

“Throughout the home visits, our representative was very helpful and courteous. We appreciate all their help.” “Ms. Peggy took me under her wing. I was not only able to quit smoking, but breastfed my son, Jacob, until he was 9 months old.” “Healthy Start is helping me be a good parent and make the right decisions for Deondre.” “I’m happy you were there for me.” “I only hope that other pregnant moms utilize this wonderful service.” “Azalea gave me the support I needed to get my life together. They helped me believe in myself.” “During the time I was out there doing drugs, I could not see the light. But now I see the light and it makes me shine.” “Matthew John weighed 10 lbs and was 21 inches (full term).”

2004

Healthy Start Coalitions



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Hi Carmen,

I just wanted to thank you and mom care for your great support during my pregnancy. I'm also very thankful to you for your encouraging words when I was losing so much weight instead of gaining during pregnancy. I only hope that other pregnant moms utilize this wonderful service.

Thank you all
Desiree Leon

P.S.

Matthew John Leon was born 10-20-03 and weighed 12 10/16 and 21 inches (full term) (22)

Healthy Start of North Central Florida, Inc.



SERVICE AREA: Includes the following 12 counties: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Putnam, Suwannee, and Union. The area is mostly rural. The major cities are Gainesville and Ocala. The University of Florida and numerous healthcare services are located in Gainesville. Challenges include: low income levels in the region, lack of transportation to access health care, and lack of healthcare insurance coverage.



NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 54.

Representing: county health departments, Healthy Start care coordinators, migrant/community health centers, hospitals, University of Florida/MIC, private providers, local health advocacy interest group/community organizations, county and municipal governments, social service organizations, clergy, business and education.



NUMBER OF VOLUNTEER HOURS DONATED TO THE COALITION: 426.5 hours



VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: \$55,680.28



LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: The coalition examined its prenatal system of care at the August 2004 board meeting. Clarifications were made regarding the provision of routine care for unfunded women, provided by the University of Florida MIC program, including basic labs and level 1 ultrasounds.



SPECIAL POPULATION STRATEGIES OR ACTIVITIES:

- Coalition staff attended the “Health Disparities/Health Care Reform: A Call to Action” meeting in April in Gainesville. Issues discussed included health disparities, the Front Porch Initiative, and single payer/universal health care reform.
- The coalition’s Healthy Start brochure highlights minority infants.
- Three minority members were elected to the Coalition Board of Directors.
- The coalition facilitated translation of interconceptional care and client education informational materials into Spanish (translations done by provider volunteers).
- The coalition delivered Spanish-version “Grow Smart” booklets to care coordinators for distribution to Spanish-speaking clients.
- Community liaisons conducted intensive public awareness activities to inform the community about the Healthy Start program and importance of screening.
- SIDS information is a standard part of the information provided to clients by prenatal care providers and by Healthy Start care coordinators.
- Information about preterm labor is provided to clients by prenatal care providers and by Healthy Start care coordinators.
- Smoking cessation packets were distributed to providers for use with their pregnant clients who smoke.
- Coalition staff assisted in setting up AHEC smoking presentation.

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GREATEST UNMET NEED: 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.



CONTACT: HEALTHY START OF NORTH CENTRAL FLORIDA, INC.

STEVEN J. OLIVA, EXECUTIVE DIRECTOR; 18 NORTHWEST 33RD COURT; GAINESVILLE, FL 32607

(352) 955-2264; SOLIVA@WELLFLORIDA.ORG

Northeast Florida Healthy Start Coalition, Inc.

SERVICE AREA: The Northeast Florida Healthy Start Coalition covers Baker, Clay, Duval, Nassau, and St. Johns Counties. The five-county area had a population of 1.1 million in 2000. Nearly 73 percent of the region's residents are white and 22 percent are black. Less than six percent of the region's residents are Hispanic. Duval County is the population center of the region. It also has the largest proportion of minority residents (28 percent black). There are 77,208 children under age 5 who live in the five-county area. Women of childbearing age (15–44 years old) comprise 23 percent of the region's population. About 13 percent of the region's population has an income below the poverty level. One in five children under age 18 live in poverty in Northeast Florida. About 16,200 babies are born in Northeast Florida; one-third are non-white. In 2003, the region had an infant mortality rate of 9.8 deaths per 1,000 live births (6.9 per 1,000 white and 14.8 per 1,000 non-white).

ADDITIONAL FUNDS LEVERAGED BY COALITION: \$1,443,349.00

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 45

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: Emergency room outreach; bus advertisement, public awareness campaign to promote Medicaid for pregnant women; and a KidCare forum.

SPECIAL POPULATION STRATEGIES OR ACTIVITIES:

- Racial disparities: Magnolia Project (federally-funded Healthy Start)
- Access to prenatal care: public awareness campaign, emergency room outreach
- SIDS: Project Moses (Holdout the Lifeline)
- Substance-affected families: Azalea Project

GREATEST UNMET NEED: Access to health care before and between pregnancies.



Success Story: The Azalea Project Offers Hope to Substance-Abusing Women and Families

For Temesha, the Azalea Project was a chance to turn her life around. Pregnant and on drugs, the 26-year-old wanted a healthy baby but knew she could not do it alone.

A special initiative funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and Florida Healthy Start, the Azalea Project provides outreach, intensive case management, and education to at-risk women and their children in Jacksonville. The project aims to prevent substance abuse and reduce risk-taking behavior that can lead to HIV.

Temesha was referred to the project by a substance abuse treatment center. Azalea Project staff worked with her to stay drug-free during her pregnancy, and she delivered a healthy baby boy. The young mother continued with the project after delivery and earned her high school diploma.

"Azalea gave me the support I needed to get my life together. They helped me believe in myself," she said.

→ *continued next page*

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CONTACT: NORTHEAST FLORIDA HEALTHY START COALITION, INC. (AN AFFILIATE OF THE NORTHEAST FLORIDA REGIONAL COUNCIL)

CAROL BRADY, DIRECTOR; 6850 BELFORT OAKS PLACE; JACKSONVILLE, FL 32216

(904) 279-0880; CBRADY@NEFHSC.ORG





Temesha graduated after 18 months with the project. She remains drug free, has her own place to live, is caring for her toddler, and now works full-time. She is also an Azalea Ambassador.

“She overcame a lot of obstacles in her life,” noted Lakeishia Stokes, Azalea Project Case Manager. “She has a great attitude and is working hard in pursuit of a better future.”

The Azalea Project is implemented by the Northeast Florida Healthy Start Coalition in partnership with River Region Human Services, Gateway Community Services, the Minority AIDS Coalition, the Bridge of Northeast Florida, and the Duval County Health Department-Healthy Start program. Staff is co-located at a community site in a neighborhood known for drugs, prostitution, and crime.

A unique component of the project is its focus on adolescent girls in substance-affected families. Girls enrolled in the project participate in education and youth development activities designed to boost their resiliency and build protective factors.

“We are working to break the cycle of substance abuse,” explained Azalea Project Coordinator Faye Johnson. “Many of the women we serve come from substance-abusing families and were often victims of sexual or physical abuse.”

Johnson noted the importance of long-term support for substance-abusing women. “Even after they have completed treatment, it is a struggle every day.”

The Azalea Project receives referrals from hospital emergency rooms, drug treatment centers, prenatal care providers, Healthy Start, and other social service agencies. The project also works closely with the prison and judicial system.

Sylvia S. was referred to Azalea after she was arrested and asked the judge for help with her life-long drug problem. She credits the project staff with helping her to maintain sobriety and re-establish a relationship with her two children and other family members.

“I can say today that I love me, I love Sylvia,” she said. “During the time I was out there doing drugs, I could not see the light. But now I see the light and it makes me shine.”

Sylvia recently married, obtained her driver’s license, and now has a full-time job.

“I’m going to continue to do the best that I can,” she smiled.



“They are there for you. When I had my baby, I didn’t have anyone to be there for me in the delivery room—my case manager was there!”

“I think the Azalea Project is the backbone for women whose backs have been broken because of drug abuse, domestic violence, and homelessness.”

“They give you motivation . . . if someone else cares this much about me I need to care that much about myself.”

Bay, Franklin, Gulf Healthy Start Coalition, Inc.

THE SERVICE AREA CONSISTS OF THREE COUNTIES IN NORTHWEST FLORIDA: Metropolitan Bay County is geographically-positioned west of both Gulf and Franklin Counties. The geographic distance of the area creates obstacles to obstetric care and delivery of services to the two rural counties. Women have to travel to Tallahassee or to Panama City, which are about 60 and 40 miles from Franklin and Gulf respectively. A circuit-rider, obstetric physician from Bay County began to provide services at both Franklin and Gulf County Health Departments. We hope the Florida State College of Medicine will bring increased services to the women in these two rural counties. Presently, only one pediatrician serves both Franklin and Gulf counties. Bay County's population is 149,000; Franklin County's population is 11,000; and Gulf County's population is 14,000.

ADDITIONAL FUNDS LEVERAGED BY COALITION: \$2,474.00

NUMBER OF VOLUNTEER HOURS DONATED TO THE COALITION: 71.80

VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: \$40,315.50

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 164. Including: healthcare professionals, public health community, medical agencies, not-for-profit agencies, county and state government, consumers, businesses, education, law enforcement, social service agencies, and the faith-based community.

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES:

- Transportation efforts for women and their families to Level II facilities.
- Dental care for Healthy Start clients.

SPECIAL POPULATION STRATEGIES OR ACTIVITIES: We have focused on risks of infections (STD, BV, dental, etc.) on pregnancy; risks of smoking to the fetus; signs and symptoms of preterm labor with Healthy Start and MomCare clients; awareness and education of SIDS, the risk of co-sleeping with babies; Shaken Baby Syndrome; and access to prenatal care.

GREATEST UNMET NEED: Development of the predominantly rural part of Florida has increased over the last year. Medical infrastructure and services to benefit maternal and child health in the service area are for the most part non-existent or lacking 21st century quality. Smart growth, both local and state, should ensure that communities and developers work together to implement a national model of a coordinated system of health care, involving both services and facilities, that will adequately serve current and future populations.



Success Story Having the privilege of being the executive director of the Bay, Franklin, Gulf Healthy Start Coalition, I know first hand the wonderful support offered by the Healthy Start coalition. My prenatal care began in the first trimester, and I never felt I would need the services offered through Healthy Start until my doctor noticed in utero that my daughter had an enlarged kidney. I was lucky to have such an experienced doctor who delivered a competent diagnosis and tracked the progress through regular sonograms. The Healthy Start staff referred me to a local, high-risk clinic (I was unaware of) that offered services in our area. Due to early detection and an immediate referral after birth, my daughter, at six months, received a nephrosotomy, the removal of the part of her kidney that

wasn't functioning. Today she is a wonderful, happy, and healthy one-year-old, and I owe this to competent doctors and the wonderful Healthy Start nurses.



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CONTACT: BAY, FRANKLIN, GULF HEALTHY START COALITION, INC.

SHARON OWENS, EXECUTIVE DIRECTOR; 647 JENKS AVENUE, SUITE B-2; PANAMA CITY, FL 32401

(850) 872-4130 EXT. 101



Healthy Start Coalition of Brevard County, Inc.



SERVICE AREA: The Healthy Start Coalition of Brevard serves Brevard County, which is 72 miles long and 20 miles wide, with an estimated population of 500,000. The length of the county creates challenges for service provision. This is compounded by the fact that we have a very limited public transportation system. The projected growth in 2006 is estimated at 11 percent. Of the 500,000, 49 percent are male and 51 percent are female, with the following breakdown: 5.2 percent under the age of 5; 6.2 percent between the ages of 5 and 9; 5.7 percent between the ages of 10 and 14; and 19.9 percent over the age of 65, with a median age of 41.4. The population is composed of 86 percent white, 8 percent black, 4 percent Hispanic or Latino, 1 percent Asian, 0.4 percent American Indian, and 0.1 percent Native Hawaiian and other Pacific Islander.



NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 109. Members represented: private business; hospitals; consumers; funding agencies; social service agencies; federal, state, and local government; schools; civic organizations; and public health.



ADDITIONAL FUNDS LEVERAGED BY COALITION: \$203,106.76

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: The Building Tomorrow's Child (BTC) Project was established in 2002 to provide education and outreach to women of childbearing age and their families. Due to its success, BTC continued throughout FY 03/04. The primary objectives were to increase the prenatal screening rates and increase public awareness of Healthy Start services. After full implementation of the project (10/02–09/03), the prenatal screening rate had increased 11.5 percent.



SPECIAL POPULATION STRATEGIES OR ACTIVITIES: The coalition's conference committee for the Healthy Start and Early Intervention Conference has secured a well-known speaker, Dr. James McKenna (Mother-Baby Behavioral Sleep Laboratory, University of Notre Dame), to speak at its annual conference. Dr. McKenna addressed conference participants and community members on safe sleeping habits for babies.



GREATEST UNMET NEED: 1) Access to affordable health insurance and dental services for pregnant women and children not eligible for Medicaid, and 2) treatment of unrelated medical conditions identified during family planning appointments with uninsured women who are of childbearing age.

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CONTACT: HEALTHY START COALITION OF BREVARD COUNTY, INC.

JENNIFER FLOYD, EXECUTIVE DIRECTOR; P.O. BOX 560868, ROCKLEDGE, FL 32956

(321) 634-6101; JFLOYD@HEALTHYSTARTBREVARD.COM





“This program changed my life for the better.”

Success Story: Giving Hope Back to the Hopeless

Linda* found herself eight months pregnant, all alone, and feeling hopeless. She was going through a very rough time in her young life. In her advanced stage of pregnancy, Linda was living in a shelter for women. She had no family to turn to, and she was overwhelmed with hopelessness. Linda's

motivation was waning. She no longer wanted to go through the effort of trying to find rides to her doctor's appointments, get up for work each day, and longed for the comforts of easier times. She was about to head down a path that could have serious repercussions for her and her baby.

Linda was hopeless but was in a safe place, the best place she could be, with caring people she barely knew around her. Just when her days looked darkest, a staff member at the shelter stepped up and referred her to Healthy Start. Within a few days Linda got a call that would bring hope back into her life. “Entering the program was one of the best things to happen to me in a long time,” said Linda in a letter sent to the Healthy Start Brevard office after the birth of a healthy 8 pound, 6 ounce baby boy. “This program changed my life for the better. Not only was I provided with guidance about how to take care of a newborn, but they also helped get Pampers, bottles, and the best item was my car! Transportation for me and my baby was a blessing.” Valerie Johnson, Linda's Care Coordinator, provided the helping hand to support and guide her through one of the most difficult times in her life. Utilizing programs established by Brevard's Healthy Start combined with referrals to a network of social service agencies, Valerie helped Linda back on track, giving hope back to this new mother. “(Healthy Start's) generosity and kindness toward me and my baby showed me that there are still genuinely good people in this world.” Linda and her baby Anthony now have a healthy start at their new life.

*Names have been changed to protect the family's privacy.

Broward Healthy Start Coalition, Inc.



SERVICE AREA: Broward County is the second most populous county in Florida and continues to grow. Data from 2004 indicates Broward County's population to be over 1.71 million. Broward County has a seasonal population that increases by approximately 98,600 persons during the winter months (November to March). The county also has a great number of undocumented immigrants.

Healthy Start in Broward County provides care coordination and enhanced services including: prenatal and parenting support (PPS), psychosocial counseling, nutritional counseling, and smoking cessation. Unique to Broward County, PPS services are a combination of breastfeeding education and support, childbirth education, and parenting education. The participant receives these services, in a coordinated fashion, producing incredible birth outcomes and prolonged breastfeeding. In addition, the Broward Healthy Start Coalition is also providing interconceptional counseling to those women in Broward County who have experienced a loss and are no longer eligible for Healthy Start. We are also screening all pregnant women and new mothers for maternal depression.



NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 126. Representing: child advocates, Maternal and Child Health service providers, Broward County school district, Broward County Children's Services Council, and local universities.



ADDITIONAL FUNDS LEVERAGED BY COALITION: \$25,347.00

NUMBER OF VOLUNTEER HOURS DONATED TO THE COALITION: 1,204 hours

VALUE OF IN-KIND CONTRIBUTIONS: \$378,569 (which includes matching funding contributed by Healthy Start provider agencies)



LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES:

■ **Cooking Classes:** Poor nutrition and obesity contribute to infant mortality. The Fetal and Infant Mortality Review (FIMR) community action group proposed cooking classes held monthly for women of child-bearing age and creating cookbooks to assist women with their daily eating habits. The cookbooks were also translated in different languages and meals altered for different cultures such as Haitian and Hispanic.

■ **Maternal Depression Forum:** The Maternal Depression Task Force identified the need to educate people in our community on maternal depression. In September 2003, all of the Healthy Start provider staff was trained on postpartum depression (PPD). The coalition added four questions to the initial contact criteria to identify women at-risk of having PPD. If women are identified at-risk, they can now be further assessed using the Postpartum Depression Screening Scale.

■ **Interconceptional Care:** A curriculum for interconceptional care was identified and implemented by the coalition in February 2004. All of the Healthy Start care coordinators were trained to use the curriculum and are now providing services to increase the mother's health between pregnancies.



SPECIAL POPULATION STRATEGIES OR ACTIVITIES:

■ Providers of prenatal care in Broward County presented information on how a client can obtain services to both the North and South Broward Hospital districts. Discussions were held regarding access to care for undocumented persons and those disqualified for presumptive eligibility services from Medicaid.

