



CAPITAL AREA HEALTHY START COALITION, INC.

NEEDS ASSESSMENT

Debra Dowds, President, Board of Directors

Chris Szorcsik, Executive Director

**Submitted to the Florida Department of Health
December 2020**

Table of Contents

Introduction and Purpose of Report	3
Capital Area Healthy Start Coalition	6
CAHSC Board of Directors.....	7
CAHSC Staff	9
Needs Assessment Team.....	9
Programs.....	10
Community Initiatives	12
Local Data.....	14
Methodology	15
Quantitative Results	16
Qualitative Results.....	38
Summary of Key Findings	49
Needs Assessment Update.....	50
Identified Priority Needs.....	51
Community Resource Inventory.....	52
Gaps in Needs.....	54
Appendices.....	55



INTRODUCTION AND PURPOSE OF REPORT

INTRODUCTION AND PURPOSE OF THIS REPORT

The Florida Healthy Start legislation of 1991, Section 383.216 Florida Statutes (F.S.), called for the establishment of prenatal and infant health care coalitions. These coalitions were created as public/private partnerships develop and maintain a system of care to ensure adequate and appropriate prenatal and infant care to at-risk women and infants in Florida. This system of care, as further described in Chapter 64F-2 Florida Administrative Code (F.A.C.), is intended to ensure that all women have access to adequate and appropriate prenatal care, and that all infants have access to services that promote healthy growth and development.

Florida legislation prescribed the mission, scope of authority, and accountability of Healthy Start Coalitions. It also defined required and recommended members of the Coalition and outlined certain duties to include the development and monitoring of a service delivery plan for maternal and child health services within our communities.

The Healthy Start program goals are to reduce infant mortality and low birth weight babies. Coalitions' services and activities to meet these goals are guided by data-driven and evidence-based service delivery. Development of this service delivery plan begins with a comprehensive assessment of maternal and child health indicators, as well as risk factors and needs within the service area. Chapter 383.216 (2)(a) F.S., requires Healthy Start Coalitions to perform community assessments "to identify the local need for comprehensive preventive and primary prenatal and infant health care." This assessment is to include a demographic and economic profile of the service area, an estimate of the birth rate and prediction of women with insufficient financial means to cover the pregnancy and delivery costs, and a determination of the groups who may be at-risk of adverse pregnancy outcomes (64F-2.002 F.A.C.).

The Healthy Start initiative was created based on the recognition that biological, environmental, economic, social, and psychosocial factors influence pregnancy and child health outcomes. Continuous identification and assessment of these factors is needed to effectively understand and address their impact on our community's pregnant women and young children. The goal of this needs assessment is to assess these biological, social, psychosocial, economic and environmental issues in our community, as well as identify the prevalence of our poor pregnancy outcomes, high-risk populations, economic costs and trends, from which to determine the priority groups who are at high risk of poor pregnancy outcomes due to socioeconomic/medical factors. The comprehensive needs assessment contained in this report provides the foundation for the direction and development of an effective data-driven and evidenced-based service delivery plan to be completed during this next year.

In this needs assessment report general demographic information regarding Leon and Wakulla counties will be provided to describe these communities; the maternal and child health strengths, gaps and trends from the secondary data will be explained; the targeted high risk areas/populations will be identified; the qualitative data gleaned from the community conversations will be summarized; a resource inventory of the current community programs will be provided; and an explanation of this service delivery area's needs will be presented.



CAPITAL AREA HEALTHY START COALITION

ABOUT THE CAPITAL AREA HEALTHY START COALITION

The Capital Area Healthy Start Coalition (CAHSC) is a 501(c)(3) non-profit corporation set up as a part of Florida's Healthy Start Initiative. The catchment area for CAHSC upon incorporation on February 6, 1992 included Leon, Wakulla, Franklin, Calhoun, and Liberty counties. In 1993 Franklin County merged with Bay and Gulf counties' Coalition and in 2001 Calhoun and Liberty counties merged with Jackson, Holmes, and Washington counties' Coalition. Currently, the CAHSC's catchment area is Leon and Wakulla counties.

CAHSC Board of Directors

The CAHSC Board of Directors is comprised of an active and diverse group of local professionals and community members. Members are recruited from Leon and Wakulla counties. The Board currently has nineteen members. The Executive Committee includes the President, President Elect, secretary, treasurer, and the immediate past president. Officers are elected each year in June and begin serving July 1.

Our Board meets monthly with the exception of July and December. In addition to these ten meetings, they also hold an additional meeting annually for strategical planning and for orientation of new Board members. Board manuals, which are revised yearly, are designed to help Board members understand the role and staffing of the Coalition, community needs and strengths, community partnerships, funding and fiduciary responsibilities, Board Bylaws, and the general responsibilities of the Board.

Our Board has become more active in the community as they support and advocate for the mission and goals of the Healthy Start Coalition. Our mission statement is "A community coalition dedicated to improving the health of infants and their families" which encompasses improving pregnancy outcomes, reducing poor birth outcomes, and the physical, mental, and emotional health of pregnant women, mothers, babies, and their families. Our Board has expanded their subcommittees over the past year and each Board member is on at least one of the committees. Current committees are the Public Policy and Advocacy Committee, Resource and Fund Development Committee, Membership and Governance Committee, and the Community Engagement Committee.

CAHSC 2020-2021 BOARD OF DIRECTORS

Board Officers	
Debra Dowds – President Community Volunteer ddowds3@gmail.com	Torhonda Lee, PHD – Past President Associate Professor, FAMU torhonda.lee@famu.edu
Audrey Moore – President Elect The Florida Legislature, Attorney audrey.h.moore@gmail.com	Apryl Lynn – Treasurer Financial Advisor acl_consulting@yahoo.com
Karen Wendland Dix – Secretary Community Volunteer audrey.h.moore@gmail.com	
Board Members	
Trishay Burton Melanin Mothers Meet melaninmothersmeetm3@gmail.com	Alfreda Mathis Community Volunteer alfreda9489@yahoo.com
Kimberly Bryant Moore kimsbryant@gmail.com	LaCrest Reed Florida Department of Education lacrestreed@gmail.com
Cheron Davis Associate Professor, FAMU cheron.davis@famu.edu	Glenn Robertson Community Volunteer gwr8008@aol.com
Megan Deichen Hansen FSU College of Medicine megan.deichen@med.fsu.edu	Shacafrica Simmons Chef Shac, LLC. chefshac@gmail.com
Nikita Graham Marts & Lundy, Inc. nikitaw00@yahoo.com	Betsy Wood Florida Perinatal Quality Collaborative & FSU betsywood100@gmail.com
Monica Hayes, PhD Hayes Educational Consulting, LLC. drmonicacalc@gmail.com	Anna Yelick Florida Institute for Child Welfare ayelick@fsu.edu
Chesha James Florida Dept. of Agriculture & Consumer Services cjbbodyworks@yahoo.com	Jenifer Zephyr HCA HealthCare jeniferzephyrcpa@gmail.com
Ex Officio Board Members	
Claudia Blackburn Health Officer, FDOH-Leon County claudia.blackburn@flhealth.gov	Padriac Juarez Administrator, FDOH-Wakulla County padraic.juarez@flhealth.gov

CAHSC Staff

The CAHSC employs seven full time staff. Staff include an Executive Director, Administrative Director, Operations and Communications Manager, FIMR Program Coordinator and Outreach Specialist, CI&R Program Supervisor and Outreach Coordinator, and two CI&R Intake Specialists. Staff experience, backgrounds and degrees are diverse and include early child development, mental health counseling, social work, social services, psychology, health services, community education, community services, management, program development, and child protective services.

Needs Assessment Team

CAHSC convened a Needs Assessment Team of key community players, as well as Coalition staff, and board members. Each of these team members brought wide ranging and extremely valuable expertise, insight, and community perspectives to the needs assessment process. CAHSC wishes to thank our many Team members for their participation in conducting this Needs Assessment.

NEEDS ASSESSMENT TEAM	
Name	Association
Kyra Adams	Leon County Healthy Start
Courtney Atkins	Whole Child Leon & South City Foundation
Kacey Brown	Doctoral Student, Florida A & M University
Dr. Joedrecka Brown Speights	Florida State University
Claudia Blackburn	Florida Department of Health-Leon County
Fran Close	Florida A & M University
Sandy Glazer	Capital Area Healthy Start
Megan Deichen Hanson	Florida State University
Jessica De Leon	Florida State University
Debra Dowds	Capital Area Healthy Start Board of Directors
Samantha Goldfarb	Florida State University
Jackie Hanners	Medical Student, Florida State University
Dr. Torhonda Lee	Florida A & M University
Jalaycia Lewis	Student, Florida State University
Unam Mansoor	Florida Department of Health-Leon County

Miaisha Mitchell	Greater Frenchtown Revitalization Council
Pam Pilkinton	Wakulla Pregnancy Center
RoseAnn Scheck	Florida Department of Health-Leon County
Christal Szorcsik	Capital Area Healthy Start
Arianna Waddell	Florida Department of Health-Leon County
Marcus West	Florida Department of Health-Leon County
Mary Westbrook	Florida Department of Health-Wakulla County
Betsy Wood	Florida Perinatal Quality Collaborative & Florida State University

CAHSC PROGRAMS, COMMUNITY INITIATIVES, AND COMMUNITY INVOLVEMENT

Programs

The Capital Area Healthy Start Coalition (CAHSC) is dedicated to improving the health of pregnant women, infants and their families. In addition to the FIMR project, we provide community outreach and education on maternal, child, and infant health related issues. We also coordinate the Coordinated Intake and Referral (CI&R) program for pregnant women and infants and oversee the Healthy Start home visiting programs in Leon and Wakulla counties.

Coordinated Intake and Referral (CI&R)

CI&R, also known as the Connect Program, is the Coalition's newest initiative. All pregnant women, infants from birth to age 3, and women who recently had a pregnancy loss or an infant not under their care are eligible to participate. One way of referral into the program is from medical providers and birthing hospitals after pregnant women and mothers of newborns complete the universal prenatal and infant risk screens. Pregnant women and parents/guardians of infants up to age 3 can also self-refer into the program; community agency referrals are accepted as well. An Intake Specialist contacts the women and parents, assesses the mothers' and infants' risks and needs, and offers resources, which often include a referral to local home visiting programs. The goal is to make sure that mothers and infants receive the best services that meet their needs while eliminating duplication of services.

Healthy Start Home Visiting Program

The Healthy Start Home Visiting program provides services and support needed by pregnant women to have a healthy pregnancy and healthy baby. By Florida Statute, every pregnant woman in Florida is offered a Prenatal Risk Screen at her first prenatal care appointment. This screen helps us identify any

risks that could negatively affect the mother and the baby. Healthy Start home visiting services are free of charge to all pregnant women and infants (birth to age three) and include: pregnancy health education, nutrition education, childbirth preparation, breastfeeding education and support, new baby care, parenting education and support, help to quit smoking, stress management and emotional support, general support, and community referrals

Our Healthy Start Care Coordinators work individually with mothers to determine the right support and services needed to ensure a healthy pregnancy, healthy birth, and healthy baby. Healthy Start also provides home visiting services and support interconceptionally to women who recently had a pregnancy loss or have given birth but are not the caregivers for their infant. Our Leon County Care coordinators have a minimum of a bachelor's degree, with several having master's degrees. In Wakulla County, both care coordinators are nurses.

Capital Area Fetal and Infant Mortality Review (FIMR) Project

The CAHSC facilitates the FIMR Project in its efforts to identify factors that contribute to our fetal and infant losses in Leon and Wakulla counties. A minimum of twenty-seven cases are reviewed each year. The CAHSC also reviewed losses that occurred in Jefferson, Madison, and Taylor counties in 2014-2017 when funding was available. The knowledge gained through the FIMR process helps CAHSC focus its resources and efforts to reduce fetal and infant mortality. We aim to serve the community by using these tragic experiences to improve maternal and child health policies and practices.

