

2010-2011 Year End Summary Report
(formerly called the “Legislative Report”)

Revised 09/29/2011

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Healthy Start Coalition of Bay, Franklin and Gulf Counties, Inc.

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

The number of Coalition members varies from 100-120 annually. The Coalition has several members that transition or are no longer providing services in the maternal and child health field. The organizations represented include but are not limited to the following:

Work Force Center, Life Management Center, Healthy Families, Early Education and Care, School Readiness, Anchorage Children's Home, Kiwanis, Children' Advocacy Center, Catholic Charities, the Air Force Family Services team, Presbyterian Church bereavement services, BASIC/HIV Awareness, United Way, Family Services, Doodlebugs Consignment, After School Assistance Program, Bay District Schools, Franklins Promise, Gulf County Community Partners and the Boys and Girls Club.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

The dollar amount that was leveraged by the BFG Coalition for the 10-11 contract year was \$28,000.

3. Description of the greatest unmet maternal and child health population need in your service area.

The greatest unmet needs in our area include several target populations: The need for reliable public transportation is a major cause to the lack of access to care. The need for substance abuse counseling continues to be a need in the Coalition catchment area. The lack of education regarding gestational diabetes and proper nutrition before and during pregnancy is a major need.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

N/A

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

No response.

6. Any other pertinent activity or strategy that the coalition would like to submit.

The following list is initiatives the Coalition have continued from the previous year or initiated for the 2010-2011 year:

- Threads of Remembrance- A program that provides handmade caps and gowns for fetal and infant demises at both local hospitals. The babies are wrapped in the clothes when the parents request to hold and spend time with their baby.
- Bereavement Boxes – A board member initiated program that provides bereavement boxes to families how experience a fetal or infant lost at our two local hospitals. The boxes are hand decorated and contain bereavement support information and mementos.
- Cribs for Kids – The direct service staff provide new parents with a safe place for their newborns to sleep by distributing pack and plays/playpens along with a safe sleep educational video that is mandatory to view before the parent can obtain the pack and play.
- The program “Last Rites for Little Ones” was created in 2010 through a United Way grant which assists families with funeral costs when they have experienced a fetal or infant loss.
- Through a United Way Grant Gulf County was able to distribute “Life Meters” in 2011 for Gulf County, which provides a thermometer that a HS client can put into their car in order to state how hot the car temperature is and to remind the parent not to leave their infant in the car.
- An enhanced prenatal screening training for the providers’ offices was implemented in 2010 which includes role playing, interactive games and a fun and effective way to learn about the Healthy Start program. The Coalition has received positive feedback from all the providers that have attended the trainings.
- The Coalition began teleconferencing BOD meeting from Bay County to Gulf and Franklin County Board of Directors meetings through the Work Force Center in Bay County to the Gulf Coast State College campus in Gulf County which is a 20 minute drive versus a 2 hour drive for the Franklin County participants.
- Healthy Start Baby Showers – The Coalition hosts two baby shower events that provides hundreds of expectant and new parents’ with educational information and door prizes that include car seats, pack and plays, strollers and cribs.
- Diapers and Gas Vouchers – When funding is available the direct service staff provide diapers to families in need. Gas vouchers are also available for distribution to families in order to visit their child that is admitted to the two surrounding high risk hospitals in our area, Shands and Sacred Heart.
- Childbirth Education and Car Seat Safety Classes – The Direct service staff provide childbirth education classes which include educational information for the moms to have a safe and healthy pregnancy experience. Car seat safety classes are conducted and the parents are provided with a car seat that is securely installed in their vehicle.
- Clothing for Children- A local children’s consignment store donates the clothing and shoes that are not sold and the Coalition direct service staff are able to disseminate the items to the families served.

- Real Care Baby Program – The local Boys & Girls Clubs conduct mini workshops with the children at their centers. The children at the clubs are responsible for caring for a computer simulated baby. They are taught the extensive amount of work it takes to care for a baby.
- Breastfeeding Support Meeting – The Lactation Specialist on staff provides a breast feeding support group on a monthly basis.
- Learning Management System – The Coalition initiated the Learning Management Training System (LMS). The system will enable Coalition, Board Members and Direct Service staff to gain training on The Healthy Start Standards and Guidelines, Perinatal Periods of Risk, Interviewing Techniques and Board Development. The Coalition is able to add up to four new modules for training purposes.

Healthy Start Coalition of Brevard County, Inc.

1. Number of Coalition Members and Organizations they Represent:

As of June 30, 2010 the Healthy Start Coalition of Brevard County, Inc. has approximately 79 members (39 voting and 40 non-voting) representing the following types of organizations (please note, this is a count of organizational types, not individuals, therefore the sum of the sub-categories will not match the total number of members):

Private Business	13	Hospitals	5	Public Health	5
Social Service	22	Schools	8	Funding Agencies	0
State Gov.	4	Local Gov.	3	Federal Gov.	1
Churches	1	Civic	1	Consumers	16
Media	1				

2. Dollar amounts for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

Over the course of the 2010.2011 fiscal year, the Healthy Start Coalition of Brevard County, Inc. was able to secure \$17,821.91 in grants and community donations.

3. Description of the greatest unmet maternal and child health population need in your service area.

Brevard County's greatest unmet needs are:

- Access to prenatal care - High risk prenatal care is limited within the community. There is currently one Perinatologist located in Brevard that services a limited number of Medicaid clients; he only delivers in Tampa.
- The Regional Perinatal Intensive Care Center (RPICC) Program that provided high-risk OB services to women referred from community providers twice per month was discontinued.

- The closure of the local DCF offices has negatively impacted the system of care; women continue to struggle to find locations to apply for Medicaid online, have challenges with the online process, therefore leading to a delay in prenatal care.
- Public transportation: The Space Coast Area Transit (SCAT) bus system offers 19 routes to cover the 72.5 miles of Brevard County. Unfortunately many of the destinations that a pregnant women may take don't have shelter at the bus stop, may require her to walk to the final destination (i.e.: the County Health Department, Children's Medical Services), etc.
- Affordable health insurance for pregnant women and children not on Medicaid.
- Mental health/psychosocial assistance for pregnant women, infants and children.
- Job loss in Brevard is affecting pregnant women and their families creating the need for additional assistance and referrals for housing, food, transportation, etc. This has been exacerbated by the Kennedy Space Center mass lay-offs in 2011.

4. Any client success storied, if permitted by the client, including photographs, with appropriate client releases.

The Coalition does not have permission to share any client success stories at this time.

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

The Coalition engages consumers and families at the grassroots level in decisions through satisfaction surveys, meetings, outreach presentations and focus groups. These strategies were utilized in the primary activities of the 10.15 Service Delivery Plan; recruitment of participants in the Birth Disparities Collaborative as well as the evaluation of the "Women's Healthy Living Guide", the Interconception Counseling and Education curriculum. The participation of consumers, families, and providers throughout the Coalition's decision making process ensures Brevard County has a comprehensive system of care for pregnant women and infants.

6. Any other pertinent activity or strategy that the Coalition would like to submit.

The Coalition has educated the community and increased interest in the plan and the Birth Disparity Collaborative. Three meetings have been held and participants have been recruited, including two African American/Black church representatives (North and Central). The Collaborative has established a timeline and has begun reviewing birth outcome data, Healthy Start risk factors and possible strategies to improve birth disparities. The community has demonstrated an increased knowledge of the severity of birth disparities in

Brevard County. Recommendations for reducing the number of LBW infants, preterm birth and infant mortality in the African American/Black community will be developed during FY 11/12.

The Coalition has monitored the quarterly provision of Interconceptional Education and Counseling to each participant at each successful face-to-face contact. This strategy has proven effective, ensuring participants increase their knowledge of the importance of maintaining good health and the methods/strategies to do so. On site monitoring has demonstrated that the combined performance of services providers for the measure “95% of Healthy Start participants enrolled in HS Ongoing Care Coordination with successful face-to-face contacts will be provided Interconceptional Education and Counseling at each successful encounter” has been achieved at 99.85%.

The Coalition has initiated discussion with Holmes Regional Medical Center, the hospital with the most births in Brevard County; to identify strategies to increase the number of successful infant initial contacts (IC’s) completed. The preliminary tactic being implemented is for the hospital Social Worker and Nurses to increase their encouragement of women who have infants being referred to Healthy Start to be responsive to calls from Children’s Home Society (CHS) attempting to complete the IC. Additionally, the hospital Social Worker will contact CHS when there is a high risk infant needing immediate assistance and facilitate communication with the mother. It is anticipated that this strategy will assist in increasing the number of successful infant IC’s and that the system of care for infants will be enhanced by this collaborative effort.

Children’s Home Society (CHS), the Coalition’s lead care coordination agency, has been challenged with meeting the performance measure for intensity of services; “95% of HS level 3 prenatal participants shall receive at least 2 successful encounters every 30 calendar days” and “95% of HS level 3 infant participants shall receive at least 2 successful encounters every 30 calendar days”. The Coalition has worked with CHS to develop new strategies to improve in this area. CHS implemented a new approach in the 4th quarter of FY 10.11, ensuring that a successful contact is made with a participant every 14 calendar days. It is anticipated that this will directly impact CHS’s ability to significantly improve their performance with these measures.

Broward Healthy Start Coalition, Inc.

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

There are currently 46 Coalition members representing the organizations ARC Broward, Broward Coalition for the Homeless, Broward County Health Department, Broward County Human Services, Broward County Medical Association, Broward County School Board, Broward County WIC, Broward Health, Center for Postpartum

Adjustment, Child Find/FDLRS, ChildNet, Children's Diagnostic & Treatment Center (CFAP), Children's Healing Institute, Children's Medical Services, Children's Services Council of Broward, a Community Member, a Consumer, Covenant House, Cultural Health Exchange/LAU, Early Learning Coalition of Broward County, Inc., Family Central, Inc., FIMR/CRT, Healthy Mothers, Healthy Babies of Broward, Home Birth Associates, Hope Women's Centers, House of Empowerment, Inc., March of Dimes Birth Defects Foundation, McArthur High School, Medicaid Program Office, Memorial Healthcare System, Mental Health Association of Broward County; Mother Daughter Bonding Network; Nova Southeastern University, Regional Perinatal Intensive Care Program, Zeta Phi Beta Sorority

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

\$15,692.00 for year ending 6/30/2011

3. Description of the greatest unmet maternal and child health population need in your service area.

Providing services to pregnant women who are undocumented, or have challenges receiving Primary Medical services due to ineligibility and barriers in applying for Medicaid. As many of these women and their infants are Black or Hispanic, this disparity continues to be reflected in the Infant mortality rates in our County.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

The following letter was written by a local Healthy Start client:

“To whom this may concern:

I feel the need to write this letter simply to express what a tremendous impact all of the Healthy Start instructors/counselors have had on me throughout my pregnancy and even now that my son is nearly 4 months old. I learned so much and I tell every pregnant woman I come across about my experience. (My cousin is attending their classes now). You see, for nearly 9 years, my husband and I tried to conceive. When I finally did get pregnant, I was excited beyond belief! I wanted to do everything I could to ensure a healthy pregnancy. Unfortunately, the beginning of my pregnancy was a bit tumultuous. I had a threatened miscarriage at 7 weeks pregnant and was placed on bed rest for a week. Then, at 21 weeks I found out my son had hydronephrosis of the right kidney (we're still dealing with this now). Finally, at 24 weeks pregnant, I was told I had gestational diabetes. I began attending the Healthy Start prenatal/parenting classes when I was 28 weeks pregnant. The counselors I met there will forever hold a special place in my heart. I implement EVERYTHING I learned from them in my everyday life. All of the positive affirmations they taught me helped me whenever

I felt like I wouldn't be the best mother I could be for my son. By keeping in mind everything I learned from them, I was able to find the strength to deliver my child completely naturally. I'd like to think that this is the reason my delivery went so smoothly. I mean seriously, I was in labor for only 4 hours and 45 minutes!! My nurse asked if I had taken classes because my breathing was perfect and I was doing extremely well. She said if she hadn't asked she would've assumed I have other children. She said to me "there's no way this is your first child. You seem like a pro!" I feel like I was a pro thanks to what I learned! Also, I am breastfeeding my son. By using the techniques I learned in class, I never had any issues. My son latched on properly from the beginning. I felt some slight pain in the first week after he was born, but it was nothing major. Breastfeeding is the highlight of my day! It is the most incredible bonding experience. I also learned that I cannot spoil my son just because I run to him when he cries, which was the opposite of what all the older women in my family were telling me. Because I so called "spoiled" my son, he rarely ever cries now. I feed him as soon as I see him showing his hunger signs as taught in the classes (turning his head, putting hands to his mouth, smacking and licking his lips, etc). I check his diaper frequently and change him as soon as he has a wet or dirty diaper. The most amazing thing is when he went for some testing for his kidney. Because of his age he was unable to be sedated when he had the catheter placed into his bladder or when he had his IV put in. That didn't matter though. He SHOCKED the nurses in the hospital when he didn't shed a single tear. My husband even heard them commenting "why can't all babies be like that baby?" How is this possible? Well, it's because of all the times my husband and I went to him when he cried. My son has already learned that he can totally and completely trust mommy and daddy. He is the happiest baby I have ever seen! I hope that more people find out about the Healthy Start program and use their amazing services. These are some amazing women that I feel I can proudly call friends. Though I've only known them a few months, I feel as if I've known them for years. To this day they provide me with the positive affirmations I need to lift my spirits when I'm feeling low. I love these women! They are amazing!!!! I hope they will forever be able to help other women just as they have helped me!

Sincerely,

Melissa"

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

No response at this time.

6. Any other pertinent activity or strategy that the coalition would like to submit.

- a. During FY 2009/10 BHSC moved from a cost reimbursement, to a unit of service reimbursement methodology. This approach has led to greater efficiencies in our

system of care, and the alignment of services provided with the FDOH allocation methodology (see attachment on productivity). We continue to increase service delivery units in the Broward Coalition in spite of continual funding decreases.

- b. Last year the Broward Coalition adopted the *Safe Baby Education Campaign* from the Hillsborough Coalition and rolled out the initial exposure to our providers at the June 2010 Annual Meeting (see attached information). This campaign was kicked off during a two-day training event held in June of 2010 that taught the Safe Baby Education Curriculum to 129 Healthy Start care coordinators and program managers and other maternal child health professionals. The Coalition's intention was to provide continuous training aimed at reducing SIDS, Shaken Baby Syndrome and Emphasizing Choosing a Safe Caregiver. During FY 2010/11 the educational components of the Safe Baby Education Campaign were initiated at birthing centers to all new mothers giving birth in Broward County and then reinforced through Healthy Start care coordinators and educators during home visits and group education sessions.
- c. The issue of increased substance exposed newborns being born in Broward County is alarming and the Coalition has worked with the local child protection agency to access data on the demographics, substance of choice and case disposition for approximately 200 cases staffed in the past 5 months. This data is being used by the Coalition to present the magnitude of the increase in prescription drug use by pregnant women in this community. A local task force is being initiated under the direction of the Coalition and training specifically tailored to the assessment and treatment of newborns addicted to prescription painkillers is scheduled to occur on July 28, 2011 for Healthy Start, Healthy Families, Nurses, child welfare and child protection staff who are considered to be our first responders both in the hospitals and in the field.
- d. The Coalition continues to have an active Black Infant Health Practice Initiative (BIHPI), which organizes an annual "Shower 2 Empower" event in our county (see attached information). The local BIHPI initiative also hosted three *Professional Health Care Provider Educational Symposiums* during October 2009 in three of the largest birthing centers in Broward County including Broward General Hospital, Memorial Hospital Hollywood and Plantation General Hospital. A total of 125 medical social workers, nurses and care coordinators were educated on the topics of HINI for pregnant women and infants, safe sleeping practices and the effects of STDs/STIs on pregnancy and the fetus.

