



SERVICE DELIVERY PLAN NEEDS ASSESSMENT 2020

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Executive Summary

The Broward County Healthy Start Coalition commissioned the Ronik-Radlauer Group to conduct a Needs Assessment related to the maternal child health needs in Broward County. As this assessment process started in 2019 prior to COVID-19 and other challenges facing the community, it was necessary to shift accordingly and address emerging issues and opportunities, ensuring that recommendations would reflect the changing environment and landscape and still reflect the maternal child health needs of individuals living in Broward County. Examples of emerging issues included:

- COVID-19 and its impact on communities of color, including access to healthcare, lack of access to technology for individuals living in poverty, children having to be home-schooled and the lack of technology to support those school-aged children, lost wages, and emotional upheaval due to losing loved ones in the pandemic
- Economic downturn due to the pandemic in particular industries and communities
- The death of George Floyd and calls for social justice and anti-racism efforts
- Political climate and the presidential election and results

While these current challenges exist and persist in the community, they may also be seen as opportunities - for engagement, community focus on maternal child health, reaching a broader range of stakeholders, and finding new and innovative solutions to long-standing problems.

While comprehensive in scope, this Needs Assessment and the common themes contained herein are by no means complete. This is a moving, fluid, and complex public health challenge that is impacted by continuous environmental and political change. Established public-private partnerships and enhanced stakeholder engagement can use a data-driven approach to broaden communication and align funding with shared meaningful activities.

Overview of the Needs Assessment Process

The Ronik-Radlauer Group utilized a mixed methods approach to the collection and analysis of data. The quantitative section of the report is comprised of two areas. The first provides an overview of Broward County in terms of demographics and challenges that may impact maternal child health, such as physical health challenges, behavioral health issues and the social determinants of health. The second provides an overview of the state of Maternal Child Health in Broward County, also as it relates to demographics as well specific to Broward Healthy Start clients. The purpose of this part of the assessment was to identify the extent of the unmet need in the community. The qualitative section of the report builds on the quantitative information. It involved the engagement of identified stakeholders through interviews, focus groups and surveys.





The Ronik-Radlauer Group would like to thank everyone who participated in this needs assessment process for their time and input. Their feedback was invaluable and provided a community-focused lens from which to view challenges related to maternal child health in Broward County. The quantitative data, coupled with the qualitative input resulted in the identification of strengths, challenges, and opportunities for improvement as well as common themes discovered through the process.

The Executive Summary provides highlights followed by high-level common themes.

Quantitative Data

Demographics

Covering 1,206.6 square miles, Broward County, Florida is the 7th-largest county in Florida by area. Located in southeast Florida, Broward County's urbanized area occupies 427.8 square miles of land. According to the July 2019 census report, the county had a population of 1,952,778, making it the second-most populous county in the state of Florida. The population continues to grow and has increased 11.4% since 2010. Of the 457,711 women ages 15 to 50 in Broward County in 2019 (child-bearing age), 88% were between 20 and 50 years old.

As it relates to race and ethnicity, Broward is one of the most racially diverse counties in the state of Florida. In 2010 and 2019, Broward had a higher percentage of minorities than Florida as a whole, further illustrating the diversity in the county. In regard to immigration, foreign-born minorities and in-migration from other parts of the United States have led to the shifts in the county's demographics. Thirty-five percent (35%) of the population is foreign-born, with more women than men reporting having been born outside the United States. Residents of Broward County represent more than 200 countries of origin, with more than 130 languages spoken (American Community Survey, 2015). The 2019 American Community Survey reports that 43% of Broward residents spoke a language other than English at home.

Social Determinants of Health

Factors such as education, income and poverty, employment, health Insurance, crime, and behavioral health impact a community's health indicators. Broward is an educated community, with almost 90% of its population having a high school degree or higher. Over 70% of women who gave birth in Broward County in 2019 had attended some college or achieved a degree of higher education. However, when it comes to income and poverty, over twelve percent (12.2%) of the population are living in poverty and an additional 37% are ALICE (Asset Limited, Income Constrained, Employed), or one paycheck or crisis from entering poverty levels. Of the population 16 years and older, 66.4% were in the labor force. Of those, 63.2% were employed and 3.2% were unemployed for an overall unemployment rate of 4.8, with Blacks having a higher rate (6.6%). Of the civilian noninstitutionalized population in 2019, 62.1% had private health insurance, 30.3% had public coverage, and 15.3% had no health insurance coverage.





The community's index crime rate has shown a consistent decrease; however, in comparison to the entire state, the county shows higher rates in overall index crime. As it relates to behavioral health, Broward County has shown an increase in the number of adults diagnosed with a serious mental illness by more than 3,700 adults in the past six years. Between 2010 and 2019, the drug-poisoning death rates in Broward County increased significantly for all age groups, reaching its peak in 2017 when it nearly tripled compared to the 2013 rate, from 10.4 per 100,000 to 28.5 per 100,000.

Maternal Child Health

In 2019, there were 21,724 resident live births in Broward County. The rate of resident live births has been decreasing since 2014 and has been statistically significantly lower than the state of Florida since 2010. The rate of Resident Live Births has been steadily declining for Broward Black, Hispanic, and non-Hispanic Mothers, holding steady for Broward Other Mothers, and increasing slightly for Broward White Mothers.

- Black babies were more likely to be born preterm, more likely to experience a fetal death, and more likely to die before their first birthday.
- Over 40% of all births in Broward County in 2019 were delivered by Cesarean-section.
- Broward Black women were nearly 3 times more likely to die during pregnancy or the 42 days following delivery.

An analysis of the maternal characteristic data reveals areas of concern:

- Broward women are not having early or adequate prenatal care. In 2019, over 2,300
 Broward mothers did not have a known prenatal care status and 488 Broward
 women had no prenatal care. An analysis of the numbers of OB/GYNs in areas most
 impacted by fetal and infant mortality in Broward County reflect the lack of
 practitioners in these high need areas.
- Broward County has had a statistically significantly higher rate of births to mothers who were overweight at the time pregnancy occurred than the state since 2010.
- The rate of births to mothers 36 and over has been steadily increasing and has been statistically significantly higher than the state of Florida rates since 2010. Broward County had the highest rate of births to mothers ≥35 years old in the state of Florida in 2019.
- Broward County has had a statistically significantly lower rate of births paid for by Medicaid since 2010 and in 2019, Broward had the 7th lowest rate in the state of births paid for by Medicaid.
- Broward County has had a statistically significantly higher rate of mothers who were born in other countries than the state since 2010. In 2019, Broward had the 2nd highest rate in the state of births to mothers who were born in other countries.

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Qualitative Data

The qualitative aspect of this Needs Assessment consisted of a series of focus groups, key stakeholder interviews, stakeholder meetings, and surveys. Information gathered was organized using the public health socio-ecological model. The following represents the highlights of those results.

Individual level (maternal characteristics and modifiable behaviors)

Broward women are facing challenges related to behavioral health, including stress, depression, and substance use during pregnancy. They are having children at an older age and the rates of teen births are also a concern. There has been an increase in the numbers of high-risk pregnancies including histories of preterm births, miscarriages, abortions, and multiple births. Women of childbearing age and pregnant women are experiencing complex medical conditions, including hypertension, obesity, diabetes, and high blood pressure and would benefit from education regarding healthy eating and meal preparation, the need for exercise, and drinking enough water. There are many women who were born in other countries without access to benefits and there are many other women who are uninsured or under-insured. A good number of the women seen by Broward Healthy Start Coalition have experienced trauma due to loss, abuse, and other challenges.

Interpersonal level (family dynamics)

Family dynamics and cultural norms and beliefs play a role and have an impact on pregnant women and their attitudes toward healthcare and health in general. There is intergenerational poverty as well as generational teen and preterm births. The beliefs related to managing those challenges are passed down from generation to generation and influence women's behavior. There is a lack of paternal involvement for many women and a good deal of Broward children are being raised by their grandparents. Within families, there is a need for social and natural supports.

Provider level (healthcare and community-based providers)

There is a mistrust of doctors and a lack of contextual understanding of women's unique challenges, therefore there is a need for implicit bias and systemic racism training, for physicians and front office staff. There is a lack of OB/GYNs of color as well as doctors who speak the language of the women they are serving, particularly Spanish and Creole speaking doctors. There is also a general lack of access to perinatologists. The time with providers is rushed and women are not treated as unique individuals with unique concerns. Given the high rates of births by Cesarean section, there is a need to educate physicians and understand the contributing factors and decision-making process. There is a difference between affluent and poor communities, including access to, and quality of healthcare provided. Many women are uninsured or underinsured and therefore must pay out of pocket for doctor's visits. These fees, at times, are unaffordable and prevent some women from accessing prenatal care. While many women meet the







criteria for Healthy Start services, a good number decline those services. Conversely, there are many women who do not meet the criteria, yet would benefit from at a minimum, case management services. There is a need for behavioral health services for women with deeper psychiatric challenges, such as bipolar disorder and schizophrenia. In terms of community-based providers, there appears to be a lack of coordination between organizations and events are scheduled and held without resident input and feedback. There is also a lack of community education about the maternal child health challenges in individual communities and neighborhoods.

Community level (social determinants of health)

The social determinants of health impact the overall health of a community. Feedback received about these determinants indicate the lack of reliable, adequate, affordable transportation, affordable, sustainable, safe housing, and affordable, quality childcare. In terms of housing, there is a need to prioritize pregnant women who are homeless, particularly those with complex needs such as HIV and behavioral health challenges. There is also not enough adequate housing for women who have experienced intimate partner violence. Poverty impacts the ability to access affordable, healthy foods, adequate, high-quality healthcare, and resources for infants and children. While there are many contributing factors to poverty, the need for meaningful employment that pays an adequate salary and parental leave was identified as critical. While Broward is a highly educated community, there remains a lack of education, particularly in the Haitian community. As neighborhood deprivation (crime, lack of parks and sidewalks, street lighting, and community centers, as well as unhealthy water, toxic stress, and neighborhood trauma) impacts the overall health of a community, there is a need to involve law enforcement and first responders at the community level to alleviate distrust and to engage faith-based, business, and civic organizations in neighborhood improvement strategies.

Institutional level (legislative, regulatory, funding)

As Florida has not expanded Medicaid, there is a gap in insurance (including temporary Medicaid) for women of childbearing age and pregnant and post-partum women. Immigration policies have also impacted many women in Broward County. As a result, many women either do not access prenatal care or access late in the third trimester. At the corporate level, there is a lack of extended leave policies, which impacts women's abilities to work and afford quality childcare. It is necessary to pay attention at the institutional level to race equity, ensuring that women of color are able to access and receive quality care. As government funding has decreased, particularly for behavioral health services, and there has been a reduction in government assistance, there has been an increase of unfunded care, with organizations continually having to provide more services with less dollars. Additionally, there has been limited funding in the maternal child health system for evidence-based practices such as Centering Pregnancy, Home Visitation, the use of Doulas and Midwives, and Peer Support which may improve outcomes for pregnant women and their babies. There is a need to build PREPARED BY THE RONIK-RADLAUER GROUP





community capacity in these areas as well as to provide education in schools, including reproduction education, engaging institutions of higher education in work at the community level, and integrating maternal child health needs into medical and nursing programs. Additionally, attention should be paid to the increasing numbers of women who are dying during pregnancy or shortly thereafter and the contributing factors, including the incarceration and mistreatment in jail and prison of pregnant women.

Common Themes

The following common themes emerged during the analysis of data gathered during the needs assessment process.

- Social Determinants of Health: The provision of maternal child health services is one component to address the needs of individuals and families. In addition to the physical and behavioral aspects of health, there is a critical need to focus on the social determinants of health. These include access to safe, stable, and affordable housing; education; employment; transportation; healthy foods and clean water; and safe neighborhoods. There is a need for subsidized housing for pregnant women/new mothers, sufficient and reasonable paid maternity leave, access to free/low cost transportation, and insurance options to access quality prenatal care.
- Equity: Health disparities exist in Broward County, particularly related to maternal child health, and should be examined and analyzed. This includes but is not limited to evaluation of access to types of services; service utilization; and outcomes associated with services. Services provided should be investigated based on race, ethnicity, poverty level, and geographic location. There is a need to provide training for healthcare and community providers in the area of cultural competence and humility as well as implicit bias and systemic racism related to maternal child health.
- Community engagement: The community is often unaware of the challenges facing women and children and therefore there is a need to expand efforts to increase awareness about the maternal child health of communities. This includes working with the business and faith-based community, behavioral health and primary health care providers, community leaders, and government representatives. Fetal and infant mortality are leading indicators of a community's health and there is much work to be done.
- Capacity building: The maternal child health system of care has seen challenges in recent years, related to increases in need, restricted eligibility requirements by most Home Visitation program outside of Healthy Start, and restrictions in funding for innovative and evidence-based services. There is a need to provide enhanced capacity for the Zero to Three population, particularly in the identification of developmental challenges potentially related to high rates of preterm births and complications during delivery, and the need for increased infant mental health services. There is a need for continuous workforce development and learning about the utilization of evidence-based practices related to maternal child health.







Examples of such evidence-based practices include the use of tools to evaluate physical, behavioral, and social determinants of health to address women's unique needs and the use of models such as Centering Pregnancy, the integration of Dulce and Doulas in service delivery, and additional Home Visitation services. Peer support is also recognized as a strength and an opportunity to build capacity within the maternal child health system of care, therefore there is a need to expand and enhance the availability of peer support across Broward County specifically for pregnant and parenting women.

• System collaboration: There is a need for providers, funders, researchers and evaluators, local, state, and national political leaders, and other stakeholders to work together to address the maternal child health needs in Broward County. This is particularly evident in the increased needs of women who are experiencing behavioral health challenges, intimate partner violence, homelessness, involvement in the criminal justice and child welfare systems, and women with co-morbid medical conditions such as HIV, diabetes, and hypertension. The need for enhanced collaboration includes breaking down silos across sectors, populations, and communities. Ancillary subject matter experts and providers in the areas of housing, transportation, early childhood, primary and secondary school, behavioral health, and primary health providers should be engaged in cross-system, cross-sector collaboration.





Introduction and Overview

A needs assessment is a dynamic process involving multiple sectors of the community. The main purpose of this Needs Assessment is to improve the health status and well-being of pregnant and postpartum women in Broward County and their young children. The goal of the Broward Healthy Start Coalition is for women to have healthy pregnancies and positive birth outcomes by increasing early and adequate access to quality prenatal care, providing support and linkage to resources throughout pregnancy and early childhood, and reducing health disparities. The current needs assessment used a mixed methods approach, drawing upon qualitative and quantitative population health data to identify unmet needs and to improve outcomes for vulnerable populations. The process of this Needs Assessment enables a community-wide establishment of maternal child health priorities that are targeted and relevant. It also represents an opportunity for a system-wide coordination of efforts to avoid duplication and strengthen partnerships to capitalize on existing resources.

Methodology

The Broward Healthy Start Coalition engaged the services of the Ronik-Radlauer Group who utilized a mixed methods approach to collect, analyze and synthesize the data presented in this report.

- A review of secondary quantitative data sets was conducted to analyze the general community health status and data specific to maternal child health through reliable external sources, including the Florida Department of Health and the US Bureau of the Census. As the Social Determinants of Health are contributing factors to overall population health, information regarding these challenges are also included in this Needs Assessment.
- Qualitative methods are often regarded as providing rich data about the lived pregnancy and birthing experiences to gain an understanding of women's unique maternal health needs. For this Needs Assessment, key stakeholder interviews, focus groups, and surveys were relied upon to identify strengths and challenges viewed by the community.

A summary analysis relative to the scope of each of these processes is reflected in the body of this report.

Quantitative Data Analysis

The quantitative data provided in this section allows for a portrayal of Broward County in the areas of physical health, behavioral health, and the social determinants of health. These areas contribute to the overall population health of a community and have an impact on the well-being of women of child-bearing age. To address the physical health needs of pregnant and post-partum women adequately and sufficiently in Broward County, it is necessary to focus on these needs from a holistic perspective. This section PREPARED BY THE RONIK-RADLAUER GROUP





of the assessment begins with an overview of the demographics of Broward County, followed by challenges related to behavioral health (mental health and substance use concerns), and finally a discussion of the social determinants of health.

Demographics

The size and diversity of Broward County, in conjunction with a variety of other factors, result in a community with complex needs. Broward is the second most populated county in the State of Florida with 1,952,778 residents in 2019, an 11.4% increase from 2010 (American Community Survey, 1-year estimates, 2010 and 2019). Twenty-one percent (21%) of the population is under 18, and 17.2% of residents are 65 and over. The population's racial and ethnic breakdown is as follows: 60.5% White, 28.8% Black or African American, 3.7% Asian, 3.9% Some Other Race, and 3.5% Two or More Races. Thirty-one percent (31.1%) identified as Hispanic. The greatest percentage of individuals identifying as Hispanic in 2019 were Cuban (22.3%), Puerto Rican (14.3%), and Colombian (13.5%). 35% of the residents are foreign-born. The median household income is \$61,502 and 12.2% of the population lives in poverty. The tables and figures below provide a detailed view of Broward County's demographics.

Race

Table 1. Race

Race	Estimate
Total population	1,952,778
One race	96.50%
Two races	3.20%
Three races	0.30%
Four or more races	0.10%

Source: American Community Survey, 1-Year Estimates, 2019

Table 2. Specific Race

Race	Percentage
White	60.5%
Black or African-American	28.8%
Asian	3.7%
Some other	3.9%
Two or more	3.5%

Source: American Community Survey, 1-Year Estimates, 2019



Ethnicity

Table 3. Ethnicity

	Total	Percentage
Hispanic or Latino:	606,982	
Mexican	44,763	7.4%
Puerto Rican	86,838	14.3%
Cuban	135,074	22.3%
Dominican (Dominican Republic)	32,194	5.3%
Central American:	70,896	
Costa Rican	4,248	0.7%
Guatemalan	8,966	1.5%
Honduran	23,090	3.8%
Nicaraguan	13,280	2.2%
Panamanian	4,452	0.7%
Salvadoran	16,767	2.8%
Other Central American	93	0.0%
South American:	211,381	
Argentinean	13,669	2.3%
Bolivian	2,205	0.4%
Chilean	5,346	0.9%
Colombian	82,136	13.5%
Ecuadorian	20,164	3.3%
Paraguayan	261	0.0%
Peruvian	31,681	5.2%
Uruguayan	2,502	0.4%
Venezuelan	53,255	8.8%
Other South American	162	0.0%
Other Hispanic or Latino:	25,836	
Spaniard	4,789	0.8%
Spanish	797	0.1%
Spanish American	0	0.0%
All other Hispanic or Latino	20,250	3.3%

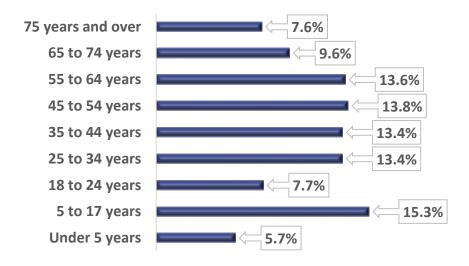
Source: American Community Survey, 1-Year Estimates, 2019





Age

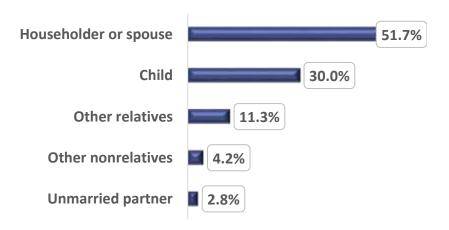
Figure 1. Age



Source: American Community Survey, 1-Year Estimates, 2019

Households

Figure 2. Families in Households

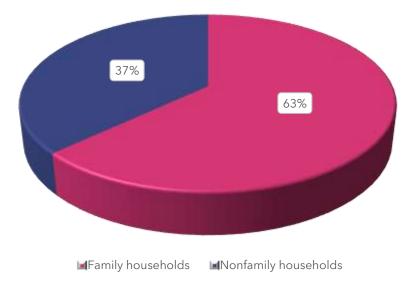


Source: American Community Survey, 1-Year Estimates, 2019



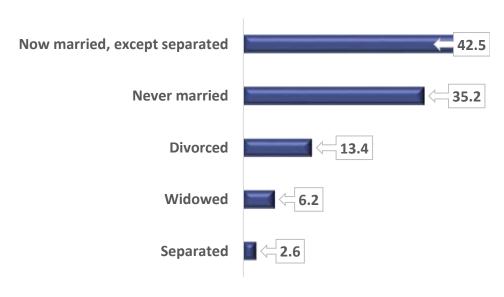


Figure 3. Type of Household



The following chart represents the population over age 15 in Broward County in 2019 in terms of marital status. While most individuals are now married or never married, there are a greater percentage of males who are married or never married, and a greater percentage of females who are divorced, widowed, or separated. Over a quarter of the female population over age 15 (28.3%) is divorced, widowed, or separated compared to 15.6% of the male population over age 15.

Figure 4. Marital Status

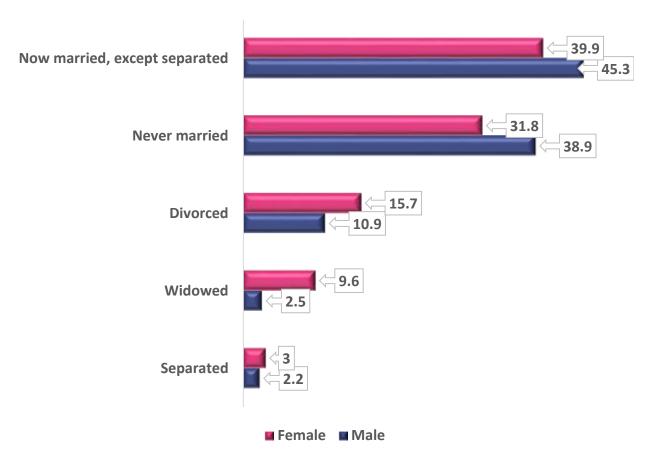


Source: American Community Survey, 1-Year Estimates, 2019





Figure 5. Marital Status by Gender



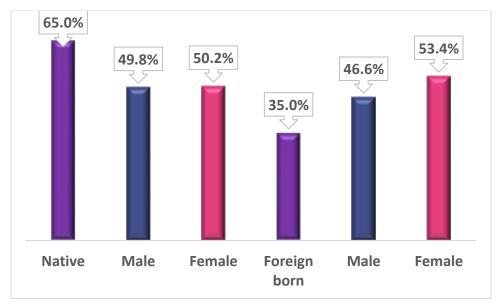
Immigration

Sixty-five percent (65%) of Broward's population in 2019 was born in the United States and thirty-five percent (35%) was foreign-born. While there is no gender difference between males and females born in the United States, the percentage of females born outside the United States was higher than the percentage of males (53.4% compared to 46.6%, respectively).



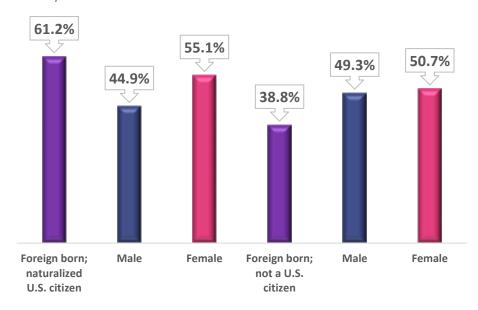


Figure 6. Place of Birth by Gender



Of foreign-born residents in Broward County in 2019, 61.2% were naturalized U.S. citizens and 38.8% were not U.S. citizens. While there were no gender differences for foreign-born residents who were not U.S. citizens, females who were foreign-born were more likely to be naturalized U.S. citizens (55.1%) than males who were foreign-born (44.9%).

Figure 7. Citizenship



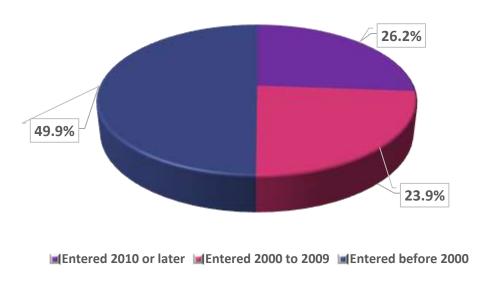
Source: American Community Survey, 1-Year Estimates, 2019





Almost 50% of Broward County foreign-born residents entered the United States before 2000, while 23.9% entered between 2000 and 2009 and 26.2% entered 2010 or later.

Figure 8. Year of Entry

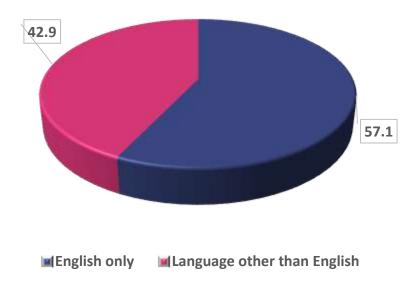


Source: American Community Survey, 1-Year Estimates, 2019

Language

While 57% of the Broward population 5 years old and over spoke English only at home, almost 43% spoke a language other than English. Over sixteen percent (16.3%) indicated they spoke English less than "very well."

Figure 9. Language Spoken at Home



Source: American Community Survey, 1-Year Estimates, 2019 PREPARED BY THE RONIK-RADLAUER GROUP

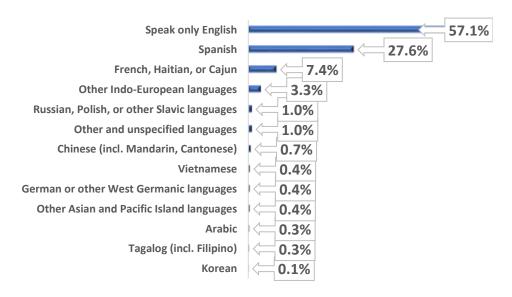






The most frequently spoken language after English in 2019 was Spanish, followed by French, Haitian, or Cajun.

Figure 10. Languages Spoken at Home



Source: American Community Survey, 1-Year Estimates, 2019





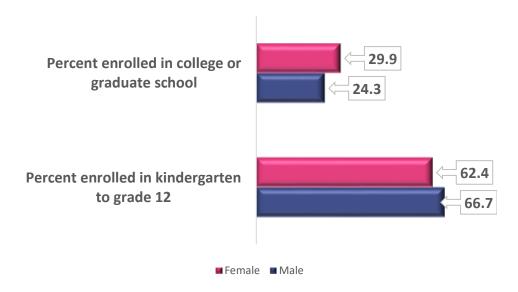
Social Determinants of Health

Social determinants of health are conditions in which we are born, live, work, age, and play that affect a wide range of health risks, functioning, and quality-of-life outcomes. Understanding these factors in the context of the health of women of childbearing age inform the needs of the community in terms of access to care and support (whether social, community or systemic). These determinants include education, income, poverty, employment, and crime. Some of the following information is data gathered from Florida Health Charts, Florida Department of Health. Note that numbers vary slightly from the 2019 U.S. Census report.

Education

Almost 40% of the population of 3 years and over were enrolled in school, almost 40% were enrolled in elementary school and 27% were enrolled in college or graduate school. While a greater percentage of males were enrolled in kindergarten through high school, a greater percentage of females were enrolled in college or graduate school.

Figure 11. School Enrollment

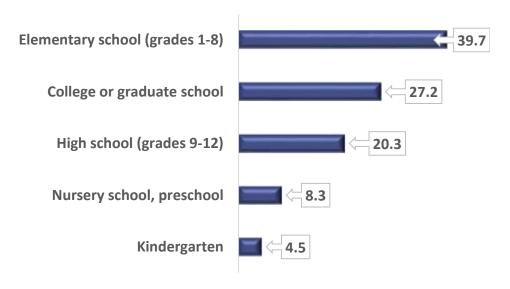


Source: American Community Survey, 1-Year Estimates, 2019



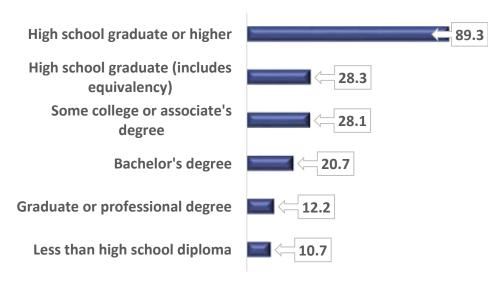


Figure 12. School Enrollment by Grade Level



Almost 90% of Broward residents 25 years or older had a high school degree or higher. There is little difference between males and females related to educational attainment.

Figure 13. Educational Attainment



Source: American Community Survey, 1-Year Estimates, 2019





Figure 14. Education by Grade Level

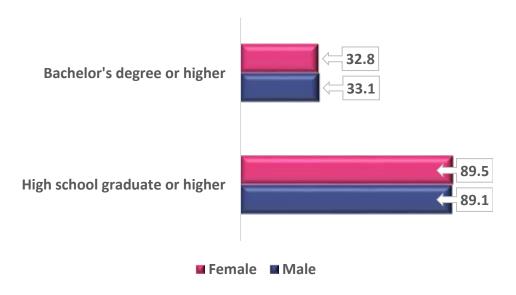


Table 4. Place of Birth by Educational Attainment

	Broward County, Florida / Estimate	Percent
Total Population over 18	1,392,064	
Less than high school graduate	148,504	11%
High school graduate (includes equivalency)	393,304	28%
Some college or associate's degree	391,416	28%
Bachelor's degree	288,842	21%
Graduate or professional degree	169,998	12%
Native; born outside the United States:	48,376	
Less than high school graduate	6,736	14%
High school graduate (includes equivalency)	14,015	29%
Some college or associate's degree	14,658	30%
Bachelor's degree	8,798	18%
Graduate or professional degree	4,169	9%
Foreign born:	609,946	
Less than high school graduate	95,413	16%
High school graduate (includes equivalency)	176,694	29%
Some college or associate's degree	146,187	24%
Bachelor's degree	121,712	20%
Graduate or professional degree	69,940	11%

Source: American Community Survey, 1-Year Estimates, 2019





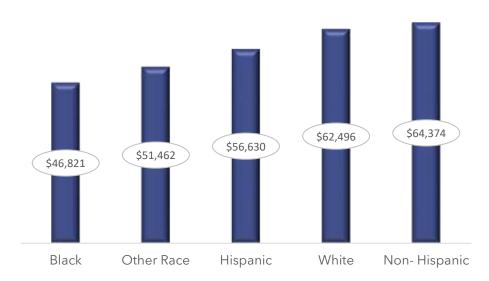
Income

Of the 705,472 households in 2019 in Broward County, 79.5% had earnings reported. The median household income was \$61,502 and the mean earnings was \$90,138. There were 31.6% of households reporting Social Security income, with a mean income of \$18,373. There were 3.9% of households reporting Supplemental Security Income (SSI), with a mean income of \$8,692. Almost two percent (1.7%) of the population received case public assistance income, with a mean income of \$2,132. A little more than nineteen percent (19.1%) of residents had retirement income in 2019 with a mean retirement income of \$26,853. Additionally, 11.3% had Food Stamp/SNAP benefits. (U.S. Census, American Community Survey, 2019).

Median Household Income

The following chart shows the average median household income between 2014 and 2018.

Figure 15. Median Income by Race



Source: Florida Health Charts, Florida Department of Health

Family Income

Table 5. Family Income by Race

While the median family income was \$73,848 in 2019, there is a distinct disparity between White families and minority families. Income for White families was \$86,346 compared to \$53,714 for Black families, and \$67,814 for Hispanic families. The median family income for a married-couple family was \$91,638. Again, there are disparities. For White married-couple families the median family income was \$100,439 compared to \$71,349 for Black married-couple families, and \$85,092 for Hispanic married-couple families. When men are the head of household with no spouse present, their median PREPARED BY THE RONIK-RADLAUER GROUP





income was approximately \$10,000 more per year than women head of household with no spouse present. This disparity is mostly apparent in White households. White men head of households with no spouse present earned a median income of \$66,093 compared to White women head of household with no spouse present (\$48,061). Black male head of household with no spouse present earned a slightly less median income (\$48,208) compared to Black women head of household with no spouse present (\$43,531). Hispanic male head of households with no spouse present earned a higher median income (\$48,576) than Hispanic women head of households with no spouse present (\$42,567).

	Total population	White alone	Black or African American alone	Asian alone	Some other race alone or in combinatio n with one or more other races	Two or more races	Hispanic or Latino (of any race)
Families	444,716	285,644	116,961	17,187	15,868	10,814	137,262
Median family income	\$73,848	\$86,346	\$53,714	\$78,596	\$57,319	\$62,393	\$67,814
Married-couple family	66.30%	75.30%	44.70%	77.70%	55.00%	58.60%	66.70%
Median income	\$91,638	\$100,439	\$71,349	\$92,455	\$62,417	\$86,534	\$85,092
Male householder, no spouse present, family	9.50%	7.80%	13.40%	5.30%	15.00%	9.70%	11.40%
Median income	\$54,978	\$66,093	\$43,208	N	\$48,279	N	\$48,576
Female householder, no husband present, family	24.20%	16.90%	41.80%	17.00%	29.90%	31.70%	21.90%
Median income	\$45,471	\$48,061	\$43,531	\$42,360	\$54,115	\$24,517	\$42,567

Source: American Community Survey, US Bureau of the Census, 2019.

Poverty

Table 6. Poverty by Race

The poverty rate for all individuals in Broward County in 2019 was 12.0%. The rate is higher for Black individuals (16.1%) compared to Hispanic individuals (11.6%) and White individuals (10.3%). Almost 1 in 5 youth under the age of 18 in Broward County was living in poverty (16.3%). The rates range from 11.7% for White youth to 14.9% for Hispanic youth to 23.4% of Black youth.

Over nine percent (9.3%) of all families in Broward County are living in poverty. There is a disparity in rates in families, with 7.5% of White families living in poverty compared to





13% of Black families, and 9.9% of Hispanic families. These rates change dramatically when comparing married-couple families and single head of household families, particularly with children under the age of 5. Six percent (6%) of all married-couple families are living in poverty (White 5.4%, Black 6.8%, and Hispanic 7.4%). It should be noted that 9.3% of Asian married-couple families were living in poverty. When the male was the head of household with no spouse present with children under 5, the poverty rate was 1.9% compared to 33.7% of female head of household families with children under age 5 had the highest rate (36.8%) compared to Black female head of household with children under age 5 (23.0%).

	Total population	White alone	Black or African America n alone	Asian alone	Some other race alone or in combination with one or more other races	Two or more races	Hispanic or Latino (of any race)
All families	9.30%	7.50%	13.00%	8.80%	8.00%	17.00%	9.90%
With related children of the householder under 18	13.20%	10.20%	18.20%	10.50%	8.20%	27.60%	12.60%
With related children of the householder under 5 years only	12.20%	11.20%	13.90%	N	N	N	9.00%
Married-couple family	6.00%	5.40%	6.80%	9.30%	7.90%	6.50%	7.40%
With related children of the householder under 18 years	6.00%	4.90%	8.80%	9.10%	N	N	7.20%
With related children of the householder under 5 years only	1.90%	1.70%	N	N	N	N	N
Female householder, no spouse present, family	18.30%	16.50%	19.90%	9.10%	10.70%	36.60%	17.80%
With related children of the householder under 18	26.80%	25.30%	27.80%	N	15.60%	46.30%	25.20%
With related children of the householder under 5 years only	33.70%	36.80%	29.50%	N	N	N	23.00%
All people	12.20%	10.30%	16.10%	11.10%	11.70%	15.00%	11.60%
Under 18 years	16.30%	12.00%	23.40%	11.30%	14.60%	17.70%	14.90%
Related children of the householder under 18 years	16.10%	11.70%	23.20%	10.70%	14.60%	17.70%	14.80%
Related children of the householder under 5 years	16.70%	12.90%	23.90%	N	24.80%	21.10%	15.00%
Related children of the householder 5 to 17 years	15.80%	11.20%	23.00%	N	10.70%	15.20%	14.80%

Source: American Community Survey, US Bureau of the Census, 2019.

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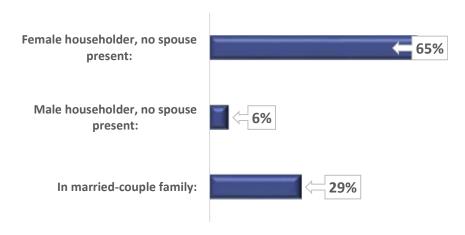
ALICE Households

While 12.2% of all Broward residents are living below the poverty level, an additional 37% of households are what are called ALICE (Source: United Way of Broward County, 2018). ALICE is an acronym for Asset Limited, Income Constrained, Employed - households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county. Combined, the number of ALICE and poverty-level households equals the total population struggling to afford basic needs. In 2018, the number of ALICE and poverty-level households in Broward County approached 50%. ALICE and poverty-level households exist among all types of living arrangements, including adults living alone, same-sex couples, and senior households.

Poverty in families

Of the 403,356 households in Broward County in 2019, 16% were living below the poverty level. Of those, 29% were in married-couple households, 6% were in male head of households with no spouse present, and 65% were in female head of households with no spouse present.

Figure 16. Poverty in families



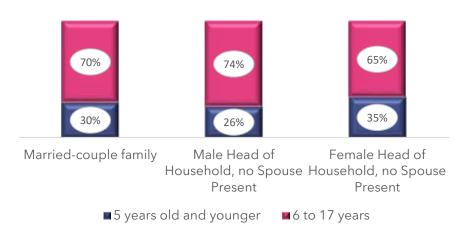
Source: American Community Survey, US Bureau of the Census, 2019.





The following chart shows the differences for poverty in families for children 6 and younger and 6 and older.

Figure 17. Poverty in families with children 6 years and younger



Source: American Community Survey, US Bureau of the Census, 2019.

