

every baby deserves a healthy start



*Healthy Start
Coalition's Legislative
Report
2006*



Healthy Start Coalitions Legislative Report 2006

IN THIS REPORT, THE COALITIONS ADDRESS THE FOLLOWING:

1. Number of coalition members and the organizations they represent.
2. 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).
3. Any initiatives that have been developed as a result of local system of care assessments during the contract year.
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.
5. Describe the greatest unmet maternal and child health population need in your service area.

Bay, Franklin, Gulf Healthy Start Coalition, Inc.
Healthy Start Coalition of Brevard County, Inc.
Broward Healthy Start Coalition, Inc.
Capital Area Healthy Start Coalition
Central Healthy Start Coalition, Inc.
Charlotte County Healthy Start Coalition, Inc.
Chipola Healthy Start, Inc.
Escambia County Healthy Start Coalition, Inc.
Healthy Start Coalition of Flagler and Volusia Counties
Florida Keys Healthy Start Coalition
Gadsden County Healthy Start Coalition, Inc.
Healthy Start Coalition of Hardee, Highlands and Polk Counties, Inc.
Healthy Start Coalition of Hillsborough County, Inc.
Indian River County Healthy Start Coalition
Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc.
Healthy Start Coalition of Manatee County, Inc.

Martin County Healthy Start Coalition, Inc.
Healthy Start Coalition of Miami-Dade, Inc.
Healthy Start of North Central Florida, Inc.
Northeast Florida Healthy Start Coalition, Inc.
Healthy Start Coalition of Okaloosa-Walton Counties
Okeechobee County Family Health/Healthy Start Coalition, Inc.
Orange County Healthy Start Coalition, Inc.
Healthy Start Coalition of Osceola County
Healthy Start Coalition of Palm Beach County
Healthy Start Coalition of Pasco, Inc.
Healthy Start Coalition of Pinellas County, Inc.
Healthy Start Coalition of Santa Rosa County, Inc.
Healthy Start Coalition of Sarasota County, Inc.
Seminole County Healthy Start Coalition
Healthy Start Coalition of St. Lucie County
Healthy Start Coalition of Southwest Florida, Inc.

Bay, Franklin, Gulf Healthy Start Coalition, Inc.

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

There are 115 coalition members that represent medical, social service, and educational facilities in the three county areas.

2. 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 total of \$22,000.00 has been leveraged by the coalition.

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

Cameras for Babies was initiated at the local NICU, this provides instant cameras to the nurses so they can provide pictures of "babies first's" (first bath, etc.) for parents who are unable to stay with the baby around-the-clock.

The World's Greatest Baby Shower began with over 400 in attendance, and a larger outreach is planned for the 2006-2007 year.

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 service delivery plan has been completed and racial disparities have been found in the births to black women, which will be addressed in the 2006-2007 year. The number of births involving SIDS and co-sleeping issues has increased. Education and awareness initiatives to address this began at the end of the 2005–2006 fiscal year and will continue into next year.

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

The lack of public transportation continues to be a challenge. The greatest unmet need in our service area is the lack of parenting skills and education that is needed for the pregnant women to know what their actions are doing to the unborn child. A great-unmet need is immediate education to the parents before leaving the hospital with their newborn and what resources are available.

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Healthy Start Coalition of Brevard County, Inc.

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

The Healthy Start Coalition of Brevard County, Inc. has approximately 104 members (54 voting and 50 non-voting) representing the following types of organizations: private business, hospitals, public health, social services, schools, funding agencies, state and local government, churches, civic organizations, consumers, and the media.

2. 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).

Over the course of the 05–06 fiscal year, the Healthy Start Coalition of Brevard County, Inc. was able to secure the following grant funds, from the following organizations:

- United Way of Brevard County, \$10,000
- CJ Foundation for SIDS, \$15,000
- Margaret Heinz Foundation, \$5,000
- School Readiness, \$80,099.86
- Sponsorship & Registrations, \$19,859

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

FY 05–06 was the first year of implementation for the Service Delivery Plan 2005–2010. Many of the local system assessments were just being initiated, therefore no major changes occurred. However, during the Spring of 2006 it was identified that due to poor contractual performance, the coalition would be de-funding the University of Central Florida Project Lutoff Care Coordination contract effective July 1, 2006. Due to this performance issue combined with large demographic shifts within the targeted zip code of Project Lutoff (32922) a system of care assessment will occur during FY 06–07 to evaluate the impact of this contractual change.

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 Healthy Start Coalition of Brevard County, Inc. applied for and received a \$15,000.00 grant from the C.J. Foundation for SIDS, Inc. The intended purpose of this project is to reduce the number of infant deaths caused by SIDS, suffocation or strangulations in the bed through:

- increased community awareness about SIDS and how to reduce the risks that contribute to SIDS or other infant deaths,
- providing childcare providers and community service organizations with up to date information on safe sleeping practices and guidance on information and educational materials for parents,

- providing a crib for families who cannot afford to purchase a safe sleeping place for the baby.
- For families who have lost an infant to SIDS or other causes, this project will provide psychosocial/bereavement counseling services.

Over the course of the year, this grant has assisted two families through bereavement services, facilitated 45 trainings/presentations on SIDS education to childcare providers, community organizations, OB offices, hospitals and conducted 22 onsite visits to childcare providers and home daycare centers in the effort to educate the staff on SIDS and suffocation.

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

Brevard County's greatest unmet needs are: access to affordable health insurance and dental services for pregnant women and children not eligible for Medicaid as well as treatment of unrelated medical conditions identified during family planning appointments with uninsured women who are of childbearing age; and, mental health/psychosocial issues, which are becoming more and more of an issue for both parent and child.

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Broward Healthy Start Coalition, Inc.

1. 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.

2. 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 \$ 3,485.00 from community donations and support from a community-wide diaper drive and Quarterly MomCare baby shower.

3. 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 facilitating and by funding four full-time positions to complete the Healthy Start postnatal risk screen. The results have been extremely positive, and have resulted in a stronger partnership and an increase in screening rate activities.

CENTERING PREGNANCY was implemented with the North Broward Hospital District at the Pompano Clinic. This program is designed to meet the diverse population that resides in the community. Voluntary group prenatal care is offered in English, Spanish, and Haitian-Creole. The program goal is to increase the support system during pregnancy, thereby increasing positive birth outcomes.

LOVE THY LABOR DOULAS the Healthy Start coalition partnered with the Love Thy Labor program to provide childbirth education and classes for residentially displaced pregnant women, both individually and in group settings.

EPIC Broward Healthy Start Coalition has partnered with the Children Services Council newly funded EPIC programs, as a result of identification of gap in services, to insured and address appropriate linkages for services for women who are identified as suffering from maternal depression.

MATERNAL DEPRESSION CAMPAIGNS The Broward Healthy Start coalition maternal depression task force partnered with the art institute of South Florida to design a maternal depression awareness campaign to be implemented in 2006-2007. In addition, the task force created and implemented resource information for providers and families related to maternal depression

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 Women Initiative To Start Healthy (WISH) - The WISH program was implemented in targeted zip codes 33311 and 33313 to address racial disparity related to birth outcomes. The focus of this program is to provide interconception counseling and intensive outreach to the targeted population.

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

The greatest unmet maternal and child health need for Broward County as recognized by the coalition is access to care for the undocumented citizens in the community. Based upon local data, the greatest unmet need in Broward County is the Haitian community. These women tend to have the greatest number of infant deaths and are often those who receive the least care.

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Capital Area Healthy Start Coalition

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

There are currently 58 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 (Azalea Women's Healthcare, 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), universities (FAMU, FSU), law firms (Fowler, White, Gillen, Boggs, Billareal, & Banker, PA, Holland and Knight), county health departments (LCHD, WCHD), and business related organizations (Kiwanis, Rotary, etc.).

2. 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 grant amount for 2005–2006 was \$352,004.71.

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

- Bereavement counseling for parents of infant deaths and training of home visitors and program coordinators in Perinatal Bereavement.
- Smart Start Program for school readiness which includes Literacy and Nutrition Education.
- Program presented by Dr. Michael Lu on "Racial Disparity and the Life Course Perspective."
- Program presented by Dr. Marjorie Jeffcoat on "Periodontitis and Preterm Delivery"
- Participate in Whole Child Leon Project
- Brush for Babies Campaign
- Basinets for Babies Campaign developed to develop and distribute basinets to needy families
- Capital Area Diaper Drop continued and expanded to Wakulla County.
- Received March of Dimes Grant to employ a full time Health Educator
- Spanish version of Who Will be Your Baby's Doctor, Anti-Douching Brochure developed and distributed.
- Developed and released 2006 Healthy Pregnancy Network Community Report: Mobilizing our Community to Support Healthy Mothers and Save Babies.

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.

