Women's Health (PIWH). It teaches pregnancy basics and parenting skills and provides an important support system for new mothers. This year the program was contracted to the hospital and we are seeing even more success in bringing women together for group sessions.

Because we had a contract extension with DOH we were able to use Interconceptional Care (ICC) funding up until early December 2007. The ICC Counselor was retained and ultimately provided education or counseling for over 1200 people. The program funds also allowed the Coalition to run another series of social marketing radio ads regarding the importance of women's health (pre-maternal), the risks of smoking during pregnancy and the importance of early entry into prenatal care.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

Treasure Coast Community Health Center (TCCHC) had plans to expand the prenatal care system by providing prenatal care and delivery for low income and indigent women. This has not happened since the last year-end report. TCCHC has had problems recruiting obstetricians. This population is still served by *Partners in Women's Health (PIWH)*, who experienced a decrease in staffing this past year. This caused women in Fellsmere, our rural northern area, to travel to Vero Beach (a 30 mile trip each way) for care. *PIWH* delivers approximately 68% of babies born in Indian River County. When TCCHC, located in central and northern Indian River County begins providing care it will provide services to Fellsmere.

Childcare for women wanting to return to work is scarce. A lack of slots in approved child care facilities means infants are put into the hands of caregivers that may not be related to them and/or trained to take care of children. This places them in greater danger of becoming victims of SBS or SIDS. The Coalition has two initiatives for SBS. We are partnering with our Exchange Club of the Treasure Coast to acquire DVDs on "Purple Crying" for parents. It tells the stories of several parents who have babies that cry for hours on end and how they coped without harming the baby. We will be using these with Care Coordination and the rest of our programs. TLC Newborn associates were trained in the Harvey Karp method of calming babies – "Happiest Baby on the Block". These methods are very successful in calming and getting babies to stop crying.

6. Description of the greatest unmet maternal and child health population need in your service area.

Job losses in our region are affecting pregnant women and their families creating the need for housing, food and transportation. There is a waiting list for women on Medicaid that need substance abuse counseling or treatment. And there are only 147 infant childcare slots in the county.

Securing full Medicaid coverage for pregnancy after PEPW runs out is a problem. There is no one to turn to when clients are denied. Clients using cell phones are unable to stay on hold for extended lengths of time in order to talk to a person at the call center.

We are making plans with Indian River Medical Center to schedule lactation training for hospital staff. With training, nurses will be able to provide more consistent support to women that wish to breastfeed.

Bed sharing is on the rise and we had an infant that died this year while sharing an adult bed. More funds are needed for widespread media coverage of safe sleeping practices. We are seeking a good speaker on the subject for our Annual Meeting.

COALITION: Healthy Start Coalition of Jefferson, Madison, & Taylor Counties, Inc.

1. A brief description of the Coalition catchment area.

The coalition service area is very large and highly rural. The population for the three counties is approximately 50,866 covering a geographic area of 2,775 square miles. The coalition area has limited health services in close proximity. To receive specialty care, many county citizens must travel to neighboring counties or to the state of Georgia. This medical factor is compounded by the fact that an average of 14.6% of all households are without a vehicle. Compared to the state as a whole, all three counties have more than twice the rate of families living below the poverty level.

2. Number of Coalition members and the organizations they represent.

421 members representing: three school districts, regional community college, child welfare services, civic organizations, Boys and Girls Clubs, retired educators, child development centers, churches/religious organizations, community/social service organizations, corporations/private industries, county and municipal governments, county health departments, Florida Department of Children and Families (DCF), Florida Department of Juvenile Justice, hospitals, local health advocacy interest groups/community organizations, local health planning organizations, local housing/shelter organizations, Head Start and Early Head Start centers in each county, and local medical societies.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (*not including in-kind sources or amounts*).

\$619,782; the Coalition is the recipient of a Closing the Gap grant from the Office of Minority Health in the amount of \$149,782, a doula services grant from the Ounce of Prevention in the amount of \$100,000, and \$370,000 from Healthy Families Florida.

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

In our three-county rural area, Healthy Start has been the “safety net” for nearly every social service in our communities. The Healthy Start Coalition has taken the initiative to serve as the lead entity for advocacy in our communities, in terms of identifying leaders and gaps in services through Annual State of the Child presentations in each of the communities. As a result of these efforts, Whole Child projects have been started in each community and a Healthy Families program has been funded. Whole Child and Healthy Families are a direct result of the Coalition’s initiative to address the dire need for services in our rural communities for families.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death

Syndrome (SIDS) during the contract year.

The Coalition addresses racial disparities and access as a related undertaking. Health disparities task forces exist in Madison and Jefferson Counties, in which the African American faith-based communities are active and directing members in partnership with officials at the local health department and Healthy Start. The Coalition's Closing the Gap grant initiative of implementing women's health ministries within 9 contracted African American churches feeds directly into these task forces. The Coalition also sponsors Group Prenatal Care programs in Jefferson, Madison, and Taylor Counties, targeting African American pregnant women for prenatal education, including providing infant care classes to first-time African American moms.

6. Description of the greatest unmet maternal and child health population need in your service area.

Transportation and mental health services.

COALITION: Healthy Start Coalition of Manatee County, Inc.

1. A brief description of the Coalition catchment area.

Manatee County, an area of 741 square miles, is comprised of six distinctive and unique communities. Bradenton and Palmetto are the largest and are situated on the mainland. Manatee County's barrier islands include the other four communities of Longboat Key, Anna Maria, Holmes Beach and Bradenton Beach. The unincorporated portions of the County include Ellenton, Parrish, Myakka City, and Lakewood Ranch. In 2006, the county population was 311,102 with 85.8% white, 8.8% black, 1.3% Asian, and 3.9% other. 12.2% of the total population is of Latin or Hispanic origin. There are three hospitals within the county with two, Manatee Memorial Hospital and Lakewood Ranch Medical Center, delivering babies. Manatee County Rural Health Services provides medical services with clinics throughout the county.

2. Number of Coalition members and the organizations they represent.

98 organizations, many with multiple Coalition members, representing consumers, migrant/community health centers, hospitals, physicians, maternal/infant health advocacy groups, county government, social service agencies, school board, private industry, medical society, religious organizations, and homeless coalition.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (*not including in-kind sources or amounts*).

\$96,051 additional donations and grant funds for outreach and special programs.

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

a. Continuation of the community-supported initiative to provide "Moses Baskets"

(hand-made bassinets) for distribution to new mothers who are unable to purchase a crib for the baby. Outreach Workers deliver the bassinet, discuss safe sleeping procedures, assess the home situation, and refer mothers to support groups and programs within the county.

- b. A new care coordination system that is threefold in design was put into effect. The three facets are as follows: community-based independent contractors worked directly with clients that are seen by private obstetricians and pediatricians; clinic-based care coordination at Manatee County Rural Health Services clinics; and hospital-based independent contractors who visited the new mother in the hospital at the time of the birth to conduct the initial contact for Healthy Start care coordination services.
- c. Smoking Cessation Seminar given for local providers using the American College of Obstetrics and Gynecology curriculum for smoking cessation training. This model of smoking cessation training, along with educational materials regarding smoking during adolescence and pregnancy, as well as the dangers of secondhand smoke, is to be implemented in local practices.
- d. Implementation of a nutrition pilot program in conjunction with the Interconception Care Project at a local pediatric office. The program focuses on nutrition in order to promote long-term nutritional habits for families of women of conception age and their children through face-to-face interventions and to provide educational materials to participants that can be shared with family and friends
- e. Implementation of the “Keeping Children Safe Program” that focuses on Safe Sleep education.
- f. Continuation of “En Familia Program”, an outreach to Latino/Hispanic families, that includes sewing classes, mother/peer support groups, outreach support worker training, summer arts program, and intergenerational program.
- g. Continuation and expansion of the Community Health Worker Program that provides educational presentations on the following topics: breastfeeding, SIDS, Breast Cancer Awareness, Diabetes, Folic Acid, HIV, Wellness Practices, Nutrition and Obesity.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

- a. The Coalition gained a new Provider Relations Director who visits physician offices to promote the need for early entry into prenatal care, to provide educational resources, to encourage Healthy Start screening and to share data regarding Manatee County maternal and child health indicators.
- b. Both the African American Outreach and Latino/Hispanic Outreach workers are addressing preterm labor in their support groups and with women contacted on a face-to-face basis.