Also, the BIHPI Community Engagement Group (CEG) coordinates a faith-placed mentoring approach with 2 faith-based organizations in the community to provide information about the importance of early prenatal care and doctor's visit, healthy relationships and eating healthy. The goals are to education on having a healthy pregnancy and positive birth outcome to African American women in the 33311 zip code in Broward County; to reduce fetal and infant mortality and to promote and support the adoption of healthy lifestyle behaviors during pregnancy and

after. A minimum of 50 families to include pregnant and/or parenting women and families will participate in Mentor/Mentee relationships, workshop attendance and community activities.

In addition, the BIHPI (CEG) organized its first Annual Pregnant and Parenting Teen Empowerment Workshops at a teen school in the community, along with the Annual Family Empowerment Workshops for the pregnant and parenting women and families in the Haitian community to be held in October 2011.

Capital Area Healthy Start Coalition, Inc.

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

There are 65 members of the Coalition representing individual organizations and consumers. The members represent the following agencies: Children's Campaign, United way of the Big Bend, Whole Child Leon, Earl Bacon Agency, Good News Outreach, Thomas, Howell, & Ferguson, FAMU Counseling Center, COPPS/FAMU, Morgan Stanley, FSU School of Nursing, SunTrust Bank, Alex Davenport Medical Practice, Kids Incorporated, Mike Vasilinda Productions Inc., Leon County Schools, Early Childhood, Benson's Heating & Air Conditioning, Azalea Women's Healthcare, Chiles Center, TMH, Hallmark Insurance Services, Madsen Goldman & Holcomb, LLP, FL Land Title Association, Capital Area Community Action, Bond Community Health Center, FL Manufactured Housing Association, Wakulla County Health Department, Brehon Institute for Family Services, Inc., Tallahassee Pediatric Foundation, Big Bend Area Health Education Center, Kiwanis Club of Tallahassee, First Words Project, Florida United Businesses Association, Head Start Child Development Program, Tallahassee Community College, Leon County Health Department, Birth Cottage, Leon Cooperative Extension Service, Premier Bank, Florida Pediatric Society, La Leche League, Breastfeeding Task Force, Leon County Board of Commissioners, DOH-Bureau of Immunization, Dick Howser Center, TMH Women's Pavilion, and North side Kiwanis Club.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

\$98,929.00

3. Description of the greatest unmet maternal and child health population need in your service area.

Health education to women of childbearing age, especial African American women, continues to be one of the greatest needs in our service area. African American women lose babies two to three times more often than white women, regardless of age, education, marital status, or income. The Coalition lost their Health Educator during the 2009-2010 contract year and has been unable to provide education at the same rate as previous years. The Coalition will continue to keep education as one if

its top priorities and conduct trainings and classes as funding permits.

Capital Area Healthy Start Coalition has also noticed a strong need for more awareness for the Healthy Start name and its services. Infant screening rates are low and families are declining both screens more often. To mend this issue, the Coalition will continue to promote Healthy Start services in our catchment area and at the provider's offices.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

N/A

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

All consumers and families are invited to attend and participate in the Coalition's annual meeting. Meeting announcements are posted on the Coalition's website and in the Tallahassee Democrat. At our annual Walk to Remember (WTR), families are encouraged to become members and/or volunteers. We also receive feedback from the WTR families regarding the event and our Fetal & Infant Mortality Review Program. The Coalition also conducts focus groups. Through the focus groups the Coalition receives recommendations for community needs assessments, service delivery plans, and Healthy Start Services. Focus group participants consist of county residents, program participants, prenatal care providers, and representatives from other agencies. Focus groups are held in both Leon and Wakulla Counties.

6. Any other pertinent activity or strategy that the coalition would like to submit.

Capital Area Healthy Start Coalition and State Representative Alan Williams are working on a new Black Church initiative call Manager Ministries. This program will involve churches in African American communities. The churches will help spread the word on how to have a healthy pregnancy, not just for current mothers and mothers to be but also women who could become pregnant.

Central Healthy Start Coalition

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

Board of Directors:

- *Consumer (0)*
- *Advocacy (3)*
- *Community Organization (7)*

General Members:

- *Consumer (0)*

- *Healthcare Providers (3)*
- *Advocacy (0)*
- *County and Municipal Governments (1)*
- *Social Service Organizations (3)*
- *Local Education (4)*
- *Business (1)*
- *Faith-Based (0)*
- *Child Welfare (0)*

The total amount of Coalition members is (22).

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

The Coalition was awarded a total of 3 Wal-Mart Community grants which totaled (\$1,500.00) for the Sumter County Healthy Start program this contract year.

3. Description of the greatest unmet maternal and child health population need in your service area.

The Central Healthy Start Coalition service area includes Citrus, Hernando, Lake and Sumter counties. These four counties make up a large rural area with the slight exception of a few urban areas within the major cities of these counties. We continue to battle the issue of transportation within our Coalition service area. There is such a need for transportation that many of our clients are unable to make it to their prenatal appointments which means they aren't receiving the proper care they need for themselves and their unborn children.

Affordable health insurance and help with the Medicaid process, as well as the funding for both of these, remains to be other unmet needs of the Coalition.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

One of our Healthy Start participants found out she was pregnant and at her first prenatal care appointment informed her provider that she had been using drugs for quite some time. Her provider encouraged her to stop using drugs and gave her some resources to help her with her efforts with one of them being the Healthy Start program. Through her visits with her Healthy Start Care Coordinator she was able to receive valuable resources including contact information for a local church providing counseling for drug users. This participant started to attend the church she was getting her drug counseling from and was able to stop using drugs completely. Through the Healthy Start program the participant was also able to receive parenting and breastfeeding education to help her in preparation for the arrival of her baby. We are happy to report that not only did this participant deliver a healthy little baby she was also able to get a job and make every one of her doctor

appointments for herself and her baby. With the help of the Healthy Start program this participant was truly able to turn her life around. Healthy Start is a program that truly that can truly make a difference!

5. Description of how the Coalition involves consumers and families in decisions, activities and community assessment needs.

The Coalition involves consumers and families in the decisions, activities and community assessments needs through the following:

- Engaging consumers and families at the World's Greatest Baby Fairs
- Regularly asking our providers to identify consumers to invite to the Board meetings
- Sending out consumer surveys for our Service Delivery Plan (this was not the year we'd send out the surveys to be completed)
- Sending out Participant Satisfaction Surveys to every Healthy Start participant

6. Any other pertinent activity or strategy that the coalition would like to submit.

a. Marketing and Advertisement - The Coalition has been fortunate to receive the support of the WUFT and WJUF radio stations again this contract year. The PSA for the Healthy Start program was aired over 936 times on multiple radio stations and reached hundreds of potential Healthy Start participants.

b. The Central Healthy Start Coalition collected a total of \$42,425 in in-kind donations for the 2010-2011 contract year.

c. The Coalition has continued the "Blossom" and Coalition e-newsletter as another way to reach out to potential Healthy Start participants and the "movers and shakers" within the service area.

e. Coalition staff is currently working on the 2009-2010 Annual Report which will be distributed within the next month via email.

f. The Coalition webpage is in the process of receiving a major update, which will be very similar to the newly created website for the Healthy Start of North Central Florida Coalition. We hope the updated webpage will attract more users and potential Healthy Start participants.

g. Coalition staff continues to update the area through the use of its own Facebook page. Board meetings, important news, and interesting articles are posted on a regular basis.

h. Board Development - The Central Healthy Start Coalition continues to attract new Board Directors every year. The Board is operating well and has grown tremendously over the course of this past contract year.

- New Director Orientations were given to Board Directors after being elected to

the Board.

- A newly updated and attractive Board Director Handbook was created as a tool for the Coalition's Board Directors covering topics such as: the Healthy Start background and structure; the Florida Statute; the Sunshine Law; Central Healthy Start bylaws; Conflict of Interest; and Board member responsibilities among many others.
- The Annual Meeting gave Board Directors the opportunity to brainstorm ideas on how to improve and expand the Coalition's current action steps within the Service Delivery Plan.
- A Legislative Handbook was created for each Board Director to keep them abreast of the local and state representatives overseeing the Coalition service area so that if they are called upon to take legislative action on behalf of the Coalition they know who contact and what they should say.
- Both Terri Cooper, from SEDNET, and Vanessa Harrison, from Florida Hospital Waterman, were elected to the Board as new Board Directors this contract year.

Charlotte County Healthy Start Coalition, Inc.

1. Number of Coalition members and the organizations they represent:

Sixty-eight members, representing consumers, the community at large and 42 organizations, are involved in the Coalition. Participating groups include medical providers, social services providers, faith-based, government, attorney, private business, education, health advocacy, child care providers, service organizations, libraries and the Department of Children and Families.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts):

Grants funding received during fiscal year 2010-11 included:

- \$ 5,900 - Bon Secours Health Systems/Peace River Medical Center Foundation/Prenatal Health Care for uninsured/Unfunded Women
- \$17,410 - Community Impact Grant, United Way of Charlotte County (Prenatal Care for Uninsured/Unfunded Women / Psychosocial Counseling / Diabetic Nutrition Counseling)
- \$ 766 - Early Learning Coalition of Florida's Heartland / Educational Baby Shower
- \$ 995 - SW Florida Community Foundation / Web-based Learning Management System

3. Description of the greatest unmet maternal and child health population need in your service area:

- Affordable housing, lack of employment opportunities and public transportation issues continue to impact the community. The lack of set-route public transportation within the community continues to plague those needing transportation for doctor appointments, and basic necessities. The existing advance-reservation transportation system is not geared to serve these needs.
- Unfunded and uninsured prenatal women who are determined to be high-risk lack access to specialized care and the additional tests required.
- Residential drug treatment programs for pregnant women and women with infants are needed to address an increased rate of maternal substance abuse.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases:

N/A

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments:

- Satisfaction Surveys and consumer recommendations are distributed to those receiving Healthy Start services. The results are summarized, reviewed by the Coalition and recommendations for improvement are shared with service providers.
- Various surveys are conducted throughout the year during delivery of program services and at community events to measure public awareness of maternal/child health issues, public perception of area needs, and effectiveness of Healthy Start outreach materials. Results are used by the Coalition to develop risk-appropriate strategies.
- Consumers and community members are encouraged to participate in Coalition meetings, activities and events and provide input on addressing local issues and strategies.
- Quarterly Coalition newsletters, monthly e-news, periodic on-line surveys, media articles and links from the Coalition's website also encourage community input and participation.

6. Any other pertinent activity or strategy that the Coalition would like to submit:

- Day of Caring Outreach Project: In collaboration with the United Way of Charlotte County, volunteer "Outreach Ambassadors" delivered 1,600 educational flyers on pre-pregnancy health, the Healthy Start Program, and provided information on area resources to affordable housing complexes with a total of 1,200 residential units.

- Web-based Learning Mgmt. System: With the assistance of a grant from SW Florida Community Foundation, and in collaboration with Self Innovations, Charlotte County Healthy Start introduced an on-line training system for providers, staff and Board Members, offering over 125 hours of web-based learning. This comprehensive program, which can be monitored by supervisory staff, offers vital information on the Healthy Start Program, its Standards and Guidelines, and delivery of services. Additional instruction is also available for Board Development, Data Analysis, Leadership Development, and Personal Development. Posttests assure that each student achieves a sufficient level of understanding for the material provided.
- Enhancement of Coalition Website: The Coalition has worked throughout the year to expand website links and update educational materials on maternal/child health issues. Additionally, the first in a series of on-line surveys was introduced to assess community knowledge and prioritize area needs. Data gathered will be used to develop risk-appropriate strategies.

Chipola Healthy Start

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

Chipola Healthy Start Coalition serves pregnant women, infants and children in a five-county region of the Florida Panhandle: Calhoun, Holmes, Jackson, Liberty and Washington. The Coalition is made up of public and private health care providers, social service organizations, representatives of the local school system, county governmental staff, maternal and infant advocacy groups and consumers of health services as listed below:

- | | |
|------------------------|--|
| County Libraries (5) | Hospital (3) |
| Education (19) | Local Government (17) |
| Businesses (7) | Public Health (16) |
| Consumers (6) | Media (3) |
| Public Assistance (10) | Faith Based (5) |
| Universities (6) | Healthcare Providers (10) |
| Social Services (24) | State Employees (29) |
| Federal Government (1) | Other miscellaneous Community representation (2) |

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

<i>Fetal and Infant Mortality Review Project</i>	\$21,784
<i>March of Dimes</i>	3,000
<i>KidCare</i>	7,333
<i>United Way</i>	2,627

<i>Plum Creek Foundation</i>	2,500
<i>Jackson County Tourism Development Council</i>	2,000

3. Description of the greatest unmet maternal and child health population need in your service area.

There is a great need to improve preconceptual health behaviors in women of childbearing years in order to reduce the risk of poor birth outcomes. The Coalition's Fetal and Infant Mortality Review Project has shown that many of the women experiencing a poor birth outcome in the service area had a pre-existing health issue that was being poorly managed such as hypertension, diabetes, morbid obesity, etc. The most obvious service gaps in our maternal and child health system are the overall lack of available resources, transportation and the availability of high risk and specialty services before, during and after pregnancy.

We need to provide adequate healthcare to women before they become pregnant as well as during and after their pregnancies by making it either affordable or at least making the Medicaid system possible to navigate for the average citizen in our service area. For example, Jackson County is the only one of our five counties that has a hospital with obstetric services. There are three private practice OB/GYNs for the entire 3800+ square mile service area, and they are all located in Marianna. Most women access gynecological or obstetrical services offered at tertiary care hospitals in Panama City, Tallahassee, Crestview or Dothan, Alabama. The closest Level III neonatal intensive care unit is at Tallahassee Memorial Hospital (TMH) in Leon County, which is 60 miles away from Marianna, the center for the service area's only delivering facility. The nearest high-risk perinatal services available to women with Medicaid are two hours away in Pensacola at the Regional Perinatal Intensive Care Center.

There are no obstetrical services available to the uninsured without a large portion of the expense paid in advance and assisting women to apply for Medicaid has become more difficult. There are no Medicaid intake centers within any of our five counties and the nearest intake facility available to our citizens is over an hour away for most of them. Florida's ACCESS website is not beneficial because many of our women do not have internet access. The increased wait time for the Medicaid call center has effectively put Medicaid out of their reach because many of our women have prepaid cell phones or have to use someone else's phone to make calls and cannot afford the two to three (+) hour wait times. With the scattered population and the reality that providers of products and services seek dense population, out-migration for care has become a way of life. Unfortunately many of the women we serve do not have a reliable form of transportation and must rely on friends and family. This problem is compounded by the increased distance they must travel and high gas prices. All of these things have come together like the perfect storm to prevent our population from getting even routine healthcare.

We desperately need primary healthcare and Medicaid intake services at every rural county health department.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.



A MOTHER'S STORY

By: Deborah Buckhalter- JC Floridan Staff Writer
Healthy Start Quarterly Newspaper Insert
October 2010

Joanna Jones knows how fortunate she is to have the support she needs as a new mother. Her first born, Preston JaKeem Lester, came into the world Sept. 22 surrounded by love on every side.

From the time she learned she was pregnant, her baby's father went to all her doctor's appointments, and was in the labor and delivery room with her the whole way. He talked soothingly to the baby, Jones said, before it was born.

Her parents and his are doting on the child already, cuddling and rocking the baby when they can pry him

from Joanna's arms.

She was in labor five hours, and he debuted at 11:58 p.m. on September 22. He weighed in at 7 pounds, 2 ounces.

Jones said the baby's birth has changed her life forever. Her priorities are now aligned around his needs.

"It's about my baby now." Jones said. "He comes first. I have to think about him and whatever he needs. That's my foremost concern, ahead of everything else in life."

She said Chipola Healthy Start and sister agencies like the Jackson County Health Department were there for her as she prepared to bring her first child into the world.

