



Chipola Healthy Start Coalition

**Needs Assessment and Service Delivery Plan
July 2020**

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Introduction

Healthy Start has been in existence since 1991 in the state of Florida. During the first decade of program implementation, infant mortality rates consistently declined, reaching a current low rate of 6.1 out of every 1,000 live births in 2017. Demand for the program has grown significantly; statewide Healthy Start provides services to 56% of all pregnant women and nearly 40% of newborns in Florida.

The Chipola Healthy Start Coalition (CHSC) serves a five-county area including Calhoun, Liberty, Jackson, Holmes, and Washington Counties. Our catchment area is rural, and we have significant barriers that may not be an issue in more populated areas of the state, such as transportation and birthing out of area. Birthing out of area is almost unique to our coalition. First, we have one birthing facility in our five-county area. Secondly, we are positioned in such a way that most mothers that are considering delivery options can birth not only in different counties, but also different states.

CHSC has had its share of challenges the last fiscal year. As with the rest of the Healthy Start programs statewide, CHSC has had to learn and implement a new system of care that would benefit mother and baby. This has been challenging and rewarding. We are now seeing the benefits of the choice of program for mother and baby. The Connect program is one whereby the mother can contact one number and speak with the coordinated intake and referral specialist. After talking with the specialist and answering some questions the mother is placed in the best home visiting program that serves the needs of her family. CHSC has served 1,678 women since the inception of Connect. Some of the other home visiting programs in our area are Nurse Family Partnership, Jackson County, and Healthy Families (covers all five counties).

Our region covers five counties and Figure 1 provides a snapshot of the counties we serve. This includes secondary data aligned with social determinants of health, including housing, employment, education, transportation, and poverty. These measures are not a perfect fit for the impacts of social determinants of health but do provide context.

Figure 1: Community demographics

	Calhoun	Holmes	Jackson	Liberty	Washington
Rolling three-year average, 2016-2108, Florida CHARTS					
Number of women of childbearing age	6,876	9,095	22,902	3,748	11,492

	Calhoun	Holmes	Jackson	Liberty	Washington
Number of women 15 to 44 who are White	5,900	8,491	15,859	3,271	9,486
Number of women 15 to 44 who are Black	675	259	6,110	335	1,454
Number of women 15 to 44 who are some other race	301	345	933	142	552
Number of women 15 to 44 who are Hispanic ¹	387	327	961	211	480
2013-2017 estimates, American Community Survey					
Number of children under 5*	715	1,072	2,436	396	1,275
Percentage of families with children under 5 below the federal poverty level	23.3%	46.7%	42.4%	7.8% ²	20.3%
Percentage of the total population over 25 with at least a high school diploma	77.4%	76.1%	79.7%	79.8%	80.5%
Median family income (total population)	\$45,081	\$48,609	\$47,995	\$41,914	\$47,753
Unemployment rate (total population)	8.6%	11.5%	11.2%	9.6%	10.1%
Percentage of households with no vehicle available	7.8%	7.2%	8.9%	5.0%	6.0%
Percentage of population that has moved in the last year	86.7%	82.9%	83.5%	86.0%	85.2%
Percentage of population that speaks a language other than English at home	6.9%	2.5%	6.0%	6.4%	3.9%

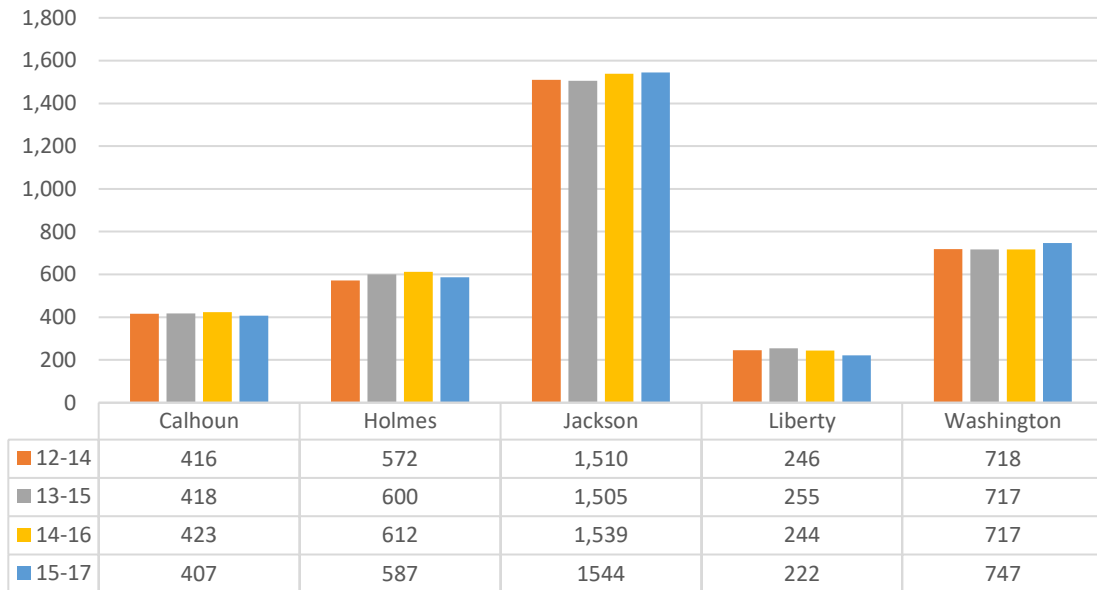
**2018 population estimate from the American Community Survey,*

¹ The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau. Hispanics or Latinos may be of any race.

² There are 204 families with children under 5 in Liberty County.

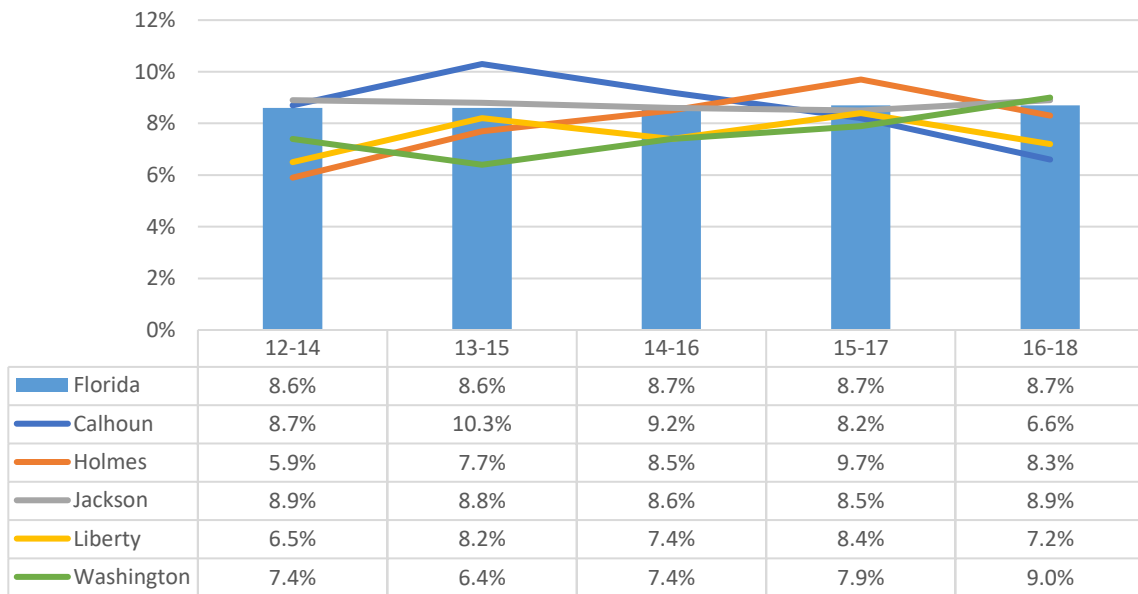
As noted, our mission is to increase healthy births and reduce infant deaths. Figure 2 provides the number of births in each county while Figures 3 through 6 summarize two important indicators of our mission: low birth weight and infant mortality.

Figure 2: Number of births in each county, rolling three-year average



Source: Florida Department of Health, CHARTS

Figure 3: Percentage of live births under 2,500 grams, rolling three-year average



Source: Florida Department of Health, CHARTS

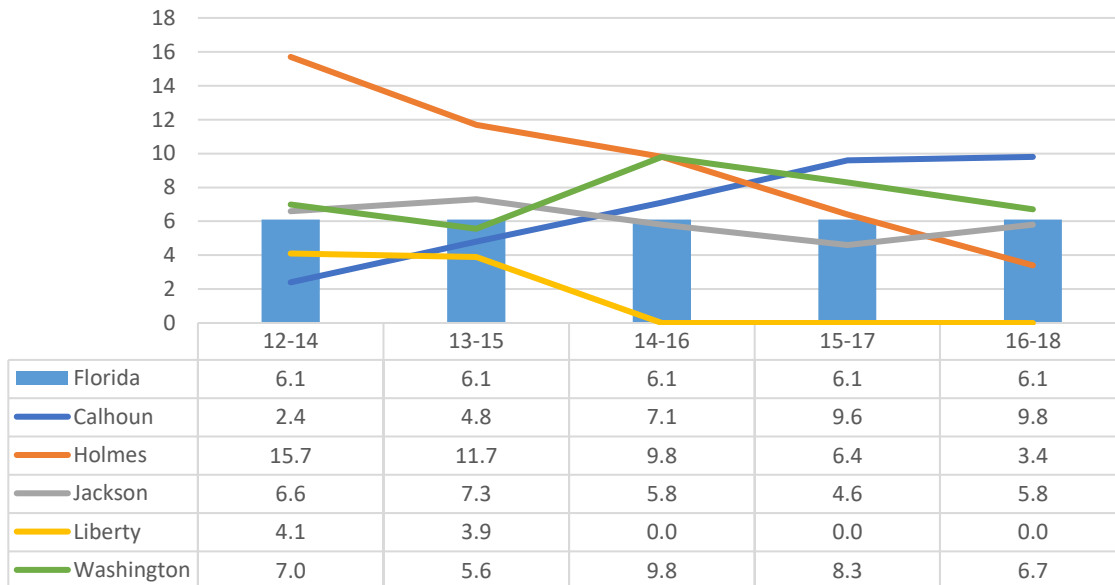
Figure 4: Percentage of live births under 2,500 grams, by race, 2016-2018

Please note that the percentages below are denominator-specific, meaning that the percentage of White low birth weight babies is of White births, not as a portion of all low birth weights. Please also note that in Calhoun there were low numbers of low birth weight babies (11 total for Black and another race combined).

	Calhoun	Holmes	Jackson	Liberty	Washington	Florida
White	4.4%	8.1%	7.5%	6.4%	8.2%	7.2%
Black	19.4%	10.0%	12.3%	18.8%	11.9%	13.8%
Another race	40.0%	16.7%	11.8%	0.0%	18.5%	8.6%
Hispanic	8.3%	9.1%	8.8%	0.0%	8.3%	7.2%

Figure 5: Infant death rate per 1,000 live births, rolling three-year average

In Holmes County, the number of average infant deaths has dropped from 9 in 12-14 to 2 in 16-18.



Source: Florida Department of Health, CHARTS

Figure 6: Infant deaths per 1,000 births, by race, 2016-2018

Please note that the rates below are denominator-specific, meaning that the rate of White infant deaths is per 1,000 White births, not as a portion of all infant deaths. There are low numbers of infant deaths (2 in Calhoun, 9 in Jackson, and 5 in Washington County).

	Calhoun	Holmes	Jackson	Liberty	Washington	Florida
White	8.3	3.6	5.7	0	6.5	4.3
Black	0	0	4.8	0	9.9	11.2
Another race	100	0	14.7	0	0	7.5
Hispanic	0	0	12.5	0	0	5.3

Every five years, Healthy Start completes a needs assessment and based on the findings of the needs assessment updates the service delivery plan. This document provides both the needs assessment and the service delivery plan. The next page provides a two-page summary of the findings, goals, and strategies, followed by the implementation plan and then the needs assessment data, including birth outcome indicators, an inventory, and barriers. Following the data is a description of CHSC's administrative function. Appendix A includes a description of the process used to conduct the needs assessment and develop the service delivery plan including coordination with other plans and partners, census tract data, and census tract maps.

Summary

Needs assessment findings

The Needs Assessment Task Force first reviewed 23 birth outcome indicators and identified indicators of concern (that are over the state average and/or increasing).

