EXECUTIVE SUMMARY

The *Healthy Start Needs Assessment 2006* is a surveillance effort undertaken by the Healthy Start Coalition of Miami-Dade as mandated by the State of Florida. The objective is to review maternal, infant and child health indicators throughout Miami-Dade county to achieve its primary goals: reduce infant mortality, and the number of low birth weight and preterm births while ultimately improving health and developmental outcomes of newborns in the county and state.

The Healthy Start Coalition of Miami-Dade Data Committee was charged to serve in an advisory capacity and to provide recommendations and oversight of the Needs Assessment. The Committee has met over the past two years to develop and oversee the preparation of this Needs Assessment. A formal zip code level "health problem analysis" (HPA) of Miami-Dade County was also completed and included in the Healthy Start Coalition of Miami-Dade Service Delivery Plan FY2006-2010. These intensive planning processes were data driven and incorporated information from a wide array of community service delivery and planning sources.

Overall, our purpose has been to denote and highlight those areas and issues that are within the scope of the Coalition. As in all community assessments, there are numerous challenges and areas of improvement for various system components and delivery sectors. Our intention is to present these in a manner that promotes collaborative relationships to improve the health of women, infants and children in Miami-Dade County.

DEMOGRAPHICS

The Coalition is committed to providing case sensitive care coordination to all qualified women based on prenatal screenings, in order to ensure that every infant is able to experience a healthy start in life. In 2004, over 2.3 million people resided in Miami-Dade County. Over 161,838 (or 6.8%) were children under the age of five; 519,554 (or 42.4%) were females between 15 and 44 years of age, thus creating a broad population base for the Coalition's target groups. In 2003, 59.7% of the county's population was Hispanic, and 20.1% were non-Hispanic Black, thus reflecting the cultural, racial and ethnic diversity that characterizes the county.

MATERNAL AND INFANT HEALTH INDICATORS

The *Healthy Start Needs Assessment 2006* examines the health indicators which were presented in the *2001 Needs Assessment* 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 2000 through 2003.

Miami-Dade County consistently possesses the highest number of births in Florida. In 2003, there were 32,551 live births in the county, over 10,000 births more than Broward, the next highest-ranking county. Over the past three years, the highest proportion of babies in Miami-Dade County was born to Hispanic women, emphasizing the need for linguistically and culturally competent service providers.

The Data 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.

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 2000 to 2003. Statistics show a steady increase in the percentage of mothers reporting prenatal care within the first trimester.

Births to Teens. The adverse health and socioeconomic consequences of pregnancy and childbearing among teenagers is well recognized. Consistent with national trends, numbers of births to teens declined over the past four years (2000-2003) in the county and state. However, opportunity exists to further reduce the number of first births and repeat births to teens, particularly in targeted geographic areas. Countywide, Non-Hispanic Blacks had the highest percentage of births to teens.

Unwed Mothers. The percentage of births to unwed mothers has remained constant over the past four years, with only slight variation. In 2000, married women accounted for 57.4% of live births; this figure increased to 57.8% in 2003. Marital status is associated with birth outcome, with married women more likely to have healthier babies.

Preterm Delivery/Prematurity. Overall, one in ten babies in Miami-Dade is born preterm, before 37 weeks completed gestational age. Preterm birth places the child at increased risk for morbidity and mortality. Haitians and Non-Hispanic Blacks are the ethnic groups at greatest risk for preterm birth. Teens and mothers over the age of 35 are more likely to have preterm babies than women in the 20-35 year range.

Low Birth Weight. 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 constant. Non-Hispanic Blacks and Haitians have the highest percentage of low birth weight babies of the known population groups. The lowest percentages of low birth weight babies were among Hispanics and Central/South American infants, in particular.

Infant Mortality. Miami-Dade County continues to enjoy a lower rate than the state and the rest of the nation, 6.2 in 2002. However, in comparison to the Healthy People 2010 Objective of 4.5 infant deaths per 1,000 live births additional progress still needs to be made.

