

Florida's Healthy Start Coalitions

A Model for Success



Problem:

The Florida House Health Care Appropriations Committee proposal would completely eliminate Healthy Start Coalitions and shift service dollars and responsibilities to the local County Health Departments.

- **The state will save \$4 million, but it will lose \$32 million annually in additional funds leveraged by Healthy Start Coalitions.**
- **The Healthy Start Coalition Model is Cost Effective** - Overhead costs of county health departments are nearly 20%, more than two times the average rate of local coalitions. Coalitions reduce barriers to health care and save taxpayer money through effectively promoting healthy outcomes for babies. As private, nonprofit organizations, Healthy Start Coalitions ensure cost-effective oversight of services.
- **Access to Care will be Affected**– Currently, 25 of 67 county health departments do NOT provide prenatal care. Healthy Start Coalitions have established provider networks to ensure access to care.
- **The System of Care will be Impacted** – Under the coalitions, contracted prenatal and infant care services take place in both the private and public sector. In 17 of 67 counties, care coordination services are provided by the private sector and no longer by contracted county health departments. In 33 counties, MomCare services are provided in-house by Coalitions. Health departments are not equipped to take on this responsibility.
- **Successful Universal Risk Screening for Pregnant Women and Infants will be Jeopardized** - Healthy Start Coalitions engage, oversee, and facilitate these critical services through a network of prenatal care providers and delivery hospitals. This is the foundation for determining those moms and babies most at risk for poor outcomes.
- **The Healthy Start Coalition Model is Successful** – Coalitions, and their universal screening program for pregnant women and newborns, are credited with reducing infant mortality by 20% since they began. Florida leads the southern states, in successful Maternal Child Health rates, with this best practice model.