■ Several meetings were held with the North Broward Hospital district, Memorial Healthcare Services, and the federally-qualified health center to become more educated on how our participants can access medical care. These agencies presented at the interconceptional counseling training and again at our Quality Assurance (QA)/Quality Improvement (QI) task

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CONTACT: BROWARD HEALTHY START COALITION, INC.

DONNA HENDERSON, DIRECTOR; 915 MIDDLE RIVER DR., SUITE 120; FT. LAUDERDALE, FL 33304

(954)563-7583 EXT. 216; HSTART@BRHPC.ORG OR VISIT: WWW.BROWARDHEALTHYSTART.COM



force meeting to educate our provider staff on how to assist the participants in accessing services.

GREATEST UNMET NEED: Access to prenatal care for pregnant women who are immigrants and have no insurance or other means of payment.



Success Story

The problems associated with teen pregnancies are many, and this story illustrates why teen outreach is a vital part of the Healthy Start Program.

Wanda faced many of the risks associated with teens, but with the help of the Healthy Start Program and other community providers, and her burgeoning faith, she was able to overcome these challenges and become a part of the very program that helped her.

Wanda came from a supportive family, but had gone through some trauma. Her father was terminally ill and died at an early age from a long illness. Although Wanda had her mother, an older brother, and her twin brother, the loss of her father left a gaping hole in her life.

Wanda became pregnant at the age of 15. Like so many teens, being pregnant at such a young age was very stressful. She was involved with an older man, and her family did not approve of this relationship. Their disapproval led to isolation from her family. This isolation created additional stress on an already existing abusive relationship. During this time, Wanda focused her strength, began a new job, and earned her GED.

At 19, Wanda became pregnant with her second child. The abusive relationship was escalating, and the abuse began to threaten her children. Wanda realized that she could not continue, and she could not make this relationship work. Due in part to the support of her Healthy Start care coordinator and Women in Distress, Wanda was able to make a break from the control and violence. This decision was difficult as she was pursued by the abuser. Wanda eventually was reunited with her family and was able to evade the abuser.

Wanda is now working with teens in the Healthy Start Program. Based upon her experience and success, she is able to give hope and support to young women in similar situations. She is attending college with the hope of becoming a nurse and continues to credit the faith that has worked in her life. She and her two children are thriving, and enjoy a home that is consumed with the cycle of love.

Additional Comments from other Clients

“I breastfed my daughter for one year with the help of the Healthy Start teacher. She supported me through it all.”

“I’m still breastfeeding my daughter because of the Healthy Start breastfeeding education and help I got after I had her.”

“Healthy Start is helping me be a good parent and make the right decisions for Deondre.”

“I had a lot of problems with Women, Infants, and Children (WIC); Medicaid; and everything. The Healthy Start people helped me straighten everything out and I love the classes they have at school.”

Chipola Healthy Start, Inc.



SERVICE AREA: Chipola Healthy Start serves the rural Florida Panhandle counties of Calhoun, Holmes, Jackson, Liberty, and Washington. Jackson County serves the medical needs of the coalition area and is host to the only hospital that provides secondary services, including obstetrics. All high-risk obstetrics are transferred to the Regional Perinatal Intensive Care Center located 160 miles west of Jackson Hospital. According to 2000 census data, the population of all counties combined is approximately 106,330; encompassing approximately 3370 square miles. Chipola Healthy Start's service area has an average of 20 percent of the population below poverty level. The total minority resident population is currently at 22 percent. There are 6,004 children under the age of 5 and women of childbearing years (15–44) comprise 18 percent of the region's population. According to Florida Charts, the Chipola Healthy Start service area experienced an infant death rate of 6.28 percent for 2003–2004; however, the low birth weight rates were substantially higher at 9.8 percent. Currently, the region suffers from a high teen pregnancy rate along with smoking rates that are three times greater than the state rate. Chipola Healthy Start has recently collaborated with the Family Services Center/TAPP to reduce repeat teen pregnancy rates.



LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: The coalition continues to implement the Fetal and Infant Mortality Project, and identified obesity and pre-pregnancy and pregnancy-related illnesses as priority areas of concern to address. Additionally, Chipola Healthy Start collaborates with Healthy Families and offers birthing classes from care coordinators.



SPECIAL POPULATION STRATEGIES OR ACTIVITIES: Closing the Gap—Save The Babies Project is carrying out peer support groups and employee outreach workers in each targeted African-American community to address racial disparity in birth outcomes and engage aggressive case finding. Currently, the project has 123 active participants enrolled. Thus far, the project has experienced 73 pregnancies, 62 positive birth outcomes, seven low birth weight (LBW)/very low birth weight (VLBW), and one fetal demise.



GREATEST UNMET NEED: Our maternal and child healthcare system is hampered by the region's poverty, the high cost of health insurance, the large number of uninsured and underinsured, the lack of coordinated care, and out-migration of commercially-insured patients to hospitals in larger towns. There are only three prenatal providers: two board-certified obstetrician/gynecologists, and one general M.D., who refers after 24 weeks. Chipola Healthy Start has only one hospital offering obstetric services in the five-county area. Most commercially-insured women leave their home county to access care in neighboring counties or states.

BOARD MEMBERS:

Becky Bailey, Judy Corbus, Cyndi Jackson, Rachel Tolliver, Carolyn West, Cheryl Fitzgerald, Patsy Justice, Josephine Robinson, and Joyce Wales

CONTACT: CHIPOLA HEALTHY START, INC.

JANET SPINK; 4349 LAFAYETTE STREET; BUILDING TWO; MARIANNA, FL 32446

(850) 482-1236; PAHN_JSPINK@EARTHLINK.NET



Becky's Story

Hi, I'm Becky and I am a mother of four. My children's ages are 9, 7, 4, and 1 1/2, and I live in Calhoun County. I am a stay-at-home mom, and now excited to say, a Healthy Start board member representing Calhoun and Liberty Counties. I discovered Healthy Start when I was having trouble trying to quit smoking. Peggy Howland, my Care Coordinator for Healthy Start, was right by my side with the help I needed. I was also interested in breastfeeding, but was not informed enough to make the right decisions. Ms. Peggy took me under her wing. I was not only able to quit smoking, but breastfed my son, Jacob, until he was 9 months old. I became a huge advocate for Healthy Start in Calhoun and Liberty Counties and went on to become certified to teach childbirth classes. I smoked with my first three children, quitting with my last child resulted in a 9 pound, 4 ounce bouncing, baby boy. Breastfeeding Jacob was a pleasure and ultimately he is a beautiful, happy, and very healthy youngster.

Becky has since enrolled in nursing school at Chipola Jr. College, FSU Branch. She expects to graduate sometime in late 2006.



Charlotte County Healthy Start Coalition, Inc.



SERVICE AREA: Charlotte County, which has the oldest population of any county in the nation, was identified as “the job hot spot for college grads” in the July 2004 issue of The Kiplinger Letter. The county’s 2004 population is reported to be 156,325 and is estimated to reach 175,504 by 2010. The number of women of childbearing age (15 to 44) is estimated to increase by 6.1 percent over the same period (from 19,984 to 21,202). Women residing in Charlotte County gave birth to 1,047 infants in 2003. Healthy Start services were provided to 394 women and 185 infants, and MomCare’s Maternity Care Advisor provided services to 989 new and existing clients during the 2003–2004 fiscal year. Approximately one-fourth of Charlotte County’s pregnant women smoke. Preterm births and low birth weight (less than 5? pounds) are associated with prenatal smoking. Almost 8 percent of the infants born in 2003 to women residing in Charlotte County weighed less than 5.5 pounds.



ADDITIONAL FUNDS LEVERAGED BY COALITION: \$34,458.00

VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: \$42,119.29

NUMBER OF VOLUNTEER HOURS DONATED TO THE COALITION: 565.90 hours

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 89 members, representing 65 organizations.



LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: Funding was secured from Southwest Florida Community Foundation to initiate a smoking cessation program for Healthy Start clients and household members. The net proceeds from a fundraiser held in May 2004 will also be used for the smoking cessation program. In June 2004, the coalition hosted a Department of Health Regional Prenatal Smoking Cessation Program based on the Make Yours a Fresh Start Family model.



SPECIAL POPULATION STRATEGIES OR ACTIVITIES: The coalition’s New Mom’s Tote Bag Project provides information to pregnant women registering for delivery at Bon Secours—St. Joseph Hospital (the county’s only delivery facility) on a wide variety of prenatal and infant care topics including preterm labor, sudden infant death syndrome, breastfeeding, immunizations, and the adverse effects of prenatal and environmental smoking.



GREATEST UNMET NEED: (1) Lack of dental care services for Medicaid clients: presently no dentists in Charlotte County accept Medicaid. Prenatal periodontitis has been linked to the risk of premature and low weight births. (2) Curtailment of physicians offering prenatal care services: presently there are only two obstetrical care practices accepting new Medicaid clients, down from five in 2001.

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Ryan-Raisch

CONTACT: CHARLOTTE COUNTY HEALTHY START COALITION, INC.

NANCY KRAUS, EXECUTIVE DIRECTOR; 17940 TOLEDO BLADE BOULEVARD, UNIT A; PORT CHARLOTTE, FL 33948

(941) 764-9700; HEALTHYSTARTDSL@EARTHLINK.NET





Success Stories

Quotes from our Care Coordination Client Satisfaction Surveys

“I’ve been treated with the utmost respect, even in the beginning when I felt I needed no help, being I’ve been a mother five times.”

“I’m especially grateful for the parenting classes! They have not only made me a better person, they’ve made me a better mother.”

Regarding Family Support Plans—“It’s a great opportunity...to get your ducks in a row, and you can get in contact with other organizations.”

“Healthy Start has helped me out a lot with my decision making in the future.”

“Throughout the home visits, our representative was very helpful and courteous. We appreciate all their help.”

“I believe these services are very helpful and glad I could receive them.”

“Healthy Start is a great program and is very helpful.”

“It’s a good program that helps me in the situations I’m in.”

Healthy Start Coalition of Southwest Florida, Inc.



SERVICE AREA: The coalition serves Collier, Glades, Hendry, and Lee counties. The region is diverse, ranging from upscale coastal communities to rural farming areas in the middle of the state. There are approximately 827,000 residents in the region. We face the unique challenge of trying to maintain access to medical care for a large population of uninsured migrant and undocumented residents.



NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 48.
Representing: government, private business, education, medical, political, private citizens, social services organizations, as well as consumers of services.



ADDITIONAL FUNDS LEVERAGED BY COALITION: \$309,248



VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: \$1,103,809.00



NUMBER OF VOLUNTEER HOURS DONATED TO THE COALITION: 950 hours



LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: The coalition received March of Dimes funding to conduct FIMR projects. As fiscal agent for the Lee County Healthy Kids Program, we also received funding from the United Way and the Lee County Commissioners for the needed local match.



SPECIAL POPULATION STRATEGIES: A Florida Department of Health Closing the Gap grant funds the Opening Doors Project where 27 partnering programs conduct door-to-door outreach in high-risk, rural neighborhoods to assist residents in accessing care. The coalition also received a vitamin settlement grant from the Florida State Attorney General's Office that helped pay for prenatal care for the uninsured and diabetes nutrition education and testing strips.



GREATEST UNMET NEED: Resources/funding for prenatal care for the uninsured: last fiscal year we ran out of money approximately eight months early for most of our providers. We helped more than 4,300 uninsured, pregnant women receive prenatal care in the 2003–2004 fiscal year.

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Randi Rosete; Laura Stacell; Ken
Shoriak; Monica Steve; James O.
Taylor; Linda Weber; and Judith
Yevick

CONTACT INFORMATION: HEALTHY START COALITION OF SOUTHWEST FLORIDA, INC.

CATHY CORTEZ, EXECUTIVE DIRECTOR; 1922 VICTORIA AVENUE, SUITE B; FORT MYERS, FL 33901

(239) 344-4931; CATHY@HEALTHYSTARTSWFL.COM



Central Healthy Start, Inc.

SERVICE AREA: Citrus, Hernando, Lake, and Sumter counties are primarily rural areas, resulting in transportation and access concerns. There is a large migrant population ineligible for Medicaid in Lake County.

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: As of June 30, 2004, there were 38 members of the coalition, 13–20 members are selected to serve on the board of directors. The members represent the following:

- Healthcare providers: Citrus, Hernando, Lake, and Sumter County Health Departments, Thomas Langley Medical Center, two pregnancy centers, Springhill Regional, Citrus Memorial, Leesburg Regional Medical Center, South Lake Hospital, and Florida Waterman Hospital.
- Mental health agencies: Camelot Community Care, Lifestream Behavioral Health Center, and Harbor Behavioral Health Care
- Local government: Hernando County Commission
- Education: SEDNET and Pregnant Teen Education Program
- Department of Children and Families
- Health Advocacy Groups: Kiwanis and KidCare
- Social service organizations: Healthy Families
- Business: Tenth Month Birth Network and Jackson-Hewitt Tax Service

ADDITIONAL FUNDS LEVERAGED BY COALITION: \$0

VOLUNTEER HOURS AND IN-KIND AMOUNTS: 199.25 hours; \$5,977.50

VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: \$31,561.79

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: Hernando County received funding to be a federal community health clinic.

SPECIAL POPULATION STRATEGIES OR ACTIVITIES: The coalition participated on FIMR committees in Citrus, Lake, and Sumter counties. Coalition staff received BASINET training offered by the Department of Health. A representative from Kid's Central spoke at a coalition community meeting about changes occurring within the Department of Children and Families.

GREATEST UNMET NEED: Additional funding to provide prenatal care to the increasing migrant and non-citizen population who are not eligible for Medicaid.



EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS:

Pam Moore, R.N., President; Vice-president of Nursing, Citrus Memorial Hospital

Charles Lloyd, Vice-president; Retired attorney; Kiwanis

Judy Everett, Secretary; SEDNET

Jean Rags, Treasurer; Social services, Hernando County Board of County Commissioners

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CONTACT: CENTRAL HEALTHY START, INC.

WENDY REED, EXECUTIVE DIRECTOR; 18 NORTHWEST 33RD COURT; GAINESVILLE, FL 32607

(352) 955-2264; WREED@NCFHPC.ORG



Healthy Start Coalition of Miami-Dade, Inc.



SERVICE AREA: Miami-Dade County continues to be the most highly populated county in Florida, with over 2.3 million residents and more than 32,000 live births in 2003. Miami-Dade County's population is racially and ethnically diverse. According to the 2000 US Census, there were 465,772 Non-Hispanic whites, constituting 20.7 percent of the population, and 427,140 non-Hispanic blacks, comprising 19 percent of the population. Miami-Dade County is also home to the largest concentration of Hispanics in the state. There were 1,291,737 Hispanics living in Miami-Dade County, representing 57.3 percent of the population.



ADDITIONAL FUNDS LEVERAGED BY COALITION: \$287,000

VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: \$11,365

NUMBER OF VOLUNTEER HOURS DONATED TO THE COALITION: 378 hours

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED (AGENCIES AND INDIVIDUALS): The HSCMD current membership consists of approximately 80 general members such as consumers of maternal and child health services, migrant and community health centers, local hospitals, birthing centers and other providers of maternal child health services, local medical societies, local health planning organizations, local maternal and infant health advocacy interest groups, county and municipal governments, social service organizations, local education communities, and community organizations that represent or serve the target population.



LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: This year the Coalition undertook numerous initiatives that have proved successful in increasing our visibility in the community we serve, the number of pregnant women and infants we serve, and our professional capacity and that of our providers.

■ In November 2004, the Healthy Start Coalition of Miami-Dade secured a grant award to implement and administer a project aimed at increasing prenatal screening rates in Miami-Dade County. This award provides funding for provider liaisons, who visit doctors' offices throughout Miami-Dade County distributing promotional and educational materials for both the providers' office staff and patients, provide each provider with individual current screening rates and progress, and monitor monthly screening progress in Miami-Dade County. The coalition sponsored a booth and actively participated in the March of Dimes Walk America activity in Miami-Dade earlier this year. A team comprised of coalition and providers' staff and family members took part in this important fundraising event.

■ In December 2004 the coalition held its annual meeting and sponsored an educational conference on "Stress and Pregnancy" with a nationally recognized speaker on this topic. Over 125 professional and program staff and community members attended this annual meeting.

■ One of our most successful activities this year has been a zip code specific media campaign targeting African-American women in the Liberty City area of Miami-Dade County. Jointly funded with the United Way Success By 6, HSCMD utilizes billboards, bus shelter ads, newspaper ads, magazine ads, educational materials, and radio announcements to reach our high-risk and African-American population.

■ The Healthy Start Coalition of Miami-Dade partnered with the Broward Healthy Start Coalition on a radio announcement targeting a primarily African-American audience to encourage pregnant women to request a Healthy Start screen form their healthcare providers. The potential audience for this campaign averaged 500,000 listeners. The coalition also conducted a 'Diaper Drop' campaign to collect diaper donations at various events and venues

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Paul Hunt, President; Community Activist

Grace Laskis, Vice-President; Community Action Agency Head Start—Early Head Start

Elliot Stern, Treasurer; Williams Stern & Associates

Kalenthia Nunnally-Feldman, Secretary; Teen Pregnancy Prevention Center

CONTACT: HEALTHY START COALITION OF MIAMI-DADE, INC.