FIMR Case Review Team (CRT)

The FIMR CRT is critical to the overall success of the FIMR project. Our CRT is comprised of representatives from healthcare, public health, social services, academic, government, community agencies, and other individuals who volunteer their time. Their role is to review and analyze the information collected from medical and social services records, interviews, and other records as presented during FIMR meetings, and to provide recommendations to improve the community's service delivery systems and resources. Sixty community members participated in at least one of our eleven CRT meeting to review 2019 death cases.

FIMR Community Action Team (CAT)

The FIMR CAT is charged with developing new and creative solutions to improve services and resources for families from the recommendations made by the CRT. They are also charged with enhancing the visibility of issues related to parents, infants, and families by informing the community about the needs for the action and the identified solutions and providing them with the tools that may be needed. CAT members work with the community to provide education and to implement interventions to improve the health and well-being of mothers, babies, and families in our community. In fiscal year 2019-20, twenty-two community members participated in at least one of the four CAT meetings.

Community Initiatives

Outreach and Education. Our Outreach staff attend community events and share information about the importance of being healthy before, during, and after pregnancy.

Kicks Count Refrigerator Magnets. Refrigerator magnets reminding pregnant women to count kicks, and showing how to count kicks, were designed and produced as a result of FIMR recommendations. These magnets are provided to prenatal care providers, to pregnant women in Healthy Start, and are distributed at local health fairs.

Who Will Be Your Baby's Doctor? Pamphlet Expectant mothers should choose a pediatrician for their infant prior to birth. The Coalition prepares a pamphlet listing all pediatricians and medical providers who enroll infants as their patients to help mothers make an informed choice. This pamphlet is provided to local prenatal providers, CI&R participants, Healthy Start participants, and the general community and is updated regularly.

Capital Area Breastfeeding Coalition. The Breastfeeding Coalition is under the umbrella of the CAHSC. The Breastfeeding Coalition supports breastfeeding efforts locally by promoting breastfeeding through health fairs, awareness events, and by working directly with pregnant women and new mothers.

Bereavement. The FIMR program sends a letter of condolence and a list of bereavement resources to mothers who have experienced an infant or fetal loss.

Walk to Remember. CAHSC hosts the Walk to Remember event to support families who have experienced the loss of a pregnancy or infant and promote public awareness of the issue of infant loss. At each yearly event, participants have the opportunity to meet with bereavement counselors, interact with other families who had a loss, create remembrance quilt squares, attend a non-denominational remembrance ceremony, and participate in a candlelit walk around Lake Ella. This yearly event is typically held in October, which has also been designated as the National SIDS, Pregnancy and Infant Loss Awareness month. The 18th Annual Walk was held virtually on October 8, 2020.

Free Infant CPR classes. Another initiative the Coalition facilitated as a result of recommendations from the FIMR Team and the Community Action Team is to provide free Infant CPR classes in partnership with Leon Emergency Management Services. To date, a total of fifteen classes have been held in which 320 new parents and caregivers in our community were trained in Infant CPR.

Traveling Crib Safe Sleep Project. In 2017, we launched the Traveling Crib Initiative to educate the community on the fact that babies are safest when they sleep Alone, on their Backs, and in a safe Crib. The Traveling Crib has been displayed in businesses, local libraries, daycare centers, housing developments, medical facilities, and other community buildings where parents and caregivers are likely to visit.

Pack n' Play distribution. When funding allows, CAHSC provides Pack n' Plays to new parents who do not have a safe place for their babies to sleep. The Pack n' Plays are provided to Healthy Start participants in need as well as to new moms referred to the Coalition by other community agencies.

Infant Car Seat distribution. Our Coalition continues to provide car seats to new parents in need as funding allows.

Maternal and Child Health committee. The CAHSC facilitates monthly community wide meetings to improve the health and well-being of mother and babies. The inaugural meeting of this group was held on May 19, 2020.

CAHSC Community Involvement. The CAHSC is very active in the community, participating in meetings, initiatives, and projects, and partners with area agencies that work to improve the conditions of pregnant women, mothers, infants, and families. Some of our many ongoing partnerships and participate include:

Local Boards. CAHSC staff serve as Board members on the Whole Child Leon Board, the Leon County Transportation Disadvantaged Board, and the Wakulla Leon County Transportation Disadvantaged Board.

Meetings and committees. Breastfeeding Policy Group, Maternal and Child Health Equity committee, FDOH-Leon's CHIP Team, Professional Networking Team, Leon County Interagency Meeting, United Partners for Human Services, Institute for Innovation and Excellence are some of the ongoing meetings that CAHSC staff attend.

Agency Partnerships. CAHSC partners with many local organizations to address local MCH issues, including Tallahassee Memorial Healthcare, WIC, Leon County School Teen Parenting Program, Early Learning Coalition, Healthy Families, Guardian Ad Litem, Chi Theta Zeta Sorority, Storks Nest, Wakulla Pregnancy Center, Whole Child Leon, Early Steps, Florida Behavioral Health Association, and March of Dimes.



LOCAL DATA

METHODOLOGY

Data summaries were prepared to provide extensive information relative to the catchment area demographics, maternal and child health indicators, and risk factors for poor pregnancy outcomes from which to assess how social determinants of health have impacted birth outcomes in Wakulla and Leon counties. The Coalition planned focus groups for the Spring of 2020 to add primary qualitative data, but due to COVID-19 had to cancel those focus groups. Instead, individual interviews were conducted in both Leon and Wakulla Counties. Healthy Start clients were contacted by phone and asked open-ended questions about what they see as risks and needs. Healthy Start care coordinators and professional community partners were also interviewed about needs they see that affect moms, babies, and families in their communities. These interviews were supplemented with key stakeholder interviews which were conducted in the Spring of 2020. The primary and secondary data were combined and analyzed to provide the foundation for a comprehensive assessment of Leon and Wakulla counties' maternal and child health conditions.

The Needs Assessment was presented to key community stakeholders at a meeting in early November 2020. After the presentation of the Needs Assessment, a draft was made available through the Coalition website for community input. After receiving this valuable input, the Needs Assessment was finalized.

Secondary Quantitative Data

The primary source of secondary data was Florida CHARTS. Other sources of secondary data include:

- Healthy Start Reports (online)
 - Healthy Start Infant Screens & Screening Results
 - Healthy Start Prenatal Screens & Screening Results
- CAHSC FIMR Project Reports
- Vital Statistics Annual Reports
- U.S. Census Bureau State and County Quick Facts (online)
- County Health Rankings & Roadmaps (online)
- Local Community Publications
 - Tallahassee Memorial Needs Assessment - September 2009
 - Leon County/City of Tallahassee Community Human Services Partnership Needs Assessment - November 2019
 - Children's Services Council Steering Committee Recommendations – December 2019
 - Department of Health Leon County Community Health Assessment – September 2019
 - Department of Health Wakulla County Community Health Assessment – 2017

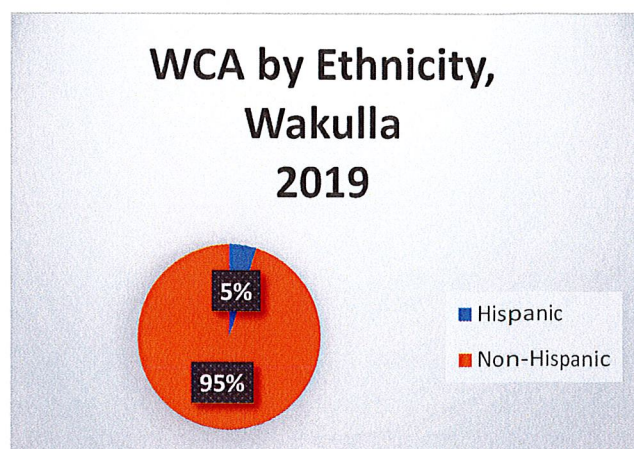
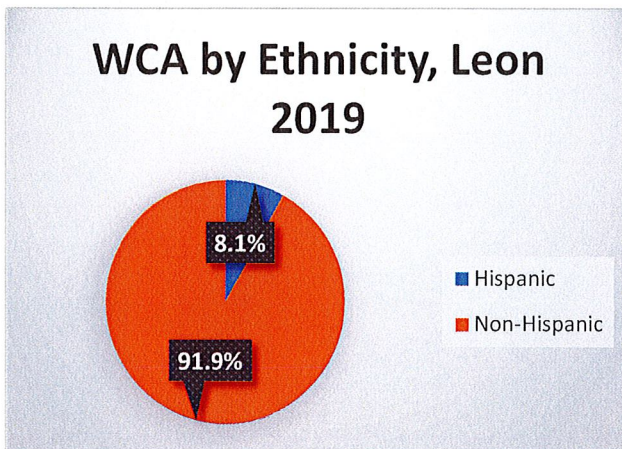
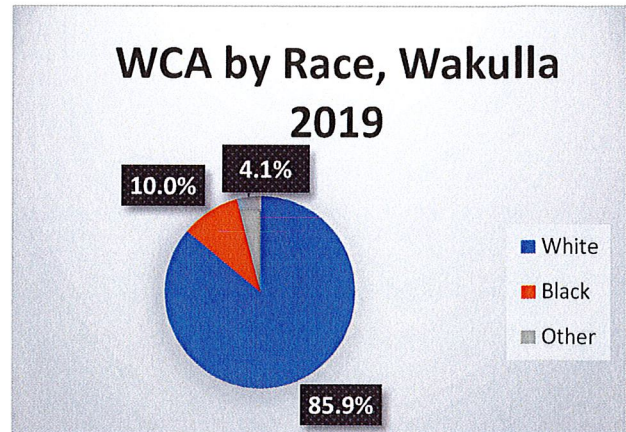
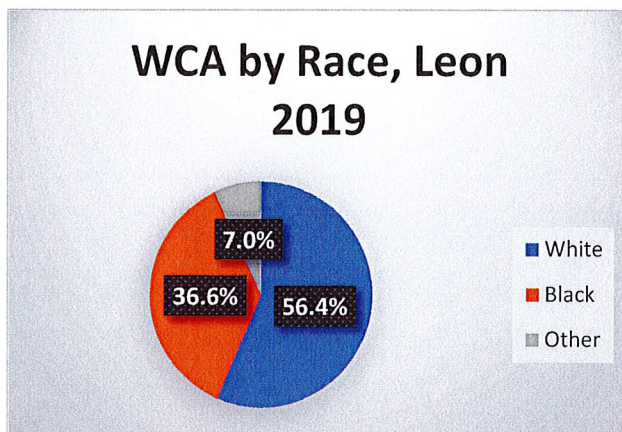
QUANTITATIVE RESULTS

Characteristics of the Coalition Area

Leon and Wakulla Counties are located in the Big Bend area of the Florida Panhandle. Leon County is the economic and medical center hub for a six-county region and has a landmass of 667 square miles. Tallahassee is Florida's capital and the largest city in the region. Wakulla County has a landmass of 607 square miles and is a rural county. Crawfordville is the county seat.

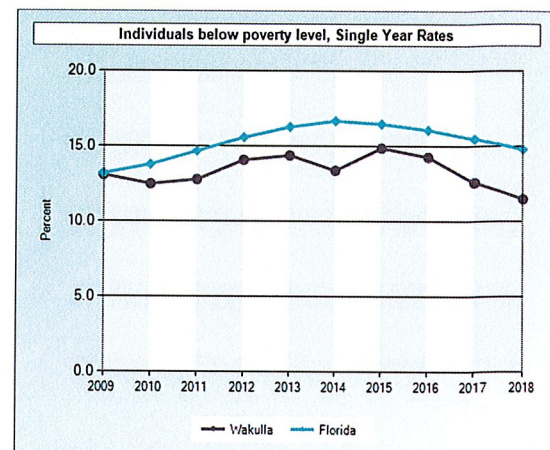
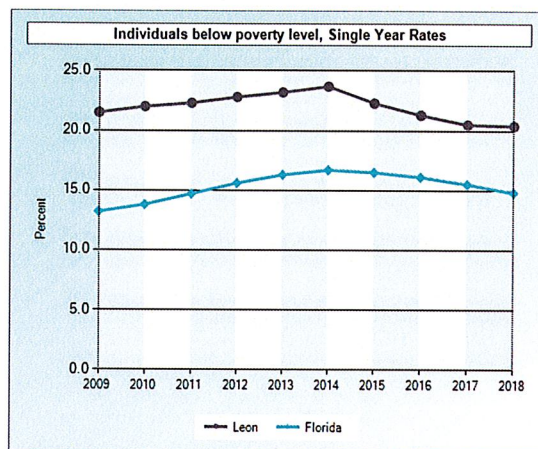
The total population of both Leon and Wakulla Counties has been gradually increasing over the past five years, with an average total population of 287,588 in Leon County, and 31,765 in Wakulla County. The same holds true with women of childbearing age (15-44) with an average of 76,255 women in Leon County and 5,280 women in Wakulla County.

