



Healthy Start Annual Report
2009

Florida Department of Health
Infant, Maternal, and Reproductive Health
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EXECUTIVE SUMMARY

In 1991, the Florida Legislature enacted the Florida Healthy Start Program. Initiated in April 1992, the program helps pregnant women and infants obtain the health care and social support they need. Healthy Start is a statewide initiative designed to reduce infant mortality, reduce the number of low birth weight babies, and improve health and developmental outcomes. Healthy Start identifies women and infants at an increased risk for poor outcomes, provides a professional assessment of their needs, and identifies resources to address those needs. Section 383.2161, Florida Statutes, requires the Department of Health to provide the status of the Healthy Start program to the Florida Legislature.

During calendar year 2008, women in Florida gave birth to 231,417 infants. The program screened 163,508 pregnant women and 199,712 infants in 2008. The screening process identified a total of 132,839 women and infants at risk for poor outcomes. The program provided 2,153,297 services to 118,592 pregnant women and 1,340,292 services to 80,023 infants. The number of pregnant women served by Healthy Start increased by 5.9 percent and the number of services provided to pregnant women increased by 10 percent, compared to 2007. The number of infants served by Healthy Start increased by 2 percent and the number of services provided to infants increased by 9 percent compared to 2007. There were 71,945 at-risk families that Healthy Start providers were unable to contact, which is a decrease of 2 percent compared to 2007.

Healthy Start provides screening of pregnant women and newborns for environmental, medical, nutritional, and behavioral factors that may put the pregnant woman or infant at risk. Depending on need and available resources, Healthy Start provides services to address identified risk factors.

Community-based Healthy Start coalitions assess local needs, develop plans to meet those needs, allocate funding to local providers, and monitor the Healthy Start system of care. Healthy Start services are available in each of Florida's 67 counties. The coalition members know their community's unique strengths and needs, and work together to ensure key services are in place for pregnant women, infants, and their families.

INTRODUCTION:

In 1991, the Florida Legislature enacted the Florida Healthy Start Program. Initiated in April 1992, the program helps pregnant women and infants obtain the health care and social support they need. Healthy Start is a statewide initiative designed to reduce infant mortality, reduce the number of low birth weight babies, and improve health and developmental outcomes. Healthy Start identifies women and infants at an increased risk for poor outcomes, provides a professional assessment of their needs, and identifies resources to address those needs. The program provides timely and important linkages, referrals, or services. Services help reduce the risks for poor maternal and infant health outcomes, including infant mortality. The purpose is to reduce the risk of poor birth outcomes among pregnant women, reduce poor infant development, and address the health needs of infants and children up to age 3.

The Department of Health works with the Florida Association of Healthy Start Coalitions, local county health departments, and other key partners to develop and implement public health interventions that address maternal and child health. The local coalitions, whose boards include health care providers, hospitals, consumers, social service agencies, private businesses, and charitable organizations such as the March of Dimes and United Way, provide Healthy Start services statewide.

The goal of Healthy Start is to reduce infant mortality, reduce the number of low birth weight babies, and improve their health and developmental outcomes. Through Healthy Start, families receive information about risks that can result in poor birth outcomes, and they receive services to address those risks. The Healthy Start program provides the opportunity for all babies to have the best possible chance for a healthy start in life.

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PEOPLE SERVED BY HEALTHY START

Healthy Start is a statewide initiative designed to identify and decrease the risk of pregnancy complications and poor birth outcomes for all pregnant women, and decrease the risk of death or impairment in health, intellect, or functional ability for all infants. Healthy Start services are available to all women, and eligibility for services is not based on income.

Pregnancy and childbirth can be a stressful time for families. Healthy Start is there to help families through referrals, provision of key services including care coordination, linkages to services, education, support, and follow-up.

During calendar year 2008, women in Florida gave birth to 231,417 infants. The Healthy Start program screened 163,508 pregnant women and 199,712 infants in 2008.