MANUEL E. FERMIN, EXECUTIVE DIRECTOR; 701 SW 27TH AVENUE, SUITE 1401; MIAMI, FL 33153



in Miami-Dade County. These diapers were then donated to various community-based organizations providing direct services to women and children in need of diapers to ensure continued work and educational participation.



Success Story

As a grantee, we continuously provide the United Way with success stories from our Liberty City Outreach Initiative Partners, such as the following:

“A Healthy Start Outreach Worker met *Charlene, a pregnant mother and her spouse who both share the gene that causes sickle cell. They already have one child with sickle cell, and are in and out of the hospital a lot. They did not want another child to go through this, so they were depressed, and considering aborting this pregnancy. After talking with them, and getting them signed up for Healthy Start, they received a case manager and some of the benefits that Healthy Start offers. They now have a new look at this pregnancy; it seems to me that they just needed some support.”

“While performing outreach activities I came into contact with *Denise, a young pregnant woman in her twenties that is attending Job Corp along with the father of her unborn child. During her screening she shared with me that she would really like to seek counseling for the both of them, because he is verbally, mentally, and physically abusive to her, which in turn is causing an unbearable amount of stress for her. During my follow-up she informed me that someone from Healthy Start did come out to see her, and signed her up for counseling sessions. They are working on getting the father into the sessions as well. Denise stated that she was happy that she joined the program, and is feeling a lot better.”

Desoto County Health Department



SERVICE AREA: Desoto County is a rural area with a population of approximately 32,209 people. Twenty-eight percent are at or below the poverty level, 74.5 percent are white, 24.6 percent are Hispanic (during the harvesting season this population may double), and 13.1 percent are black. Lack of public transportation services is an on-going local challenge.



ADVISORY GROUPS THAT THE COUNTY HEALTH DEPARTMENT WORKS WITH INCLUDE: School Readiness Coalitions, hospitals, OB/GYN physicians, pediatricians, school health advisory committees, community traffic safety team, catholic charities, and the Breath of Life Pregnancy Crisis Center. The Healthy Start and Healthy Families Desoto programs have consolidated many common functions to prevent service duplication.



CONTACT: DESOTO COUNTY HEALTH DEPARTMENT

HEALTHY START/HEALTHY FAMILIES DESOTO; 34 BALDWIN AVENUE; ARCADIA, FL 34266

(863) 993-4601, EXT. 145



Escambia County Healthy Start Coalition, Inc.

SERVICE AREA: Escambia County is located in the panhandle of Florida, bordering Alabama to the north and west. The county's population is about 300,000, with 16 percent black population. Pensacola is the county's major city. Much of the northern part of the county is rural. Escambia is the poorest county in Florida. In the year 2000, more than 22.4 percent of the more than 4,000 births to women residing in Escambia County were born at less than 37 weeks gestation; 75.5 percent of the 49 infant deaths were premature births.

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED 140 members, with at least 58 organizations represented.

ADDITIONAL FUNDS LEVERAGED BY COALITION: Over \$50,000 in leveraged funds have come into Escambia County maternal and infant health programs as a direct result of our work.

VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: Over \$100,000.00. Escambia County residents are exceptionally generous with their time and effort to help decrease infant mortality.

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: In order to truly solve the problems of maternal and infant health, it is necessary to have a clear picture of the problems affecting infant and maternal health in a specific county. For the first time, the Escambia County Healthy Start Coalition has been able to perform a complete analysis of all its linked data and has pinpointed the exact areas of critical concern. The coalition can now put full energy into resolving these issues that continue to plague Escambia County's significant infant mortality. The coalition has always benefited from the data collected in the FIMR committee and its other frequency data, but the addition of data analysis has been instrumental in targeting our limited resources.

The Escambia County Healthy Start Coalition has enjoyed its Second Annual Physicians' Symposium on Maternal and Infant Health in Escambia County. Pediatricians, obstetricians, neonatologists, and infant intensive care physicians joined the FSU residency program and the midwives for a presentation on the statistically relevant data on maternal health and infant death in Escambia County. A problem solving session with all physicians interacting together has lent a hand to the service delivery plan development.

The physicians were stunned to see Escambia County's black infant death data for the past seven years, which showed a decrease from 26 deaths per 1,000 live births in 2001 to nine deaths per 1,000 live births in 2003. The program was an eye opener for all involved. The Escambia County Healthy Start Coalition had developed the Mentoring Moms program along with the other initiatives to significantly decrease incidents of black infant mortality.

The Escambia County Healthy Start Coalition is most proud of its development of the idea of mentoring. The executive director developed the idea of an inner city program for black mothers. After researching the problems of infant death by zip code, we found that the bulk of our infant deaths and most certainly our black infant deaths were located in three zip codes. The executive director developed the "Mentoring Moms" program with a token economy for incentives that was shared with the Escambia County Health Department and the Governor's Front Porch. A Closing the Gap grant was submitted and awarded to the Escambia County Health Department. Fifty professional black women who are mothers were recruited and paired up with young black women who were at risk for poor birth outcomes and resided in 32501 zip code. The mentors share their wisdom and experience to help ensure young pregnant women go to physician appointments and have a support system. The young pregnant women are provided with an important incentive through the "Baby Bucks"

→ *continued next page*



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Donna Bennett, M.D., FACOG, Emeritus; OB/GYN Practitioner

Lamar Dunn, RN, BSN, Emeritus; Executive Community Nursing Director, Escambia County Health Department

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CONTACT: ESCAMBIA COUNTY HEALTHY START

DEBORAH TROCKI, EXECUTIVE DIRECTOR; 5625 DIXIE DRIVE, SUITE 3; PENSACOLA, FL 32503

(850) 474-5333; HEALTHYSTART17@AOL.COM





program. Each time the mentee meets a milestone of attending appropriate physician appointments, trainings, and meeting with her mentor, she earns Baby Bucks points. These points are spent on items from our Baby Buck catalog, such as baby clothes, diapers, baby wipes, toys and other baby items.

Since the destruction of Hurricane Ivan in Escambia County, the 3-year-old “Beds for Babies” program has been well utilized. Many of our young families lost their homes and everything in them from this disaster. “Beds for Babies” provides beds for infants and connects the mother and family with services from the Healthy Start Program. Since 2001, the program has collected over \$45,000 and provided over 350 cribs. The 2004 and 2005 hurricane season has devastated our HUD housing and furnishings. The waiting list for beds now exceeds 100. The Beds for Babies program has no overhead or administrative expenses for the coalition. The coalition employees generously donate their time and car expenses to assist the program.

Our special relationship with the Pensacola News Journal has helped to get the word out about Healthy Start services in Escambia County. We produce two inserts per year in collaboration with our community partners who help cover the cost by placing ads and articles. The newspaper’s circulation of 100,000 helps to assure safe sleeping and other areas of major concern are addressed.



SPECIAL POPULATION STRATEGIES OR ACTIVITIES: As mentioned previously, “Mentoring Moms” and “Beds for Babies” are ongoing programs. The coalition is concentrating its efforts to specifically address racial disparities in birth outcomes and preterm labor. We are seeing increases in multiple births and preterm labor from the many cases of in vitro fertilization. Additionally, we have found that high blood pressure and infections negatively affect our birth rates in Escambia County.



GREATEST UNMET NEED: While our infant mortality rate is still too high, as are the rates of low weight births and preterm births, our greatest need is still to achieve our vision of universal Healthy Start screening for all pregnant women and their babies. It is our belief that Healthy Start screening can inform risk appropriate care and services which will, in turn, lead to healthier birth outcomes. We are continuing to focus on this major need.

Article in the Pensacola News Journal, Nov. 7, 2004

Safe Sleeping

“One of the most beautiful pictures in the world is a mother holding her sleeping child. Visualize the Madonna with the infant Jesus, your wife holding your child, or your daughter-in-law holding your new grandchild. The picture belies the dangers of how fragile life can be.

Newborns need a safe place to sleep, a place to be while the parent deals with other tasks and a secure place away from wandering pets or children. During stressful periods, such as hurricane recovery, parents rely on others for help. New parents and other caretakers must learn the correct method for putting a child to sleep: on his back in an area that is safe from risk.

Many parents are unaware that a sofa, an adult bed or co-sleeping with another child may be dangerous to a newborn. It is heartbreaking to speak with mothers who lost children in this way. When the loss is easily preventable, it is heart-wrenching.

In August 2001, the Escambia County Healthy Start Coalition Inc. began its Beds for Babies program after learning that eight Escambia County infants died by asphyxiation (suffocation) in the course of one year. The intent of the program was to provide cribs to babies who are at risk for suffocation due to the lack of resources. Since Hurricane Ivan swept through our community in September, our need has grown significantly. The Beds for Babies program has more than 100 families on the waiting list for a crib. Many Escambia County moms have lost all they had.

The Beds for Babies program provides cribs through the Healthy Start program, Children’s Medical Services, the Navy Hospital, the Mentoring Moms program and the MomCare program. Support for Beds for Babies is solely based on donations, and all donations go directly to purchase bedding.”

Be a Hero for Healthy Start

In the wake of Hurricane Ivan, the Healthy Start Coalition sent out a call for help, and the call was answered from near and far.

The Reverend, Tommy Sparks, with his wife Cathy and their 11-month-old granddaughter Lydia, delivered a truckload of diapers, clothes, and other baby supplies donated by the congregations of Bethany Baptist Church in Spartanburg, S.C., and Tucapau Baptist Church in Startex, S.C. A couple from New Hampshire, Jennifer and Phil Dubois, donated \$10,000 to the Beds for Babies program, which took scores of families off the waiting list in one, swift stroke.

Target on Bayou Boulevard answered the call by donating \$1,000 in merchandise, including formula, diapers, baby wipes, and more.

“It’s a great cause, and we were glad to be able to help out,” said Pam Meiners, human-resources manager for the store.

Healthy Start Coalition of Flagler and Volusia Counties, Inc.



SERVICE AREA: Flagler and Volusia counties lie along the east coast of Florida, approximately 60 miles northeast of Orlando. The residents of Flagler and Volusia counties account for 3.1 percent of Florida's total population. According to the 2000 Census, approximately 493,175 residents live in the service area. The racial/ethnic composition of the coalition's service area is 86.7 percent white, 9.1 percent African American and 4.3 percent other races. Approximately 5.9 percent of the population in the two counties identify themselves as Hispanic.



NUMBER OF COALITION MEMBERS AND ORGANIZATIONS REPRESENTED: 457. Representing: business; city, county, and state government; clergy; education; human/social services; medical; political; private citizens; and service clubs.



ADDITIONAL FUNDS LEVERAGED BY COALITION: \$947,934.00

VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: \$ 247,216.00. Shared Resource Model: Healthy Start, Healthy Families, and School Readiness. In Volusia and Flagler counties, the two major state initiatives aimed at reducing infant mortality, child abuse and neglect, and improving child developmental outcomes are Healthy Start and Healthy Families. They have been integrated to create a seamless system of care for pregnant women, infants, young children and their families. Under the leadership of the coalition, the Healthy Start and Healthy Families programs are implemented in a manner that maximizes funding and eliminates duplication of services. Additionally, the MomCare program, a Medicaid-funded program, is also part of the Healthy Start system of care. Since 2001, the Healthy Start Coalition of Flagler and Volusia counties has served as the administrative and fiscal agent for the Volusia County School Readiness Coalition.

The major goals for these programs are to ensure that:

- Children are born healthy and stay healthy;
- Children are afforded a preschool experience that will prepare them to be ready to learn upon entering kindergarten; and
- Parents, as a child's first and most impactful teacher, are integrally involved in assuring their child's health, well-being, and optimal development.



LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: Our two largest areas of concern are the accuracy and consistency of service coding and low screening rates (both prenatal and postnatal). The coding issue was addressed in several ways and errors have been reduced. The Volusia County Health Department recently received a 2004 Davis Productivity Award for implementation of this process.

To improve screening rates, MomCare Maternity Advisors' tasks were expanded to include provider screening education and training. These advisors are in regular contact with the Medicaid prenatal care providers and can develop more effective, ongoing communications with the providers. These advisors continue to be in regular telephone communication with targeted medical providers and conduct on-site trainings at medical provider offices. Additionally, the Prenatal Backpack Project gives backpacks filled with educational information and goodies for mom and baby for simply agreeing to fill out the screen.

The Healthy Start board has partnered with the Volusia County Health Department's local Healthy Volusia 2010 initiative. Representatives of the hospitals, service providers, college and university schools of nursing, United Way, and Healthy Start have set annual objectives and solutions to increase prenatal and postnatal screening rates.

SIDS Risk Reduction: A SIDS Community Awareness Plan was drafted from

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Linda Merrell, Vice Chairman; Child Advocate

Suzanne Konchan, Treasurer

Laurie Giner, Secretary

Charles Wayne Properties

Clare Watson, Past President; First United Methodist Church of Ormond Beach

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CONTACT: HEALTHY START COALITION OF FLAGLER AND VOLUSIA COUNTIES, INC.

LIZE KALASHIAN, EXECUTIVE DIRECTOR; 135 EXECUTIVE CIRCLE; SUITE 101; DAYTONA, FL 32114

(386) 252-4277; FAX (386) 252-4270; LIZE.KALASHIAN@HEALTHYSTARTFV.ORG



recommendations of the FIMR case review team. The plan is to implement a “Beds for Babies” campaign. A web-cast training was well attended and received very favorable ratings from Healthy Start and Healthy Families provider staff, as well as other community agencies that serve the target population.

DESCRIPTION OF THE GREATEST UNMET NEEDS: Mental health services, translation services, and dentists who take Medicaid.



Success Story

Matthew John, 10-22-03

Hi Carmen,

I just wanted to thank you and MomCare for your great support during my pregnancy. I’m also very thankful to you for your encouraging words when I was losing so much weight instead of gaining during the pregnancy. I only hope that other pregnant moms utilize this wonderful service.

Thank you all,

Desiree

P.S. Matthew John weighed 10 lbs and was 21 inches (full term).



Gadsden County Health Department



SERVICE AREA: The Gadsden County Health Department is located in the city of Quincy, population 46,928 (Public Health Indicator Report, 2004). Gadsden County is a rural, sparsely populated, mostly agricultural county in the northern region of the state. The majority of Gadsden's residents are African-American (26,843 or 57.20 percent; Public Health Indicator Report). The majority of the population are employed in low-pay positions in retail, agriculture, services, and manufacturing. The percentage of the total population living below poverty level in 2000 was 19.9 percent. At 28.4 percent, Gadsden County has a high rate of poverty among children younger than 18 years of age. The percentage of civilian labor force that was unemployed was 7.6 percent. There were 70.7 percent of residents greater than age 25 without a high school diploma. All of these indicators exceed the state rates. Almost 10 percent of residences have no telephone, and 20 percent have no personal transportation. Therefore, arranging and accessing health care can be an insurmountable problem for Gadsden's most needy citizens.

Even though the county has initiated numerous efforts to improve the health, education, and social status of the county, there are no easy solutions to transforming multiple social systems and cultural norms.

The infant mortality rate has been 17.0, 12.8, and 8.5 infant deaths per 1000 births for the years 2000, 2001, and 2002 respectively. Though the rates consistently exceed statewide rates, there continues to be a gradual decrease in our infant mortality rate. The Gadsden County Health Department is the only prenatal care provider in the county for those that are eligible for Medicaid or are self-paying, and most women travel outside the county to Tallahassee (30-90 minutes away). African-American women tend to enter prenatal care later than other pregnant women in Gadsden County.

There are no delivery facilities in the county and women are transported to Tallahassee to give birth. Medicaid, MediPass, or a Medicaid HMO pays for almost two-thirds of all births of Gadsden County residents.

The county has initiated numerous efforts to improve the health, education, and social status of the citizens. The health department has been allocated additional funds to enhance services provided through Healthy Start case management/care coordination. The grant was awarded to FSU's Center for Health Equity. Targeting approximately 600 African-American women of childbearing age, their children, and their families, the overall purpose is to reduce racial disparity in perinatal health and decrease poor birth outcomes.



LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: Healthy Families, Early Head Start, Gadsden Woman to Woman (Center for Health Equity), public library (Born-to-Read), law enforcement, Gadsden Public Agency for Children, Teen Pregnancy Prevention Coalition, FSU's Center for Prevention (Depression Grant), and local churches. Additionally, we have worked closely with the Department of Health's Office of Infant, Maternal and Reproductive Health to execute the Healthy Start contract.

Some of the special initiatives or projects carried out at the health department include the addition of childbirth education classes, which are taught by a health department nurse practitioner, screening of pregnant and postpartum women for depression through a grant provided by FSU's Center for Prevention, and the provision of SOBRA/MomCare counseling that is provided by our presumptive eligibility for pregnant women (PEPW) interviewing clerk.

The Gadsden County Health Department targets all high-risk women of childbearing age, but especially African-Americans. Often those at highest risk are unemployed, uninsured, have obtained less than high school education, and are not married.



GREATEST UNMET NEED: Access to prenatal care and delivery services, transportation services, poverty, and the overall lack of available community resources.