- c. Project Moses addresses SIDS and unsafe sleeping practices and the Coalition will continue to partner with Manatee County Sheriff's Department and our Coalition members to distribute the "Moses Baskets" (bassinettes) and provide education and support to mothers in the community.
 - d. As smoking can play a role in pre-term labor, SIDS, and other negative outcomes, a Smoking Cessation Seminar and training was provided to educate and inform care coordinators and providers on how to provide smoking cessation sessions to clients who smoke during pregnancy.
- 6. Description of the greatest unmet maternal and child health population need in your service area.**
- a. Manatee County continues to exhibit racial disparities for low birthweight, infant mortality, and late entry to prenatal care, particularly in the African American community. There needs to be better education and support for the African American population to reverse these trends.
 - b. Affordable housing, childcare, and transportation for medical and social service appointments continue to be major issues in Manatee County and funding is not available to adequately meet these needs.

COALITION: Martin County Healthy Start Coalition, Inc.

- 1. A brief description of the Coalition catchment area.**
The Coalition covers all of Martin county.
- 2. Number of Coalition members and the organizations they represent.**
As of July, 2008, there are 82 active members representing 45 agencies. The agencies represent health and social service, government, faith community, business and civic organizations.
- 3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).**
The Martin County Healthy Start Coalition leveraged \$644,145 for prenatal care, Healthy Start direct services, preconception health and the Father and Child Resource Center in 2007-08. The Coalition also leveraged \$99,860 to apply as matching funds for Coalition operations.
- 4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.**
The Father and Child Resource Center, funded by 3 local agencies, works to encourage the emotional, physical, moral and financial support of fathers to enable the healthy growth and development of their children.

The Bellybutton Project was initiated in response to a targeted funding opportunity via the Martin County Children's Services Council. The project focus is on increasing early entry into prenatal care, increasing screening rates, and access to Healthy Start services. The focus of this project is to utilize community advocates and a prenatal outreach coordinator to identify and support women in targeted areas of the community who need assistance in accessing care. The advocacy program is a grass roots strategy that has been developed based on the best practices model program "a Madres de Madres". This program uses community advocates to educate women on the importance of early care. The education efforts have also been coupled with an incentive program. The incentives are designed to thank each mother for giving her baby a Healthy Start – by beginning prenatal care early! Every mother who enters care in their 1st trimester will receive a \$25 gift certificate to Wal-Mart to purchase baby or maternity items. Along with the coupon, women receive educational materials explaining Healthy Start services and the screening process. The project has also established a prenatal outreach center located in Port Salerno, one of the targeted communities. The outreach center is staffed with one clerical intake processor, one outreach coordinator (an LPN) and 2 community educators. Trainings, education groups and health literacy programs are offered to women in the surrounding neighborhoods as well as assistance with Medicaid, housing, prenatal care etc.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care, pre-term labor or Sudden Infant Death Syndrome (SIDS) during the contract year.

- Access to prenatal care (see above). The Prenatal Care Program for the Uninsured served 283 women in the last fiscal year, largely undocumented residents and teens. The program provides prenatal care and labor and delivery management services at the Stuart and Indiantown sites of the Martin County Health Department.
- Childbirth education classes for groups of Spanish-speaking women were put in place and offered on a regular basis, both in Indiantown and Stuart. The classes are held in the communities where the Spanish-speaking women are most likely to attend.
- Beds for Babies Project initiated to address SIDS and safe sleeping education. Eligible families will also be enrolled in Infant CPR/First Aid through a partnership established with the American Red Cross. Successes in 07-08:
 - An increase in the number of families engaged in Infant CPR/First Aid.
 - Increase in the number of families educated on safe sleeping and the distribution of 55 cribs.
 - Focus on early entry into prenatal care. Advocacy and education efforts are targeted to women who have just verified they are pregnant. A referral process with the crisis pregnancy centers and Planned Parenthood sends early identified women to Healthy Start to begin access to services in Martin County.

- Pre-term labor and SIDS information is a part of the curriculum for the teens at Spectrum Teen Parent Center. The Coalition's provider liaison meets with the girls twice monthly, covering a variety of topics, including these in an effort to promote healthy pregnancies and sound parenting skills.

6. Describe the greatest unmet maternal and child health population need in your service area.

Access to prenatal care for unfunded, Medicaid and share-of-cost clients continues to be a major issue in 2007-08. Although the issue surrounding the availability of appointments regarding waiting times for intake appointments has been resolved, the growth in births in this population has increased significantly. This growth has created the need for additional midwives, intake examination days and rooms. The establishment of the prenatal outreach center started in July 2007. A total of 184 women have been assisted in obtaining access to a prenatal provider, 73% of which accessed care in their first trimester. The next unmet maternal need relates to patients who are identified as "high risk" clients. The Regional Perinatal Intensive Care Center (RPICC) located in West Palm Beach, does work cooperatively with Martin County to take over the prenatal care of those women who meet their criteria. However, there are "gap" patients that fall outside of the criteria for RPICCs, but cannot be served by the midwives at the Prenatal Program run through the County Health Department because the patient is presenting a condition that is outside the scope of the midwife's criteria for practice. We are finding it increasingly difficult to access care for this population because they do not have insurance, cannot be accepted into the voucher program for the uninsured and will not be accepted by the private practices for care.

COALITION: Healthy Start Coalition of Miami-Dade, Inc.

1. A brief description of the Coalition catchment area.

Miami is a global city in southeastern Florida and the most populous county in Florida with over 2.3 million residents. It is often referred to as the "Gateway to Latin America and the Caribbean." Estimates released by the Department of Planning and Zoning for the county reflects a population increase to 2.5 million by 2010. Approximately 34,000 babies were born in Miami-Dade County in 2007 as documented with the State of Florida Vital records.

2. Number of Coalition members and the organizations they represent.

There are 168 members representing various maternal and child health consumers, public and private providers, hospitals, elected officials, community organizations, business, insurers, nurses, housing agencies, child care, educational systems and others committed to improving the health and well-being of mothers and babies in the Miami-Dade community. Members reflect the racial and ethnic diversity of the region, as well as service recipients.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

The Healthy Start Coalition has received \$5,803,292 in grants and other funding during the contract period from the agencies below:

- a) United Way of MomCare Education provided funding in the amount of \$50,000.00 for 3 consecutive years from July 1, 2007 to June 30, 2010. This program is an expansion of the existing MomCare services. Its goals are to improve maternal education and to increase utilization of prenatal care services. The clients served are pregnant women and their families who are not eligible for Healthy Start but may benefit from parenting, breastfeeding, and childbirth education classes.
- b) The Children's Trust provided funding in the amount of \$168,797.00 from August 1, 2007 to July 31, 2008. This program educates prenatal care providers in Miami-Dade about the benefits of the Healthy Start Program. Provider Liaisons visit prenatal care offices and clinics to urge staff to offer the Healthy Start Prenatal Risk Screen to all the pregnant women they serve.
- c) The Grace Contrino Abrams Peace Education Foundation provided funding in the amount of \$84,495.00 from August 1, 2007 to July 31, 2008. This program is designed to help parents of children 0-3 years of age develop healthy parenting, communication habits and life skills. Families will develop skills such as violence prevention, peaceful conflict resolution, and anger management within their families.
- d) The Children's Trust provided funding in the amount of \$5.5 million for the HealthConnect in The Early Years program from February 1, 2008 to January 31, 2009. HealthConnect in The Early Years is a voluntary home visitation program focusing on health education, promotion and support to improve maternal health, pregnancy outcomes and child health and development. Participants are pregnant women who are first time mothers or teenagers but may also be any pregnant woman who is interested in receiving services. The goal of the program is to help families achieve the best possible health and developmental outcomes.

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

Florida Department of Agriculture and the Florida Association of Healthy Start Coalitions have partnered to pilot "Fresh from Florida Kids. The Healthy Start Coalition of Miami-Dade is one of the five Coalitions in the state selected to pilot the program. The program is designed to increase consumption of fresh fruits and vegetables and to encourage healthy eating habits at a young age in order to reduce childhood obesity. The pilot is divided into three phases over 2 ½ years. During each phase, parents will receive a kit and education booklet that includes recipes and will fill out a short questionnaire describing their child's and family eating habits.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

The Healthy Start Coalition of Miami-Dade partnered with the State of Florida, Department of Health to promote the “The Black Infant Health Practice Initiative” that focuses on investigating racial disparities in fetal and infant mortality through a case review process. This effort will determine the significant social, economic, cultural, safety, and health system factors that are associated with racial disparities in infant mortality rates through a practice collaborative approach using perinatal periods of risk and modified fetal infant mortality reviews; develop a series of interventions and policies that address these factors to improve the service systems and community resources; participate in the implementation of community-based interventions and policies that address racial disparities in infant mortality rates; and assess the progress of the interventions.