Employment

In 2019, there were 1,590,370 civilians aged 16 and over in Broward County. Of those, 66.4% were in the labor force. Of those, 63.2% were employed and 3.2% were unemployed for an overall unemployment rate of 4.8, with Blacks having a higher rate (6.6%) than Hispanics (4.4%) and Whites (3.7%). Women who are in the labor force have similar rates of unemployment: 6.7% for Black women compared to 5.1% for Hispanic women and 3.8% for White women.

Almost thirty-four percent (33.6%) of Broward County residents were not in the labor force in 2019. Note: Not in labor force includes all people 16 years old and over who are not classified as members of the labor force. This category consists mainly of students, housewives, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized people, and people doing only incidental unpaid family work (less than 15 hours during the reference week, U.S. Census Bureau, Glossary).

For female residents 16 years and over, 62.1% were in the labor force. Of those, 58.9% were employed and 3.1% were unemployed with an unemployment rate of 5.





Table 7. Employment

	Total population	White alone	Black or African American alone	Asian alone	Some other race alone or in combination with one or more other races	Two or more races	Hispanic or Latino (of any race)
Population 16 years and over	1,590,370	996,090	436,763	60,648	59,215	42,606	482,963
In labor force	66.40%	64.20%	71.00%	63.80%	69.70%	71.60%	71.60%
Civilian labor force	66.30%	64.10%	71.00%	63.80%	69.60%	71.60%	71.50%
Employed	63.20%	61.80%	66.30%	61.50%	64.10%	66.90%	68.40%
Unemployed	3.20%	2.30%	4.70%	2.30%	5.50%	4.60%	3.10%
Unemployment Rate	4.80%	3.70%	6.60%	3.50%	7.90%	6.50%	4.40%
Armed Forces	0.10%	0.10%	0.00%	0.00%	0.10%	0.00%	0.10%
Not in labor force	33.60%	35.80%	29.00%	36.20%	30.30%	28.40%	28.40%
Females 16 years and over	822,188	499,980	236,820	33,356	32,750	23,183	250,035
In labor force	62.10%	58.50%	69.70%	62.00%	62.50%	63.10%	64.30%
Civilian labor force	62.10%	58.40%	69.60%	62.00%	62.50%	63.10%	64.30%
Employed	58.90%	56.20%	65.00%	59.70%	57.60%	57.40%	61.00%
Unemployed	3.10%	2.20%	4.60%	2.30%	4.90%	5.70%	3.30%
Unemployment Rate	5.00%	3.80%	6.70%	3.60%	7.80%	9.00%	5.10%

Source: American Community Survey, US Bureau of the Census, 2019.

Health Insurance Coverage

Of the civilian noninstitutionalized population in 2019, 62.1% had private health insurance, 30.3% had public coverage, and 15.3% had no health insurance coverage. These percentages differ by race and ethnicity, with 19.2% of Hispanic individuals with no health insurance coverage, followed by 17.9% of Black individuals and 13.4% of White individuals. Black individuals were more likely to have public health coverage (32.9%) followed by White individuals (30.0%) and Hispanic individuals (24.8%). White individuals were more likely to have private health insurance (66.2%) followed by Hispanic individuals (59.7%) and Black individuals (54.4%).

Table 8. Health Insurance Coverage by Race and Ethnicity

	Total population	White alone	Black or African American alone	Asian alone	Some other race alone or in combination with one or more other races	Two or more races	Hispanic or Latino (of any race)
Civilian noninstitutionalized population	1,941,114	1,174,429	558,056	73,026	76,414	68,391	604,416
With private health insurance	62.10%	66.20%	54.40%	72.60%	50.40%	57.20%	59.70%
With public coverage	30.30%	30.00%	32.90%	17.50%	30.40%	28.90%	24.80%
No health insurance coverage	15.30%	13.40%	17.90%	14.50%	22.10%	18.50%	19.20%

Source: American Community Survey, US Bureau of the Census, 2019.

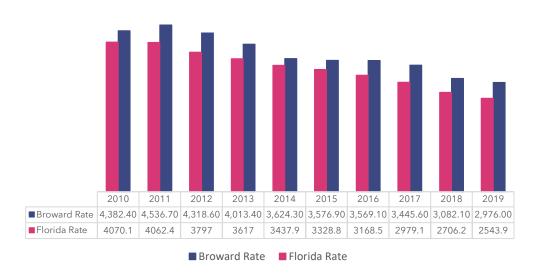




Crime and Safety

Crime is a social determinant of health and neighborhood and safety have strong correlations with the resiliency of a community. Living in high crime areas contributes to poor mental health, learned helplessness, avoidance of care and degradation of community structures. To compare crime data on a national basis, common definitions of crime are needed. The Federal Bureau of Investigation's uniform crime index establishes standardized definitions of crime classification. Index crimes consist of the crimes the FBI combines to produce its annual crime index. Broward has shown a consistent decrease in the index crime rate; however, in comparison to the entire state, the county shows higher rates in overall index crime: murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft and in 2019 had the 9th highest crime rate (per 100,000 population) in the state.

Figure 18. Index Crime Rate



Source: Florida Health Charts, Florida Department of Health, Florida Department of Law Enforcement 2010-2019



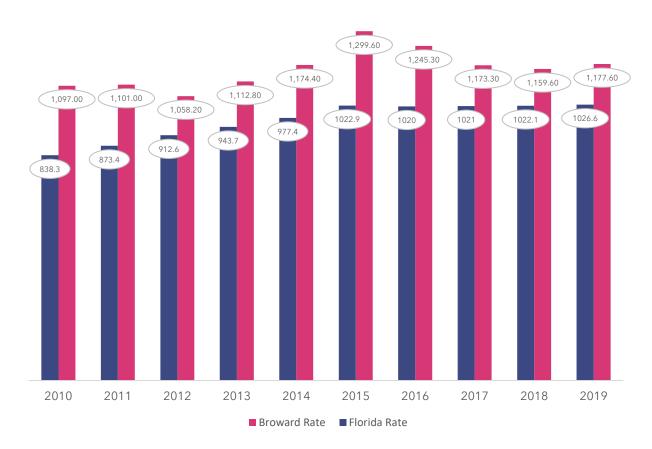


Behavioral Health

Mental Illness and Hospitalizations

Understanding the scope of mental illness establishes a foundation for bringing services and funding to areas in need. Florida Health Charts definition: Serious mental illness among people ages 18 and older is defined as having, at any time during the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, and other mental disorders that cause serious impairment. Broward County has shown an increase in the number of adults diagnosed with a serious mental illness by more than 3,700 adults in the past six years, while the availability of adult psychiatric beds has generally decreased over the same time period. Meanwhile, the rate of hospitalizations for mental disorders and mood and depressive disorders has increased and remained consistently higher in Broward County than the state over the past ten years.

Figure 19. Rate of Psychiatric Hospitalizations



Source: Florida Health Charts, Florida Department of Health, Florida Agency for Healthcare Administration

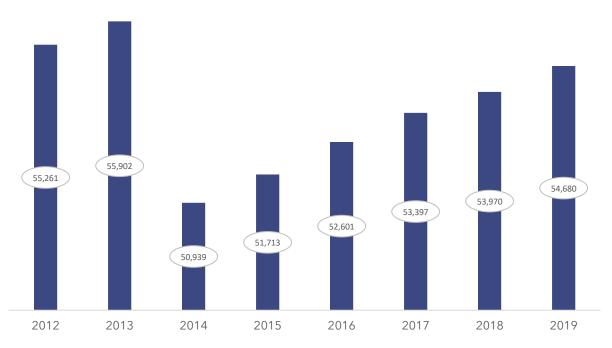




Estimates of Seriously Mentally III Adults

These counts are estimates based on the Substance Abuse and Mental Health Services Administration (SAMHSA) statement that 4.0% of the population 18 and over in 2012 and 2013 and 3.6% of the population 18 and over in 2014 and 2017 had serious mental illness.

Figure 20. Estimates of Adults with Serious Mental Illness



Source: Florida Health Charts, Florida Department of Health, 2012-2019

Drug-Poisoning Mortality

While considered preventable, poisoning is the leading cause of injury death in the nation and are mostly attributable to drugs overdose from either pharmaceutical and illicit drug. Florida Health Charts definition: Deaths resulting from unintentional or intentional overdose of a drug, being given the wrong drug, taking a drug in error, or taking a drug inadvertently. From 2010 to 2019, the drug-poisoning death rates in Broward County increased significantly for all age groups, reaching its peak in 2017 when it nearly tripled compared to the 2013 rate, from 10.4 per 100,000 to 28.5 per 100,000. For that reason, additional data drill downs were conducted to assess which segment of the population is most at-risk. Such analysis revealed that drugpoisoning fatalities were significantly higher within the White population during the past ten years. The count peaked in 2016 and 2017 (530 and 543). While there was a slight decrease in 2018, the count and rate have increased in 2019.



Figure 21. Age-adjusted Drug Poisoning Deaths, Rate Per 100,000 Population - 2010-2019



Figure 22. Age-Adjusted Drug Poisoning Death Counts by Race



Source: Florida Health Charts, Florida Department of Health, 2010 – 2019, Bureau of Vital Statistics



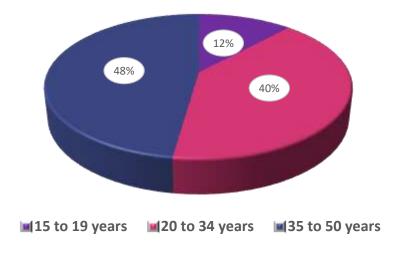


Overview of Women and Children in Broward County

Fertility

Of the 457,711 women ages 15 to 50 in Broward County in 2019 (child-bearing age), 88% were between 20 and 50 years old.

Figure 23. Fertility by Age

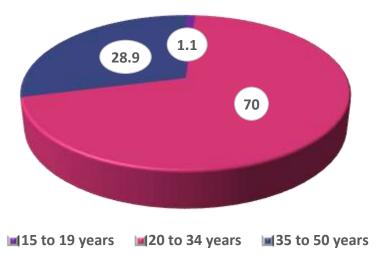


Source: American Community Survey, 1-Year Estimates, 2019

Births

Of the 17,664 women who gave birth in Broward County in 2019, the majority (70%) were women between the ages of 20 and 34 years old.

Figure 24. Births by Age



Source: American Community Survey, 1-Year Estimates, 2019

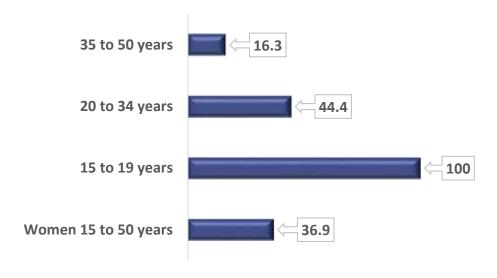




Marital Status of Women who Gave Birth

While almost 37% of births in Broward County in 2019 were to unwed mothers, that percentage varies by age. For example, 100% of births to women between the ages of 15-19 were to unwed mothers. This percentage decreases as the age of the mother increases.

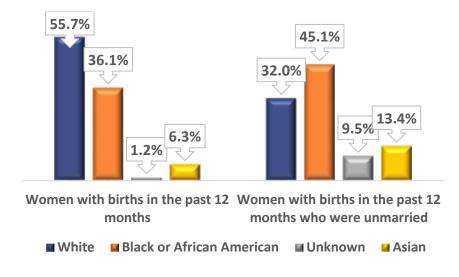
Figure 25. Marital Status of Women Giving Birth



Source: American Community Survey, 1-Year Estimates, 2019

A greater percentage of total births in Broward County in 2019 were to White women, however the percentage is greater for Black women who are unwed. Additionally, over 13% of births to unwed mothers were to Asian women.

Figure 26. Marital Status by Race of Women Giving Birth



Source: American Community Survey, 1-Year Estimates, 2019

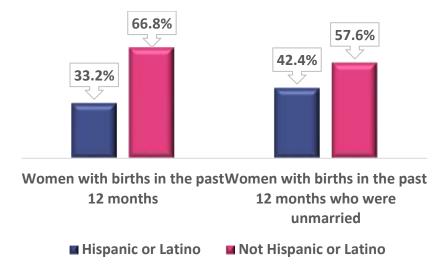




Ethnicity of Women who Gave Birth by Marital Status

The difference between non-Hispanic and Hispanic women giving birth in Broward County in 2019 was 33.6 percentage points, however the difference decreases to 15.2 percentage points for women who were not married when they gave birth.

Figure 27. Marital Status by Ethnicity of Women who Gave Birth

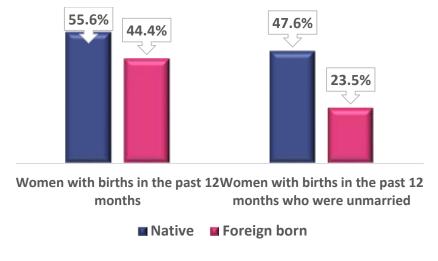


Source: American Community Survey, 1-Year Estimates, 2019

Nativity of Women who Gave Birth by Marital Status

Conversely, the difference between women who were born in the United States and those who were not giving birth in Broward County in 2019 was 11.2 percentage points, however the difference increases to 23.5 percentage points for women who were not married when they gave birth.

Figure 28. Marital Status by Nativity of Women Who Gave Birth



Source: American Community Survey, 1-Year Estimates, 2019

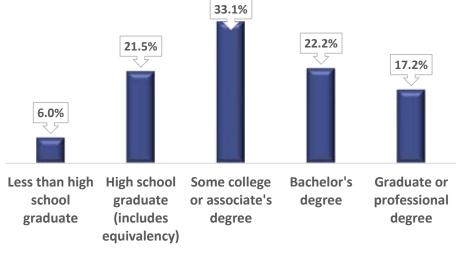




Educational Attainment of Women who Gave Birth

Over 70% of women who gave birth in Broward County in 2019 had attended some college or achieved a degree of higher education.

Figure 29. Educational Attainment of Women who Gave Birth



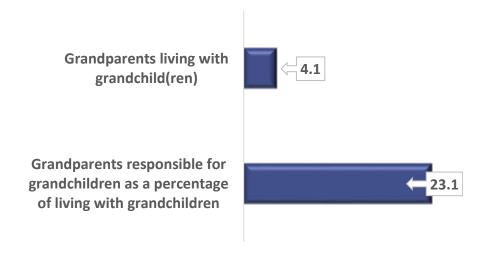
■ Women with births in the past 12 months

Source: American Community Survey, 1-Year Estimates, 2019

Grandparents

Over 50,000 grandparents over the age of 30 were living with their grandchildren in 2019, representing slightly more than 4% of Broward grandparents over the age of 30. Of those, 23% were responsible for their grandchildren.

Figure 30. Grandparents Responsible for Grandchildren



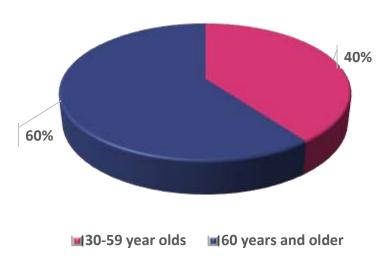
Source: American Community Survey, 1-Year Estimates, 2019 PREPARED BY THE RONIK-RADLAUER GROUP





Of the grandparents responsible for their grandchildren in 2019, 40% were between the ages of 30 and 59, and 60% were 60 years and older.

Figure 31. Age of Grandparents Responsible for Grandchildren

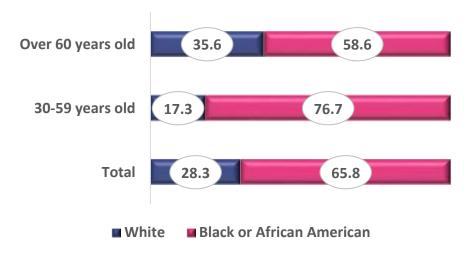


Source: American Community Survey, 1-Year Estimates, 2019

Race of Grandparents Responsible for Grandchildren by Age of Grandparent

The majority of grandparents responsible for their grandchildren in 2019 were Black or African American. The disparity is greatest for grandparents 30-59 years old, with Black or African Americans 4.4 times more likely to be responsible for their grandchildren. For grandparents over the age of 60, the disparity shrinks to 1.6. (Note: numbers do not total 100 as data was not available for other races).

Figure 32. Race of Grandparents Responsible for Grandchildren by Age



Source: American Community Survey, 1-Year Estimates, 2019

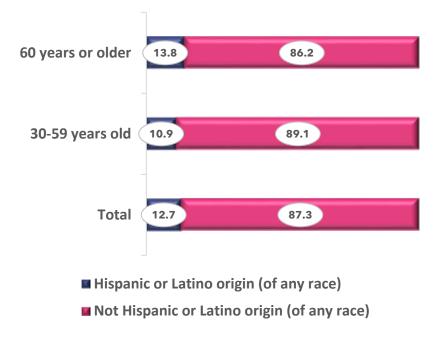




Ethnicity of Grandparents Responsible for Grandchildren by Age of Grandparent

The majority of grandparents responsible for their grandchildren in 2019 were non-Hispanic of any race.

Figure 33. Ethnicity of Grandparent Responsible for Grandchildren by Age of Grandparent



Source: American Community Survey, 1-Year Estimates, 2019

Gender of Grandparent Responsible for Grandchildren by Age of Grandparent

Women were more likely to be responsible for their grandchildren than men in 2019.

Figure 34. Gender of Grandparent Responsible for Grandchildren by Age of Grandparent



Source: American Community Survey, 1-Year Estimates, 2019

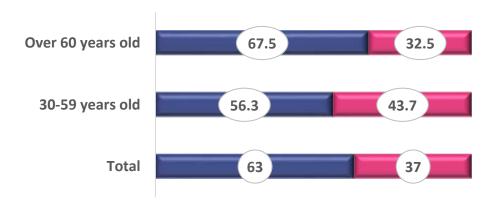




Marital Status of Grandparents Responsible for Grandchildren by Age of Grandparent

Grandparents were more likely to be married (including separated or spouse absent) than not married in 2019.

Figure 35. Marital Status of Grandparents Responsible for Grandchildren by Age of Grandparent



- Now married (including separated and spouse absent)
- **■** Unmarried (never married, widowed, and divorced)

Source: American Community Survey, 1-Year Estimates, 2019

Nativity of Grandparents Responsible for Grandchildren by Age of Grandparent

There was little difference between whether grandparents who were responsible for their grandchildren in 2019 were born in the U.S. or outside the U.S., however those grandparents ages 30-59 were slightly more likely to be foreign-born compared to those 60 years and older, who were more likely to be born in the U.S.

Figure 36. Nativity of Grandparents Responsible for Grandchildren by Age of Grandparent



Source: American Community Survey, 1-Year Estimates, 2019

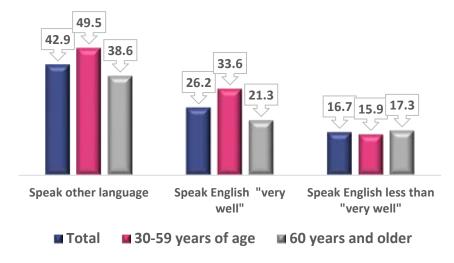




Language Spoken at Home and Ability to Speak English by Grandparents Responsible for Grandchildren by Age of Grandparent

Grandparents 30-59 years of age were more likely to speak a language other than English and more likely to speak English "very well" compared to grandparents 60 years and older who were more likely to speak English less than "very well".

Figure 37. Language Spoken at Home and Ability to Speak English by Grandparents Responsible for Grandchildren by Age of Grandparent

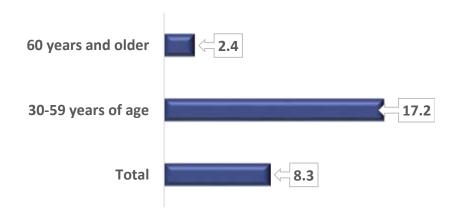


Source: American Community Survey, 1-Year Estimates, 2019

Poverty Status of Grandparents Responsible for Grandchildren by Age of Grandparent

The percent of grandparents responsible for their grandchildren in 2019 whose income was below the poverty level was highest for grandparents between the ages of 30 and 59.

Figure 38. Poverty Status of Grandparents Responsible for Grandchildren by Age of Grandparent



Source: American Community Survey, 1-Year Estimates, 2019
PREPARED BY THE RONIK-RADLAUER GROUP

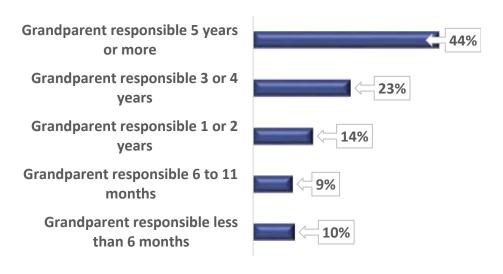




Length of Time of Responsibility for Grandchildren for Grandparents over the age of 30

The majority of grandparents responsible for their grandchildren have been responsible for them for over 3 years, with 44% responsible for 5 years or more.

Figure 39. Length of Time of Responsibility for Grandchildren for Grandparents over the age of 30



Source: American Community Survey, 1-Year Estimates, 2019

Population of 6 years old and younger

Almost 127,000 children were under the age of 6 in Broward County in 2019. Of those, 59% lived with two parents and 41% were living in single-parent households. The following table shows the nativity of children under the age of 6 and their parental households. Of the children living in 2-parent households, 39% were households in which both parents were native, 37% were households in which both parents were foreign-born, and 24% were households in which one parent was native and one parent was foreign-born. Over 90% of children living in these households were born U.S. citizens.

There is a difference, however, when the child was living in a single-parent household. Seventy-percent (70%) of single-parent households were native to the United States, while 30% were foreign-born. Of those households in which the parent was foreign-born, 83% of the children were U.S. born, while 17% were foreign-born (approximately 3,000 children under the age of six).





Table 9. Nativity of Children Under 6 years old

Nativity of Children Under 6 years old	Broward County, Florida / Estimate	%
Under 6 years:	126,960	32%
Living with two parents:	74,666	59%
Child is native	72,742	97%
Child is foreign born	1,924	3%
Both parents native	29,097	39%
Both parents foreign born:	27,591	37%
Child is native	25,883	94%
Child is foreign born	1,708	6%
One native and one foreign-born parent:	17,978	24%
Child is native	17,762	99%
Child is foreign born	216	1%
Living with one parent:	52,294	41%
Child is native	49,615	95%
Child is foreign born	2,679	5%
Native parent	36,635	70%
Foreign-born parent	15,659	30%
Child is native	12,980	83%
Child is foreign born	2,679	17%

Source: American Community Survey, 1-Year Estimates, 2019



Overview of Maternal Child Health-Broward County

Summary

In 2019, there were 21,724 resident live births in Broward County. The rate of resident live births has been decreasing since 2014 and has been statistically significantly lower than the state of Florida since 2010. The rate of resident live births has been steadily declining for Broward Black, Hispanic, and non-Hispanic Mothers, holding steady for Broward Other Mothers, and increasing slightly for Broward White Mothers.

Connect, Information and Referral (CI&R)

In fiscal year 2020 (July 1, 2019 - June 30, 2020), a total of 21,200 prenatal and postnatal referrals were received. Of those, 60% were prenatal and 40% were postnatal. Of the 21,200 referrals received, 17,652 (or 83%) intakes were completed. Of these, 55% were prenatal and 45% were postnatal. Forty-six percent (46%) were referred to a Home Visiting program. Sixty percent (60%) of those were prenatal and forty percent (40%) were postnatal. Approximately forty percent (40%) of referrals were identified as no further services needed and an additional 13% declined services. The following table shows the numbers and percentages of referrals received and subsequent status.

Table 10. Connect, Information and Referral Data FY2020

CIR REPORT JULY 01, 2019 TO JUNE 30, 2020		%
Number of Referrals Received	21200	
Prenatal	12652	60%
Postnatal	8548	40%
Number of Intakes Completed	17652	83%
Prenatal	9682	55%
Postnatal	7880	45%
Number of Clients Referred to a HV Program	8169	46%
Prenatal	4882	60%
Healthy Start HV	3142	
Other HV	1740	
Postnatal	3287	40%
Healthy Start HV	2805	
Other HV	482	
Clients who resulted in No Further Services Needed Data from WFS Service Report	7017	Approximately 40%
Prenatal	3400	48%
Postnatal	3617	52%
Clients who Declined Services Data from WFS Service Report	2222	Approximately 13%
Prenatal	1275	57%
Postnatal	947	43%









Birth Outcomes

- While White mothers are exceeding the expected Healthy People 2030 objective for preterm births (<37 weeks gestation), no other demographic is meeting the objective, nor does Broward County meet this objective as a whole. In fact, Black babies were 1.6 times more likely to be born preterm than White babies in Broward County in 2019.
- Broward White and Broward Hispanic babies were less likely to experience fetal
 deaths and both rates are lower the HP2030 objective. However, Broward County
 does not meet this objective as a whole, and Broward Black babies were 2.8 times
 more likely to experience a fetal death than Broward White babies and Broward nonHispanic babies were 1.4 times more likely to experience a fetal death than Broward
 Hispanic babies.
- Similarly, Broward White and Broward Hispanic babies were less likely to die before
 their first birthday, and both rates are lower than the HP2030 objective. Again,
 Broward County does not meet this objective as a whole, and Broward Black babies
 were 3.8 times more likely to die before their first birthday than Broward White
 babies and Broward non-Hispanic babies were 2.2 times more likely to die before
 their first birthday than Broward Hispanic babies.
- The rate of births by Cesarean-section in Broward County are staggering. No demographic group has achieved the HP2030 objective of 23.6% and in fact, over 40% of all births in Broward County in 2019 were delivered by Cesarean-section.
- The rates of Cesarean-sections is of concern in that they are a contributing factor to the rates of maternal death. While Broward Hispanic women experienced a rate for maternal deaths lower than the HP2030 objective in 2019, all other demographics did not meet the objective and in fact, Broward Black women were 3 times more likely to die during pregnancy or the 42 days following delivery than Broward White women and Broward non-Hispanic women were 2.4 times more likely to die during pregnancy or the 42 days following delivery than Broward Hispanic women.

Maternal Characteristics

Maternal characteristics are also contributing factors to healthy pregnancies and positive birth outcomes. An analysis of the maternal characteristic data reveals that:

- Broward women are not having early and adequate prenatal care and do not meet the HP2030 objective for any demographic.
- Broward women are less likely to smoke during pregnancy and exceed the HP2030 objective for all demographics. Broward County has had a statistically significantly lower rate of births to mothers who smoked during pregnancy than the state since 2010. In 2019, Broward County had the 2nd lowest rate in the state of births to mothers who smoked during pregnancy.
- Broward White and Broward Other are more likely to be at a healthy weight when the pregnancy occurred and exceed the HP2030 objective, while Broward Black,





Broward Hispanic, and Broward non-Hispanic women do not meet this objective. Broward County has had a **statistically significantly higher** rate of births to mothers who were at a healthy weight at the time pregnancy occurred than the state since 2011. In 2019, Broward County had the **9**th **highest rate** in the state of mothers who were at a healthy weight at the time pregnancy occurred.

- Broward County has had a **statistically significantly lower** rate of births to mothers who were obese at the time pregnancy occurred than the state since 2010. In 2019, Broward had the **6**th **lowest** rate in the state of births to mothers who were obese at the time pregnancy occurred.
- Broward County has had a **statistically significantly higher** rate of births to mothers who were overweight at the time pregnancy occurred than the state since 2010.
- All Broward women are more likely to wait longer than 18 months before getting pregnant again and exceed the HP2030 objectives for all demographics. Broward County has had a **statistically significantly lower** rate of interpregnancy intervals <18 months since 2010. In 2019, Broward had the 6th lowest rate in the state of interpregnancy intervals <18 months.
- In 2019, over 2,300 Broward Mothers did not have a known prenatal care status.
- In 2019, 488 Broward Women had no prenatal care. The rate of no prenatal care was **statistically significantly higher** than the state from 2010-2017.
- The rate of Broward Mothers entering prenatal care in their 1st trimester has been statistically significantly lower than the rate of all Florida Mothers since 2010.
- The rate of Broward Mothers entering prenatal care in their 3rd trimester has been statistically significantly higher than the rate of all Florida Mothers in 2010 and since 2013.
- The rate of teen births has been steadily **declining** and has been **statistically significantly lower** than the state of Florida rates since 2010. Broward County had the **6**th **lowest rate** of births to mothers ages 15-19 in the state of Florida in 2019.
- The rate of repeat teen births has seen a recent increase since 2017 following a
 decline between 2015 and 2017. The rate of repeat teen births has been steadily
 declining for Broward Black Mothers, while it has increased slightly for White
 Mothers.
- The rate of births to mothers 36 and over has been steadily **increasing** and has been **statistically significantly higher** than the state of Florida rates since 2010. Broward County had the **highest rate** of births to mothers ≥35 years old in the state of Florida in 2019.
- Broward County has had a **statistically significantly lower** rate of births to mothers older than 19 with less than a High School education than the state since 2010.
- Broward County has had a **statistically significantly lower** rate of births to unwed mothers than the state since 2010. In 2019, Broward County had the **9th lowest rate** in the state of births to unwed mothers.
- Broward County has had a **statistically significantly higher** rate of fathers acknowledged on the birth certificate than the state since 2010.







- Broward County has had a statistically significantly higher rate of mothers who were born in other countries than the state since 2010. In 2019, Broward was had the 2nd highest rate in the state of births to mothers who were born in other countries.
- Broward County has had a statistically significantly lower rate of births paid for by Medicaid since 2010. In 2019, Broward had the 7th lowest rate in the state of births paid for by Medicaid.
- Broward County has had a **statistically significantly higher** rate of deliveries listed as self-pay since 2010. In 2019, Broward had the **highest** rate in the state of self-pay listed as method of payment for births.
- Broward County has had a **statistically significantly higher** rate of mothers who initiate breastfeeding than the state since 2010. In 2019, Broward had the **6**th **highest** rate in the state of mothers who initiate breastfeeding.

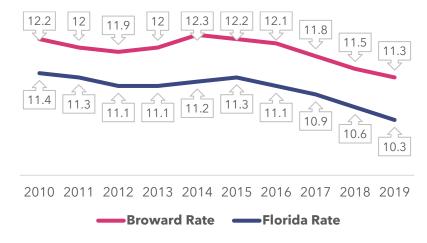




Resident Live Births

In 2019, the FL Department of Health (DOH) reported 21,724 resident live births, with 51% male, 49% female. The rate of resident live births has been decreasing since 2014 and has been statistically significantly higher than the state of Florida since 2010.

Figure 40. Rate of Resident Live Births

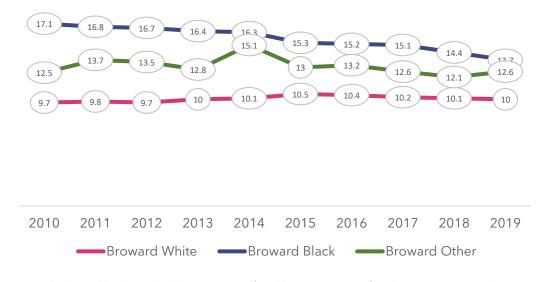


Source: Florida Health Charts, Florida Department of Health, 2019

Births by Race

The rate of Resident Live Births has been steadily declining for Broward Black Mothers, holding steady for Broward Other Mothers, and increasing slightly for Broward White Mothers.

Figure 41. Rate of Resident Live Births by Race



Source: Florida Health Charts, Florida Department of Health, 2019, Bureau of Vital Statistics. Note: "Other" category includes American Indian/Alaska Native; Chinese; Japanese; Hawaiian; Filipino; Korean; Vietnamese; Asian Indian; Asian Other; Guamanian; Samoan; Pacific Islander; Other Races not listed; and More than One Race



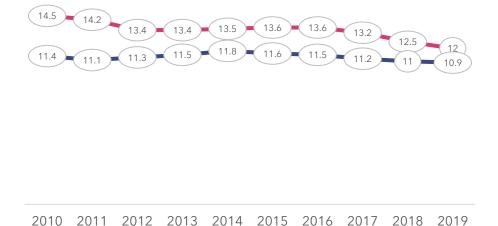


Births by Ethnicity

The rate of Resident Live Births has been steadily declining for Broward Hispanic and non-Hispanic Mothers.

Figure 42. Rate of Resident Births by Ethnicity

Broward Hispanic



Source: Florida Health Charts, Florida Department of Health, 2019, Bureau of Vital Statistics. Note: Hispanic includes Mexican; Puerto Rican; Cuban; Other Hispanic not listed. Non-Hispanic includes Haitian

Broward Non-Hispanic

Healthy People 2030 Objectives and Leading Health Indicators: Pregnancy and Childbirth

Healthy People 2030 (HP2030) is an initiative undertaken by the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. In its fifth iteration, HP2030 is composed of includes 355 core – or measurable – objectives as well as developmental and research objectives. For the first time, HP2030 also includes objectives related to health literacy. Several of the HP2030 are directly related to pregnancy and childbirth, while others are indirectly related (such as health literacy, behavioral health, and the social determinants of health).

Leading Health Indicators (LHI) chosen for HP2030 address the lifespan. Objectives chosen for the LHI will:

- Focus on upstream measures, like risk factors and behaviors, instead of disease outcomes
- Address issues of national importance
- Address high-priority public health issues that have a major impact on public health outcomes





- Be modifiable in the short-term (through evidence-based interventions and strategies to motivate action at the national, state, local, and community levels)
- Address social determinants of health, health disparities, and health equity

The goal for the area of pregnancy and childbirth objectives is to: Prevent pregnancy complications and maternal deaths and improve women's health before, during, and after pregnancy. There are 22 objectives, those for which there is valid, reliable, nationally representative data, including baseline data from no earlier than 2015. 19 of the objectives are considered baseline only, meaning there is not yet enough data beyond the initial baseline data to determine whether progress has been made. The other 3 objectives are considered developmental, meaning they represent high-priority public health issues that are associated with evidence-based interventions but don't yet have reliable baseline data.

The following table represents all 22 pregnancy and childbirth objectives and their objective type (baseline only or developmental), their target measure and whether there is local data to measure the objective. Leading Health Indicators are highlighted in green.

Table 11. Healthy People 2030 Objectives

Objective	Туре	Target Measure	Local Data to measure?
Reduce the rate of fetal deaths at 20 or more weeks of gestation	Baseline only	5.7 fetal deaths at 20 or more weeks of gestation per 1,000 live births and fetal deaths	Yes
Reduce preterm births	Baseline only	9.4 percent	Yes
Reduce the rate of infant deaths within 1 year of age	Baseline only	5.0 infant deaths per 1,000 live births	Yes
Increase the proportion of pregnant women who receive early and adequate prenatal care	Baseline only	80.5 percent	Yes
Increase the proportion of women who had a healthy weight before pregnancy	Baseline only	47.1 percent	Yes
Increase the proportion of women who get screened for postpartum depression	Developmental	N/A	No
Increase abstinence from alcohol among pregnant women	Baseline only	92.2 percent of pregnant females aged 15 to 44 years who report abstaining from alcohol in the past 30 days	No
Increase abstinence from illicit drugs among pregnant women	Baseline only	95.3 percent of pregnant females aged 15 to 44 years who report abstaining from illicit drugs in the past 30 days	No







			PLAN NEEDS ASSESSMENT 2020
Objective	Туре	Target Measure	Local Data to
Dodings the man satisfactor of many the man	Davidence	NI/A	measure?
Reduce the proportion of women who use illicit opioids during pregnancy	Developmental	N/A	No
Reduce the proportion of unintended pregnancies	Baseline only	36.5 percent	No
Reduce the proportion of pregnancies conceived within 18 months of a previous birth	Baseline only	26.9 percent	Yes
Reduce pregnancies in adolescents	Baseline only	31.4 pregnancies per 1,000 females aged 15-19	No (births only)
Increase the proportion of women at risk for unintended pregnancy who use effective birth control	Baseline only	65.1 percent of women aged 20 to 44 years at risk of unintended pregnancy who used most effective or moderately effective methods of contraception	No
Increase the proportion of adolescent females at risk for unintended pregnancy who use effective birth control	Baseline only	70.1 percent of females aged 15 to 19 years at risk of unintended pregnancy who used most effective or moderately effective methods of contraception	No
Reduce the rate of mother-to-child HIV transmission	Baseline only	0.9 perinatally acquired HIV infections per 100,000 live births	Yes
Reduce congenital syphilis	Baseline only	21.0 cases of congenital syphilis per 100,000 live births	Yes
Increase abstinence from cigarette smoking among pregnant women	Baseline only	95.7 percent of females giving birth who report not smoking during pregnancy	Yes
Increase successful quit attempts in pregnant women who smoke	Baseline only	24.4 percent of females who report smoking cessation during pregnancy (i.e., they had smoked in their first or second trimesters but reported no smoking in their third trimester)	No
Increase the proportion of women who get the Tdap vaccine during pregnancy	Developmental	N/A	No





SERVICE DELIVERY PLAN NEEDS ASSESSMENT 2020

Objective	Туре	Target Measure	Local Data to measure?
Reduce maternal deaths	Baseline only	15.7 maternal deaths per 100,000 live births	Yes
Reduce severe maternal complications identified during delivery hospitalizations	Baseline only	61.8 per 10,000 delivery hospitalizations	No
Reduce cesarean births among low-risk women with no prior births	Baseline only	23.6 percent of low-risk females with no prior birth who had a cesarean birth	Yes
Increase the proportion of women of childbearing age who get enough folic acid	Baseline only	86.2 percent of non-pregnant women aged 15 to 44 years who had optimal red blood cell folate concentrations	No

Source: Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services.