CONTACT: MARGARET AWAD, R.N.; DIRECTOR OF NURSING; GADSDEN COUNTY HEALTH DEPARTMENT

P.O. BOX 1000; QUINCY, FL 32353

(850) 875-7200 EXT 341; FAX (850) 875-7210; MARGARET_AWAD@DOH.STATE.FL.US



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

SERVICE AREA: The coalition serves a tri-county area that encompasses 3,541 square miles. Each county is unique in population, ethnicity, and healthcare providers. Hardee County has a population of nearly 27,600 residents comprised of 70.7 percent white, 8.3 percent black or African-American, and 21 percent other races. The Hispanic population almost doubles the population of the county during agriculture season (October through May) and creates a 65 percent turnover rate for students in the schools. Highlands County has a population of slightly more than 91,000 residents, 83.5 percent white, 9.3 percent black or African-American, and 7.2 percent other races. Polk County is a partially urban and partially rural county and is the largest in geographical area of the tri-county region. Polk County has a population of slightly less than 510,000 residents, 79.6 percent white, 13.5 percent black or African-American, and 6.9 percent other races.

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 664. Representing: 298 organizations. Representing: consumers, migrant/community health centers, hospitals, physicians, maternal/infant health advocacy groups, county government, social service agencies, school board, private industry, medical society, religious organizations, and the homeless coalition.

ADDITIONAL FUNDS LEVERAGED BY COALITION: \$76,452.00

VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: \$81,375.00

NUMBER OF VOLUNTEER HOURS DONATED TO THE COALITION: 3,231

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: In Hardee County, a Community Action Group was developed to specifically address maternal and child health issues in that community. In May, the first Women's Wellness Day health fair was held at the Hardee County Health Department to promote women's health issues.

The coalition and the Highlands County Health Department collaborated on a "Breastfeeding Friendly Business" initiative this year. The project involved contacting local businesses and asking them to commit to providing a private location for breastfeeding at their place of business. A brochure was developed listing these breastfeeding friendly businesses to share with the community. A list of supportive services available to providers and breastfeeding mothers was also developed. The coalition partnered with Florida Hospital Heartland in Sebring to provide a free seminar on breastfeeding by Joan Meek, M.D. from the Orlando campus of the FSU College of Medicine.

The Polk County Health Department has made tremendous efforts to reduce waiting times to access prenatal care. This includes continuous recruitment of bilingual staff, coordinating intake paper work to decrease length of visit and waiting times, moving other services to alternative locations to focus on prenatal clients, hiring of additional staff, and seeking funding for a new facility in Haines City.

The Healthy Start Coalition received a grant from the March of Dimes to provide a two-day training on "Centering Pregnancy: A Model of Group Prenatal Care" in June 2005. Nearly 40 prenatal providers attended the training, which was provided by the founder and executive director of the Centering Pregnancy and Parenting Association, Sharon Schindler Rising, MSN, CNM, FACNM and Mickey Gilmor, CNM, Emory University. All three county health departments, as well as local private practice providers, are working on plans to implement Centering Pregnancy within their clinics.

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CONTACT: HEALTHY START COALITION OF HARDEE, HIGHLANDS, AND POLK COUNTIES, INC.

MARY JO PLEWS, L.C.S.W., EXECUTIVE DIRECTOR; 301 3RD ST. NW, SUITE 200; WINTER HAVEN FL 33881

(863) 297-3043; MPLEWS@HEALTHYSTARTHHP.ORG





SPECIAL POPULATION STRATEGIES OR ACTIVITIES: The coalition area was devastated by three hurricanes directly hitting the area over a six week period. While the long range impact is yet to be understood, the initial impact was well documented: loss of life, lack of power and communication systems, loss of housing, and unsafe and unsanitary living conditions. Soon to follow was loss of employment, devastation to the major farm industries in the areas, homelessness, and reactions to increased stressors including increased domestic violence, substance abuse, and unstable living situations. The early impact on maternal and child health appears to be the following: an increase in births, including teen births; an increase in preterm and low birthweight babies that may lead to an increase in fetal and infant deaths; increased substance abuse among pregnant women, and subsequent increase in substance exposed newborns; and increased number of women needing assistance, including Medicaid insurance. Clearly, the maternal and child health indicators the coalition monitors and attempts to influence will be impacted by these three disasters. Coalition and Healthy Start staff, as well as the community at large, quickly responded to these needs and fully participated in recovery efforts.

The Highlands County Health Department, Healthy Start Team received a grant from the March of Dimes to target two groups for education: teenagers and Hispanics. The teenage groups will be called M.A.M.A. (Moms And More Association). They will be made available to pregnant teens and parenting teens. They will provide basic prenatal information, parenting information, interconceptional education, as well as emotional support. The Hispanic education classes will follow the Comenzando Bien Curriculum as well as supplemental educational information. The two groups will be offered throughout the community at locations and times that are convenient for the participants. Each participant who completes the eight sessions will receive many giveaways, including a free car seat. Collaborating with the coalition and the March of Dimes, the Polk County Health Department co-sponsored a preterm birth training with Karla Damus, Ph.D. from Albert Einstein University. Preterm labor warning signs and symptoms posters, SIDS, MomCare, and Back-to-Sleep brochures are regularly distributed to providers.



GREATEST UNMET NEEDS: The greatest unmet needs in the Hardee, Highlands, and Polk counties area include the following. There are more pregnant women than providers to serve them, making first entry into prenatal care difficult. Undocumented clients are unfunded and not eligible for many assistance programs. Language barriers create a necessity for Spanish-speaking employees to be used as interpreters. Public transportation services are inconsistent throughout Polk County and non-existent in Hardee and Highlands County. Medicaid transportation is restricted to “medical necessity.” Uninsured pregnant women with diabetes have difficulty affording testing strips and needed ultrasounds. There is a need for more residential drug treatment programs for pregnant women and women with infants. Adequate and affordable housing is an increasing need.



Success Stories

In Hardee County, a pregnant single mother of four was referred to Healthy Start. She was living in supported housing, was unemployed, and on house arrest. She also was experiencing severe depression.

The Healthy Start Care Coordinator arranged for psychosocial counseling through the Healthy Start program. Staff worked with the mother to keep all prenatal appointments as well as a pediatrician and immunizations for the baby, once born. Shortly after Christmas, her healthy baby girl was born. The mother was provided services to address postpartum depression symptoms. As the mom worked with Healthy Start to resolve some of her issues, she was released early from probation, dismissed from house arrest, and she and all her children were in good health. This client reports that without the services and support from Healthy Start, she fears she would have broken probation, gone to jail, and lost her children. She credits Healthy Start with improving her life and the lives of her five children.

While providing services in the community, a Polk County Healthy Start staff person approached a pregnant woman and discovered she was not receiving any prenatal care. The woman, who only spoke Spanish, stated she could not afford to go to a clinic. Healthy Start staff arranged for a prenatal appointment, as well WIC services. Through intervention and information provided by Healthy Start, the father of the baby came to understand the importance of prenatal care and became more interested in the client's and his future baby's welfare. The family received education on folic acid, newborn care, breastfeeding, family planning, domestic violence and community resources. Before the family moved to obtain ongoing farm work, Healthy Start worked with her to ensure she continued with prenatal services. The client even referred other pregnant women to Healthy Start and educated them about the importance and availability of prenatal care.

The Highlands County Healthy Start office received a prenatal screen for a 16-year-old that had been “kicked out” of her adoptive home and was living with the father of her unborn child. Both of these parents-to-be were employed, and the mother wanted to complete her high school education. Healthy Start staff worked with the parents, providing parenting and breastfeeding education and other supportive services. The mother also participated in the teen mom groups. The baby was a boy, and was born healthy at nearly 9 pounds. After four weeks of homebound school services, the mom returned to school and enrolled her son in the Teen Parent Day Care. This allowed her to breastfeed the baby. She also utilized the parenting skills she was taught. The support provided by Healthy Start enabled her to graduate early from high school and maintain her relationship with the father of the baby.

During her second trimester, she was transferred to the high-risk clinic for gestational diabetes. The high-risk clinic contacted Healthy Start for interpreting services when needed. This mother was compliant with her medications and Healthy Start classes.

Mom delivered a healthy baby boy weighing 7 lb., 10 oz. by C-section. Although she is no longer in Healthy Start, she keeps in touch with the family support worker and often brings the baby to the clinic as a reminder of her success.

The Highlands County Healthy Start office received a prenatal screen for a Hispanic woman scoring only 1 on the screen, but reported being sexually abused by her spouse.

The care coordinator completed the Initial Contact during a WIC appointment and confirmed the sexual abuse. The client confirmed her desire for her and her toddler to leave the spouse. After many hours of working with this woman to develop a safety plan and researching safe housing, this client left with local law enforcement, and was transported to a local Safe House. This mother spoke no English, so to diminish her feelings of isolation the resource mother visited her daily, including weekends.

After only one week, the Safe House informed Healthy Start that because this woman was undocumented, she was ineligible for financial services, and they could no longer house her. The client stated that she had a sister in another state where she could safely live if she could get there. The care coordinator and resource mother then began the tedious search for financial aid to purchase airfare. It was determined that the most direct flight would be best since neither mother nor toddler spoke English. Healthy Start staff met with the local Children's Services Council who agreed to reimburse for two one-way, non-stop airfare tickets. Tickets were purchased, family members contacted, and mother and child were transported safely.

Since her relocation, the client has obtained quality prenatal care and WIC services. This mother is very grateful for the assistance and credits the Healthy Start Program and staff for her safety and successful pregnancy.

Healthy Start Coalition of Hillsborough County, Inc.



SERVICE AREA: Hillsborough County is located on the central west coast of Florida. The county is 1,051 square miles, composed of both urban and rural areas. There were almost one million residents of the county according to the 2000 Census. Of the total population, 75 percent of residents were white, 15 percent were black, with the rest being a combination of American Indian, Asian, or Native Hawaiian and other Pacific Islander. When considering ethnicity, 18 percent of the population was Hispanic. There were 13 percent of the households headed by females with no husband present. There were 14 percent of all residents and 22 percent of children (less than 18 years old) that lived below the poverty level. The median income for all households was \$32,877. There were 15,294 resident births in 2003. In total, Healthy Start served 43 percent or 6,548 pregnant women and infants during the previous year.



NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 65 voting members from the 736 general members of the coalition. Represented agencies are: social service agencies, hospitals, businesses, religious organizations, migrant organizations, health insurance companies, education, government, community health centers, physicians, attorneys, health department, and foundations.



ADDITIONAL FUNDS LEVERAGED BY COALITION: \$4,220,439

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES:

■ Linkages with Healthy Start were improved with the partnership with the Targeted Outreach to Pregnant Women At-Risk, a program to link pregnant women in jail with Healthy Start services upon their release; work with the Family Support and Resource Centers to outpost Healthy Start staff at these sites to conduct outreach and provide services; work with Alpha House (residential placement for pregnant women); and the Spring (domestic violence services).

■ The Zero Exposure Project screens all pregnant women for alcohol and substance use during pregnancy. The Drug Abuse Coordinating Council secured \$250,000 in funding to hire three substance abuse specialists to work with women who screen positive to engage them and help them access treatment services. We are looking at protocols on screening and testing newborns for illegal substances, and if it is possible to develop a uniform protocol for the county.

■ Through the Family Support and Resource Centers, outreaching for immunizations started. The Child Advocacy Center at St. Joseph's Hospital provides them free of charge.

■ Healthy Start and Healthy Families staff were asked to participate in weekly case conferences by Hillsborough Kids, Inc. (a community-based care provider for foster care) to determine cases that could be served by community agencies instead of the foster care system.

■ We reconvened our Fetal and Infant Mortality Review (FIMR) project and began case reviews in January. From January-April we reviewed all the homicide, SIDS, and suffocation deaths from 2002–2003. In May, the committee began reviewing 2004 deaths due to prematurity.

■ The Family Assessment Workers at area hospitals began completing the Healthy Start Infant Screen as well as the Healthy Families screen and assessment. In addition, the community liaisons began visiting prenatal healthcare providers biweekly to monthly to increase the prenatal screening rate. Large practices are provided with preprinted screens that have the provider information already on the screen. They are given collateral materials for Healthy Start, Healthy Families, the Family Support and Resource Centers, Safe Haven, and the Family Planning Waiver.

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CONTACT: HEALTHY START COALITION OF HILLSBOROUGH, INC.

3902 HENDERSON BOULEVARD, SUITE 205; TAMPA, FL 33629

(813) 233-2800; WWW.HEALTHYSTARTCOALITION.ORG



SPECIAL POPULATION STRATEGIES OR ACTIVITIES:

■ The Beds4Babies campaign was started as a result of FIMR reviews of SIDS and suffocation deaths. This campaign raises funds to provide cribs for women who have no safe place for their infant to sleep. Women are identified at the hospital and referred to Healthy Start for a home assessment and delivery of a crib.

■ The Healthy Pregnancy class was developed to provide information to women before conception or early in their pregnancy regarding healthy behaviors and lifestyles in order to have a healthy baby.

■ Incorporate mortality prevention messages based on information obtained from FIMR, PPOR and the PAMR reviews into the YMCA's ABC Program, a program contracted to provide breastfeeding, parenting, and childbirth education.

■ An Unfunded Prenatal Care Work Group was started to look at the issue of unfunded prenatal care, a growing concern in the community.

All these projects address racial disparities, prenatal care, preterm labor, and SIDS.

GREATEST UNMET NEEDS: Long-term mental healthcare services, affordable and safe housing, affordable and safe childcare, job training, employment that provides a livable wage, and funding for prenatal care services.



Indian River County Healthy Start Coalition, Inc.



SERVICE AREA: Indian River County was formed in 1925, with Vero Beach being the county seat. Indian River County is centrally located on Florida's east coast, covering 503.25 square miles. The county is 14.3 feet above sea level and has 23 miles of Atlantic Ocean beaches. According to the 2000 census data, the population of Indian River County was 112,947 residents. Indian River County is the 33rd largest county out of 67 in Florida. Indian River County has seen substantial growth, with the population almost doubling since 1980. The 2001 population estimate for the county was 116,488, which represents an increase of 3.1 percent growth.

The 2003 infant mortality rate three-year aggregate (2001–2003 average) was 5.02 infant deaths per 1,000 live births, which is the lowest three-year aggregate in the recorded history of Indian River County.



NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 60.

Representing: not-for-profits and government agencies; private-for-profit; social service clubs; retired and/or community volunteers; and church affiliations.



ADDITIONAL FUNDS LEVERAGED BY COALITION: \$128,179.00



VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: \$191,792.00



NUMBER OF VOLUNTEER HOURS DONATED TO THE COALITION: 531.25 hours



LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: In continuing to meet the needs of Spanish-only-speaking pregnant women and families, the coalition has continued to fund a bilingual outreach coordinator position. This position works with pregnant women who speak only Spanish as well as conducts the Healthy Start postnatal screens at our only birthing hospital. The bilingual outreach coordinator, whose position was initiated by the coalition in April 2002, and partially funded by the March of Dimes, and is now part of the Indian River County Healthy Start care coordination team, has not only helped decrease barriers for Spanish-only-speaking women receiving maternal and child health services, but also is solely responsible for improving the Healthy Start prenatal screening rate from 41.61 percent in 2001–2002 to 95.11 percent in 2003–2004.



SPECIAL POPULATION STRATEGIES OR ACTIVITIES: The coalition has kicked off a shaken baby syndrome awareness prevention campaign that focused on radio spots, with a concentration of radio spots on the urban, African-American radio station listeners, as well as the station that targets younger aged listeners.



GREATEST UNMET NEED: 1) Teen pregnancy and repeat teen pregnancy outreach, and 2) smoking cessation among white population of pregnant women and mothers.

CONTACT: INDIAN RIVER COUNTY HEALTHY START COALITION, INC.

MARY SILVA, INTERIM EXECUTIVE DIRECTOR; 1603 10TH AVENUE; VERO BEACH, FL 32960

(772) 563-9118; IRCHSC@AOL.COM





Success Story

Vero Beach Press Journal, Monday, March 29, 2004

Bilingual Coordinator Works to Make Sure Newborns have the Chance at a Healthy Start By James Kirley

INDIAN RIVER COUNTY Ebony Adrianna, 5 weeks old and swaddled in pink, awakes from her afternoon nap and gets her mother's attention.

It's a new world for both of them, since Ebony is Lasonja's first-born. The 24-year-old Wabasso resident said she already knows something about children from helping mom and dad raise her younger sister and brother.

But when Judy Welsh visited her maternity room at Indian River Memorial Hospital offering assistance from the county's Healthy Start Coalition, Lasonja accepted.

"If you need someone, they're there to call on," Lasonja said.

Welsh offers help in both English and Spanish. As bilingual outreach coordinator with the Indian River County Health Department, she tries to screen every new mother at Indian River Memorial Hospital to find if they are needy.

Such questions can be touchy. "You feel how you're going to establish something in common and go from there," Welsh said. "You don't start with problems."

Her efforts, funded in part through a March of Dimes grant, have increased the number of new mothers willing to answer questions aimed at identifying babies who are at risk for problems.

Before Welsh arrived, language was a problem. Registered nurse Linda Burt, manager of Women's Health Care at IRMH, estimated that 30 percent of women giving birth at the hospital do not speak English.

Enjoys Her New Job

Welsh, a mother of two grown sons, spent her first career as a loan and collections officer. But she wanted to use her Spanish language skills. "I'd been in the financial world 26 years and I wanted a job helping people," she said. "People with money don't need that much help."

Welsh searched the Internet for bilingual work. The Healthy Start job was interesting enough to have her drive from Melbourne to Vero Beach every working day.

Welsh learned Spanish growing up in the Panama Canal Zone. People from all over the world lived and worked near the canal.

Her new job also puts her in touch with different traditions.