Section 383.2161, Florida Statutes, requires the Department of Health to report certain data points each year in this annual report. The Department of Health collected the following data for the period January 1 through December 31, 2008.

Families at Risk – The Healthy Start screening process identified a total of 132,839 women and infants at risk for poor outcomes. This total includes 46,720 pregnant women and 32,244 infants who scored positive on their respective screens, and 53,875 pregnant women who entered Healthy Start based on other factors.

Families Receiving Services – The program provided 2,153,297 services to 118,592 pregnant women and 1,340,292 services to 80,023 infants, which includes families identified prior to 2008, as well as families referred to Healthy Start for reasons other than their screening score. Examples of this type of referral include families experiencing domestic violence, special medical issues, or homelessness.

Demand for Services – The number of pregnant women served by Healthy Start increased by 5.9 percent, as 6,603 more pregnant women received services in 2008 than in 2007. The number of services provided to pregnant women also increased. Healthy Start provided an additional 195,346 services to pregnant women in 2008 (10 percent increase). Healthy Start provided services to 1,921 more infants in 2008 than in 2007 (2.5 percent increase), and provided 11,376 more services to infants than in the previous year (9 percent increase).

Unmet Need – There were 71,945 at-risk families that Healthy Start providers were unable to contact in 2008. Often times families who are the most difficult to contact are experiencing issues that may influence their health outcomes, such as problems with housing, homelessness, or substance use. Healthy Start uses consistent outreach to try to contact these families and offer services that may help to address their unique situation and improve their health outcomes.

SERVICES HEALTHY START PROVIDES

Healthy Start provides screening of pregnant women and newborns for environmental, medical, nutritional and behavioral factors that may put the pregnant woman or the infant at risk for poor health outcomes. Every pregnant woman and every infant born in Florida is eligible for the screening process.

Healthy Start offers services for up to three years to women who have experienced a miscarriage, a stillborn, an infant death, or have had a baby removed from the home. Healthy Start works with these women to improve their health and lifestyle choices so risks are reduced prior to a subsequent pregnancy.

Healthy Start funds clinical care, based on an analysis of the community's service delivery system and available resources. Services for pregnant women include prenatal care, laboratory and other testing services, nutrition counseling and referral to WIC, social services, and health education including childbirth and parenting education. Breastfeeding education and support, psychosocial counseling, and tobacco cessation assistance are additional services at-risk women receive.

Ongoing care coordination helps families receive needed services. The purpose of ongoing care coordination is to optimize pregnancy, birth, growth and developmental outcomes. Care coordinators accomplish this by addressing the financial, legal, geographical, and personal barriers participants and their families experience by exploring these barriers with them in greater depth and promoting problem resolution.

Care coordination includes direct contact with the participant and family, as well as contact with other service providers on the participant's and family's behalf. Activities range from tracking to intensive coordination of services addressing complex problems using a family support plan. The family's own perceived goals, and strategies to meet the goals agreed upon by the family, form the basis of the family support plan. Care coordinators can provide this service in the home, the neighborhood, school, workplace, clinic, or wherever they can best meet the needs of the participant.

IMPACT OF HEALTHY START

Since the time the Healthy Start program began in 1992, the infant mortality rate in Florida dropped 18 percent from 8.8 deaths per 1,000 live births in 1992 to 7.2 deaths per 1,000 live births in 2008. Since 1997, there has been a leveling of infant mortality rates in Florida. Nationally, the infant mortality rate decreased 19 percent from 8.5 deaths per 1,000 live births in 1992 to 6.9 deaths per 1,000 live births in 2006.

Infant mortality is a key public health indicator for communities throughout the United States. Infant mortality is the death of a child before age 1. The death of an infant is tragic for families and communities. Infant death rates also serve as an indicator for the overall health of a community and the infrastructure of its public and private health systems. Throughout the nation, public and private partnerships address infant mortality and the key contributing factors, such as low birth weight and prematurity.