Epidemiologic Overview - Broward County

Healthy People 2030

The Broward Healthy Start has used the Healthy People 2020 objectives in the past to benchmark areas of strength and areas of challenge. Recently, the Healthy People 2030 benchmarks were released and will be used moving forward. Areas included are only those in which indicators are measured consistently by HP2030 and also the Florida Department of Health. For example, HP2030 does not collect data regarding teen births while Florida Department of Health does not collect data regarding teen pregnancies. In these cases, benchmark indicators are those in which the Broward Healthy Start Coalition measures against itself annually.

The table below highlights the HP2030 target for each objective as well as the actual Broward County result for 2019. All data for the Broward County results were retrieved from Florida Health Charts. Areas highlighted in green are those which Broward is meeting or exceeding the objective and areas highlighted in red are those which Broward is not meeting the objective. Areas indicated with "N/A" are those for which data was not available for that specific population in Florida Health Charts.

An overview of the data for birth outcomes reveals that:

- While White mothers are exceeding the expected objective for preterm births (<37 weeks gestation), no other demographic is meeting the objective, nor does Broward County meet this objective as a whole. In fact, Black babies are 1.6 times more likely to be born preterm than White babies in Broward County in 2019.
- Broward White and Broward Hispanic babies were less likely to experience fetal deaths and both have exceeded the HP2030 objective. However, Broward County





does not meet this objective as a whole, and Broward Black babies are 2.8 times more likely to experience a fetal death than Broward White babies and Broward non-Hispanic babies are 1.4 times more likely to experience a fetal death than Broward Hispanic babies.

- Similarly, Broward White and Broward Hispanic babies were less likely to die before
 their first birthday, and both have exceeded the HP2030 objective. Again, Broward
 County does not meet this objective as a whole, and Broward Black babies are 3.8
 times more likely to die before their first birthday than Broward White babies and
 Broward non-Hispanic babies are 2.2 times more likely to die before their first
 birthday than Broward Hispanic babies.
- The rate of births by Cesarean-section in Broward County are staggering. No demographic group has achieved the HP2030 objective of 23.6% and in fact, over 40% of all births in Broward County in 2019 were delivered by Cesarean-section.
- The rates of Cesarean-sections is of concern in that they are a contributing factor to the rates of maternal death. While Broward Hispanic women experienced a rate lower than the HP2030 objective in 2019, all other demographics did not meet the objective and in fact, Broward Black women were 3 times more likely to die during pregnancy or the 42 days following delivery than Broward White women and Broward non-Hispanic women were 2.4 times more likely to die during pregnancy or the 42 days following delivery than Broward Hispanic women.

Maternal characteristics are also contributing factors to healthy pregnancies and positive birth outcomes. An analysis of the maternal characteristic data reveals that:

- Broward women are not having early and adequate prenatal care and do not meet the HP2030 objective for any demographic.
- Broward women are less likely to smoke during pregnancy and exceed the HP2030 objective for all demographics.
- Broward White and Broward Other (as defined previously) are more likely to be at a healthy weight when the pregnancy occurred and exceed the HP2030 objective, while Broward Black, Broward Hispanic, and Broward non-Hispanic women do not meet this objective.
- All Broward women are more likely to wait longer than 18 months before getting pregnant again and exceed the HP2030 objectives for all demographics.





Table 12. Broward Indicators 2019

Objective	HP2030 Target	Broward ALL	Broward White	Broward Black	Broward Other	Broward Hispanic	Broward non- Hispanic
			h Outcomes		<u> </u>		
Reduce the rate of fetal deaths at 20 or more weeks of gestation		7.4	4.9	13.5	N/A	5.2	7.2
Reduce preterm births	9.4% of live births	10.6%	9.1%	14.4%	11.0%	10.5%	11.6%
Infant Deaths	5.0 per 1,000 live births 23.6 percent of low-	5.2	2.4	9.1	N/A	2.8	6.2
Reduce cesarean births among low-risk women with no prior births	risk females with no prior birth who had a cesarean birth	41.6%	41.0%	42.6%	41.7%	40.9%	43.1%
Reduce maternal deaths	15.7 per 100,000 live births	27.6	16.5	50.4	N/A	14.2	34.2
Reduce the rate of mother-to-child HIV transmission	0.9 perinatally acquired HIV infections per 100,000 live births	0	0	0	0	0	0
Reduce congenital syphilis	21.0 cases of congenital syphilis per 100,000 live births		18.0	129.3	N/A	28.3	81.5
		Materna	al Character	istics			
Increase the proportion of pregnant women who receive early and adequate prenatal care	80.50%	69.5%	71.9%	65.6%	70.5%	71.0%	68.9%
Increase the proportion of women who had a healthy weight before pregnancy	47.10%	43.9%	49.6%	33.5%	51.8%	43.9%	
Increase abstinence from cigarette smoking among pregnant women	during pregnancy		99.3%	99.6%	99.7%	99.8%	99.9%
Reduce the proportion of pregnancies conceived within 18 months of a previous birth	26.90%	30.5%	30.7%	30.0%	30.9%	27.5%	31.8%





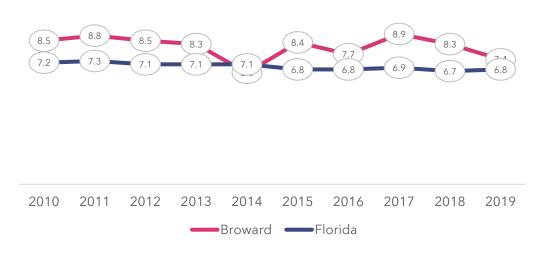
Birth Outcomes

Fetal Deaths

Fetal death, fetal mortality or stillbirth is the death of a fetus after 20 weeks of gestation. It results in a baby born without signs of life. The term is in contrast to miscarriage (less than 20 weeks of gestation) and live birth (where the baby is born alive, even if it dies shortly after birth). The fetal death rate is the number of fetal deaths per 1,000 live births plus fetal deaths. We measure this because fetal mortality and the fetal mortality rate reflect the health and well-being of the population's reproductive age women and their pregnancies as well as the quality of the health care available. Some suspected causes of fetal death include infections, chronic diseases like diabetes, and substance use during pregnancy. Although studies to better understand what causes fetal death are needed, there are strategies that can help reduce fetal deaths – like making sure pregnant women who have pregnancy-related complications or substance use disorders get the right treatment.

The rate of Broward Fetal Deaths was statistically significantly higher than the state of Florida in 2010, 2011, 2012, 2013, 2015, 2017, and 2018.

Figure 43. Fetal Death Rates per 1,000 deliveries



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Fetal Deaths by Race and Ethnicity

- Rates for White Mothers were **statistically significantly lower** than the state in 2013 and 2014
- Rates for non-Hispanic Mothers were **statistically significantly higher** than the state in 2010, 2011, 2012, 2013, and 2017





Figure 44. Fetal Death Rates by Race, per 1,000 deliveries

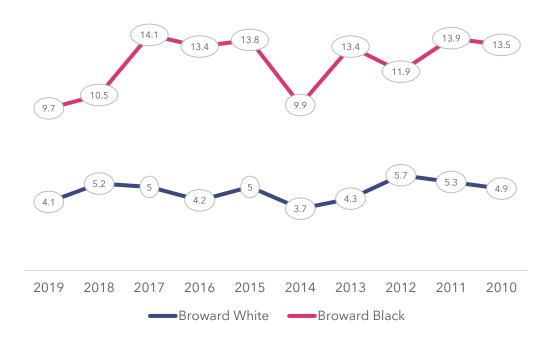
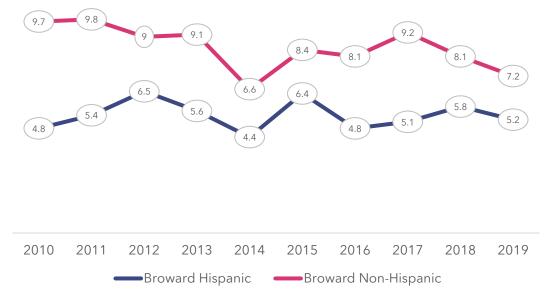


Figure 45. Fetal Death Rates by Ethnicity, per 1,000 deliveries



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics
PREPARED BY THE RONIK-RADLAUER GROUP



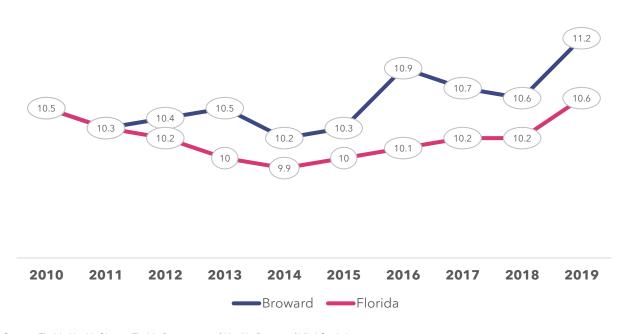


Preterm Births

Infants born before 37 weeks of gestation have a higher risk of infections, developmental problems, breathing problems, and even death. Preterm births are more common in some racial/ethnic groups. Births that occur before 37 weeks gestation (preterm births) have lower chances of survival and higher chances of short and long term health problems when compared to term births. Strategies to reduce preterm births include promoting adequate birth spacing, helping women quit smoking, and providing high-quality medical care for women during pregnancy.

The rate of Broward Preterm Births (births < 37 Weeks gestation) has been statistically significantly higher than the Florida rate in 2013, 2016, 2017, and 2019.

Figure 46. Preterm Births, Single Year Rates



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Preterm Births by Race and Ethnicity

- Rates for White Mothers were **statistically significantly lower** than the state in 2011, 2014, 2017, and 2018
- Rates for Black Mothers were **statistically significantly lower** than the state in 2010, 2011, 2012, 2013, and 2015
- Rates for Other Mothers were statistically significantly higher than the state in 2014





- Rates for Hispanic Mothers were **statistically significantly lower** than the state in 2011
- Rates for non-Hispanic Mothers were statistically significantly higher than the state in 2013, 2014, 2016, 2017, 2018, and 2010

Figure 47. Preterm Birth Rates by Race

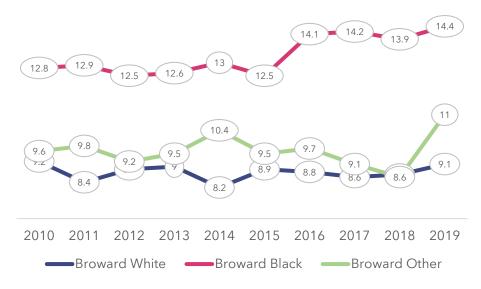
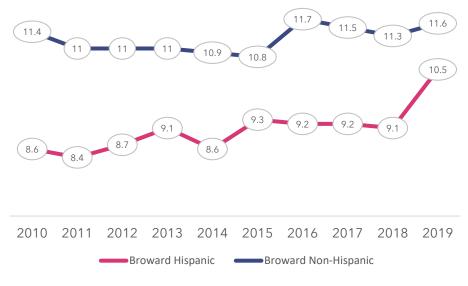


Figure 48. Preterm Birth Rates by Ethnicity



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

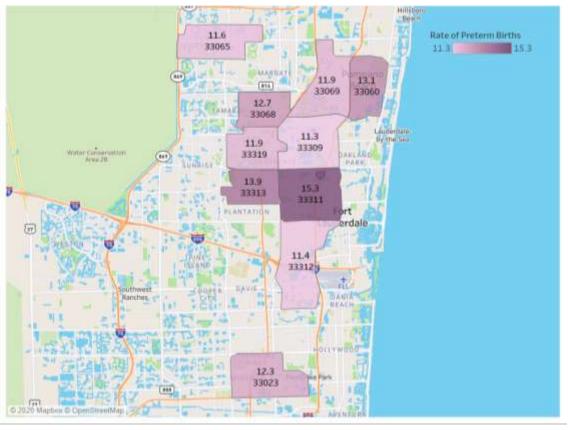




Preterm Birth Rates by Zip Code

The following map identifies those zip codes in Broward County that had the highest rates and highest volumes of preterm births over a 5-year period (2015-2019).

Figure 49. Preterm Birth Rates by Zip Code



Source: Florida Health Charts. Florida Department of Health. Bureau of Vital Statistics

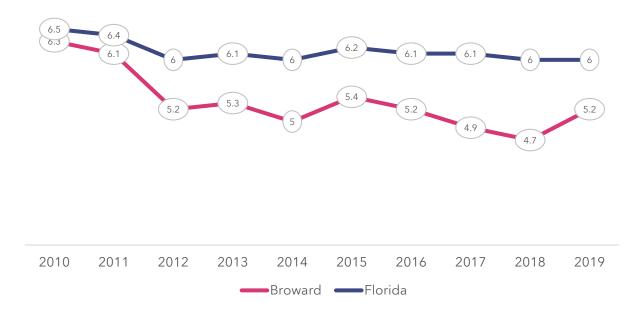
Infant Deaths

Every year in the United States, thousands of infants die from causes like preterm birth, low birth weight, and sudden infant death syndrome. Infant mortality and the infant mortality rate reflect the health and well-being of the population's women of reproductive age and their infants as well as the quality of the health care available. Although the rate of infant deaths has fallen over the past decade, there are disparities by race/ethnicity, income, and geographic location. Equitable, high-quality care for moms and babies and community-based interventions can help reduce the rate of infant deaths.

The rate of Broward Infant Deaths (infant deaths 0-364 days since birth) was **statistically significantly lower** than the Florida rate in 2014, 2016, 2017, and 2018.



Figure 50. Infant Mortality Rate per 1,000 live Births



Infant Mortality by Race and Ethnicity

- Rates for White Mothers were **statistically significantly lower** than the state in 2010, 2012, 2014, 2015, 2016, 2017, and 2018
- Rates for Black Mothers were **statistically significantly lower** than the state in 2012, 2013, 2014, 2015, 2016, 2017, and 2018
- Rates for Hispanic Mothers were **statistically significantly lower** than the state in 2011, 2013, 2014, 2015, 2018, and 2019
- Rates for non-Hispanic Mothers were statistically significantly lower than the state in 2016 and 2018





Figure 51. Infant Mortality by Race, Rate per 1,000 Live Births

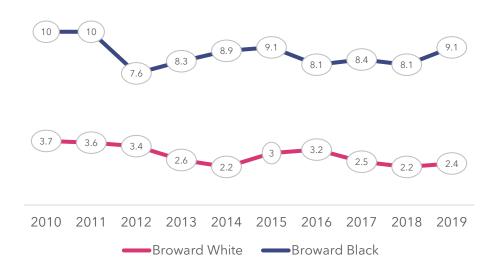
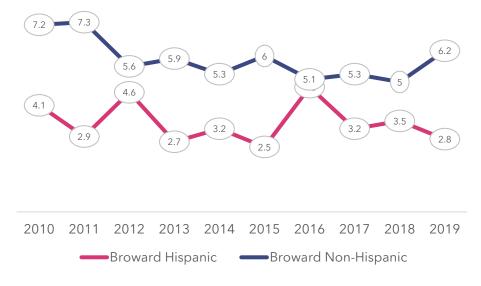


Figure 52. Infant Mortality by Ethnicity, Rate per 1,000 Live Births



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

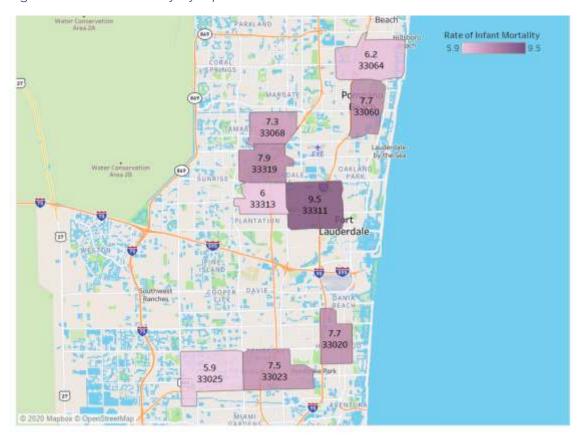
Infant Mortality by Zip Code

The following map shows the zip codes in Broward County that had the highest rates and highest volume of infant deaths over a five-year period (2015-2019).





Figure 53. Infant Mortality by Zip Code



Substance-Exposed Newborns

The number of substance-exposed newborns has been increasing over time, from 124 in 2015 (the year ICD-10 codes were revised) to 241 in 2017 (the most recent year that data is available). Note: Numbers are based on unduplicated # of newborns (stillbirths & livebirths) diagnosed by initial discharge after birth. ICD 9 codes: 779.5 drug withdrawal syndrome, 760.73 hallucinogenic, 760.72 narcotics, 760.75 cocaine, 304.0-304.93 dependent drugs (alcohol excluded). *2015* includes new ICD 10 codes: P96.1, P04.41, P04.49, F11.20, F11.21, F12,20, F12.21, F13.20, F13.21, F14.20, F14.21, F15.20, F15.21, F16.20, F16.21, F19.20, F19.21 Based on Broward residency of mothers so includes hospitals outside of Broward. This was a special data request made to the Agency for Health Care Administration (AHCA).



Figure 54. Substance-Exposed Newborns



Source: Broward Regional Health Planning Council, special request data query

The following represents the hospitals in which newborns were coded with an ICD-10 code that indicated substance-exposure in 2016 and 2017 in Broward County.

Figure 55. Hospitals delivering substance-exposed newborns, 2016 and 2017

Hospital	ZIPCODE	2016	2017
Broward Health Coral Springs	33065	7	2
Broward Health Medical Center	33316	59	74
Holy Cross Hospital	33308	5	5
Memorial Hospital Miramar	33029	7	13
Memorial Hospital West	33028	9	18
Memorial Regional Hospital	33021	64	87
Northwest Medical Center	33063	22	17
Plantation General Hospital	33317	31	25
		204	241

Source: Broward Regional Health Planning Council, special request data pull

Circuit 17 Substance Misuse Child Investigations

In the first quarter of FY 20-21, there were 62 investigations (85 children) that were closed with verified findings which represents 13.6% of investigations (456 total investigations). Of those, 19 (31%) were substance-exposed newborns. Of the 19 newborns, 16 (84%) were referred to the Family Engagement Program. (Data Sources: FSFN Report Services at time of closing determination, FSFN Ad hoc maltreatment report, and FEP spreadsheet Child Investigations).



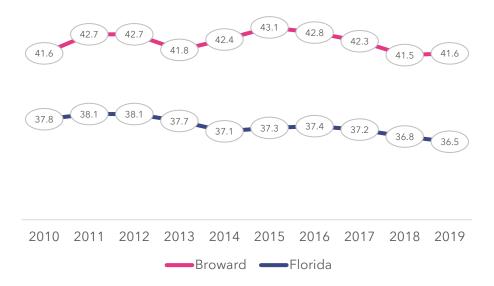


Cesarean Births to Low-Risk Mothers with No Previous Births

Cesarean deliveries, or C-sections, can prevent injury and death in women who are at higher risk of complicated deliveries or have unexpected complications. C-sections can also prevent injury and death in their newborns. But C-sections are linked to increased risk of infections and blood clots, and many women who aren't at higher risk for delivery complications get unnecessary C-sections. Various evidence-based strategies aimed at hospitals and health care providers can help reduce C-sections in low-risk women.

The rate of Cesarean section births in Broward has been **statistically significantly higher** than the state since 2010. In 2019, Broward had the 4th highest rate of C-sections in the state.

Figure 56. Cesarean Section Deliveries, Percentage of all Deliveries



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Table 13. Counties with the Highest Percentage of Cesarean Section Deliveries, 2019

Cesarean Section Deliveries, 2019			
County	Count	Denominator	Percent
Miami-Dade	14,221	30,258	47
Glades	25	54	46.3
Liberty	34	80	42.5
Broward	9,047	21,724	41.6
Taylor	99	238	41.6
Monroe	258	650	39.7
St. Lucie	1,197	3,107	38.5
Sumter	177	460	38.5
Palm Beach	5,620	14,737	38.1
Hernando	596	1,565	38.1

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





Cesarean Sections by Race and Ethnicity

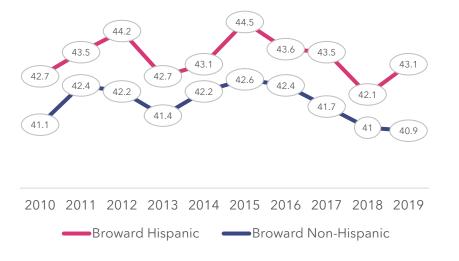
• Rates for all Broward Mothers have been **statistically significantly higher** than the state since 2010

Figure 57. Cesarean Section Percentage of all Deliveries by Race



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Figure 58. Cesarean Section Percentage of all Deliveries by Ethnicity



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





Maternal Deaths

Women in the United States are more likely to die from childbirth or problems related to pregnancy than women in other high-income countries. In addition, there are persistent disparities by race/ethnicity. Improving the quality of medical care for women before, during, and after pregnancy can help reduce maternal deaths.

Severe Maternal Complications during Delivery Hospitalizations

Severe complications during labor and delivery can lead to serious and lasting health problems for women, like stroke or kidney problems. Rates of severe maternal complications have increased in recent years, and there are disparities by race/ethnicity. Making sure women get high-quality health care both before and during pregnancy can help reduce severe maternal complications. While data exists for this at the state level, the measurement is not the same as the Healthy People 2030 objectives and is therefore not included here. Healthy People 2030 measures the rate per 10,000 deliveries while Florida Health Charts measures per 1,000 deliveries.

Florida Health Charts defines maternal complications as Severe Maternal Morbidity (SMM), or the presence of a complication during a delivery hospitalization. Severe Maternal Morbidity includes acute myocardial infarction, aneurysm, acute renal failure, adult respiratory distress syndrome, amniotic fluid embolism, cardiac arrest/ventricular fibulation, conversion of cardiac rhythm, disseminated intravascular fibrillation, eclampsia, heart failure/arrest during surgery or procedure, puerperal cerebrovascular disorders, pulmonary edema/acute heart failure, severe anesthesia complications, sepsis, shock, sickle cell disease with crisis, air and thrombotic embolism, blood products transfusion, hysterectomy, temporary tracheostomy or ventilation.

In 2019, Broward, Duval, and Palm Beach each had 6 maternal deaths, the highest counts in the state.





Figure 59. Maternal Deaths by Race

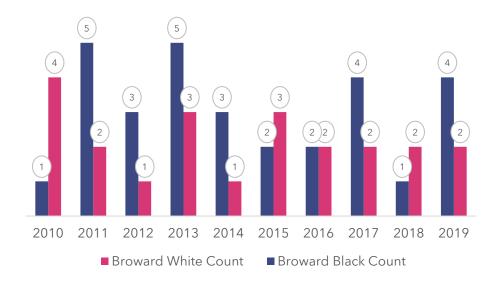
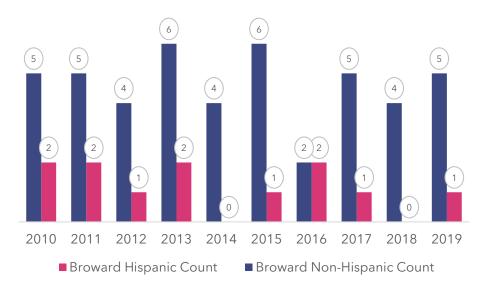


Figure 60. Maternal Deaths by Ethnicity



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Perinatally Transmitted HIV Infections

Each year, thousands of women with HIV give birth in the United States. Women with HIV can pass the infection to their child during pregnancy, labor, delivery, and breastfeeding. Increasing HIV testing in pregnant women and women planning to get pregnant can help reduce the rate of HIV infection in infants. Retesting pregnant women during the third trimester in areas where HIV among women is more common can also

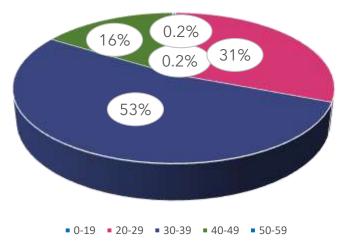




help protect infants. In addition, making sure women who have HIV get treatment can help prevent HIV in infants. Between 2015 and 2019, 568 women who were pregnant and HIV positive received case management services from the Florida Department of Health-Broward County.

The following represents the age of the women who received case management services during that time period.

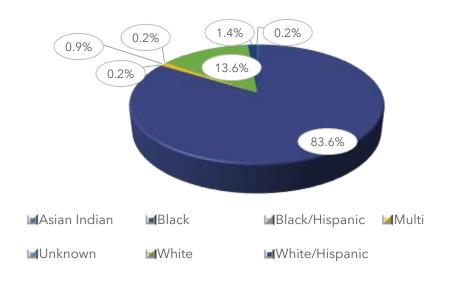
Figure 61. Age of HIV positive pregnant women receiving case management services



Source: Florida Department of Health-Broward County

The following represents the race and ethnicity of the women who received case management services during that time period.

Figure 62. Race and ethnicity of HIV positive pregnant women receiving case management services



Source: Florida Department of Health-Broward County





Table 14. Number of Perinatally Transmitted HIV infections 2015-2019

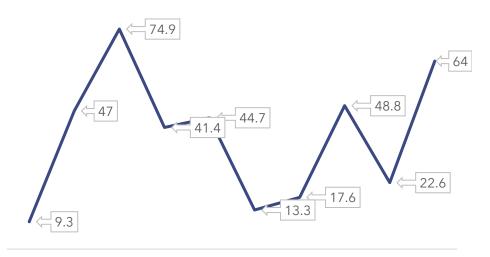
Year	Number of Perinatal Infections
2019	0
2018	0
2017	2
2016	0
2015	1

Source: Florida Department of Health-Broward County

Congenital Syphilis

Untreated syphilis in pregnant women can cause miscarriage, stillbirth, and preterm birth. Babies born with syphilis are at high risk for physical and developmental disabilities and death. Screening all pregnant women for syphilis and providing early treatment for women with syphilis and their sexual partner(s) during prenatal care can completely prevent congenital syphilis. The following chart shows the rates of congenital syphilis per 100,000 live births and fetal deaths between 2010 and 2019.

Figure 63. Rates of Congenital Syphilis 2010-2019



2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

Source: Florida Department of Health, Bureau of Communicable Diseases

Maternity Deserts

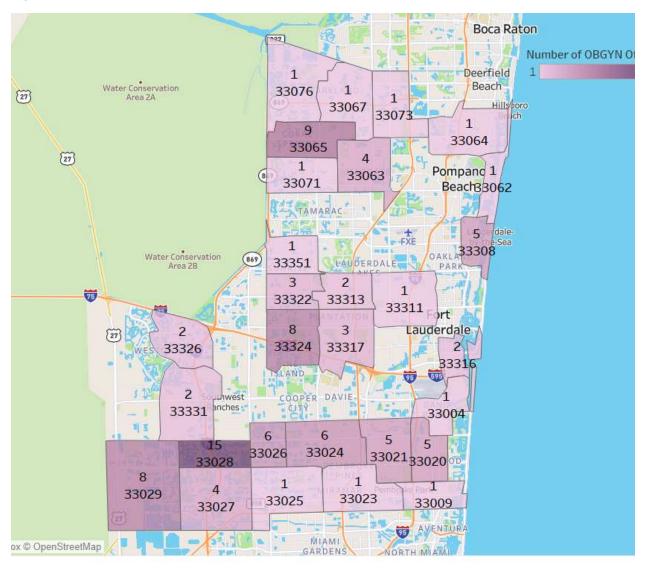
According to the March of Dimes, maternity care deserts are counties in which access to maternity health care services is limited or absent, either through lack of services or barriers to a woman's ability to access that care. While Broward County is not lacking in birthing centers, access to care may be limited due to the availability of OB/GYNs in one's neighborhood, not the entire county. The map below shows the number of





OB/GYN offices (not practitioners) in particular zip codes. Attention should be paid to those zip codes in which the rates of preterm birth and infant mortality are high.

Figure 64. OB/GYN offices in Broward County



Source: Broward Healthy Start Coalition List of OB/GYN offices, 2020





Maternal Characteristics

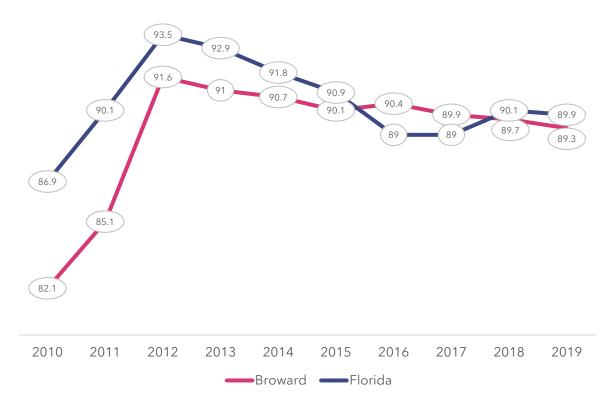
Early and Adequate Prenatal Care

Prenatal care is most effective when it starts early and continues throughout pregnancy. It can help prevent and address health problems in both mothers and babies. Interventions to increase access to health care can help more women get the prenatal care they need.

Known Prenatal Care Status

In 2019, over 2,300 Broward Mothers did not have a known prenatal care status.

Figure 65. Known Prenatal Care Status



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Adequate Prenatal Care

The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, classifies the adequacy of initiation as follows: pregnancy months 1 and 2, months 3 and 4, months 5 and 6, and months 7 to 9. A ratio of observed to expected visits is calculated and grouped into four categories: Inadequate (received less than 50% of expected visits), Intermediate (received 50%-79% of expected visits), Adequate Prepared by The Ronik-Radialer Group



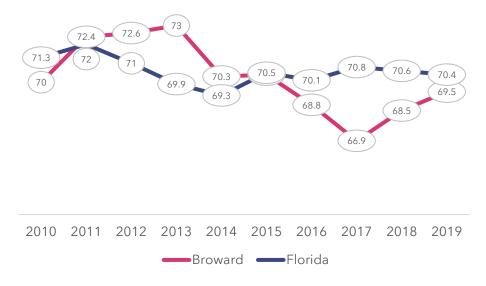


(received 80%-109% of expected visits), Adequate Plus (received 110% or more of expected visits). Mothers with unknown prenatal care are excluded from the denominator in calculating the percentage.

This indicator is a measure of the adequacy of prenatal care provided to a woman by health care providers during the prenatal period. The adequacy of prenatal care utilization index provides a more comprehensive measure of prenatal care utilization than the timing of prenatal care. High-risk pregnant women are likely to have high rates for adequate+plus care due to the many visits they receive.

The rate of adequate prenatal care in Broward County increased between 2010 and 2013, then began to decline until 2017, when it began increasing again. However, the rate has been statistically significantly lower than the state since 2010.

Figure 66. Adequate Prenatal Care



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

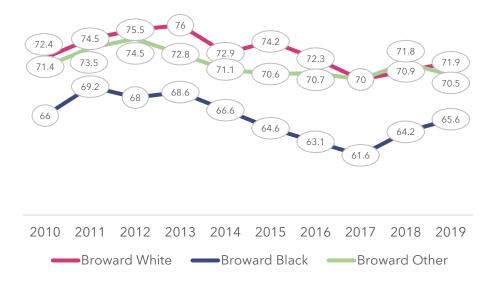
Rate of Adequate Prenatal Care by Race

- The rate of adequate prenatal care for Broward White women was statistically significantly higher than the state in 2012-2015 and statistically significantly lower in 2017-2018.
- The rate of adequate prenatal care for Broward Black women was statistically significantly higher than the state in 2011-2014 and 2019 and statistically significantly lower in 2017.
- The rate of adequate prenatal care for Broward Other women was statistically significantly higher than the state in 2012-2014 and 2016, 2018, and 2019.





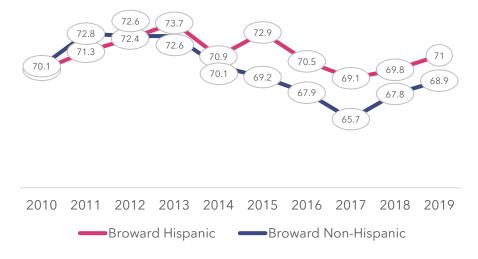
Figure 67. Adequate Prenatal Care by Race



Rate of Adequate Prenatal Care by Ethnicity

- The rate of adequate prenatal care for Broward Hispanic women was statistically significantly higher than the state in 2013 and 2015 and statistically significantly lower than the state in 2010, 2017, and 2018.
- The rate of adequate prenatal care for Broward non-Hispanic women was statistically significantly higher in 2013 and 2014 and statistically significantly lower in 2010 and 2015-2019.

Figure 68. Adequate Prenatal Care by Ethnicity



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

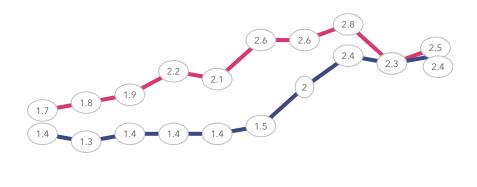




No Prenatal Care

In 2019, 488 Broward Women had no prenatal care. The rate of no prenatal care was statistically significantly higher than the state from 2010-2017.

Figure 69. Rate of No Prenatal Care



2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

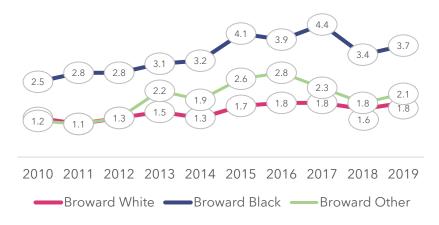
——Broward ——Florida

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

No Prenatal Care by Race

• The rates for Black, White, and Other Mothers with NO prenatal care increased between 2018 and 2019.

Figure 70. Rate of No Prenatal Care by Race



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics PREPARED BY THE RONIK-RADLAUER GROUP





The following chart represents the numbers of women with no prenatal care by race between 2010 and 2019.

Table 15. Numbers of Women with No Prenatal Care by Race

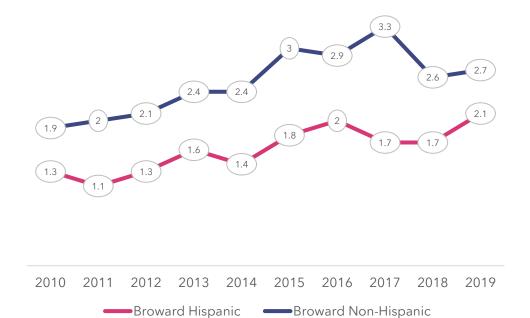
	Broward White	Broward Black	Broward Other
2019	197	260	31
2018	182	246	25
2017	196	330	33
2016	200	291	40
2015	191	298	34
2014	145	243	28
2013	165	231	27
2012	140	210	17
2011	106	191	13
2010	120	165	13

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

No Prenatal Care by Ethnicity, 2019

• The rates for Hispanic and non-Hispanic Mothers with NO prenatal care increased between 2018 and 2019.

Figure 71. Rate of No Prenatal Care by Ethnicity



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

The following chart represents the number of women with no prenatal care by ethnicity between 2010 and 2019.





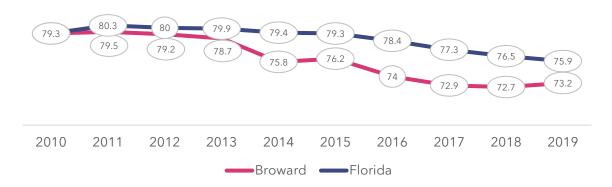
Table 16. Numbers of Women with No Prenatal Care by Ethnicity

	Broward Hispanic	Broward Non-Hispanic
2019	131	357
2018	106	346
2017	111	446
2016	132	405
2015	115	416
2014	83	335
2013	90	334
2012	76	289
2011	58	251
2010	64	238

1st Trimester Care

The rate of Broward Mothers entering Prenatal Care in their 1st Trimester has been statistically significantly lower than the rate of all Florida Mothers since 2010.

Figure 72. Rates of 1st Trimester Prenatal Care



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

1st Trimester Prenatal Care Status by Race and Ethnicity

- Rates for White Mothers were **statistically significantly higher** than the state from 2010-2013 and **lower from 2014-2019**
- Rates for Black Mothers have been **statistically significantly lower** than the state since 2012
- Rates for Hispanic and non-Hispanic Mothers have been **statistically significantly lower** than the state since 2014





Figure 73. Rates of 1st Trimester Prenatal Care by Race

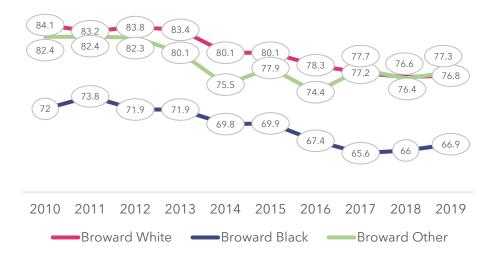
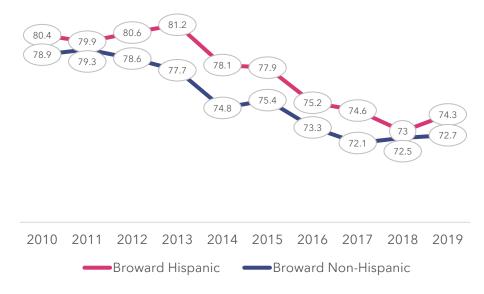


Figure 74. Rates of 1st Trimester Prenatal Care by Ethnicity



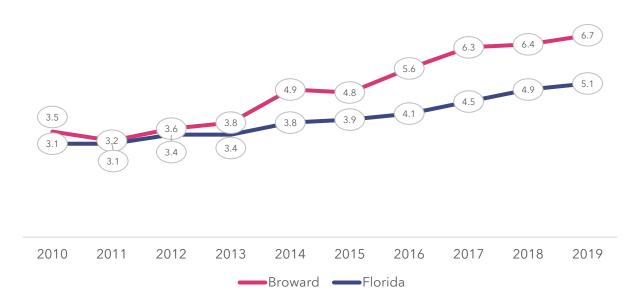
Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

3rd Trimester Care

The rate of Broward Mothers entering prenatal care in their 3rd trimester has been statistically significantly higher than the rate of all Florida Mothers in 2010 and since 2013.