- Developed and released 2006 Healthy Pregnancy Network Community Report: Mobilizing our Community to Support Healthy Mothers and Save Babies. The report highlighted five Urgent Action Needed infant survival priority areas. Those five areas were: premature delivery, racial disparity, maternal infection, poor pre-pregnancy health and unsafe sleeping.
- The Smart Start Program provides parenting, literacy, and nutrition education to families residing in two of Tallahassee's Southside Communities.
- Programs were delivered to local mothers, preconception women, and interconception women, and the prenatal and dental communities regarding effects of periodontal disease and birth outcomes.
- The Anti-Douching Brochure was developed and distributed.
- The coalition received a grant from the March of Dimes to employ a full time health educator.

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

- This year the coalition developed and released the 2006 Healthy Pregnancy Network Community Report: Mobilizing our Community to Support Healthy Mothers and Save Babies. The report highlighted five urgent action needed infant survival priority areas. Those five areas were: premature delivery, racial disparity, maternal infection, poor pre-pregnancy health and unsafe sleeping.
- There is a strong need for dental care for pregnant women.
- There is continued need for greater awareness of the Healthy Start name and services to promote acceptance of the program and screen by all pregnant women regardless of socio-economic level or perception of need by providers.

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Central Healthy Start Coalition, Inc.

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

There are 41 coalition members, representing county health departments, Healthy Start care coordinators, pregnancy centers, hospitals, community health centers, mental health agencies, local health advocacy interest group/community organizations, county and municipal governments, social service organizations, education, and the media.

2. 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 is awaiting approval of its 501(c)3 application. No grants have been awarded during the contract period.

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

Community organizations, consumers, providers, the general public and the Board of Directors were all surveyed (with various survey tools) during the year as part of the assessment of the local system of care and to determine service gaps and needs. Results of the surveys were entered into a database and will be used as part of the annual action plan update process to determine if changes should be made in the current action plan and if new initiatives are warranted.

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.

- A smoking cessation/addiction workshop was organized for providers.
- QA/QI Manager conducted “best practices” smoking cessation surveys from care coordinators and distributed a report of the results.
- QA/QI Manager participated in a conference call on “Research Around Pregnancy and Cessation.”
- Smoking cessation packets were distributed to providers for use with their pregnant clients that smoke.
- QA/QI manager distributed information of cultural diversity training to providers.
- SIDA information is a standard part of the information provided to clients by prenatal care providers and by Healthy Start care coordinators.

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

The coalition consists of four counties that are primarily rural with a population density of 200 people per square mile. Income levels, lack of health insurance and transportation difficulties continue to be the major unmet needs in the service area.

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Charlotte County Healthy Start Coalition, Inc.

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

There are 74 members, representing consumers, the community at large and 38 organizations. Participating groups include medical providers, social services organizations, faith-based, government, private business, education, health advocacy, child care providers, media, fraternal organization, libraries, and the Department of Children and Families.

2. 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).

Additional funds leverage by coalition: \$ 8,625.04

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

In response to a plea from the coalition, the Sunrise Kiwanis Club of Charlotte County reached out to help area mothers and infants by organizing a collection of infant "essentials" to help expectant moms have healthier babies, and improve the overall health and development of children. Over 2,600 diapers, 172 containers of baby food and formula, infant clothing, and diaper wipes were collected for distribution to mothers and children in need of assistance.

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?

In 2006 the coalition formed a community Health Disparities Committee, to research local disparities in the provision of health care. In addition to community members, collaborating organizations included health advocacy groups, medical providers, social service providers and educators. The group developed a presentation on the impact of health disparities on Charlotte County residents. Through outreach, the group hopes to positively impact local disparity rates by providing presentations to service organizations, health care and social service providers, and churches.

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

Two of the areas greatest unmet needs have relevance in the incidence of low birth weight babies, 6.62 percent of Charlotte County births in 2004. 1) Prenatal smoking remains the single most preventable cause of poor birth outcomes and is estimated to be responsible for 20 percent of low birth weight infants. While data indicates that prenatal smoking in Charlotte County has dropped from 25.1 percent

in 2004 to 21.0 percent in 2005, the local rate is twice the state average for the same period. 2) Data also indicates the percentage of women receiving no prenatal care has increased from 2 percent in 2004 to 4 percent in 2005, another preventable cause of poor birth outcomes.

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Chipola Healthy Start, Inc.

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

There are 19 members, representing Even Start, EEC, consumers, the Tri-County Community Center, pregnancy centers, Healthy Families, Early Head Start/TAPP, the Children's Home Society, and Jackson Hospital.

2. 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 Healthy Start receives funds from the Department of Health for the Fetal and Infant Mortality Review Project, and has identified nutritional, pre-pregnancy and pregnancy related illnesses and safe sleeping practices for infants as priority areas of need to address in the upcoming 2006–2007 year.

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

As a result of the service delivery plan for 2006–2012, Chipola Healthy Start implemented initiatives for community awareness for SIDS, Nutrition and teens; Preparing your Body for Baby and Smoking Cessation.

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.

Racial disparities were covered by our Closing the Gap grant that ended on June 30, 2006 with great success. Closing the Gap—Save The Babies Project has carried out peer support groups and employed outreach workers in each targeted African-American community within the five county region. They addressed racial disparity in birth outcomes and engaged aggressive case finding along with education to the African American communities. The project had 242 active participants enrolled with an increase in positive birth outcomes and only one fetal demise for five counties.

5. Describe 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 care in order to diminish out-migration into bordering states. The region 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. Education of the poor to decrease illiteracy rates

thereby producing self esteem and self worth. Our maternal and child health care system is hampered by the region's poverty, the high cost of health insurance, the large number of uninsured and underinsured, and the lack of coordinated care. The 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.

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Escambia County Healthy Start Coalition, Inc.

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

The Escambia County Healthy Start Coalition currently has 122 active members representing more than 55 organizations in Escambia County. These organizations include state and local government, hospitals, medical groups, and not-for-profit organizations.

2. 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 2005–06 is \$95,199, including:

- Fetal and Infant Mortality Review, \$10,000
- Beds for Babies (Partnership for Public Health), \$28,764
- Northwest Florida Rural Health Network, \$500
- March of Dimes, \$3,541
- Mentoring Moms, \$35,500
- Community Action Program Council, \$7,000
- United Way, \$404
- Bank Interest, \$2,240
- Baby Shower Donations, \$6,950
- AIG American General, \$300

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

BEDS FOR BABIES PROGRAM a program to promote safe sleeping practices among at-risk families.

MENTORING MOMS PROGRAM a program to provide mentors to at-risk pregnant and parent women in high risk neighborhoods.

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 strategy to improve the capacity of our Board of Directors to provide oversight and guidance for our Healthy Start initiative.

PROVIDER EDUCATION STRATEGY an initiative to improve our prenatal and infant screening rates.

CULTURAL COMPETENCY STRATEGY an initiative to improve the cultural competency of coalition members, board members and staff in order to improve earlier access to prenatal and infant health care.

QUALITY IMPROVEMENT AND QUALITY ASSURANCE INITIATIVE a strategy to enhance the quality of Healthy Start services in Escambia County.

COMMUNITY EDUCATION INITIATIVE a strategy to reduce the rate and extent of prematurity in Escambia County.

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.

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.

MENTORING MOMS PROGRAM a program to provide mentors to at-risk pregnant and parent women in high risk neighborhoods.

COMMUNITY EDUCATION INITIATIVE a strategy to reduce the rate and extent of prematurity in Escambia County.

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

The greatest unmet maternal and child health population need in our service delivery area continues to be the need to reduce the racial disparities in birth outcomes, especially for our black population. We have conducted a continuing Perinatal Periods of Risk Study and a study of the causes of prematurity in Escambia County over the most recent five-year period for which detailed data is available. Both of these studies affirm this continuing need.

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Healthy Start Coalition of Flagler and Volusia Counties

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

The Flagler/Volusia Healthy Start Coalition is currently comprised of approximately 52 members who represent a diverse cross section of the health, human services, and business communities. These include: Stewart-Marchman Center for Chemical Independence, Easter Seals, Halifax Health Systems, Volusia and Flagler County Health Departments, the City of South Daytona, Wachovia Bank, Suntrust Bank, Charles Wayne Properties, Halifax OB/GYN Center, Consumers, United Way of Volusia and Flagler Counties, Children's Medical Services, Department of Children and Families, Healthy Communities, Chiles Academy, Florida Hospital DeLand, and the Junior League of Daytona Beach.

