Broward Healthy Start Coalition

Service Delivery Plan

2021 – 2026

IMPACT: Overall Goals and Indicators:

- Reduce rates of fetal mortality from 7.4 per 1,000 live births to 5.7 per 1,000 live births or less by 2030.
- Reduce rates of infant mortality from 5.2 per 1,000 live births to 5.0 per 1,000 live births or less by 2030.
- Reduce rates of Sudden Unexpected Infant Deaths to less than 0.5 per 1,000 live births by 2030.
- Reduce percentage of preterm births from 10.6% of live births to 9.4% of live births by 2030.
- Reduce rates of maternal deaths from 27.6 per 100,000 live births to 15.7 per 100,000 live births by 2030.
- Reduce Black/White disparity rates for fetal and infant mortality, preterm births, and maternal deaths from 2.8, 3.8, 1.6, and 3.1 respectively to 1.0 by 2030.
- Reduce non-Hispanic/Hispanic rates for fetal and infant mortality, preterm births, and maternal deaths from 1.4, 2.2, 1.1, and 2.4 respectively to 1.0 by 2030.
- Reduce rates of preterm birth, infant, and fetal mortality in priority geographic locations by census tract and zip code (refer to individual census tracts and zip codes for details) by December 31, 2026.

Objectives:

- Reduce percentages of cesarean births to low-risk women with no prior births from 41.6% to 23.6% by 2030.
- Maintain rate of mother-child perinatal HIV infection at 0 per 100,000 live births.
- Increase the proportion of mothers who initiate breastfeeding to more than 90% by 2030.
- Reduce rates of congenital syphilis from 64.0 per 100,000 live births to 21.0 per 100,000 live births by 2030.
    - Reduce Black/White disparity rate for congenital syphilis from 7.2 to 1.0 by 2030.
    - Reduce non-Hispanic/Hispanic disparity rate for congenital syphilis from 2.9 to 1.0 by 2030.

- Increase the proportion of pregnant women who receive early and adequate prenatal care from 69.5% to 80.5% by 2030.
    - Increase the proportion of White, Black, Hispanic, and non-Hispanic pregnant women who receive early and adequate prenatal care from 71.9%, 65.6%, 71.0%, and 68.9% respectively to 80.5% by 2030.
- Increase the proportion of women who had a healthy weight before pregnancy from 43.9% to 47.1% by 2030.
    - Increase the proportion of Black, Hispanic, and non-Hispanic women who had a healthy weight before pregnancy from 33.5%, 43.9%, and 43.8% respectively to 47.1% by 2030.
- Reduce the rates and numbers of teen pregnancies in priority geographic areas/schools by 2030.
- Reduce percentage and numbers of substance exposed newborns to less than 1.21% of overall births and 263 substance exposed newborns by 2030.
- Establish baseline indicators of pregnant and post-partum women who are experiencing mental health challenges by 2026.
- Establish baseline indicators of challenges related to SDoH by June 30, 2023.

Population Areas of Focus:

Using the socio-ecological model as a framework for developing and implementing change, Broward Healthy Start Coalition's Service Delivery Plan will address the following populations/entities:

- Individual level: Pregnant and parenting individuals, and people of child-bearing age.
- Interpersonal level: Family members and other natural supports.
- Community level: Community members, including business owners, faith-based leaders, local politicians.
- Provider level: Healthcare Providers (OB/GYNs, perinatologists, pediatricians, doulas, midwives, nurse practitioners, behavioral health providers, primary healthcare providers).
- Institutional level: (legislators, funders, transportation, housing, law enforcement, prisons/jails, universities, immigration centers, etc.).

Strategies:

To address challenges and emerging themes identified in the Needs Assessment, the following strategies will be utilized in the development and implementation of activities:

- Engage and Educate
- Care Coordination
- Learn from first persons' lived experiences
- Advocacy
- Data Analysis

Population Area of Focus: Pregnant and parenting individuals, people of child-bearing age					
Strategy: Engage and educate					
Action Step	Outputs	Priority Population	Target Date	Person(s) Responsible	Status
Continue to hold Showers2Empower (educational community events for pregnant and parenting women and their partners with provision of resources) annually in Creole, Spanish, and English.	At least 3 showers per year. Results of evaluations are reviewed and incorporated into subsequent showers.	Creole speaking, Spanish speaking, and English speaking pregnant and parenting women and partners.	June 30 of each year	Community Liaison BIHPI for Creole, English speaking showers; BHSC for Spanish speaking shower Maternal Health/HBWW Committee FIMR Program Manager	