Figure 75. Rates of 3rd Trimester Care



3rd Trimester Prenatal Care Status, by Race and Ethnicity

- Rates for White Mothers have been **statistically significantly higher** than the state since 2014
- Rates for Black Mothers have been statistically significantly higher than the state since 2016
- Rates for Other Mothers have been **statistically significantly higher** than the state in 2011, 2017, and 2019
- Rates for Hispanic Mothers were **statistically significantly higher** than the state between 2016 and 2018 and for non-Hispanic Mothers all years between 2010 and 2019 except for 2011 and 2012





Figure 76. Rates of 3rd Trimester Prenatal Care by Race

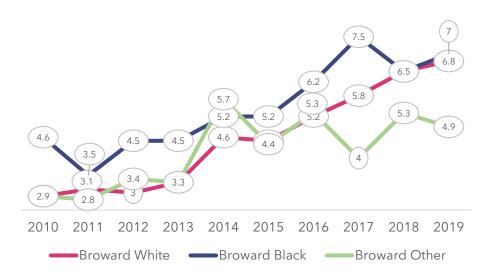
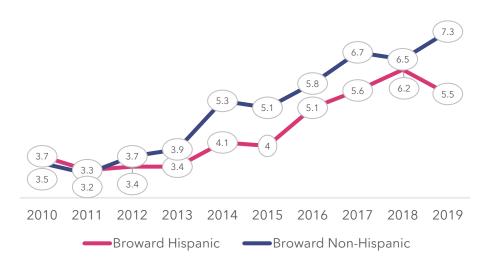


Figure 77. Rates of 3rd Trimester Prenatal Care by Ethnicity



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Healthy Weight Prior to Pregnancy

More than half of women are overweight or underweight when they get pregnant. This is linked to complications and poor pregnancy outcomes. For example, obesity during pregnancy is linked to high blood pressure and gestational diabetes in mothers – as well as stillbirth and preterm birth in infants. Interventions related to healthy eating and physical activity can help more women have a healthy weight before getting pregnant.

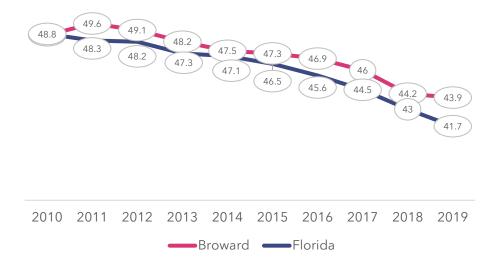




Broward County has had a **statistically significantly higher** rate of births to mothers who were at a healthy weight at the time pregnancy occurred than the state since 2011.

In 2019, Broward County had the 9th highest rate in the state.

Figure 78. Rates of Mothers at Healthy Weight Prior to Pregnancy



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Table 17. Counties with Highest Percentages of Births to Mothers with Healthy Weight

Births to Mothers with Healthy Weight, 2019			
County	Count	Denominator	Percent
St. Johns	1,091	2,171	50.3
Miami-Dade	13,501	28,863	46.8
Pinellas	3,473	7,553	46
Walton	377	831	45.4
Monroe	289	641	45.1
Sarasota	1,286	2,850	45.1
Seminole	1,937	4,392	44.1
Martin	524	1,191	44
Broward	9,076	20,687	43.9
Palm Beach	6,095	13,877	43.9

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

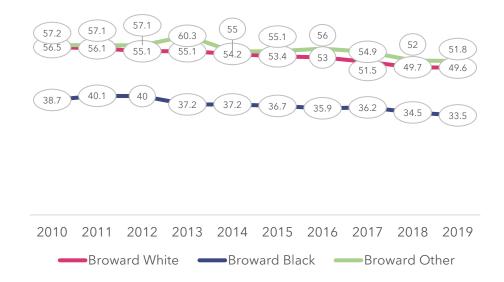




Births to mothers who were at a healthy weight at the time pregnancy occurred by Race and Ethnicity

- Rates for White Broward Mothers have been **statistically significantly higher** than the state since 2010
- Rates for Black Broward Mothers were **statistically significantly higher** than the state in 2011, 2012, 2015, 2017, 2018, and 2019
- Rates for Other Broward Mothers were statistically significantly higher than the state in 2011 and 2013
- Rates for Hispanic Broward Mothers have been statistically significantly higher than the state since 2010
- Rates for non-Hispanic Broward Mothers were **statistically significantly lower** than the state in 2010 and 2014 and **statistically significantly higher** in 2019

Figure 79. Rates of Mothers at Healthy Weight Prior to Pregnancy by Race

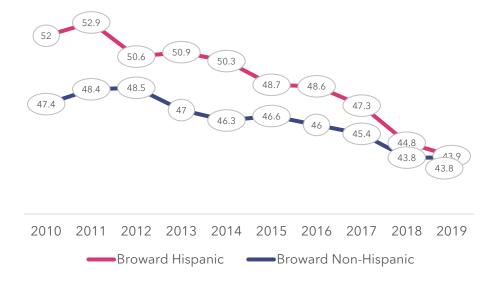


Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





Figure 80. Rates of Mothers at Healthy Weight Prior to Pregnancy by Ethnicity

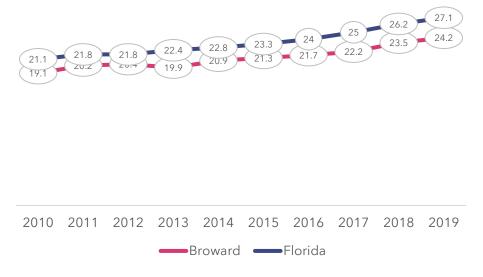


Births to mothers who were obese at the time pregnancy occurred

Broward County has had a **statistically significantly lower** rate of births to mothers who were obese at the time pregnancy occurred than the state since 2010.

In 2019, Broward had the 6^{th} lowest rate in the state.

Figure 81. Births to Mothers who were Obese at the Time Pregnancy Occurred



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





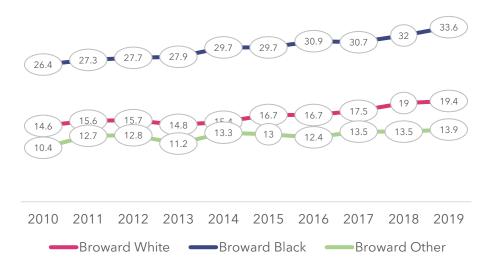
Table 18. Counties with Lowest Percentages of Births to Obese Mothers at the Time Pregnancy Occurred

Births to Obese Mothers at time Pregnancy Occurred, 2019			
County	Count	Denominator	Percent
Miami-Dade	5,943	28,863	20.6
St. Johns	450	2,171	20.7
Monroe	141	641	22
Sarasota	673	2,850	23.6
Gulf	27	112	24.1
Broward	5,000	20,687	24.2
Palm Beach	3,402	13,877	24.5
Pinellas	1,850	7,553	24.5
Orange	3,798	15,266	24.9
Seminole	1,117	4,392	25.4

Births to mothers who were obese at the time pregnancy occurred by Race and Ethnicity

- Rates for all White, Black, Hispanic, and non-Hispanic Broward Mothers have been statistically significantly lower than the state since 2010
- Rates for Other Broward Mothers were statistically significantly lower than the state in 2013, 2015, 2016, 2017, 2018, and 2019

Figure 82. Rates of Births to Mothers who were Obese at the Time Pregnancy Occurred by Race

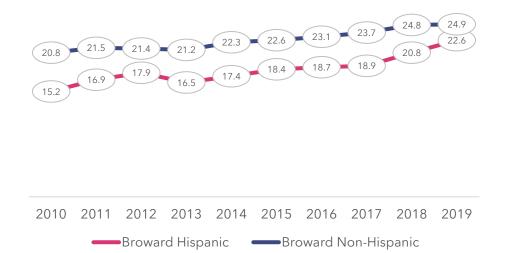


Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





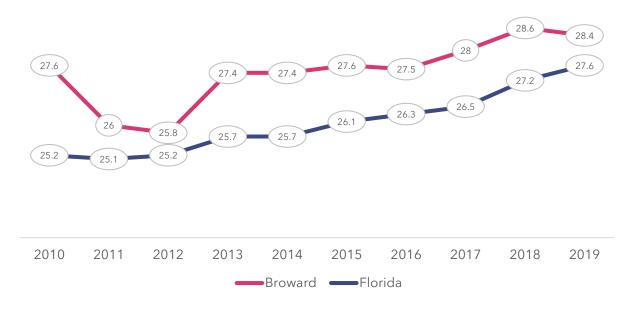
Figure 83. Rates of Births to Mothers who were Obese at the Time Pregnancy Occurred by Ethnicity



Births to mothers who were overweight at the time pregnancy occurred

Broward County has had a **statistically significantly higher** rate of births to mothers who were overweight at the time pregnancy occurred than the state since 2010.

Figure 84. Rates of Births to Mothers who were Overweight at the Time Pregnancy Occurred



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

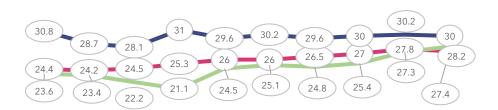




Births to mothers who were overweight at the time pregnancy occurred by Race and Ethnicity

- Rates for White Broward Mothers were statistically significantly higher than the state in 2014
- Rates for Black Broward Mothers were **statistically significantly higher** than the state in 2010, 2011, and 2013-2019
- Rates for Hispanic Broward Mothers were statistically significantly higher than the state in 2017 and 2018
- Rates for non-Hispanic Broward Mothers have been statistically significantly higher than the state since 2010

Figure 85. Rates of Women who were Overweight at the Time Pregnancy Occurred by Race



2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

——Broward White ——Broward Black ——Broward Other

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





Figure 86. Rates of Births to Mothers who were Overweight at the Time Pregnancy Occurred by Ethnicity





Abstinence from Cigarette Smoking during Pregnancy

Smoking during pregnancy is related to birth defects, preterm birth, and sleep-related deaths in infants. Providing screening and counseling during prenatal care visits can help pregnant women stop smoking. Population-based interventions – like cigarette price increases, media campaigns, and comprehensive smoke-free laws – can also help prevent pregnant women from smoking.

Smoking Cessation during Pregnancy

Smoking during pregnancy increases the risk of pregnancy complications, preterm delivery, and low birth weight in infants. Health care providers can increase the chance that pregnant women will quit smoking by asking them about tobacco use, advising them to quit, and providing counseling and medication. *Currently, there is no statewide data available for this objective in Florida*.

Broward County has had a **statistically significantly lower** rate of births to mothers who smoked during pregnancy than the state since 2010.

In 2019, Broward County had the 2^{nd} lowest rate in the state.



Figure 87. Rates of Mothers who Smoked during Pregnancy

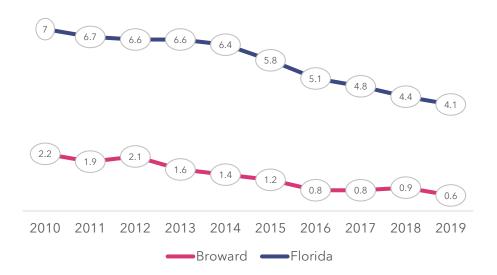


Table 19. Counties with the Lowest Rates of Mothers who Smoked during Pregnancy

Resident Live Births to Mothers Who Smoked During Pregnancy, 2019			
County	Count	Denominator	Percent
Miami-Dade	146	30,258	0.5
Broward	124	21,724	0.6
Osceola	51	4,440	1.1
Palm Beach	182	14,737	1.2
Collier	39	3,117	1.3
Orange	216	16,621	1.3
Glades	1	54	1.9
Hendry	12	614	2
Monroe	13	650	2
Seminole	101	4,647	2.2

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Births to mothers who smoked during their pregnancy by Race and Ethnicity

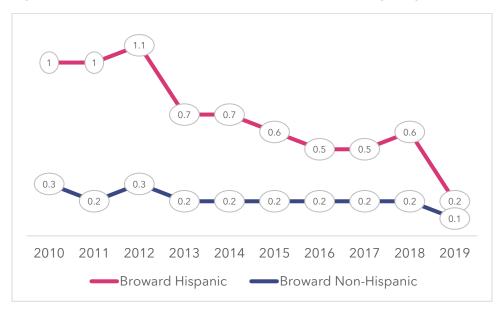
• Rates for all Broward Mothers have been **statistically significantly lower** than the state since 2010



Figure 88. Rates of Births to Mothers who Smoked during Pregnancy by Race



Figure 89. Rates of Births to Mothers who Smoked During Pregnancy by Ethnicity



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Pregnancies conceived within 18 months of a previous birth

Women who get pregnant less than 18 months after giving birth are more likely to have premature babies with low birth weight. These pregnancies are also more likely to be unintended, which can lead to other health risks for both the mother and the baby. Interventions to increase the use of birth control and family planning services for women

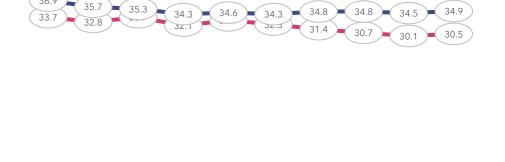




who have recently had babies can help increase the length of time between pregnancies.

- Broward County has had a **statistically significantly lower** rate of interpregnancy intervals <18 months since 2010.
- In 2019, Broward had the 6th lowest rate in the state.

Figure 90. Rates of Birth with Interpregnancy Intervals <18 Months



2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

——Broward ——Florida

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Table 20. Counties with the Lowest Rates of Interpregnancy Intervals <18 Months

Births with Inter-Pregnancy Interval < 18 Months, 2019			
County	Count	Denominator	Percent
Liberty	13	50	26
Gulf	21	79	26.6
Osceola	615	2,251	27.3
Miami-Dade	4,641	15,608	29.7
Sumter	83	273	30.4
Broward	3,585	11,760	30.5
Orange	2,688	8,746	30.7
Collier	568	1,841	30.9
Palm Beach	2,493	8,071	30.9
Union	30	97	30.9

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

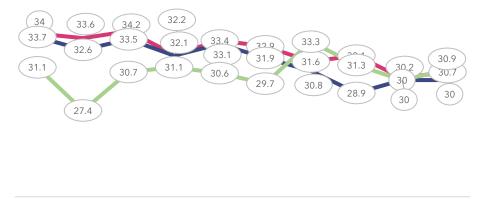
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Interpregnancy Intervals <18 months by Race and Ethnicity

- Rates for White Mothers were statistically significantly lower than the state in 2010, 2011, 2013, 2015, 2016, 2017, 2018, and 2019
- Rates for Black Mothers have been **statistically significantly lower** since 2010
- Rates for Other Mothers were statistically significantly lower in 2011, 2014, and 2015
- Rates for Hispanic Mothers were statistically significantly lower in 2016, 2018, and 2019
- Rates for non-Hispanic Mothers have been statistically significantly lower since 2010

Figure 91. Rates of Births with <18 Months Interpregnancy Intervals by Race



2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

——Broward White ——Broward Black ——Broward Other

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Figure 92. Rates of Births with <18 Months Interpregnancy Intervals by Ethnicity



2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

---Broward Hispanic ----Broward Non-Hispanic

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics
PREPARED BY THE RONIK-RADLAUER GROUP





Healthy People 2030 Objectives for which data is not available in Florida

The following objectives do not have data available in the state of Florida. While this data is not currently collected, it is recommended that the Florida Association of Healthy Start Coalitions (FAHSC) communicate with the Florida Department of Health to determine whether these data points are available so they may be compared and benchmarked with HP2030.

Screening for Postpartum Depression

This objective currently has developmental status, meaning it is a high-priority public health issue that has evidence-based interventions to address it, but doesn't yet have reliable baseline data. The new Healthy Start model as of 2019 has instituted post partum screening. Once baseline data are available, this objective may be considered to become a core Healthy People 2030 objective. *Currently, there is no statewide data available for this objective in Florida*.

Abstinence from Alcohol during Pregnancy

Alcohol use during pregnancy is linked to miscarriage, stillbirth, preterm birth, and sudden infant death syndrome. It can also cause fetal alcohol spectrum disorders, which can lead to lifelong physical and mental health problems. But many women in the United States drink while they're pregnant. Screening pregnant women for alcohol use and referring them to treatment if needed can help women avoid drinking alcohol during pregnancy. *Currently, there is no statewide data available for this objective in Florida*.

Abstinence from illegal drugs during pregnancy

Using drugs like marijuana, cocaine, or heroin during pregnancy can lead to miscarriage, preterm birth, and low birth weight. It can also cause withdrawal symptoms in infants after birth. In addition, substance use disorders have been linked to maternal deaths. Screening pregnant women for drug use and referring them to treatment when needed can help women avoid using drugs during pregnancy. *Currently, there is no statewide data available for this objective in Florida*.

Use of illicit opioids during pregnancy

This objective currently has developmental status, meaning it is a high-priority public health issue that has evidence-based interventions to address it, but doesn't yet have reliable baseline data. Once baseline data are available, this objective may be considered to become a core Healthy People 2030 objective. *Currently, there is no statewide data available for this objective in Florida*.

Unintended pregnancies

Women who have unintended pregnancies are more likely to delay prenatal care, experience violence, and have mental health problems. In addition, children of women who have unintended pregnancies are at increased risk for mental and physical health PREPARED BY THE RONIK-RADLAUER GROUP





problems – and they're more likely to struggle in school. Rates of unintended pregnancies are decreasing overall, but disparities by race/ethnicity, age, income, and education level remain. Interventions to increase the use of birth control are critical for preventing unintended pregnancies. *Currently, there is no statewide data available for this objective in Florida*.

Use of Effective Birth Control

Many women don't use effective methods of birth control. Factors linked to the likelihood that a woman will use effective birth control include marital status, insurance status, and family income. Family planning services are critical for getting more women to use effective birth control methods and ultimately reducing unintended pregnancies. Currently, there is no statewide data available for this objective in Florida.

Adolescent Female Use of Effective Birth Control

Many sexually active adolescent girls don't use effective methods of birth control, which increases their risk for unintended pregnancy. There are also disparities in use of effective birth control by race/ethnicity, insurance status, and family income. Strategies to make sure more adolescents can get effective birth control is critical for reducing teen pregnancies, births, and abortions. *Currently, there is no statewide data available for this objective in Florida*.

Tdap Vaccine during Pregnancy

This objective currently has developmental status, meaning it is a high-priority public health issue that has evidence-based interventions to address it, but doesn't yet have reliable baseline data. Once baseline data are available, this objective may be considered to become a core Healthy People 2030 objective.

Folic Acid

Getting enough folic acid through food or supplements during pregnancy can protect infants from neural tube defects, like spina bifida. The concentration of folate in a woman's red blood cells shows whether she's getting enough folic acid. Nationwide efforts to add folic acid to cereal grain products have helped reduce neural tube defects, and more recent efforts to add it to corn masa flour may have the same effect. *Currently, there is no statewide data available for this objective in Florida*.

Additional Florida Health Charts Data

The following datasets are available in Florida Health Charts, however there are no HP2030 objectives associated with them. These measures are tracked by the Broward Healthy Start Coalition annually to evaluate trends and to develop plans of action.



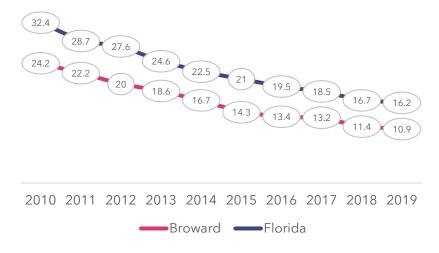


Teen Birth Rates

Babies born to teen mothers are more likely to be premature, have a low birth weight, and even to die. Having a baby can also negatively impact teen mothers' health and their educational and job opportunities. Although teen pregnancy and birth rates have gone down in recent years, disparities by race/ethnicity remain. Evidence shows that a variety of outreach and educational programs can help reduce teen pregnancies. Note that while data is available for teen births and repeat teen births in Florida, data is not available for teen pregnancies, therefore we are unable to compare this data to HP2030.

The rate of Teen Births has been steadily **declining** and has been **statistically significantly lower** than the state of Florida rates since 2010.

Figure 93. Rates of Teen Births



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Broward County had the 6th lowest rate of births to mothers ages 15-19 in the state of Florida in 2019.

Table 21. Counties with the Lowest Rates of Births to Mothers ages 15-19

Births by Mothers' Age, Ages 15-19, 2019			
County	Count	Denominator	Rate
St. Johns	60	7,786	7.7
Alachua	89	11,287	7.9
Jefferson	3	327	9.2
Leon	146	14,110	10.3
Seminole	145	13,900	10.4
Broward	591	54,226	10.9
Miami-Dade	901	79,165	11.4
Monroe	17	1,378	12.3

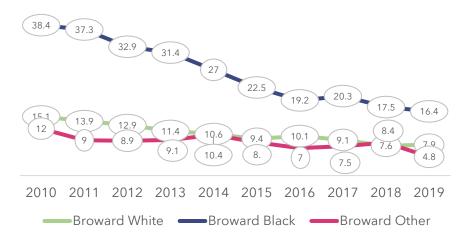
Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





The rate of Teen Births has been steadily **declining** for Broward Black, White, and Other Mothers and has been **statistically significantly lower** than the state of Florida rates since 2010.

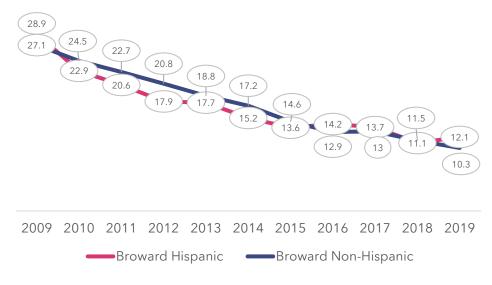
Figure 94. Rates of Teen Births by Race



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

The rate of Teen Births has been steadily **declining** for Hispanic and non-Hispanic Mothers and has been **statistically significantly lower** than the state of Florida rates since 2010.

Figure 95. Rates of Teen Births by Ethnicity



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





Repeat Teen Births

The rate of Repeat Teen Births has seen a recent **increase** since 2017 following a **decline** between 2015 and 2017.

Figure 96. Rates of Repeat Teen Births





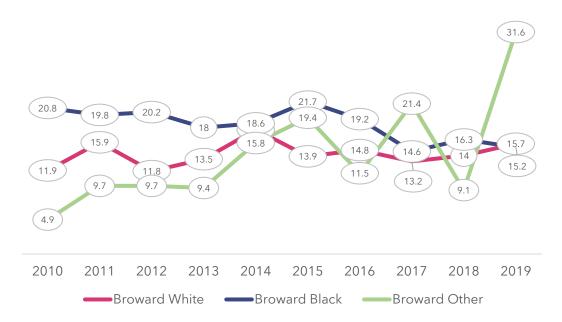
Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

The rate of Repeat Teen Births has been steadily **declining** for Broward Black Mothers, while it has **increased** slightly for White Mothers.

The rate has increased for Other Mothers between 2018 and 2019 (count: 3 in 2018, 6 in 2019).

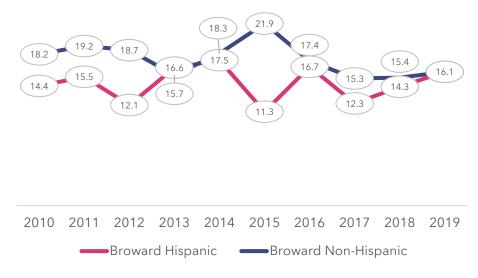


Figure 97. Rates of Repeat Teen Birth by Race



The rate of Repeat Teen Births has been **declining** for non-Hispanic Mothers, with an **increase** since 2017 and **increasing** for Hispanic Mothers since 2017.

Figure 98. Rates of Repeat Teen Births by Ethnicity



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





Births by Mothers Age ≥ 35 Years

The rate of Births to Mothers 36 and Over has been steadily **increasing** and has been **statistically significantly higher** than the state of Florida rates since 2010.

Figure 99. Rates of Births to Mothers ≥35 years old



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Broward County had the **highest rate** of births to mothers ≥35 years old in the state of Florida in 2019.

Table 22. Counties with Highest Rates of Births to Mothers ≥35 years of age

Births by Mothers' Age, Ages 36-50, 2019			
County	Count	Denominator	Rate
Broward	4,493	200,932	22.4
Hendry	73	3,451	21.2
Palm Beach	2,777	132,474	21
Miami-Dade	5,823	301,041	19.3
Alachua	402	21,094	19.1
Orange	2,780	146,436	19
Union	18	958	18.8
De Soto	45	2,436	18.5
Collier	529	29,237	18.1
St. Johns	444	25,724	17.3

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

The rate of Births to White, Black, and Other Mothers 36 and Over has been increasing.

Rates for White and Black Mothers have been **statistically significantly higher** than the state of Florida rates since 2010.





Figure 100. Rates of Births to Mothers >35 years by Race





The rate of Births to non-Hispanic Mothers 36 and Over has been **increasing**. Rates for Hispanic Mothers have been decreasing since 2017.

Rates for non-Hispanic and Hispanic Mothers have been statistically significantly higher than the state of Florida rates since 2010.

Figure 101. Rates of Births to Mothers >35 years by Ethnicity





Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics



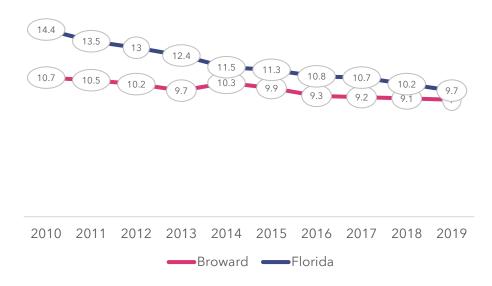


Educational Attainment

Mothers older than 19 with less than a High School education

Broward County has had a **statistically significantly lower** rate of births to mothers older than 19 with less than a High School education than the state since 2010.

Figure 102. Births to Mothers older than 19 with Less than a High School Education



Source: Florida Health Charts. Florida Department of Health. Bureau of Vital Statistics

Mothers older than 19 without a High School Education by Race and Ethnicity

- Rates for White and Hispanic Broward Mothers have been statistically significantly lower than the state since 2010
- Rates for Black Broward Mothers were **statistically significantly lower** than the state in 2010, 2011, 2012, 2013, 2015, 2017, and 2018
- Rates for Other Broward Mothers were **statistically significantly lower** than the state from 2010-2014 and from 2017-2019
- Rates for non-Hispanic Broward Mothers were statistically significantly lower than the state in 2010, 2011, 2012, 2013, and 2017





Figure 103. Births to Mothers older than 19 without a High School Education by Race

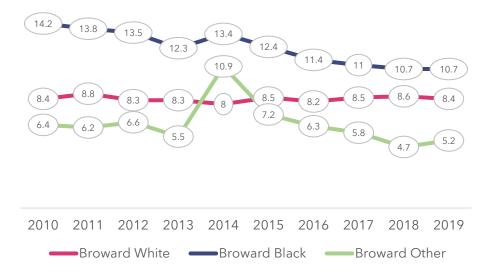
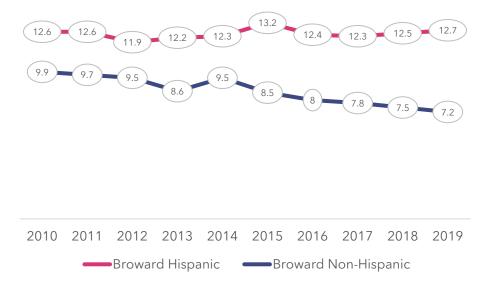


Figure 104. Births to Mothers older than 19 with Less than a High School Education by Ethnicity



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Births to Unwed Mothers

Broward County has had a **statistically significantly lower** rate of births to unwed mothers than the state since 2010.

In 2019, Broward County had the 9th lowest rate in the state.



Figure 105. Births to Unwed Mothers

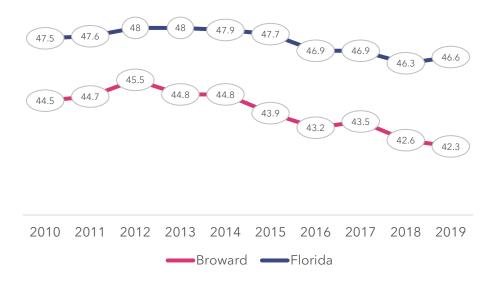


Table 23. Counties with the Lowest Percentage of Births to Unwed Mothers

Births to Unwed Mothers, 2019			
County	Count	Denominator	Percent
St. Johns	566	2,210	25.6
Santa Rosa	612	1,947	31.4
Nassau	295	844	35
Okaloosa	957	2,706	35.4
Seminole	1,673	4,647	36
Clay	905	2,235	40.5
Monroe	266	650	40.9
Wakulla	129	307	42
Broward	9,179	21,724	42.3
Alachua	1,154	2,700	42.7

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Births to unwed mothers by Race and Ethnicity

- Rates for all White, Black, and Hispanic Broward Mothers have been **statistically significantly lower** than the state since 2010
- Rates for Other Broward Mothers have been **statistically significantly lower** than the state every year since 2010 except for 2014
- Rates for non-Hispanic Broward Mothers have been statistically significantly lower than the state in 2015, 2018, and 2019





Figure 106. Births to Unwed Mothers by Race

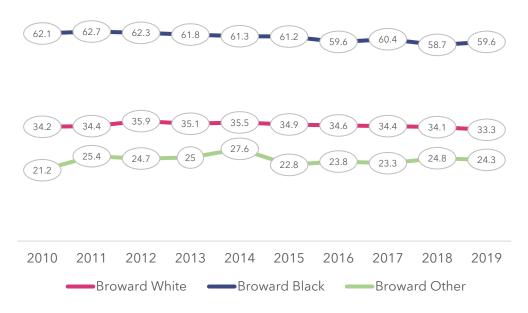
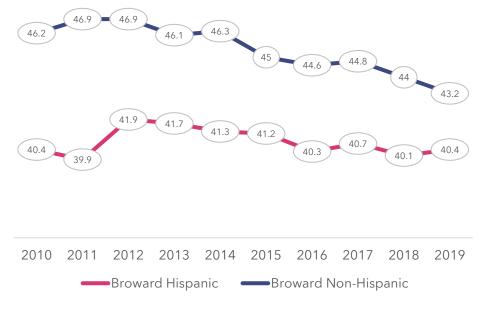


Figure 107. Births to Unwed Mothers by Ethnicity



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

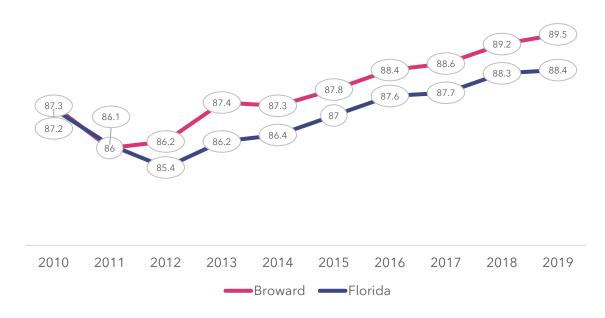
Births with Fathers Acknowledged on the Birth Certificate

Broward County has had a **statistically significantly higher** rate of fathers acknowledged on the birth certificate than the state since 2010.





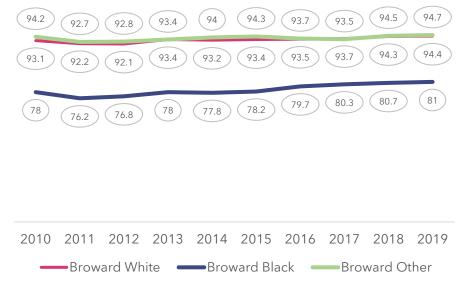
Figure 108. Births with Father Acknowledged on Birth Certificate



Births with Father acknowledged on birth certificate by Race and Ethnicity

- Rates for all White, Black, Other, and Hispanic Broward Mothers have been statistically significantly higher than the state since 2010
- Rates for non-Hispanic Broward Mothers were **statistically significantly higher** than the state in 2010, 2011, 2013, 2018, and 2019

Figure 109. Births with Fathers Acknowledged on the Birth Certificate by Race

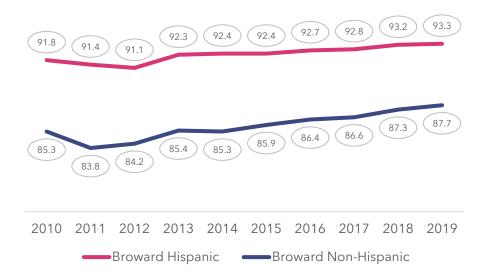


Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





Figure 110. Births with Fathers Acknowledged on the Birth Certificate by Ethnicity

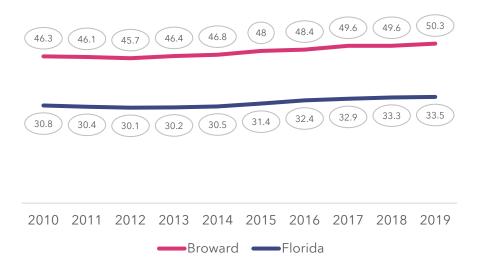


Births to Mothers born in Other Countries

Broward County has had a **statistically significantly higher** rate of mothers who were born in other countries than the state since 2010.

In 2019, Broward was had the 2nd highest rate in the state.

Figure 111. Births to Mothers Born in Other Countries



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





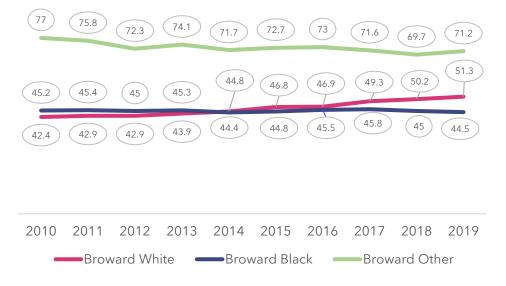
Table 24. Counties with Highest Rates of Births to Mothers Born in Other Countries

Births to Mothers Born in Other Countries, 2019			
County	Count	Denominator	Percent
Miami-Dade	19,138	30,258	63.2
Broward	10,924	21,724	50.3
Osceola	2,225	4,440	50.1
Collier	1,532	3,117	49.1
Palm Beach	6,730	14,737	45.7
Orange	7,209	16,621	43.4
Monroe	277	650	42.6
Lee	2,300	6,928	33.2
Hillsborough	5,424	17,178	31.6
Hendry	178	614	29

Births to mothers born in other countries by Race and Ethnicity

• Rates for all Broward Mothers have been **statistically significantly higher** than the state since 2010

Figure 112. Births to Mothers Born in Other Countries by Race

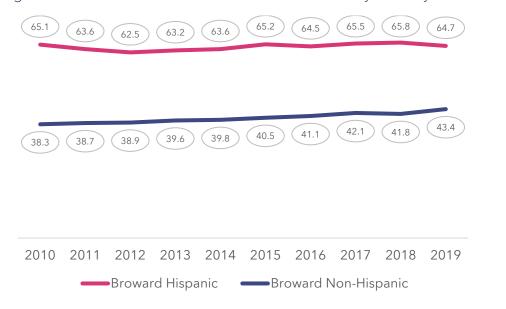


Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

PREPARED BY THE KONIK-K



Figure 113. Births to Mothers Born in Other Countries by Ethnicity



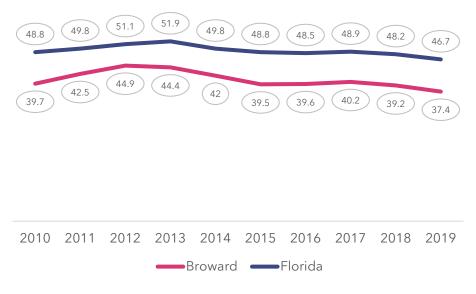
Methods of Payment for Delivery

Payment by Medicaid

Broward County has had a **statistically significantly lower** rate of births paid for by Medicaid since 2010.

In 2019, Broward had the 7th lowest rate in the state.

Figure 114. Births Paid by Medicaid



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





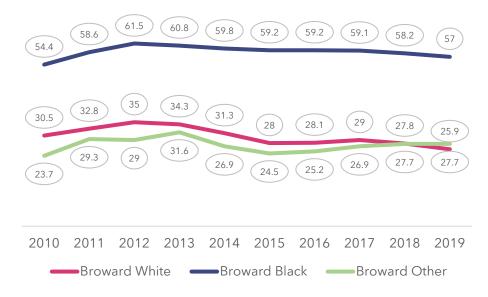
Table 25. Counties with the Lowest Rates of Births Paid by Medicaid

Births Covered by Medicaid, 2019			
County	Count	Denominator	Percent
St. Johns	446	2,210	20.2
Okaloosa	900	2,706	33.3
Nassau	298	844	35.3
Santa Rosa	695	1,947	35.7
Monroe	236	650	36.3
Seminole	1,712	4,647	36.8
Broward	8,130	21,724	37.4
Wakulla	116	307	37.8
Miami-Dade	12,070	30,258	39.9
Leon	1,201	2,968	40.5

Births paid by Medicaid by Race and Ethnicity

• Rates for all Broward Mothers have been **statistically significantly lower** than the state since 2010

Figure 115. Births Paid by Medicaid by Race



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





Figure 116. Births Paid by Medicaid by Ethnicity



2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

——Broward Hispanic ——Broward Non-Hispanic

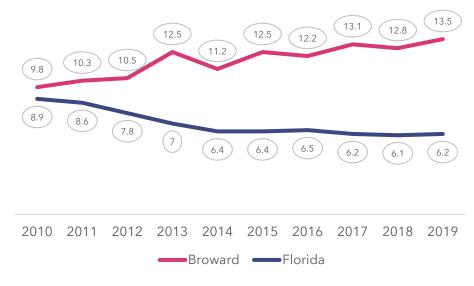
Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Births listed as self-pay for delivery

Broward County has had a **statistically significantly higher** rate of deliveries listed as self-pay since 2010.