2. 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 2005–06 is \$976,914.15:

- Ounce of Prevention/Healthy Families Florida, \$902,555.15
- Orlando Sentinel Family Fund, \$32,000.00
- Volusia County Children & Families Advisory Board, \$24,599.00
- SIDS Risk Reduction Donations, \$6,800.00
- Child Safety Seat Project Fees, \$2,360.00
- Junior League, \$1,000.00
- Fund Raising, \$4,500.00
- Miscellaneous Donations, \$3,100.00

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

In collaboration with Stewart-Marchman Center for Chemical Independence, a Closing the Gap grant was awarded with a primary focus on preconception and interconception care and education for African American women residing in the 32114 Front Porch zone. This was a direct result of vital statistics data which indicates that the infant mortality rate among this population of women is almost three times higher than the white or Hispanic rates. In addition, a "Prevention on the Move" initiative was also obtained through CSAP that provides a mobile health unit to our most vulnerable populations. Healthy Start began the process of working with community partners to ensure that a representative of the Volusia County Health Department qualified to conduct Healthy Start screening and initial contact services was present on the unit.

The coalition developed an interagency agreement with Prison Health Services to provide for Healthy Start screening, assessment and care coordination services in the Volusia Branch Jail after identifying this gap in service delivery.

In addition, a preconception and interconception education curriculum was developed in order to provide interconception services to Healthy Start participants beginning July 2006.

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 coalition called together its community partners to apply for Closing the Gap funds for the 32114 zip code in Volusia County to address racial disparities in infant mortality. The application was successful, and the funding will be used to provide preconception and interconception education services in the targeted area.

To address SIDS, the coalition, in partnership with local Rotary groups and other community partners, launched a revitalized "Beds for Babies" campaign to raise money to purchase provide for cribs, pack n' plays, and educational materials for SIDS prevention and risk reduction. In October 2006, the coalition is hosting a "Beds for Babies Gala" to raise additional funds and to increase public awareness and education regarding SIDS risk reduction. This initiative was launched as a direct result of FIMR Case Review Team findings during the fiscal year, which indicated a local trend in infant deaths directly related to unsafe infant sleeping environments and bed-sharing. In addition, the coalition sponsored and conducted "Reduce the Risk of SIDS and Safe Sleep Practice" trainings for community child care providers and a local teen parent program.

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

The greatest unmet maternal and child health need in Flagler and Volusia counties is the availability of affordable prenatal care for women who are not eligible for Medicaid and who cannot afford private insurance or to self pay for prenatal care and delivery. The majority of this need is accounted for by the undocumented migrant Hispanic (Volusia County) and Russian (Flagler County) populations. Inadequate transportation and translation services are directly related to the inadequate access to care faced by these populations.

Lack of adequate and affordable mental health services is another challenge, along with lack of OB/GYN care to pregnant women in the jail, and lack of affordable dental service for pregnant women and other Medicaid-eligible adults.

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Florida Keys Healthy Start Coalition

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

There are 22 coalition members, representing: Head Start, Baptist Hospital, Florida Keys AHEC, the Rural Health Network, a domestic abuse shelter, Monroe County Social Services, Monroe County DUI, Department of Children and Families, the drug court, Children's Medical Services, a local law firm, Community Liaison/Rep. Sorenson, Healthy Families, Monroe County Schools—Teen Wellness Nurse, Key West Police Department, a pediatric dentist, Monroe County Schools—Early Steps Program, a Child Find Specialist, Monroe County Schools—Early Learning, Neighborhood Center, a local OB/GYN—Midwife, and Healthy Start clients

2. 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 2005–06 is \$37,903.47:

- Monroe County United Way, \$1,350.00
- Miami United Way, \$24.47
- Key West Zonta, \$2,652.00
- Monroe County Sheriff's Office, \$3,000.00
- Business Donations, \$1,350.00
- Individual Donations, \$9,527.00
- Community Foundation, \$20,000.00

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

We have continued to develop the Healthy Babies Program. This program mainly addresses the needs of those women who are uninsured or underinsured.

Screening incentives have been developed to encourage doctors to screen their clients.

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.

We are in the process of developing a Fetal and Infant Mortality Review (FIMR) committee and process that will investigate and analyze deaths occurring in our county.

Our Healthy Babies Program has helped women throughout the county who are uninsured and underinsured.

The executive director has been attending obstetric meetings where relationships continue to develop.

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

There are not enough prenatal care providers in Monroe County to meet the needs of the women Healthy Start serves.

Lack of funding for women who are uninsured or underinsured.

Transportation challenges for those who live in the Lower Keys and need to see a doctor in the Upper Keys or the Miami area coupled with the fact that the only delivering hospital is located in Key West.

We have a need of education in the following areas: childbirth education, lactation, smoking cessation, substance abuse, and overall general pregnancy and postnatal questions.

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Gadsden County Healthy Start Coalition, Inc.

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

There are 25 members, representing an insurance agency, the local community, Healthy Families, Healthy Start program care coordinator, the migrant population, city and county government, junior college, Early Head Start center, lactation/breastfeeding consultant, diabetes coordinator, a local physician, local school board officials, big bend transit, and local business leaders.

2. 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).

None during this contract period from Dec. 2, 2005 to June 30, 2006

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

We have launched the Moses Project as a part of our safe sleeping campaign. The coalition has partnered with the Gadsden Correctional Facility, Gadsden's Women's Club, and the Quincy Senior Center.

The Teen Pregnancy initiative is underway in Gadsden County. A Teen Pregnancy Prevention Partnership (T3P) was organized through the county health department, and the coalition is an active member/participant in all events/activities. A T3P summer bash was held in July. A self esteem workshop for teens entitled "Finding the Gold Within" was conducted in the schools.

The coalition conducted QA/QI activities with the provider (Gadsden County Health Department). The provider received training needed to begin coding for substance abuse and the provider is developing action steps to write a QA/QI plan.

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.

Collaboration with the Federal Healthy Start "Gadsden Woman to Woman" project to implement prenatal and interconception peer support and education groups. This grant is for African-American women

Design of a community awareness/education campaign regarding the effects of substance use, including alcohol and tobacco as well as illicit drugs on the unborn child will be implemented in each of the five districts in Gadsden beginning with Quincy area.

Strategies to address late or inadequate prenatal care among African-Americans include:

- Partner with MotherCare network to identify cultural myths.
- Partner with Gadsden Health Council to include provider education in the Comprehensive Health Care Initiative regarding cultural myths as well as risk factors for African American women.
- Develop consumer brochures on early entry into prenatal care targeting African American women and cultural myths that impact early entry to prenatal care.
- Collaborate with the Gadsden Health Council to support implementation of the 1 cent indigent care sales tax; Assist in the development of the Gadsden Comprehensive Health Care Initiative plan to ensure appropriate providers that serve women of childbearing age.

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

An OB/GYN is needed in the county, if not full time than at least a few days per week. Transportation is a serious health care issue, though having an OB/GYN would alleviate some of the transportation problem. Reducing teen pregnancy is another unmet need.

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

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

There are 697 members representing 304 organizations.

2. 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 2005–06 is \$136,726.30:

- Polk County Health Department, \$20,000
- Polk Board of County Commissioners, \$20,000
- Heartland for Children, \$30,000
- CJ Foundation for SIDS, \$3,300
- March of Dimes, \$ 9,325
- Polk Works, \$7,260
- Polk County Early Learning Coalition, \$33,081.67
- Cash donations, \$13,759.63

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

- Hardee CAG was developed to specifically address maternal and child health issues in that community.
- On May 7th, the first Women’s Wellness Day health fair was held at the Hardee County Health Department to promote women’s health issues. Information was provided related to Healthy Start Services and maternal health care.
- A Spanish-Speaking Health Support Tech from Lake Placid comes to Sebring to work in the OB Clinic. Nursing staff are also shared between The Lake Placid and Sebring Clinic.
- Arnold Palmer medical staff uses the Highlands CHD in Sebring to provide services to high-risk clients.
- Efforts by the PCHD to reduce waiting times to access prenatal care includes the following strategies:
 1. Continuous recruitment of bilingual staff.
 2. Prenatal histories are being completed prior to the first prenatal exam in order to decrease length of visit and waiting times for other patients.
 3. Chronic adult services are no longer provided at the Haines City, Bartow or Lake Wales clinics. Auburndale and Lakeland provide these services.
 4. PCHD staff, including practitioners, attended the Centering Model Workshop sponsored by the Healthy Start Coalition of Hardee, Highlands and Polk, Inc.

5. PCHD administration's quest for legislative funding approval for construction of a new facility is ongoing.

6. An ARNP/midwife and a clinical supervisor were hired for the Haines City Health Department.

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.

