



*Bay, Franklin, Gulf  
Healthy Start Coalition, Inc.*



*Service Delivery Plan  
2021-2026*



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# **Board of Directors**

## **HEALTHY START COALITION OF BAY, FRANKLIN, AND GULF COUNTIES**

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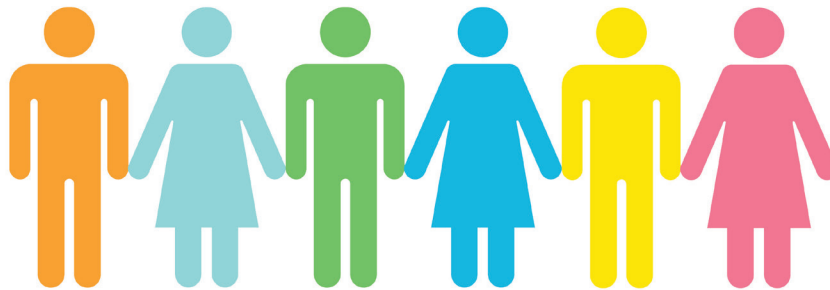
*The Coalition expresses its sincere appreciation to the Board of Directors for their support, making endeavors such as this possible.*

## ACKNOWLEDGEMENTS

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The Healthy Start Coalition of Bay, Franklin, & Gulf Counties Service Delivery Plan (SDP) is the culmination of several months of collaboration and strategic planning between individuals, community-based organizations, partners, and Coalition staff.

The Coalition is grateful to the healthcare providers, community agencies, Healthy Start participants, and care coordination staff who participated in community cafes, interagency meetings, and surveys, all of which contributed to the framework of this plan.



## PARTNERSHIPS

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**Cribs For Kids**

**Gulf Coast Children's Advocacy Center**

**Healthy Families**

**Plan of Safe Care**

**Pregnancy Resource Center of  
Panama City**

**Gulf County Students Working Against  
Tobacco (SWAT)**

**The Treatment Center of Panama  
City**

**Gulf Coast Regional Medical Center**

**Bay Health Foundation**

**St. Joe Foundation**

**United Way**

**Salvation Army**

**Emerald Coast OB/GYN**

**All About Women**

**Dr. Bryce Jackson, M.D.**

## HISTORY AND BACKGROUND

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The Healthy Start Coalition of Bay, Franklin, & Gulf Counties was organized in 1992 to serve as a part of a statewide network of community based organizations to reduce Florida's high infant mortality and improve the lives of pregnant women and their families. Today, the Coalition is responsible for directing local, state, and federal funding to local community organizations that deliver direct services to pregnant women and children, birth to age three.

The Coalition's mission is to reduce preventable fetal and infant deaths associated with lack of adequate prenatal care, socioeconomic conditions, and other racial, social, and economic reasons. Our goals include improving pregnancy outcomes, reducing infant mortality rates, and promoting healthy growth and development in all children up to age three in Bay, Franklin, and Gulf Counties.

The Coalition is governed by a 14-member Board of Directors who guide the organization toward a secure future and advancement of the mission. Members of the board have experience and leadership in business, legal, finance, and healthcare and are diverse in perspective and background.

The Coalition, located in the central Florida panhandle has a landmass of 1,852 square miles and a total population of 173,283<sup>1</sup>. Over the past ten years, only Franklin County has shown an increase in population. Since 2015 the number of resident births in the coalition service area has decreased by 19%.

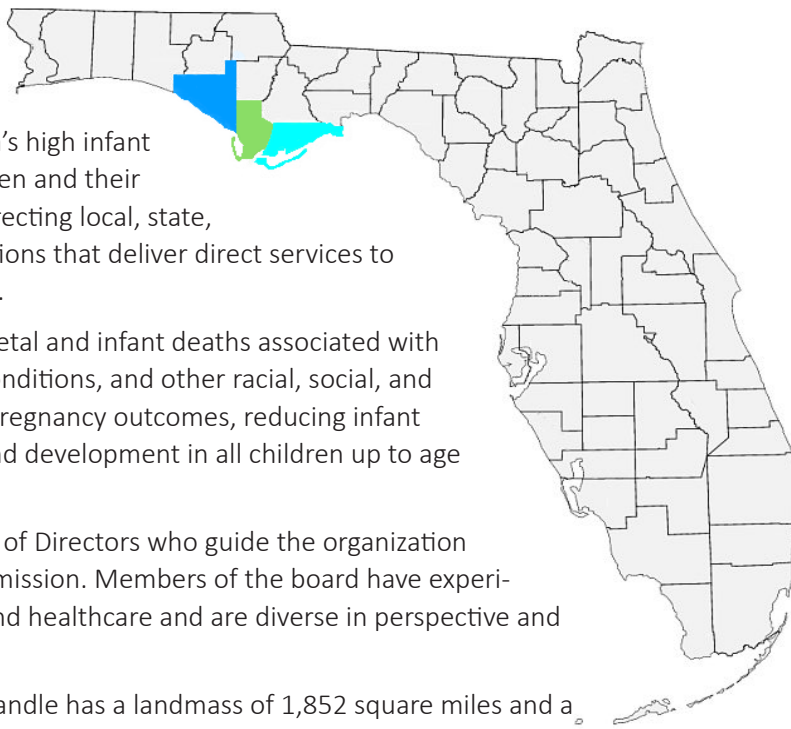
In 2018, the area was severely impacted by Hurricane Michael. Rated at a category 5, this hurricane was the strongest hurricane on record in the Florida Panhandle<sup>2</sup>. It is estimated that over 40,000 homes were damaged in the storm and over 1,400 federally assisted rental homes were destroyed or substantially damaged. Those who were renters before the storm were left out of many disaster relief programs which were structured for those who owned storm-damaged property<sup>3</sup>. In our local area, of the eleven need-based housing complexes, only three are functional today. While the community has moved forward, the long-term effects of the storm continue, especially for those in a lower socioeconomic status.

Since the last planning cycle, there have been significant changes to the statewide Healthy Start program. A program redesign was initiated in 2011 in an effort to standardize program components throughout Coalitions in the state.

In 2015, Healthy Start began conducting operations under the Healthy Start Momcare Network, which acts as the contract agent for the Agency for Healthcare Administration (AHCA) and subcontracts with Healthy Start coalitions to serve pregnant women and babies enrolled in Medicaid.

In 2019, the Healthy Start program redesign was implemented, introducing a new statewide system of care aimed at improving maternal and infant health outcomes by improving service delivery through the use of evidence-based or research-based components. The process began with the introduction of the CONNECT, a coordinated intake and review process which creates a one-stop entry point for home visiting programs. The introduction of CONNECT was closely followed by the implementation of the Healthy Start pathway model of service delivery.

In the midst of the COVID-19 pandemic, The Healthy Start Coalition of Bay, Franklin, and Gulf Counties continues to decrease risk factors. In 1992, when the Coalition was established, the infant mortality rate was 12.2 deaths per 1,000 live births, well exceeding the state rate of 8.8, in 2019, the infant mortality rate was 7.5.



## PLANNING PROCESS

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The 2021-2026 Service Delivery Plan is the result of a yearlong process beginning with a Community Needs Assessment (Exhibit 1), followed by an analysis of maternal and child health indicators, review of barriers and strengths, and identification of key priorities.

The planning process led to the development of an action plan that includes 3 goals to address key priorities. The plan includes strategies for the attainment of the goals and action steps.

It is important to note that the Community Needs Assessment was completed before the COVID-19 pandemic. While the full effect on the health of the community is not yet known, we continue to move forward, monitoring outcomes closely, and adjusting the plan as needed.

## KEY ACCOMPLISHMENTS

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### COALITION INITIATIVES

**Fetal and Infant Mortality Review (FIMR)** Healthy Start of Bay, Franklin, and Gulf Counties is one of 12 FIMR projects statewide. FIMR is a two-tiered, evidence-based process that is used to examine fetal and infant deaths. The Coalition reviews a total of 28 fetal or infant deaths yearly, identifying social, cultural, and systems factors associated with infant and fetal mortality. The goal is to improve service systems and community resources for women, infants, and families to reduce future fetal and infant deaths<sup>3</sup>.

**Safe Sleep Initiative** In partnership with Children Advocacy Center, we provide safe sleep training via a PowerPoint presentation to nurses and health care workers in the OB/GYN offices, first responders, and law enforcement. This initiative also provides a safe sleep swag bag with a onesie and educational materials to parents after delivery.

**Walk to Remember** Every October a remembrance walk held to commemorate the lives of babies lost too soon. The walk is open to anyone who has been touched by the loss of an infant or pregnancy. The event includes children's activities, a remembrance ceremony, and a bubble release. By adding a sponsorship component to this event, it became a fundraiser, where 100% of the funds are used for our "Last Rites for Little Ones" program and providing Resolve Through Sharing bereavement training for the nurses and care coordinators.

**Last Rites for Little Ones** Provides bereavement boxes and grief support to parents. Financial assistance for burial or cremation is also available.

**Parents as Teachers (PAT)** An evidence-based home visiting model that matches parents and caregivers with trained professionals and makes regular, personal home visits from birth to age 3. The goal is to provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness.

**Coordinated Intake and Referral (CONNECT)** The Coalition was one of the pilot sites to test potential models using a Learning Collaborative approach before the full implementation of CONNECT. CONNECT is a coordinated intake and review process which creates a one-stop entry point for home visiting programs.

**Mental Health Relief** This initiative provides mental health services to Healthy Start clients primarily using a virtual platform. The virtual visits have proven to be highly successful especially in families with substance exposed newborns and parents who are in the detoxification phase. Participants receive parenting education and strategies for managing stress. Initially funded by a grant, the Coalition has continued the services for several years using other funds.

**Hurricane Michael Response** The Coalition and direct service staff were "boots on the ground" days after the storm. Frequently, Healthy Start home visitors were the first outside contact families had after the storm. Workers used burner phones and assisted clients to contact their families. Many families still live in inadequate housing, potentially creating unsafe sleep situations for babies. This has prompted the Coalition to increase infant safe sleep education.

## IMPROVEMENTS IN HEALTHY START SERVICE DELIVERY

**OB/GYN Office-Based Healthcare Navigators** The Coalition started this initiative in 2013 as a strategy to increase the initial intake (initial contact) completion rate. The Coalition entered into Agreements with local OB/GYN offices to place Healthy Start direct service workers in the office. The direct service worker utilizes the time a woman is in the waiting room to complete the Initial Intake and any necessary referrals to services. The process also provides a meeting place for home visitors who may not have been able to contact their clients through other means.

The Office-Based Health Care Navigator initiative has resulted in near 100% prenatal screen rate and a large decrease in "unable to complete" initial intake rates. Because of this initiative, more women in the area are receiving crucial education in the prenatal period and referrals to home visitation programs.

**Car Seat Safety Initiative** The Coalition provides car seats and car seat safety technician certification classes to two local fire departments. The departments then distribute the car seats and provide installation.

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## SUMMARY OF NEEDS ASSESSMENT FINDINGS

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In March of 2020, in preparation for the Service Delivery Plan process, the Coalition completed a Community Needs Assessment of Bay, Franklin, and Gulf Counties. This was the first needs assessment completed since Hurricane Michael changed the physical and demographic landscape of the area. The most recent indicator data in the assessment were from the year of the hurricane (2018) and was interpreted with caution.

### DATA LIMITATIONS

It is important to note that the data sets referenced in this plan have been compiled from numerous sources. When possible, the data is presented in 3-year rolling rates, which is not an average, but a sum of the three years referenced. However, when needed for clarity or because it was unavailable in any other form, data is also referenced in single-year rates. We emphasize, that in many cases our number of incidents is less than five, such as infant mortality, causing our data to fluctuate greatly and be unstable.

The assessment included a review of community demographics, birth outcome indicators, and community input. The assessment and supplemental review of data was completed with a focus on the social determinants of health: housing, employment, education, transportation, and poverty. Where evident, racial disparities are also included.

To maximize the accuracy, completeness, and timeliness of the data to support proposed priorities, the Coalition conducted a supplemental review of 2019 data, and where possible, 2020 data. The intent was to ensure data completeness and smooth trending during the hurricane and post-hurricane era.

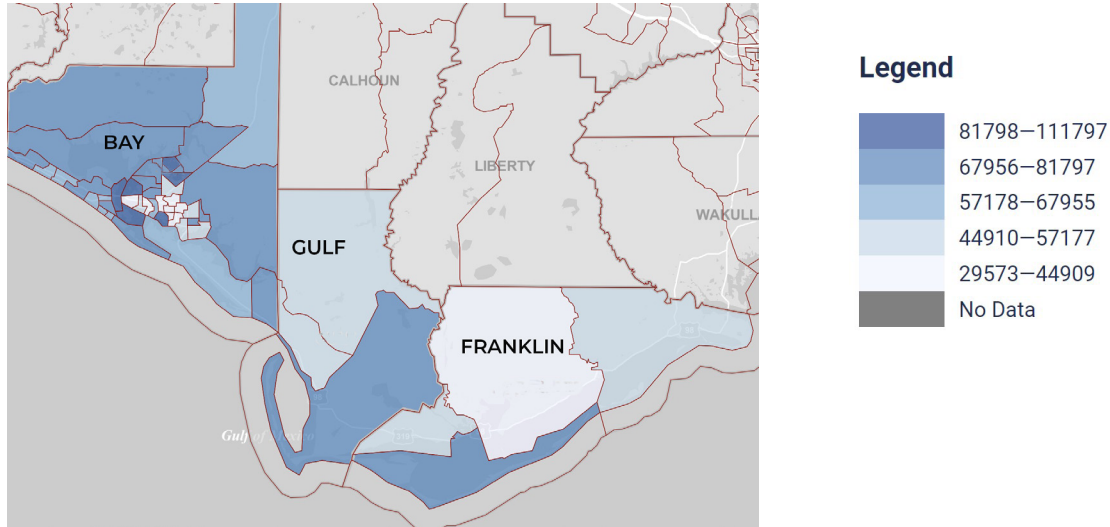
The assessment included a review of socioeconomic and environmental factors as well as an analysis of key indicators in birth outcomes.

### SOCIOECONOMIC FACTORS

Bay, Franklin, and Gulf Healthy Start Coalition service area is 82% White and 18% Black and Other races. Most residents speak English, however, roughly 6% of the population speaks a language other than English at home. The most populous age group is 25-34-year-old cohort. The largest male age group is 25-34-year-old cohort, the largest female age group is the 55-64-year-old group.

The median household income for each county is less than the national and state average. Bay and Franklin County median income has risen steadily since 2015. Gulf County experienced a decrease in median household income in 2018. However, the median income is not distributed equally within the counties. Attention to income distribution is important when planning service delivery as lower-income areas may have access to fewer resources such as reliable internet and cellular service, transportation, or access to healthcare.

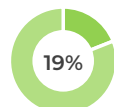
### Median Income by Census Tract<sup>5</sup> Bay, Franklin and Gulf County, 2015-2019



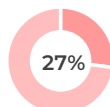
Socioeconomically, if a family has children in the Coalition service area, they have a 1 in 5 chance of living below the federal poverty level. Since 2017, both Gulf and Franklin County have seen a significant rise in the percentage of families with related children less than 5 years old, living below the poverty level<sup>6</sup>. Forty-nine percent (49%) of residents receiving SNAP benefits in the coalition service area have children under the age of 18, 53% of those are in families with female householders with no spouse present<sup>7</sup>.

Over 50% of the births in the Coalition service area list Medicaid as the payment source. This number is higher than the state but the rate has decreased significantly since 2013, especially in Franklin County. The graph below shows the some of characteristics of those who live in poverty in our area.

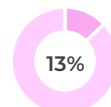
### Those Who Live in Poverty Coalition Service Area, 2019 2015-2019 Estimates



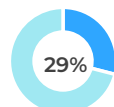
Hispanic



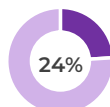
Black



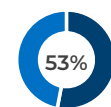
White



No Diploma



Children <5



Female Householder

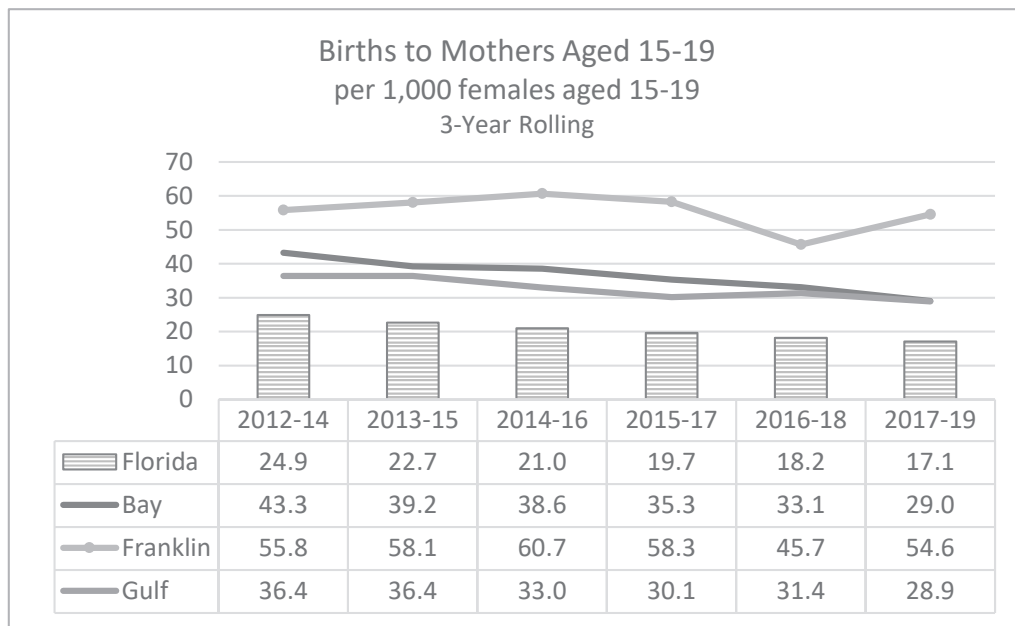


In addition to exploring the socioeconomics, the analysis included a review of indicators associated with birth outcomes or birth outcome indicators. In some cases, the birth outcome indicator is a socioeconomic factor, such as educational achievement.

## MOTHER’S AGE AT BIRTH

Births to mothers aged 15-19 have been a priority throughout the state and Coalition service area for several years. Both have decreased steadily since 2000, but the Coalition remains higher than the state rate.

In 2019, Franklin County had the highest rate of births to mothers, age 15-19, in the state (rate of 72.7 represented an *n* of 16 births) and exceeds the state rate for repeat births to teens. Babies born to teens have a higher risk of complications such as premature birth, low birth weight, and infant mortality. Pregnant teens are more likely to drop out of school, limiting opportunities for future employment, and increasing their risk of living in poverty. Social determinants may play a role in teen pregnancy such as low education and family income levels, lack of opportunity in the teen’s life for positive community involvement, and racism<sup>8</sup>.



Source: flhealthcharts.com

Births to mothers over the age of 35 carry similar physical risks as teen births with the addition of an increased possibility of certain congenital anomalies. The Coalition service is well below the state rate for births to mothers over the age of 25. The rates are trending up in Bay and Franklin Counties.

## EDUCATIONAL ATTAINMENT

Births to mothers, aged 18 and older, without a high school education are more prevalent in the Coalition service area than in the state. While the incidence has decreased steadily in the state, it has increased in Franklin County, remained steady in Bay County, and decreased in Gulf County.