The Healthy Start Coalition of Miami-Dade has maintained a partnership with the Florida SIDS Alliance and other related organizations to provide trainings and make materials available in effort to increase knowledge and awareness in Miami-Dade County community on Sudden Infant Death Syndrome (SIDS) bereavement and other maternal and child health issues.

6. Description of the greatest unmet maternal and child health population need in your service area.

Access to care and/or health care coverage for women of child-bearing age continues to be the greatest unmet maternal and child health population need in our service area. A large portion of the women in Miami-Dade County are uninsured. This population often seeks late or no prenatal care due to lack of insurance or an inability to pay for services. Furthermore, the rate of women receiving prenatal care in the first trimester in Miami-Dade County has been declining steadily over the past 5 years and is at an all time low in 10 years at 82.8%.

COALITION: Healthy Start of North Central Florida Coalition, Inc.

1. A brief description of the Coalition catchment area:

Twelve counties: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Putnam, Suwannee, and Union. The area is mostly rural; the major cities are Gainesville and Ocala. The University of Florida and numerous healthcare services are located in Gainesville. Challenges include low income levels in the region, lack of transportation for rural women to access healthcare in the urban-centered provider network, and lack of healthcare insurance coverage.

Number of Coalition members (58) and the organizations they represent:

- Consumers: (1)
- Healthcare Providers: County Health Departments (10)

- Healthcare Providers: Healthy Start Care Coordinators (11)
- Healthcare Providers: Migrant/Community Health Centers (2)
- Healthcare Providers: Hospitals (8)
- Healthcare Providers: University of Florida/MIC (3)
- Healthcare Providers: Private Pediatric Nurse Practitioner (1)
- Local Health Advocacy Interest Group/Community Organization: (13)
- County & Municipal Governments: (1)
- Local Education: (6)
- Other: (2)

2. Dollar amounts for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts):

No grants were awarded during the contract period. However, Coalition staff was very involved in the Black Infant Health Practice initiative awarded by DOH to Putnam County.

3. Any initiatives that have been developed as a result of local system of care assessments during the contract year:

The need for cooperation with community agencies was addressed by working to develop interagency agreements. The Associate Planner met with a number of agencies throughout the region to develop interagency agreements. Agreements have been completed with: Healthy Families Gilchrist, Dixie, Levy and Suwannee; Healthy Families Marion; Healthy Families Putnam; Healthy Families Bradford; Healthy Families Hamilton and Lafayette; Alachua Pre-kindergarten Interagency Council; Marion Pre-kindergarten Interagency Council; Florida's Transition Project—Bradford and Union; Early Steps; Early Learning Coalition of Lake City; Stork's Nest; Department of Children and Families Districts 3 and 13; Children's Medical Services of Alachua and Putnam Counties.

4. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year:

- The Community Liaison is active in area Early Learning Coalitions, Children's Alliance and the Head Start/Early Start program.
- The Coalition's Healthy Start brochure highlights minority infants.
- The Coalition continued to supply Spanish-version "Healthy Start/Grow Smart" booklets to care coordinators for distribution to Spanish-speaking clients.
- The Coalition distributed prenatal and infant consumer surveys in Spanish.
- A Healthy Start informational poster was created in both Spanish and English for placement throughout the community.
- Coalition staff was very active in the Black Infant Health Practice initiative, which was awarded by DOH to Putnam County. Activities

include focus groups, community meetings, workshops, data collection and analysis.

- The Coalition Board held a presentation from the state maternal/child health epidemiologist on infant mortality and racial disparities.
- Coalition Board and staff completed online cultural awareness training.
- Community Liaison conducted intensive public awareness activities to inform the community about the Healthy Start program and the importance of screening.
- Information about preterm labor is provided to clients by prenatal care providers and Healthy Start care coordinators.
- Smoking was the focus of the first issue of the Coalition newsletter, "For Starters." Information on local smoking classes included in the newsletter.
- Smoking cessation posters with information about smoking and Healthy Start were distributed to providers for use with clients.
- Smoking cessation packets were distributed to providers for use with their pregnant clients who smoke.
- Liaison met with Ocala/Marion County "Community Council Against Substance Abuse."
- Liaison working with the Alachua, Levy and Marion CHDs Smoking Coordinators.
- Coalition collaborating with Suwannee River Area Health Education Center on tobacco cessation and secondhand smoke materials.
- Liaison distributes smoking materials at health fairs and other places, including Quitline information, brochures, and smoking cessation chap sticks.
- Intern did outreach to providers on the Healthy Start smoking cessation component.
- Staff attended motivational interviewing training conducted by Suwannee River AHEC related to smoking cessation.
- The QA Specialist was certified in "Quit Smoking Now."
- Staff participated in the MCH subcommittee on smoking cessation.
- Staff attended a statewide "Policy and Advocacy" training related to smoking.
- SIDS was the focus of the second issue of the Coalition newsletter, "For Starters."
- SIDS information is a standard part of the information provided to clients by prenatal care providers and by Healthy Start care coordinators.
- Staff attended "Safe Sleep/SIDS" training.

6. Description of the greatest unmet maternal and child health population need in your service area:

The Coalition consists of 12 counties and covers a large geographical area. The region is largely rural, with the exception of a few urban centers such as Gainesville and Ocala. Low income, lack of health insurance, and transportation difficulties for rural residents needing access to the urban healthcare centers continue to be the major unmet needs in the service area.

Translation services are an increasing need as the population in the region becomes more diverse.

COALITION: Northeast Florida Healthy Start Coalition, Inc.

1. A brief description of the Coalition catchment area.

The Coalition serves Baker, Clay, Duval, Nassau and St. Johns Counties.

2. Number of Coalition members and the organizations they represent.

The Northeast Florida Healthy Start Coalition is comprised of nearly 50 volunteers. Coalition members represent maternal and child health consumers, public and private providers, hospitals, elected officials, community organizations, business, insurers, nurses, housing agencies, child care, educational systems and others committed to improving the health and well-being of mothers and babies in Northeast Florida. Members reflect the racial and ethnic diversity of the region, as well as service recipients.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (*not including in-kind sources or amounts*).

Leveraged funding for 2007-08 includes:

\$ 997,000 - Federal Healthy Start Grant (racial disparities)

\$ 22,500 – University of Nebraska-CityMatCH (FIMR/HIV Pilot)

\$ 116,384 – KidCare Outreach (Wolfson Children’s Hospital)

TOTAL: \$1,135,884 (Does not include \$298,473 in additional cash + in-kind donations used to match state administrative funding)

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

- Black Infant Health Community Council
- St. Johns County Infant Mortality Task Force
- KidCare Outreach
- Safe Sleep Partnership
- Responsible Fatherhood Initiative
- Magnolia & Azalea Projects
- FIMR/HIV Pilot

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

- Black Infant Health Practice Initiative
- Magnolia Project (Federal Healthy Start-racial disparities)
- Azalea Project (substance abuse/HIV prevention)
- Centering Pregnancy (access to prenatal care)
- Safe Sleep Partnership

- 6. Description of the greatest unmet maternal and child health population need in your service area.**
- Access to health care and risk reduction services before and between pregnancies for uninsured women
 - Access to Medicaid for uninsured pregnant women
 - Simplified access to family planning services, particularly for high-risk women (e.g. HIV infected).

COALITION: Healthy Start Coalition of Okaloosa-Walton Counties, Inc.

- 1. A brief description of the Coalition catchment area.**

In the western portion of the panhandle of Florida, Okaloosa and Walton Counties are small in population, while relatively large in land area. Eglin Air Force Base takes up the land area in the middle of both counties, so population is concentrated in the north and south ends of each county. The northern areas of each county are more rural, with more middle to lower income residents, while the south county areas, along the Gulf of Mexico, are more affluent. The total population of both counties is approximately 250,000.