The racial breakdown of women of childbearing age (WCA) in Leon County in 2019 was 56.4% White 36.6% Black and 7% Other while the statewide distribution was 72.3% White, 20.7% Black and 7% Other. In Wakulla County the 2019 breakdown was 85.9% White, 10% Black and 4.1% Other. In Leon County 8.1% of WCA were Hispanic while 5% were Hispanic in Wakulla County. In Florida 30% of women of childbearing age were Hispanic.



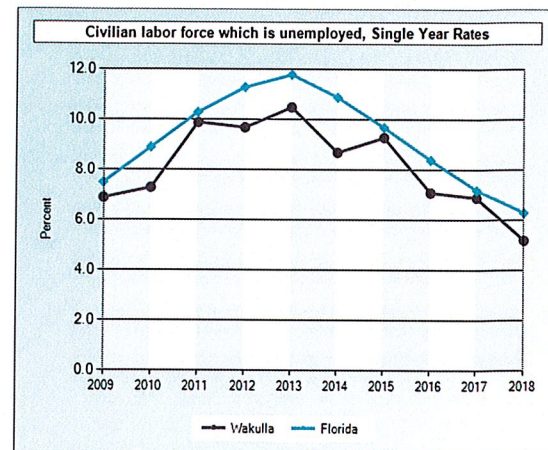
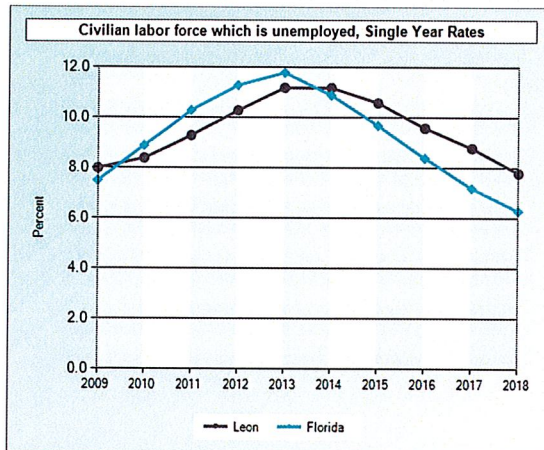
Poverty

Poverty has short term and long-lasting effects on mothers and their children that negatively impact physical health, socio-emotional development, and educational achievement. In the short term, mothers living in poverty have a higher likelihood of “unplanned pregnancies, reduced access to prenatal care, higher rates of smoking and obesity, and worse overall health.” Longer lasting effects of mothers living in poverty are the exposure to stress, violence and environmental hazards that are passed on to their children. (Policy Brief: Reducing Income Inequity to Advance Health, July 2018, Washington Physicians for Social Responsibility). While the rate of Leon County residents whose income fell below the federal poverty level steadily decreased the last four years after increasing between 2009 and 2014, more Leon County residents have consistently remained below the federal poverty level than the state average. In Wakulla County, the rates for people with incomes below the federal poverty level consistently remained below the statewide rates and have also decreased in the last four years.

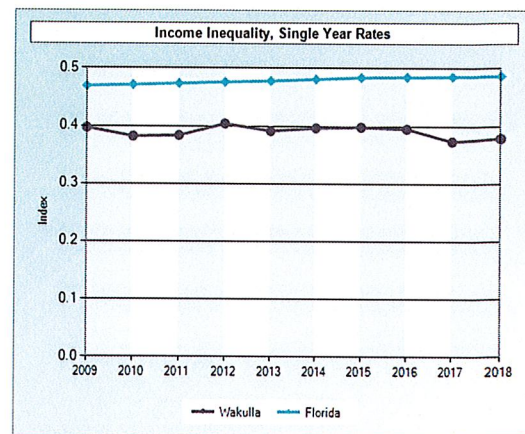
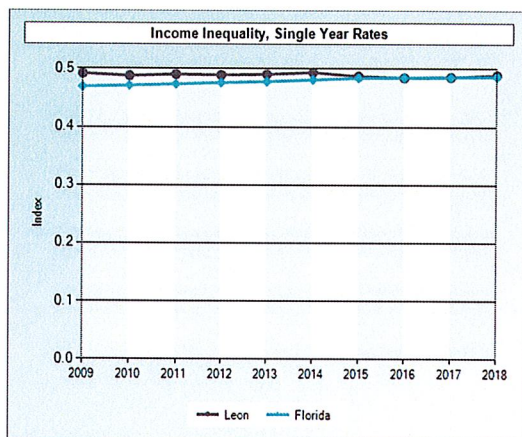


Employment and Income

Employment and adequate wages are the cornerstone to economic security. For Leon County, the median household income, while slowly increasing between 2009 (\$42,889) and 2018 (\$51,201), has remained below the state median income (\$47,450 in 2009 to \$53,267 in 2018), indicating economic insecurity for many Leon County residents. Wakulla County's median household income is above the state median income and has also increased during the same timeframe (\$52,353 in 2009 to \$62,778 in 2018). The unemployment rates in Leon County have also continually decreased during the last four years but, with a rate of 7.8% in 2018, remains higher than the state unemployment rate of 6.3% in 2018. Wakulla County's unemployment rates have consistently remained below the state rates during the last ten years, with a most recent rate of unemployment in 2018 of 5%.



Income inequity reflects the disparity in income between sectors of our population. The income inequality charts below show the distributions of household income using an index that ranges from 0 to 1, where zero indicates a perfect distribution of income where everyone receives an equal share, and one indicates an imperfect distribution of income where only one or a group of recipients receive all the income. As shown in the charts, neither Leon nor Wakulla counties have the desired income distribution. Leon County closely mirrors the statewide average income inequity at around .5, while Wakulla County consistently scores better with more income equity than the state as a whole or Leon County.



Insurance

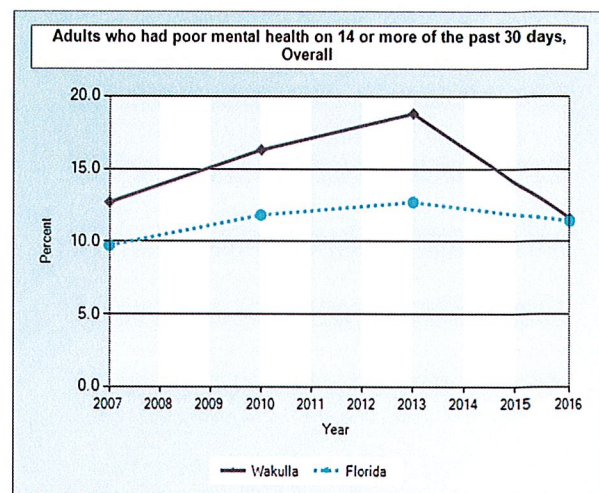
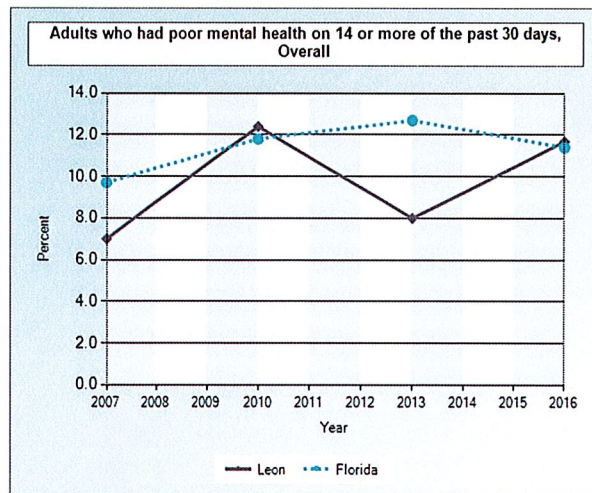
The percentage of individuals in our two counties who have health insurance is higher than the state average. Even though our uninsured rate is less than the state rate, 8.2% of the of the population in Leon County means that more than 23,500 individuals are uninsured with another 2,850 uninsured in

Wakulla County in 2018. Due to the coronavirus and higher unemployment in our areas at present, the number of uninsured has most likely increased. Additionally, many of the insured may be underinsured with policies that do not adequately cover healthcare costs.

Health Insurance Coverage - 2018 Data			
	Leon	Wakulla	State
Has health insurance coverage	91.80%	91.00%	86.50%
Private insurance	76.60%	72.10%	61.50%
Public health insurance	25.90%	33.30%	36.90%
Uninsured	8.20%	9.00%	13.50%

Mental Health

Mental health is an important part of overall health and well-being, including emotional, psychological, and social well-being. The 2016 Behavioral Risk Factor Surveillance Survey revealed that 11.7% of Leon county adults and 11.6% of Wakulla county adults had poor mental health on at least half of the past 30 days. Statewide, this percentage was reported to be 11.4%. This number is highly unstable largely due to the smaller number of respondents to the survey in each county.



Housing

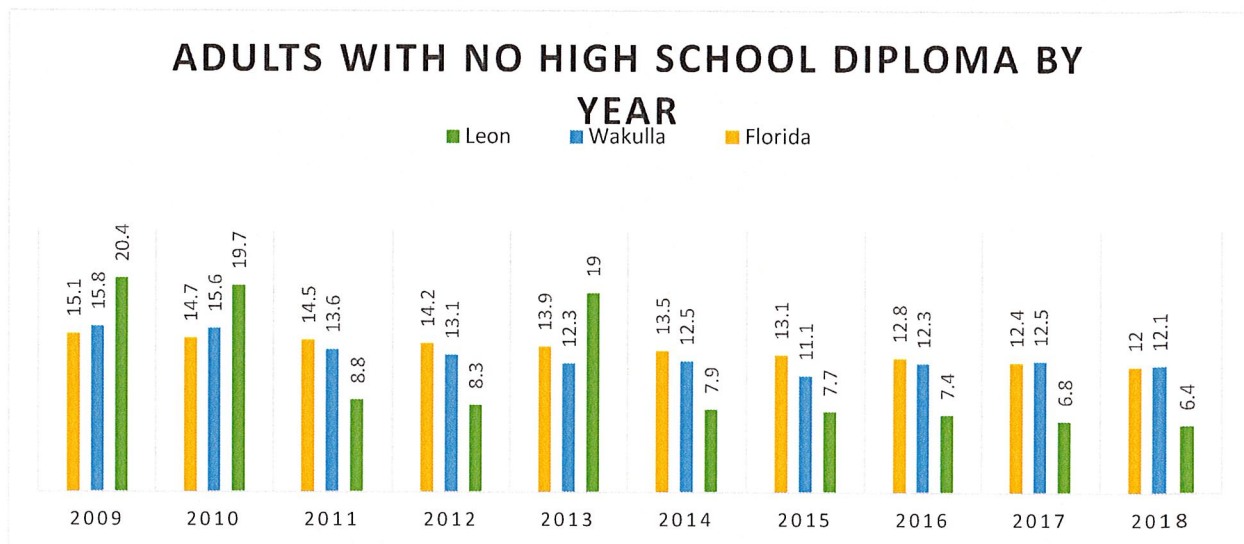
Lack of adequate housing can also be severely detrimental to health. The 2020 County Health Rankings revealed that the 22% of households in Leon county had at least 1 of 4 housing problems (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) as did 12% in Wakulla county. The statewide percentage of households with identified housing problems in Florida was 20%.

Transportation

Data from US Census Bureau, American Community Survey (5-year estimates) indicate that 6.4% of Leon county and 3.1% of Wakulla county households did not have access to a car (2014-2018). That number was 6.5% statewide.

