2020 Needs Assessment

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

Submitted to the Florida Department of Health
December 15, 2020

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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 ode 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 ode 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

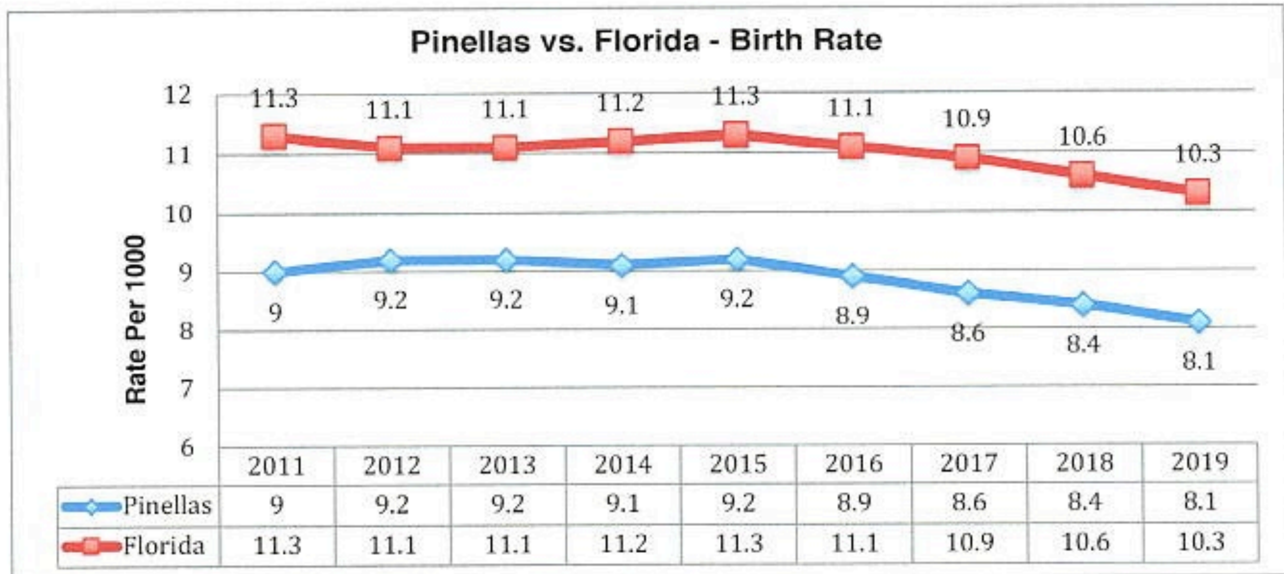
Overviews of each of these surveys are included in the following Needs Assessment. Specific findings from these surveys will be used to produce strategies for maternal and child health care in Pinellas County in the upcoming Service Delivery Plan.

About the Indicator Pages

The HSCPin 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.

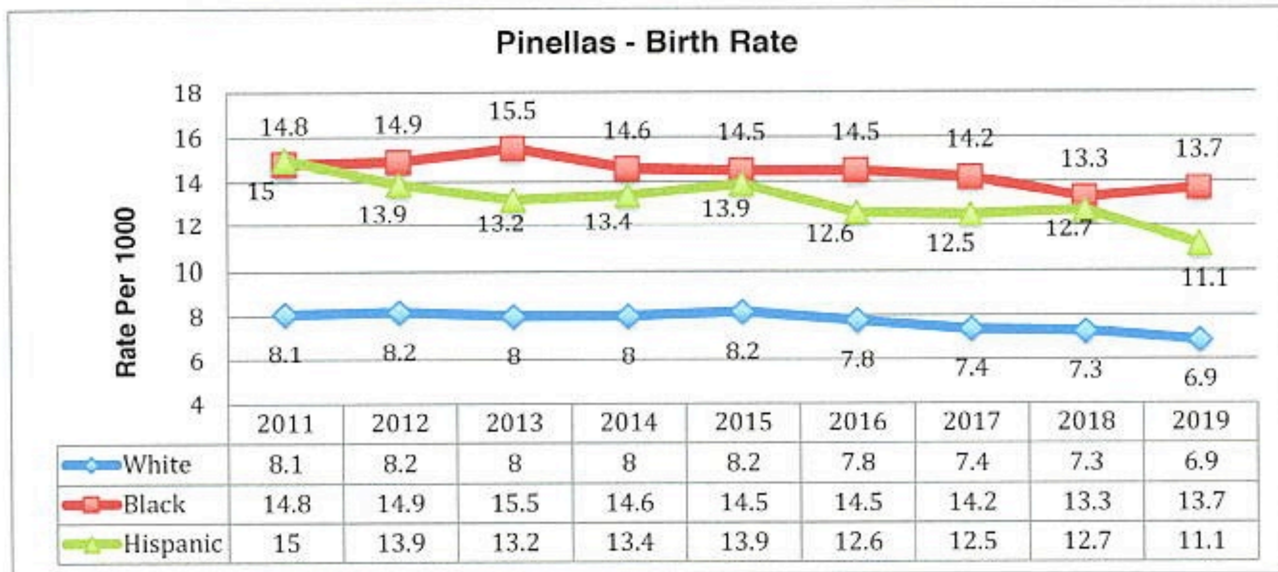
Pinellas County Birth Rates



	2011	2012	2013	2014	2015	2016	2017	2018	2019
Pinellas	9	9.2	9.2	9.1	9.2	8.9	8.6	8.4	8.1
Florida	11.3	11.1	11.1	11.2	11.3	11.1	10.9	10.6	10.3

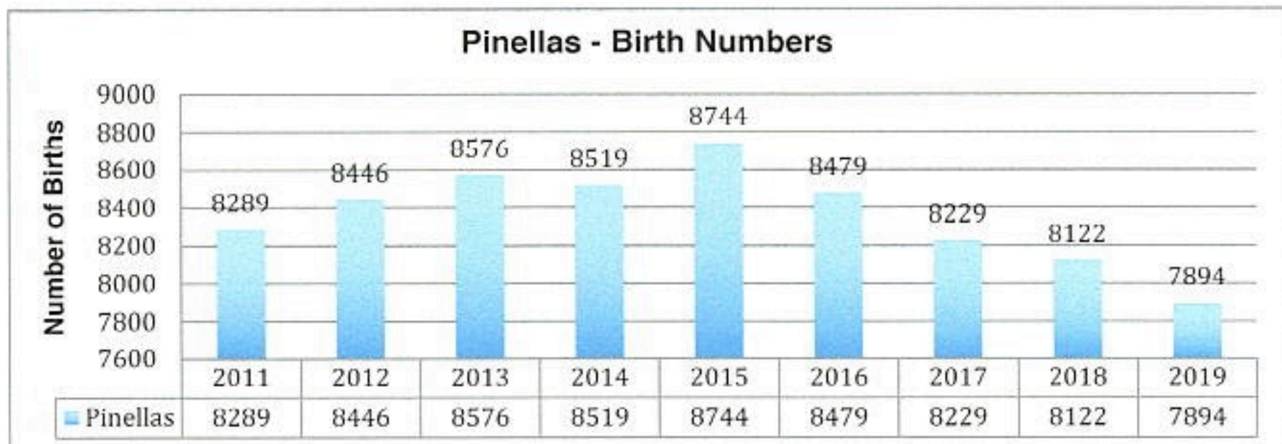
Pinellas County's birth rate has remained well-below the Florida birth rate since 2011. The Pinellas County rate now sits at 8.1 versus the state at 10.3. The birth rate has dropped for all groups – White, Black and Hispanic. The Black rate for 2017-19 is highest at 13.7, followed by Hispanic at 11.1 and White at 6.9. All numbers represent decreases from 2011, despite a few increases in the middle years.

SOURCE: FL Health CHARTS



	2011	2012	2013	2014	2015	2016	2017	2018	2019
White	8.1	8.2	8	8	8.2	7.8	7.4	7.3	6.9
Black	14.8	14.9	15.5	14.6	14.5	14.5	14.2	13.3	13.7
Hispanic	15	13.9	13.2	13.4	13.9	12.6	12.5	12.7	11.1

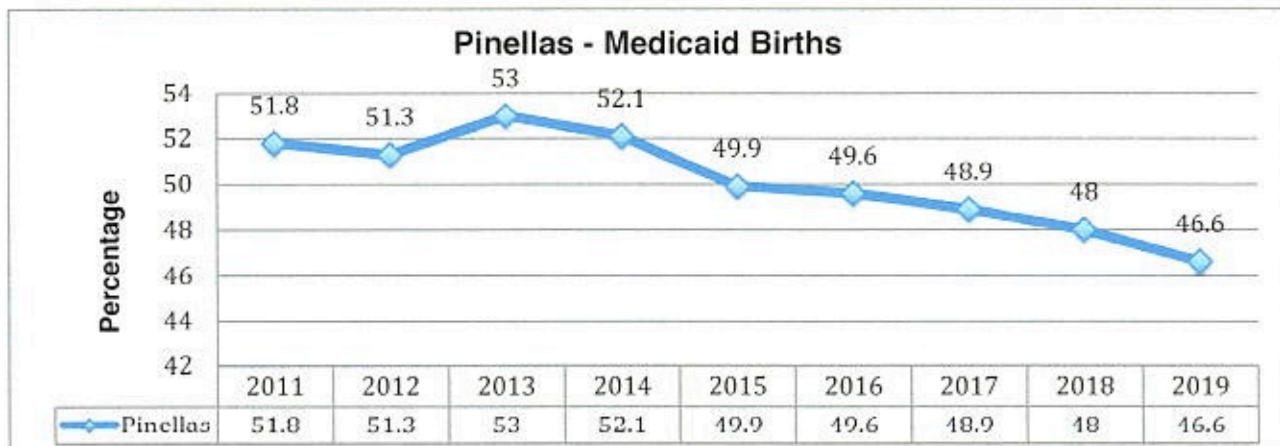
Pinellas County Births



	2011	2012	2013	2014	2015	2016	2017	2018	2019
Pinellas	8289	8446	8576	8519	8744	8479	8229	8122	7894

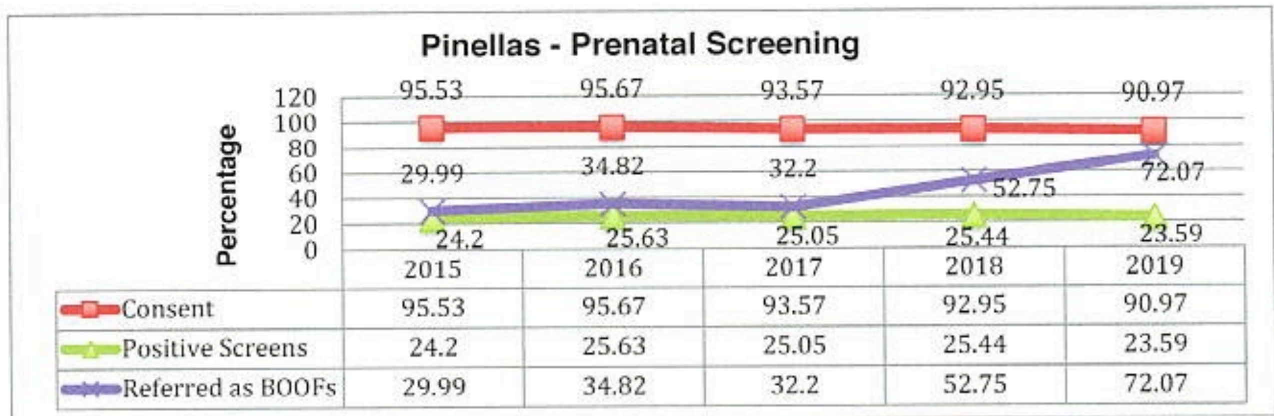
In the past five years, the number of Pinellas County births has decreased each year. In 2019, 7894 babies were born in Pinellas, down from a high of 8744 in 2015, representing a nearly 10% decrease in births. The percentage of Medicaid births in Pinellas has decreased from a high of 53% in 2013 to 46.6% in 2019, representing a more than 6% drop in Medicaid-funded deliveries.

Source: FL Health CHARTS



	2011	2012	2013	2014	2015	2016	2017	2018	2019
Pinellas	51.8	51.3	53	52.1	49.9	49.6	48.9	48	46.6

Healthy Start Prenatal and Infant Screens



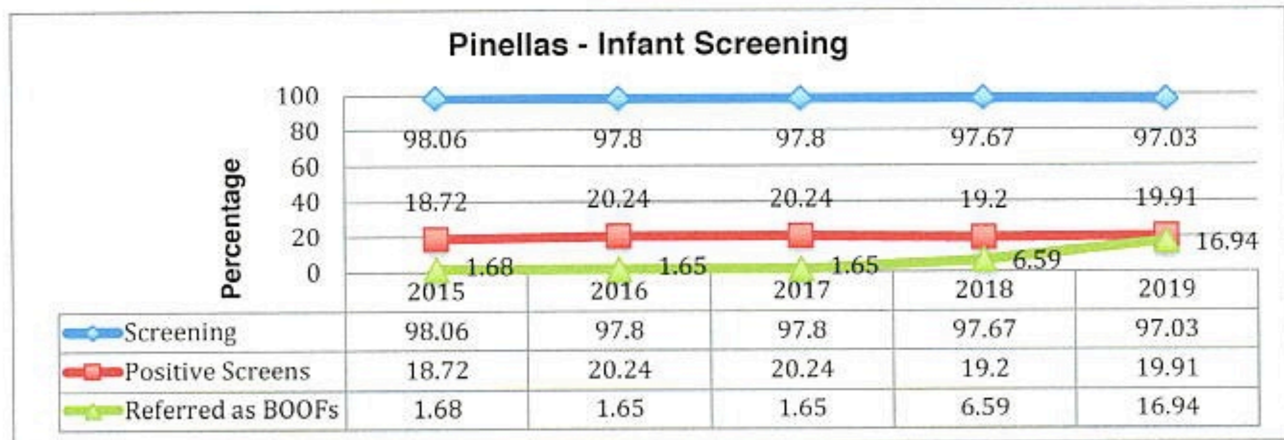
	2015	2016	2017	2018	2019
Consent	95.53	95.67	93.57	92.95	90.97
Positive Screens	24.2	25.63	25.05	25.44	23.59
Referred as BOOFs	29.99	34.82	32.2	52.75	72.07

Prenatal and infant screening percentages remained high in Pinellas County, 2015-2019. (2020 screening percentage reductions, as a result of Covid-19, are being closely monitored.) Referrals by positive screen have remained consistent for both women and infants.

The percentage of consent to screen has decreased by nearly five percent since 2015. Prior to 2017, many prenatal screens were completed in high-volume OB offices by embedded Healthy Start staff. Changes in funding required these workers be removed and screens were then completed by OB office employees. Unfortunately, this reduced the number of screens done on a timely basis in several busy offices.

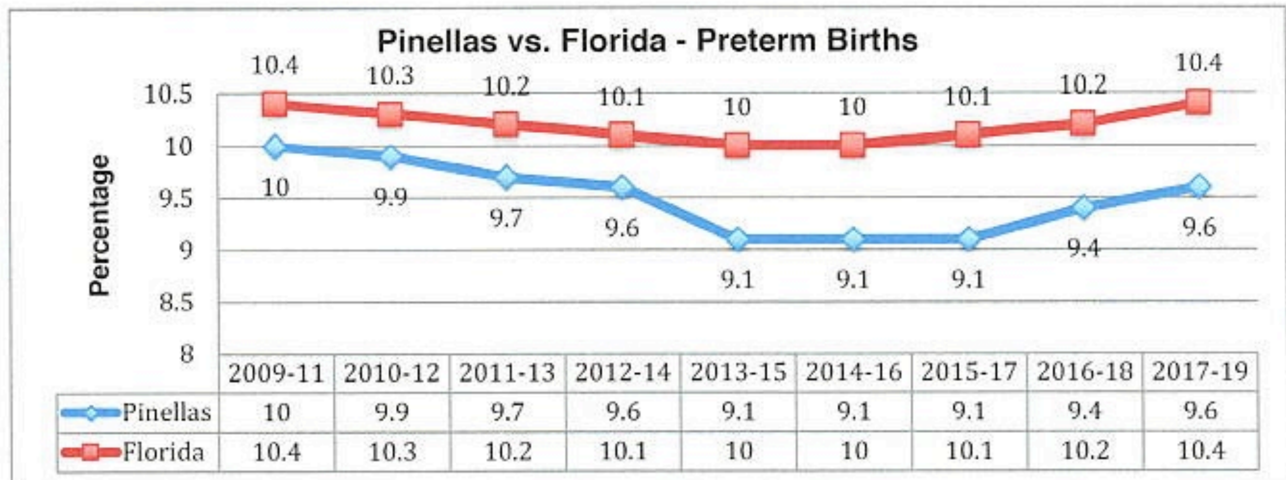
In 2018, Coordinated Intake & Referral (CI&R) was instituted within the Coalition. The number of screened women receiving referrals to CI&R for intake interview Based On Other Factors (BOOFs) increased dramatically from 32.2 percent in 2017 to 72.07 percent in 2019. Infant BOOF referrals increased from 1.65 to 16.94 percent during the same time period. Once interviewed, additional needs and risks - not identified on the Healthy Start screen – could be addressed. In 2019, the Coordinated Intake & Referral (CI&R) home-visiting program referral program provided an opportunity for the Coalition to put staff back in busy OB offices to complete screens and initial intakes on-the-spot while women were at an appointment. While not all women and infants are referred to Healthy Start or another home visiting program, the CI&R initial intake can provide for additional resource referrals needed by the family.
The uptick in BOOF percentages 2018 and beyond reflects this new process. Women and families of infants showing interest in a home visiting program are referred to one of five that participate in the CI&R in Pinellas County.

