

In partnership with the Department of Health, the following Healthy Start Coalitions provide local leadership and planning for a system of care, to promote optimum health outcomes for pregnant women and infants.

Bay, Franklin, Gulf Healthy Start Coalition, Inc.  
 Broward Healthy Start Coalition, Inc.  
 Capital Area Healthy Start Coalition, Inc.  
 Central Healthy Start, Inc.  
 Charlotte County Healthy Start Coalition, Inc.  
 Escambia County Healthy Start Coalition, Inc.  
 Florida Keys Healthy Start Coalition, Inc.  
 Gadsden Citizens for Healthy Babies, Inc.  
 Healthy Start Coalition of Hardee/Highlands/Polk Counties, Inc.  
 Healthy Start Coalition of Hillsborough County, Inc.  
 Healthy Start Coalition of Jefferson/Madison/Taylor Counties, Inc.  
 Healthy Start Coalition of Manatee County, Inc.  
 Healthy Start Coalition of Pasco County, Inc.  
 Healthy Start Coalition of Pinellas County, Inc.  
 Healthy Start Coalition of Santa Rosa County, Inc.  
 Healthy Start Coalition of Sarasota County, Inc.  
 Healthy Start Coalition of Southwest Florida, Inc.  
 Healthy Start Coalition of St. Lucie County, Inc.  
 Healthy Start Coalition Three, Inc.  
 Healthy Start Community Coalition of Okaloosa and Walton Counties, Inc.  
 Healthy Start of North Central Florida, Inc.  
 Indian River County Healthy Start Coalition, Inc.  
 Maternal Child Family Health Alliance of Palm Beach County, Inc.  
 Martin County Healthy Start Coalition, Inc.  
 Northeast Florida Healthy Start Coalition, Inc.  
 Okeechobee County Family Health/Healthy Start Coalition, Inc.  
 Orange County Healthy Start Coalition, Inc.  
 Prenatal and Infant Health Care Coalition of Brevard County, Inc.  
 Seminole County Healthy Start Coalition, Inc.  
 The Healthy Start Coalition of Osceola County, Inc.  
 The Healthy Start Coalition of Flagler and Volusia Counties, Inc.  
 Miami-Dade County Health Department (acting as interim coalition)

For more information on Healthy Start please contact:

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select *Maternal and Child Health* from the subject list



Florida's Healthy Start



Growing healthy.  
 Going strong.



In 1999, approximately 36 percent of pregnant women screened were at-risk.

### Florida's Healthy Start is in its eighth year of implementation.

Healthy Start legislation increased the availability of basic prenatal services by expanding Medicaid eligibility and increasing Medicaid reimbursement. Public and private health care providers in communities across the state continue to work together, to reduce duplication of services and improve access to health care overall for pregnant women, infants, and, in many areas, young children up to age 3.

Florida law provides for universal screening of all pregnant women and newborns in Florida, in both private and public health care settings. The screening process begins the targeting of limited resources to those women and infants who are at-risk for poor birth and health outcomes. In 1999, approximately 36 percent of pregnant women screened were at-risk. The most prevalent risk factors among these women include whether the woman is black, unmarried, has less than a high school education, receives late or no prenatal care, or uses tobacco during pregnancy.

It is encouraging to see that maternal and child health indicators in Florida continue to improve statewide. Since the inception of Healthy Start, there has been a steady increase in the proportion of women who begin prenatal care early in their pregnancies. During 1999, over 83 percent of women began care during the first trimester, compared to 75 percent before Healthy Start began.

The infant mortality rate, at 7.3 per 1000 births in 1999, has remained lower than the 8.9 per 1000 births in 1991. Most of the improvement is in the neonatal mortality rate and is related to increased survival among very low birth weight babies. Although survival rates at all birth weights have improved, there has been very little change in the statewide rates of low and very low birth weight infants. Low birth weight has increased slightly from 7.4 percent in 1991 to 8.2 percent of all live births in 1999.



**The Healthy Start model is designed to deliver cost-effective prenatal and infant services. The principal components of the program are based on the concept that risk-appropriate health care and social support services should be provided to pregnant women and infants who are assessed as being at-risk for poor birth or health outcomes, and who are unable to effectively access services.**

Healthy Start incorporates three primary service delivery components: **1) universal screening of pregnant women and infants to identify those at highest risk; 2) professional assessment of health, social-environmental risk, and an individual's own resources to determine if assistance is needed in overcoming the identified risk; and 3) targeted risk-appropriate care to address the identified risks and prevent poor health and birth outcomes.**

Healthy Start participants receive a professional assessment, and services are prioritized based on their level of risk and need. The participant's and family's needs, specific desires, concerns and priorities, and available community resources determine the intensity and duration of delivering Healthy Start care coordination. Many at-risk women and infants will require an initial contact, assessment, evaluation, information, or referrals. Others who have some available resources to offset their risks may only need information, referrals and minimal tracking. Pregnant women and infants who have more complex needs and few resources will receive intensive on-going care coordination, frequent contacts and other services based on need.