In 2019, Broward had the **highest** rate in the state.

Figure 117. Births Listed as Self-Pay for Delivery



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





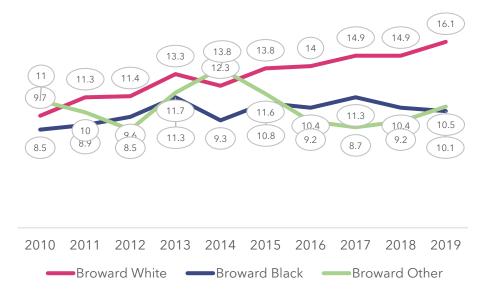
Table 26. Births Listed as Self-Pay for Delivery

Births with Self-Pay for Delivery Payment Source, 2019			
County	Count	Denominator	Percent
Broward	2,927	21,679	13.5
Monroe	83	649	12.8
Collier	387	3,116	12.4
Miami-Dade	3,008	30,194	10
Hamilton	16	162	9.9
Walton	82	858	9.6
Gadsden	45	499	9
Orange	1,399	16,594	8.4
Franklin	8	101	7.9
Hillsborough	1,313	17,097	7.7

Births listed as self-pay for delivery by Race and Ethnicity

- Rates for Broward White Mothers have been **statistically significantly higher** than the state since 2011
- Rates for Broward Black, Hispanic, and non-Hispanic Mothers have been statistically significantly higher than the state since 2010
- Rates for Other Black Mothers have been statistically significantly higher in 2013, 2014, 2015, 2018, and 2019

Figure 118. Births Listed as Self-Pay for Delivery by Race

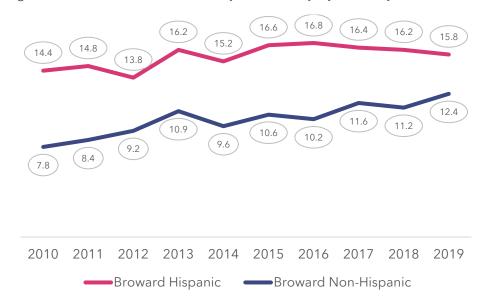


Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





Figure 119. Births Listed as Self-Pay for Delivery by Ethnicity



Mothers who Initiate Breastfeeding

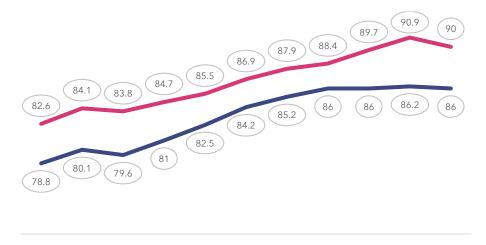
Broward County has had a statistically significantly higher rate of mothers who initiate breastfeeding than the state since 2010. These rates include all postpartum women in Broward County. The Breastfeeding Coalition of Broward County also collects data regarding breastfeeding duration rates (at least 26 weeks) and exclusivity rates (women who breastfed exclusively for at least 26 weeks. The local WIC (Women, Infant, and Children) office at the Department of Health-Broward County provides nutritious foods. nutrition education, breastfeeding support, and referrals to health care and social services to low-income families with a nutritional risk. The number of WIC eligible clients served is the number of people who were issued benefits during September, the last month of the federal fiscal year. WIC eligible clients include pregnant and post-partum women and children ages 0-4. Knowing the proportion of those in need who are served supports promoting healthful diets and healthy weight to optimize health status and quality of life. The percent of WIC eligible clients served is the number served divided by the estimated number in need, expressed as a percentage. In 2019, Broward County served 73.1% of the eligible persons in need. This percentage is statistically significantly higher than the state of Florida.

In 2019, Broward had the 6th highest rate of mothers who initiate breastfeeding in the state. The rates are similar for WIC eligible clients who received services.

R



Figure 120. Mothers who Initiate Breastfeeding



2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

---Broward ----Florida

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Table 27. Counties with the Highest Rates of Initiation of Breastfeeding

Mothers who initiate breastfeeding, 2019			
County	Count	Denominator	Percent
Miami-Dade	27,887	30,258	92.2
Osceola	4,083	4,440	92
Orange	15,229	16,621	91.6
St. Johns	1,996	2,210	90.3
Seminole	4,186	4,647	90.1
Broward	19,559	21,724	90
De Soto	358	400	89.5
Lafayette	56	63	88.9
Sarasota	2,554	2,885	88.5
Charlotte	840	951	88.3

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

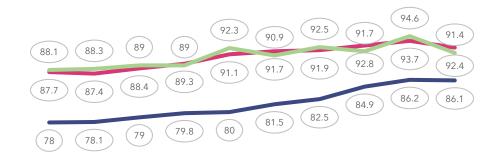
Mothers who initiate breastfeeding, by Race and Ethnicity

- Rates for Broward White, Black, Hispanic, and non-Hispanic Mothers have been statistically significantly higher than the state since 2010
- Rates for Broward Other Mothers have been **statistically significantly higher** than the state in 2012, 2015, 2016, 2017, and 2018





Figure 121. Mothers who Initiate Breastfeeding by Race

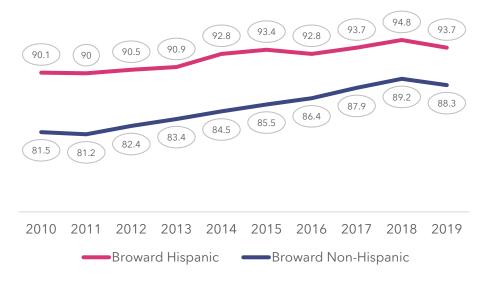


2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

—Broward White —Broward Black —Broward Other

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

Figure 122. Mothers who Initiate Breastfeeding by Ethnicity



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics





Qualitative Data Collection and Analysis

In addition to quantitative data collection, the needs assessment also included qualitative data collection in the form of stakeholder interviews, focus groups, and surveys. Meetings were held to present quantitative data related to maternal child health; following these meetings a prioritization of areas of focus was conducted and is included in this analysis. The data was collected to assess strengths and challenges as well as to identify needs and common themes.

Focus Groups and Key Stakeholder Interviews

To identify the health needs of women of childbearing age in Broward County several key stakeholder interviews and focus groups were conducted. Additionally, two focus groups were conducted with pregnant and postpartum women from zip codes most impacted by preterm birth rates and infant mortality. The following provides an overview of the data collected during process, including strengths, challenges/barriers, and ideas about resources, services, and strategies that may support the system of care. Results of Focus Groups and Key Stakeholder Interviews are included in Appendix A.

Summary of results of focus groups with Pregnant and Post-partum women

Two focus groups were held, one with Healthy Mothers Healthy Babies Coalition of Broward County (HMHB), the other following a Shower2Empower in West Park, Florida. Both of these focus groups were held prior to covid-19. A total of 14 women and 2 dads participated in the groups. The average age of the HMHB focus group was 36.83, ranging from 33 to 42 years old, while the average age of the West Park focus group was 25, with an age range of 19 to 33.

Women spoke about their experiences with healthcare providers. They talked about their medical conditions including conditions with current and previous pregnancies. These conditions included pre-eclampsia, hypertension, lupus, ectopic pregnancy, previous miscarriages, previous preterm births, bleeding out; 2 had C-sections.

Comments about healthcare providers included the following themes:

- Doctors and office staff are rude. Supervisors are not happy, reflects on the rest of the staff. Too many patients being seen; doctors don't know your individual situation when you walk in, not being attentive, not happy with their jobs, depends on demographics ("Coral Springs vs. 33311, 33313, 33319). Doctors are rushed and don't spend enough time with them and don't really listen.
- The waiting time is too long, it is frustrating for spouses or significant others to have to wait (if they have to get back to work). Nothing to eat while they are waiting.
- Women need a voice to advocate for themselves, often having to call the insurance companies themselves.



What have been some of your challenges with this pregnancy?

- Several women indicated that the gap in assistance was a concern (don't qualify for Medicaid but can't meet basic needs).
- Depression and stress, feeling emotional and sad
- Being tired, having morning sickness, not sleeping
- Having to work; only one income
- Their housing situations and lack of affordable housing
- Prepping the house for the baby and the lack of resources

What would have helped you have an easier pregnancy?

- Not having to work, not worrying about bills, no stress
- Transportation to get to appointments-one car-I don't drive
- Respite to take care of other kids (nanny), mommy time out, good support system, support groups in the evenings and on weekends to have dinner

Summary of focus groups - CI&R Staff, Care Coordinators

The focus group with CI&R staff was the only one that took place face-to-face as covid-19 began closures at the end of March. Organizations that participated in these focus groups included:

- Broward Healthy Start Coalition Coordination, Intake, and Referral staff (CI&R)
- Memorial Healthcare System
- Henderson Behavioral Health
- Urban League of Broward County
- KID
- Avanti/Broward Health
- Covenant House

Participants were asked about challenges their clients (mothers) were facing, the challenges they have making referrals, and what a perfect world would look like. The following include the aggregate responses.

Person-centered challenges

Maternal Health Characteristics

Physical health issues: pre-eclampsia, diabetes, obesity, high blood pressure, thyroid issues, anemia, weight; A lot of moms with gestational diabetes; Anemia; need to include iron; Thyroid issues; History of pre-eclampsia; High blood pressure-not just for overweight; Respiratory issues; Some have fibroids; Medical issues: pre-eclampsia, diabetes, high blood pressure; Physical issue challenge: one woman was having severe headaches following birth; primary referred her to neurologist; had no insurance; would cost over \$300; went to another doctor;





turned out to be high cholesterol; left untreated may have had severe consequences; Physical challenges: high blood pressure, pre-eclampsia, diabetes; Morning sickness

- Modifiable Health Behaviors: Need to have good diet, water, stop smoking, weight-obesity
- High risk pregnancies: High risk women-previous loss, kidney issues, obesity; perinatologist scaring women, not communicating effectively ("if you don't do exactly what I tell you to, your baby is going to die"); Emergency C-sections, miscarriages, and abortions: White moms mostly having abortions (several/repeat); some deny when asked the question; some not comfortable answering; Some are having abortions and miscarriages-how to handle; multiple births (women are having multiple children), older mothers (over 40 years old); increase in teen births
- Inter-conception planning: Intervals between miscarriages are short (6 months, 3 months); most before 18 months; Lack of family planning; not waiting 18 months; older women having back to back pregnancies
- Prenatal Care: Mostly late entry to PNC (because they were not aware they were pregnant); Late access to prenatal care
- Case Management: Need more case management; women don't always follow through with appointments or have barriers in accomplishing the linkage; need to make phone calls together (example: family planning waiver-women need to be walked through the process especially if English is not their first language)
- Have to have births by themselves currently (at CSMC during COVID as an example); how can we support them to get through childbirth?

Healthcare Provider

- Women don't trust their doctors; They have to switch doctors in one practice; sometimes see 3-4 doctors; Doctor's offices "don't always answer the phone"; Doctors are not educated about the wait times; Lack of consistency with doctors; A lot of complaints about hierarchy; Systemic racism-treated poorly; didn't provide the care they expected; Not enough time with doctors; less than 15 minutes; Lack of understanding of cultural issues
- There is a lack of communication with healthcare providers due to language (Spanish, Portuguese, Creole); Brazilian population-not everyone speaks Portuguese (healthcare providers); this is a barrier; many of these women come to this country late in their pregnancies and did not bring their papers with them; Russian women didn't' want to be induced-doctors don't listen; Need more doctors of color; No doctors who speak Spanish fluently (at Cora E. Braynon)
- Birth control-inter-conception counseling is needed for every patient and it's not occurring at the clinic at CEB





Behavioral Health Challenges

- Stress; Post-partum depression-baby blues; make referrals to MOMS programs; Therapy-depression; demand is high; Depression is escalating; need coping supports for kids going online to school, mothers don't speak English to help students understand; Referrals may not always be accurate (i.e., depression, depending on their mood); Mental health-anxiety, depression, bipolar, schizophrenia
- Need family/couples therapy; don't have money for therapy
- No problems referring to BARC; Women in recovery-teaching in groups; toddlers/babies; mothers are in treatment; they are following up with them; many of the women have co-occurring mental health and substance use conditions; polysubstance, opioids; they provide information to other programs such as HBH and the MOMS programs; Mental health/substance abuse- huge increase, especially in younger people in the last five years
- Stigma (mental health)-fear of taboo; Need to normalize Mental Health; need to use nonjudgmental, non-intimidating language
- If they don't have Medicaid there are wait lists for mental health/substance use services; No programs for women who have mental health issues and addictions who need ongoing support (the Village has great resources)

Social Determinants of Health

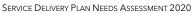
Finances and Employment

- Benefits: Have to quit job so they lose their financial resources (doctors won't sign off on short-term disability)
- Employment (women want to go back to work in a meaningful, paying job); Extended leave is a concern; If they don't work because of corona, they won't be able to pay; Many are in service industries (hotels, restaurants, grocery stores, airports); Most women have entry level jobs; Need increased income; Not being able to work (financial challenges); Not working or working less; Not working-\$ is an issue; Unemployment
- Finances: Basic needs are hard to provide for (example: baby was rejected for Medicaid); Financial assistance; Financial issues very challenging-lost jobs, downturn in the economy; Not a lot of resources (cribs work; would help to deliver diapers with cribs)

Insurance

 Health insurance; Only have temporary Medicaid; Have to pay out of pocket; Lack of health insurance or underinsurance; Waiting for Medicaid to be approved; They apply for Medicaid toward the end of their pregnancy because they know there will be more doctor's visits; ACCESS-Medicaid-very complicated; Access Florida office is closed; leave packets at the door; difficult to navigate customer service; Clinics charge copay -cannot pay; Temporary







Medicaid-one got her tubes tied; another was told she couldn't because of insurance

Transportation

• Transportation is an issue (some don't have cars); since the 2008 crash bus routes have been eliminated; takes some women 3 buses to get where they need to go; have to depend on rides from family and friends/often miss appointments as a result and have to call to reschedule appointments; Transportation (moms don't take kids to doctor; report Medicaid transportation suspended during crisis); not comfortable taking buses; Uber/Lyft expensive; weather is unpredictable; Missing appointments; Transportation to daycare; Waiting list for transportation-bus passes; Medicaid transportation is an issue

Housing

• Housing; Intake staff report that about 5/20 women are sleeping in their cars; Lack of shelters for pregnant women; waiting list for housing; Housing, shelter, section 8 (need to call and register); "one and done" shelter system; "better chance of getting shelter if you are a sex offender"; women are low priority; Need stable and affordable housing; can't afford where they are living; affordable housing is the major issue; Housing is a serious challenge-women are staying with friends/boyfriend; in efficiencies; not working, no transportation; "We provide more shelter beds for pets than we do for human beings"; Homelessness: shelters not taking women; Women in Distress taking abused women; Section 8 is saturated; rent does not align to employment wages; how will they pay for housing); waiting lists for low-income housing

Childcare

• Childcare: Managing children at home; Childcare is limited during covid-ELC-red tape, challenging processing of referrals; turnaround time has increased; If child gets sick lose childcare then job; Clients are having to make the phone calls (they are not equipped to manage); Waiting list for childcare; Daycare if mom is working; domestic violence victims get childcare immediately; Babies/toddlers who are developmentally delayed; Doing ASQ-getting into system is challenging; Early Steps (virtual assessment)-referrals from pediatricians-documents required; have to go out for services because of covid-19

Immigration

New residents; Afraid to go to WIC (immigration); Fear of deportation; WIC-immigration issues-new law about public charge; don't want any information about them receiving benefits; Immigrant women-husbands are working doing jobs that are not documented (such as landscaping); Afraid to seek treatment due to immigration issues; Some wait to get prenatal care (until third trimester); don't get until 45-day Medicaid or in the emergency room (undocumented);





undocumented women-majority of women wait until they are in the hospital for care; Immigration is a challenge; resources are limited; Access to healthcare-undocumented; Hispanic women-immigration issues; probably ½ of the women on their caseload; lawyers are telling them Not to apply for benefits; Birth control is an issue for women who are undocumented; Inter-conception counseling is a challenge; need to apply for residency-government affiliated-don't want to do that; Challenges with technology (immigrants-language barrier)

Fatherhood

• Lack of support from father; Completely dependent on the father of the child; Asking fathers for child support; afraid to ask and don't want to go through the system; afraid they will have their own benefits taken away such as Medicaid; Some dads are involved

Education

 Lack of education; Maybe 5/20 lack education; higher in the Haitian community; Many are high school dropouts; There is a disconnect in language (not understanding what they need for graduation); the educational system is different in different countries; Seeing more college graduates and women with graduate degrees

Language

• Language barriers; Hispanic community working to prevent unplanned pregnancies so need ICC

Support Systems and Resources

- No support systems; Home visits-how others find out about Healthy Startneighbors tell each other; clients are referring other clients; Challenges with relationships; Navigating the system is difficult, need to learn to use technology
- Need to know how to connect to resources; don't want to go to doctor's offices during covid crisis; Counseling works; Food and diapers are hard to get during the crisis (food is too far away; one woman waited an hour in line and there was no food left); In need of baby supplies (not enough of 2 packs of diapers); Baby car seats; scared to come to appointments to install them; Increase in need for baby supplies; Educate on how to get baby supplies; Cribs4Kids-changes in administration (Undocumented challenges; no Social Security number; Cultural differences; Challenge in the process); Car seats-need certified person. Because of covid-19, fire station not doing it; Free things-moms don't have a lot of family support; Resources usually available are now closed; Need to allocate resources to social services; Need motivational interviewing for clients (have resources, parents don't use); Need to teach self-advocacy and support; Culture plays a big part of who they listen to; Some have support systems; others do not (people don't know their neighbors)





Special Needs: Young Moms who are Experiencing Homelessness

• Unstable living; Lack of education; Lack of support; Lack of quality childcare: to break cycle of poverty (homeless high-risk childcare slots with hours M-F 6:30 a.m. - 6 p.m.); Need weekends and evening care; very difficult, very few options; ELC requires that mom proves she has a job evenings or weekends because it is costly; Since covid-19 it has become more difficult; Need a lot of help, don't have support; Seeing a lot more homeless families; dropping teens off and going to other shelters; family shelters only for young children; Navigating services very challenging; Case Managers help as well; All online school-classroom and GED on-site; Computer lab-staffed different parts of the day; Have received laptops with Wi-Fi access; separate ones for schoolwork; Ongoing linkage to healthcare; Work with on-site nurses; make sure have Medical homes; Quite a few have not had healthcare; Increase in youth coming in without healthcare, both pre and post-natal care; Some Medicaid programs cover one county-kids are transient, not tri-county (happens fairly frequently); Try to empower girls-not empowered by doctors-encourage them to write list of questions; Many girls are scheduled for c-sections (they don't understand) "docs tell how things are going to go" they don't have voice, choice; Implicit bias-youth, homeless (dismissive, direct care, and birth); Some girls are very outspoken and strong-willed; Haven't done groups with girls since covid-prefer 1:1 to tailor to individual needs; Peer support works very well (like for pregnancy prevention)

Special Needs: Women who are experiencing Domestic Violence

• Lease issues (dv victims); whose name is the lease under; DV is an issue-mom homeless with child; Women in Distress doesn't have beds available; have to meet the definition of "homeless"; abuser is often with them and they can't talk; have to endure domestic violence-one woman ended up in a shelter in Miami and then moved to another state to get away from her abuser (there are more community resources in Miami-Dade for women in DV situations)

Referral challenges

• Caseload size 30-50 women; need to triage; WIC-some challenges, though they require temperature checks, masks, and physical distancing; Waiting list for Healthy Start programs (sometimes women don't get called); Educational services regarding pregnancy are not focused on their needs; Paperwork is a barrier; "People who don't need, get; people who need, don't get"; Referrals are a challenge, particularly for childcare and transportation and housing; ELC can be a challenge; vulnerable population referrals are taking up to 6 months; they are not receiving childcare; Healthy Start was getting priority; got new supervisor no longer getting priority; supposed to be a 3-week period, now 6 months; communication is poor; ELC priorities are to BSO/CPIS and substance abuse; families are frustrated and blame Healthy Start.





Perfect world

- Best practices: Research-Evidence-based practices (what's working)
- Childcare: Access to quality childcare
- Cultural Competency: Education about cultural assumptions; Education in cultural competency; Generational cultural competency; Training in cultural competency
- Education: Continuing education for moms
- Employment: Living wage to save money; meaningful employment so they can become self-sufficient; Meaningful, paying jobs
- Fatherhood: More resources for fathers (focus on fathers)
- Financial: Approval for Medicaid (process streamlined; set appointment or be seen at time of approval)-make sure linkage is there-need to do when they are at the moment-do more in hospitals and clinics (must meet them where they are) "captive audience" more screeners where clients are; Child support so they don't have to stay in their jobs; Money=access; Remove financial barriers; TANF-better access
- Healthcare: Access to quality healthcare; Free healthcare; No copays for healthcare; Universal healthcare; Access to quality care-reducing barriers; Early entry to prenatal care; Fund clinics with staff to screen/refer/follow-up; Medical providers-bridge the gap for communication and collaboration; OBs would be available; OBs would be educated about implicit bias; OBs would be educated regarding culture/language; User friendly services; Need to navigate with doctors as they are only providing basic information through telehealth
- Housing: Access to affordable housing; More shelters for pregnant women and families; Navigating housing (need access to safe, affordable, stable housing)
- Immigration: Focus on immigration (fear of deportation even if they are legal); immigration status shouldn't affect healthcare; make a path to legal status
- Mental Health: Teaching women about mental health based on culture (stigma)
- Nutrition: Access to organic foods; Food/nutrition; Individualized nutritional plans for moms and after for babies; pediatricians don't provide structure for meal planning and meal preparation (connect with WIC)
- Smoking: Helping women stop smoking (some women are still smoking)
- Support: Available resources when they need them (timely); Everybody be nonjudgmental of others; Good information to provide to clients (self-advocacy pamphlets); Invest in resources: education, nutrition, employment, healthcare; Need actual connections for referrals with follow-through with referrals (not fragmented healthcare); Need resources to be timelier and as early as possible; provide services (such as food in different locations); Need to help women address their basic needs (Maslow's hierarchy); Nurse for home breastfeeding; Parenting skills training; Pregnancy and birth with dignity (example: Tammy Jackson Bill; incarceration and giving birth in isolation); Providing information





about covid; women are concerned about the symptoms; need guidance re: virus and more information about what to tell the women; Resources should be well-designed for easy access and results (outcomes); Respite services-to check on women for postpartum depression and stress; Self-empowerment (advocacy skills) to take responsibility; Support-build social capital (whatever they need); Teach motivational interviewing to girls; Teaching advocacy skills and empowerment; Wraparound services-team-based; strengths based

- Training: More education (training)
- Transportation: No Uber now so transportation is a challenge

Summary of Interviews with Ancillary Providers

Interviews were held with ancillary providers including Children's Diagnostic and Treatment Center, Healthy Babies Healthy Mothers Coalition of Broward County (M.O.M.S. Program), Broward Partnership for the Homeless, and the Village.

Person-centered challenges

- Behavioral Health: BARC/Memorial helpful for mental health/substance use; Limited resources for mental health/substance abuse issues; Mental health/substance abuse is a challenge; Need a mental health/substance use resource guide; need mental health services; Not enough resources for mental health/substance use; can't get in right away; They are zooming AA/NA meetings
- Childcare: Access to childcare; not enough affordable childcare; easier if they
 have had a domestic violence situation; Close the loops for ELC; Getting eligible
 quickly for childcare through ELC (childcare next door to the Village); also offer
 babysitting services; we need different options other than ELC for childcare
- Education: Home schooling is creating stress; Not enough educational programs for pregnant women
- Employment: Need trade school education with a living wage; Workforce development-we need employment-good paying jobs
- Financial: Clinics-sliding scale-many patients-long waiting list to get appointments- not treated well; Cora E. Braynon-\$63 if can't pay (charge 3X a month) more if they need an ultrasound, if they have complications, if they need medication; Financial impact of covid-19; If they don't have a medical package, they can't pay \$500 up front; Insurance; Insurance lapsing; Lack of child support-having to apply for child support to get health insurance; Lack of Medicaid; Small number of clinics to see clients and self-pay; Working clients-high deductible to pay for prenatal care (many women are working for UPS and FedEx); unplanned pregnancies, multiple children, back-to-back pregnancies that contribute to financial stress
- Health: Some women wait until it's too late to get into prenatal care; Lack of access to doctors/health insurance is an issue; Are able to go to Dr.'s appointments; Challenges with C-sections (monitoring pain meds); challenges:





pre-eclampsia, HIV, lupus, other chronic diseases; DOH has been providing testing; If they miss 2 appointments, then show up at the hospital and didn't get a rapid screening for HIV; Moms have to quarantine for 10 days or 2 negative tests (the Village); Need early access to prenatal care; Paperwork/documentation is a challenge; Traumatic pregnancies and births; Women are coming in with no prenatal care; Women go to Pediatric Associates either on Sheridan or Hiatus

- Housing: Limitations with housing for pregnant clients; Need low-income housing for everyone; Need more shelters (example of 9 children living in a minivan); many clients are ALICE who can't afford their housing. Also, some are experiencing homelessness
- Immigration: Undocumented clients: they are served regardless of status, which is positive for the system, yet a challenge for the women; Undocumented women (have to have green card for 5 years)
- Support: Able to access WIC; Limitations-parenting programs; Need car seats; Need parenting skills classes (based on population needs); Need resources for baby items; Not enough programs for women who are pregnant and HIV positive; Partners not allowed for visitation; they have visitation rules (they see each other through Zoom); dads cannot bond; Single women with children are not getting respect from others so they are being taken advantage of (confluence of gender/race/marital status); Their hormones are all over the place after just having a baby; They are experiencing isolation; They are missing human contact; They can't get to their recovery meetings; They want to hold each other's babies and can't; What normally would be provided for them now is done virtually; they are adjusting
- Transportation: Challenges with logistics-transportation; Transportation is an issue; Transportation challenges-TOPWA had one-day rides; could not give multiple rides for example if mom had to go elsewhere for an ultrasound

Referral challenges

- Behavioral Health: Drug of choice (in addition to opioids) seems to be marijuana.
 Also, cocaine and alcohol; Criteria for services (mental health) can be a barrier;
 Flakka was new to them-did not have this in Miami; Insurance is a barrier
 particularly for higher levels of care (mental health challenges); Mental
 health/substance abuse; They engage with the MIR program at Memorial and
 have changed it since the previous administration (women in MIR can now
 engage with other women instead of being isolated)
- Childcare: Referrals to ELC working well
- Community-based services: Blessing-close connection with Cora E. Braynonnewly diagnosed from Cora (HIV); can link to CDTC; Broward Healthy Start Coalition is good; HOPE Women's Center is good; Jewish Family Services is good





- Financial: Emergency grant funding-they have some, could always use more; Were getting financial waivers
- Health: Clients are returning to HIV care because they are scared; Fear of going to the hospital because of covid
- Housing: 3/4-way houses will take women (work with BBHC); Assistance with housing; Can't move into halfway or 3/4-way houses unless they are FARR accredited; Challenges with moving into the community; If they have not been reunified with their children yet they can go to a FARR residence (as they don't have the baby); Housing is a major challenge; Some women have homes to go back to; Housing They are connected to the CCT and peer program upon discharge; sometimes BBHC will assist with 1st, last and security payments
- Immigration: Resources for undocumented clients; ICE is a concern
- Other: Having court appointments through zoom
- Support: Assistance to get services (things needed to live, basic living needs); Before covid they were able to go into the homes 3x per week after discharge; now they cannot; Need more general case management (for women who no longer need services)
- Training: Implicit bias-poverty; Not understanding where the client is coming from; should treat everyone as unique; Implicit bias-language

Perfect world

- Advocacy: Legislation-more funding for programs instead of jail; women need assistance not jail
- Behavioral Health: Infant mental health
- Childcare: Money for education for baby-childcare services
- Education: for future generations; education throughout pregnancy-for skill building
- Financial: Increased salaries, wages, no more poverty, better paying jobs; Maternity leave for moms who are working at least a year; Paternity leave for men
- Health: Access to healthcare for all; no pre-existing conditions; Access to healthcare-low cost dental, eyecare; Bundled services to eliminate barriers for healthy outcomes for babies; Doulas-no trauma births; More OB/GYNs in maternity deserts
- Housing: Easier access to housing (no barriers); Stable housing
- Nutrition: Access to healthy and nutritious food; Fitness and nutrition-for moms and children
- Support: Empowerment, advocacy; Support group for moms; Instacart (delivery services); Respite care for moms who need a break; Teach about balance; Working to change the intergenerational cycle for the next generation; Working with the family unit
- Transportation: Better transportation (easily accessible, like Uber Health); Transportation for multiple appointments





Interviews with funding sources

The consultant conducted interviews with several funding sources via Zoom due to covid-19. Interviews were held with Dr. Sharetta Remikie, Director Maternal-Child Health, Florida March of Dimes, Maria Juarez Stouffer, Chief Program Officer for the Children's Services Council of Broward, Keith Bostick, Deputy Director, Broward County's Human Services Department, and Barbara Lesh, Assistant Community Health Director, Florida Department of Health in Broward County. They were asked about challenges facing mothers and families in Broward County as well as ways in which to collaborate more effectively with the Broward Healthy Start Coalition.

Challenges

- Social Determinants of Health for women, including transportation, nutrition, poverty, etc.
- Need for Medicaid expansion-everyone should access to insurance throughout the lifespan; So many families are living in poverty but don't qualify for Medicaid
- Racial inequities in the healthcare system: there are barriers to receiving quality care which impact engagement in services
- Need to bridge the gap between providers and patients and how care is being administered
- Nutrition is a concern; many women are obese and have other physical health challenges; it costs less to buy fast food than it does healthy foods
- Substance-exposed newborns are a challenge
- Women who have severe and persistent mental illness often do not complete the
 assessment or services; Women with severe mental health conditions need
 resources, particularly for those with co-occurring substance use and other
 complex conditions

Collaboration opportunities

- MOD can help with advocacy through policy and legislation
- MOD: national exposure for resources to trickle down at the local level; gives more strength
- MOD: mission investment opportunity to help with maternal child health work in Broward County:
 - o Implicit bias training
 - o NICU family support program
 - o Supportive pregnancy care programs (group prenatal care)
 - o Professional educational support for nurses
- Maternal Child Health has not been on the radar for the County; needs to have elevated conversations among stakeholders
- Appears to be a small choir-voice in the County
- Can strengthen the intersectionality of what the MCH community is doing and what the County is currently funding





- Use the data to support stronger conversations that tie into the risk and impact in the short-term and long-term related to maternal child health in Broward County; What does the impact of infant mortality and preterm births look like? Financially, economically, educationally, health-wise, employment, housing?
- Use the data to tell the story to unlikely stakeholders such as the Small Business Administration, Department of Transportation, Housing Partnership, etc. (example: SBA could support the development of support groups for women to build a business in their community)
- Create stronger synergy between existing partners-BARC, Family Success Centers, crisis support and intervention services
- Can provide counseling on nutrition to pregnant and parenting women and through inter-conception counseling (how to prepare nutritious, healthy meals on a tight budget)
- Provide information about food distribution sites to supplement food stamps
- Partner with food distribution sites to provide assistance with food
- Possibly partner with nutritionists
- Provide virtual cooking classes with inexpensive ingredients
- New bereavement program will be beneficial
- Provide implicit bias training to medical and healthcare providers (CSC)
- Engage local communities to determine their needs and offer those services
- Identify community residents' needs around the Social Determinants of Health
- Opportunities to replicate pilot project in West Park (Shower2Empower, canvassing, etc.)
- Engage private funders (foundations) in funding conversations, such as the Funders' Forum

Opportunities for improvement and collaboration with Broward Healthy Start Coalition

- Thankful for the opportunity to work with them for so many years
- Not dealing with real-time, real-life
- Changes and directions program has gone is challenging
- Very prescriptive and top-down
- Used to be able to serve clients at where they are
- Now very scripted-assessments-paperwork-get in way of meeting individual needs
- Education is more flexible
- Screenings detract from what they need; too scripted; what you have to do
- Don't have same freedom to meet clients where they are "let client guide the process"
- Women who don't screen in who would benefit; those who screen in already have services
- Would like to do more with family planning





Summary of Surveys and Evaluations

Numerous surveys and evaluations were conducted with women served by Healthy Start CI&R staff, women served by Healthy Staff Care Coordinators through subcontracted organizations, and surveys and evaluations conducted at Showers2Empower. The following represents a summary of the results of those surveys and evaluations. The full results of the surveys and evaluations are included in Appendix B.

Connect Survey

Surveys were completed quarterly, reviewed, and results are included in this needs assessment. The following represents a summary of those surveys. One hundred sixty four surveys were received between January 2019 and April 2020.

	Yes	No	N/A
Was CI&R beneficial?	95%	1%	4%
Was the staff courteous and helpful?	98%	1%	1%
Did you experience any barriers to services?	0%	96%	4%
Were you able to receive the services to which you were referred?	44%	16%	40%

Comments related to the survey were overwhelmingly positive, identifying several staff members by name, thanking them for the service and support. The full list of comments are included in the Appendix.

Care Coordinator Satisfaction Surveys

The following represents a summary of the results of satisfaction surveys conducted by subcontracted providers of Healthy Start Care Coordination services. Note that three of the organizations ask the same questions while two do not, therefore information cannot be provided in an aggregate format. A total of two hundred ninety-five (295) women responded to the surveys. The full results of the surveys are included in Appendix B.





Of the three providers that conducted similar surveys (Urban League of Broward County, Avanti Support Services, and Covenant House of Florida), representing 200 of the surveys returned (68%) the following questions were asked.

	Strongly Agree	Agree	Unsure/Neutral
The home visitor explained the Healthy Start Program and told me what to expect.	182	14	4
The program services provided by the home visitor have been helpful.	178	18	3
The home visitor treated me with respect.	191	9	0
During home visits the staff helped link me to community resources.	181	15	4
The educational services learned throughout my time in Healthy Start have been helpful to improve my pregnancy as well as my parenting skills.	186	12	2

Comments were overwhelmingly positive and are included in the Appendix. Here are just a few of the comments made:

- "Yes, she explained the program to me in Kreyol and it was helpful knowing she would come to my house."
- "I was explained the program will help me with my body"
- "She explained the importance of taking care of myself so I can take good care of my baby."
- "I didn't know this program was this great"
- "Helping me to look forward to breastfeeding again."

Shower2Empower Evaluations

Six (6) Showers 2Empower were held between 2018 and 2019. Additional Showers were held in Spanish; however, evaluations are not included here. The full results of the Showers are included in Appendix B. Showers were held at:

- Urban League of Broward County 2018 (150 women; 19 men)
- Haitian Shower2Empower 2018 (80 women)
- Urban League of Broward County 2019 (140 women)
- Haitian Shower2Empower 2019 (67 women)
- West Park Shower2Empower (25 women)





Showers have been adjusted based on the results of feedback therefore questions related to knowledge gained are always included. In addition to knowledge gained questions, participants were asked similar questions on each evaluation. They were asked about things they learned, things they would like to know more about, and things they will differently as a result of what they learned. The following is a summary of the results across the five Showers.

What are three things you learned today?

- Health (171): most frequently mentioned topics include: preterm birth, HIV, syphilis, and inter-pregnancy intervals
- Support (105): Most comments identified the need to reduce stress and practice self-care
- Safety (49): Most frequently mentioned topics include car seat safety, safe sleep, and swimming/drowning prevention
- Disparities (20)
- Nutrition (20)
- Breastfeeding (19)
- Education (5)
- Finances (7)

What are two things you want to know more about?

- Breastfeeding (42) including accessing and using a pump, storing breastmilk, benefits of breastfeeding, and how to produce abundant milk
- Childcare (49) including childcare/daycare, taking care of the baby after birth, bonding, child development, father engagement, feeding and nutrition, health risks, managing multiple children,
- Disparities (3)
- Education (9)
- Financial (18) including Medicaid, help with bills, planning, banking, benefits, employments, business planning, credit repair, insurance, budgeting, and savings
- Health (86) including inter-conception care, childbirth, C-sections, dental care, doulas and midwives, preterm births, pre-eclampsia, exercise, gestational diabetes, HIV, hypertension, STDs, managing weight gain, mental health, natural remedies, sleep habits, syphilis, and VBACs
- Housing (13)
- Nutrition (5)
- Safety (35) including car seats, child CPR, crib assistance and safe sleep practices, and water safety and drowning prevention
- Support (42) including resources, stress management, self-care, post-partum depression, empowerment, and support groups for moms





What is the one thing you will promise to do differently as a result of what you learned today?

- Breastfeeding (22)
- Childcare (9) Learn about child development, reading to children, teaching children, learn about daycare
- Education (4)
- Financial (2)
- Health (19) HIV prevention, inter-conception counseling, exercise more
- Nutrition (26) change eating habits, eat healthier
- Safety (8) safe sleep, car safety
- Support (49) practice self-care, reduce stress, meditate, stay positive, set goals

Prioritization of Areas of Focus

Fetal and Infant Mortality Review Committee

The Fetal and Infant Mortality Review Committee meets throughout the year and reviews both fetal and infant deaths based on the Perinatal Periods of Risk process for excess death rates in specific categories. The Committee reviews 28 cases per year, or 7 per quarter. Additionally, the FIMR Coordinator who works for the Broward Healthy Start Coalition conducted five (5) maternal interviews in 2019. The results of those interviews revealed the following:

- There is a need for consistently held bereavement support groups
- There is a need for sensitivity training for healthcare providers in how to approach families who have suffered a loss
- There is a recommendation to have deliveries of fetal losses in separate areas of the hospital apart from live births

The following are recommendations made by the FIMR Case Review Team to the FIMR Community Action Group to assist with planning.