- 2. Number of Coalition members and the organizations they represent.**

The Coalition has approximately 63 members representing the County Health Departments, North Okaloosa Medical Center, Fort Walton Beach Medical Center, Sacred Heart on the Emerald Coast, Sacred Heart Pensacola, all OB providers, Eglin Air Force Base Hospital, Healthy Families, Child Protection Team, Bridgeway community mental health organization, legislators, Boys and Girls Club, Infant Mental Health district and local chapters, United Way, school districts, military bases, March of Dimes, American Lung Association, Early Learning Coalition.

- 3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (*not including in-kind sources or amounts*).**

\$20,000

- 4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.**

Implementation of a prenatal care program for uninsured women. After many months of negotiation, a contract was given to two local practitioners, with partnership of the Fort Walton Beach Medical Center and the Okaloosa Health Department. The Medical Center offered to provide all lab tests ordered by the two doctors at no cost. This is a great benefit, as it allows for the highest quality of care. The Health Department offered to do post-partum

care.

- 5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.**

Through a partnership with the largest African American church in south Okaloosa, Healthy Start has become a resource for this community, and was asked to present to the youth summer program at the recreation center in the African American neighborhood.

Health fairs, such as the Healthy Start World's Greatest Baby Shower, always address the issue of outreach efforts concentrated on SIDS and preterm labor education.

- 6. Description of the greatest unmet maternal and child health population need in your service area.**

Basic dental care for low-income childbearing women is an unmet need. Even if a woman has Medicaid, very few, if any, dentists accept Medicaid patients.

Since the Prenatal Care Assistance Program was implemented, that need is addressed, although funding is limited.

Hard economic times create more basic living needs.

COALITION: Okeechobee County Family Health/Healthy Start Coalition, Inc.

- 1. A brief description of the Coalition catchment area.**

Okeechobee County is 774 square miles in area located in south central Florida on the northern edge of Lake Okeechobee, the second largest lake in the contiguous U.S. The most recent population estimate is 39,030. Okeechobee County births in 2007 were 598. There is one hospital in the County and it does not perform deliveries. All pregnant women deliver in adjacent counties which means they must travel between 40 to 70 miles to their obstetrician's delivery hospital. Care for high risk prenatal or infant clients is provided by the Regional Perinatal Intensive Care Center (RPICC) in Palm Beach County or physicians in metropolitan areas as far away as Miami, Orlando or Tampa. This has a significant impact on families with few resources and fewer options for transportation. Economically, Okeechobee County is known for its cattle and dairy industry. Other than agriculture there is little industry of any size. The County's largest employer is the Okeechobee School District with 967 employees. Per capita personal income for 2006 was \$22,332 as compared to an average \$31,469 for the State Florida. Twenty percent of our children (\leq age 18) are living below the poverty Line.

- 2. Number of Coalition members and the organizations they represent.**

Currently our Coalition has 26 members. They represent: Area business (local ranch & construction Co.), School Board, Child Find (FDLRS), Planned Parenthood, County Health Department, Hispanic Community Advocate, Okeechobee Main Street (civic organization), Breakthrough Recovery Services (addition services), Martha's House (Domestic violence shelter), Okeechobee City Council, Public Library, Shared Services Network, First Methodist Church, WIC, Florida Community Health Centers Inc., School Readiness Coalition, Communities in Schools and Okeechobee Correctional Center.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (*not including in-kind sources or amounts*).

During the 2007 – 08 FY the Coalition received a \$1,000 Community grant from Wal-Mart and received \$2,058.70 from donations and fund raising events.

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

In January the Coalition completed its five year Service Delivery Plan. Initiatives created from Provider and Consumer feedback were:

- A. Healthy Families and Healthy Start collaborated to bring a Baby & Me Play Group to the community.
- B. An LPN was placed at a local facility to expedite first trimester entry into care and increase clients' knowledge of Healthy Start services and screening process.
- C. A repeat teen pregnancy prevention program (On Track) was developed with Healthy Start, Communities in Schools, a Nurse Practitioner from FAU and two mental health counselors. This program works with teen parents (mothers and fathers) in the middle schools, freshman campus and the high school.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

The coalition has a Centering Pregnancy program to assist clients who have been denied Medicaid access to prenatal care.

The coalition has started a SIDS awareness class for families to learn about the prevention of SIDS. Parents attending this class are entered into a drawing for a crib.

6. Description of the greatest unmet maternal and child health population need in your service area.

Okeechobee County's greatest unmet maternal health need is the absence of a hospital or birthing center with delivery service for pregnant women. Our

expectant mothers must drive 40 to 70 miles to reach a hospital that will deliver their infant. This is at times made worse due to lack of transportation issues. The County also has a shortage of pediatricians.

COALITION: Orange County Healthy Start Coalition, Inc.

1. Brief description of Coalition catchment area.

OCHSC oversees maternal-child health issues in Orange County, a large urban county that is growing at a very fast pace in Central Florida. 2006 population estimates show our county had grown to 1,087,172 - 72.6% are White; 27.4% are Non-White. While Hispanics are included in the White percent, estimates show that non-Hispanic Whites will no longer be the majority within the next year. Our undocumented Hispanic and Haitian immigrant populations have continued to grow and this is evidenced by an increasing demand for access to clinical care for pregnant women, for which there is no funding. Our economy has a significant number of workers in the tourism industry which employs many hourly workers; these low-wage earners (including many holding agricultural, construction, retail and service jobs) are either not offered or can't afford health insurance, and many are facing great difficulties finding/keeping affordable housing due to the increasing values in real estate. Our poverty level is reflected in the 62% of our school age children qualifying for the free-reduced lunch program. We have the 3rd highest case rate of TB, gonorrhea and HIV/AIDS infection in the state and the 6th highest rate of Chlamydia. Our teen pregnancy rate is going up, as is our repeat birth to teens. According to our local Planned Parenthood, the cost for birth control methods has gone up and so have requests for abortions due to the economy.

2. Number of Coalition Members: 179

Organizations represented: 108

3. Dollar amount for grants/other funding

Local Government =	\$42,500
Local initiatives =	30,511
Grants =	227,116
<u>Other =</u>	<u>36,156</u>
TOTAL	\$ 336,283

4. Initiatives developed as result of local system of care assessments:

See item #5 below.

5. Activities or strategies undertaken to address racial disparities, access to prenatal care, preterm labor or SIDS:

During the 2007-08 contract year the OCHSC has focused much of its attention on activities designed to reduce racial disparities, reduce low birth weight and prematurity, reduce SIDS and increase access to prenatal care. We received grant funding from DOH's Interconceptual Care (ICC) Project to continue our Save Our Babies project involving outreach, education and public awareness.

(Save Our Babies started in April 2002 after analyzing our PPOR - Perinatal Periods Of Risk - statistics and learning that the health of a woman before pregnancy greatly influenced the birth outcome and that Black infants were dying at a much greater rate than White infants. We believe that the outreach and education provided through Save Our Babies promotes Healthy Start screening rates, early entry into prenatal care, and awareness of the importance of positive health practices before pregnancy.) We also used some of these ICC funds to subcontract with the Orange County Health Dept. (OCHD) for a group education project for women with negative pregnancy tests. In addition we were part of the 8 counties selected to participate in the Black Infant Health Practice Initiative from January through June. During this time, we developed community-driven committees, worked closely with our Local Health Council to conduct numerous focus groups, and collaborated with many to hold a Town Hall meeting.

Our local county government provided us with funding to promote the “Abandoned Baby” awareness campaign. We also continue to be the coordinating entity for our county’s KidCare program.

Our 07-08 allocation of \$303,000 (15% of our base funding) to pay for unfunded prenatal care, including high-risk OB care, was reduced from 31% of base funding provided during the 06-07 fiscal year in order to cover the costs of the Healthy Start program. This amount for prenatal care does not nearly cover the need. The OCHD has continued its Centering Pregnancy Model of prenatal care but the Community Health Center was never able to attract enough clients for its groups; therefore, they discontinued this model and reverted to only the medical model. The OCHD continues experiencing very positive results through centering/group prenatal care. Our community, like others, is in need of more resources to pay for the health care needs of our undocumented population. We have attempted for months to implement a midwifery model of prenatal care using OCHD’s sovereign immunity outside of the OCHD. However, the barriers and challenges to this project were insurmountable and it was decided instead to add midwifery services at one of OCHD’s clinic sites. However, this midwifery project will be expanding to allow delivery services at a local hospital.