"I probably would have been losing my mind if I hadn't known they were there to help me," she said. "They had a lot of information to share. I would totally recommend that everyone take advantage of what's there."

The subjects covered by Healthy Start and their partners, she said, were wide-ranging. "They talked about the birthing process and the months leading up to that,

some of the things to expect as your body changes, and they went on into things you need to know after the baby is born,” she said.

“They really covered everything. They talked about the possibility of post-partum depression, how to handle and care for the baby after it was born, the bonding process between parent and child, the benefits of breastfeeding, and the developmental stages he would be going through at different points, really all things you need to know and be on the lookout for. They talked about car seats and a lot of other things that are so important. They sent someone to my house and talked to me about the benefits of the program, and what little bit my mother didn’t know, they knew.” She and the baby’s father went through Childbirth Education classes together at the health department, as well.

Jones said that mothers-to-be have no reason to fear, even if their pregnancy wasn’t a planned event. Getting involved with Healthy Start and other available resources as soon as possible, she said, is a great step towards ensuring a healthy birth.

“I’m fortunate to have the family support I have,” she said. “But Healthy Start is a really good extra resource for everyone. I know it’s not going to be easy, I know there will be good times and bad, but if I need anything, I know they’ll be there for me.”

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

In efforts to gain a more holistic understanding of the needs and gaps of our community, the Coalition solicited perceptions, answers and concerns of community members during the Community Needs Assessment process. In efforts to expand the knowledge of the community at-large, while benefiting from their personal feedback and unique perspectives, a series of small group meetings were conducted. The meetings were targeted toward each county with as many diverse groups as possible. The concept was to have as many “personal points of contact” as could be accomplished with the underlying belief that a pearl of true wisdom can come at any time from the most unexpected sources. In the long run, the problems our mothers and infants face will only be solved to the fullest extent with the commitment of an entire community.

6. Any other pertinent activity or strategy that the coalition would like to submit.

N/A

Escambia County Healthy Start Coalition, Inc.

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

The Escambia County Healthy Start Coalition of Escambia County currently 160 has active members representing more than 61 organizations in Escambia County. These organizations include state and local government, hospitals, medical groups, and not-for-profit organizations.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period.

Beds for Babies - Dining Out Fund Raiser	\$8,761.00
Beds for Babies - Bella Baby Contest	\$75.00
Beds for Babies - Grants	\$2,520.00
Beds for Babies - Donations Restricted	\$455.00
Baby Shower - Donations Unrestricted	\$950.00
Miscellaneous - Donations Unrestricted	\$980.00
Grants - Safe Sleeping Campaign	\$3,995.00
Total	\$17,736.00

3. Description of the greatest unmet need maternal and child health population need in your service area:

The greatest problem Escambia County continues to be unemployment. There also continues to be a need to reduce the racial disparities in birth outcomes, especially for our black population. Access to health insurance is a real problem for mothers who are not pregnant and have a low paying job. Many chronic health problems do not get health care but interfere with a subsequent healthy pregnancy. Infant deaths due to suffocation continue to be a problem.

Gaps in services remain in the northern end of the county. Century is over 50 miles to any provider. The Escambia County Health Department is offering new services in that area but no OB/GYN nor are pediatricians in that area. Dental for adults and pregnant women is still very scarce. The Health Department is providing child dental care through out the entire county.

4. Any participant success stories, if permitted by the client, including photographs with appropriate participant releases.

a. A group of student nurses from a local community college were doing their rotation through public health here at the CHD and each of the students was assigned to a care coordinator in Healthy Start. One morning this particular student was introduced to her care coordinator (RN) that she would be working with and when they saw each other, there was immediate recognition and big surprises on their faces.

You see, two (2) years ago this student nurse had been a client to this care coordinator. This client was not in the best of places when she was our client and she came through some very rough patches while participating in healthy start but

here she was a nursing student and doing well!. The student nurse told her care coordinator that, because of her inspiration, she had chosen to go to nursing school and was so grateful for the positive influence. Tears all around.

b. This client is pregnant with her third child. Since April of 2011, she has been actively participating in Healthy Start. After being educated in the dangers of smoking to herself and her baby, she used the information she received and quit smoking. She has been a non-smoker now for 2 months. She has decided to breastfeed her baby not only because it is healthier, but also as an added incentive to not start smoking after the baby is born. She also changed her diet based on information she received through Healthy Start and is now eating more fruits and vegetables while avoiding sweets. After being told about area pregnancy resource centers, she initiated and has continued to participate in programs at Safe Harbor and the Pregnancy Resource Center. She has not only received education through these two organizations, but has earned points for much needed baby supplies. She is also participating in counseling services through Healthy Start. She has expressed that she is very appreciative of this service and feels it has helped her stay focused on the important things in her life while dealing with problems that occurred in her past.

c. A grandmother called H.S., attempting to obtain information regarding immediate needs for her grandchild. The child was seven months of age. She was born at 33 weeks gestation. This child was initially in ICN and being treated with active herpes and was substance exposed. Mom never came to visit and didn't show for discharge. Children and Families were never involved. The grandparents ended up taking this child to their home. Grandmother had a list of immediate needs: no bed for baby, no birth certificate (mom never named the baby or applied for one), unable to apply for food stamps, Social Security card, WIC, or Medicaid due to lack of birth certificate and no custody papers. Child was not receiving any physicals and was behind on her immunizations. SH refused to see her anymore without Medicaid. H.S. was able to make arrangements to have baby seen immediately for physical and to catch up on immunizations at ECHD. WIC was started with nurse's referral. Child had developmental delays. Little one was referred to Early Steps and an intervention from home visiting therapist was started right away. Arrangements were made and HS obtained a bed for the baby. Immediately nurse found that family could apply for temporary custody from the courts with a \$300.00 fee. Instructed family to apply for a scholarship and sent to apply. At the court house, informed that paperwork had to be typed. Nurse found a volunteer to type paperwork for family. Custody was granted and WIC, social security, food stamps and Medicaid fell into place with guidance of H.S. Child was obese. Ongoing dietary education was provided to grandparents and a referral was written to the dietician with WIC for education and evaluation. Eventually she was evaluated and treatment was started for an eating disorder and speech therapy was started. Family had significant mold in their home; nurse was able to set up family with a community resource which would give them \$30,000.00 for home repairs and money to store furniture and to stay in a hotel. Healthy Start made community referrals to assist the family with

Christmas and the outcome was great. H.S. continued to monitor for needs, make referral and provide ongoing education. Client was closed at 3 years of age, at that time she was in ongoing early intervention, has had some needed surgery, all physicals and immunizations are up to date and she starts school on Monday.

5. Description of how the coalition involves consumers and families in decisions, activities and community needs assessments.

The Coalition involves consumers as members through our coalition meetings where our service delivery plan, committee reports and issues are discussed. Consumers receive satisfaction surveys and at all baby showers a community needs assessment is completed. All community meetings are advertised in the Pensacola News Journal and web site.

6. Any other pertinent activity or strategy that the coalition would like to submit.

Beds for Babies program was established in 2001 to reduce the risk of infant asphyxiation. The Escambia County Healthy Start Coalition's Beds for Babies project targets at-risk families in the Pensacola Bay area (at-risk pregnant women and at-risk infants) who are participating in the Healthy Start program or other prenatal/infant program and who do not have the means to acquire a crib for their infant. Currently there are no other programs or agencies that provide cribs for babies on an organized basis. The coalition has provided over 1,400 cribs for families who are participating in Healthy Start and who do not have the means to purchase a crib for their infant. These cribs provided an incentive for at-risk families to agree to being screened for Healthy Start services and to participate in the Healthy Start program.

This year our board developed a fund raiser called Dining Out which raised over \$10,000 for beds.

Healthy Start Coalition of Flagler and Volusia Counties, Inc.

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

There are 20 Coalition/Board members who represent the private and public sectors to include Sun Trust Bank, Volusia County Council, Volusia County Schools, two private physician, Volusia County Health Department, Flagler County Health Department, Stewart Marchman ACT Behavioral Services, Agape Midwifery, City of DeBary (mayor), Daytona Beach News-Journal, Workforce Development, Children's Medical Services, Florida Hospital Memorial, Halifax Health, Roper Law, Mental Health of America, Healthy Communities and KidCare, United Way of Flagler and Volusia Counties, and Early Learning Coalition.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

The Coalition leveraged \$699,396.36 in additional grants and funding during the 10/11 contract year.

3. Description of the greatest unmet maternal and child health population need in your service area.

Treatment and policy change for opioid dependent pregnant women and address of prenatal care access under Medicaid Managed Care.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

Melanie received services from both Healthy Start and Healthy Families. She was addicted to Methadone and had a baby born with Neonatal Abstinence Syndrome. With assistance from home visitation, care coordination and careful case plan staffing, Melanie was able to transition to buprenorphine from Methadone and finally to transition off of the buprenorphine to be drug free. She became addicted to prescription drugs following an injury and it impaired her ability to parent and be the wife and mother she wanted to be. Methadone was an alternative but became an even worse addiction. She stated that her biggest reward for successfully becoming clean from drugs was when her oldest child looked at her and said, "I am happy to see you smiling again." Melanie had the courage to speak at our annual meeting and tell her story to policy makers and community leaders. She received a standing ovation.

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

Our Coalition requests feedback from consumers and has a consumer on the Fetal Infant Mortality Review Case Review Team. Recently we partnered with the local One Voice for Volusia Thrive by Five Collaborative, Florida Department of Health Early Childhood Comprehensive Systems and Georgetown University to conduct strategic planning with local consumers. We now have seven active Parent Leaders and have begun a series of Community Cafe dialogues and are implementing a family-run Resource Center.

6. Any other pertinent activity or strategy that the coalition would like to submit. Our Coalition has implemented several noteworthy strategies listed below:

- Lifesong - addresses Black Infant Mortality through the faith community with song, dance, narration and action to support positive health outcomes and address health disparities in a powerful, community-driven way.

- Women's Intervention Specialist and Specialized Care Coordination - provides intensive intervention and support in response to the rising numbers of opiate and opioid addicted women (prescription drugs and methadone) with substance abuse treatment linkage, hospital coordination, pediatric follow-up, and focus on maternal and child well-being with risk reduction strategies.
- Interconception care to teens - this support provides for linkage to health services following a teen pregnancy to prevent subsequent teen pregnancies and support the health of the young mother and her baby.
- Grief Toolkit - this tool was developed for health practitioners for use with their patients following a fetal or infant loss. The toolkit helps patients cope with loss and understand the importance of achieving optimal maternal health prior to another pregnancy.

Florida Keys Healthy Start Coalition, Inc.

The Florida Keys Healthy Start Coalition’s catchment area encompasses all of Monroe County to include the entire Florida Keys, a string of islands connected by U.S. Highway 1, which ends in Key West, 150 miles southwest of Miami. Because only one road provides access up and down the island chain, reaching services can be difficult and time consuming, resulting in the need to provide outreach in three unique geographic areas. The population of Monroe County is slightly less than 80,000 and community members are challenged by the highest cost of living area in the State, with the cost of housing exceeding 130% of the state average. The County is heavily dependent upon tourism which is primarily supported by under or uninsured service industry workers. Additionally, there are limited options for medical care and specialty care often requires a 4+ hour trip to Miami, placing a significant burden on already financially strapped families.

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

There are 26 active Coalition members, representing many professional and civic communities. Membership includes medical services, social services, education, local business, corrections, environmental protection, the school district, health department, other state and local governmental entities, consumers and the general public.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind services or amounts):

Monroe County Sheriff’s Office	\$ 3,500
Monroe County Human Services Advisory Board	\$ 5,000
Florida Department of Transportation	\$ 37,477
Einstein Foundation	\$ 10,000
Parrotheads	\$ 1,000
United Way	\$ 500

Business Donations	\$ 5,916
Individual Donations	\$ 8,871
Total:	\$ 72,264

3. Description of the greatest unmet maternal and child health population need in your service area:

General access to care and limited provider options will likely always be the primary challenge and unmet maternal and child health need in the Florida Keys. While efforts such as public transportation, Healthy Babies and similar Healthy Start local initiatives mitigate the difficulties; they do not resolve the underlying realities of care in the community. Economic stressors and the need for many to work multiple jobs that do not offer health insurance are problems outside the reach of the Florida Keys Healthy Start Coalition.

Timely access to care also continues to challenge our system of care. PEPW remains the only financial assistance available to an increasing number of women in our community. If Healthy Babies funds are available through the Coalition, care continues. However, as the number of applicants increases and if those funds are not available, medical services provided during PEPW eligibility may be the only prenatal care received by a client prior to the birth of their child. Should local physicians continue their trend of no longer accepting Medicaid, our entire system of care for pregnant women and children could collapse?

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

A teen client was referred to Healthy Start by a school specializing in at-risk teens in August of 2010. She was thought to be pregnant, but in denial and not seeking care or assistance. After many unsuccessful attempts to contact her, a tenacious and effective Healthy Start Nursing Care Coordinator located her at the school where she was able to administer a pregnancy test and initiate a Medicaid application. The client was already experiencing complications and extremely fearful of seeing a physician. The Care Coordinator was able to obtain access to and accompany her into a practice with the only female OB in the community and begin to mitigate identified risks. In particular, the teen mom-to-be was a smoker who indicated she had “cut back” on her smoking. While the preferred method would have been to refer the client to a smoking cessation program, her reticence to engage additional community partners led the care coordinator to keep working directly with her. Within two months, the client had stopped smoking and recognized the impact of smoking on her baby. Similarly, since experience indicates teen mothers in our community are far less likely to breastfeed, the care coordinator immediately started providing breastfeeding education.

During the course of her pregnancy, the teen was arrested and placed with the Department of Juvenile Justice and a case opened with the local Community Based

Care (CBC) service provider as part of the dependency system. The Care Coordinator participated in multi-disciplinary staffings to address housing issues to include mental health challenges of the teen's mother and allegations of abuse and drug use. The CBC provider failed to secure appropriate housing for the teen. In light of their inaction, the Care Coordinator, using her rapport developed with the teen's support system, was able to secure a safe housing environment in the father of the baby's home that was then approved by the CBC.

Throughout the pregnancy the Care Coordinator worked with the client to build independent living skills in order to best prepare her to safely and appropriately care for her baby at birth. Along the way, she was able to help the client modify her behavior and exhibit responsibility sufficient to result in closing of her case with DJJ, Probation, and the CBC. Client delivered a healthy baby girl and was able to breast feed for three months. She returned to school and graduated in June of 2011. She is now enrolled in classes at the local community college and doing well academically. The baby is enrolled in day care, current on all shots and on target developmentally. Without the assistance of the Healthy Start Care Coordinator's personal intervention and caring approach, the teen and her baby would have continued to occupy resources within the community in the criminal, juvenile justice and social service agencies and both she and her daughter would be at far greater risk for poor outcomes.

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

Throughout the contract year, focus groups, surveys and personal interviews were conducted as part of the Coalition's needs assessment process in conjunction with the development of the new Service Delivery Plan. Focus groups, survey instruments and interviews were used to collect data for the assessment as was the heavily frequented Coalition website where consumers, supporters and the general public may contact Coalition staff directly. Additionally, Coalition meetings are open to the public who are encouraged to attend. The plan to develop geographic advisory boards during the upcoming year will create yet another forum by which community members may participate in the decision making process of the Coalition. The goal will be to include consumers and other supporters of maternal and child health initiatives from each of the unique areas in the Keys where services are provided in order to ensure challenges experienced, such as access to care, are fully understood and vetted by the Board of Directors. This approach will allow for the ongoing collection of community input in a more consistent and easily recognized forum.