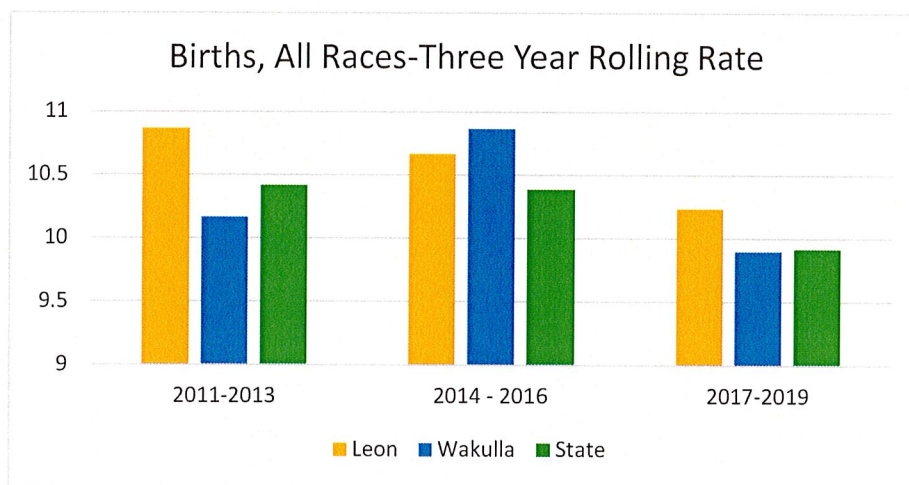
Education

The percentage of adults 25 years and older without a high school diploma has remained fairly stable at 12-15% statewide over the past 10 years. Leon County's rate of less than a high school diploma has decreased over the past five years to a low of 6.4% in 2018, while Wakulla County's rate more closely mirrors the statewide average and has also remained fairly consistently between 12 and 15 percent.



Resident Births

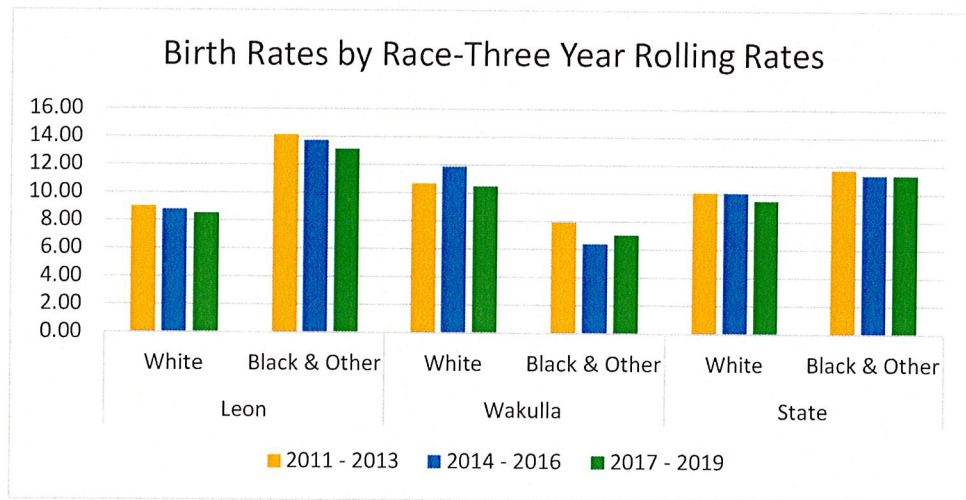
The broadest measure in the Florida Birth Query System (part of FloridaCHARTS: Community Health Assessment Resource Tool Set, Florida Department of Health, Office of Planning, Evaluation, and Data Analysis) when referring to births is total resident births. All other birth measures are subsets of the total births. Resident births are determined by the mother's county of residence, not the county where the birth took place.



	2011-2013	2014-2016	2017-2019
Leon	10.9	10.7	10.2
Wakulla	10.2	10.9	9.9
State	10.4	10.4	9.9

From 2011 to 2019, the number of births in Leon County decreased from 10.87 per 1,000 population to 10.23 per 1,000 population. Leon County births were above the state averages in all three time periods. Wakulla County saw an increase in births from 2011 to 2016 but had a decrease in rates from 2016 to 2019.

There was a higher rate of Black and Other births than White in Leon County and in the State from 2011 – 2019. In contrast, Wakulla County saw a lower number of Black births per 1000 population than White.



	2011-2013		2014-2016		2017-2019	
	White	Black & Other	White	Black & Other	White	Black & Other
Leon	9.0	14.1	8.8	13.7	8.5	13.1
Wakulla	10.7	7.9	11.9	6.4	10.5	7.03
State	10.1	11.7	10.1	11.4	9.5	11.3

Infant Mortality

FloridaCHARTS defines infant mortality as the death of an infant within the first 364 days of life. The rate is calculated by the number of infant deaths per 1,000 live births. The death of an infant is considered to be a sentinel event in a community because it reflects the level of health, well-being and quality of life of that community. It also provides a measure of the quality and access to health care, maternal health status, education, and socioeconomic conditions. Factors that contribute to infant mortality include maternal pre-pregnancy health and presence of chronic health conditions, obesity, alcohol and drug use, smoking during pregnancy and a baby's exposure to second-hand smoke, maternal or infant infection, complications of pregnancy, chronic stress, birth defects, multiple gestation, sudden infant death syndrome (SIDS), and unsafe sleep environment.

The following tables show the single year number of infant deaths and the Infant Mortality Rate for the counties and state. A benefit of including actual numbers of death is to show that a small county like Wakulla can have a fluctuation of additional infant deaths in a single year that causes the mortality rate to rise substantially.

Single Year Number of Infant Deaths									
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Leon	18	28	16	22	22	16	21	25	25
Wakulla	2	0	3	1	3	0	0	5	4
State	1,372	1,285	1,318	1,327	1,400	1,380	1,355	1,334	1,328

Single Year Infant Mortality Rates									
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Leon	5.9	9.3	5.3	7.1	7.2	5.4	6.7	8.6	8.4
Wakulla	6.6	.0	9.8	3.0	8.9	.0	.0	14.8	13.0
State	14.2	11.4	6.7	7.0	7.7	6.8	6.8	7	7.4

Using a rolling three-year rate presents a somewhat different picture than that of the single year rates.

Infant Mortality Rates - Three Year Rolling			
	2011-2013	2014-2016	2017-2019
Leon	6.8	6.6	7.9
Wakulla	5.5	4.0	9.3
State	10.8	7.2	7.0

Infant mortality is comprised of two components: neonatal mortality and post-neonatal mortality.

Neonatal Mortality

FloridaCHARTS defines neonatal mortality as an infant death that occurs in the first 27 days of an infant's life. The neonatal mortality Rate is the number of neonatal deaths per 1,000 live births. Neonatal mortality reflects the health and well-being of women of reproductive age and their infants, as well as the quality of the health care available. Neonatal mortality is generally associated with risk factors and issues related to pregnancy and birth. Those factors include prematurity (birth before 37 completed weeks of gestation), low-birthweight (birth weight less than 2500 grams or 5 pounds 8 ounces), very low-birthweight (birth weight of less than 1,500 grams or 3 pounds 4 ounces), birth defects, maternal complications of pregnancy or labor and delivery, and complications of the placenta and cord. A large proportion of infant mortality often occurs in the neonatal period.

The charts below show single year numbers of neonatal deaths from 2011 – 2019 compared to the rolling three-year average Neonatal Mortality Rates for the periods of 2011-2013, 2014-2016 and 2017-2019.

Single Year Number of Neonatal Deaths									
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Leon	11	18	12	14	12	10	14	17	11
Wakulla	1	--	3	1	2	--	--	3	1
State	915	826	859	893	984	929	900	892	924

Neonatal Mortality -Three Year Rolling Rate			
	2011-2013	2014-2016	2017-2019
Leon	4.5	3.9	4.7
Wakulla	4.4	3.0	4.1
State	7.7	4.2	4.6

Post-Neonatal Mortality

FloridaCHARTS defines a post-neonatal death as an infant death that occurs between days 28 and 364 of life. The post-neonatal mortality rate is the number of infant deaths in the post-neonatal period per 1,000 live births. As with neonatal mortality, post-neonatal mortality reflects the health and well-being of women of reproductive age and their infants, as well as the quality of the health care available. Post-neonatal mortality is generally associated with risk factors and issues related to infant health such as safe sleep, injury prevention, and infection.

The tables below show the single year number of post-neonatal deaths in comparison to the three-year rolling rate.

Single Year Number of Post-Neonatal Deaths									
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Leon	7	10	4	8	10	6	7	8	14
Wakulla	1	--	--	--	1	--	--	2	3
State	457	459	459	434	416	451	455	442	404

Post-Neonatal Mortality- Three Year Rolling Rate			
	2011-2013	2014-2016	2017-2019
Leon	2.3	3.9	4.7
Wakulla	1.1	1	5.2
State	3.1	2.9	2.5

The post-neonatal rates for both counties increased from 2011 to 2019, where the state rates decreased slightly.

Fetal Mortality

Fetal mortality, or stillbirth, refers to the death of an unborn infant occurring after the 20th week of pregnancy, which distinguishes it from a miscarriage. In the United States, that definition is expanded to include the absence of breathing, heart rate, pulsation of the umbilical cord, or clear movements of the voluntary muscles. The fetal mortality rate is calculated by the number of stillbirths per 1,000 live births, plus fetal deaths. Factors related to stillbirth include obesity, maternal age of more than 40 years, and pregnancy complications such as preeclampsia, gestational diabetes, infection, placental abruption, and prolapsed cord.

Below is a comparison of single year number of fetal deaths and the three-year rolling average.

Single Year Number of Fetal Deaths									
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Leon	23	29	19	24	13	21	14	26	9
Wakulla	2	--	3	--	1	1	4	1	4
State	1,558	1,530	1,533	1,576	1,541	1,548	1,553	1,495	1,515

Fetal Death Rates-Three Year Rolling Average			
	2011-2013	2014-2016	2017-2019
Leon	7.8	6.3	5.4
Wakulla	5.4	1.9	9.4
State	9.1	7.0	2.5

Leon County has seen a decrease in fetal deaths, whereas Wakulla saw a decrease from 2011 – 2016, but an increase in 2017. The State saw a significant decrease.

Sudden Infant Death Syndrome (SIDS)

SIDS is the leading cause of death for all infants between one and 12 months of life. The SIDS rate is the number of SIDS deaths per 100,000 resident births. SIDS is the sudden death of an infant in the first year of life that remains unexplained after completion of an autopsy that includes toxicology and metabolic testing, an investigation of the death scene, and a review of the baby's health history. If any of these three steps are not conducted a SIDS diagnosis should not be made.

Sudden Infant Death Syndrome-Three Year Rolling Rates			
	2011-2013	2014-2016	2017-2019
Leon	0.2	0.5	0.4
Wakulla	0.0	1.0	1.0
State	0.6	0.6	0.6

Leon County saw an increase in SIDS deaths from 2011 – 2016, and a slight decrease in the 2017 – 2019 rate. Wakulla County had an increase in rates from the 2011 – 2013 rate to the 2014-2016 rate but remained the same for the 2017 -2019 timeframe. The State rate increased slightly for these timeframes.

The Health Status Summary for individual counties from FloridaCHARTS shows trends for several pertinent indicators such as the infant, neonatal, post-neonatal, and fetal mortality rates. Trends are calculated only for indicators where there are 12 or more years of data. The rates are tested statistically, and results that are statistically significant indicate, with 95% confidence, that the increase or decrease in the indicator is real and not due to random fluctuation. When the results of statistical tests are not significant, there is no trend and any increase or decrease in rates could be due to random fluctuation.

The County Health Status Summary also ranks counties on various indicators. The counties are ordered from the lowest percentage or rate (most favorable) to the highest (least favorable) ranking on an indicator. The ranked list of counties is then divided into four equal-sized groups or quartiles. The lowest quartile (1) of counties designates the best ranking on an indicator (75% of counties did less well on the indicator) and the highest quartile (4) designates the lowest ranking on an indicator (75% of counties did better on the indicator). The second and third quartiles designate an average ranking on the indicator.