"I know each individual culture," Welsh said, "because I was born in the Panama Canal Zone with all these people of different backgrounds and different cultures."

Welsh has no training in health and medicine. But sometimes clients don't have transportation and need a driver.

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Welsh recalled a mother of twins. One's birth weight was too low to go home with its sibling.

"She was only 19 and all alone," she said.

Welsh drives to work at IRMH every morning, so she stopped along the way to pick up the mother to breast-feed the infant.

Another single mother from Vero Beach, also with no car and no family, needed to take her baby to a West Palm Beach hospital for treatments. The only available appointments were at 9 a.m. Welsh climbed behind the wheel in Melbourne at 5:30 a.m. and drove the family down and back.

It was time well invested.

"She's a great mom," Welsh said, "and now she's happily married."

"I treat my clients just like I treat my own family," she said. "I guide them."

And her family has noticed a difference since she began working for Healthy Start.

"My 22-year-old son told me, "I can tell you're so happy, just looking at your face—no frustration."

Looking for Risks

The process of screening new mothers looks at the infant's birth weight. It also tries to identify mothers younger than 18, their level of education, marital status, alcohol and tobacco use during pregnancy, lack of prenatal care, and other factors.

Doctors and nurses also are asked to report postpartum depression or whether they suspect an abusive situation may be waiting at home.

"Of course, the person has to consent," said Scott Joseph, executive director of Indian River County Healthy Start Coalition. "It's purely voluntary."

Welsh is an employee of the county health department, which is contracted by Healthy Start to perform the work.

Families who need help are referred to the coalition's programs, which can do everything from teaching infant care to making sure babies are well-fed. A grant from the John's Island Foundation buys cribs, Joseph said, while the Junior League of Indian River donates clothing, feeding bottles, and other items.

Joseph is pleased with the success Welsh has in getting new mothers to talk; during 2002, before she was hired, about 45 percent consented to be screened, placing Indian River County second to last among Florida's 67 counties.

Welsh started work last April and her efforts during the last nine months of 2003 boosted the screening rate to almost 84 percent for the entire year. That raised Indian River County's rating up to 16th out of 67 Florida counties.

During Welsh's first six months on the job, 94 percent of new mothers agreed to screening.

"Probably somewhere in the neighborhood of 20 percent screen out, who need the program," Joseph said.

Burt said 60 percent of women giving birth at IRMH qualify for Medicaid, medical assistance for those with low incomes and resources.

"But Healthy Start is based on need," Joseph said, "not income."

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

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

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 318. 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, and local medical societies.

ADDITIONAL FUNDS LEVERAGED BY COALITION: \$201,630.00

IN-KIND VOLUNTEER HOURS: 1,291

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES:

- **Group Prenatal Care Program:** This is 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.

SPECIAL POPULATION STRATEGIES OR ACTIVITIES: 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 also applied to extend funding for the Group Prenatal Care Program for Jefferson and Madison counties.

GREATEST UNMET NEED:

- Readily-accessible prenatal care and delivery facilities
- Mental health and substance abuse services for pregnant women and their children
- Transportation to health care and social services



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CONTACT: HEALTHY START COALITION OF JEFFERSON, MADISON, AND TAYLOR COUNTIES, INC.

GEORGE HINCHLIFFE, EXECUTIVE DIRECTOR; P.O. BOX 568; GREENVILLE, FL 32331

(850) 948-2741; HINCHLIFFE@EARTHLINK.NET



Capital Area Healthy Start Coalition, Inc.



SERVICE AREA: Leon and Wakulla counties. Leon County has been a long time leader in early entry into prenatal care. The county has struggled with racial disparity in infant deaths; however, that disparity has decreased from 72 percent of all infant deaths in black families in 2000 to 45 percent in 2003. Wakulla County, a bedroom community of Leon, continues its rapid growth. Teen pregnancy and smoking are issues in this area, but teen pregnancies have reduced from 16 in 2000 to 12 in 2003 as a result of work in establishing after school activities and education.



ADDITIONAL FUNDS LEVERAGED BY COALITION: \$523,522.45



NUMBER OF VOLUNTEER HOURS DONATED: 756



VALUE OF IN-KIND CONTRIBUTIONS: \$112,437.27



NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 102 members representing 85 organizations and consumers. The kinds of organizations/persons in membership include: non-profits, legal and accounting firms, businesses, churches, medical and prenatal care professionals, hospitals, universities, county health departments, and social service agencies.



DESCRIPTION OF SPECIAL GRANT-FUNDED INITIATIVES: The new Smart Start School Readiness Program, funded by the John S. and James L. Knight Foundation, focuses on families living in Tallahassee's two school districts that have the lowest family incomes. Smart Start is a holistic, hands-on program that works to improve parenting skills, provides literacy education for the whole family, and nutrition education. The program's mission is to create a healthy family environment in which young children can thrive and families can prepare their preschoolers to succeed in school.

The Capital Area Diaper Drop is a collaborative diaper collection and distribution project created to help ease the extreme economic stress felt by many of our families. Food stamps may not be used to purchase diapers. Daycare facilities do not accept cloth diapers and many of our families do not have a washer and dryer. The campaign's goal is to prevent families from choosing between an ample supply of diapers for their infants and other basic needs. The Diaper Drop is providing diapers to 20 local agencies and churches for distribution to local families; 500,000 diapers have been donated since the fall of 2003.



GREATEST UNMET NEED: Dental care for pregnant women for improved birth outcomes. Transportation to assure prenatal care is obtained. Healthy Start name recognition to promote acceptance in the program by "ALL WOMEN." Inclusion of fathers in the Healthy Start program.

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MEMBERS-AT-LARGE:

Jane Marks, Diana Cureton, and Benson Green



Success Story At the recent Walk-To-Remember event sponsored by the Capital Area Healthy Start Coalition, numerous people relayed their gratitude to Healthy Start staff for the support they have received through difficult births and/or infants' losses. One young lady explained that she and her mother were at the event to support those families with losses. She further stated that her mother had lost a son 30 years before and they still missed him. The young lady had received services through Healthy Start when she was pregnant. She was on bed rest and received daily visits or calls from staff who answered questions, assured she had everything she and her family required, and in general relieved stress for the entire family. The family has a healthy 3-year-old that is attributed to the support received through Healthy Start.



Healthy Start Coalition of Manatee County, Inc.

SERVICE AREA: Manatee County is located on the southwest coast of Florida. Encompassing 747 square miles, Manatee County is bordered on the north by Hillsborough and Pinellas counties, and on the east by Desoto, Hardee, and Polk counties. Inland, the county is largely rural with an agricultural economy. According to the 2000 U.S. Census, there were 264,002 persons residing in Manatee County. Six municipalities are located in the urban part of the county. The two largest cities, Bradenton, and Palmetto are located in the western portion of the county, along the Manatee River. The four other municipalities are barrier islands and include Anna Maria, Bradenton Beach, Holmes Beach, and Longboat Key.

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 152.

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

ADDITIONAL FUNDS LEVERAGED BY COALITION: \$56,800

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES:

Local initiatives include Hispanic Outreach programs that include sewing classes, mother/peer support groups, outreach support worker training, summer arts program, and intergenerational programs. The coalition has also secured the continuation of a special grant to assemble prematurity kits for distribution through physician offices and prenatal clinics and also received a new grant to develop a 16-hour breastfeeding education training program for community health workers that includes conducting presentations for pregnant and lactating women.

SPECIAL POPULATION STRATEGIES OR ACTIVITIES: The coalition, through a competitive invitation to negotiate, selected a provider for African-American Outreach. Manatee County data reflects poorer outcomes for African-American women in low birth weight, fetal mortality, and infant mortality. In addition, the coalition produced SIDS door hangers and stickers regarding “Back to Sleep” instructions that were distributed to support groups, physicians, social service agencies, and attendees at health fairs.

GREATEST UNMET NEED:

- Consumer education regarding the importance of early entry into prenatal care;
- Culturally-competent prenatal and support services to reduce the number of low birth weight babies, infant mortality, high rates of teen pregnancy, repeat teen pregnancies, single parenting, and low level of literacy among African-American women;
- Effective referral protocols to reliable mental health resources to address stress, depression, and other psycho-social issues among pregnant and postpartum women.

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CONTACT: HEALTHY START COALITION OF MANATEE COUNTY, INC.

FREDERICK LEONARD, EXECUTIVE DIRECTOR; 410-43RD STREET WEST, SUITE G; BRADENTON, FL 34209

(941) 708-6111, SC 516-6700; FRED_LEONARD@HEALTHYSTARTMANATEE.ORG



In the picture from left to right front row:
Lorena and Anthony, Maribel H., Joel,
Maribel M. and Angie, Marisol, Vicente
and Elaine.

Back row: Pat R., Teresa and Diana,
Patricia and Pat, Rocio and Jade, Alejandra
and Joel, Maria and Miguel, Alejandra and
Judith.



Success Story

Quilts of Love

Here are nine successful graduates of the Comenzando Bien prenatal education program funded by the March of Dimes. Their connection with Healthy Start Manatee did not stop once they accomplished healthy pregnancies and delivered healthy babies.

They continue to meet weekly and have become part of one of the Mom's Clubs of the Hispanic/Latino Outreach Program of Healthy Start Manatee with their new additions of love. They also play an important role in mentoring other pregnant women who feel just like they once did: alone and with no support.

Together, under the caring support of Volunteer, Pat Royer, and the mentoring of their Peer Outreach Workers, Marisol and Lourdes, they learned to sew clothing for their children, make drapes, dresses for themselves, oven mittens, knit sweaters and blankets, and also make quilts. After hurricane Charley hit our neighbors in Arcadia and Wauchula, the moms began to make quilts for other moms who were victims of the hurricane and delivered them to Catholic Charities. Each quilt contains a piece of their own resilience, their solidarity with those who suffer, and their desire to be well and at peace.

Martin County Healthy Start Coalition, Inc.

SERVICE AREA: Martin County is on Florida's east coast, 40 miles north of West Palm Beach. The population as of 2000 was 126,731 residents, with 19 percent under the age of 17 and 29 percent aged 65 or older. Although 90 percent of the population is white, only 65 percent of the births are to white families. The remaining births are primarily to residents who are black or who have immigrated to this country from Mexico or Guatemala, many as undocumented/unfunded residents.

ADDITIONAL FUNDS LEVERAGED BY THE COALITION: \$224,278

NUMBER OF VOLUNTEER HOURS DONATED TO THE COALITION: 647

VALUE OF IN-KIND CONTRIBUTIONS: \$47,912

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 89 members. Representing: 60 agencies including: maternal/child health providers, businesses, civic groups, legislators, government agencies, the school district, attorneys, and not-for-profit organizations that fund/provide services to related populations.

DESCRIPTIONS OF SPECIAL GRANT-FUNDED INITIATIVES: The coalition's leveraged funds went for the following initiatives:

- The Prenatal Care for the Uninsured Program is funded by six local partners. Prenatal clinical care, labor and delivery management, and postpartum care were provided for 204 clients in the 2003–2004 fiscal year. Most of the women are Hispanic or Mayan and are undocumented residents.
- The Father and Child Resource Center, funded by three local agencies, works to encourage the emotional, physical, moral, and financial support of fathers to enable the healthy growth and development of their children.
- The Oral Health Care Planning grant provides funding for a needs assessment and strategic plan regarding oral health care needs of Martin County residents who are pregnant or who are children 0–18. Some funding is provided for the health department's new oral healthcare clinic for small capital purchases.
- The Bellybutton Project provides funding for an education/incentive program to encourage early and regular prenatal care, as well as providing a care coordinator to serve Healthy Start clients that are receiving care from a private physician in Martin County and will offer interconceptional care to women who have experienced a fetal or infant loss. The funding application was written in 2003–2004 and the \$92,000 program began in 2004, in addition to the funding listed above.

GREATEST UNMET NEED: Oral health care for pregnant women; nutrition counseling and support services for women expecting multiples and women who are obese (our two highest risk populations for poor birth outcomes); campaign to encourage early and regular entry into prenatal care.

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CONTACT: MARTIN COUNTY HEALTHY START COALITION, INC.

SARAH GOSNEY, EXECUTIVE DIRECTOR; 2026 SE OCEAN BLVD; STUART, FL 34996

(772) 463-2888; HSCGOSNEY@YAHOO.COM





Success Story

Succeeding Through Perseverance

During the summer of 2003, a Healthy Start care coordinator received a referral from a midwife with a local OB/GYN practice. The care coordinator learned from the Healthy Start screen that this mother had four children, was underweight, had problems with transportation, had less than a high school education, was a smoker, did not want this pregnancy, suffered from depression, and began prenatal care in the second trimester.

A home visit was scheduled and the care coordinator discussed these risk factors with the mother. The care coordinator learned that:

- The mother had followed the father of this baby to Florida from a northeastern state where she had lived all of her life;
- The father of her baby has his own family;
- The mother has no means of transportation except for her bicycle, but has now learned to use the Community Coach to attend all of her prenatal and WIC appointments;
- The mother has been prescribed medication for depression by her midwife and would like psychosocial counseling;
- Prenatal care began late because she thought she might have an elective abortion; and
- The mother wants and needs to work, but feels that her pregnant condition has prevented her from being hired. She worked as a certified nursing assistant in her home state.

The following actions were taken:

- The mother was referred to psychosocial counseling and is attending her sessions;
- The care coordinator helped make inquiries regarding recertification of her nurse's aide license and an application was mailed to the mother;
- The care coordinator helped her think through the options for child support for her other children; and
- The care coordinator was able to provide the mother with a bassinet and a baby blanket; and
- The mother was evicted from her apartment and St. Vincent DePaul was helping her with the rent for her new place for the next three months.

Two weeks later a baby boy was born. The mother did speak to the father of the baby but "he could not find a ride to the hospital." Neighbors visited and drove the mother and her baby home. The mother and her baby were referred to the lactation consultant at WIC for breastfeeding support. The care coordinator met with the mother and baby at her postpartum appointment, and she noted that the mother is very loving and protective of the baby who is equally responsive and thriving.

The mother has applied for and is receiving child support. She is now investigating child care and is looking for a job. Her dream is to have a car, her nurse's aide certification, and be self-sufficient. The care coordinator notes that she has great respect and admiration for this mother. Despite all the barriers and lack of support, she has met every challenge. She cried at times, but never complained. She accepted challenges, often with humor, and has succeeded through perseverance and determination.

Florida Keys Healthy Start Coalition, Inc.

SERVICE AREA: Monroe County is largely the Florida Keys and makes up an elongated chain of low-lying islands over 220 miles in length. Only about 30 of the 822 islands are inhabited. The western half of Everglades National Park and the southern tip of Big Cypress National Preserve are largely uninhabited.

Unlike most counties, there is no single county seat easily accessible to all; every service, every county function, must be accomplished in triplicate. The population of the county was 78,940 in 2003. Currently, about 30 percent of the residents live in the city of Key West. The 2000 per capita income was \$26,102. Provisional data shows that there were 699 live births in 2003. Monroe County has the highest cost of living of any county in Florida.

Tourism, retail services, commercial fishing, and government employment are the main employers. In 2000, the labor force was 43,838. The unemployment rate in 2000 was 2.0 percent. The median housing cost for Monroe County in 2000 was \$241,200, with the average household size being 2.23.

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 25.

Representing: juvenile justice, Head Start, hospitals, AHEC, Rural Health Network, Domestic Abuse Shelter, DUI programs, Children's Medical Services, Parent Resource Organization, community advocates, liaison to Florida House of Representative Ken Sorensen, Drug Court Coordinator, Healthy Families, Housing Authority, OB/GYN doctors and midwives, registered nurses, police departments, Early Intervention Program, Easter Seals, Child Find Specialist, School Readiness Program, Wesley House Family Services, Women's Health Care, Department of Children, and Families, and the county health department.

ADDITIONAL FUNDS LEVERAGED BY COALITION: \$18,000.00

VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: \$38,000.00

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: In an effort to create a continuum of care for early prevention services, the position of screening facilitator was created and will address both the needs of the screening requirements for the Healthy Start and Healthy Families programs. Also, the coalition is working closely with other community social services providers in order to apply for Early Head Start funding that will assist with many of the uninsured and underinsured families in Monroe County.

SPECIAL POPULATION STRATEGIES OR ACTIVITIES: The coalition and others have been actively pursuing the formation of a free clinic in the Upper Keys. Emphasis on the KidCare Program is part of the initiative to bring about a nonprofit group that will help residents access affordable health insurance.

GREATEST UNMET NEED: Health services for the influx of undocumented citizens from Eastern Europe and Latin America to the Florida Keys is a great unmet need. These uninsured residents are not eligible for government subsidy and have very little resources to pay for prenatal care. The free clinic, founded by a member of the coalition, may help the county to assist with these populations. However, the numbers of undocumented citizens doubles every year.

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CONTACT: FLORIDA KEYS HEALTHY START COALITION, INC.

MICHAEL PHILIP, EXECUTIVE DIRECTOR; 1100 SIMONTON STREET; KEY WEST, FL 33040

(305) 293-8474; MICHAEL_PHILIPS@DOH.STATE.FL.US





Success Stories

This fiscal year showed a significant increase in the Healthy Start prenatal screening rates in the county as the rates increased by 12 percent. The coalition was able to raise over \$13,000.00 for the Florida Keys Second Annual Infant and Toddler Expo. The Expo was the main outreach event for the coalition to create awareness of available Healthy Start services and for all other services that are present in the community that assist mothers and families with small children. The proceeds from the Expo were all earmarked to the Healthy Babies Fund, which assists uninsured and underinsured families to access clinical prenatal care.