While infant mortality rates at both the state and national levels steadily decreased in previous decades, the infant mortality rate in Florida has remained relatively unchanged over the past 10 years. There are many factors influencing this flattening of the rate. The factors include an increase in the number of women with chronic health conditions, obesity, more women getting pregnant who previously could not do so (through the use of assisted reproductive technology), increases in maternal age (women are waiting to begin their families), and increases in prematurity and low birth weight (babies born too soon and too small).

Significant racial disparities in infant mortality and low birth weight continue to exist. Black infants are more than twice as likely to die before their first birthday when compared to infants of other races. While both black and white infant mortality rates have dropped, the disparity between the two rates has increased. In 1970, black infants were 1.9 times more likely to suffer an infant death than white infants. By 2008, the ratio of the black infant mortality rate to the white infant mortality rate climbed to 2.3.

With the flattening of the infant mortality rates and the continuing disparity between outcomes for black and white infants, Healthy Start is continually challenged to evaluate the local service delivery system to ensure service provision is evidence-based and effective. Healthy Start had an active year in 2008, with an increased number of services being provided, changes in local service delivery networks, and a continued emphasis on interconception care.

The demand for Healthy Start services continues to increase as evidenced by an increase in the number of babies born with a low birth weight, and the number of at-risk families still outside the Healthy Start system. Additionally, the number of resident live

births has increased 21 percent from 191,530 in 1992 to 231,417 in 2008. The need continues for increased intensity and duration of services to meet identified needs while simultaneously providing risk-appropriate care to program participants.

The rate for babies born with a low birth weight (less than 2,500 grams, or less than approximately 5 ½ pounds) has increased during the past decade, from 8.2 percent in 1999 to 8.8 percent in 2008. This trend mirrors the national rates for low birth weight.

There are additional factors that place infants at risk, such as prenatal smoking and substance abuse. All Florida communities are working to ensure the most vulnerable, high-risk groups have access to key public health services. Florida's Healthy Start coalitions provide a mechanism for local communities to assist in this effort.

HEALTHY START COALITIONS

Healthy Start coalitions are community-based nonprofit agencies located throughout the state whose purpose is to address the needs of pregnant women, interconception women, and infants up to age 3. The coalitions conduct assessments of community assets and needs, identify gaps and barriers to effective service delivery, and develop a service delivery plan to address identified problem areas and issues. They also allocate state direct service funding to local providers, and monitor the Healthy Start system of care.

Healthy Start coalitions typically include volunteers from all facets of their local communities. Coalition members required by statute include consumers, health care providers, local health advocacy interest groups and community organizations, county and municipal governments, social service organizations, and local education communities. The coalition members know their community's unique strengths and needs, and work together to ensure key services are in place for pregnant women, infants, and their families.

In 2009, 30 coalitions covered 64 of the 67 counties in Florida, with coverage areas for each coalition ranging from one to 12 counties. Healthy Start services are available in all of the 67 counties in Florida, as Desoto, Gadsden, and Seminole counties provide Healthy Start services through the county health department. The following is a listing of Healthy Start coalitions in Florida:

Bay, Franklin, Gulf Healthy Start Coalition, Inc.
Healthy Start Coalition of Brevard County, Inc.
Broward Healthy Start Coalition, Inc.
Capital Area Healthy Start Coalition, Inc.
Central Healthy Start, Inc.
Charlotte County Healthy Start Coalition, Inc.
Chipola Healthy Start, Inc.
Escambia County Healthy Start Coalition, Inc.
The Healthy Start Coalition of Flagler and Volusia Counties, Inc.
Florida Keys Healthy Start Coalition, Inc.
Healthy Start Coalition of Hardee, Highlands, and Polk Counties, Inc.
Healthy Start Coalition of Hillsborough County, Inc.