In the 2019 Health Status Summary for Leon County, there was no trend in the infant, neonatal, post-neonatal, or fetal mortality rates. The neonatal mortality rate moved down from the second quartile in 2016 to the third quartile in 2019. The infant mortality and post-neonatal mortality rates remained in the third quartile, while the fetal mortality rate remained in the second quartile (both second and third quartiles are the middle, or average, quartiles).

In the 2019 Wakulla County Health Status Summary there was no trend in the infant, neonatal, post-neonatal, or fetal mortality rates. The infant, post-neonatal and fetal mortality rates moved down from the first quartile in 2016 to the fourth quartile in 2019. The neonatal mortality rate moved down from the first quartile to the second quartile.

Racial Disparity

Historically, infant mortality in the United States and Florida has been higher in the Black community than the White. Racial disparity was identified as an issue in the previous Service Delivery Plan.

The following table compares the 2011-2013, 2014-2016 and 2017-2019 rolling three-year average infant mortality rate by race for Leon and Wakulla Counties, and the State.

Infant Mortality Rate by Race – Three Year Rolling Rate												
	2011-2013				2014 - 2016				2017-2019			
	White	Black	Other	Total	White	Black	Other	Total	White	Black	Other	Total
Leon	6.4	10.0	5.2	6.8	3.2	9.8	13.0	6.6	4.1	10.8	20.9	7.9
Wakulla	4.9	8.6	---	5.3	3.3	10.2	---	3.9	8.3	22.2	---	9.4
State	4.6	11.1	6.9	6.2	4.4	11.3	8.1	6.1	4.4	11.0	7.4	6.0

For the years 2017 – 2019 the rolling three-year average infant mortality rates by race show Black infant mortality is approximately two and one-half times that of the White rate.

Neonatal Mortality Rate by Race-Three Year Rolling Rate						
	2011 - 2013		2014 - 2016		2017 - 2019	
	White	Black	White	Black	White	Black
Leon	3.4	6.2	2.3	6.2	1.9	6.0
Wakulla	3.8	9.5	2.2	11.1	3.5	9.0
State	6.5	9.5	3.5	7.1	3.8	8.1

In Leon County, the Black neonatal mortality rate decreased slightly for the period of 2017-2019, however the gap increased. In Wakulla County, the Black neonatal mortality rate is 2.5 times the White rate for 2017- 2019.

Post-neonatal Death Rates by Race-Three Year Rolling Rates						
	2011 - 2013		2014-2016		2017-2019	
	White	Black	White	Black	White	Black
Leon	1.3	3.8	0.8	3.6	2.2	4.8
Wakulla	1.3	0.0	1.1	0.0	4.8	9.0
State	2.2	3.6	1.9	7.5	1.8	5.7

In 2017- 2019, the Black post-neonatal rate was more than twice that of the White rate in Leon County and Wakulla County. This was in contrast to the state rate, where the Black post-neonatal mortality rate was approximately three times that for Whites.

The following table compares the rolling three-year average fetal mortality rate by race for the years 2011-2013, 2014-2016 and 2017-2019.

Fetal Mortality Rates by Race-Three Year Rolling Rates												
	2011-2013				2014-2016				2017-2019			
	White	Black	Other	Total	White	Black	Other	Total	White	Black	Other	Total
Leon	4	12.8	6.8	7.8	4.9	8.5	3.7	6.3	3.9	6.6	10.3	7
Wakulla	4.9	8.5	7.7	5.3	2.2	-	-	1.9	10.6	-	-	9.3
State	5.5	12.4	6.4	7.2	5.3	12.2	6.7	6.9	5.2	11.7	6	6.8

Racial disparity continued to be an issue in 2017-2019. In Leon County, despite a decrease from 2014-2016, the Black fetal mortality rate was approximately two times that of the White rate. In Wakulla County, the White fetal mortality rate was greater than that of the Black rate. The racial disparity in the state and in Leon County was approximately the same.

The following table compares the SIDS mortality rate by race for the rolling three-year average for the years 2011-2013, 2014-2016 and 2017-2019.

SIDS Mortality Rate by Race-Three Year Rolling Rate						
	2011-2013		2014-2016		2017-2019	
	White	Black	White	Black	White	Black
Leon	0.2	0.3	-	0.8	0.4	0.5
Wakulla	-	-	1.1	-	3.6	-
State	0.6	0.7	0.7	1.0	0.5	1.3

In Leon County the 2017-2019 rolling three-year average White SIDS mortality rate increased to .4 while the rate for Black babies decreased slightly from the rate in 2014-2016. In Wakulla County the 2017-2019 rate for Black babies remained at 0.0 and the White rate increased by approximately 4 times. The state rate decreased for White SIDS deaths and increased for Black SIDS deaths.

Risk Factors

Risk factors for infant mortality are related to gestational age at delivery and birth weight. These factors are prematurity, low-birthweight, and very low-birthweight.

Prematurity

A premature or preterm baby is one who is born before 37 weeks of completed gestation. Risk factors for premature birth include mothers who delivered preterm in a previous pregnancy, mothers carrying

more than one infant (twins, triplets, etc.), and mothers with uterine and cervical anomalies. Other factors related to delivery of preterm babies include birth defects, maternal chronic health problems, such as pre-existing diabetes and hypertension, use of tobacco, alcohol, and drugs during pregnancy, maternal and/or fetal infections, inadequate maternal weight gain, maternal age less than 17 years or older than 35 years, and maternal race being Black. Severe and/or chronic stress plays a role as well by setting off a cascade of inflammatory hormones that cause the uterus to contract. Black women experience chronic stress related to racism, but there are other factors that have been identified as contributory to the higher Black preterm births. These other factors include differences in the quality of care received in the health care system, differences in access to health care, including both preventive and curative services, and differences in social, political, economic, and/or environmental exposures that result in differences in the Black mother's underlying health state.

Preterm Births (<37 Weeks Gestation)-Three Year Rolling Rate									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	8.9	14.4	11.1	7.9	13.4	10.2	8.8	14.8	11.3
Wakulla	8.9	17.2	9.9	8.5	15.3	10.9	8.2	16.7	9
State	9.2	13.4	10.2	9	13.5	10	9.3	14.2	10.4

The White preterm birth rates for both Leon and Wakulla Counties were lower than the state rate, however, the Black rate was slightly higher than the state for both Leon and Wakulla. The 2017 Leon County Health Status Summary showed a decrease in rank for the number of preterm births by moving from the second quartile to the third quartile. The 2017 Wakulla County Health Status Summary showed a consistency in ranking for preterm births by remaining in the first quartile (top 25% of counties with the least percentage of preterm births). Sixty-three (63%) percent of the FIMR cases reviewed in 2019 delivered at less than 37 weeks gestation.

Low-Birthweight

A baby who is born weighing less than 2500 grams, or 5.5 pounds, is considered to be low birthweight (LBW). Approximately two-thirds of LBW babies are also born prematurely. When babies are born too small or too soon, they have an increased risk for serious health problems in infancy, life-long disabilities, and death. According to the March of Dimes, approximately one in every 12 births (8.3%) is LBW. Even with the advances in medical science, a small percentage of infants surviving prematurity and LBW will have mental deficiencies, cerebral palsy, and vision and/or hearing loss. Not only is the time spent in Neonatal Intensive Care (NICU) extremely expensive, but so is the care for these affected babies over a lifetime and the toll it takes on their families.

The 2019 County Health Status Summary for Leon County showed a reversal of trend direction for the percentage of low-birthweight babies. In 2019 there was a statistically significant trend that the percentage of these births was getting higher. In 2016 there was no trend, but the county ranking

remained in the third quartile. The 2019 Wakulla County Health Status Summary showed no changes. There was no statistically significant trend and the county's ranking remained in the third quartile.

The following table shows the rates of low birthweight babies born in Leon and Wakulla Counties and the State. The low birthweight number and percentage of births only included births where the baby weighed between 1500 grams (3.3 lb.) and 2499 grams (5.5 lb.).

Low Birthweights-Three Year Rolling Rates									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	8.9	14.4	11.1	7.9	13.4	10.2	8.8	14.8	11.3
Wakulla	8.9	17.2	9.9	8.5	15.3	10.9	8.2	16.7	9
State	9.2	13.4	10.2	9	13.5	10	9.3	14.2	10.4

The 2017-2019 White low birth weight rates for both Leon and Wakulla County were lower than the State rate. The Black low-birthweight rate was higher in Leon and Wakulla County than the State rate.

Very Low Birthweight

The earlier a birth occurs, in terms of completed weeks of gestation, the more likely a baby is to be born at very low birthweight (VLBW) and it is the VLBW babies who are at the highest risk. A VLBW baby is one who is born weighing less than 1500 grams or 3.3 pounds. The infant mortality rate is higher in VLBW than in low birthweight (LBW) babies, primarily because these babies are usually quite premature. VLBW babies are approximately 100 times more likely to die and moderately LBW babies (3.3 to 5.5 pounds) are five times more likely to die in the first year of life than normal weight babies.

Below are the rates of very low birthweight births in Leon and Wakulla Counties and the State. The number and percentage of very low birthweight included only those babies weighing less than 1500 grams (3.3 lb.).

Very Low Birthweight-Three Year Rolling Rates									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	1.2	3.2	2	0.8	2.5	1.5	1.4	3.1	2.2
Wakulla	0.5	5.2	1.1	1.2	3.1	1.4	0.6	6.7	1.3
State	1.2	2.9	1.6	1.2	3	1.6	1.1	3	1.6

The 2017-2019 rates show Leon County had a higher rate of very low birthweight births than the State. Wakulla County had a lower rate than the State for White very low birthweight births, but higher rate than the State for Black very low birthweight births.

Direct Contributing Factors

The direct contributing factors identified for infant mortality include smoking, teen pregnancy, maternal infection, preterm labor, late entry into care, mental health concerns, unsafe infant sleep, high stress level, lack of breastfeeding, lack of dental care, lack of access to support services, poor pre-pregnancy health, obesity and inadequate nutrition, birth spacing, alcohol and substance abuse, and lack of parenting skills and involvement.

Smoking

According to the American Lung Association, women who smoke during pregnancy are at increased risk of low-implanted placenta, premature separation of the placenta, premature rupture of membranes, and low-birthweight babies. Smokers also are more likely to have miscarriages and stillbirths. The infants of mothers who smoke have a three- to four-fold higher risk for Sudden Infant Death Syndrome (SIDS). Mothers who quit smoking in the first three to four months of pregnancy will have healthier babies than those mothers who keep smoking. The harmful chemicals in tobacco are passed through placenta and later breast milk. Exposure to second-hand smoke can increase the number of health problems for infants, SIDS, and other infant health problems.

The following table shows the rolling three-year average resident live births by race to mothers who reported smoking during pregnancy for Leon and Wakulla County and the State. Higher rates indicate a higher number of mothers having live births who reported smoking during pregnancy

Resident Live Births of Mothers who Smoked During Pregnancy-Three Year Rolling Rate									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	4.9	3.3	4	9	7.7	8.1	5.6	4.9	5.1
Wakulla	10.5	3.4	9.5	16.6	12.2	16	10.9	4.4	10.2
State	7.9	3.7	6.6	6.7	3.4	5.7	5.1	2.8	4.4

In 2017-2019, the rolling three-year average rate of births to mothers who reported smoking during pregnancy decreased for both Leon and Wakulla Counties across the board. Although the goal is to have no mothers smoking during pregnancy whatever their race, smoking is substantially more of a problem among White mothers. In 19% of the infant deaths reviewed in 2019 by FIMR the mothers smoked.

Teen Pregnancy

According to the March of Dimes and National Vital Statistics Reports, teen pregnancy rates have declined steadily since 1991, with teen birth rates being at an all-time low. However, teen birth rates in the United States are still quite high in comparison to the rates in other developed countries. Teen

mothers and their babies face increased risks to their health and opportunities to build their future. Teen mothers are more likely to give birth prematurely.

