

Healthy Start Legislative Priorities 2014-15

In Florida, our challenge remains with minority health disparities and premature/low birth weight babies.



PRIORITY 1:

Premature Births & Low Birth Weight Babies

While Florida has the lowest infant mortality rate of all southern states, a challenge remains with the high number of premature births. “In 2013, **30,145 infants were born prematurely with Florida receiving a grade of “D” from the March of Dimes.** ⁱ Premature infants are 15 times more likely than other infants to die in the first year of life. ⁱⁱ The average medical costs for a preterm baby are more than 10 times higher with \$4,389 for a healthy baby and \$54,149 for a preterm baby. ⁱⁱⁱ

A healthy birth is the key to decreased costs in the future such as developmental delays that impact school readiness and the ability to learn, higher risks for juvenile delinquency, and the ability for the future young adult to become a productive member of the workforce.

Maternal Child Health research shows women who received prenatal care coordination services were found to have significantly better birth outcomes, including fewer low-birth weight infants, fewer preterm infants, and fewer infants transferred to the neonatal intensive care units. ^{iv} A study of the Hillsborough County federal Healthy Start showed **pregnant women who received care coordination services were 30% less likely to have a preterm infant and low birth weight infant** than women who did not receive those services. ^v

REQUEST: an increase of \$5M in recurring funds to protect Florida’s babies and reduce immediate and future costs.

IMPACT: This will allow Healthy Start to provide services for **14,124 additional pregnant women and infants.** ^{vi}

PRIORITY 2:

Minority Health Disparity

Currently (2013), **Black infant deaths occur at a rate of 10.6 as compared to White babies at 4.6.** A powerful prevention model to address Minority Health Disparity is a community Fetal and Infant Mortality Review (FIMR) Team. Currently, there is only enough funding for 11 of the 33 Healthy Start Coalition areas to conduct local FIMR projects. There has never been a funding increase for FIMR project.

FIMR is a nationally recognized model. Local FIMR teams of professionals conduct root cause analyses of infant deaths to make recommendations for policy development and systems change to reduce future risks. An evaluation of national FIMR projects showed that “FIMR programs contribute significantly to improvements of systems of healthcare for pregnant women and infants through enhanced public health activities in the community” through diverse, public and private partnerships. ^{vii}

“FIMR puts a face on infant mortality. It is an effective process for identifying issues that impact mothers and babies in our communities,” states Karen Harris, MD, MPH, ACOG District XII leader and chair of the state March of Dimes Program Services Executive Committee.



REQUEST: \$1.2 million to add 11 additional FIMR teams throughout the state and adequately fund the 11 existing FIMR projects for a total of 22 projects.

Impact: Decrease in racial disparities through successful local public/private partnerships and interventions.

Track Funding in the state budget under Human Services, line item 469, “Special Categories, Grants and Aids - Healthy Start Coalitions.”



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REFERENCES:

- ⁱ Florida CHARTS, Florida Department of Health, Bureau of Vital statistics, *Total Preterm Births*
- ⁱⁱ March of Dimes, 2012, *Data Book for Policy Makers Maternal Infant and Child Health in the United States*
- ⁱⁱⁱ March of Dimes, 2013, *Premature Birth: The Financial Impact on Business*
- ^{iv} *The Impact of Prenatal Care Coordination on Birth Outcomes*, Julie Willems Van Dijk, Laura Anderko, Frank Stetzer. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, Volume 40, Issue 1, January - February 2011.
- ^v *Healthy Start Program and Feto-Infant Morbidity Outcomes: Evaluation of Program Effectiveness*, Hamisu M. Salihu, Alfred K. Mbah, Delores Jeffers, Amina P. Alio, Lo Berry, Maternal Child Health J, DOI 10.1007/s10995-008-0400-y, Springer Science + Business Media, LLC 2008.
- ^{vi} *Review of Healthy Start Executive Summary Reports and funding allocations reports (for 2013-14 fiscal year)*
We served 122,754 pregnant women with funding of \$43,463,934. Using the Programmatic Report formula, those funds divided by the number served equals an average cost of \$354 per person.
- ^{vii} *The Evaluation of FIMR Programs Nationwide: Early Findings*, page 2
<http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/publications/fimrearlyfindings.pdf>