Indicators of concern:

- Births covered by Medicaid
- Births to mothers age 15-19
- Births to mothers over 18 without high school education
- Births to mothers who report smoking during pregnancy
- Births to obese mothers at the time the pregnancy occurred
- Births to overweight mothers at the time the pregnancy occurred
- Births with an inter-pregnancy interval under 18 months
- Percentage of births with no or late prenatal care
- Percentage of preterm births
- Repeat births to mothers ages 15-19

The task force then discussed barriers, assets, partners, and determinants of health.

The task force identified the following barriers to a healthy pregnancy:

transportation, substance abuse, generational norms around behaviors, applying knowledge, lack of resources for healthy living, and mental health. The task force also reviewed each county's community health assessment. Assets identified by the task force included partnerships with local health departments and other organizations to address community needs such as obesity, teen births, and transportation. The task force also recognized, however, the need to try new approaches. That discussion, along with the quantitative data collected, determined priorities:

- Overweight and obese mothers
- Early entry to prenatal care
- Teen births and repeat teen births

After priorities had been identified, coalition staff completed an inventory of resources and assets available to address priorities. With that in hand, the task force then developed the goals and strategies summarized on the next page. Please note that these are the strategic goals and are in addition to regular operations (i.e., Connect program, home visiting,

Goals and strategies for the Service Delivery Plan

Goal 1: Reduce the percent of overweight and obese mothers.

Strategies:

1. Expand partnership with local health departments to address overweight and obese women of childbearing age.
2. Increase transportation options to activities, parks, and trails (partner with schools or churches) and/or promote programs in neighborhoods (walking clubs).
3. Address motivation to make lifestyle changes
4. Continue and promote educational activities

Goal 2: Increase the percentage of women entering prenatal care in the first trimester

Strategies:

1. Explore new models, such as Centering Pregnancy, that offset the challenge of having only a few providers.
2. Develop consistent messaging and disseminate common messages.
3. Reduce the barrier of transportation to accessing care

Goal 3: Reduce teen births and repeat teen births

Strategies:

1. Change “norms” around teen pregnancy.
2. Continue programs such as Nurse Family Partnership and existing partnerships.

The next section provides details on how the strategies will be implemented.

Implementation Plan

This section provides the implementation plan for the strategies. An action plan (steps, person responsible, and start/end dates) is provided for each strategy for the three goals. Please note that these plans do not reflect existing current operations such as the Connect program, home visiting, Nurse Family Partnership, or ongoing outreach.

Goal 1: Reduce the percentage of overweight and obese mothers.

1. Expand partnership with local health departments to address overweight and obese women of childbearing age.

Action Steps	Person Responsible	Start Date	End Date
Make referrals to (address overweight and obese women of childbearing age) all FDOHs in our area for “Lifestyle Change” classes and education.	Care Coordinators	2/28/2020	ongoing
Promote a common message/use shared materials around being a healthy weight and its impact on pregnancy at community events, through social media, etc.	CHSC will post area events on our Facebook page to promote healthy activities	2/28/2020	ongoing

2. Increase transportation options to activities, parks, and trails (partner with schools or churches) and/or promote programs in neighborhoods (walking clubs).

Action Steps	Person Responsible	Start Date	End Date
CHSC will investigate the possibility of purchasing vouchers for entire catchment area to help subsidize the cost of transportation for clients.	Program Director	2/13/2020	ongoing
CHSC will investigate working with FDOT, completing a grant for possible vouchers.	Program Director/ED	2/13/2020	ongoing
CHSC will post all area events and programs on Facebook page and share with clients to promote healthy activities and lifestyle.	CIR Specialist	2/28/2020	ongoing

3. Address motivation to make lifestyle changes

Action Steps	Person Responsible	Start Date	End Date
Counsel clients on positive lifestyle changes using proven programming.	Care Coordinators	2/28/2020	ongoing
Refer clients who are interested in making healthy lifestyle changes to FDOH for Lifestyle Change classes	Care Coordinators	2/28/2020	ongoing

4. Continue and promote educational activities

Action Steps	Person Responsible	Start Date	End Date
Jackson County FDOH will implement an educational incentive program for clients to complete smoking cessation and SCRIPT programs (educational incentive program is ongoing in Calhoun and Liberty Counties).	Katrice Davis, Human Serv. Program Analyst	2/28/2020	ongoing

Goal 2: Increase the percentage of women entering prenatal care in the first trimester

1. Develop consistent messaging and disseminate common messages.

Action Steps	Person Responsible	Start Date	End Date
Present information in a newsletter format through FDOH and Chipola Healthy Start Coalition.	CHSC	2/28/2020	ongoing
Make all messaging consistent throughout the five counties so there is no confusion when traveling throughout the counties.	CHSC	2/28/2020	ongoing
Calhoun/Liberty will share media package with all other counties for consistent messaging.	Calhoun Co Healthy Start	2/28/2020	ongoing

2. Reduce the barrier of transportation to accessing care

Action Steps	Person Responsible	Start Date	End Date
CHSC will provide all health departments with flyers/handouts from coalition on information for transportation in each county.	CHSC Program Director	2/28/2020	7/30/2020
CHSC and subcontracted providers will continue to work closely with FDOT to address transportation disadvantage and solutions to the problem.	CHSC Program Director/ED	2/28/2020	ongoing
FDOH, Washington County will add/address transportation in their WCHIP plan , and the coalition will integrate best practices.	Wash Co. Healthy Start	2/28/2020	ongoing

Goal 3: Reduce teen births and repeat teen births

1. Change “norms” around teen pregnancy.

Action Steps	Person Responsible	Start Date	End Date
Using interaction and dialogue directly with the youth population.	Care Coordinators and other H/V programs	2/28/2020	ongoing
Educate the teen population on teen pregnancy using nurses and approved curriculum.	Healthy Start and FDOH	2/28/2020	ongoing

2. Continue programs such as Nurse Family Partnership and existing partnerships.

Action Steps	Person Responsible	Start Date	End Date
Invite other community stakeholders to the meeting that have relevant input and interest such as managed care organizations, local pregnancy centers and the Teen Parenting Program.	ED/Program Director	2/28/2020	ongoing

Action Steps	Person Responsible	Start Date	End Date
We currently work with (and will continue to work with) community partners such as the Pregnancy Center(s), FDOH, and Love in Action Ministries to recognize the needs and help educate and prepare our youngest mothers.	CHSC	2/28/2020	ongoing

The remainder of this report provides the detailed data used to identify priorities, including birth outcome indicators, an inventory of services and resources, and barriers. Appendix A provides a description of the process.

Needs Assessment Data

This section first provides data on birth outcome indicators and then includes data on available services and resources and barriers to achieving positive birth outcomes.

Birth outcome indicators

This section provides the birth outcome indicators, by county, for the prior five years. Data are three-year rolling averages unless otherwise noted. The scales of the graphs are not consistent and were chosen to allow for visual comparison among years and counties and not across indicators. For some indicators, the smaller counties show wide fluctuations even with a rolling three-year average; in this case, the raw data are provided. Figure 7 identifies, for each county, where the indicator is over the state average and whether that indicator is showing a concerning trend (increasing/decreasing) or may be a concern, but is improving.

Figure 7: Priority areas of concern “at a glance”

	Calhoun	Holmes	Jackson	Liberty	Washington
Births to mothers age 15-19	Higher than the state average but decreasing				
Repeat births to mothers ages 15-19	Higher than the state average and increasing	Higher than the state average and increasing	Was increasing, but dropped for the last three-year average	Higher than the state average and increasing	
Births to mothers over 18 without high school education	Higher than the state average but a slight downward trend				
Births to overweight mothers at the time pregnancy occurred	Lower than the state average but showing a slight increase	Lower than the state average but increasing	Lower than the state average but showing a slight increase		Higher than the state average and increasing

	Calhoun	Holmes	Jackson	Liberty	Washington
Births to obese mothers at time the pregnancy occurred	Higher than the state average, no trend	Higher than the state average and increasing	Higher than the state average and increasing	Higher than the state average and increasing	Higher than the state average, no trend
Births to mothers who report smoking during pregnancy	Higher than the state average but decreasing				
Births with an inter-pregnancy interval under 18 months	Higher than the state average and increasing				
Births covered by Medicaid	Higher than the state average but decreasing				
Percentage of births with no or late prenatal care	Last three-year average showed an increase	Over the state average and increasing	Last three-year average showed an increase	Last three-year average showed an increase to over the state average	Last three-year average showed an increase to over the state average
Very low birthweight (VLBW) infants born in subspecialty perinatal centers			Lower than the state average but the last three-year average increased		
Percentage of live births under 2,500 grams	Higher than state average but decreasing	Lower than state average but increasing			Last three-year average showed an increase

	Calhoun	Holmes	Jackson	Liberty	Washington
Percentage of preterm births			Lower than the state average but the last three-year average showed an increase		Higher than the state average and increasing
C-section births as a percentage of births		Lower than the state average but increasing		Lower than the state average but increasing	
Total infant deaths per 1,000 live births	Low numbers make trends difficult to discern.				
Total fetal deaths	Higher than the state average	Higher than the state average			Higher than the state average

The next pages provide trend data, by county, for each birth outcome indicator.

Figure 8: Percentage of births with known prenatal care status with third or no trimester prenatal care, rolling three-year average

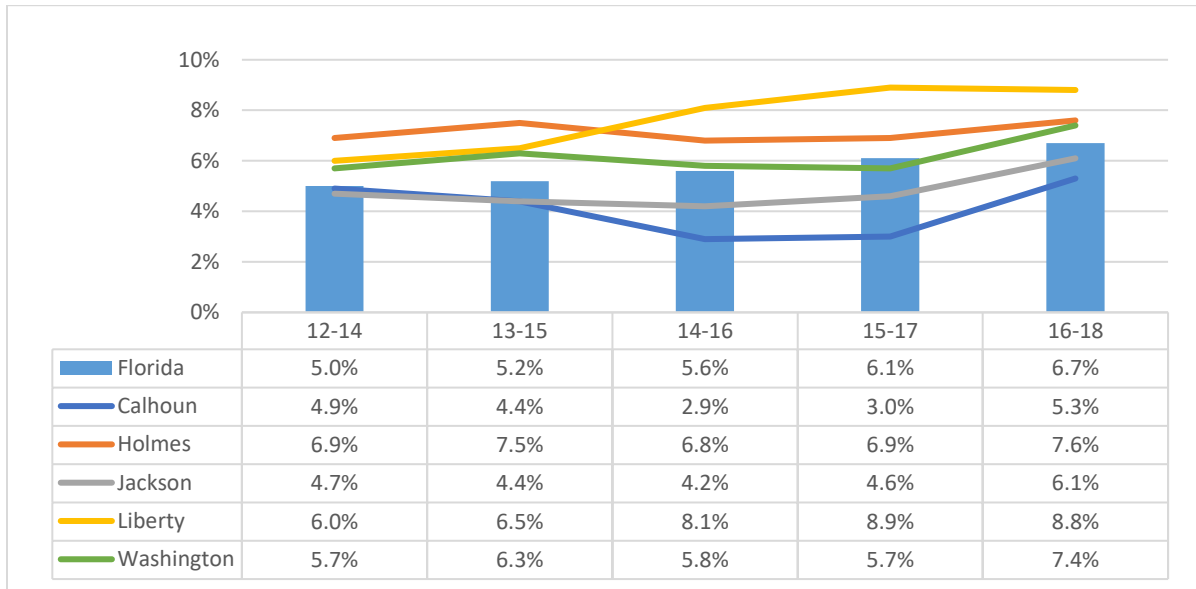


Figure 9: Births to mothers age 15-19 per 1,000 females age 15-19, rolling three-year average

In Liberty County, the average annual number of births to mothers 15 to 19 has dropped from 34 in '12-'14 to 15 in '16-'18.