- Centering Pregnancy Training was conducted to address both racial disparity and assess to care issues.
- Healthy Start care coordinators, in completing initial contacts, inform clients of risks associated with racial disparities.
- Healthy Start supervisors and care coordinators in all three counties participate in FIMR/CAG and FIMR/CRT to identify and address problems associated with racial disparities.
- A provider educational seminar was held on the Clinical Aspects of Breastfeeding, with Dr. Joan Meek, to assist pediatricians to encourage long-term breastfeeding and the benefits to the child.
- Culturally sensitive preterm labor educational materials were purchased and distributed to all Providers.
- Healthy Start care coordinators inform clients of risks, warning signs and preventive measures associated with preterm labor.
- The addition of the Community Awareness Coordinator position has enabled the coalition to double "Back to Sleep" consumer educational efforts.
- Healthy Start care coordinators collaborate with community agencies such as Healthy Families Polk, Innovations in Counseling and Department of Children & Families to provide services for families and reduce risk factors that are associated with sudden infant death syndrome.
- Bilingual staff hired to provide interpretation and SIDS risk reduction and other health information to Spanish speaking clients.
- PCHD Healthy Start care coordinators, in completing initial contacts, inform clients of risks and prevention strategies associated with SIDS as promoted through the Back to Sleep campaign and provide a free video to community agencies.
- PCHD Healthy Start care coordinators attended Partners in Sharing Solutions sessions that included information about current research and SIDS Risk Reduction measures.
- Partnered with March of Dimes to provide training on preterm birth with Karla Damus.

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

- The greatest unmet need in the coalition service area continues to be undocumented, unfunded clients that are not eligible for assistance programs.
- Transportation services are inconsistent throughout Polk County and non-existent in Hardee and Highlands County. In rural areas, bus stops are often not easily accessible for clients and buses are scheduled infrequently or not at all in some areas. Medicaid transportation is restricted to "medical necessity."
- There is a 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.

- Residential drug treatment programs for pregnant women and women with infants. Approximately one-fourth of the Healthy Start families in Polk have a history of substance abuse. There is only one residential treatment center in Polk for women who are pregnant or have recently had a baby who was substance exposed. This program does not allow infants or children, only has 12 beds.
- Adequate, affordable housing and poverty are an increasing problem. Property values are escalating in all three counties, gasoline prices are soaring and insurance premiums have increased related to the hurricanes of 2004. There continues to be a housing shortage related to hurricane damage.

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Healthy Start Coalition of Hillsborough County, inc.

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

There are 66 voting members and 1,761 general members, representing social service agencies, hospitals, businesses, religious organizations, migrant organizations, health insurance companies, education, government, community health centers, physicians, attorneys, the county health department, and foundations.

2. 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).

Healthy Families Hillsborough, \$2,087,094; Intensive Teen Pregnancy Program, \$387,341; Family Support and Resource Centers, \$1,512,873; Zero Exposure Project, \$265,998; YMCA Success Centers, \$280,000; Family Assessment Workers, \$74,232.

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

A discharge planning position was created at the Hillsborough County jail infirmary on Faulkenberg Road. This position works with incarcerated pregnant women and creates linkages to needed services upon release from jail, including drug treatment services. The coalition has developed a voucher program with a local cab company to provide transportation to drug treatment services upon release from jail. In the past year, the jail has housed approximately 1,000 pregnant women.

The Zero Exposure Project was awarded a state March of Dimes grant to provide statewide training on the issue of alcohol and drug abuse during pregnancy. These trainings will focus on community development around this issue including working with obstetricians and midwives on screening, assessment and referral of patients with substance abuse problems. Trainings will be provided to communities in five areas of the state.

A new partnership was begun with the Genesis Clinic of Tampa General Hospital. This clinic is the Regional Perinatal Intensive Care Center provider for high-risk obstetrical services. Two positions provide services to patients by developing and implementing a Group Care model, ensuring that Healthy Start screens are completed on patients, providing follow-up on patients who do not make appointments, conducting home visits when necessary, and linking Healthy Start patients with needed community services.

The coalition is developing an initiative for neonatal intensive care unit graduates and their parents. A training module is being developed for Healthy Start staff on how to work with these infants and their families. A former NICU nurse with Early Intervention experience and training is providing services to Healthy Start by developing and conducting these trainings and accompanying staff on home visits when necessary.

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 coalition is working with the Lawton and Rhea Chiles Center at the University of South Florida to develop and implement a Friendly Access model that would focus on targeted groups in the service delivery plan. This model focuses on how services are provided in either a medical or community setting.

The coalition began working on the area of uncompensated prenatal care by convening a community summit on the issue. A work group will be developed to create and implement both short-term and long-term strategies for this issue.

The new service delivery plan is focused on racial disparity. Black women are a targeted group in the plan. The items mentioned above, jail discharge planning position, Genesis Clinic Model, NICU training and support, and Zero Exposure, all address the issue of racial disparity.

5. Describe 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. Others that are most frequently mentioned by those who provide direct services and clients are long-term mental health care services, affordable and safe housing, affordable and safe childcare, job training, and employment that provides a livable wage.

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Indian River County Healthy Start Coalition

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

There are 70 coalition members, representing businesses, consumers, the county health department, social service agencies (substance abuse, literacy council, child abuse, Red Cross), chambers of commerce, the medical community, banks, the community college, churches, a synagogue, migrant and community health centers, the health planning council, government, and homeless and abuse shelters.

2. 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 total of \$136,120 was leveraged by the coalition during this contract year to provide services for pregnant women, newborns and their families.

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

An assessment discovered that women were receiving conflicting information regarding breastfeeding practices from professionals in medical offices and the hospital prior to and immediately after the birth of their baby. In the past year, a standard set of research-based breastfeeding guidelines was developed and distributed to professionals at the delivery hospital and to obstetric and pediatric offices. Professionals are using these guidelines. In fiscal year 06–07, lactation education will be offered for professionals on the Treasure Coast.

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 coalition works with the Exchange Clubs in Indian River to make sure updated SIDS information is available. The coalition's Healthy Start and Healthy Families programs address these issues with clients. The program director assessed the needs of the programs and individual obstetrical offices and no strategies specific to these issues were identified during this contract year.

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

Indian River County needs bilingual professionals and paraprofessionals, especially in the hospital and in medical offices and childbirth education classes where clear communication is critical to patient care.

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Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Inc.

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

There are 318 members, representing: three school districts, regional community college, child welfare services, civic organizations, Boys and Girls Clubs, 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.

2. 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).

\$1,796. The coalition was awarded \$99,930 to fund life skills training for group prenatal clients in Jefferson and Madison counties for a two-year period, \$ 99,768 to fund Doula services in Jefferson, Madison, and Taylor counties for 06/07, and \$ 149,782 from the Office of Minority Health to fund preconception health education services for 06/07; all awards are effective July 1, 2006.

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

PRECONCEPTION COUNSELING AND EDUCATION The coalition will be implementing a system of care to address pre-pregnancy health by establishing an infrastructure of faith-based volunteers to promote women's health by conducting outreach, providing individual health screenings and links to providers, as well as community education to promote pre-pregnancy health issues. The coalition was awarded funding by the Office of Minority Health to implement this system over the next three years. The coalition also received Community Health Scholars to pilot the project during the latter part of this fiscal year in all three counties.

GROUP PRENATAL CARE PROGRAM a special Centering Pregnancy program targeting African-American women in Jefferson and Madison counties. This initiative provides prenatal education to women in a group setting, dental services, transportation, and incentives for participation. The program is funded by the Blue Foundation for a Healthy Florida, Inc., to address racial disparity for first trimester entry into prenatal care for non-whites in Jefferson and Madison counties.

TRUE BLUE DOULAS This initiative is funded by the Ounce of Prevention Fund of Florida to provide doula services for pregnant women in the tri-county area. Services are offered to different groups of women with varying socio-economic backgrounds as an innovative approach to ensure positive birth outcomes. The use of doula services reduces medication during childbirth, allowing the natural benefits of a non-medicated birth experience. The coalition will develop and pilot doula services for duplication in other rural areas.

SAFE HAVEN PROGRAM A Safe Asleep initiative provides cribs to at-risk families. Parents or guardians must attend a class which provides education on the dangers of shaking babies and are provided with strategies for stress relief and caring for a crying baby that include the use of the crib for time-outs. This initiative is funded by the Family Preservation Grant, through privatized child welfare services for the tri-county area.

CAR SEAT PROGRAM Provides car seats through a grant funded through the Department of Transportation. Car seat recipients must indicate need, must attend a tutorial, and must observe and participate in the installation of the type of car seat they are purchasing.

HEALTHY START INCENTIVE PROGRAM Made possible from donations of the Jefferson, Madison, and Taylor Kiwanis Club to purchase fundamental infant supplies for needy families.

PINE TREE CRAFT 'N' QUILTERS, MADISON, FLORIDA This faith-based, community group provides handmade quilts for every Healthy Start infant.

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 coalition continues to seek funding for additional resources for gaps in services in our rural communities, especially mental health and substance abuse, as well as teen pregnancy-related initiatives. The coalition has addressed racial disparity in birth outcomes by applying to extend funding for the Group Prenatal Care Program for Jefferson and Madison counties and was awarded a two-year project to continue group education as well as add a life-skills component to the curriculum. The coalition also applied with the Office of Minority Health for funding to develop a system of preconception care and was funded for three counties for 06/07. The coalition also actively participates in the Racial Disparities Taskforce with local leaders in Jefferson County to address all health issues and related disparities in order to develop strategies for effective change in Jefferson County.