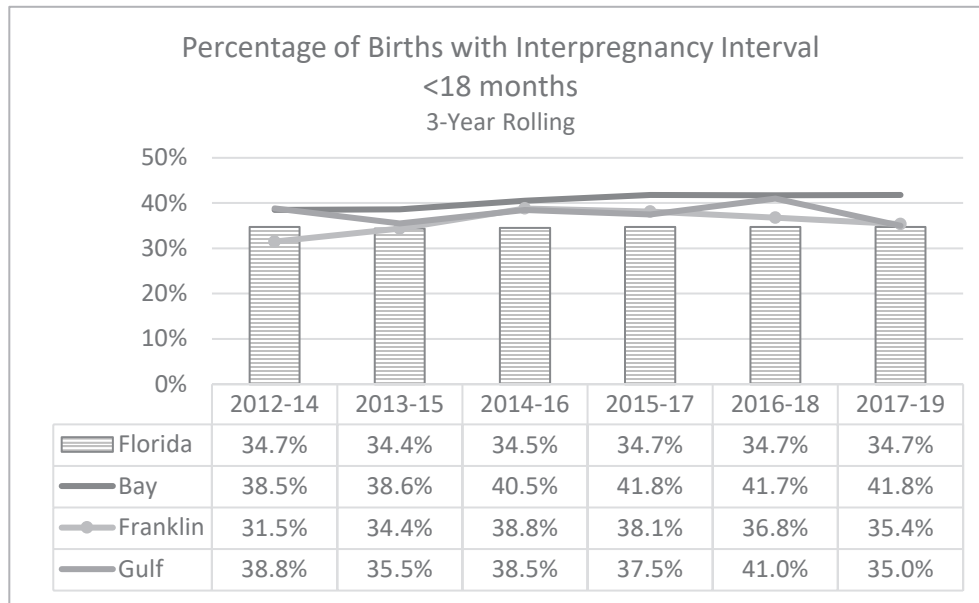
Educational attainment is a major determinant of living in poverty. Of those living in poverty in the Coalition service area, it is estimated that 29% do not have a high school diploma<sup>9</sup>.

## BIRTHS WITH AN INTERPREGNANCY INTERVAL LESS THAN 18 MONTHS

Interpregnancy interval, or birth spacing, is the interval between the end of one pregnancy and the conception of the next. The recommended minimum birth spacing of 18 months can reduce the risk of poor outcomes such as preterm birth and low birth weight<sup>10</sup>. The Needs Assessment showed that the overall pregnancy interval was over the state rate with a slight upward trend. When broken down into specific spacing periods the Coalition service area is over the state

rate for birth spacing at less than 6 months and between 6-11 months. The higher than state rate numbers are largely driven by Bay County. The Coalition service rates are similar to the state in the 12-17 month period.

The Needs Assessment showed that the overall pregnancy interval was over the state rate with a slight upward trend. When broken down into specific spacing periods the Coalition service area is over the state rate for birth spacing at less than 6 months and between 6-11 months. The higher than state rate numbers are largely driven by Bay County. The Coalition service rates are similar to the state in the 12-17 month period.



Source: flhealthcharts.com

In the 2015-2019 period, Black women in the Coalition service area have a higher rate of short pregnancy interval than Whites and other races. The rate of Black women having a pregnancy interval of fewer than 6 months is 50% higher than White women.

During the same time frame, the rate of short pregnancy interval is higher in those whose delivery payment source is Medicaid than other sources, especially in Black women. This occurrence is consistent with the state data, however, the rate is higher in the Coalition service area than in the state.

### ADEQUATE PRENATAL CARE (KOTELCHUCK INDEX)

It is important to note that the Kotelchuck Index does not measure the quality of prenatal care, it is simply a measure of the adequacy of the quantity of prenatal care. Except for one indicator, Franklin County in 2016-18, the coalition area has been above the state rate.

### ENTRY INTO PRENATAL CARE

The Coalition entry into prenatal care rate is similar to the state. First-trimester entry has been trending down without an increase in the 2nd or 3rd-trimester entry. This may be related to an overall decrease in the birth rate in the Coalition.

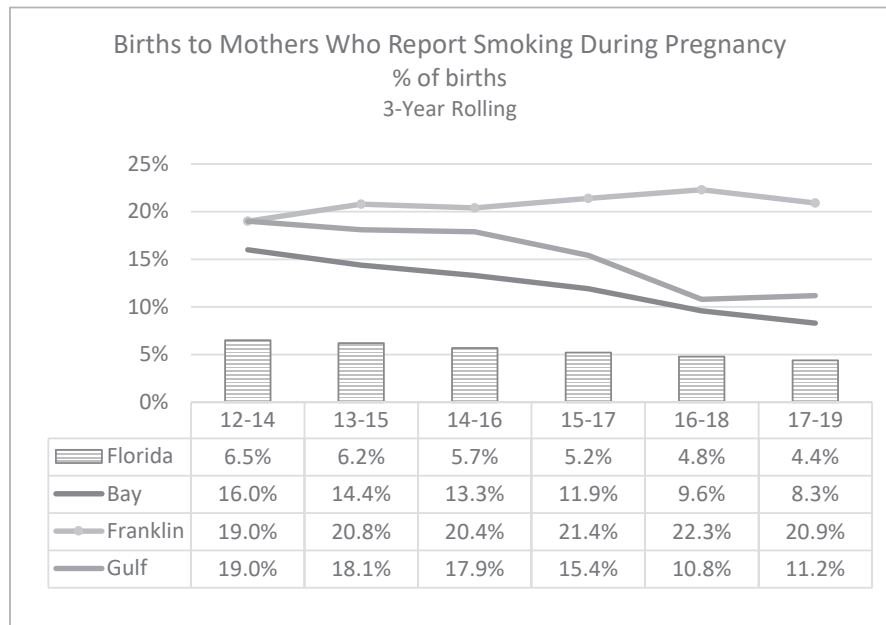
Because access to care may be limited by availability of services or transportation, it is warranted to examine Franklin and Gulf separately for issues related to timely entry into prenatal care. Both show a steady 1st-trimester entry into care, except in 2018, when there was an increase in 2nd and 3rd-trimester entry into care. This may have been related to access to care issues, transportation limitations, and other factors created by the effects of Hurricane Michael on the region. However, Bay, Franklin, and Gulf Counties remain well above the state rate for this indicator.

Data related to substance use in pregnancy is difficult to obtain. Data related to overdoses in a given area is more widely available. While there is no information on the demographics of the following data, it serves to show a picture of the overdoses and the culture of substance use in the area.

## TOBACCO AND SUBSTANCE USE

As well as being a health danger for pregnant women, tobacco use during pregnancy can increase risks for the baby being born preterm or low birth weight. Smoking during pregnancy and after pregnancy can also increase the risk of sudden infant death syndrome (SIDS)<sup>11</sup>.

The rates of women who smoke tobacco during pregnancy have decreased significantly since 2012 in the state and the Coalition service area. However Bay, Franklin, and Gulf Counties remain well above the state rate for this indicator.



Source: flhealthcharts.com

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### Overdoses Counts, 2018-2019

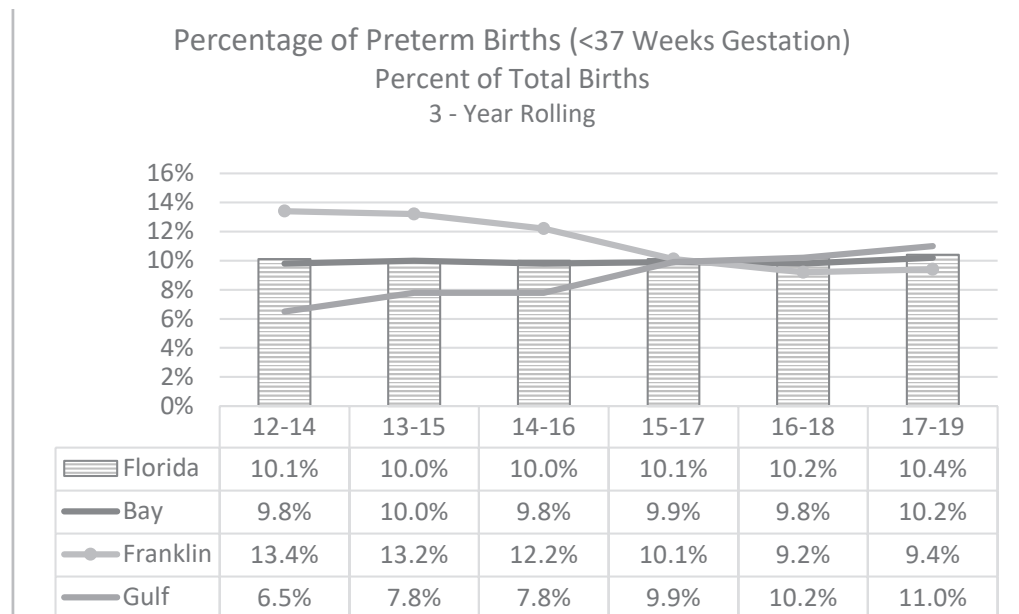
	2018		2019	
	<i>Overdose Deaths</i>	<i>Suspected Non-Fatal Overdoses</i>	<i>Overdose Deaths</i>	<i>Suspected Non-Fatal Overdoses</i>
<b>BAY</b>	<b>71</b>	<b>268</b>	<b>112</b>	<b>269</b>
<b>FRANKLIN</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>19</b>
<b>GULF</b>	<b>2</b>	<b>22</b>	<b>3</b>	<b>18</b>

Source: flhealthcharts.com

During the Community Café, participants were asked to identify barriers to substance use and mental health treatment. The responses included stigma, cost and availability of services, and generational norms. Participants suggested the following solutions: telehealth services, more screenings and services in the primary care venue, and education to those incarcerated with a focus on women of childbearing age.

## PRETERM AND LOW BIRTH WEIGHT INFANTS

The Needs Assessment revealed that the rate of preterm births (<37 weeks) is above the state rate, but the incidents are low. A closer look at the data, to include the extent of prematurity, reveals that all 3 counties are below the state rate for very preterm births (<32 weeks) but are consistently higher for those infants born between 32 and 36 weeks. The rates for the Coalition and the state have been steady since 2013.



Source: flhealthcharts.com

Preterm infants are at risk of multiple complications such as infections, breathing problems, difficulty maintaining body temperature, and death. Incidentally, conditions involving short gestation (prematurity) is the 3rd leading cause of death in the Coalition service area.

Infants born at low birth weight (1500-2499 grams) and very low birth weight (<1500 grams) have many of the same complications that premature infants experience. The Coalition service area's very low birth weight rate is similar to the state, and most of these infants are in Bay County. The low birth weight rate (1500-2499 grams) is slightly higher than the state rate.

## INFANT MORTALITY

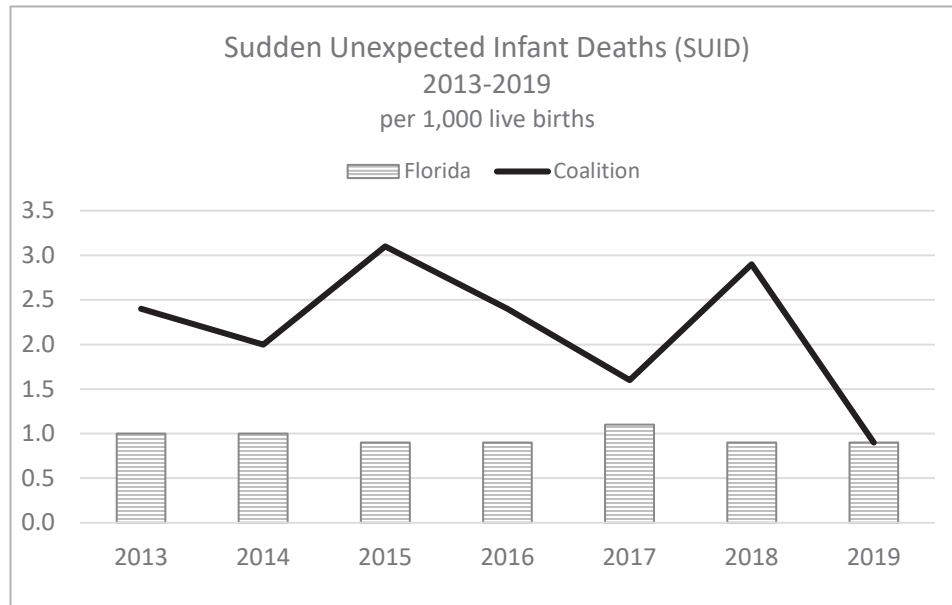
The infant death rate has fluctuated significantly in the Coalition area, including a peak in 2018. Understanding the causes of death help to target interventions and education. Below is a chart showing the 7 leading causes of death in the Coalition area, aggregated from 2013-2020. In parenthesis next to the cause are examples of deaths included in this category.

**Leading Causes of Infant Deaths, 2013-2020**  
Coalition Service Area

<i>Cause of Death</i>	<i>Rate</i> <i>(per 1,000 live births)</i>
Congenital Malformations, Deformations, & Chromosomal Abnormalities	1.1
Unintentional Injuries (includes Sudden Expected Infant Death-SUID)	0.9
Disorders Related to Short Gestation and Low Birth Weight, Not Elsewhere Classified (prematurity)	0.6
Sudden Infant Death Syndrome (SIDS)	0.5
Newborn Affected by Maternal Complications of Pregnancy (premature rupture of membranes, incompetent cervix, oligohydramnios)	0.4
Newborn Affected by Complications of Placenta, Cord, & Membranes (abruption, cord accident, chorioamnionitis)	0.4

Deaths related to congenital malformations commonly rank as the leading cause of infant death in many communities. According to the CDC, the top 3 leading causes of infant death in the US in 2018 were congenital malformation, followed by disorders related to short gestation, and accidents or unintentional injuries (includes SUID/SIDS).

In the Coalition service area, the second leading cause of death is unintentional injuries, most often related to unsafe sleep practices. The higher rates of SUID is a point of concern during the post-Hurricane Michael housing crisis when many families live in inadequate housing and may not have the ability to create a safe sleep environment for their baby. The chart below reflects an increase in SUID deaths in 2018 with a rapid decline in 2019.



Source: flhealthcharts.com

While these rates and incidents may be small, it is useful when adopting future goals to examine the causes of infant death and relative associated risks. For example, a newborn death may occur related to placental abruption in the setting of maternal high blood pressure. Hypertension is often a condition present prior to pregnancy, indicating a potential need for better preconception care. Trends are followed closely as they may be indicative of a need for additional community outreach and education.

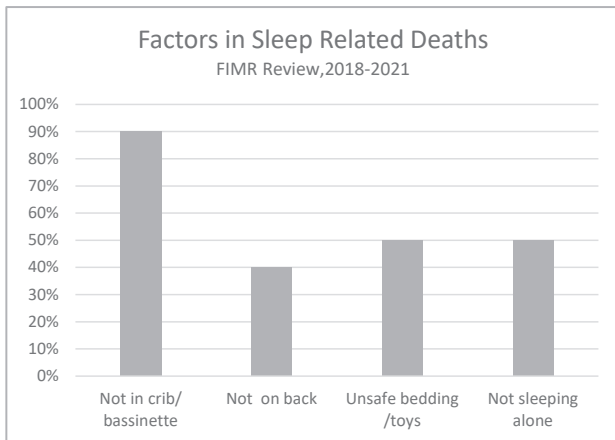
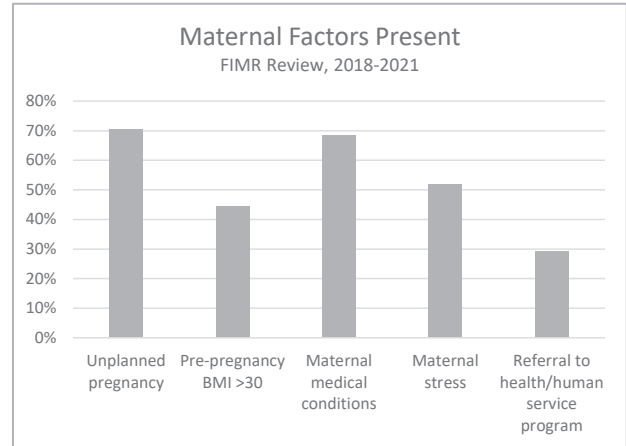
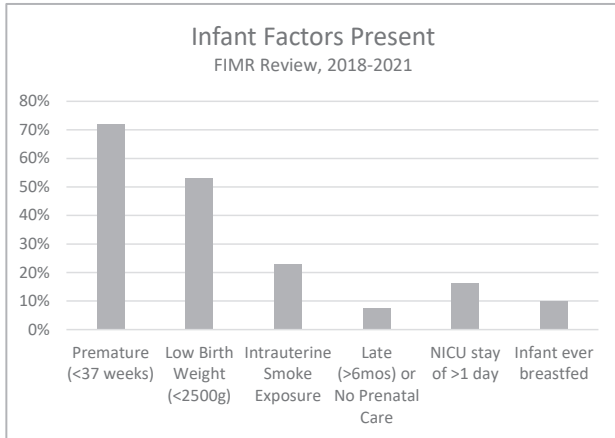
## FETAL AND INFANT MORTALITY REVIEW (FIMR)

The Healthy Start Coalition of Bay, Franklin, and Gulf Counties is one of 12 Florida Department of Health-funded Fetal and Infant Mortality Review (FIMR) sites in Florida. Contractually required to review 28 fetal and/or infant deaths per year, the Coalition is able collect data through these reviews that are otherwise not available. While the data may be statistically insignificant due to the small numbers within each variable, FIMR is often the only method in which to obtain lifestyle information or the family's perspective, through the maternal interview. This data is used in conjunction with more stable data to further inform decisions regarding community outreach and services.

In 2018, the FIMR database migrated from a state case reporting system to a national case reporting system. The system allows data to be gathered on a local, state and national level. Data gathered from the local FIMR case review team combines with other teams throughout the country to identify national risk factors or patterns in child injury and safety.

Between 2018 and 2021 79 fetal and infant deaths were reviewed by the FIMR team. The following is an analysis of the deaths reviewed through the Fetal and Infant Mortality Review Process.

## FIMR DATA



## BARRIERS

The needs assessment outlined the many strengths of the Coalition service area. In the process, several challenges were also identified. These challenges may be related to personal circumstances such as transportation, lack of housing, poverty, or geographic location. Other challenges relate to the availability of services, including limited access to technology, such as poor cell service or the lack of Wi-Fi service. The following are barriers identified that may affect service delivery

- Lack of adequate housing
- Transportation
- Geography

## PREVIOUS PLANNING CYCLE PRIORITIES

In the previous planning cycle, the following were selected as key priorities:

1. Improve the percentage of women and infants that are offered the screen and consent to be screened.
2. Decrease fetal deaths and other poor birth outcomes associated with maternal health issues
3. Improve community awareness about the Healthy Start program services while promoting awareness concerning maternal and child health issues.

4. Improve the access to KidCare and Medicaid insurance coverage
5. Reduce maternal and child health risk factors caused by the use of substances including tobacco, alcohol, street drugs, and prescription drugs.
6. Continue educational outreach associated with fetal/infant mortality, including unsafe sleeping, SIDS, sleep related deaths, and parenting skills

## **NEW PLANNING CYCLE INDICATORS**

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After a thorough review of the Community Needs Assessment The Healthy Start Coalition of Bay, Franklin, and Gulf Counties has determined the following to be the key priorities for the new planning cycle, 2021-2026.

1. High rates of pregnant women who report using tobacco during pregnancy
2. Substance use exists in pregnant women
3. There has been an increase in infant deaths related to unsafe sleep environments.