- Provide Implicit Bias training for hospital staff, nurses, and physicians
- Provide Ongoing Anti-Racism training and education
- Offer Education for all women on symptoms of diagnosed conditions and importance of women's health (hypertension, pre-eclampsia, obesity, diabetes etc.) before and during pregnancy
- Discuss Kick count education at every appointment
- Reinforce HS screening prenatally w/ OB providers for all patients
- Emphasize the importance of early entry into prenatal care
- Provide mandatory parent notification when death was preventable (by Child Protective Investigative Services, Medical Examiner, Law Enforcement, OB/GYN)
- OB's review charts prior to post-partum check up to be aware if there was a loss and address the mother appropriately
- Document Safe Sleep Education in Prenatal Care and Pediatric Charts
 PREPARED BY THE RONIK-RADLAUER GROUP





Maternal Child Health Stakeholder Committees

Meetings were held with various Maternal Child Health stakeholders to review 2018 data (these meetings were conducted in 2019). Participants engaged in a "3-2-1" exercise in which they identified 3 data points that "jumped out at them", 2 areas they would like to know about or focus on, and 1 activity they would commit to making change (included in Appendix C). They then prioritized areas of focus which are included below. The following groups participated in those meetings:

- Broward Healthy Start Board of Directors
- Maternal Child Health Systems Committee
- Maternal Health Committee
- Healthy Babies are Worth the Wait Committee

Areas for prioritization for focus were divided into the five levels of the socio-ecological model used in public health research. The following represents the aggregated data for prioritized areas.

Individual Level

- Behavioral Health: undiagnosed or underdiagnosed mental illness and lack of treatment when diagnosed; access to substances and use of substances; stigma and labels
- Physical Health: obesity; lack of preventive and self-medical care; smoking
- Trauma: homelessness; Abuse; loss

Interpersonal

- Intergenerational behaviors and beliefs
 - o power and control (gender); "victim" mentalities; trauma (domestic violence, sexual abuse, intimate partner violence); superwoman syndrome (not seeking help-seen as a weakness)
 - multi-generational homes/support; women single head of household;
 children raised by grandparents
 - o chronic poverty
 - o cultural attitudes, behaviors; spiritual/faith-beliefs-it's G-d's will
 - o perpetuation of habits in families; poor eating/exercise habits in the family (lack of role modeling); poor positive social support groups
 - may not see PTB as unusual/abnormal as they may have grown up "fine"; repeat teen births-seen as okay; "all my babies come early"; some cultures teen births are seen as okay
 - o inter-generational SDOH
 - o education: life course perspective
 - o not only low SES or lack of education





Provider

Education

- o providers lack of awareness; customer service; welcoming; many biasestattoos, number of children; violations of HIPAA (as it relates to patients); lack of explanation and education to patients; lack of contextual understanding of women of color (lack of trust)
- o women not treated with dignity; women not seen as a priority; lack of comprehensive prenatal care (not treating the whole person); not asking about the SDOH; should be individualized and integrated lack of additional supports, knowledge, and resources-may be unwilling to work with them (doulas, midwives); proactive engagement (where the woman shows up)
- Income/Insurance Barriers
 - disqualifiers for services based on income; co-pays; bias toward
 Medicaid patients
- Office
 - o wait times; environment in providers' offices; rushed visits; no food, toys for children; lack of privacy; lack of professionalism

Community

- Social Determinants of Health
 - o lack of libraries, different materials
 - o affordable housing
 - o produce, fresh fruits, healthy food, food deserts
- Neighborhood Deprivation
 - o neighborhood crime
 - o lack of parks and sidewalks
 - o lack of street lighting
 - o lack of community centers
 - o unhealthy water
 - o toxic stress
 - o trauma-neighborhoods
- Community-based
 - o lack of collaboration between community organizations
 - o prostitution of communities (so many organizations servicing community, then they leave)
 - o helicopter events
 - lack of community education about the challenge and numbers in their neighborhoods





Institution

- Funding
 - o reduction in government assistance; lack of Medicaid expansion
 - o unfunded care; lack of access; lack of funding for evidence-based practices; building capacity
- Education
 - o reproduction education in schools; hospitals-education in implicit bias; engaging institutions of higher education; integration in medical/nursing programs; engaging youth/millennials
- Government institutions
 - o distrust of law enforcement; distrust of "system"; lack of education of law enforcement; lack of education of "systems"; incarceration and inequitable prison/jail sentences

The groups then identified potential solutions in three categories: Education, Collaboration, and Capacity Building.

Education

- Individuals (showers, materials, teens, one-on-one and group sessions...)
- Families: (reality of impact of preterm birth and infant mortality on generations and how they can help prevent–issues regarding condom use, teen pregnancy, domestic violence, sexual abuse, life course)
- Providers: (welcoming, implicit bias, treating the whole person, asking questions about the SDOH, bias toward Medicaid patients...)
- Community: (data, trauma-informed communities; challenge/numbers in their neighborhood)
- Institution: advocacy for funding (national, state, local) through data

Collaboration

Work with system partners (behavioral health, transportation, housing, shelters, faith-based, business community, municipalities, law enforcement, food pantries, libraries, parks and recreation, other funders, schools, universities, medical schools, prison system, others...)

Capacity Building

Resources and supports (doulas, midwives, evidence-based practices, building capacity; funding-Medicaid expansion, grants, subsidies for co-pays)





Common Themes: Quantitative and Qualitative Analysis

The following common themes emerged during the analysis of data gathered during the needs assessment process.

- Social Determinants of Health: The provision of maternal child health services is one component to address the needs of individuals and families. In addition to the physical and behavioral aspects of health, there is a critical need to focus on the social determinants of health. These include access to safe, stable, and affordable housing; education; employment; transportation; healthy foods and clean water; and safe neighborhoods. There is a need for subsidized housing for pregnant women/new mothers, sufficient and reasonable paid maternity leave, access to free/low cost transportation, and insurance options to access quality prenatal care.
- Equity: Health disparities exist in Broward County, particularly related to maternal child health, and should be examined and analyzed. This includes but is not limited to evaluation of access to types of services; service utilization; and outcomes associated with services. Services provided should be investigated based on race, ethnicity, poverty level, and geographic location. There is a need to provide training for healthcare and community providers in the area of cultural competence and humility as well as implicit bias and systemic racism related to maternal child health.
- Community engagement: The community is often unaware of the challenges facing women and children and therefore there is a need to expand efforts to increase awareness about the maternal child health of communities. This includes working with the business and faith-based community, behavioral health and primary health care providers, community leaders, and government representatives. Fetal and infant mortality are leading indicators of a community's health and there is much work to be done.
- Capacity building: The maternal child health system of care has seen challenges in recent years, related to increases in need, restricted eligibility requirements by most Home Visitation program outside of Healthy Start, and restrictions in funding for innovative and evidence-based services. There is a need to provide enhanced capacity for the Zero to Three population, particularly in the identification of developmental challenges potentially related to high rates of preterm births and complications during delivery, and the need for increased infant mental health services. There is a need for continuous workforce development and learning about the utilization of evidence-based practices related to maternal child health. Examples of such evidence-based practices include the use of tools to evaluate physical, behavioral, and social determinants of health to address women's unique needs and the use of models such as Centering Pregnancy, the integration of Dulce and Doulas in service delivery, and additional Home Visitation services. Peer support is also recognized as a strength and an opportunity to build capacity within the maternal child health system of care, therefore there is a need to expand and







enhance the availability of peer support across Broward County specifically for pregnant and parenting women.

• System collaboration: There is a need for providers, funders, researchers and evaluators, local, state, and national political leaders, and other stakeholders to work together to address the maternal child health needs in Broward County. This is particularly evident in the increased needs of women who are experiencing behavioral health challenges, intimate partner violence, homelessness, involvement in the criminal justice and child welfare systems, and women with co-morbid medical conditions such as HIV, diabetes, and hypertension. The need for enhanced collaboration includes breaking down silos across sectors, populations, and communities. Ancillary subject matter experts and providers in the areas of housing, transportation, early childhood, primary and secondary school, behavioral health, and primary health providers should be engaged in cross-system, cross-sector collaboration.





Appendix A: Focus Groups and Key Stakeholder Interviews

Focus Groups with Pregnant and Post-partum Women

Two focus groups were held with pregnant and post-partum women, one held at Healthy Mothers Healthy Babies in May 2019, the other in West Park in December 2019 following a Shower2Empower. The following represents the results of those focus groups.

HMHB Focus Group: May 21, 2019 (Total Attendees: 6)

of Healthy Start Clients: 0; some completed the screening, 3 were contacted; either no follow-up or logistical and communication issues

Average age: 36.83 (age range 33 - 42)

Zip Codes (if known): 33313 (1), 33311 (3), 33319 (2)

1st pregnancy? All women answered this was not their first pregnancy

If this is not your first pregnancy, were your other births term (On time) or preterm (Born Early)?

- One woman indicated this was her 9th pregnancy, though she has 4 children (the oldest is 16, the youngest is 7 months-she is 18 weeks pregnant)
- One woman indicated she has been pregnant four times-she has one child, (age 15)
- One woman indicated she has been pregnant three times-she has one child, (age 9)
- Two women said this was their second pregnancy (one woman has a 6 year old, the other has an eight year old)
- One woman indicated this was her fourth pregnancy; she has no children. She had one miscarriage, one stillborn, and one infant die at 8 months old (was in NICU and PICU).

Number of weeks pregnant:

- 18 (2)
- 20
- 22
- 31
- 23

When did you find out you were pregnant? Most women indicated they were surprised they were pregnant; they were not planning the pregnancy.

Healthcare providers





Tell me about your experiences with your OB/GYN so far. When was your first visit to the OB/GYN? What do you like? What don't you like? What would you change?

- Dr. Murray (3); 1 sees high-risk perinatologist as well;
- 7th Avenue (1);
- Dr. Maxton (BCFHC);
- Dr. Edme (Haitian). Perinatologist only sees patients Tuesday and Wednesday.

Medical conditions: pre-eclampsia, hypertension, lupus, ectopic pregnancy, previous miscarriages, previous preterm births, bleeding out; 2 had C-sections; everybody but one participant was given Pitocin.

Delivery hospitals: Plantation (1), Broward General (3), Holy Cross (1), Memorial (1)

Comments about healthcare providers:

Doctors and office staff are rude. Supervisors are not happy, reflects on the rest of the staff. Too many patients being seen; doctors don't know your individual situation when you walk in, not being attentive, not happy with their jobs, depends on demographics ("Coral Springs vs. 33311, 33313, 33319), have to call insurance themselves, nothing to eat while they are waiting, 7th Avenue wait too long, frustrating for spouses or significant others to have to wait (if they have to get back to work). Need friendly staff, front office staff is rude. Women need a voice to advocate for themselves.

Insurance:

Do you have insurance? What kind? If not, how are you paying for your OB visits?

• Sunshine, Simply, CCP, Human Medicaid (2), Blue/White Medicare; insurance companies are good, need to update their plans

Employment:

Are you currently employed? If you are employed, do you feel like you make enough money to support your household? Only one participant currently working. Everybody plans to return to work because they cannot afford not to. Several participants reported discrimination on the job once they revealed they were pregnant.

Other than your healthcare provider, where do you get information about your pregnancy?

- Internet
- Facebook/Other Social Media sites
- Friends
- Family
- Neighbors
- Other

Have you used anything to track your pregnancy? If yes, what?





- App
- Book

What have been some of the challenges during this or other pregnancies?

• Several women indicated that the gap in assistance was a concern (don't qualify for Medicaid but can't meet basic needs).

Are you married, single, divorced? 2 married, 4 not

How is your relationship with the baby's father? All said the baby's father is involved in the pregnancy. And they are excited about being a father.

Where will your baby sleep? All knew about safe sleep practices

How long will you wait before getting pregnant again? None of the participants want to have another child. Several talked about birth control, talking to their husband/significant other about a vasectomy, others did not believe in birth control.

Are you going to breastfeed? Why or Why not? 5 women said they would try to breastfeed however most had negative experience in the past. (latching, couldn't pump, hurt)

What excites you most about this pregnancy? Participants said they were looking forward to doing things differently this time in this birth.

Participants were asked to share one word about this pregnancy:

- 1. Hope
- 2. Faith
- 3. Love
- 4. Happy
- 5. Positive
- 6. One said all of the above

West Park Focus Group, December 19, 2019

Location: Mary Saunders Park, West Park, Florida Total Attendees: 8 women; 2 dads (one woman spoke Creole; Patient Navigator was present and provided interpretation)

of Healthy Start Clients: none; most women did not know what Healthy Start was; one woman stated she was screened and did not receive a phone call. One woman had signed up for NFP services and was awaiting a phone call.

Average age: 25 years old; age range 19-33

Zip Codes (if known): 33023 (6); 33063 (1); 33025 (1)

1st pregnancy? 4 women first pregnancy







If this is not your first pregnancy, were your other births term or preterm? Of the four women who had previous pregnancies, they all stated that their babies were term.

Number of weeks pregnant: 3 women had recently delivered; one woman was not present at the time the question was asked; number of weeks pregnant ranged from 20-38.

Average number of weeks pregnant: 27

When did you find out you were pregnant, how did you find out and how did you feel about it?

- Scared; kept it to myself (after 8 weeks shared with my family)
- Headaches at one month
- Found out at 3 weeks
- Found out at 4 weeks-excited-had miscarriage previously at 7 weeks
- Found out at 3 weeks-pleased
- (5 of the 8 women said their pregnancies were planned)

Do you have any worries about being pregnant or after delivery?

- Sleepless nights
- Stillbirths
- Managing work/school full-time
- Sleep positions
- Amount of support I hope to have
- Childbirth (3 women)
- Two women had previous C-sections
- Work stress
- Health

Tell me about your experiences with your OB/GYN so far. What do you like? What don't you like?

Like:

- "I see midwives at Plantation-they give me information"
- Doctor gives me information

Don't Like:

- Doctor orders extra tests
- No perinatologist
- Placenta previa-was scheduled for C-section but delivered naturally
- Put on bedrest-had natural birth
- Don't have one doctor





- Doctor doesn't speak Creole (husband has to interpret)
- Bariatric surgery-don't listen or don't have knowledge about my condition
- Quick visits
- Memorial: doctor hardly gets to see me
- Doesn't really listen
- Rushes through
- "I am borderline diabetic. The doctor told me to 'lay off the sugar'."

Other than your healthcare provider, where do you get information about being pregnant?

- Baby Center
- Family (2)
- What to Expect when You're Expecting
- Birth Center
- Baby App
- GLOW
- The Bump
- Pray about it
- Program that comes to the house (NFP?)
- Don't talk about those things at church

Have you used anything to track your pregnancy?

- Journal
- Track my symptoms
- Would like a book

How are you taking care of yourself? How are you staying healthy? Eating right?

- Some have support; some don't
- Would like a group for Haitian moms
- Need more support
- Sleep issues (2)
- Cravings
- Go for pedicure/spa
- Walk (2)
- Meditate
- Watch tv
- Listen to music
- Eating right things
- Talk to my friends





What have been some of the challenges during this or other pregnancies?

- Depression (2)
- Stress (3)
- Morning sickness
- Emotional-sad
- Tired
- Don't sleep (2)
- Having to work
- My housing situation
- Prepping the house for the baby
- Lack of resources; affordable housing; only one income

What would have helped you have an easier pregnancy?

- Not having to work
- Transportation to get to appointments-one car-I don't drive
- Not worrying about bills
- No stress
- Be happy
- Respite to take care of other kids (nanny)
- Mommy time out

What else would help you have a healthy pregnancy and healthy birth outcome?

- Good support system
- Support groups in the evenings and on weekends; have dinner
- The Shower2Empower was good

Most excited about:

- "Having a mini-me"
- Decorating the nursery
- Learning to crawl
- Beautiful
- Meeting my boy
- Bundle of joy
- 1st baby
- Excited to meet him
- Having two beautiful children





Focus groups - CI&R Staff, Care Coordinators

Focus groups began with introductions of attendees. The focus group with CI&R staff was the only one that took place face-to-face as covid-19 began closures at the end of March. Organizations that participated in these focus groups included:

- Broward Healthy Start Coalition Coordination, Intake, and Referral staff (CI&R)
- Memorial Healthcare System
- Henderson Behavioral Health
- Urban League of Broward County
- Healthy Mothers Healthy Babies (M.O.M.S. program)
- KID
- Avanti/Broward Health
- Covenant House

Participants were asked about challenges their clients (mothers) were facing, the challenges they have making referrals, and what a perfect world would look like. The following include the aggregate responses.

Person-centered challenges

Maternal Health Characteristics

- Physical health issues: pre-eclampsia, diabetes, obesity, high blood pressure, thyroid issues, anemia, weight
- A lot of moms with gestational diabetes
- Need to have good diet, water
- Anemia; need to include iron
- High risk pregnancies
- Smoking
- Weight-obesity
- Thyroid issues
- History of pre-eclampsia
- High blood pressure-not just for overweight
- Respiratory issues
- Some have fibroids
- Stress
- White moms mostly having abortions (several/repeat); some deny when asked the question; some not comfortable answering
- Intervals between miscarriages are short (6 months, 3 months); most before 18 months
- Mostly late entry to PNC (because they were not aware they were pregnant)
- Medical issues: pre-eclampsia, diabetes, high blood pressure
- Need more case management; women don't always follow through with appointments; need to make phone calls together (example: family planning





waiver-women need to be walked through the process especially if English is not their first language)

- Have to have births by themselves currently (at CSMC as an example); how can we support them to get through childbirth?
- Morning sickness
- Physical challenges: high blood pressure, pre-eclampsia, diabetes
- High risk women-previous loss, kidney issues, obesity; perinatologist scaring women, not communicating effectively ("if you don't do exactly what I tell you to, your baby is going to die")
- Emergency C-sections
- Multiple births
- Late access to prenatal care
- Older mothers (over 40 years old)
- Post-partum depression-baby blues; make referrals to MOMS programs
- Increase in teens being seen
- Women are having multiple children
- Some are having abortions and miscarriages-how to handle
- Lack of family planning; not waiting 18 months; older women having back to back pregnancies
- About 80% are single moms
- The referral from the HS screen says yes (woman says no)
- Physical issue challenge: one woman was having severe headaches following birth; primary referred her to neurologist; had no insurance; would cost over \$300; went to another doctor; turned out to be high cholesterol; left untreated may have had severe consequences

Healthcare Provider

- Women don't trust their doctors
- They have to switch doctors in one practice; sometimes see 3-4 doctors
- Doctor's offices "don't always answer the phone"
- Not always receptive to having someone in their home
- Some private insurance doctors do genetic testing to find out causes of miscarriages
- Doctors are not educated (about wait times)
- Lack of communication with healthcare providers due to language (Spanish, Portuguese, Creole)
- Brazilian population-not everyone speaks Portuguese (healthcare providers);
 this is a barrier; many of these women come to this country late in their pregnancies and did not bring their papers with them
- Birth control-inter-conception counseling (not provided at family clinic)
- Systemic racism-treated poorly; didn't provide the care they expected
- Russian women didn't' want to be induced-doctors don't listen





- Need more doctors of color
- A lot of complaints about hierarchy
- Lack of consistency with doctors
- No doctors who speak Spanish fluently (at Cora E. Braynon)
- Not enough time with doctors; less than 15 minutes
- Lack of understanding of cultural issues

Behavioral Health Challenges

- Therapy-depression; demand is high
- Need family/couples therapy; don't have money for therapy
- Use MOMS for depression
- Depression is escalating; need coping supports for kids going online to school, mothers don't speak English to help students understand
- No problems referring to BARC
- Mental health issues
- Referrals may not always be accurate (i.e., depression, depending on their mood)
- If they have a history of depression, they are at risk for depression
- Stigma (mental health)-fear of taboo
- Need to normalize Mental Health; need to use nonjudgmental, nonintimidating language
- Mental health-anxiety, depression, bipolar, schizophrenia
- Women in recovery-teaching in groups; toddlers/babies; mothers are in treatment; they are following up with them; many of the women have cooccurring mental health and substance use conditions; polysubstance, opioids; they provide information to other programs such as HBH and the MOMS programs
- Some challenges making referrals to MOMS programs; long time to call and connect; need immediate contact
- Mental health/substance abuse- huge increase, especially in younger people in the last five years
- If they don't have Medicaid there are wait lists for mental health/substance use services
- No programs for women who have mental health issues and addictions who need ongoing support (the Village has great resources)
- Serving the highest-risk clients

Social Determinants of Health

Finances and Employment

- Financial assistance
- Not a lot of resources (cribs work; would help to deliver diapers with cribs)





- Basic needs are hard to provide for (example: baby was rejected for Medicaid)
- Have to quit job so they lose their financial resources (doctors won't sign off on short-term disability)
- Not working-\$ is an issue
- Financial issues very challenging-lost jobs, downturn in the economy
- Unemployment
- Need increased income
- Not working or working less
- Not being able to work (financial challenges)
- Employment (women want to go back to work in a meaningful, paying job)
- Most women have entry level jobs
- If they don't work because of corona, they won't be able to pay
- Many are in service industries (hotels, restaurants, grocery stores, airports)
- Extended leave is a concern

Insurance

- Health insurance
- Only have temporary Medicaid
- Insurance-Medicaid
- Temporary Medicaid
- Have to pay out of pocket
- Lack of health insurance or underinsurance
- Waiting for Medicaid to be approved
- They apply for Medicaid toward the end of their pregnancy because they know there will be more doctor's visits
- ACCESS-Medicaid-very complicated
- Access Florida office is closed; leave packets at the door; difficult to navigate customer service
- Don't have health insurance
- Clinics charge low fee-cannot pay
- Temporary Medicaid-one got her tubes tied; another was told she couldn't because of insurance
- Med waiver
- Medicaid

Transportation

- Transportation is an issue (some don't have cars)
- Lack of transportation
- Transportation-since the 2008 crash bus routes have been removed; takes some women 3 buses to get where they need to go; have to depend on rides from family and friends/often miss appointments as a result and have to call to reschedule appointments





- Transportation (moms don't take kids to doctor; Medicaid transportation has stopped during crisis)
- Transportation-not comfortable taking buses; Uber/Lyft expensive; weather is unpredictable
- Missing appointments
- Access to transportation
- Transportation to daycare
- Waiting list for transportation-bus passes
- Transportation
- Medicaid transportation is an issue

Housing

- Housing
- Housing-about 5/20 women are sleeping in their cars
- Lack of shelters for pregnant women; waiting list
- Waiting list for housing
- Housing, shelter, section 8 (need to call and register); "one and done" shelter system; "better chance of getting shelter if you are a sex offender"; women are low priority
- Need stable and affordable housing; can't afford where they are living; affordable housing is the major issue
- Housing is a serious challenge-women are staying with friends/boyfriend; in efficiencies; not working, no transportation
- "We provide more shelter beds for pets than we do for human beings"
- Homelessness: shelters not taking women; Women in Distress taking abused women; Section 8 is saturated; rent does not compute to employment wages; how will they pay for housing); waiting lists for low-income housing

Childcare

- Daycare
- Managing children at home
- Childcare
- Childcare is limited during covid-ELC-red tape, challenging processing of referrals; turnaround time has increased
- If child gets sick lose childcare then job
- Clients are having to make the phone calls (they are not equipped to manage)
- Daycare is an issue
- Childcare issues
- Waiting list for childcare
- Daycare if mom is working; domestic violence victims get daycare immediately
- Babies/toddlers who are developmentally delayed
- Doing ASQ-getting into system is challenging





• Early Steps (virtual assessment)-referrals from pediatricians-documents required; have to go out for services because of covid-19

Immigration

- New residents
- Afraid to go to WIC (immigration)
- Fear because of immigration
- Immigration
- WIC-immigration issues-new law about receiving benefits; don't want any information about them receiving benefits
- Immigrant women-husbands are working doing jobs that are not documented (such as landscaping)
- Afraid to seek treatment due to immigration issues
- Some wait to get prenatal care (until third trimester); don't get till 45-day Medicaid or in the emergency room (undocumented); undocumented womenmajority of women wait until they are in the hospital for care
- Immigration is a challenge; resources are limited; don't qualify for Interconception counseling (example: no SSN)
- Illegal immigrants
- Access to healthcare-undocumented
- Hispanic women-immigration issues; probably ½ of the women on their caseload; lawyers are telling them to apply for benefits
- Birth control is an issue for women who are undocumented; Inter-conception counseling is a challenge; need to apply for residency-government affiliated-don't want to do that
- Challenges with technology (immigrants-language barrier)

Fatherhood

- Lack of support from father
- Completely dependent on the father of the child
- Asking fathers for child support; afraid to ask and don't want to go through the system; afraid they will have their own benefits taken away such as Medicaid
- Some dads are involved

Education

- Lack of education
- Maybe 5/20 lack education; higher in the Haitian community
- Many are high school dropouts
- There is a disconnect in language (not understanding what they need for graduation); the educational system is different in different countries
- Seeing more college graduates and women with graduate degrees





Language

- Language barriers
- Hispanic community working to prevent unplanned pregnancies so need ICC
- Language barriers
- Language is a big barrier

Support Systems and Resources

- No support systems
- Home visits-how others find out about Healthy Start-neighbors tell each other;
 clients are referring other clients
- Challenges with relationships
- Navigating the system is difficult, need to learn to use technology
- Need to know how to connect to resources; don't want to go to doctor's offices during covid crisis
- Counseling works
- Food and diapers are hard to get during the crisis (food is too far away; one woman waited an hour in line and there was no food left)
- In need of baby supplies (not enough of 2 packs of diapers)
- Baby car seats; scared to come to appointments to install them
- Increase in need for baby supplies
- Educate on how to get baby supplies
- Cribs4Kids-changes in administration
 - o Undocumented challenges; no Social Security number
 - o Cultural differences
 - o Challenge in the process
- Car seats-need certified person. Because of covid-19, fire station not doing it
- Free things-moms don't have a lot of family support
- Resources usually available are now closed
- Need to allocate resources to social services
- Need motivational interviewing for clients (have resources, parents don't use)
- Need to teach self-advocacy and support
- Culture plays a big part of who they listen to
- Some have support systems; others do not (people don't know their neighbors)

Special Needs: Young Moms who are Experiencing Homelessness

- Unstable living
- Lack of education
- Lack of support
- Lack of quality childcare: to break cycle of poverty (homeless high-risk childcare slots with hours M-F 6:30 a.m. 6 p.m.)
- Need weekends and evening care; very difficult, very few





- ELC requires that mom proves she has a job evenings or weekends because it is costly
- Since covid-19 it has become more difficult
- Need a lot of help, don't have support
- Seeing a lot more homeless families; dropping teens off and going to other shelters; family shelters only for young children
- Navigating services very challenging
- Case Managers help as well
- All online school-classroom and GED on-site
- Computer lab-staffed different parts of the day
- Have received laptops with wifi access; separate ones for schoolwork
- Ongoing linkage to healthcare
- Work with on-site nurses; make sure have Medical homes
- Quite a few have not had healthcare
- Increase in youth coming in without healthcare, both pre and post-natal care
- Some Medicaid programs cover one county-kids are transient, not tri-county (happens fairly frequently)
- Try to empower girls-not empowered by doctors-encourage them to write list of questions
- Many girls are scheduled for c-sections (they don't understand) "docs tell how things are going to go" they don't have voice, choice
- Implicit bias-youth, homeless (dismissive, direct care, and birth)
- Some girls are very outspoken and strong-willed
- Haven't done groups with girls since covid-prefer 1:1 to tailor to individual needs
- Peer support works very well (like for pregnancy prevention)

Special Needs: Women who are experiencing Domestic Violence

- Lease issues (dv victims); whose name is the lease under
- DV is an issue-mom homeless with child
- Women in Distress doesn't have beds available; have to meet the definition of "homeless"; abuser is often with them and they can't talk; have to endure domestic violence-one woman ended up in a shelter in Miami and then moved to another state to get away from her abuser (there are more community resources in Miami-Dade for women in DV situations)

Referral challenges

- Caseload size 30-50 women; need to triage
- WIC-some challenges, though they require temperature checks, masks, and physical distancing
- Waiting list for Healthy Start programs (sometimes women don't get called)
- Educational services regarding pregnancy are not focused on their needs





- Paperwork is a barrier
- "People who don't need, get; people who need, don't get"
- Referrals are a challenge, particularly for childcare and transportation and housing
- ELC can be a challenge; Daycare: ELC is having a lot of issues; referrals are taking up to 6 months; they are not receiving daycare; Healthy Start was getting priority; got new supervisor no longer getting priority; supposed to be a 3-week period, now 6 months; communication is poor; ELC priorities are to BSO/CPIS and substance abuse; families are frustrated and blame Healthy Start

Perfect world

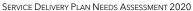
- Pregnancy and birth with dignity (example: Tammy Jackson Bill; incarceration and giving birth in isolation)
- OBs would be educated regarding culture/language
- OBs would be available
- OBs would be educated about implicit bias
- Food/nutrition
- Free healthcare
- No cost for healthcare
- Universal healthcare
- Free healthcare
- Good information to provide to clients (self-advocacy pamphlets)
- Everybody be nonjudgmental of others
- Research-Evidence-based practices (what's working)
- Education about cultural assumptions
- Training in cultural competency
- Generational cultural competency
- Education in cultural competency
- More education (training)
- Remove financial barriers
- Access to affordable housing
- Access to organic foods
- Access to quality childcare
- Money=access
- Support-build social capital (whatever they need)
- Meaningful, paying jobs
- More resources for fathers (focus on fathers)
- Focus on immigration (fear of deportation even if they are legal); make a path to legal status
- Affordable housing
- Childcare





- Free healthcare
- Nurse for home breastfeeding
- Respite services-to check on women for postpartum depression and stress
- Medical providers-bridge the gap for communication and collaboration
- Child support so they don't have to stay in their jobs
- TANF-better access
- More shelters for pregnant women and families
- Need resources to be timelier and as early as possible; provide services (such as food in different locations)
- Providing information about covid; women are concerned about the symptoms; need guidance re: virus and more information about what to tell the women
- Need to navigate with doctors as they are only providing basic information through telehealth
- Navigating housing (need access to safe, affordable, stable housing)
- Teaching advocacy skills and empowerment
- No Uber now so transportation is a challenge
- Need to help women address their basic needs (Maslow's hierarchy)
- Teaching women about mental health based on culture (stigma)
- Helping women stop smoking (some women are still smoking)
- Challenge referring to Early Steps: currently not doing anything with families; need guidance about how to work with them; asking for in-home services from Early Steps
- Continuing education for moms
- Available resources when they need them (timely)
- Parenting skills training
- Living wage to save money; meaningful employment so they can become selfsufficient
- Access to quality healthcare
- Self-empowerment (advocacy skills) to take responsibility
- Individualized nutritional plans for moms and after for babies; pediatricians don't provide structure for meal planning and meal preparation (connect with WIC)
- Invest in resources: education, nutrition, employment, healthcare
- Resources should be well-designed for easy access and results (outcomes)
- Need actual connections for referrals with follow-through with referrals (not fragmented healthcare)
- Early entry to prenatal care
- User friendly services
- Access to quality care-reducing barriers
- Approval for Medicaid (process streamlined; set appointment at time of approval)-make sure linkage is there-need to do when they are at the moment-







do more in hospitals and clinics (must meet them where they are) "captive audience" more screeners where clients are

- Fund clinics with staff to screen/refer/follow-up
- Wraparound services-team-based; strengths based
- Teach motivational interviewing to girls

Interviews with Ancillary Providers

Interviews were held with ancillary providers including Children's Diagnostic and Treatment Center, Healthy Babies Healthy Mothers Coalition of Broward County, Broward Partnership for the Homeless, and the Village.

The consultant met with providers via Zoom due to covid-19. They were asked about the challenges facing women and families, challenges making referrals, and resources that would be available in a perfect world.

Strengths

- Women are completing phases of treatment
- Women are getting outside jobs (very successful in having women attain employment); the Village
- CDTC has been very helpful with assistance for pregnant women who are HIV+
- Women are very resilient; sometimes know more than the staff; ability to bounce back in the face of adversity
- Women are accepting of services; adjusted to working virtually-80 to 100 people who are able to participate virtually (HMHB)
- Support groups are working out well

Person-centered challenges

- Financial: unplanned pregnancies, multiple children, back-to-back pregnancies that contribute to financial stress
- Traumatic pregnancies and births
- Health challenges: pre-eclampsia, HIV, lupus, other chronic diseases
- Lack of access to doctors/health insurance is an issue
- Lack of child support-having to apply for child support to get health insurance
- Housing: many clients are ALICE who can't afford their housing. Also, some are experiencing homelessness
- Single women with children are not getting respect from others so they are being taken advantage of (confluence of gender/race/marital status)
- Undocumented clients: they are served regardless of status which is positive for the system, yet a challenge for the women
- Moms have to quarantine for 10 days or 2 negative tests (the Village)
- They are missing human contact
- Their hormones are all over the place after just having a baby
- They are experiencing isolation





- They can't get to their recovery meetings
- What normally would be provided for them now is done virtually; they are adjusting
- DOH has been providing testing
- They are zooming AA/NA meetings
- They want to hold each other's babies and can't
- Are able to go to Dr.'s appointments
- Able to access WIC
- Getting eligible quickly for childcare through ELC (daycare next door to the Village); also offer babysitting services
- Women go to Pediatric Associates either on Sheridan or Hiatus
- Challenges with logistics-transportation
- Challenges with C-sections (monitoring pain meds)
- Partners not allowed for visitation; they have visitation rules (they see each other through Zoom); dads cannot bond
- Financial impact of covid-19
- Lack of Medicaid
- Undocumented women (have to have green cared for 5 years)
- Small number of clinics to see clients and self-pay
- Cora E. Braynon-\$63 if can't pay (charge 3X a month) more if they need an ultrasound, if they have complications, if they need medication
- Working clients-high deductible to pay for prenatal care (many women are working for UPS and FedEx)
- If they don't have a medical package, they can't pay \$500 up front
- Some women wait until it's too late to get into prenatal care
- If they miss 2 appointments, then show up at the hospital and didn't get a rapid screening for HIV
- Insurance lapsing
- Clinics-sliding scale-many patients-long waiting list to get appointments-treated not fairly
- Limitations with housing for pregnant clients
- Need more shelters (example of 9 children living in a mini-van)
- Need resources for baby items
- Need car seats
- Limitations-parenting programs
- Mental health/substance abuse is a challenge
- Limited resources for mental health/substance abuse issues
- BARC/Memorial helpful for mental health/substance use
- Not enough resources for mental health/substance use; can't get in right away
- Not enough educational programs for pregnant women
- Not enough programs for women who are pregnant and HIV positive





- Need a mental health/substance use resource guide
- Transportation challenges-TOPWA had one-day rides; could not give multiple rides for example if mom had to go elsewhere for an ultrasound
- Childcare-not enough affordable childcare; easier if they have had a domestic violence situation
- Women are coming in with no prenatal care
- Transportation is an issue
- Home schooling is creating stress
- Need low-income housing for everyone
- Access to childcare
- Close the loops for ELC
- We need different options other than ELC for childcare
- Need parenting skills classes (based on population needs)
- Need mental health services
- Workforce development-we need employment-good paying jobs
- Need trade school education with a living wage
- Need early access to prenatal care
- Insurance
- Paperwork/documentation is a challenge

Referral challenges

- Implicit bias-language
- Implicit bias-poverty
- Not understanding where the client is coming from; should treat everyone as unique
- Housing
- Mental health/substance abuse
- Childcare
- Jewish Family Services is good
- HOPE Women's Center is good
- Broward Healthy Start Coalition is good
- TOPWA-covid-deliverables-outreach-HIV program-enrollments
- Tallahassee thinks outreach has to be face-to-face
- Were getting financial waivers
- Mailing out flyers for clinics
- Referrals are down
- DOH-barriers-in-home HIV tests; penalized for not meeting numbers (for DOH for HIV)
- Blessing-close connection with Cora E. Braynon-newly diagnosed from Cora (HIV); can link to CDTC
- Clients are returning to HIV care because they are scared





- Immigration-ICE is a concern
- Challenges with moving into the community
- Can't move into halfway or 3/4-way houses unless they are FARR accredited
- 3/4-way houses will take women (work with BBHC)
- Some women have homes to go back to
- If they have not been reunified with their children yet they can go to a FARR residence (as they don't have the baby)
- They are connected to the CCT and peer program upon discharge; sometimes BBHC will assist with 1st, last and security payments
- Housing is a major challenge
- Before covid they were able to go into the homes 3x per week after discharge; now they cannot
- Having court appointments through zoom
- Flakka was new to them-did not have this in Miami
- Drug of choice (in addition to opioids) seems to be marijuana. Also cocaine and alcohol
- They engage with the MIR program at Memorial and have changed it since the previous administration (women in MIR can now engage with other women instead of being isolated)
- Assistance with housing
- Assistance to get services (things needed to live, basic living needs)
- Resources for undocumented clients
- Emergency grant funding-they have some, could always use more
- Need more general case management (for women who no longer need services)
- Insurance is a barrier particularly for higher levels of care (mental health challenges)
- Criteria for services (mental health) can be a barrier
- Referrals to ELC working well
- Fear of going to the hospital because of covid

Perfect world

- Access to healthcare for all; no pre-existing conditions
- Bundled services to eliminate barriers for healthy outcomes for babies
- Transportation for multiple appointments
- Education throughout pregnancy-for skill building
- Maternity leave for moms who are working at least a year
- Money for education for baby-daycare services
- Paternity leave for men
- Working with the family unit
- Infant mental health





- Working to change the intergenerational cycle for the next generation
- Education for future generations
- Legislation-more funding for programs instead of jail; women need assistance not jail
- Stable housing
- Easier access to housing (no barriers)
- Increased salaries, wages, no more poverty, better paying jobs
- Better transportation (easily accessible, like Uber Health)
- More OB/GYNs in maternity deserts
- Instacart (delivery services)
- Respite care for moms who need a break
- Support group for moms
- Fitness and nutrition-for moms and children
- Teach about balance
- Empowerment, advocacy
- Access to healthy and nutritious food
- Access to healthcare-low cost dental, eyecare
- Doulas-no trauma births

Interviews with funding sources

The consultant conducted interviews with several funding sources via Zoom due to covid-19. Interviews were held with Dr. Sharetta Remikie, Director Maternal-Child Health, Florida March of Dimes, Maria Juarez Stouffer, Chief Program Officer for the Children's Services Council of Broward, Keith Bostick, Deputy Director, Broward County's Human Services Department, and Barbara Lesh, Assistant Community Health Director, Florida Department of Health in Broward County. They were asked about challenges facing mothers and families in Broward County as well as ways in which to collaborate more effectively with the Broward Healthy Start Coalition.