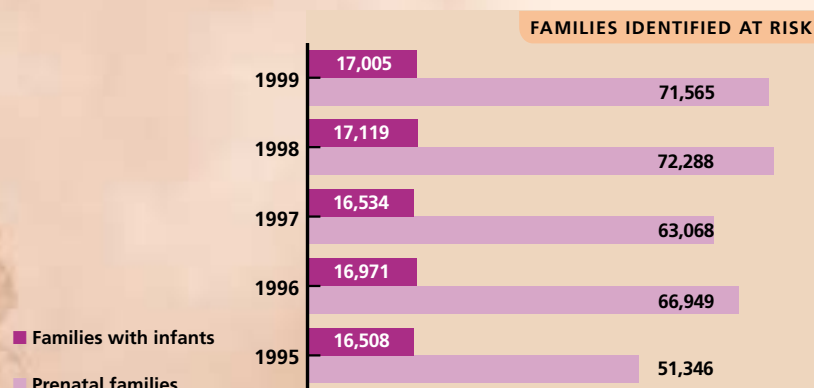
This report highlights essential information about Healthy Start services, including the number of families at risk, number of families that received services, increase in demand for services, and unmet need for services.

### Families identified at risk

Florida's universal screening of pregnant women and infants includes a series of questions that focus on medical, environmental and psychosocial factors which place a patient at-risk, such as age of the mother, previous pregnancy history, and home environment. Points are assigned for risk factors, depending on the importance of the factors in predicting the birth or health outcome.

Data from the Executive Summary Reports for October 1998 through September 1999 indicate that of the total number of pregnant women screened, 55 percent scored 4 or more on the Healthy Start screen or were referred for factors other than score, and 74 percent of those women agreed to participate in the Healthy Start program.

Data from the Executive Summary Report for infants indicate that of the infants who were screened, 8.6 percent scored 4 or more on the Healthy Start screen, and an estimated additional 18 percent were referred for reasons other than score.



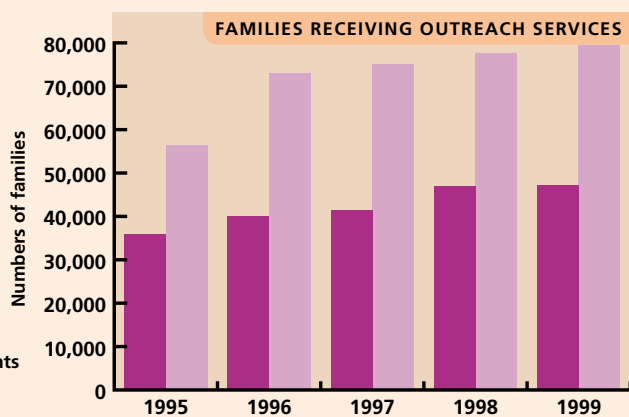
### Families receiving Healthy Start services

After a pregnant woman or the parents of an at-risk infant have been contacted, those who are determined to be at moderate or complex level of risk will receive on-going care coordination appropriate to their level of risk and need. Paraprofessionals as well as health care professionals provide care coordination. Many services are available and include:

- counseling for preterm labor and prenatal care;**
- nutrition and smoking cessation;**
- anticipatory guidance (what to expect as a pregnancy advances or as an infant develops);**
- childbirth, breast feeding, and parenting education;**

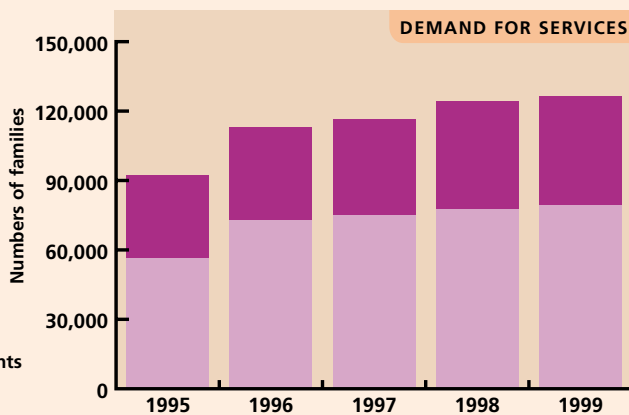
**how to access medical or financial resources; and assistance in breaking free of domestic violence.**

From October 1998 through September 1999, approximately 79,381 pregnant women and 47,154 infants received some level of ongoing care coordination services. During this same period nearly 320,739 prenatal and 252,818 infant services such as nutritional counseling, psychosocial counseling, parenting education, breast feeding education, and smoking cessation were provided.



**Increased demand for Healthy Start services**

Since implementation, Florida's Healthy Start services and components have become incorporated with maternal, prenatal and infant care across the state. Pregnant women, infants and community providers rely on the Healthy Start program to coordinate essential services. The increased demand for Healthy Start services can be illustrated by the growth in services provided to the program's participants. This increased service demand is



reflective of ingrained confidence in the effectiveness and success of Healthy Start components and goals. Community partners and clients see the Healthy Start program as key in the improvement of pregnancy and birth outcomes.



**Unmet need for Healthy Start services**

The Healthy Start screening process has identified thousands of Florida's most at-risk pregnant women and infants. Health care professionals, social workers and paraprofessionals have utilized information from these screening assessments to provide critical services to these at-risk families. Healthy Start services such as counseling, transportation, nutrition, parenting and childbirth education, and general support assist families in finding housing, obtaining high school diplomas, receiving preventive care services and leaving unsafe environments or situations.

Although an increasing number of families use these beneficial services, there is still an unmet need. There are many at-risk families who do not receive Healthy Start services and therefore do not receive the advantages that program participation can provide. The number of families with unmet need is calculated using Healthy Start screening data to estimate families at potential risk for poor birth and health outcomes.