## **GOALS AND STRATEGIES**

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### **Goal 1: Decrease the percentage of women who smoke during pregnancy.**

#### **Strategies:**

- A. Collaborate with direct service workers to coordinate smoking cessation education and distribution of product in target population areas.
  1. Host individual outreach events in target neighborhoods that focus on smoking cessation.
  2. Have a Smoking Cessation table at the annual baby shower that features s Smoker Lyzer, Smoking Sue, and smoking cessation products.
- B. Implement public service announcements (PSA's) including commercials, billboards, and social media campaigns, to educate about the dangers of smoking while pregnant.
  1. Create Instagram and Twitter accounts for the Coalition.
  2. Develop PSAs with a local production company to utilize on a variety of media platforms.
- C. Increase referrals to Script and the Quitline and track outcomes.
  1. Coordinate with the Franklin County Florida Healthy Babies Tobacco Free program to help promote smoking cessation in Franklin County.

### **Goal 2: Increase the awareness of Medication Assisted Treatment (MAT) and other available resources.**

#### **Strategies:**

- A. Continue to collaborate with the statewide Plan of Safe Care
  1. Implement Plan of Safe Care baby showers in collaboration with other community programs
- B. Provide training to direct service workers to effectively support pregnant women while they are in enrolled in a substance treatment program
  1. Hire a trainer to educate staff about the effects of substance use during pregnancy, strategies for assisting women receiving treatment, and stress management techniques.
- C. Collaborate with the local birthing hospital to implement the new Maternal Opioid Recovery Effort initiative.
  1. Assist with the completion of the Community Mapping Tool.
  2. Provide in-service training for hospital staff regarding referring women who are not already enrolled in home

visitation to CONNECT.

3. Assist in the development of a process to address the needs of women with Opioid Use Disorder (OUD) who refuse a referral to CONNECT or other services.

**Goal 3: Reduce the number of babies who die due to an unsafe sleep environment**

**Strategies:**

- A. Implement the Safe Sleep Ambassadors program through Cribs for Kids to pregnant women served by Healthy Start.
  1. Train direct service workers on the Safe Sleep Ambassador program, how to assist clients with participation in the program, and how to track participation.
- B. Continue to collaborate with other community agencies and first responders to increase awareness of the safe sleep initiative.
  1. Share information with agencies not involved with the initiative.
- C. Implement Safe Baby Curriculum training.
  1. Certify local trainers in the Safe Baby Curriculum.
  2. Offer lunch and learns and /or virtual trainings to faith based community members, teachers, first responders, etc.
- D. Implement new safe sleep awareness campaigns (PSAs).
  1. Update existing products and develop new safe sleep awareness campaigns.
  2. Create Coalition Twitter and Instagram accounts.
  3. Distribute new campaigns across multiple media outlets such as social media, television, radio, and billboards.



## ACTION PLAN

### GOAL 1: Decrease the percentage of women who smoke during pregnancy.

STRATEGY	ACTION STEPS	PERSON RESPONSIBLE	START DATE	END DATE
A. Collaborate with direct service workers to coordinate smoking cessation education and distribution of product in target population areas.	1. Host individual outreach events in target neighborhoods that focus on smoking cessation.	Coalition Staff	July 1, 2021	June 30, 2026
	2. Have a Smoking Cessation table at the annual baby shower that features Smoker Lyzer, Smoking Sue, and smoking cessation products.	Coalition Staff	July 1, 2021	June 30, 2026
B. Implement public service announcements (PSA's) including commercials, billboards, and social media campaigns, to educate about the dangers of smoking while pregnant.	1. Create Instagram and Twitter accounts for the Coalition.	Coalition Staff	July 1, 2021	June 30, 2026
	2. Develop PSAs with a local production company to utilize on a variety of media platforms.	Coalition Staff	July 1, 2021	June 30, 2026
C. Increase referrals to Script and the Quitline and track outcomes.	1. Coordinate with the Franklin County Florida Healthy Babies Tobacco Free program to promote smoking cessation in Franklin County.	Coalition Staff	July 1, 2021	June 30, 2026

## ACTION PLAN

**GOAL 2: Increase the awareness of Medication Assisted Treatment (MAT) and other available resources.**

STRATEGY	ACTION STEPS	PERSON RESPONSIBLE	START DATE	END DATE
A. Continue to collaborate with the state-wide Plan of Safe Care.	1. Implement Plan of Safe Care baby showers in collaboration with other community programs.	Coalition Staff	July 1, 2021	June 30, 2026
B. Provide training to direct service workers to effectively support pregnant women while they are in enrolled in a substance treatment program.	1. Hire a trainer to educate staff about the effects of substance use during pregnancy, strategies for assisting women receiving treatment, and stress management techniques.	Coalition Staff	July 1, 2021	June 30, 2026
C. Collaborate with the local birthing hospital to implement the new Maternal Opioid Recovery Effort initiative.	1. Assist with the completion of the Community Mapping Tool.	Coalition Staff	July 1, 2021	June 30, 2026
	2. Provide in-service training for hospital staff regarding referring women who are not already enrolled in home visitation to CONNECT.	Coalition Staff	July 1, 2021	June 30, 2026
	3. Assist in the development of a process to address the needs of women with Opioid Use Disorder (OUD) who refuse a referral to CONNECT or other services.	Coalition Staff	July 1, 2021	June 30, 2026

## ACTION PLAN

**GOAL 3: Reduce the number of babies who die due to an unsafe sleep environment.**

STRATEGY	ACTION STEPS	PERSON RESPONSIBLE	START DATE	END DATE
A. Implement the Safe Sleep Ambassadors program through Cribs for Kids to pregnant women served by Healthy Start.	1. Train direct service workers on the Safe Sleep Ambassador program, how to assist clients with participation in the program, and how to track participation.	Coalition Staff	July 1, 2021	June 30, 2026
B. Continue to collaborate with other community agencies and first responders to increase awareness of the safe sleep initiative.	1. Share information with agencies not involved with the initiative.	Coalition Staff	July 1, 2021	June 30, 2026
C. Implement the Safe Baby Curriculum training.	1. Certify local trainers in the Safe Baby Curriculum.	Coalition Staff	July 1, 2021	June 30, 2026
	2. Offer lunch and learns and/or virtual trainings to faith based community members, teachers, first responders, etc.	Coalition Staff	July 1, 2021	June 30, 2026
D. Implement new safe sleep awareness campaigns (PSAs).	1. Update existing products and develop new safe sleep awareness campaigns.	Coalition Staff	July 1, 2021	June 30, 2026
	2. Create Coalition Twitter and Instagram accounts.	Coalition Staff	July 1, 2021	June 30, 2026
	3. Distribute new campaigns across multiple media outlets such as social media, television, radio, and billboards.	Coalition Staff	July 1, 2021	June 30, 2026

## ENDNOTES

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1. <https://worldpopulationreview.com/us-counties/states/fl>
2. <https://www.noaa.gov/media-release/hurricane-michael-upgraded-to-category-5-at-time-of-us-landfall>)
3. Slow Relief, Deep Divide in Hurricane Housing Recovery (n.d.). Retrieved from <https://nextcity.org/daily/entry/slow-relief-deep-divide-in-hurricane-housing-recovery>
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5. (n.d.). Retrieved from [https://data.census.gov/cedsci/table?q=median income](https://data.census.gov/cedsci/table?q=median%20income)
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11. Substance Use During Pregnancy. (2020, July 15). Retrieved from [https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/substance-abuse-during-pregnancy.htm#:~:text=Smoking during pregnancy increases the,infant death syndrome \(SIDS\).](https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/substance-abuse-during-pregnancy.htm#:~:text=Smoking during pregnancy increases the,infant death syndrome (SIDS).)

# COMMUNITY NEEDS ASSESSMENT

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## **Healthy Start Bay, Franklin, and Gulf**

**Needs Assessment for the Service Delivery Plan  
March 2020**

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## Introduction

The mission of Healthy Start of Bay, Franklin, and Gulf is to reduce preventable fetal and infant deaths associated with lack of adequate prenatal care, socio-economic conditions and other racial, social, and economic reasons. The goals of Healthy Start are to improve pregnancy outcomes, to reduce infant mortality rates, and to promote healthy growth and development in all children up to age three in Bay, Franklin, and Gulf Counties.

This is the first needs assessment completed since Hurricane Michael hit the area in October of 2018. This category five hurricane devastated the communities served by Healthy Start of Bay, Franklin, and Gulf. The hurricane impacted every facet of daily life and of daily operations at Healthy Start and has particularly impacted housing, availability of services, and stress – which can lead to increased substance use and poor mental health. Data sources for this needs assessment included birth outcome indicators, community cafés, and a community survey. Unfortunately, the most recent indicator data are from the year of the hurricane and should be interpreted with caution as the community and its population have changed since then.

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

**Figure 1: Community demographics**

	Bay	Franklin	Gulf
<b>Rolling three-year average, 2016-2108, Florida CHARTS</b>			
Number of women of childbearing age	98,862	4,563	5,942
Percentage of women 15 to 44 who are White	79.2%	87.5%	83.0%
Percentage of women 15 to 44 who are Black	13.4%	9.1%	11.9%
Percentage of women 15 to 44 who are some other race	7.4%	3.5%	5.1%
Percentage of women 15 to 44 who are Hispanic <sup>1</sup>	7.6%	4.5%	3.1%
<b>2013-2017 estimates, American Community Survey</b>			
Number of children under 5*	11,333	531	647
Percentage of families with children under 5 that are below the federal poverty level	19.4%	22.5%	11.8%

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



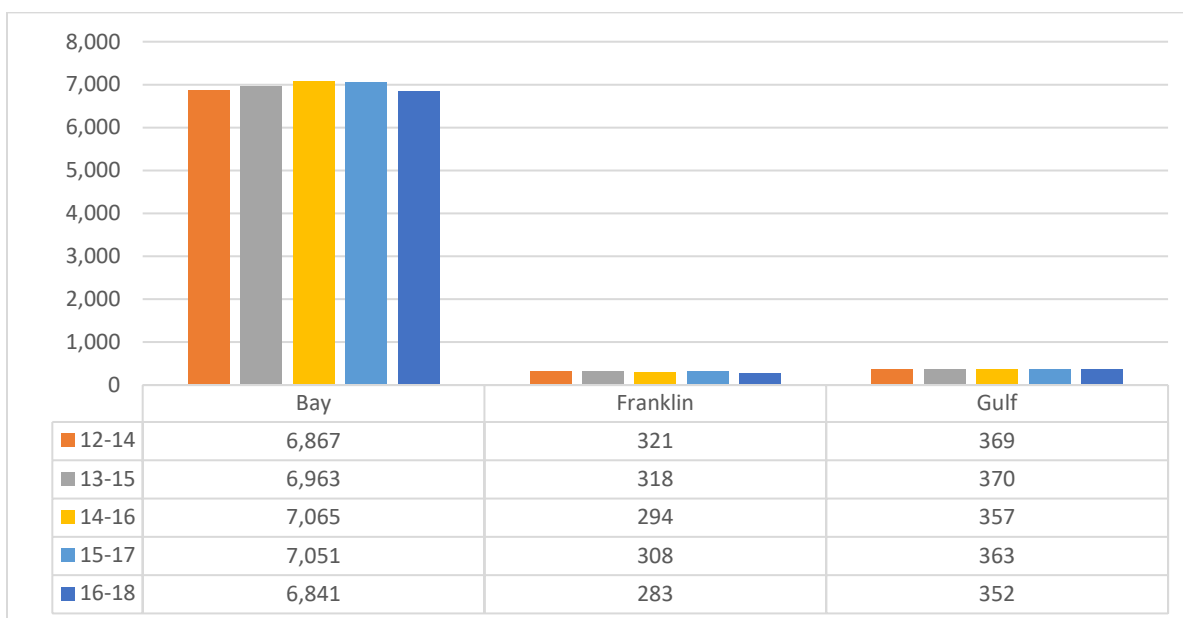
	<b>Bay</b>	<b>Franklin</b>	<b>Gulf</b>
Percentage of the total population over 25 years old with at least a high school diploma	89.1%	81.4%	84.3%
Median family income (total population)	\$61,750	\$52,164	\$55,866
Unemployment rate for all residents over 16 years old	6.4%	7.9%	5.4%
Percentage of total households with no vehicle available	6.4%	7.9%	5.4%
Percentage of total population in the same house one year ago**	79.8%	83.6%	84.0%
Percentage of total population that speaks a language other than English at home	6.9%	5.5%	5.3%

\*2018 population estimate from the American Community Survey

\*\*Prior to Hurricane Michael

As noted, our mission is to reduce infant deaths. Figure 2 provides the number of births in each county while Figures 3 through 6 provide data on low birth weight and infant mortality. Please note that data are typically provided as a percentage of all births or a rate per 1,000 births. In smaller counties, this can create fluctuations when the counts are low.

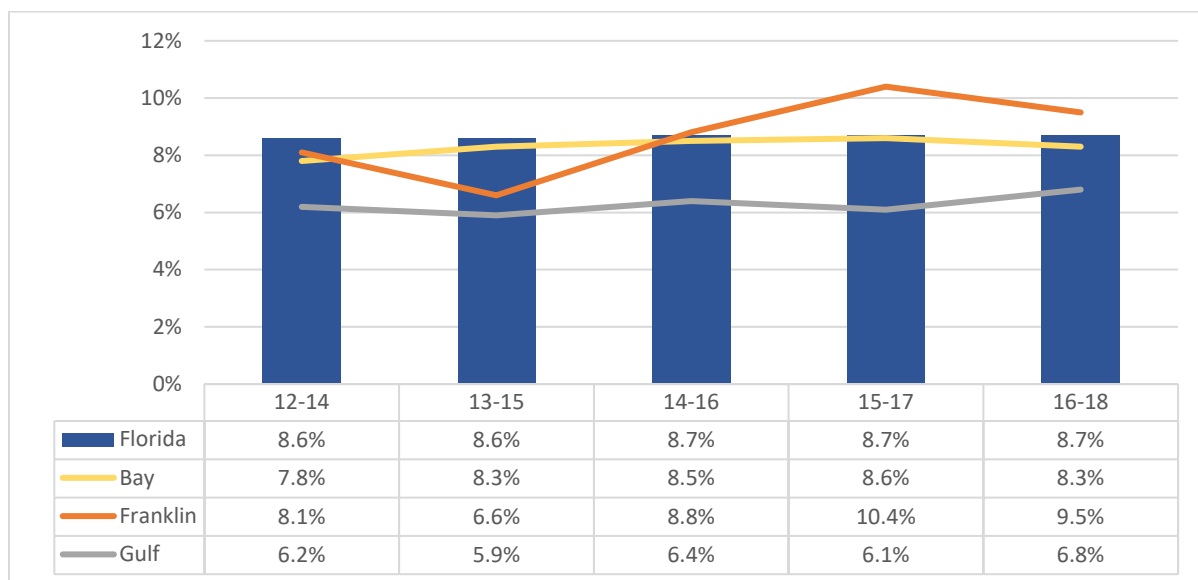
**Figure 2: Number of births in each county, rolling three-year average**



Source: Florida Department of Health, CHARTS

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

Fluctuations are due to the low counts in Franklin and Gulf (27 and 24 low birth weight babies respectively).



Source: Florida Department of Health, CHARTS

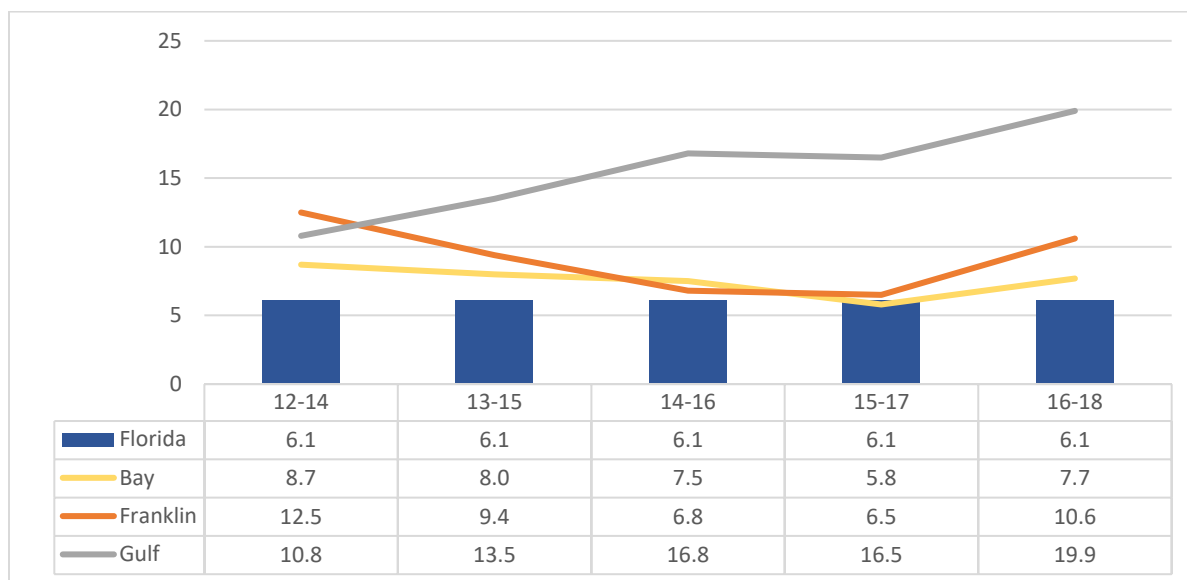
**Figure 4: Percentage of live births under 2,500 grams, by race, 2016-2018**

Please note that the percentages below are denominator-specific, meaning that the percent of White low birth weight babies is of White births, not as a portion of all low birth weights. Although the percentages are high, please note that counts are low. For example, there was only an average of five Black low birth weight babies in Franklin County between 2016-2018 and nine in Gulf County. Black women, however, are still more likely to deliver a low birth weight baby.

	Bay	Franklin	Gulf	Florida
White	7.5%	9.0%	4.9%	7.2%
Black	13.2%	25.0%	20.5%	13.8%
Another race	7.6%	25.0%	6.7%	8.6%
Hispanic	8.0%	10.5%	0.0%	7.2%

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

Although the rate is over the state average, in Franklin and Gulf counties the number of infant deaths are low (an average of 3 and 7 per year, respectively).



Source: Florida Department of Health, CHARTS

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

Please note that the rates below are denominator-specific, meaning that the rate of White infant deaths is per 1,000 White births, not as a portion of all infant deaths. As with low birth weight, the counts of Black infant deaths are low (an average of two per year in Gulf county) but Black women are more likely to experience in infant death.

	Bay	Franklin	Gulf	Florida
White	5.1	11.8	10.5	4.3
Black	21.5	0.0	45.5	11.2
Another race	7.1	0.0	133.3	7.5
Hispanic	3.3	0.0	0.0	5.3

The next section provides a summary of the findings and the priorities identified. These priorities will be used to create the service delivery plan.

## Summary

### Summary of Needs Assessment Findings

- Substance use (marijuana and alcohol) is higher than the state average in all three counties.
- Community surveys identified substance use as a top concern.
- Deaths due to unsafe sleep practices are higher than the state average in Bay and Franklin Counties.
- Recent Fetal and Infant Mortality Reviews (FIMRs) identified unsafe sleep as a concern.
- In all three counties, the infant death rate is over the state rate and increasing, however, the counts in Franklin and Gulf Counties are low (two and 11 respectively).
- Births to mothers who report smoking during pregnancy and births to mothers over 18 without high school education are over the state average in all three counties but decreasing in Bay and Gulf Counties.
- In all three counties, the birth rate to mothers age 15-19 is over the state rate but decreasing.