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

The greatest unmet needs include: readily-accessible prenatal care and delivery facilities, mental health and substance abuse services for pregnant women and their children, transportation to healthcare and social services, and teen pregnancy prevention services.

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Healthy Start Coalition of Manatee County, Inc.

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

There are 95 members, representing consumers, migrant/community health centers, hospitals, physicians, maternal/infant health advocacy groups, county government, social service agencies, the school board, private industry, the medical society, religious organizations, and the homeless coalition.

2. 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 total of \$97,894 in additional donations and grant funds was leveraged for outreach and special programs.

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

- Continuation of the community-supported initiative to provide “Moses Baskets” (bassinettes) for distribution to new mothers who are unable to purchase a crib for the baby. Outreach Workers deliver the bassinette, discuss safe sleeping procedures, assess the home situation, and refer mothers to support groups and programs within the county.
- Implementation of a new independent care coordination system that is threefold in design: community-based independent contractors who will work directly with private obstetricians and pediatricians to provide Healthy Start services to identified clients; clinic-based care coordination at Manatee County Rural Health Services clinics; and hospital-based independent contractors who will visit the new mother in the hospital at the time of the birth do conduct the initial contact for Healthy Start care coordination services.
- Implementation 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.
- Community Health Worker Program that provides educational presentations on the following topics: breastfeeding, SIDS, Breast Cancer Awareness, Diabetes, Folic Acid, and HIV.

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.

- With the implementation of the new care coordination system, obstetricians and pediatricians will be assigned to an individual care coordinator who will work directly with the office to ensure that high risk clients will access Healthy Start services. New mothers will be visited by a care coordinator in the hospital labor and delivery units for assessment and referrals to Healthy Start services. The coalition will

continue to visit physician offices to promote the need for early entry into prenatal care and share data regarding Manatee County maternal and child health indicators.

- 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.
- 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.

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

There needs to be better education and support for the African American population to reverse the trend of higher rates for low birth weight, infant mortality, and late entry to prenatal care. There is a need to address stress, depression, denial, and psycho-social issues to pregnant women and new mothers within all populations. Transportation continues to be a major issue in Manatee County and funding is not available to adequately meet this need. Infant car seat programs are also limited and there is a huge need for car seats.

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Martin County Healthy Start Coalition, Inc.

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

As of July, 2006, there are 86 active members representing 53 agencies. The agencies represent health and social service, government, faith community, business and civic organizations. Applications are in process for 2 active participants, which will bring the totals to 88 members and 55 agencies.

2. 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 \$478,817 for prenatal care, Healthy Start direct services, oral health-care planning and the Father and Child Resource Center in 2006–07. The coalition also leveraged \$43,744 to apply as matching funds for coalition operations.

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

The Oral Health Care Planning Grant is an effort of the coalition's Oral Health Care Task Force and is funded by the Allegany Franciscan Foundation. A consultant was hired and the needs assessment has been completed. The planning portion of the grant, using the gathered data, has been completed and recommendations have been made. The Martin County Oral Health Task Force identified the dental needs of the community, and outlined services currently available and the means to access them. Efforts have been put into publicizing their findings in order to educate the public about the existing services. The Task Force also identified future goals for the dental needs of the community, for example, the hiring of a Dental Coordinator to act as a locator for clients in need and to connect them with local dentist who have agreed to participate in the community efforts.

The Bellybutton Project was initiated in response to a targeted funding opportunity via the Martin County Children's Services Council. The project focuses on increasing early entry into prenatal care, increasing screening rates, and access to Healthy Start services in private providers' offices. The education campaign was developed in 2004–2005 and a care coordinator was added to the staff to serve high-risk clients in the offices of private providers. Interconception care now is being made available to women who experience a fetal or infant loss. A grass roots strategy 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.

4. 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 292 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.
- Focus on multiple births largely impacts the black population. Women expecting multiples are automatically eligible for Healthy Start services in Martin County now and are offered Healthy Start wraparound services with particular emphasis on nutrition counseling.
- Preterm 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.

5. 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 2005–06. 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 Prenatal Committee funders have begun to consider solutions to both the added midwife and creative scheduling options to meet the client need.

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Healthy Start Coalition of Miami-Dade, Inc.

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

There are 98 coalition members, representing the county health department, community health centers, the Miami Maternity Center, the Children's Trust, doctors, schools, and numerous community and civic groups.

2. 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 Miami-Dade (HSCMD) has received \$50,000.00 from United Way for a MomCare Education Program for a period of two years, beginning July 1, 2005. The program will provide classes in parenting skills, childbirth education, breastfeeding support and interconception education. Classes will be given in English, Spanish, and Creole, and offered in the evenings and weekends.

HSCMD has been granted a seven-month extension with additional dollars from the Children's Trust in the amount of \$94,045.00 for the period of January 1, 2006 through July 31, 2006 to promote early Healthy Start Prenatal Risk Screening for pregnant women.

In addition, HSCMD has received a \$72,992.266 grant from The Grace Contrino Abrams Peace Education Foundation for a period of 12 months from August 1, 2005 through July 31, 2005 to coordinate all recruitment of universal, MomCare, and Healthy Start participants into the training, monitor follow-up phone calls with these participants, and maintain databases for recruitment and training activities.

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

HSCMD has received \$19,535.00 for an Infant Mental Health Training program beginning April 1, 2006 and ending May 31, 2006. This is five-day training in partnership with Devereux Early Childhood Initiative to increase awareness of the importance of infant mental health training in Miami-Dade County.

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.

HSCMD entered into a partnership with the Florida SIDS Alliance to provide training and make materials available in an effort increase knowledge and awareness in Miami-Dade County community on Sudden Infant Death Syndrome (SIDS), bereavement and other maternal and child health issues.

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

The greatest unmet maternal and child health population need in our service area is access to care and/or health care coverage for women of child-bearing age. Historically, the Miami-Dade County public health clinics served as the primary health care delivery system for the poor—Medicaid enrollees and uninsured. Since, the Miami-Dade county health department has closed their primary care clinics and has shifted their focus to core public health activities, such as communicable disease control, maternal and child health support services, and environmental health, which has impacted the access to care for this population.

In addition, 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 health insurance or an inability to pay for services. A majority of the births in 2003 in Miami-Dade County are to Hispanic women (61 percent). Of these, a large portion is undocumented immigrants that are ineligible for government funded programs, like Medicaid, due to their residential status.

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Healthy Start of North Central Florida, Inc.

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

There are 51 members, representing the following organizations: consumers, county health departments, healthy start care coordinators, migrant/community health centers, hospitals, University of Florida/MIC, private OB/GYN, local health advocacy interest groups/community organizations, county and municipal governments, social service organizations, and local education.

2. 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 received 501(c)3 status so as to increase its opportunities for grant awards. No grants were awarded during the contract period.

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

Community organizations, consumers, providers, the general public and the Board of Directors were all surveyed (with various survey tools) during the year as part of the assessment of the local system of care and to determine service gaps and needs. Results of the surveys were entered into a database and will be used as part of the Annual Action Plan Update process to determine if changes should be made in the current Action Plan and whether new initiatives are warranted.

The coalition is planning a Prenatal Care Solutions Workshop to discuss the current system of prenatal care and determine if changes need to be made. Representatives from DOH, local health departments, providers, community health centers and other interested parties will be invited. Currently, the coalition supports a system of care that provides access to prenatal care in all 12 counties in the region.

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 and the Head Start/Early Start program. The coalition's Healthy Start brochure highlights minority infants. The coalition continued to supply Spanish-version "Grow Smart" booklets to care coordinators for distribution to Spanish-speaking clients. A Healthy Start informational poster was created in both Spanish and English for placement throughout the community. The 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 cessation posters with information about smoking and Healthy Start were placed at community sites. Smoking cessation packets were distributed to providers for use with their pregnant clients who smoke. A smoking cessation/addiction workshop was organized for providers. The QA/QI

manager conducted “best practices” smoking cessation surveys from care coordinators and distributed a report of the results. The QA/QI manager participated in a conference call on “Research Around Pregnancy and Cessation.” The QA/QI manager extracted smoking data from six health departments and created a database for the results. SIDS information is a standard part of the information provided to clients by prenatal care providers and by Healthy Start care coordinators.

5. Describe 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.

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Northeast Florida Healthy Start Coalition, Inc.

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

The coalition currently has 50 members, representing consumers, county health departments, migrant and community health centers, hospitals, birthing centers, other providers of maternity/infant service, local medical societies, local health planning organizations, maternal and child health advocacy groups, government, elected officials, local education communities, and nursing organizations.