Source: Healthy Start Executive Reports



	2015	2016	2017	2018	2019
Screening	98.06	97.8	97.8	97.67	97.03
Positive Screens	18.72	20.24	20.24	19.2	19.91
Referred as BOOFs	1.68	1.65	1.65	6.59	16.94

Indicator #1: Preterm Births (Less Than 37 Weeks)

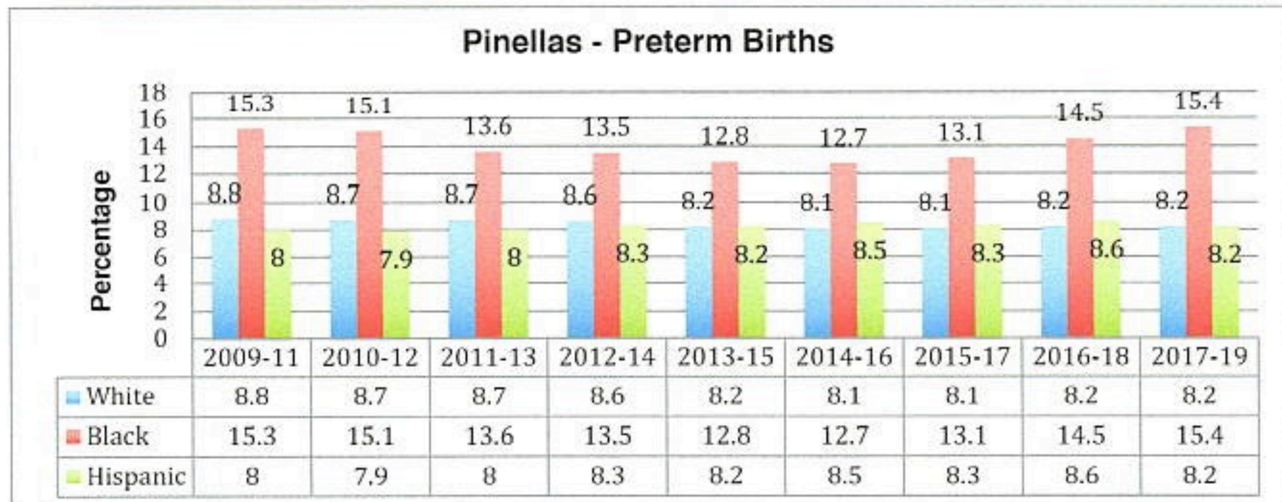


	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Pinellas	10	9.9	9.7	9.6	9.1	9.1	9.1	9.4	9.6
Florida	10.4	10.3	10.2	10.1	10	10	10.1	10.2	10.4

Preterm births refer to babies delivered prior 37 weeks of gestation. Premature babies are at increased risk of complications including breathing problems or even death. Babies born too soon can also have increased risks for lasting disabilities. Pinellas preterm birth percentages have remained steady 2011-2019, with a slight drop noted around 2013 for several years. However, the percentage is trending upward and in 2017-19 is 9.6%. Pinellas' percentage continues to be lower than state percentage of 10.4%.

As with several indicators, racial disparities are prevalent in preterm births. Black women have the highest percentage of preterm births when compared to White and Hispanic women in Pinellas. In the most recent time period, 8.2% of both White and Hispanic women delivered preterm, while Black women delivered early 15.4% of the time. Gains were made in the mid-2010s as the Black percentage decreased to a low of 12.7%. However, those gains were lost and the current percentage reflects no change from the 2009-11 time period.

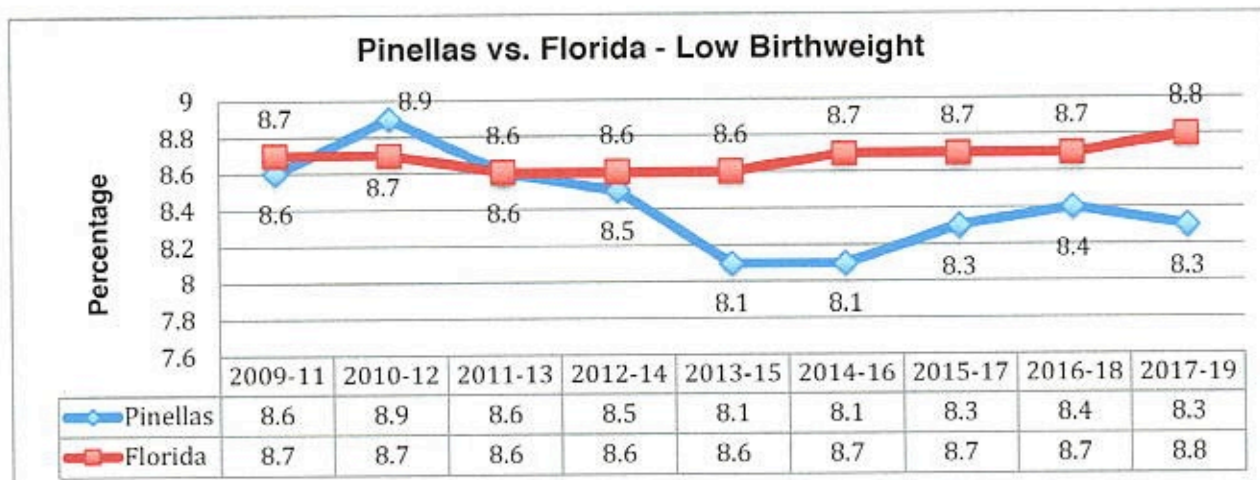
SOURCE: FL Health CHARTS



	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
White	8.8	8.7	8.7	8.6	8.2	8.1	8.1	8.2	8.2
Black	15.3	15.1	13.6	13.5	12.8	12.7	13.1	14.5	15.4
Hispanic	8	7.9	8	8.3	8.2	8.5	8.3	8.6	8.2

Most Affected ZIP Codes: 33701, 33702, 33705, 33709, 33711, 33712, 33713, 33714, 33755, 33774, 33777, 33781, 34689

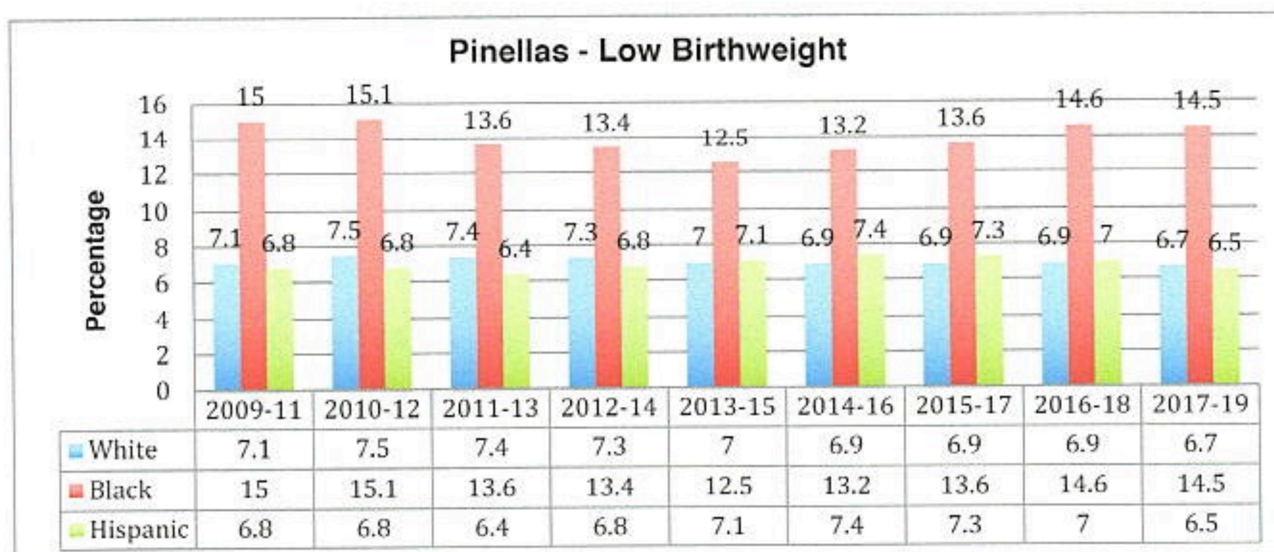
Indicator #2: Low Birthweight (Less than 2500 grams/5.5 lbs.)



Infants born with a low birthweight are at risk for long-term illness and disability, including developmental deficits and psychosocial problems. Maternal factors involved in low birthweight include poor nutrition, cigarette smoking, drug and alcohol use, and stress. Maternal health prior to the pregnancy can also have a significant impact on babies born too small. Pinellas County's low birthweight percentage is currently lower than the state at 8.3% versus 8.8%. Gains were made during the mid-2010s but the number has been slowly increasing to current levels.

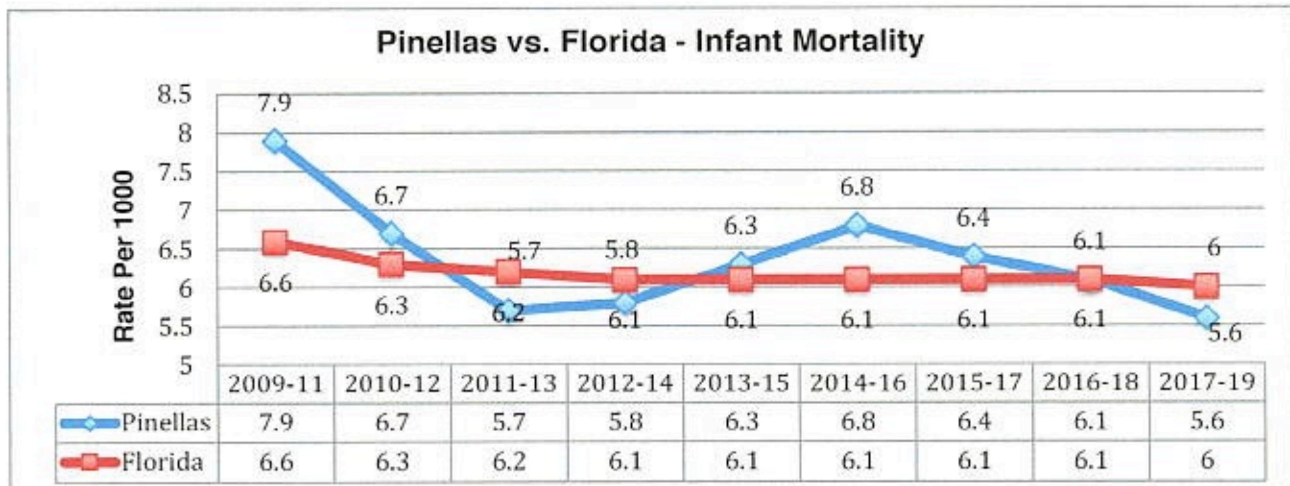
Black women in Pinellas have had higher percentages of low birthweight babies since the 2009-11 period until 2017-19. Again, a reduction in the percentage of Black low birthweight babies was noted mid-2010s. However, the percentage is again 14.5% in 2017-19, comparable to 15% noted in 2009-11. White and Hispanic women percentages are 6.7% and 6.5%, respectively, for the 2017-19 time period. This is a small reduction for each group from 2009-11.

Source: FL Health CHARTS



Most Affected ZIP Codes: 33701, 33705, 33709, 33711, 33712, 33713, 33714, 33755, 33760, 33771, 33774, 33777, 33781

Indicator #3: Infant Mortality (Up to 365 Days)

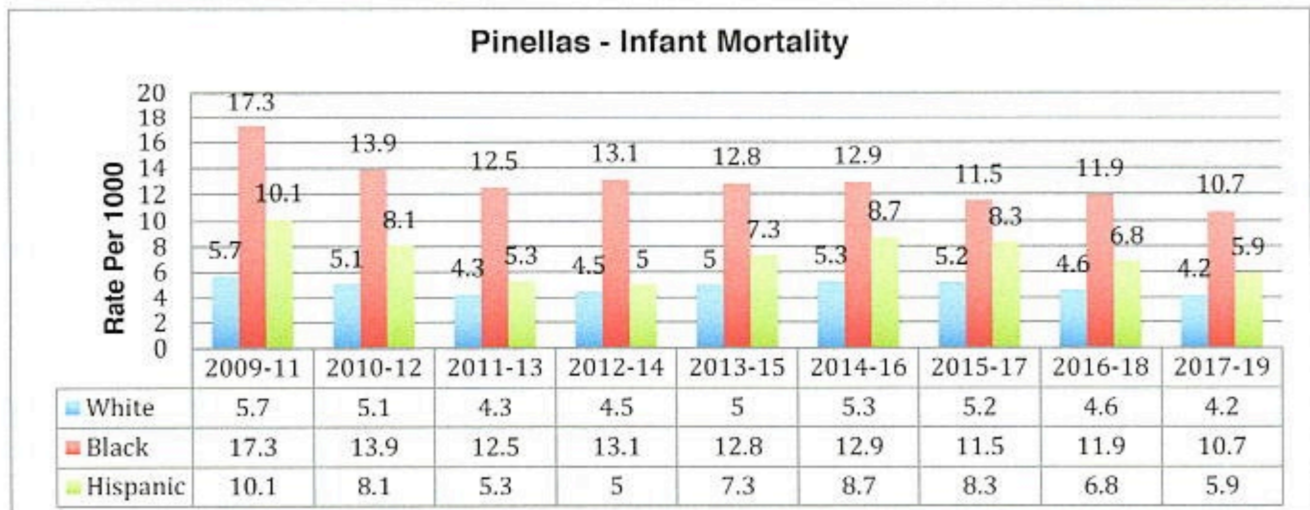


	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Pinellas	7.9	6.7	5.7	5.8	6.3	6.8	6.4	6.1	5.6
Florida	6.6	6.3	6.2	6.1	6.1	6.1	6.1	6.1	6

Infant mortality is considered a leading health status indicator and covers infant deaths during the first year of life. Infant mortality rates in Pinellas fluctuate greatly and it is difficult to note specific trends. The state's infant mortality rate is steadier and is 5.6 for the 2017-19 period. Pinellas' high rate of 7.9 in 2009-2011, significantly higher than the state at the time (6.6), has been reduced to 5.6 in 2017-19.

Black women and their infants continue to experience a higher rate of infant mortality in Pinellas County. However, strides have been made. In 2009-11, the infant mortality rate for Black women was 17.3. In 2017-2019, the rate had been reduced to 10.7. Hispanic infant mortality rate in the same time period decreased from 10.1 to 5.9. White women continue to have the lowest infant mortality rate in the same time periods. However, White babies had significantly higher rates in 2013-17 time periods, before leveling out to 5.9 in 2017-19.

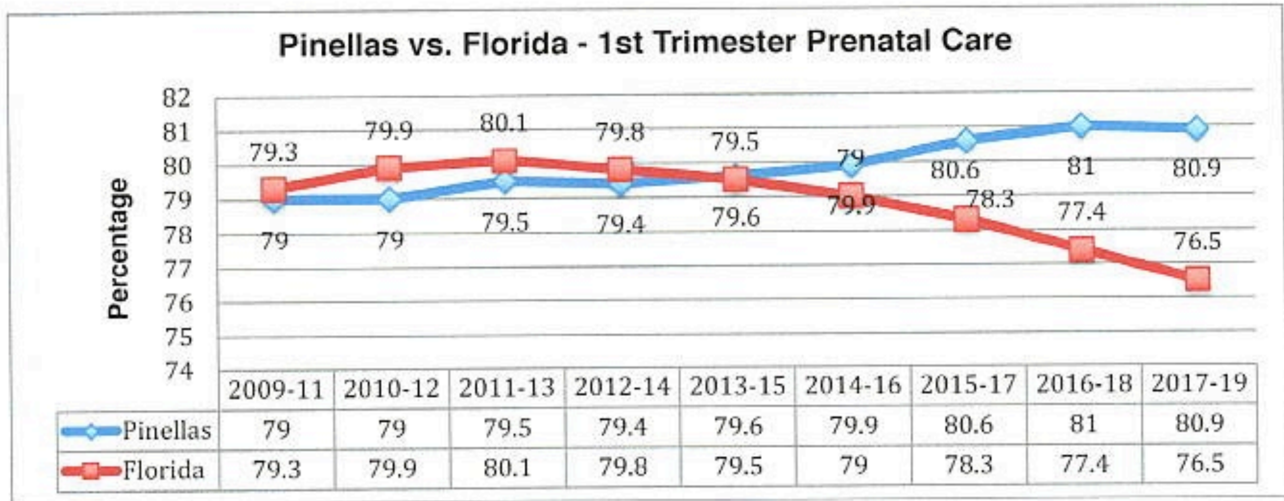
Source: FL Health CHARTS



	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
White	5.7	5.1	4.3	4.5	5	5.3	5.2	4.6	4.2
Black	17.3	13.9	12.5	13.1	12.8	12.9	11.5	11.9	10.7
Hispanic	10.1	8.1	5.3	5	7.3	8.7	8.3	6.8	5.9

Most Affected ZIP Codes: 33701, 33703, 33705, 33709, 33711, 33712, 33713, 33714, 33755, 33756, 33759, 33760, 33770, 33771, 33778, 33781