Another accomplishment was filling all the vacancies in the coalition membership. Now, the Florida Keys Healthy Start Coalition membership represents a wide array of social services who are most involved in the outcomes of maternal and child health and the overall well-being of our community.

Now, the Florida Keys Healthy Start Coalition membership represents a wide array of social services who are most involved in the outcomes of maternal and child health and the overall well-being of our community.

Healthy Start Coalition of Okaloosa and Walton Counties, Inc.

SERVICE AREA: In Okaloosa County, the projected population in 2004 is 183,571, a 7 percent increase over 2000. There has been little change in the overall makeup of the county, with one exception. The fastest growing segment of the population continues to be the Hispanic population. Between 1991 and 1999, the Hispanic population increased approximately 46 percent, from 5,274 to 7,690. The African-American population has remained stable for the past five years at 9.9 percent of the total population. While Okaloosa County encompasses a relatively large land area, its population is clustered in the south, along the Gulf of Mexico and in the north-central region. Separating the two areas is Eglin Air Force Base.

In Walton County, the population has increased 11 percent from 43,270 to 48,646, according to data provided. Of these, 91 percent are white, 6.5 percent black, and 2 percent are classified as Non-white or Other. North Walton County is largely rural and economically depressed. In the past year, a major employer relocated to Alabama, adding to the problem. However, the resort area of South Walton is booming. In 1996, Hispanics made up only 1.0 percent of the population of Walton County while in 2000 Hispanics were 2.2 percent of the population.

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 50.

Representing: Main Street (community development organization), health departments, local delivery hospitals, 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 School Readiness Coalition.

ADDITIONAL FUNDS LEVERAGED BY COALITION: \$13,000

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: Prenatal care for the uninsured and Spanish language education for Healthy Start care coordinators.

SPECIAL POPULATION STRATEGIES OR ACTIVITIES: The coalition has undertaken ongoing public education programs addressing sudden infant death syndrome and access to prenatal care. We have applied for grants to address disparities in collaboration with a community center in our Front Porch Community.

GREATEST UNMET NEED: The greatest need is for prenatal care for uninsured women who do not meet criteria for Medicaid. A great many are undocumented Mexican nationals (this population has more than doubled in the last five years). While the health department provides prenatal care, the need is greater than the funding. Additionally, while the health department can provide prenatal care, the woman still must go to the emergency room for delivery. Since the babies born to these women are American citizens, it behooves us to make sure they are born healthy and stay healthy.

Another great need is dental care for pregnant women and children. There is only one Medicaid dental provider in the area. It is not cost effective for him to serve Medicaid patients exclusively.

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CONTACT: HEALTHY START COALITION OF OKALOOSA AND WALTON COUNTIES, INC.


EVIE FOX, EXECUTIVE DIRECTOR; 12 MIRACLE STRIP PARKWAY S.E.; SUITE 204; FORT WALTON BEACH, FL 32548

(850) 833-9284; EVIEFOX@AOL.COM





Success Stories




Janet Skillman I'm Janet Skillman and I've been a Healthy Start nurse at Okaloosa County Health Department (OCHD) for 10 years. No two days are ever alike, and I am always learning from my clients. I really enjoy my career in public health, especially Healthy Start. I like being a part of a prevention program to help prevent premature deliveries in women and help to promote timely development of babies, from newborn to age 3.

I was born and raised in St. Petersburg, FL and came to Northwest Florida 12 years ago with my husband. I have an A.S. degree in nursing, and a B.A. degree in Social and Behavioral Sciences. I obtained my B.A. while I was an employee of Pinellas County Health Department as I felt that people's lifestyles directly influenced their state of health, and a degree in Social and Behavioral Sciences could better help me to help my clients, many of whom are having problem pregnancies, possibly due to their lifestyle habits, such as smoking, alcohol, and drug use. Poverty, single parenthood, lack of transportation, and domestic violence also could be viewed as barriers to having a healthy pregnancy. So, when my supervisor at OCHD asked me years ago if I'd like to be a Healthy Start nurse and make home visits to pregnant women and babies, I told myself "this is right up my alley . . . a chance to spend time with each client, find out what barriers to health care they may be having, and help to resolve problems and teach them about healthy lifestyles for themselves and their babies."

I have now made hundreds of home visits to almost every nook and cranny of Okaloosa County and surrounding areas. I have driven down roads with potholes as big as my car and some roads that I really need to chop my way through. I usually find all my clients, one way or another. Many of them are surprised to see that I actually located them, and some want to talk a long time, as if they haven't had a visitor in months.

Clients tell me things on my home visits that they wouldn't have time to tell a nurse in a clinic setting. Therefore, problems get identified faster, and we work as a team (the client and I) to solve them. One client who moved to Punta Gorda with her 2-year-old continues to call me and keep me updated on her life. She is making it on her own, with the help and guidance of a Healthy Start nurse in her new community. Another client came to me recently and asked for MORE handouts about babies to read—she is trying to learn all she can about how she can help her baby be healthy and happy. This job is more fun than work!



Betty Buchanan It's a long way from Leonardtown, Maryland, where I was born and raised, to Okaloosa County, Florida, where the Air Force brought me and my husband many years ago. I graduated from nursing school in 1967. Nursing has been the perfect career choice for me because it has allowed me to work in a job that I love and gave me the flexibility to be a very active and devoted mother to my two daughters.

I have worked at the Okaloosa County Health Department since 1978, but I have been a Healthy Start Care Coordinator since the program began in 1991. This has been rewarding, since I work with infants and their mothers in their homes, to help in any way I can. It is a good feeling when you can make a difference in the lives of struggling families. One of my first successes was working with a single mother, her newborn, and her toddler. When she came to Healthy Start, she was living in one room of a "crack house." By networking with local community partners, I was able to help her move into a one-bedroom apartment and out of the harmful environment she and her children were in.

Over the years, many infants come to mind – some who were not gaining weight well, some who just needed referral to the services the community offered – but all were given a better chance in life because of Healthy Start.

Okeechobee County Family Health/Healthy Start Coalition, Inc.

SERVICE AREA: Okeechobee County is 774 square miles, located in south central Florida, on the northern edge of Lake Okeechobee. The most recent population estimate (2003) is 37,236. Persons under the age of 18 total 25 percent of the population. The racial makeup of the county is 90 percent white, 8 percent black, and 2 percent other. Nearly 19 percent of the population is Hispanic regardless of race. The racial make up of births statistically follows the same pattern. In 2003, there were 537 births to Okeechobee residents. In 2003, we were one of five rural counties that lead the state in the rate of teen births (43.3 per thousand for births to mothers 10–19). There is one hospital in the county and it does not perform deliveries. All pregnant women deliver in adjacent counties, which means they must travel between 40–70 miles to their obstetrician’s delivery hospital. Care for high-risk, prenatal, or infant clients is provided by RPICC in Palm Beach County or by physicians in metropolitan areas as far away as Miami, Orlando, or Tampa. This has a significant impact on families with few resources and fewer options for transportation. Economically, Okeechobee County is known for its cattle and dairy industry. Other than agriculture, there is little industry of any size. The county’s largest employer is the Okeechobee School District with 900 employees. Per capita, personal income for 2002 was \$18,818 as compared to an average of \$29,758 for the state of Florida. In Okeechobee County, 21 percent of our children (≤ age 18) are living below the poverty line.

VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: \$44,593.00

NUMBER OF VOLUNTEER HOURS DONATED TO THE COALITION: 757

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 30.

Representing: healthcare professionals, public health community, medical agencies, not-for-profit agencies, county and state government, consumers, businesses, education, law enforcement, social service agencies, and the faith-based community.

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: (1) A prenatal, uninsured voucher program is available at two local clinics for uninsured women and teenagers. (2) In cooperation with the school system, a weekly Life Skills Management class for pregnant and parenting teens in high school is taught by a licensed, clinical social worker. (3) The coalition and Teen Pregnancy Prevention Committee sponsored “AIM for the Best” abstinence education programs for 12- to 14-year-olds. (4) Healthy Start clients receive parenting classes and earn baby items from the local Pregnancy Resource Center. (5) The coalition is able to cost-effectively meet long distance transportation to specialized care located in Miami (for a very few clients) by utilizing Amtrak train service.

SPECIAL POPULATION STRATEGIES OR ACTIVITIES: (1) For women not eligible for Healthy Start, the MomCare MCA is a safety net and resource for women experiencing preterm labor. (2) shaken baby syndrome and SIDS information is given to all pregnant women in contact with MomCare and Healthy Start. (3) Although Okeechobee has not experienced an abandoned baby, we annually post information in the county about the abandoned baby law.

GREATEST UNMET NEED:

- Undocumented women who are uninsured.
- Reasonably priced transportation from Okeechobee to surrounding counties that provide maternal and infant specialized services.



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CONTACT: OKEECHOBEE COUNTY FAMILY HEALTH/HEALTHY START COALITION, INC.

KAY BEGIN, EXECUTIVE DIRECTOR; P.O. BOX 2560; OKEECHOBEE, FL 34974

(863) 462-5877; HSCI@OKEECHOBEE.COM



Orange County Healthy Start Coalition, Inc.



SERVICE AREA: Orange County is the most populated county in Central Florida, with nearly one million people, covering more than a thousand square miles. We have almost 15,000 live births a year. Over 30,000 new residents move here annually. Unfortunately, there are over 200,000 residents with no health insurance, the highest per capita percentage of uninsured in the nation, and this poses our biggest challenge to maternal and child health outcomes.



NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 140. Representing: health centers, AHEC, DCF, critical care, Children and Family Services, child care, family service centers, farm worker organizations, children's organizations and advocacy, United way, Hispanic health organizations, voter organizations, faith-based groups, medical examiners, health department, schools, hospitals, colleges and universities, attorneys, media organizations, health disparities organizations, children's home society, community activists, homeless health care, nutrition consultants, libraries, emergency personnel, government, physicians, private corporations, businesses and more.



ADDITIONAL FUNDS LEVERAGED BY COALITION: \$184,810.00

SPECIAL POPULATION STRATEGIES OR ACTIVITIES: We implemented several initiatives designed to reduce racial disparities, low birth weight and prematurity. We also work on SIDS reduction, breastfeeding and increasing access to prenatal care. The most notable is our Save Our Babies Program that started in April 2002. Analysis of data pointed to the need to increase awareness and make changes to overcome the racial disparity in birth outcomes. Through grants awarded from March of Dimes, Aetna Foundation, and Pfizer, we were able to expand this project with additional outreach workers. Improved outcomes expected are increased Healthy Start screening rates, earlier entry into prenatal care, and increased awareness of the importance of positive health practices before pregnancy. We are also hoping to lower the incidence of low birth weight babies by informing women of the signs and symptoms of preterm labor and what might make them more at-risk. The Orange County Healthy Start Coalition (OCHSC) helped form the Central Florida Partnership for Health Disparities and the executive director is on the governing committee. This group is working on improving disparities through emphasis on the Healthy People 2010 goals. They are also creating a language bank to translate medical information. The coalition works on SIDS prevention activities with Alpha Kappa Alpha, a national black sorority. Together we disseminate information, provide speakers, and sponsor a support group for parents who have experienced SIDS. These parents often become speakers on risk reduction techniques to our target populations of day care centers and grandmothers. Access to prenatal care is an ongoing issue for us. We allocated nearly \$600,000 to pay for unfunded prenatal care in Orange County and work with the PCAN (Primary Care Access Network) to expand health care for our uninsured and underinsured population. Undocumented women make up almost all of this unfunded care. They are afraid to access care for fear of being deported or losing their children and are poor, often not able to even afford a co-pay. Through our outreach, we work to assure them of their safety and promote the importance of getting prenatal care.

The OCHSC sponsored a Grand Round for obstetricians on the latest research on the prevention of preterm labor. This was funded in part by the March of Dimes. We also provide mental health counseling, nutritional counseling and breastfeeding support to clients, as needed.

We also include a flyer in the Orange County Public Schools kindergarten enrollment packet on "tips" on having a healthy baby. We felt this was valuable educational outreach to parents who likely will have more children.

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CONTACT: ORANGE COUNTY HEALTHY START COALITION, INC.

LINDA SUTHERLAND, EXECUTIVE DIRECTOR; 600 COURTLAND STREET # 565; ORLANDO, FL 32804

(407) 741-5240; OCHSC@IX.NETCOM.COM



Working with the School Readiness Coalition and the local school system, we include a flyer in their kindergarten enrollment packets on “tips” on having a healthy baby. We felt this was a valuable educational effort for parents who may have more children.

GREATEST UNMET NEEDS: The greatest overall need is enough funding to cover the costs of prenatal care for the uninsured and undocumented; these numbers continue growing in Orange County, but our funding remains constant so our pregnant women are still finding too many barriers to care. For the Healthy Start Coalition itself, there is 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 our services, where they can access prenatal care, and inform consumers about health behaviors that promote positive birth outcomes.

Success Story

This is the story of a 38-year-old mother who gave birth to a son, Shane. She entered the Orange County Healthy Start Program on 9/23/03. When asked how this program benefited her; this is how she responded.

“At the beginning, resources were made available—such as the parenting classes. I thought they were going to tell me stuff I already knew. The teacher turned out to be a ‘Life Learning’ person. She taught the importance of ‘being the best that you can be’—not just ‘how to change a diaper.’ I completed four classes.

My Healthy Start nurse always had an answer for every question I had in caring for my son. She gave me guidelines of what he should be doing and it was done in a positive way. I was encouraged to know that he was developing ‘just right.’

I also attended ‘Work Force.’ I went to an employment seminar every day for two weeks. I learned many skills, some of which included: how to interview, preparing a resume, and how to present one’s self. I completed worksheets on ‘being positive.’ We also worked on identifying strengths and weaknesses. She was a fantastic teacher.

All these factors combined helped me to feel good about myself. Everyone was so positive and everyone really seemed to care.

The Healthy Start nurse introduced me to Florida Hospital’s ‘Break the Chain’ Program. I feel privileged to have been introduced to that and to have the voucher. Because I feel better about myself, I am a better mom. It has affected my mothering of my two older children as well.”



Marie Calarco and Shane Pigg

Healthy Start Coalition of Osceola County, Inc.



SERVICE AREA: Osceola County, population 172,493 (2000 Census), is located in the center of Florida, just south of the Orlando area. Its population increased 60.1 percent between 1990 and 2000, against a state average of 23.5 percent. This makes it among the fastest growing counties in both the state and nation. The population is centered in the two major cities, Kissimmee and Saint Cloud. Some areas of Osceola are sparsely populated and fairly remote. Tourism is the county's major industry. Sales and service occupations make up almost 43 percent of the work force. The racial make up of the county is 77.2 percent white, 7.4 percent black, and 15.2 percent other. Regardless of race, Hispanics make up 29.4 percent of the county compared to 16.8 percent statewide.

Osceola residents had 3,148 births in 2003. The infant mortality rate for 2003 was 4.8 per 1,000 live births. Our successes include lowered infant mortality rates, increased rates of early entry into prenatal care, lowered teen pregnancy rates, and top Healthy Start screening rates for pregnant women and infants. Our challenges include: low birth weight rates, premature births, access to health care (lack of health insurance and large, undocumented resident population), high service industry work force, high smoking rates, high domestic violence rates, and child safety issues—especially in the areas of motor vehicle crashes and shaken baby syndrome.

NUMBER OF COALITION MEMBERS: 146

ADDITIONAL FUNDS LEVERAGED BY COALITION: \$218,949.10

VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: 15,859.00

NUMBER OF VOLUNTEER HOURS DONATED: 399

LOCAL INITIATIVES DEVELOPED AS A RESULT OF LOCAL SYSTEM OF CARE ISSUES: Healthy Start convened a workgroup with other programs who have the same target population including Healthy Families, domestic violence prevention, family planning, WIC and others. The workgroup's overall goal was to provide a continuum of care for women and infants so that resources are used efficiently and effectively while providing a system of care for these clients.

The coalition partnered with the Health Issues Task Force for establishment of a clinic in western Osceola to increase access to care. The coalition is partnering with the local RESPECT abstinence program for sexually transmitted disease awareness as a first step in teen pregnancy prevention and with two teen clinics that deliver comprehensive health services. We also partner with Community Vision for the Whole Child Program for strengthening links in system of care for ages 0-5. More information is available on our website at www.healthystartosceola.com.

GREATEST UNMET NEED: Research has shown that more outreach 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 reduce babies born with low birth weights and born prematurely by reducing risk factors.



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CONTACT: HEALTHY START COALITION OF OSCEOLA COUNTY, INC.

PATRICIA H. McWHIRTER, EXECUTIVE DIRECTOR; POST OFFICE BOX 701995; SAINT CLOUD, FL 34770

(407) 891-9199; PATTYHEALTHYSTARTOC@EARTHLINK.NET





Special delivery. Erika Santos admires her newborn, Stephanie Valentin, born Aug. 6, 2002. Dr. Barry Patel holds the baby whom doula Edda Torres (rear.left) and nurse Juana Cortes helped deliver. **ED SACKETT/ORLANDO SENTINEL**

Doulas Delivery Special Care to Mothers-To-Be

By Debbie Barr

The word doula in Greek means ‘women’s helper.’