6. Other pertinent activity or strategy that the coalition would like to submit.

The only federally funded clinic in the county ceased seeing obstetrical patients in October of 2010. This low cost option, although never ideal due to poor delivery plans and no local hospital privileges, was no longer available to those most in need

of assistance, including those who cannot meet the co-pay requirements of the Coalition's Healthy Babies program. Healthy Start care coordinators and the Coalition worked to access alternative care for the almost 30 patients left with no provider with less than two weeks notice. However, the long term implications of access to a provider positioned to accept low income patients in the community continues to be of concern to the Coalition.

Generally speaking, access to care for both pediatric and obstetrical care in the Coalition's catchment area is decreasing. Monroe county physicians are increasingly unwilling to accept Medicaid patients due to low reimbursement rates, significant administrative overhead required by the program, and timeliness of payment. Further complicating the issue, most physicians are sole practitioners with little or no supporting medical staff. Their practices are disproportionately consumed by Medicaid patients, with few insured and/or cash pay clients to offset low Medicaid reimbursement rates. The County now has only one pediatrician categorically willing to accept new Medicaid patients. He is located in Marathon, which is geographically isolated from the larger population centers in the Keys and he does not have hospital privileges at any hospital. There is currently only one other who will accept new Medicaid patients, but only to age 6 months. He is seeking to expand his capacity by taking on another partner in the practice, but hiring of physicians in our community can frequently be a several years-long process. Another pediatrician, who currently carries the greatest number of pediatric Medicaid patients in his practice, announced he will permanently close his doors in August 2011 and leave the community in order to join a not-for-profit clinic in another part of the state where he will not have to contend with the Medicaid issues that plagued his Key West practice. Another is disenrolling altogether as a Medicaid provider. One of the two remaining community's pediatricians indicates that he may not be far behind in being forced to make a similar decision regarding his own practice.

The Coalition is working with other concerned partners in the community to address this issue. We are currently engaged with the Health Council of South Florida, the Kid Care Coalition of Florida and AHCA in an attempt to find a resolution to this critical loss of services in Monroe County.

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

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

There are 600 Coalition members representing 236 organizations.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

a. Heartland for Children	\$84,120.00
b. Polk County Health Department:	\$20,000.00
c. Polk Works	\$ 5,000.00

d. Polk Healthcare Plan Community Outreach	\$22,945.65
e. Beds-4-Babies	\$27,000.00
f. Florida Healthy Kids Corporation	\$ 8,000.00
g. March of Dimes	\$ 3,000.00
h. Cash Donations	<u>\$ 9,283.62</u>
Total	\$179,349.27

3. Description of the greatest unmet maternal and child health population need in your service area.

- In rural Highlands County, transportation is often the reason for missed appointments, late entry into care, missing clinic appointments for the women and her baby, lack of immunizations and a failure to register and/or pick up WIC. This lack of transportation has also impacted attendance at Childbirth Education classes. In Hardee County the lack of public transportation results in many families hiring a taxi which is very costly.
- Due to declining numbers, Highlands County Health Department was forced to eliminate prenatal care services at their Avon Park clinic. This has again resulted in residents of this area, many who are high risk patients, to travel to Sebring for their care. The location of the Sebring Clinic is a challenge for individuals who reside in town as the clinic is located several miles outside of the downtown area. Plans for a clinic in the downtown Sebring area are on hold due to uncertainty regarding DOH restructuring.
- Residential drug treatment programs for pregnant women and women with infants. Approximately 15% of the Healthy Start families in Polk County have a history of substance abuse. There is only one residential treatment center in Polk for women who are pregnant or have recently had a baby who was substance exposed.
- Hardee County does not have a medical facility within the county that delivers babies or treats children. All are transferred out of county. We have continued to experience low numbers of infant referrals as the consent rate for infant's screens in the out-of-county hospitals remains low, despite continued communications between the hospitals, the County Health Department and the Coalition.
- Polk and Hardee Counties continue to have a large population of undocumented residents who will not be eligible for Medicaid beyond the temporary coverage, and therefore they wait until late in their second trimester or into their third trimester to seek prenatal care. This year we experienced additional challenges to this population due to immigration laws and changes in the migrant workforce.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

A screen was received for a 41 year old prenatal client with a score of 8 and risks of: single, education, BMI > 35, depression, first pregnancy and did not want to be pregnant. She had no support from the father of the baby and had to move in with

friends. She was opened to HS and made a level 3. She was referred to Innovations in Counseling. She has delivered a baby that was > 6 pounds, is on WIC, Medicaid and she is exclusively breastfeeding. She has been able to move in to her own apartment and is working things out with the father of the baby, so they may be moving in together soon. She is enjoying being a mother now and states that “I would have had a baby sooner if I had known how much joy it would bring in to my life”. She kept her family planning appointment and is on a birth control method. She and the baby are doing great, so she was closed to HS services, but advised to call if she needs anything at all.

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

Our FY 10-11 Healthy Start Care Coordination contracts included a document that the care coordination staff could use to record contact information on clients who would consider being a resource to the Coalition. We obtained significant input from consumers via surveys and focus groups that we used in the development of our 2010-2015 Service Delivery Plan.

Our Board and committees have consumer representatives. We continue to request consumer participation during presentations and at community events.

6. Any other pertinent activity or strategy that the coalition would like to submit.

In August, 2010 the Coalition along with 6 community partners including the United Way, DCF and Healthy Families introduced and provided training on the Safe Baby Campaign to over 100 individuals representing 17 community agencies. This model was developed by Hillsborough Healthy Start, and consists of modules for Choosing a Safe Caregiver, Safe Sleep, Coping with Crying and Shaken Baby Syndrome. Throughout the year other community partners including local hospitals and pediatricians received information and curriculums. The Coalition also provided training on the curriculum to teen parent programs and several child care programs.

A local service organization has provided funding to additional materials which are now available in Spanish.

Healthy Start Coalition of Hillsborough County, Inc.

1. Number of Coalition Members:

There are 20 Board Members; 49 Voting Members; and 1,397 General Members. Represented agencies are comprised of social service agencies, hospitals, businesses, religious, migrant organizations, health insurance companies, education, government, community health centers, physicians, attorneys, health department and foundations.

2. Dollar amounts for grants or other funding that have been leveraged by HSC of Hillsborough during the contract period:

Ounce of Prevention, \$840,400 for Healthy Families Hillsborough; Children's Board of Hillsborough County, \$3,927,800 for Healthy Families Hillsborough, Family Support and Resource Centers, Zero Exposure Project and Healthy Start Intensive Teen Pregnancy Program; Allegany Franciscan Ministries, \$50,000 for Strategic Development 2011; Centers for Disease Control and Prevention, \$92,000 for Folic Acid Promotoras and March of Dimes, \$93,500 for Healthy Mom Interconceptional Education Program.

3. Description of the greatest unmet maternal and child health population need in your service area.

There are many unmet needs for this population. One of the greatest unmet needs is access to prenatal care for women without any form of health insurance or the ability to pay for their prenatal care, especially those women with chronic health conditions. Women who qualify for Medicaid are also included in this group. The Medicaid application process, especially now that it is electronic, has made it more difficult for women to complete the application and receive Medicaid. Continuing community meetings between the Hillsborough County Court System, hospitals, social service providers and drug treatment providers have highlighted the need for more drug treatment services, especially in-patient, for pregnant women and young mothers. Others that are most frequently mentioned by those who provide direct services to clients are the lack of access to mental health care services, affordable and safe housing, affordable and safe childcare, job training, and employment that provides a livable wage.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

Guests of the October 2010 Membership meeting heard a moving testimonial from a Healthy Start client. Nellie, a Healthy Start mom, began receiving services in her second trimester. Her Healthy Start caseworker visited Nellie at her home to offer prenatal and parenting education for Nellie to prepare for the birth of her son. When her baby's father died during Nellie's pregnancy, her caseworker was able to link Nellie with counseling and grief services provided through Healthy Start. Through a tearful speech, Nellie shared that she "would recommend Healthy Start to anyone."

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

Consumer input is provided through ongoing Client Satisfaction Surveys, a random selection phone survey of clients in the Healthy Start system of care when the case is closed. Additionally, consumer input is gathered through focus groups with both

Healthy Start clients and non-clients. Safe Baby conducted a focus group at one of the Coalition's Family Support and Resource Centers to gauge consumer needs and preferences. In 10-11 a series of focus groups and questionnaires were conducted with fathers, women of childbearing age, mothers, and pregnant and parenting women in crisis to gather information on a Coalition/REACH UP sponsored text messaging campaign. Consumer and family input is vital to the Coalition's activities and mission. In total in 2010-11, forty-nine consumers provided input via focus groups and 656 Client Satisfaction Surveys were conducted.

6. Any other pertinent activity or strategy that the Coalition would like to submit:

During 2010-2011, the Coalition focused training efforts on Healthy Start's enhanced services for our Healthy Start system of care. The Coalition worked with its partner agencies to identify topics that were most needed by the home visiting staff. All trainings followed Healthy Start Standards and Guidelines. Trainings conducted during the 10-11 contract year included: Smoking Cessation, Breastfeeding Education, and two trainings on HMS.

The Coalition continues implementation of center-based projects began in 2006-2007. Each of these projects was developed by the Coalition and implementation of services at these sites was negotiated by the Coalition. Those include placing Healthy Start staff at the Genesis Clinic (regional perinatal intensive care center), Hillsborough County jail infirmary and the neonatal intensive care units at all area hospitals. In 2007-2008 the concept was expanded to select Health Department clinics and the high-risk antepartum unit at the largest delivery hospital in the county. In 2010-2011, the Coalition began two pilot projects, one with St. Joseph's Women's Hospital and one with Hillsborough County's Child Protection Investigators (CPI). The St. Joseph's pilot was developed to provide wrap-around care for women in the antepartum unit and babies in the neonatal intensive care unit. The pilot team includes a nurse, a health educator, a lactation counselor, and Healthy Start Care Coordinators. Clinic and hospital based services provide a linkage between the provision of medical care with the provision of education and social support. The CPI pilot project employs one staff member who is located at the CPI offices, attends staff meetings, and works closely with the investigators on families who are referred to or already receiving Healthy Start services. The purpose of these projects is to provide services to high-risk pregnant women and infants in locations where they already receive other services.

In response to local concerns the Coalition developed an infant safety campaign in 2008-2009, now referred to as the "Safe Baby Campaign". The Safe Baby Campaign is funded by the Healthy Start Coalition and the Florida Department of Health to prevent Shaken Baby Syndrome, promote safe sleep and teach parents how to choose a safe caregiver for their children. During the 2010-2011 fiscal year, the Coalition has trained nurses and social workers at all four delivery hospitals in Hillsborough County, the Child Protection Investigators, the nursing program at Hillsborough Community College, and a variety of social service agencies by

request. The Safe Baby project received additional funds in 10-11 from the March of Dimes to expand the Safe Baby curriculum into the four Coalition supported Family Support and Resource Centers in Hillsborough County.

To address increasing numbers of infants being born exposed to prescription and other drugs, the Coalition formed the Drug Exposed Newborn Task Force five years ago. The Task Force's members represent area hospitals, partners and county professionals. Social service agencies, the Hillsborough County Sheriff's Office, the Office of the Attorney General, Hillsborough Kids, Inc., and several judges have shown their support for the issue. In April 2011, the Coalition's Zero Exposure Project held a county-wide event to educate medical professionals on prevention, intervention, and treatment for substance-exposed mothers and newborns.

In 2010-2011, the Coalition received funding from the Centers for Disease Control and Prevention to implement a program focused on educating Hispanic and Latina women on the importance of folic acid using Promotoras (native Spanish speaking lay health educators).

The Coalition continues to work with the hospitals in Hillsborough County to assess every mother of a newborn regarding infant safety. As part of this assessment, mothers are asked about where their infant will sleep once discharged home. For those mothers without a safe place for their infant to sleep, a free crib is provided. A total of 123 cribs were distributed during the last fiscal year through the Coalition's Beds 4 Babies program.

Indian River County Healthy Start Coalition, Inc.

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

A total of 120 members represent: Consumers 10, County Health Department 12, Migrant and Community Health Centers 2, Health Planning Organization 1, Hospitals 4, providers of maternity, infant and mental health services 20, Religious Organizations 9, Private Business 15, local maternal child health advocacy interest groups 17, Government 5, Social Service Organizations 12, Education Communities 7, Abuse Shelters and Organizations 4, and Homeless Shelter 2.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

\$512,540.74

3. Description of the greatest unmet maternal and child health population need in your service area.

Few health care specialists are willing to serve pregnant women and infants with Medicaid.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

N/A

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

Parents are involved through surveys done by members of the Access Committee. The Coalition did surveys by email with TLC Newborn parents in preparing the needs assessment for the SDP last year. TLC parents are offered the opportunity to become Coalition members when their baby turns 6 months. We use TLC parents because that is the broadest base of all parents. By clients becoming Coalition members their feedback on decisions is imperative.

6. Any other pertinent activity or strategy that the coalition would like to submit.

The Coalition's Access to Care Committee meets monthly throughout the year. Service providers in the community come together and learn about services or improvements to processes that will assist pregnant women and families access services. OB offices, Health Department, community health centers, 211, United Way, Healthy Families, Healthy Start, Tobacco Free Partnership, School Board, Coalition Board, School Health, CareNet Pregnancy Center, SafeSpace Abuse Shelter, economic outreach, hospital, Head Start, community based care, mental health service providers, Black Nurses Association, and Farmworkers Association of Florida is all represented.

HSC of Jefferson, Madison and Taylor Counties, Inc.

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

There are 411 members representing: three school districts, regional community college, child welfare services, civic organizations, Boys and Girls Clubs, retired educators, 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, State Legislative Delegation, private foundations, private mental health providers, professional home visitors, Early Learning Coalition, local health planning organizations, local housing and shelter organizations, Head Start and Early Head Start centers in each county, and local medical societies.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts)

\$7494.16; The Coalition is the recipient of \$3,650 from the Florida Department of Education, Office of Healthy Schools for an educational project for youth, \$3,000 from the March of Dimes to promote the Centering™ pregnancy projects, and \$844.16 from Madison Kiwanis for a safe sleep program.

3. Description of the greatest unmet maternal and child health population need in your service area.

Greater access and utilization of family planning, transportation and mental health services

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

There are none at this time.

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

The Coalition includes consumers in its focus group in terms of promoting the Whole Child Connection, and holds an office for an advisory member to the Board of Directors to provide quality assurance activities for the Coalition's Parents as Teachers Program.

6. Any other pertinent activity or strategy that the coalition would like to submit.

The signature projects for the Coalition include both Parents as Teachers as well as the Whole Child Connection. The Coalition has dedicated its planning dollars originally allocated for resource directories and community health education to develop a position and tool for promoting access to services for women of childbearing age in the three counties we serve. This involves the unconventional approach of having our community health educator serve as a Whole Child Advisor, connecting families to resources in addition to promoting women's preconception health. Parents as Teachers has been the curriculum of choice for providing parenting services, which is the number one need for families, according to the community surveying conducted by Whole Child Leadership. Healthy Start and Parents as Teachers has been effectively blended, with seven care coordinators certified to deliver Parents as Teachers and three supervisors for the region.

Healthy Start Coalition of Manatee County, Inc.

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

Healthy Start Coalition of Manatee County has 54 Coalition Voting Members. Their organizations are: MCRHS, Children's Home Society of FL-Gulfcoast Division, Gulfcoast South AHEC, Gulf Central Early Steps, MCHD, Association of University Women-Manatee, School Board of Manatee County, Czaia & Gallagher, P.A., Cortes Family Physicians, Manatee Children's Services, First America Bank, Community Coalition on Homelessness, 21st Century Oncology, North River Pregnancy Care Center, Planned Parenthood, League of Women Voters of Manatee County, Easter Seals Southwest Florida, Whole Child of Manatee, Health Council of West Central Florida, Manatee County Extension Service, Atco, Inc., Southeast Residents Association, HOPE Family Services, Inc., Health Science Communications, Head Start, Manatee Surgical Center, Manatee County Government- Children Services, Manatee Community Action Agency, Blake Medical Center, Family Partnership Center, Manatee Memorial Hospital, Project Light of Manatee County, Intraespa (Interpreting Services), Family Resources, Inc., Florida Diagnostic & Learning Resources System, Giangreco, Scarano & Taylor Pediatrics, Manatee Religious Services, Just for Girls, Transitions Massage, LLC, Manatee Glens, Manasota SOLVE Maternity Homes, Women's Resource Center, CareNet Manasota, Junior League of Manatee, Big Brothers Big Sisters – Manatee, Guardian Angel Pediatrics, Individual Consumers and Child Advocates.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

\$70,173.43 in grants and private funding received in FY 2010-2011 were used for outreach and special prevention programs which were leveraged to benefit our target population.