Indicator #4: First Trimester Prenatal Care

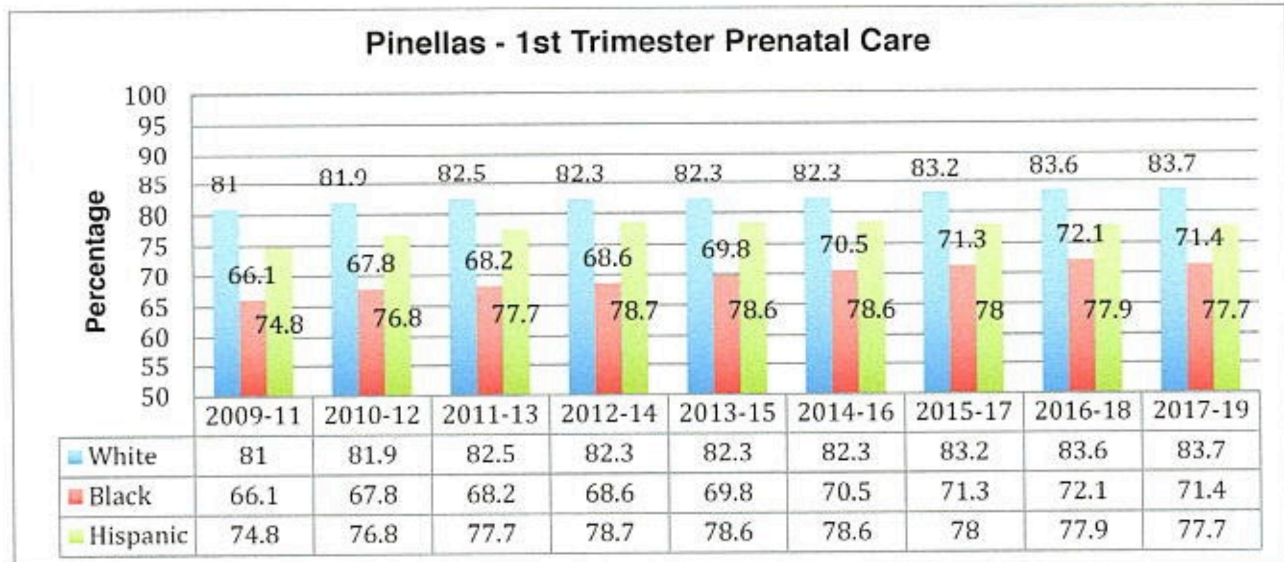


	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Pinellas	79	79	79.5	79.4	79.6	79.9	80.6	81	80.9
Florida	79.3	79.9	80.1	79.8	79.5	79	78.3	77.4	76.5

Access to and early prenatal care is imperative to positive birth outcomes. It provides an opportunity to identify and modify medical and psychosocial risk factors. First trimester entry allows for accessibility of ancillary services, as well as prenatal education and knowledge to assist in a healthy pregnancy. Since 2013-15, Pinellas women have accessed prenatal care in higher percentages than the state, with 2017-1019 levels at close to 81%.

White women in Pinellas accessed first trimester prenatal care 83.7% in the time period 2017-19. Hispanic women were 77.7%. Black women's first trimester care was 71.4% for the same timeframe, and has increased steadily since 2009-11, when it was 66.1%., up more than 5%.

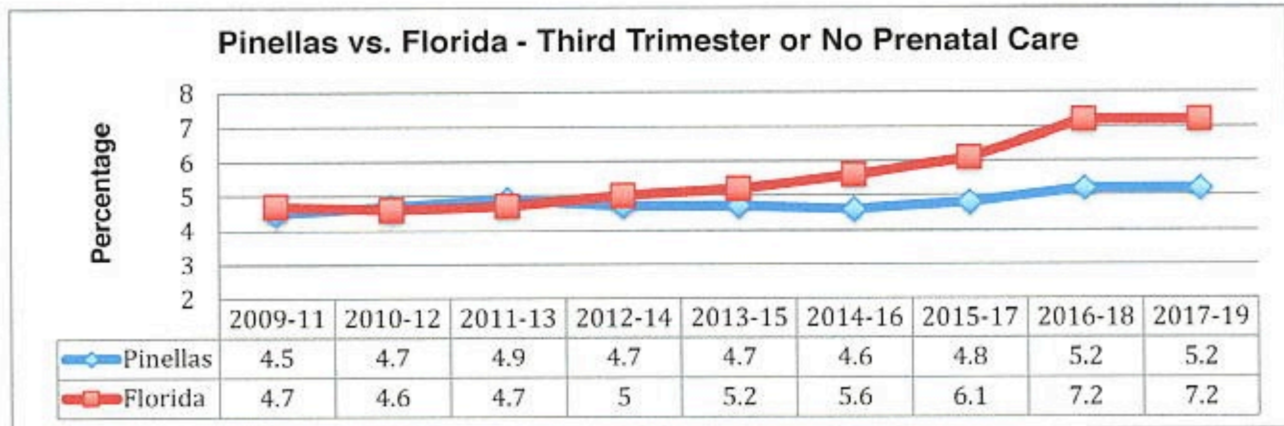
SOURCE: FL Health CHARTS



	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
White	81	81.9	82.5	82.3	82.3	82.3	83.2	83.6	83.7
Black	66.1	67.8	68.2	68.6	69.8	70.5	71.3	72.1	71.4
Hispanic	74.8	76.8	77.7	78.7	78.6	78.6	78	77.9	77.7

Most Adversely Affected ZIP Codes: 33701, 33702, 33705, 33707, 33709, 33711, 33713, 33713, 33714, 33755, 33756, 33760, 33770, 33771, 33774, 33781

Indicator #5: Third Trimester or No Prenatal Care

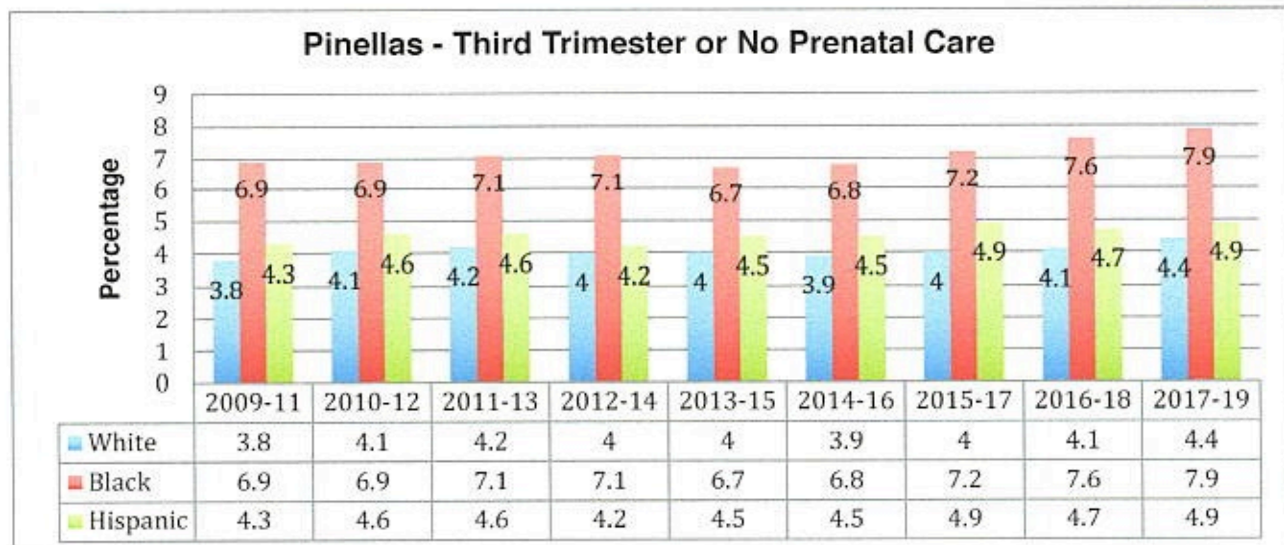


	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Pinellas	4.5	4.7	4.9	4.7	4.7	4.6	4.8	5.2	5.2
Florida	4.7	4.6	4.7	5	5.2	5.6	6.1	7.2	7.2

Access to prenatal care is linked to the ability to obtain appropriate access to health care and coverage. Pinellas County has steadily reduced the number of women presenting at birth with only third trimester or no prenatal care, while the state has seen a steady increase. In the latest three-year review, the Pinellas percentage was 5.2% versus the state at 7.2%.

While the percentages for White, Black and Hispanic during 2017-19 are statistically significant (lower) than the state, racial disparity is evident in both Pinellas and the state. While the percentage for White women entering late prenatal care in the third trimester is 4.4%, the percentage for Black women is higher at 7.9%. The percentage for Hispanic women in Pinellas is 4.9%.

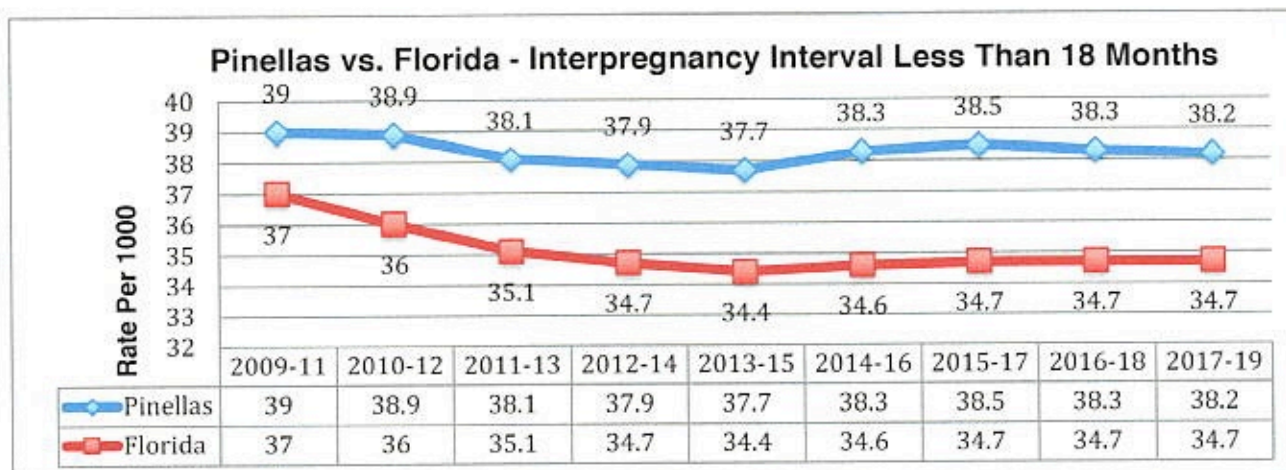
SOURCE: FL Health CHARTS



	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
White	3.8	4.1	4.2	4	4	3.9	4	4.1	4.4
Black	6.9	6.9	7.1	7.1	6.7	6.8	7.2	7.6	7.9
Hispanic	4.3	4.6	4.6	4.2	4.5	4.5	4.9	4.7	4.9

Most Affected ZIP Codes: 33701, 33702, 33705, 33709, 33711, 33712, 33713, 33714, 33716, 33756, 33760, 33770, 33771, 33777, 33781

Indicator #6: Interpregnancy Interval Less Than 18 Months



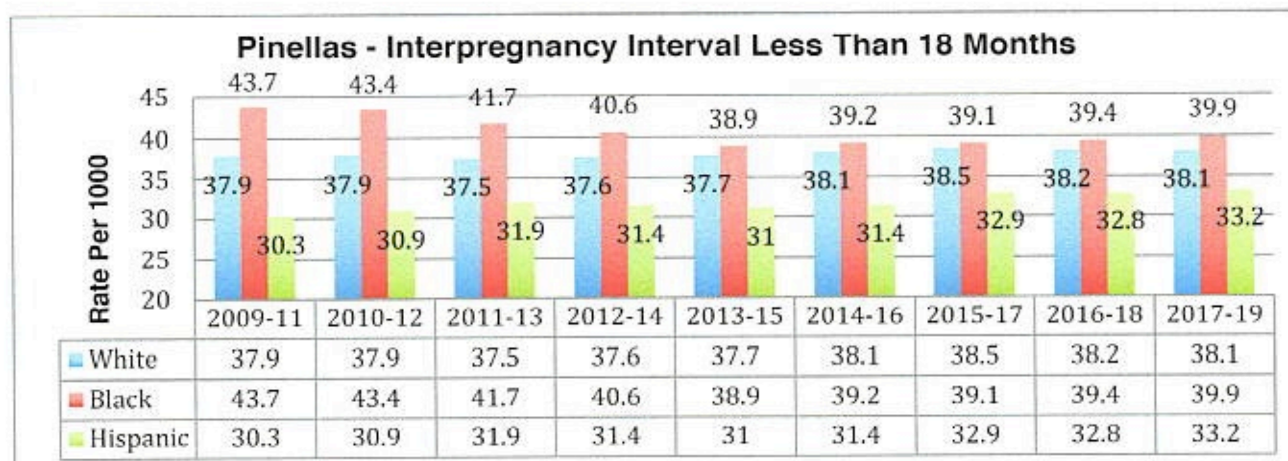
	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Pinellas	39	38.9	38.1	37.9	37.7	38.3	38.5	38.3	38.2
Florida	37	36	35.1	34.7	34.4	34.6	34.7	34.7	34.7

Longer periods of time between pregnancies has been shown to improve pregnancy outcomes for both the mother and infant. Allowing the body to heal before another pregnancy provides a healthier environment for the second baby and can lead to a reduction in preterm births. According to Florida Charts, the 2017-19 interpregnancy interval rate between pregnancies in Pinellas (38.2) exceeds the state rate (34.7). The rate has remained relatively flat in Pinellas since 2009-11, while the statewide rate has decreased.

This difference between Florida and Pinellas is being reviewed to determine why women are not waiting at least 18 months between pregnancies. This will be addressed in future plans.

When broken down by race and ethnicity, the Black rate has dropped since 2009-11 to 2017-19, from 43.7 to 39.9, respectively. The Hispanic rate has risen slightly from 30.3 to 33.2, in the same time period. In 2009-11, the rate for White women of 37.9 was close to the state rate of 37. That rate has slightly climbed to 38.1 in 2017-19. Black women currently have a higher rate than White women by a small difference (39.9 vs. 38.1).

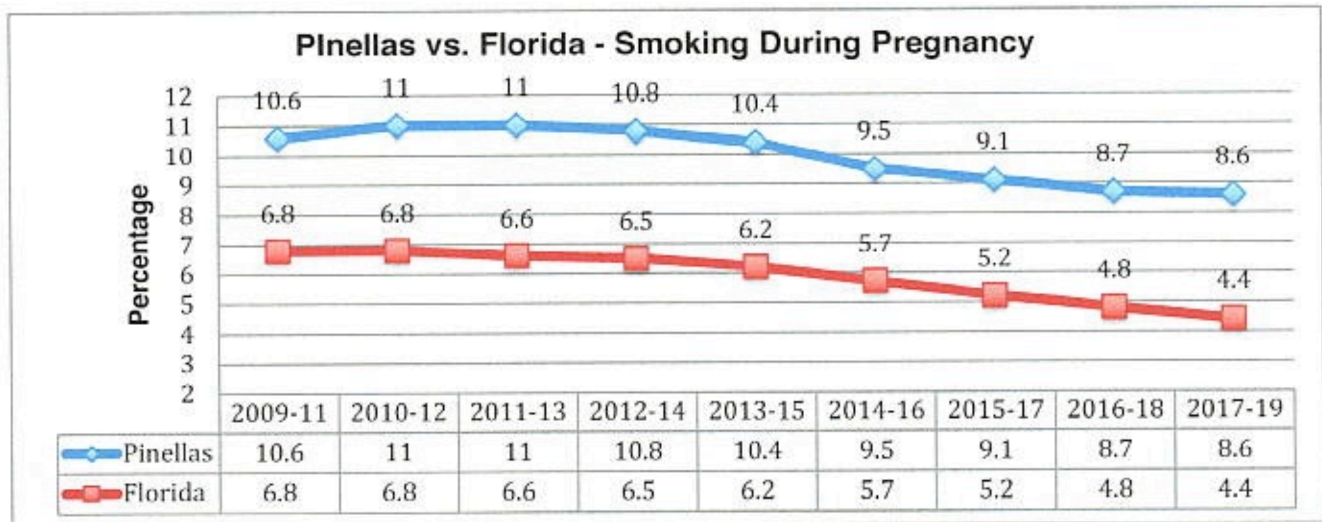
SOURCE: FL Health CHARTS



	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
White	37.9	37.9	37.5	37.6	37.7	38.1	38.5	38.2	38.1
Black	43.7	43.4	41.7	40.6	38.9	39.2	39.1	39.4	39.9
Hispanic	30.3	30.9	31.9	31.4	31	31.4	32.9	32.8	33.2

Most Affected ZIP Codes: 33702, 33703, 33704, 33705, 33711, 33712, 33714, 33756, 33770, 33774, 33781

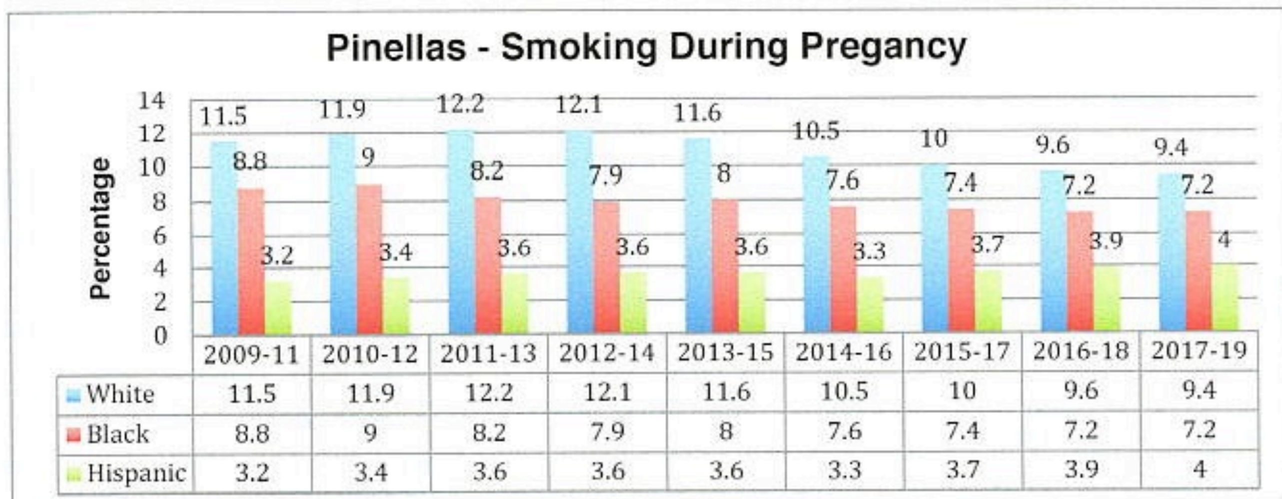
Indicator #7: Births to Women Who Smoked



According to Florida CHARTS, Pinellas county women smoke during pregnancy at a higher percentage than Florida pregnant women as a whole. Smoking continues to be a factor in poor birth outcomes such as low birthweight and preterm birth. In 2009-11, 10.6% of Pinellas women admitted to smoking during pregnancy, compared to 6.8% of Florida women. Pinellas increased for several years before declining to 8.6% in 2017-19, compared to the state at 4.4%.