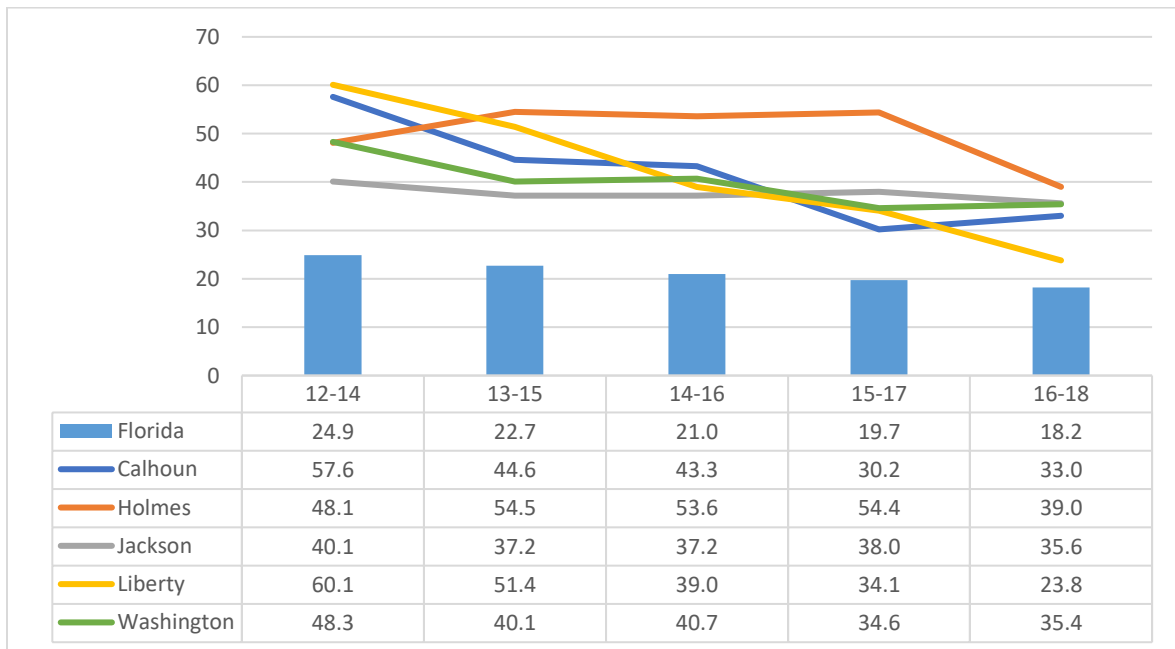


Figure 10: Repeat births to mothers ages 15-19 as a percentage of births to mothers ages 15-19, rolling three-year average

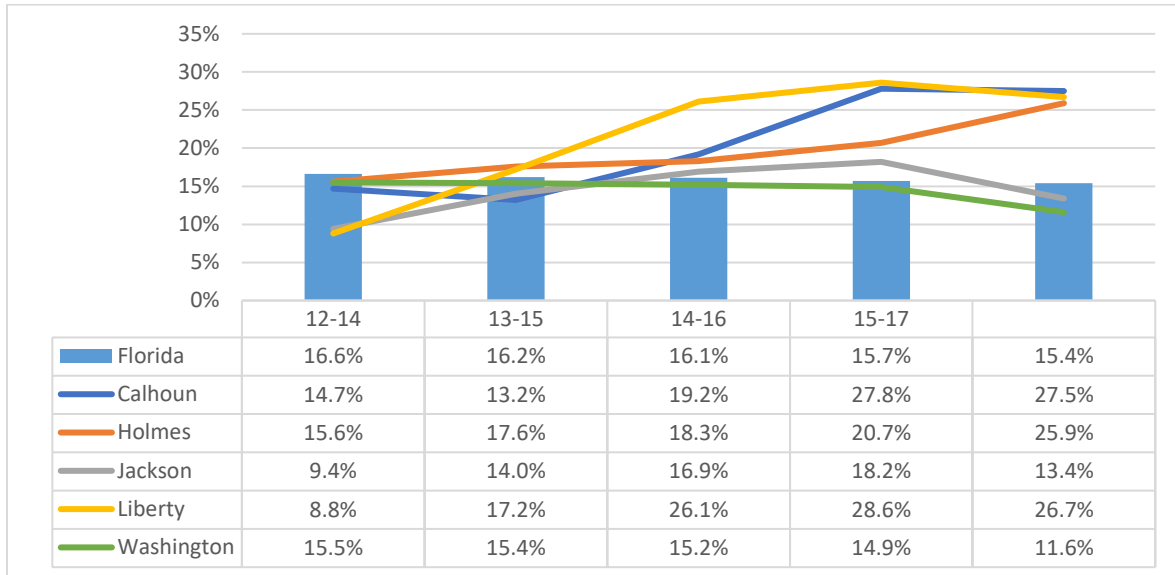


Figure 11: Births with an inter-pregnancy interval under 18 months as a percentage of births, rolling three-year average

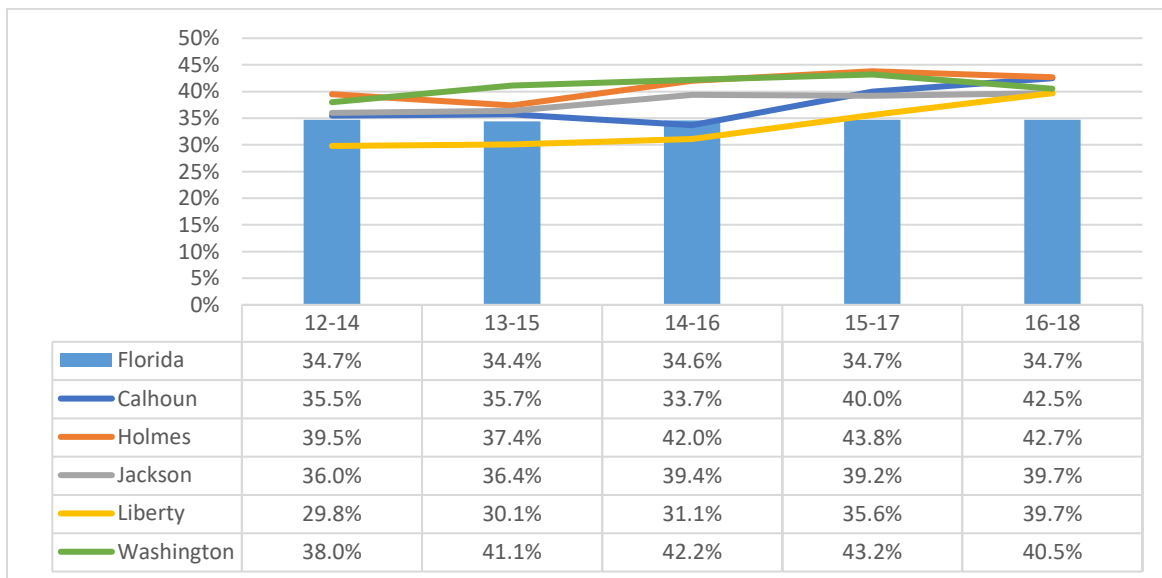


Figure 12: Births to mothers over 18 without high school education as a percentage of births to all mothers over 18, rolling three-year average

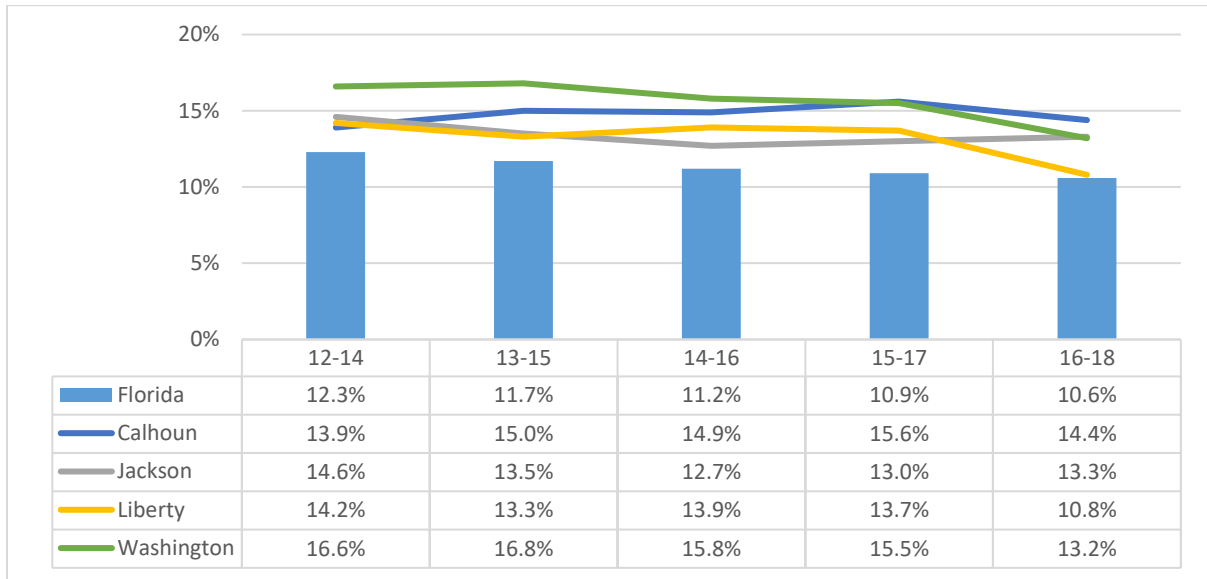


Figure 13: Births to mothers over age 35 per 1,000 females over age 35, rolling three-year average

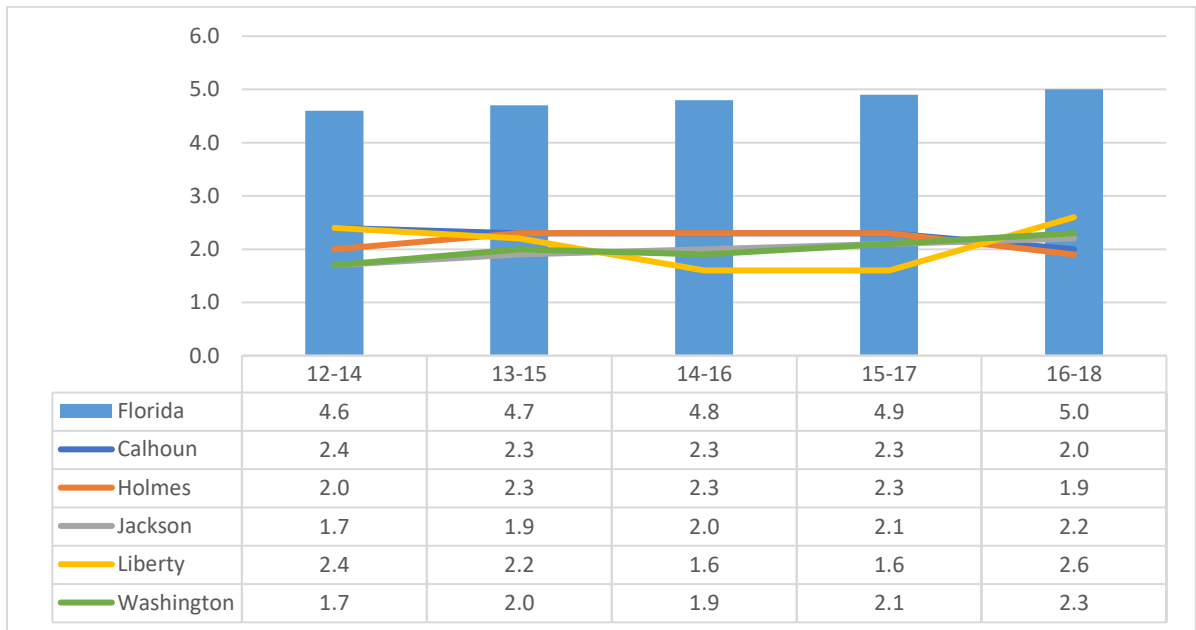


Figure 14: Births to overweight mothers at the time pregnancy occurred as a percentage of births, rolling three-year average

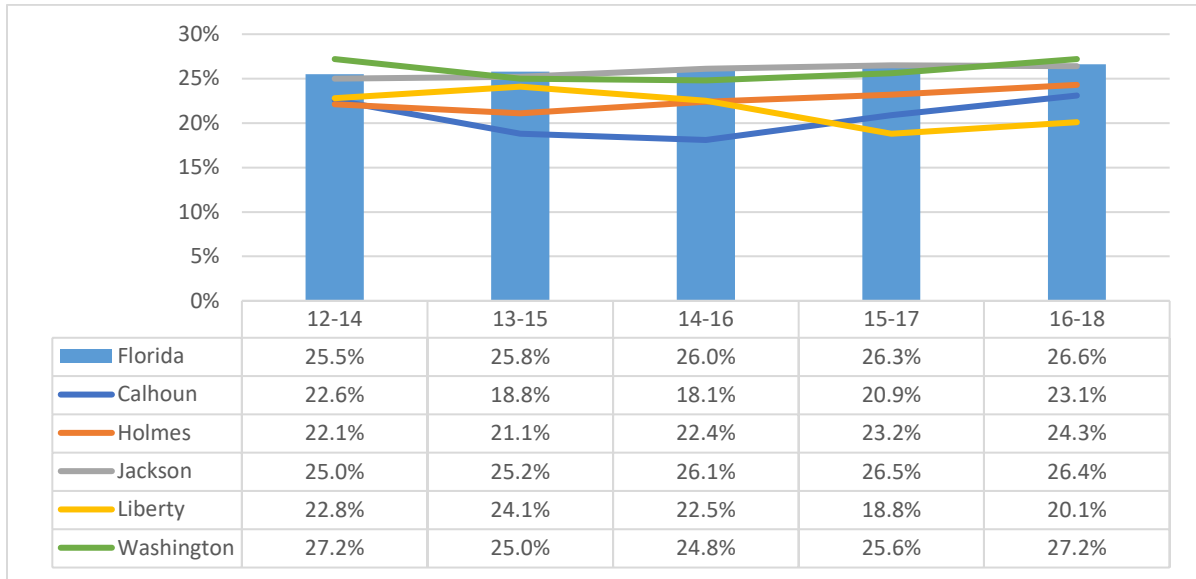


Figure 15: Births to obese mothers at the time the pregnancy occurred as a percentage of births, rolling three-year average