Indian River County Healthy Start Coalition, Inc.
Healthy Start Coalition of Jefferson, Madison, and Taylor Counties, Inc.
Healthy Start Coalition of Manatee County, Inc.
Martin County Healthy Start Coalition, Inc.
Healthy Start Coalition of Miami-Dade, Inc.
Healthy Start of North Central Florida, Inc.
Northeast Florida Healthy Start Coalition, Inc.
Healthy Start Community Coalition of Okaloosa and Walton Counties, Inc.
Okeechobee County Family Health/Healthy Start Coalition, Inc.
Orange County Healthy Start Coalition, Inc.
The Healthy Start Coalition of Osceola County, Inc.
Healthy Start Coalition of Palm Beach County, Inc.
Healthy Start Coalition of Pasco County, Inc.
Healthy Start Coalition of Pinellas County, Inc.
Healthy Start Coalition of Santa Rosa County, Inc.
Healthy Start Coalition of Sarasota County, Inc.
Healthy Start Coalition of St. Lucie County, Inc.
Healthy Start Coalition of Southwest Florida, Inc.

FLORIDA'S HEALTHY START MEDICAID WAIVER AND MOMCARE

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute. Using this strategy, a Medicaid 1915(b)(3) waiver was implemented in 2001 to include Healthy Start services as a reimbursable service. This waiver was the result of a collaborative effort among the Florida Association of Healthy Start Coalitions, the Agency for Health Care Administration, and the Florida Department of Health. The Healthy Start Medicaid waiver has a dual purpose:

1. To provide more intensive Healthy Start services for at-risk, Medicaid-eligible women and infants.
2. To help Medicaid-eligible women receive the prenatal care they need through the MomCare program as early as possible. MomCare focuses on assisting all Medicaid-eligible pregnant women, regardless of risk status, in accessing this care.

During fiscal year 2008-2009 (July 1 through June 30), the Medicaid waiver Healthy Start services component provided \$12,684,584 in federal funds for at-risk pregnant women and children in Florida. With this additional funding, the Healthy Start program was able to provide more needed Healthy Start services to clients.

The waiver also provided \$5,985,943 in funding for MomCare during fiscal year 2008-2009. Through the MomCare program, women who are eligible for Medicaid during pregnancy receive assistance in selecting a health care provider, keeping medical appointments, and obtaining other help through the Women, Infants, and Children's (WIC) Program, Healthy Start, and other services. MomCare has become an integral part of the maternal and child health service delivery system, working efficiently to link women to the services they need.

The Healthy Start Medicaid Waiver and the MomCare Program benefit pregnant women and infants in a number of ways. Florida was one of the first states in the nation to implement a process allowing pregnant women to apply for Medicaid using a simple, one-page application. The state uses a streamlined process to review completed Medicaid applications. An evaluation conducted by the Lawton and Rhea Chiles Center for Healthy Mothers and Babies in 2005 showed positive impacts associated with the waiver and the MomCare program. MomCare beneficiaries entered prenatal care earlier and had more frequent prenatal care visits. Healthy Start saw clients more frequently and spent more time with them after initiation of the waiver. Pregnant women who were Healthy Start clients experienced improvements in the perinatal outcomes of their infants, while perinatal outcomes for the comparison group (those who were not Healthy Start clients) declined.

CONCLUSION

In partnership with the Florida Association of Healthy Start Coalitions, local county health departments, and key partners throughout the state, the Florida Department of Health is working to ensure each baby born in Florida arrives with the best possible chance for a healthy start in life. Each infant death and low birth weight infant impacts the overall health of our state. Identifying women and infants in need of care, and providing the needed services, referrals, and linkages to other resources within the community, helps ensure that children can grow healthy, strong, and happy.

Healthy Start continues to serve as an integral component of Florida's public health system for pregnant women, infants, and their families. These federal, state, and local partnerships provide critical resources to ensure the best possible start for ensuing generations.

Additional in-depth program information, including previous annual reports may be found on the department's website at: <http://www.doh.state.fl.us/family/mch/index.html>. There is also more detailed information about individual Healthy Start coalitions at <http://www.healthystartflorida.com>.

Data in this report are for the most recent year available. The department updates data on a continual basis. The latest data are available on the department's website at: <http://www.floridacharts.com/charts/chart.aspx>.