### Priorities

- Reduce substance use among pregnant women.
  - Reduce unsafe sleep practices. Housing availability is contributing to this issue.
  - Continue to focus on smoking cessation, focusing on Franklin County. Although the percentage of women smoking during pregnancy is decreasing in two counties, the percentage is still over the state average. In addition, FIMRs identified smoking as a contributing factor in infant deaths.
-

## Needs Assessment Data

### Birth Outcome Indicators

This section provides the birth outcome indicators, by county, for the prior five years. Data for the 24 birth outcome indicators for each county were obtained from two Florida CHARTS products: the Pregnancy and Young Child Profile and the County Birth Comparison. Data are three-year rolling averages unless otherwise noted. The scales of the graphs are not consistent and were chosen to allow for visual comparison among years and counties and not across indicators. For some indicators, the smaller counties show wide fluctuations even with a rolling three-year average; in this case, the counts are provided for context. Figure 7 identifies for each county where the indicator is over the state average and whether that indicator is showing a concerning trend (increasing/decreasing) or may be a concern, but is improving. Following Figure 7 are the indicator graphs. Please note that the last year of available data was the year of Hurricane Michael.

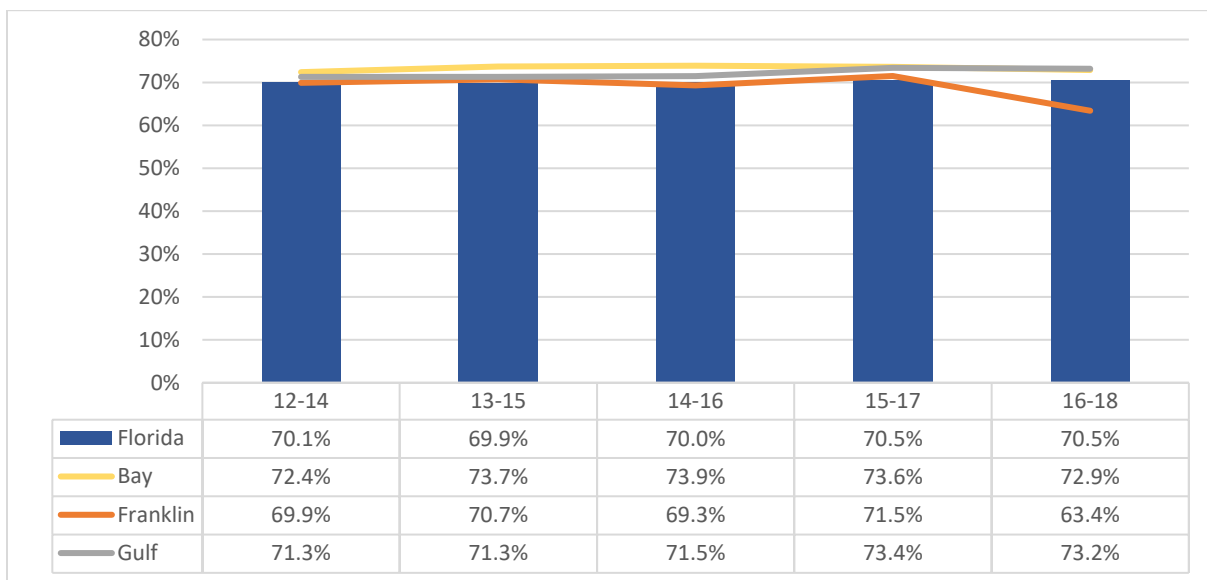
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**Figure 7: Priority areas of concern “at a glance”**

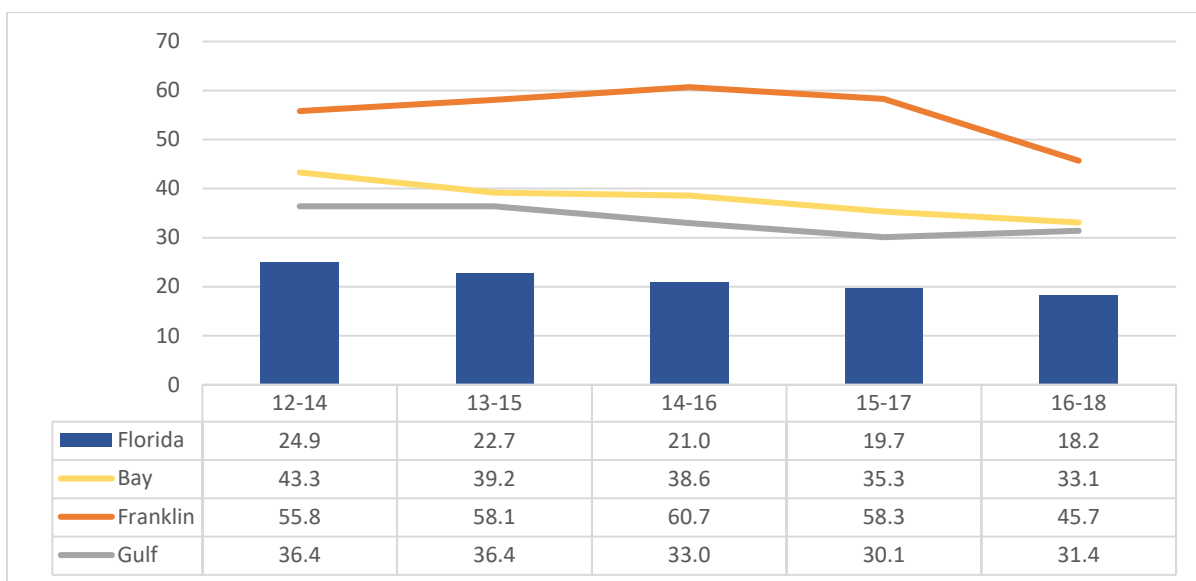
	<b>Bay</b>	<b>Franklin</b>	<b>Gulf</b>
Percentage of live births under 2,500 grams		The percentage is over the state average, but counts are low	
Infant death rate per 1,000 live births	The rate is over the state average and increasing		
Percentage of births with adequate prenatal care		The percentage dropped to under the state average during 2016-18.	
Births to mothers age 15-19 per 1,000 females age 15-19	Over the state average but decreasing.		
Repeat births to mothers ages 15-19 as a percentage of births to mothers ages 15-19		Over the state average.	Under the state average but increasing.
Births with an inter-pregnancy interval under 18 months	Over the state average and fluctuating, but showing a slight upward trend.		
Births to mothers over 18 without high school education	Over the state average but showing a slight downward trend.	Over the state average and increasing.	Over the state average but showing a slight downward trend.
Births to mothers who report smoking during pregnancy	Over the state average but decreasing.	Over the state average and increasing.	Over the state average but decreasing.
Births covered by Medicaid	Over the state average but showing a slight downward trend.		
Kindergarten children fully immunized	Dropped over the last three years.		

The next pages provide data on each of the birth outcome indicators reviewed.

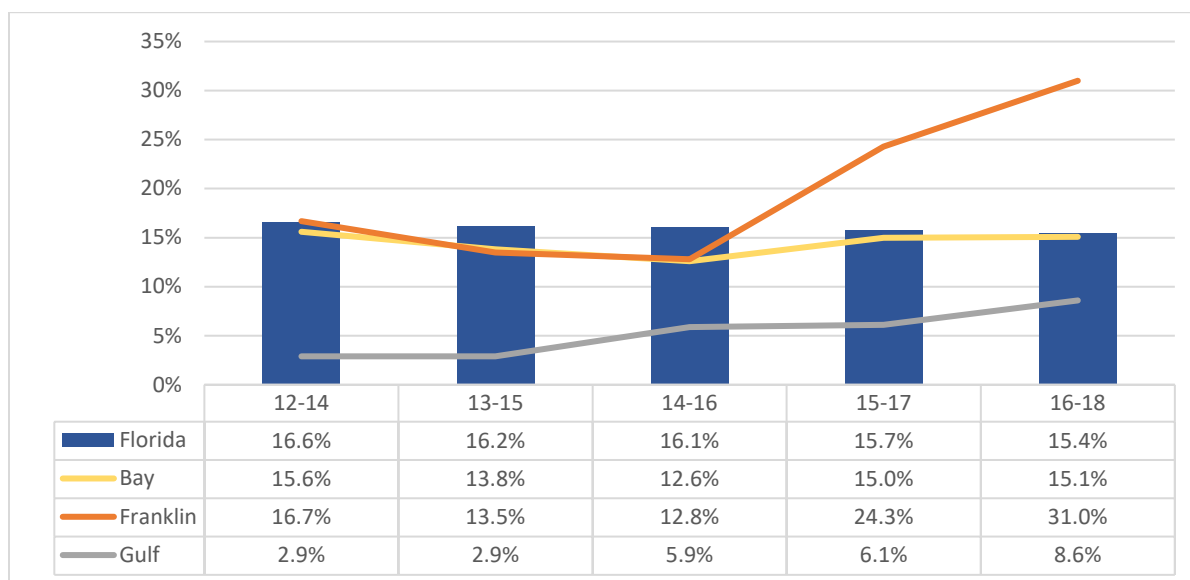
**Figure 8: Percentage of births with adequate prenatal care according to the Kotelchuck index, rolling three-year average**



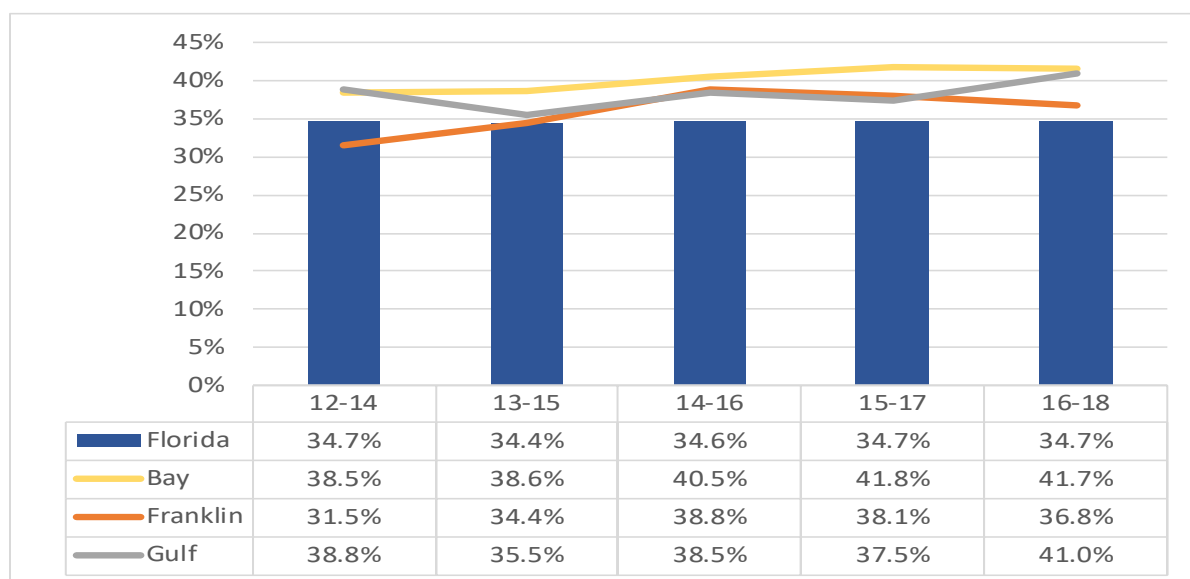
**Figure 9: Births to mothers age 15-19 per 1,000 females age 15-19, rolling three-year average**



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

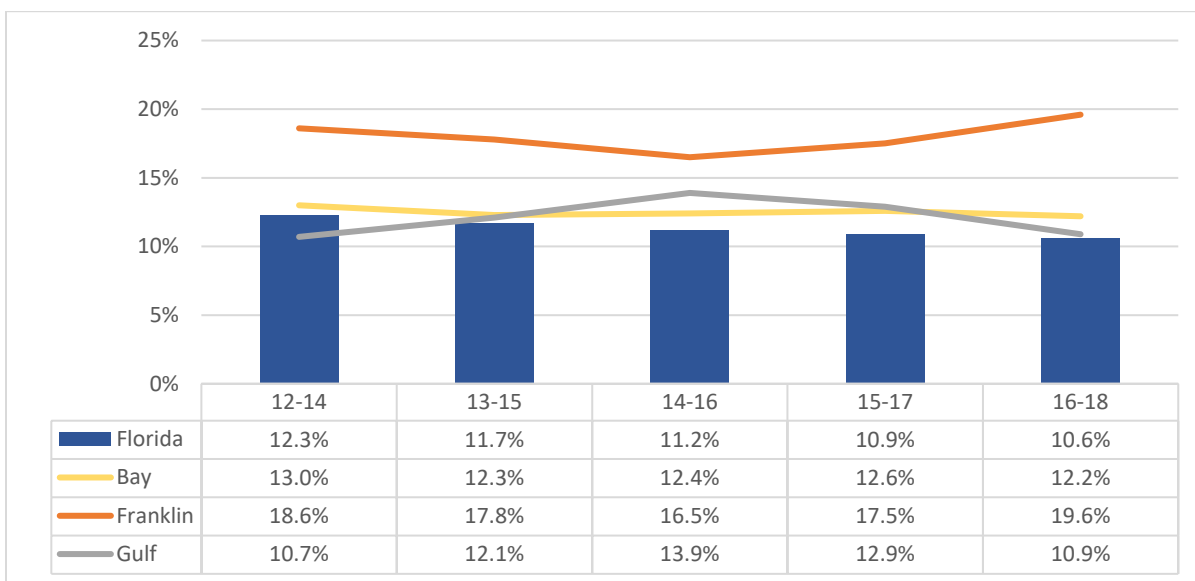


**Figure 11: Births with an inter-pregnancy interval under 18 months as a percentage of births, rolling three-year average**

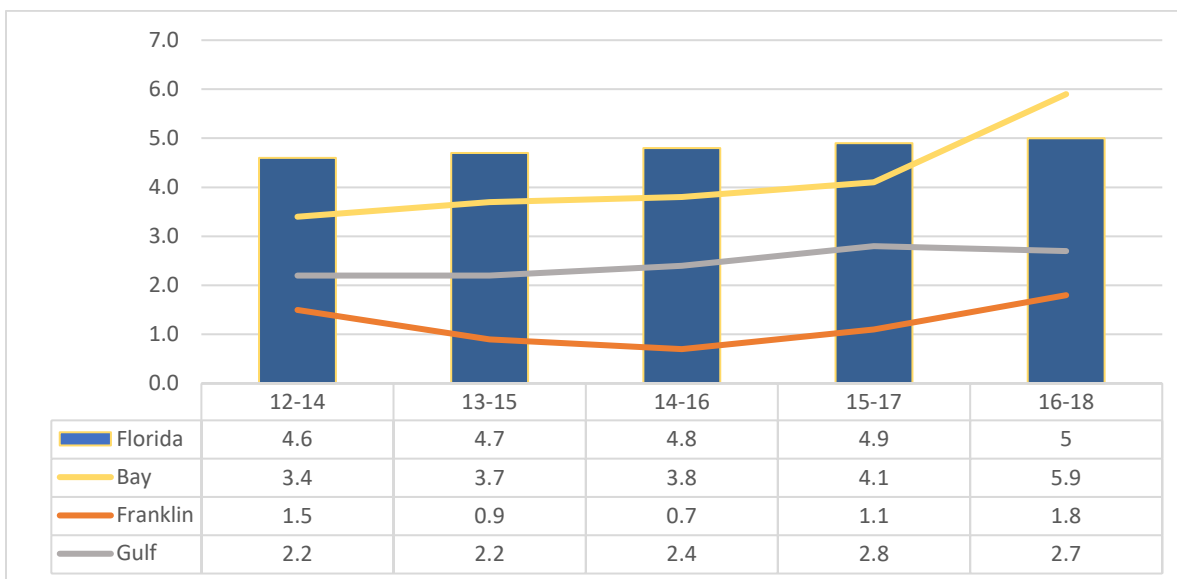




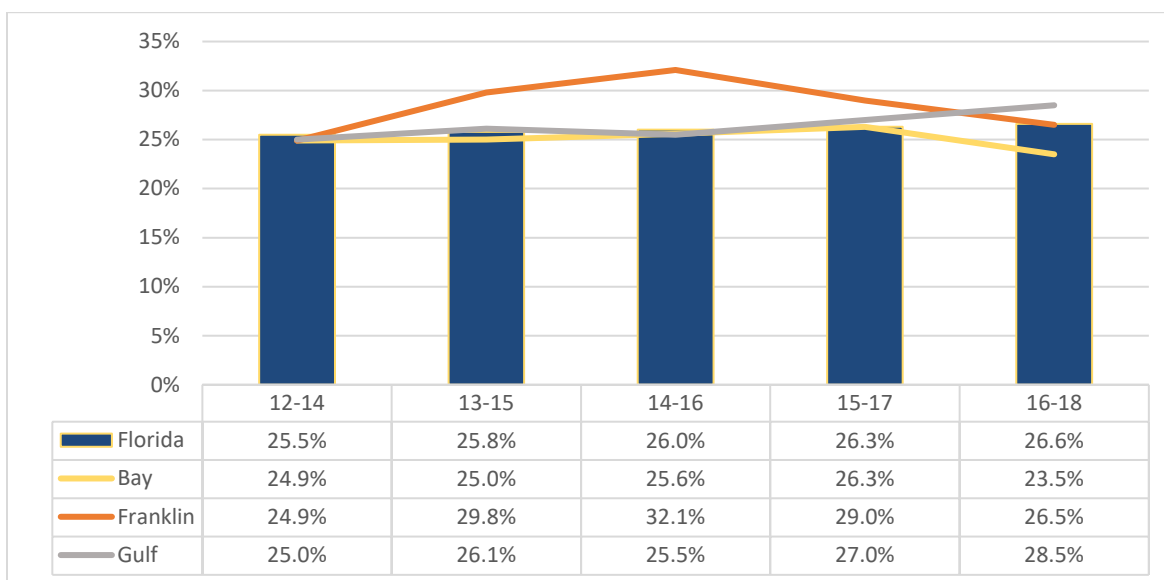
**Figure 12: Births to mothers over 18 without high school education as a percentage of births to all mothers over 18, rolling three-year average**



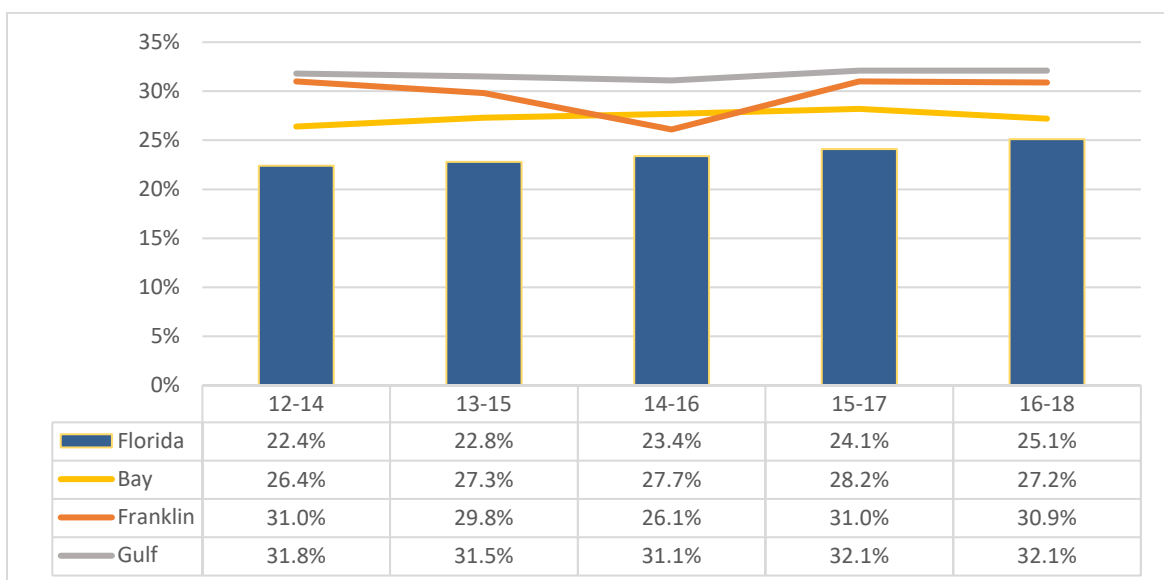
**Figure 13: Births to mothers over age 35 per 1,000 females over age 35, rolling three-year average**