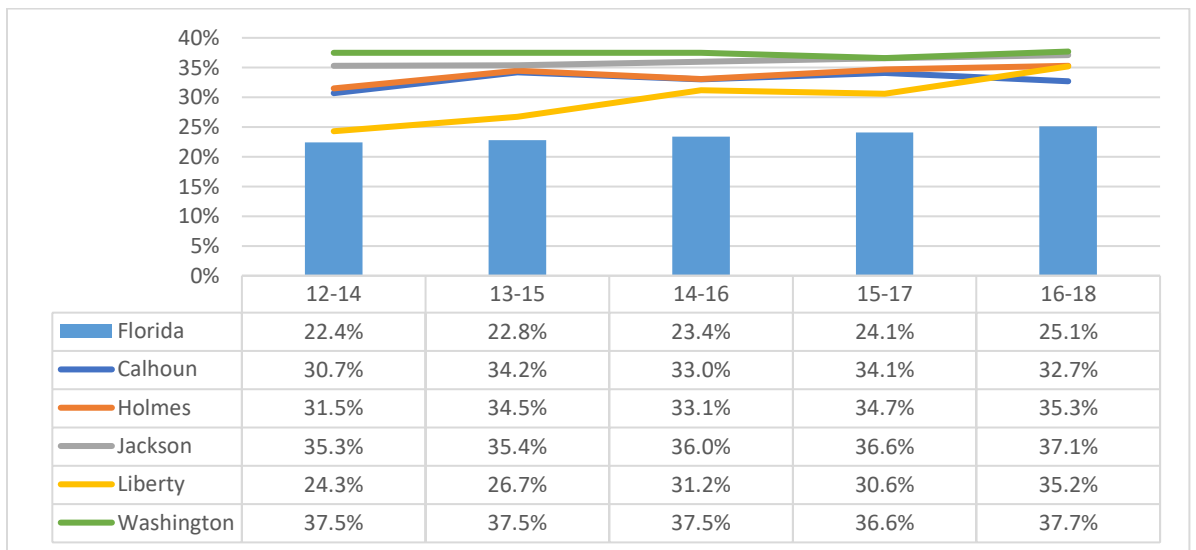


Figure 16: Births to mothers who report smoking during pregnancy as a percentage of births, rolling three-year average

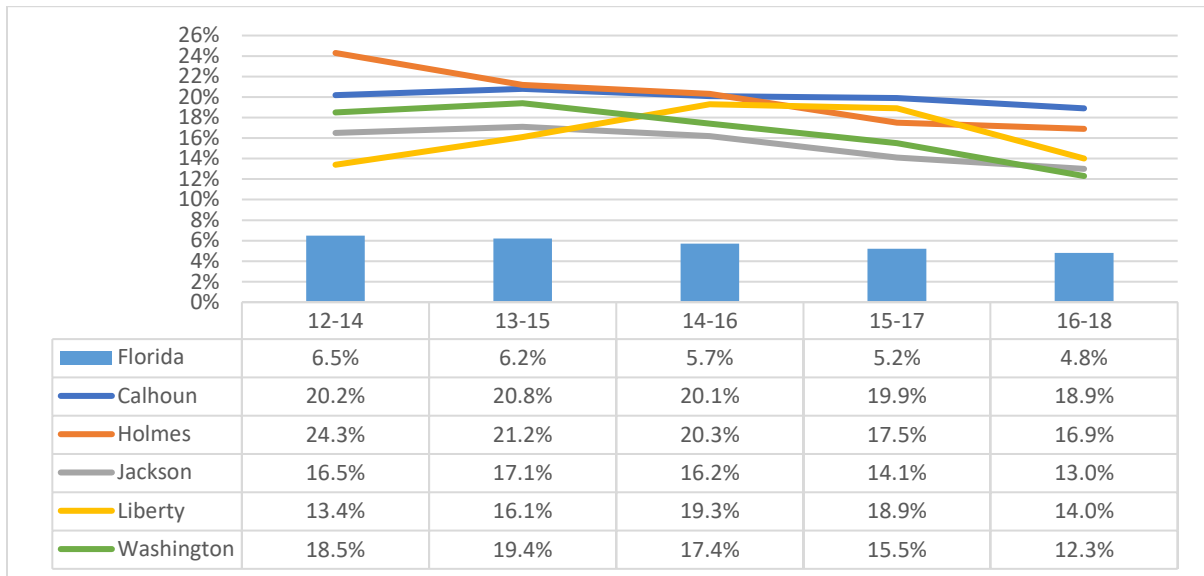


Figure 17: Births to uninsured women ("self-pay" checked on birth certificate) as a percentage of births, rolling three-year average

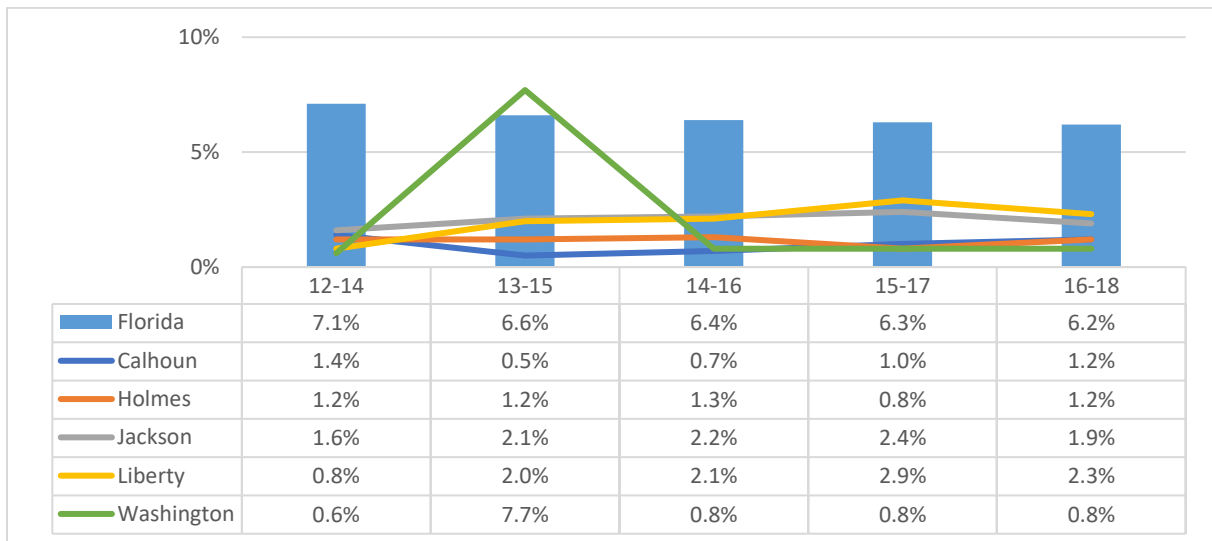


Figure 18: Births covered by Medicaid as a percentage of births, rolling three-year average

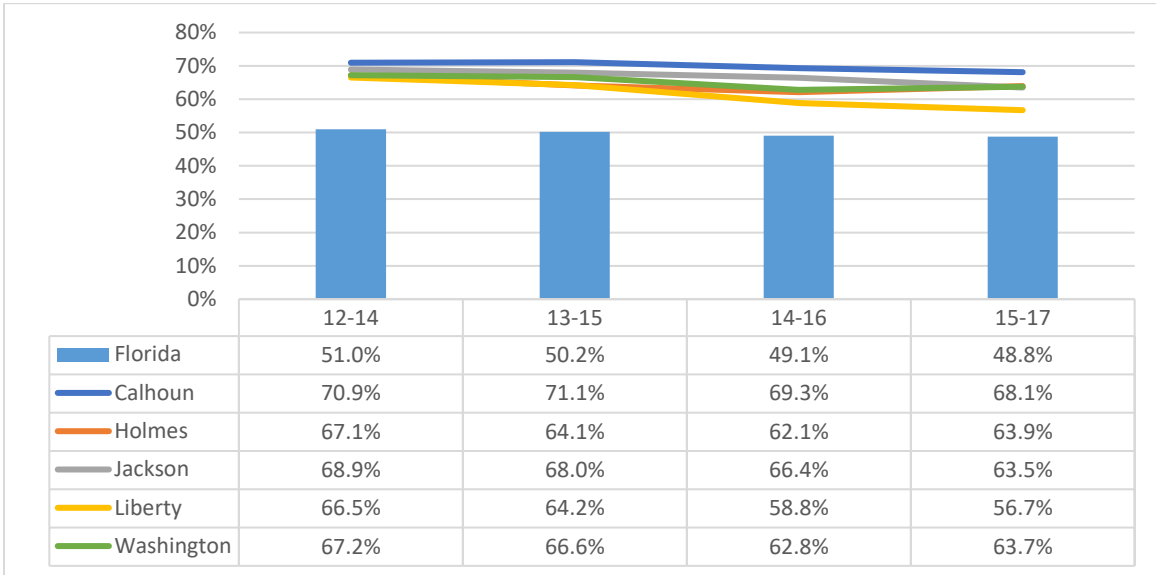


Figure 19: C-section births as a percentage of births, rolling three-year average

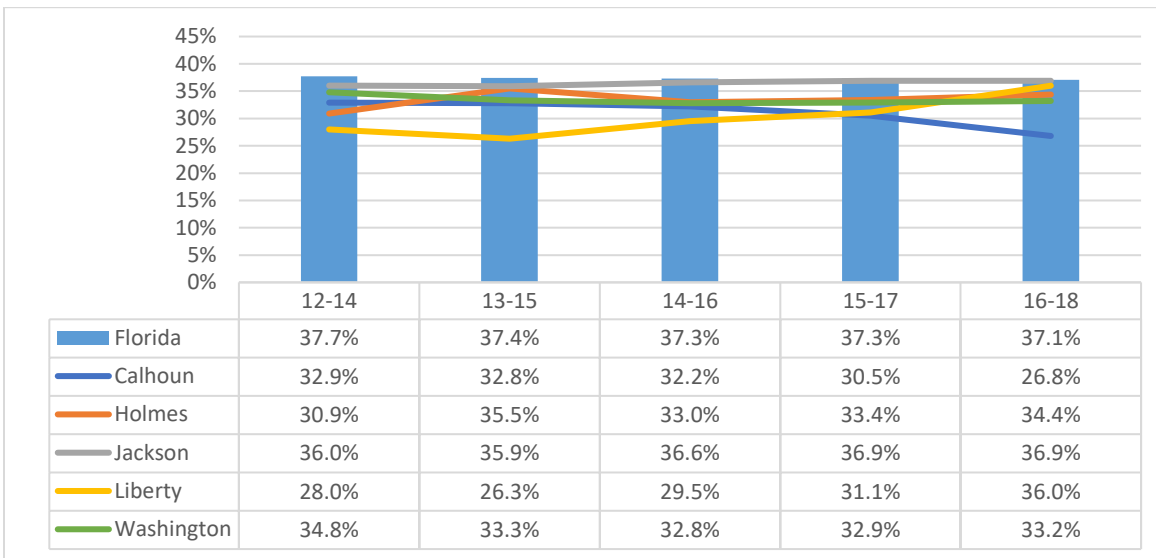


Figure 20: Multiple births (twins, triplets, or more) as a percentage of births, rolling three-year average

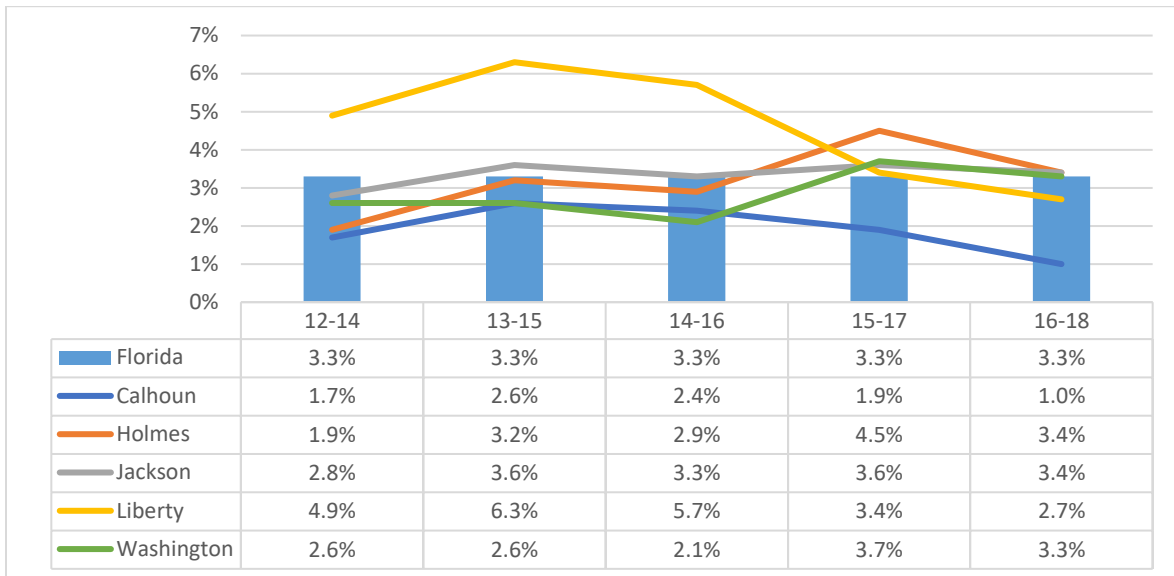


Figure 21: Very low birthweight (VLBW) infants born in subspecialty perinatal centers as a percentage of VLBW births, rolling three-year average

Fluctuations are caused by low numbers of VLBW infants. For example, in Holmes County, average range from 1 per year to 7 per year.