Challenges

- Social Determinants of Health for women, including transportation, nutrition, poverty, etc.
- Need for Medicaid expansion-everyone should access to insurance throughout the lifespan
- So many families are living in poverty but don't qualify for Medicaid
- Racial inequities in the healthcare system
- Need to bridge the gap between providers and patients and how care is being administered
- Nutrition is a concern; many women are obese and have other physical health challenges; it costs less to buy fast food than it does healthy foods
- Substance-exposed newborns are a challenge





- Women who have severe and persistent mental illness often do not complete the assessment or services
- Women with severe mental health conditions need resources, particularly for those with co-occurring substance use and other complex conditions
- Racial equity: there are barriers to receiving quality care which impact engagement in services

Collaboration opportunities

- MOD can help with advocacy through policy and legislation
- MOD: national exposure for resources to trickle down at the local level; gives more strength
- MOD: mission investment opportunity to help with maternal child health work in Broward County:
 - o Implicit bias training
 - o NICU family support program
 - o Supportive pregnancy care programs (group prenatal care)
 - o Professional educational support for nurses
- Maternal Child Health has not been on the radar for the County; needs to have elevated conversations among stakeholders
- Appears to be a small choir-voice in the County
- Can strengthen the intersectionality of what the MCH community is doing and what the County is currently funding
- Use the data to support stronger conversations that tie into the risk and impact in the short-term and long-term related to maternal child health in Broward County; What does the impact of infant mortality and preterm births look like? Financially, economically, educationally, health-wise, employment, housing?
- Use the data to tell the story to unlikely stakeholders such as the Small Business Administration, Department of Transportation, Housing Partnership, etc. (example: SBA could support the development of support groups for women to build a business in their community)
- Create stronger synergy between existing partners-BARC, Family Success Centers, crisis support and intervention services
- Can provide counseling on nutrition to pregnant and parenting women and through inter-conception counseling (how to prepare nutritious, healthy meals on a tight budget)
- Provide information about food distribution sites to supplement food stamps
- Partner with food distribution sites to provide assistance with food
- Possibly partner with nutritionists
- Provide virtual cooking classes with inexpensive ingredients
- New bereavement program will be beneficial
- Provide implicit bias training to medical and healthcare providers (CSC)
- Engage local communities to determine their needs and offer those services





- Identify community residents' needs around the Social Determinants of Health
- Opportunities to replicate pilot project in West Park (Shower2Empower, canvassing, etc.)
- Engage private funders (foundations) in funding conversations, such as the Funders' Forum

Opportunities for improvement and collaboration with Broward Healthy Start Coalition (from other providers)

- Thankful for the opportunity to work with them for so many years
- Not dealing with real-time, real-life
- Changes and directions program has gone is challenging
- Very prescriptive and top-down; Used to be able to serve clients where they are
- Now very scripted-assessments-paperwork-get in way of meeting individual needs
- Education is more flexible
- Screenings detract from what they need; too scripted; what you have to do
- Don't have same freedom to meet clients where they are "let client guide the process"
- Women who don't screen in who would benefit; those who screen in already have services
- Would like to do more with family planning

Appendix B. Surveys and Evaluations

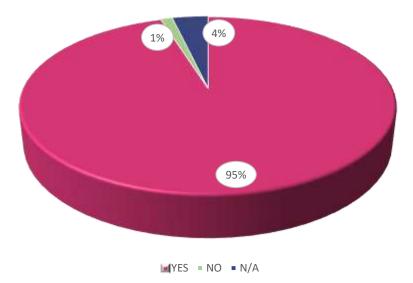
A number of surveys and evaluations were conducted with women served by Healthy Start Cl&R staff, women served by Healthy Staff Care Coordinators through subcontracted organizations, and surveys and evaluations conducted at Showers2Empower. The following represents the results of those surveys and evaluations.

Surveys conducted by women served by Healthy Start CI&R staff over 4 quarters.

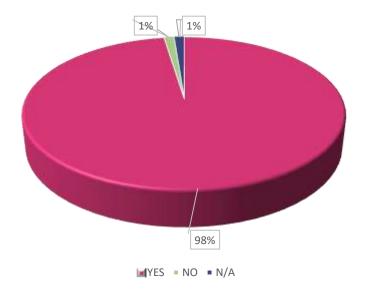
Was the CI&R staff beneficial?







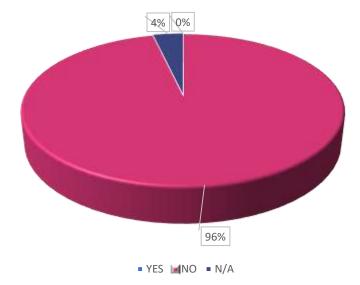
Was the staff courteous and helpful?



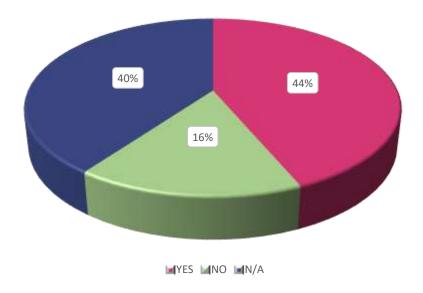
Did you experience any barriers to services?







Were you able to receive the services to which you were referred?



Comments:

- Excellent service and connect representatives
- I was very grateful to receive this phone call.
- The Connect representative was informative and professional. She provided important information that can potentially aid my small family.
- Michelle was very sweet and easy to talk to. I look forward to working with her again in the near future.
- It was a pleasure
- I am so grateful to have talked to Michelle today, you made me feel like there will be better days.





- Lovely helpful people and appreciate the programs, thank you!!!
- Mrs Adriana Lopez was very helpful thank you very much!
- She was a wonderful lady. I don't remember her name it's write on my desk at work
- She was awesome in helping me get reestablished in my new pregnancy after I lost the first baby.
- good
- Kudos Healthy Start!
- Michelle was awesome! We had a great conversation regarding our age and pregnancy. She is amazing if one such as myself is tryna keep it together and deal with this new life challenge. 5 STARS for Michelle!!!!
- She was great and fun to talk to.
- Very polite representative.
- Thank you for your time.
- Excellent service and connect representatives
- I was very grateful to receive this phone call. The Connect representative was informative and professional. She provided important information that can potentially aid my small family.
- Michelle was very sweet and easy to talk to. I look forward to working with her again in the near future.
- It was a pleasure
- She was amazing very nice
- All the phone numbers giving to me were disconnected, resources no longer available
- Thank you very much
- She was extremely nice to me and made me feel so good!
- Crystal is an awesome representative
- Chrystal was Very helpful appreciate all the help
- The representative didn't introduce herself correctly. I felt the questions she asked were repeated although she had my file. Also, when I applied for Medicaid they gave me the same information she was giving. She had an attitude from the beginning when asking which language I spoke.
- She was amazing. Super knowledgeable and helpful.
- She was so kind and helpful. Very resourceful.
- Great service. Thank you!
- I am very happy and grateful to have heard about you through my insurance Humana! Thank you and I am excited to use your services in the future!
- Adriana lopez was great! She took her time to explain in detail every question that i had. Thank you so much
- Excellent
- Great customer service





- It feel like family coming together
- She was very nice
- I'm interested in Daycare Assistance for my 2 year old.
- I'm so glad I spoke to Chrystal Yau when I did. She helped me with so many resources! This is my first pregnancy and I wasn't sure what to do or how to do it. She gave me info on how to set up my prenatal appt and followed up with an email with a lot of great resources. She was so kind and helpful!
- I was told someone would follow up and that never happened despite the fact that I called again and requested support
- Very nice and informative made me feel very comfortable. I feel privileged to be with this agency and have such a wonderful person to work with
- Not qualified per income/family screening.
- I love the representative she didn't make me feel like I was alone she actually understood me
- Super friendly and helpful
- Client needed DCF phone number to inquire about her baby's Medicaid application, IC provided information.
- Client commented that she hasn't been contacted by WIC. IC provided client WIC information.
- Client needed WIC information, IC provided client WIC's phone number.
- Client stated that IC's services were outstanding.
- Client is receiving HS services.
- Client stated that she hasn't been contacted by HS. IC provided HS/KID information.
- Client stated she has an appointment scheduled for this Thursday with HS care coordinator.
- Client stated that worker was very helpful, and services were very informative and helpful.
- Client stated that nobody has called her to confirm the appointment. IC provided client with the manager's name and phone number to call.
- Client stated that worker was very helpful and informative.
- Client stated that everything was fine.
- Client stated that she does not need further services.
- Client stated that worker was very helpful and respectful. Client hasn't been contacted by Healthy Families yet.
- Client stated that worker was respectful, and the information was beneficial.
- Client stated that she had an appointment scheduled, to meet with Healthy Start care coordinator but nobody called or visited her. IC provided the name and phone number for Healthy Start supervisor to client.
- Client stated that information provided by worker was helpful.
- Client stated that worker was very respectful and very helpful.







- Client stated that everything was fine.
- Client stated that everything was excellent.
- Client stated that she was very happy with the services received.
- Client stated that IC's services were excellent. Client has been contacted by Teen Collaborative and scheduled an appointment for tomorrow.
- Client state that IA's services were beneficial and very helpful.
- Client stat the services were helpful.
- Client stated that she has been contacted by Healthy Families and has an appointment for a face-to-face visit next week.
- She was helpful and sweet, but we didn't need the services.
- Was seeking housing, still hasn't received housing lives with daughter's family.
- Wants diapers.
- Client state that nobody has contacted her yet. IC provided client with the home visitation program's phone number.
- Client stated that she is receiving services.
- Client stated that she has received a phone call from Healthy Families.
- Client stated the everything is fine.
- Client stated services were very beneficial.
- Client state IC was very respectful and helpful.

Care Coordinator Satisfaction Surveys

The following represents results of satisfaction surveys conducted by subcontracted providers of Healthy Start Care Coordination services. Note that each organization conducts their surveys independently and therefore information cannot be provided in an aggregate format.

Provider: Urban League of Broward County (44 clients responded to the survey)

	Strongly Agree	Agree	Unsure/Neutral	Disagree	Strongly Disagree
The home visitor explained the Healthy Start Program and told me what to expect.	79%	19%	2%	0%	0%

Strongly Agree Comments:



[&]quot;The counselor was clear with explaining the benefits of the program."

[&]quot;I was educated in a way I can understand"

[&]quot;Program material was helpful"

[&]quot;The counselor was nice"

[&]quot;I was provided reliable information"

[&]quot; Program information was presented well"

[&]quot;Yes, she explained the program to me in Kreyol and it was helpful knowing she would come to my house."

[&]quot;I was explained the program will help me with my body"

[&]quot;She was helpful with explaining how the education helps me with a healthy baby."

[&]quot;She took her time to share the program and provided written information and handouts."

[&]quot;I was able to understand what the program offers and really appreciate the support."





"She was helpful with explaining how the education helps me and my baby stay healthy."

"The counselor provided beneficial information about my newborn."

"My counselor helped me understand what to expect."

"She explained the importance of taking care of myself so I can take good care of my baby."

"There is so much information available and she provided it excellent."

Agree Comments:

"She took her time to email me the information."

"She knew what she was saying and she allowed me to ask questions."

Neutral Comments:

Client reported she was in the program before and she understands the information.

	Strongly Agree	Agree	Unsure/Neutral	Disagree	Strongly Disagree
The program services provided by the home visitor have been helpful.	82%	18%	0%	0%	0%
The home visitor treated me with respect.	86%	14%	0%	0%	0%
During home visits the staff helped link me to community resources.	84%	16%	0%	0%	0%
The educational services learned throughout my time in Healthy Start have been helpful to improve my pregnancy as well as my parenting skills.	84%	16%	0%	0%	0%

Comments:

2 Clients made mention of how the Healthy Start program provided bus passes to get to Prenatal Visits and they teach you parenting skills.

1 Client made mention of how impactful the referral service was and how they have benefitted from being referred to other agencies for other needs.

Other comments clients made are as follows:

"The help with childcare is a plus"

"I didn't know this program was this great"

"I turned it down with my first child"

One of the comments were made mention of how the Healthy Start program provided educational materials like handouts and folders to keep them in and resources to receiving a crib for my baby and how safe it was to have.

"She was very detailed on baby care and breastfeeding."

"Helping me to look forward to breastfeeding again."

"The classes have provided me a guide to staying healthy." PREPARED BY THE RONIK-RADLAUER GROUP





"I feel more education on the stages of pregnancy."

"Learning how to care for baby and respond to baby needs."

"I learned not to be afraid to explore breastfeeding and it hurting."

"By talking about safety issues before baby arrives."

"She is always supportive."

"I have learned to think before making decisions about others watching my baby."

General Suggestions or Recommendations:

3 clients recommend that CC is allowed to visit more than once a month for longer than an hour.

One client mentioned on the survey to keep up the good work.

Comments were made about housing resources and how it is a need in Broward county.

General recommendations were made in this section to keep the service available.

Comments were made about rent assistance and Groups and recommendation were giving as advising the care coordinator to keep up the good work.

Provider: Avanti Support Services (150 clients responded to the survey)

	Strongly agree	Agree	Unsure/Neutral	Disagree	Strongly disagree
The home visitor explained the Healthy Start Program and told me what to expect	144	3	3	0	Ö
The program services provided by the home visitor have been helpful	139	9	3	0	0
The home visitor treated me with respect	150	0	0	0	0
During the home visit the staff helped link me to community resources	141	5	3	0	0
The educational services learned throughout my time in Healthy Start have been helpful to improve my pregnancy as well as my parenting skills.	146	2	2		

Summary: Several surveys were answered in Spanish and Creole due to the language limitation; overall surveys reflect participants are being served to their satisfaction. Please note this survey was completed via Tele- health due to COVID-19. Under normal circumstances this survey is handed to the participant at a face to face visit for them to complete on their own.





Provider: Covenant House Florida (6 clients responded to the survey)

	Strongly agree	Agree	Unsure/Neutral	Disagree	Strongly disagree
The home visitor explained the Healthy Start Program and told me what to expect	3	3	0	0	Ō
The program services provided by the home visitor have been helpful	3	3	0	0	0
The home visitor treated me with respect	3	3	0	0	0
During the home visit the staff helped link me to community resources	3	3	0	0	0
The educational services learned throughout my time in Healthy Start have been helpful to improve my pregnancy as well as my parenting skills.	3	3	0	0	0

Comments: "I like things just the way they are."

Provider: Henderson Behavioral Health (49 clients responded to the survey)

	Strongly agree	Agree	Unsure/Neutral	Disagree	Strongly disagree
I was treated with respect.	40	9	0	0	0
I was seen for services on time.	36	11	0	0	0
I was able to speak with staff when I need to.	37	12	0	0	0
If I had a complaint, it was handled well.	29	11	0	0	0





SERVICE DELIVERY PLAN NEEDS ASSESSMENT 2020

				SERVICE DELIVERY PLAN	I NEEDS ASSESSMENT 2020
If I were to have a problem, I would return to this program.	42	12	0	0	0
This program has helped me improve the quality of my life.	34	14	0	0	0
I would recommend this program to other people who need help.	38	11	0	0	0
The staff has involved me in deciding my treatment goals.	33	12	0	0	0
The staff is sensitive to my cultural/ethnic background.	37	9	0	0	0
I feel comfortable asking questions about the services and my progress.	36	8	0	0	0
Overall, how satisfied are you with the services provided?	44	3	0	0	0

Comments:
Liz is great
Very helpful
Help link me with referral
I love the program

Provider: Memorial Healthcare System (52 clients responded to the survey)

	Strongly	Agree	Neither Agree	Disagree	Strongly
	Agree		or Disagree		Disagree
Memorial staff are always respectful and professional.	49	3			
It is easy to communicate with Memorial staff.	44	8			
Memorial staff provided information and services in a timely manner.	44	8			
Memorial staff provide quality education and support for pregnant women and families with children.	49	3			





SERVICE DELIVERY PLAN NEEDS ASSESSMENT 2020

			SERVICE DELIVERT I DARTITEEDS 7 (SSESSIMENT 2020
I would recommend Memorial Healthy	51	1	
Start to my peers.			
I would participate in other Memorial	48	4	
programs based on my experience with			
Healthy Start.			

Comments:

- We loveee Karina.
- I love Karina. She is very concerned and Is always available to help. She is very sweet, very supportive.
- Turkesa is very helpful she is always available for any concern. Very respectful she understands others. Natalie and Lori are also helpful they take care matter what away. I will strongly recommend this Programe. I am looking forward to either work or help as a volunteer. Keep doing to the great job. Thanks a lot for your support guys!
- Me siento cómoda con mi ayudante de los servicios de memorial me ayuda aclarar dudas y me ayuda al aprendizaje como madre primeriza me gusta tener comunicación con mi accesora. Me ha sido de mucha ayuda
- EXCELENTE SERVICIO. MIL GRACIAS
- Es perfecta la atencion que brindan
- Excelente programa y calidad de personas no tengo si no agradecimiento
- Mi experiencia en cada una de las visitas y en todo lo referido a los cuidados con mi embarazo estoy totalmente satisfecha ya que el personal siempre me ha tratado con mucha amabilidad y profesionalismo además de eso se han tomado el tiempo de explicar claramente mis dudas y me siento segura y en confianza Y eso es muy importante para nosotros que somos sus pacientes sentirnos cómodos.
- Excelente experiencia
- Karina and Raiza are great
- Raiza es espectacular me a ayudado con todo lo que e necesitado!
- Me encanta el servicio que dan a las mamás en las clases prenatales, las disfrute mucho y me sentí conectada con mi bebé. Mi trabajadora social, Yaneisy Quintana, es amable, cariñosa, y siempre está pendiente de todo y de mi cuidado. Muchas gracias por sus antenciones de todo corazón.
- es excelente, el acompañamiento y las actividades que hacen son tan necesarias para las madres se les agradece infinitamente tan bello espacio ojala pudiera ser un poco mas amplio el acompañamiento pues al llegar a los 12 meses del bebe aun faltan tantas cosas por hacer y por lo menos con este tema del coronavirus quedamos incompletas en el curso al no poder seguir con las actividades habituales. seria muy bonito que nos tuvieran en cuenta en tipo de espacio cuando retomen actividades normales

Shower2Empower Evaluation 2018 - Urban League Broward County

May 25, 2018 (150 women and 19 men responded to the survey).

Women were asked questions about what they learned during the Shower2Empower, what they would like to know more about, and what they will do differently as a result of attending the Shower2Empower. They were also asked questions about knowledge gained.

Attendees lived primarily in these zip codes:

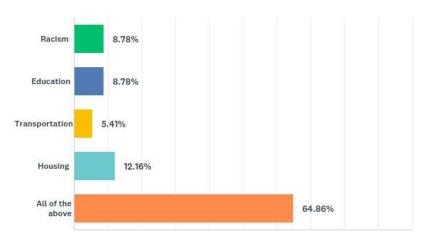
- 33311 (28)
- 33064 (11)
- 33023 (8)
- 33068 (8)
- 33024 (7)
- 33312 (7)
- 33020 (5)
- 33060 (5)



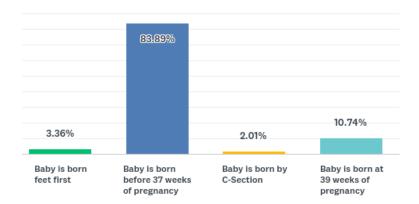


- 33069 (5)
- 33319 (5)
- 33025 (4)
- 33321 (4)

Which of the following could have an effect on your health?

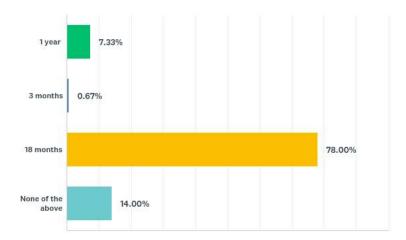


Preterm birth is when?

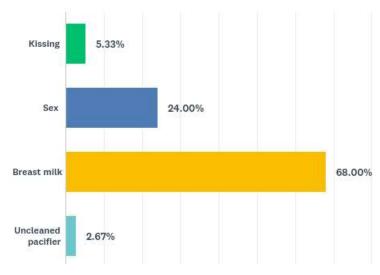


After having a baby, how long should you wait before getting pregnant again?





Tell us one way you can transmit HIV to your baby.



How can you relieve stress?

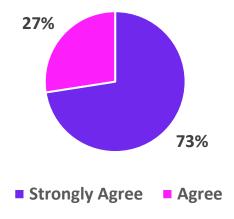


SERVICE DELIVERY PLAN NEEDS ASSESSMENT 2020



I will use the information I learned today to improve my health and the health of my family.

90.00%



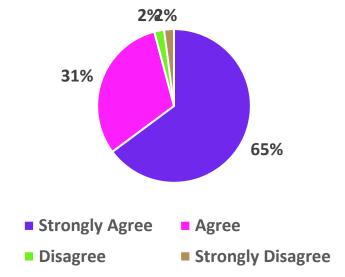
I learned ways to reduce health risks for my baby and improve my pregnancy and birth outcomes.



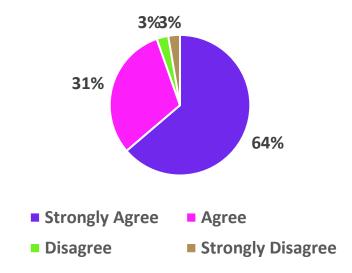
All of the

above





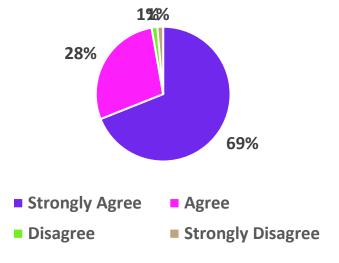
I am aware of Healthy Start and the services provided.



Overall, I enjoyed the event.







What are three things you learned today?

- Car seat safety
- Healthy food options
- AIDS options
- Nutrition
- Education
- Factors that affect health
- 50% unplanned pregnancies
- Nutrition
- Factors that affect health
- Preventing premature labor
- Healthy eating
- Healthy breakfast demonstration
- Car seat installation
- Housing set-ups
- Wait 18 months between pregnancies
- 50% of pregnancies are unplanned
- 17P shots to prevent premature birth
- Go go get it get it
- Healthy eating
- Early start with savings
- Stress relief
- 17P injection
- PrEP pill
- Planning pregnancy
- It's important to show your baby all your love.
- Black babies have higher mortality rate





- Preterm
- Eating healthy
- Social factors
- How to live and learn
- Have less stress
- Have fun and eat right
- Stress can increase health risk.
- Eating healthy can reduce health risk.
- Redlining is put by the government to tell bank not to build there since that is where low income abound.
- Eat healthy
- Be happy
- HIV prevention programs available in Broward
- STD education and medication
- How important it is to be a mother
- It is important to always be with your baby.
- HIV Prevention PrEP
- A lot of great people and organizations out to help so many
- What mastication is
- How to take care of myself during pregnancy
- Regular check ups
- How to relieve stress.
- Have some alone time.
- Syphilis
- Preterm babies
- HIV/
- 1 of 3 pregnancies are unplanned.
- You should wait 18 months between pregnancies
- Social factors affect health.
- How to prevent stress.
- HIV
- Syphilis
- 17P
- Aspirin
- HIV pill
- Wait 18 months before having another baby.
- HIV can be given to your baby by breast milk.
- Racism can have an effect on your health.
- I learned the practice for the stress.
- Racism
- Preterm labor





- Mastication can transfer HIV to baby
- Healthy eating
- Cracking an egg on inside of bowl eliminates shell from falling inside container
- How to decrease stress.
- Safe sleep.
- HIV
- Preterm
- Budget
- Finances
- More positive about myself
- Education for myself.
- How to release my stress.
- How to relieve stress.
- Preterm birth.
- Sexual transmissions.
- More than 50% of pregnancies are unplanned.
- What mastication was
- Babies born before 37 weeks are premature
- How to be healthy during pregnancy
- Healthy eating
- Preterm birth
- Yoqa
- I learned that African Americans are highly affected by HIV in Broward County.
- I learned to be educated.
- I learned to relieve stress.
- Birth control
- Relieve stress
- Stress relief
- Preterm birth
- Birth control
- The HIV going through breast milk the high risk
- 50% of all pregnancies are unplanned.
- Social life is a part of health.
- More African American babies die more than occasion.
- Broward Black women are less likely to obtain high school diploma.
- Preterm birth
- HIV
- PNC Bank
- How to relieve stress.
- HIV
- Eating healthy.





- HIV
- PrEP
- Mastication is a NO
- 50% of pregnancies are unplanned.
- Black babies die more often than White babies and are born premature
- Health
- Financial
- Syphilis
- Stress causes health problems.
- Go go get it get it
- More information about preterm
- Healthy.
- Stress.
- Family.
- Education.
- Stress.
- Not stress.
- Eat healthy.
- What to do during my pregnancy.
- How to avoid perinatal infection transmission.
- How to stay healthy.
- Spacing between babies.
- How to be healthy.
- How to relieve stress.
- Safety for child.
- Picture shown how the treated health and medical machines for a person to be a different person including a dead person HIV?!!!
- Where you live can affect your health.
- Stress.
- Income.
- To plan for pregnancy.
- To space out your pregnancy.
- Don't take aspirin if you had problem of preeclampsia or multiple pregnancies.
- Put baby on back when sleeping.
- Go back to school.
- Exercise.
- There is a correct way to strap you baby in your car.
- Preterm means before 37 weeks
- It's recommended to wait 18 months to become pregnant again.
- Stress.
- HIV





- Baby sleep.
- Nutrition is a must.
- About PrEP it prevents HIV.
- Demography of pregnancy.
- How to save.
- How to deal with stress.
- Racism.
- HIV
- Stress relief.
- Protecting yourself.
- Eat in moderation.
- How to breathe effectively.
- STDs
- Waiting 18 months
- About stress.
- About the type of food that cause stress.
- Stress can effect your health.
- Racism is a disorder.
- Only after the age of 5 a child may not have a car seat.
- Stress effects your health (inside organs).
- Creating health equity.
- Preterm birth cannot be prevented.
- About car seat safety.
- About less stress.
- About preterm birth.
- Prevent giving my baby syphilis.
- Take care of me and deal with stress.
- Redlining.
- Social inequality kills.
- Just breathe.
- Go go get it get it
- HIV AIDS
- Racism-how to have a healthy pregnancy
- How to release stress.
- HIV prevention.
- Preterm prevention.
- Syphilis cases
- Baby safety.
- Health.
- Breathing exercises.
- How to transmit HIV and syphilis





- Spread HIV to my unborn child.
- Stress reliefs
- Stress
- Eat healthy
- Wait 18 months before having another baby
- The stages of syphilis-men rates carrying syphilis is increasing the "isms" and the locations of higher chances of preterm birth
- Breathing exercises
- Stress relief and prevention
- Health
- Pregnancy
- Preterm labor
- Preterm baby/labor.
- Eat/exercise.
- Social health.
- No stress.
- Social determinants of health.
- Stress
- Lowering stress: education is the key.
- Preventing prematurity.
- Reduce stress.
- Sexually transmitted disease prevention.
- New ways to reduce stress.
- STDs
- Happy mom happy baby
- Eat better
- Take care of myself
- How to reduce stress more.
- HIV Perinatal
- PrEP which is a pill for HIV transmission.
- The meaning of health, that health can effect social life, racism.
- Different ways of handling stress.
- Proper way of breastfeeding, managing weight.
- Meditation.
- Health.
- Preterm pregnancy.
- How to relieve stress.
- Preterm labor is before 37 weeks.
- What happens to a baby when mom has STDs
- Breathe to reduce stress.
- HIV can be transmitted through mastication.





- Syphilis.
- Planning a pregnancy-things effect health.
- Breathe for stress relief.
- There's help for women in distress.
- Stress factors.
- List of resources.
- How to relieve stress.
- HIV Transmission.
- Health risks.
- How to stay healthy.
- How to prevent preterm labor.
- How to keep down stress.
- Preterm birth.
- How long to wait to get pregnant again.
- How to prevent preterm labor.
- Baby safety.
- About all the different diseases.
- Less stress.
- The rate of HIV in blacks.
- Ways to prevent spreading HIV.
- The rate of HIV.
- Ways to make yourself healthier to avoid preterm birth.
- Babies should be put to sleep on their own on their back.
- The rates for STIs are high in my community.
- Learned about HIV prevention pill.
- Healthy breakfast cooking.
- Stress reduction.
- Racism is not about how you look.
- Stress effects on your body
- Social inequality kills
- Tell someone else what you learned.
- Health risks.
- Safe sleep.
- Health can be social.
- Broward women are most likely to graduate.

What are two things you want to know more about?

- Child CPR
- Swim classes
- Education (online schooling)
- Child development
- Breastfeeding





- Preterm labor
- Overdue babies
- Banking
- Daycare assistance
- Bonding with my baby is a really important thing.
- Housing
- How stress affects health.
- Children under 5 must have car seat.
- Programs Assistance with healthier meal preparation
- How to take care of my baby.
- How to show love to my baby.
- Keeping my baby stimulated.
- Breastfeeding
- Childbirth
- Housing
- Breast pump
- Racism.
- Early pregnancy
- Don't chew the food and give it to the baby
- Breathing
- Financial support
- More about education.
- How to be positive.
- Sexual transmissions.
- What is the HIV prevention pill
- How to relieve stress
- Labor
- Breastfeeding
- Free day care
- How to reduce stress
- Childcare
- Childbirth
- Breastfeeding
- Benefits of breastfeeding.
- How to be less angry
- PNC Bank
- HIV
- How to prevent pregnancy.
- Birth control
- preterm baby and sex
- Preterm baby and pregnancy





- Breastfeeding.
- Making bottles.
- House.
- Health.
- Hypertension
- Preterm
- How to budget for baby.
- Financial and planning for my baby's future.
- Perinatal transmission.
- Neonatal antiretroviral therapy.
- Birth control.
- Preterm births.
- How to handle 4 kids at once.
- Baby care after birth.
- Ways to prevent death.
- Breastfeeding.
- Savings.
- Parenting
- Breastfeeding
- Exercising.
- Financial freedom/Credit repair
- Business plan.
- Housing.
- Exercising.
- Eating healthy with no appetite.
- Housing/need assistance.
- About car seats.
- About healthy baths.
- What to do when your baby has eczema?
- Housing.
- Breastfeeding.
- Safety
- Safety
- Better ways to deal with testing and prenatal care.
- Housing
- Education
- Better and safer delivery
- healthy pregnancy.
- 18 months before another baby
- Preterm birth
- How to change injustice through my actions.





- PrEP
- Better careers
- Help with children
- Pregnancy
- Health
- Labor and delivery.
- Nutrition
- How to relieve stress
- Becoming more successful.
- Childbirth and delivery.
- Breastfeeding.
- Breastfeeding.
- Labor and delivery.
- Sleep habits
- Health risks for my baby.
- Babies health.
- Types of levels of stress.
- Managing weight gain.
- Urban League and PNC Bank.
- How to prevent preterm labor.
- Healthy ways to reduce stress and healthy eating
- Childcare options.
- Housing.
- Planning-what to do if I want to go to school?
- Breastfeeding.
- Car safety.
- Swimming lessons.
- Breastfeeding.
- Nutrition.
- How to take care of yourself.
- Crib assistance.
- Graduation services
- Exercise while pregnant.
- Housing.
- Housing.
- Work information.
- Info on housing.
- Info on work.
- Stress relief.
- Syphilis
- Preeclampsia





- Natural remedies.
- Where to get assistance.
- Education.
- Weight gain.
- Educate baby.
- Relieve stress.
- Preterm birth.

What is the one thing you will promise to do differently as a result of what you learned today?

- Manage stress
- Eat healthier
- Eat healthier
- Healthy lifestyle
- Change my eating habits by utilizing the color plate tool
- Start eating healthy
- Take more care of myself and health
- Eating habits
- Be healthier
- Eat different foods and healthy foods.
- Safety
- Talk to my kids about PrEP
- Breathe when I'm stressed.
- Eat better. Breathe.
- No more babies
- Eat healthier
- Budget
- Breathe when I wake up.
- Relieve stress.
- Eat better
- Eat right
- Finish my education.
- Baby sleep alone
- Baby should sleep alone
- Exercise more
- I promise to live and eat different cause I want a healthy baby
- Not to be stressed out.
- Eat healthy
- Don't get pregnant
- learned how to treat my baby
- I learned to relieve stress.
- Control my anxiety.





- Be healthy.
- Not stress and stay calm.
- Budget.
- Being more healthy.
- Consider vendor promotion and charge them, understand quality cause it don't help victims
- Eating healthy.
- To wait until 18 months before another pregnancy.
- Eating healthy.
- Never put stuff in baby's crib.
- Read more to educate and for fun.
- Stay relaxed.
- Parenting
- Breathing practices
- To eat less.
- Have more time for myself.
- Start freezing my fruits.
- Teaching my kids different things in life
- Get education for a better future.
- Making sure my babies have safety first.
- Changing my breakfast habits
- Eat healthy
- Become more aware and knowledgeable
- Make sure no one gives my child food.
- Do not stress...reduce!
- To eat healthy and to be more educated
- Eat right, lower stress.
- Reduce stress.
- To eat healthier.
- Start changing a lot of things (eating healthy, read)
- Improve my health. Birth outcomes.
- Keep my health up.
- Managing stress.
- Apply meditation.
- Start watching my food intake and try to follow my plate.
- Work on relieving stress levels.
- Eat better in order to not have a premature birth.
- Stress
- Breathe when overwhelmed.
- Relieving stress levels.
- Have a set goal for myself.





- To stay stress free.
- Sugar intake.
- Learn to enjoy the moment. Find the one thing you love to do.
- Eat.
- Relax and calm down.
- Meditate.
- Not to be stressed.

Haitian Shower2Empower 2018

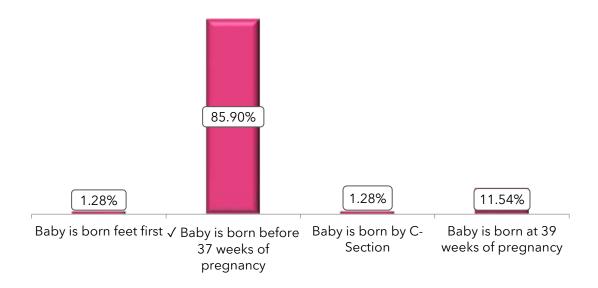
Eighty women participated in the Shower2Empower and completed evaluations. The following represent those results. Respondents ranged in age from 17 to 45. The average age of women attending was 31. Women resided in the following zip codes.

- 33311 (17)
- 33068 (10)
- 33313 (10)
- 33309 (9)
- 33064 (5)
- 33023 (3)
- 33063 (3)
- 33319 (3)
- 33060 (2)
- 33069 (2)
- 33334(2)
- 33020(1)
- 33025 (1)33065 (1)
- 33003(1)
- 33312 (1)33314 (1)
- 33321(1)
- 33351(1)
- 33428(1)
- 33441(1)
- 33461(1)
- 33442 (2)

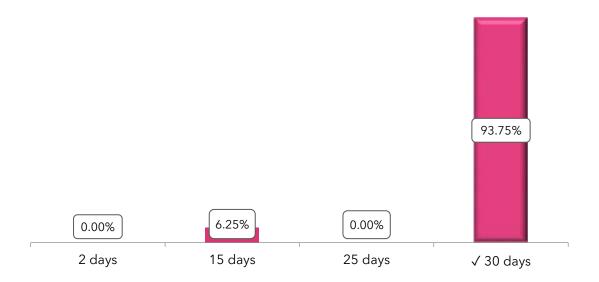




Preterm birth is when:



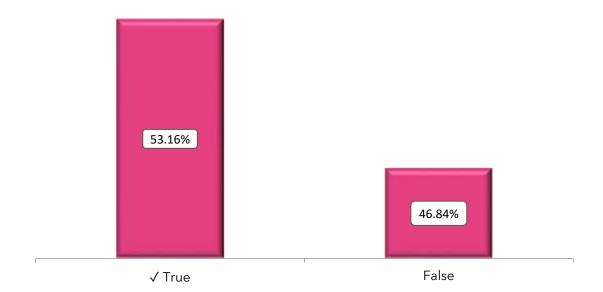
If a pregnant woman has syphilis how many days prior to delivery should she receive treatment?