Work with Broward County Public Schools to increase education and awareness.	Meetings held with BCPS personnel to discuss reproductive and parenting education.	High school students in BCPS with the highest rates/numbers of teen births.	June 30, 2023	BHSC (lead) (Other stakeholders: CSC, OIC, PACE, etc.)	
Educate and support pregnant women, fathers, and their supports by distributing information and providing resources that promote healthy pregnancies, positive birth outcomes, and infant health.	Pregnant and parenting women/Care Coordinators engaged to participate in the distribution plan (social marketing) of relevant information and resources. Implementation of educational activities to promote the ABCs of safe sleep practices and other infant safety topics.	Pregnant and parenting women, fathers, and their supports.	June 30, 2022	BHSC FIMR Program Manager Maternal Health Committee Bringing Broward Babies Home Healthy Committee (Substance Exposed Newborns) Safe Sleep Program Manager and Committee	

	Provide lactation support and education to pregnant and parenting women, fathers, and their supports. Plan developed to distribute information and resources based on input from pregnant and parenting women/Care Coordinators. Evaluation of strategies used through follow-up.			Breastfeeding Coalition of Broward County Perinatal HIV Providers' Network Infant Mental Health Committee Black Infant Health Practices Initiative (BIHPI)	

Educate pregnant and parenting women about behavioral health challenges, including anxiety, depression, and substance use during and following pregnancy. Provide opportunities to educate pregnant and parenting women about stress reduction.	Provision of information relative to behavioral health during and following pregnancy to women of childbearing age. Number of Healthy Start clients engaged in treatment and services for behavioral health based on identified need during intake and assessment. Number of educational opportunities provided regarding stress reduction. Analysis of results.	Pregnant and parenting women and partners who are experiencing behavioral health challenges during and after pregnancy.	June 30, 2022	BHSC (lead) FIMR Program Manager Service Coordination Specialist (Substance Use Liaison) Care Coordinators CI&R staff Behavioral Health system partners	

Educate pregnant and parenting women about co-occurring physical health conditions, such as diabetes, high blood pressure, and high cholesterol.	Number of educational opportunities related to healthy nutrition, physical activity, and chronic disease management.	Pregnant and parenting women experiencing and at-risk for co-occurring physical health conditions.	June 30, 2022	BHSC (lead) FIMR Program Manager Primary Care practices Care Coordinators	
Create opportunities to educate pregnant and parenting women about empowerment and self-advocacy.	Pregnant and parenting women engaged to participate in the distribution (social marketing) of relevant information. Plan developed to distribute information based on input from pregnant and parenting women.	Pregnant and parenting women and their partners.	June 30, 2022	BHSC (lead) FIMR Program Manager FIMR Community Action Group (CAG) Care Coordinators Maternal Health Committee BIHPI	

	Evaluation of strategies used through follow-up.			Other committees and stakeholders as identified BHSC Consultant	
Strategy: Care Coordination					
Action Step	Output	Priority Population	Target Date	Person(s) Responsible	Status
Create a Professional Development Plan for Care Coordinators.	Input gathered from Needs Assessment and Care Coordinators to prioritize areas for professional development beyond contracted organizational requirements and Healthy Start Standards and Guidelines (HSSGs). Development of a schedule of training sessions based on identified need(s)	Healthy Start Care Coordinators.	June 30, 2023	Director of Community Health Services BHSC Program Manager FIMR Program Manager QA & Training Coordinator	

	of care coordination staff. Evaluation of results.				
Identify areas with the highest rates of preterm births, fetal and infant mortality, and prioritize services in those areas.	Analysis of high volume/high rate areas for prioritization. Number of women served in those prioritized areas. Number of care coordinators serving those prioritized areas.	Pregnant and parenting women, care coordinators.	June 30, 2022	BHSC (lead) BHSC Consultant	
Identify needs, including SDoH, behavioral health, physical health, trauma.	Number of screenings conducted through Project HOPE that identify needs related to the Social Determinants of Health, behavioral	Pregnant and parenting women and their partners.	June 30, 2023	Project HOPE staff QA & Training Coordinator	