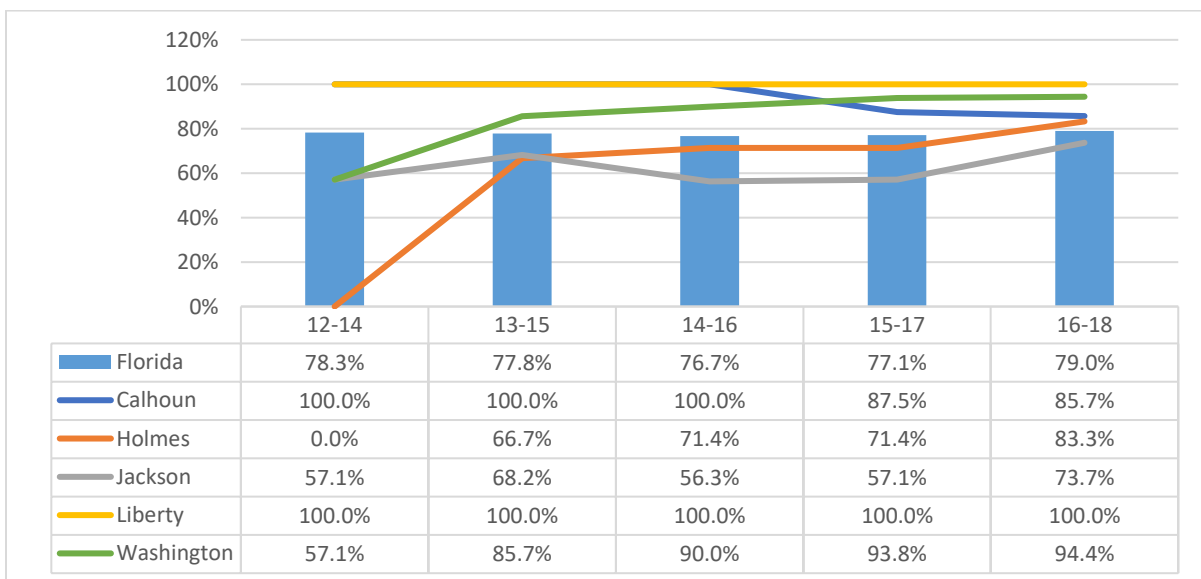


Figure 22: Preterm births as a percentage of total live births

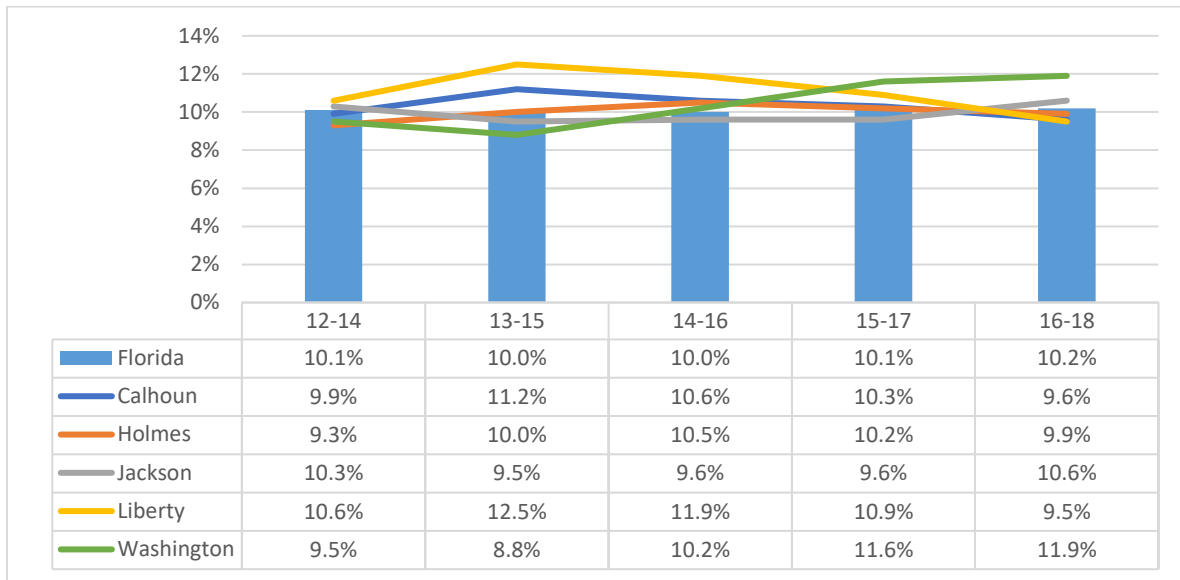


Figure 23: Preterm births as a percentage of total births, by race, 2016-2018

Please note that the percentages below are denominator-specific, meaning that the percent of White preterm births is of White births, not as a portion of all preterm births.

	Calhoun	Holmes	Jackson	Liberty	Washington	Florida
White	8.6%	10.1%	10.4%	9.9%	12.1%	9.1%
Black	13.9%	5.0%	11.6%	6.3%	9.9%	13.9%
Another race	3.0%	8.3%	8.8%	0.0%	18.5%	9.0%
Hispanic	16.7%	18.2%	6.3%	9.1%	16.7%	9.1%

Figure 24: Maternal deaths per 100,000 live births, rolling three-year average

Please note fluctuations are due to low numbers of maternal deaths (an average of 1 per year for the last two cycles in Calhoun County).

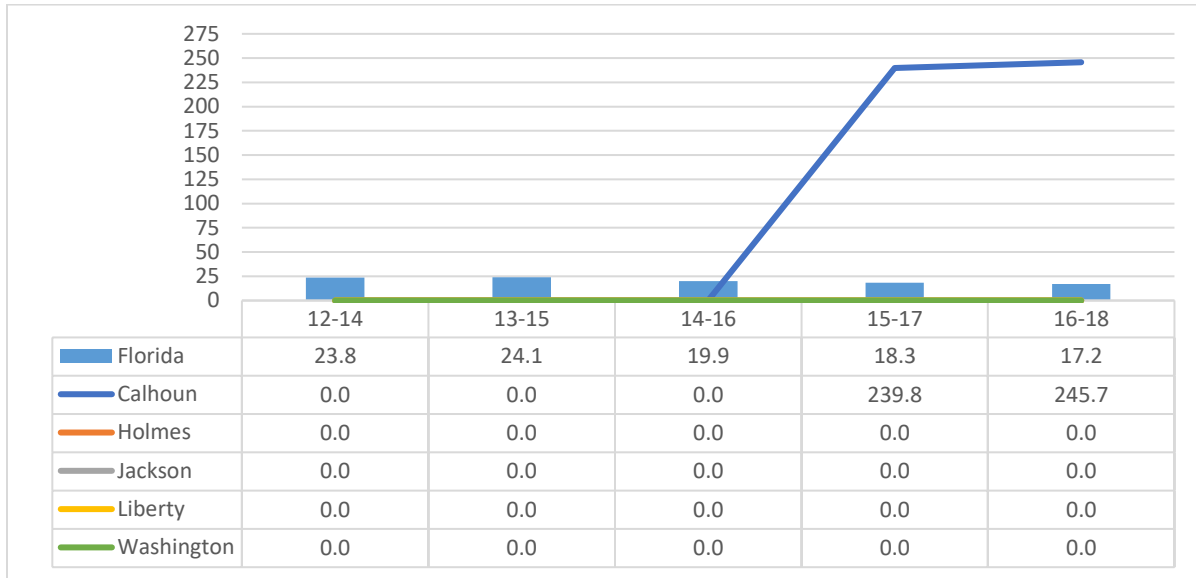


Figure 25: Total fetal deaths per 1,000 live births and fetal deaths, rolling three-year average

Fluctuations are due to low numbers of fetal deaths (ranging from 0 to 11).

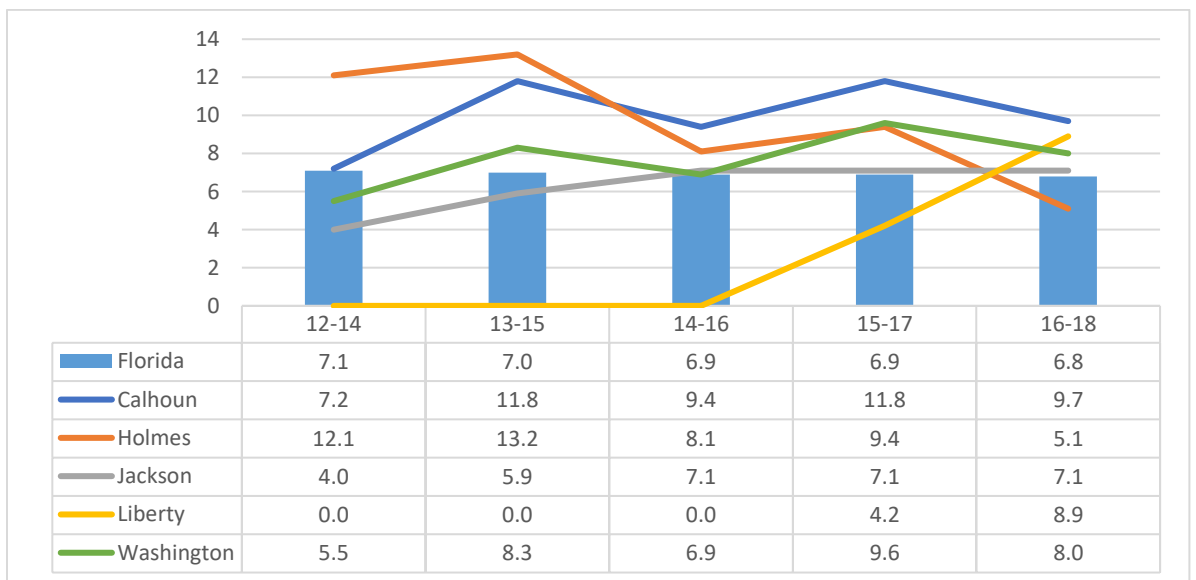


Figure 26: Total neonatal infant deaths per 1,000 live births, rolling three-year average

