

State of Florida Department of Health  
Bureau of Family and Community Health  
**Healthy Start Redesign Process**  
December 2, 2011  
Subject Matter Expert Committee Meeting Minutes

## **Subject Matter Expert Committee Members Attending**

Kris-Tena Albers  
Director, Infant, Maternal and Reproductive Health Unit  
Florida Department of Health, Division of Family Health Services

Estrella “Lo” Berry  
President/CEO  
REACH UP

Susie Blanchard  
Healthy Start Sumter County Supervisor  
Thomas E. Langley Medical Center

Carol Brady  
Executive Director  
Northeast Florida Healthy Start Coalition, Inc.

Cheryl Clark  
Senior MCH Epidemiologist, MCH Practice & Analysis Unit  
Florida Department of Health, Division of Family Health Services

Karen Coon  
Healthy Start Program Coordinator  
Florida Department of Health, Division of Family Health Services

Manny Fermin  
Chief Executive Officer  
Healthy Start Coalition of Miami-Dade, Inc.

Donna Hagan  
Executive Director  
Healthy Start Coalition of Jefferson, Madison, and Taylor Counties, Inc.

Maurine Jones, PhD.  
CEO/Executive Director  
Center for Health Equity, Inc.

Susan Potts, LCSW  
Human Services Program Consultant III  
Florida Department of Health

Cathy Timuta  
Executive Director  
Healthy Start Coalition of Southwest Florida, Inc.

Linda Young  
Senior Community Health Nursing Supervisor  
Indian River County Health Department

Consultant/Facilitator: Shelley Robertson

Leah Stockton participated for member Arianna Nesbit from the Florida Keys Healthy Start Coalition, Inc. In addition, Mary Jo Plews and Judi Vittuci participated as representatives from the Redesign (Steering) Committee. Cathy Price and Carol Scoggins also participated from the Florida Department of Health. No members of the public attended.

# Minutes

## ***Topic: Welcome***

Members were welcomed and roll was taken. The facilitator, Shelley Robertson, reminded participants that this is a public meeting and is being taped. She announced that the meeting would use the “raised hand” tool in WebEx but that she would also ask for comments for those participating only by phone.

## ***Topic: Discussion of Key Questions***

There were two key questions on the agenda: the goal and outcome of educational services and whether broad education would dilute Healthy Start. The facilitator noted that she had assumed broad education within the framework meant public education campaigns but wondered if that assumption was correct. Discussion regarding education was as follows:

- There are two levels of education to be provided: general education for the community (such as infant mortality awareness month or folic acid campaigns) and education provided as part of an evidence-based standard curriculum. Community education and outreach do not dilute direct services.
- Healthy Start Coalitions have two roles within the statute: community-wide or system services and services to individuals. General education for the community would not be a part of evidence-based services for individuals.
- For direct services, education will be provided as part of an evidence-based core curriculum, but education may also be provided to lower-risk individuals through parenting classes and other channels.
- Education and face to face outreach are important to reach targeted audiences who may have declined to participate or didn't follow up initially. Community education is also important for those who are preconception and interconception.

Systems or community-wide services will interact with the evidence-based direct services in implementation; where there is interaction or implications, then the systems components will be referenced in the redesign process.

## ***Topic: Review the Redesign Framework***

Members then reviewed the draft redesign framework and had the following comments. Comments pertained to the goals and scope of Healthy Start, appropriate outcomes, and the target population.

- Healthy Start is a public health program designed to improve birth outcomes and lower infant mortality.
- The target population should be presented in terms of eligibility or being offered services as Healthy Start is a voluntary program.
- Participants discussed the wording of, and difficulty of measuring, an infant development outcome. Optimal infant development was suggested as an option.
- The goal is to serve at-risk moms and babies at a higher level of intensity.
- With limited resource, the redesign should focus on families with infants up to age one as there are alternative sources of funding and programs available for the one to three population. It was noted, however, that these resources are not always available in rural communities. Funding cuts may also change resource availability.
- Incorporating referrals based on Ages and Stages for infants 0 to 1 would positively impact early intervention.
- The focus should be on pregnant women, pre-conception women, and newborn infants; that is the gap that Healthy Start fills. Going beyond that would spread the program too thin.
- Evidence-based programs often have requirements regarding the duration of services and that may change the focus on up to age one. Research also notes the importance of 0 to 3 in child development, but Healthy Start is not a child development program.
- In practice, coalitions currently do not typically serve infants up to age three.
- Child development can be promoted while serving infants up to age one.
- Additional outreach to prior clients helps reach interconception women without providing direct service.

After discussion, participants determined that the recommended focus is on pregnant women and infants through age one (including optimal infant development and referrals for

intervention), but there will be some guidelines for serving beyond age one that recognizes special situations but also resource constraints. Healthy Start Coalitions could also provide services beyond age one with additional resources or special initiatives.

There were no comments on how screening was currently presented in the framework.

***Topic: Next Steps***

Core services will continue to be discussed at the December 15, 2011 meeting.

***Public Comment***

There was no public comment.

***Adjourn***

The meeting was adjourned.