3. Description of the greatest unmet maternal and child health population need in your service area.

- a. Manatee County continues to exhibit racial disparities for low birth weight. Our goal is to continue working with our community partners to promote awareness and education in this area.
- b. Although accidental infant death due to unsafe sleeping practices has declined in the county, we remain mindful of the fact that the rate of live births continues to grow in relation to younger parents. We provided a community-wide training for our providers and supporters on SIDS, SUIDS and safe sleeping education. We hope to continue working with our community partners to prevent infant accidental death due to unsafe sleeping practices.
- c. Low birth weight, infant mortality, late entry to prenatal care, and teen pregnancy

among underserved and at-risk populations, and among the African American population in particular, are all areas that need to be addressed. Our efforts continue to focus on a community-wide reach to provide education and support as we work to reverse these trends.

- d. Lack of affordable housing, childcare, medical insurance, and transportation for medical and social service appointments, continue to be major issues in Manatee County and funding is not available to adequately address these needs. The Coalition has made tremendous efforts to reach out to pregnant women, particularly in the farm fields, delivering education on pesticide exposure hazards for pregnant women and facilitating their access to prenatal and pediatric care.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

Victoria is a 28 year old mother who has been a client of Healthy Start in Manatee throughout the last seven years, during which time she's had three beautiful babies, who are now 7, 5, and 1 year old. Unfortunately, up until recently, she also experienced domestic violence from her abusive partner, who she was afraid to leave because she didn't think she could make it on her own with her children. However, through support she received via Healthy Start's psychosocial counseling, and other services, she recently felt secure and strong enough to leave this abusive relationship. In addition to counseling, Victoria and her family have benefited from prenatal education, nutrition education, and parenting classes. Through resources identified and coordinated by one of our Care Coordinators, Victoria, who can't read or write, is now participating in a literacy program. She has also learned to use the public transportation system and feels hopeful about her and her children's future.

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

We have a consumer on the Coalition's Board of Directors, several consumers among the General Membership and consumer participation in our Needs Assessments and Service Delivery Planning Committees. Perspectives of families in the decision making process come from our consumer participation and from surveys of families in the community.

6. Any other pertinent activity or strategy that the coalition would like to submit.

Our Practice-Based Healthy Start Care Coordination is a new strategy implemented in the 2010-2011 fiscal year. A full-time care coordinator has been on site at Premier OB/GYN Associates since September 2010. The overall prenatal screening rate in Manatee has been positively impacted by this strategy. Healthy Start Wrap-Around Support Services, including Breastfeeding Education, Nutrition Counseling and Psychosocial Counseling are conducted on site for participants referred through care coordination. Difficult economic times over the past three years has resulted in more

families experiencing risk factors associated with poor birth outcomes and poor developmental outcomes for infants. This strategy has enabled Healthy Start to reach more of these individuals who were not previously identified and to provide interventions to help improve maternal and child health outcomes. Health care costs are then reduced by preventing poor outcomes that require more costly and longer lasting medical care.

Martin County Healthy Start Coalition, Inc.

1. Coalition Catchment Area.

Martin County is on Florida's east coast, 40 miles north of West Palm Beach. The population of Martin County is in some ways average, in some ways unique, and in some ways similar to what the United States will look like in 20 years. If you looked at a graph of the population, you would see two peaks separated by a valley. The population is clustered into two unique groups: a younger, more diverse, and less well-off group, and an older, predominately white, relatively wealthy group.

The Average: With 139,794 residents in 2009, Martin County was the 31st largest county (out of 67) in the State. With 1,163 births, Martin County was also ranked 31st for number of births. With 14.6% of the population living at or below the poverty level, Martin is roughly equal to the statewide percentage of the population living in poverty (14.9%).

The US in 20 Years: The median age in Martin County was 48.5 years, making it one of the 10 "oldest" counties in the state (Median Age, US, 36.8; FL, 40). In a given year, there are more deaths than births in Martin County. A greater portion of our population is over 67 than under 18.

The Unique: At \$49,530.00, Martin County has the 10th highest median family income in the state. Income from investments, rental income, and dividends makes up a major portion of this income. These sources reflect the retirement income of our retired, affluent, older population. This figure is skewed by their wealth.

The Differences Between the 2 "Peaks": There are major differences between the 2 clusters in the Martin County population. Overall, people who say they are White make up 77.4% of the population, people who say Black make up 6.8% of the population, Other races make up 4.9%, and Hispanic makes up 10.8%. When we look at the population 67+, over 90% of the population states that they are White. When we look at who is having babies, 53% say they are White, 10% say Black, 16% say Other races, and 21% say Hispanic. This younger age group is more racially diverse and has a poverty rate that is 1/3 higher than for the population overall (20% vs. 15%).

2. Number of Coalition members and the organizations they represent.

As of June 30, 2011, there are 53 Coalition members representing 38 agencies. The agencies represent health and social services, government, the faith community, and business and civic organizations.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

The Martin County Healthy Start Coalition augmented \$654,822.00 in DOH, Med. Waiver, and SOBRA funds with \$639,299.00 in funds from other sources. These dollars were used to fund prenatal care for the uninsured, Healthy Start direct services, and the Father and Child Resource Center in 2010-11.

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

The Father and Child Resource Center: Funded by 3 local agencies, the FCRC works to encourage the emotional, physical, moral and financial support of fathers to enable the healthy growth and development of their children. The FCRC has completed its 3rd year of providing services to promote fathers becoming more involved in the pregnancy of their significant other.

The Bellybutton Project:-The project was initiated in response to a targeted funding opportunity from the Martin County Children's Services Council. The focus of the project is on increasing early entry into prenatal care, screening rates, and access to Healthy Start services. The project utilizes community advocates and a prenatal outreach coordinator to identify and support women who need assistance in accessing care who live in targeted areas of the community. The advocacy program is a grass roots strategy that has been developed based on the best practices model program "a Madres de Madres." This program uses community advocates to educate women on the importance of early care. The education efforts have been coupled with an incentive program. The incentives are designed to reward/reinforce early entry into prenatal care. Every mother who enters care in their 1st trimester receives a \$20 gift certificate to Wal-Mart to purchase baby or maternity items. Along with the coupon, women receive educational materials explaining Healthy Start services and the screening process. The project has also established a Prenatal Outreach Center, located central to target communities, in Port Salerno. The outreach center is staffed with one clerical intake processor, one outreach coordinator (an LPN) and 2 community educators. Health navigation, Safe Sleeping/Infant CPR groups, and health literacy programs are offered at the Center. The Bellybutton Project also offers the Baby Basics Health Literacy Program to all first time mothers receiving care through our County Health Department prenatal program. The Baby Basics program provides comprehensive prenatal information in a literacy relevant manner, empowering women to use books for information, and providing encouragement – and the reasons for changing health behaviors.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care, pre-term labor or Sudden Infant Death Syndrome (SIDS) during the contract year.

One activity is access to prenatal care (see above). The Prenatal Care Program for the Uninsured served 285 women in the last fiscal year, largely undocumented residents and teens. The program provides prenatal care and labor and delivery management services at the Stuart and Indiantown sites of the Martin County Health Department.

- Childbirth education classes for groups of Spanish-speaking women were put in place and offered on a regular basis, both in Indiantown and Stuart. The classes are held in the communities where the Spanish-speaking women are most likely to attend.
- Beds for Babies Project initiated to address SIDS and safe sleeping education. Eligible families will also be enrolled in Infant CPR/First Aid through a partnership established with the American Red Cross Successes in 2010/2011;
- An increase in the number of families engaged in Infant CPR/First Aid;
- Increase in the number of families educated on Safe Sleeping;
- Distribution of 86 beds to 108 participants;
- Focus on early entry into prenatal care. Advocacy and education efforts target women who have just verified they are pregnant. A referral process with Pregnancy Care Centers, CareNet, and Planned Parenthood sends women who have just verified their pregnancy to Healthy Start to begin accessing services;
- Baby Basics Health Literacy classes are a part of the curriculum for the teens at all Teen Parent Programs. The Coalition's Health Educators meet with the girls twice monthly, covering a variety of topics, including information that promotes healthy pregnancies and sound parenting skills as well as inter-conception education.

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

Access to prenatal care and for unfunded, Medicaid, and share-of-cost clients continues to be a major issue in 2010-11. While past issues surrounding the availability of appointments regarding waiting times for intake appointments have been resolved, the number of Medicaid-funded births has increased significantly (2006: 457 or 33% of total; 2010: 635 or 52% of total). Nearly 50% of women giving birth in 2010 utilized the Health Department Prenatal Care Program for services. With the passage of Medicaid reform and the shift in mission for the Community Health Departments, it has yet to become clear where these women will receive care in the future.

Healthy Start Coalition of Miami-Dade County, Inc.

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

The Board of Directors list consists of:

Paul C. Hunt, President
Genna Marx Brisson, Vice-President
Dr. Lourdes Q. Forster, Secretary
Gloria Simmons, Treasurer
Dr. Carmen de Lerma
Hanna Fink
Frances Gray

Debbie Adolf
Margie G. Aragon
Steven Bonwit
Ileana Bustelo
Grace Laskis
Mary Richards
Blythe Keeler Robinson, JD

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

The Healthy Start Coalition has received the following funding during the contract period:

- United Way of Miami has provided funding in the amount of \$36,389.24 from July 1, 2010 to June 30, 2011 to support the United Way MomCare Education Program. This program provided classes in Parenting Skills, Childbirth Education, Breastfeeding Support and Interconceptional Education to MomCare clients. Classes were provided in English, Spanish, and Creole and offered in the evenings and weekends.
- The Grace Contrino Abrams Peace Education Foundation provided funding in the amount of \$75,455.97 from August 1, 2010 to July 31, 2011. Even though, funding was reduced from \$78,600.00 to \$75,455.97, this program promoted the “Creating Caring Children” Parenting Project, a collaborative effort between the Healthy Start Coalition of Miami-Dade, the Early Childhood Initiative Foundation, the Peace Education Foundation, The Children’s Trust and Goodwill Industries of South Florida. It is design to help parents of children 0-3 years of age develop healthy parenting, communication habits and life skills.
- The Children’s Trust provided funding in the amount of \$500,000.00 for the HealthConnect in The Early Years program from November 1, 2010 to October 31, 2011. Even though, funding was reduced from \$2,291.667.00 to \$500,000.00, the HealthConnect in The Early Years is a voluntary home visitation program for pregnant teens, first time mothers and any mother with a child less than two years of age, who request services. HealthConnect in The Early Years focus on health education, promotion and support to improve maternal health, pregnancy outcomes and child health and development.
- University of Miami provided funding in the amount of \$80,000.00 from June 1, 2010 to May 31, 2011 for the Jasmine Project: A Perinatal Health Initiative from the University of Miami’s Starting Early Starting Smart Program (SESS) and the Healthy Start Coalition of Miami-Dade. Funding for this project comes from the Health Resources and Service Administration/Federal Healthy Start Program. The Jasmine Project focused on reducing racial disparities in infant mortality and perinatal health among pregnant and interconception women and infants residing

in at-risk, predominantly African-American zip codes in Miami-Dade County, Florida. The Jasmine Project provided targeted outreach and case management as well as core service activities focused on perinatal health risk reduction including: health education, family planning, reproductive health and interconception care, depression screening and referral, healthy infant care and parenting, smoking cessation and substance abuse prevention. The project will enroll and provide intensive case management and core service activities to 750 at-risk pregnant or interconception women and their infants over the five-year project period.

- Miami-Dade County Health Department provided funding in the amount of \$112,800.00 for the Communities Putting Prevention to Work (CPPW) project from November 15, 2010 to February 28, 2012. This project is a community based obesity prevention campaign that will include culturally sensitive educational materials and resources aimed at supporting healthy policy, system and environmental changes, for impacting obesity, physical activity and nutrition in the Miami-Dade County area. The Healthy Start Coalition of Miami-Dade is charged with promoting, encouraging and increasing opportunities for birthing facilities and hospitals to begin the UNICEF Baby Friendly Hospital Initiative.

3. Description of the greatest unmet maternal and child health population need in your service area.

Access to care and/or health care coverage for women of child-bearing age continues to be the greatest unmet maternal and child health population need in our service area. A large portion of the women in Miami-Dade County are uninsured. This population often seeks late or no prenatal care due to lack of insurance or an inability to pay for services. Furthermore, the rate of women receiving prenatal care in the first trimester in Miami-Dade County has been declining steadily over the past 5 years and is at all time low in 10 years at 82.8%.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

“Today I am happy to write this letter in order to share with you the happy experience I have had with Healthy Start. I arrived at the United States after the earthquake in Haiti last January 2010. After one of my prenatal visits, I was approached by a social worker who spoke to me about the Healthy Start program. I spoke to the Program Manager who enlisted me in the program, gave me information and encouraged me to participate. I wondered what the Program was going to bring to me. Nevertheless, I registered.

The first of participation I was anxious because I did not know what was awaiting me. The moment I set foot in the bus, I was surprised. I felt that I did not make a bad choice. The driver was kind and he treated everyone in the bus as equals. He talked to everyone in the bus and inquired about the health condition of the women and

how far along we were in our pregnancy. When I arrived in the class and I still felt a good environment, as well, friendly like family. Our professor always has the nice word for each one and the appropriate responses to the questions raised by everyone.

The professor took her time to listen of each participant's question. At the end, I wondered why I waited so a long time before registering. As the weeks passed my first impression did not grow blurred, on the contrary, it increased in value. My weekly visits remained a permanent source of enrichment of new knowledge. Although I was already a mom, these meetings enabled me to refresh my memory on certain details which I had forgotten and taught me certain facts that I was unaware of. It is good also to underline the prodigal practical advice from our professor. I could not overlook the exercises that the professor taught us in order to have an easy childbirth. Thanks to the Program, I was able to visit the hospital where I would be giving birth. Not being familiar with the procedures in the United States, this guided visit was very useful to me when two weeks later I had my contractions.

After the birth of the baby, I was impatient to join again with the Program. All mothers that were together during pregnancy now found themselves together again in the "Mommy and Me" classes, only this time accompanied by their babies. I was happy to see our childbirth teacher inquiring on the health of our babies. Speaking about the babies, they recognized each other and were happy to see each other every week like their moms. The classes are very useful and give very useful information and resources such as how to relieve colic and how to make exercises with the baby. These classes are so useful that we do not see time pass by. We have the impression that the time which is assigned to us goes by very quickly in this program. Here I arrived at the end of my letter I would like to seize this opportunity once again to say to you to continue with this program. It is interesting and educational for me."

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

The General Members, Board of Directors and Committee Members include women of childbearing age and parents of young children. In addition, community members are included in task forces, outreach activities and professional development workshops. This includes minorities and multicultural representatives.

6. Any other pertinent activity or strategy that the coalition would like to submit.

The Healthy Start Coalition of Miami-Dade as partnered with the National Healthy Mothers Healthy Babies Coalition, to promote the "Text4Baby" initiative. Text4Baby is a free mobile information services that provides pregnant women and new moms

with information to help them care for their health and give their babies the best possible state in life.