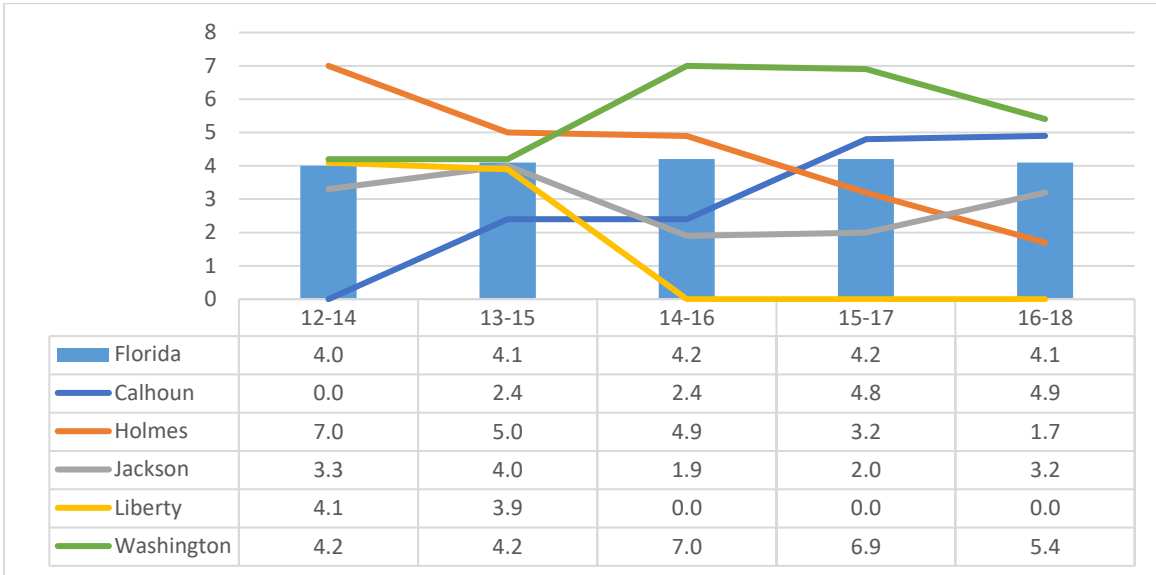


Figure 27: Total post-neonatal infant deaths per 1,000 live births, rolling three-year average

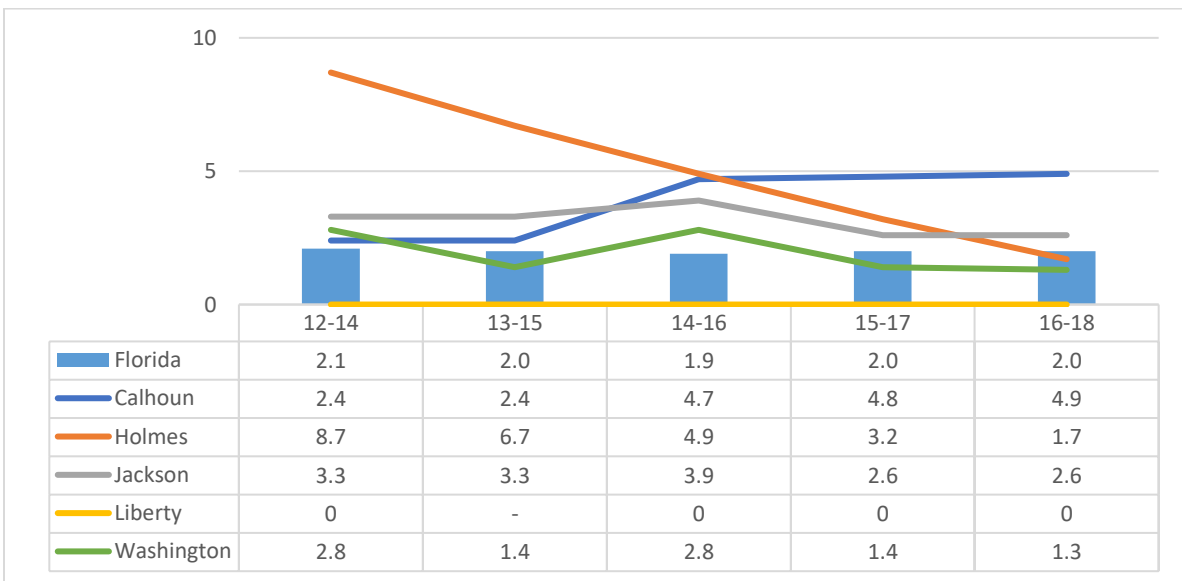


Figure 28: Total Sudden Infant Death Syndrome (SIDS) deaths per 1,000 live births, rolling three-year average

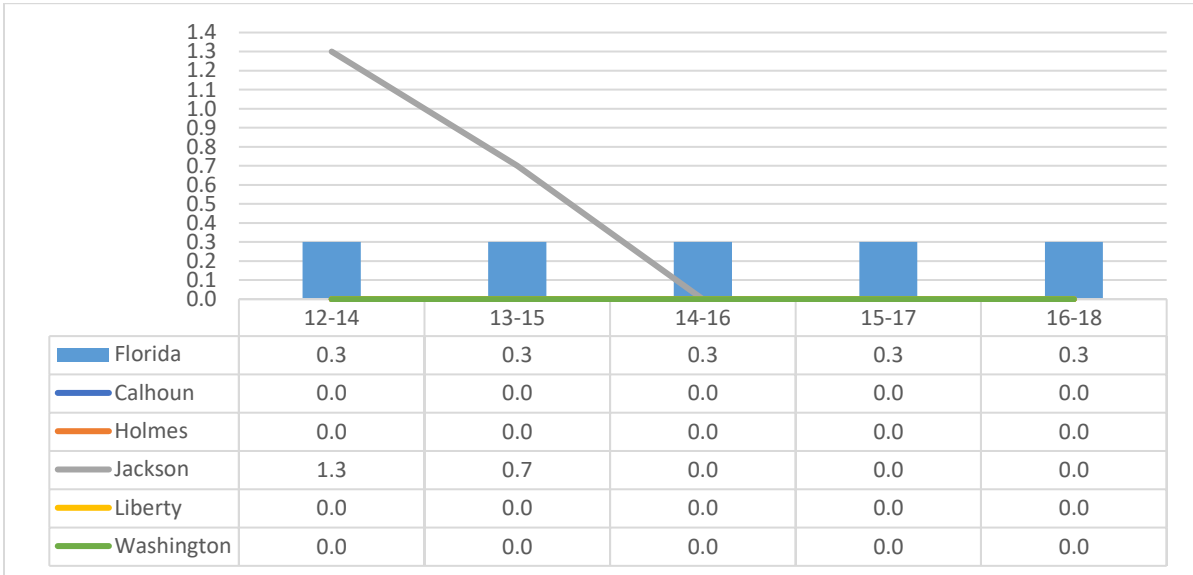
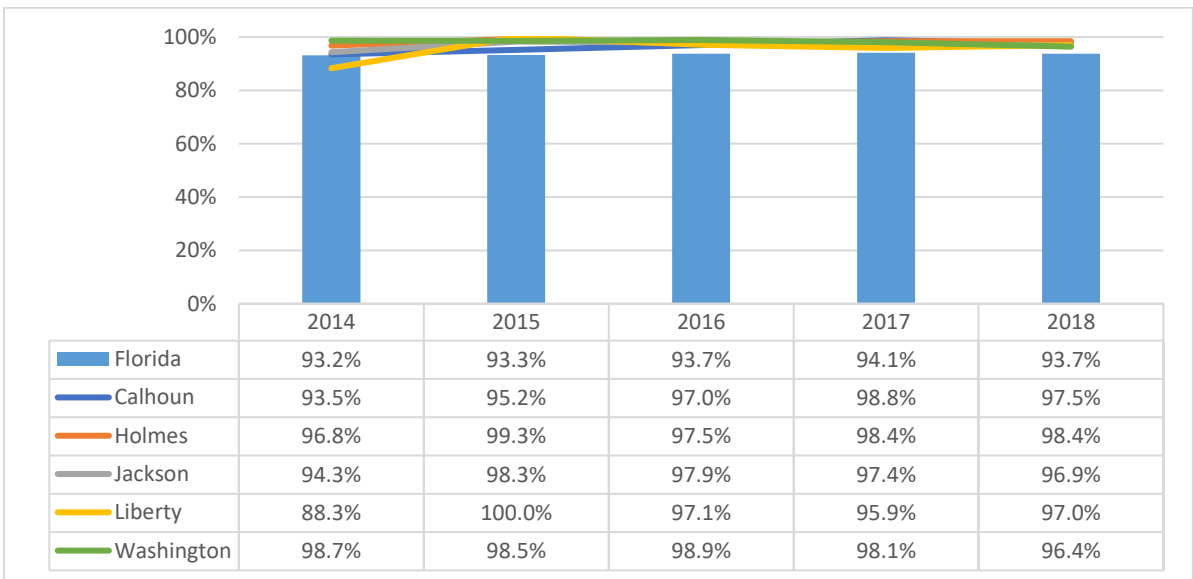


Figure 29: Kindergarten children fully immunized as a percentage of all kindergarten students, single-year rates



Inventory of services and resources

Based on a review of the data and a discussion of barriers and determinants of health, the task force identified three priority areas: overweight and obesity, access to prenatal care, and teen births/repeat teen births. This section first provides a summary of services and resources for each of the priority areas and then a table of services and resources important to having a healthy pregnancy.

PRIORITY AREA: OVERWEIGHT AND OBESITY

CHSC and the local departments of health that serve our counties recognize obesity as a concern in our rural area. Although we have continued to work on this issue by disseminating educational information in all counties there does not appear to be a trend downward. We will continue to make this a priority until we can see a significant decrease in overweight and obesity in all of our counties. The following are current efforts to address healthy weight:

- CHSC promotes the Agricultural Centers in each county and they have presented at meetings in the past on services they offer. One of their services is free cooking classes using healthy and affordable alternatives to prepackaged, “ready to eat” meals.
- All of the FDOHs in our area offer information and education on healthiest weight, as well as diabetes classes.
- There are walking trails, and parks in all of our communities.
- The local communities and clubs such as the Optimist Club of Jackson County offer events such as the 5k run to get the public involved in outside and healthy activities.
- Obesity is addressed in Fetal Infant Mortality Review (FIMR) meetings when it arises as a concern.

PRIORITY AREA: ACCESS TO PRENATAL CARE

We live in a rural community that is unique. The area we live in is called the “Tri State” area because you can reach two other states within an hour almost anywhere in our service area. Often a mother chooses to birth either in another city out of our catchment area, or another state which interferes with an accurate birthing count for our area. To add to the challenge of prenatal access, we have limited options to care in our catchment area. In the area:

- We have one delivery hospital: Jackson Hospital, located in Marianna Florida.
-

- We have two offices for OB/GYN services: Chipola Surgical and Medical Specialties, and Dr. Bailey, who is located in Holmes County.

This issue is being addressed in our action plan under transportation, as one issue leads directly into another. CHSC is working closely with FDOH’s MAPP model to align sustainable services for transportation in our area to help our community have better access to care in their communities.

PRIORITY AREA: TEEN BIRTHS AND REPEAT TEEN BIRTHS

Teen births are defined as mothers whose ages are between 15 and 19 years old. Babies born to teens may be at greater risk for preterm delivery, low birth weight, and neonatal mortality. For this priority, the following services are available:

- Our Healthy Start programs within FDOH are working diligently to bring down the number of teen births and repeat teen births with education being presented in the classroom by the FDOH Healthy Start programs.
- CHSC attends a Wellness fair in Washington County yearly to speak with middle school children about healthy decisions.
- We currently work with (and will continue to work with) community partners such as the Pregnancy Center(s), FDOH, and Love in Action Ministries to recognize the needs and help educate and prepare our youngest mothers.
- Holmes and Washington Counties are educating our teen population in schools with the curriculum Promoting Health Among Teens; Calhoun and Liberty Counties are educating the teen population using Real Essentials.
- Calhoun and Liberty Counties are using “tear pads” in the local schools for teen confidential services. Calhoun/Liberty will share the information with all other programs.
- FDOH Jackson County has a teen clinic.

OTHER SERVICES AND RESOURCES

Figure 30: Resources and services for a healthy pregnancy

Organization and program name	Type of service	Calhoun	Holmes	Jackson	Liberty	Washington
Pregnancy Center(s)			X	X		X

Organization and program name	Type of service	Calhoun	Holmes	Jackson	Liberty	Washington
Florida Free Clinics	Prenatal	X	X	X	X	X
PEPW	Medicaid	X	X	X	X	X
PanCare	Well child care	X	X	X	X	X
Life Management	Psychosocial Counseling	X		X		
Healthy Start	Smoking cessation	X	X	X	X	X
FDOH FL QUIT	Smoking cessation	X	X	X	X	X
C.A.R.E	Substance use treatment	X	X	X		X
AWARE	Sub treatment for pregnant women	X	X	X		X
Healthy Start	Breastfeeding education and support	X	X	X	X	X
Healthy Start	Smoking cessation	X	X	X	X	X
Healthy Start	Intimate partner violence	X	X	X	X	X
Nurse Family Partnership	Developmental screening and home visiting			X		
Healthy Families	Developmental screening and home visiting	X	X	X	X	X
Healthy Start	Developmental screening and home visiting	X	X	X	X	X
Healthy Start	Interconceptual care services	X	X	X	X	X
Florida Dept. of Health	Family planning	X	X	X	X	X
Nurse Family Partnership	Immunizations			X		
Pan Care	Immunizations	X	X	X	X	X
Healthy Start	Immunizations	X	X	X	X	X

Barriers

The task force identified the following barriers to having a healthy pregnancy:

- Transportation
- Substance abuse
- Generational norms around behaviors
- Applying knowledge (e.g., know what to do but don't want to be told what to do)
- Lack of resources for healthy living (e.g., access to recreation)
- Mental health: being overwhelmed (poverty, basic needs)

Within each county's Community Health Assessment, barriers were also determined.