The next table compares the rolling three-year average rate of births by race to mothers who are between the ages of 15 and 19 years by race.

Births to Mothers Under the Age of 19-Three Year Rolling Rate									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	3.2	9	5.4	2.5	7	4.2	2.3	7.2	4.1
Wakulla	7	6.8	6.8	6.9	7.9	6.7	5.9	6.7	5.8
State	6.4	11	7.2	5.1	7.6	5.5	4.1	6.1	4.4

Leon County had a lower rate of births to teen mothers from age 15 to 19 than either Wakulla County or the State. The Wakulla County rate was approximately one and one-half times higher than the rate for the State. There was a disproportionate number of Black mothers in this age group. Leon County was ranked in the first quartile, while Wakulla County was ranked in the second quartile.

Repeat Births to Teens

In 2017-2019, the rolling three-year rate of repeat births to mothers between the ages of 15 and 19 decreased for Leon County, but increased for Wakulla County. Leon County was ranked in the third quartile, and Wakulla County was ranked in the fourth quartile.

Repeat Births to Mothers Under the Age of 19-Three Year Rolling Rate												
	2011-2013				2014-2016				2017-2019			
	White	Black	Total	Count	White	Black	Total	Count	White	Black	Total	Count
Leon	11.7	16.7	15.2	87	12.6	16.5	15.7	69	12.9	15.8	15.2	67
Wakulla	8.1	14.3	8.6	6	12.1	22.2	13.4	9	20.8	12.5	19	12
State	15.3	20.3	16.9	7964	15.5	17.6	16.1	5786	14.4	15.7	14.8	4445

Health Insurance Coverage

Health insurance status affects the care received by women giving birth and their infants. Uninsured women receive fewer prenatal care services than their insured counterparts and report greater difficulty in obtaining the care that they believe they need. Studies find large differences in use between privately insured and uninsured women and smaller differences between uninsured and publicly insured women. Women who are uninsured or on Medicaid are more likely to delay their initiation of prenatal care.

Births Covered by Medicaid - Three Year Rolling Rate									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	28.7	71.8	46.5	26	71.3	45.3	23	66.7	41.8
Wakulla	44.4	56.9	46	41.7	64.3	43.7	40.3	52.2	41.7
State	46	70	50.9	43.9	69.4	49	43	67.4	47.9

In Leon County and Wakulla County, the rate of White and Black births covered by Medicaid is lower than the State rate for the period of 2017 – 2019. The Black rate of births covered by Medicaid was approximately three times the White rate in Leon County and approximately one and one-half times the White rate in Wakulla County.

Births with Self Pay for Delivery Payment Source (No Health Insurance)- Three Year Rolling Rate									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	1.1	0.6	0.9	1.6	1	1.5	4.1	1.5	3.1
Wakulla	0.7	--	0.7	1.4	1	1.5	1.8	--	1.4
State	8.2	6	7.8	6.7	5	6.4	6.4	4.6	6.1

The rate of White and Black births with self-pay for delivery during the 2017-2019 timeframe was lower than the State rate for both Leon County and Wakulla County. The rate of White births with self-pay was greater than the rate of Black births with self-pay.

Delivery Covered by Emergency Medicaid – Three Year Rolling Rate			
	2010-2012	2013-2015	2016-2018
Leon	0.9	1.3	0.5
Wakulla	--	--	--
State	5.8	4.5	2.8

Emergency Medicaid provides medical coverage to uninsured individuals who do not qualify for Medicaid due to citizenship/immigration status. In these cases, there is no health insurance for the pregnancy, but a hospital birth is covered by Medicaid. The emergency Medicaid rate for Leon County and Wakulla County during the period of 2016-2018 was lower than the State rate.

Entry into Prenatal Care

Access to care is one of the leading factors in infant mortality, and African American women are less likely to receive prenatal care within the first trimester than White women (Florida Department of Health). The American College of Obstetricians and Gynecologists (ACOG) recommends that all pregnant women begin prenatal care in the first trimester. Research indicates that early, regular prenatal care is associated with a decreased risk of poor birth outcomes. Early prenatal care enables the provider to identify and address potential problems earlier, so that they can be prevented or addressed before they become serious.

The following tables show the rolling three-year rate of mothers receiving prenatal care by trimester and race for the periods of 2011-2013, 2014-2016 and 2017-2019 by county and state. The rates are based on the number of mothers with a known prenatal care status.

Early Prenatal Care (1st Trimester)-Three Year Rolling Rates									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	89.5	79.1	85	82.1	69.7	76.7	82	71.7	77.5
Wakulla	85.9	86.6	85.9	80.6	71	79.5	81.9	77.2	81.3
State	82.2	73.5	80.1	81.2	72.3	79	78.8	69.4	76.5

Late Prenatal Care (3rd Trimester)-Three Year Rolling Rates									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	2.8	5.1	3.8	7.4	11	9	5.7	9	7.1
Wakulla	2.5	6.1	3	9.2	9.7	9.3	6.1	3.8	5.8
State	4.1	6.5	4.7	4.9	7.5	5.6	6.4	9.4	7.2

No Prenatal Care - Three Year Rolling Rates									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	0.6	1.4	0.9	4.2	5.4	4.7	2.2	3.8	2.8
Wakulla	0.2	1.2	0.4	4.1	3.2	4	2.9	1.3	2.6
State	1.1	2.4	1.4	1.3	2.7	1.7	2	3.6	2.4

It is clear from the above tables that Black/African American mothers receive early prenatal care at a lower rate than White mothers. In Leon County, Black mothers were one and one-half to two times more likely to begin prenatal care in the third trimester or have no prenatal care. In Wakulla County, White mothers had a higher rate of late or no prenatal care.

Lack of Breastfeeding

According to the March of Dimes, breast milk provides the ideal amounts of sugar, fat, protein, and most vitamins that a baby needs. Breast milk also contains antibodies that help provide protection from many illnesses. Breast milk is easier to digest so babies may have less gas than formula-fed babies. Some studies suggest that breastfeeding babies are less likely to die of Sudden Infant Death Syndrome than formula-fed babies.

Breastfeeding Initiation - Three Year Rolling Rates									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	85.6	63.2	76.6	89.6	71.5	82.1	89.6	72.5	82.2
Wakulla	77.5	69	76.5	81.2	64.3	79.1	82.5	71.1	81.4
State	83.9	70.6	81	87.4	76.8	85.1	88	78.7	86.1

The rolling three-year rates of mothers who initiate breastfeeding were 82.2 in Leon County, 81.4 in Wakulla County, and 86.1 for the State. Leon County and Wakulla County were both ranked in the second quartile of counties. Unfortunately, the rate of women who initiate breastfeeding may be a great deal higher than the rate of mothers who continue to breastfeed for three to six months.

Obesity and Poor Nutrition

Women who are obese before pregnancy are at increased risk of diabetes and hypertension. Women who are obese when they become pregnant are at increased risk for pregnancy complications such as miscarriage, preeclampsia (a type of pregnancy hypertension), gestational diabetes, cesarean delivery, and postpartum infection. Their babies are more likely to have certain birth defects, birth trauma, and late fetal death. Pre-pregnancy underweight is associated with a higher risk of preterm delivery.

Obese (BMI>30)-Three Year Rolling Rates									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	20.5	32.1	24.9	20.1	35	26.9	25.1	37.3	29.6
Wakulla	29.1	43.5	30.6	26.4	53.1	28.2	35	40.3	34.8
State	19.9	31	22	21.2	32.9	23.4	23.9	35.9	26.1

For each of the three-year periods, both Leon County and Wakulla County had a higher rate than the State for mothers who were obese prior to pregnancy.

Overweight (BMI 25 - 29.9) - Three Year Rolling Rates									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	24.2	25.6	24.5	25	26.5	25.4	23.6	26	24.8
Wakulla	24.8	18.8	24.3	28.3	12.5	27.7	24.1	24.7	27.4
State	24.8	27.6	25.3	25.5	28	26	27	27.5	27.1

In Leon County, the rate for overweight mothers prior to pregnancy was lower than the State rate for the years 2017-2019. The Wakulla County rate was slightly higher than the State rate. In cases reviewed by FIMR in 2019, in 11% of the infant deaths the mothers were overweight and 41% of the mothers were obese. That totals 52% of the mothers of infants who dies were either overweight or obese.

Underweight (BMI <18.5) - Three Year Rolling Rates									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	2.8	2.7	2.8	1.6	1.9	1.8	3.7	2.9	0.4
Wakulla	3.7	0.9	3.4	2.2	0	1.9	3.8	1.4	1.2
State	4.5	3.6	4.5	4.1	3.3	4	3.5	3.1	3.6

The rate of underweight mothers for both Leon County and Wakulla County was lower than the State rate for the years 2017 – 2019. The rate of Black mothers who were underweight was lower than the rate of White mothers.

Birth Spacing

Short intervals between births can affect a mother's health. There is a greater risk of bleeding in pregnancy, premature rupture membranes, and increased risk of maternal death. Research indicates that inter-pregnancy intervals shorter than 18 months are significantly associated with increased risk of adverse pregnancy and neonatal (the first 27 days of life) outcomes. A time interval of six months or more after finishing breastfeeding is also recommended before becoming pregnant again for the mother to be able to rebuild her nutritional stores.

The rolling three-year average rate for 2017-2019 of births with a pregnancy interval less than 18 months was 37.8 for Leon County, 33 for Wakulla County, and 34.7 for the State. There was an increase in the rate for Leon County from 2014 -2016 (35.4) and a decrease in percentage for Wakulla County (37.5).

Births with Inter-Pregnancy Interval <18 Months – Three Year Rolling Rates									
	2011-2013			2014-2016			2017-2019		
	White	Black	Total	White	Black	Total	White	Black	Total
Leon	35.5	36.1	35.3	35.9	35.1	35.4	37.9	38.2	37.8
Wakulla	32.1	32.7	32.1	36.5	46.3	37.5	33.6	24	33
State	34.9	36.1	35.1	34.6	34.9	34.6	34.8	34.9	34.7

Unsafe Infant Sleep

Using data from Vital Statistics records and the Fetal and Infant Mortality Review Projects for the years 2018 and 2019, there were nine (9) deaths that were associated with an unsafe sleep environment (such as co-sleeping with adults or siblings, sleeping on soft pillows, etc.) in Leon County. In Wakulla County, there were three (3) deaths.

Maternal Infection

According to the March of Dimes, each year in the United States, about 19 million individuals contract a sexually transmitted infection (STI). STIs are infections a person can get by having sex (genital, oral or anal) with someone who has one of these infections. Many infected individuals do not know they have an STI because some STIs cause no symptoms. These infections can cause miscarriage, tubal pregnancy, preterm birth, stillbirth, birth defects, and neonatal morbidity. A baby can become infected while passing through an infected birth canal.

Alcohol Abuse

Alcohol interferes with the developing baby's ability to get enough oxygen and nourishment for normal cell development in the brain and other body organs. Research has shown that a developing fetus has very little tolerance for alcohol and infants born to mothers who drink during pregnancy can have serious problems. Drinking alcohol during pregnancy can cause a wide range of physical and mental birth defects. The term "fetal alcohol spectrum disorders" (FASDs) is used to describe the many problems associated with exposure to alcohol before birth. Each year in the United States up to 40,000 babies are born with FASDs.

Maternal Mental Health

Approximately 1 in 5 women experience depression during pregnancy or after childbirth. Women who experience depression during pregnancy are less likely to receive adequate prenatal care and are more

likely to use alcohol, tobacco, and other substances known to adversely affect pregnancy outcomes. Preterm delivery and low birthweight are other potential complications. Some studies have also shown maternal depression and anxiety in late pregnancy could increase the risk for pre-eclampsia.

QUALITATIVE RESULTS

Community conversations had been scheduled to take place in March and April 2020 but were cancelled due to the coronavirus pandemic. Three were to take place in Leon County and one was to take place in Wakulla County. Due to the cancellations, the Needs Assessment team instead contacted Healthy Start clients for their input into challenges and needs. Members of our Needs Assessment team also interviewed key community members to receive their input. Community members interviewed were the Executive Director of Whole Child Leon and the South City Project, a staff person with Whole Child Leon, a FAMU professor who is also a primary care physician and who specialized in maternal and child health, and an FSU professor who spearheads maternal mental health research and projects throughout Florida.