	health, primary health, and trauma. Quantification of needs based on results. Number of referrals made to address identified needs.				
Strategy: Learn from first persons' lived experiences					
Action Step	Indicator	Priority Population	Target Date	Person(s) Responsible	Status
Learn from pregnant and parenting women about their pregnancy and birthing experiences.	Number of stories gathered from maternal interviews following a fetal or infant loss. Number of stories gathered from women who attend Showers2Empower. Analysis of results.	Pregnant and parenting women and their partners.	June 30, 2023	BHSC (lead) FIMR Program Manager BHSC Consultant Other stakeholders as identified	

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Population Area of Focus: Family members and other natural supports					
Strategy: Learn from first persons' lived experiences					
Action Step	Indicator	Priority Population	Target Date	Person(s) Responsible	Status
Learn from family members and other community natural supports about beliefs and cultural norms related to pregnancy and birth.	Number of stories gathered from family members and other community natural supports. Analysis of stories for recurring themes.	Family Members and other natural supports.	June 30, 2023	BHSC Director of Community Health Services BHSC Consultant FIMR Program Manager	
Strategy: Engage and educate					
Action Step	Indicator	Priority Population	Target Date	Person(s) Responsible	Status
Distribute information in areas with the highest rate/highest volume of preterm births, fetal and infant mortality.	Identification of areas of greatest need. Distribution of literature (number, location, type).	Family members and natural supports in areas of highest need.	June 30, 2024	FIMR Program Manager FIMR CAG Maternal Health Committee	

	Number of individuals engaged to participate in organized activities (showers, Town Hall meetings, Shop Talks, community forums, etc.).			BIHPI BHSC Consultant	

Population Area of Focus: Healthcare Providers (OB/GYNs, perinatologists, pediatricians, doulas, midwives, nurse practitioners, behavioral health providers, primary healthcare providers)					
Strategy: Engage and educate					
Action Step	Indicator	Priority Population	Target Date	Person(s) Responsible	Status
Distribute Toolkit to healthcare providers.	Toolkit for Healthcare Providers updated every other year at minimum. Number of Toolkits distributed.	Healthcare Providers in prioritized areas (OB/GYNs, nurse practitioners, midwives, doulas, etc.).	June 30, 2022 and ongoing	BHSC Community Liaison FIMR Program Manager FIMR CAG Maternal Health Committee	

Educate healthcare providers in implicit bias, race equity, and welcoming strategies.	Promote Racial Equity/Implicit Bias Training to be delivered to healthcare providers. Number of sessions provided. Number of healthcare providers attending sessions or reporting attending training. Development and distribution of newsletters to healthcare providers. Analysis of evaluations.	Healthcare providers in prioritized areas.	June 30, 2023	BHSC Children's Services Council ACOG (BCMA) Insurance Companies/Care Plans March of Dimes Community Liaison FIMR Program Manager Maternal Health Committee BIHPI Community Partners	

Strategy: Engage and educate					
Action Step	Indicator	Priority Population	Target Date	Person(s) Responsible	Status
Engage Hospital Districts, Broward County Medical Association, ACOG	Identification of maternity deserts in Broward County. Number of informational sessions held with healthcare providers regarding maternity deserts.	Areas of Broward County with high rate/high volume of preterm births, fetal and infant mortality, and low numbers of OB/GYNs.	June 30, 2024	BHSC (lead) and community partners (BCMA, Memorial Healthcare System, Broward Health, ACOG, Health Plans)	
Strategy: Engage and educate					
Engage and educate Behavioral Health providers about stress, depression, anxiety, substance use, and other behavioral health challenges during and following pregnancy.	Number of behavioral health providers engaged. Number of behavioral health providers who participate in Bringing Babies Home Healthy Meetings.	Behavioral Health providers in Broward County.	June 30, 2022	BHSC (lead) FIMR Program Manager Service Coordination Specialist (Substance Use Liaison)	

	Number of pregnant and parenting women with behavioral health challenges who are successfully referred to and engaged in treatment and services.			Care Coordinators CI&R staff Bringing Babies Home Healthy Committee M.O.M.S. Programs Infant Mental Health Committee	
Strategy: Data Analysis					
Conduct analysis of maternal healthcare providers who speak the most frequently spoken languages of pregnant and parenting women in Broward County.	Review of maternal healthcare providers and languages spoken. Analysis of results. Report written and distributed to stakeholders.	Maternal healthcare providers.	June 30, 2024	BHSC Community Liaison BHSC Consultant	