Our Executive Director (ED) chairs the Quality Initiatives Committee of our local School Readiness Coalition in order to promote the linkages between poor birth outcomes and poor academic performance and that it is more cost effective to prevent the problems associated with unhealthy births. Our local school system allowed us for a fifth year to include a flyer in their kindergarten enrollment packets on “tips” on having a healthy baby; many of these parents are currently having, or will have, subsequent children and the information provided could be life-saving.

Our ED also sits on the Child Death Review team and they have noticed an increase in deaths due to unsafe sleep practices. For that reason, we have done some TV appearances speaking on safe sleep and SIDS risk reduction. We have received grant dollars from the CJ Foundation to expand our education efforts on SIDS risk through our Save Our Babies program. We have also joined the Cribs for Kids program in order to purchase pack-n-plays at a discount so we would occasionally be able to provide pack-n-plays to those who might not be able to afford a crib.

6. Description of greatest unmet maternal-child health population need:

The greatest unmet need for our *pregnant women* is an accessible prenatal care system without barriers. The closure of local DCF offices has negatively impacted our system of care: Women struggle to find locations to apply for Medicaid online and when they do, they are faced with an application process written at a highly advanced educational level. If the application process is completed on paper, the delay in receiving an approval takes many weeks, typically forcing these women to begin prenatal care late, for example, after the first trimester. We continue to hear stories from our Save Our Babies outreach workers of Medicaid-eligible pregnant women struggling to overcome all the hurdles that providers and the Medicaid system throw at them in order to get Medicaid to begin care. For our *prenatal care providers*, the greatest need is enough funding to cover the costs of care for uninsured and undocumented as these numbers continue growing in Orange County. The consequences to our community for babies born without adequate prenatal care are dire: unhealthy births have tremendous costs in ongoing medical complications, special education needs, juvenile justice involvement, and lost wages of parents caring for these children, etc.

For *Healthy Start* itself, there continues to be a great need for marketing dollars. In a county as large as ours, it remains difficult to get information out to the entire community about Healthy Start and its services as well as to prenatal care providers; we continue to be faced with the belief that Healthy Start is only for poor or uninsured women, and therefore, many pregnant women are either not offered the screen or are told they don't need it by their providers despite our ongoing efforts to correct this misperception. There is also a need to educate women *before* they become pregnant about the importance of good health as a factor in having a healthy birth and about which behaviors promote this healthy birth outcome. Our focus group responses from our Black Infant Health Practice Initiative (BIHPI) participation also showed that there is a need for public service announcements and other ways to get our messages out.

Transportation is also becoming a problem. With the rise in gas costs many cannot afford to drive to needed care and our local bus transit system has reduced routes in order to save money.

COALITION: Healthy Start Coalition of Osceola County, Inc.

1. A brief description of the Coalition catchment area.

Osceola County is located in the center of Florida, just south of the Orlando area. The County overall has experienced significant growth over the past three decades. This is due in part to the creation and expansion of Walt Disney World and other attractions. Osceola County covers 1,506 square miles and has a population of approximately 235,000. The City of Kissimmee (pop. 48,000) is 18 miles due south of Orlando. Osceola's only other incorporated city, St. Cloud (pop. 20,000), is 9 miles east of Kissimmee. The county's population increased 60.1% between 1990 and 2000 against a state average of 23.5%. This makes it

among the fastest growing counties in both the state and nation. Osceola residents had 4,209 births in 2007. The infant mortality rate for 2006 was 8.1 per 1,000 births. The racial make up of the county is 77.2 percent White, 7.4 percent Black, and 15.2 percent Other Race. Osceola County has one of the fastest growing Hispanic populations. The county has a larger percentage of Hispanic residents (29.4%) than the state (16.8%). Tourism is the county's major industry. Because of the tourism, sales and service occupations make up almost 43% of the work force. The per capita income of Osceola County residents is significantly lower than the per capita income of the state as a whole.

2. Number of Coalition members and the organizations they represent.

There are 116 coalition members representing businesses, chambers of commerce, county health department, community health centers, hospitals, healthcare professionals, community organizations, education, law enforcement, public safety organizations, social service agencies, consumers, residents, state and county and municipal governments, and the faith-based community.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

\$27,773.86 cash

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

Low Birth Weight & Prematurity Prevention – The HSCOC will focus on early prenatal care, smoking cessation, nutrition education, drugs & alcohol education, and sexually transmitted disease prevention in an effort to prevent low birth weight and premature births. The HSCOC partners with the March of Dimes for community education.

Outreach & Awareness – The HSCOC will continually monitor fetal and infant deaths & attempt to targeting certain populations for outreach, also partnering with surrounding counties to strengthen consumer & provider screening education, and facilitate communication between various components of care. The HSCOC partnered with Community Vision's Health Issues Task Force that identified Access to Care, Medicaid Reform, Childhood Obesity and Prenatal Care as top issues in the county. The HSCOC partners with Florida Hospital for funds to provide quality provider screening education.

Women's Health during childbearing years – The HSCOC will make pre-pregnancy health education, well care for women, family planning education, and teen pregnancy prevention a priority. The Coalition partnered with the Florida Department of Health for funding for our Women's and Infants' Life Line program for interconception education and services campaign.

Access to Care – The HSCOC will advocate for consumer healthcare coverage, quality provider networks, lessening minority health disparities, cautious Medicaid reform, adequate and effective emergency management (weather, pandemic,

etc) and education on legislative issues. The HSCOC partnered with the Florida Association of Healthy Start Coalitions to successfully ask the Florida Legislature not to cut funding for Healthy Start services statewide. The HSCOC partnered with the Ounce of Prevention Fund of Florida for funding for the Doula program and Child Birth Education. The coalition is a member of the Central Florida Partnership on Health Disparities (CFPHD).

Child Safety Education - Sudden Infant Death Syndrome (SIDS), Shaken Baby Syndrome, motor vehicle injuries, and other injuries are preventable and the HSCOC will continue health education to the public.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

Funded by the Ounce of Prevention is the Doula Program that serves Healthy Start clients, of whom 70% are Hispanic; promotion of preterm labor with March of Dimes materials; provide SIDS materials to the general public at health fairs, Healthy Start appointments, to Healthy Start providers and on its website.

6. Description of the greatest unmet maternal and child health population need in your service area.

Research has shown that more outreach and education is needed for women before they become pregnant and between pregnancies. Well-woman care and education on nutrition, smoking, disease prevention, and baby spacing could heighten awareness of pre-pregnancy health and decrease the number of babies born with low birth weights and born prematurely by reducing risk factors.

COALITION: Healthy Start Coalition of Palm Beach, Inc.

1. A brief description of the Coalition catchment area:

Palm Beach County is situated in southeastern Florida, bordered on the east by the Atlantic Ocean and on the northwest by Lake Okeechobee. Palm Beach County's 2,386 square miles of area is bounded by Broward, Martin and Hendry Counties. It is the largest county east of the Mississippi River. According to demographic reports projected for 2006, the current population is approximately 1,274,000. Demographic data from 2005 shows about six (6) percent of the population is under five years of age, about 65.5% white non-Hispanic, almost 17% Hispanic and about 16.5% black with approximately 22% of families having a language other than English as their primary language at home.

2. Number of Coalition members and the organizations they represent:

The voting membership of the Healthy Start Coalition, doing business as the Healthy Beginnings Coalition, increased from 16 to 24 members in 2007 - 2008. There are a total of 57 members, voting and non-voting representing 32 agencies.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

HRSA	\$ 875,000
Ounce of Prevention	\$ 668,378
Picower Foundation	\$ 300,000
Palm Health Care	\$ 175,000
Children's Services Council	<u>\$15,006,038</u>
TOTAL	\$17,024,416

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

- A Centering Pregnancy Program was implemented in the 2007/2008 fiscal year - Casa de Bienestar. The program serves Hispanic and Guatemalan-Mayan women in the community of Lake Worth and is administered by Healthy Mothers/Healthy Babies Coalition in partnership with the Palm Beach County Health Department.
- The Black Infant Health Practice Initiative of Palm Beach County was initiated in January 2008 with the award of funding from the legislature through the Florida Department of Health.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor or Sudden Infant Death Syndrome during the contract year.