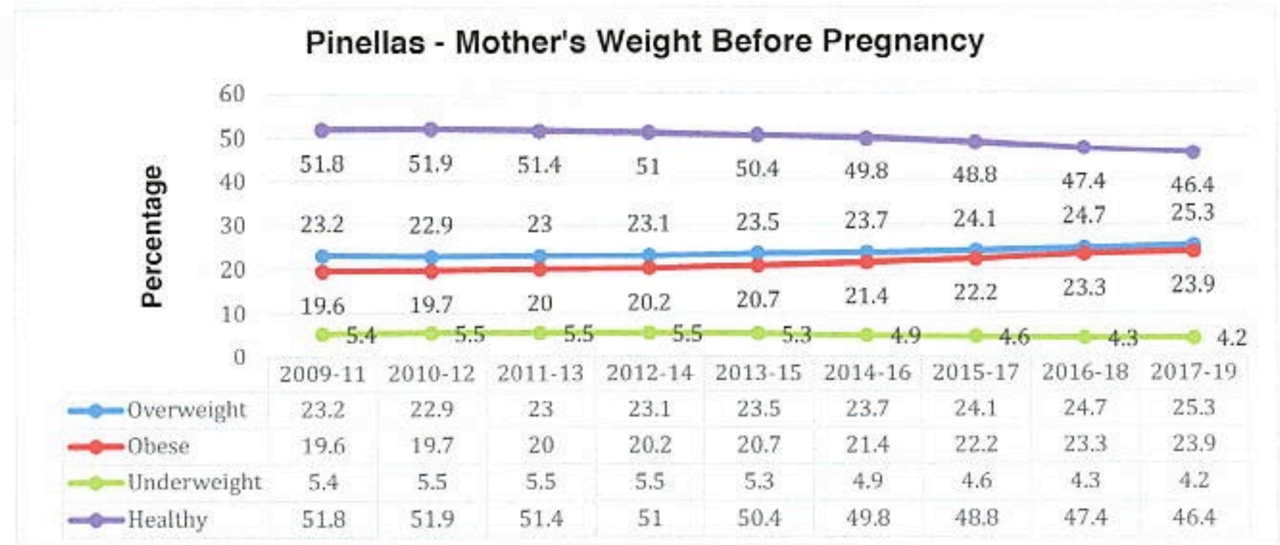
Pinellas White women had the highest percentage at 11.5% in 2009-11, and still do 2017-19 at 9.4%. However, progress has been made as it has dropped by more than 2%. In the same time period, Black women have reduced their smoking, from 8.8% to 7.2%. Both White and Black women in Pinellas are still above the state percentage. Pinellas Hispanic women have increased slightly from 3.2% to 4%, during the same timeframe, but the Hispanic percentage remains below the state average.

SOURCE: FL Health CHARTS



Most Impacted ZIP Codes: 33701, 33702, 33705, 33711, 33712, 33714, 33755, 33756, 33759, 33770, 33771, 33773, 33774, 33778, 33781, 34689

Indicator #8: Mother's Weight Before Pregnancy



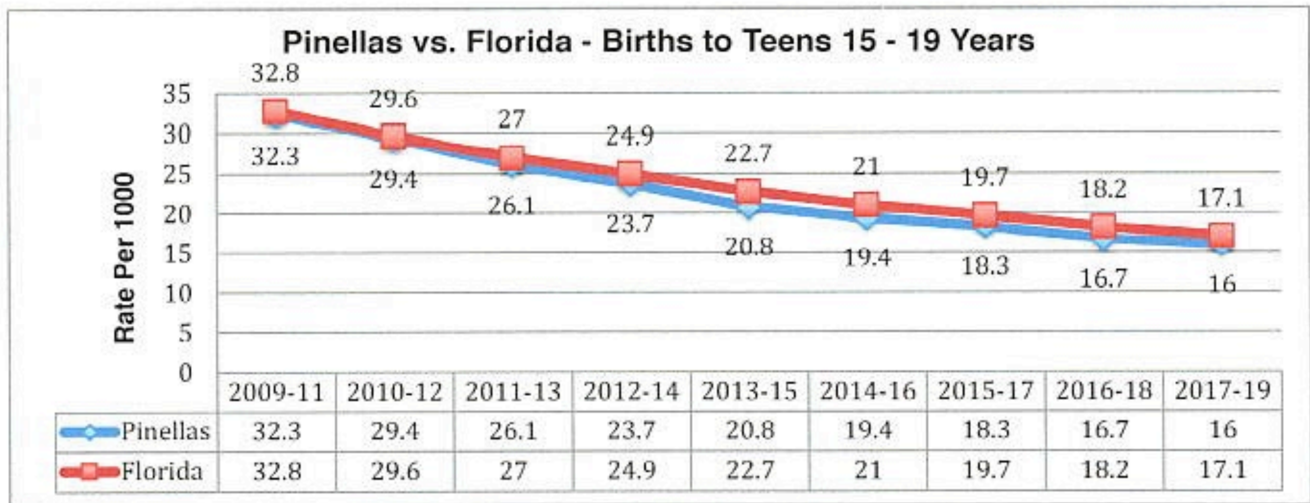
	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Overweight	23.2	22.9	23	23.1	23.5	23.7	24.1	24.7	25.3
Obese	19.6	19.7	20	20.2	20.7	21.4	22.2	23.3	23.9
Underweight	5.4	5.5	5.5	5.5	5.3	4.9	4.6	4.3	4.2
Healthy	51.8	51.9	51.4	51	50.4	49.8	48.8	47.4	46.4

Having a healthy weight before pregnancy can improve outcomes for both the mother and the newborn. Exercise, eating right and having access to nutritious food before and during pregnancy provide for better birth outcomes. In Pinellas, 46.4% of women had a "healthy weight" in 2017-19, down from 51.8% in 2009-11. In 2017-19, 25.3% of women were considered overweight, and 23.9% were considered obese, compared to 23.2 and 19.6 percent, respectively, in 2009-11. Underweight women were 3.2% in 2017-19, compared to 5.4% in 2009-11.

SOURCE: FL Health CHARTS

Most Affected ZIP Codes:
Overweight: 33702, 33709, 33713, 33716, 33755, 33756, 33760, 33765, 33770, 33774, 33781, 33782, 34684, 34698
Obese: 33705, 33709, 33711, 33712, 33714, 33755, 33756, 33760, 33763, 33765, 33771, 33774, 33778, 33781, 34689
Underweight: 33707, 33709, 33710, 33713, 33714, 33755, 33759, 33770, 33771, 33772, 33781, 34689

Indicator #9: Births to Teens, 15 – 19 Years

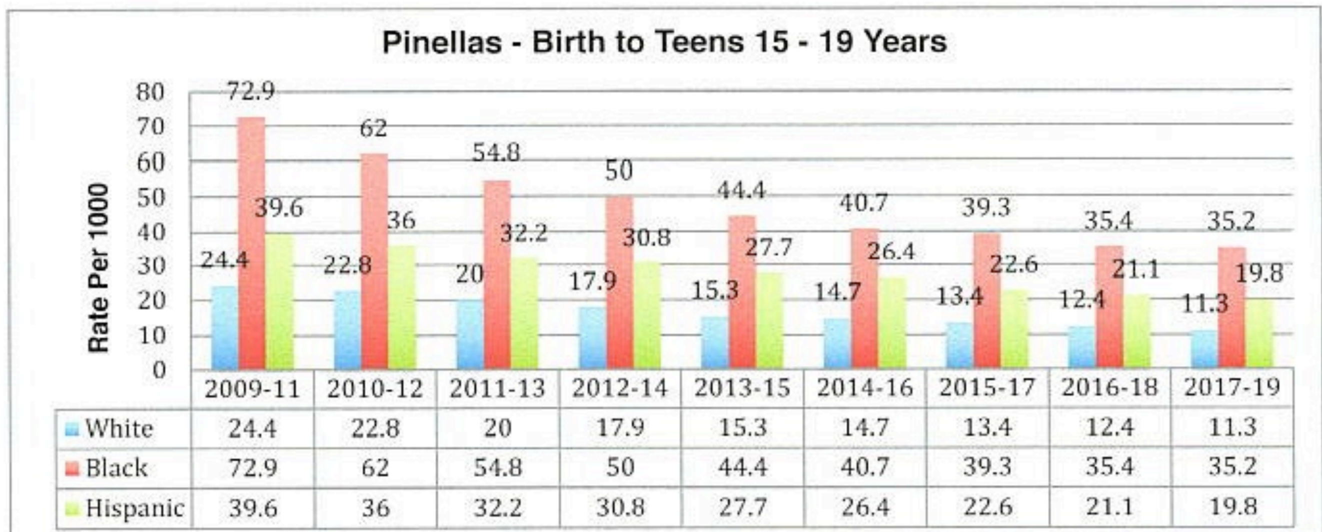


	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Pinellas	32.3	29.4	26.1	23.7	20.8	19.4	18.3	16.7	16
Florida	32.8	29.6	27	24.9	22.7	21	19.7	18.2	17.1

Pregnant teens are at great risk for having a preterm birth. In addition, teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. Overall, births to teens are down to significantly from 2009-11. The Pinellas rate has mirrored the steep downward trend of the state rate since that time. In 2017-19, the Pinellas rate was reduced to more than 50 percent of the 2009-11 rate of 32.3 to 16. This significant reduction is a success story in Pinellas.

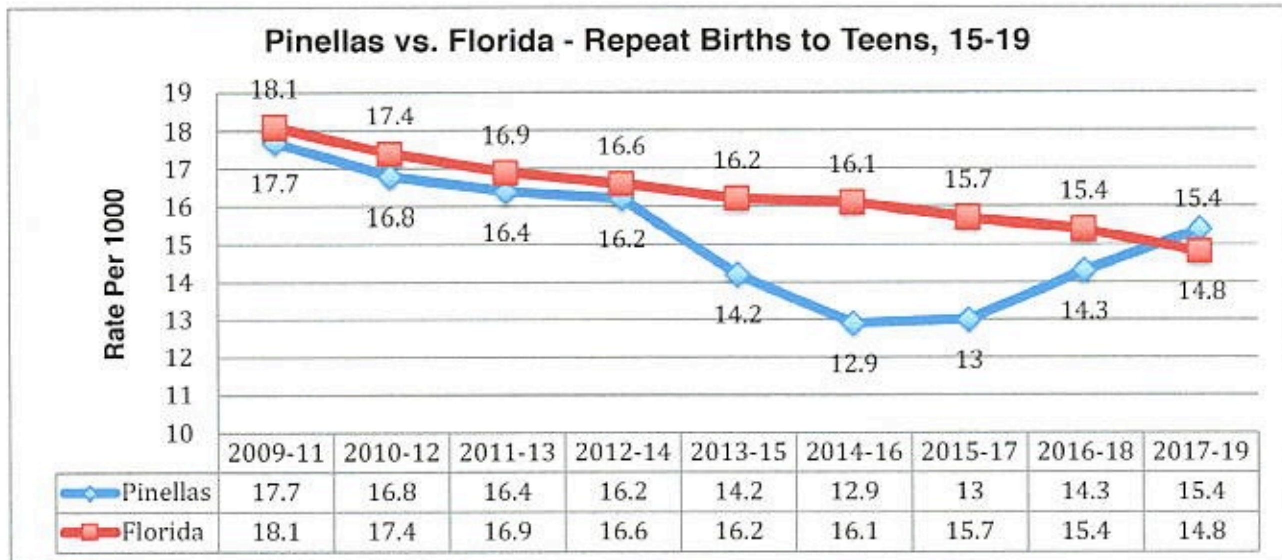
Significant decreases in the Black, White and Hispanic groups are noted. The Black teen birth rate continues to be higher in 2017-19 than for White teens, 35.2 versus 11.3, respectively. The Black teen birth rate has gone down from 72.9 in 2009-11 to 35.2 in 2017-19, a more than 50 percent reduction. White rates have decreased 24.4 to 11.3 during the same time period. Hispanic rates have decreased from 39.6 to 19.8 during the same period.

SOURCE: FL Health CHARTS



	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
White	24.4	22.8	20	17.9	15.3	14.7	13.4	12.4	11.3
Black	72.9	62	54.8	50	44.4	40.7	39.3	35.4	35.2
Hispanic	39.6	36	32.2	30.8	27.7	26.4	22.6	21.1	19.8

Indicator #10: Repeat Births to Teens

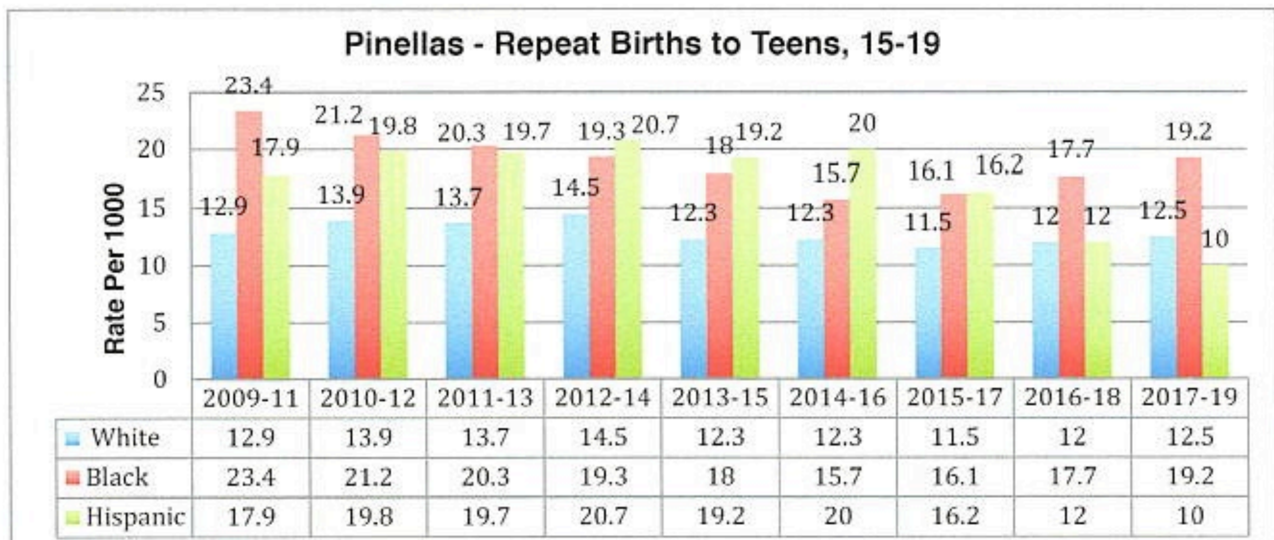


	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Pinellas	17.7	16.8	16.4	16.2	14.2	12.9	13	14.3	15.4
Florida	18.1	17.4	16.9	16.6	16.2	16.1	15.7	15.4	14.8

The teen repeat birth rate has dropped in both Pinellas and the state since 2009-11. The state rate in 2009-11 of 18.4 has continued on a downward trajectory to a low of 14.8 in 2017-19. The Pinellas rate of 18.4 in 2009-11 dropped to a low of 12.9 in 2014-16, but has since increased to the current rate of 15.4 in 2017-19.

