

FLORIDA



“The 1,600 children who are alive today because of our smart efforts to reduce infant mortality are proof that focusing on prevention truly works.”

–Governor Lawton Chiles, March 31, 1997

During the past decade, since the implementation of the Florida Healthy Start Program in 1992, Florida’s infant mortality rate has declined appreciably, particularly for non-white infants. Despite the decline, however, Florida continues to contend with a number of adverse factors affecting birth outcomes that are prevalent in the state. Florida has a very diverse population, made up of people from many different cultures. A large migrant population and many undocumented aliens make it more difficult to provide adequate prenatal care to pregnant women. According to the most recent census information, Florida’s minority population totals 3.2 million, or 18 percent of the total population. The health conditions vary from group to group with certain illnesses occurring more frequently in minority populations, including infant mortality and low birth weight. Rapid changes in society and extraordinary problems unique to the state make the provision of healthcare in Florida a challenge.

Florida’s infant mortality rate for 2002 (7.5) may be lower than for 1992 (8.8), but for all the years within the decade, the infant mortality rate has been somewhat static, even slightly on the incline. The 2002 IMR was the highest since 1995 (7.4) and has been steadily increasing since 1997.

The birth rate to unwed mothers in 2002 was 39.3, compared to 34.2 in 1992. The percentage of low birth weight infants, also uprising, was 8.4 percent in 2002, compared to 7.4 percent in 1992.³⁸

On a positive note, dropping from 2,190 in 1998, to 1,859 in 2002, was the number of births to mothers receiving no prenatal care. The percent of teenage births (18 years and under) also dropped from 14.7 percent in 1970, to 12.0 percent in 1980, to 8.7 percent in 1998, and to 7.0 percent in 2002. The number of women, however, with less than 12 years of education giving birth has been fluctuating year after year with little or no improvement. In 2002, there were 41,395 births to women with less than 12 year of education compared to 41,043 in 1996. Because the outcomes of the risk factors did

State Facts 2001*

Infant Mortality Rate	7.3
Preterm Birth Rate	12.7
Low Birth Weight Infants	8.2
Prenatal Care in First Trimester	84.1
Pregnancy/Maternal Smoking	10.3
Teenage Birth Rate (age 15-19)	49.3
Birth Rate to Unmarried Women (age 15-44)	39.0

*Rates are calculated per 1,000 live births, except for low birth weight, prenatal care, and maternal smoking, which are calculated in percent.

not correlate with or directly link to one another, this again may prove that a decrease in mortality may not necessarily mean an improvement in morbidity.³⁹

The two minority groups that make up the largest portion of infant mortality in Florida are the Hispanic and black populations. Resident infants of Hispanic origin accounted for 15.1 percent of all infant deaths in 2002. Among the counties with the largest number of infant deaths within the Hispanic population in 2002 were Miami-Dade (192), Broward (133), and Hillsborough (133). Black infants accounted for 40.6 percent of all infant deaths for this same year. Counties with the largest number of black infant deaths also were Miami-Dade (92), Broward (73), and Duval (59). The leading causes of infant deaths among all groups were perinatal conditions, congenital anomalies, and Sudden Infant Death Syndrome. These causes accounted for 75.2 percent of all infant deaths that same year.⁴⁰

On June 4, 1991, Florida enacted the nation’s most comprehensive maternal and infant healthcare program, Florida’s Healthy Start initiative. Healthy



Start, operating under the Department of Health, Division of Family Health Services, continues today as a major public health initiative designed to improve the well-being of Florida's mothers and infants by ensuring access to maternal and child health services to all women and children in Florida. Implemented on April 1, 1992, the key components and program descriptions of Florida's Healthy Start include universal prenatal and infant risk screening; Healthy Start care coordination; community-based prenatal and infant Healthy Start coalitions; and high-risk obstetrical care.

Another major event that occurred in Florida was the ratification of the Closing the Gap Act. On June 8, 2000, Governor Bush signed HB 2339, the Patient Protection Act, into law. The 1999-2000 Legislature appropriated \$5 million to the Department of Health to implement and administer the Reducing Racial and Ethnic Health Disparities: Closing the Gap grant program. The program targets six priority health areas—cardiovascular diseases, cancer, diabetes, HIV/AIDS, adult and child immunizations, and maternal and infant mortality—in which racial and ethnic minorities currently experience serious disparities in access to care and health services. The Closing the Gap Act provides grants to local counties and organizations with the intent to increase community-based health promotion and disease prevention activities.

Florida has made great strides in improving health outcomes for mothers and children, and it is reasonable to conclude that Healthy Start has contributed to this success. It is important that there is local participation in the delivery of healthcare services, and Florida has made the expansion of local control a policy priority. A vital component of the Healthy Start program is the community-based Healthy Start Prenatal and Infant Health Care Coalitions. These local coalitions comprise business owners, political leaders, healthcare providers, educators, consumers, and other interested parties. The coalitions design and monitor local service delivery systems and advocate for improved maternal and infant healthcare services. Currently, there are 31 Healthy Start Prenatal and Infant Health Care Coalitions representing 65 counties in the state.

