

EXECUTIVE SUMMARY

The *Healthy Start Needs Assessment 2001* is a comprehensive planning effort by the Miami-Dade County Department of Health and implemented by the Health Council of South Florida, Inc. to evaluate maternal and child health throughout Miami-Dade County. The Healthy Start Initiative is a statewide initiative whose primary goals are to reduce infant mortality, lower the number of low birth weight births, and improve health and developmental outcomes. Statewide goals shall be achieved through the establishment of strong partnerships between local health care providers and the Miami-Dade County Healthy Start Coalition.

Miami-Dade is a very large and highly diverse county with multiple communities contained within its boundaries. To assist with planning for this area's myriad of health needs, the Miami-Dade County Commission authorized a series of special initiatives to be conducted within the County through the Dade County Health Policy Authority and the Health Council of South Florida. To effectuate a smooth planning process, the County was divided into three regions: South Miami-Dade, Central Miami-Dade and North Miami-Dade. (See Map 1).

For the purposes of the *Healthy Start Needs Assessment 2001*, these same geographic planning regions are utilized for addressing the more specific Maternal Child Health needs of local residents. This approach provides opportunities for data sharing, reduction in duplication of efforts and maximization of local Healthy Start funds for future program planning and implementation.

The Needs Assessment and Service Delivery Plan Committee was charged by the Miami-Dade County Department of Health to serve in an advisory capacity and provide oversight to the development of the Needs Assessment. The committee participated in a series of activities including a Coalition planning training session and a strategic prioritization process workshop in order to prepare them to assess the needs of Miami-Dade County as thoroughly as possible. A formal zip code level health problem analysis of Miami-Dade County continued throughout June and July, 2001. The intensive planning process was highly data driven and incorporated information from a wide array of community service delivery and planning sources.

The guidelines used by the committee for the prioritization process were that the committee possess a clear knowledge of the county averages for each health indicator; emphasize the indicators that have the greatest impact on infant mortality; and utilize a standard measure for determining consistent geographic areas of need. It was this formal analysis which led

the committee to designate six health indicators as critical factors for use in identifying geographic areas of need within the county. The standard measure for identification of zip codes of increased need within each of the selected health indicators are the ten highest ranking zip codes within the county. A second zip code level analysis of these six critical indicators was performed allowing the committee to apply the standard measure in order to identify a total of 16 geographic priority areas of need.

DEMOGRAPHICS

The Coalition is committed to providing case sensitive care coordination to all qualified women based on prenatal screenings and to ensuring that every infant is able to have a healthy start in life. In 2000, over 2 million people resided within Miami-Dade County. Over 151,000 (or 7%) of those are children under the age of five; another 448,732 (or 20.4%) were females between 15 and 44 years of age, creating a broad population base for the Coalition's target groups. Additionally, in 2000, 57.3% of the county's population was Hispanic, and 19.0% was Non-Hispanic Black, reflective of the county's cultural, racial and ethnic diversity.

Nearly half, 1,018,222 of the population of the county resides in North Miami-Dade. Other high concentrations are located in the upper portion of South Miami-Dade and in the middle portion of Central Miami-Dade.

HEALTH INDICATORS

The *Healthy Start Needs Assessment 2001* examines the health indicators which were presented in the *Needs Assessment 1999* as well as other health indicators which have become recognized as important outcome indicators of the health of a community. The assessment evaluates maternal and child health indicator trends from 1992 through 1999. Based on the zip code level analysis laid out in the Sections I through IV of this assessment, the Needs Assessment and Service Delivery Plan Committee was able to embark on a prioritization process in order to perform a health problem analysis of Miami-Dade County. The committee designated six health indicators as critical for determining geographic areas of need. Those six critical health indicators are: prenatal care, births to teens, births to unwed mothers, preterm births, low birth weight births and infant mortality.

Births

Miami-Dade County consistently possesses the highest number of births in the Florida. In 1999, there were 31,487 live births in the county, over 10,000 births more than Broward, the next highest ranking county. The distribution of births by race/ethnicity has remained relatively consistent from 1997 to 1999. Hispanics account for the largest portion of live births, 55.1% in 1999, followed by Non-Hispanic Blacks (21.7%), Non-Hispanic Whites (15.5%), Haitians (6.2%) and Non-Hispanic Others (1.5%). The high proportion of babies born to Hispanics over the past three years emphasizes the need for linguistically and culturally competent service providers.