Jackson County

- Barriers to access: socioeconomic, transportation, and health insurance
- Barriers to mental health care: lack of affordable options, stigma, and transportation
- Barriers to a healthy weight: lack of education and knowledge; lifestyle choices; lack of transportation to activities, parks, trails, etc.; lack of health insurance

Holmes County

In Holmes County, barriers were an inability to pay for services/medication and a lack of evening and weekend services.

Calhoun and Liberty County

- Causes of behavioral health/mental health: stigma, expectation of quick recovery, providers need behavioral analysis skills, rapid changes in family dynamics, and PTSD
 - Causes of obesity: lack of providers/access, obstacles for provider credentialing, providers do not get return on investment when taking Medicare/Medicaid
-

Appendix B provides the counts for the indicators associated with the three goals by census tract. Based on those counts, the following census tracts will be targeted. See Appendix D for census tract maps.

Figure 31: Priority census tracts for goals

County	Priority census tracts for weight and prenatal care	Priority census tracts for teen births
Calhoun	103	102
Holmes	9604	9602
Jackson	2106 2103	2106 2109
Liberty	9502	9502
Washington	9703.03 9701.04	9701.03 9703.03

Budget and Quality Assurance

Allocations/Budget

The coalition has an annual budget of approximately \$940,000, comprised primarily of funding from the Florida Department of Health and the Agency for Healthcare Administration. In addition, a small amount of funding is received through a partnership with Gadsden Healthy Start's Nurse Family Partnership Program, as well as occasional contributions from individuals/businesses either directly from or through the United Way of Northwest Florida. The contracts and agreements with each agency have their own set of restrictions and requirements. The allocation of funding is driven by these requirements and restrictions. Other contributing factors in the allocation methodology include birth rates and community-specific needs.

Quality assurance

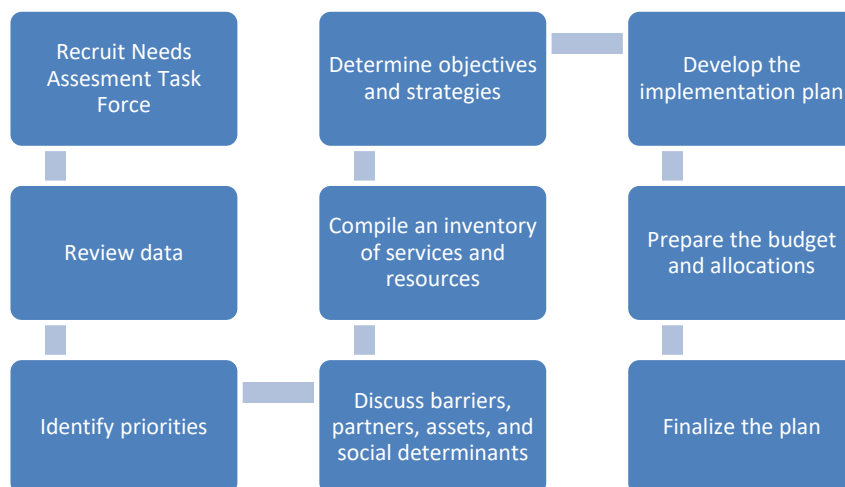
Healthy Start Chipola has a quality assurance policy and a staff assigned to the quality assurance function. The policy is below:

1. Program Director shall monitor service reports and WFS for each subcontracted provider monthly to assess progress on contractual goals and report data to Executive Director.
 2. Program Director shall conduct a thorough review of each provider's quarterly report and convey in writing to the Executive Director any failure to maintain contractual goals.
 3. Coalition staff shall follow up on progress of the provider's corrective action plan prior to the end of the following quarter.
 4. Coalition staff shall monitor each Healthy Start subcontractor at least annually by conducting a site visit to include financial review, staff interviews, record reviews, contractual compliance and programmatic technical support. An annual monitoring report for each subcontractor shall be submitted to the Board of Directors for approval.
-

Appendix A: Service Delivery Plan development process

Figure 1 provides a graphic of the process used to complete the 2019-20 needs assessment and service delivery plan.

Figure A1: Needs assessment and service delivery plan process



As shown, the first step in the process was to recruit the Needs Assessment Task Force. The task force met quarterly to review data and identify priorities and strategies. See Appendix A for a listing of task force members.

The second step was for the Needs Assessment Task Force to review birth outcome indicators for each county; data were obtained from two Florida CHARTS products: the Pregnancy and Young Child Profile and the County Birth Comparison. Each indicator was reviewed to determine if the indicator was above or below the Florida average, as well as the direction of the five-year trend. From that, the task force identified indicators of concern.

While reviewing the data, the task force also discussed barriers, assets, partners, and the determinants of health. The task force collected secondary data to assess the scope of the social determinants. Once all the data had been collected and reviewed, the task force identified priorities.

After priorities had been identified, coalition staff completed an inventory of resources and assets available to address priorities. With that in hand, the task force then developed goals and objectives. Finally, the coalition used the goals and objectives to prepare an implementation plan.

Coordination with other plans and partners

Each local health department participates on the Needs Assessment Task Force and each has recently completed a community health assessment. Community health assessments were reviewed by the Needs Assessment Task Force and data were used to help identify priorities, identify barriers, and develop effective strategies. A summary is provided below, in order of county population size.

Jackson County

The Florida Department of Health in Jackson County, Jackson Hospital, and the Health Planning Council of Northeast Florida were partners in the community health assessment. The Jackson County Community Health Partnership, a group comprised of community leaders from local medical and behavioral health providers, social service agencies, civic organizations, and minority and faith-based groups, oversaw the process. Data for Jackson County's community health assessment was collected for several broad categories: socioeconomic conditions, characteristics of the physical environment, health outcomes, health behaviors, and access to health resources for county residents. In addition to quantitative data, input from Jackson County residents was obtained from two focus groups with diverse populations, key stakeholder interviews, and a community survey. From this, the following priorities were identified:

- chronic diseases related to lifestyle
- behavioral health/mental health
- lack of providers/access to services
- assistance/provider-patient communications

Washington County

The Community Health Assessment is in progress.

Holmes County

The Florida Department of Health in Holmes County, Doctors Memorial Hospital, the Health Planning Council of Northeast Florida, and the Big Bend Health Council were partners in the health needs assessment. The Healthy Holmes Task Force (HHTF), comprised of community leaders from local medical and behavioral health providers, social service agencies, civic organizations, and minority and faith-based groups, reviewed data and set health priorities. Data included community input through focus groups and surveys as well as epidemiological data. Priorities are:

- Healthy lifestyle/prevention (including obesity, poor nutrition / unhealthy eating, and tobacco use)
- Substance abuse/mental health
- Chronic disease prevention (including diabetes, high blood pressure, and heart disease)

Calhoun and Liberty Counties

The 2018 community health assessment was facilitated by the Florida State University College of Social Sciences and Public Policy, Demography Department and Public Health Program. Community partners included representatives from the Florida Department of Health in Liberty and Calhoun Counties (led by Rachel Bryant and Susan Chafin), Chipola Healthy Start, Liberty County Emergency Management, Big Bend Area Health Education Center, Calhoun-Liberty Hospital, University of Florida Institute of Food and Agricultural Sciences Extension Office, PanCare of Florida; Big Bend Health Council, Calhoun County Senior Citizens, Liberty County Transit, Apalachee Regional Planning Council, Gulf Coast Sexual Assault Program, CARE, Liberty County Library, and Twin Oaks Juvenile Development Center.

The community health assessment findings related to encouraging citizens to live a healthier lifestyle and increasing citizen s' knowledge about available health services available and empowering them to utilize appropriate services. These two core strategies will be applied across three priority areas: mental health/substance abuse; access; and obesity.

In addition, coordination among Healthy Start and each health department is noted in *Goals and Strategies*.

Public participation

Because each local health department conducted focus groups, community surveys, and community meetings as part of their community health assessment process, the task force determined additional data collection was not needed for the Healthy Start needs assessment. Rather, the partners shared detailed data on participants, findings, and themes. In addition to informing priorities, the data were used to help define Healthy Start strategies and objectives.

- In Jackson County, community input was gathered through key stakeholder interviews, community surveys, and targeted focus groups. There were 25 key stakeholder interviews, two focus groups and 123 community surveys. The key stakeholder interviews, community surveys, and focus group results were compiled and analyzed by Health Planning Council staff.
 - Holmes County held two focus groups to obtain input from Holmes County residents and stakeholders. Additionally, more than 300 Holmes County stakeholders completed a survey on the health status and needs of the Holmes community.
 - In Calhoun and Liberty Counties, public participation include a community survey (with sub-analysis for vulnerable populations) and three community meetings. Calhoun County residents completed 241 surveys while Liberty County residents completed 133 surveys.
-

Appendix B: Needs Assessment Task Force

Marissa Barfield, Florida Department of Health (FDOH)
Traci Corbin, FDOH
Valery Lawton, FDOH
Renee Newsom, Panhandle Area Education Consortium
David Taylor, CARE – Chemical Addictions Recovery Effort
Katrice Davis, FDOH
Hannah Casseaux, Chipola Healthy Start Coalition board member
Sarah Ford, FDOH
Melissa Boggs, Healthy Families
Melanie Sellers, Chipola Healthy Start Coalition
Judy Corbus, Chipola Healthy Start Coalition board member
Jeanna Olson, Circuit 14, Department of Children and Families
Mary Beth Gurganus, FDOH
Elizabeth Holland, Healthy Families
Beth Arnold, Panhandle Area Education Consortium
Carmitta McCall, Nurse Family Partnership
Taylor Glisson, Nurse Family Partnership
Tina King, Nurse Family Partnership
Anna Bailey, Obstetrician's Office
Karen Edwards, FDOH
Ronstance Pittman, NAACP

Appendix C: Census Tract Data for Priority Indicators

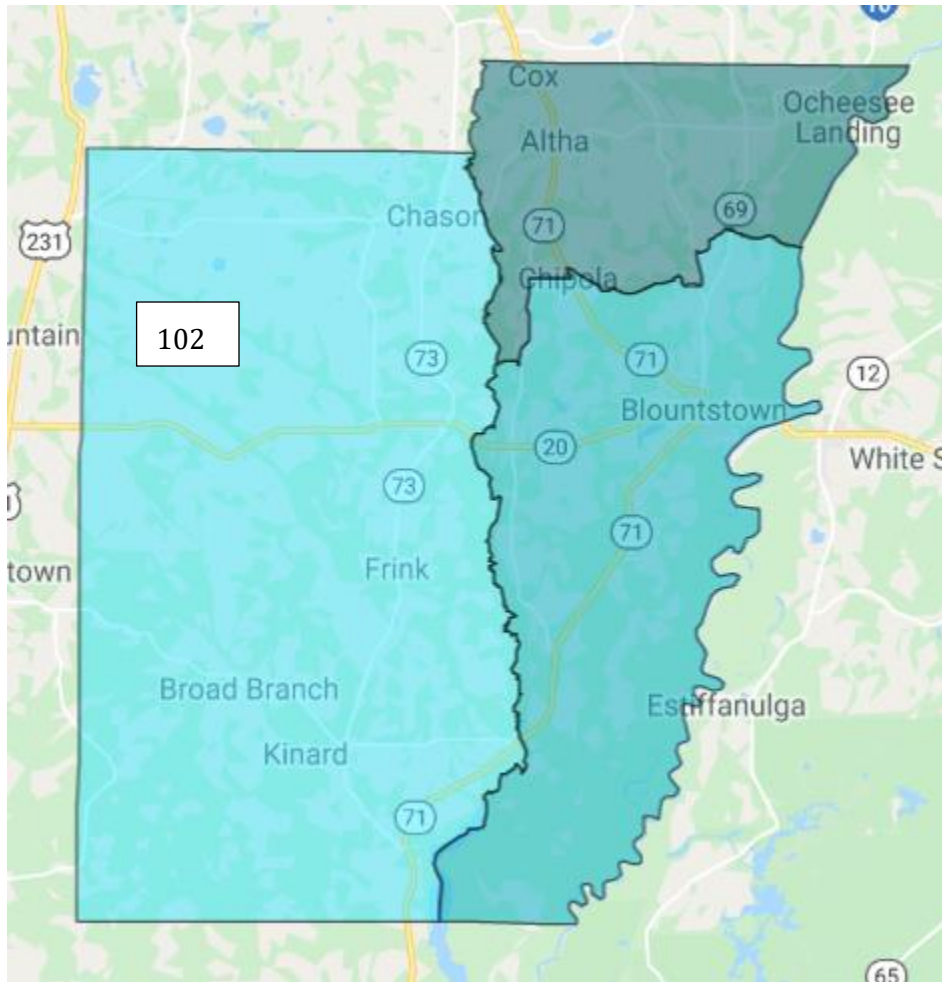
Figure C1 provides the counts for each indicator for the period 2014-2018 by census tract. The highest count is shown in red, the second highest in orange for the larger counties.