Like many other Southern states, Florida has made notable progress in reducing infant mortality rates. There are several initiatives and programs that have been implemented in an ongoing effort to improve the health and well-being of Florida's mothers and infants. These include the following:

Family Health Line: a toll-free hotline that promotes the importance of early and continuous prenatal and infant care. The hotline provides basic information on pregnancy and how to access prenatal care, infant care, family planning, WIC, drug abuse treatment, and other pregnancy-related services.

Florida's Statewide Birth Defects Surveillance System: established in 1997 under the Department of Health, Office of Maternal and Child Health, as a critical component in the effort to reduce the impact of birth defects on public health. The surveillance is necessary to detect the occurrence of birth defects, educate healthcare practitioners, investigate potential etiologic agents, disseminate information, plan and evaluate the effects of interventions, and ensure appropriate care for people in need of services.

Florida KidCare: signed into law during the 1998 legislative session as a program that offers low-cost health insurance for uninsured children from birth through the age of 18. The Department of Health was designated as the lead agency for designing and implementing outreach activities to promote participation in the program.

Shaken Baby Syndrome Campaign: a statewide campaign developed to educate the general public and healthcare providers about Shaken Baby Syndrome. The campaign is operated under the Department of Health's Healthy Start Coalitions.

Abstinence Education Program: administered by the Department of Health, Bureau of Family and Community Health, Office of Maternal and Child Health, as a program focusing on preventing teenage pregnancies and reducing unwed births among adolescents and preadolescents (ages 9 to 18 years).

Family Planning Program: provides, on a voluntary basis, the information and means to achieve child spacing and planned family size. All family planning clients are offered educational materials, initial counseling, laboratory tests, and physical examinations.

Clients also are given an overview of the available contraceptive methods. Additional health needs and economic services are provided to clients through referrals. Each of the 67 county health departments are actively involved in providing comprehensive family planning services, while nine private providers offer either comprehensive or specialized family planning services. All women and men of reproductive age are eligible for services.



Priority is placed on serving low-income women who are at risk of unwanted pregnancy. Women in need of family planning services are those ages 13 to 44, with incomes at or below 150 percent of the federal poverty level.

Florida's Transition Project: designed to train teams in local communities to enhance their ability to develop a community-wide system of transition to improve movement of young children between and among the agencies. The teams comprise representatives from agencies providing early intervention services and families with young children who participate in early intervention programs.

Volunteer Health Care Provider Program: created by the 1992 Legislature (Florida Health Care Access Act, section 766.1115) in an effort to increase healthcare access for indigent Floridians through volunteerism. Administered under the Department of Health, the program offers communities a means of recognizing and reporting existing healthcare volunteerism efforts and serves as a recruitment tool using the Liability Protection for Healthcare Providers against medical litigations as an incentive to increase the number of volunteers.

Ounce of Prevention Fund of Florida: a not-for-profit corporation founded in 1989 as a research and demonstration arm of public health, social services, and education. The activities of the Ounce of Prevention Fund are supported by public and private dollars. The goal of the corporation is to fund innovative programs and to test these program models through research and evaluation. Programs are designed to promote positive outcomes in children and families in maternal, child, and adolescent health; family functioning, stability, and safety; child and adolescent development; teen pregnancy prevention; and school performance of children and adolescents.

Children's Medical Services (CMS): provides children with special healthcare needs with a family-centered, managed system of care. Children with special healthcare needs are those children under age 21 whose serious or chronic physical and developmental conditions require extensive preventative and maintenance care. Most services are provided at or coordinated through CMS offices in local communities throughout the state. When necessary, children are referred to CMS affiliated medical centers. These centers provide many specialty programs with follow-up care provided at local CMS offices. CMS programs include Brain and Spinal Cord Injury Program; Child Protection Team; Children's Cardiac Program; Children's Multidisciplinary Assessment Team; CMS Network; Craniofacial/Cleft Lip and Cleft Palate Program; Diabetes/Endocrine Program; High-Risk Obstetrical Satellite Clinics; Infant Hearing and Screening Program; Infants and Toddlers Early Intervention Program; Liver Transplant Program; Medical Foster Care Program; Pediatric Hematology/Oncology Program; Pediatric HIV/AIDS Program; Primary Care Program; Regional Genetics Program; Regional Perinatal Intensive Care Centers; Telehealth Program; and Youth Transitions.

Comprehensive School Health Services Projects: operates in 46 counties to provide comprehensive school health to 253,468 students in 311 public schools. Due to the projects' coordinated aftercare and support services, 93 percent of females (6th to 12th graders) are able to return to school after giving birth to continue their education.