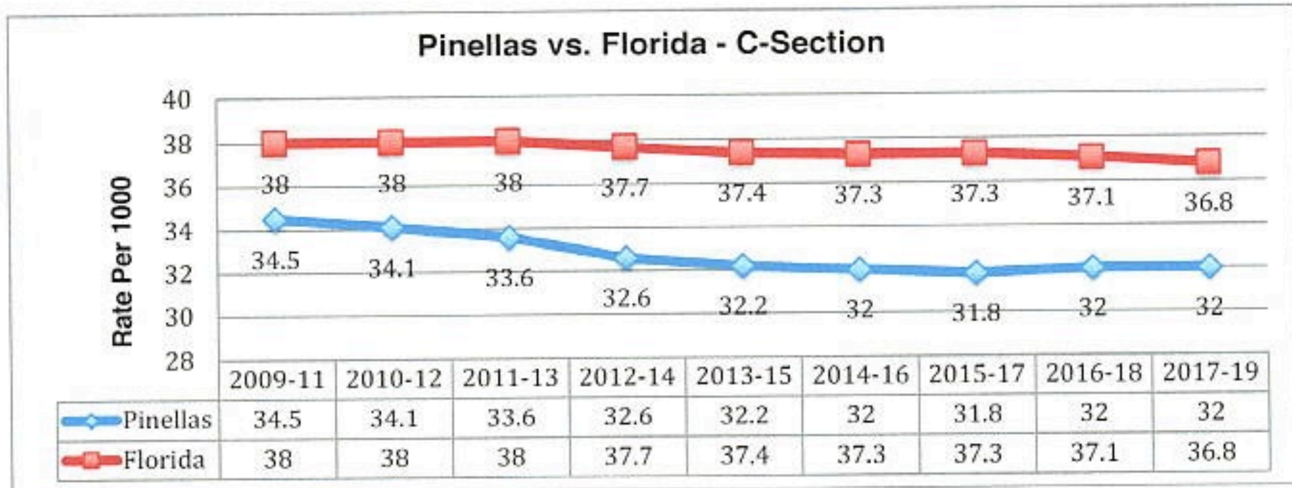
Repeat births to Black teens is the highest rate in Pinellas. However, the rate dropped from 23.4 in 2009-11 to 19.2 in 2017. The Black rate was at its lowest in 2014-16 at 15.7. The Hispanic rate fell from 17.9 in 2009-11 to 10 in 2017-19. The White repeat teen birth rate remained stable at 12.9 in 2009-11 versus 12.5 in 2017-19. The increase in Black repeat teen births rate is reflected in the overall county increase.

SOURCE: FL Health CHARTS



	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
White	12.9	13.9	13.7	14.5	12.3	12.3	11.5	12	12.5
Black	23.4	21.2	20.3	19.3	18	15.7	16.1	17.7	19.2
Hispanic	17.9	19.8	19.7	20.7	19.2	20	16.2	12	10

Indicator #11: C-Sections



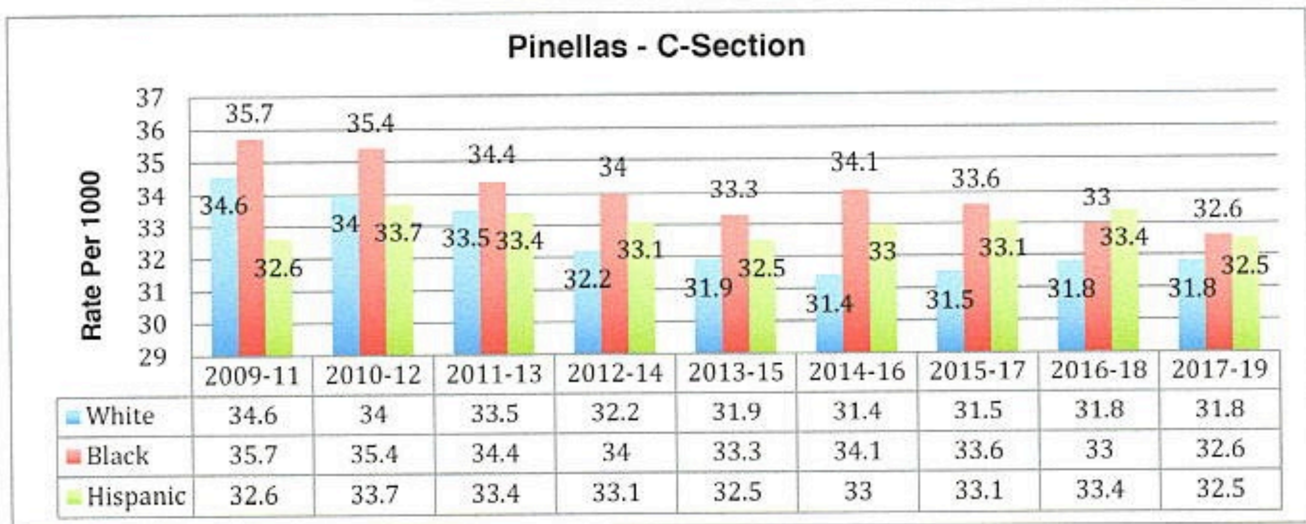
	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Pinellas	34.5	34.1	33.6	32.6	32.2	32	31.8	32	32
Florida	38	38	38	37.7	37.4	37.3	37.3	37.1	36.8

While a c-section can be a lifesaving procedure for baby in distress or a woman with complications, elective c-sections are seen as an unnecessary major surgery to be avoided. Pinellas c-section rates have been well below state rates since 2009-11. In addition, the Pinellas rate has dropped from 34.5 in the 2009-11 timeframe to 32 in 2017-19.

While reviewing 2015-19 data, it was noted there is a large section of northern Pinellas county ZIP codes within the highest quartile c-section rates. The birth hospital serving these ZIP codes did not report a higher-than-normal rate during this timeframe. These rates can be attributed partially to subsequent pregnancies following a c-section. We continue to research reasons why these ZIP code rates have higher rates than others in the county.

In 2009-11, the rate of Black women having a c-section versus a white woman was higher, 35.7 to 34.6, respectively. Rates for both Black and White dropped in 2017-19, 32.6 to 31.8, respectively. The Hispanic rate has remained constant during the same timeframe, 32.6 in 2009-11 to 32.5 in 2017-19.

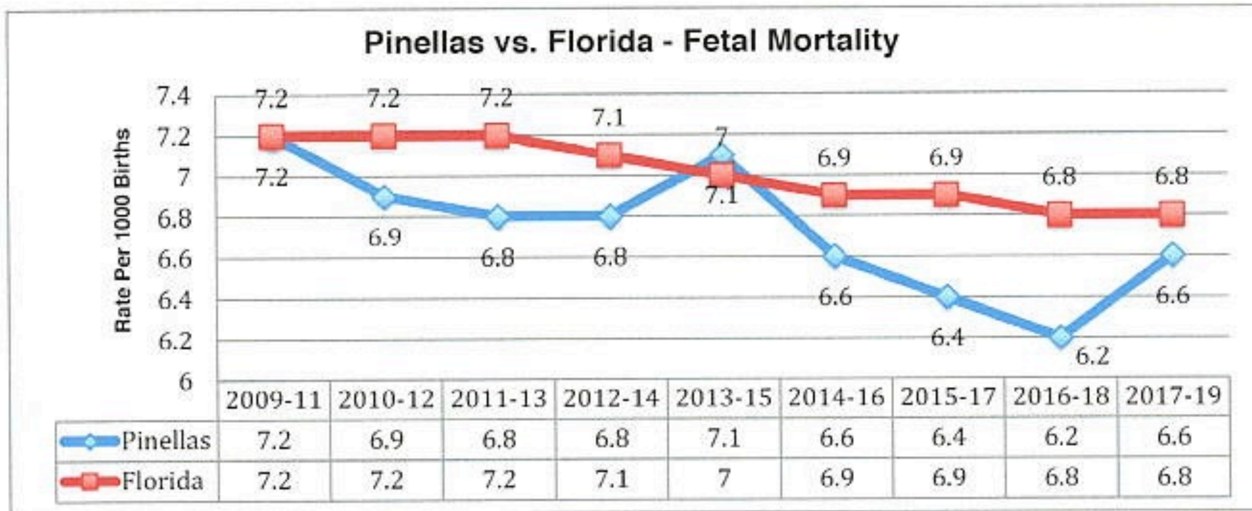
SOURCE: FL Health CHARTS



	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
White	34.6	34	33.5	32.2	31.9	31.4	31.5	31.8	31.8
Black	35.7	35.4	34.4	34	33.3	34.1	33.6	33	32.6
Hispanic	32.6	33.7	33.4	33.1	32.5	33	33.1	33.4	32.5

Most affected ZIP codes: 33711, 33761, 33763, 33774, 33778, 34677, 34683, 34684, 34689, 34695

Indicator #12: Fetal Mortality (After 20 Weeks Gestation)

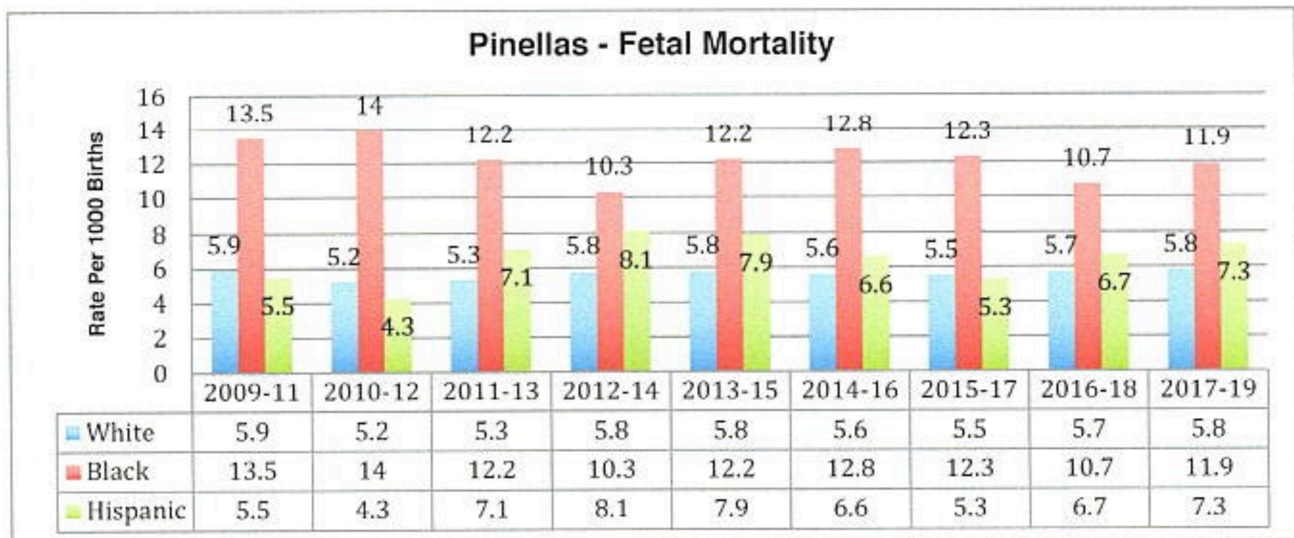


	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Pinellas	7.2	6.9	6.8	6.8	7.1	6.6	6.4	6.2	6.6
Florida	7.2	7.2	7.2	7.1	7	6.9	6.9	6.8	6.8

Fetal mortality refers to fetal deaths that occur after 20 weeks gestation. Fetal deaths happen occur for many reasons. Some of these deaths are selected for review by the Coalition's Fetal and Infant Mortality Review (FIMR) Committee for better clarity of the reason of demise. Between 2009-11 and 2017-19, the chart shows a gradual downward trend, with two spikes in 2013-15 and currently, in 2017-19. Since 2009-11 to 2017-19, rates have fallen from 7.2 to 6.6, respectively. Florida fetal mortality rates fell from 7.2 to 6.8, respectively, during the same time period.

Fetal mortality rates among Black women fell from 13.5 in 2009-11 to 11.9 in 2017-19 but remained significantly higher than White and Hispanic women. White fetal mortality stayed constant during the same time periods, at 5.8. Hispanic fetal mortality rates rose from 5.5 in 2009-11 to 7.3 in 2017-19.

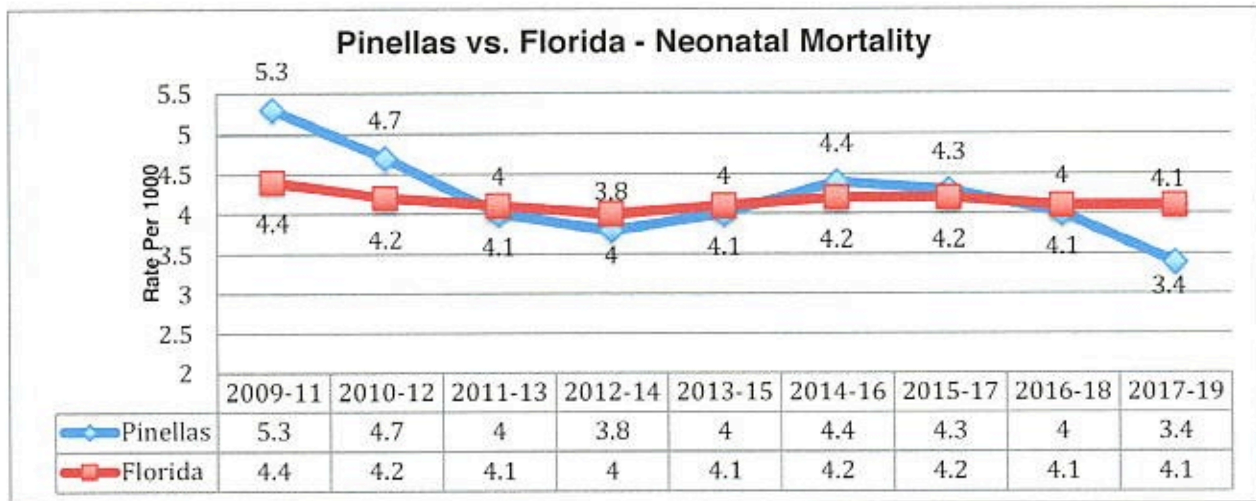
SOURCE: FL Health CHARTS



	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
White	5.9	5.2	5.3	5.8	5.8	5.6	5.5	5.7	5.8
Black	13.5	14	12.2	10.3	12.2	12.8	12.3	10.7	11.9
Hispanic	5.5	4.3	7.1	8.1	7.9	6.6	5.3	6.7	7.3

Most Affected ZIP Codes: 33701, 33702, 33705, 33709, 33710, 33711, 33712, 33714, 33716, 33760, 33771, 33773, 33781, 33782, 34689, 34698

Indicator #13: Neonatal Mortality

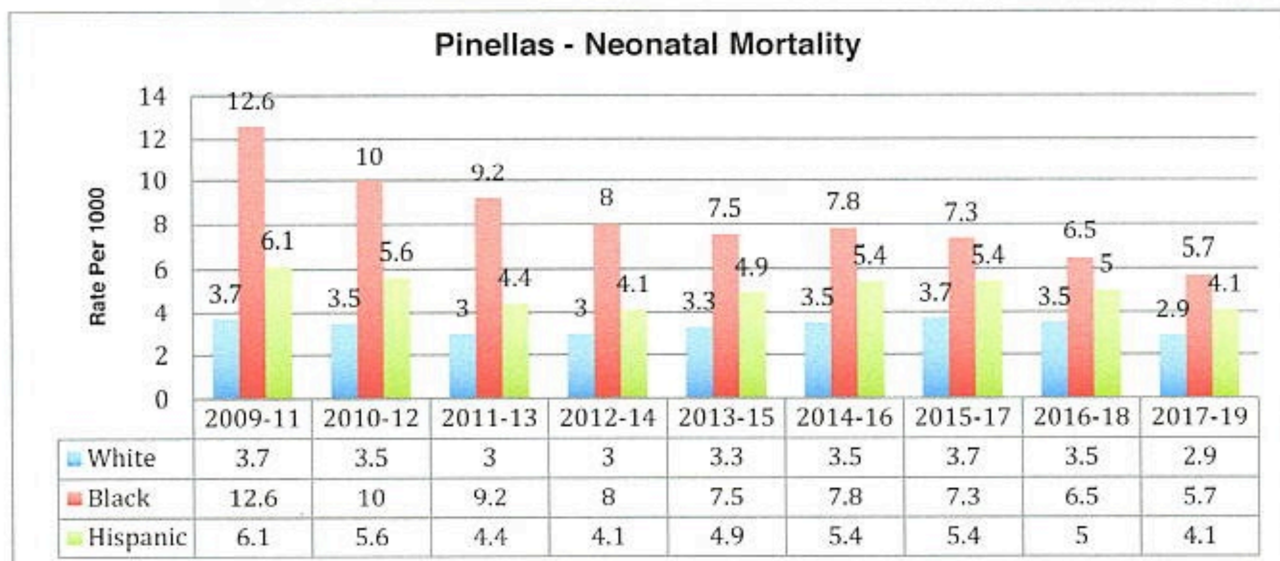


	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Pinellas	5.3	4.7	4	3.8	4	4.4	4.3	4	3.4
Florida	4.4	4.2	4.1	4	4.1	4.2	4.2	4.1	4.1

Neonatal mortality refers to infant deaths with 27 days of birth. Some of these deaths are selected for review by the Coalition's Fetal and Infant Mortality Review (FIMR) Committee for better clarity of the reason of demise. Neonatal mortality rates in Pinellas have dropped from 5.3 in 2009-11 to 3.4 in 2017-19. Florida rates have remained consistent from 4.4 to 4.1 during the same time period.

While Black infants have a higher rate than White and Hispanic infants, the Black rate has dropped very significantly from 12.6 in 2009-11 to 5.7 in 2017-19 – a more than 50 percent decrease. White rates have dropped from 3.7 to 2.9 during the same time period. Hispanic rates have dropped from 6.1 in 2009-11 to 4.1 in 2017-19.