County	Census tract	Births to mothers under 20	Birth to mothers who were overweight at the time of pregnancy	Births to mothers who were obese at the time of pregnancy	Entered prenatal care after the 1st trimester or not at all
Calhoun	101	20	3	44	18
	103	15	49	101	62
	102	33	37	45	33
Holmes	9603	17	34	48	30
	9604	26	70	124	61
	9601	13	42	53	43
	9602	53	55	67	41
Jackson	2111	25	50	57	29
	2110	22	49	95	38
	2109	32	49	78	41
	2105	23	62	87	41
	2102	3	16	29	15
	2104	24	53	76	39
	2103	19	77	87	53
	2101	8	36	41	24
	2106	37	115	140	64
2108	18	52	82	31	
2107	15	38	63	34	
Liberty	9501	8	12	14	11
	9502	24	38	60	48
Washington	9701.02	5	16	23	11
	9701.03	27	44	69	34
	9701.04	17	47	75	41
	9703.01	10	25	38	22
	9703.02	18	45	73	39
	9703.03	24	62	88	47
	9702	11	34	50	28

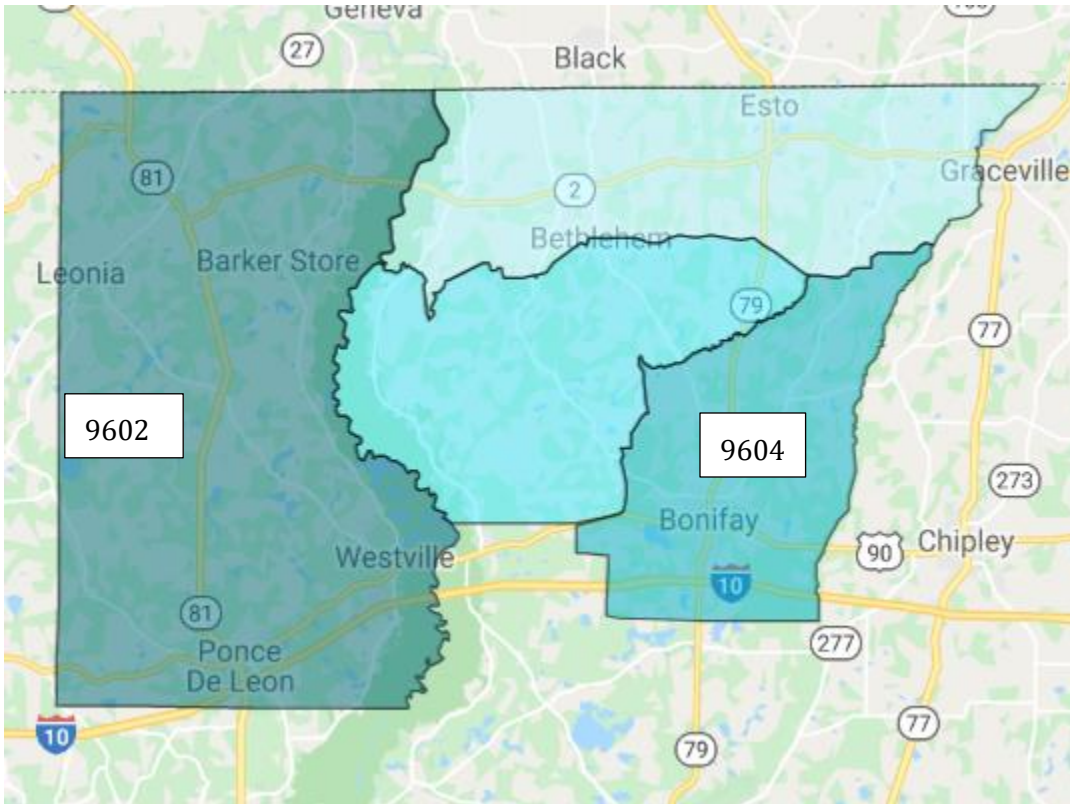
Appendix D: Census Tract Maps

Calhoun County

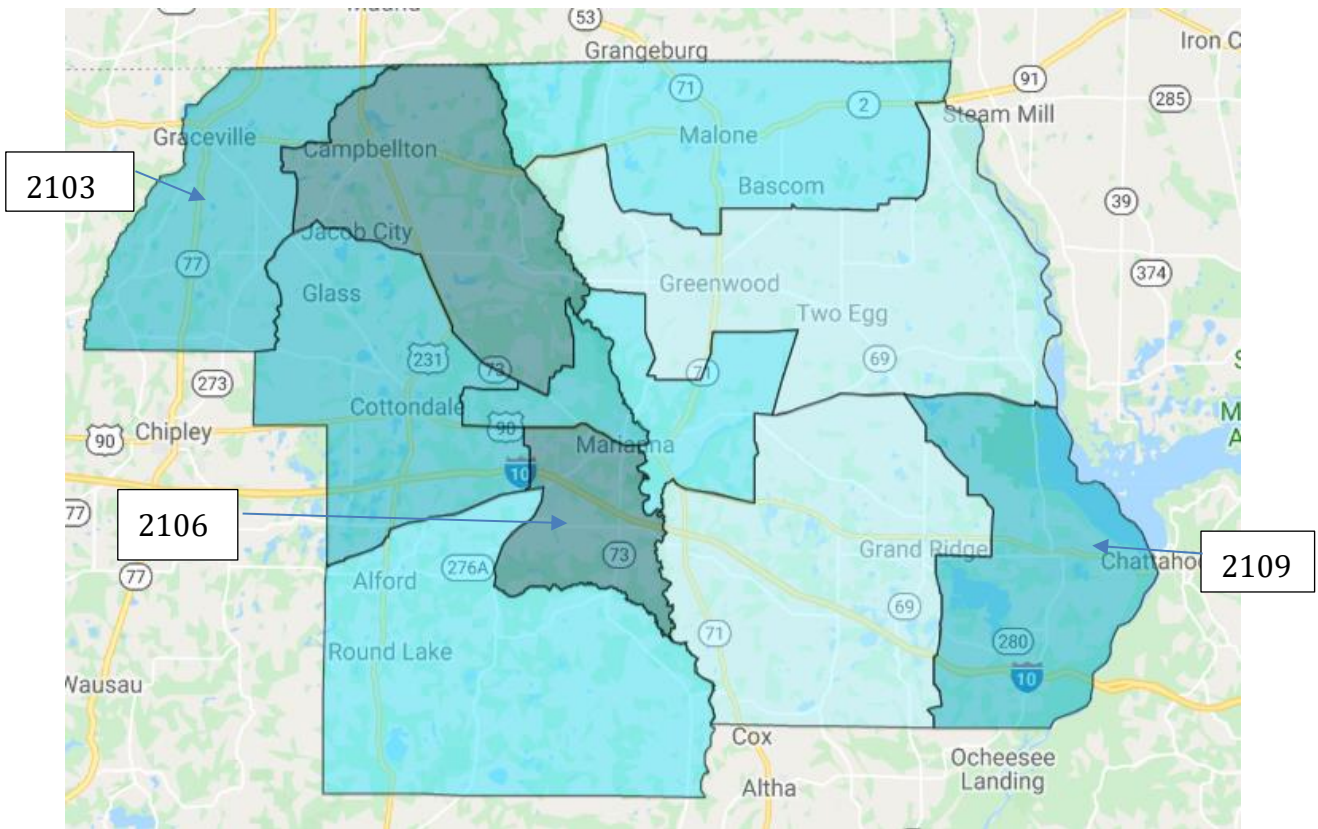
The darkest shaded tract is 103, while tract 102 is the furthest west.



Holmes County

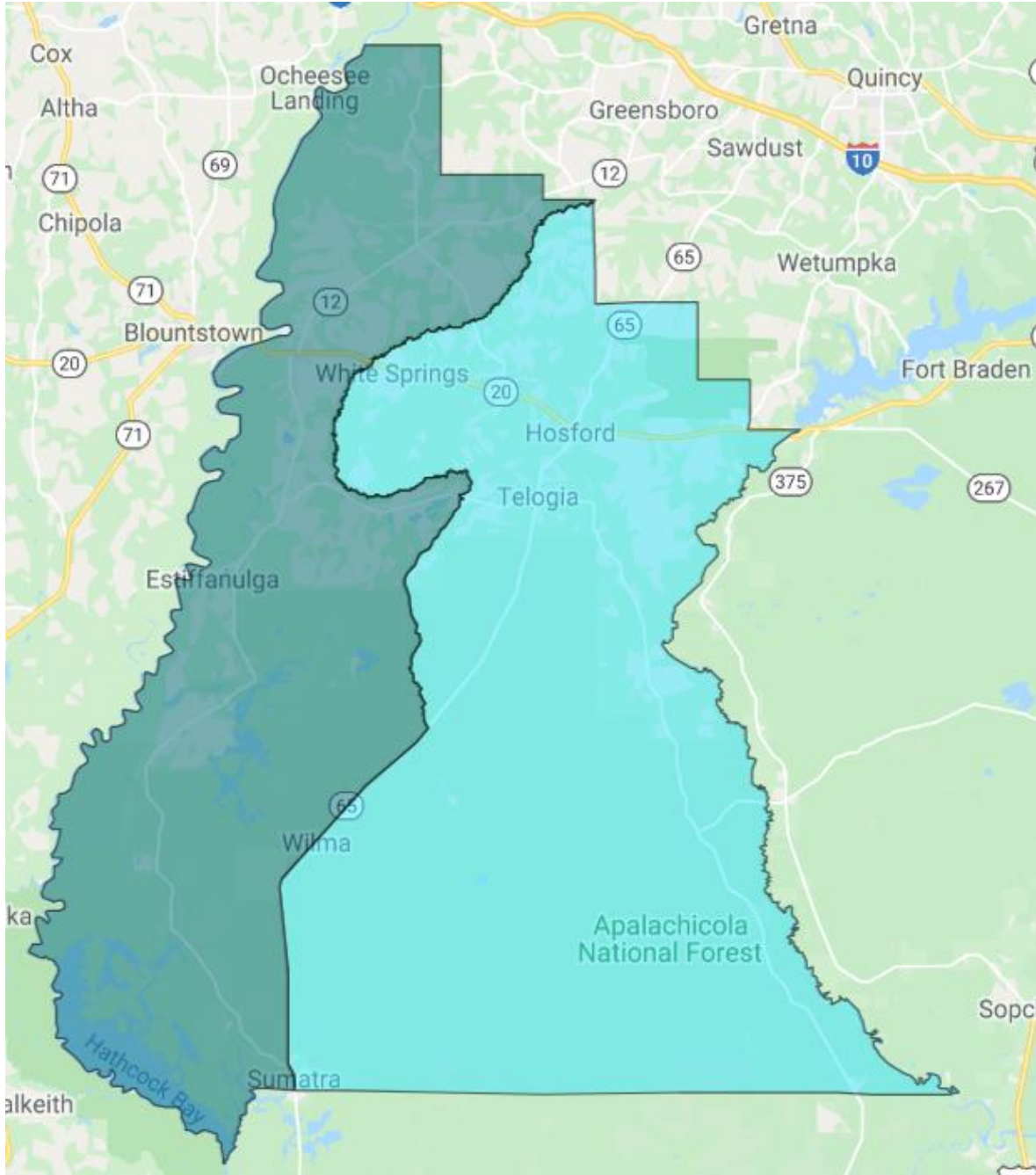


Jackson County



Liberty County

Census tract 9502 is the farthest west.



Washington County