2. 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 2005–06 is \$1,022,500 , including:

- Federal Healthy Start Grant (racial disparities), \$925,000
- March of Dimes (Medicaid awareness) , \$32,000
- University of Nebraska-CityMatCH (FIMR/HIV Pilot,)\$22,500
- BirthWait (outreach for Medicaid high-risk OB Pilot),\$17,500
- USF/local match/RWJ Covering Kids (KidCare Outreach),\$26,000

Does not include \$54,072 in additional cash plus in-kind donations used to match state administrative funding.

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

- St. Johns County Infant Mortality Task Force
- KidCare Outreach
- Medicaid Reform Awareness & Advocacy
- Community Involvement & Cultural Competency Pilot (HSSG Chapter 22)

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.

- Magnolia Project (Federal Healthy Start-racial disparities)
- Azalea Project (substance abuse/HIV prevention)
- Centering Pregnancy (access to prenatal care)
- Project Moses (AME Alliance partnership to address SIDS)

5. Describe 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.

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Healthy Start Coalition of Okaloosa-Walton Counties

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

Approximately 52 members representing 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, United Way, school districts, military bases, March of Dimes, American Lung Association, and the Early Learning Coalition.

2. 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).

\$16,000

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

A partnership with JobsPlus allowed the coalition to present interconception health information to the TAPP program in Okaloosa County, in response to an indication that repeat births to teens were increasing. Healthy Start educates the young mothers on how to set goals, how to stay healthy, how to work toward a healthy relationship, how to identify dysfunctional relationships, how to access family planning, etc.

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 March of Dimes grant to address racial disparities that started last year was completed this year. This consisted of once-a-month "Sista-Sista Talks" held in the African American community. Through this partnership with the largest African American church in south Okaloosa County, 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.

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

Prenatal care for undocumented aliens who are not eligible for Medicaid. Until three years ago, the Healthy Start funding for prenatal care coupled with other funding at the county health departments ensured that nearly all uninsured women were brought into care. Since then, there has been a huge influx of illegal immigrants, mostly Mexican national, and there is not enough funding to provide the

care. In the first six months of 2006, the Okaloosa County Health Department had 128 women who delivered after receiving prenatal care at the health department. Since most report they have no money, the client is not charged. There simply is no funding source for this, and there is no free clinic within a reasonable distance. Basic dental care for low-income childbearing-age and pregnant women is also still largely unmet.

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Okeechobee County Family Health/Healthy Start Coalition, Inc.

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

There are currently 26 coalition members, representing the following organizations: area businesses, the local school board, Child Find (FDLRS), Planned Parenthood, Hispanic Community Advocate, Okeechobee Main Street (civic organization), Breakthrough Recovery Services (addictions services), Martha's House (domestic violence), Okeechobee City Council, the public library, Shared Services Network, First Methodist Church, Okeechobee County Health Department, WIC, Florida Community Health Centers, School Readiness Coalition, Family Preservation Services (mental health), and Communities in Schools.

2. 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).

Okeechobee Healthy Start leveraged \$2,500 from grant and donated income.

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

The coalition teamed with mental health counselors in the community to distribute brochures to heighten public awareness on topics of postpartum depression, teen pregnancy, and STDs.

In response to the hurricanes over the last two years, the coalition partnered with community agencies to provide crisis bags. The First Baptist Church quilting ministry donated baby quilts for these bags. Also included in these bags were diapers, wipes, toothbrushes, formula, MOD vitamins, infant clothing, KidCare information, and Healthy Start information. These bags were distributed by our care coordination team, the Red Cross, the domestic violence shelter, and WIC. A total of 200 bags were distributed after hurricane Wilma.

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 coalition features this information as well as information about Healthy Start Program at all community events. In FY 2005 –06 we participated in five health fairs, sponsored two educational baby showers, and one training on Fetal Alcohol Spectrum Disorder.

We also partnered with the black community leaders to distribute brochures on prenatal care, teen pregnancy, STDs, birth control, and Healthy Start services.

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

In Okeechobee County, the 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 infants. This is an ever greater hardship at times due to lack of transportation issues.

There is also a shortage of pediatricians in our area. Clients report being by told by local pediatric services to call the doctor who saw the infant at the hospital for follow-up care.

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Orange County Healthy Start Coalition, Inc.

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

There are 120 members, representing 69 organizations.

2. 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 2005–06 is \$211,474:

- Local Government, \$42,500
- Local initiatives, \$35,500
- Grants, \$97,027
- Other, \$36,447

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

During the 2005–2006 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 were successful in securing grant funding to continue the existing Save Our Babies project through 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.) Grant funds were awarded this year from DOH’s “Closing the Gap” (for our outreach worker) and our local Community Foundation (educational posters inside public buses). 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 participated this year with the Orange County Health Department in a national CityMatCH Data Use Institute project to analyze and evaluate processes in our Save Our Babies project.

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.

We continued our involvement with SIDS prevention activities by working with AKA, a national Black Sorority to disseminate information and provide speakers, etc. Through the work of one HS nurse/care coordinator, we sponsor a support group for parents who have experienced SIDS. 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 allocation of more than \$655,000 (35% of our base funding) to pay for unfunded prenatal care in Orange County (due to undocumented pregnant women) does not cover the need; we therefore required our two providers, the county health department and the community health center, to continue the Centering Pregnancy Model for the second year, which is producing great results. Both clinic staff and centering clients have highly praised this model of prenatal care delivery. It is hoped that both providers can maximize billing efforts through this model, yet our community, like others, is in need of more resources to pay for the health care needs of our undocumented population. We recently initiated a collaborative effort aimed at planning a "community OB summit" to highlight the challenges facing our medical, educational, social, justice and economic systems due to inadequate funding for babies born without prenatal care.

Our Executive Director 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 fourth 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.

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

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 late. 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; 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, 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 Health 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.

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Healthy Start Coalition of Osceola County

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

There are 128 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.

2. 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 leveraged \$180,874.21 cash.

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

The coalition had identified low birth weight and prematurity, access to care, sudden infant death syndrome, teen pregnancy prevention, and child safety as priority areas in the cause to prevent infant mortality and morbidity. Initiatives included cross-trainings for Healthy Start, Healthy Families, family planning, and nutrition and smoking cessation so that program services case workers were knowledgeable of immediate resources. The coalition partnered with Health Issues Task Force for establishment of the Health Department's Poinciana clinic in western Osceola for increased access to care based on perinatal periods of risk research and other data. The coalition partners with the local abstinence program for education and awareness as first step in teen pregnancy prevention. The coalition partnered in the Whole Child program for strengthening links in the system of care for ages 0–5. The coalition partnered with Community Vision for its Youth Action Committee that presented a highly regarded "Youth Tour" across Osceola by lawmakers and others to view successful youth program and assess where gaps exist.

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.

Activities include the Doula Program that serves Healthy Start clients, of whom 70 percent are Hispanic (funded by Ounce of Prevention); promotion of preterm labor with March of Dimes materials; and provision of SIDS materials to the general public at health fairs, Healthy Start appointments, to Healthy Start providers, and on a website.

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

Research has shown that more outreach and education is needed to 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.

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Healthy Start Coalition of Palm Beach County

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

There are 18 voting members of the Healthy Start Coalition representing 18 community agencies. Coalition membership is much broader with notice of Healthy Start Coalition meetings sent to an additional 22 members representing 11 agencies. A total of 32 participants attended the April 24, 2006 Healthy Start Coalition Planning Day meeting.

2. 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 2005–06 includes:

- HRSA, \$875,000
- Ounce of Prevention, \$668,378
- Quantum Foundation, \$175,000
- Health Care District, \$500,000
- Children’s Services Council, \$13,678,970

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

- The Maternal Child Health Division and Maternal Child Health Partnership changed their names to the Healthy Beginnings Division of Children’s Services Council and the Healthy Beginnings Partnership to reflect the important role of mothers, fathers and all care givers in the provision of a healthy beginning in life for each child in Palm Beach County.
- The Healthy Beginnings System continues to be involved in the Chapin Hall longitudinal study which will follow families who have given birth in Palm Beach County over the past year to ascertain the impact of the community services they have received on the child’s readiness for and success in school.
- The Health Care District Maternity Care Program assists families who are not eligible for on-going Medicaid to transition smoothly from SOBRA to Health Care District coverage for prenatal care without a gap in services. This process is now working very smoothly insuring continuity of care prenatally.
- Children’s Services Council has funded the Continue to Care Program which provides on-going child care for almost 250 Healthy Beginnings children in a quality-rated setting enabling some parents to return to work, school or training after the birth of the baby. This child care scholarship is made available to a limited number of successful HB families from enrollment until the child reaches Kindergarten. Child care was noted as a major roadblock by families attending CSC consumer focus groups.
- Staff training on use of Dr. T. Barry Brazelton’s TouchPoints approach has been initiated. All staff from the Healthy Beginnings System will have attended a three (3) day training session for TouchPoints,

twenty five (25) hours of training on using a Solution focused (strength based) approach to service provision and a three (3) day training in Cultural Competence by the end of this calendar year. During 2007, all bilingual staff will receive three day training in medical interpretation and translation and demonstrate competence.