- The Women's Health Initiative (WHIN) exists to reduce racial disparities in birth outcomes to black women of childbearing age. The funding for the program is from HRSA and is in the third year of a four year cycle. WHIN provides services to a population of Afro-American, Haitian and Caribbean Island black women that reside in the high disparity zip codes of Riviera Beach and West Palm Beach. Participants receive outreach, care coordination, health education, nutrition, smoking cessation, dental services, perinatal depression screening, counseling, and some care coordination services. Participants in the Healthy Start and Healthy Families programs are encouraged to benefit from additionally taking part in WHIN services which would otherwise not be available to them. All black women in these zip codes are screened for perinatal depression and, if needed, offered the services of a qualified therapist.
- A focused outreach program to encourage early entry into prenatal care for the Haitian population was initiated in 2007-08 utilizing the services of Aspira, Inc. and Esereh, Inc. These organizations serve the Haitian population.
- Again, the Black Infant Health Practice Initiative of Palm Beach County was initiated. This initiative collected quantitative data via the Perinatal Periods of Risk tool; qualitative data was gathered via 11 focus groups, interviews with

physicians, and a survey of 400 black residents; and community input through 3 town hall meetings. The initiative became a standing committee of the Healthy Start Coalition with a focus on translating this research into practice.

- The Nurse Family Partnership Program was implemented in 2007-2008 and is scheduled to serve 150 low income first time mothers the first year.

6. Description of the greatest unmet maternal and child health population need in your service area.

Early and Regular Access to Prenatal Care:

- **Location of providers:** Providers are not always available in locations near clients most in need.
- **Long wait for services:** All of the Palm Beach County health centers that provide prenatal care are over capacity and there is a wait for services.
- **Language, Culture, and Resident Status:** Legal status impacts both access to care in securing and maintaining a payer source, as well as securing and maintaining a medical provider. It may be difficult to find a provider of services in the primary language of the participant and who shows sensitivity to cultural implications. This issue may be exacerbated by fears and cultural beliefs. Haitian women, for example, are less likely to place importance on early and regular prenatal care.

Disparities in black birth and health outcomes:

- **Maternal Care:** The Perinatal Period of Risk tool identified maternal care as the period of highest risk, that is to say, black women are not healthy prior to conception and birth and health outcomes suffer as a result. A majority of the respondents in focus groups, surveys did not consider the importance of health prior to pregnancy.
- **Awareness:** Many community members are not aware of the extent to which disparities exist, or how to reduce those disparities.
- **Influencers:** Many misconceptions held by African American teens rest with the influence of their mothers and grandmothers.

Barriers related to system issues:

- **Lack of standardization/independent evaluation:** Requirements are being implemented by funding partners that require programs to become evidence-based where evidence-based models exist or to undergo independent evaluations where evidence-based programs do not exist.
- **Intra-system networks:** Assisting agencies to move away from program silos therefore maximizing the available resources is a current focus of the Coalition and funding partners.

- **Inter-system networks:** Many participants have serious issues related to basic needs which impact their ability to concentrate on Healthy Beginnings services. As Healthy Beginnings does not directly fund programs which address basic needs, it is incumbent upon Healthy Beginnings agencies to collaborate with other community agencies whose mission it is to assure that participants are linked to these services.

COALITION: Healthy Start Coalition of Pasco County, Inc.

1. A brief description of the Coalition catchment area.

Pasco County was established as a county on June 2, 1887, and is considered to be a part of the Tampa Bay region, which includes the metropolitan areas of Tampa in Hillsborough County and St. Petersburg in Pinellas County. Due to its close proximity to both Hillsborough and Pinellas County, Pasco County has become one of the fastest growing counties in Florida. Pasco County is 21 miles long and 42 miles wide with a total of 745 square miles. The majority of its population is concentrated along the Gulf or West coast; however, 1/3 of Pasco County, mostly on the East side, is still rural in nature. The majority of Pasco County's 427,594 population is 94.95% White followed by 5.05% non-white and 3.00% Black. Approximately 11% of the residents are below the poverty level, which negatively impacts the child population. Currently, children under the age of 5 years represent approximately 5% of the population. The number of births in 2006 was 5,237, of which 4,710 were White, 823 were Hispanic and 251 were Black. The number of births has risen dramatically over the last few years. The births in Pasco County went from 4,592 in 2004; to 4,753 in 2005 and 5,237 in 2006. This is an increase of 12% or 645 new babies within a 2-year time frame!

2. Number of Coalition members and the organizations they represent.

The Healthy Start Coalition of Pasco has over 270 members, (with 15 members of the Board of Directors) who represent a diverse number of Pasco County organizations including hospitals, medical centers, maternal and child health care providers and other organizations. The members include the Pasco County Health Department, District School Board of Pasco County, Department of Children and Families, hospitals, prenatal care providers, rural health centers, Healthy Families, Pasco Kids First, Pasco County Public Transportation, Medicaid HMO insurance providers, faith-based organizations, community based organizations and representatives from the media.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

Due to the number of sleep related and rollover deaths in Pasco County, the "Gentle Touch" Program was continued with a \$7,500.00 grant from the Community Foundation of Pasco. The "Gentle Touch" Program offers a curriculum that includes parenting skills, safe sleeping and other child safety information. The curriculum includes a pre-test to determine their knowledge of child safety, a 10-step safety curriculum and a post-test. Upon completion of the

curriculum, the participants receive a crib along with safety items and community resources. These funds will allow the Coalition to purchase and distribute cribs for Healthy Start participants who complete the curriculum.

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

The Healthy Start Coalition of Pasco has continued its efforts to reduce low birth weight, preterm births and infant mortality by targeting pregnant women with a variety of efforts including smoking cessation and dental services. The Coalition has continued its smoking cessation campaign due to the local data that indicates that approximately 18%, or nearly double the State rate, of pregnant women smoke in Pasco County. The Coalition has continued the campaign with a feature article printed in the Tampa Tribune outlining its efforts. In addition, the Coalition has continued its effort of distributing posters, flyers and other smoking cessation information through prenatal providers, hospitals, libraries, Laundromats, convenient stores, etc. Incentive items that have an anti-smoking message continue to be distributed to Healthy Start participants as well. The Coalition staff is working with the Healthy Start Care Coordinators and Family Support Workers along with WIC, local pregnancy centers, churches and other community organizations to distribute the smoking cessation materials as well as information related to safe sleep, proper nutrition, etc. The Coalition also held a "Baby Shower" where information related to all of the targeted outreach activities was distributed to well over 100 participants. In addition, the Coalition continues to work with the Pasco County Health Department and WIC to hold group smoking cessation classes. Since there have been studies linking low birth weight babies to poor dental health, the Coalition has continued to provide dental services to Healthy Start participants. In 2007, over 286 Healthy Start participants were identified with poor dental health and provided services.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

The Healthy Start Coalition, program staff and sub-contracted providers received racial disparities training June of 2007, which carried over into the new fiscal year. The Healthy Start Program has also continued its efforts to provide resources and services to many minority and migrant workers. The Coalition sponsored a major presentation from the Florida SIDS Foundation in January 2008 to provide Healthy Start and MomCare Program staff with additional training regarding SIDS and other sleep related issues. The MomCare Program also provides SIDS information in the initial client packets. In addition, SIDS information, including Back to Sleep information, is distributed at community health fairs and other events attended by the Coalition. The Healthy Start Program staff also promotes safe sleeping practices through the "Gentle Touch" Program to reduce the number of SIDS-related and rollover deaths.

6. Description of the greatest unmet maternal and child health population need in your service area.

Low birth weight is the greatest challenge facing the Coalition at this time. Efforts

related to the prevention of low birth weight babies including, but not limited to, smoking among pregnant women, women with small children, and poor dental health continue to be addressed. The Coalition is also addressing births to teens, repeat births to teens and late or no prenatal care as other areas that could have an impact on this issue. The Coalition will continue to address these issues in the upcoming fiscal year.

COALITION: Healthy Start Coalition of Pinellas County, Inc.

1. A brief description of the Coalition catchment area.

The Coalition catchment area continues to be Pinellas County with 9,317 births in FY2007-2008.