Prenatal Care

Two commonly accepted measures for monitoring prenatal care utilization are the number of prenatal visits an expectant mother makes and the month or trimester of first prenatal care visit. Miami-Dade experienced an overall improvement in the utilization of prenatal services from 1992 to 1999. From 1992 to 1999 there was a 58.5% improvement in the overall number of women who received an adequate number of prenatal visits. In 1999, 2.5% and 2.1% of mothers residing in North Miami-Dade and South Miami-Dade, respectively, received late prenatal care or none at all.

Statistics show a steady increase in the percentage of mothers reporting prenatal care within the first trimester, ranging from 76.6% in 1992 to 85.9%, up 9.3% for all racial/ethnic groups by 1999. The proportion of Non-Hispanic White women accessing prenatal care within the first trimester decreased slightly in 1994 then remained constant through 1995 and began to increase again through 1999 to 91.9%, exceeding the Healthy People 2010 goal by 1.9%. For Blacks, the percentage increased between 1992 and 1999, from 65.1% to 75.9%, still comparatively low in contrast to all other population groups. Hispanics came just 1.5% shy of the Healthy People 2010 goal. Among Latino groups, Cubans are the most likely to enter prenatal care at 93.6%, higher than any other group and exceeding the Healthy People 2010 goals by 3.6%. The percentage of Haitian mothers getting early prenatal care increased the most of any known group, up 16.1% but still below the Healthy People 2010 goal by 8.4% at 81.6%. The Black population and Mexican/Other are the only known groups with less than 80% of the new mothers having received early prenatal care in 1999. Entering prenatal care in the third trimester of pregnancy is most common among the Non-Hispanic Black population at 3.9%.

Births to Teens

The adverse health and socioeconomic consequences of pregnancy and childbearing among teenagers is well recognized. Yet, the rate of births to teens has remained relatively stable over the past eight years. In 1999, there were 3,549 births to mothers between the ages of 10 to 19; this number is slightly greater than the number of births to teens in 1997 and slightly lower than the number in 1998. The highest rate of births to teens occurred in North Miami-Dade with 56.1% of births occurring in that area. Allapattah/Brownsville/Melrose/Liberty City (zip code 33142) in North Miami-Dade, had the highest percentage in the county with 24.9% of all live births occurring to mothers aged 10-19. In South Miami-Dade and Central Miami-Dade 11.3% and 8.1% of all live births were born to teens.

Countywide, Non-Hispanic Blacks had the highest percentage of births to teens in 1997 to 1999. Hispanic and Non-Hispanic White teens have an equal likelihood of reporting births to teens, although the Non-Hispanic White group has increased slightly since 1997. Of all births to teens, 2,122 (59.8%) were born to mothers between the ages of 18 and 19. Of those mothers, 604 were a repeat birth for the mother; overall one out of five (21.4%) teen mothers is experiencing a repeat birth.

Births to Unwed Mothers

The percentage of births to unwed mothers has remained constant over the past eight years, with only slight variation. In 1999, 41% of all women who gave birth were unmarried. Central Miami-Dade had the lowest percentage of births to unwed mothers when compared to the North and South Miami-Dade regions. Despite that fact, Overtown, and Downtown had some of the highest percentages in the county, each with over 70% of babies being born to unwed mothers.

Preterm Births

From 1992 to 1997, there was a decrease in the incidence of preterm births in Miami-Dade County from 10.6% to 9.5%; in 1998 there was an increase to 10.3% although the percentage decreased once again in 1999 to 9.8%. The distribution among racial/ethnic groups has remained relatively consistent through the eight years with Non-Hispanic Blacks displaying the highest incidence followed by Haitians; Hispanics had a slightly higher percentage than Non-Hispanic Whites in 1992 through 1994 and 1999. The highest percentage of preterm births in the county (16.4%) occurred in South Miami-Dade's Florida City (zip code 33035); although it should be noted that the actual number of preterm births is lower

than many other zip codes and the rate is based on a total of 55 live births for 1999. Other zip codes with a high frequency of preterm births were Westview/Lakeview/North Miami/Pinewood (zip code 33167) with 15.1%; Downtown (zip code 33128) and Little Haiti/Morningside/Wynwood/Miami (zip code 33137) each with 14.7%.