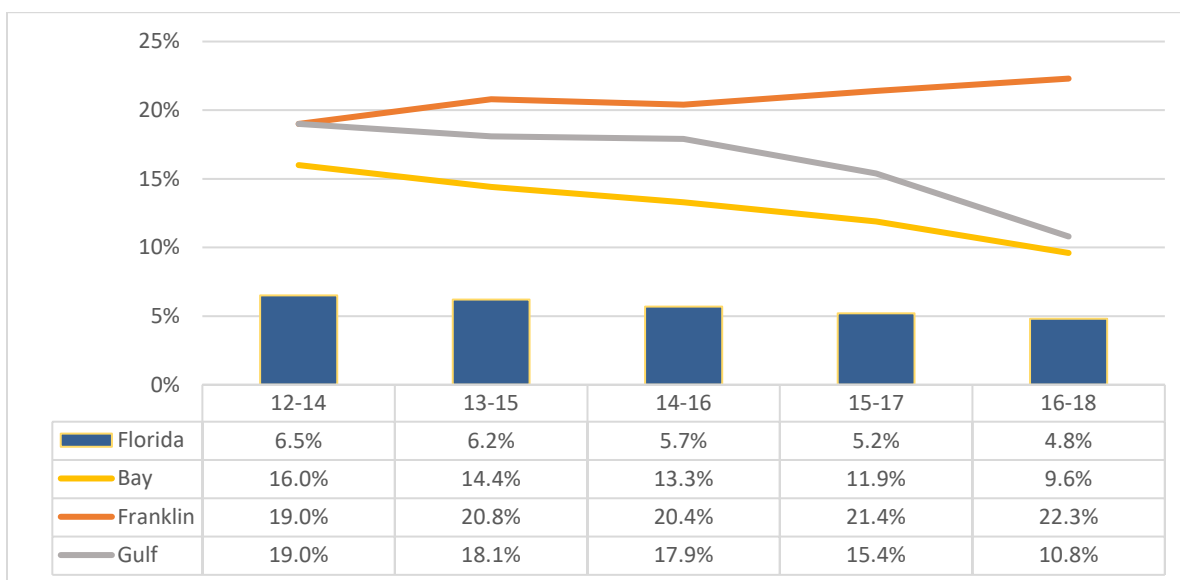
**Figure 14: Births to overweight mothers at the time pregnancy occurred as a percentage of births, rolling three-year average**



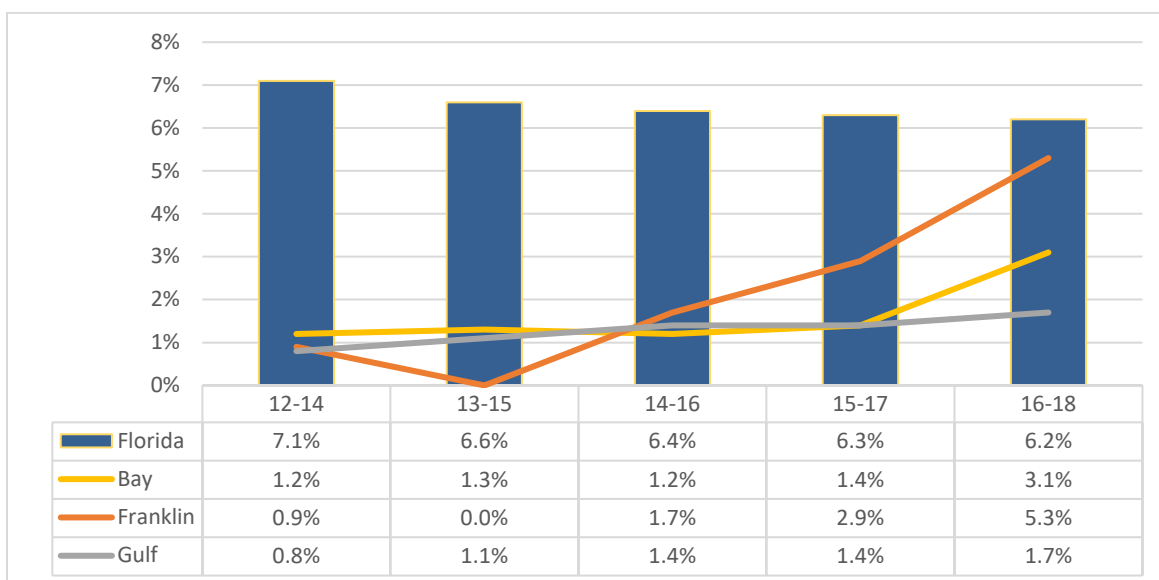
**Figure 15: Births to obese mothers at time the pregnancy occurred as a percentage of births, rolling three-year average**



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

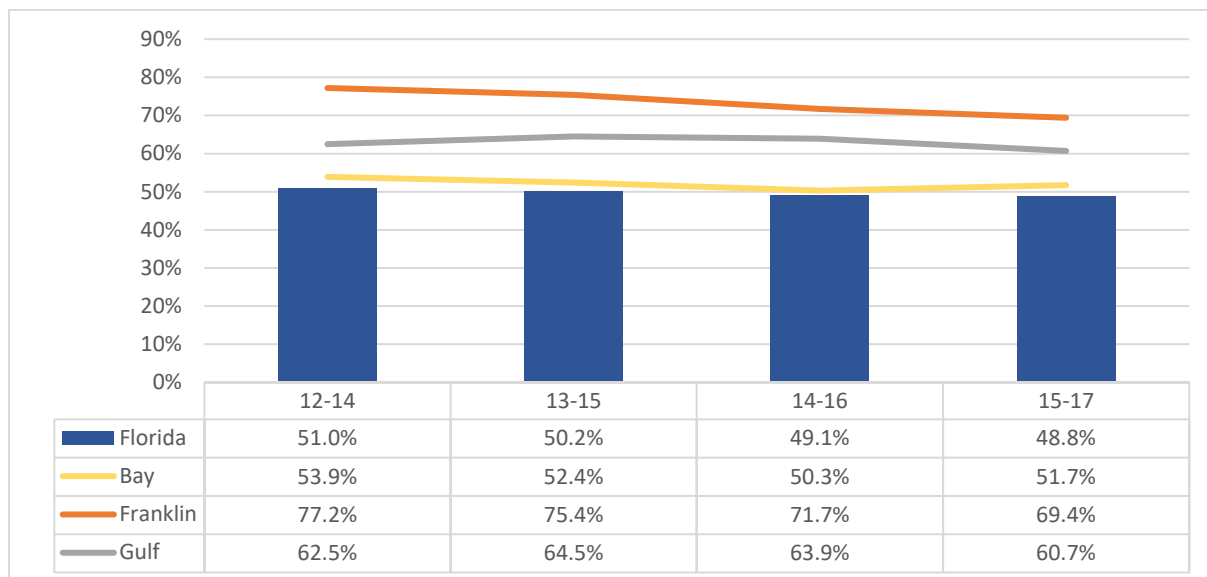


**Figure 17: Births to uninsured women ("self-pay" checked on birth certificate) as a percentage of births, rolling three-year average**

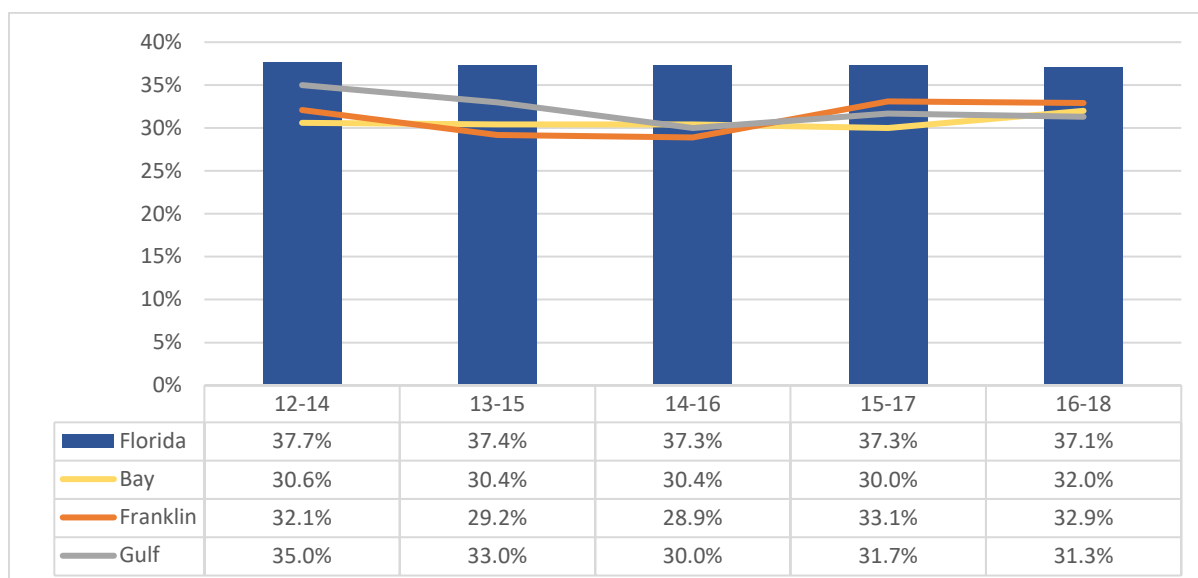


**Figure 18: Births covered by Medicaid as a percentage of births, rolling three-year average**

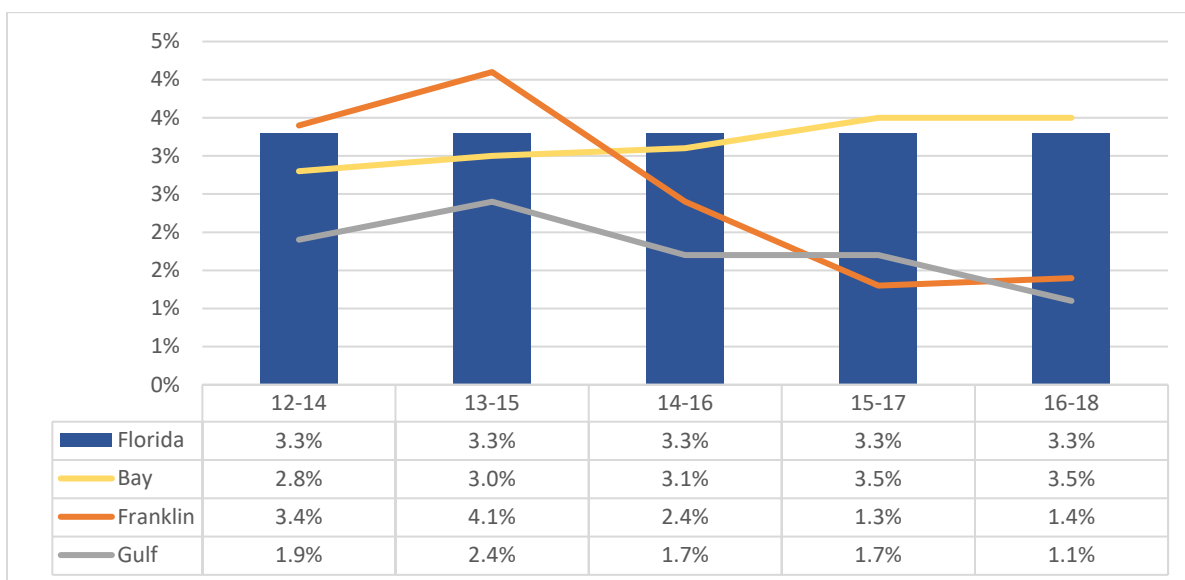
Data from 2016-2018 are not yet available



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

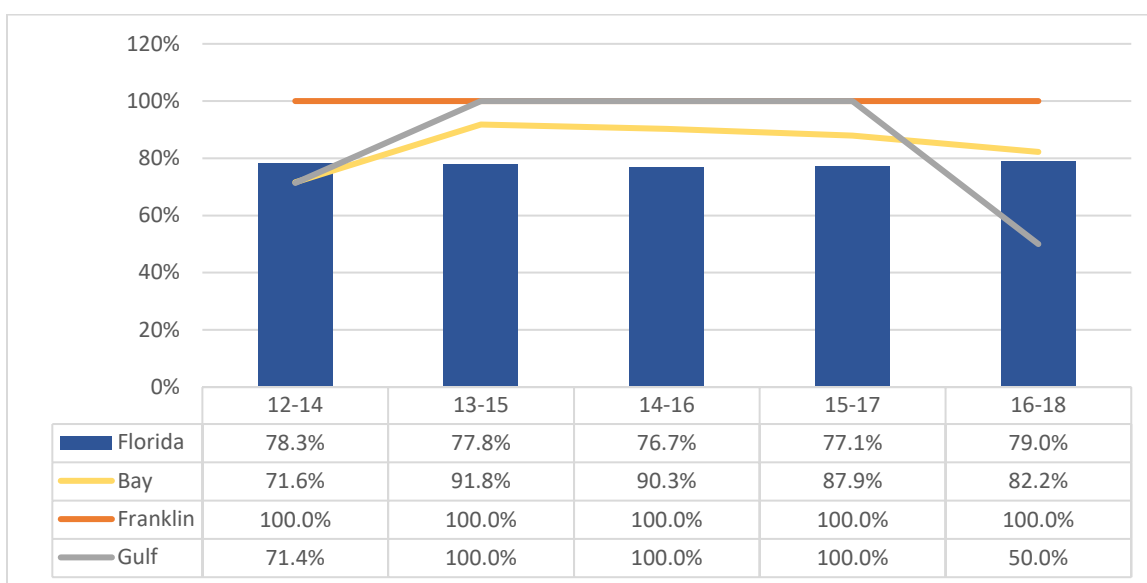


**Figure 20: Multiple births (twins, triplets, or more) as a percentage of births, rolling three-year average**

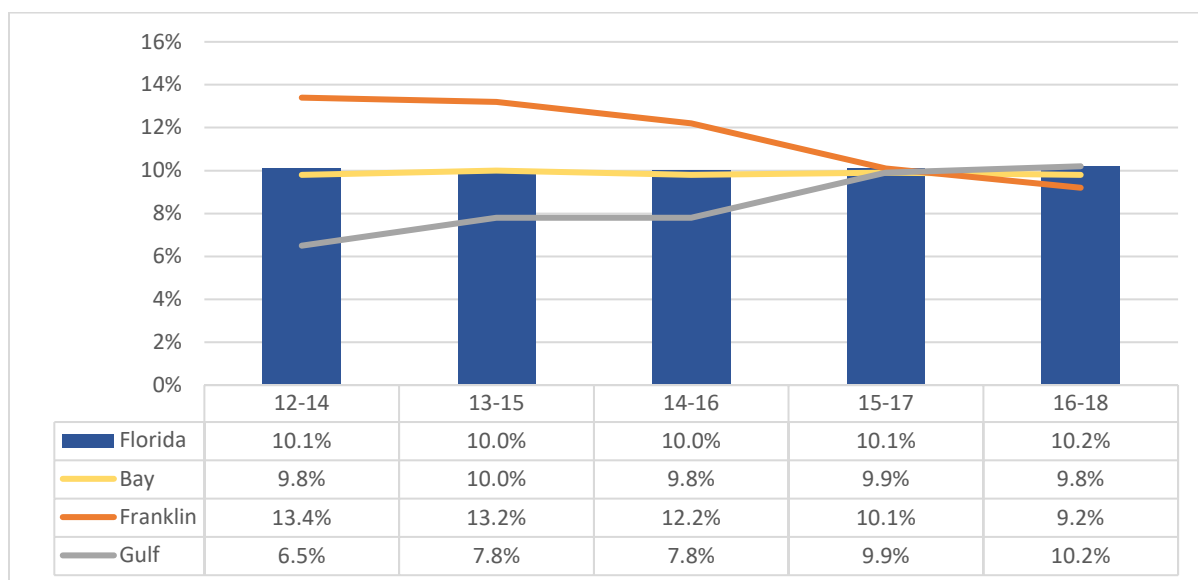


**Figure 21: Very low birth weight (VLBW) infants born in subspecialty perinatal centers as a percentage of VLBW births, rolling three-year average**

Fluctuations are caused by low counts of VLBW infants. For example, in Gulf County, the rolling three-year average ranged between two and seven.