2. Number of Coalition members and the organizations they represent.

There are 181 Healthy Start Coalition members representing hospitals, obstetrician offices, midwives, health care providers, consumers, Pinellas County Health Department, banks, Juvenile Welfare Board, Help A Child, Choices for Community Health, PTEC, Suncoast Health Council, Family Network on Disabilities, March of Dimes, Kimberly Home Pregnancy, St. Petersburg College, Devereau Kids, Inc., Pinellas County Board of County Commissioners, CASA, Pinellas County Medical Society, Pinellas County School System, Planned Parenthood, AHCA, Head Start, Girl's Incorporated, Matria Healthcare, Community Health Centers of Pinellas, churches, Junior League of St. Petersburg, YWCA, The Center for Women's Ministries, Coordinated Childcare, Early Learning Coalition, Pinellas Dental Association, Community Organizations, Planned Parenthood, Hospice, University of South Florida, City of St. Petersburg, Safe Kids Coalition, Tampa Bay College of Midwives, the Homeless Coalition, and many other business and community organizations. 28 new Coalition members were added this year.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period.

Leveraged funding includes \$124,259 in local funding and Federal Healthy Start funding of \$1.1 million per year. In-kind donations of \$101,593 were also received by the Coalition.

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

Two Health Navigators (one bilingual) were hired to help family's access medical care and complete paperwork required to successfully enroll in appropriate insurance programs and served 667 women in Pinellas County. We distributed copies of "The Happiest Baby on the Block and Happiest Toddler" DVDs to community providers serving new parents. In collaboration with local libraries, these DVDs were added at each public library in Pinellas County. We also provided doula support services to 28 mothers and doula mentoring to 13 teen mothers. "A Touch of Wellness" kiosk (English and Spanish), with information on

women's health, postpartum depression screening were installed at two sites frequented by childbearing women and two additional portable "Touch of Wellness" kiosks used at malls, health fairs and community events. 787 women used the kiosk. We produced a teen pregnancy prevention video and distributed 50 copies to youth programs and coalition members. We provided childbirth education to 326 clients. The Centering Pregnancy Program provided prenatal care for over 200 Latino women who were without health insurance. We conducted focus groups with pregnant women related to C-sections and a community forum on services they need/want. Eleven providers were trained in Fresh Start Smoking Cessation Counseling and 787 women received smoking cessation counseling from their care coordinator. A Healthy Start Resource Guidebook and toolkit was developed for pediatricians. Mental health/psychosocial counseling (individual and group) were provided to 474 Healthy Start clients. Father support/counseling groups were provided to 78 males. We established a perinatal bereavement support group, using community volunteers. We provided outreach to faith-based communities related to maternal child health issues. The Healthy Start website was updated to include more resources and is available in English and Spanish (www.healthystartpinellas.org). The Coalition sponsored two full day conferences. Educational programs related to maternal child health and cultural competency was provided to over 1398 direct care providers this fiscal year. The Coalition facilitated KidCare outreach activities in Pinellas County and trained 45 individuals as KidCare outreach workers in order to increase KidCare enrollment in Pinellas County. Improved linkages with existing community resources were facilitated. We educated health care providers and the community regarding contributing factors to poor birth outcomes and tools for improvement. Publications, including an 8 page newspaper insert, *FIMR Focus* newsletter and *Community At A Glance*, focused on community birth outcomes and ways to promote improved outcomes. We promoted Healthy Start and MomCare programs at 53 sites in Pinellas County and in advertisements in the Tampa Bay Times. We collaborated with community partners to provide developmental screening for over 6,370 young children. We educated 498 childcare providers about child development. We also provided parenting education to 1,725 parents. The Coalition held three community baby showers offering educational materials and services to over 400 women.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

Working collaboratively with Federal Healthy Start, Midtown Health Council, Hispanic Leadership Council and churches to reduce racial disparity in infant mortality. Care coordination and outreach were provided in the zip codes with the highest African American infant mortality. Seven hours of cultural competency training, featuring nationally recognized speakers, were provided to community partners. The Coalition is participating on the Midtown Health Council to promote African American involvement in community strategies to decrease black infant mortality. The Healthy Start Coalition is working with the Hispanic Leadership Council, funded by the Juvenile Welfare Board to address the needs of this population. The Coalition assisted Tampa Bay Health Care collaborative to develop a web-based tool kit to promote cultural competency.

Access to care was facilitated for 6,959 women by MomCare Maternity Care Advisors. SIDS information, brochures and back to sleep information is provided to Healthy Start clients by care coordinators. An educational program on Safe Sleep, featuring Major Shingledecker, chair of Florida's Child Abuse Death Review Team was offered. A public service announcement on safe sleep was produced. SIDS information, brochures and back to sleep information is provided to Healthy Start clients by care coordinators. SIDS brochures, "Back to Sleep" literature, and indications of preterm labor are sent to target MomCare clients. Refrigerator magnets with the signs of preterm labor, water bottles and brochures on preterm labor were distributed in the community. The total number of clients receiving Healthy Start services was 6,416 pregnant women and 5,475 infants this fiscal year. Access to care was addressed with each participant.

6. Description of the greatest unmet maternal and child health population need in your service area.

Fragmented healthcare for the uninsured, especially the growing Hispanic population in North Pinellas County. Transportation and affordable safe housing remains problematic. Improving the health of women before they get pregnant remains an unmet need.

COALITION: Healthy Start Coalition of Santa Rosa County, Inc.

1. A brief description of the Coalition catchment area.

Santa Rosa County is located in the western end of the Florida panhandle. A geographically large county of approximately 1017 square miles (650,000 acres) bound on the north by Alabama, the south by Santa Rosa sound, the east by Okaloosa County, and the west by Escambia County.

Most of the county is an agricultural region partitioned by large tracts of forest and farmland. The south end of the county is a coastal waterfront region formed by a peninsula, which is not always easily accessible.

According to the 2000 Census, Santa Rosa County is predominantly rural with a population density of 115.8 per square mile (ranking 37 out of 67 counties). More than 11.8% of Santa Rosa families have incomes below the poverty level. (2000 Census Estimates)

In 2007, approximately 142,456 people were residents of Santa Rosa County reflecting an approximate 21.7% increase in population since the 2000 Census. The Santa Rosa District Schools has over 25,000 students in their ever growing and excellent school system.

Sixty-two percent of the population resides in the Central part of the county including the towns of Milton and Pace. Thirty percent resides in the southern region including the towns of Gulf Breeze and Navarre with the remaining 8% residing in the northern forest/farmland region containing the towns of Jay, Munson and Berrydale.

According to the 2007 FloridaCharts population estimates, Santa Rosa County's population is 91.8% White, 5.0% Black, and other non-white is 3.1%.

In 2007, we had 1,872 Santa Rosa residents born. We have one delivery hospital that delivers about 15.4% of the babies. The majority are born at Sacred Heart Hospital in Escambia County which is also home to the NICU for this area.

2. Number of Coalition members and the organizations they represent.

We have 14 Board members and 20 Coalition members. They represent the following organizations: Santa Rosa County School District, Santa Rosa County Health Department, Agency for Health Care Administration, Early Learning Coalition, Healthy Families, private OB providers, private pediatrician providers, Families Count, Child Advocates, Mayor of the City of Milton, County Commissioner, Retired County Health Department Director, Pregnancy Resource Center, and the Santa Rosa Medical Center – Director of Nursing, to name a few.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (*not including in-kind sources or amounts*).

\$21,550

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

During this contract year we did have our Dental Voucher Program through the use of ICC funds where we were able to provide over 256 dental services to 86 women of child bearing age and/or pregnant.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

We used the ICC funds to implement a Dental Voucher Program to address the issue of preterm labor and low birthweight.

6. Description of the greatest unmet maternal and child health population need in your service area.

Still, the greatest unmet need in this county is a lack of public mass transportation which contributes to an access to care issue. We do have a small pot of money from the United Way that we use for cab service for a woman to get to a prenatal care appointment or to take her infant for a well-care visit and/or immunization visit. Another large issue is dental care for adults without insurance impacting our women of childbearing age and pregnant women.

COALITION: Healthy Start Coalition of Sarasota County, Inc.

1. A brief description of the Coalition catchment area.

- a. Sarasota County; population 360,000, of which approximately 95,000 are of childbearing age. Approximately 36,000 households have a child under 18 years of age. The county is 93% white and 4% African American, with a growing Hispanic population.
- b. Located on the “Sun Coast” of Florida between Manatee County and Charlotte County.

2. Number of Coalition members and the organizations they represent:

- a. We have 37 voting members. Six are from local businesses; 3 are from an educational setting; 22 are in social services; 2 are from local hospitals; 1 is from the CHD, and 3 are from government.
- b. We have 14 non-voting members. One is from local business; 3 are from an educational setting; 4 are from social services; 3 are from local hospitals; 2 are from the CHD, and 1 is from government.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (*not including in-kind sources or amounts*).