Women who sign up for the service by texting BABY to 511411 (or BEBE in Spanish) will receive free SMS text messages each week, timed to their due date or baby's date of birth. These messages focus on a variety of topics critical to maternal and child health, including birth defects prevention, immunization, nutrition, seasonal flu, mental health, oral health and safe sleep. Text4baby messages also connect women to prenatal and infant care services and other resources.

Healthy Start of North Central Florida

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

Board of Directors:

- Consumer (0)
- Advocacy (1)
- Community Organization (8)

General Members:

- Consumer (0)
- Healthcare Providers (5)
- Advocacy (2)
- County and Municipal Governments (0)
- Social Service Organizations (6)
- Local Education (3)
- Business (0)
- Faith-Based (0)
- Child Welfare (0)

The total amount of Coalition members is (25).

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

The Coalition was awarded a total of 3 HRSA Home-visiting Grants in the amount of approximately \$1 million every year for the next five years. Unfortunately, because budget authority was given, the Coalition will not be receiving any of these funds.

3. Description of the greatest unmet maternal and child health population need in your service area.

The Healthy Start of North Central Florida Coalition service area includes Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Putnam, Union, and Suwannee counties. The region is largely rural with the exception of a

few urban cities such as Gainesville and Ocala. Low income, lack of transportation and health insurance create great difficulty for our Healthy Start participants to access the prenatal health care they need.

The lack of help available for the Medicaid process has also been identified as an unmet need for the Coalition.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

Dene is originally from West Africa. While visiting family in Gainesville she learned that she was carrying quadruplets. After Dene delivered her four beautiful babies, she was determined to breastfeed. She was referred to the Healthy Start program for breastfeeding education, community resource needs, and an interpreter because she did not speak English. Dene successfully breastfed all four of her babies. A Healthy Start care coordinator helped Dene with finding a pediatrician and obtaining Medicaid coverage for her quadruplets. Dene's quadruplets made great strides in their growth and development during their six-month stay in Gainesville with the help of Healthy Start's assistance in parenting education, finding volunteer-based babysitting, newborn care, and family planning services. Dene is very thankful for all of Healthy Start's help and support and is now starting a Healthy Start program in her village in Senegal, West Africa.

5. Description of how the Coalition involves consumers and families in decisions, activities and community assessment needs.

The Coalition involves consumers and families in the decisions, activities and community assessments needs through the following:

- Engaging consumers and families at the World's Greatest Baby Fairs
- Regularly asking our providers to identify consumers to invite to the Board meetings
- Sending out consumer surveys for our Service Delivery Plan (this was not the year we'd send out the surveys to be completed)
- Sending out Participant Satisfaction Surveys to every Healthy Start participant

6. Any other pertinent activity or strategy that the coalition would like to submit.

a. Marketing and Advertisement

The Coalition has been fortunate to receive the support of the May 11, CBS 4 and WNBW TV stations again this contract year. The PSA for the Healthy Start program was aired over 833 times on these TV stations and reached hundreds of potential Healthy Start participants.

The Healthy Start of North Central Florida Coalition collected a total of \$65,833.02 in in-kind donations for the 2010-2011 contract year.

The Coalition has continued the “For Starters” and Coalition e-newsletter as another way to reach out to potential Healthy Start participants and the “movers and shakers” within the service area.

Coalition staff is currently working on the 2009-2010 Annual Report which will be distributed within the next month via email.

An all-new website for the Healthy Start of North Central Florida Coalition was created.

Coalition staff continues to update the area through the use of its own Facebook page. Board meetings, important news, and interesting articles are posted on a regular basis.

b. Board Development

The Healthy Start of North Central Florida Coalition continues to attract new Board Directors every year:

- New Director Orientations were given to Board Directors after being elected to the Board.
- A newly updated and attractive Board Director Handbook was created as a tool for the Coalition’s Board Directors covering topics such as: the Healthy Start background and structure; the Florida Statute; the Sunshine Law; Central Healthy Start bylaws; Conflict of Interest; and Board member responsibilities among many others.
- The Annual Meeting gave Board Directors the opportunity to brainstorm ideas on how to improve and expand the Coalition’s current action steps within the Service Delivery Plan.
- A Legislative Handbook was created for each Board Director to keep them abreast of the local and state representatives overseeing the Coalition service area so that if they are called upon to take legislative action on behalf of the Coalition they know who contact and what they should say.

c. The following are Board Directors elected within this contract year:

- *Sky Wheeler, March of Dimes*
- *Mona Gil de Gibaja, Project Consultant*
- *Cathy Winfrey, Healthy Families of Alachua, Bradford and Union counties*
- *Shirley Lick, Shand’s Hospital at Lakeshore*
- *Karen Harris, MD, North Florida Women’s Physicians*

Northeast Florida Healthy Start Coalition, Inc.

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

The Northeast Florida Healthy Start Coalition is comprised of nearly 50 volunteers. Coalition members represent maternal and child health consumers, public and private providers, hospitals, elected officials, community organizations, business, insurers, nurses, housing agencies, child care, educational systems and others committed to improving the health and well-being of mothers and babies in Northeast Florida. Members reflect the racial and ethnic diversity of the region, as well as service recipients.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

Summary of leveraged funding for 2010-11 is \$1,287,970.58

3. Description of the greatest unmet maternal and child health population need in your service area.

- Health disparities and impact of social determinants of health on birth outcomes.
- Access to health care and risk reduction services before and between pregnancies for uninsured women
- Access to prenatal care as unanticipated consequence of Medicaid Reform
- Access to Medicaid for uninsured pregnant women

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

NA

5. Any other pertinent activity or strategy that the coalition would like to submit.
 - Continued implementation of successful social marketing campaign to raise awareness about infant mortality and its impact on the black community.
 - Initiation of grassroots lay health worker training through Make a Noise! Make a Difference! intervention.
 - Strengthened accountability of service providers through quarterly Healthy Start Performance DashBoard that is reviewed by the Board of Directors.
 - Developed new partnerships with Early Head Start, War on Poverty, Jacksonville Legal Services, Buffalo Soldiers, ICARE and other community-based groups.
 - Participated in new community collaborative on breastfeeding, childhood obesity.

Healthy Start Community Coalition of Okaloosa-Walton Counties, Inc.

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

There are approximately 82 Coalition members from a variety of organizations, including:

- Department of Children and Families
- The Early Learning Coalition

- Healthy Families – Children’s Home Society; Families Count
 - Sacred Heart Hospital – Pensacola and Emerald Coast
 - Fort Walton Medical Center
 - USAF New Parent Support Program – Eglin AFB and Hurlburt Field
 - USAF Regional Hospital, Eglin AFB
 - Workforce Development Board – JobsPlus
 - Bridgeway Behavioral Health Center – community mental health and substance abuse treatment
 - COPE Center – community mental health and substance abuse treatment
 - Children’s Advocacy Center
 - Children’s Neighborhood
 - Gulf Coast Charity Bingo
 - Lutheran Ministries
 - WIC
 - Department of Health – local health departments
 - Medicaid
 - Okaloosa-Walton Child Care Services
 - West Florida Area Health Education Center
 - YMCA
 - Shelter House
 - Families First Network
 - Okaloosa and Walton Sheriff’s Departments
 - Okaloosa and Walton School Districts
 - Children’s Volunteer Health Network
 - Early Steps
 - Horizon’s Children’s Center
 - Angel Food Ministries
 - NWF State College
 - USAF Airman and Family Readiness
 - North Okaloosa Medical Center
 - WellCare Medical Clinic
 - Abbot Nutrition
 - ABC Pediatrics of Okaloosa
 - AHCA/Medicaid
 - Dr. Sergio Cabrerra
 - Cameron Photography Studio
 - White-Wilson Medical Center
 - Dr. David Stoneking
-
- Family Life Ministries
 - Genesis OB/GYN
 - Gentle Birthing Options
 - Good Shepherd Lutheran
 - OCHD Immunizations Kidcare

- OCHD Tobacco Florida
- Okaloosa County Head Start
- Pediatric Therapy Center
- Sams Club
- Stevens/Whitaker
- Stroller Strides
- Toots Sweet Kids
- Trustmark Bank
- Wells Fargo
- West Florida AHEC
- Community Drug and Alcohol Program - WISE

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

\$18,014.00 in cash donations were given to the Coalition in the past fiscal year.

3. Description of the greatest unmet maternal and child health population need in your service area.

The greatest unmet need for childbearing women in Okaloosa and Walton continues to be dental care. In Walton County, the Volunteer Medical Network is opening a dental clinic for children, and both Health Departments serve children, but there are still few resources for women.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

We have no success stories except anonymous stories, which are indicative of daily work of HS:

- Woman with three children ages 1, 2 and 4 relocated to FL due to domestic violence. She has participated in Psychosocial Counseling and Parenting and has shown excellent coping skills, and excellent parenting skills. She has gone from living in a shelter to her own HUD home and recently found employment. All of her needs were met through HS referrals in addition to the education and life skills she obtained from the program.
- Prepare to be surprised- each child has individual personality traits, likes and dislikes, etc and the best way to feel accomplished as a parent is to take each day as an adventure in getting to know your baby and building a trusting, secure relationship. Listen to everyone's advice, but make your own informed decisions.

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

We involve consumers and families through needs surveys, care coordination and MomCare satisfaction surveys and the Baby Shower event, which is attended each

year by 450-500 pregnant women or women who have just given birth and their family members.

6. Any other pertinent activity or strategy that the coalition would like to submit.

No.

Okeechobee County Family Health/Healthy Start Coalition, Inc.

1. A brief description of the Coalition catchment area.

Okeechobee County is 774 square miles an area located in south central Florida on the northern edge of Lake Okeechobee, the second largest lake in the contiguous U.S. The most recent population estimate is 40,133. Okeechobee County births in 2009 were 561. 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 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 967 employees. Median household income for 2009 was \$38,724 as compared to an average \$47,802 for the State of Florida. Twenty percent of residents are at 100% below poverty level.

2. Number of Coalition members and the organizations they represent.

Currently our Coalition has 41 members. They represent: Area business (local ranch & construction Co.), School Board, Child Find (FDLRS), Planned Parenthood, County Health Department, Hispanic Community Advocate, Okeechobee Main Street (civic organization), Breakthrough Recovery Services (addiction services), Martha's House (Domestic violence shelter), Okeechobee City Council, Public Library, Shared Services Network, First Methodist Church, WIC, Florida Community Health Centers Inc., School Readiness Coalition, Communities in Schools and Okeechobee Correctional Center.

3. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

During the 2010 – 11 FY the Coalition received \$11,001 from grants, donations and fund raising events.

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

We have developed a teen father program to address the Counties teen and repeat pregnancy issues.

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

The coalition has a Centering Pregnancy program to assist clients who have been denied Medicaid (access to prenatal care).

6. Description of the greatest unmet maternal and child health population need in your service area.

Okeechobee County's greatest unmet maternal health need is the absence of a hospital or birthing center with delivery service for pregnant women. Our expectant mothers must drive 40 to 70 miles to reach a hospital that will deliver their infant. This is at times made worse due to lack of transportation issues.

Orange County Healthy Start Coalition, Inc.

1. Number of Coalition Members:

150

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period.

Local Government	\$37,500
Local initiatives	\$34,394
Corporate donations	\$15,000
Grants	\$55,954
TOTAL	\$142,848

3) Description of the greatest unmet maternal and child health population need in your service area.

The greatest unmet need for our *pregnant women* is an accessible prenatal care system without barriers. The closure of local DCF offices has continued to negatively impact our system of care: women struggle to find locations to apply for Medicaid online and when they do, they are faced with an application process written at a highly advanced educational level. Whether the woman applies on line or on paper, the delay in receiving an approval takes many weeks, typically forcing

these women to begin prenatal late, i.e., after the first trimester. For our *prenatal care providers*, the greatest need is enough funding to cover the costs of care for uninsured and undocumented; these numbers continue growing in Orange County. The consequences to our community for babies born without adequate prenatal care are dire: unhealthy births have tremendous costs in ongoing medical complications, special education needs, juvenile justice involvement, and lost wages of parents caring for these children, etc. Finally, the economic downturn has definitely been felt by our clients, many of whom struggle to meet basic needs for their families.

For *Healthy Start* itself, there continues to be a great need for marketing dollars. In a county as large as ours, it remains difficult to get information out to the entire community about Healthy Start and its services as well as to prenatal care providers; we continue to be faced with the misperception that Healthy Start is only for poor or uninsured women, and therefore, many pregnant women are either not offered the screen or are told they don't need it by their providers despite our ongoing efforts to correct this misperception. There is also a need to educate women *before* they become pregnant about the importance of good health as a factor in having a healthy birth and about which behaviors promote this healthy birth outcome. We worked diligently to raise awareness of issues impacting our MCH issues, even though dollars for marketing are difficult to come by.

4. Any Client success stories, if permitted by the client, including photographs, with appropriate client releases.

A Healthy Start client was honored at our Coalition's *Celebration of Motherhood* annual fundraising breakfast as someone who entered our program as an unemployed, single mom without health insurance. She relied on her HS worker, learned everything she could about having a healthy pregnancy and gave birth to a healthy baby boy. She now works fulltime with HS as a MomCare Advisor and believes she is paying forward all the support she was given to ensure other mothers have the same opportunities she had through the HS-MomCare program.

5. Description of how the coalition involves consumers and families in decisions, activities and community needs assessment.

OCHSC has benefited from having an outreach worker who is so well-accepted and knowledgeable of her community as the one we employed through Save Our Babies grant fund and most recently, through Healthy Start funding. Her direct contact with pregnant, parenting and interconception families in several high-risk areas has been very valuable. She is able to bring to our attention reactions to current issues, ask for their input on marketing ideas, relay their suggestions for activities, etc. We also have engaged a mother who lost a baby in the NICU as a spokesperson for our infant mortality activities; another mother who lost a baby to SIDS assists in our bereavement efforts to families. During our quarterly lunch meetings with 5-7 HS/MomCare staff, discussion centers primarily on what they are learning from their families. This has proven to be a 'second-best' effort to actually holding focus

groups for which we have no money for incentives. We continue to look for consumers who can serve as members of our Board of Directors; however, meeting schedules, cost of child care and transportation are some of the barriers that we struggle to overcome to ensure their participation in our meetings.

6 Any other pertinent activities or strategy that the coalition would like to submit.

Because no continued funding for our Save Our Babies project was secured this year, our Board determined that some of our service dollars would be used to pay for an outreach worker to continue working in our high-risk zip codes but with a different focus: our community education and outreach would be primarily directed towards educating consumers about how to access prenatal care and use of our *ABC Fact Sheet*, promoting the Healthy Start-MomCare program, and promoting topics on interconception health education and decreasing racial disparities in birth outcomes. We are fortunate to have this outreach worker as she many years of experience and she is well-thought of in the community.

Through her involvement with the REDHAI travel team, one of our staff members was selected to participate in the Satcher Leadership Institute of Morehouse College as 1 of 2 representatives from Florida; only 9 states were involved in this initiative founded by Dr. David Satcher, former US Surgeon General. This training will increase our Coalition's likelihood of collaboration with national efforts and research on racial disparities.

Although we were not able to secure funding for a 9th year of Save Our Babies outreach, education and public awareness, racial disparities activities continued with the implementation of a community baby shower in a high-risk African-American community and through our "Stroll for Life" event in which infants who died in our county were remembered during a walk from a local park, through an African-American community, ending at an African-American church for a memorial service. Additionally, our staff continued to participate in our area's local Infant Mortality Task Force.

Our local school system allowed us for an eighth year to include a flyer in their kindergarten enrollment packets on "tips" on having a healthy baby; many of these parents are currently having, or will have, subsequent children and the information provided could be life-saving.

Finally, we became an affiliated agency of our local United Way agency for the first time with a grant to expand our fatherhood initiative through the *Boot Camp for New Dads* program.

Healthy Start Coalition of Osceola County, Inc.