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 Women's Health Initiative (WHIN) program awarded by HRSA to provide early services to at-risk black women of childbearing age to reduce racial disparity in birth outcomes is in its second year. WHIN provides services to a population of Afro-American, Haitian and Caribbean Island black women of childbearing age in two high risk zip codes. These areas of Riviera Beach/Lake Park and downtown West Palm Beach are targeted for this initiative because of the disparity of positive birth outcomes and concentration of the targeted population. 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.

Outreach is provided through funds from Children's Services Council and the Quantum Foundation. Zip code areas of documented late entry into prenatal care have been targeted for increase outreach focus. Information on targeted areas and progress of the outreach program is found in the Action Steps.

The Children's Services Council is planning a large social marketing campaign focused on reducing racial disparities and increasing awareness of the disparities in our community. The CSC marketing department is spearheading this effort and the media campaign should be underway within the next contract year.

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

The greatest unmet maternal and child health population need in Palm Beach County continues to be access to early prenatal care for the entire population. Part of the needs assessment currently being undertaken is to determine if this comes from lack of capacity of prenatal medical providers, unwillingness to accept Medicaid insured high risk patients by these same providers, or a lack of understanding of the importance of early care, transportation, or cultural issues on the part of the prenatal women, or a combination of factors.

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Healthy Start Coalition of Pasco, Inc.

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

There are 227 Healthy Start coalition members who represent a diverse number of Pasco County organizations including medical centers, hospitals, maternal and child health care providers, and other organizations. Members include the local county health department, schools, colleges, the Department of Children and Families, the March of Dimes, HUD Housing, Healthy Families Pasco, Florida Kids First and representatives from the media. Other members include the Department of Transportation, Medicaid HMO insurance providers, and faith-based organizations.

2. 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 Pasco received a \$20,000.00 grant from the Pasco Hernando Early Learning Coalition. The coalition's "Gentle Touch" program was continued through the grant money, which provided for the purchase of 80 cribs and mattresses along with car seats, strollers, diapers and wipes, clothes, blankets, safety items, and educational items to be distributed to clients. The "Gentle Touch" program offers a curriculum that includes parenting skills and safety information. The curriculum includes clients taking a pretest, studying a 10-step safety curriculum and taking a post-test. Upon completion of the program, the participants receive a crib and mattress.

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

Smoking among pregnant women is a major problem in Pasco County. The Healthy Start Coalition Smoking Cessation Committee initiated a major Smoking Prevention Campaign aimed at pregnant smoking moms and those with young children. Posters and flyers were distributed to all doctors' offices and placed in targeted areas that pregnant moms frequently visit such as libraries, Laundromats, convenient stores, etc. Smoking journals with pens with anti smoking messages were developed and distributed to pregnant women that smoke and who set a quit date. The Healthy Start care coordinators and family support workers, along with WIC, pregnancy centers, Calvary Chapel Family Center, and other non-profit organizations, have been using the journals and other smoking cessation materials developed by the coalition and the Smoking Prevention committee.

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.

All of the Healthy Start Program personnel, subcontractor staff, and the coalition community liaison received racial disparity training this past year. The Healthy Start program and the coalition's funded dental program for Healthy Start clients continue to serve many minority and migrant workers.

SIDS information is distributed to all MomCare clients through the MomCare initial packets. In addition, SIDS information is also distributed at all health fairs and events at which the coalition participates. The "Back To Sleep" brochures and other safety information are also distributed. Through the Gentle Touch Program, the Healthy Start coalition is promoting safe sleep practices that will hopefully reduce the number of SIDS and "rollover" sleep-related deaths.

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

Pasco County's greatest unmet need is additional resources for health insurance for the working poor. Many clients have low paying jobs and earn too much to qualify for Medicaid but do not earn enough to afford health care. In addition, the lack of affordable housing, transportation, and adequate food resources continues to be an ongoing problem. Spanish-speaking interpreters are always needed to help Hispanic clientele obtain needed services. In the past year, a Community Resource Guide was developed by the coalition to help identify additional resources in Pasco County. If initiated, the new 211 Resource Line would make resources more available to Pasco County residents.

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Healthy Start Coalition of Pinellas County, Inc.

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

There are 135 Healthy Start Coalition members representing hospitals, obstetrician offices, midwives, health care providers, community representatives, consumer representatives, Pinellas County Health Department, Bank of America, Juvenile Welfare Board, Pinellas County School System, Pinellas Dental Association, Planned Parenthood, YWCA, and other community organizations.

2. 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 includes \$29,500.00 in local grant funding and the Federal Healthy Start grant is funded at \$1.1 million/year.

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

Developmental screenings were initiated and 84 children were screened by community volunteers. A flyer about the developmental milestones of young children was developed and distributed. A teen peer education program was started this year to address teen pregnancy, STDs and preconception health. A total of 126 teens were educated by six teen peer educators in 2005–06. Due to the increasing incidence of mental health issues identified, a postpartum depression conference was offered featuring Lucy Puryear, a national speaker. Postpartum screening forms were distributed to community healthcare providers. The Coordinated Healthcare Committee of the Partnership for a Healthier Pinellas and the Healthy Start coalition have taken on the issue of fragmented and unfunded prenatal services for the growing Hispanic population in North Pinellas county. They are working with a new Hispanic Initiative, funded by the Juvenile Welfare Board. A lack of awareness of Healthy Start in our community was identified. A comprehensive communication plan was developed. A new DVD was produced that explains Healthy Start services in English and Spanish. The Healthy Start prenatal screening rate increased from 68 percent in 2004 to 76 percent in 2005. Nineteen providers improved their screening rates in 2005. The infant screening rate increased to 97.7 percent in 2005. "Healthy Start Resources and Guide Books" were delivered to all OB providers. The Healthy Start Coalition collaborated with research and publication of the Childhood Injury in Florida Chartbook. With the Safe Kids Coalition, the Healthy Start Coalition co-sponsored the Third Annual Pediatric Safety Summit. Healthy Start provided interconception care education to 2520 women. Community childbirth education was provided to 575 individuals in Spanish and English. All Healthy Start Care Coordinators were trained in Fresh Start smoking cessation counseling. Fetal Infant Mortality Reviews identified maternal obesity as a risk factor for infant mortality. Research was conducted on maternal obesity and its link to fetal and infant demise. This research was presented in Vancouver, Canada.

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.

Six conferences, related to cultural competency, were sponsored by the Healthy Start coalition. A federal Healthy Start grant focuses on reducing racial disparities in infant mortality. A pilot project implemented Chapter 22 in Pinellas County and reported the results. Care coordination, and outreach were provided in the zip codes with the highest African American infant mortality. Interconception education and counseling focus on improving women's health between pregnancies. Healthy Start care coordinators inform clients of risks, indicators of preterm labor back to sleep and SIDS. Brochures about SIDS were distributed to healthy start clients. Three articles were published in Latino magazines about prematurity and the importance of early prenatal care.

Access to prenatal care was facilitated for 6,716 women by MomCare Maternity Care Advisors. MomCare advisors guide women to select a prenatal care provider and support services in the community. SIDS brochures, Back to Sleep literature, and indications of preterm labor are sent to targeted MomCare clients.

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

The greatest unmet needs are fragmentation of prenatal care for uninsured women especially the growing Hispanic population, transportation and affordable, safe housing.

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Healthy Start Coalition of Santa Rosa County, Inc.

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

We have 27 coalition members representing various agencies including but not limited to: Santa Rosa County School District, Santa Rosa Medical Center, Children Services Center, Pregnancy Resource Center, Families Count, Medicaid/consumers, Northwest Florida Health Council, an obstetrician, a pediatrician, the Agency for Health Care Administration, the Santa Rosa County Health Department, a dentist, the business community, a midwife, Sacred Heart Hospital, and Healthy Families.

2. 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).

This past year we concentrated on our Service Delivery Plan submission and researching appropriate grants. We will be applying for some of these grants in FY 06–07. A total of about \$2,500 was received through other funding sources that were not counted as in-kind.

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

Due to our high smoking rate among pregnant women and no cessation classes available in this county, we have started smoking cessation classes at the county health department. This was a collaborative effort with both the Healthy Start Coalition of Santa Rosa County, Inc. and the Santa Rosa County Health Department.