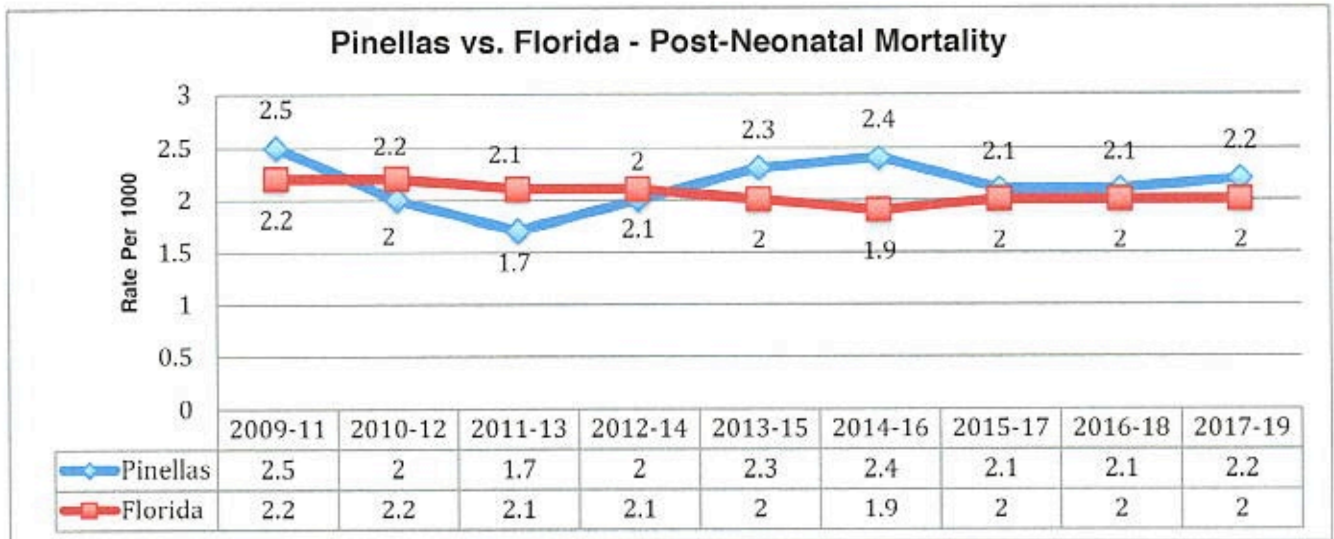
SOURCE: FL Health CHARTS



	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
White	3.7	3.5	3	3	3.3	3.5	3.7	3.5	2.9
Black	12.6	10	9.2	8	7.5	7.8	7.3	6.5	5.7
Hispanic	6.1	5.6	4.4	4.1	4.9	5.4	5.4	5	4.1

Most Affected ZIP Codes: 33701, 33703, 33704, 33705, 33711, 33713, 33714, 33756, 33759, 33770, 33771, 33777, 33778, 33781, 34677, 34689

Indicator #14: Post-Neonatal Mortality (28 – 364 Days)

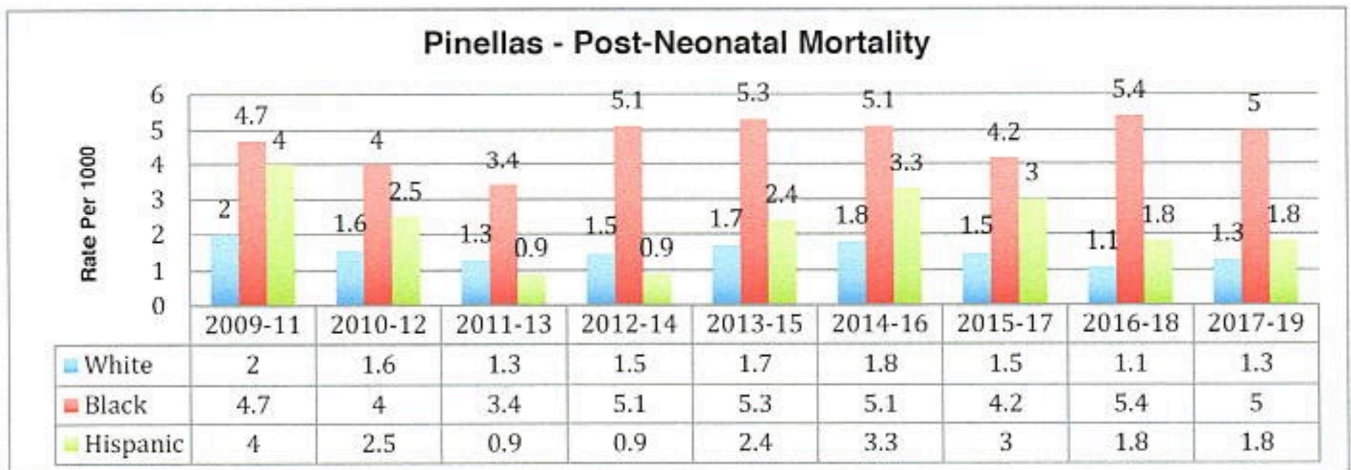


	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Pinellas	2.5	2	1.7	2	2.3	2.4	2.1	2.1	2.2
Florida	2.2	2.2	2.1	2.1	2	1.9	2	2	2

Post-Neonatal Mortality refers to infant deaths, 28-364 days from birth. Some of these deaths are selected for review by the Coalition's Fetal and Infant Mortality Review (FIMR) Committee for better clarity of the reason of demise. State rates have remained constant from 2009-11 to 2017-19, (2.2 versus 2.) Pinellas rates have fluctuated during the same time periods, from 2009-11 at 2.5 to 2017-19, at 2.2.

Black infants have higher post-neonatal mortality rates. In 2009-11, the rate was 4.7 and in 2017-19 to rate was 5. White rates fell from 2 to 1.3 in the same time period. Hispanic rates fell from 4 in 2009-11 to 1.8 in 2017-19.

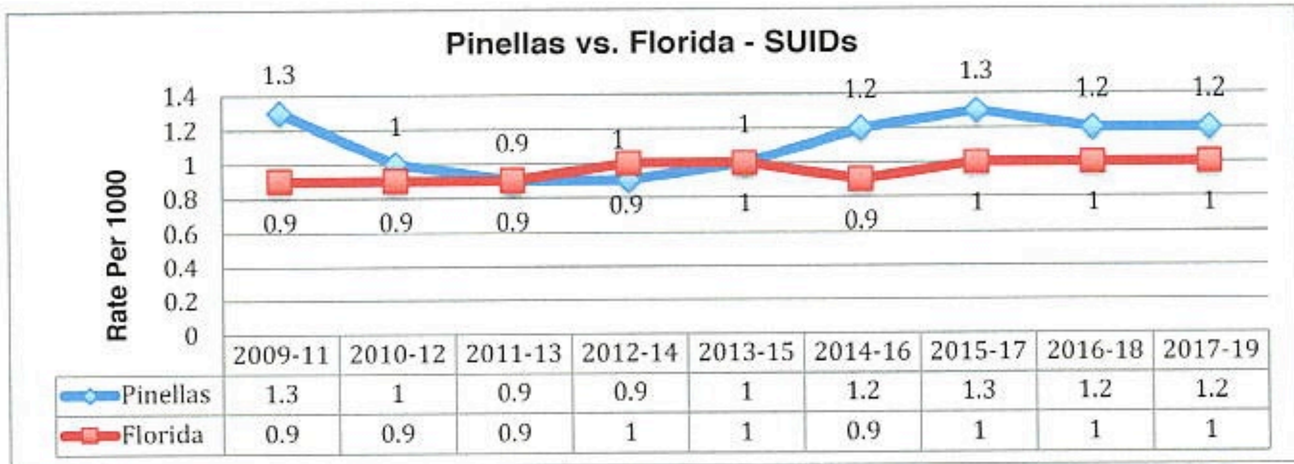
SOURCE: FL Health CHARTS



	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
White	2	1.6	1.3	1.5	1.7	1.8	1.5	1.1	1.3
Black	4.7	4	3.4	5.1	5.3	5.1	4.2	5.4	5
Hispanic	4	2.5	0.9	0.9	2.4	3.3	3	1.8	1.8

Most Affected ZIP Codes: 33701, 33702, 33705, 33709, 33711, 33712, 33714, 33755, 33756, 33759, 33760, 33764, 33770, 33771, 33773, 33774, 33778

Indicator #15: SUIDs (Sudden Unexpected Infant Deaths)

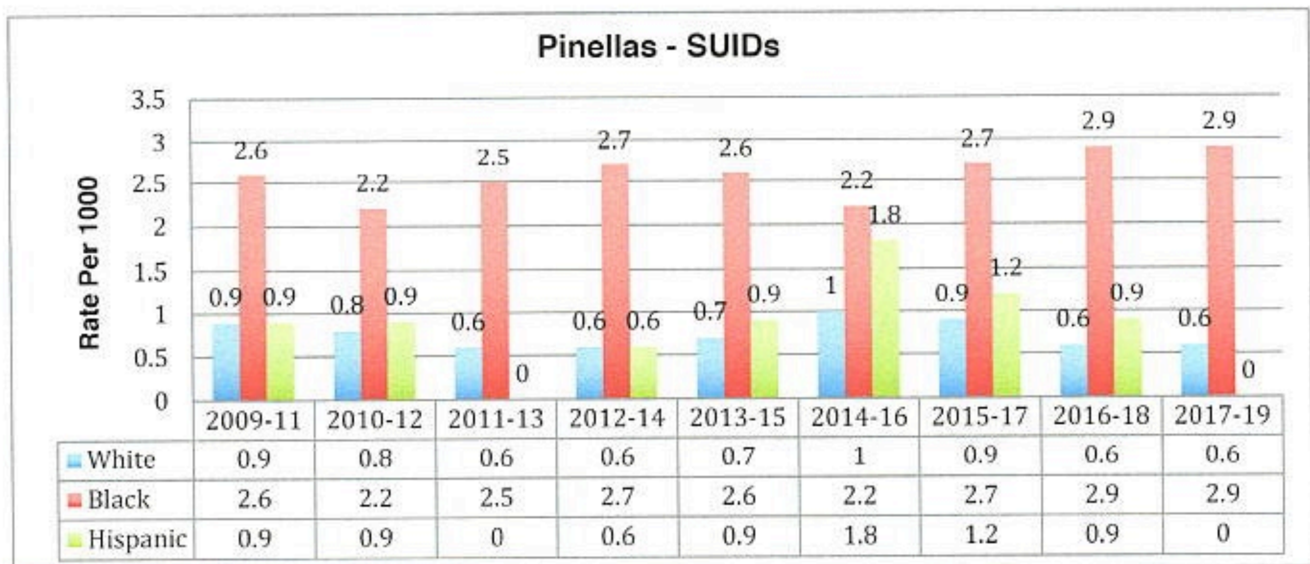


	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Pinellas	1.3	1	0.9	0.9	1	1.2	1.3	1.2	1.2
Florida	0.9	0.9	0.9	1	1	0.9	1	1	1

Sudden Unexpected Infant Deaths (SUIDs) are classified as infant deaths with an unverifiable reason for the death. In Pinellas, the medical examiner's office no longer classifies any infant death as SIDS (Sudden Infant Death Syndrome). If a reason for death is unattainable, it becomes a SUID. The state rate for SUIDs has remained steady from 2009-11 (.9) to 2017-19 (1). The Pinellas rate started higher in 2009-11 at 1.3, reduced to similar state levels then began to increase. In 2017-19, the rate was 1.2, very similar to the starting rate in 2009-11.

SUID rates in Pinellas are highest for Black infants, with rates in 2009-11 at 2.6, and 2017-19 at 2.9. Rates for White infants have increased from 2.6 to 2.9 during the same timeframe. The Hispanic SUID rate has been constant: .9 in 2009-11 to 0 in 2017-19.

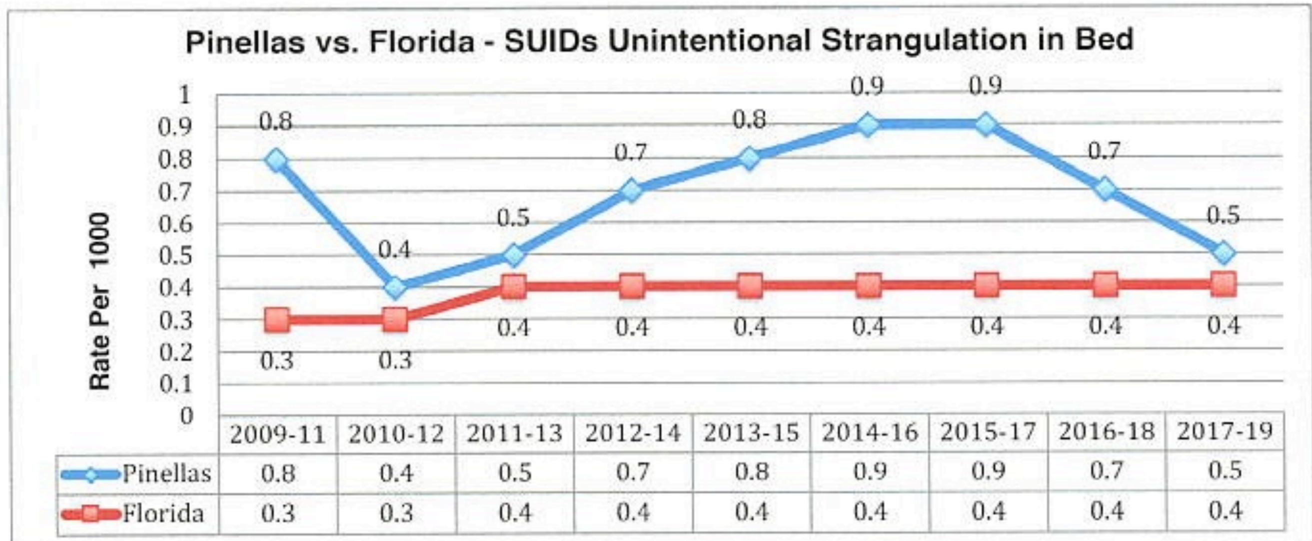
SOURCE: FL Health CHARTS



	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
White	0.9	0.8	0.6	0.6	0.7	1	0.9	0.6	0.6
Black	2.6	2.2	2.5	2.7	2.6	2.2	2.7	2.9	2.9
Hispanic	0.9	0.9	0	0.6	0.9	1.8	1.2	0.9	0

Most Affected ZIP Codes: 33701, 33705, 33711, 33712, 33714, 33755, 33756, 33759, 33760, 33764, 33765, 33770, 33771, 33773, 33774, 33778, 34689, 34695

Indicator #16: SUIDs (With Unintentional Strangulation in Bed)

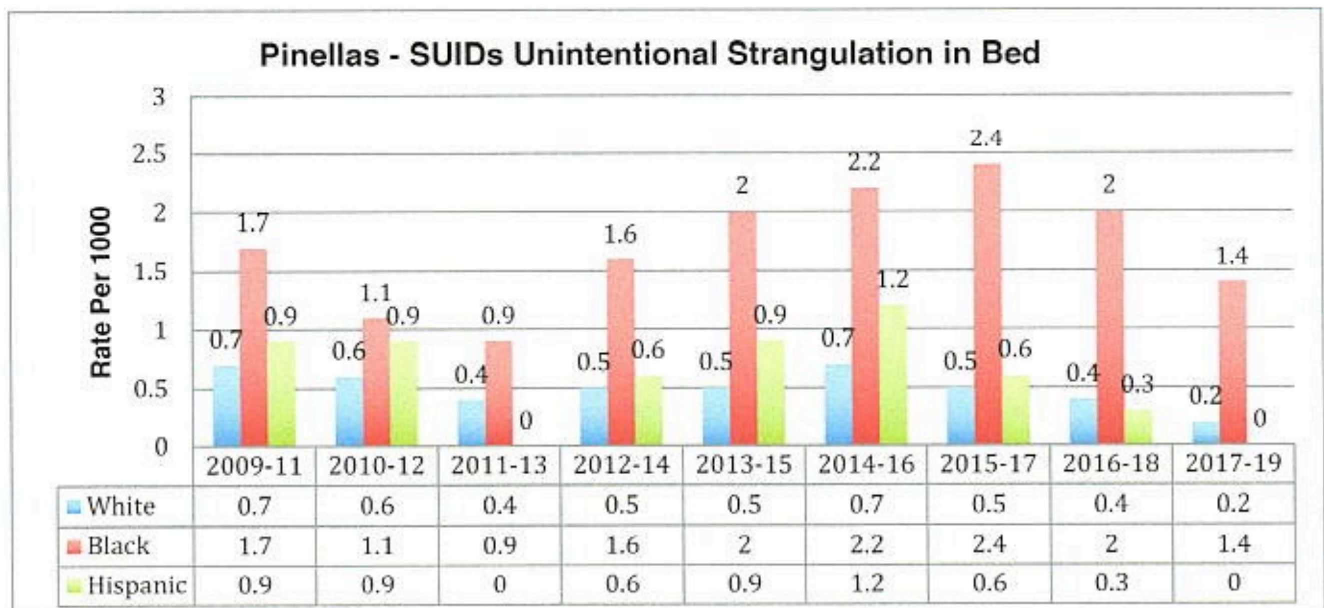


	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Pinellas	0.8	0.4	0.5	0.7	0.8	0.9	0.9	0.7	0.5
Florida	0.3	0.3	0.4	0.4	0.4	0.4	0.4	0.4	0.4

Sudden Unexpected Infant Deaths (SUIDs) are classified as infant deaths with an unverifiable reason for the death. If that death involves strangulation or rollover by an adult, or other unsafe sleep condition, it becomes SUID by Unintentional Strangulation in Bed. In Pinellas, the medical examiner's office no long classifies any infant death as SIDS (Sudden Infant Death Syndrome). SUIDs by Unintentional Strangulation in Bed rates in Pinellas have fluctuated from .8 in 2009-11 to .5 in 2017-19, with a bump in 2014-17 to .9.