Healthy Start Client Interviews

Healthy Start clients were contacted by phone from a Needs Assessment team member. A total of fourteen clients responded to the phone interviews. The Leon and Wakulla County Healthy Start clients were asked the following three open-ended questions:

- 1) What are the challenges/barriers to having a healthy baby?
- 2) What can be done to make it better/easier to have a healthy baby?
- 3) What would you say are the priority areas / areas of the greatest need for pregnant women and newborns?

What are the challenges/barriers to having a healthy baby?

- Diet and nutrition
 - For mothers
 - Eating well while dealing with morning sickness
 - For children
 - Lack of healthy food choices for infants and toddlers
 - Healthy snacks, including for day care
- Economics and employment
 - low income, poverty
 - work schedule
- Breastfeeding
 - Need more information
- Healthcare

- Having open relationship/communication with provider to be comfortable asking all questions
- Health/safety of child
 - Social distancing from family and those who are ill
- Resources
 - Needs more information on county resources
 - More information on available resources provided at healthcare provider offices

What can be done to make it better/easier to have a healthy baby?

- Mother's Healthy Behaviors / Staying Healthy
 - Exercise
 - Rest
 - Diet and nutrition
 - Healthy eating
 - Information on meal planning/preparation
 - Drink water
- Healthy behaviors for children
 - Balanced diet
- Protect from infectious disease
 - Clean, sanitize environment
 - Monitor interactions
- Mental Health/Stress
 - Knowing how to recognize stress
 - Stay happy and out of stressful situations.
- Programs and resources
 - Need to be more supportive; listen to mothers
- Economics and Employment
 - Longer maternity leave
- Health and healthcare
 - Follow advice of providers
 - Keep up with healthcare appointments and follow up
 - Track attainment of milestones

What are the priority areas? What are the areas of greatest need?

- Mental Health/Stress
 - Reducing stress, being stress free
 - Managing stress, stress relief
 - Having support
- Childcare
 - Accessing childcare
 - Finding information on quality childcare services and babysitters, including ratings
- Children's health
 - Nutritional information, including information on formula
 - Keeping home clean and safe

- Protecting children
 - Nurture children
- Mother's Health
 - Healthy behaviors during pregnancy
 - Diet and nutrition
- Healthcare
 - Open communication with providers; asking questions
 - Assure there is information available to all pregnant women and mothers

Interviews with Community Stakeholders

The community members who were interviewed were asked the same three questions as above along with three additional questions that pertain to the coronavirus pandemic:

- 1) What has been the impact of COVID-19 on pregnant women and infants in the community?
- 2) What are the most pressing needs for pregnant women and new mothers in regard to COVID-19? What is needed to meet these needs?
- 3) What do you think the future impact on this population will be? What will be needed to help women and infants going forward?

What are the challenges/barriers to having a healthy baby?

Education

- Parenting education needed
- Lack of understanding about the importance of prenatal care
 - Hard for some people to understand all the information they are given about having a healthy baby

Access to care

- Complexity of navigating the healthcare system
 - Further complicated for at risk, vulnerable, underserved, etc.
- Economic and financial constraints
 - Costly and frequent copays at the end of pregnancy
- Long wait time for services
- Services available but women unable to get there due to transportation issues and/or lack of childcare
- Limited healthcare options for rural residents

Mental Health / Substance Abuse

- Chronic stress over the lifespan
- Need for services and access

Physical Health

- General health at all times - before, during and between pregnancy
- Inadequate nutrition

Societal Issues

- Poverty
- Systems are set up, but people are falling through the cracks
- Residents do not feel heard, feel disenfranchised
- Female burden as mother, familial caretakes

Environmental

Problems with the built environment, e.g., Lack of sidewalks, Poor lighting
Unsafe neighborhoods

Socio-Cultural

- Cultural barriers
- Programs are not culturally competent, Home visiting programs sometimes ignore a woman's culture and disrespects the individual
- Providers do not consider cultural differences of their patients
- Racism, discrimination and mistreatment
 - Racism causes chronic stress over time that impacts physical and mental health of the individual
 - Structural racism impacts the social determinants of health
 - Lack of culturally competent care

Resources and Services

- More education and outreach needed about programs and services provided
 - Learn from diverse non-users their concerns, barriers to participation and unmet needs
 - Collaborate with satisfied clients to create educational and outreach messages
- Streamlined processes/information gathering to access programs and resources

What can be done to make it better/easier to have a healthy baby?

Accessing care

- Increasing access and reducing barriers
- Supportive care and programs that are:
 - women and family friendly
 - culturally competent
 - meet the needs of the community/are developed with community engaged approaches
 - fluid and flexible for tailored implementation
- Make sure women access the home visiting programs
- Match home visitors with client with shared lived experience so they can understand the woman's background and culture

Programs and Services

- Target programs to communities with the most infant deaths/low birth weight babies
- Assure programs are evidence based
- Have mentors for pregnant women, especially during first pregnancy
- More one-on-one or very small group interactions/training for pregnant women
- Level the playing field – need more services at more convenient locations
- Education for youth
 - Teach youth about the working world and get them ready to be in the work environment
 - Add sex education back into the schools and get parents involved
 - Focus early on violence, bullying, domestic violence, sexual violence

Food and Nutrition

- Provide greater access to healthy food and teach women how to prepare it

What are the priority areas? What are the areas of greatest need?

Healthcare access

- Consistent, coordinated care over time for mothers and babies all the time, but certainly before, during and after pregnancy
- Reduce fragmented care and systemic barriers

Education

- Education and information delivered in a way where it is understood and practiced, especially about family planning and prenatal care
- Provide reproductive health education earlier

Employment

- Better jobs

Priority Geographic Locations

- Blountstown – Highway 20
- Frenchtown
- Wakulla/Crawfordville
- South Tallahassee

What has been the impact of COVID-19 on pregnant women and infants in the community?

Health and Healthcare

- COVID-19 is a health disparity multiplier that exacerbates existent disparities
 - Including housing disparities and discrimination, crowded living conditions, higher representation in service work with increased risk of exposure, jobs with limited or no benefits, no paid sick leave, racism and discrimination

- Pregnancy and prenatal care
 - Avoidance of health care settings and medical appointments due to fear of exposure to virus
 - Fear of COVID-19 for pregnant women
 - Am I at risk?
 - Is my baby at risk?
- Labor and delivery
 - Postpartum women are going home earlier after delivery
 - Women are having to change birth plans
 - Can only have one visitor during delivery
 - Reduced familial participation and support
- Fear of COVID-19 for breastfeeding mothers
 - Is breastfeeding safe?
 - What are risks versus benefits?
 - What public health measures should be taken (e.g., wearing a mask)?
- COVID-19 positive mothers
 - What are the implications for mother's health and baby's health? Other family members and caregivers?
- Service barriers
 - Mental health services
 - Telehealth available to new patients only after an initial face-to-face appointment. Scheduling may be delayed for weeks for COVID-19 positive or those waiting for results, but post-partum care period is short.
 - Reduced services
 - Shortened hours for providers
 - Fewer well-child visits, e.g., some pediatricians are only seeing infants for immunizations

Mental health and stress

- COVID-19 adds stress for pregnant women during an already stressful time

Economy/employment

- Increased unemployment

Socio-Cultural

- Early misconceptions about COVID-19 risk for certain populations rooted in lack of culturally competent data collection methods
- Lack of patient-centered education

Domestic Violence/Neglect

- Increased abuse and neglect with social isolation

Household/Family Relations

- COVID is helping people to slow down, making them go home and be parents

**What are the most pressing needs for pregnant women and new mothers in regard to COVID-19?
What is needed to meet these needs?**

Food

- Access to food

Resources

- Access to resources

Family Life

- Helping families deal with having kids at home and the associated increased stress

What do you think the future impact on this population will be? What will be needed to help women and infants going forward?

Pregnancy

- Increase in pregnancies and births due to isolation

Physical Health

- Concerns about impact of the virus on mothers and babies, especially long-term impact
- Diversity of type and severity of symptoms makes this disease complex
 - From asymptomatic carriers to mild symptoms, to those who admitted to an ICU to those who die from it.
- There are still many unknowns about COVID-19 long term impacts
 - Blood clots, get multisystem organ failure, respiratory distress, cognitive impacts
 - Reinfection and immunity
 - Can people get COVID-19 more than once? How many times? Do you eventually build immunity? How long does immunity last? When will a vaccine be available to the general public?
- Effects on children, e.g., Multisystem Inflammatory Syndrome in children (MIS-C)
Info for parents at <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/mis-c.html>; info for providers at <https://www.cdc.gov/mis-c/hcp/>.

Psychosocial Impacts

- Peoples mental response to this trauma will be varied, from dealing with it, getting over it to being truly traumatized with long term impacts.
- There are mental health impacts - sometimes acute, sometimes delayed
- Stressors from COVID-19 include:
 - Children out of schools/challenges of distance learning
 - Daycare access barriers
 - Employment impacts (job loss, unemployment benefit barriers, reduced wages, business closures)
 - Economic/financial strain

Local Community Feedback

Feedback Obtained During Annual Site Visits

Our Coalition conducts annual site visits with all of our Healthy Start contracted programs as well as with independent contractors who have been providing services for at least one year. As part of the annual site visits, the contractors and contracted agencies complete a site visit tool which includes asking them to identify and rank risks and needs in their community.

Leon County

Annual site visits were held with Healthy Start independent contractors in June 2020, July 2019, and June 2018. Below are the top items that they identified as unmet needs, risks, and other issues that are negatively impacting women and families in their county in order of importance or need:

1) **Rank order of unmet needs that are impacted pregnant women and infants in Leon County**

June 2020

1. Housing
2. Employment
3. Food security
4. Affordable childcare

July 2019

1. Lack of affordable childcare
2. Poor pre- and interconception health and lack of health care
3. Affordable housing
4. Being able to buy baby items and pay bills

June 2018

1. Poor nutrition
2. Unsafe sleep
3. Lack of affordable childcare
4. Preconception and interconception medical care
5. Affordable housing
6. Being able to buy baby items and pay bills

2) **Risks and issues negatively affecting pregnant women and children locally**

June 2020

1. Systematic racism
2. Lack of resources
3. Lack of healthcare coverage
4. Lack of education

July 2019

1. Lack of transportation
2. Lack of education
3. Pregnant women who are homeless
4. Marijuana use while pregnant
5. Pregnant women having high blood pressure
6. Pregnant women with low iron
7. Unsafe sleep

June 2018

1. Stress from lack of resources
2. Preconception health issues
3. Poor nutrition due to no local grocery stores in some neighborhood
4. Transportation problems
5. High STD rates

3) **Other issues that may be contributing to local infant mortality and fetal losses in Leon County**

June 2020

1. Generational factors
2. Systemic racism

July 2019

1. Racial disparity as it relates to access to adequate services compared to those of substantial income and access to services
2. Moms not taking safe sleep recommendations seriously
3. Not attending all prenatal medical appointments
4. Not attending infant well visits with medical providers

June 2018

1. Problems getting reliable transportation to appointments
2. Poor nutrition
3. Lack of affordable housing
4. Unemployment

Wakulla County

Two of the above questions were asked of the Wakulla County Healthy Start program manager during their annual site visits. Additionally, each year the Coalition also meets with five non-Healthy Start staff of the FDOH-Wakulla and their community partners as part of the annual site visits. The non-Healthy Start staff and community partners are provided with surveys that include two of the questions below. Responses from this rural county were:

1) **Risks and issues that are negatively affecting pregnant women and children in Wakulla County.**

March 2020

1. Drug/alcohol abuse
2. Mental health issues
3. Domestic violence
4. Smoking
5. Obesity
6. High number of STIs

March 2019

1. Drug/alcohol abuse
2. Domestic Violence
3. Smoking
4. Mental Health issues
5. Co-sleeping with infants
6. Obesity
7. High number of STIs

March 2018

1. Smoking
2. Domestic violence
3. Co-sleeping with infants
4. Obesity
5. High number of sexually transmitted infections (STIs)

2) **Unmet needs that are impacted pregnant women and infants in Wakulla County**

March 2020

1. Lack of transportation
2. Lack of mental health services
3. Underutilization of resources (such as accessing WIC, attending medical appointments, awareness of local food giveaways)
4. Lack of affordable housing
5. Lack of job opportunities
6. Food insecurity
7. Lack of education
8. No local OBs or pediatricians

March 2019

1. Lack of transportation
2. No health insurance

3. No local OBs or pediatricians
4. Lack of affordable housing
5. Lack of job opportunities

March 2018

1. No local OBs or local pediatricians
2. Lack of affordable housing
3. Lack of transportation
4. Lack of jobs



SUMMARY OF KEY FINDINGS

SUMMARY OF KEY FINDINGS

Needs Assessment Update

The Capital Area Healthy Start Coalition's last Needs Assessment was completed and submitted to the FDOH in October 2010. At that time, Service Delivery Plans and Action Plans were included in the Needs Assessments. In the October 2010 Report, the four top needs were identified in our catchment and put into action steps. The four areas are described below along with some data showing why they were identified as needs ten years ago as well as progress made, or not attained, in these areas over the past ten years.