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

There are 109 members representing businesses, chambers of commerce, county health department, community health centers, hospitals, healthcare professionals, community organizations, education, law enforcement, public safety organizations, social service agencies, consumers, residents, state and county and municipal governments, and the faith based community.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

\$21,906.48 in cash and \$31,600.00 in in-kind.

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

a. Low Birth Weight & Prematurity Prevention – The HSCOC will focus on early prenatal care, smoking cessation, nutrition education, drugs & alcohol education, and sexually transmitted disease prevention in an effort to prevent low birth weight and premature births. The HSCOC partners with the March of Dimes for community education.

b. Outreach & Awareness – The HSCOC has focused on educational and training activities to consumers, providers and community partners in Osceola County. Preliminary data from the Osceola FIMR committee shows a drastic decrease in infant mortality from a rate of 10.6 in 2008 to 6.2 in 2009. Birth rates have dropped. The HSCOC has hired an outreach worker to encourage Healthy Start participation for those not yet in prenatal care. The HSCOC holds Quality Assurance and Quality Improvement meetings with its Healthy Start services provider, the OCHD, to identify and encourage or rectify what is and is not working. These have looked intensely at proper leveling and coding issues and has helped to ensure accountable client service delivery. Corrective action plans have been imposed in these areas. Also, the HSCOC monitors the provider activities each quarter so problems can be identified. The 2009 FIMR findings show 24 infant deaths and 22 fetal deaths in Osceola County. Primary causes of death are prematurity, cord accidents, intrauterine fetal demise, congenital anomalies, organ failure and placental insufficiency. Some other variables noted include obesity, lack of proper nutrition, lack of PNC, safety issues, exposure to disease (Parvo).

c. The HSCOC continues its Interconception Care campaign (ICC), “Get Healthy before You Get Pregnant”, targeted to women of child bearing age who are not pregnant and others. Related education information includes educational materials on nutrition, getting regular healthcare and yearly check-ups and exercise and has been well received. Funding for this comes from the March of Dimes and the City of

St. Cloud. Events are sought in targeted communities for our participation. Meetings of the Osceola Children's Cabinet, Interagency Council, Safe Kids, Osceola Legislative Delegation, March of Dimes, the Poinciana FQHC Board, School Health Advisory Committee, and the Central Florida Partnership for Health Disparities are attended. The HSCOC partners with Florida Hospital for funds to provide quality provider screening education. The HSCOC executive director served as immediate past chairman of the Osceola Children's Cabinet for two years until January 2012. Priorities for that group include access to healthcare, child abuse prevention, homeless children issues and developing a county-wide social services communication network also continuing a children's summit and VIP youth tour. Since May 2009, the HSCOC has partnered with the Osceola County Health Department (OCHD) for its Fetal and Infant Mortality Review (FIMR) for monthly meetings to review 2008 and 2009 infant and fetal deaths. These meetings involving physicians, nurses, Vital Statistics, WIC, law enforcement, Healthy Start and others. Just recently, a comprehensive results listing was compiled on the 2009 deaths. The group uses the Bassinet system to record and compile data. This data system was designed by the Florida Association of Healthy Start Coalitions (FAHSC) and paid for locally by the HSCOC. The HSCOC will continually monitor fetal and infant deaths & attempt to target certain populations for outreach, also partnering with surrounding counties to strengthen consumer & provider screening education, and facilitate communication between various components of care. Additional state and federal funds will be used for outreach to at-risk women.

d. Women's Health during Childbearing Years – The HSCOC will make pre-pregnancy health education, well care for women, family planning education, and teen pregnancy prevention a priority. The Coalition partnered with the Florida Department of Health for funding for our Women's and Infants' Life Line program for interconception education and services campaign.

e. Access to Care – The HSCOC will advocate for consumer healthcare coverage, quality provider networks, lessening minority health disparities, Medicaid reform to protect pregnant women and infants, adequate and effective emergency management (weather, pandemic, etc) and education on legislative issues. The coalition is a member of the Central Florida Partnership on Health Disparities (CFPHD). The HSCOC partnered with the Florida Association of Healthy Start Coalitions to ask the Florida Legislature not to cut funding for Healthy Start services statewide and to ensure protection of vulnerable populations in Medicaid Reform. Fortunately, FAHSC was successful in advocating for bill language to protect Healthy Start clients and this was included in CS/HB 7107, the Managed Care Medicaid Reform bill. But, in the seventh week of session a cut of \$5.4 million was imposed on Healthy Start. This was on top of a cut of \$4.7 million, a year earlier.

f. Child Safety Education - Sudden Infant Death Syndrome (SIDS), Shaken Baby Syndrome, motor vehicle injuries, and other injuries are preventable and the HSCOC will continue health education to the public.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

N/A

5. Any activities or strategies undertaken to address racial disparities; access to prenatal care; preterm labor; or Sudden Infant Death Syndrome (SIDS) during the contract year.

Racial disparities are addressed in our service delivery plan with targeted areas for health education at health fairs and events and outreach will be done by new position serving Healthy Start and MomCare; promotion of preterm labor with March of Dimes materials; provide SIDS “back to sleep” and other materials to the general public at health fairs, Healthy Start appointments, to Healthy Start providers and on the website. Addressing SIDS and SUID (Sudden Unexpected Infant Death) during our Osceola County Fetal and Infant Mortality Review process. All prenatal and infant care providers who administer the Healthy Start Prenatal or Infant screening questionnaires are trained by our office staff and are made aware of these areas of concern.

6. Description of the greatest unmet maternal and child health population need in your service area.

Research has shown that more outreach and education is needed to women before they become pregnant and between pregnancies. Well-woman care and education on nutrition, smoking, disease prevention, and baby spacing could heighten awareness of pre-pregnancy health and decrease the number of babies born with low birth weights and born prematurely by reducing risk factors.

Healthy Start Coalition of Palm Beach County, Inc.

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

There are 44 Coalition members of the Coalition, of those 26 are voting members. They represent 29 agencies.

2. Dollar amount for grants or other funding that have been leveraged by your provider during the contract period (not including in-kind sources or amounts)

March of Dimes - \$2,000 award for Medical Grand Rounds with Dr. Michael Lu
Children’s Services Council - \$7,339,200
Allegany Franciscan Ministries - \$25,000 - co-authored grant for the Florida Association of Healthy Start Coalitions to develop FAHSC infrastructure.

3. Description of the greatest unmet maternal and child health population need in your service area.

We solicited input from Coalition and Children's Services council (CSC) direct service providers, board members, and Coalition/CSC staff to this question. The answers are as follows:

- Mental Health Needs (4)
- Family Planning (3)
- Maternal Depression Counseling availability (3)
- Support system for fathers (3)
- Affordable quality child care (2)
- Shelter needs (2)
- Preconception Education (3)
- Access to regular prenatal care
- Education on early childhood development
- Breast feeding Education and Support
- Address Obesity
- Dental services
- Family Strengthening

4. Any participant success stories, if permitted by the participant, including photographs, with appropriate participant releases.

N/A

5. Description of how the provider involves consumers and families in decisions, activities and community needs assessments.

- The Community Voice program in place, piloted in Riviera Beach and Belle Glade, and expanding to other areas of the county. There have been over 500 graduates in the past 2 years. These are community leaders that are trained on 5 key preconception health issues to help educate the community and reduce disparities in African American birth outcomes. This is an effort that resulted from the BIHPI work of 2008. It has been successful and there are now plans to expand that program.
- Consumers also provide input via focus groups, surveys and Town Hall meetings. We solicited information on oral health care for pregnant women, parents of infants and parent of children over the age of one in a survey this year in collaboration with the Oral Health Care Coalition. We are expecting that it will be conducted annually. The Oral Health Care Coalition is analyzing the data and will share the information with staff once complete.

- Community forum opportunities are being developed at the CSC's Community Bridges sites. There are 9 sites established throughout the county in high risk areas. These are centers for community members to receive services as well providing opportunities for them to serve on advisory councils to help direct the services needed at the site. The forums will help to inform the Coalition as to gaps, issues, feedback on marketing materials etc.

6. Any other pertinent activity or strategy that the provider would like to submit.

The Children's Services Council (CSC) is covered the cost of an implementation evaluation to assure fidelity to the model for the Nurse Family Partnership Program in Palm Beach County. Participants are low income first time mothers that screen in on the Healthy Start Prenatal Risk Screen or BOOF in as teens. This information is particularly relevant, as DOH funds help to cover the cost of offering this program in Palm Beach County.

CSC's Centering Pregnancy Program for Hispanic Women was also evaluated this year. The outcomes will help CSC to determine whether to continue funding the project for this population, switch the focus to African American women or keep the program for Hispanic women, and pending available funding, initiate a Centering Pregnancy program for African American women.

Healthy Start Coalition of Pasco, Inc.

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

The Healthy Start Coalition of Pasco's membership is comprised of a 15 member Board of Directors and approximately 383 general coalition members. The Board of Directors and the general membership represent a broad spectrum of community organizations, both public and private including Community Hospital of New Port Richey, Florida Hospital Zephyrhills, local prenatal provider offices, Rasmussen College, District School Board of Pasco County, All Children's Specialty Care of Pasco, Pasco County Commission, Healthy Families, Pasco Kids First, Pasco County Public Transportation, Medicaid HMO insurance providers, faith-based organizations, community based organizations, representatives from the media and many others involved in maternal and child health care in Pasco County (please reference attached list of Board and Coalition members). In addition, several new members representing business network associations such as Women in Networking, Chamber of Commerce and Business Professional Women groups have joined the Coalition's efforts to serve the pregnant women, children and families of Pasco County.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

The Coalition has received several donations toward the Coalition's "Beds for Babies" crib project and other efforts to provide services to Healthy Start clients. In the past, the Coalition recognized that Pasco County had a high rate of SUID incidents. In an effort to reduce the incidence of SUID, the Coalition has received generous donations of \$1,800 from Molina Healthcare, and \$468 from H&R Block. The Coalition, working with our local Health Department, created the Gentle Touch Program/Beds for Babies Project which offers a parenting and child safety curriculum to Healthy Start participants. The curriculum includes a pre-test to determine their knowledge of child safety, a 10-step safety curriculum and a post-test. Upon completion of the curriculum, the participants receive a portable crib along with safety information addressing the dangers of co-sleeping, bed sharing and SUIDS as an incentive to continue using safe sleeping practices for baby. The donated funds this year has allowed the Coalition to purchase and distribute over 45 portable cribs for Healthy Start participants during the 2010-2011 program year. In addition, the Coalition received an additional \$2,600 in community donations that are used to help pay for Healthy Start client's GED tests, PAT program supplies and other needed services. In addition, this year, the Florida SIDS Alliance contributed \$1,000 to the development and placement of 2 Safe Sleep Billboards and a local TV Public Service Announcement highlighting safe sleep issues.

3. Description of the greatest unmet maternal and child health population need in your service area.

According to the current data, the greatest unmet maternal and child health population need in Pasco County is the prevention of low birth weight babies. Low birth weight babies (less than 2500 grams) have a high risk for serious health problems. Although advancements in medical technologies have reduced the number of deaths related to low birth weight, the survivors can develop serious health problems, such as, psychological issues, learning problems, Cerebral Palsy and vision and hearing loss. The two main causes of low birth weight are preterm birth and fetal growth restrictions. Over half of all low birth weight babies are born preterm (before 37 weeks gestation). Fetal growth restricted babies are babies that are born at full term (40 weeks) but are underweight. Some of these babies are born preterm and growth restricted which put them at an even higher risk for infant mortality. There are many contributing factors associated with low birth weight. Some of the biggest contributing factors for low birth weight for Pasco County include: smoking during pregnancy, substance abuse, poor nutrition, teen pregnancy, poor dental health, late entry into prenatal care and socioeconomic factors. Rates for smoking during pregnancy, for example, are double the state of Florida rate in Pasco County. The Coalition has developed plans to address the issue of low birth weight through a variety of strategies that attack all of the above contributing factors.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

The Coalition receives many success stories throughout the year from the Healthy Start program staff. The Senior Healthy Start Community Health Nurse, at the Improved Pregnancy Outcome (IPO) clinic, worked with a pregnant client facing several difficulties including drug and alcohol abuse, and homelessness. The Community Health nurse enrolled the client in the Healthy Start program and the client was helped to secure a place at the homeless shelter. The Health Nurse also provided support and education as to the dangers of drugs and alcohol during pregnancy to the Healthy Start client. The Community Health nurse continues to work with the Healthy Start client providing her with education and support as well as enrolling her in the PAT parenting program. At this time, with the help and guidance of the Healthy Start Nurse, the client has stopped using drugs and alcohol, continues with her prenatal visits and looks forward to the Healthy Start home visits. .

5. Description of how the coalition involves consumers and families in decisions, activities and community needs assessments.

No response.

6. Any other pertinent activity or strategy that the Coalition would like to submit.

One of the newest additions to the Healthy Start Program services is the Parents as Teachers program (PAT) - a parenting education program. The PAT program is a home visiting model meeting the evidence-based criteria of the Maternal, Infant, Early Childhood Home Visiting program (MIECHV) from preconception to kindergarten. The Coalition received local funding to certify five parent educators and is currently working on certifying all of the Healthy Start program staff. The PAT program currently provides parenting education to 20 Healthy Start families. The PAT program supports the parent's role in promoting good parenting, school readiness and the healthy development of children. Through PAT, staff also holds monthly group meetings with families to improve and develop parenting practices.

The Coalition also continues to provide community awareness of safe sleep practices and the dangers of bed-sharing/co-sleeping to reduce Sudden Unexpected Infant Deaths (SUID) and Sudden Infant Death Syndrome (SIDS). The Coalition in collaboration with the Florida SIDS Alliance aired a Public Service Announcement (PSA) on local television and placed two billboards on both sides of Pasco County. The billboards exhibit messages regarding safe sleep, back to sleep, and bed-sharing/co-sleeping practices. In addition, during our annual Health Fair events, the Coalition was able to provide 52 pregnant women and families in attendance with information on Safe Sleep practices, SUID, SIDS and Shaken Baby Syndrome.

In addition, the Coalition's recent smoking cessation PSA has been included on a DVD loop to be shown in local prenatal provider offices and the Health Department clinics. The DVD loop promotes smoking cessation and prevention as well as other positive health outcomes. The Health Department serves an average of 2,500 clients monthly through their clinics, and the DVD loop will provide an excellent patient education opportunity. In addition, professional articles and other education opportunities are provided to prenatal offices through the Coalition's monthly provider newsletters which encourage pregnant women to quit smoking.

Also during this year, the Coalition expanded its efforts to reach the local Spanish-speaking population by placing several Spanish language advertisements in newspapers as well as developing Spanish language posters and placing them in stores, and developing a Spanish language newsletter regarding the importance of early prenatal care. These efforts included information on how pregnant women can access healthcare centers, encouraged women to obtain early prenatal care and addressed the importance of healthy lifestyles that can lead to a healthy baby. All of the above Spanish language information was distributed throughout Pasco County to the Health Department offices, WIC clinics, local stores, Pregnancy Centers and other community partners serving the Spanish-speaking community.

Healthy Start Coalition of Pinellas, Inc.