CHILD HEALTH INDICATORS

At the behest of the Data Committee, the Coalition has added this section to the Needs Assessment, collecting data from numerous state and local organizations. Numerous data and health indicators have been reviewed including information on health status, chronic illness, immunization, health care visits and NICU utilization, WIC enrollment and insurance coverage, among others.

In 2005, 592,174 children under the age of 18 years old resided in Miami-Dade County and accounted for nearly 25% of the population. More than 140,000 of these children lived in households that earned annual incomes that fell below the federal poverty level.

Immunizations. Data reviewed demonstrate a mostly unchanged proportion of children enrolled in kindergarten who were immunized between 2000 and 2003. Minimal fluctuation was noted throughout the period; the most recent data show that in 2003, of the 28,029

kindergartners in the Miami-Dade, 92.4% have received the relevant vaccines. The county immunization rate is slightly lower than the overall state rate.

Child Health Care Visits. The proportion of child health care visits changed notably with a remarkable increase noted from FY2000-2001 to FY2003-2004. This indicates that a greater number of babies are receiving medical services compared to previous years.

NICU Utilization. There were approximately 4,500 level II and level III NICU admissions in Miami-Dade County in 2003.

Insurance. Health care coverage for children continues to be an important issue. In 2003, 9.8% of children were uninsured in Miami-Dade County, while more recent reports fro 2005 estimate that at least 100,000 lacked health insurance. State health insurance programs and Medicaid address the needs of the insured children locally, with 142,075 Medicaid recipients between 0-5 years old in Miami-Dade County during 2004. Exact enrollment numbers for the State Children's Health Insurance Program (SCHIP) were unavailable at the time of this report.

WIC Enrollment. The Women, Infants and Children (WIC) program continues to provide services countywide, targeting female residents of Miami-Dade County who are pregnant, breast feeding, or were recently pregnant and children under 5 years old. In FY2004-2005 an average of 60,641 clients were served monthly.

Data was obtained for child mortality, asthma, child abuse and obesity among children. Overall, the initial appearance of child health in Miami-Dade is better than for the State. However, more detailed data is desirable to review differences in prevalence and incidence among the numerous racial/ethnic groups in Miami-Dade. Furthermore, there is a lack of consistency in the amount, format and availability of child health data. To better serve the children of Miami-Dade County, a more uniform and cross-referencing system of child health data is highly desirable.

COMMUNITY RESOURCES

This section includes descriptions from a variety of community service providers and stakeholders in maternal, infant and child health. It is not all-inclusive of the services available in Miami-Dade County to women, infants and children. However, it does include self-subscribed summaries from many of the organizations that partner and collaborate with the Healthy Start Coalition of Miami-Dade. Many organizations that presented earlier version of the Needs Assessment continue to invest efforts and serve the maternal, infant and child population in Miami-Dade County. Many of these organizations operate and administer multiple programs geared toward improving the health of women, infants and children. Among these are the March of Dimes, the Miami-Dade Family Learning Partnership, and the Early Childhood Initiative Foundation. In addition, we have included data and information on health care services and providers in Miami-Dade County, as well as population specific program such as Healthy Families Miami-Dade, UM Starting Early Starting Smart Program, the Miami-Dade County Public Schools Teen Parent Program (TAP) and others.

COMMUNITY COALITION PERSPECTIVES

The findings of the community discussions demonstrate that the residents of Miami-Dade County relate to a broad base of psychosocial factors when considering the overall health of a community. In most communities there was an overwhelming dissatisfaction with services

currently received. Participants shared their experiences regarding the disrespect they felt at their local clinics. In Liberty City and Overtown, participants complained that doctors at Jackson Memorial Hospital did not understand them because the participants speak English and are not Hispanic. In East Little Havana, participants stated that they were discriminated against because they were Hispanic and did not speak English. In North Miami, participants noted that they were treated poorly in their local clinics because they are Haitian. Finally, North Dade participants complained that clinic staff is rude, that they are ignored repeatedly because clinic staff is on personal calls. Participants in almost all groups suggested that clinic staff should be better trained in customer service and that they learn or be instructed to take care of personal matter on personal time. Severe lack of or extremely poor customer service was a consistent issue countywide and across all race/ethnicity groups. Overall, this was the most poignant comment or issue discussed in each of the groups. Moreover, this issue elicited the most passion and outrage.