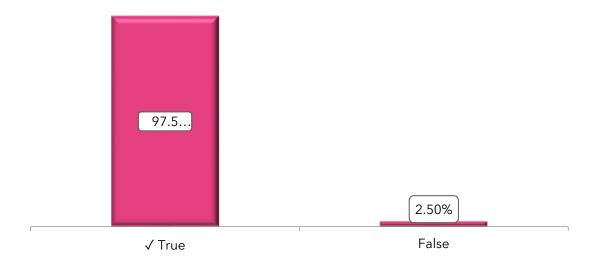




Deep breathing is done by contracting the diaphragm.



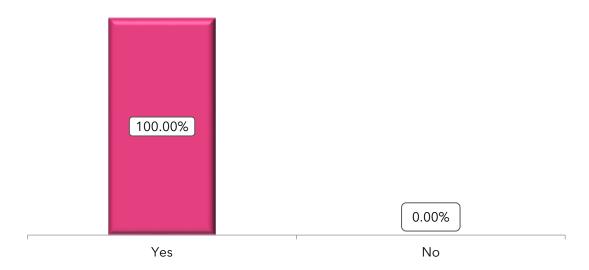
Stress can make you physically ill.







Did you like the event?



What is one thing you learned today?

- Syphilis never leaves the blood
- I learned to take syphilis meds 30 days before delivery
- I learned how baby can get HIV/AIDs
- I learned how to take care of myself while pregnant and after
- I learned what syphilis can do when you are pregnant
- I learned how to prevent the baby from HIV/AIDS
- Breastfeeding
- Baby spacing in 18 months
- Put the baby to sleep on the back without pillow and blanket in crib
- When someone has syphilis they should be treated 30-90 days before delivery
- I learned a lot about syphilis and HIV
- I learned how to care for myself
- Many good things to do
- I learned many things about syphilis
- Protect yourself from HIV and syphilis
- Many things
- STD prevention
- STD how it can be transmitted to baby
- To get tested 3 months before and 3 months before delivery
- I've learned about the 17 injection that will help prevent preterm labor
- Getting tested
- Patience





- Breastfeeding
- I learned how you can catch HIV, STD, syphilis
- About my baby healthy
- That giving birth can be trying
- STD testing
- Everything
- That Mickey Mouse is 90 years old
- Syphilis in babies
- A lot of good information that I didn't know before. Thanks.
- I've learned about HIV and flow to prevent from passing it to your baby
- Having baby could be trying
- Breastfeeding
- Protect from diseases
- Breastfeeding
- STD
- Stress free
- STD
- Stress
- STD
- breastfeeding
- Information about syphilis
- How to protect myself and the baby
- How to be yourself
- The progesterone shot regarding preterm labor
- Breastfeeding
- Lots about STD/preterm baby
- Learn about syphilis
- The exact number of weeks that classifies a baby as preterm
- Premature babies, syphilis
- Everything
- How to prevent from getting syphilis
- Premature baby education
- Have fun.
- STD
- STD
- Gift certificate
- 17P
- Learn about prevention and premature baby
- STD
- Information. A lot
- STD







- A lot of things 30 days to get treatment before baby is born
- How to protect yourself from syphilis
- How to put the baby to sleep
- Breastfeeding
- A lot
- Where to contact to receive help.
- Breastfeeding
- I learned about syphilis
- A lot of information. Thanks.
- Everything

Shower2Empower 2019 - Urban League

140 individuals responded to the evaluation. Women ranged in age 16 to 45 (several teens were transported by bus from their school). The average age of participants was 28.83. Women resided in the following zip codes.

Zip Code 33311 (21) 33313 (17) 33023 (12) 33321 (9) 33020 (6) 33312 (6) 33060 (5) 33064 (5) 33319 (5) 33024 (4) 33068 (4) 33309 (4) 33351 (4) 33009 (3) 33065 (3) 33317 (3) 33324(3) 33021 (2) 33025 (2) 33063 (2) 33069 (2) 33150(2) 33314(2) 33322 (2) 33323 (2) 33334(2) 33004(1) 33027 (1) 33056(1) 33067 (1)

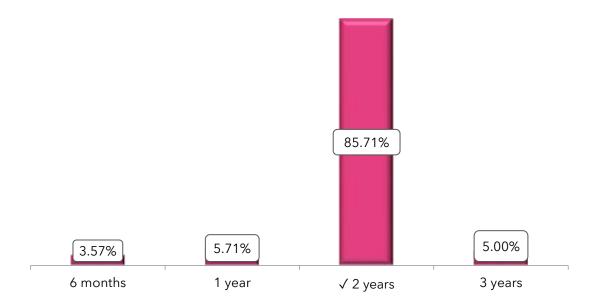
PREPARED BY THE RONIK-RADLAUER GROUP



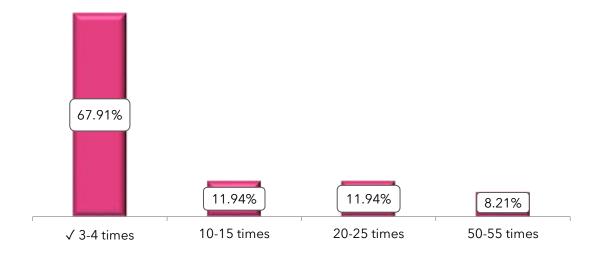
33304(1)



How long should a baby be rear facing in a car seat?



Black women are what times more likely to experience pregnancy-related death than white women?



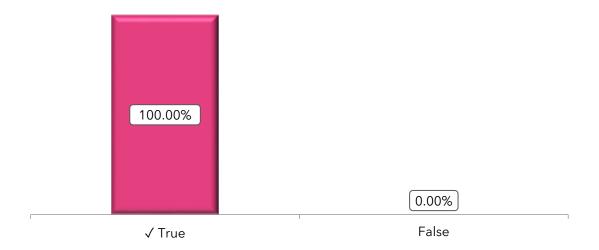




What year did the Florida Department of Health announce plans to offer free tests for PrEP?



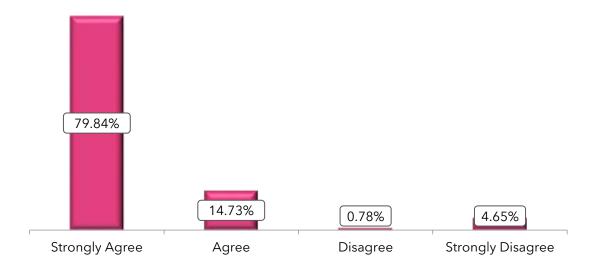
There is a connection between our physical body and our mental health.



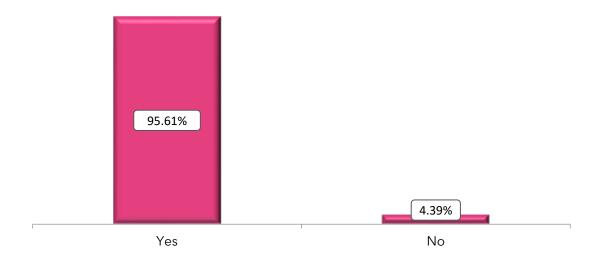




I will use the education I received to improve the health of myself and my family.



I am aware of Healthy Start and the services provided.

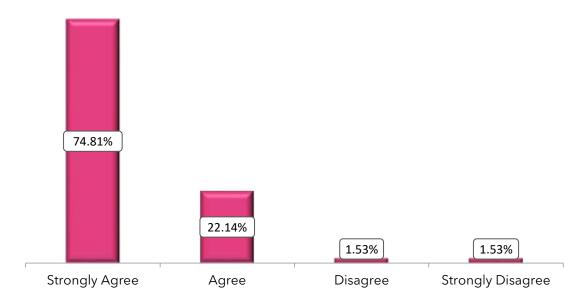








Overall, I enjoyed the event.



What are two things you want to know more about?

- Birth options
- Breastfeeding
- Breastfeeding
- Post labor care for yourself
- Post labor care for baby
- VBAC
- Health care and insurance
- The legal and child and families issues for men
- Postpartum
- Free services for community parent events
- Postpartum
- Swimming
- Black women are at higher risk of complication and more likely to be premature
- Breastfeeding
- Water safety
- CPR
- Car seat safety
- Mental and physical health
- Gestational diabetes
- Eclampsia
- Pre-eclampsia
- Eclampsia





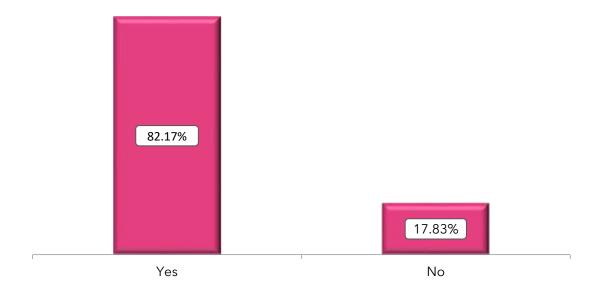
- C-sections
- How water helps your baby
- Safe swimming
- Dental
- Safe swimming
- Dental
- More programs and benefits
- How to deal with toddlers and youth
- Having a healthy baby
- Taking care of myself
- 211
- Breastfeeding
- Parenting a young infant
- Safe sleep
- Breastfeeding
- Storing breast milk
- 211
- Breastfeeding
- Milk storage
- Mental health and development
- Breastfeeding
- Mental health and to be empowered not only when pregnant but also a mom with children in school
- Breastfeeding
- Maternity Yoga
- Child Milestones
- Childbirth
- Breastfeeding
- Breastfeeding
- Childbirth
- Housing
- Childcare
- Is Enfamil better than breastfeeding
- How can you get a hint if it's a boy or a girl
- Feeding baby
- How to take care of baby
- How to be a great dad?
- Breastfeeding
- Circumcision
- Being sick while pregnant
- When can babies start tummy time?





- childcare services
- Getting a pump
- Childbirth
- pre-eclampsia and eclampsia
- Education for black children
- Midwives
- Breastfeeding
- Early pregnancy
- Baby weight
- Giving labor
- Postpartum recovery
- More about childbirth
- Preparing for childbirth
- Growing baby
- Take care of mom
- postpartum depression
- infant nutrition
- programs
- benefits

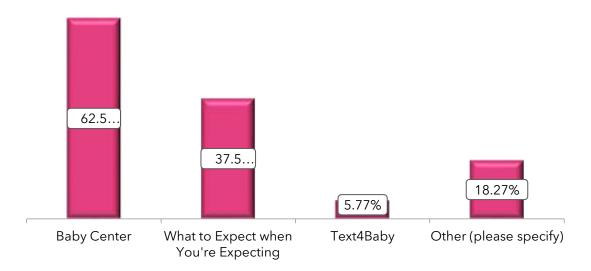
Did/do you use an app or booklet to track your pregnancy?







If you used an app or booklet, which of the following did you use?



Other:

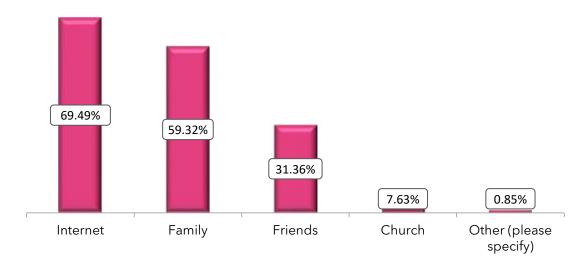
- Baby Track (1)
- Baby2Body (1)
- Bump (1)
- Calendar (1)
- Flow (2)
- Ovia (5)
- P Tracker Lite (1)
- Pregnancy + (5)
- The Bump (2)







Other than your medical provider, where else do you go for information about your pregnancy?



Other: Library (1)

Other comments:

- Great education celebrating this special time in our life. Loved the mental health session.
- Thank you!
- Thank you!
- Enjoyed my 2nd shower to empower!
- This shower was very informative and fun!
- Grateful for todays session. Very informative and educational.
- To speak up when I know something is wrong
- Great job!
- Thank you because I didn't feel like I had a voice but now I know to speak up
- I am very happy with the free resources that are offered here today!
- Great event!
- Great event! Learned so much and was very happy with the overall result of this event

Haitian Shower2Empower 2019

Sixty-seven (67) women attended this event. Participants ranged in age from 19 to 54, with an average age of 30.58. Participants resided in the following zip codes.

Zip Code Number

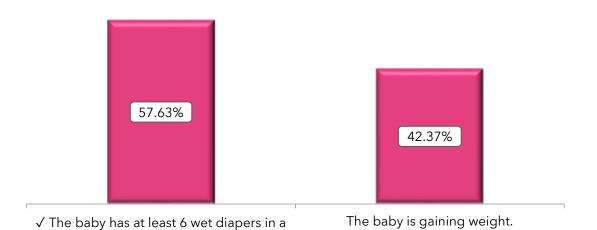
- 33311 (16)
- 33313 (8)





- 33064 (6)
- 33023 (4)
- 33309 (4)
- 33319 (4)
- 33020 (3)
- 33068 (3)
- 33060 (2)
- 33065 (2)
- 33074 (2)
- 33024 (1)
- 33063 (1)
- 33069 (1)
- 33312 (1)33334 (1)
- 00044 (1)
- 33344 (1)
- 33351 (1)33379 (1)
- 33441 (1)

How can you be sure that your baby is getting enough breast milk?



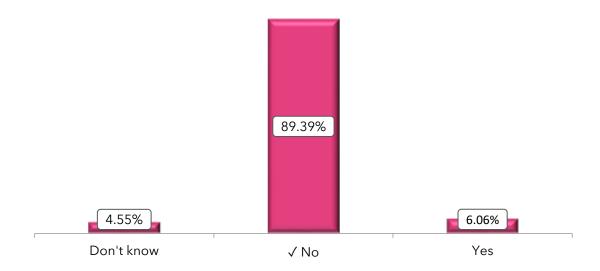
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day.

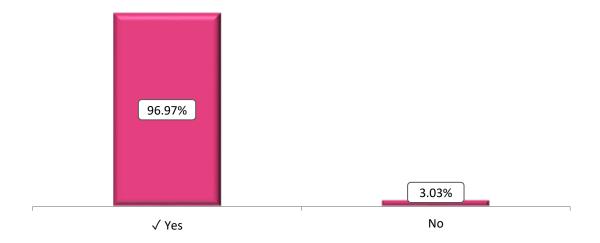




Does the baby become HIV positive if mom is on medication during pregnancy?



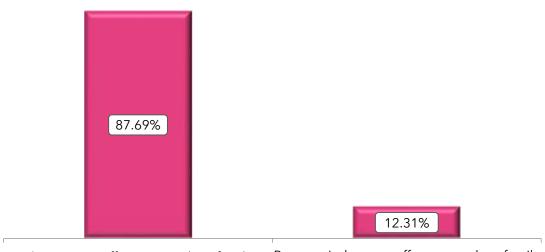
One of the benefits of meditation during pregnancy is stress relief.





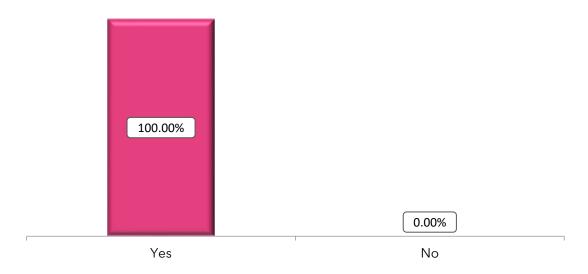


Why is self development important?



 \checkmark Because it affects me and my family Because it does not affect me and my family

Did you like the event?



What is one thing you learned today?

- How I can manage stress
- I love everything
- I learned to set a goal for myself
- The importance of breastfeeding
- How can we live with HIV. How can we get infected with syphilis





- HIV
- The importance of breastfeeding
- I learned to know myself. To do the right thing
- Child development and their learning ability
- I learned how to put car seat in the car
- Meditation
- Meditation
- Breastfeeding
- Breast milk storage
- Self care
- Meditation is important for mental/physical health
- About meditation. It calms you and relieves stress
- I learned about HIV
- All of the available programs
- Breastfeeding. Less stress
- How much money we can save if we breastfeed
- Being positive
- Breastfeeding
- How it's important to breastfeed correct
- Meditation is very important and helpful during pregnancy
- How to breastfeed
- Core program
- There are a lot of resources in the community
- Breastfeeding
- Meditation
- Take care of myself
- HIV and prevention
- Breastfeeding
- You can store breastmilk in freezer for up to 6 months
- How long to freeze breast milk
- Positive thinking
- There are many resources available to mothers. This is a wonderful experience.
- The importance of breastfeeding
- Education is very important
- Breastfeeding is very important for health
- What a doula is
- I learned about STDs
- Breastfeeding/positive thinking
- The ELC
- The breastfeeding
- Making sure to breastfeed correctly





- Motivated to don't give up
- Babies sleep on their back
- More creole
- How to breastfeed and how it saves money
- Syphilis
- Stress
- Education important
- I learned the importance of breastfeeding
- I know how to put milk in the fridge
- I learned how to help my children to have great health
- How to protect myself and the baby
- How to breastfeed your kids and for them to stay healthy
- AIDS prevention and STDs
- Motivation is the best thing
- Everything that was said in the event
- What development is

What is one thing you want to know more about?

- Education about family planning
- I would like to know how to get free daycare
- A lot of new information
- How to manage stress while pregnant
- I would like to learn how to put babies on the baby chair
- I would like to know how to pump milk for the baby
- We need community support
- Breastfeeding
- Breastfeeding
- Breastfeeding
- Child development
- Is it safe to continue to breastfeed while being pregnant
- Breastfeeding
- Relaxation
- Home remedies to produce abundant breastmilk
- Everything was very informative
- Breastfeeding
- Community resources
- Breastfeeding
- Excellent job. Informative and fun
- How to swaddle your baby
- More resources/car seat and more
- Resources for first time homebuyers or assistance for low-income first time home buyers.





- School GED
- Doulas
- Actual birth
- Breastfeeding
- Learn more about STDs
- Of being a parent
- I want to know more about diaper bank
- How to store breastmilk
- Car seat
- HIV
- Sexual diseases in pregnant women
- Very informative to the Haitian community
- Planning
- First care for newborn
- How to keep the baby well
- Keep the baby healthy
- Look for Jesus in your life
- How a mother must learn to communicate with their child while the mothers are pregnant.
- Learn about Cribs for Kids program
- Education

Shower2Empower Survey-West Park

December 19, 2019 (14 women responded to the survey).

93% (13 respondents) said they had not been told by their maternity care provider or other healthcare worker that they had gestational diabetes (diabetes that started during this pregnancy). 7% (1 respondent stated she had).

100% of respondents (14) stated that they had never been told by a healthcare provider that they had Type 1 or Type 2 diabetes.

When asked how many weeks pregnant they were when they learned they were pregnant, the majority (36% or 5 women) said 4 weeks, followed by 3 weeks (21% or 3 women), 6 weeks (14% or 2 women). One woman stated 7 weeks, one stated 8 weeks, one stated 11 weeks, and one stated 5 months.

When asked how many weeks pregnant they were when they had their first prenatal visit, they answered as follows:

3 weeks: 1 (8%) 4 weeks: 1 (8%)

6 weeks: 2 (15%)7 weeks: 2 (15%)

• 8 weeks: 4 (31%)





11 weeks: 1 (8%)12 weeks: 1 (8%)13 weeks: 1 (8%)

One person did not respond.

Women were asked if they got their first prenatal visit as early in their pregnancy as they wanted. Twelve (12) women (86%) said yes, and two (2) women (14%) said they did not.

When asked which type of caregiver was most directly involved with providing their prenatal care, twelve (12) women (86%) said an OB/GYN; one (1) woman (7%) said a midwife; and one (1) woman said a nurse who was not a midwife.

Women were asked about their interactions with their healthcare provider and whether they may have held back asking questions or discussing concerns. The following table represents those results:

	No, never	Yes, once	Yes, more than once	No answer
My maternity care provider seemed rushed.	86%	7%	0%	7%
	n=12	n=1	n=0	n=1
I wanted maternity care that differed from what	64%	14%	7%	14%
my maternity care provider recommended.	n=9	n=2	n=1	n=2
I thought that my maternity care provider might	78%	0%	7%	14%
think I was being difficult.	n=11	n=0	n=1	n=2

When asked if they were offered any childbirth education classes by their healthcare provider during this pregnancy, eleven (11) women (79%) said yes and three (3) women (21%) said no.

All fourteen (14) women (100%) who responded to the survey stated that they used the Internet or an app to find information about pregnancy and childbirth.

Shower2Empower Evaluations - West Park

A total of 25 individuals responded to the evaluation.

Question 1: I will use the education I received to improve the health of myself and my family.

• Nineteen (19) respondents (79%) said they strongly agreed and five (5) respondents (21%) said they agreed. One (1) person did not answer.

Question 2: I am aware of Healthy Start and the services provided.

• Of the eighteen (18) people who responded, seventeen (17) respondents (94%) said yes and one (1) respondent (6%) said no.

Question 3: Overall, I enjoyed the event.

• Of the twenty-four (24) people who responded, twenty (20) respondents (83%) said they strongly agreed and four (4) respondents (17%) said they agreed.





Question 4: Name three (3) things that you learned today. The following themes were identified:

- Swimming and drowning prevention (12)
- Safe sleep practices (12)
- Breastfeeding (10)
- Stress and techniques for relaxation (8)
- Preterm labor and prematurity (7)
- Car seat safety (5)
- HIV/STD/STI awareness (3)
- Smoking (3)
- Fatherhood (2)
- CPR (2)
- Community resources (2)
- Healthy pregnancy (1)
- Importance of prenatal care (1)
- How to care for my baby (1)

Question 5: Name two (2) things you want to know more about. The following themes were identified:

- Car seat safety (6)
- Post-partum depression/stress (6)
- Feeding (5)
- Safe sleep practices (including SIDS) (5)
- Finances (Medicaid, help with bills, payments) (3)
- Parenting/Fatherhood (2)
- Talking to healthcare practitioners (1)
- Planning for second pregnancy (1)
- Incest (1)
- Health (1)
- Prematurity (1)
- Diapers (1)
- Mom groups (1)

Question 6: Name one (1) thing you will do differently based on what you learned today. The following themes were identified:

- Safe sleep practices (7)
- Drowning prevention (3)
- Self-care (2)
- Car seat safety (2)
- Breastfeeding (1)
- Planning for future pregnancies (1)
- Teaching others (family members) (1)

Question 7: Did/do you use an app or booklet to track your pregnancy?





Of the twenty-two individuals who responded, sixteen (16) responded that they did (73%) and six (6) responded that they did not (27%).

Question 8: If you used an app or booklet, which of the following did you use? Check all that apply.

Of the twelve (12) individuals who answered this question, ten (10) stated they used Baby Center, four (4) said they used What to Expect when You're Expecting, and one (1) person said they used P Tracker.

Question 9: Other than your medical provider, where else do you go for information about your pregnancy? Check all that apply.

Of the twenty (20) individuals who answered this question, thirteen (13) said family, twelve (12) said the Internet, six (6) said friends, one (1) said church, and one (1) said other-DOH.

Question 10: The following represents the zip codes provided by respondents. All respondents answered this question.

- 33023 (18 or 72%)
- 33020 (2 or 8%)
- 33317 (1 or 4%)
- 33313 (1 or 4%)
- 33025 (1 or 4%)
- 33311 (1 or 4%)
- 33063 (1 or 4%)

Question 11: Gender. Twenty-four (24) or 96% of the respondents were female; one (1) respondent or 4% was male.

Question 12: Age. Twenty-one (21) individuals responded to this question. The average and median age of respondents was twenty-seven (27). The age range was 19-37.

Appendix C. Prioritization of Areas of Focus

Maternal Child Health Systems Committee

September 10, 2019

Individual Level: (choose 2)

Trauma: homelessness, abuse, loss
Physical Health: obesity, lack of preventive and self-medical care, smoking





	SERVICE DELIVERT I LAN INVEEDS ASSESSIMENT 2020
*	
****	Behavioral Health: undiagnosed or underdiagnosed mental illness and lack of
****	treatment when diagnosed; access to substances and use of substances; stigma and labels

**	
*	Contextualized Stress: weathering, lack of trust, power and control, microaggressions
****	Generalized Stress: biases we grow up with; superwoman syndrome
****	Individual beliefs: not susceptible, won't happen to them; I'm educated, why
*	would I have to worry about these things; education from a life course perspective

Interpersonal: (choose 2)

***	Education: Life course perspective; not only low SES; not only lack of education; lack of use of condoms; poor positive social support groups
***	Intergenerational behaviors and beliefs: power and control (gender);
****	superwoman syndrome (not seeking help-seen as a weakness); multi- generational homes/support; chronic poverty; cultural attitudes, behaviors;
****	perpetuation of habits in families; may not see PTB as unusual/abnormal as
*	they may have grown up "fine"; women single head of household; children raised by grandparents; becomes the norm; "just have small babies"; intergenerational SDOH; poor eating/exercise habits in the family (lack of role modeling); spiritual/faith-beliefs-it's G-d's will; "victim" mentalities; repeat teen births-seen as okay; "all my babies come early"; some cultures teen births are seen as okay
****	Trauma: domestic violence, sexual abuse, intimate partner violence

****	Internalized biases: Biases between "Sistahood"; lack of sharing of lived
**	experience; stigma about talking about it; shame-trying to hide-not sharing lived experience
****	Fathers: Education of Fathers/Men; lack of engagement of fathers
**	





Provider: (choose 2)

****	Income/Insurance Barriers: disqualifiers for services based on income; copays; bias towards Medicaid patients;

****	Education: providers lack of awareness; customer service; welcoming; many
****	biases-tattoos, number of children; women not treated with dignity; women
****	not seen as a priority; lack of comprehensive prenatal care (not treating the whole person); not asking about the SDOH; should be individualized and integrated lack of additional supports, knowledge, and resources-may be unwilling to work with them (doulas, midwives); proactive engagement (where the woman shows up); violations of HIPAA (as it relates to patients); lack of explanation and education to patients; lack of contextual understanding of women of color (lack of trust);
****	Office: wait times; environment in providers offices; rushed visits; no food, toys for children; lack of privacy; lack of professionalism

Community: (choose 2)

****	Access: lack of geographical access (maternity deserts); lack of transportation
****	Social Determinants of Health: lack of libraries; different materials; affordable
****	housing; produce, fresh fruits, healthy food deserts

***	Neighborhood Deprivation: neighborhood crime; lack of parks and
****	sidewalks; lack of street lighting; lack of community centers; unhealthy water;
	toxic stress; trauma-neighborhoods
****	Community-based: lack of collaboration between community organizations;
****	prostitution of communities (so many organizations servicing community,
	then they leave) helicopter events; lack of community education about the challenge and the numbers in their neighborhoods

Institution: (choose 3)

Legislative/Political: don't understand legislative process; political climate





****	Funding: reduction in government assistance; lack of Medicaid expansion;
****	unfunded care; lack of access; lack of funding for evidence-based practices;
**	building capacity
****	Insurance/Benefits: services for undocumented; underinsured

***	Policies: Family Medical Leave; family friendly work environments
****	Government institutions: distrust of law enforcement; distrust of "system"; lack of education of law enforcement; lack of education of "systems"; incarceration and unequitable prison/jail sentences
****	Historical structural and institutional racism: history and legacy of inequity
****	Education: reproduction education in schools; hospitals-education in implicit
****	bias; engaging institutions of higher education; integration in medical/nursing programs; engaging youth/millennials
****	Employment: Lack of employment; training
*	

Service Delivery Planning Committee

September 17, 2019

Individual Level: (choose 2)

*	Trauma: homelessness, abuse, loss
**	Physical Health: obesity, lack of preventive and self-medical care, smoking
***	Behavioral Health: undiagnosed or underdiagnosed mental illness and lack of treatment when diagnosed; access to substances and use of substances; stigma and labels
*	Contextualized Stress: weathering, lack of trust, power and control, microaggressions
*	Generalized Stress: biases we grow up with; superwoman syndrome
	Individual beliefs: not susceptible, won't happen to them; I'm educated, why would I have to worry about these things; education from a life course perspective

Interpersonal: (choose 2)





**	Education: Life course perspective; not only low SES; not only lack of education; lack of use of condoms; poor positive social support groups
***	Intergenerational behaviors and beliefs: power and control (gender); superwoman syndrome (not seeking help-seen as a weakness); multigenerational homes/support; chronic poverty; cultural attitudes, behaviors; perpetuation of habits in families; may not see PTB as unusual/abnormal as they may have grown up "fine"; women single head of household; children raised by grandparents; becomes the norm; "just have small babies"; intergenerational SDOH; poor eating/exercise habits in the family (lack of role modeling); spiritual/faith-beliefs-it's G-d's will; "victim" mentalities; repeat teen births-seen as okay; "all my babies come early"; some cultures teen births are seen as okay
*	Trauma: domestic violence, sexual abuse, intimate partner violence
*	Internalized biases: Biases between "Sistahood"; lack of sharing of lived experience; stigma about talking about it; shame-trying to hide-not sharing lived experience
*	Fathers: Education of Fathers/Men; lack of engagement of fathers

Maternal Health Committee

October 3, 2019

Individual Level: (choose 2)

	-
	Trauma: homelessness, abuse, loss
***	Physical Health: obesity, lack of preventive and self-medical care, smoking
**	Behavioral Health: undiagnosed or underdiagnosed mental illness and lack of treatment when diagnosed; access to substances and use of substances; stigma and labels
	Contextualized Stress: weathering, lack of trust, power and control, microaggressions
	Generalized Stress: biases we grow up with; superwoman syndrome
*	Individual beliefs: not susceptible, won't happen to them; I'm educated, why would I have to worry about these things; education from a life course perspective

Interpersonal: (choose 2)







**	Education: Life course perspective; not only low SES; not only lack of education; lack of use of condoms; poor positive social support groups
*	Intergenerational behaviors and beliefs: power and control (gender); superwoman syndrome (not seeking help-seen as a weakness); multigenerational homes/support; chronic poverty; cultural attitudes, behaviors; perpetuation of habits in families; may not see PTB as unusual/abnormal as they may have grown up "fine"; women single head of household; children raised by grandparents; becomes the norm; "just have small babies"; intergenerational SDOH; poor eating/exercise habits in the family (lack of role modeling); spiritual/faith-beliefs-it's G-d's will; "victim" mentalities; repeat teen births-seen as okay; "all my babies come early"; some cultures teen births are seen as okay
*	Trauma: domestic violence, sexual abuse, intimate partner violence
	Internalized biases: Biases between "Sistahood"; lack of sharing of lived experience; stigma about talking about it; shame-trying to hide-not sharing lived experience
**	Fathers: Education of Fathers/Men; lack of engagement of fathers





Provider: (choose 2)

***	Income/Insurance Barriers: disqualifiers for services based on income; copays; bias towards Medicaid patients;
***	Education: providers lack of awareness; customer service; welcoming; many biases-tattoos, number of children; women not treated with dignity; women not seen as a priority; lack of comprehensive prenatal care (not treating the whole person); not asking about the SDOH; should be individualized and integrated lack of additional supports, knowledge, and resources-may be unwilling to work with them (doulas, midwives); proactive engagement (where the woman shows up); violations of HIPAA (as it relates to patients); lack of explanation and education to patients; lack of contextual understanding of women of color (lack of trust);
	Office: wait times; environment in providers offices; rushed visits; no food, toys for children; lack of privacy; lack of professionalism

Community: (choose 2)

	Access: lack of geographical access (maternity deserts); lack of transportation
**	Social Determinants of Health: lack of libraries; different materials; affordable housing; produce, fresh fruits, healthy food deserts
**	Neighborhood Deprivation: neighborhood crime; lack of parks and sidewalks; lack of street lighting; lack of community centers; unhealthy water; toxic stress; trauma-neighborhoods
**	Community-based: lack of collaboration between community organizations; prostitution of communities (so many organizations servicing community, then they leave) helicopter events; lack of community education about the challenge and the numbers in their neighborhoods

Institution: (choose 3)

	Legislative/Political: don't understand legislative process; political climate
**	Funding: reduction in government assistance; lack of Medicaid expansion; unfunded care; lack of access; lack of funding for evidence-based practices; building capacity
*	Insurance/Benefits: services for undocumented; underinsured
	Policies: Family Medical Leave; family friendly work environments





**	Government institutions: distrust of law enforcement; distrust of "system"; lack of education of law enforcement; lack of education of "systems"; incarceration and unequitable prison/jail sentences
*	Historical structural and institutional racism: history and legacy of inequity
***	Education: reproduction education in schools; hospitals-education in implicit bias; engaging institutions of higher education; integration in medical/nursing programs; engaging youth/millennials
	Employment: Lack of employment; training

Aggregate Summary of Prioritization of Focus Areas

Individual Level: (choose 2)

14	Trauma: homelessness, abuse, loss
17	Physical Health: obesity, lack of preventive and self-medical care, smoking
24	Behavioral Health: undiagnosed or underdiagnosed mental illness and lack of treatment when diagnosed; access to substances and use of substances; stigma and labels
7	Contextualized Stress: weathering, lack of trust, power and control, microaggressions
6	Generalized Stress: biases we grow up with; superwoman syndrome
8	Individual beliefs: not susceptible, won't happen to them; I'm educated, why would I have to worry about these things; education from a life course perspective

Interpersonal: (choose 2)

13	Education: Life course perspective; not only low SES; not only lack of education; lack of use of condoms; poor positive social support groups
25	Intergenerational behaviors and beliefs: power and control (gender); superwoman syndrome (not seeking help-seen as a weakness); multigenerational homes/support; chronic poverty; cultural attitudes, behaviors; perpetuation of habits in families; may not see PTB as unusual/abnormal as they may have grown up "fine"; women single head of household; children raised by grandparents; becomes the norm; "just have small babies"; intergenerational SDOH; poor eating/exercise habits in the family (lack of role modeling); spiritual/faith-beliefs-it's G-d's will; "victim" mentalities; repeat







	teen births-seen as okay; "all my babies come early"; some cultures teen births are seen as okay
17	Trauma: domestic violence, sexual abuse, intimate partner violence
9	Internalized biases: Biases between "Sistahood"; lack of sharing of lived experience; stigma about talking about it; shame-trying to hide-not sharing lived experience
12	Fathers: Education of Fathers/Men; lack of engagement of fathers





Provider: (choose 2)

28	Income/Insurance Barriers: disqualifiers for services based on income; copays; bias towards Medicaid patients;
30	Education: providers lack of awareness; customer service; welcoming; many biases-tattoos, number of children; women not treated with dignity; women not seen as a priority; lack of comprehensive prenatal care (not treating the whole person); not asking about the SDOH; should be individualized and integrated lack of additional supports, knowledge, and resources-may be unwilling to work with them (doulas, midwives); proactive engagement (where the woman shows up); violations of HIPAA (as it relates to patients); lack of explanation and education to patients; lack of contextual understanding of women of color (lack of trust);
11	Office: wait times; environment in providers offices; rushed visits; no food, toys for children; lack of privacy; lack of professionalism

Community: (choose 2)

15	Access: lack of geographical access (maternity deserts); lack of transportation
25	Social Determinants of Health: lack of libraries; different materials; affordable housing; produce, fresh fruits, healthy food deserts
18	Neighborhood Deprivation: neighborhood crime; lack of parks and sidewalks; lack of street lighting; lack of community centers; unhealthy water; toxic stress; trauma-neighborhoods
18	Community-based: lack of collaboration between community organizations; prostitution of communities (so many organizations servicing community, then they leave) helicopter events; lack of community education about the challenge and the numbers in their neighborhoods

Institution: (choose 3)

4	Legislative/Political: don't understand legislative process; political climate
23	Funding: reduction in government assistance; lack of Medicaid expansion; unfunded care; lack of access; lack of funding for evidence-based practices; building capacity
15	Insurance/Benefits: services for undocumented; underinsured
3	Policies: Family Medical Leave; family friendly work environments







	SERVICE DELIVERY FLAN NEEDS ASSESSMENT 2020
17	Government institutions: distrust of law enforcement; distrust of "system"; lack of education of law enforcement; lack of education of "systems"; incarceration and unequitable prison/jail sentences
13	Historical structural and institutional racism: history and legacy of inequity
18	Education: reproduction education in schools; hospitals-education in implicit bias; engaging institutions of higher education; integration in medical/nursing programs; engaging youth/millennials
12	Employment: Lack of employment; training





Provider: (choose 2)

***	Income/Insurance Barriers: disqualifiers for services based on income; copays; bias towards Medicaid patients;
***	Education: providers lack of awareness; customer service; welcoming; many biases-tattoos, number of children; women not treated with dignity; women not seen as a priority; lack of comprehensive prenatal care (not treating the whole person); not asking about the SDOH; should be individualized and integrated lack of additional supports, knowledge, and resources-may be unwilling to work with them (doulas, midwives); proactive engagement (where the woman shows up); violations of HIPAA (as it relates to patients); lack of explanation and education to patients; lack of contextual understanding of women of color (lack of trust);
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**	Community-based: lack of collaboration between community organizations; prostitution of communities (so many organizations servicing community, then they leave) helicopter events; lack of community education about the challenge and the numbers in their neighborhoods

Institution: (choose 3)

*	Legislative/Political: don't understand legislative process; political climate
*	Funding: reduction in government assistance; lack of Medicaid expansion; unfunded care; lack of access; lack of funding for evidence-based practices; building capacity
*	Insurance/Benefits: services for undocumented; underinsured
	Policies: Family Medical Leave; family friendly work environments







**	Government institutions: distrust of law enforcement; distrust of "system"; lack of education of law enforcement; lack of education of "systems"; incarceration and unequitable prison/jail sentences
***	Historical structural and institutional racism: history and legacy of inequity
**	Education: reproduction education in schools; hospitals-education in implicit bias; engaging institutions of higher education; integration in medical/nursing programs; engaging youth/millennials
**	Employment: Lack of employment; training