**Figure 22: Preterm births as a percent of total live births**



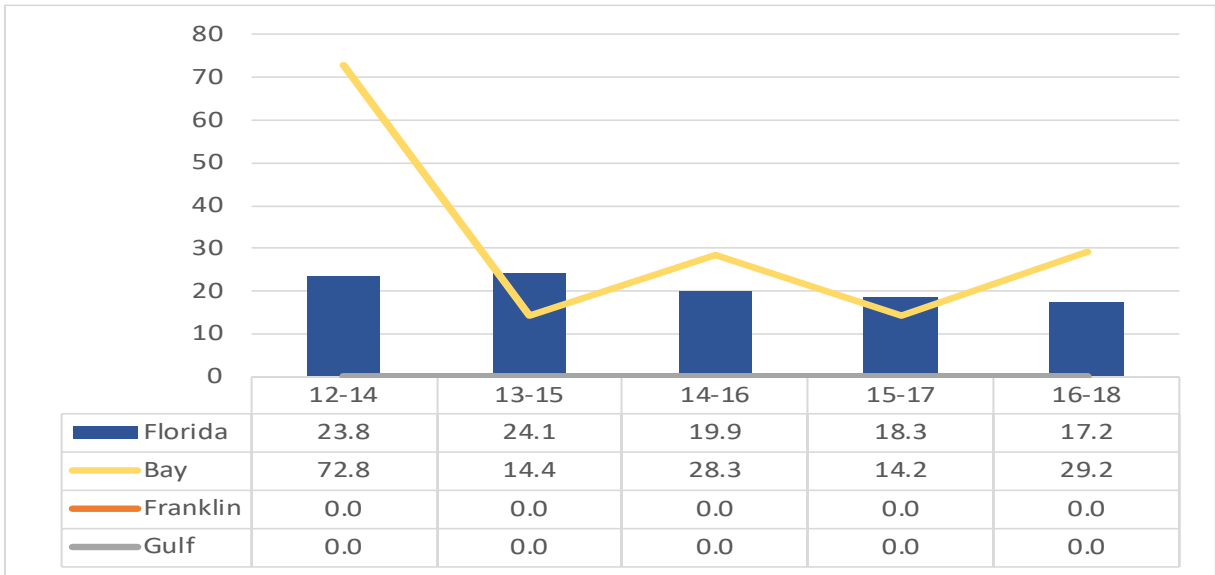
**Figure 23: Preterm births as a percentage of total births, by race, 2016-2018**

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

	Bay	Franklin	Gulf	Florida
White	8.9%	7.5%	7.7%	9.1%
Black	14.2%	30.0%	25.0%	13.9%
Another race	9.4%	12.5%	13.3%	9.0%
Hispanic	10.9%	10.5%	0.0%	9.1%

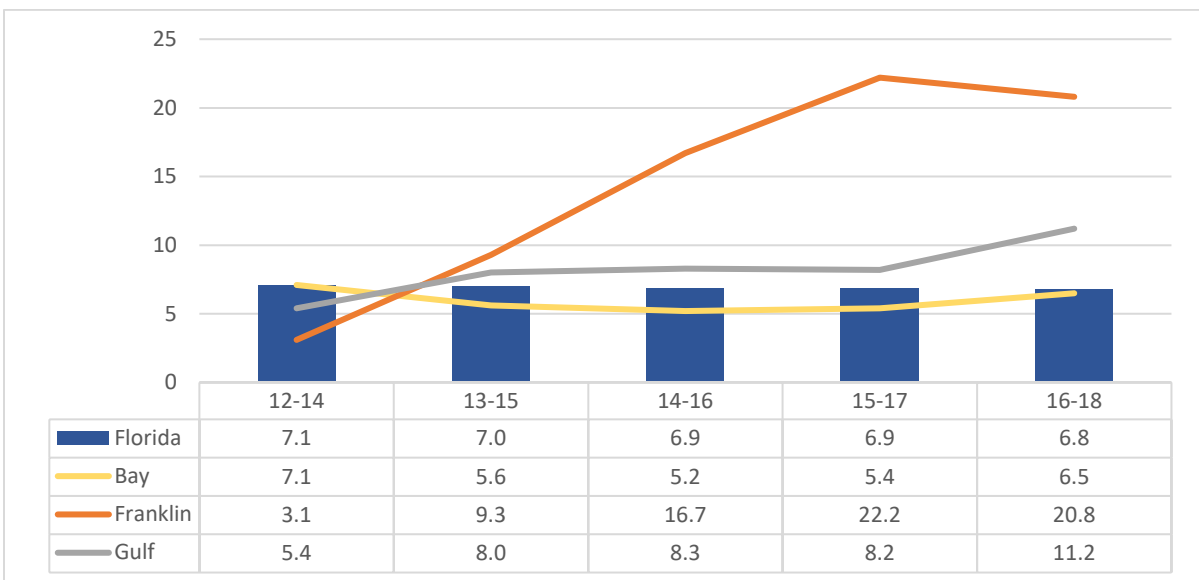
**Figure 24: Maternal deaths per 100,000 live births, rolling three-year average**

Please note fluctuations in rates are due to low counts of maternal deaths (between two and five per year in Bay County).



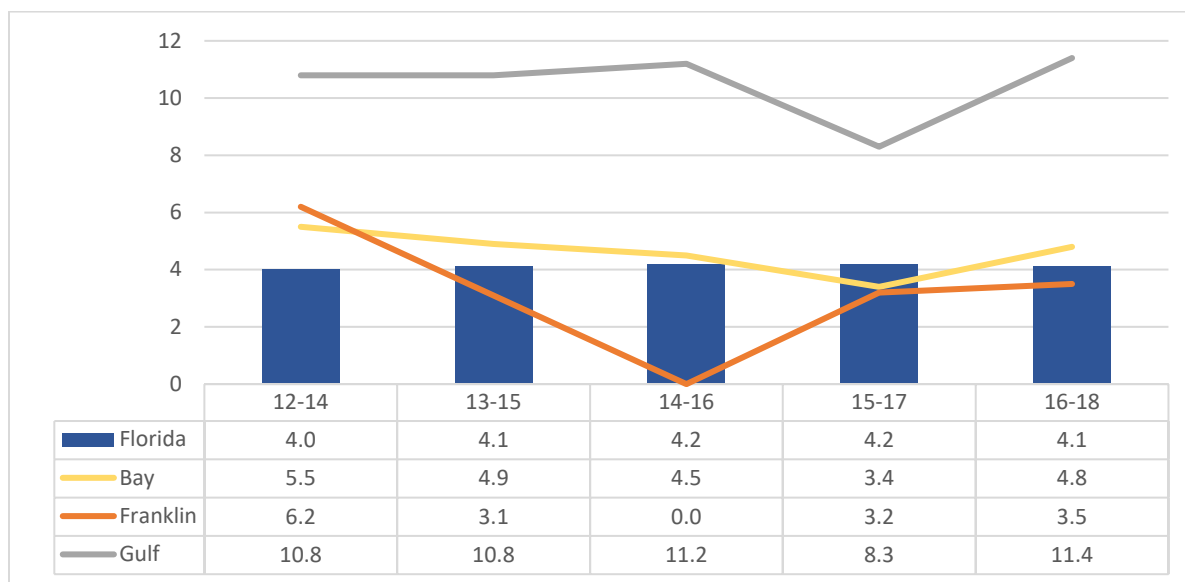
**Figure 25: Total fetal deaths per 1,000 live births and fetal deaths, rolling three-year average**

Fluctuations in rates are due to low counts of fetal deaths.



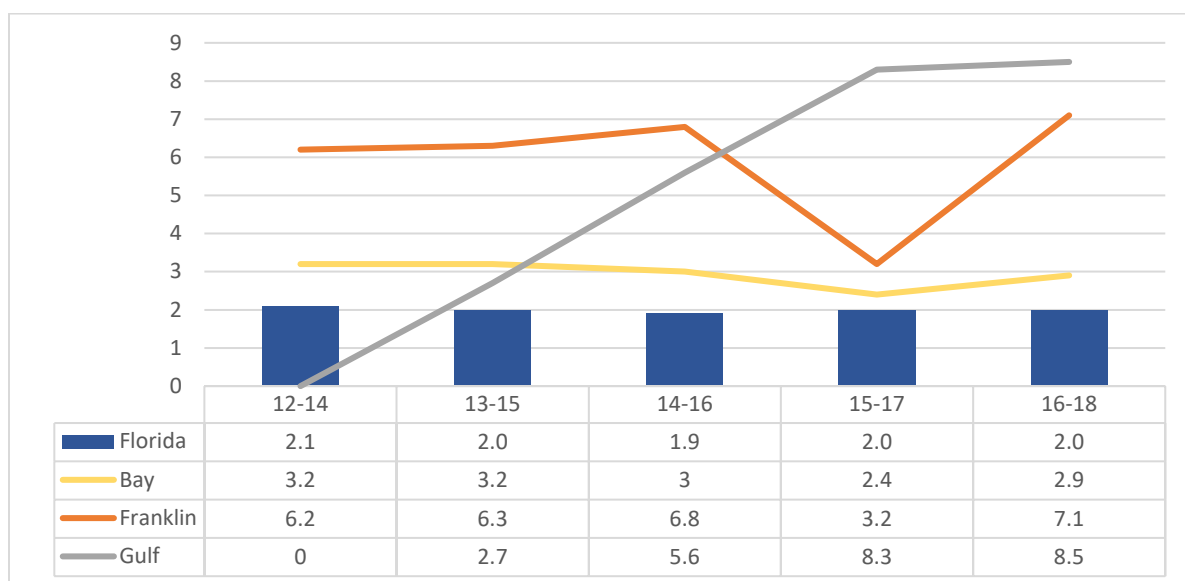
**Figure 26: Total neonatal infant deaths per 1,000 live births, rolling three-year average**

Fluctuations in rates are due to low counts of neonatal infant deaths.



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

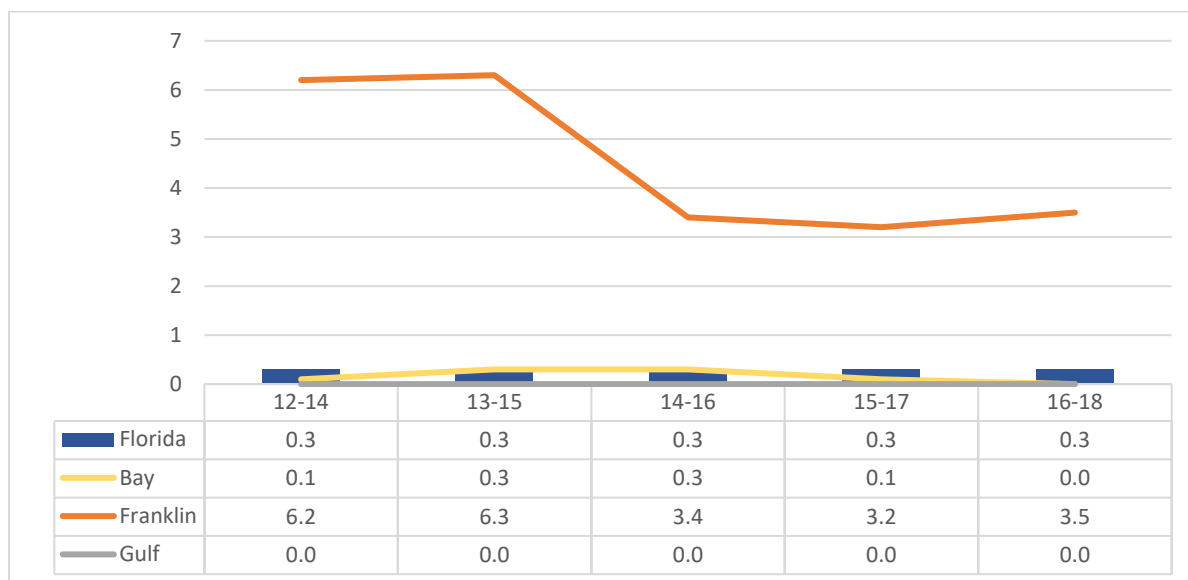
Fluctuations in rates are due to low counts of neonatal infant deaths.



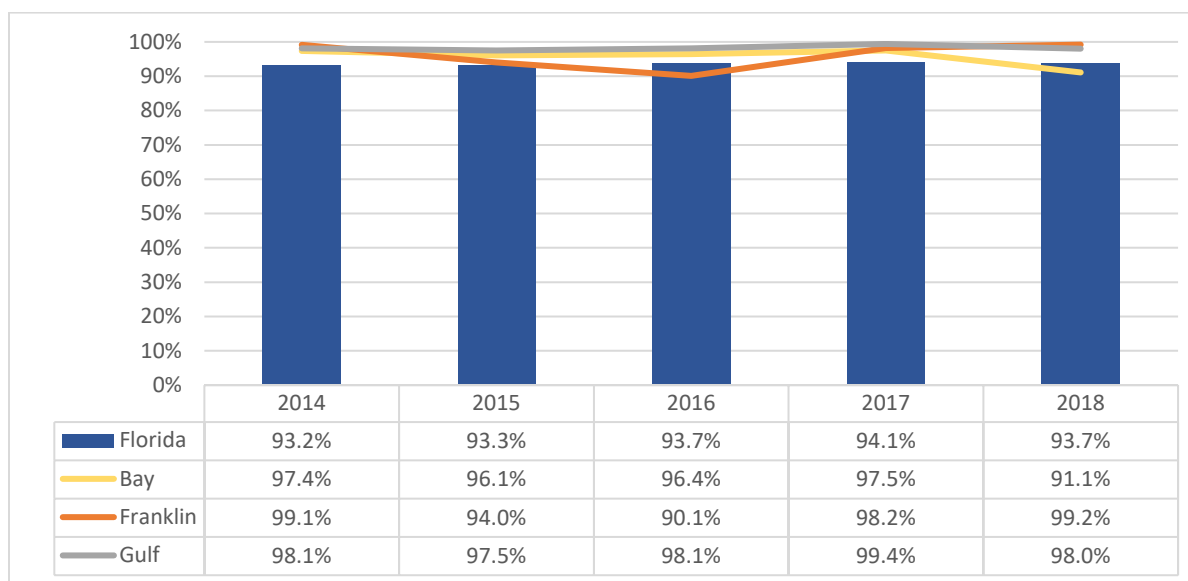


**Figure 28: Total Sudden Infant Death Syndrome (SIDS) deaths per 1,000 live births, rolling three-year average**

Although the rate is high for Franklin County, the counts are between one and two.



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



## Community Input

This section summarizes community input obtained through community cafés and community surveys.

### COMMUNITY CAFE SUMMARY

Healthy Start held two community cafés – one in Bay County and one in Gulf County; there were 58 total participants. At each event, participants were asked to provide input in four categories: access to care, birth control, community awareness/funding, and substance abuse and mental health. Responses were similar in both communities.

**Figure 30: Summary of Community Café input**

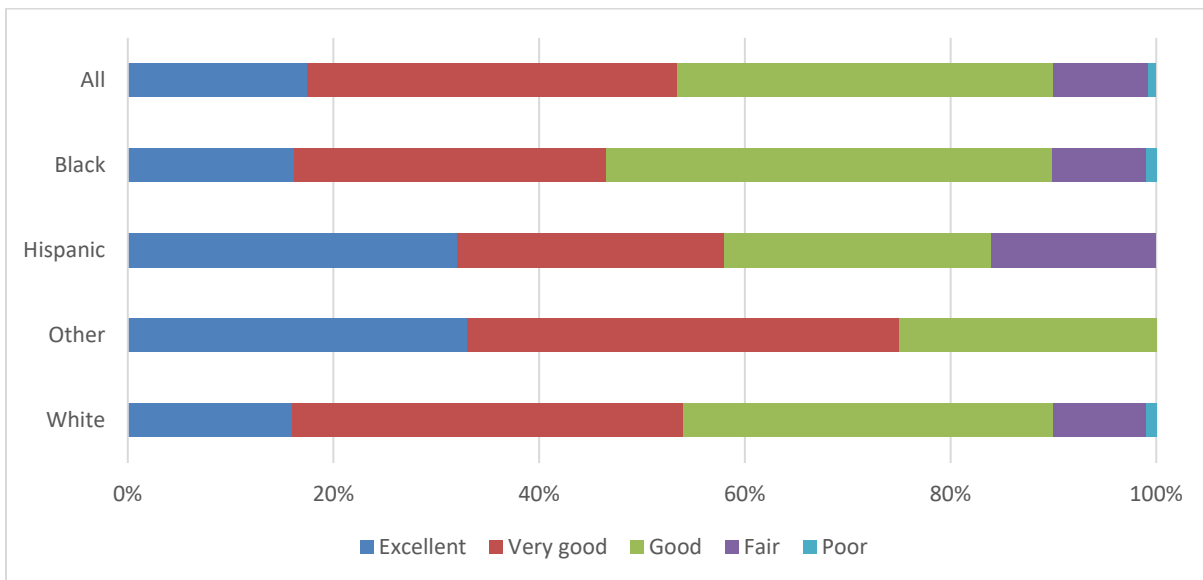
	<b>Barriers identified</b>	<b>Solutions suggested</b>
<b>Access to care</b>	Lack of insurance Affordability Drug use Transportation Fear (immigrant status) Feeling judged	Medical transport Mobile services Services near homes Care coordination to remove barriers Consistent, in-person outreach (be visible)
<b>Birth control</b>	Difficult navigation to get birth control/Medicaid family planning waiver Ineffective education for male and female youth Pros and cons of all options are not presented in a culturally sensitive way Topic is not normalized and education is not implemented early and often Media glamourizes pregnancy Limited other activities for teens	Promote effective birth control options and overcome myths Prescribe birth control during discharge from hospital Improve access, including reducing cost Reach people in a way that works for them (apps, etc.)
<b>Substance abuse and mental health</b>	Stigma Cost & availability of services Generational norms	Telehealth Screenings and services in primary care

		<p>Education in jails and prisons, with a focus on women of child-bearing age</p> <p>For substance-exposed newborns specifically:</p> <ul style="list-style-type: none"> <li>- Work with OB/GYNs and WIC/Pregnancy Resource Center to engage, test, refer, and share info</li> <li>- Let women know the process and implications of getting help as well as the impact on their baby</li> </ul>
<b>Community awareness</b>	n/a	<p>Social media/client testimonials</p> <p>Peer to peer</p> <p>Food giveaways</p> <p>Pursue funding: grants, sponsors, events</p>

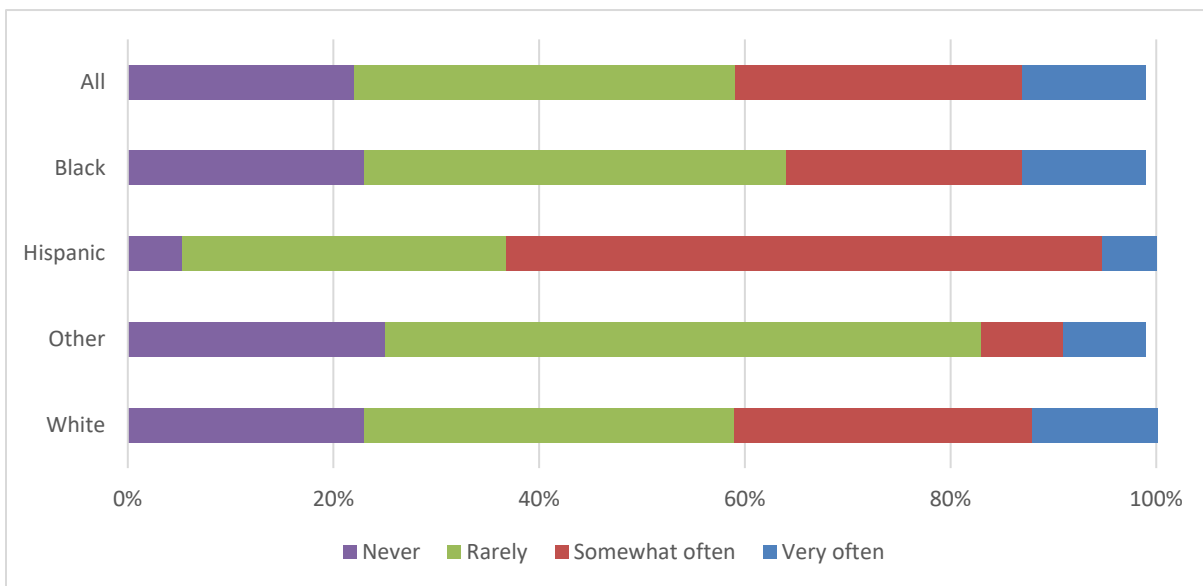
### SURVEY RESULTS

Surveys were distributed to Healthy Start clients and at interagency meetings; 389 participants completed a survey to provide input into the needs assessment. Of the survey respondents, 73% were white, 19% were black, 5% were Hispanic/Latino, and 4% were other races (American Indian/Alaska Native, Asian, and Native Hawaiian/Pacific Islander). Results for some questions are provided by race, but given the low number of Hispanic/Latino and black respondents, results should be interpreted with caution.