Priority Area of Focus: Community (business owners, faith-based leaders, local politicians)					
Strategy: Engage and educate					
Action Step	Indicator	Priority Population	Target Date	Person(s) Responsible	Status
Identify necessary community stakeholders through Systems Mapping exercise.	Number and type of stakeholders identified. Number of meetings held with stakeholders. Summary of meetings held with stakeholders.	System Leaders of collaborative systems (child welfare, behavioral health, domestic violence, etc.).	June 30, 2023	BHSC CEO BHSC Director of Community Health Services BHSC Consultant FIMR Program Manager All Maternal Child Health Committees	
Strategy: Data Analysis					
Action Step	Indicator	Priority Population	Target Date	Person(s) Responsible	Status
Conduct community needs and strengths assessment.	Identification of community assets and challenges in prioritized areas through	Communities of high rate/high volume preterm births, fetal and infant mortality	June 30, 2024	BHSC (lead) BHSC Director of Community Health Services	

	community asset mapping methodology. Prioritization of needs based on assessment.	(census tracts and zip codes).		Community stakeholders BHSC Consultant	

Priority Area of Focus: Institutional (legislators, funders, transportation, housing, law enforcement, prisons/jails, universities, immigration centers, etc.)					
Strategy: Advocacy					
Action Step	Indicator	Priority Population	Target Date	Person(s) Responsible	Status
Identify legislative agenda and priorities.	Number of legislative agenda items (local, state, and national) that have the potential to impact maternal child health. Prioritization of areas to be addressed.	Legislators and legislative aides, local politicians.	June 30, 2024	BHSC CSC FAHSC	

	Number of meetings attended by BHSC staff and other stakeholders (FAHSC, meetings with legislators, Broward Days, etc.). Results of legislation.				
Engage in opportunities to promote Medicaid expansion.	Number of meetings attended by BHSC staff and other stakeholders (FAHSC, meetings with legislators, Broward Days, etc.). Evaluation of the gap in services	Legislators and legislative aides, local politicians, insurance companies.	June 30, 2024	BHSC CSC FAHSC BHSC Consultant	

	due to lack of insurance or under-insurance and its impact on utilization of prenatal and postnatal care.				
Explore opportunities for private and public funding for maternal child health services.	Identification of prioritized needs for maternal child health services. Number of opportunities identified by type, funder, and amount. Number of opportunities applied for. Number of opportunities approved.	Private foundations, local, state, and federal funding.	June 30, 2026	BHSC BHSC Director of Community Health Services BHSC Consultant	

	Amount of funding received.				
Strategy: Engage and Educate					
Action Step	Indicator	Priority Population	Target Date	Person(s) Responsible	Status
Provide information and education about maternal child health in publicly funded institutions (transportation, housing, law enforcement, prisons/jails, universities, immigration centers).	Identification of stakeholders. Numbers of presentations made to identified stakeholders. Numbers of subsequent meetings attended by stakeholders. following presentations.	Ancillary publicly funded institutional stakeholders.	June 30, 2026	BHSC and system partners	

Abbreviations/Definitions:

ACOG: American College of Obstetricians and Gynecologists

BBHH: Bringing Babies Home Healthy Committee

BCBC: Breastfeeding Coalition of Broward County

BCMA: Broward County Medical Association

BCPS: Broward County Public Schools

BHSC: Broward Healthy Start Coalition

BIHPI: Black Infant Health Practices Initiative

Care Coordinators: Includes Home Visitors

CSC: Children's Services Council

FAIMH: Florida Association of Infant Mental Health

FIMR CAG: Fetal and Infant Mortality Community Action Group

FIMR CRT: Fetal and Infant Mortality Review Case Review Team

FIMR: Fetal and Infant Mortality Review

HSSG: Healthy Start Standards and Guidelines

Maternity Desert: Areas where access to maternity healthcare services is limited or absent

MCH: Maternal Child Health

PHPN: Perinatal HIV Provider Network

QA: Quality Assurance

SDoH: Social Determinants of Health

SEN: Substance Exposed Newborns