The five working with the Osceola County doula program live up to the definition, providing emotional, physical, and educational support to expectant mothers before, during, and after delivery and to encourage parent-infant bonding.

‘Helping mothers-to-be is nothing less than a labor of love,’ program manager, Augie Rigual said.

‘What we do is so rewarding,’ Rigual said. ‘This is all about the people we serve. We are a support for women so that they feel like they are the most important people in the world.’

Housed at the Osceola County Health Department, the free program has served more than 1,000 women in Osceola since its inception in 2001. It provides: (1) Childbirth education classes for expectant moms and their partners, (2) Lessons on how to care for a baby once it arrives, (3) Labor exercises and breathing techniques in preparation for the birth, and (4) Continuous support during the birth, including massage and other non-drug pain relief during labor and delivery.

The program also offers early postpartum support, including help with breastfeeding and referrals to parenting classes and other social services such as family planning, WIC, Healthy Start, and Healthy Families Florida programs.

The doula program was born out of a partnership between the Healthy Start Coalition of Osceola County and the Osceola County Health Department. Referrals to the program come from Healthy Start and Healthy Families programs as well as other local maternity programs. Funding is provided by the Ounce of Prevention Fund of Florida and the Community Health Improvement Council.

Patty McWhirter, Director, of Healthy Start Coalition of Osceola County, said the doula program caters to women socially or medically at-risk.

→ *continued next page*

Success Story

Orlando Sentinel. Orlando, FL, June 30, 2004.
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One of the goals is to decrease the length of labor and cut down on Caesarean deliveries, use of drugs to stimulate labor and requests for epidural anesthesia. Assistance by doulas helps to make the birth experience a positive one, McWhirter said. ‘Results have shown that it’s a better bonding experience between the mom and baby,’ she said.

Rigual said the program has met with such success that the Ounce of Prevention Fund of Florida is sponsoring a program in Fort Lauderdale modeled after Osceola’s and several other programs are in the works across the state.

On average, doulas provide four prenatal education visits to women and their partners and more to those with special needs.

The doulas, which are trained and certified by the Doulas of North America, also offer the mother and partner support during labor and delivery. Unlike midwives, they are not involved in hands-on delivery of the babies and do not give medical advice. After delivery, the program allows for two postpartum visits to make sure mother, baby and any family are faring well and to link clients to other social programs if necessary. While the mother-to-be is the focus, other family members are not ignored.

‘We try to involve the partner because that’s one of our main goals—to make this a whole family affair. We support the entire family, whoever is going to be supporting her [the mother],’ Rigual said.

Women in the program come from a variety of cultural backgrounds and situations. Therefore, doulas must be sensitive to different cultures and empathetic to individual needs. They must also be available around the clock to take calls or attend a delivery.

Women in the program come from a variety of cultural backgrounds and situations. Therefore, doulas must be sensitive to different cultures and empathetic to individual needs.

About 75 percent of expectant mothers who enter the program are Hispanic. Four of the five doulas on staff are bilingual. Elizabeth Reyes, who has been with the doula program since it began three years ago, said serving as interpreter with the medical staff can reduce a mother’s anxiety.

‘They feel much better when we’re there because they feel really comfortable and protected by us,’ Reyes said.

Edda Torres, another doula, said she especially likes to assist teenage mothers because she was one.

‘You enrich your life, and you help others. I feel like I’m giving back, especially to teens,’ Torres said. ‘It’s just great to see how a doula can really make a difference in a family.’

Reyes said she and the other doulas on staff love their work and take it seriously. ‘Trust me, we give it our all,’ she said.

Also in the program are LouAnn Sokolovic, also a certified postpartum doula, and Lily Mendez, who is in the process of becoming certified by Doulas of North America. Instructors from the organization train doulas locally.

Childbirth classes in English or Spanish are available through the program at the Health Department.

Healthy Start Coalition of Palm Beach County, Inc.

SERVICE AREA: The Healthy Start Coalition of Palm Beach County offers outreach, home visiting, care coordination, and parenting support to pregnant and parenting women of childbearing age, and their children from birth to 3 years of age. While services are available in all of Palm Beach County (PBC), areas identified as high-risk for poor prenatal and infant outcomes include: The Glades, Riviera Beach, sections of West Palm Beach, Lake Worth, and Delray Beach. Pregnant women and their children who accept Healthy Start Services are also offered care coordination and wraparound services that are designed to support families in reducing risk factors.

Participants are served under the Healthy Start system, established by the coalition, and are identified through the universal Healthy Start prenatal and infant screening. Additional entry into the system includes self-referral and referral by community agencies based on factors other than score. The Palm Beach County Healthy Start service system includes a hospital liaison program that works collaboratively with the birthing hospitals to offer Healthy Start screening for newborns; 12 care coordinating agencies that provide more intensive case management and wraparound services to clients; and the Children’s Provider Network, which provides quality counseling, therapeutic, and supportive services to families.

In 2003, Palm Beach County had approximately 14, 659 births. Listed below are some of the accomplishments achieved by the Healthy Start system in working with families and children:

- Last year, slightly under 20,000 pregnant women and infants were screened for Healthy Start and received basic information and referral services.
- In 2003, 80 percent of women giving birth in Palm Beach County received prenatal care in the first trimester.

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 70.

Representing: healthcare providers, community-based organizations, community coalitions, local advocacy groups, social service organizations, local school district, county and municipal governments, immigrant community centers, and Healthy Start care providers.

ADDITIONAL FUNDS LEVERAGED: \$11,721,063

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEMS OF CARE ISSUES: Local consumer focus groups obtained feedback from consumers regarding their experience with the Healthy Start service system. The coalition is planning on utilizing this process to build an on-going channel for community feedback which can be useful in making system adjustments.

SPECIAL POPULATION STRATEGIES OR ACTIVITIES:

- **Racial disparities:** Within the maternal and child health system, there is a program that specifically seeks to address the racial disparity which exists within our service community. The Women’s Health Initiative (WHIN) program focuses on reducing infant mortality by addressing issues of racial disparity in two high-risk areas of PBC. WHIN has five core service areas: outreach, case management, health education, interconception services, and depression screening and counseling. The population focus includes women of African-American, Haitian, and other Caribbean descent, between the ages of 13–45.
- **Prenatal Care:** “An Access to Prenatal Care” study was completed in 2004, by Dr. Darius Tandon of John Hopkins University, addressing the problems with access to prenatal care for minority populations in PBC. The recommendations made to alleviate the problems will be implemented in 2005.

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CONTACT: HEALTHY START COALITION OF PALM BEACH COUNTY, INC

TANYA PALMER; PREVENTION PARTNERSHIP OF PALM BEACH COUNTY; 1919 N. FLAGLER DRIVE; WEST PALM BEACH, FL 33407

(561) 655-1010, EXT 2176; TANYA.PALMER@CSCPBC.ORG





GREATEST UNMET NEED: The greatest unmet need for the maternal and child health population in this area is access to prenatal care for immigrant/undocumented women with no medical insurance coverage.



Success Story

Mary (fictitious name), was connected to the MCH system through an outreach worker. Mary was HIV positive, in her first trimester of pregnancy, with a history of tobacco and substance abuse. Mary is also the mother of a five-year-old. Mary had not received any prenatal care and was immediately served by the Healthy Start nurses who maintained regular contact until she was linked to an agency providing more long-term, intensive services. Mary had experienced a change in her Medicaid status and needed help in identifying a different provider. Working with the nurses and care coordinator, she scheduled her first appointment. In addition, agencies within the system provided Mary with food and vouchers in order to prepare and recover from the hurricane. Since being connected to the system, she has already moved once and has provided her new address so that we can continue to serve Mary. A family support plan has been implemented, in partnership with Mary and her care coordinator, with a focus on continuing to receive prenatal care so that her baby can be born healthy. We look forward to Mary's baby joining our community—in good health and with the support in place to assist Mary and her family.

Healthy Start Coalition of Pasco County, Inc.

SERVICE AREA: Pasco County's total population of 388,906 is made up of 93.7 percent white residents and 6.3 percent non-white residents. There were approximately 4,025 births in 2003 of which 3,731 were white births and 294 were non-white births. The majority of the population is concentrated along the Gulf coast on the west side of the county. Although about 33 percent of Pasco County is rural in nature, urban development has continued to push northward from both Hillsborough and Pinellas Counties and is causing increased development throughout the county. Population centers include New Port Richey, Port Richey, Hudson, and Holiday on the west side of the county. Other population centers in Pasco County include Dade City in the northeast corner, Zephyrhills and Wesley Chapel in the southeast corner, and Land O' Lakes in the center of the county. Overall there are 745 square miles in Pasco County.

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 96. Representing: schools, OB/GYN providers, transportation services, local colleges, nurses, Department of Children and Families, Medicaid office, Healthy Families, Child Protection Team, hospitals/medical centers, medical organizations, local health department, social service agencies, Pediatric Foundation, March of Dimes, HUD housing, media, and consumers.

ADDITIONAL FUNDS LEVERAGED BY COALITION: \$3,797.00

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: The "Gentle Touch" program addresses the issue of "roll-over" deaths occurring to infants by purchasing cribs/mattresses and providing a prevention curriculum for Healthy Start clients at risk. Grants of over \$6,000.00 have been received for this initiative. In addition, the coalition has identified moms who smoke as a priority target group for new initiatives

SPECIAL POPULATION STRATEGIES OR ACTIVITIES: The coalition continues to provide dental services to pregnant women and new moms. Services are targeted to the Lacoochee area of Pasco County, which has the largest population of minority residents. In addition, the coalition provides information to the community about sudden infant death syndrome (SIDS) through outreach efforts, including distribution through the MomCare program.

GREATEST UNMET NEED: The greatest unmet needs for the maternal and child health population in Pasco County are additional resources to meet the basic needs of our families including, but not limited to, transportation, housing, food, clothing, medications, and other basic needs. Also, more interpreters are needed as the number of people who do not speak English increases.



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Success Story A Miracle Baby

Rose Luparell, MomCare Senior Maternity Care Advisor, and Jaime Brown, Maternity Care Advisor, started the day at work with a list of their pregnant Medicaid moms, who are this week's clients. Within five days they would attempt to reach each of them, make sure they were receiving prenatal care, and make them aware of services available to them. Anywhere from 30-50 moms are referred to the MomCare program each week, all with a story, a dream, and a miracle growing inside of them. → *continued next page*

From left: Ahmed Hicks, Ahmeish Janay Hicks, Ketrisha Gail Miller

CONTACT: HEALTHY START COALITION OF PASCO, INC.

JOHN F. TSCHIRHART, EXECUTIVE DIRECTOR; P.O. BOX 1527; NEW PORT RICHEY, FL 34656

(727) 376-8099; HSCPASCO@AOL.COM





When Rose spoke to Ketrisha, she was an excited, pregnant mom and expecting in March 2004. With MomCare's help, she was seeing a doctor, had appointments scheduled, and was receiving services from WIC. Rose also referred Ketrisha to Healthy Start. Through Healthy Start, they were able to help Ketrisha with dental assistance, childbirth classes, and other services.

When Rose contacted Ketrisha again in her seventh month, she learned that Ketrisha had given birth to her baby, Ahmeish, in December 2003. Ahmed, the baby's father, and Ketrisha had mixed their names together to get the name Ahmeish. The baby weighed only 1 lb., 12 oz., was on a monitor, and underwent several blood transfusions and other procedures to keep her alive. In spite of many adversities, this precious baby hung on.

Ketrisha watched patiently as her baby grew and adapted to living in the world. Ahmeish matured quickly and learned to pull the breathing tube out of her nose and breathe on her own for hours. Her dad, Ahmed, was very involved and said she would hide the breathing tube under the blankets. Ahmeish was a lucky baby, she had an amazing support team of her parents, the hospital staff, and of course her maternity care advisor and Healthy Start nurse.

Ahmeish went home after three weeks. She weighed just 5 lbs. Her Healthy Start nurse, Mary Lock, would come to visit her several times a month and provide needed support to the family. Baby Ahmeish grew stronger every day.

Since that time, Ahmeish has undergone developmental screening at the University of South Florida. With the help of her Healthy Start nurse and her Mom and Dad working with her, Ahmeish progressed quickly. Also, with the help of MomCare, Ketrisha has made sure to keep all doctor appointments that are scheduled; and Ahmeish enjoys her visits from her Healthy Start nurse.

Several months later, Rose and Jaime made a home visit to meet Ketrisha, Ahmed, and Ahmeish. The baby was 9 months old and now weighed 15 lbs. She likes to play and she is trying to walk. What a precious baby! With support from family and the community, Ketrisha is going to school to be a paralegal. In addition, Ahmed plans to go to school to be an electrician. Ketrisha has discussed baby spacing with her MomCare and Healthy Start support staff so that she can space her children and enjoy time with her miracle baby.

The family is grateful for all the help and support both MomCare and Healthy Start provided during this time. MomCare and Healthy Start wish this family all the best in life.

Healthy Start Coalition of Pinellas County, Inc.

SERVICE AREA: The community of Pinellas County is a peninsula located on the central west coast of Florida. The county is 39 miles from north to south and 16 miles from east to west, encompassing 280 square miles. There are 24 municipalities within the county and many more informal neighborhoods. The total population is approximately 921,000 and from 1990 to 2000, the population increased by 8.2 percent. It is one of the most densely populated counties in Florida, with 3,291 persons per square mile. St. Petersburg is the largest city and Clearwater is the second largest community. The service industry is the primary employer. Approximately 9,500 babies are born in Pinellas County each year (2000 Census).

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 135.
Representing: healthcare professionals, the public health community, medical agencies, not-for-profit agencies, county and state government, consumers, businesses, education, law enforcement, social service agencies, and representatives from the faith-based community.

ADDITIONAL FUNDS LEVERAGED BY COALITION: \$42,000.00. Helped support a Federal Healthy Start grant that was funded for \$1.1 million per year for four years.

VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: \$41,397.40

NUMBER OF VOLUNTEER HOURS DONATED TO THE COALITION: 777

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES:

- Provide technical support to providers to help them improve prenatal Healthy Start screening rates and birth outcomes.
- Educate women about Healthy Start screenings and available services.
- Expand office-based services by providing a Healthy Start nurse or social worker at a private physician's office to perform Healthy Start functions.
- Improve client provider relations through creating more culturally competent services and by empowering clients as advocates of their needs.
- Improve access to health care for women of childbearing age by enhancing MomCare participation with guidance to community resources.
- Promote better use of available family planning services.
- Improve nutrition through observing what nutrition-related issues impact pregnant and parenting.
- Improve linkages with existing community resources.
- Provide smoking assistance training to healthcare providers.
- Educate healthcare providers regarding contributing factors to poor birth outcomes and tools for improvement.

SPECIAL POPULATION STRATEGIES OR ACTIVITIES:

- Prematurity as it relates to maternal infections.
- Low birth weight babies as it relates to maternal infections, tobacco use and substance abuse.
- Teen pregnancy as it relates to sufficient, effective, research-validated programs to meet community needs.

GREATEST UNMET NEED: To improve the health of women before they get pregnant.



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CONTACT: HEALTHY START COALITION OF PINELLAS COUNTY, INC.

JUDI VITUCCI, EXECUTIVE DIRECTOR; 2735 WHITNEY ROAD; CLEARWATER, FL 33760

(727) 507-6330, EXT 221; JVITUCCI@HEALTHYSTARTPINELLAS.ORG



Healthy Start Coalition of Santa Rosa County



SERVICE AREA: The service area consists of Santa Rosa County, which is a diverse county of approximately 129,841 people and approximately 1,580 births a year. The north end of the county, Jay, is farmland; the center, Milton and Pace, is the main business district; and the south end, Gulf Breeze and Navarre, which is separated from the center of the county by a body of water, is mainly a tourist attraction. We have a 7.3 percent minority population, mostly concentrated in the central section of the county. Transportation is a challenge.



NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 28. Representing: consumers, school district, obstetrician, pediatrician, AHCA, health department, social service agencies, Pregnancy Resources Center, childcare agencies, Kiwanis, Early Steps (formerly DEI of Sacred Heart), midwife, and county commissioner.



NUMBER OF VOLUNTEER HOURS DONATED TO THE COALITION: 337.4



VALUE OF IN-KIND CONTRIBUTIONS: \$37,501



LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: Santa Rosa operates a Breastfeeding Task Force. The coalition also provides education concerning Healthy Start screening at the OB offices and the hospital.



SPECIAL POPULATION STRATEGIES OR ACTIVITIES: Our Healthy Start care coordinators address SIDS and shaken baby syndrome with all new parents. With the assistance of the Santa Rosa County Health Department, the Breastfeeding Task Force implemented a year-long billboard campaign promoting breastfeeding.



GREATEST UNMET NEED: Dental care and transportation.

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Success Story

Our success deals with an initiative that was started by two of our Healthy Start nurses. They formed the Santa Rosa Breastfeeding Task Force, a subcommittee of the Healthy Start coalition, and a chapter of the Escambia/Santa Rosa Breastfeeding Task Force, to increase the breastfeeding rates in this county. They meet quarterly and have managed to bring together various members of the community, including OB's, pediatricians, pharmacy owners, and consumers. They organized a Breastfeeding Walk to raise awareness and implemented a year-long billboard campaign using local breastfed children as well as moms that are breastfeeding. They have obtained a "Comfort Tent" for community functions that allows a mom to breastfeed in a comfortable setting. Sullivan's Pharmacy sponsored the tent and Pediatric Associates sponsored the chairs for inside the tent. The "Comfort Tent" made its debut during the Breastfeeding Awareness Walk in August—a welcome piece of shade and comfort on a very warm day. T-shirts were sold as part of the effort to raise awareness and raise some additional money for other materials to help promote breastfeeding. Healthy Start provided 400 breastfeeding handbooks to be used in classes and at health fairs and also secured 1,000 breastfeeding pamphlets for the same purposes. Other members have donated money to help with the t-shirt project and other promotional projects that are being planned, i.e. website and a breastfeeding-friendly businesses project. The two nurses that started the initiative presented a workshop about the development of the task force at the Sharing Solutions Conference in Orlando.