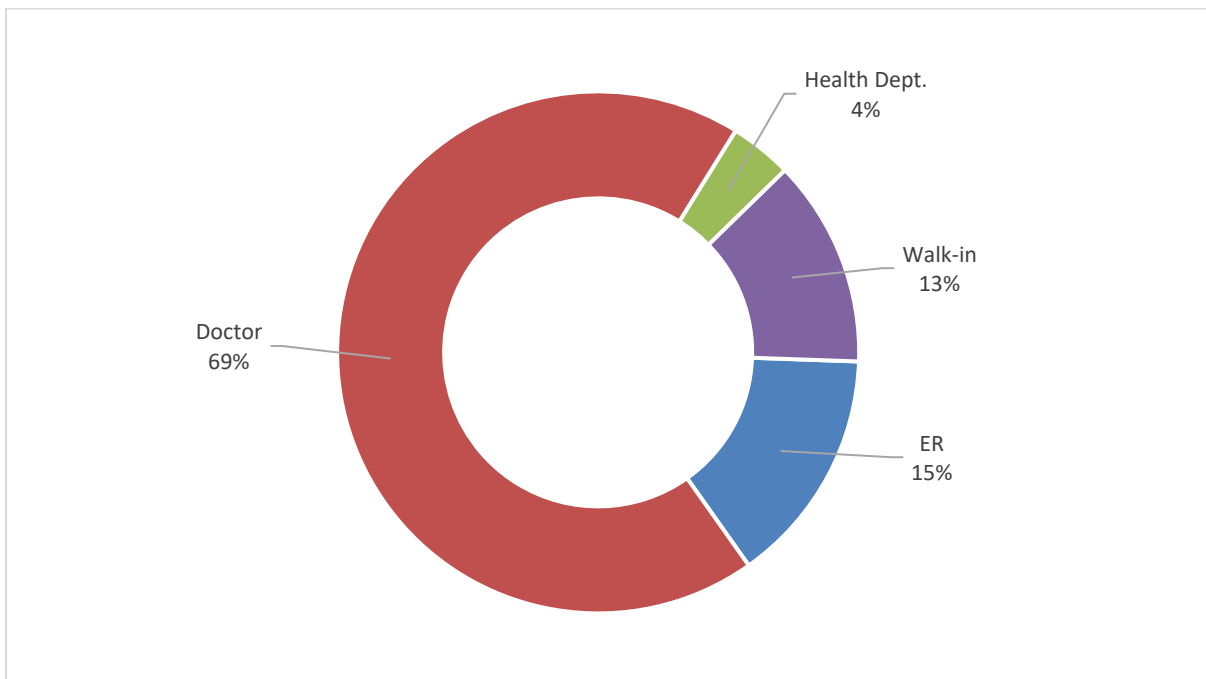
**Figure 31: In general, how would you rate your overall health?**



**Figure 32: During the past 12 months, how often did you experience emotional problems like being anxious, depressed, mad or sad?**



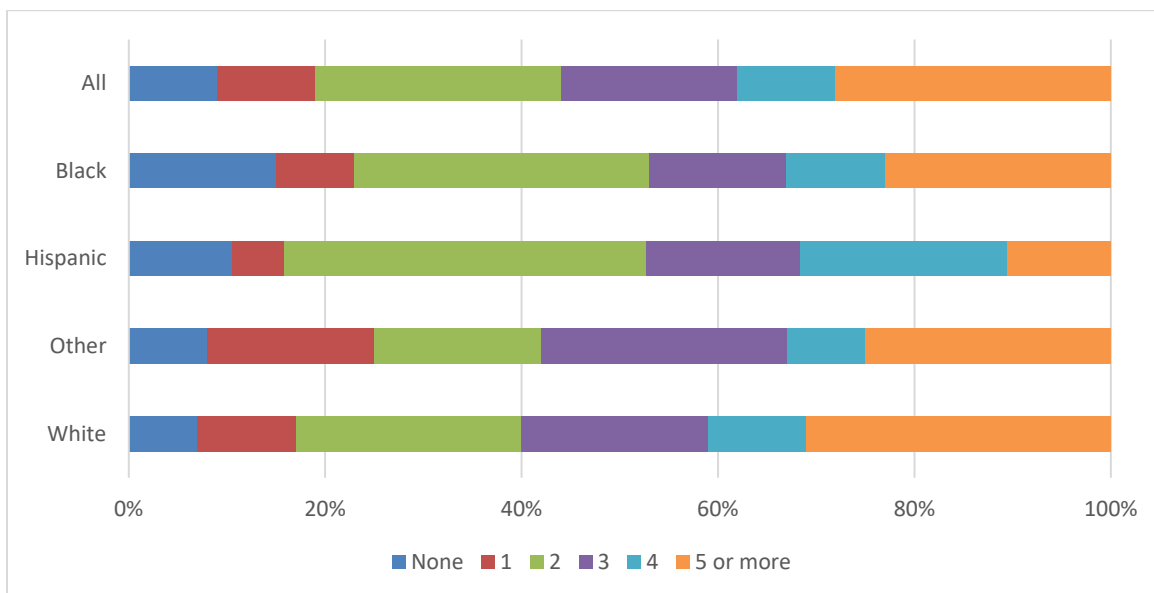
**Figure 33: Where do you go for health care?**



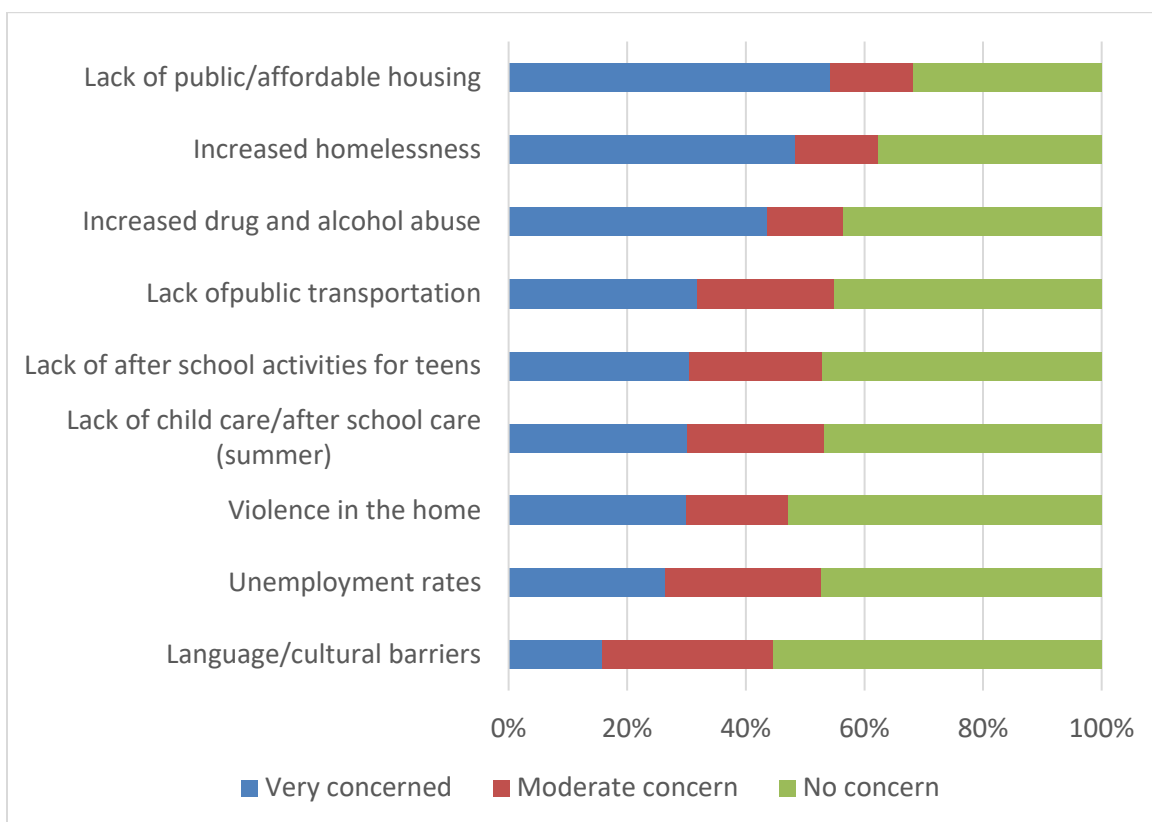
**Figure 34: Where do you go for health care?**

	All	Black	Hispanic	Other	White
ER	15%	20%	42%	25%	11%
Doctor	69%	66%	37%	33%	73%
Health Dept.	4%	3%	11%	0%	4%
Walk-in	13%	11%	11%	42%	12%
All	100%	100%	100%	100%	100%

**Figure 35: How many times a week do you engage in 30 minutes of light or moderate activity?**



**Figure 36: Level of concern for community needs**



## Additional Data

This section provides additional data on the priorities identified during the review of birth outcome indicators and community input.

### UNSAFE SLEEP

There are no available data on unsafe sleep practices, only data on deaths relating to unsafe sleep practices. The data are somewhat higher than the state average; however, the last year of available data are prior to Hurricane Michael and housing situations have changed (e.g., residents may be in unsafe housing or multiple families in one residence mean a lack of room).

**Figure 37: Number per 1,000 live births, rolling three year average, 2016-2018**

	<b>Bay</b>	<b>Franklin</b>	<b>Gulf</b>	<b>Florida</b>
Suffocation and strangulation in bed	1.0	7.1	0.0	0.4

### SUBSTANCE ABUSE

Again, data on substance use during pregnancy is not available at the county level; however, in the past 11 months, 10% of Healthy Start prenatal clients in Bay, Franklin, and Gulf screened positive for substance use. Figure 38 provides data on related indicators, although, again, the data are from prior to Hurricane Michael. As shown, however, alcohol use was higher than the state average.

**Figure 38: Substance use in Bay, Franklin, and Gulf Counties**

	<b>Bay</b>	<b>Franklin</b>	<b>Gulf</b>	<b>Florida</b>
Percentage of adults reporting past 30 day marijuana use	6.3%	6.7%	8.2%	7.4%
Percentage of high school students reporting past 30 day marijuana use	16.8%	22.0%	15.7%	17.0%
Percentage of adults engaging in heavy or binge drinking	22.8%	22.8%	16.0%	17.5%
Percentage of high school students reporting past 30 day alcohol use	27.2%	30.2%	34.7%	25.5%

**SMOKING CESSATION**

Data are provided for Franklin County as it is the only county with an increasing rate of smoking use during pregnancy.

**Figure 39: Percentage of women smoking during pregnancy, by census tract**

<b>Census Tract</b>	<b>Percentage</b>
9701	30.8%
9702	23.9%
9703.02	17.5%
9703.04	10.0%
9800	0.0%
9900	0.0%

**INFANT DEATH RATE**

Because census tract data are limited for the priority areas, the census tracts with the highest rate of infant deaths were identified for each county, however, please note that the counts are low in Franklin(4) and Gulf (11) counties. Figure 41 provides a census tract map for each county.

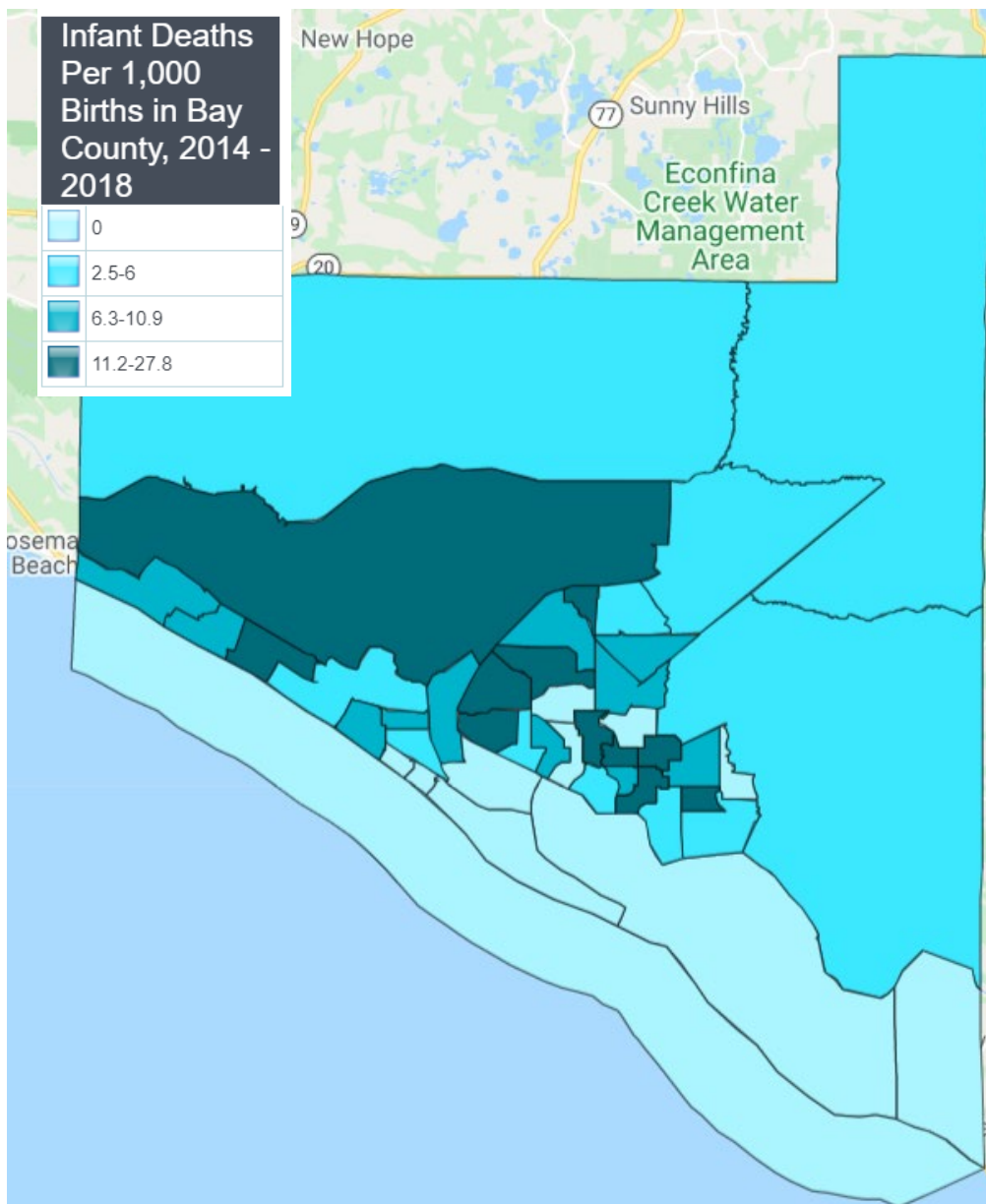
**Figure 40: Census tracts with the highest rates of infant deaths, by county**

<b>County</b>	<b>Census tract(s) with highest rates of infant deaths</b>
Bay	11, 2.02, and 17
Franklin	9701 and 9702
Gulf	9602

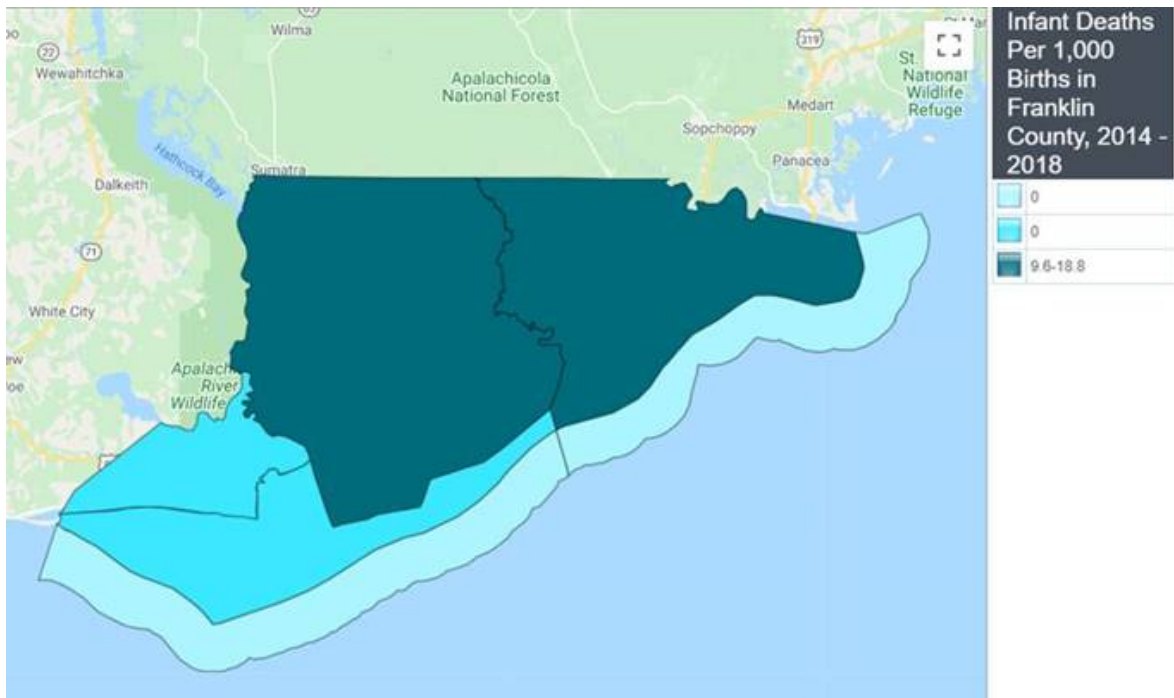


**Figure 41: Census tract map of infant the infant death rate: Bay, Gulf, Franklin**

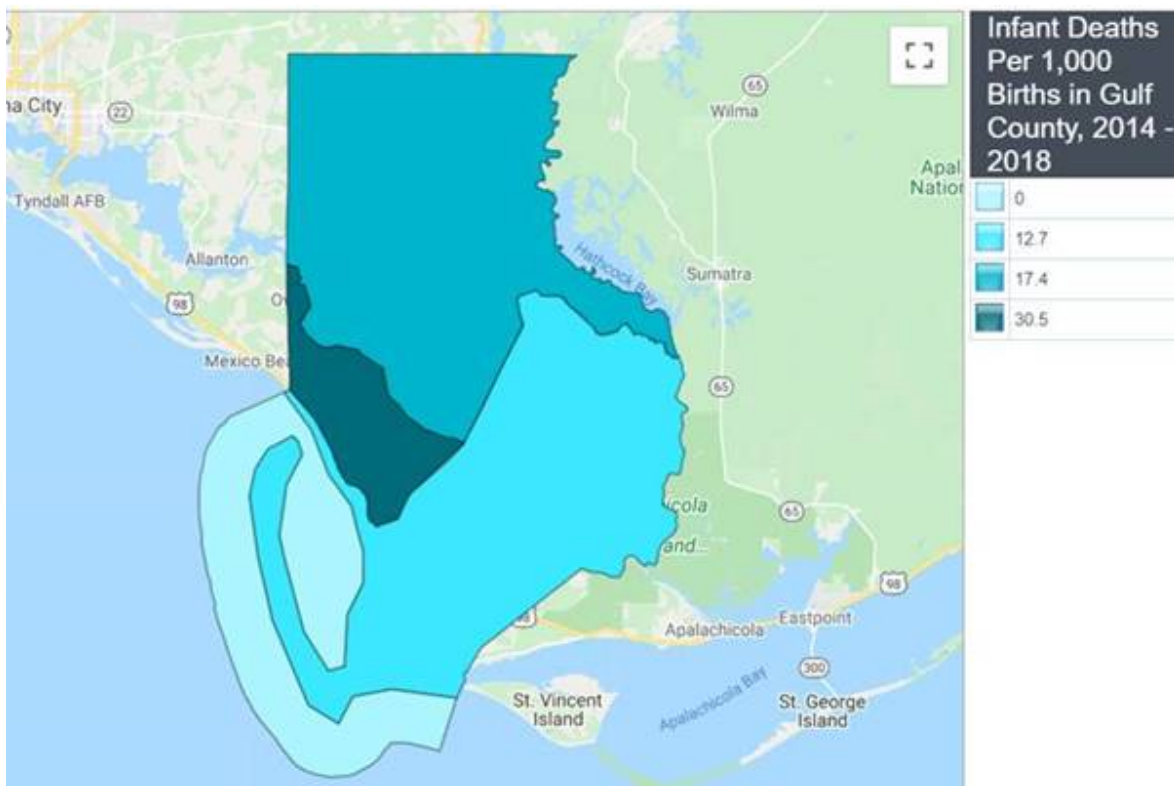
**Bay County**



### Franklin County



### Gulf County



# RESOURCE DIRECTORY

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**2020-2022**



**Coalition of Bay, Franklin & Gulf Counties**  
**800-895-9506**  
**[healthystartbfg.com](http://healthystartbfg.com)**

# **Family Resource Directory**

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**Healthy Mothers  
Healthy Babies  
Healthy Families**

# EMERGENCY INFORMATION LINES

## EMERGENCY? CALL 911

### Bay County

Ascension Sacred Heart Bay ER.....	850-769-1511
Ascension Sacred Heart Beach ER.....	850-747-2900
Bay County Sheriff's Office.....	850-747-4700
Callaway Fire Department.....	850-871-5300
Gulf Coast Regional Medical Center ER.....	850-769-8341
Lynn Haven Fire Department.....	850-265-7335
Mexico Beach Fire Department.....	850-258-4682
Panama City Beach Fire & Rescue Dept.....	850-233-5120
Panama City Beach Police Department.....	850-233-5000
Panama City Police Department.....	850-872-3112
Springfield Fire Station.....	850-872-7535
Springfield Police Department.....	850-872-7545

### Gulf & Franklin Counties

Apalachicola Volunteer Fire Department.....	850-653-9319
Apalachicola Police Department.....	850-653-9755
Franklin County Sheriff's Department.....	850-670-8500
Gulf County Sheriff's Department.....	850-227-1115
Port St Joe Police Department.....	850-229-8265
Port St Joe Fire Department.....	850-229-2770

### Toll Free

Abuse Hotline.....	800-962-2873
Access FL (Medicaid).....	866-762-2237
Adoption Hotline.....	800-962-3678
AIDS.....	800-352-2437

Child Abuse Hotline .....	800-422-4453
Child Find, Inc.....	800-426-5678
Children's Home Society.....	800-632-1400
Domestic Violence Hotline.....	800-799-7233
Family Health Line .....	800-451-2229
Financial Services .....	877-693-5236
Florida Kidcare Insurance .....	888-540-5437
Florida SIDS Alliance .....	800-743-7352
Job Discrimination .....	800-342-8170
Medicaid Information .....	800-303-2422
National Runaway Switchboard.....	800-RUNAWAY
Poison Control Nationwide .....	800-222-1222
Postpartum Support.....	800-944-4773
STD Hotline.....	800-232-4636
Stuttering Foundation .....	800-992-9392
Substance Abuse Hotline.....	800-662-HELP
Suicide Prevention Hotline .....	800-273-8255
WIC Program Hotline .....	800-342-3556

*A special  
delivery  
should be  
handled  
with care*

If you're pregnant or trying to get pregnant, or if you know someone who is, there are several important points to remember.