Improve Pre-pregnancy Health

In 2004-2008, an average of 23.1% of pregnant women in Leon County were obese at time pregnancy began, 21.9% were overweight, and 21.1% were underweight. In Wakulla County, 25.7% were obese, 23.6% were overweight, and 11.7% were underweight. An average of 20.3% of pregnant women in Wakulla County smoked during their pregnancies while 7% of pregnant women in Leon County smoked. Chronic health conditions were not being addressed before becoming pregnant.

2020 updates for target population

In rolling years 2017-19, 29.6% of pregnant women in Leon County were obese, 24.8% were overweight, and 0.4 were underweight. In Wakulla County 34.8% were obese, 27.% were overweight. and 1.2 were underweight. Smoking in pregnant women went down in 2017-19 to 5.1% in Leon County and 10.2% in Wakulla County, but they were both higher than the state rate of 4.4%

Improve Teen Health and Pregnancy Rates

In 2004-2008, the rate of births to teens age 18 and younger averaged 15.2% in Leon County and 19.8% in Wakulla County.

2020 updates for target population

Births to teen mothers 2017-19 was 4.1% in Leon County and 5.8% in Wakulla County. This shows a huge decline in teen pregnancies in our two counties over the past ten years.

Reduce Racial Disparity in Infant Mortality

In 2005-2008, the Black infant mortality rate in Leon County averaged 13.4 per 1000 live births and in Wakulla County was 18.4 which were both higher than the state rate of 13.2. Two-thirds of the infant

deaths in Leon County in 2004 were to Black mothers while Black families were only one-third of Leon County's population. 17.7% of Black babies were born preterm (<37 weeks gestation) in Leon County and 14.0% in Wakulla County. This compared to 10.7 white mothers having preterm births in Leon and 11.0 in Wakulla. In 2008, 53.8% of all preterm birth in Leon County were to Black mothers and 19.2% were to Black mothers in Wakulla County. The percentage in Leon County is greatly exceeds the state rate of 30.2%. Eighty percent of pregnant Black mothers began prenatal care in the 1st trimester in Leon County while 87% of white mother began prenatal care in 1st trimester.

2020 updates for target population

Racial disparity in birth outcomes has not improved over the past 10 years. In 2017-19, the Black Infant Mortality Rate in Leon County was 10.8% and was 22.2% in Wakulla County. The infant mortality rate to all other mothers over the same time frame was 7.9% in Leon and 9.4% in Wakulla, with the state overall rate of 6.0%. 14.8% of Black women in Leon County and 16.7% in Wakulla County had preterm births compared to 11.3 and 9% of all other mothers in the two counties.

Improve Maternal and Child Health System of Care

There were 9.7% low birth weight babies born (2500 grams) out of every 1000 live births in Leon County from 2004-2008 and 8.7% in Wakulla County. This compares to the state rate of 8.7% during the same timeframe. The state rate of some of the needs identified in the 2010 report were women having access to dental and medical services before and after pregnancy, attending postpartum appointments, and for their prenatal care to include physical, emotional, social, environmental, and nutritional health.

2020 updates for target population

In Leon County in 2017-19, 11.3% of babies born in Leon County weighed less than 2500 grams. In Wakulla Count, 9.0% of babies were born with a low birth weight; and 10.4% of all babies born in Florida weighed less than 2500 grams.

IDENTIFIED PRIORITY NEEDS

Primary data findings

Data research shows issues facing families in the CAHSC catchment area currently include infant mortality rates higher than the state rate, high racial disparities in birth outcomes, women being unhealthy and having chronic illnesses before and during pregnancies, obesity, poverty, and health inequity.

Secondary data findings

Residents in our area have identified needs that are affecting maternal and child health as nutrition, high rate of smoking in one of our counties, maternal mental health needs, poverty, access to medical care, lack of jobs, unemployment, coronavirus, health of the community, access to food, affordable housing, affordable childcare, lack of resources, transportation, poverty, increased use of marijuana while pregnant.

INVENTORY OF COMMUNITY RESOURCES AND SERVICES

There is an abundance of resources and services available in our area for individuals and families who are physically, emotionally, and financially able to access them. For example, Leon County is home to two State universities, a community college, and two technical schools. Medical services and mental health counseling services are also available for those who have insurance, can afford their co-pays, and/or can self-pay. A service that is not readily available locally is psychiatric services, as there is a long wait time to see a psychiatrist even for those with the ability to pay.

However, most of the local resources listed above are not very accessible to women, children, and families in our area who may not have the finances or the opportunity to utilize the services, programs, and resources available. Listed below are local resources that generally *are* available to all of our pregnant women and children regardless of ability to pay.

Prenatal care. In Leon County, there are 12 medical offices that provide obstetrical care, with a total of 20 OB physicians, 12 nurse midwives, and other family practitioners who work out of these offices. All offices accept at least one of the Medicaid plans and three of them are clinics that provide OB services regardless of the mother's ability to pay, including those with no health insurance. The Birth Cottage has two midwives who give women the option of giving birth in their Cottage or the mothers' homes. There is another midwife who does home deliveries. There are no prenatal care providers in Wakulla County; however, the FDOH-Wakulla facilitates a Maternity Clinic once a week in which medical staff from a Leon County medical office come to provide prenatal and postnatal care to pregnant women who have Medicaid or have no health insurance.

Maternal- fetal medicine specialists. There are three maternal-fetal medicine specialists in Tallahassee. Two work together in the same office and one works with another office.

Birth facilities. Tallahassee Memorial HealthCare (TMH), Capital Regional Medical Center, The Birth Cottage. TMH also has a Neonatal Intensive Care Unit and is Baby Friendly certified.

Pediatric care. There are 19 medical offices in Leon County that provide care to newborns and young children. Wakulla County has three pediatric care medical offices.

Pregnancy testing centers. FDOH-Leon, FDOH-Wakulla, Pregnancy Help and Information (PHI) Center, Planned Parenthood, Woman's Pregnancy Center, Women's Healthcare Clinic.

Immunizations. FDOH-Leon, FDOH-Wakulla, private practitioner offices, community clinics.

Nutritional counseling. WIC services, TMH Bariatric Clinic.

Home visiting programs for pregnant women and infants. Healthy Start, Healthy Families, and Early Head Start through Kid Incorporated. Early Steps is available for home visiting for children who have physical or developmental delays.

Other children's services. Whole Child Leon, while not providing direct client services, works with local community agencies to provide education, updates, and partner linkage to benefit children and their families.

Mental Health Services and Substance Abuse.

Inpatient Services. Apalachee Center, TMH Behavioral Health Center, and Capital Regional Behavioral Health Center for mental health and substance use disorders. DISC Village for substance abuse, including their Sisters in Sobriety program that allow infants and small children to stay with their mothers while they are in treatment.

Outpatient services. Apalachee Center, Tallahassee Memorial Behavioral Health Center, Capital Regional Behavioral Health Center, DISC Village, Florida State University-run clinics, Avalon Treatment Center, National Alliance on Mental Illness (NAMI), Bethel Family Counseling Center, Catholic Charities.

Mental Health 24/7 crisis lines. Big Bend 2-1-1, Apalachee's Mobile Response Team

Food. Second Harvest of the Big Bend, Farm Share, ECHO Emergency Services program, Catholic Charities.

Transportation. Leon County has a city bus system where bus passes are given free of charge to persons who qualify. Wakulla County does not have a public bus system. Both counties have a Transportation Disadvantaged program where persons who qualify can be provided with free door-to-door transportation for medical appointments, food, and employment. Low income pregnant women and parents meet their qualifications.

Employment and job training. Career Source-Capital Region, Goodwill Industries-Career Training, Community Action Agency-Getting Ahead, Lively Technical College.

Education. Adult and Community Education School (ACE) for GED training and testing, Lively Technical School.

Housing. Tallahassee Housing Authority (oversees Public Housing and Section 8), 17 complexes for residents with low income who have children, Brehon House for homeless pregnant women, Hope Community Homeless Residential Center and Shelter, Chelsea House for homeless women and their children.

Utility and Rental Assistance. Capital Area Community Action, Catholic Charities, Low Income Energy Assistance Program (LIHEAP), Direct Emergency Assistance Program (DEAP)

Childcare services. Early Learning Coalition, Early Head Start, Head Start.

Domestic and interpersonal violence. Refuge House

Developmental screening. Children's Home Society, Early Steps, First Words Project

Breastfeeding support and education. WIC, Le Leche League, TMH, CRMC, North Florida Women's Care, Capital Regional Medical Center, A Women's Place at TMH.

Breastfeeding organizations. Capital Area Breastfeeding Coalition, Breastfeeding Policy Group

Family planning. FDOH-Leon, FDOH-Wakulla, Planned Parenthood.

Community healthcare centers. Neighborhood Medical Center, Bond Community Health Center.

Key Priority Areas

Access to medical and mental health services prior to, during, and after pregnancy have been identified as an unmet need in our service area. Our communities have some services available but not for families who cannot access services. Community-wide efforts in improving maternal and child health have been ongoing but barriers exist in creating a community holistic approach to improving the health and lives of all moms, babies, and families.

While both Leon and Wakulla counties have similar needs, there are issues that are specific to Wakulla county. In Wakulla county smoking by white mothers is high, as is teen pregnancy. Transportation is a major issue with only 3% of the residents having access to a car, which affects their ability to access prenatal care and other resources that are in Leon County.

Of particular significance is the racial disparity in pregnancy outcomes. Black infant mortality is approximately 2 ½ times higher than white infant mortality. This higher black infant mortality rate is seen in both the higher than white fetal mortality rate and the neonatal mortality rate. This outcome can be traced to risk factors that are higher for blacks than for white, including the preterm births which are slightly higher for blacks. 63% of all the FIMR cases reviewed in 2019 were delivered at less than 37 weeks gestation (and 59% of the FIMR cases reviewed were black). Also, the black low birth weight rates were higher than both the white and state rates in both counties. In addition, black pregnant women receive early prenatal care at a lower rate than white pregnant women and are more likely to begin care in the third trimester or have no prenatal care.

The data showed environmental and economic issues that are potentially contributing to these poor black birth outcomes. Both Leon and Wakulla counties' poverty levels and median incomes are below the state rate and the unemployment rate is higher than the state rate, all of which contribute to a level of economic insecurity. Housing problems, including overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities, are occurring at a higher percentage in Leon than the state as a whole.

The needs and issues identified through the interviews further support the quantitative data that contribute to the racial disparity in Leon and Wakulla counties. These included low income and poverty, need for better jobs and affordable child care, diet and inadequate nutrition, lack of understanding about the importance of prenatal care, housing needs, accessing care, lack of culturally competent care, reducing barriers, reducing fragmentation of care, lack of health care coverage, and systemic racism that affects access to adequate care.