Starting Of Range of A Quarterly Newsletter from

A Quarterly Newsletter from Healthy Start Coalition of Jefferson, Madison & Taylor Counties, Inc.



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Healthy Start and Healthy Families: Restoring a Powerful Team

Florida increases investment in child abuse prevention; restores Healthy Families Florida Home Visiting Program in five counties

The Florida Legislature appropriated funds to restore Healthy Families' services in six counties that lost services after the program suffered a \$10 million budget cut back in 2010. The Healthy Start Coalition of Jefferson, Madison & Taylor Counties will be the community-based agency charged with implementing the program in five of those counties — Jefferson, Madison, Taylor, Lafayette and Hamilton — which will be known as Healthy Families Seven Rivers.

Healthy Families is committed to preventing child abuse and neglect in high-risk families, utilizing proven home visiting services that are far less costly than treating the consequences of child abuse after it occurs. "It costs Florida 38 times more to care for an abused child than to prevent a child from being abused; Healthy Families saves lives and saves money in the process," noted HFSR Program Manager Rebecca Severin.

"Our Healthy Start Coalition is privileged to be the conduit to deliver these much-needed services in these counties. We are grateful to the legislature and Ounce of Prevention for making our children a priority. Our mission of 'improving the lives of mothers and children'





includes building family resiliency through evidence-based parenting education. Healthy Start assures that babies are born healthy and Healthy Families will carry the torch to make sure those families thrive," said Donna Hagan, Executive Director of Healthy Start Coalition of Jefferson, Madison & Taylor Counties.

Families who face a combination of challenging circumstances linked to increased risk of child abuse and neglect, such as teen pregnancy, single parenting, lack of a high school education, unrealistic expectations of parenting and child development, domestic violence, substance abuse, and mental health issues, voluntarily participate in home-visiting services that begin during pregnancy or shortly after the birth of a child.

The numbers speak for themselves

- 98% of children were free from abuse and neglect during and one year following completion of services.
- 99% of mothers did not have a subsequent pregnancy within two years.
- 99% of participants and 100% of their children were connected to a primary healthcare provider.
- 84% of participants improved their self-sufficiency.

For more information on Healthy Families Florida, visit www.healthyfamiliesfla.org.

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Healthy Families Seven Rivers: Who We Are, What We Do

Healthy Families Seven Rivers is a free, community-based, voluntary home-visiting program designed to support and educate parents through the first years of their child's life. The first five years of a child's life sets the foundation for the type of adult he or she will become, so the role of Healthy Families Seven Rivers is to educate parents on healthy parenting options and to support them through this important, and sometimes stressful, time.

Program Activities Include:

- · Family health and wellness
- · Parent education and support
- Hands-on activities that increase positive parent-child relationships
- · Home safety
- · Child safety and development
- Promotion of self-sufficiency
- Resource linkage (including emergency assistance, food, job training, health insurance, etc.)
- · Parent incentive program

Eligibility:

Pregnant mothers and mothers with babies three months or younger who live in one of the following counties:

- Hamilton
- Jefferson

- Lafayette
- Madison
- Taylor

For more about the program or to make a referral please contact Rebecca Severin at (850) 948-2741 or at rseverin@ healthystartjmt.org.



The Healthy Families Seven Rivers team: (bottom row, I-r) Elizabeth Gooden, Erica Brown, and Rebecca Severin; (top row, I-r) Lynda Brown and Tonya Cason.



Battling the effects of poverty on children's academic performance

For children, growing up poor hinders brain development and leads to poorer performance in schools, according to a study published in *JAMA (The Journal of the American Medical Association)*Pediatrics. That is why it is more important than ever that services and resources designed to combat this lingering problem are effectively delivered, especially to rural communities. This is a core mission of Whole Child Tri-County, which serves Jefferson, Madison and Taylor counties.

Children who grow up in low-income families are exposed to more environmental stressors, such as less access to healthy food, unsafe neighborhoods, and stressed parents. Pinpointing the specific causes is difficult, but in future studies, it is hoped that researchers can identify how different programs such as Whole Child can help children who

grow up poor. A lead researcher noted that he used to think about poverty as a question of social policy, but now he thinks of it as "a biomedical problem, an environmental condition or toxin that's affecting children."

Please contact Tonya Bell, Whole Child Advisor, at (850) 253-5355 to receive a free, confidential consultation. Clients will be introduced to resources designed to ensure that their child thrives regardless of income, race, or family history. Tonya can also arrange a convenient visit. Please visit www. wholechildtricounty.com and call today.