On a more positive note, in South Dade, groups held in Florida City/Homestead and Goulds had more positive results to report. Most participants reported that generally they receive and have access to all the services they need. Participants reported that most of their health needs were met by the local community health clinic, Community Health of South Dade (CHI).

Participants in almost all groups suggested that clinic staff should be better trained in customer service and that they learn or be instructed to take care of personal matter on personal time. Severe lack of or extremely poor customer service was a consistent issue countywide and across all race/ethnicity groups. However, they felt that as human beings and members of society we could each do more to offer each other common courtesy, respect and quality care.

Most groups felt that a majority of the systemic issues were beyond their control. For example, most groups agreed that health care insurance and coverage was restrictive or inadequate.

DISPARITIES

Although we have not designated a specific section of this document to the disparities in rates and outcomes between whites and non-whites, it is difficult to ignore that one exists and how wide that gap is in many areas.

Many of outcomes and risk factors presented in this document disproportionately affect certain racial and ethnic groups. The disparities between white and nonwhite groups in infant death, maternal death, and low birth weight are wide and, in many cases, are growing. Although infant mortality rates have declined within both racial groups, the proportional discrepancy or “gap” between Non-Hispanic Blacks and whites remains largely unchanged.

The rate of maternal mortality among Non-Hispanic Blacks is at least 4 to 6 times higher than among white rate. Non-Hispanic Black women continue to be three to four times more likely than white women to die of pregnancy and its complications. Rates of low birth weight have risen recently for both white and Non-Hispanic Black women. However, Non-Hispanic Black women are still more than 1.5 times more likely to have a low birth weight

baby than white women. Non-Hispanic Blacks also are more likely to have other risk factors, such as young maternal age, high birth order (that is, having many live births), less education, and inadequate prenatal care. Non-Hispanic Black and Haitian women are less likely than whites to enter prenatal care early.

Although data were not available by race and ethnicity for the child health indicators in this document, nationwide there is evidence that non-white children suffer disproportionately compared to white children. Non-white children are more likely to suffer and die from chronic treatable conditions like asthma and diabetes. Non-white children are more likely to suffer or die from unintentional injury and homicides, are more likely to lag in their well-child visits and immunizations rates, as well as more likely to be uninsured.

These details are not the focus of this document, but are necessary to emphasize and cannot be ignored. Poverty, discrimination, and lack of education among others are important risk factors for poor birth outcomes and poor child health.

CONCLUSIONS

A review of the data from the Needs Assessment 2006 reveals the following challenges:

- A highly diverse population will require increasingly culturally competent services.
- The proportion of uninsured individuals in Miami-Dade County is higher than state and national averages; lack of insurance can be a significant barrier to accessing health care services.
- A significant proportion of families (31%) have annual incomes of $25,000 or less, suggesting that socioeconomic status and related poor health outcomes are a significant issue for the Coalition's service population.
- Non-Hispanic Black and Haitian women experience higher rates of infant mortality, preterm birth and low birth weight than women of other ethnicities.
- An increasing number of births are occurring in women over the age of 35, who are at increased risk for complications of pregnancy.
- The teen birth rate is declining in Miami-Dade County. However, it is still significantly higher than the Healthy People 2010 objectives. Increased teen pregnancy rates are found in targeted zip codes across Miami-Dade.

Many of the risk factors mentioned can be mitigated or prevented with good preconception and prenatal care, and increased outreach and education to high-risk areas and populations. First, preconception screening and counseling offer an opportunity to identify and mitigate maternal risk factors before pregnancy begins. The Healthy Start Coalition of Miami-Dade has taken a leadership role in providing interconceptional care education to women in Miami-Dade. Furthermore, the Coalition strives to reach and educate the vast majority of women and families in Miami-Dade County in topics relevant to maternal, infant and child health.

For a detailed action plan that addresses many of the indicators in this document and delineates the key strategies adopted by the Healthy Start Coalition of Miami-Dade please see the 2006-2010 Service Delivery Plan. You may review this document online at www.hscmd.org or request a copy from the Coalition.