CONTACT: HEALTHY START COALITION OF SANTA ROSA COUNTY, INC.

MARTHA ZIMMERMANN, EXECUTIVE DIRECTOR; 6751 BERRYHILL STREET; MILTON, FL 32570

(850) 626-6751; ZIMMERMANN@MAIL.SANTAROSA.K12.FL.US



Healthy Start Coalition of Sarasota County, Inc.

SERVICE AREA: The identity of Sarasota County as a place where retired persons of comfortable means dominate the social landscape has been replaced during the last two decades by a new, dynamic mix of ages and family structures. The county's population in 2000 was reported as 325,957. In 2003, 2,987 live births took place in Sarasota County, a birth rate of 9.16 per 1,000 in population. Changes in the ethnic mix of the population have occurred during the past seven years. Eastern European immigrants have moved into the county speaking Russian, Ukrainian, or Polish. The percentage of increase from 1990 to 2000 in the county's Hispanic population was 140.43 percent, and the number of births to Hispanic mothers almost tripled from 1995 to 2003.

The northern part of the county is older, more developed, more densely populated, the location of the county seat, and home to the majority of the county's black residents. The southern part of the county, including the communities of Osprey, Nokomis, Venice, North Port, and part of Englewood, has more undeveloped land, more lower-cost single-family housing, many young families, as well as refugees resettling from Eastern Europe. The community of North Port is home to the fastest-growing population in the county.

NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 54.

Representing: private providers, faith based charities, children's services, social service agencies, community coalitions, health department, local government, hospitals, education, AHEC, healthcare centers, media, and advocacy groups.

ADDITIONAL FUNDS LEVERAGED BY COALITION: \$44,511.00

NUMBER OF VOLUNTEER HOURS DONATED TO THE COALITION: 825 hours

VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: \$71,448.00

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: Members of the Healthy Start coalition initiated a review of the local safety net for substance-exposed newborns. The safety net must be redefined because of a decision in the Florida 1st District Court of Appeals in January 2004 setting a new standard for evidence of abuse and neglect of infants exposed to harmful substances (alcohol and illegal drugs) in utero. Specifically, sheltering of newborns and placement of court-ordered services in the home of a substance-exposed newborn are both unavailable interventions unless the abuse of the infant extends beyond intrauterine drug or alcohol exposure.

SPECIAL POPULATION STRATEGIES:

■ **Racial disparities:** The coalition has an annual Mother's Day Virtual Prayer Vigil for healthy babies and partners with SURE, Sarasota United for Responsibility and Equity, a local organization that includes black churches among its membership. 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.

■ **Access to prenatal care:** The coalition is implementing the MomCare program. It is vital to maintain eligibility for pregnant women up to 185 percent of the federal poverty level to sustain the gains in early entry into prenatal care recorded in Florida since 1992.

■ **Preterm labor:** A goal for Healthy Start care coordination in Sarasota County is smoking cessation by pregnant women. The coalition is working with the March of Dimes to raise funds to implement a Fresh Start training to help pregnant women and new mothers stop smoking. The training will be provided to medical professionals in the coming year.

■ **Sudden infant death syndrome:** (1) promoting the "Back to Sleep" campaign at 15 health fairs and other community events attended throughout the year, → *continued next page*



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Barbara Kochmit, MA, Sarasota Coalition on Substance Abuse



CONTACT: HEALTHY START COALITION OF SARASOTA COUNTY, INC.

SARAH GORMAN, EXECUTIVE DIRECTOR; 1750 17TH STREET, BUILDING M; SARASOTA, FL 34234

(941) 373-7070; INFO@HEALTHYSTARTSARASOTA.ORG





with information and promotional material in English and Spanish, and (2) promoting breastfeeding as the preferred means of infant nutrition.



GREATEST UNMET NEED: Affordable, appropriate, accountable, and accessible healthcare coverage for every pregnant woman and child.

Success Story

The Power of Love Between Parent and Child: Bobbie's Story




I am 32 years old. I was born in Tennessee and moved to this area in my teens. My biological father and my stepfather were both abusive and I left home when I was 16. At 18 I married and we had 2 sons, the first when I was 19 years old. My husband was abusive and alcoholic, but although we separated several times, we remained married for more than 10 years. I wanted a better life at home, but I believed that I needed a man in my life to make me whole.

In my twenties, I became addicted to cocaine. I used other drugs too and sometimes drank, but cocaine was the drug in my life. I had not graduated from high school and I did not see the way to a better future for myself and my children. I was depressed and I felt worthless. My husband put me down and he did not seem to respect me.

Even though I had family responsibilities, I told myself that I was only hurting myself with my addiction. In fact, I would tell myself that my children were better off without me. I lost custody of my children because of using drugs. I entered treatment and later regained custody of my sons and reunited with my husband. For three years I was clean. But then I relapsed and used drugs regularly for the next two years. In late 1997, I became pregnant with my third son during a time when I was addicted. He was born in September 1998. One day, I OD'd and passed out after taking about 12 different drugs at the same time. I was at home with my mother and my toddler son. My mother called an ambulance because she thought I needed medical help. I was taken to a treatment center and charged with neglect of my son, and I was sent to jail.

Later, I missed a court date relative to this charge, during a period when I was using cocaine. As a result, I went to jail again in 2003. At that time, I was five months pregnant with my fourth child, and I had been using cocaine during my entire pregnancy. I requested treatment.

This is the life story of Bobbie, as told to Sarah Gorman. Bobbie's story illustrates the transforming power of love between parent and child. It also shows the effectiveness of the system of support in Sarasota County that provides help to women and children at risk.



On a day that I had a positive drug screen, a Healthy Start care coordinator came to talk with me. She spent more than an hour with me. What I remember from that talk was that she never made me feel like a bad person. I felt absolutely worthless, not only for being addicted, but for using drugs during my pregnancy. I knew what that could do. But my Healthy Start care coordinators always saw me as a human being. Although I had made horrible decisions, I was not a piece of trash. They showed me that if I made right decisions in the future, a world of opportunity was in front of me. Later, I attended a Healthy Start coalition meeting. It was eye-opening to me that everyone at the meeting seemed to respect me, treating me like anyone else – not like a crackhead on the street. Healthy Start helped me get counseling, and provided help with clothing, diapers, and financial assistance for other baby things that I needed. I entered the First Step Mothers and Infants Program in November 2003. My daughter Madison was born on February 8, 2004, a full-term baby weighing 6 pounds, 5 ounces. She has been evaluated at the Early Intervention Program and everything so far checks out fine. She is a beautiful and friendly little girl and I have been breastfeeding her since birth. Through First Step, I have received parenting classes, nutrition classes, and HIV education. They helped me get enrolled in WIC.

Since I entered the First Step program, I have been reunited with all my children, and I see them every week. My 13-year-old son wrote to me last year saying that he did not want me to use drugs or to lie. He wrote that if I could not stay away from drugs, he did not want me in his life. I believe that he wrote this letter on his own, without being coached or prompted by anyone. The letter touched me deeply. When I see my sons now, I talk with them frankly about my situation. I tell them that I love them and that I want to earn their trust and deserve their love.

During the last 10 months, I divorced my husband, completed my GED, and began taking business technology classes. I would like to work in an office after I receive my certificate. Because of my past, there are jobs that I will never be offered, but I know that I can find honest work and make a contribution. I like people, and for a while when I was clean I was successful at a job in sales.

I am receiving counseling from Linda Miller through Healthy Start, and I have received counseling to help me recover from the sexual abuse I experienced during childhood. I am due to graduate from the First Step program on October 28, 2004. After that, I hope that I will be able to enter a program of the Salvation Army. The program would provide a home and groceries for me and my children for a year as long as I work full-time. They require that I save part of my salary and attend classes to learn about budgeting, parenting, and how to be responsible for a household.

I want to remain honest with my sons. I am sorry that for the years I put myself and the men in my life before them. Now I want to put them and turning my life around before everything else. I have faith and this helps me. I believe that Madison, my daughter, was sent to wake me up. It was during my pregnancy with her that I realized that what I was doing was not just hurting me, it was hurting an innocent child. And that is when I asked for help and treatment. I know I could have died on the day that I OD'd. This pregnancy literally saved my life.

Now, Madison's father visits her every week. I see all my children every week. And I have remained close to my mother. It's like a miracle to realize that through all that has happened, all these relationships have been preserved. My children know that I love them, and their love is giving me strength.

My ultimate dream is to be clean; to have all my children under one roof; just to live and be happy with my kids. I want the bills to be paid and to have food in the refrigerator. I have been in bondage, not really living, for half of my life, so what I want now is just to live.

Seminole County Healthy Start Coalition, Inc.



SERVICE AREA: With more than 2,000 lakes, Seminole County is known as Florida's "Natural Choice." Located just north of Orlando, Seminole has a population of approximately 387,000 people, 75 percent of whom are over the age of 18. Seminole's famous Lake Monroe serves as the gateway to the Saint John's River, and the county remains the third most densely populated county per square mile in Florida.



NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS REPRESENTED: 33.
Representing: Local hospitals, the health department, social service agencies, mental health agencies, businesses, the Seminole County Public School System, and community residents.



ADDITIONAL FUNDS LEVERAGED BY COALITION: \$52,728.50

VALUE OF IN-KIND CONTRIBUTIONS TO THE COALITION: \$28,690.31

NUMBER OF VOLUNTEER HOURS DONATED TO THE COALITION: 1242

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES: The coalition and Seminole County Health Department are collaborating to develop a contract for high-risk prenatal and postpartum care for uninsured women.

A Fetal and Infant Mortality Review (FIMR) project was started in January 2004. The FIMR will be used to identify the factors that contribute to Seminole County's infant and fetal deaths while providing a forum in which to educate healthcare providers about the multiple factors involved in infant mortality. This project is funded by a grant from the March of Dimes.



SPECIAL POPULATION STRATEGIES OR ACTIVITIES: The Seminole County Healthy Start Coalition uses grant funding from the Orlando Sentinel Family Fund to purchase cribs for Healthy Start families to provide safe sleeping spaces for infants. The "Sweet Dreams" program allows us to purchase this basic need item for low income families who can not afford such an expensive purchase while helping minimize the risk of SIDS.

In partnership with the Seminole County Health Department and WIC, the coalition opened a Mother and Baby Center in the Sanford area. Located at Seminole Gardens Apartments, Healthy Start will be educating the community about the importance of early prenatal care and involved parenting. WIC and Healthy Start services will be provided at this site in an effort to decrease the health disparities in the Sanford community.



GREATEST UNMET NEED: The lack of a client-friendly system of care for women without insurance continues to discourage women from seeking prenatal care, particularly for high-risk clients. Currently, women who need high-risk care must go to Orlando and linkages between their services and Healthy Start can be lost.

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CONTACT: SEMINOLE COUNTY HEALTHY START COALITION, INC.

DR. MARNIE G. SHANBHAG, EXECUTIVE DIRECTOR; 237 FERNWOOD BLVD., SUITE 101; FERN PARK, FL 32730

(407) 830-7235; SCHSC2@EARTHLINK.NET; WWW.SEMINOLEHEALTHYSTART.ORG



Success Story

Care Coordinator has New Understanding of Her Clients

In July, Seminole County Care Coordinator Leticia was helping teach a Platicas class (Spanish-speaking parenting class) when, as part of the group exercise, she stated that one of her life goals was to have a baby.

“I will never forget my husband’s face when he found out we were having twins” said Leticia, “his eyes got really big and he almost fainted.”

Leticia now has a new understanding of what her clients were experiencing with their pregnancies. “I always felt compassionate for my clients, but now I relate to them even more, especially after being assigned my own case worker due to my high risk pregnancy.” Being pregnant while seeing clients made her home visits more enjoyable. It also made conversations more informal since both client and staff member were going through the same stages of pregnancy.

Even though Leticia was confined to bed rest for the last month of her pregnancy, she was back to work at Healthy Start within three months of giving birth. Her twins, Juliana and Sebastian, stay at home with their grandmother during the day. “It was hard to leave them at home, but I try to visit them at lunch most days.”

Leticia relates more with women now when she discusses techniques for breastfeeding or lessening morning sickness. She feels the whole experience has made her become a better care coordinator for her Healthy Start clients.



“I always felt compassionate for my clients, but now I relate to them even more, especially after being assigned my own case worker due to my high risk pregnancy.”

Healthy Start Coalition of Saint Lucie County, Inc.



SERVICE AREA: Saint Lucie County experiences a combination of “big city” problems of high poverty, unemployment, crime, and teenage pregnancy, primarily located in the heart of Fort Pierce, but also contends with “suburban sprawl” issues in the fast growing city of Port Saint Lucie. The percentage of children living in poverty in Saint Lucie County exceeds the state rate by 2.7 percent. In 2001, the crime rate reported from the Fort Pierce Police Department was twice as high as the reported crime rate for the state.



NUMBER OF COALITION MEMBERS AND THE ORGANIZATIONS THEY REPRESENT: 95.
Representing: Children’s Home Society, Children’s Medical Services, Division of Children and Families, Department of Juvenile Justice, Exchange Club Castle, Family Preservation, Healthy Families, Hibiscus Children’s Center, School Board, Lawnwood Regional Medical Center, Miracle Prayer Temple, One Stop Career Center, Port St. Lucie Police Department, Save our Children, St. Lucie County Health Department, Tri County Tec, With Women in Mind, and Camp Holiday.



ADDITIONAL FUNDS LEVERAGED BY THE COALITION: \$1,307,902.00

LOCAL INITIATIVES RESPONDING TO LOCAL SYSTEM OF CARE ISSUES:

- One, full-time nutritionist funded through non-recurring grant money started September 2004 and will provide consultation to pregnant women at providers’ offices and at home.
- One, full-time substance abuse counselor funded for six months through a non-recurring grant.
- Establishing of the Healthy Changes Program through a CDC grant to focus on HIV prevention with women of child bearing years. Staff includes: two outreach workers, one R.N., one social worker, one nurse assistant, one program manager, and one part-time data entry position.
- One substance abuse counselor to work with the CDC program Healthy Changes funded through Alcohol, Drug Abuse, and Mental Health.
- An additional position for the non-pregnant, sexually active teen program bringing the number of funded positions to three.
- Funding through Title III for an R.N. position which provides outreach for HIV-exposed infants.
- Increase in funding from the board of county commissions to be used for vouchers for uninsured, pregnant women.



SPECIAL POPULATIONS STRATEGIES OR ACTIVITIES: 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.



GREATEST UNMET NEED: Provision of prenatal care to uninsured pregnant women; the majority of these women are Hispanic or Haitian immigrants.

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- Michael Panella, President; Planned Parenthood
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CONTACT: HEALTHY START COALITION OF ST. LUCIE COUNTY, INC.

SYLVIE KRAMER, EXECUTIVE DIRECTOR; 117 ATLANTIC AVENUE; FORT PIERCE, FL 34950

(772) 467-2016; FX (772) 467-2018; KCBDSL@BELLSOUTH.NET



Success Story

10/29/04

Hi! My name is Mrs. Guadalupe Hernández. I would like to tell you about my experience with the Healthy Start Program.

Since the moment I noticed I was expecting my first baby, I was filled with happiness. At the same time, I became concerned because my husband and I didn't have enough knowledge regarding prenatal and infant care. We didn't have any kind of information.

When I went to my first appointment for prenatal care, I filled out some papers, and one of the papers asked me if I was interested in the Healthy Start Program. Immediately I said, "Yes." I was so happy to find a group of people willing to help us and guide us on how to be good parents and how to raise children since the beginning.

After a few days, I received a telephone call from Miss Marlene Cintrón who introduced herself as the person who would be helping me with the Healthy Start Program. She told me, "If you have any questions or problems, you can call me." She also told me she would visit me at home to explain the program to me. When I met her she inspired lots of trust, she asked me some questions, and gave me very important brochures. Since that time, Marlene Cintrón helped me throughout my pregnancy with all my questions.

When I delivered my baby, I was very pleased to see her beside my bed at the hospital because I was so sad. I had premature labor birth and my baby was born with only seven months of gestation, so I had an emergency C-section. Since that day, she supervised my health and my emotional status. Marlene Cintrón came several times to my home and to the hospital to see my baby in NICU where he spent one month. During those days of sadness, I felt much support and comfort from her. Also, I attended the parenting class where I learned a lot. Now, thank God, I have my baby with me and I have present with me everything that I learned about infant care.

When I caress my baby, a phrase that Marlene sent to me in one Healthy Start paper comes to my mind that says, "The hand that rocks the cradle is the hand that cradles the world"—from John Bradshaw.

I thank God that people such as Marlene, who care about helping and improving families, exist.

With love,

Guadalupe and Eduardito



Eduardo Miranda has the undivided attention of his mom, Guadalupe Hernández and the Healthy Start case manager Marlene Cintron.