Low Birth Weight Births

The national Healthy People 2010 Objective is that the percentage of low birth weight babies should be no more than 5% and the percent of very low birth weight should be 0.9%. Although many factors are relevant to the occurrence of low birth weight, short gestational age (preterm birth) is obviously directly correlated to birth weight. High quality prenatal care – with support for good nutrition and other maternal health behaviors and with effective patient education as to the signs of preterm labor – has been shown to lessen both the risk of low birth weight and preterm birth.

Despite national and local efforts to reduce the prevalence of babies born with low birth weight, the proportion of low birth weight infants has remained fairly constant. As of 1999, the number of babies born in this category totaled just fewer than 2,500 in Miami-Dade. The highest frequencies of low birth weight births occurred in zip codes located along the central corridor of North Miami-Dade and in three zip codes in the southern portion of South Miami-Dade.

Infant Mortality

Infant mortality is often considered the primary indicator of the health of a nation because of its association with a variety of factors such as maternal health, quality and access to medical care, socioeconomic conditions and public health practices. As the Needs Assessment and Service Delivery Plan Committee prioritized the health indicators evaluated within this assessment, it determined that the same women who are at risk of experiencing a fetal, neonatal, or post neonatal death are equally at risk of experiencing an infant death.

For both the state and Miami-Dade County, infant mortality rates in 1999 at, 7.3 and 5.1 respectively, are the lowest in recorded history. It becomes apparent though, when these rates are compared to the Healthy People 2010 Objective of 4.5 infant deaths per 1,000 live births that additional progress still needs to be made. In 1999, Central Miami-Dade was the region of the county which comes nearest to the Healthy People objective, with a rate of 4.2. South Miami-Dade's overall rate of 5.9 infant deaths per 1,000 live births was the highest of the three regions studied.

From 1997 to 1999, the infant mortality rates for Non-Hispanic Whites have decreased from 6.0 to 3.9. Rates for Non-Hispanic Blacks have decreased less dramatically from 8.0 to 7.2. The rate for Hispanics was higher in 1999 than in 1997, at 3.2 up from 3.0 infant deaths per 1,000 live births. There was a notable increase in the rate for infant deaths among Haitians in 1998 to 6.4, although the rate among that group decreased in 1999 to 4.1 below what it had been even in 1997.

COMMUNITY SERVICES

In 1991, the same year that the Healthy Start Program was enacted, the Florida Legislature expanded Medicaid eligibility for pregnant women and children, as well as increased Medicaid reimbursement rates to medical service providers. KidCare, Florida's own version of the State Children's Health Insurance Program (SCHIP) expands eligibility and health care coverage for low-income Florida children who do not have health insurance. As of December 2001, more than 248,000 children were enrolled in Florida's KidCare program in Miami-Dade County. As a result of these program expansions, health services for mothers and children are available from a widening pool of community resources.

For a large portion of the county's population, community based physicians provide the majority of pediatric care, including preventive services and care for most common illnesses. In addition to these and other vital medical services, many clinics located throughout the county offer health education services such as the special supplemental nutrition program for women, infants and children (WIC), childbirth or breastfeeding classes.

Unfortunately these clinics are mostly located in the northern portion of Central Miami-Dade, near the Downtown and Overtown areas, and in portions of North Miami-Dade County. There are a variety of problems which make access to these clinics via public transportation difficult. In order to address the issue of transportation several mobile health units serve the Miami-Dade area as an outreach program to patients who might otherwise forego needed medical assessment and/or treatment. Between the mobile health units, residents of the county can have access to medical services ranging from primary care, prenatal care, preventive care, HIV/AIDS treatment, vision, mental health services and more.

SERVICE INVESTMENT

The Healthy Start system of care seeks to assure that all women have access to prenatal care screening and risk appropriate care, and that all children up to age 3 have access to services that promote normal growth and development. The Healthy Start model provides a mechanism to identify and address increased risk whether medical, psychosocial, or environmental.

Healthy Start services in Miami-Dade County are provided by the Miami-Dade County Health Department and Community Based Providers (CBPs). Such services include risk factors screening, care coordination, nutritional support and education; smoking cessation and psychological counseling; childbirth, breastfeeding, and parenting support and education; and home visits. Contracts and agreements define specific services to be provided and establish performance measures.