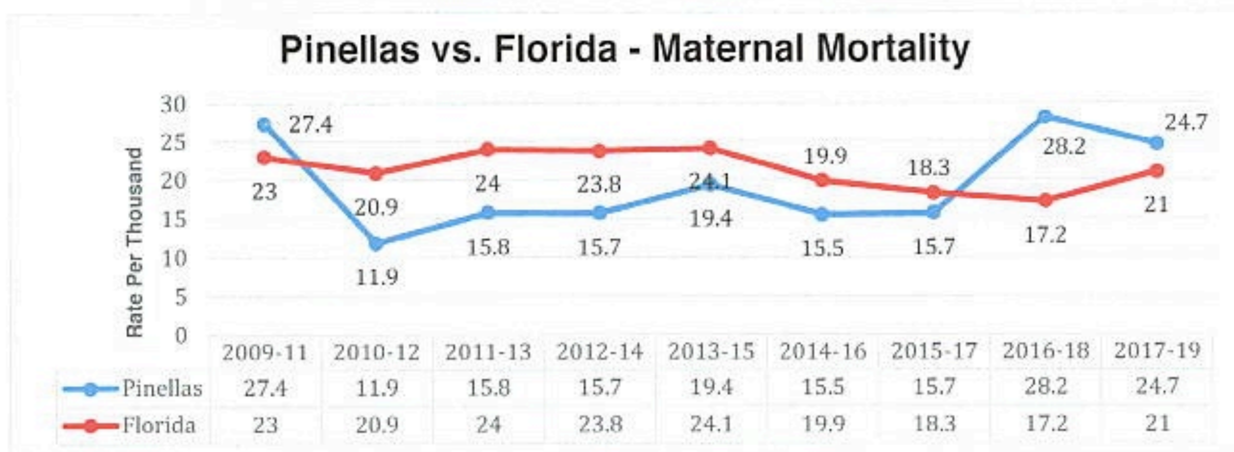
Black infant rates are higher than White and Hispanic rates in Pinellas. White and Hispanic rates have remained stable from 2009-11 to 2017-19. The Black infant rates spiked in 2014-17, increasing the Pinellas rates.

Source: FL Health CHARTS



	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
White	0.7	0.6	0.4	0.5	0.5	0.7	0.5	0.4	0.2
Black	1.7	1.1	0.9	1.6	2	2.2	2.4	2	1.4
Hispanic	0.9	0.9	0	0.6	0.9	1.2	0.6	0.3	0

Indicator #17: Maternal Mortality



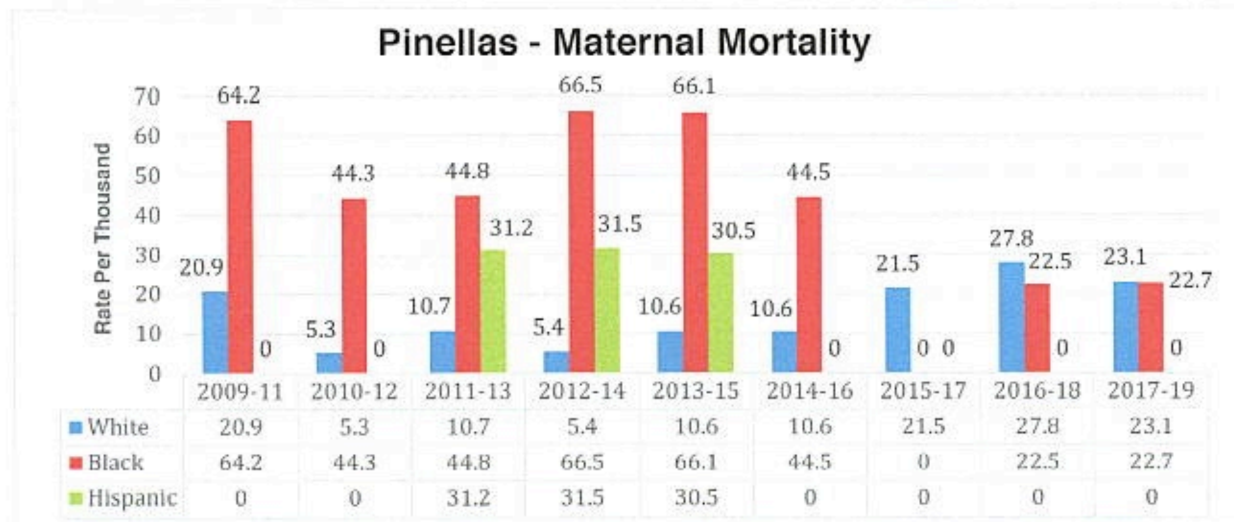
	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
Pinellas	27.4	11.9	15.8	15.7	19.4	15.5	15.7	28.2	24.7
Florida	23	20.9	24	23.8	24.1	19.9	18.3	17.2	21

Maternal death is defined by the World Health Organization as the death of woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental cause. Complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in many countries.

In the 2009-11 timeframe, the Pinellas rate was higher than the state, 27.4 versus 23, respectively. The Pinellas rate fell drastically in the 2010-12 timeframe to 11.9. However, the rate has returned to higher rates with 24.7 in 2017-19 for Pinellas, compared to 21 for Florida.

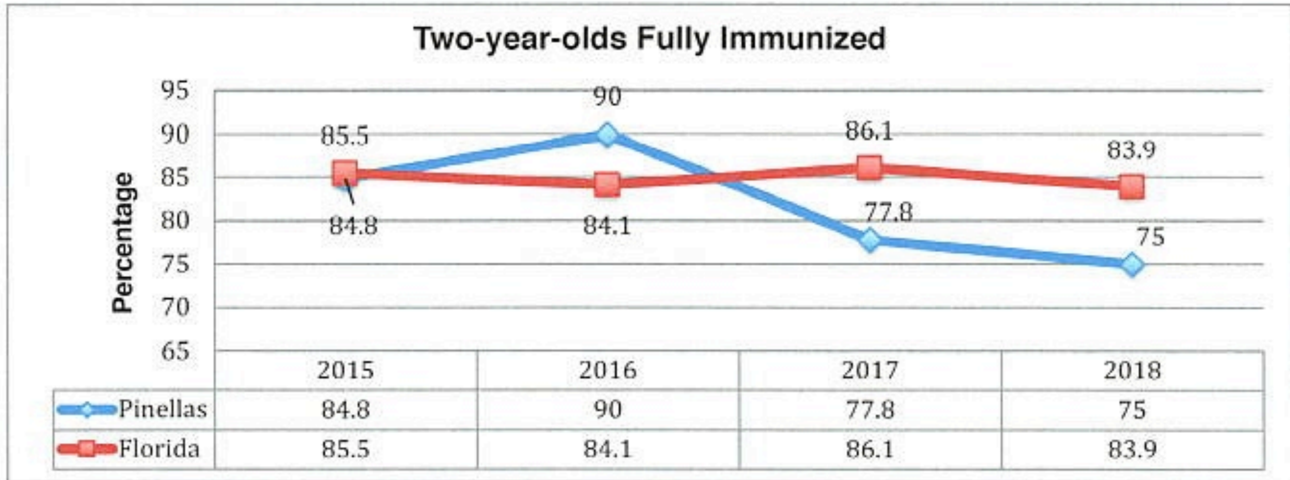
Pinellas maternal mortality rates for Black women started significantly higher in 2009-11, at 64.2 versus White rates of 20.9. Rates have been up and down in subsequent years for all races and ethnicities. The Black rate in 2017-19 fell to 22.7, which puts the rate lower than the White rate of 23.1 for the same period. Since the 2014-16 time period, Hispanic rates have been zero.

Source: FL Health CHARTS



	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19
White	20.9	5.3	10.7	5.4	10.6	10.6	21.5	27.8	23.1
Black	64.2	44.3	44.8	66.5	66.1	44.5	0	22.5	22.7
Hispanic	0	0	31.2	31.5	30.5	0	0	0	0

Indicator #18: Two-Year-Olds Fully Immunized



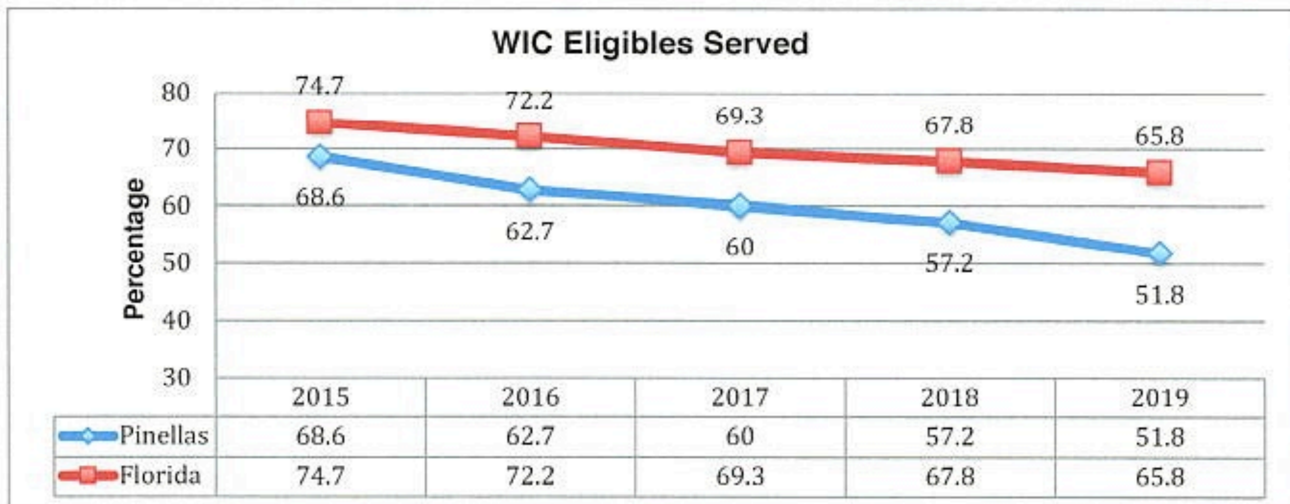
	2015	2016	2017	2018
Pinellas	84.8	90	77.8	75
Florida	85.5	84.1	86.1	83.9

Since 2015, the percentage of two-year-old children fully immunized, based on American Academy of Pediatrics guidelines, fell nearly 10% in Pinellas County, falling from 84.8 percent in 2015 to 75 percent in 2018. During the same timeframe, the Florida percentage has dropped slightly, from 85.5 to 83.9 percent.

Since 2015, the percentage of WIC Eligible families served in Pinellas has dropped from 68.6% in 2015 to 51.8% in 2018. The state percentage, during the same timeframe, has dropped from 74.7% to 65.8%.

SOURCE: FL Health CHARTS

Indicator #19: WIC Eligibles Served



	2015	2016	2017	2018	2019
Pinellas	68.6	62.7	60	57.2	51.8
Florida	74.7	72.2	69.3	67.8	65.8

SUPPLEMENTAL INDICATOR CHARTS

These charts/grids are provided as part of the Needs Assessment to highlight specific ZIP Codes that are affected by poor outcome indicators and/or maternal risk factors. These will be used for strategic planning purposes in the Service Delivery Plan. Not all ZIP Codes are listed. Those with less than 500 births in 2019 were omitted.

CHART #1: Combined Pinellas County MCH Indicators by ZIP Code (2015-19)

This combined grid shows select MCH indicators by ZIP Code. Each indicator scoring in the fourth quartile of outcomes is highlighted by ZIP Code. This allows the Coalition to review those ZIP Codes with multiple poor outcomes and design strategies with the local community.
SOURCE: FL Health CHARTS

CHART #2: Pinellas Prenatal Screen Risk Factors by ZIP Code (2019)

This chart highlights percentages of risk factors on the prenatal screen by ZIP Code. Risk factors reviewed are not high school graduate, not married, depression, Black race, used alcohol and used tobacco. These risk factors are self-reported by the pregnant woman. Incidences may be higher (or lower) than acknowledged. Again, this will allow the Coalition to address specific risk factors by ZIP Code and design strategies with the local community.
SOURCE: Healthy Start Executive Reports

CHART #3: Pinellas Postnatal Screen Risk Factors by ZIP Code (2019)

This chart highlights percentages of risk factors of the postnatal (infant) screen by ZIP Code. Risk factors reviewed are maternal age (less than 18 or more than 35), not high school graduate, Black race and not married. These maternal risk factors are self-reported by the new mother. Again, this will allow the Coalition to address specific risk factors by ZIP Code and design strategies with the local community.
SOURCE: Healthy Start Executive Reports

Pinellas County MCH Indicators By ZIP Code (2015-2019)

• Indicates ZIP Codes in the Most Negative Quartile for Each Indicator in FLCHARTS Mapping

HEALTHY START COALITION Pinellas County	Infant Mortality	Preterm Births	LBW Births	Fetal Mortality	Neonatal Mortality	Post-Neonatal Mortality	1st Trimester PNC	3rd Trimester	No PNC	C-section	IPI <18 months	Births to Overweight Women	Births to Obese Women	Births to Underweight Women	Births to Women Who Smoked	SUIDS	Medicaid Deliveries	Total Births
Range	5.5 - 15.2	9.4 - 13.9		5.9 - 15.3		1.8 - 7.4									9.2 - 16.6	.9 - 4.6		
THRESHOLD	> 5.5/1000	> 9.4 (%)	> 8.5 (%)	> 5.9/1000	> 3.9/1000	> 1.8/1000	< 69.2 (%)	> 3.4 (%)	> 1.6 (%)	> 32.7 (%)	> 25.3 (%)	BMI 25.2 - 29.2 (%)	BMI 30+. (%)	BMI < 18.5 (%)	Reported (%)	> .9/1000	> 52.7 (%)	Count
33701	•	•	•	•	•	•	•	•	•						•	•		673
33702		•		•		•	•	•			•	•			•			1,634
33703	•				•				•		•							1,216
33704					•						•							803
33705	•	•	•	•	•	•	•	•	•		•		•		•	•	•	1,746
33707							•		•					•	•		•	683
33709	•	•	•	•		•	•	•	•			•	•	•	•		•	1,281
33710				•										•				1,485
33711	•	•	•	•	•	•	•	•	•	•	•		•			•	•	1,233
33712	•	•	•	•		•	•	•	•		•		•			•	•	1,925
33713	•	•	•		•		•	•	•			•		•			•	1,661
33714	•	•	•	•	•	•	•	•	•		•		•	•	•	•	•	1,119
33716				•				•				•						1,010
33755	•	•	•			•	•		•			•	•	•	•	•	•	1,622
33756	•				•	•	•	•	•		•	•			•	•	•	1,667
33759	•				•	•							•	•		•		872
33760	•		•	•		•	•	•	•			•	•			•	•	1,039
33761										•								582
33763									•	•			•					685
33764						•										•		1,061
33765												•	•			•		762
33770	•				•	•	•	•	•		•	•		•	•	•		1,087
33771	•		•	•	•	•	•	•	•			•	•	•	•	•	•	1,306
33772														•				781
33773				•		•									•	•		779
33774		•	•			•	•		•	•	•		•			•		692
33777		•	•		•			•				•						748
33778	•				•	•				•			•		•	•		617
33781	•	•	•	•	•		•	•	•		•	•	•	•	•		•	1,551
33782				•								•					•	849
34677					•					•								1,028
34683										•								1,118
34684										•		•						856
34689		•		•	•					•			•	•	•	•		1,014
34695										•						•		676
34698				•								•						1,142

October 16, 2020

Pinellas County 2019 by ZIP
PRENATAL Screen Risk Factors

ZIP Code	Not HS Graduate	Not Married	Depression	Black Race	Used Alcohol	Used Tobacco
33701	14.1%	51.4%	21.1%	19.7%	4.9%	7.7%
33702	8.8%	48.4%	14.9%	16.3%	7.4%	7.0%
33703	4.0%	25.4%	6.5%	3.5%	6.0%	2.5%
33704	1.7%	21.8%	7.6%	6.7%	5.0%	5.9%
33705	18.3%	71.5%	19.0%	58.9%	7.2%	6.5%
33707	7.1%	48.7%	14.2%	15.0%	5.3%	6.2%
33709	18.8%	55.0%	16.2%	11.0%	5.8%	13.6%
33710	5.6%	39.8%	8.8%	5.6%	6.8%	7.6%
33711	20.1%	74.9%	16.8%	68.7%	7.8%	10.1%
33712	16.5%	77.9%	16.8%	68.8%	7.7%	7.7%
33713	12.8%	50.4%	12.8%	18.2%	5.8%	6.9%
33714	22.6%	65.1%	12.4%	18.3%	3.8%	16.1%
33716	3.8%	41.1%	13.3%	17.7%	7.6%	5.7%
33755	19.8%	62.6%	12.6%	22.5%	5.4%	8.6%
33756	17.3%	55.5%	11.4%	15.4%	5.5%	9.4%
33759	9.1%	50.0%	10.9%	9.1%	6.4%	2.7%
33760	19.9%	60.2%	11.2%	14.9%	3.1%	9.9%
33761	9.7%	41.7%	12.5%	2.8%	8.3%	8.3%
33763	15.1%	54.8%	19.4%	9.7%	2.2%	5.4%
33764	11.8%	41.2%	17.0%	8.5%	3.9%	10.5%
33765	18.8%	57.3%	12.5%	9.4%	3.1%	10.4%
33770	16.7%	50.6%	9.4%	9.4%	3.3%	8.3%
33771	14.8%	66.4%	18.8%	13.0%	6.3%	16.6%
33772	3.0%	48.1%	8.1%	3.0%	6.7%	7.4%
33773	9.6%	53.5%	12.3%	7.0%	5.3%	7.0%
33774	10.2%	62.0%	15.7%	18.5%	4.6%	14.8%
33777	8.2%	48.4%	13.1%	10.7%	5.7%	9.0%
33778	17.1%	53.9%	17.1%	14.5%	3.9%	9.2%
33781	15.4%	59.0%	15.8%	9.4%	3.8%	12.8%
33782	8.5%	51.0%	14.4%	9.8%	4.6%	6.5%
33785	0.0%	25.0%	0.0%	8.3%	8.3%	0.0%
34677	2.6%	36.8%	10.5%	3.5%	9.6%	7.9%
34683	3.1%	31.5%	7.9%	2.4%	7.1%	4.7%
34684	2.6%	32.8%	9.5%	6.9%	9.5%	6.9%
34689	8.5%	45.4%	11.5%	16.9%	6.2%	6.9%
34695	9.7%	24.7%	4.3%	8.6%	12.9%	5.4%
34698	7.9%	39.6%	15.9%	4.9%	2.4%	6.1%
PINELLAS	**11.8%**	**51.1%**	**13.3%**	**17.6%**	**5.8%**	**8.4%**