- a. \$3,406.81 from Gulf Coast South Area Health Education Center for Community Health Workers to teach about interconception health.
- b. \$922.45 from Gulf Coast South Area Health Education Center for Community Health Workers to teach about oral health in pregnancy.
- c. \$7,675.00 from the March of Dimes for the Pot of BEANS Program

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

- a. Save My Life Project – an educational awareness program regarding the increase in fetal and infant death among African Americans in Sarasota County.
- b. Fourth Friday Forum – monthly educational programs for maternal-child health care professionals on pregnancy/infant health and pregnancy/infant risk topics.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

- a. Save My Life Project – as stated above.

- b. Planning for the opening of the Pregnancy Resource Center within the Coalition – a place for pregnant women to drop by to pick up educational materials on pregnancy health and applying for Medicaid.
- c. Continue to use our Safe Sleep demonstration at health fairs.

6. Description of the greatest unmet maternal and child health population need in your service area.

Entry into prenatal care in the first trimester has fallen steadily to levels similar to the early 1980's. This is due to the incredible amount of trouble pregnant women are having applying for Pregnancy Medicaid and/or contacting anyone in the Medicaid office. We have numerous calls from women who have been placed on hold for 2 hours when calling DCF about their Medicaid status. Also, we have a minimum number of private physicians who will take Pregnancy Medicaid insurance, which causes delays in first trimester entry into prenatal care.

COALITION: Healthy Start Coalition of Saint Lucie County, Inc.

1. A brief description of the Coalition catchment area:

Port St. Lucie, one of the two cities in Saint Lucie County, has been among the fastest growing cities in the state. Houses constructed in Port St. Lucie in 03-05 attracted people in the middle income bracket. Coincidentally the county experienced a large influx of unregistered aliens who are uninsured and uninsurable. The county's infra structure and service is currently stressed by the two growing populations. The unregistered aliens find homes throughout the county. A majority, however are located in St. Lucie's second city, Ft. Pierce. Ft. Pierce has a high concentration of poverty, unemployment, crime, and teenage pregnancy. It is among the highest rate of HIV/AIDS in the state. Over the past two years the real estate market has lost its momentum. St. Lucie County is among the highest in the state for the number of houses in foreclosure. The tax base has diminished and the county which was enjoying much growth is currently contracting.

2. Number of Coalition members and the organizations they represent:

There are 80 members in the Coalition. Our members represent the following programs: Fort Pierce Police Department, Children Service Council, Department of Children and Families, Department of Juvenile Justice, Florida Community Health Center, Florida Department of Health, Grace Women's Health Center, Healthy Changes, Healthy Families, Healthy Kids, Helping People Succeed, Jackson Drugs, Lawnwood Regional Medical Center, Planned Parenthood, Project Response, Executive Round Table, Steering Committee of the Executive Round Table, Teen Health Network, St. Lucie County Health Department, St. Lucie County Sheriff's Office, St. Lucie Medical Center, United Way for St. Lucie and Martin County, Workforce Development, Weed and Seed.

3. Dollar amounts for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

Center for Disease Control - Healthy Changes	\$318,364.00
Board Of County Commissioners: Vouchers	\$ 51,840.00
Children Services Council -Teen Case Management	\$162,826.64
Children Services Council Home Visitation	\$117,705.77
Children Services Council - Crib Safety	\$5,744.18
Hug-Me	\$ 66,513.34
Car Seats	\$ 3,324.00
DOH TOPWA	\$110,000.00
Health Families of Florida Ounce of Prevention	\$447,218.92
<u>Children Services Council Healthy Families of St. Lucie County</u>	<u>\$231,648.06</u>
Total	\$1,515,184.91

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year:

As a result of local system or care assessments the following initiatives have been developed:

1. One half of the addiction counselor position through DCF has been renewed for next year.
2. Continued funding for the Healthy Changes Program funded through a CDC grant to focus on HIV prevention with women of child bearing years, staff includes one outreach worker, three mental health counselors, one team leader and one part time data entry position.
3. Funding continues for the Non Pregnant Sexually Active Teen program, through CSC. The number of teens who are accessing this program has increased markedly this year. In order to meet the need an additional position has been requested of the CSC. Funding constraints have not allowed that request to be filled.
4. Continued funding through Title IV for an RN position which provides outreach and follow up for HIV exposed infants. This position has expanded to the provision of case management services to the pregnant HIV positive woman.
5. The amount of funding from the Board of County Commissions to be used for vouchers for uninsured pregnant women will be decreased for the next fiscal year. Aside from restricting this funding for prenatal care only it will also be used as a continuation of a pilot program which was funded through the ICC grant this year. This will now include reimbursement to two providers to insert IUDs, Norplant or provide Depo-Provera for uninsured women in our county.
6. All St. Lucie County postpartum women are offered a home visit by an RN. There are two full time RN positions that complete postpartum visits at home.

7. A best practice, evidenced-based sex health curriculum has been implemented in the School system for the 9 -12th grades.
 8. A local volunteer medical clinic is in the planning process.
- 5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.**

Continuation of the voucher program took place this fiscal year. This program provides for prenatal care for women who are pregnant and not insured. Due to budgetary constraints, the number of vouchers issued will be about half as many (70) as have been provided the last few years. Most of the recipients of these vouchers are minorities generally ineligible for Medicaid either because of income that may be just above the cut off or because of lack of citizenship.

The primary racial disparity in St. Lucie County is the prevalence of HIV/AIDS within the African American (Black) population. St. Lucie has the highest rate of infection in Florida within the black population. One in thirty-five (1/35) black females are infected. Comparing this to one in seven hundred (1/700) white females clearly shows the racial disparity. Healthy Start has access funds through Title IV so that HIV positive mothers and their exposed babies receive ongoing intensive services. Healthy Start has assumed a leadership role in the development of a mechanism to educate our community, and especially this population, regarding the risks which exist in our county regarding HIV/AIDS. Ongoing collaboration with community partners to assure that there are both palliative and prevention services available for the at-risk population, is a strategy which has continued to develop this past year.

Over the past four years the number of births to Hispanic women has over tripled. Because of this, staffing has focused on this population. As accommodations for this population have been made, the infant mortality within the black population has increased disproportionately. In 2004 there was for the first time parity seen between races for this variable.

6. Description of the greatest unmet maternal and child health population need in your service area.

The economic status of St. Lucie County which includes large numbers of uninsured and underinsured and Medicaid women poses the major barrier to access to care. The increase in these numbers has impacted the time in their pregnancy when women enter care and their ongoing participation in prenatal care.

The single greatest unmet maternal and child health population need in our service area is economic.

COALITION: Healthy Start Coalition of Southwest Florida, Inc.

1. A brief description of the Coalition catchment area.

The coalition serves Collier, Glades, Hendry and Lee Counties. The region is diverse ranging from the upscale coastal communities to the rural farming areas in the middle of the state. There are more than 740,000 residents in the region. We face the unique challenge of trying to maintain access to medical care for a significantly large population of migrant and undocumented residents who are uninsured.

2. Number of Coalition members and the organizations that they represent.

Government	21 members
Private Business	13 members
Education	4 members
Medical	13 members
Political	1 member
Private Citizens	8 members
Social Services	7 members
Consumer	1 member

Total	68 members

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts)

Grants Income:	\$ 88,627.00
Other:	\$ 33,922.59

Total	\$ 122,549.59

4. Any initiatives that have been developed as a result of local system of care assessments during the contract year.

Our Care Coordinators are now doing Initial Contacts for Healthy Start clients in the hospitals and at our contracted prenatal clinics to increase the quality of our services and to reduce costs.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

We are addressing these and other important topics in our Health Topic of the Month initiative that includes articles in newsletters in high risk neighborhoods and guest educators on our monthly TV spot. The information on these topics was also distributed through hospitals and prenatal care clinics to 6,122 women.

Additionally, we partner with five prenatal care clinics to help pay for prenatal care for the uninsured. Last year, we helped for more than 3,300 women obtain medical care that they could not afford on their own.

6. What is the greatest unmet need in maternal and child health in your service area?

Funding! Last year, our provider partners submitted invoices for approx. **\$1.2 million dollars** in services that we were not able to pay for.