



2020 Needs Assessment

An Assessment of Needs for Mothers, Fathers, Children and Families in Pinellas County

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Overview of the Healthy Start Coalition of Pinellas, Inc.

The Healthy Start Coalition of Pinellas, Inc., (HSCPIn) was established in 1992 to implement the provisions of Florida's Healthy Start legislation in Pinellas County. This legislation intends to establish a system that guarantees all women has access to prenatal care and that all infants have access to services promoting optimal growth and development. The Coalition is private-public partnership, incorporated as a 501c (3) organization. The goals of the Healthy Start Coalition are to:

1. Coordinate a system of care
2. Improve access to perinatal care
3. Improve birth outcomes
4. Reduce infant mortality
5. Enhance child development

The Coalition does not provide direct Healthy Start services for maternal and child health care, instead it is a community-based organization charged with the responsibility of contracting services, allocating funding, and managing resources to meet the needs of Pinellas County mothers, fathers, babies and families.

However, several services do fall under the HSCPIn umbrella that reach participants directly. These are Parents As Teachers + (PAT+), a home visiting program serving substance-involved moms, babies and families. Funding for this program comes from the Maternal Infant Early Childhood Home Visiting (MIECHV) Initiative, through the Florida Association of Healthy Start Coalitions (FAHSC). In addition, Coordinated Intake and Referral (CI&R), provides referrals to home visiting and other community resources to pregnant women and their families who have completed a Healthy Start screen either while pregnant at their OB office, or in the hospital after delivering a baby. Funding comes from several community resources, as well as Florida Department of Health funds and Healthy Start Medicaid Waiver through the Agency for Health Care Administration (AHCA).

The HSCPIn membership includes nearly 500 Pinellas County community members, representing community-based agencies, health care providers, program participants, business representatives, policy makers, government representatives, and other concerned residents interested in improving maternal, child and family health outcomes. The Coalition actively seeks participation in its activities current and past program participants, and recipients of services.

Target Areas of Interest for the 2021-2026 Service Delivery/Strategic Plan

Based on the quantitative and qualitative data presented in the following Needs Assessment, the QIP Committee is recommending the following areas for concentrated work in the next Service Delivery/Strategic Plan, due June 20, 2021.

1. Reduce disparities in maternal health care due to race
2. Engage women and families in a healthy lifestyle before and in-between pregnancies
3. Improve poor behaviors that can lead to the risk of prematurity and low birthweight
4. Streamline access to home visiting programs for any pregnant woman and/or infant
5. Ensure newborns and infants have access to a consistent medical home
6. Promote and provide a safe sleep environment for Pinellas County's newborns

Methodology for Community Needs Assessment

The HSCPIn has an on-going needs assessment process. Coalition staff review primary and second data sources regularly to analyze trends in demographics, economic and healthy-related indicators and client experiences as related to maternal, child and family health. Both quantitative and qualitative information is gathered yearly to determine the needs of the changing population of Pinellas County.

Quantitative information is gathered yearly as part of the contractual agreement and as part of the ongoing assessment to identify successes, gaps and challenges. Maternal and child health indicators, such as those highlighted in the Needs Assessment, are obtained from FL Health CHARTS through the Florida Department of Health (FDOH.) Indicator data is compiled and compared to previous years. This is presented annually at the MCH Indicator Presentation.

This year's presentation, scheduled for February 12, 2021, will be followed by smaller workgroups to gather feedback for new strategies from the community for Coalition's chosen areas of focus. Community representation at both events will be ensured by inviting HSCPIn Board and Coalition members, current and past participants, and interested community organizations and the public at large, to participate in the presentation, as well as small workgroups. The qualitative information pulled from the smaller group meetings will be used in the upcoming Service Delivery Plan.

The Needs Assessment also includes specific ZIP code detail from FL Health CHARTS, which will allow the Coalition to target specific geographic areas based on poor outcome indicators in the fourth quartile in the county. In addition, the Coalition reviewed prenatal and infant risk factors from Healthy Start Executive reports to further drill down needs in specific areas of Pinellas based on ZIP code data.

In addition to vital statistics, demographic, social and economic indicators, the Coalition compiles feedback data through community surveys. The Coalition's Quality Improvement and Planning (QIP) committee regularly reviews surveys for trends in the maternal and child health. During the course of the Needs Assessment, several surveys were used to get input from the targeted groups. These groups include:

1. HSCPIn Board of Directors
2. Pinellas County OB Providers
3. Healthy Start Home Visitors (Healthy Start and Parents As Teachers +)
4. CI&R Family Partners and Participants
5. Participants using services funded by the Coalition

Overviews of each of these surveys are included in the following Needs Assessment. Specific findings from these surveys will be used to produce strategies for maternal and child health care in Pinellas County in the upcoming Service Delivery Plan.

About the Indicator Pages

The HSCP in Needs Assessment includes updated information based on outcome, performance measures and community input. The data updates the information provided since our last Service Delivery Plan (2011-2016) submitted to the FDOH. Since the last plan was submitted nearly 10 years ago, the data for the Needs Assessment includes the past 10 years, in three-year-rolling-average increments, for a better view of our past versus present.

The Needs Assessment data section begins with a summary of Pinellas County births, birth rates, birth numbers and Medicaid births. A summary of prenatal and infant screenings follows. The next indicators featured are Healthy Start's three overarching objectives: reduction of preterm births, reduction of low birthweight and reduction of infant mortality. Pinellas indicators dealing with health before and during pregnancy, birth and the first year of life follow. Also included are Two-year-old immunizations and WIC-Eligibles Served.