1. Number of Healthy Start Coalition members and the organizations they represent.

There are 226 Coalition members representing hospitals, obstetrician offices, midwives, health care providers, consumers, Pinellas County Health Department, banks, Juvenile Welfare Board, Help A Child, Choices for Community Health, Pinellas Technical Education Center, Suncoast Health Council, Family Network on Disabilities, March of Dimes, Kimberly Home Pregnancy, St. Petersburg College, Devereau Kids, Inc., Pinellas County Board of County Commissioners, Community Action Stops Abuse, Pinellas County Medical Society, Pinellas County School System, Agency for Health Care Administration, Head Start, Girl's Incorporated, Matria Healthcare, Community Health Centers of Pinellas, churches, Junior League of St. Petersburg, YWCA, The Center for Women's Ministries, Coordinated Childcare, Early Learning Coalition, Pinellas Dental Association, Community Organizations, Hospice, University of S. Florida, St. Petersburg College, The Pregnancy Center, City of St. Petersburg, Safe Kids Coalition, Tampa Bay College of Midwives, the Homeless Coalition, Operation Par, North Pinellas Children's Medical Center, AAA Box Outlet, Inc, Jadon, Suncoast Voices for Children, Truine of God Church, Heavenly Gifts, Playfullposts, St. Pete Pediatrics, Schiller International University, and many other businesses and community organizations

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

A total of \$10,380 was obtained from grants and donations in this fiscal year. An additional \$510, 366 in home visiting grant funding for Pinellas HSC is pending legislative budget authority to spend the funds.

3. Description of the greatest unmet maternal and child health population need in your service area.

Racial disparities in infant mortality continue. Prescription drug misuse is a major problem in our service area and contributes to high rates of child neglect and abuse, and child removal from the home by DCF. Transportation to high risk clinic and improving the health of women before they get pregnant remain unmet needs.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

N/A

5. Description of how the provider involves consumers and families in decisions, activities and community needs assessments.

N/A

6. Any other pertinent activity or strategy that the coalition would like to submit.

In Pinellas County, prenatal screening rates increased by 20% this year. Healthy Start Resource Guides and toolboxes were developed and distributed to 52 pediatric practices in Pinellas County. A statewide social marketing campaign for first time mothers was successfully completed and evaluated with HRSA funding. Healthy Start Coalition staff members continue to chair community-side initiatives including the Pinellas KidCare Coalition, Pinellas Substance Exposed Newborn Task Force and the Tobacco Free Coalition of Pinellas County. They also actively participate in several statewide MCH committees and workgroups.

Healthy Start Coalition of Santa Rosa County, Inc.

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

We have approximately 45 people on our coalition and they represent organizations such as but not limited to: Dept of Children and Families, County Health Dept, ACHA, Santa Rosa School District, Santa Rosa Medical Center, Pediatrician, Dentist, OB/Gyn, Families Count, child advocates, retirees, Early Learning Coalition, WIC, Pregnancy Resource Center, Healthy Families, and Kiwanis to name a few. Of

these 45 coalition members, 16 are voting members of our Board of Directors.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

\$4,151.83 cash from Moms on a Mission for the purchase of Pac-n-Play's through the Cribs for Kids Program of which we are a partner. Another \$10,191 in gifts/donations/cash for our Annual Baby Shower. No grants were written this year due to concentrating on the completion of our Service Delivery Plan.

Total Leveraged amount for other funding: \$14,342.81. Total In-kind for the Coalition: \$45,795.68.

3. Description of the greatest unmet maternal and child health population need in your service area.

The greatest unmet in this county continues to be Dentists that accept Medicaid. This is important because research has shown the correlation between poor oral health in a woman and low birth weight babies. Although transportation continues to be a problem it has improved with the establishment of the Santa Rosa Transit system that runs a bus along the Hwy 90 corridor from East Milton and into Pensacola to a bus stop where they can hook up with the Escambia County Transit bus system.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

This client is a 27 yr old who relocated to Santa Rosa County during her pregnancy at 32 wks gestation. She came to Milton to live with her mother-in-law, leaving her husband in North Carolina as he is an alcoholic and was not able to provide for the family. Client has 3 older children who are 8, 6, and 2 yrs old. Upon arriving in Milton she hit the ground running. She applied for Medicaid, food stamps and WIC, as well as cash assistance. She accessed OB care with Dr. Ervin and self referred to Healthy Start. Client's main concern was getting everything she needed for the new baby as she had left most of her things behind in North Carolina. Healthy Start was able to assist this client in numerous ways. First, she was given referrals to Helping Hand and Family Resource for aid with clothing for her older children. She was also given some baby clothing that had been donated to Healthy Start and referred to Pregnancy Resource for their baby buck program. She gladly followed up with all of these referrals while completing her job searches with Escarosa to make sure she could get her cash assistance. She completed the safe sleep training provided by her Healthy Start nurse and was given a Pac and Play through the "Cribs for Kids" program. She also saved the \$25 dollars that was needed for a car seat and was able to buy a new car seat for her unborn baby. Through the stress of relocating herself and her children at the end of her pregnancy and accessing all needed services to provide for her family, she kept a positive attitude and delivered a healthy full term baby girl on 5/26/11. Healthy Start continues to

work with her and her baby to provide education and support. She recently finished a class to work as a CNA and plans to test for certification. Through the efforts of a Healthy Start nurse this client was able to connect with multiple community resources. This gave her a sense of community and stability from which to launch her success. It is often just such connections that enable families to sustain and succeed through trying times and challenging circumstances.

This second story consists of the following:

Healthy Start care coordinators often meet clients during times of great need and great risk. One such client from south Santa Rosa County was a mom who had already lost custody of 2 children due to substance addiction and was pregnant again. Determined to not repeat past patterns of behavior, this mom worked with Healthy Start, accepted services and referrals, and successfully maintained recovery through her pregnancy. She delivered a healthy substance free baby girl and is experiencing the joys of parenting without the struggles and barriers of an active addiction. Though she has since moved out of state, she sent a Christmas card to her Healthy Start care coordinator and shared stories of her success and expressed thanks for “not giving up on her”. The client remains substance free, is working on advancing her education, and is engaged to be married. She shared that Healthy Start provided her with the support and encouragement she needed to be successful in her life as a person and Mom.

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

We involve consumers and families in all of our surveys that are administered at our annual Baby Shower. These surveys assist in decisions the coalition makes for the following years action plan and activities.

6. Any other pertinent activity or strategy that the coalition would like to submit.

The Santa Rosa Healthy Start Coalition has joined in a combined Safe Sleep Task Force with Escambia County Healthy Start Coalition pulling together resources to better educate the public about safe sleep. This Task Force consists of home visitors, DCF, hospital staff, law enforcement and the medical examiner and her staff to name a few participants. We develop ways of educating parents as well as educational messages on the importance of safe sleep but through this task force protocols have also been developed and implemented by the Medical Examiner’s office for first responders including law enforcement and EMS.

Healthy Start Coalition of Sarasota County, Inc.

1. Number of Coalition members and the organizations they represent:

a. We have 35 voting members. One is from the CHD; two are from hospitals or

birthing centers; three are prenatal care providers; four are Community or social service organizations; one is health planning organization; one is government; two are educational representatives; 14 are local businesses or private sector HS service providers; and seven are interested citizens.

- b. We have 14 non-voting members. Three are from the hospitals or birthing centers; three are pediatric care providers; two are community or social service organization; one is government; two are educational representatives; and two are local businesses; or private sector HS services providers.

2. Dollar amount for grants or other funding that have been leveraged by our Coalition during the contract period:

- a. \$2,672.00 from Gulf Coast South Area Health Education Center for Community Healthy Workers to teach about pre/interconception health
- b. \$35,000 from the Community Foundation of Sarasota for the development duties of the Education and Development Coordinator
- c. \$6,100 from the Community Foundation for incentives for the Save My Life Program
- d. \$25,000 from the Board and others participating in a Challenge Grant
- e. \$4,080 from the CJ SIDS Foundation for Safe Sleep education in the Save My Life Program
- f. \$96,124 In-Kind (includes volunteer time, donated meeting space, office rent, and donation of a portion of service fees by Wraparound Service Providers).

3. Description of the greatest unmet maternal and child health population needs in your service area.

- a. Housing, food, and health care on a county wide basis, due to economic downfall.
- b. Transportation, mainly in South County, due to large distances between services.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases Stories:

N/A

5. Description of how the provider involves consumers and families in decisions, activities and community needs assessments.

N/A

6. Any other pertinent activity or strategy during the contract year.
 - a. Our major activity was implementation of the new 2010-2015 Service Delivery Plan which addresses nine areas of need:
 - Prematurity Prevention
 - Smoking Cessation
 - Substance Abuse
 - Obesity
 - Maternal Infections
 - Pregnancy Planning
 - Elective Cesarean Sections prior to 39 Weeks Gestation
 - Breastfeeding
 - Racial Health Disparities
 - b. Completion of major revisions and development of a new Policy and Procedure Manual.
 - c. Establishment of two new committees: Substance Exposed Newborn Prevention and Protection Committee (SEN for short) and the Tobacco Cessation Workgroup.
 - d. Advancement of fundraising activities by the Board.
 - e. Representation from city, county and state government on the Board.

Healthy Start Coalition of St. Lucie County, Inc.

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

There are 79 members in the Coalition. Our members represent the following programs: Fort Pierce Police Department, Children's Services Council, Department of Children and Families, Department of Juvenile Justice, Florida Community Health Center, Florida Department of Health, Grace Women's Health Center, Healthy Families, Healthy Kids, Helping People Succeed, Lawnwood Regional Medical Center, Martin Memorial Medical Hospital, Planned Parenthood, Project Response, Executive Round Table, Steering Committee of the Executive Round Table, Teen Health Network, St. Lucie County Health Department, St. Lucie County Sheriff's

Office, St. Lucie Medical Center, Early Learning Coalition, TCCC/TCAC, United Way for St. Lucie and Martin County, Workforce Development, Hands, Women's Health Specialist.

2. Dollar amount for grants or other funding that have been leveraged by your Coalition during the contract period (not including in-kind sources or amounts).

Year ending June 30, 2011:

• Board Of County Commissioners	\$51,840.00
• Children Services Council -Teen Case Management	\$169,500.00
• Children Services Council Home Visitation	\$143,100.00
• Children Services Council - Crib Safety	\$5,775.00
• Hug-Me	\$65,044.00
• DOH TOPWA	\$160,000.00
• Health Families of Florida Ounce of Prevention	\$313,600.00
• Children's Services Council- Healthy Families of St. Lucie County	\$261,600.00

3. Description of the greatest unmet maternal and child health population need in your service area.

The poor economy in St. Lucie County has resulted in large numbers of uninsured and under-insured women. The situation has gotten worse as hundreds of foreclosures are still occurring monthly and unemployment rates continue to be alarmingly high. The unemployment rate is higher in St. Lucie (13.4%) than the state (11.4%). Therefore, we are seeing higher numbers of women who must rely on Medicaid for pre-and post-natal care. Women who are Medicaid eligible are delaying their entry into pre-natal care and limiting their ongoing participation due to the limited number of visits for which Medicaid will reimburse.

4. Any client success stories, if permitted by the client, including photographs, with appropriate client releases.

N/A

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

N/A

6. Any other pertinent activity or strategy that the coalition would like to submit.

Healthy Start will use the Baby basics book, "Your Month-by-Month Guide to a Healthy Pregnancy" and the Companion Planner as an incentive. The book is used to educate pregnant moms on how to achieve a healthy pregnancy and the planner is used to ensure that clients are compliant with their medical appointments.

Healthy Start Coalition of Southwest Florida, Inc.

1. Number of Coalition Members, and the organizations they represent

We have 100 members representing the following types of organizations:

Banks
Child Care
Civic Organizations
County Commission
County Health Departments
Early Learning Coalition
Entrepreneurs / Small Businesses
Federal Qualified Health Centers
Financial and Investments Services
Health Planning Council
Home Health
Hospitals
Insurance
Media
Neonatology
Non-Profits
PR Firms
Prenatal Care Clinics
School Boards
Universities
Workforce Development Board

2. Dollar amount for grants or other funding that have been leveraged by your coalition during the contract period (not including in-kind sources or amounts)

Grants	\$51,285
Donations	\$14,725
Fundraising events	\$13,644
Other	<u>\$ 250</u>
Total	\$79,904

3. Description of the greatest unmet need maternal and child health population need in your service area.

The greatest unmet need for Southwest Florida is for funding for services. In 2010-11, we had more than \$1.2 million in un-reimbursed services from our contracted

Healthy Start providers. This means 41% of Care Coordination services and 14% of prenatal care services were un-reimbursed. We have had to cut a significant number of families we serve.

4. Any participant success stories. If permitted by the client, including photographs with appropriate participant releases.

“My name is Lisa and I want to share my Family's story with you! I became pregnant in October of 2008 with my daughter. I was diagnosed with hyperemesis gravidium which is morning sickness that you have all day long during the duration of my pregnancy and was unable to work. I was placed on short term disability through my job. Shortly after, I received a letter from a program called Healthy Start and a name of a woman who soon became my best friend. Her name is Ann but in my eyes she was an angel. I was surprised to find out there was a program that would send a nurse to my home that would give me information about my pregnancy, and even go as far as to take my blood pressure and track the progress of my pregnancy. At the time my husband was working double shifts at a local restaurant and we were living at my mother's house. Needless to say I was going a little stir crazy sitting at home.

I would look forward to our visits every few weeks. Ann was so kind she even brought me some books I could read while sitting at home. We would talk about my nutrition, how I was feeling and what I was going to do when our baby came.

The day of June 23rd, 2008 my daughter was delivered by emergency C-section. My baby came out a beautiful bundle of joy. As she was being delivered the doctor realized that there was something wrong. The neonatologist assessed my daughter and spoke with my family and me and informed us that she was born with a birth defect. The birth defect is called imperforate anus and this effects one in five thousand babies. The birth defect develops within the first trimester and it is where the anus is in the vagina. I immediately called Ann who got me information so we would be able to understand what the surgeons were telling us. My baby would undergo three surgeries within the next year and a half. The first surgery was when she was a week old and the doctors gave her a colostomy bag. I had to return to work after eight weeks to keep my health insurance and be able to stay in our new little mobile home we were renting. I didn't know what to do because all the daycares in town would not take my daughter. I again called Ann and cried to her asking what I should do. She got me in contact with a program called Children's Medical Services and between her and them found us a special needs daycare called Caring Hearts. Ann also helped us get Medicaid to cover the 10% of hospital bills and to cover the cost of the special needs daycare. I was able to return to work

and I and my husband had some relief knowing we had nurses caring for our little girl. Ann would still call and check on my baby and come and see how we were doing.

Of course we then had to find a supplier for all of our baby's medical supplies. Ann gave us a couple names of businesses to try. I was able to order my baby's medical supplies through a colostomy company that would also take Medicaid as my secondary insurance. Through the next year Ann would help us by bringing my baby donated clothes, a high chair and a car seat base. It came time for my baby's next surgery and she came through the reconstructive surgery with flying colors. We were so excited to have another surgery behind us. Within a couple months it was time for my baby's final surgery. When we arrived at Lee Memorial Children's Hospital we were informed that my baby's Medicaid had been canceled and they wanted to know how we were going to pay for her surgery. I was handed a packet in Spanish and was told to call Medicaid myself. I was understandably upset; I spoke to the admitting nurse on the pediatric floor and explained how horribly we were treated and that it was already a trying time. I sat with my daughter after her surgery on the phone trying to get in contact with Medicaid. After hours of sitting on hold I finally got a gentleman on the phone who explained my paperwork to inform me that I had to resubmit for her Medicaid must have been lost. I filled out all of the paperwork again and had the hospital fax it in. Weeks later I got a letter denying her the Medicaid. The system of Medicaid has been good to my family but definitely has some major flaws. My baby's final surgery was a success and she is now 19 months old and healthy as ever. Ann checks in on my baby still and I even called her just the other day. I have a lifelong friend in Ann and want to share what a blessing Healthy Start has been. Had it not been for this program I really don't know what my family would have done."

5. Description of how the Coalition involves consumers and families in decisions, activities and community needs assessments.

We utilize consumer focus groups, client surveys, interviews in medical clinics, and interviews/questionnaires at universities for the target population.

6. Any pertinent activity or strategy that the coalition would like to submit

We have started Bear Hugs Education and Support groups for new parents with infants funded by the United Way. This gives us a resource to refer lower risk families that we cannot serve in Care Coordination due to funding constraints.