- See a healthcare professional regularly.
- Get plenty of rest and exercise.
- Eat a well-balanced diet.
- Avoid using any alcohol, tobacco or other drugs without your doctor's approval.



**Coalition of Bay, Franklin & Gulf Counties**  
**800-895-9506**  
**[healthystartbfg.com](http://healthystartbfg.com)**

# ARE YOU PREGNANT?

*For a Pregnancy Test, Contact:*

Pregnancy Resource Center.....850-763-1100

Bay County Department of Health .....850-872-4455

A Sheltering Tree.....850-763-1433

## CONGRATULATIONS ON BECOMING A MOTHER!

The choices you make now are important for your baby's health.

Healthy Start of Bay, Franklin and Gulf Counties is dedicated to supporting the quality of life for women before, during, and after their pregnancy.

Our goal is: **HEALTHY BABIES BORN TO HEALTHY MOTHERS!**

Say **YES** to the **Healthy Start Health Risk Screens** at your Doctor's Office and Labor and Delivery Hospital!

*Do you need to contact your Healthy Start Worker?*

**Bay County - 850-872-4130**

**Gulf and Franklin Counties - 850-872-4130**

### Healthy Start Services

- Assistance in Finding a Doctor
- Childbirth Education
- Nutrition Education
- Breastfeeding Education & Support
- Help to Quit Smoking
- Baby Care Instruction
- Parenting Assistance
- Family Planning
- Emotional Support
- Connection to Other Community Resources
- Car Seat Safety Classes

**Healthy Start Services are FREE!**

# Children and Family Services

•unemployed, uninsured, or low-income families may be eligible for financial assistance or Medicaid\*

Florida System of Children and Family Services offers a one-stop eligibility screen for all available economic and medical services. Services include food stamps/EBT, Medicaid, Well Baby Care and Temporary Assistance for Needy Families (TANF).

**Department of Children and Families**  
**Access Florida Line 1-866-762-2237**  
or visit [www.dcf.state.fl.us/ess](http://www.dcf.state.fl.us/ess) or  
[www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida)

Bay Town Trolley .....	850-769-0557
Department of Children & Families .....	850-872-7648
Medicaid Transportation (Bay Area).....	850-785-0808
Ride on Commuter Services .....	850-332-7976 x224

## **Nutrition for Women, Infants, and Children**

*WIC provides the following at no cost: healthy foods, nutrition education and counseling, breastfeeding support, and referrals for health care and community services.*

### **Local WIC Offices:**

Bay County .....	850-872-4666
Franklin County.....	850-606-8300
Gulf County .....	850-872-4666

## **SAFE SLEEP FOR BABY**



**ALONE** Babies should never sleep in the same bed as adults or other kids.

**BACK** Place baby to sleep on their back, dressed in a one-piece sleeper.

**CRIB** Do not place toys, pillows, blankets, bumpers, or other objects in the crib, bassinet or play yard.



## Food

### *Bay County Food Pantries*

Catholic Charities.....	850-763-0475
First Baptist Church of Callaway.....	850-871-2772
Salvation Army.....	850-769-5259
St. Andrews Christian Care Center.....	850-763-2345

### *Franklin and Gulf Counties Food Pantries*

CareerSource Gulf Coast.....	850-229-1641
Capital Area Community Action Agency.....	850-653-8057
Eastpoint First Baptist Church.....	850-670-8468
Franklin's Promise Coalition.....	850-653-3930

## Clothing

### *Bay County*

A Sheltering Tree (Baby Clothes).....	850-763-1433
Catholic Charities.....	850-763-0475
Family Services.....	850-785-1721
Salvation Army.....	850-769-5259
St. Andrews Christian Care Center.....	850-763-2345

### *Franklin and Gulf Counties*

Port St. Joe Care Closet.....	850-227-1724
Wewahitchka Care Closet.....	850-639-2744

## Government Resources/Legal Services

Bay County Child Support Collections.....	850-763-9061
Child Support Enforcement.....	800-622-5437
Florida Bar Lawyer Referral Service.....	800-342-8011
Guardian Ad Litem.....	850-747-5180
Legal Services of N. Florida.....	850-769-3581
Medicaid and Food Stamps.....	850-872-4185
Migrant National Assistance.....	800-234-8848
Office of Public Defender.....	850-784-6155
Social Security Administration.....	866-348-5833

## Transportation

### Bay County

Bay Town Trolley .....	850-769-0557
Bay Area Transportation .....	850-785-0808
Ride on Commuter Services.....	850-332-7976 x224

### Franklin and Gulf Counties

Arc & Transportation .....	850-229-6550
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## Housing Assistance & Shelter

### Bay County

Anchorage Children's Home.....	850-763-7102
Catholic Charities.....	850-763-0475
Doorways of NWFL .....	850-481-5446
Family Service Agency.....	850-785-1721
Habitat for Humanity.....	850-784-9975
Panama City Housing Authority .....	850-769-5278
Panama City Rescue Mission.....	850-769-0783
Salvation Army .....	850-769-5259

## Low Income Housing

Apalachicola Housing Authority .....	850-653-9304
Gulf County SHIP Program .....	850-229-6125
Panama City Housing Authority .....	850-769-5278

## Early Prenatal Care Matters

Prenatal care is when you get check-ups from your health care provider during your pregnancy. It is an important part of your health and the health of your baby.

### Prenatal care will:

- Improve the health of your pregnancy
- Reduce the fetus' and infant's risk of complications
- Provide accurate nutrition information
- Track baby's development & perform appropriate testing
- Help you learn about labor and delivery

Your medical provider will advise you on a prenatal care schedule that is best for you and your baby

# Child Care and Services

## Bay County

Early Education and Care.....850-818-9003

Early Learning Coalition of NWFL .....850-747-5400

## Franklin County

Early Education and Care.....850-653-3366

Early Learning Coalition of NWFL .....850-747-5400

## Gulf County

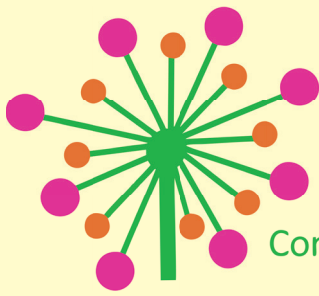
North Florida Child Development .....850-639-5080

## 7 Ways to Not Forget Your Child in the Car

There are things you can do to ensure the safety of your child while in the car!

1. Be extra alert if your routine changes. That's when the risk of unintentionally leaving your child in your car increases.
2. Put something of your child's, like a toy, on the front seat. Even if you can't see your child in the backseat (especially if he/she is in a rear-facing car seat), the toy should trigger a reminder that your child is there.
3. Leave an item you'll need at your next destination in the backseat, such as your cell phone, purse, or briefcase.
4. Place your child's car seat in the middle of the backseat rather than behind the driver. That way, it's easier to see her in your rearview mirror.
5. Set up a system with your child-care provider. If you don't plan to drop off your child that day, call her. If the child doesn't arrive as expected, have the caregiver call you.
6. Discuss the topic of hot-car deaths with every person who drives your child anywhere. This includes partners, grandparents, babysitters and friends.
7. Always "look before you lock." Get in the habit of checking the backseat every time you get out of the car.

**Healthy Start has Life-Meters, as visual reminders that can be placed on any window in your car. Life-Meters also reflect the temperature in the car. If you would like a Life-Meter(s), please complete a Contact Form on our website located at: <http://www.healthystartbfg.com/contact>**



# Connect

Connecting families to community programs

**Improving Pregnancy Outcomes**

**Reducing Infant Mortality Rates**

**Promoting Healthy Growth and Development**



- Pregnancy education and support
- Childbirth education
- Breastfeeding education and support
- Newborn care instruction
- Parenting education and support
- Help to quit smoking
- Nutritional education
- Counseling services
- Child development education and support
- School readiness
- Family planning education
- Infant safety
- Other community resources
- Home visiting

*Our goal is to link you to services that help you and your family.*

**1-800-895-9506**

**[www.healthystartbfg.com](http://www.healthystartbfg.com)**

## Counseling

### Mental Health Support/Counseling

Emerald Coast Behavioral Hospital .....	850-763-0017
Florida Therapy Services .....	850-769-6001
Life Management Center.....	850-522-4485 x5
Mental Health & Suicide Hotline.....	850-769-9481
NAMI Mental Health Support.....	850-865-2387

### Abuse Services

Domestic Violence Hotline.....	850-763-0706
Gulf Coast Sexual Assault Program 24 Hour Hotline.....	866-218-4738
Human Trafficking Hotline .....	888-373-7888
Salvation Army Domestic Violence Shelter .....	850-763-0706

### Support Groups / Counseling

A New Day.....	850-249-5476
Alcoholics Anonymous .....	850-784-7431
Angel House Bereavement Center.....	850-257-5036
CARE Chemical Addictions Recovery Effort..	850-782-7676
Gamblers Anonymous.....	800-426-7711
Life Management Center.....	850-522-4485
Narcotic Anonymous .....	800-711-6375

## 4 Tips to Improve your PRECONCEPTION HEALTH

Preconception health is a woman's health before she becomes pregnant. It is beneficial for you and your future baby.

### 1. FOLIC ACID & HEALTHY FOOD

Folic acid is a B vitamin. Take 400 micrograms of folic acid every day. This vitamin can help prevent major birth defects. Consume healthy foods for proper nutrition.

### 2. STOP SUBSTANCE USE

Stop smoking, using street drugs, and alcohol consumption. These substances are bad for your health, and they can lead to serious birth defects if you use them while pregnant.

### 3. HEALTHY WEIGHT

People who are overweight, obese, or underweight are at increased risk of health complications. Consult with your doctor on how to reach and maintain your healthy weight.

### 4. SEE YOUR DOCTOR

See your doctor for yearly health check-ups. Ask them about preconception health. Talk to them about your medical conditions, health behaviors, family medical history, and other concerns you may have.

## Home Visiting Programs

### Bay County

Early Education and Care.....	850-818-9003
Healthy Families .....	850-522-4485
Healthy Start.....	850-872-4130
Parents as Teachers.....	850-215-1320

### Franklin County

Healthy Families .....	850-323-6015
Healthy Start.....	850-697-4121
HIPPY.....	850-340-3531

### Gulf County

Healthy Families .....	850-323-6015
Healthy Start.....	850-227-1276
HIPPY.....	850-340-3531

## Adoptions/Foster Care Resources

Bundle of Hope .....	850-215-6878
Catholic Charities.....	850-763-0475
CMS Medical Services Foster Care .....	850-630-7120
Life Management Center .....	850-522-4485
Pregnancy Resource Center.....	850-763-1100

## Family Planning

Bay County Health Department .....	850-872-4720
Franklin County Health Department.....	850-697-4121
Gulf County Health Department.....	850-227-1276

# Safe Sleep Saves Lives

- ♥ Baby Always Sleeps in a Crib Alone
- ♥ Baby Sleeps on Back, Every Sleep, Every Time
  - ♥ Nothing in Crib with Baby
  - ♥ Baby's Face Uncovered
  - ♥ No Smoking Around Baby
  - ♥ Do Not Overheat or Overdress
  - ♥ Firm Mattress, Tight Fitting Sheet
- ♥ Baby Should Sleep in the Same Room as the Parent but NOT in the Same Bed!

## Hospitals

### Bay County

Ascension Sacred Heart.....850-769-1511

Gulf Coast Regional Medical Center.....850-769-8341

### Franklin and Gulf Counties

Ascension Sacred Heart.....850-229-5600

George E. Weems Memorial Hospital.....850-653-8853

## Prenatal Care Physicians for Pregnancy & Delivery and Woman Care (Obstetrics & Gynecology)

### Bay County

All About Women OB/GYN.....850-304-0719

Dr. Bryce Jackson.....850-784-6877

Emerald Coast OB/GYN .....850-769-0338

## Pediatricians

### Bay County

Avicenna Free Clinic .....850-215-8200

Baldwin Pediatrics.....850-522-1522

Bright Pediatrics .....850-257-5147

Emerald Coast Pediatrics .....850-238-8720

Future Pediatrics (Downtown).....850-236-0488

Future Pediatrics (Panama City Beach).....850-767-4777

Ingrid J. Rachesky, MD .....850-769-1481

Mohammed Zeinomar, MD.....850-913-1666

PanCare Health .....850-747-5272

Rashda Albibi, MD .....850-785-4381

Samir Ebeid, MD.....850-785-0321

Sunshine Pediatrics .....850-747-8787

Tiffany D. Forrester, MD .....850-769-1481

Yahia Rahim-Abdul, MD.....850-872-0021

### Franklin and Gulf Counties

Apalachicola Primary Care .....850-370-1000

Elizabeth F. Curry, MD.....850-229-3710

# Clinics

## Bay County

Avicenna Free Clinic .....850-215-8200

FL Dept of Health.....850-872-4455

PanCare Health .....850-747-5272

## Franklin and Gulf Counties

PanCare Health .....850-697-5000

Eastpoint Medical Center .....850-670-8585

Franklin County Apalachicola

FL Dept of Health.....850-653-2111

# Recipe for a Healthy Baby

## 4 Simple Ingredients





# Education

## Adult Education and Literacy

### Bay County

Bay District Schools .....	850-872-4100
CareerSource Gulf Coast .....	850-872-4340
Florida State University / Panama City .....	850-872-4750
Goodwill Career Training Center .....	850-522-3900
Gulf Coast State College .....	850-769-1551
Tom P. Haney Technical Center .....	850-767-5500
Troy State University.....	850-747-0634

### Franklin County County

Franklin County School District.....	850-653-8831
Franklin County Adult School.....	850-670-2810

### Gulf County

Gulf County Adult School / Wewahitchka.....	850-639-9292
Gulf Coast State College / PSJ Campus.....	850-227-9670
Gulf County Adult School / PSJ .....	850-227-1744



Parents as Teachers®  
*Affiliate*

#### OUR VISION

All children will develop, learn and grow to realize their full potential.

#### OUR MISSION

Parents as Teachers promotes the optimal early development, learning and health of children by supporting and engaging their parents and caregivers.

#### OUR APPROACH

The Parents as Teachers approach is to partner, facilitate and reflect. We do this at every level of our organization, from a parent educator visiting a family in their home, all the way to the work of the national center.

**850-215-1320**

*This program is supported by the Florida Maternal, Infant and Early Childhood Home Visiting Initiative. This project is supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number D90MC28300-01-00, Affordable Care Act, Maternal, Infant and Early Childhood Home Visiting Program, \$6,402,965. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsement be inferred by HRSA, HHS, or the U.S. Government.*

# MILITARY FAMILY SERVICES

“THESE SERVICES ARE AVAILABLE TO MILITARY MEMBERS  
AND THEIR DEPENDENTS”

## Tyndall Air Force Base

325th Medical Group .....	850-283-2778
New Parent Support Program .....	800-342-9647
<i>Provides counseling, education and support for new parents or parents with children up to 3 years of age</i>	
Airman & Family Readiness Center .....	850-283-4204
Financial Assistance .....	850-283-7511
Family Advocacy Program .....	850-283-2778
<i>For prevention and Intervention of family maltreatment</i>	
Family Child Care .....	850-283-6233
Child and Youth Services .....	850-283-4366
Health Promotion .....	850-283-3826

## NSA Panama City Navy Base

New Parent Support Program .....	800-235-5800
<i>Provides counseling, education and support for new parents or parents with children up to 3 years of age</i>	
Fleet & Family Readiness Center .....	850-235-5800
Financial Assistance .....	850-235-5800
Family Advocacy Program .....	850-235-5800
<i>For prevention and Intervention of family maltreatment</i>	
Child and Youth Services .....	850-234-4938
School Age Program .....	850-234-4938

## 10 Great Reasons to Breastfeed



1. BEST for your baby
2. Always ready when needed
3. Always the right temperature
4. Easy for baby to digest
5. Has antibodies that cannot be duplicated
6. No bottles to sterilize
7. Helps mom lose baby weight
8. Changes as your baby changes
9. No allergies to mom's milk
10. **FREE**



# Healthy Start

Coalition of Bay, Franklin & Gulf Counties

800-895-9506

[healthystartbfg.com](http://healthystartbfg.com)

## Healthy Start Service Locations

### Bay County

Healthy Start & Parents as Teachers

531 Jenks Ave. Suite C  
Panama City, FL 32401  
850-215-1320

### Gulf County

2475 Garrison Ave.  
Port St. Joe, FL 32456  
850-227-1276

### Franklin County

139 12th Street  
Apalachicola, FL 32320  
850-653-2111

### Emerald Coast OBGYN

103 E. 23rd St,  
Panama City, FL 32405  
850-769-0338

### All About Women OBGYN

70 Doctors Dr.,  
Panama City, FL 32405  
850-785-1517



Parents as Teachers.  
*Affiliate*



Affiliated Agency



Like Us On  
**facebook** **f**