Healthy Start Executive Reports
Pulled 10/16/2020

Pinellas County 2019
POSTNATAL SCREEN Risk Factors

ZIP Code	Maternal Age	Not HS Graduate	Black Race	Not Married
33701	3.5%	9.2%	42.6%	52.5%
33702	0.8%	10.7%	30.7%	45.2%
33703	0.0%	4.3%	13.7%	24.9%
33704	0.0%	3.7%	17.9%	18.7%
33705	3.1%	13.7%	71.7%	71.1%
33707	0.7%	6.0%	26.9%	49.3%
33709	0.8%	16.7%	32.6%	57.3%
33710	0.4%	8.9%	27.9%	37.9%
33711	1.8%	22.1%	79.3%	78.3%
33712	2.0%	16.5%	83.8%	78.2%
33713	1.3%	11.5%	34.1%	54.1%
33714	1.5%	21.4%	37.8%	60.7%
33716	0.0%	6.0%	47.6%	40.4%
33755	2.2%	21.3%	60.6%	67.9%
33756	2.9%	13.4%	44.1%	53.4%
33759	0.7%	8.5%	40.8%	40.1%
33760	1.0%	20.2%	49.8%	60.1%
33761	0.0%	3.4%	13.7%	29.1%
33763	2.1%	9.7%	36.6%	42.1%
33764	0.5%	5.9%	30.6%	41.9%
33765	2.3%	17.6%	44.3%	54.2%
33770	0.9%	11.3%	34.3%	49.3%
33771	0.4%	13.7%	36.9%	62.4%
33772	0.7%	6.9%	14.6%	38.2%
33773	1.4%	5.4%	19.7%	37.4%
33774	0.8%	8.1%	33.9%	51.6%
33777	1.4%	12.8%	27.7%	46.1%
33781	1.5%	16.0%	36.0%	54.2%
33782	0.0%	11.0%	35.0%	46.0%
34677	0.6%	2.9%	20.8%	39.9%
34681	0.0%	7.7%	7.7%	38.5%
34683	0.6%	3.3%	8.9%	30.0%
34684	0.0%	4.9%	17.5%	32.2%
34695	0.0%	0.8%	21.1%	29.7%
34698	0.0%	3.2%	15.5%	40.6%
PINELLAS	**1.1%**	**10.7%**	**36.8%**	**49.1%**

Healthy People 2030 - Goals Compared to Pinellas County

Number	Objective	Baseline	Target	Pinellas 2017-19
MICH-07	Reduce preterm births	10 percent of live births were preterm in 2018	9.4 percent	9.6/1000
MICH-08	Increase the proportion of pregnant women who receive early and adequate prenatal care in 2018	76.4 percent of pregnant females received early and adequate prenatal care in 2018	80.5 percent	80.9
MICH-13	Increase the proportion of women delivering a live birth who had a healthy weight prior to pregnancy	42.1 percent of females delivering a live birth in 2018 had a healthy weight prior to pregnancy	47.1 percent	46.4
MICH-01	Reduce the rate of fetal deaths at 20 or more weeks of gestation	5.9 fetal deaths at 20 or more weeks of gestation per 1000 birth and fetal deaths occurred in 2017	5.7 fetal deaths at 20 or more weeks of gestation for 1000 live births and fetal deaths	6.6/1000
FP-02	Reduce the proportion of pregnancies conceived within 18 months of a previous birth	33.8 percent of pregnancies were conceived with 18 months of a previous birth, as reported in 2015-17	26.9 percent	38.2
MICH-10	Increase abstinence from cigarette smoking among pregnant women	93.5 percent of females giving birth reported not smoking during pregnancy in 2018	95.7 percent	91.4
FP-03	Reduce pregnancies among adolescent females	43.4 pregnancies per 1,000 females aged 15 to 19 years occurred in 2013	31.4 pregnancies per 1,000 females	16/1000

Healthy People 2030 • health.gov

Survey Results for Targeted Audiences

Healthy Start Board of Directors

All members of the HSCPin Board of Directors received an invitation to respond to a survey on external and internal views of the Coalition. Of the 16 board members, eight responded. Important results follow.

100% of the respondents "strongly agree" or "agree" with the following statements:

- The Coalition is viewed as an expert in MCH issues in Pinellas.
- The Coalition is visible in Pinellas communities.
- Pinellas MCH providers know what Healthy Start is and does.
- The Coalition collaborates with community organizations to bring in resources or improve services.
- The Coalition has a positive impact on service delivery and MCH outcomes in Pinellas.
- The Board and Coalition membership reflects the overall Pinellas community.
- The Coalition Board implements its own measurable quality standards for the Coalition.
- I feel the time I give to the Coalition is time well spent.
- I feel the time I devote to the Coalition makes a positive difference.
- I feel the Coalition has a good handle on MCH issues affecting Pinellas.
- I feel I have a good working knowledge on Coalition operations and initiatives.

87.5% of the respondents "strongly agree" or "agree" with the following statements:

- Board and Coalition volunteers take ownership for service delivery and program implementation.
- The Coalition's work is more than the minimum required by contract.
- I feel the Coalition takes input from Pinellas community members outside to the Coalition to shape program decisions.
- Note: 12.5% (one member) answered "don't know" or "neutral" to these questions.

75% of the respondents "strong agree" or "agree" with the following statements:

- I feel my expertise and talents are well-used by the Coalition.
- Note: 25% (two members) answered "neutral" to this question.

Respondents had different levels of comfort with describing specific HSCPin programs and services: Coordinated Intake and Referral (Connect!), Healthy Start home visiting services, PAT+ home visiting services, Beds for Babies, Doula contractual services and Suncoast Center contractual services.

Pinellas County OB Providers

All Pinellas OB providers were sent a survey for their thoughts on community needs and processes. Of the more than 25 invitations sent, six providers answered. Summaries of pertinent questions follow.

- When asked of challenges to patients accessing prenatal care: No or insufficient insurance coverage and transportation were most mentioned
- When asked of awareness of CI&R, Beds for Babies, Family Planning Waiver: Yes 85%
- When asked why women are not waiting at least 18 months interpregnancy: Improper or no use of birth control, lack of knowledge, older women wanting to become pregnant again were mentioned most often
- When asked if there are adequate resources to assist in smoking cessation and resources and education for women's nutritional health during pregnancy: Yes: 85%
- When asked how the Coalition could help OB providers improve outcomes: Educational materials, keeping communication open, up-to-date information on a regular basis, resources to offer all patients were mentioned most often.

Healthy Start Home Visitors (Healthy Start and Parents As Teachers+)

As part of the Needs Assessment process, Healthy Start and PAT+ home visitors were surveyed for their thoughts on community needs, processes and their positions. Twenty-two completed the survey. Summaries of salient points follow.

- When asked if they felt they receive enough information on referrals from CI&R: Yes: 46%
- When asked why women do not receive first trimester prenatal care: Medicaid or insurance difficulties: 23%; Transportation: 14%; Did not know they were pregnant: 14%; Did not know the importance of early prenatal care: 14%; Systemic racism: 18%. All respondents said more than two of the above were often a problem.
- When asked why women are not waiting at least 18 months interpregnancy: Improper or no use of birth control: 86%; Older women wanting to become pregnant again: 4%
- When asked about knowledge of the family planning waiver and how to access: Yes: 73%
- When asked if there are adequate resources to assist in smoking cessation: Yes: 91%
- When asked if there are adequate resources and education for women's nutritional health during pregnancy: Yes: 68%
- When asked about their biggest struggles as a home visitor: Large amount of documentation; some clients are not engaged with virtual visits; family crisis takes away from education and curriculum; parents meeting basic needs; substance abuse issues are the biggest problem; work-life balance; reporting information to so many different entities; having resources to meet their needs; lack of phone service for clients; too many changes – hard to keep up; clients struggle using resource referrals; housing, childcare for clients; time frame and pathway requirements; so many tasks and requirements that take away from clients; quantity versus quality; lack of resources; clients not keeping appointments after confirming.

CI&R Family Partners

Family Partners, the front-line CI&R workers, were asked to complete a survey on their experience working with clients. Select answers follow.

- When asked if participants understand CI&R and what is offered: Yes 75%; Some don't know why they are being called. Healthy Start screen is not explained well in OB offices.
- When asked how clients received information provided: Very excited or interested: 75%
- When asked about their biggest struggle: Getting clients to answer or return phone calls, time needs for each interview – these can't be hurried, checking status if they have connected with home visiting program
- When asked about what is needed to more effectively serve the families spoken to: Access to more community resources (direct link), updates on what is changing in the home visiting programs
- When asked about the most requested/needed but least-available resources: Childcare, diapers, financial assistance, daycare, local nutrition referral, smoking resource when not interested in home visiting program.

CI&R Participants

Users of the Coalition's Coordinated Intake and Referral (CI&R) program were asked to complete surveys of their experience using the home visiting referral process. Select answers follow.

- If the Healthy Start screen was discussed with them: Yes 100%
- If the Family Partner listened to their needs, was courteous and helpful, able to answer questions and tried to help match them to the "right" program: Yes 100%
- 100% were given a link to the Coalition's Resource Manual
- Many participants received referrals to other community resources (domestic violence, counseling, substance involvement services, etc.) even if they did not take a referral to home visiting
- Of the 45 respondents, 35 received a referral to home visiting services. Reasons for not accepting a referral: Covid-19, family support and help, not first baby were frequent responses

A revised CI&R participant survey will be instituted in 2021. The questions will include satisfaction questions as is currently. However, questions will be added to determine the reasons ***why*** home visiting is chosen or declined by families.

Healthy Start Participants

In recent Healthy Start participant satisfaction surveys, those using Healthy Start (HS) home visiting services were asked about their relationship with care coordinators and the services provided. In all, 80 participants answered the survey, with very positive comments provided. Responses and personal comments follow.

- I can meet or talk with my HS Care Coordinator when I need to. 78/80 Always
- My HS Care Coordinator treats me with courtesy and respect. 80/80 Always
- When I meet or talk with my HS Care Coordinator, I understand what she tells me. 80/80 Always
- My HS Care Coordinator helps me with my needs and concerns. 80/80 Always
- My (HS) Care Coordinator gives me useful information about my and my baby's health. 79/80 Always
- My (HS) Care coordinator is someone I can count on. 79/80 Always
- Overall, how satisfied were you with your services? 79/80 Very Satisfied
- *"My social worker is very good and professional. She supports me with my pregnancy and with my baby when they were born. Her help was invaluable - I appreciate the Healthy Start program so much, It was spectacular. Thank you and daily blessings."*
- *"I feel so confident about my baby's growth and learning after meeting with her, she is the best. I would be so lost without her. I am a first-time mother and everything she tells me is so helpful. Xoxo"*
- *"This is a great program, especially for first-time moms."*
- *"My worker has been such a blessing. She has shown me so many resources and has been such an amazing support. I'm so thankful for this program. Keep up the great work."*
- *My worker is compassionate and knowledgeable. I genuinely look forward to our appointments. All of the information and resource she provided me with ... I have put to good use."*

Other Summaries Used in the Needs Assessment Process

Community Café 2018

In February 2018, in advance of work for the upcoming Needs Assessment, the HSCPin held a "Community Café" event to gather feedback on community needs and new ideas in the areas of maternal, child and family health. The Community Café is based on the World Café technique developed by Juanita Brown and David Isaacs. It is a conversational process of thinking to create actionable knowledge. More than 125 people from the community joined in the conversation in person.

The event revolved around *six main questions* determined by our QIP Committee, aimed at finding specific, actionable ideas to help promote better outcomes for our community. The questions and sub-questions initiated dialogue in small groups after the MCH Indicators Presentation. Facilitators asked the questions and kept the conversations on point, while scribes took notes for review after the event. The questions discussed were:

1. *What can we do to address health disparities in our community?* What contributes to positive birth outcomes in vulnerable or underserved populations? How can we address inequities in health care delivery?
2. *How can our community help women become healthier before becoming pregnant again?* Risk factors: smoking, obesity, oral/periodontal health, baby spacing, substance abuse
3. *What else do families need to have for a healthy baby?* What gaps are there in SUPPORT not just services? What specific things are missing for families?
4. *How do home visiting programs in our community engage families during their pregnancies?* What can home visiting programs do to get families engaged early and keep them involved in their program? How can we help families chose the best fit for them? How can we engage fathers and co-parents in provided services?
5. *Where do families in our community get their pregnancy and infant health information?* How should we get information out to families effectively – in a no-cost, low-cost manner?
6. *How do social stressors impact families prior to and during pregnancy, as well as after delivery?* What are ways we can support families with complex stressors, intergenerational or ongoing trauma, have a healthier baby?

Extensive, detailed notes were transcribed and separated into six categories: Father and Family, Education, Stress and Trauma, Faith-Based, Provider Relations, Home Visiting and Social Media. Within each category, the comments/ideas were further broken down into targeted areas based on the six main questions asked: Health Disparities, Healthy Before Pregnant, Family Needs for Healthy Baby, Home Visiting, Health Info and Social Stressors.

These community responses are, and will continue to be, used when formulating strategies in meeting our community's changing needs in the upcoming Service Delivery Plan.

Clear Start Initiative

In 2017, the Coalition received funding from the Foundation for a Healthy St. Pete for a medical overlay over the Parents As Teachers + (PAT+) evidence-based, home visiting program. PAT+ serves substance-involved moms, dads, babies and their families. The medical overlay followed Methadone-involved women and their myriad of medical needs – many of which were not being addressed. Findings from this 18-month grant serving pregnant women and women with young infants, provided insights into the needs of this at-risk population:

- Large majority of clients served where White, Non-Hispanic women
- More than 95 percent were insured, and 75 percent had a medical home
- Birth control was regularly used by 65 percent (self-reported)
- Smoking was self-reported by 87 percent
- Depression/anxiety self-reported by 72 percent
- IPV self-reported by 53 percent
- Chronic health issues reported most frequently: dental issues, hypertension, STDs and Hep C

The PAT+ program itself was initiated in 2011 when an Opioid epidemic was raging in Pinellas County. While substance involvement has subsided in parts of the community, this is still a segment of the population requiring special services to meet their health needs, as well as the challenges of parenting young children while substance involved.

Findings from the Clear Start Initiative show specific home visiting and medical-overlay services for substance-involved mothers, infants and their families are still needed by this at-risk population. PAT+ continues to be a vital part of this range of services.

Summary of Needs Assessment

In the last reporting period used for this Needs Assessment (2017-19), Pinellas County does well, compared to the state, in most Maternal and Child Health indicators reviewed.

- **Despite performing better than the state as a whole, racial disparities in Black women's outcomes are noted in most indicators.**
- Pinellas birth numbers and rates continue to fall, as does the number of births covered by Medicaid. (Birth numbers for 2020 are being watched closely for a baby boom or bust.)
- Prenatal and infant screening continues to be higher than the state. (HSCPin continues to track 2020 screening rates as a decrease has been seen due to Covid-19.)
- Referrals of women and infants to the Coordinated Intake and Referral has increased the number of families receiving an in-depth interview to determine additional risk factors and referrals to home visiting services.
- Pinellas' percentage of preterm births and low birthweight births is lower than the state, while the rate of infant deaths is also lower than the state rate.
- Pinellas women are getting into prenatal care earlier than women in other parts of the state and fewer are presenting with third-trimester or no prenatal care.
- Pinellas' teen birth rate has fallen significantly.
- Pinellas' C-section rate is significantly lower than the state
- Pinellas infant mortality rates are comparable to the state.
- ***Underperforming Pinellas areas include: interpregnancy interval less than 18 months, smoking during pregnancy and pre-pregnancy weights.***
- ***Percentage of two-year-olds immunized and WIC-Eligible persons served are less than the state.***

Summary of Data Sources Used in Needs Assessment

FL Health CHARTS, Health Start Executive Summary, Services and ADHOC Reports, Pinellas County Public Health Department (PinCHD), Quality Improvement Activity Reports, FIMR Review reports, Community Café report, AHCA reports, Pinellas County Government Profiles, Clear Start Final Report, various surveys conducted with target audiences.