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 Santa Rosa County Health Department has added a full-time Presumptive Eligibility for Pregnant Women (PEPW) eligibility clerk at the Midway Clinic in the south end of the county, as well as adding another PEPW eligibility clerk in the Milton Health Department who is fluent in Spanish. This increases the access to care in this county. We always continue to address Sudden Infant Death Syndrome (SIDS) with all prenatal clients and parents of newborns. Safe sleep is always part of our awareness campaigns. Preterm labor education is always a component of our childbirth education with clients as well as part of our awareness campaign in the community at various health fairs.

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

The greatest unmet maternal and child health population need in our service area continues to be lack of public transportation. This affects the ability of some to attend their prenatal appointments. Also, lack of affordable housing is still an issue in this county.

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Healthy Start Coalition of Sarasota County, Inc.

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

The coalition has 57 members, representing the following organizations: All Children's Specialty Care, Florida Center for Family & Child Development, YMCA Children's Services, Born To Read/Fruitville Library, Child Protection Center, SPARCC, Catholic Charities, Forty Carrots Family Center, Sarasota County Public Schools, Cysis Teen Parent Program, Epilepsy Services of Southwest Florida, Sarasota County Health Department, First Step, Inc. Mothers and Infants Program, Children First/Nurturing Dads, Sarasota Coalition on Substance Abuse, KidCare, Nurturing Dads Initiative, SMH Newtown Wellness Program, Girls Inc., Sarasota Memorial Hospital, Volunteer Connections, Jewish Family & Children's Service, Gulfcoast South Area Health Education Center, University of Florida Sarasota County Extension Service, Michael Saunders & Company, Easterling, Doyle, Vallery, Martin PC, Tri-County Counseling & Life Skills Center, Jackson Hewitt Tax Service, MetLife Financial Services, Cross Chiropractic, Early Learning Coalition of Sarasota County, Family Solutions Center, Inc.

2. 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).

\$53,229 in cash

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

The Healthy Start coalition raised \$38,396 to expand a network of neighborhood groups for women, focusing on preconception/interconception, prenatal, and infant health and wellbeing. The goals of the project, A Pot of BEANS, are to improve birth outcomes and neighborhood quality of life measures.

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.

RACIAL DISPARITIES partnering with SURE (Sarasota United for Responsibility and Equity), local organization that includes black churches among its membership, in the annual Mother's Day Virtual Prayer Vigil for healthy babies. Through SURE, the coalition provides information to congregations about local trends in fetal and infant mortality, prenatal health, and ways the community can support families in having healthy babies. Providing educational program on racial disparities at Fetal and Infant Mortality Review Community Action Group August meeting, attended by over 30 coalition members and community leaders.

ACCESS TO PRENATAL CARE Implementing the MomCare program for Sarasota County. Advocating for local solutions to the challenge of the uninsured in Sarasota County, as part of CHIP [Community Health Improvement Partnership] project CSI: Health [Community Solutions Initiative: Health].

PRETERM LABOR Focus on smoking cessation and lowering rates of prenatal smoking in Sarasota County. Poster campaign in SCAT busses and in local health and human service provider locations. Providing Fresh Start training (to help pregnant women and new mothers stop smoking) to over 100 providers of medical care, in their office locations. Providing incentives to pregnant women who stop smoking, for distribution through their prenatal care providers.

SUDDEN INFANT DEATH SYNDROME (1) promoting the “Back to Sleep” campaign at 9 health fairs and other community events attended throughout the year, with information and promotional materials in English and Spanish. (2) promoting breastfeeding as the preferred means of infant nutrition, through World Breastfeeding Week activities and public recognition of local Breastfeeding Friendly Workplaces. (3) disseminating information about infant safe sleeping practices to 250 child care provider sites throughout the county and at Healthy Start coalition meetings.

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

Affordable, appropriate, accountable and accessible health care, including health promotion through culturally competent education, chronic disease management, and nutrition education, for every pregnant woman and child.

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Seminole County Healthy Start Coalition

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

Currently, there are 48 coalition members and 38 organizations that comprise our coalition's membership. These organizations represent local hospitals, social service agencies, faith-based organizations, mental health agencies, local businesses, the Seminole County Public School System, and community residents.

2. 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 contract year 2005–06, the coalition received \$40,240.00 in funding from the Seminole County Board of County Commissioners, Amscot Corporation, the March of Dimes, the Orlando Magic Youth Foundation, the Orlando Sentinel Family Fund, and individual contributors.

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

No initiatives have been developed as a result of local system of care during the contract year.

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 FIMR committee meets every other month to review fetal and infant loss and the committee team reviews the summaries to identify what factors contributed to the loss. The coalition completed its Sweet Dreams Campaign which provided car seats to families in need as well as provided cribs and mattresses.

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

The greatest unmet need within our maternal and child health population is access to high-risk prenatal care for undocumented women in our county. Because of their citizenship status, many of these women cannot access prenatal care at the health department because it is only able to offer low risk care. These women are referred to Arnold Palmer Hospital in Orlando where they are never denied services based on ability to pay. However, women are discouraged from continuing their care because of the

enormous debt they incur for services rendered. The coalition has been unsuccessful thus far in reaching an agreement with Arnold Palmer Hospital to contract with them to provide services to this population at a set fee.

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Healthy Start Coalition of St. Lucie County

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

There are a total of 86 coalition members. The organizations they represent are Children's Home Society, Division of Children and Families, Department of Juvenile Justice, Exchange Club Castle, Family Preservation, Healthy Families, Healthy Changes, TOPWA, School Board, Lawnwood Regional Medical Center and Heart Institute, St. Lucie Medical Center, Miracle Prayer Temple, One Stop Career Center, Port St. Lucie Police Department, Save our Children, St. Lucie County Health Department, Helping People Succeed, and Camp Holiday.

2. 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 2005–06 is \$1,439,869.53:

- CDC, Healthy Changes, \$352,394.10
- BOCC, vouchers, \$57,600.00
- CSC, Teen case mgmt, \$96,686.16
- CSC, Home visitation, \$106,244.09
- CSC, Crib safety, \$7,490.27
- Hug-Me, \$30,889.03
- Car Seats, \$4,570.00
- DOH TOPWA, \$110,000.00
- HF Ounce of Prevention, \$458,233.29
- HF CSC, \$215,762.59
- \$673,995.88

3. 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.

- One half of Addictive counselor position through DCF has been established.
- The completion of the third year of the Healthy Changes Program funded through a CDC grant to focus on HIV prevention with women of child bearing years, staff includes two outreach workers, one RN, one social worker, one nurse assistant, one program manager and one part time data entry position.
- An additional position for the Non-pregnant Sexually Active Teen program, funded through CSC, brings the number of funded positions to four.
- Continued funding through Title III for an RN position which provides outreach and follow up for HIV exposed infants.
- Continued funding from the Board of County Commissions to be used for Vouchers for uninsured pregnant women.

- All St. Lucie County post partum women are offered a home visit by an RN. There are two full time RN positions who complete post partum visits at home.
- Active participation of the coalition in an effort to communicate the status prevention of HIV/AIDS in St. Lucie County.

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.

Continuation of and the enhancement of the Voucher program which provides for prenatal care for women who are pregnant and not insured. Most of the recipients of these vouchers are minorities generally ineligible for Medicaid either because of incomes that may be just above cut off or because of lack of citizenship.

The primary racial disparity which is now becoming more evident in St. Lucie County is the prevalence of HIV/AIDS within the African American population. Because of this disparity of disease prevalence, the risk of perinatal transmission becomes disproportionately high within that population. 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 ensures that both palliative and prevention services are available for the at-risk population.

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

The greatest unmet maternal and child health population need continues to be the provision of prenatal care to uninsured pregnant women. The majority of these women are Hispanic or Haitian immigrants. In 2000, 19 percent of all births were Hispanic and Haitian. In 2005 that number had increased to 28.5 percent.

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Healthy Start Coalition of Southwest Florida, Inc.

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

There are 33 coalition members, representing government, private business, education, medical professionals, private citizens, social services, and a consumer.

2. 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 total of \$191,200 was leveraged by the coalition during the contract period.

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

A new partnership has been formed with early learning providers to identify and refer high-risk babies that are in need of Healthy Start services. Another partnership has been formed with several community partners and funders for a pilot project in neighborhoods at highest risk. This pilot project will provide services at a resource house within the neighborhood for teens, pregnant women, and babies, including interconception care and well-woman health education.

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 Opening Doors program is a collaborative partnership of 27 different programs that conducted door-to-door outreach in neighborhoods with high rates of racial disparity in health outcomes. Outreach workers were cross-trained to be able to address the needs of the entire family, and approximately 2,000 residents were reached over the year.

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

Our biggest challenge is maintaining access to prenatal care for the uninsured. There were approximately 3,425 uninsured pregnant women that sought prenatal care last year. This represents a 65 percent increase from the previous year, and the number of uninsured pregnant women has been steadily increasing over the last several years.

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