Local service and civic organizations should also call Cindy Hutto at (850) 948-2741 regarding upcoming Whole Child activities and meetings. Please help us make a difference in the communities we share.



Healthy Start Board Member Tomica King is hosting a Whole Child kiosk at Our Blessings Early Learning Center in Monticello. Local families can use the kiosk to enroll in ACCESS and Whole Child services. For more information, please call (850) 997-1110. Starting Off Right Fall 2015 • Page 3

Community and Provider Surveys Reflect Commitment to Excellence

[Community Survey]

The Healthy Start Coalition of Jefferson, Madison & Taylor Counties conducted a survey of community agencies to determine the level of satisfaction in the community regarding the Coalition's development of prenatal and infant health care services, as well as the fulfillment of the Coalition mission to establish a system of care that guarantees all women have access to prenatal care and that all infants have access to services that promote normal growth and development.

Highlights Include:

- 92% of respondents assigned the highest ratings to the quality of the Coalition's partnering and communication.
- 85% of respondents gave the highest rating to the overall professional manner in which the Coalition conducts business.
- 92% of respondents assigned "Very Well" to the quality of Coalition staff interactions, noting that services were delivered respectfully and ethically.

Summary:

Both the survey data and additional comments that providers offered regarding Coalition strengths and/or areas in need of improvement show that the vast majority of respondents give the Coalition exceptional performance ratings, especially considering small staff and comparatively lesser resources. This praise extended from technical expertise, such as coordinating service delivery and grant writing/oversight, to simple day-to-day informational exchanges. "Getting the most out of limited resources!" was the prevailing sentiment.

[Provider Survey]

A survey was designed to gather information from service providers regarding their level of satisfaction with the Coalition's support and service delivery.

Respondent Highlights on Level of Satisfaction:

- 100% of respondents had overall ratings of "Agree" or higher on each of the 15 survey statements.
- 100% of respondents were very satisfied with the professional demeanor and appearance of coalition staff.
- 100% of providers surveyed strongly agreed that coalition staff followed through with tasks and requests for information.

Summary:

All providers, including those who noted minor challenges, assigned the highest marks to overall performance. "As we work to improve service support and delivery, it means so much to receive the praise of our peers and colleagues. They are the engine that drives Healthy Start. It is, in fact, these exceptional professionals who are the key to achieving our mission. We extend our most heartfelt thanks to each of them," Executive Director Donna Hagan proudly noted.

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Jefferson County Members:
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Madison County Members: Bonnie Webb

Taylor County Members: Eric Scott

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What's in a Term?

A typical pregnancy lasts 40 weeks, but few women give birth on their due date. In fact, the term "due date" can be misleading — it's simply an estimate. So when is the best time for your baby to arrive?

A baby born too soon can face a number of serious complications. For example, in the first few weeks of life, she can experience problems with her lungs, heart, blood, and digestive tract. Later in life, she is at higher risk for cerebral palsy, vision and hearing issues, and behavioral and cognitive challenges.

Until recently, a baby born any time after 37 weeks of pregnancy was considered "term" or fully developed. However, research shows that babies born just a few weeks early are also at increased risk for health problems. Health care providers now know that important developmental stages occur during the 37th and 38th weeks. As a result, experts have refined and given names to each of the specific periods related to term birth.

Early Term:

Babies born at 37 and 38 weeks. These babies are at higher risk for problems with breathing, feeding, and controlling their temperature than babies born later.

Full Term:

Babies born at 39 or 40 weeks. These babies are more ready to breathe on their

own, can better coordinate sucking and swallowing for feeding, and can better hold their own body temperatures.

Late Term:

Babies born at 41 weeks. These babies are not that different from babies born at 40 weeks. Often babies not already born at 40 weeks just need a few more days before spontaneous labor begins. However, in the 41st week of pregnancy, the mother will need to be watched more closely (especially toward the end of the week), even though the risks are minimal. This is to make sure that the placenta continues to function adequately.

Post Term:

Babies born at 42 weeks or later. These babies may get less oxygen and fewer nutrients from the placenta and are at higher risk of needing neonatal intensive care. An induction of labor is required if spontaneous labor has not begun prior to 42 weeks.

Learn more about how these new labels affect pregnancy by visiting the National Institutes of Health's National Child & Maternal Health Education Program at www.nichd.nih.gov/ncmhep/pages/index. aspx, or visit Dr. Debra Bingham's blog at http://womenshealth.gov/blog/know-your-terms.html.