Women and children birth to age 3 years identified through screening as at-risk for undesirable outcomes by screening or through referral, are required by the Healthy Start legislation to receive notification of their risk status by Healthy Start contracted providers. At the initial contact, assets available to the participant to offset their risk status may be discussed and a determination is made as to whether the participant requires further intervention or simply needs information about community resources.

The total service investment for Miami-Dade County for the Healthy Start Program is approximately 5.9 million dollars. The Miami-Dade County Health Department is the Lead Agency for FY 2000-2001 with \$4.2 million in funding allocations. A total of eight Community Based Providers have been contracted with to provide Healthy Start services throughout the community with the balance of funding, totaling \$1.66 million. In addition to the 2000/2001 providers, four new providers have been contracted for the 2001/2002 fiscal year.

COMMUNITY COALITION PERSPECTIVES

Three community discussions were conducted in primary areas of interest in each region. Due to the size and complex demographic makeup of North Miami-Dade, a fourth discussion was conducted in a secondary area of interest in the area. A fifth community discussion at Stanley C. Myers Community Health Center in Miami Beach (33139) was added to address the needs of residents in the unique geographic location of the Miami Beach Community. Finally, a sixth

discussion was added at Helen B. Bentley Family Health Center in order to obtain essential feedback from residents in the Central Miami-Dade region.

The findings of the community discussions demonstrate that residents around Miami-Dade County relate to a broad base of psychosocial factors when considering the overall health of a community. The Healthy Start Coalition's comprehensive review of the qualitative and quantitative analyses of the priority areas in Miami-Dade County reveals that there are contributing factors that can be addressed outside of the established Healthy Start Program of services. Based on this assessment of needs, an action plan will provide strategies that address health policy and systemic issues; focus on the cultural needs of the community; and enhance individual knowledge, attitudes and behaviors regarding health and wellness. That action plan will form the basis of a complete Service Delivery Plan. Outlined below are some possible recommendations for addressing needs within Miami-Dade County as formulated as a result of the community discussions.

South Miami-Dade

1. Address difficulties in accessing specialty care services which are compounded by the considerable distance to referral hospitals and clinics.
2. Focus on environmental safety concerns when addressing health improvements in the area.
3. Educate pregnant women on why there is a need for regular and comprehensive prenatal visits throughout a pregnancy. Poor quality prenatal care is a risk factor related to infant mortality. This effort should include information on the positive correlation between the use of prenatal services and birth outcomes. The Homestead area had some of the highest rates women receiving late prenatal care or none at all. Community discussion participants in this region have also reported obstetric specialty care as a specific need.
4. Participate in developing a mental health intervention program for children and a dental referral program for uninsured clients.
5. Address the issue of teenage pregnancy through the development of a movement for the personal empowerment of young boys and girls.

Central Miami-Dade

1. Improve access to Medicaid related informative materials.
2. Encourage residents to familiarize themselves with enrollment, renewal, and claims processing standards under publicly funded programs.
3. Integrate nutritional information with prenatal care services; especially information regarding important food and vitamins for proper prenatal development.

North Miami-Dade

1. Educate the community on KidCare, including Medicaid and MediKids, and eligibility requirements.
2. Teen mothers are more likely than older women to experience inadequate weight gain during pregnancy, maternal anemia and pregnancy associate hypertension. Their babies are more likely to have low birth weights, and be born prematurely. The Coalition could initiate educational programs to raise the awareness of the negative health outcomes of teen pregnancy.
3. Encourage medical staff to consider the economic and cultural background of clients.
4. Advertise the availability of parenting and child birth classes throughout the community including available transportation to these events.

Countywide Efforts

1. Raise the awareness of the values and benefits of Healthy Start services. Perhaps the first step in this effort should be to communicate these ideas to existing Healthy Start clients
2. Collaborate with other entities to offer affordable health services and insurance coverage.
3. Identify methods to streamline application processes and make sliding fee scales more flexible to a slightly higher income population.
4. Empower residents to know when they will be expected to pay out of pocket and what they are covered for under publicly financed programs such as Medicaid.
5. Support reinstatement of health education programs at the elementary school levels.
6. Encourage the application of a strength-based, relationship-oriented approach that is more family-centered within Healthy Start, primary medical providers, and across other service systems in the county.